

It's About Time: LGBT Aging in a Changing World

SAGE Fourth National Conference on LGBT Aging



Conference Report: Policy Recommendations

Introduction from

Tom Nelson, AARP Chief Operating Officer



A Message from Tom Nelson, Chief Operating Officer, AARP

From its inception, AARP has adhered to the belief that “what we do, we do for all”. AARP leadership, staff and volunteers are dedicated to ensuring that the organization directs its information, programs and services to be relevant to all members and potential members. LGBT older people are an integral part of society and they deserve access to the same services, programs and protections as any other segment of the older population. Through collaborative efforts and as individual organizations, SAGE and AARP are strategically positioned to help bring about social change in such areas as: economic security, health and supportive services, livable communities, and global aging.

The SAGE conference sponsorship by AARP was a unique opportunity for us to collaborate with a top leadership organization that provides programs and services for older Gay, Lesbian, Bisexual and Transgender older persons. SAGE has been a staunch advocate for the 50 plus population since 1978. Many AARP members are LGBT and as with any unique segment of our membership, we do all that we can to help meet their needs. As an organization committed to positive social change, we believe our country cannot afford to segregate older people based on faith, gender, color, sexual orientation, and other barriers.

Discrimination of the 50+ population on the basis of sexual orientation needs to be eliminated. A thorough examination of laws, policies and administrative regulations is vital to achieving positive change regarding the treatment of LGBT older people. LGBT organizations and others that support the 50+ population should engage in a continuing dialogue on strategies to improve the well-being of the 50+ LGBT population.

Over the past decade, AARP has broadened its efforts to build a more Diverse and Inclusive membership, staff and volunteer base. Lesbian, gay, bisexual and transgender 50 + individuals are learning that AARP is an organization that respects and values the many strengths, contributions and perspectives offered by LGBT persons. We continue to deliver great value to all of our members. AARP was among the major not-for-profit or for-profit organizations to offer benefits for domestic partners. The four key LGBT aging policy areas addressed in the report are: discrimination and barriers to accessing services; financial and health security; care giving; and civic engagement. Going forward, AARP will continue to seek ways to collaborate with SAGE and other LGBT organizations to realize progress in these areas.

We are pleased to have supported this conference and advanced the dialogue on how best to address the interests and needs of LGBT older persons. We recognize that there is considerable work to be done, and AARP is excited about the progress we can make together.

Sincerely,



Tom Nelson

Chief Operating Officer

About SAGE

Services & Advocacy for GLBT (Gay, Lesbian, Bisexual and Transgender) Elders (SAGE) has been the leading force in the LGBT aging field since the organization was founded in 1978. The oldest and largest organization of its kind in the world, SAGE provides the most expansive and robust service programs for LGBT older people as well as the most reliable, long-standing and visible advocacy platform from which to articulate the needs of this critically under-served population. SAGE delivers services to over 2,000 LGBT seniors annually in New York City, advocates at the local and national level, and offers technical assistance to organizations around the country that seek to better serve and support LGBT older people in their communities.

SAGE has pioneered numerous programs and services for seniors in the LGBT community. Countless organizations across the U.S. — including a number of independent SAGE affiliates — have turned to SAGE for technical assistance in developing programs for LGBT seniors in their communities. SAGE’s innovations include: the nation’s first Friendly Visiting program for homebound and frail LGBT elders, the nation’s first LGBT Senior Drop-In Center (now “SAGE at the Center”), the country’s first support group for LGBT seniors with HIV, the first national conferences devoted to LGBT aging concerns, and the nation’s first municipally-funded caregiver respite program for LGBT older adults.

SAGE is committed to transforming the national landscape on LGBT aging by providing strong leadership for an effective national advocacy agenda. SAGE will ensure that LGBT seniors across the country have a powerful, organized advocacy voice and that LGBT concerns are addressed in national aging discussions and policymaking to reduce discrimination in the public “safety net” for seniors and will win appropriate government support and funding for programs for LGBT older adults.

Acknowledgements

Conference Report: Policy Recommendations 2009

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"I was struck by ... how much more there needs to be done [to meet the needs of LGBT older adults] as the silver tsunami hits full force." – AARP State Executive Council Member/Conference Attendee

Forward

Clearly, it was about time. Although far too many still do not even know that lesbian, gay, bisexual, and transgender (LGBT) older adults exist, SAGE's Fourth National Conference, "LGBT Aging in a Changing World," proved beyond a doubt that LGBT older adults and their advocates and service providers have much to say, much to share, and much still to do. Sponsored by AARP, the Conference drew more than 600 participants from 28 states, the District of Columbia, and two foreign countries, gathering at the New York Marriott at the Brooklyn Bridge from October 12-14, 2008. They collectively presented at or participated in nearly 90 workshops, roundtables, or plenaries; watched six documentaries; perused more than 30 vendors' offerings; and enjoyed receptions, tours, hospitality suites and each others' company.

The Conference coincided with SAGE's 30th Anniversary Celebration. SAGE is the nation's oldest LGBT aging organization, and the leadership and contributions of the agency were notable throughout the three days. Other organizations with long pedigrees on LGBT aging also shared their wisdom, including (but not limited to) SAGE affiliates from a dozen communities around the country, the American Society on Aging's LGBT Aging Issues Network, Old Lesbians Organizing for Change, GRIOT Circle, the Transgender Aging Network, the LGBT Aging Project of Massachusetts, the National Gay and Lesbian Task Force, and the National Center for Lesbian Rights. Many of these organizations are staffed by and serve some of the same courageous and committed individuals who brought the LGBT community into public consciousness in the first place, during the 1960s and 1970s. Now aging themselves, these activists are clear that they are not about to go back into the closet in order to access services and programs that will enable them to age with dignity and respect.

The Conference also attracted plenty of agencies and professionals relatively new to LGBT aging issues, including – most notably – AARP, which provided not only major funding for the Conference, but also its rousing keynote address, given by AARP President Jennie Chin Hansen. Leaders of a half dozen national minority aging organizations also attended, pledging to "join arms" with SAGE and LGBT aging leaders in pursuit of shared advocacy goals.

The SAGE Conference represented a rare opportunity for the growing LGBT aging field to share expertise, data, and best practices. To make the most of the wealth of information gathered at this Conference, SAGE has prepared these Policy Recommendations and will issue additional “white papers” at intervals in the period prior to SAGE’s next Conference in 2010. The “white papers” will provide more information on how policy issues actually affect older LGBT adults’ lives, and discuss more fully what we do – and don’t – know about LGBT aging. The four key LGBT aging policy areas addressed in this Report are:

- Discrimination and barriers to accessing services
- Financial and health security
- Caregiving
- Civic engagement

For each of the four policy areas, this Report provides a brief introduction, a review of some of the primary relevant findings and discussions from the 2008 “It’s About Time” Conference, and SAGE’s recommended policy changes.

Discrimination/Barriers to Accessing Services

“A gay man went to a senior center in New York for lunch. He was sitting at a table with a bunch of people who were talking about the things they did over the weekend with their spouses and friends. He mentioned that he and his partner went to a movie. Two of the women told him that was disgusting, they didn’t want to hear about it, and if he was going to talk about [his partner] he should find somewhere else to eat lunch.”

– SAGE Executive Director Michael Adams

Introduction

Aging brings challenges for everyone, but lesbian, gay, bisexual and transgender (LGBT) older adults face an additional array of difficulties. During its three decades of serving LGBT older adults, SAGE has documented numerous barriers LGBT older adults face in systems that were designed for heterosexual and non-transgender elders. These barriers include:

- Invisibility
- Lack of cultural competency training for aging services providers and allied professionals
- Prejudice
- Discriminatory policies and practices

Many aging services providers never even consider that some of their clients are undoubtedly lesbian, gay, bisexual or transgender. Even those who do suspect they have LGBT clients often do not know how to provide services in effective and culturally competent ways. For example, very few aging services providers have had any training on how to diffuse and counter homophobic or transphobic comments some aging service users may direct at other users, and little to no attention has been paid to addressing aging professionals’ biases. Most blatantly, some laws and policies actively discriminate against LGBT older adults, denying them benefits and protections – like being able to live together in congregate housing and nursing homes, or having community property protected when one partner qualifies for Medicaid long-term care coverage – that other older adults take for granted.

At the same time, many states and localities (but not the federal government) have passed laws forbidding discrimination on the basis of sexual orientation (and sometimes gender identity or expression) in public accommodations.ⁱ Yet even where LGBT consumers and clients are theoretically protected, enforcement of the laws – particularly when it comes to services for older adults such as senior centers, senior housing, and nursing homes – is often overlooked. Indeed, the administrators of many aging programs do not even realize they are covered by such laws.

Discussions at the SAGE Conference

Difficulty accessing services was a recurring theme throughout the Conference. Indeed, “accessibility” was addressed by every panelist in the plenary session, “Diversity and Aging: Adding LGBT into the Mix.” Consisting of the executive directors or top staff of SAGE, the National Hispanic Council on Aging, the National Asian Pacific Center on Aging, the National Caucus and Center on Black Aged, the National Indian Council on Aging, and the National Organization on Disability, and moderated by (then) New York City Aging Commissioner Edwin Mendez-Santiago, this panel compared and contrasted the experiences of older adults from other minorities with the experiences of LGBT older adults. All concluded that the common problem was accessibility, whether the barriers were language, stereotyping, physical structures, or systems designed to fit only a limited number of family structures or cultural practices.

Many workshops provided evidence of LGBT older adults who were denied services, declined to access services for fear of being treated poorly, or were discriminated against when they did ask for care or help. Some, like “A Training in Cultural Competency: A Framework for Working in the Aging LGBT Community of Color” and “Jewish Perspectives on Integration of LGBT Issues and Aging,” focused on the barriers confronting LGBT older adults who belong to more than one stigmatized minority. Other workshops focused specifically on discriminatory policies and practices and how they can be changed: “Innovative LGBT Aging Policies That Work,” “Marriage Equality and Economic Justice,” and “Advocating with Government for LGBT Equality and Justice,” for example.

One problem these discussions repeatedly raised is that it is difficult to quantify how many LGBT older adults are accessing (or refusing to access) mainstream services when agencies do not ask relevant demographic questions, and there is little financial support for research to quantify and analyze the endemic problems faced by LGBT older adults in the service arena. The Older Americans Act (OAA) provides funding to the Administration on Aging and the state and area agencies on aging to conduct research and data collection in a variety of areas, such as nutrition, elder abuse, and elder rights and protections. The resulting data is used to delineate “vulnerable populations” and “unmet needs” that then drive service plans and funding allocations. Currently, no OAA-funded research or survey gathers information on LGBT older adults and the services that are provided to or available for them, effectively obscuring the many unmet needs and vulnerabilities of LGBT older adults.

A similar problem, on an even larger scale, exists with the U.S. Census. Although the Census’s demographic data – age, race, income, family structure, and the like -- is used by Congress and the Executive branch to design and fund untold numbers of programs and research projects, the Census asks no questions about sexual orientation and gender identity. Even worse, in July 2008 the Census Bureau announced that in the 2010 Census it would unilaterally change the family structure of same-sex couples legally married under the laws of their state, recording them as “unmarried partners” regardless of their actual legal status. Here, too, the resulting official “data” (or lack thereof) will have profound and far-reaching effects on whether programs and services are appropriate for and available to LGBT older adults.ⁱⁱ

Policy Recommendations

To address the problems encountered by LGBT older adults in the service arena, SAGE calls for:

- 1. Revision of administrative regulations for the Older Americans Act to add “lesbian, gay, bisexual and transgender persons” to the list of vulnerable populations which get particular emphasis or attention in the allocation of federal funds.**
- 2. Revision of administrative regulations for the Older Americans Act to stipulate that state agencies receiving funding for data collection must collect data on LGBT populations.**
- 3. Enforcement of existing sexual orientation and gender identity/expression laws banning discrimination in public accommodations used especially by older adults.**
- 4. Passage of a federal and additional state and local sexual orientation and gender identity/expression non-discrimination laws to guarantee LGBT older adults’ equal access to services.**
- 5. Passage of legislation modeled on California’s Older LGBT Equality and Protection Act to require state units on aging and area agencies on aging to address LGBT older adults’ needs by: including them in needs assessments and area plans; providing LGBT cultural competency training to staff, contractors, and volunteers; and ensuring that all provided services are free of discrimination based on sexual orientation and gender identity.**
- 6. Amendment of all housing laws and programs, including the federal Fair Housing Act, to include explicit non-discrimination polices and enforcement mechanisms for LGBT people, with receipt of funding for the program contingent on compliance.**
- 7. New policies, modified case reporting systems, and training to give long-term care ombudsmen the tools they need to document, address, and resolve complaints of discrimination on the basis of sexual orientation and/or gender identity/expression.**

Financial and Health Security

“All of the elders that I followed in the film [Ten More Good Years] still had to work to make ends meet, and they ranged in age from 64 to 87 years old.”

-- Mike Jacoby, Filmmaker

Introduction

Due to anti-gay discrimination codified in the federal “safety net” for older adults (in addition to the cumulative effects of a lifetime of discrimination), older LGBT people are at high risk for financial insecurity in their later years. For example:

- Social Security survivor benefits do not cover same-sex couples, costing LGBT older adults \$124 million a year in un-accessed benefits.ⁱⁱⁱ
- Social Security spousal benefits, allowing spouses of workers receiving retirement benefits to claim a larger payment based on their spouse’s income record rather than their own, are available even to divorced opposite-sex spouses, if their marriage lasted at least 10 years. Same-sex couples, no matter how long they are married, are denied this support.^{iv}
- Tax laws related to 401(k) and other pension plans discriminate against same-sex partners, requiring surviving spouses to liquidate the accounts and pay taxes on the lump sum. Married widows and widowers can roll-over their spouse’s pension plans and pay no taxes. Similarly, jointly-held homes are subject to estate taxes when the owners are a same-sex couple, whereas married heterosexual widows and widowers inherit tax-free. These taxes sometimes deprive the survivor of a same-sex couple of his or her long-time home.^v
- Medicaid regulations protect assets (including the home) of heterosexual married couples when one spouse enters a long-term care facility; no such protection is available to same-sex partners.^{vi}
- Even when both members of a same-sex elder couple are still living together in their own home, their average annual household income is 4.3%, or \$1,056, less than the average income of heterosexual elder couples.^{vii}

Although most older adults are affected by decreased income following retirement, LGBT older adults are affected disproportionately by this critical life transition. Since older LGBT people are half as likely to be partnered and twice as likely to live alone as non-LGBT older adults, their sources of household income are necessarily more limited.^{viii} A recent report by the International Longevity Center-USA and New York University’s Wagner School of Public Service found that living alone is a significant risk factor for poverty among older adults, especially in urban centers where the costs of living are high.^{ix} Among the older people who turn to SAGE for help, the situation is particularly acute: 35% of SAGE’s clients are

Medicaid eligible, with annual, pre-tax incomes below \$10,000; an additional 35% subsist on annual, pre-tax incomes of \$20,000 or less.^x

The linkages between financial status and health are myriad: the federal government's Healthy People 2010 report clearly demonstrates how low income is correlated with worse health outcomes on a wide variety of health measures, up to and including lifespan itself. Low income is also related to how often an older person leaves her or his home, which in turn is tied to health status: individuals with annual incomes under \$20,000 are the least likely to leave their homes more than five times a week.^{xi}

Discussions at the SAGE Conference

The LGBT late-life policy inequities listed above build upon an already-shaky foundation laid by workplace discrimination. Researcher M.V. Lee Badgett, of the Center for Public Policy Administration at the University of Massachusetts and the Williams Institute of the UCLA Law School, presented data at the Conference showing that employment discrimination among LGBT people is widespread, and gay men on average earn at least 10% less than similarly qualified heterosexual men. Transgender people are particularly likely to experience high rates of unemployment and underemployment.^{xii} Many older LGBT people spent the majority of their working years during an era when discrimination was legal (as it still is now in many parts of the country), job opportunities were limited, and the jobs available to LGBT people were less likely to include health benefits or pensions. As a result, many LGBT older adults have extremely low incomes; for example, an estimated 70% of SAGE clients have annual pre-tax incomes under \$20,000.^{xiii}

Living situations can also be tied to health security: Multiple studies have indicated that living alone increases an array of health risks in older people, including falls, malnutrition, depression, and substance abuse. New York's LGBT older adults are twice as likely to live alone as non-LGBT older adults (65% to 32%).^{xiv} Perhaps more importantly, *minority stress* – the health effects of chronic stress created by daily life as part of a stigmatized group – leads to an array of increased health risks. A new online curriculum presented at the SAGE Conference, a 6-hour course for health care providers about LGBT aging health issues, was developed because older LGBT people's health risks and resiliencies are different from non-LGBT older adults, a fact that is rarely discussed in medical schools or in healthcare facilities' in-service training. A recent report from the New York City Public Advocate illustrates the results of this lack of training, noting that in NYC's healthcare facilities, "LGBT individuals experience hostility and discrimination in care," and "Concerns about homophobia and transphobia keep LGBT individuals from using healthcare services."^{xv}

One of the most serious health care discrepancies LGBT older adults face is HIV. The percent of people with AIDS who are older than 50 is now more than double that of people under age 24, yet "many healthcare providers don't consider older adults to be at risk for HIV and other [sexually transmitted diseases]."^{xvi} Management of HIV in older people is even more difficult than it is in younger people, due to older adults' higher levels of chronic diseases and use of multiple medications. Some older LGBT populations also have higher rates of alcohol and tobacco use and certain mental health conditions than non-LGBT older adults. These disparities are complicated and magnified when the older adult is not just LGBT, but also belongs to one or more additional minority groups. For example, research by the United Hospital Fund's Aging In Place Initiative found that participants in SAGE's Harlem Naturally Occurring Retirement Community (NORC) project were younger than participants in other NORCs, less likely to have health insurance or the means to pay for prescription medications, and more likely to use the

emergency room as their primary access to health care services. Although they had lower self-perceived needs for diabetes and blood pressure maintenance, their emergency room visits were largely due to mismanaged diabetes and lung or breathing issues.^{xvii}

Unfortunately, the health disparities data presented at the Conference were based on small, usually convenience, samples. As the Funders for Lesbian and Gay Issues pointed out, there is currently no public health infrastructure for funding and supporting research on the health of LGBT communities, which means we will continue to be largely ignorant of the special health needs of LGBT older adults for some time to come.^{xviii}

Policy Recommendations

To address financial and health insecurity among LGBT older adults, SAGE calls for:

- 1. Implementation of AARP's Divided We Fail Platform calling for legislation to ensure that all Americans have access to affordable, quality health care and peace of mind about their future long-term financial security.**
- 2. Collection of data on sexual orientation and gender identity in all Census efforts and in all federally-funded health programs and research projects.**
- 3. Passage of a federal and – where they do not currently exist -- state and local laws banning employment discrimination on the basis of sexual orientation or gender identity/expression.**
- 4. Enforcement of existing sexual orientation and gender identity/expression laws banning discrimination in employment, to begin correcting the workplace discrimination that leads to lower LGBT retirement incomes.**
- 5. Mandated training for key health care professionals on the specific health risks, resiliencies, and needs of LGBT older adults.**
- 6. Legislative and administrative changes to ensure the equal treatment of same-sex couples in crucial safety net benefits programs like Social Security, Medicaid, and the tax treatment of pension plans.**
- 7. Amendment of all housing laws and programs, including the federal Fair Housing Act, to include explicit non-discrimination polices and enforcement mechanisms for LGBT people, with receipt of funding for programs contingent on compliance.**

Caregiving

“One of the most frightening findings of the MetLife study of LGBT caregivers was that 26 percent were concerned about discrimination and 20 percent have little or no confidence that they will be treated with dignity and respect as an LGBT person by their healthcare professionals in old age and at the end of their lives.”

-- Dr. Kimberly Acquaviva, Professor, George Washington University School of Medicine and Health Sciences

Introduction

In the U.S., approximately 80% of long-term care services are provided by informal caregivers.^{xix} More than two-thirds (78%) of adults living in the community and in need of long-term care depend on such caregivers as their only source of help.^{xx} Yet older LGBT people are frequently disconnected from their families of origin and – according to a national needs assessment SAGE conducted in 2003 -- are four times less likely to have children and grandchildren than are non-LGBT older adults.^{xxi} They are also twice as likely to live alone. Since the primary caregivers of older adults are spouses and children, these facts place older LGBT people at very high risk of being without care when they need it.

At the same time, LGBT baby boomers are more likely than their non-LGBT peers to be providing care to someone: one in four lesbian or gay baby boomers are caregivers, compared to one in five non-LGBT baby boomers.^{xxii} Many LGBT people develop “families of choice,” a circle of close friends who provide informal support. Yet despite carrying more of the load, LGBT caregivers receive less support from policies and programs designed to help caregivers. For example, the federal Family and Medical Leave Act (FMLA) gives many caregivers job flexibility, leave, and a job guarantee, but not if they aren’t related to the care recipient by blood or marriage. However, the federal Defense of Marriage Act precludes recognition of same-sex marriages for any federal purposes. This means that if LGBT caregivers are caring for their partner, their partner’s parent or sibling, or a friend, they do not receive FMLA’s assistance and protection. And with the notable exception of SAGE’s caregiving initiative and a small number of similar efforts, none of the country’s emerging caregiver support programs are tailored to meet the particular needs of LGBT caregivers.

Discussions at the SAGE Conference

A Conference symposium presented recent caregiving research conducted by the MetLife Mature Market Institute. *Out and Aging: the MetLife Study of Lesbian and Gay Baby Boomers* found that even though at least three-quarters of LGBT baby boomers expect to become caregivers for someone else, almost one in five reported being unsure who will take care of them when the need arises.

As the LGBT community did in the early days of the AIDS crisis, LGBT aging services programs are trying to fill the caregiving gap by creating new support systems. One Conference workshop focused on how friendly visiting programs for LGBT older adults differ from mainstream programs, while another promoted a “Share the Care” model of caregiving that mobilizes small, often non-urban, communities with sizeable LGBT populations. In a third workshop, participants shared strategies for connecting older LGBT people in need with established service networks, although the workshop’s title – “When the Cultural Competency Training Is Over, the Outreach Begins: Successful Strategies for Connecting LGBT Seniors with Established Elder Service Networks” – acknowledged up front that these efforts will not work if the services’ personnel have not first been trained to be culturally competent with LGBT older adults. California has taken initial steps to address this problem by enacting the Older Californians Equality and Protection Act, which mandates that the California Department on Aging and Area Agencies on Aging address LGBT older adults’ needs by: including them in needs assessments and area plans; providing LGBT cultural competency training to staff, contractors, and volunteers; and ensuring that all provided services are free of discrimination based on sexual orientation and gender identity.

Policy Recommendations

To address the caregiving needs and service gaps encountered by older LGBT people, SAGE calls for:

- 1. Outreach to LGBT caregivers to inform them of the services they can receive from the Older Americans Act National Family Caregiver Support Program, which contains exemplary language that recognizes caregivers may not be related by blood or marriage.**
- 2. Amendment of the Family and Medical Leave Act so that it covers LGBT caregivers and their extended family and friends, regardless of whether they are related by blood or marriage.**
- 3. Development of policies, practices, and trainings within caregiver support programs to ensure staff are willing and able to support LGBT caregivers.**
- 4. Support for programs that are specifically designed to address the needs of caregivers for LGBT older adults, and for LGBT caregivers in general.**
- 5. Passage of legislation modeled on California’s Older LGBT Equality and Protection Act to require state units on aging and area agencies on aging to address LGBT older adults’ needs by: including them in needs assessments and area plans; providing LGBT cultural competency training to staff, contractors, and volunteers; and ensuring that all provided services are free of discrimination based on sexual orientation and gender identity.**

Civic Engagement

“What is your definition of ‘changing the world’?”

– Gregory Grinley, Executive Director, PFund

Introduction

Too often, aging in this country is seen as an assemblage of losses and needs. Older adults are viewed as burdens, soaking up health care and Social Security dollars that could be better used elsewhere. The civic engagement movement helps reverse this tendency, focusing on the strengths and contributions of older people. One advocate explains civic engagement as “actions wherein older adults participate in activities of personal and public concern that are *both* individually life enriching *and* socially beneficial to the community.”^{xxiii} Such civic engagement not only serves the organizations and people with whom older people work, but also helps older adults themselves. Studies have shown that older adults who regularly do volunteer work lower their risk of mortality and have better physical and mental health.^{xxiv} SAGE and other LGBT aging organizations were founded and built to a significant degree by LGBT older adults, and are thus emblematic of the extraordinary benefits of civic engagement. Recent examples of constituent-driven programming include volunteer-led SAGE Walks that tour neighborhoods and promote daily exercise and the SAGE Advocates Group, which studies current policy issues, participates in civic town halls, and meets with elected officials.

“Civic engagement” can take many forms. Existing federal government-sponsored civic engagement programs for older adults include:

- Retired and Senior Volunteer Program (RSVP), which has recruited nearly half a million Americans age 55 and older to serve in 65,000 nonprofit organizations, public agencies, and faith-based institutions.
- Foster Grandparents, which employs 30,000 low-income older Americans to help young mothers and abused children and to work in drug treatment settings, daycare centers, and Head Start.
- The Senior Companion program, which assists homebound and frail elderly individuals.^{xxv}

However, these programs are but drops in the bucket compared to the potential contained in older adults who are not fully involved in work and/or volunteer endeavors, or who want deeper engagement with their communities. Aging services professionals and organizations are increasingly piloting programs and undertaking research to determine how to best increase civic engagement among older adults. These efforts need to address the specific needs and talents of older LGBT people.

Discussions at the SAGE Conference

The *MetLife Study of Lesbian and Gay Baby Boomers* presented at the Conference found that almost 40% of LGBT baby boomers believe that being lesbian, gay, bisexual or transgender has helped them prepare for aging in some way – developing positive character traits, greater resilience, or better support networks. The presentations given by New York University researchers Arnold Grossman and Anthony D’Augelli also addressed older LGBT people’s strengths, including their resilience and ability to adapt. A presentation on San Diego’s Aging As Ourselves collaborative of mainstream and LGBT organizations highlighted several ways in which older adults were recruited to provide support and services. Boston’s Wheelock College sent its Stonewall Communities Lifelong Learning Institute staff to present how they have designed and operated the first-ever lifelong learning institute aimed specifically at older LGBT people. Another workshop featured a collaborative, intergenerational SAGE program, the SAGE Cyber Center, in which LGBT youth teach LGBT older adults computer technology skills. Long-time SAGE member and former board member Cyril Brosnan presented a new study, “Toward an Age-Friendly New York City.” Conducted by the New York Academy of Medicine as part of a United Nations initiative to improve the livability of the world’s great cities, this report emphasizes how critical older adults’ civic engagement is to the standard of living of *all* urban residents.

The Conference also featured many workshops to help both professionals and older adults learn better advocacy skills. Specific topics ranged from personal advocacy around healthcare, to policy advocacy on the local level, to a discussion of how HIV and LGBT issues were influencing the 2008 presidential campaign.

Policy Recommendations

To address the need for civic engagement among LGBT older adults and reap the societal (including financial and health) benefits that such engagement would produce, SAGE calls for:

- 1. Development of a national strategy for promoting new and meaningful volunteer activities and civic engagement opportunities for current and future older adults, ensuring that such opportunities are open to all, regardless of sexual orientation and gender identity/expression.**
- 2. Enforcement of existing age, sexual orientation and gender identity/expression laws banning discrimination in employment, to begin correcting the workplace discrimination that costs some older LGBT adults their jobs.**
- 3. Passage of a federal and – where they do not currently exist -- state and local laws banning employment discrimination on the basis of sexual orientation or gender identity/expression, to ensure LGBT older adults have equal access to productive work.**
- 4. Reauthorization of the National and Community Services Act (NCSA) to expand opportunities for volunteer and civic engagement activities, including amending the NCSA to bar discrimination on the basis of sexual orientation and gender identity/expression.**

5. **Inclusion of LGBT organizations and issues in Congressionally-mandated Administration on Aging and Corporation for National and Community Service efforts to develop a comprehensive strategy for utilizing older individuals to address critical local needs of national concern.**
6. **Development and support for innovative civic engagement programs involving older LGBT people that increase their engagement in the workplace, volunteer settings, and in public policy advocacy.**

Conclusion

All levels of government are struggling to restructure our financial, health, and social services systems to meet the needs of our rapidly aging population. Within this frame, it is critically important to remember that there are populations of older adults who face particular challenges and whose well-being requires a concentrated policy focus. LGBT older adults are one such population. New policies and legislation must simultaneously outlaw discrimination based on sexual orientation and gender expression or identity; support important program innovations that effectively address the needs of LGBT older adults; and provide relevant training, data collection, and research so that aging network personnel can create environments that are supportive and respectful of *all* constituents.

As the oldest LGBT elder-serving organization in the country and as the agency that has taken the lead role in organizing LGBT older adult advocacy efforts nationally, SAGE offers to policymakers the analysis and recommendations contained in this Report in the hopes of a partnership for progress. SAGE stands ready to leverage our three decades of experience to provide skilled, reality-based assistance for all efforts to transform this country's aging policies to encompass the needs, interests, and contributions of our nation's LGBT older adults.

Resources

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