

DISRUPTING DISPARITIES

SOLUTIONS FOR LGBTQ NEW YORKERS AGE 50+



EXECUTIVE SUMMARY

AARP's purpose is to empower people to choose how to live as they age. Through a societal movement called Disrupt Aging, AARP and AARP Foundation encourages all to challenge outdated beliefs and spark new solutions to facilitate people's choices. As the country's largest and oldest organization dedicated to improving the lives of LGBTQ older people, SAGE is proud to stand with AARP in improving the lives of older LGBTQ New Yorkers and their families. New York is our home, and those we serve confront the challenges outlined in this report each and every day.

This report could not have come at a more important time, as COVID-19 exacerbates disparities that long predated the current public health and economic crisis. Key disparities among 50-plus LGBTQ New Yorkers create inequalities that can limit or even impede their choices. Many of these disparities are rooted in discrimination against LGBTQ people, a lack of legal and social recognition, a reliance on chosen family, reduced access to inclusive services, and other social determinants of health and well-being.

This history has made it challenging for many in New York State's LGBTQ community to acquire a well-paying job with benefits like a retirement savings plan, leading to lower Social Security and retirement income in older age. LGBTQ older people are also twice as likely to be single, four times less likely to have children, and far more likely to have faced discrimination and stigma across their lifespan. While older LGBTQ people are resilient, these and other unique challenges have severe negative health, economic, and social implications that must be addressed.

Disparities are often compounded and thus even greater for the estimated 1 in 5 LGBTQ older people of color. Prior analysis from AARP shows that older New Yorkers of color face significant disparities in health, economic security, and livable communities. For instance, only one out of five homeowners in New York State is a person of color (even though people of color comprise one-third of New York's overall population), and 50-plus African American/Black, Asian American and Pacific Islander, and Hispanic/Latino people are twice as likely to be paying over half their income on housing. Inexcusably, 50-plus New Yorkers of color have less access to safe, affordable housing and mobility options compared to white New Yorkers. These and other disparities were documented in [Disrupting Racial and Ethnic Disparities: Solutions for New Yorkers Age 50+ in 2018](#), [Racial and Ethnic Disparities in Rent-Regulated Housing for 50-Plus New Yorkers in 2019](#), and [Disrupting Racial and Ethnic Disparities 2.0 in 2020](#). The recommendations made in these reports are equally critical for 50-plus LGBTQ New Yorkers, many of whom are older people of color.

To illustrate the scope of the disparities, this report highlights existing data and other key indicators about the experiences of LGBTQ older New Yorkers, as well as the concrete policy recommendations that our leaders can take—starting immediately—to remedy the disadvantages faced by 50-plus LGBTQ New Yorkers and their families. The recommendations made here complement those included in AARP's series of Disrupting Racial and Ethnic Disparities reports on improving the lives of older New Yorkers of color.

WHAT THE DATA SAYS: DISPARITIES FACED BY 50-PLUS LGBTQ NEW YORKERS

Although comprehensive data is unavailable, nearly one-third of New York State's LGBTQ population is estimated to be over age 50. Many LGBTQ older people face unique challenges as they age, leading to widespread disparities in health, economic security, caregiving, and social connections. These disparities are often particularly pronounced for LGBTQ older people of color and transgender older people.



"As a Black lesbian, it's always been a struggle to deal with the misogyny, racism, and homophobia that is embedded in our world. I never thought they would affect my finances. Back then, I only thought about budgeting in terms of making sure I had what I needed to succeed in the moment, not necessarily in the long run."

— Donna Sue Johnson

*Donna Sue uses she/
her pronouns*

Health and Well-Being. LGBTQ older people experience mental and physical health disparities due to the lack of competent, inclusive health care, lifelong experiences of discrimination, and social isolation. Those that have faced discrimination have a higher likelihood of poor health outcomes, and many LGBTQ older people have received inferior care or been denied care altogether. These disparities are exacerbated for LGBTQ older people of color who face additional social determinants of health—such as poverty, unemployment, and racism—that further limit access to health care and healthy living.

LGBTQ older people experience a range of disparities relative to non-LGBTQ older people, including increased rates of disability, poor physical and mental health, alcohol and tobacco use, and HIV. LGBTQ New Yorkers over age 50 report frequent mental distress (17%), probable depression (13%), and frequent poor physical health (14%). And transgender New Yorkers of all ages are nearly 50% more likely to report being in fair or poor health when compared to non-transgender respondents, even when controlling for age and education. In 2017, more than half of people living with HIV in New York State were age 50 and older. Many of these disparities put LGBTQ older people at an increased risk of experiencing COVID-19 more acutely.

LGBTQ older New Yorkers need improved access to culturally and clinically competent health care and relief from high health care costs. LGBTQ New Yorkers of all ages cite a lack of personal financial resources (37%) and inadequate insurance coverage (23%) as the most significant structural barriers to health care. While only 7% of LGBTQ New Yorkers reported being uninsured in 2015, about 22% were unable to see a health care provider because of cost. High costs are especially a barrier for accessing medications, such as pre-exposure prophylaxis (PrEP), a daily medication used to prevent HIV.

Economic Security. Older LGBTQ people have fewer financial resources and are more likely to be low-income relative to non-LGBTQ older people. Nearly one-third of LGBTQ older people live at or below 200% of the federal poverty level, compared to a quarter of non-LGBTQ people. Poverty rates are even higher for LGBTQ older people of color, those aged 80 and older, bisexual older people, and transgender older people. These trends are consistent with known data in New York State: for instance, 35% of SAGE's New York City clients are Medicaid-eligible, with annual pre-tax incomes below \$10,000, while an additional 35% subsist on annual pre-tax incomes of \$20,000 or less.



"I always wanted to be in a gay-friendly environment without discrimination, and the glares and looks you can get from people. Stonewall House is a great community and area. I have been an advocate for the LGBTQQ community even back when we were illegal, so it's great to finally live somewhere I can be myself. I can smile more and be happy, be safe, and to meet new friends."

– Diedra Nottingham

Diedra uses she/her pronouns

Economic instability is due in large part to a lifetime of employment discrimination that LGBTQ older people have faced, resulting in lower earning power and lower payments or income from Social Security, retirement, or pensions. Further, LGBTQ older people whose spouse or partner died or retired before the freedom to marry may be unable to access Social Security survivor benefits or their partner's benefits or assets. As a result, 44% of LGBTQ older people report being concerned about having to work well beyond retirement age (compared to 26% of non-LGBTQ people).

Housing options are also limited for LGBTQ older people who are more likely to be low-income, face housing discrimination in senior living communities, and may have a history of housing insecurity or homelessness. To avoid discrimination, many—34% of LGBTQ older people and 54% of transgender and gender nonconforming older people—fear having to re-closet themselves when seeking elder housing. This may be why 90% of LGBTQ older people are extremely, very, or somewhat interested in LGBTQ-welcoming older adult housing developments.

Lack of access to affordable housing is exacerbated by the current real estate and eviction crisis, which itself has been magnified by the disparate impact of COVID-19 on elders' safety, support networks, and economic stability. Transgender elders are facing compounded barriers, exacerbated by attempts to rollback federal Fair Housing Act protections, implement religious exemptions, and eliminate explicit federal housing and homeless shelter protections for transgender people.

Caregiving and Social Connections. Older LGBTQ people are often isolated, disconnected from services, and have thin support networks. This is because LGBTQ older people are far more likely to live alone than non-LGBTQ individuals and far less likely to rely on adult children or other family members for informal caregiving. Three out of four LGBTQ people age 45 and older are concerned about having enough support from family and friends as they age, and LGBTQ people are more likely than non-LGBTQ people to report being lonely.

Social isolation can be difficult to overcome because there are fewer opportunities to socialize in age-friendly and LGBTQ-inclusive environments. In some communities, LGBTQ community centers try to fill these gaps. However, these entities often lack crucial resources and dedicated support for programs for LGBTQ older people. This is especially true for LGBTQ older people in less welcoming environments. Fewer than half (48%) of LGBTQ older residents in big cities and as few as 10% of rural and small town residents reported access to LGBTQ-inclusive elder services in their community.

Although the networks that LGBTQ older people have built are strong and resilient, thinner support networks mean that many LGBTQ older people rely on other LGBTQ people, such as friends and family of choice, as caregivers. LGBTQ older people become caregivers more often than non-LGBTQ counterparts. An estimated 21% of LGBTQ older people have provided care to friends (compared to only 6% of non-LGBTQ peers) even as LGBTQ caregivers are more likely to be providing care in isolation and tend to have poorer mental and physical health.



"Life was really hard, I was homeless from the age of 13 up until my 50s – back then, you're doing everything you can to survive on the streets. Today my life is a lot different. SAGE has been a lifesaver for me. When I became homeless again, I got ahold of them and they got me a case manager and she helped me get doctors because I was sick, look for housing, and she calls me to check up on me, make sure I'm alright. Walking in those doors and not having to worry about someone putting me down was a completely different experience for me. I could be myself."

– Jay Toole

Jay uses she/her and he/him pronouns

Thinner support networks, in turn, make LGBTQ older people more reliant on community service providers. Yet, many LGBTQ people experience or fear mistreatment from service providers and in long-term care facilities. This makes LGBTQ older people understandably concerned about discrimination from the staff of traditional senior centers, long-term care and social services, and by their peers. More than eight in 10 LGBTQ older people would feel more comfortable with providers who are trained in LGBTQ patient needs, have some LGBTQ staff, or otherwise create an LGBTQ-welcoming environment.

A COMPREHENSIVE STRATEGY TO SUPPORT LGBTQ OLDER PEOPLE

The disparities faced by LGBTQ older people, especially LGBTQ older people of color and transgender people, require New York State policymakers to adopt a comprehensive strategy that helps LGBTQ 50-plus people thrive. Policymakers should:

- Formally designate LGBTQ older people and older people living with HIV as groups of "greatest social need" under the Older Americans Act, the nation's primary vehicle for the organization and delivery of social and nutrition programs.
- Establish a standing Commission on LGBTQ Aging to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of 50-plus LGBTQ New Yorkers, with an emphasis on addressing the needs of the most marginalized community members.
- Include additional measurable LGBTQ-specific goals, objectives, strategies, and metrics in State and Area Plans on Aging and develop these metrics using existing data, community needs assessments, and input from LGBTQ older people.
- Create a task force to review how New York State currently defines family in its laws and policies and ensure that those definitions are fully inclusive of families of choice.
- Host a series of convenings to bring awareness to the unique challenges faced by LGBTQ older people, enhance information sharing, and promote community engagement.
- Require or encourage area agency advisory councils and/or long-term care councils to include racially diverse LGBTQ people.
- Seek input from, and partner with, LGBTQ organizations to inform state and area planning processes.

EQUAL ACCESS TO INCLUSIVE PROGRAMS AND SERVICES

Older LGBTQ New Yorkers should have access to the affirming supports and services they need to age successfully. To make these supports and services a reality, policymakers should:

- **Protect LGBTQ older people from discrimination by:**
 - Implementing and enforcing comprehensive nondiscrimination protections in employment, housing, public accommodations, health care and health insurance, and credit and lending.

- Updating the New York State Office for the Aging’s (NYSOFA’s) equal access guidance to explicitly prohibit discrimination based on gender identity or expression, provide more detailed guidance on transgender nondiscrimination and the respectful treatment of transgender New Yorkers, and ensure that contract language in provider agreements is updated to reflect these modernized requirements.
- Creating an LGBTQ ombudsperson to advocate for LGBTQ older people who experience barriers to accessing and utilizing services.
- Adopting a comprehensive caregiving law with an inclusive definition of caregiver that includes spouses, domestic partners, biological relatives, and non-biological individuals with the equivalent of a family relationship.
- Authorizing a state tax credit to support caregivers, including LGBTQ caregivers, and to recognize their significant contributions that reduce the demand for state-funded services.
- **Adopt an LGBTQ long-term care residents’ bill of rights.** New York State should update its Elder Law to include a comprehensive long-term care bill of rights for LGBTQ older people and issue guidance to long-term care facilities and other social service providers on how to provide respectful, appropriate care to LGBTQ older people.
- **Establish an independent Long-Term Care Task Force.** In light of the impact of COVID-19 on long-term care residents, New York State should establish an independent task force dedicated to examining the state of long-term care, both home- and facility-based, and the broader long-term care system.
- **Mandate LGBTQ cultural competency training for state-funded providers.** New York State should require all staff, subcontractors, subgrantees, and volunteers of state-funded aging services, long-term support services, home and community-based services, and housing services to receive a minimum level of training in LGBTQ cultural competency from organizations with expertise in LGBTQ aging.
- **Promote access to affordable health care.** New York State should take a range of actions to improve access to affordable health insurance and health care by requiring cultural and clinical competency training for health care providers, and adopting comprehensive nondiscrimination standards for hospitals and outpatient health care facilities, and promoting affordable prescription drugs, among other recommendations.
- **Promote access to affordable prescription drugs.** New York State should create a safe, wholesale importation program to provide access to less costly drugs; create a systematic mechanism to trigger judicial review of predatory practices in medication price-fixing and establish penalties for prescription drug price gouging; and mandate disclosure of “pay for delay” agreements in which brand-name drug companies pay generic manufacturers to delay introduction of less costly alternative drugs.

- **Promote affordable and affirming housing for LGBTQ older people.** New York State should take a range of actions to make housing affordable and prevent displacement, including the development of LGBTQ-affirming housing options and innovative LGBTQ elder housing models, such as the Stonewall House in Brooklyn and the Crotona Senior Residences in the Bronx.
- **Fund services that address the root causes of LGBTQ disparities and social determinants of health.** New York State should fund affirming and affordable housing initiatives, access to affordable health care, workforce development and job readiness programs, programs for individuals living with HIV, and expanded access to services for veterans. New York State should also ensure that existing programs reflect, and are inclusive of, the unique needs of LGBTQ older people.
- **Expand LGBTQ programming and targeted outreach to LGBTQ older people.** NYSOFA and its partners should expand LGBTQ-specific programming, including virtual programming, and ensure that existing programming is LGBTQ-competent; survey NYSOFA partners to assess current LGBTQ programming, partnership, and outreach; conduct targeted outreach (including digital outreach) so LGBTQ clients, caregivers, community leaders, and partners are aware of available programs and services; and require NY Connects and other state-funded information and referral services to include comprehensive and up-to-date data on LGBTQ-inclusive aging services and elder housing.

LGBTQ-INCLUSIVE DATA COLLECTION

The needs of older LGBTQ New Yorkers will remain invisible until New York State enhances its current efforts to collect, analyze, and report LGBTQ-inclusive data. Ongoing collection of demographic data is especially important to understanding racial inequities among older New Yorkers and the intersectionality of race and ethnicity with other factors, such as sexual orientation, gender identity, disability, and income, among other factors. Policymakers should:

- Incorporate voluntary questions about sexual orientation, gender identity, gender expression, and relationship status on every form where other demographic information, such as age and race, is asked.
- Ensure that COVID-19 surveillance efforts and patient records capture sexual orientation and gender identity as part of routine demographic information.
- Aggregate and report on existing LGBTQ-inclusive data to help policymakers understand the disparities facing LGBTQ older people and then use this data to design targeted programs and services that meet these needs.
- Issue a publicly available strategic plan and timeline to expand LGBTQ-inclusive data collection to all New York State data systems, intake forms, survey instruments, and needs assessments.
- Conduct regular assessments of the needs of older LGBTQ New Yorkers (through surveys, focus groups, informant interviews, and other tools) and ensure that LGBTQ older people are represented in broader community needs assessments.

- Utilize community-generated data (such as survey data and community-based needs assessments) to inform policymaking and resource allocation while increasing agencywide data collection.

CONCLUSION

The time to act is now to disrupt these disparities. We encourage policymakers, elected officials, and community leaders to adopt and implement the policy change necessary to address the disparities faced by 50-plus LGBTQ New Yorkers. Visit aarp.org/NYDisruptDisparities, which hosts the latest research findings, policy updates and information related to this effort. You can also contribute your ideas and insights by emailing NYAARP@aarp.org.

SAGE

As the world's largest and oldest organization dedicated to improving the lives of LGBTQ older people, SAGE is proud to stand with AARP in improving the lives of older LGBTQ New Yorkers and their families. New York is our home, and those we serve confront the challenges outlined in this report each and every day. This report could not have come at a more important time, as COVID-19 exacerbates disparities that long predated the current public health and economic crisis.

Founded in New York City in 1978, SAGE has provided comprehensive social services and programs to LGBTQ older people for more than four decades and currently operates a network of SAGE centers across New York City and supports our dozens of affiliates in over 20 states across the country, including in Puerto Rico. Our SAGE Centers and affiliates collectively welcome thousands of LGBTQ older people each year, offering health and wellness programming, lifelong learning opportunities, case management support, and congregational meals, among other programs. SAGE, partnered with leading developers, to create New York City's first LGBTQ-welcoming elder housing developments: Stonewall House in Brooklyn and Crotona Pride House in The Bronx; the first building to open, Stonewall House, is the largest LGBTQ-friendly elder housing development in the country.

AARP Foundation

AARP Foundation works to end senior poverty by helping vulnerable older adults build economic opportunity and social connectedness. Bolstered by vigorous legal advocacy, we spark bold, innovative solutions that foster resilience, strengthen communities and restore hope. Our approach seeks to diminish systemic barriers, disparities and other biases in programs and policies that disproportionately affect low-income older adults and perpetuate conditions of poverty and economic instability.

Equality for LGBTQ older adults across the nation is of paramount importance for AARP Foundation. Among our efforts, AARP Foundation's litigation team has fought LGBTQ discrimination to increase access to housing and health care and we support the Long-Term Care Equality Index developed by SAGE and the Human Rights Campaign Foundation. Inclusive of our nationwide approach, we know change also occurs on a local and state level. As a partner in *Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+*, we hope the policy successes that will be achieved in New York for LGBTQ older adults can be used as best practices in other states.