No Golden Years at the End of the Rainbow:
How a Lifetime of Discrimination Compounds Economic and Health Disparities for LGBT Older Adults

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Executive Summary

Purpose: To explore how health care disparities and economic insecurity are compounded over the course of a lifetime and have devastating effects on lesbian, gay, bisexual and transgender (LGBT) older adults.

Findings: The combination of substandard medical care and economic insecurity seriously erodes the vitality of LGBT Americans as they are. Until recently, The Defense of Marriage Act (DOMA) has hindered LGBT individuals from accessing the social safety net that other Americans benefitted from, exposing LGBT Americans to higher risk of economic security, especially as they age. Poverty in the LGBT community is compounded by race, gender, gender identity, and geographic location. For many LGBT people, employment discrimination is not a one-time injustice; LGBT people experience discrimination repeatedly throughout their lives. Further, employment discrimination reduces the likelihood that LGBT people and their families will benefit from employer-based health insurance. Financial barriers cause many LGBT people to forgo preventative medical treatment until their health issue becomes unmanageable and difficult to treat. Disparities in physiological and economic health are interlinked; economic health disparities lead to physiological health disparities, and vice versa.

A health care setting should be a place for healing and safety, but for the LGBT people, doctors’ offices and hospitals can be very dangerous places. Overt heterosexism, systemic mistreatment, and transphobia are commonplace experiences in the health care system for members of the LGBT community. Discrimination affects the quality and effectiveness of the services provided. Cultural competence about transgender health care is significantly lacking; 50% of transgender and gender non-conforming people report having to teach their medical providers about transgender health care needs. A 2011 study found that older LGBT adults have more health problems than their straight counterparts with equivalent income. Additionally, LGBT adults have reported significantly higher rates of psychological distress than their non-LGBT counterparts. Systemic discrimination, such as in healthcare settings and employment, are correlated with heightened drug and alcohol
abuse by LGBT people in an attempt to cope with mistreatment. Social isolation and lack of family and community support has a significant impact on the mental and physical health of LGBT older adults. LGBT people experience a lifetime of substandard medical care, during which barriers and disparities exacerbate medical outcomes that can become insurmountable without family and community support.

**Conclusion**: Barriers to inclusive medical care and equitable wages create health disparities in the LGBT community that are insurmountable. Over the course of a lifetime, disparities and discrimination are continually compounded, without respite. This cyclical relationship devastates our community, as made evident by the outcomes experienced by the ever-expanding population of older LGBT adults. In order to effectively address all of the needs of the LGBT community, Congress should pass the reauthorization of the Older Americans Act (OAA) which provides extra protection in law to vulnerable elders who face multiple barriers that aggravate economic insecurity, social isolation, and various health challenges related to aging. Additionally, Congress should pass the Employment Non-Discrimination Act (ENDA) to prohibit discrimination on the basis of sexual orientation and gender identity at the federal level. Federal agencies have the responsibility to implement programs, non-discrimination protections, and data collection measures that are fully inclusive of the LGBT community. Community members can support their LGBT friends, family, and neighbors by expanding cultural competency in medical training, nursing homes, low-income senior housing, and retirement homes. Finally, the best thing for the community to do is to know their rights.
Introduction

Since the Stonewall Inn riots in 1969, the genesis of the modern LGBT movement, significant strides have been made for lesbian, gay, bisexual, and transgender (LGBT) people. The first significant non-discrimination law protecting lesbian, gay, and bisexual people was enacted in 1973 in East Lansing, Michigan. In 1993, Minnesota was the first state to enact protections for transgender people. Currently, 12 states and the District of Columbia recognize same-sex marriage, and roughly the same number of states recognize same-sex couples under other legal relationships. Despite the historic progress made by LGBT people in relationship recognition, broad civil rights protections for our community have not yet been secured.

In the United States, the LGBT community continues to suffer from significant economic and health disparities compared to the general population. Over the course of a lifetime, LGBT elders have likely faced repeated employment discrimination, persistent lack of access to social safety nets, and increased healthcare costs. As a result of employment discrimination, LGBT people are less likely to be covered by employer-based health insurance. When accessing health care, many LGBT people experience disparate treatment caused by systemic prejudice, heterosexism, and gender stereotyping. Discrimination perpetuated by medical providers combined with the lack of culturally competent health care create substantial accessibility barriers to affordable quality care. As a result, healthcare-avoidant behaviors are prevalent in the LGBT community. Health disparities and economic insecurity are compounded over the course of a lifetime and have devastating effects on LGBT older adults.
Background

What is known about the LGBT Community?

Overall, knowledge about the size of the LGBT community is limited. Previously, there had been a paucity of national data collection efforts pursued to gain specific knowledge of the LGBT community. More recently, there have been several attempts to gain more insight about the size of the community, with an increased focus on quantitative research. Gallup, the world’s leading public opinion polling firm, in partnership with The Williams Institute, recently reported that 3.4% of Americans identify as members of the LGBT community.¹ Prior to that, the 2010 Census collected information on cohabiting same-sex couples who identified as spouses. Cohabiting same-sex couples were found to live in 99% of counties in the United States.² The Census only counted same-sex couples who lived together and did not account for any transgender people and members of the lesbian, gay, and bisexual (LGB) community who did not live with a partner. Population estimates would likely be higher if the Census question had been more inclusive of all members of the LGBT community. Recent data reflecting the size of the LGBT community and the breadth of issues faced by LGBT people and families establish that this population is large and has significant needs that warrant attention from policy makers.

Older Adults in the United States

Baby boomers are beginning to enter retirement, and the population of adults age 65 and older will be increasing rapidly for quite some time. There were more people age 65 and older in the 2010 Census than in any previous Census.³ Between 2000 and 2010, the population of those 65 years and over increased at a faster rate (15.1%) than the total U.S. population (9.7%).⁴ The number of people age 65 and older is expected to double over the next 30 years, and by 2050 it is expected to reach 80 million people. The elder population is also becoming more diverse; one in five adults is Latino or non-white.⁵ By 2030, this number is projected to be almost one in three. Over the next 40 years, Asian American and Pacific Islander older adults will have the largest relative population growth among all older adults.

4. Ibid.
5. Ibid.
Despite advances in the number of studies on LGBT older adults, we still do not have a clear understanding of how many LGBT older adults live in the United States. Analysis performed on the American Community Survey shows that the percentage of seniors age 65 and older in same-sex couples has grown from 4.9% in 2005 to 6.3% in 2011.\(^6\)

The recently released Gallup poll revealed that 1.9% of people age 65 and over identified as LGBT.\(^7\) Among those ages 50 to 64, respondents identified as LGBT at a rate of 2.6%. This variation is likely due to the fact that many older adults may be more reluctant to reveal their LGBT status due to fear of discrimination, homophobia, and transphobia. Among younger respondents, LGBT identification occurred at higher rates; 6.4% of adults age 18 to 29 identify as LGBT.\(^8\) With recent civil rights advances and the growing cultural acceptance of the LGBT community, younger Americans are more likely to be out about their sexual orientation and gender identity. Taking into account current estimates, it is likely that anywhere from 1.5 to 7 million older adults are part of the LGBT community. And, LGBT baby boomers now reaching retirement age are the first “out” generation of older adults in the nation's history. By 2030, the number of LGBT older adults will likely double.\(^9\)

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Part One: Economic Insecurity

In the United States, older adults and members of the LGBT community are at greater risk of economic insecurity. The intersection of these identities leaves LGBT older Americans, especially people of color, women, and those living in rural areas, vulnerable to hardship. The combination of substandard medical care and economic insecurity substantially erodes the life and vitality of LGBT Americans as they age.

Poverty in the Older Adult and LGBT Community

In the general population, the most recent poverty rate reported by the Census Bureau is 15%. LGBT identities are rarely measured while conducting nationwide data collection efforts, thus making it difficult to predict comprehensive rates of poverty in the LGBT community. Since 2007, people age 65 and older experienced poverty at a rate of 9%, or 3.5 million older adults, and another 2.3 million live very close to the poverty threshold.

There are two important things to note when considering poverty rates for older Americans. First, when income is adjusted to deduct out-of-pocket medical expenses, the poverty rate for older Americans increases 77% (6.2 million instead of 3.5 million). Second, the poverty rate for people 65 and older would be substantially higher without the phenomenal success of Social Security, the social safety net aimed at protecting older adults from economic insecurity. It is estimated that this program alone lifts 14 million older adults out of poverty every year. Additionally, older adults of color are more likely to rely on support from Medicaid and Medicare. Among those over age 55, 46% of the Latino/a community are covered by Medicare, 43% of the Asian American and Pacific Islander community, and 52% of the Black community.

Programmatic exclusions to the social safety net have hindered LGBT older Americans’ ability to access these hugely important measures, leaving them at higher risk of economic insecurity as they age. Though the Defense of Marriage Act (DOMA) was recently struck down by the Supreme Court, meaning there is now federal recognition for same-sex couples, barriers continue to significantly affect poverty rates in the (cont. on page 6)
Poverty

Poverty, though a pervasive problem worldwide, does not have a universal definition. In the United States, the poverty threshold is based on a minimally acceptable food budget, adjusted for family size, and multiplied by three. This method has been used since the 1960’s to measure the levels of poverty in this country. This measure is based on more traditional family structures, defining a family as one or two adults and their children. Non-married, but cohabitating adults are not counted as part of the same family unit, skewing standard poverty measures.

Moreover, current standards do not take into account cash transfers and social assistance or cost of living that varies by area. The official poverty measure used in the United States is important because it tracks trends in income and families over time, though it is necessary to remember that it will not provide insight into the nuances of our poverty problems.

In the United States, there are very few people that experience “absolute poverty,” or total material deprivation. Most people experience “relative poverty,” meaning their income is significantly lower than the average income earned, either in a particular area, or across the nation.

Up until the early 1980’s, poverty was predominantly a rural problem. Currently, most poverty is experienced in high-density urban areas.

It is important to remember that there is nothing magical about any poverty line. The people that live just above the poverty line do not experience a remarkably better life than those just below it. These thresholds, though arbitrary, have been key to tracking and analyzing poverty across time. The poverty measure is also hugely important in determining eligibility for entitlement programs.
(cont. from page 4) LGBT community. Not surprisingly, poverty in the LGBT community is compounded by gender and gender identity, race, and geographic location. Poverty rates among lesbian and bisexual women are higher than gay or bisexual identified men. It is estimated that 24% of lesbian and bisexual women and 15% of gay and bisexual men live in poverty, compared to 19% of straight women and 13% of straight men. Non-white LGBT individuals face significantly higher rates of poverty. Same-sex couples living in rural areas are twice as likely to live in poverty as their same-sex counterparts living in metropolitan areas.

Not surprisingly, poverty in the LGBT community is compounded by gender and gender identity, race, and geographic location.

When non-LGBT married couples reach 65 years of age, their poverty rate lowers to 4.6%, while the rate for same-sex couples actually rises to 4.9% for gay men and 9.1% for lesbians. Lesbian couples tend to have higher poverty rates than either non-LGBT couples or gay male couples. Lesbians who are 65 or older are twice as likely to be poor as heterosexual married couples.

Transgender people are almost four times more likely to live in extreme poverty, defined as household incomes lower than $10,000 a year, than the general population. Moreover, 27% of transgender people live in households that earn a household income under $20,000, compared to 13% of the general population. The gender gap is further reinforced by fluctuations in the wages of transgender men and women. Transgender women experience a decline in wages after transitioning, while transgender men experience a slight increase.

Factors that Compound LGBT Elder Economic Insecurity

There are multiple factors that have a profound impact on economic insecurity for LGBT older adults. Sustained injustices work to produce disparate income attainment over the course of a lifetime and decreased mental and physical health that affects the well-being of LGBT community members.

A Lifetime of Employment Discrimination

Unfortunately, for many LGBT people, employment discrimination is not simply a one-time injustice. LGBT people experience discrimination throughout the course of their lives, over and over again. As a result of sustained discrimination, LGBT older adults are less likely to have had

16. Albelda et al.
17. Albelda et al.
18. Ibid.
19. Ibid.
21. Ibid.
access to a pension later in life, less likely to have had health insurance throughout their lives, and more likely to have lived in or near poverty. In 2007, the Williams Institute performed a meta-analysis of 50 studies examining workplace discrimination against LGBT people and found consistent evidence of bias in the workplace. In LGBT people had critical concerns such as overt discrimination, firing, denial of promotion, or negative performance evaluation. As many as 68% of LGBT people reported experiencing employment discrimination, including between 8% to 17% who were fired or denied employment. When LGBT workers were hired, up to 41% reported being verbally or physically abused or having their workplace vandalized, and up to 19% reported receiving unequal pay or benefits. It has been documented that gay men make 10-30% less than their heterosexual male counterparts for performing the same job. Lesbian and bisexual women earn similar salaries to their heterosexual female counterparts but still less than straight men.

Looking at workplace experiences of transgender Americans specifically, the rates of discrimination are much higher. Ninety percent (90%) of transgender Americans reported mistreatment or discrimination on the job or attempted to hide who they were in an attempt to avoid it. Unstable employment and discrimination tends to be a particular risk for transgender individuals: 47% reported adverse employment actions taken against them due to their gender identity or expression, including 26% who lost their jobs entirely. Transgender individuals are twice as likely to be unemployed as the general population, and those who have lost their jobs due to bias are six times more likely to be living in extreme poverty than the national average.

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Lack of Access to Health Insurance

Employment discrimination reduces the likelihood that LGBT people will benefit from employer-based health insurance. Non-LGBT adults are more likely to have insurance coverage (82%), compared to LGB adults (77%). Transgender individuals are the least likely to have health insurance, with only 51% reporting having employer-based coverage.
Even when transgender people have health insurance benefits, medical care related to their gender identity or transition is often exempt from coverage. In some cases, care is denied to transgender people seeking medical care related to their sex assigned at birth. For instance, transgender men are routinely denied gynecological services after updating their gender with the insurance company.  

**Same-sex partners are often unable to qualify for their partner’s insurance through most employer-based insurance plans, and when employers do provide same-sex benefits, recipients are taxed at different rates.**

Same-sex partners are often unable to qualify for their partner’s insurance through most employer-based insurance plans, and when employers do provide same-sex benefits, recipients are taxed at different rates. Additionally, only 1 in 4 workplaces provides healthcare benefits that include coverage of their employees’ domestic partners. Same-sex couples have been subject to many financial burdens due to a lack of state and federal relationship recognition and health care costs are only one of those additional burdens. Even with insurance, same-sex partners have sometimes had to pay more than heterosexual couples would. Benefits provided by an employer to an employee’s domestic partner can be counted as taxable income, since a couple may not be able to legally marry, despite federal relationship recognition. Same-sex couples could expect to pay anywhere from $30,000 to $212,000 more for health care coverage than similarly situated heterosexual couples. This would put total health care costs just under a half million dollars for LGBT individuals and well over a half million dollars for LGBT couples.

Increased healthcare costs function both as a cause and effect for poverty and poor health outcomes in the LGBT community.

The cost of obtaining private health insurance is staggeringly high, and, as a result, many LGBT people go without insurance. Without proper and consistent access to quality health insurance, routine and preventive screenings may be unattainable. Financial barriers cause many LGBT people to delay or forgo treatment until the health issues become unmanageable and difficult to treat.


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Lack of Access to the Social Safety Net

LGBT older adults are especially dependent on public and private services, though many federal programs designed for seniors are inaccessible, ineffective, or irrelevant to LGBT older adults. Despite the fact that LGBT people work and pay taxes into the system for their whole lives, they do not have the same access to receive benefits that non-LGBT people enjoy. Because of the discriminatory DOMA, LGBT people have been denied access to survivor benefits, death benefits, and spousal benefits that they would otherwise be entitled to through Social Security. Unequal treatment in this program results in lesbian couples receiving an average of 31.5% less and gay male couples an average of 17.8% less in benefits than heterosexual couples. Female same-sex couples could lose, on average, an estimated $90,000 in Social Security benefits combined over the course of their lifetime.

Conclusion

Health disparities are both the cause and result of economic insecurity, and both continue to perpetuate and exacerbate the other. Disparities in physiological and economic health are interlinked; economic health disparities lead to physiological health disparities, and vice versa. This cyclical relationship is devastating and will continue to wreak havoc on younger generations of the LGBT community unless appropriate interventions are pursued.

Disparities in physiological and economic health are interlinked; economic health disparities lead to physiological health disparities, and vice versa.
Part Two: Health Care

When trying to access health care, LGBT people experience discrimination based on their sexual orientation and/or gender identity at the hands of their health care providers. Additionally, providers are not able to provide culturally competent care because adequate LGBT health information is absent from most medical training. As a result, members of the LGBT community are more likely to avoid seeking medical care, especially preventive services, and less likely to be out to their health professionals for fear of discrimination. A health care setting should be a place for healing and safety, but doctors’ offices and hospitals can be very dangerous places for the LGBT community.

Systemic Barriers to Care

Discrimination Perpetuated by Healthcare Providers

Overt heterosexism, systemic mistreatment, and transphobia are commonplace experiences in the health care system for members of the LGBT community. This affects the quality of the service provided, as well as the effectiveness of the services. Studies have documented negative attitudes held by healthcare providers towards LGBT people. For example, a 1998 survey conducted among nursing students revealed that 12% of respondents “despised” LGB people and 43% believed that LGB people should keep their sexuality private. More recently, attitudes throughout the medical community have been changing and are becoming more accepting of the LGBT community. However, patients are often still nervous about telling their medical providers about their LGBT status because of a history of discrimination. When people disclose their sexual orientation or gender identity, they could be mistreated, assaulted, or denied care altogether. But when patients withhold such critical information, healthcare professionals cannot provide comprehensive and appropriate care to mitigate risk factors. Discriminatory beliefs play out in very real ways for the LGBT community. Over 55% of LGB people report being mistreated in a medical setting and 70% of transgender people report mistreatment when seeking health care. In some cases, medical providers outright refused to treat LGB people (8%). Astonishingly,

A health care setting should be a place for healing and safety, but doctors’ offices and hospitals can be very dangerous places for the LGBT community.


41. Ibid.

42. Ibid.
Many medical schools omit LGBT health issues in the curricula, preventing providers from understanding the health needs of the LGBT population. In a study conducted by Stanford University Medical School, 33% of responding schools reported having no training dedicated to LGBT-focused issues. While some medical text books address the issues of gay men and the HIV/AIDS epidemic, they do not adequately address the issues of lesbian women, bisexuals, and transgender individuals or other health issues experienced by gay men. Cultural competence about transgender health care is significantly lacking; 50% of transgender and gender non-conforming people report having to inform their medical providers about transgender health care needs.

Lack of Cultural Competency

Many medical schools omit LGBT health issues in the curricula, preventing providers from understanding the health needs of the LGBT population. In a study conducted by Stanford University Medical School, 33% of responding schools reported having no training dedicated to LGBT-focused issues. While some medical text books address the issues of gay men and the HIV/AIDS epidemic, they do not adequately address the issues of lesbian women, bisexuals, and transgender individuals or other health issues experienced by gay men. Cultural competence about transgender health care is significantly lacking; 50% of transgender and gender non-conforming people report having to inform their medical providers about transgender health care needs.

Erasure of the LGBT community is a common phenomenon in health care settings. Erasure can be passive or active. Passive erasure includes a lack of knowledge of LGBT health information and the assumption that this information is neither important nor relevant. Active erasure could involve a range of responses from visible discomfort to refusal of services to violent responses that aim to intimidate or harm. Most providers also assume that all their patients and patients’ partners are heterosexual and cisgender. This invisibility produces systemic barriers to care. Many healthcare providers have multiple forms that patients must fill out to receive service. Unfortunately, these forms often lack the option of self-identifying as LGBT due to the absence of fields for sexual orientation, relationship status, sexual behavior, and gender identity. When sexual orientation and behavior and gender identity questions are not included on medical intake forms, it can leave LGBT people feeling excluded from medical care, disempowered, and isolated. All of these factors lead to an increase in health disparities.
Physical and Mental Health Outcomes

Higher Rates of Chronic Conditions

A 2011 report by the University of California, Los Angeles Center for Health Policy Research found that older LGBT adults in California have more health problems than their straight counterparts with equivalent incomes. The report stated that older LGBT individuals may hesitate to disclose their sexual orientation or talk about their sexual behaviors with health professionals due to fears of homophobia. This contributes to increased disparities, including higher rates of diabetes, hypertension, disability, and mental health problems among aging gay men, lesbians, and bisexual people than among older straight adults.\(^{50}\) Additionally, LGB older adults have reported significantly higher rates of psychological distress than their non-LGB counterparts; gay and bisexual men report mental health symptoms 1.45 times higher and gay and bisexual women report 1.35 times higher.\(^{51}\) Lesbian and bisexual women in the United States are more likely to have increased risk factors for breast and gynecological cancers since they are less likely to have used oral contraceptives or have been pregnant.\(^{52}\)

Pervasive transphobia in employment and healthcare settings amplify negative health outcomes for transgender people. There are also unique health care concerns for the trans community that should not be conflated with the needs of the LGB population. Transgender women should be screened for an increased risk of cardiovascular heart diseases and osteoporosis as they age. Transgender men report postponing or delaying preventive care at a rate of 49%, significantly higher than the average rate reported.\(^{53}\) Transgender men are at risk of developing reproductive cancers that will go undetected without proper screening.

Lastly, HIV/AIDS has affected multiple generations of the LGBT community and has had a particular impact on gay and bisexual men, people of color, and more recently, the transgender community. In the transgender community, studies have shown over four times the national average of HIV/AIDS infection (2.64% compared to .6%).\(^{54}\) Transgender people of color reported HIV/AIDS infection at substantially higher rates: 24.9% of Black respondents, 10.92% of Latino/a, 7.04% of American Indian and Alaskan Natives, and 3.7% of Asian Americans in the study report being HIV-positive.\(^{55}\) This compares with national rates of 2.4% for the Black community, .08% for Latino/as, and .01% of Asian Americans.

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52. Ibid.

53. Grant et al., Injustice at Every Turn.


55. Grant et al., Injustice at Every Turn.
Systemic discrimination, such as in healthcare settings, is correlated with heightened drug and alcohol abuse by LGBT people in an attempt to cope with mistreatment.

The impact of the HIV/AIDS epidemic affected the LGBT population in two ways. First, there is tremendous psychological distress associated with having lived through a devastating epidemic. Second, many medical advances have increased the lifespan of those living with HIV/AIDS. In the United States, approximately 28% of people living with HIV/AIDS are over 50 years old. This number is projected to grow to 50% by 2017.56 Additionally, each year there are more than 1,000 new diagnoses of HIV infection in men who have sex with men age 55 and older.57 An aging community of people living with HIV/AIDS will require new and unique healthcare frameworks to address its needs.

Avoidant Behaviors

Pervasive lack of cultural competency in the healthcare system contributes to significant health care avoidance reported by lesbian, gay, and bisexual (29%) and transgender (48%) individuals compared to their non-LGBT counterparts (17%).58 According to the National Transgender Discrimination Survey, because of discrimination, transgender respondents postponed medical care when they were sick or injured at a rate of 28%;59 forty-eight percent (48%) postponed medical care because they were unable to afford it.60 In fact, avoiding preventive care and lack of access to health insurance leads a quarter of LGBT people to seek medical treatment in the emergency room.61 Anxiety about discrimination also leads many LGBT people to conceal their gender identity and sexual orientation and behavior from their healthcare providers. Among gay and lesbian older adults overall, 75% report not being completely open about their sexual orientation to their medical providers.62 Similarly in the transgender community, only 28% of respondents report that all of their medical providers are aware that they are transgender.63 Unfortunately, 21% of transgender individuals report that none of their doctors are aware of their transgender status and those over the age of 65 are the least likely age group to be out to all of their medical providers; 14% report that they are not out to any of their doctors.64

Higher Rates of Substance Abuse and Risky Behavior

Exhibiting behaviors associated with higher health risks is another factor that can contribute to health disparities in the LGBT community. The first ever national survey of LGBT tobacco use reports a significantly higher rate of use compared to the general public.65 The survey found that 32.8% of LGBT people smoke cigarettes, 12.2% smoke cigars and similar products, and 38.5% report using any type of tobacco

56. Guidry et al., HIV and Aging.
58. Krehely, LGBT Health Disparities.
59. Grant et al., Injustice at Every Turn.
60. Grant et al., Injustice at Every Turn.
61. Krehely, LGBT Health Disparities.
62. A. Shippy, M. Cantor, and M. Brennan, “Patterns of Support for Lesbians and Gays as they Age,” presented at the 54th Annual Scientific Meeting of the Gerontological Society of America, Chicago 2011.
63. Grant et al., Injustice at Every Turn.
64. Grant et al., Injustice at Every Turn.
product. Rates for non-LGBT respondents were much lower: 19.5% for cigarettes, 6.6% for cigars and related products, and 25.2% overall. Substance abuse rates are harder to account for due to lack of available data, but it is predicted to affect 20 to 30% of the LGBT community.\textsuperscript{66} In the transgender community, 26% of people report using or having used drugs or alcohol specifically to cope with the mistreatment they faced due to their gender identity or expression.\textsuperscript{67} In comparison, the general population's substance abuse rate is about 9%.\textsuperscript{68} Systemic discrimination, such as in healthcare settings, is correlated with heightened drug and alcohol abuse by LGBT people in an attempt to cope with mistreatment.\textsuperscript{69}

**Fifty-seven percent of transgender people reported experiencing family rejection, which is correlated with significantly worse health outcomes than their peers who experienced family acceptance.**

**Lack of Community and Family Support**

Social isolation and lack of family and community support has a significant impact on the mental and physical health of LGBT older adults. Historically, coming out about one's sexual orientation or gender identity was met with family rejections and social disenfranchisement. Today, LGBT older adults are likely to have experienced this rejection, in some part, by their family and peers. Increases in depression and anxiety are correlated with a lack of social support.\textsuperscript{70} Access to immediate family support impacts aging LGBT adults' ability to confront statistically higher rates of diabetes, hypertension, poor mental health, and physical disability. As they age, many people rely on their family and community to provide transportation to and from doctors' appointments and other critical care services necessary for maintaining wellness.

According to a 2011 report surveying older LGBT adults in California, half of gay and bisexual men in California live alone compared with 13.4% of heterosexual men. Although lesbians were more likely to live with a partner than gay men, more than 25% of lesbians live alone compared with about 20% of straight women.\textsuperscript{71} In one study, 80% of LGBT people with HIV/AIDS reported living alone, compared to 67% of older heterosexuals living with HIV/AIDS.\textsuperscript{72} Fifty-seven percent (57%) of transgender people reported experiencing family rejection, which is correlated with significantly worse health outcomes than


67. Grant et al., Injustice at Every Turn.


69. Ibid.

70. Ibid.

71. Stephanie Pappas. Social Isolation May Hurt Health of Gay Older Adults.

Conclusion

Health disparities are both the cause and result of economic insecurity, and both continue to perpetuate and exacerbate the other. Disparities in physiological and economic health are interlinked; economic health disparities lead to physiological health disparities, and vice versa. This cyclical relationship is devastating and will continue to wreak havoc on younger generations of the LGBT community unless appropriate interventions are pursued.

LGBT people experience a lifetime of substandard medical care, during which barriers and disparities exacerbate medical outcomes that can become insurmountable.

74. Grant et al., Injustice at Every Turn.

We also see that the converse is true. As mainstream opinions about the LGBT community change, we see that LGBT young people's health is positively affected by familial acceptance.75
Part Three: Recommendations for Policy and Action

What Congress Can Do

Congress has the specific ability to passing sweeping federal legislation that can positively impact LGBT people, their health, and their families. There are multiple bills that can/could improve the lives of members of the LGBT community. Additionally, Congress should work to tie LGBT non-discrimination provisions, as well as data collection efforts, to all relevant bills, particularly bills that address employment, health care, reproductive rights, housing, economic insecurity, HIV/AIDS, and violence.

Older Americans Act (OAA)

Congress should pass the reauthorization of the Older Americans Act (OAA) which provides extra protection in law to vulnerable elders who face multiple barriers that aggravate economic insecurity, social isolation, and various health challenges related to aging. In 2012, the introduction of the LGBT Elder Americans Act ensures that significant changes will be made to the OAA to include LGBT older adults and elders for the first time.

The reauthorization should include the following additions outlined in the act:

- A designation of LGBT older adults and elders as a “vulnerable population with greatest social need.” This would drive funding of LGBT elder programs and services, as well as inclusion of LGBT elders in the design, delivery, and outreach of general aging programs;

- It would also require cultural competency training of staff, agencies, and service providers, and incentivize organizations to adopt non-discrimination policies and training. It would necessitate data collection on LGBT elders to better understand their needs and appropriately tailor services;

The permanent establishment of the National Resource Center on LGBT Aging, which provides LGBT cultural competence training to aging providers around the country;

A health care setting should be a place for healing and safety, but doctors’ offices and hospitals can be very dangerous places for the LGBT community.
Employment Non-Discrimination Act (ENDA)

Congress should pass the Employment Non-Discrimination Act to prohibit discrimination on the basis of sexual orientation or gender identity at the federal level. Existing state and local laws protect LGBT people in only 45% of the country, but because many of the protections are hard to enforce, there is very little LGBT people can do to seek redress. Where there are laws and complaint processes, LGBT employees are often reluctant to utilize these processes because they must “out” themselves to members of the community or to future employers when they file official complaints, thus further exposing themselves to discrimination and retribution.

ENDA is crucial because it will create a federal standard that imposes a baseline of respect and equal treatment for LGBT people:

- ENDA will help protect workers from discrimination in the workplace by prohibiting discrimination on the basis of sexual orientation or gender identity in the same way that Title VII of the Civil Rights Act prohibits discrimination on the basis of race, color, religion, sex, or national origin. ENDA provides employees with the same meaningful remedies similar to those available under Title VII;
- ENDA covers private employers with 15 or more employees; labor unions, employment agencies; and federal, state, and local governments;
- The legislation exempts the Armed Forces, religious institutions, and employers with less than 15 employees. It makes it unlawful to fire, refuse to hire, or take any other action that would negatively impact a person's status as an employee on the basis of their sexual orientation or gender identity;
- ENDA would make illegal any discrimination against an individual because that person has opposed or spoken out about an unlawful employment practice; and,
- Improved data collection and analysis on the effectiveness of aging agencies in targeting services to LGBT older adults;
- Data collection and analysis relating to discrimination against LGBT elders in long-term care settings; and
- Research and development grants for organizations working to improve LGBT health, long-term care needs, and access to culturally responsive services.
• The explicit protections in the federal statute for gender identity and sexual orientation are crucial, despite recent rulings from courts.

What Agencies Can Do

Federal administrative agencies are key in ensuring that laws and programs are implemented in ways that are fully inclusive of the LGBT community. These are the mechanisms of government that implement our nation's laws. Their actions have a substantial impact on the everyday lives of LGBT people and can ensure that LGBT people have better access to economic security and health care at earlier stages in life. All federal agencies should tie federal funding to LGBT non-discriminatory protections, as well as LGBT data collection measures.

The Department of Health and Human Services (HHS)

• HHS should promulgate regulations that fully implement Section 1557 of the Affordable Care Act – the provision that bans discrimination in nearly all health settings across the country. These regulations should include strong enforcement mechanisms, clarify for recipients of federal financial assistance the requirements of the law, and further clarify that discrimination on the basis of sexual orientation or gender identity constitutes sex discrimination under the law.

• Health insurance exchanges should offer options that are fully inclusive, culturally competent, and affordable.

• Lastly, nursing home surveyor guides need to be updated to include LGBT training and competency.

The Department of Housing and Urban Development (HUD)

• HUD published an incredibly important regulation in 2012 that bans discrimination on the basis of sexual orientation and gender identity in all HUD-insured mortgages and programs that receive HUD funding. This rule has a huge protective effect on LGBT people's ability to access stable housing, which is a pillar of economic security.

• In 2011, HUD hosted a day-long summit to address the needs of LGBT seniors. In attendance were LGBT leaders, advocates, workers, and speakers. HUD should continue this programming to enforce and prioritize their commitment to LGBT seniors and to set an example for other agencies.
The Department of Labor

- Provide guidance on non-discrimination for all Workforce Investment Act funded programming, particularly as it relates to age and LGBT discrimination in employment.
- Expand data collection tied to the Family Medical Leave Act and the National Compensation Survey to include all LGBT people.

What the Community Can Do

There are several ways that community members can support their LGBT friends, family, and neighbors. It is important to pass federal legislation and implement federal policy changes to offer further protections for LGBT people. It is also hugely important to support the LGBT community at local levels in order to truly ensure that all arenas are fair, equitable, and accessible.

Expand Cultural Competency in Medical Training

- Colleges and medical schools can work to integrate more LGBT specific medical information throughout the program curricula. Course content should focus on LGBT specific health risks and health behaviors, as well as provide critical information about substance abuse, smoking cessation, and appropriate mental health care.
- LGBT community health centers, common in major cities, can work in conjunction with local hospitals and doctors to offer culturally competent training for already licensed medical providers and ensure that even more LGBT people have access to sensitive, equitable care.

Nursing Homes, Low-Income Senior Housing, and Retirement Homes

- Facilities that are created to serve older adults and senior populations should also incorporate culturally competent training into their staff training. The LGBT older adult population will only become larger as time passes. Facilities such as nursing homes, low-income senior housing, and retirement homes should take steps to engage their staff now to support an ever-increasing LGBT elder population.
- While federally-funded low-income facilities are now prohibited from discriminating against LGBT elders, staff may still require additional support to properly care for LGBT residents.
- Enforce existing laws banning discrimination on the basis of age, sexual orientation, and gender identity and expression in public
accommodations with particular attention to facilities and services on
which older adults rely for care and support.

Empowerment through Information
One of the best things that you can do for yourself and your
community is to make sure you know your rights. This enables you to
feel empowered to be in control of situations in which you could be
discriminated. If you are a member of an organization, it is helpful to
make sure that your constituents know their rights and ask for and get
the fair treatment that they deserve.

There have been many federal administrative changes recently that
improve the way LGBT people are treated in federal programming.
For example:

**Changes to Housing Policy**: LGBT people are explicitly protected
against discrimination in federal housing programs, such as Section 8
vouchers and FHA mortgages. Read more [here](#).

**Changes to Hospital Visitation Rules**: Federal regulations on hospital
visitation protect LGBT people in hospital settings across the country.
The new regulations apply to all hospitals receiving funds from the
federal government under the Medicaid and Medicare programs for the
needy and elderly. Under the regulations, hospitals may not place any
restrictions on visitation based on sexual orientation or gender identity.
In addition, the hospitals must inform each patient of his or her right to
receive visitors designated by the patient, “including, but not limited to,
a spouse, a domestic partner (including a same-sex domestic partner),
another family member or a friend.” Any hospital found to violate the
new rules risks losing a major source of revenue. Read more [here](#).

**Section 1557 of the Affordable Care Act**: HHS recently confirmed that
the Affordable Care Act’s ban onsex-based discrimination includes
discrimination based on gender identity. This means that no one can
be discriminated against because of their gender identity or because of
a healthcare provider’s stereotypes about sexual orientation or gender
identity. You can read more [here](#), and you may file a complaint [here](#).

**Changes to Employment Discrimination Policy**: In April 2012, the federal
Equal Employment Opportunity Commission (EEOC) announced in
Macy v. Holder that the sex discrimination provisions of Title VII of the
Civil Rights Act of 1964 protect transgender people. The EEOC-based its
analysis on Supreme Court decisions, as well as a series of federal court
decisions that similarly found transgender people were protected by sex.
The ruling clarified that illegal sex discrimination occurs if adverse action taken against an applicant or employee occurs because:

- a person expresses his or her gender in a non-stereotypical manner;
- a person has transitioned gender or is planning to transition gender; or
- the person is transgender.

Discrimination against lesbian, gay and bisexual people may also be understood as a type of sex discrimination. Read more about the Macy ruling here.
Conclusion

Barriers to inclusive medical care and equitable wages create health disparities in the LGBT community that are insurmountable. LGBT people with poor health are denied access to the appropriate resources through restrictive federal laws, practitioner bias, and lack of community and family support. Over the course of a lifetime, disparities are compounded over and over again, with no respite. This cyclical relationship is devastating to the entire community, as is made evident by the poor health of LGBT older adults. Even those with more resources are likely to have poor health outcomes. In order to truly address all of the needs of the LGBT community, we must address the issues of LGBT elders and work to provide all LGBT people equitable and competent health care, wages, and access to opportunity. In order to do that, we must develop a multi-faceted approach to ensure that LGBT people, in all stages of their lives, have access to fair treatment in all arenas.
For more information about LGBT aging and other important issues in the LGBT community, please visit www.thetaskforce.org.