

FAQ sheet on LGBT Elders & *Outing Age 2010*

How many lesbian, gay, bisexual and transgender (LGBT) elders are there?

Presently, there are almost 38 million Americans over 65 or 12.6 percent of the population. This will nearly double by 2030, when there will be 72 million over 65. Since the LGBT population is estimated to be between 5-10 percent of the general population, this means that today, 1.4 to 3.8 million LGBT Americans are reaching standard retirement age with an estimated 3.6 to 7.2 million projected to be 65 or older in 2030.

Do LGBT elders have specific vulnerabilities?

What are they? In 2000, the federal government noted in its Healthy People 2010 campaign that LGBT people face specific and magnified health vulnerabilities. For lesbians, heightened risk areas include drug and alcohol addiction, cancer and obesity. For gay men, increased health risks include HIV/AIDS and drug and alcohol use. Male-to-female transgender people are also at higher risk for HIV/AIDS than the general population. Despite identifying these risks, Healthy People 2010 failed to research or track LGBT people, or LGBT elders in this landmark health program.

Due to a lack of commitment by federal and state governments to study LGBT people, the specific vulnerabilities of LGBT elders are hidden from view and thus impossible to address. Anecdotal evidence and small studies commissioned by LGBT community-based organizations and concerned gerontological researchers indicate increased potential for social isolation, depression and elder abuse. What do LGBT elders experience in assisted living and nursing home care?

LGBT elders report an almost universal fear and anxiety of care provision by strangers in assisted living and nursing care settings. The Joint Commission, which regulates assisted living and nursing care facilities, issued regulations against anti-LGBT bias in 2006. However, these regulations have never been enforced and LGBT culturally competent care is almost nonexistent in mainstream assisted living and nursing care settings.

What is LGBT "culturally competent" care?

Cultural competency refers to the ability of care providers to interact with members of different cultural groups. Such care generally involves not only an acceptance of and respect for difference, but also a degree of understanding of community norms, vulnerabilities and practices. LGBT advocates have developed cultural competency programs that improve service to LGBT elders, but there is no funding or mandate by state and federal aging agencies to train caregivers.

What are some of the key points put forth in the *Outing Age 2010* report?

Federal and state governments must include LGBT elders in their research or LGBT elder

needs will continue to be hidden and ignored; nondiscrimination measures in caregiving and housing are paramount to LGBT elder health and safety; LGBT cultural competency for caregivers in home care, assisted living and nursing homes must be mandated to ensure LGBT elder safety and dignity.

What changes have occurred over the past 10 years since Outing Age was first issued?

LGBT advocates have successfully advocated for mainstream organizations to begin considering and addressing LGBT elder needs. Groups like the American Society on Aging and AARP have specific resources and language around LGBT-affirming positions on elder services.

Major policy gains for LGBT elders have been limited but include recent notable changes, including the announcement in October 2009 by Health and Human Services Secretary Kathleen Sebelius of plans to establish the first national LGBT elder resource center. That same month, the Department of Housing and Urban Development issued LGBT nondiscrimination regulations in publicly funded housing, with explicit language redefining ³family² so that LGBT families do not face impediments to qualifying for HUD programs. Updated language in the 2006 reauthorization of the federal Older Americans Act, meanwhile, extended the definition of caregiver beyond legally married spouses and blood relatives, enabling members of LGBT chosen families to qualify for benefits.

What key recommendation will help lead to sweeping, positive change for LGBT elders?

If federal and state governments included LGBT people in their routine research of the elderly, we would learn a tremendous amount about LGBT elder health, housing, caregiving and social needs. It would then be possible to address these needs in channels that already exist, such as the federal Administration on Aging and state-funded Area Agencies on Aging.