

# IMPROVING THE LIVES OF LGBT OLDER ADULTS

March 2010



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With a foreword by



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### **LGBT Movement Advancement Project (MAP)**

The LGBT Movement Advancement Project is an independent intellectual resource for the LGBT movement. MAP's mission is to speed achievement of full social and political equality for LGBT people by providing strategic information, insights, and analyses that help increase and align resources for highest impact. For more information, go to [www.lgbtmap.org](http://www.lgbtmap.org).

### **Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)**

SAGE is the world's oldest and largest nonprofit agency dedicated to serving LGBT older people. Since its inception, SAGE has pioneered programs and services for the aging LGBT community, provided technical assistance and training to expand opportunities for LGBT older people across the country, and provided a national voice on LGBT aging issues. In 2005, SAGE became the first official LGBT delegate at a White House Conference on Aging. In 2010, SAGE was awarded a 3-year, \$900,000 grant from the U.S. Department of Health and Human Services and the Administration on Aging to create the nation's only national resource center on LGBT aging. For more information go to [www.sageusa.org](http://www.sageusa.org).

## This report was developed in partnership with:

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### **National Senior Citizen's Law Center (NSCLC)**

The National Senior Citizens Law Center works to promote the independence and well-being of low-income elderly and disabled Americans, especially women, people of color, and other disadvantaged minorities. NSCLC believes in publicly-funded safety net programs, and works to preserve and strengthen Medicaid, Medicare, Social Security and Supplemental Security Income. To guarantee fair treatment, NSCLC works for greater access to federal courts for citizens and for better enforcement of consumers' legal rights in safety net programs. NSCLC works toward an America in which elderly people and people with disabilities can: live in dignity and safety, free of the worries and pain of poverty; afford health care to the end of their days; and contribute to their families and societies to the best of their abilities. For more information, see [www.nsclc.org](http://www.nsclc.org).

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### **MAP thanks the following funders, without whom this report would not have been possible.**

Arcus Foundation  
David Bohnett Foundation  
David Dechman  
Gill Foundation  
Jim Hormel  
Johnson Family Foundation  
Amy Mandel and Katina Rodis  
Weston Milliken  
Kevin J. Mossier Foundation  
Mona Pittenger  
H. van Ameringen Foundation

## EXECUTIVE SUMMARY

Although largely invisible until very recently, lesbian, gay, bisexual and transgender (LGBT) older adults make up a significant (and growing) share of both the overall LGBT population and the larger 65+ population. While confronted with the same challenges that face all people as they age, LGBT elders also face an array of unique barriers and inequalities that can stand in the way of a healthy and rewarding later life. The additional challenges to successful aging faced by LGBT elders are gaining visibility with the aging of LGBT Baby Boomers, who are the first generation of LGBT people to have lived openly gay or transgender lives in large numbers.

This report examines these additional challenges and how they make it harder for LGBT elders to achieve three key elements of successful aging: financial security, good health and health care, and social support and community engagement. The report also offers detailed recommendations for eliminating—or at least reducing—inequities and improving the lives, and life chances, of LGBT older Americans.

### Overview: Key Challenges Facing LGBT Elders

As members of a legally and socially disfavored minority, LGBT elders face three unique circumstances that make successful aging more difficult for them than for their heterosexual counterparts:

- **The effects of social stigma and prejudice, past and present.** Historical prejudice against today's LGBT elders has disrupted their lives, their connections to their families of origin, their chance to have and raise their own children, and their opportunities to earn a living and save for retirement. The stigma associated with being lesbian, gay, bisexual or transgender continues to stand in the way of full participation in community and society for many LGBT elders. It impedes full and equal access to important health and community services, programs and opportunities.
- **Reliance on informal “families of choice” for social connections, care and support.** Today, about 80% of long-term care in the U.S. is provided by family members, and more than two-thirds of adults who receive long-term care at home depend on family members as their only source of help. By contrast, LGBT elders are more likely to be single, childless, and estranged from biological family—relying on friends and community members as their chosen family. Official policies, laws and institutional regulations generally prioritize only legal and biological family, and in many instances deny same-sex partners, families of choice and other caregivers who do not fall into traditional categories many of the resources afforded to spouses and biological family members.

- **Unequal treatment under laws, programs and services.** Many laws, program and services fail to address—or create extra barriers to—social acceptance, financial security, and better health and well-being for LGBT elders. Safety net programs and laws intended to support and protect older Americans fail to provide equal protections for LGBT elders. In large part, this is because they either do not acknowledge or provide protections for LGBT elders' partners and families of choice, or because they fail to recognize and address ongoing stigma and discrimination that result in substandard treatment of LGBT elders.

The challenges identified above diminish LGBT elders' prospects for successful aging by making it harder for LGBT elders to achieve financial security; good health and health care; and social and community support.

### At Issue: Financial Security for LGBT Elders

When many people think of LGBT elders, they mistakenly picture affluent individuals or couples living comfortable, urban lives. Contrary to the common stereotype, however, LGBT older adults as a group are poorer and less financially secure than American elders as a whole.

The lifetime of discrimination faced by LGBT elders—combined with the resulting effects on financial security—is compounded by major laws and safety net programs that fail to protect and support LGBT elders equally with their heterosexual peers. Key programs and their impacts are:

- **Social Security.** Despite paying into Social Security in the same manner as their heterosexual peers, LGBT elders are not equally eligible for Social Security benefits. The biggest difference in treatment: committed same-sex couples are denied the substantial spousal and survivor benefits provided to married couples.
- **Medicaid and Long-Term Care.** For married heterosexual couples, Medicaid has exemptions to avoid requiring a healthy partner to live in poverty to qualify a spouse for long-term care. Unfortunately, these spousal impoverishment protections do not apply to same-sex couples and families of choice.
- **Tax-Qualified Retirement Plans.** Despite positive changes in the law in recent years, LGBT elders still lack the same benefits as their heterosexual peers when it comes to the treatment of IRAs and similar plans.
- **Employee Pensions/Defined-Benefit Plans.** Employer policies regarding the Qualified Joint and Survivor Annuity (QJSA) or Qualified Pre-retirement Survivor Annuity (QPSA) deprive same-sex couples of needed financial protections for a surviving partner or chosen family member, though

these protections are available for heterosexual spouses.

- **Retiree Health Insurance Benefits.** Federal tax law currently allows an employer to provide health insurance to the heterosexual spouse of an employee or retired employee as a tax-free benefit; for same-sex couples, a partner's insurance benefits are treated as taxable income.
- **Estate Taxes.** The federal government allows a surviving heterosexual spouse to inherit all of the couple's assets without incurring any tax penalty. By contrast, federal and state laws require same-sex partners to pay inheritance taxes on some estates.
- **Veterans' Benefits.** The U.S. Department of Veterans Affairs provides a variety of benefits to veterans' heterosexual spouses, including pensions paid to the spouse of a service member killed in combat, medical care, and home loan guarantees. These benefits are not available to a same-sex partner.
- **Inheritance Laws.** In most cases, LGBT elders must put in place a series of specific and often expensive legal arrangements to try to ensure that financial decision making and inheritance will pass to a partner or family-of-choice member.

Action is needed at both the federal and state levels to improve financial security for LGBT elders. Legal recognition of same-sex relationships at both the state and federal levels would address many of the inequities in government safety net programs. However, the uncertain timeline associated with this approach, coupled with the fact that it still would not help many single elders (both LGBT and heterosexual) who rely on families of choice, means we must also examine broader solutions.

At the federal level, many inequities could be addressed by adding and defining a category of person who is not a spouse (such as a permanent partner), but who would receive equal treatment to a spouse under various federal laws and safety net programs. While a specific state-by-state policy agenda is beyond the scope of this report, the report does outline broad state-level recommendations to advance equality on Medicaid rules, pension and domestic partnership benefits, estate and inheritance taxes, and more.

### At Issue: Health and Health Care

Health and health care become increasingly important issues for people as they age. But LGBT elders often find it more difficult than others to receive the health care they need for five major reasons:

1. **LGBT elders' health disparities are overlooked and ignored.** Governments and service providers rarely track, and are largely unaware of, the health disparities of LGBT elders. For example, LGBT elders are more likely to delay getting needed care, and they have higher rates of HIV/AIDS and chronic mental and physical conditions.
2. **There is limited government and social support for families of choice.** LGBT elders rely on family-of-choice caregivers, who often do not receive the same legal or social recognition as biological family caregivers.
3. **Health care environments often are inhospitable to LGBT elders.** Many professional caregivers are not accepting of, or trained to work with, LGBT elders. These providers may be hostile, discriminatory, or simply unaware that LGBT elders exist.
4. **Nursing homes often fail to protect LGBT elders.** Nursing home rules, together with prejudice and hostile treatment on the part of staff and fellow patients, can create unwelcoming environments for elders who are unable to advocate for themselves.
5. **Visitation policies and medical decision-making laws often exclude families of choice.** Without complex and often expensive legal arrangements in place, LGBT elders' partners or other loved ones may be shut out of medical decision making or denied visitation.

Given the sheer size of the U.S. health care system and the complex network of state and federal laws that regulate it (which are notoriously difficult to reform), multiple approaches to improving health care for LGBT elders are needed. The recommendations to help LGBT and other elders achieve good health and health care center on state and local advocacy (e.g., passing non-discrimination laws, including protections for LGBT elders in state health laws, changing state laws to more clearly recognize partners and families of choice for caregiving and medical decision-making) and provider education and training.

### At Issue: Social Support and Community Engagement

Despite a high level of resilience and strong connections to families of choice, social isolation has still been found to be higher among LGBT older adults than in the wider population of elders. In addition to being more likely to live alone, LGBT elders also are more likely to feel unwelcome in, or be unwelcome in, health care and community settings. Research shows the harmful effects of this type of social isolation, including higher depression, poverty, re-hospitalization, delayed care-seeking, poor nutrition and premature mortality.



Successful aging for LGBT elders depends on reducing their social isolation. This, in turn, requires addressing four major obstacles to social support and community engagement for LGBT elders, as follows:

- **LGBT elders lack support from, and feel unwelcome in, mainstream aging programs.** Despite their need for strong social networks, LGBT people often feel unwelcome at senior centers, volunteer centers, or places of worship. Few such agencies engage in outreach to LGBT elders, nor are they prepared to address incidents of discrimination toward LGBT elders by workers and other clients.
- **LGBT elders lack support from, and feel unwelcome in, the broader LGBT community.** Several authors have commented that ageism is particularly strong within gay male communities. Researchers have also found that many older LGBT people feel disconnected from or unwelcomed by younger generations of LGBT people. While LGBT advocates and organizations are becoming more intentional about reaching out to, involving, and harnessing the talents of LGBT elders, there is still a great deal of work to be done to build bridges within the LGBT community.
- **LGBT elders lack sufficient opportunities to contribute and volunteer.** Many LGBT older people are, or have the potential to be, powerful advocates for change. Not only can becoming active in this way reduce social isolation and provide a sense of purpose, adults who volunteer regularly have better physical and mental health and a lower risk of mortality. However, older adults as a whole lack sufficient opportunities for community engagement—and LGBT elders often feel unwelcome in, or are overlooked as potential volunteers for, existing volunteer programs.
- **Housing discrimination adds to the challenges LGBT elders face in connecting to their communities.** LGBT elders may be denied housing, including residency in mainstream retirement communities, based on their sexual orientation and gender identity and expression. This discrimination may separate LGBT elders from loved friends or partners, or push them into homelessness. LGBT elders may also feel the need to re-enter or stay in the closet in order to obtain or maintain housing.

Helping LGBT elders secure social support and community engagement requires action on many fronts. Mainstream aging services providers, for example, need to provide training to staff in cultural competency, while LGBT advocates should offer more programming directed at LGBT elders, plus more opportunities for them to become involved in advocacy and service provision. In addition, state and federal laws should be strengthened to prevent discrimination in housing based on sexual orientation.

## Broad-Based Recommendations: Building the Foundation for Change

Much needs to change if we are to address the extra obstacles LGBT elders face to achieving financial security, good health and health care, and social support and community engagement. While the bulk of the report examines needed changes at an issue-by-issue level, the final section of the report examines the larger foundational changes that need to happen in order to support this work, and offers cross-cutting recommendations for improving conditions for LGBT elders. These broad-based recommendations include:

- **Provide immediate relief to LGBT elders.** Improving conditions for LGBT elders will take time—time that some LGBT elders simply do not have. We must find a way to meet critical needs now, and we can do so by: 1) focusing on increasing funding for (and provision of) LGBT elder programs; 2) helping to meet immediate care needs by providing access to volunteer caregivers; and 3) providing education, tools, and legal services to LGBT elders.
- **Build an advocacy infrastructure and a strong coalition of allies.** The recommendations outlined in this report represent a major undertaking. Progress will not happen without investment in two key precursors to change: infrastructure to support the movement's goals and sustain an effective advocacy effort; and new relationships and partnerships that can ensure broad-based support.
- **Increase understanding of LGBT elder issues through research and public education.** There is very little data available about LGBT older people. Advocates should encourage governments and agencies to collect LGBT data in appropriate federal, state and local studies and surveys. In addition, the use of real and personal stories can educate Americans and their elected officials about how current inequities affect the lives of LGBT older adults. Education on these issues also may help heterosexual elders become more accepting of LGBT older adults overall.

This report was intended to provide LGBT and mainstream aging organizations, Americans and their elected leaders with information, inspiration and ideas for improving the lives of LGBT older adults. As such, this report outlines why and how LGBT elders face additional obstacles to successful aging, and lays the groundwork for solutions that will benefit all Americans, whether young, old, heterosexual, or LGBT.

## INTRODUCTION

Lesbian, gay, bisexual and transgender (LGBT) older adults are a largely invisible population. While there have always been LGBT elders, relatively few have been open about their sexual orientation until recent years.<sup>1</sup>

Despite their relative invisibility, however, LGBT older adults make up a significant (and growing) share of the overall LGBT population and a significant share of the larger 65+ population as well. And, while confronted with the same challenges that face all people as they age, LGBT elders also face an array of unique obstacles that can stand in the way of a healthy and rewarding later life.

Most Americans and their elected leaders are unaware of the many ways in which unequal treatment and ongoing social stigma can hurt and impoverish LGBT elders. Consider the older gay man who loses the family home when his partner requires long-term institutional care; a heterosexual spouse would be protected from the same fate under Medicaid rules. Or consider the lesbian elder who is forced to spend her last days alone in the hospital because the federal government will not grant family medical leave to a close friend who would otherwise take care of her at home.

Heterosexual older adults take for granted the acceptance and support of their family and peers, as well as the benefits, services and protections they receive under the law and through government, community and health services. LGBT elders, however, are not afforded the same acceptance, benefits, protections and services – and the lack of a level playing field can have real and lasting effects.

Unequal treatment of LGBT elders can make it harder for them to achieve “successful aging” (a term used by gerontologists to describe life satisfaction and a sense of well-being in the face of growing older). This report examines the major challenges LGBT elders face in aging successfully. It then looks at how these challenges make it harder for LGBT elders to achieve three key elements of successful aging: financial security, good health and health care, and social support and community engagement. Finally, the report offers detailed recommendations for eliminating, or at least reducing, inequities and improving the lives, and life chances, of LGBT older Americans.

While the focus of this report is on individuals who are both older and LGBT, many of the recommended advocacy solutions would also help single elders, widows, widowers, and older heterosexual domestic partners. The report notes where these solutions could have broader impact.

This report does not address issues that more or less uniformly affect all LGBT people (such as hate crimes), nor does it attempt to analyze broader aging issues such as how to best finance Social Security.

### Key Terms

- **Lesbian, Gay, Bisexual and Transgender (LGBT).** The terms lesbian, gay, and bisexual describe a person’s sexual orientation and collectively include women and men who are predominantly or sometimes attracted to individuals of the same sex. The term transgender is independent of sexual orientation and describes those whose gender identity (their inner sense of being male or female) and/or gender expression (their behavior, clothing, haircut, voice and body characteristics) do not match the stereotypes associated with the gender assigned to them at birth—and who often live as members of the “opposite sex.”
- **Elders/Older Adults.** This report interchangeably uses both “elders” and “older adults” to refer to Americans age 65 and older. This terminology has the most widespread acceptance in the aging community. We note, however, that some aging advocates such as Old Lesbians Organizing for Change (OLOC) prefer to simply use the term “old.”
- **Same-Sex Partner(s).** Since most same-sex couples cannot legally marry, we use the term “same-sex partners” to refer to same-sex couples in committed relationships including marriage, domestic partnerships, civil unions, or similar relationships that are not recognized under law.
- **Spouse.** Because the federal government does not recognize the marriages of same-sex couples, this report uses the term “spouse” to refer to the husband or wife in a legally married heterosexual couple.
- **Families of Choice.** Many LGBT elders rely on life partners, close friends, and other loved ones for caregiving and social support. Because these loved ones are not related by blood or recognized as family under the law, we refer to them as “families of choice.”
- **Families of Origin/Legal Families.** These terms refer to family members recognized under federal law, generally persons related in some manner by blood, marriage or adoption.

<sup>1</sup> To avoid hostility and stigma, many LGBT elders are careful to hide their sexual orientation from others (or may disclose their sexual orientation only to a few trusted individuals). This lack of disclosure is commonly referred to as being “in the closet,” whereas LGBT people who are open with others about their sexual orientation are often referred to as “living openly,” being “out of the closet,” or simply being “out.” An LGBT person who is closeted might refer to his or her “roommate,” might not bring his or her partner to social events, and might avoid displaying family photos, whereas an openly LGBT person would reference and include the partner.