

LGBT AND HIV-AGING POLICY BACKGROUNDER FOR A NEW ADMINISTRATION

LGBT elders – many of whom have experienced stigma and discrimination throughout their lives – face unique and serious obstacles to healthy aging. These obstacles have become even more daunting with the advent of the COVID-19 pandemic.

As we prepare for a new administration, we are providing this vital information on both the LGBT and HIV-aging communities for whom we advocate.

SAGE is the nation's largest and oldest organization dedicated to improving the lives of LGBT older people. At the end of this document, we are also providing information about SAGE, so that you know who we are and how we can help, as we work together to address the challenges these populations face.

SAGE welcomes the opportunity to be consulted should you have any questions about these issues and how to address them. Please do not hesitate to contact Aaron Tax, SAGE's Director of Advocacy, at atax@sageusa.org or 202-997-0127.



LGBT AND HIV-AGING FEDERAL POLICY RECOMMENDATIONS

It's Time to Act

As CAP reminds us, "Times of crisis magnify the country's systemic inequality, and the current crisis is no exception. Moreover, the people living at the intersection of multiple identities that have been historically excluded and discriminated against will be, and already are, the hardest hit."

Now is the time to act.

A Call for Presidential Support and Leadership

We ask that the President use the powers of his administration and work with Congress to ensure that LGBT older people are able to live free from discrimination, with access to data-driven, culturally competent services and supports that are necessary to remain independent, especially during a time of so much uncertainty due to COVID-19.

We ask the President to ensure that federal policies acknowledge that older people are both living with and continue to be at risk for HIV, that those at risk are made aware that they are at risk and are offered testing, and that older people living with HIV have access to the culturally competent services and supports that are necessary for them to both thrive and remain independent.

ADMINISTRATIVE ASKS

Direct Robust Engagement on LGBT-Aging Issues at the Administration for Community Living

The 2020 Reauthorization of the Older Americans Act, entitled the *Supporting Older Americans Act of 2020*, includes groundbreaking language in Title II—*Improving Grants for State and Community Programs on Aging*, Sec. 207. *Coordination with Resource Centers*, which holds the aging network accountable for meeting the needs of LGBT older people. The language, however, will not implement itself. We need the Administration for Community Living (ACL) to robustly implement the language to ensure that state units on aging and area agencies on aging are held accountable for collecting data on the needs of LGBT older people and whether they are meeting those needs, engaging in outreach, and reporting back on those efforts to ACL. With the ever-present threat of COVID-19, LGBT older people are seeking the support this data can provide, now more than ever.

Re-instate the Gender Identity Demographic Question in the National Survey of Older Americans Act Participants (NSOAAP)

In 2014, the ACL added a demographic question on LGBT status to the National Survey of Older Americans Act Participants (NSOAAP), a critical federal survey that measures the efficacy of federally-funded aging programs in meeting the needs of the most vulnerable elders in the nation. In 2017, the Trump administration tried to remove the question for being an undue burden – the only question in the more than 100-page survey to be removed. After a comment period and public push-back, ACL re-instated

the sexual orientation demographic question, but not the question about gender identity, which identified how many older Americans identify as transgender. We ask the President to reinstate the transgender question in the NSOAAP so that we may know if transgender older people are receiving the services and supports they need to remain independent.

Restore Civil Rights Protections

We ask the President to immediately halt the rollback of civil rights protections barring discrimination on the basis of sexual orientation and gender identity at the US Department of Health and Human Services, the US Department of Housing and Urban Development, and all other federal agencies, and to use everything within his power to reinstate these protections through all programs, services, and supports, grant-making and funding mechanisms, and all internal policies and procedures throughout the federal government.

Direct Federal Engagement and Coordinated Research on HIV and Aging

We ask that the President use the powers of his administration and to work with Congress to:

- Mandate the National Institutes of Health to engage in a targeted and coordinated cross-division research effort, specifically, research on psychosocial issues including non-medical supportive services, for at-risk older people living with HIV; and
- Require the CDC to engage in targeted prevention and treatment messaging for older people at risk for HIV. Without proper prevention and treatment, older people may be at higher risk for COVID-19.



POLICY PROPOSALS REQUIRING PRESIDENTIAL LEADERSHIP AND PARTNERSHIP WITH CONGRESS

Funding for Organizations Assisting LGBT Older People, Disproportionately Impacted by COVID-19:

We call on the President and Congress to fund the Administration for Community Living to grant funds to organizations supporting the welfare of older individuals impacted by COVID-19, whose needs were the focus of all centers funded under title IV of the Older Americans Act in FY 2019.

- To be eligible to receive funds under this subsection, an entity:
 - o (i) shall have demonstrated expertise in working with individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
 - o (ii) shall have documented experience in providing training and technical assistance on a national basis regarding individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and shall meet such other criteria as the Assistant Secretary shall issue. To be eligible to receive funds under this subsection, an entity shall submit an application to the Assistant Secretary at such time, in such manner, and containing such information as the Assistant Secretary may require.

Non-Discrimination Protections:

We call on the President and Congress to include the following language prohibiting discrimination in all COVID-19 response legislation:

- No person otherwise eligible will be excluded from participation in, denied the benefits of, or subjected to discrimination in the administration of programs, services and assistance funded under this Act, under the Coronavirus Aid, Relief, and Economic Security Act, the Families First Coronavirus Response Act, or the Coronavirus Preparedness and Response Supplemental Appropriations Act based on non-merit factors such as (but not limited to) age, disability, sex (including sexual orientation and gender identity), race, color, national origin, immigration status, or religion. All recipients of funds under this Act must treat as valid all marriages that are valid under federal law.

We call on the President and Congress to enact a Long-Term Care Bill of Rights, barring discrimination on the basis of sexual orientation, gender identity, and HIV status in long-term care settings.

Inclusive Paid Family Leave and Family Caregiving Policies:

We call on the President and Congress to include inclusive definitions of family in any new or updated paid family leave and family caregiving laws. We must ensure that family is defined to include a range of biological relatives and chosen family, as found in the PAID Leave Act ([Providing Americans Insured Days of Leave Act of 2020](#)).

Data Collection:

We call on the President and Congress to follow the lead of [Pennsylvania](#) and include sexual orientation and gender identity in COVID-19 data collection.

SUPPORT THE FOLLOWING LEGISLATION

Support the Inclusive Aging Act (S. 1159)

The Inclusive Aging Act would:

- Designate LGBT older people as a population of “greatest social need” under the Older Americans Act to help target local services.
- Permanently establish the National Resource Center on LGBT Aging, which provides training, support, and resources to providers, LGBT organizations, and LGBT older people.
- Establish a rural grant program designed to fund programs that provide (1) cultural competency training for health care providers, (2) resources on sexual health and aging for senior service providers, and (3) care or services to LGBT and minority older people.
- Establish the Office of Inclusivity and Sexual Health in the Administration on Aging, which would support inclusive aging and sexual health care services for the older people, facilitate data collection related to population needs, oversee funding opportunities, and promote policies to address the needs of LGBT older people.

Support the Ruthie & Connie LGBT Elder Americans Act (H.R. 1777)

The Ruthie & Connie LGBT Elder Americans Act would:

- Designate LGBT older people as a population of “greatest social need” under the Older Americans Act, the nation’s primary vehicle for the organization and delivery of social and nutrition programs.
- Permanently establish the National Resource Center on LGBT Aging.
- Require the Assistant Secretary of Aging to oversee data collection on LGBT older people and their service needs, mandate data collection and analysis on the effectiveness of the state agencies on aging and the AAAs in targeting services to LGBT older people, and require state agencies to establish a reporting system to collect and analyze data on discrimination against LGBT older people in long-term care facilities
- Prioritize research and development grants for organizations working to improve LGBT health, long-term care needs, and access to culturally competent services.

Support the Elder Pride Act (H.R. 2312)

The Elder Pride Act would:

- Designate older people living with HIV as a population of “greatest social need” under the Older Americans Act.
- Establish the Office of Inclusivity and Sexual Health in the Administration on Aging, which would support inclusive aging and sexual health care services for older people, facilitate data collection related to population needs, oversee funding opportunities, and promote policies to address the needs of LGBT older people.
- Support research on the LGBT aging population to address the challenges the community faces, with an emphasis on those in rural areas.
- Create and administer a grant program to help support aging providers conducting programs that connect LGBT older people with their non-LGBT peers and local LGBT organizations.
- Make grant funding available to organizations to conduct training programs to serve LGBT older people and other vulnerable populations.

Support the Equality Act (H.R. 5)

The Equality Act would:

- Protect people from discrimination on the basis of sexual orientation and gender identity in public accommodations, housing, employment, federally funded programs, jury service, and credit.
- Follow the lead of 20 states and the District of Columbia in ensuring that LGBT older people can live free from discrimination in accessing housing, employment, and public accommodations.

Support the Anthony Gonzales Equality for Survivors (AGES) Act (H.R. # TBD, formerly H.R. 2247)

The AGES Act would:

- Establish an alternative method for meeting the nine-month marriage requirement for certain survivors to receive benefits under the Old Age, Survivors, and Disability Insurance benefits program.
- Apply to marriages that would not have been recognized by federal law before June 26, 2013 (the date upon which the Supreme Court ruled that same-sex couples are entitled to federal benefits).

AGING AND THE LGBT COMMUNITY

Determined, Despite Setbacks

LGBT elder pioneers and older people living with HIV are the Stonewall generation - a resilient, growing demographic that has unique needs as they age.

They fought for much of the progress on LGBT rights that our community has achieved. These trailblazers led the Stonewall uprising, cared for friends during the HIV/AIDS epidemic, founded Act Up to demand government action, helped end "Don't Ask, Don't Tell," and won marriage equality.

Unfortunately, even before the COVID-19 pandemic, LGBT older people and those living with HIV faced pronounced rates of social isolation, poverty, and a lack of access to culturally-competent services and supports, compared to their straight, cisgender, and HIV-negative counterparts.

Social Isolation

Severe social isolation, which was already a tremendous challenge for older LGBT people, has increased by multiples as a result of the COVID-19 pandemic's shelter-in-place and quarantine rules and the reality that many LGBT older adults have literally nobody to reach out to for connection and support. Even before the pandemic, studies showed that LGBT older people were already twice as likely as their straight counterparts to live alone. They were half as likely to have life partners or significant others; half as likely to have close relatives to call for help; and four times less likely to have children to provide care. Many LGBT older people are disconnected from families of origin. Heartbreakingly, almost a quarter of LGBT older people have no one to call in case of an emergency. And now, as COVID-19 sweeps across the country, many remain estranged from family and religiously-affiliated institutions on which others rely.

Shortly before the COVID-19 pandemic hit the U.S., the National Academies of Sciences, Engineering, and Medicine (National Academies) released a groundbreaking report entitled *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. This report specifically spotlighted isolation among LGBT older adults as deserving of particular attention. These findings are consistent with SAGE's experience working with many thousands of LGBT older adults across the country.

The current COVID-19 pandemic has only exacerbated the crisis of loneliness and social isolation. Shelter-in-place and self-quarantine orders have forced the stoppage of in-person group socialization, making isolation among our elders even more acute. In the context of the current public health crisis, this isolation is literally life-threatening. Beyond the real emotional and physical health impacts caused by isolation, many LGBT older adults are falling through the cracks of existing support systems.

Many LGBT older people are reliant on families-of-choice – friends and others whom they treat like family and with whom they engage in mutual caregiving. In fact, the Center for American Progress (CAP) reports in [*An Effective Response to the Coronavirus Requires Targeted Assistance for LGBTQ People*](#), that 42% of LGBT adults, compared to 31% of their straight and cisgender counterparts, say that they have taken leave to “care for a friend or chosen family member with a health-related need.” Our laws, however, don't necessarily recognize or acknowledge these relationships. As a result, the pandemic has belatedly put a much-needed spotlight on the challenges that many people face in accessing paid family leave and providing family caregiving, especially when caring for families of choice. Paid family leave policies and family caregiving policies must acknowledge and support inclusive definitions of family. The data shows that inclusive policies not only help LGBT people, but the population at large.

Poverty

While there are stereotypes that LGBT older people are more affluent than the population at large, even before the crisis, many LGBT older people faced pronounced financial challenges. A lifetime of discrimination and increased vulnerability has lasting effects on LGBT elders' financial security.

According to the National Council on Aging (NCOA), over 23 million Americans age 60 and older are economically insecure.¹ The outlook for LGBT older people is even more concerning.

SAGE's *Out & Visible* study reveals that LGBT older people are far more concerned than non-LGBT older people about their financial security and retirement.² This is not surprising: LGBT older people are at increased risk for poverty. In fact, a 2009 study found that 24% of lesbians and 15% of gay men are poor, compared to 19% and 13% of heterosexual women and men.

CAP reports that more than a third of the LGBT participants in its national survey have household incomes of less than \$35,000 a year. We see similar trends with the LGBT older people we serve in New York City. 35% of SAGE's New York City clients are Medicaid eligible.

¹ National Council on Aging. Economic Security for Elders: Fact Sheet. 2014.

² SAGE. Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older people, Ages 45-75. 2014.

Nationally, same-sex partnered older people lag behind different-sex married households in income, assets and home ownership; elder same-sex partnered households have 37.4% less income from retirement savings than elder heterosexual couples.³

Certain demographics within the LGBT aging community have even greater financial challenges.

Transgender older people face substantially higher poverty rates than their LGB and cisgender counterparts. A 2014 paper entitled *Social, Economic, and Health Disparities Among LGBT Older Adults*, reports that while a third of LGB older people live at or below 200% of the federal poverty line compared to a quarter of all older people, that number is approximately 50% for transgender older people.⁴

Poverty is particularly pervasive among people of color. African-Americans in same-sex couples have poverty rates at least twice those for different-sex, married African-Americans and are more than six times more likely to be poor than White men in same-sex couples.⁵ A study by the Williams Institute at UCLA found that African-American children in gay male households have the highest poverty rate (52.3%) of any children in any household type. Among children living with lesbian couples, the poverty rate is 37.7%.⁶

We anticipate that the severe economic recession triggered by the COVID-19 pandemic will dramatically increase poverty among these already vulnerable populations.

Health Challenges

Even before COVID-19, LGBT older people, on average, faced more physical and mental health disparities and elevated rates of chronic health conditions than their peers. In fact, 47% percent of LGBT older people live with a disability, and 31% struggle with depression. LGBT older people aged 50 and older are affected by a higher prevalence of disabling chronic conditions, compared to their heterosexual peers.⁷ LGBT elders also suffer from higher rates of heart disease, diabetes, HIV/AIDS, and mental health issues.⁸

As CAP reports, “LGBTQ people experience high rates of chronic conditions that compromise their immune systems and heighten their vulnerability to contracting COVID-19. An estimated 65 percent of LGBTQ adults have pre-existing conditions such as diabetes, asthma, heart disease, or HIV. According to the Centers for Disease Control and Prevention (CDC), these conditions put them at high risk for severe illness from COVID-19.” At the same time, CAP reports that “LGBTQ adults are still more than twice as likely to be uninsured than non-LGBTQ adults.”

³ Albelda, R. et al. Poverty in the Lesbian, Gay, and Bisexual Community. The Williams Institute. University of California School of Law. March 2009.

⁴ Charles A. Emlen, *Social, Economic, and Health Disparities Among LGBT Older Adults, Generations* (Summer 2016) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373809/>

⁵ M.V. Lee Badgett, Laura E. Durso & Alyssa Schneebaum, The Williams Institute: New Patterns of Poverty in Lesbian, Gay and Bisexual Community, (June 2013), 2, <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

⁶ Ibid.

⁷ Fredriksen-Goldsen, K. I., & Kim, H.-J. (2017). *The science of conducting research with LGBT older adults – An introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS)*. The Gerontologist 57(S1).

⁸ Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US).

Discrimination

LGBT older people also face the added burden of a deeply-engrained fear of discrimination. Even for those who theoretically have access to healthcare, LGBT older people have historically been reluctant to seek care, services and supports, because of a lifetime of facing stigma and discrimination. Nearly one-third have delayed or foregone needed medical care because of past experiences of unfair treatment. Studies also show that LGBT older people access essential services, like those needed during the pandemic, much less frequently than the general aging population. These services can include visiting nurses, SNAP, and meal programs. Diminished social supports have been correlated with health problems that can have serious consequences for older people, including premature institutionalization and early death. Many also choose to go back into the closet for fear that caregivers or other providers might discriminate against them. Most transgender older people do not even have that option. As a result, despite advances in civil rights, LGBT older people remain one of the most invisible, underserved, and at-risk populations among elders in the United States.

Long term care settings, ravaged by the pandemic, are another area of concern. Some portion are religiously affiliated and may not be LGBT friendly. Unfortunately, these fears are not unwarranted. In 2016, Lambda Legal sued Glen St. Andrew Living Community in Illinois, under the Fair Housing Act, because it did not protect lesbian resident Marsha Wetzel from other residents who harassed her based on her sexual orientation.⁹ It's now more important than ever to ensure that LGBT older people and older people living with HIV in institutionalized settings, as well as those trying to access critical care, services, and supports, are protected from discrimination.

COVID-19's Impact on organizations serving LGBT older people

As social isolation reaches crisis levels, financial resources dry-up, and the safety-net is stretched-thin, SAGE has witnessed an exponential increase in LGBT older people relying on LGBT aging organizations to deliver life-saving help. Consequently, the COVID-19 pandemic has uniquely impacted not only LGBT older people, but also the organizations that serve them.

While LGBT aging organizations face budget shortfalls, LGBT older people are facing even greater challenges than older Americans in general because they entered the pandemic with high levels of social isolation, thin support networks, and higher levels of financial vulnerability. Their acute social isolation and thin support networks mean that in many cases, LGBT elders have literally nobody to watch out for them – to ensure that they have essential food and medicine, to make sure they can access life-saving benefits and financial support, and to offer a modicum of social contact – other than SAGE and other LGBT aging organizations.

LGBT organizations cannot do this work alone. It is more important than ever to empower the aging network and to hold it accountable for meeting the needs of those who are most at-risk during the pandemic.

⁹ https://www.lambdalegal.org/in-court/cases/il_wetzel-v-glen-st-andrew



AGING AND THE HIV COMMUNITY

Older people living with HIV are fighters. They are a resilient population who have something to teach us about how to fight and survive a plague.

Older People Living with HIV

Nearly four decades ago, people who were diagnosed with HIV/AIDS could expect to live at best two years after their diagnosis. They were more focused on if, when, and how they would die, rather than how they were going to live. People living with the disease were not focused on—or prepared for—what life would look like even a handful of years ahead. Neither were the doctors, care providers, or government programs serving them.

Today, older people (age 50+) living with HIV comprise 50% of the population living with HIV in the United States. The percentage is at 70% in cities like New York and San Francisco. Over the last decade, people 50 and older also accounted for, on average, one in every six new HIV diagnosis. Across the nation, it is a growing population with pronounced needs – needs that are exacerbated by COVID-19.

As the *Washington Post* reported on April 2, 2020, “for the city’s roughly 800,000 LGBT residents — especially elders, who find themselves among the most at risk once again — the corona-virus pandemic’s woes of loneliness, panic, and fear of being vulnerable to infection are searingly evocative of the HIV/AIDS crisis a generation ago.”¹⁰

COVID-19

While the jury is still-out on how COVID-19 impacts people living with HIV, experts have some initial cautions and concerns. Clinical data has found that older people living with HIV and people with comorbidities, including cardiovascular disease, diabetes, chronic respiratory disease, and hypertension,

¹⁰ https://www.washingtonpost.com/national/coronavirus-hiv-aids-new-york/2020/04/02/9e7f8728-74f4-11ea-87da-77a8136c1a6d_story.html

develop more serious symptoms if they contract COVID-19 compared with others. And to top it off, people living with HIV are still living with the stigma of being HIV+ and are reporting increased instances of targeted discrimination because of their status.

According to GMHC's *Achieve, A journal on HIV Prevention, Treatment and Politics*, "The risk from immune suppression is not known, but like other viral respiratory infections, the risk for people with HIV getting seriously ill is greatest in: people with a low CD4 cell count; people not on HIV treatment (ART); people who are over 65; [and] people who have other medical conditions." The journal also notes that, "Older adults with HIV and with chronic illnesses like diabetes or heart, lung, liver, or kidney disease are at higher risk of getting seriously ill from COVID-19."

Pronounced Health Challenges

Unfortunately, these types of health concerns are nothing new. The U.S. Department of Health & Human Services (HHS) reports that those living with HIV for many years exhibit many clinical characteristics commonly observed in aging, including multiple chronic diseases or conditions, the use of multiple medications, changes in physical and cognitive abilities, and increased vulnerability to stressors. While effective treatments have decreased the likelihood of AIDS-defining illnesses, such HIV-associated non-AIDS conditions do occur in individuals with long-standing HIV infection.

Research also indicates that older Americans are more likely than younger Americans to be diagnosed with HIV late in the course of their disease, meaning they are more likely to be dually diagnosed with HIV and AIDS. This late diagnosis and the consequent late access to treatment results in more and more severe health complications. This can lead to poorer prognoses and shorter survival rates after diagnosis.

Poverty and Social Isolation

Upon diagnosis in the 1980s and 1990s, most people living with HIV didn't expect to live very long. Many cashed in their savings, retirement plans, and life insurance policies to pay for their immediate health needs. As the groundbreaking *San Francisco Chronicle* article [Last Men Standing](#) helps to illuminate, many older long-term survivors are living lives they didn't plan or prepare to live. Older long-term survivors have relied for decades on government-funded disability programs. And now, as they cycle off disability support and onto Social Security, they have scant work histories to justify more than a minimal Social Security check. On top of these already difficult financial challenges, many continue to live in cities with skyrocketing housing and living costs, like San Francisco and New York, which are also bearing the brunt of the pandemic.

Having lost many of their friends during the epidemic, many find themselves with thin social support networks and without connection to their families of origin. These problems have become all-the-more pronounced in the wake of COVID-19. Older long-term survivors report that they feel culturally and socially isolated, lacking the support networks that become all the more critical as all people age.

Providers Ill-equipped to Address the Aging of the Epidemic, Especially During a Pandemic

Neither survivors themselves nor HIV and aging-focused providers sufficiently planned for the aging of the epidemic. Policy makers, health care providers, and aging providers can and must do more to address

these challenges, including expanding cross-training and coordination to build HIV-and-aging cultural competencies and to bolster the HIV-and aging provider workforce. These needs are all-the-more pronounced with the added psycho-social, economic, and healthcare burdens of COVID-19.

ABOUT SAGE

SAGE

Founded in 1978, SAGE is the world's oldest and largest organization dedicated to improving the lives of LGBT older people. SAGE's mission is to lead in addressing issues related to LGBT aging. In partnership with its constituents and allies, SAGE works to achieve a high quality of life for LGBT older people, supports and advocates for their rights, fosters a greater understanding of aging in all communities, and promotes positive images of LGBT life in later years. We fulfill our mission through advocacy and by providing direct and supportive social services, social and recreational activities, education, and technical assistance programs both locally and nationally. SAGE has four decades of experience piloting and scaling programs.

Over the organization's lifetime, SAGE has pioneered first-in-the-nation programs, including:

- the country's first full-time LGBT senior center, The Edie Windsor SAGE Center in Midtown Manhattan, since expanded to Harlem, Brooklyn, the Bronx, and Staten Island;
- the country's first Friendly Visiting program for homebound and frail LGBT older people;
- the country's first LGBT Older Adult Drop-In Center (now "SAGE at The Center");
- the country's first support group for LGBT older people with HIV;
- the country's first on-line National Resource Center on LGBT Aging;
- the country's first National LGBT Elder Housing Initiative;
- the country's first national network of affiliated organizations serving LGBT older people, SAGENet;
- the country's first LGBT aging training and credentialing program, SAGECare; and
- New York State and City's first LGBT-welcoming affordable elder housing complexes, including Stonewall House in Fort Greene, Brooklyn and Crotona Senior Residences in the Tremont neighborhood of the Bronx.

Today, SAGE serves as a safety net for tens of thousands of LGBT older people who face the challenges of aging, but also confront marginalization and discrimination due to their sexual orientation and/or gender identity. SAGE offers a safe and welcoming space for community, connection, and support. To ensure that LGBT older people can access a full continuum of services, SAGE partners with diverse organizations across the aging and health fields and LGBT communities. No other organization in the nation provides such a comprehensive range of programming to LGBT older people.

National Affiliates

SAGE's unique role as a local service provider and a national organization allows us to work with affiliates and partners nationwide to incubate, share, and elevate successful intervention models across the country, reaching LGBT older Americans nationwide. From Alaska to Puerto Rico, SAGE's national network of 30 affiliates in 22 states plus Puerto Rico – SAGENet – helps to reduce isolation, improve financial security and enhance quality of life for LGBT older Americans living in every region of the U.S. Affiliates work closely

with SAGE to engage stakeholders in their communities in grassroots advocacy in support of LGBT older people.

Advocacy

SAGE's advocacy work ensures that the unique needs of LGBT older people are addressed by our state, local, and federal governments. Our organization has a unique voice, bringing a much-needed elder perspective to the needs of the LGBT community, and an LGBT perspective to the aging community.

Training and Educational Resources

SAGECare trains and credentials elder care providers on LGBT cultural competence. Since its launch in 2016, SAGECare trainings have reached more than 66,000 elder care professionals. SAGECare has credentialed 373 agencies and providers across 48 states. As a result, nearly 133,000 LGBT older Americans are now receiving LGBT competent care from trained SAGECare providers.

SAGE's National Resource Center on LGBT Aging (NRC), a partnership with the US Administration for Community Living (ACL), is the country's only comprehensive national resource center focused on LGBT older people and LGBT aging issues. Led by SAGE, in collaboration with 18 organizations from around the US, the NRC offers technical assistance and vital educational resources, including our online portal, six best practice guides on a variety of issues that affect LGBT older people, and various fact sheets, guides, and assistance on nearly a thousand topics relevant to LGBT aging. These include caregiving, LGBT-inclusion and cultural competency, elder abuse and neglect, healthcare and insurance, and housing. Its website has been accessed more than 1 million times.

LGBT Elder Housing Initiative

Recognizing that LGBT older people face profound challenges in securing welcoming and affordable housing, SAGE launched our national LGBT Elder Housing Initiative to address LGBT elders' housing challenges. Aimed at increasing the LGBT-welcoming elder housing options available to LGBT older people across the country, the Initiative leverages five strategies to bring systemic change to the housing sector. These strategies include: building LGBT-friendly housing in New York City; advocating nationally against housing discrimination; training eldercare providers to be LGBT culturally competent; educating LGBT older people about their housing rights; and helping builders across the U.S. replicate LGBT-friendly elder housing.

Diverse Partners

Reflective of the diversity of the older LGBT community, SAGE collaborates with a cross-sector alliance of partners from the LGBT, aging, HIV, people of color, and other communities to work toward our goals. SAGE integrates learnings from our work with these coalitions into our own program development to better serve diverse LGBT elders.

SAGE is a founding member of the Diverse Elders Coalition (DEC), which includes the National Caucus and Center on Black Aging (NCBA), National Asian Pacific Center on Aging (NAPCA); National Hispanic Council on Aging (NHCOA); National Indian Council on Aging (NICOA); and Southeast Asia Resource

Action Center (SEARAC). Partnerships like the DEC enable SAGE to effectively elevate the issues affecting diverse communities of elders and their unique needs.

SAGE is the only LGBT member of the Leadership Council of Aging Organizations (LCAO), a large coalition of the nation's leading non-profit organizations serving older Americans. The coalition is made up of a diverse coalition dedicated to preserving and strengthening the well-being of America's older population.

Lastly SAGE leads the National LGBT Aging Roundtable, a coalition of 129 LGBT and HIV serving agencies across the nation, to share information and strategize around LGBT-inclusive and HIV-inclusive aging policy.

