



Comments on New York State's Plan on Aging 2012-2015

Services & Advocacy for GLBT Elders (SAGE) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. SAGE has provided comprehensive social services and community building programs for LGBT older adults throughout New York for more than 30 years. Our national headquarters are based in New York City, where we offer services and programs to LGBT elders living citywide, including a program in Harlem and an affiliate in Queens. Additionally, we have SAGE affiliates in Syracuse, Bay Shore, Kingston and Rochester.

SAGE is pleased to offer comments to the New York State Office for the Aging (NYSOFA) on the State's Plan for Aging. The State Plan on Aging provides an important opportunity for the development and improvement of aging services in New York, particularly for populations affected by health disparities for whom the need for health equity and continued support is critical. In order to achieve NYSOFA's mission to "... deliver person-centered, consumer-oriented, and cost-effective policies, programs and services which support and empower the elderly and their families..." it is necessary to address the needs of LGBT older adults living throughout New York.

LGBT older adults make up a significant and growing share of both the overall LGBT population and the broader 65+ population. As with the population of all older adults, the numbers of LGBT elders are expected to double in size over the next several decades. The limited data on LGBT people estimates that this number will reach about 3 million nationally by 2030.¹

As with the rest of the country, New York State will witness this surge in the LGBT elder population and the growing need for LGBT-sensitive supports. LGBT older adults face significant barriers in successful aging, with a network of support and culturally competent healthcare and services. LGBT older adults face unique mental and physical issues as they age due to cumulative effects of a lifetime of stigma. LGBT people consistently have lower rates of health insurance coverage, high rates of stress due to systematic harassment and discrimination, higher risks for cancer, mental illnesses, and other diseases. Further, LGBT older adults are twice as likely to live alone as heterosexual older adults and more than four times as likely to have no children, which

¹ This data and many of the points made in this brief are drawn from the policy report, *Improving the Lives of LGBT Older Adults*, authored by SAGE and Movement in Advancement Project in March 2010.

means that the unpaid, family care support structure we assume is in place for all older adults is often not there for LGBT elders.

Given these health disparities and social challenges facing LGBT older adults, it is vital that our State's programs, organizations and health care providers continue to take steps to create welcoming environments and incorporate cultural competency training for staff as well as LGBT-affirming programming.

SAGE commends NYSOFA for mentioning the unique needs of LGBT older adults, and committing to increase services to this target population, in the new Aging Plan. However, through our years of working directly with LGBT older adults and addressing their unique issues as they age, we know that there are a number of additional ways to support their health and well-being in NYSOFA's Aging Plan.

This memo outlines five areas where the Plan can more explicitly support the needs of LGBT older adults. **Additionally, we encourage NYSOFA to address these areas throughout the document, including specific recommendations in the “Goals, Objectives, Strategies and Expected Outcomes” section of the Plan.**

Income and Poverty

Focusing on the economic disparities of LGBT elders and other NYSOFA target communities, in order to prioritize health services and prevention programs within these communities.

LGBT older adults disproportionately experience poverty in New York State. One in five LGBT people in New York reports not having enough income to meet basic needs. A 2009 needs assessment of lesbian, gay, bisexual and transgender people in New York State found that 11.9% of survey respondents reported being in poverty (having no income or household income below \$10,000). Overall, 19.5 percent said they did not have the income to meet their basic needs.² LGBT older adults throughout New York are particularly vulnerable to poverty. The New York City Department for the Aging estimates that one in four people in New York City (or 302,519 people) age 65 and older is at, or below, the poverty line. Based on limited demographic data, we estimate that there are between 12,000 and 24,000 LGBT elders living in poverty in New York City—and likelier, even more.³

Health and Impairment of Older Adults

Prioritizing health equity efforts on LGBT elders and other marginalized groups of older New Yorkers.

² Somjen Frazer, *LGBT Health and Human Services Needs in New York State* (New York: Empire State Pride Agenda Foundation and The New York State Lesbian, Gay, Bisexual and Transgender Health and Human Services Network, 2009).

³ These figures are based on a variety of different studies that have estimated the percentage of gay, lesbian and bisexual people to be between 4 and 8 percent. Few studies have measured the percentage of transgender people. However, measuring the number of LGBT people is difficult, given the undercounting caused by factors such as stigma, underreporting and a range of methodological barriers, such as inconsistent question formats. See Williams Institute, UCLA School of Law, *Poverty in the Lesbian, Gay and Bisexual Community*. (Los Angeles: Williams Institute, 2009).

LGBT older adults are more at risk for social isolation than their heterosexual counterparts. LGBT elders are much more likely to lack aid or assistance in their daily lives, explained in part by the fact that many LGBT elders live alone, but also most healthcare and social services are not LGBT-affirming and have not been trained in LGBT cultural competence.

Research also suggests that social isolation leads to a number of mental and physical ailments such as depression, delayed care-seeking, poor nutrition and poverty –all factors that greatly lessen the quality of life for LGBT elders. Further, diagnosing and treating isolated LGBT New York older adults remains difficult as some research shows that this group of elders utilize mental health services less frequently than any other age group.

One way to address this isolation, and prevent elder abuse, is to strengthen the social and community support that an LGBT older has in his or her life.

Elder Abuse

Focusing the efforts of NYSOFA’s Elder Abuse Education and Outreach Program on vulnerable constituencies, such as older LGBT adults.

Due in large part to high rates of social isolation and fear of discrimination, many LGBT older adults are at a high risk for elder abuse, neglect and various forms of exploitation. Further, LGBT older adults might be less likely to report incidents of elder abuse because they fear being “outed” by their providers or because they fear homophobic backlash. For many LGBT elders, the combination of social isolation and elder abuse compounds the physical and mental health concerns that many elders experience as they age.

An LGBT older adult with access to LGBT-sensitive providers and a broad social network of friends, peers and professional contacts in the LGBT community will have more people to turn to for support when acts of elder abuse occur.

Supporting Caregivers

Designing and supporting aging programs that recognize the unique family structures, including families of choice, that form the support system of many LGBT older adults.

Where possible, the State Plan for Aging should account for the unique family structures and collective experiences of LGBT older adults and various racial and ethnic communities by recognizing partners, families of choice, spouses and biological families as caregivers.

Data Quality, Collection and Analysis

Collecting and assessing data on State Aging programs to ensure that programs and supports are serving LGBT older adults.

Because most large-scale demographic surveys do not include variables such as “sexual orientation” or “gender identity,” there is no reliable data that measures the number of LGBT older adults nationally or in New York State. It is also difficult to

estimate the number of LGBT people age 65 and over, given the stigma that can lead to underreporting and undercounting among LGBT people. NYSOFA recognizes that sufficient and quality data is essential in order to inform agencies, government, policymakers and the public at large about who receives state aging services, and where there are gaps. Reliable data is also important in evaluating the effectiveness of services and programs in order to make appropriate decisions about outreach, training and other projects. Thus, where appropriate, NYSOFA should require that data collection efforts, reporting requirements and assessments include LGBT older adults, in order to ensure that aging services are reaching these populations.