



Post-Event Summary Report
Prepared for the 2005 White House Conference on Aging
September 30, 2005

Event Information	
Name of Event:	SAGE Town Hall Meeting in Preparation for the 2005 White House Conference on Aging
Date of Event:	Wednesday, September 28, 2005 (6:00 pm – 8:00 pm)
Location of Event:	Lesbian, Gay, Bisexual & Transgender Community Center, 208 West 13 th Street, New York, NY 10011
Number of Attendees:	Approximately 30
Sponsoring Organization (s):	Services and Advocacy for GLBT Elders (SAGE) Council of Senior Centers and Services National Gay and Lesbian Task Force SAGE Queens United Neighborhood Houses
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Background

Founded in 1977 as Senior Action in a Gay Environment by a group of seniors, social workers, gerontologists, and activists in the lesbian and gay community, Services and Advocacy for GLBT Elders (SAGE) is the world’s oldest and largest non-profit agency dedicated to serving lesbian, gay, bisexual and transgender (LGBT) senior citizens. Our mission has four goals: to improve the overall quality of life for LGBT seniors, to support and advocate for the rights of LGBT seniors, to foster a greater understanding of aging in all communities, and to promote positive images of LGBT life in later years. SAGE fulfills our mission by providing direct clinical services, social and recreational activities, and community building programs throughout the five boroughs of New York City, and advocacy and education programs both locally and nationally. Our 25 staff members, assisted by 350 volunteers and four graduate-level social work interns, serve 2,000 LGBT seniors each month, including the homebound and those with HIV. All programs are offered at low or no cost and without regard to sexual orientation, gender, gender identity, socioeconomic status, race, ethnicity, age, physical ability, or language. SAGE’s budget for fiscal year 2006 (7/1/05 – 6/30/06) is \$2,176,518.

SAGE is often the only voice bringing attention and visibility to LGBT seniors in national mainstream aging venues such as AARP, the Gerontological Society of America, and the American Society on Aging. We were the driving force behind the groundbreaking decision by the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) to add “lesbian, gay, bisexual and transgender” to the accreditation standards for nursing homes and long term care facilities. These agencies must now declare that they will not discriminate against their LGBT patients to attain JCAHCO accreditation. Historically, SAGE has developed unique, replicable and constituent driven services for LGBT elders that provide community-based solutions and strategies for healthy and proud aging. These programs have served as models for many community-based agencies and activists seeking to implement LGBT senior services nationwide.

About the Event

SAGE held a Town Hall Meeting on September 28, 2005 to gather member input on the specific LGBT aging needs they would like to see addressed at the 2005 White House Conference on Aging. The meeting was cosponsored by the Council of Senior Centers and Services, the National Gay and Lesbian Task Force, SAGE Queens, and United Neighborhood Houses. Opening remarks and facilitation were provided by Rebecca Hoffman, SAGE’s Community Organizing Coordinator, and a panel of experts comprised of representatives from the cosponsoring organizations provided brief summaries on Social Security, Medicaid/Medicare, and Housing. SAGE members also discussed a number of aging issues, including their ideas about good ways to grow old, fears about aging, caregiving issues, and the importance of community. The members of the expert panel were:

- Amber Hollibaugh, Senior Strategist at the National Gay and Lesbian Task Force,
- Bobbie Sackman, Director of the Public Policy Department at the Council of Senior Centers and Services,
- Jessica Walker, Senior Policy Analyst at United Neighborhood Houses.

Recommendations

Based on the comments and discussions generated during the Town Hall Meeting, SAGE respectfully offers the following recommendations to the White House Conference on Aging. We look forward to working with you to bring about these necessary changes to enhance and improve the lives of LGBT senior citizens.

Priority Issue #1: Guarantee the Availability of Culturally Sensitive Social Services for LGBT Elders.

Almost all seniors face diminished health, loss of friends and family, reduction of income after retirement, as well as society’s ageism and emphasis on youth. These conditions are even more complex for LGBT seniors, who are also faced with homophobia (ignorance and fear around sexual orientation), transphobia (ignorance and fear around gender identity), and heterosexism (the assumption of heterosexuality to the exclusion of other

forms of relationship). LGBT seniors often lack traditional family support structures, and are particularly dependent upon institutional support to age well. Though the need for social services is great, studies show that LGBT elders are five times less likely than non-LGBT seniors to access crucial social services from mainstream providers.

Service providers are often unaware that their clients are LGBT, and few are prepared to offer services that meet the specific needs of LGBT seniors. In addition to being educated about the special needs of the elderly population, service providers should also be culturally sensitive to the specific issues and needs of LGBT seniors. We must work to create and implement programs to train care providers in LGBT awareness so they can offer sensitive and appropriate services to LGBT elders in need.

Barriers

The major barriers to guaranteeing the availability of culturally sensitive social services for LGBT elders include:

- ***Reluctance to access necessary social services***
Lifelong fears of abuse, intolerance and discrimination make LGBT seniors much less likely than non-LGBT seniors to access essential social services, including senior centers, housing assistance, meal programs, food stamps, and other public benefits. Many LGBT seniors wait until they are in a health care or financial crisis before seeking help. These circumstances often create a self-perpetuating cycle of fear and invisibility which is difficult to break. SAGE members expressed fear that they would have to go back in the closet to access services from mainstream providers.
- ***High rate of isolation in LGBT senior population***
Isolation is common in all senior populations, but is particularly prevalent in the LGBT population; 67% of LGBT seniors live alone, 80% age as single people (2.4 times the rate of non-LGBT seniors), and 90% have no children to help them (versus 20% of non-LGBT seniors). The ramifications of living in relative isolation are significant. A study published in the New England Journal of Medicine found that seniors who live alone and lack familial and traditional social supports are more likely to experience premature institutionalization and early death. SAGE members were explicit about their fears of dying alone in their homes, not being found for several days.
- ***Lack of training for service providers on LGBT specific aging issues***
The average health care or social services provider rarely considers that his/her senior clients may be LGBT, and most have no idea that culturally sensitive services should be provided to such clients. Providers who are aware that specific needs exist may not know how to create a welcoming and supportive environment for their LGBT clients. SAGE members emphasized their concern that many doctors and care providers exhibit a lack of respect, as well as a lack of ability to effectively treat older patients with special needs.

Proposed Solutions

Therefore be it resolved by the 2005 White House Conference on Aging to offer more support to guarantee the availability of culturally sensitive social services for LGBT elders by:

- Supporting the creation of cultural competency training programs for all senior providers, settings and services so they will become inclusive and educated about the special needs of LGBT elder communities.
- Providing cultural competency training in LGBT specific issues for medical professionals (doctors, nurses, pharmacists, etc.) and social service providers.
- Implementing cultural competency training programs for residential care facilities, senior centers, and community based agencies serving LGBT seniors.
- Assisting residential care facilities, senior centers, and community based agencies in continuing cultural competency.
- Working to combat discrimination through public education and anti-discrimination campaigns.
- Focusing efforts to create access to culturally sensitive care in all areas of the US, not just urban centers.
- Making culturally sensitive care for LGBT elders requiring assisted living a standard offering at all care facilities.
- Creating affordable housing that is LGBT-friendly.

Priority Issue #2: Ensuring Equal and Distinct Representation of LGBT Seniors on a National Level

The issues which determine the quality of life for LGBT elders are rarely articulated and almost never incorporated into work done on aging, either by mainstream senior agencies and organizations, or by the most influential LGBT organizations in this country. We must work to create a better aging experience for the elderly members of the LGBT community and a better aging future for the generations of LGBT people to follow by ensuring equal and distinct representation on a national level.

Barriers

The major barriers to ensuring equal and distinct representation of LGBT seniors on a national level include:

- ***Lack of traditional advocates***

When aging issues are examined by mainstream organizations, the special concerns affecting the quality of life for LGBT seniors are rarely addressed. The work of articulating and incorporating policies on LGBT aging takes place in piecemeal fashion, without consistent voice or vision, depriving LGBT elders of a dependable infrastructure to represent or tend to their needs and concerns. SAGE members expressed a desire to have a more effective means of educating the people responsible for creating aging policy about the specific needs of LGBT elders.

- ***Population invisibility***

LGBT seniors suffer from invisibility and neglect on multiple levels. Homophobia renders them invisible to mainstream service providers, aging advocates and researchers. Societal ageism mirrored in the LGBT community often means LGBT seniors are shunned by their own culture as they age. Knowledge about LGBT seniors remains limited because academic and public researchers have failed to include sexual orientation and gender identity as variables in studies on aging.

Proposed Solutions

Therefore be it resolved by the 2005 White House Conference on Aging to offer more support to ensuring equal and distinct representation of LGBT seniors on a national level by:

- Expanding the anti-discrimination clause in the Older Americans Act to include sexual orientation, gender identity, and other unrecognized communities of elders.
- Creating a more progressive definition of family that recognizes LGBT family structures, particularly in federally funded caregiver grants and other federally funded supportive services for aging communities.
- Providing opportunities to access government funding streams for the development of aging services that specifically target LGBT seniors.
- Working toward having all federally funded aging research include an LGBT component to increase the data available for researchers and practitioners interested in LGBT aging issues.
- Making eligibility for government funds contingent upon the development of aging services that specifically target LGBT seniors.
- Ensuring that LGBT aging issues are included on the agendas of national aging advocacy organizations and national LGBT organizations.
- Expanding definitions of elder abuse to specifically include LGBT people, with stronger enforcement when discrimination is revealed.
- Expanding the definition of community so Naturally Occurring Retirement Communities (NORCS) can be applied more broadly to create an infrastructure of support; community should be defined not just geographically, but as a particular group with which one self-identifies.
- Ensuring that unique LGBT family structures are protected/included in family based legislation