

LBGT+ AGING BLUEPRINT FOR NEW YORK CITY'S NEXT MAYOR



Lesbian, gay, bisexual and transgender (LBGT+) 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 in City Hall, SAGE is providing this vital resource about the needs of both the LBGT+ and HIV elder communities, alongside and on whose behalf we advocate.

SAGE is the nation's largest and oldest organization dedicated to improving the lives of LBGT+ older people. At the end of this document, we provide 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 LBGT+ aging issues and how to address them. Please do not hesitate to contact Melissa Sklarz, Senior Government Relations Strategist at msklarz@sageusa.org.



A CALL FOR MAYORAL SUPPORT AND LEADERSHIP

We ask that the Mayor use the powers of their administration and work with the New York City Council to ensure that LBGT+ older New Yorkers are able to live lives of dignity and respect free from discrimination, with access to data-driven, culturally competent services and supports that are necessary to live independently, especially during a time of so much uncertainty due to COVID-19.

A COMPREHENSIVE STRATEGY TO SUPPORT LGBT+ OLDER PEOPLE IN NEW YORK CITY

The disparities faced by LGBT+ older people, especially LGBT+ older people of color and transgender people, require the next Mayor of New York City to adopt a comprehensive strategy that helps older LGBT+ people thrive.

New York has made some progress in addressing the challenges faced by LGBT+ older people. However, our City must do more to ensure that LGBT+ older people have the tools and resources they need to age successfully. Action is particularly important to address the even greater disparities faced by LGBT+ older people of color and transgender older people.

Initiatives and Policies to Improve the Health and Safety of LGBT+ New Yorkers

According to the recently published report from SAGE and AARP New York, [*Disrupting Disparities: Solutions for LGBT New Yorkers Age 50+*](#), older LGBT+ New Yorkers experience increased rates of disability, poor physical and mental health, alcohol and tobacco use, and HIV. LGBT+ New Yorkers over 50 further experience frequent mental distress (17%), probable depression (13%), and frequent poor physical health (14%).

Further, as of 2017, more than half of people living with HIV in New York State are age 50 and older. 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.

Many of these health disparities put LGBT+ older people at an increased risk of poorer physical health, especially in this time of a pandemic that is ravaging communities of color. SAGE calls upon the incoming Mayor of New York City to address these serious health disparities, by taking the following concrete actions:

Ensure the health and safety of older New Yorkers living amid the pandemic.

- Bring awareness to the unique challenges faced by LGBT+ older people, enhance information



- sharing, and promote community engagement.
- Ensure access to food and emergency food for LGBT+ elders living in isolation.
- Ensure a range of City-funded and City-contracted LGBT+-welcoming programs and services through continued support of existing LGBT+-affirming older adult centers and the establishment of more LGBT+-welcoming older adult centers
- Require LGBT+ competency training for all older adult centers across the City.
- Bridge digital and technology divides and ensure that low income LGBT+ elders can access technology platforms and high-speed internet.

Promote access to affordable health care.

- New York City should take a range of actions to improve health care access for LGBT+ New Yorkers by requiring LGBT+ cultural and clinical competency training for health care providers in City health care settings and community health care centers.

Initiatives and Policies that Improve LGBT+ Elders' Access to Safe, Affordable Housing

Housing options are limited for LGBT+ older people who are more likely to be low-income, face housing discrimination in elder living communities, and often have a history of housing insecurity or homelessness. To avoid discrimination, many—34% of LGBT+ 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 LGBT+ older people are extremely, very, or somewhat interested in LGBT+-welcoming elder housing. Lack of access to affordable housing is exacerbated by the current real estate and eviction crisis in the City, which has been magnified by the disparate impact of COVID-19 on elders' safety, support networks, and economic stability.

Further, 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 African American/Black, Asian American and Pacific Islander, and Hispanic/Latino people over the age of 50 are twice as likely to be paying over half their income on housing. As a result, older New Yorkers of color generally, and LGBT+ older adults of color more specifically, have less access to safe, affordable housing and mobility options compared to white New Yorkers.

The incoming Mayor must take the following concrete steps to improve LGBT+ older New Yorkers' access to housing.

- Preserve existing affordable elder housing and develop new LGBT+-affirming housing options and innovative LGBT+ elder housing models, such as Stonewall House in Brooklyn and the Crotona Pride House in the Bronx.
- Fund LGBT+ cultural competency training for housing providers throughout New York City.
- Fund the creation of affordable and affirming housing for LGBT+ older adults.
- Increase funding and access to LGBT+-friendly support services in residential settings and NORCs (naturally occurring retirement communities).



Ensure that LGBT+ Elders and Caregivers Receive Quality, LGBT+-Affirming Services and Care

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

Thinner support networks, in turn, make LGBT+ older people more reliant on community service providers. Yet, many LGBT+ people experience or fear mistreatment from service providers and in long-term care facilities. This makes LGBT+ 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 LGBT+ older people would feel more comfortable with providers who are trained in LGBT+ care recipient needs, have some LGBT+ staff, or otherwise create an LGBT+-welcoming environment.

People who are 50 years and older now represent the largest group of people living with HIV/AIDS. This group include long-term survivors who were diagnosed with HIV/AIDS before the advent of antiretroviral therapy in 1996. People within these groups often experience higher rates of illnesses associated with aging including cardiovascular, liver, and kidney diseases, cancers, frailty, and osteoporosis. They may also be socially isolated due to HIV/AIDS stigma and have higher rates of depression, post-traumatic stress disorder, and loneliness as they age.

Mandate LGBT+ cultural competency training for City-funded providers.

- Require all staff, subcontractors, subgrantees, and volunteers of City-funded aging services, long-term support services, home and community-based services, and housing services to receive a minimum level of training in LGBT+ cultural competency from organizations with expertise in LGBT+ aging.
- Host a five-borough tour to bring awareness to the unique challenges faced by LGBT+ older people, enhance information sharing, and promote community engagement.

- Require or encourage all City Task Forces and Commissions to include racially diverse LGBT+ people, including racially diverse LGBT+ older adults.
- Seek input from, and partner with, LGBT+ organizations that work with older adults to inform City planning processes.

Establish a standing Commission within the Department For the Aging or the Mayor's Office on LGBT+ Aging.

- To identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of older LGBT+ New Yorkers, establish a standing Commission with an emphasis on addressing the needs of the most marginalized community members.

Fund services that address the root causes of LGBT+ disparities and social determinants of health, including affirming and affordable housing initiatives, access to affordable health care, workforce development and job readiness programs, programs for individuals living with HIV, expanded access to services for veterans and expanded services for caregivers of LGBT+ older New Yorkers. New York City should also ensure that existing programs reflect, and are inclusive of, the unique needs of LGBT+ older people.

Adopt Policies to Identify and Meet the Needs of LGBT+ Older New Yorkers

Older LGBT+ New Yorkers will remain invisible until New York City enhances its efforts to collect, analyze, and report LGBT+-inclusive data. According to the Center for American Progress' report *How to Collect Data About LGBT Communities*, "...in the United States today, there remains a persistent lack of routine data collection on sexual orientation and gender identity, including the disparities that affect the lesbian, gay, bisexual, and transgender, or LGBT+, population—leaving the challenges facing LGBT+ communities largely unmapped. This lack of data on sexual orientation and gender identity puts policymakers in unknown territory as they craft policies that have the potential to significantly affect the lives and wellbeing of LGBT+ people and their families. Especially in the current era of scarce government budget resources, comprehensive and accurate data on the LGBT+ population are needed to help direct



support toward the programs and policies that most effectively provide services to communities in greatest need. Collecting more and better data about sexual orientation and gender identity, or SOGI, is essential to meet the needs of LGBT+ people and their families across the United States.”

The collection of demographic data is especially important to understanding racial inequities among older New Yorkers and the intersectionality of race and ethnicity with sexual orientation, gender identity, disability, and income, among other factors. To address this data gap, SAGE recommends that the incoming Mayor of New York City take the following concrete steps:

- Incorporate voluntary questions about sexual orientation, gender identity, gender expression, and relationship status on every New York City 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 LGBT+-inclusive data to understand the disparities facing LGBT+ 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 LGBT+-inclusive data collection to all New York City agencies and across all City-run data systems, intake forms, survey instruments, and needs assessments.
- Conduct regular assessments of the needs of older LGBT+ New Yorkers (through surveys, focus groups, informant interviews, and other

tools) and ensure that LGBT+ 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 agency wide data collection.
- Mandate that the New York City Department

for the Aging collect data on sexual orientation and gender identity and report on LGBT older New Yorkers' access, needs and trends in this population.

- Include measurable LGBT+-specific goals, objectives, strategies, and metrics in City strategic planning using existing data, community needs assessments, and input from LGBT+ older people.

THE EXPERIENCES OF LGBT+ OLDER NEW YORKERS

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 here in New York City. These trailblazers led the uprising at the Stonewall Inn in the West Village, 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.

While older LGBT+ people are resilient, they encounter unique challenges that have severe negative health, economic, and social implications. These challenges must be addressed. 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.

New York State ranks among the top 10 states in terms of the percentage of its population that identifies as LGBT+. Of the estimated 800,000 LGBT+ adults in New York State, nearly one-third (28%) are over the age of 50. And the population of LGBT+ older New Yorkers is only expected to grow as the population ages: by 2030, one in five New Yorkers will be over the age of 60.

In short, our City needs policies, initiatives, and programs to protect, effectively reach, and serve LGBT+ older New Yorkers.



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 people 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 the LGBT+ older people who SAGE serves through our care management services and programs have no one to call in case of an emergency. And now, as COVID-19 continues to severely impact the country, many remain estranged from family and religiously-

affiliated institutions on which others rely. Disparities are often compounded and thus even greater for the estimated one in five LGBT+ older people of color.

The 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+ elders are falling through the cracks of existing support systems.

POVERTY

According to the National Council on Aging (NCOA), over 23 million Americans age 60 and older are economically insecure. The outlook for LGBT+ older people is even more concerning. A lifetime of discrimination and increased vulnerability has lasting effects on LGBT+ elders' financial security.

SAGE's *Out & Visible* study revealed that LGBT+ older people are far more concerned than non-LGBT+ older people about their financial security and retirement. 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.

The Center for American Progress reported 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.

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.

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.

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. 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%.

We anticipate that the economic fallout from the COVID-19 pandemic will dramatically increase poverty among these already vulnerable populations.

HEALTH CHALLENGES

LGBT+ older people, on average, face 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. LGBT+ elders also suffer from higher rates of heart disease, diabetes, HIV/AIDS, and mental health issues.

As the Center for American Progress 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 found that "LGBTQ adults are still more than twice as likely to be uninsured than non-LGBTQ adults."



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 older population. These services can include visiting nurses 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 country.

Long term care settings, ravaged by the pandemic, are another area of concern. Some portion are religiously affiliated and are not 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. And in 2018, the National Center for Lesbian Rights filed a lawsuit on behalf of Mary Walsh and Bev Nance, who were denied admission to a continuing care retirement community in St. Louis because the provider refused to recognize their marriage on religious grounds. 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.

OLDER PEOPLE LIVING WITH HIV

In the first decades of the AIDS epidemic, 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+) comprise the vast majority of the population living with HIV in the United States. The percentage is at 70% in New York City. Over the last decade, people 50 and older also accounted for, on average, one in every six new HIV diagnoses. This growing population has pronounced needs—needs that are exacerbated by COVID-19.

As the *Washington Post* reported on April 2, 2020, “for the [New York] 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.”

CONCLUSION

The Stonewall Uprising, the night that sparked a national movement for LGBT equality and justice, happened in New York City. And, as a result, our City has long been at the forefront of the movement for LGBT+ equality and justice.

Those trailblazing activists who stood up that fateful night at the Stonewall Inn are today’s LGBT+ elders. Our City’s LGBT+ elder pioneers and older people living with HIV are a resilient, growing demographic that has unique needs as they age—needs that our incoming Mayor must address and prioritize.

SAGE welcomes the opportunity to meet with you and discuss the needs of our city’s LGBT+ elders and older people living with HIV and how our great City’s next Mayor can ensure that New York City is a welcoming and embracing place for LGBT+ elders to age.

About SAGE

SAGE is the world's largest and oldest organization dedicated to improving the lives of LGBT+ older people.

Founded in New York City in 1978, SAGE has provided comprehensive social services and programs to LGBT+ older people. SAGE exists to provide LGBT+ elders with comprehensive, LGBT+-competent services through our city's first LGBT+-friendly elder housing developments, our SAGE Centers, care management services, SAGEVets and related programs and services. Our SAGE Centers across New York City and care management services and programs collectively



welcome thousands of LGBT+ older people each year, offering health and wellness classes, lifelong learning opportunities, case management, one-on-one support, and congregate meals, among other programs. Further, to address the housing crisis facing LGBT+ older New Yorkers, SAGE partnered with leading developers to create New York City's first LGBT+-welcoming elder housing developments: Stonewall House in Brooklyn and Crotona Pride House in The Bronx.

New York is our hometown, and those we serve confront the challenges outlined in this document each and every day, especially as COVID-19 exacerbates disparities that long predated the current public health and economic crises.

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Additional resources available upon request