

SPECIAL
LEGISLATIVE
COMMISSION ON
LESBIAN, GAY,
BISEXUAL AND
TRANSGENDER
AGING



REPORT TO THE COMMONWEALTH OF MASSACHUSETTS

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DECEMBER 2015

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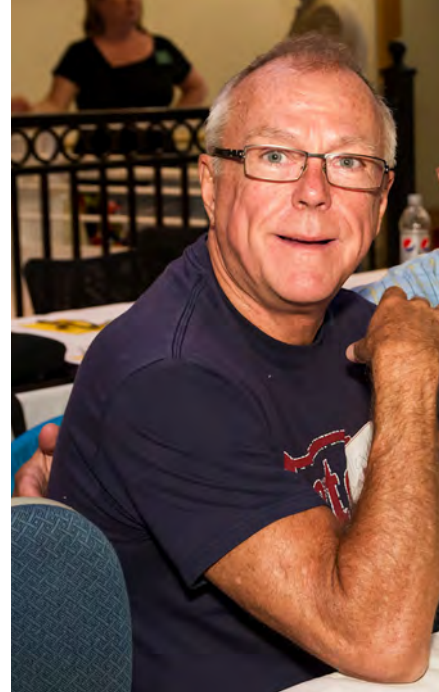
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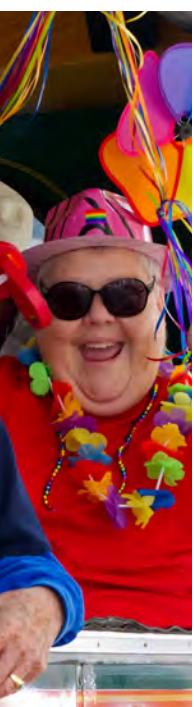
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EXECUTIVE SUMMARY



For more than a quarter century Massachusetts has been a leader in promoting legal equality for lesbian, gay, bisexual and transgender (LGBT) people and same-sex couples. Ten years after it became the first state to legalize marriage for same-sex couples and 21 years after Governor William Weld launched the first Governor’s Commission on Gay and Lesbian Youth, Massachusetts continued in this proud tradition in 2013, when the state legislature and Governor Deval Patrick joined together to create the first-ever statewide LGBT Aging Commission to address the unique concerns and needs of LGBT older adults. From April 2014 through June 2015 the Massachusetts LGBT Aging Commission held listening sessions around the Commonwealth, consulted with elder service providers and experts on LGBT aging, and developed comprehensive recommendations in a number of issue and service areas. If 5% of all older adults are LGBT, then we estimate approximately 65,000 LGBT older adults are living in the Commonwealth. For a number of reasons including lower rates of parenting and estrangement from families of origin, LGBT elders may be more in need of formal elder services. But because LGBT elders fear that they will experience discriminatory treatment in elder services, and often experience discriminatory or culturally incompetent care, they may be less likely to access those very services.

EXECUTIVE SUMMARY

In this report the Massachusetts LGBT Aging Commission makes recommendations in five major areas: long term support services, housing, public health, senior centers and community engagement, and legal considerations. It also makes recommendations regarding data collection, needs assessment, cultural competency training and evaluation, outreach and access, service delivery, complaint resolution, and legislation. Overall themes include:

- the importance of collecting data on sexual orientation and gender identity to quantify, understand, and address any disparities that LGBT elders experience compared with the majority of elders who are heterosexual and not transgender;
- the need for training of elder service staff in the unique experiences and needs of LGBT elders;
- the need for nondiscrimination protections, especially protections for transgender people against discrimination in public accommodations, which include nursing homes, health centers, public transportation and retail establishments;
- the need for outreach and access to ensure that LGBT elders are accessing services they need and are entitled to, such as veterans services;
- the importance of emulating big cities across the U.S. that have created elder housing communities for LGBT elders and their friends and allies;
- the need for an LGBT ombudsperson within the Executive Office of Health and Human Services to ensure the integration of LGBT concerns into the Commonwealth's aging and human services networks, and to advocate for LGBT elders who experience barriers to accessing and utilizing services as whole human beings;
- and the need to assist LGBT elders in advance planning for decision-making during periods of incapacity or end of life.

About the Massachusetts LGBT Aging Commission

The Legislature is to be commended for establishing this first-in-the-nation statewide Commission to address the unique concerns and needs of older lesbian, gay, bisexual and transgender (LGBT) individuals. Convened in April, 2014, the Commission represents the latest milestone in the history of LGBT equality in the Commonwealth (see “Massachusetts’ Leadership in LGBT Rights” in Appendix A). It is expected that the results of this Commission will be of interest not only to Massachusetts legislators and the people of Massachusetts, but also to many legislators, advocacy organizations and individuals across the country.

Enabling Legislation

In August, 2013 Governor Deval Patrick signed into law Chapter 38 of the Acts of 2013, An Act making Fiscal Appropriations for the Fiscal Year of 2014 for the Maintenance of the Departments, Boards, Commissions, Institutions and Certain Activities of the Commonwealth. Section 186 of this Act established a special Commission charged with examining the impact of state policies and regulations on LGBT older adults and making recommendations ensuring equality of access to treatment, care and benefits; increasing provider awareness of the needs of LGBT older adults and caregivers; enhancing programming and services for LGBT older adults; examining best practices (in Massachusetts and other states) for improving quality of life for LGBT seniors; preventing premature admission of LGBT elders to institutional care; ensuring access to affordable and culturally appropriate community based care options; developing a plan for statewide training curricula to improve the delivery of health care, housing and long term support services to LGBT older adults and caregivers; and considering outreach protocols to reduce apprehension among LGBT elders and caregivers. The LGBT Aging Commission is the first statewide Commission in the country to focus on the needs of LGBT seniors.

Commission Members

Convened by the chairs of the Joint Committee on Elder Affairs, Representative James O’Day and Senator Patricia Jehlen, the Commission includes the following members (members 3 to 15 below are designees of their organizations as per the enabling legislation):

1. **House Chair of Joint Committee on Elder Affairs**
Representative James O’Day, Co-Chair of the Commission
2. **Senate Chair of Joint Committee on Elder Affairs**
Senator Patricia Jehlen, Co-Chair of the Commission
3. **Executive Office of Elder Affairs (EOEA):**
Ken Smith, Director of MassHealth Long Term Services and Supports
4. **Massachusetts Department of Housing and Community Development (DHCD):**
Alana Murphy, Director of Policy
5. **Massachusetts Department of Public Health (DPH):**
Kevin Cranston, Director of the Bureau of Infectious Disease
6. **LGBT Aging Project:**
Lisa Krinsky, LICSW, Director
7. **Fenway Health:**
Judy Bradford, PhD, Co-Chair, Fenway Institute
8. **Gay and Lesbian Advocates and Defenders:**
Janson Wu, Esq., Executive Director
9. **New England Association of HIV Over Fifty, Inc.:**
Jim Campbell, President and CEO
10. **MassEquality:**
Carly Burton, Interim Co-Executive Director
11. **Mass Home Care:**
Dale Mitchell, Executive Director, Ethos
12. **AARP of Massachusetts:**
Barrie Atkin, Executive Council
13. **Massachusetts Association of Councils on Aging:**
David Stevens, Executive Director
14. **Massachusetts Senior Care Association:**
(Seat Unfilled)
15. **Home Care Aide Council:**
Lisa Gurgone, MPA

GOVERNOR APPOINTED MEMBERS

16. **LGBT Public Policy Expert:**

Sean Cahill, PhD, Director of Health Policy Research, Fenway Institute

17. **LGBT Elder Law Expert:**

Scott Squillace, Esq., Squillace & Associates, P.C.

18. **Transgender Older Adult:**

Alex Coleman, J.D., PhD, Clinical Psychologist and Attorney, Expert on Gender Identity and Expression, Brookline

19. **LGBT Older Adult representing Cape Cod:**

Cathleen Metzger, LCSW, Beacon Hospice Social Worker with Focus on elder LGBT healthcare issues, Provincetown

20. **LGBT Older Adult representing Western Massachusetts:**

Karen G. Jackson, J.D., Elder Law Attorney with focus on LGBT issues, Holyoke

NON COMMISSION MEMBERS REGULARLY ATTENDING MEETINGS

21. **Office of Representative O'Day:**

Kelly Love, Research Director (2014)

22. **Office of Representative O'Day:**

Khadeejah Ahmad, Staff Director

23. **Office of Senator Jehlen:**

Vicki Halal, Committee Director

24. **LGBT Aging Project:**

Bob Linscott, Assistant Director

25. **LGBT Aging Project:**

Maria Hernandez, Social Work Intern

26. **LGBT Aging Project:**

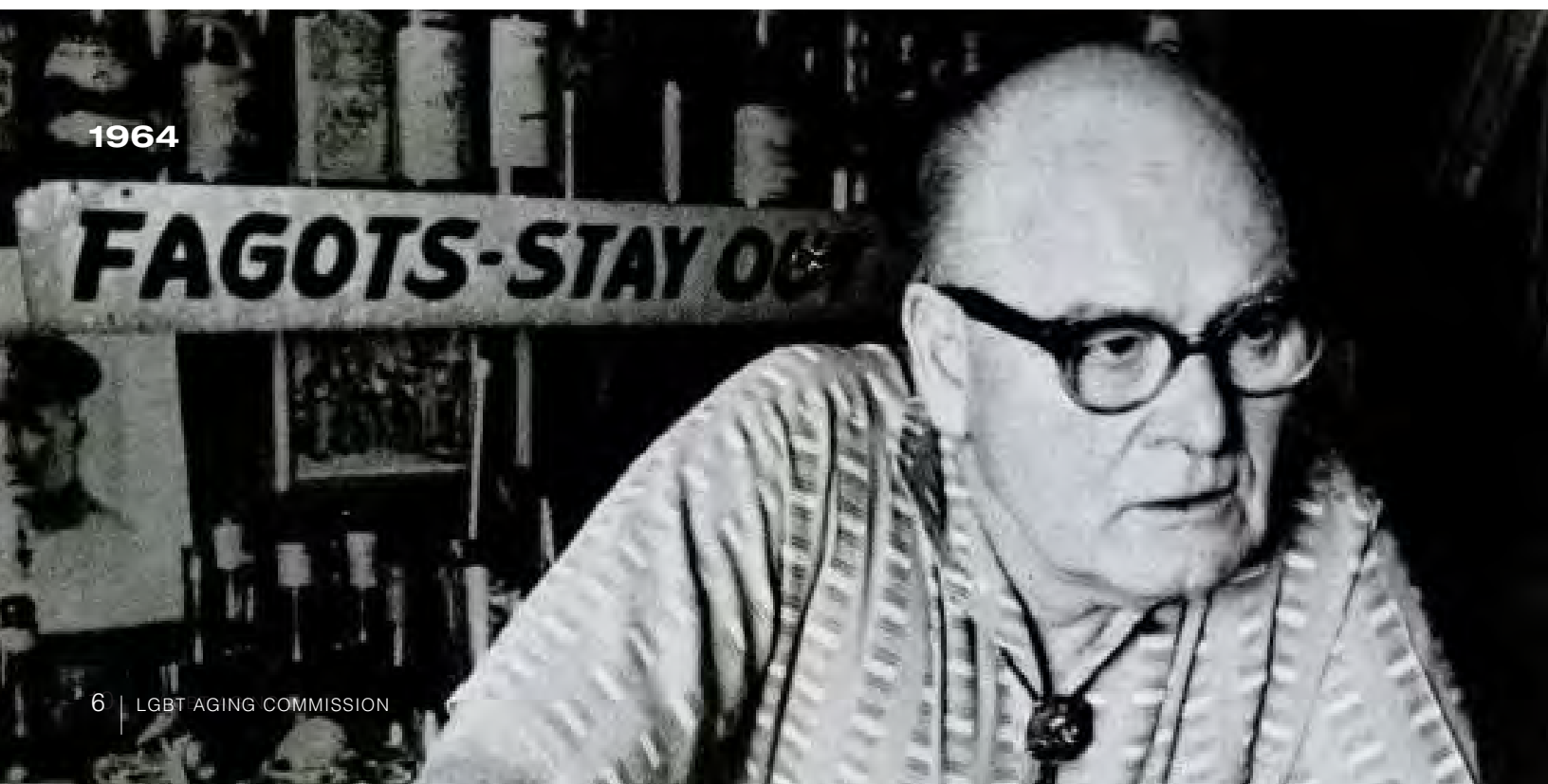
Tiffany Favers, Social Work Intern

Need for the Massachusetts LGBT Aging Commission

HISTORY

- The lives of today's older lesbian, gay, bisexual and transgender (LGBT) people were molded under conditions of intense homophobia, both during their formative years, as well as throughout much of their adult lives. Homosexuality was illegal and subject to imprisonment. The police routinely raided places where LGBT people gathered and entrapment was an official law enforcement practice. LGBT people were often targets for blackmail.
- Before the advent of the modern LGBT civil rights movement, homosexuality was officially categorized by psychiatry as a mental illness, by medicine as a physical disorder, by mainstream religious groups as a sin, by both employers and families as shamefully unacceptable, and by the media as corrupt and perverted.

These repressions often led to extreme marginalization and crippling stigma. Many LGBT people adapted to this repression by living in a highly invisible manner, in what is now known as “the closet.” Most pretended to be straight or avoided mainstream assistance out of fear. Even today, many older LGBT people let only a trusted few in on the secret of their sexual orientation and/or gender identity.



CURRENT SITUATION

It is currently estimated that 70% of all Massachusetts residents who reach the age of 65 will need help with activities of daily living—bathing, dressing, going to the bathroom, transferring, meal preparation, grocery shopping, bill paying—for a significant period of time before they die.¹ However, today’s LGBT older adults are less likely than the general population of elders to have partners, children and family who can provide caregiving supports, and are often estranged from their families of origin. As a result, LGBT people are as a group at higher risk of premature institutionalization. And because of their history of institutional mistreatment, for many LGBT older adults, nursing homes are viewed as “institutional closets”—dangerous and unwelcoming places where, at the end of life, being LGBT reverts to how it began, with bullying, humiliation and harassment.

The lifetime experience of discrimination and social rejection may make LGBT elders less likely to access mainstream elder services: a federal government survey in 2001 found that LGBT elders were only 20% as likely as heterosexual elders to access

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2004



Need for the Massachusetts LGBT Aging Commission

CURRENT SITUATION CONTINUED

services such as attending a senior center or congregate meal program, housing assistance, food stamps, or other entitlements.² Lower rates of accessing mainstream senior services can exacerbate social isolation, which is known to contribute to depression and poor treatment adherence.³ These factors, coupled with the lower rates of parenting among LGBT elders noted above, make LGBT elders' ability to access nondiscriminatory and affirming elder services especially important.

Higher rates of poverty in the LGBT community may also make LGBT older adults more dependent on publically funded elder services. Despite stereotypes of gay people as economically privileged, national population-level surveys such as the American Community Survey, National Survey of Family Growth, and Gallup Poll indicate that LGBT people experience rates of poverty similar to or higher than the rest of the population.⁴ Female same-sex couples,⁵ or lesbian couples, experience higher rates of poverty than married heterosexual couples. African Americans in same-sex couple households experience higher poverty rates than African Americans in heterosexual married couple households or White same-sex couple households.⁶ Among women 18-44, 29% of bisexual women and 23% of lesbians are poor, compared to 21% of heterosexual women.⁷ Among men in the same age group, 26% of bisexual men and 21% of gay men are poor,⁸ while only 15% of heterosexual men are poor. Lower earnings in youth and middle age can translate into higher rates of poverty in older adulthood. Studies indicate very high rates of poverty among transgender Americans.⁹

LGBT older adults are more likely to have a disability than older adults in general.¹⁰ Half to two thirds of people living with HIV/AIDS in the U.S. are gay and bisexual men¹¹ and transgender women.¹² About half of the HIV-positive population in the United States is now age 50 or older.¹³ Older adults living with HIV are more likely to have comorbidities

than other older adults.¹⁴ Four in 10 HIV-infected people receive Medicaid, public insurance for low-income individuals.¹⁵

A growing body of research has documented LGBT health disparities in health and disease outcomes,^{16 17} risk behaviors and factors,^{18 19} rates of insurance coverage,^{20 21} access to preventive care,^{22 23} and access to culturally competent care.²⁴

As a result of all these factors, LGBT older adults have a greater need for the publicly financed and regulated continuum of care that was developed to address both longer lifespans and changing caregiving patterns. However, most aging service providers are not trained in how to provide culturally competent, affirming care to LGBT elders.²⁵

This combination creates a “perfect storm,” which includes greater need for aging services to help LGBT older adults age in place and stay out of costly institutions, lack of trust of mainstream services and providers, and potentially underprepared elder service organizations.

The Commission believes strongly that the disparity in LGBT utilization of publicly-funded and regulated aging services must be removed from the policy closet. Without policy and program reforms designed to improve both access and utilization, the growing cohort of aging LGBT people will continue to eschew accessing elder services.

“ So any fears (about aging) that heterosexuals may have, you can probably times it by five at least for LGBT seniors, considering the stigma, the fear, and the discrimination that they’ve face throughout their lifetime, it’s just so overwhelming that they’re so afraid that they may have to climb back into the closet that took them 40 to 50, 60 years to climb out of; it’s just not acceptable. ”



Methodology

Starting in April 2014, the Commission met on a regular basis for more than a year. Commission meetings were open to the public, and were posted on www.malegislature.gov a week in advance.

At the first meeting, the Commission decided that in order to carry out the Commission's mandate, the Commission would need to hear and collect testimony regarding experiences accessing services directly from the members of the LGBT community, their caregivers, and their friends.

The Commission convened four public "listening sessions" across the state, in which members of the public and community groups were asked to attend and speak to us about the issues and needs LGBT seniors encounter, and the barriers they face to accessing state and community services. The listening sessions were held in Orleans, Boston, Worcester, and Holyoke, in order to learn about any regional variations and needs of the elderly and aging LGBT population across the Commonwealth's varied regions (Cape Cod, Greater Boston, Central Massachusetts, and Western Massachusetts). All testimony was recorded for record keeping and analysis, unless the speaker specifically asked not to be recorded.

The Commission also solicited and received written comments separate from the hearings. Additional commentary was provided at informal gatherings of LGBT older adults. These options were particularly beneficial for individuals who wished to maintain their anonymity. The Commission also hosted a presentation and briefing with Professor Nancy J. Knauer, the I. Herman Stern Professor of Law and Director of Law & Public Policy Programs at Temple University's Beasley School of Law. Professor Knauer came to the Massachusetts State House in September 2014, and lent her expertise to the Commission on the topics of: identity, sexuality, and gender; LGBT elders; and the history and politics of law and policy pertaining to LGBT elders.

RECOMMENDATIONS

INTRODUCTION

The health and well-being of our LGBT older adults has long been neglected. It is in the spirit of ending the pervasive silence and denial that surrounds LGBT aging that the Special Legislative Commission on LGBT Aging has developed its recommendations. The Commission's recommendations are organized into key themes. First, we present recommendations that came up across multiple topic areas. Then, we present specific recommendations within each of the five topic areas: **Long Term Support Services, Public Health, Housing, Senior Centers & Community Engagement, and Legal Considerations.**

While collecting testimonies and holding public listening sessions across the Commonwealth, the Commission identified a few areas of concern and need that repeatedly came up for the LGBT aging population. The Commission members worked in the following critical areas when developing recommendations:

- Long Term Support Services
- Housing
- Public Health
- Senior Centers and Community Engagement
- Legal Considerations

Many of the recommendations overlapped across most or all of the areas of focus mentioned above. The overlapping topics include:

- Data Collection & Needs Assessment
- Cultural Competency Training & Evaluation
- Outreach & Access
- Service Delivery
- Complaint Resolution
- Legislation

Overarching Recommendations

These overlapping and overarching recommendations (key recommendations) are presented in order to highlight the greatest areas of need that the commission consistently came across in its investigation, analysis and study.

DATA COLLECTION & NEEDS ASSESSMENT

Data Collection

Executive Office of Health and Human Services (EOHHS), Executive Office of Elder Affairs (EOEA) and Department of Housing and Community Development (DHCD) should collect voluntary and confidential sexual orientation and gender identity or expression (SO/GI) data as a standard practice for individual assessments, program monitoring data systems, consumer satisfaction surveys, public health surveillance, research and evaluation.

Needs Assessments

EOHHS, EOEA and DHCD should comprehensively assess the psycho-social, economic, housing, public health and long-term support service needs of LGBT elders and caregivers. Particular attention should be given to lesbians, transgender people, elders of color, immigrants and people with HIV/AIDS, many of whom are marginalized and have suffered multiple forms of discrimination. The findings from these assessments should drive state and local social service, public health and housing planning and development. EOEA should designate older adults with HIV/AIDS a population of “greatest social need” under the Older Americans Act²⁶ for purposes of program planning and development, and mediate re-designation of LGBT elders as a population of “greatest social need.”

TRAINING & EVALUATION

Provider Training

EOHHS, EOEA, DHCD and the state Probate Court should ensure that their staff and volunteers, as well as those of their vendors, affiliates and licensees, are regularly

Overarching Recommendations

TRAINING & EVALUATION CONTINUED

trained on the provision of open, affirming and non-discriminatory service and care for LGBT elders and caregivers. Relevant vendors and affiliates include, but are not limited to: councils on aging, senior centers, Area Agencies on Aging (AAAs), Aging Service Access Points (ASAPs), Independent Living Centers (ILCs), Senior Care Option (SCO) Plans, One Care Plans, home care and certified home health agencies, adult day health centers, assisted living facilities, nursing homes and rehabilitation centers, supportive and congregate housing sites, local housing authorities & senior housing developments, Housing Consumer Education Center (HCECs) and Serving the Insurance Needs of Everyone (SHINE) programs, substance abuse and behavioral health providers, and veterans services agents.

Professional Development

State licensing boards for relevant professions—including but not limited to physicians, psychiatrists, psychologists, nurses, nursing assistants and social workers—should require training on LGBT cultural competency.

Consumer Education

DHCD and EOEA should educate residents of senior housing complexes and participants at Councils on Aging Senior Centers about the importance of inclusion and open-mindedness toward LGBT older adults.

Best Practices

EOHHS, EOEA and DHCD should regularly evaluate provider and resident/consumer trainings to assess the extent to which LGBT access, utilization and satisfaction improves. Vendors, affiliates and licensees that exhibit significant improvements should be recognized based on a rating system similar to the Human Rights Campaign's Health Equality Index for health care providers. EOEA should also develop best practice standards for LGBT-inclusive programs, services and engagement techniques that can be replicated at Senior Centers and other community settings used by older adults.

OUTREACH AND ACCESS

Outreach

Outreach strategies should be developed and implemented by relevant state agencies to address the following areas of significant concern for LGBT older adults.

Advance Planning

EOEA should develop an aggressive public outreach campaign that promotes advance planning among older adults and that addresses the unique circumstances of LGBT people.

Public Health

EOHHS and EOEA should promote aggressive campaigns that focus on public health issues that disproportionately impact LGBT older adults. These include HIV prevention, suicide prevention, substance abuse and social isolation, especially among marginalized groups such as older gay and bisexual men, LGBT elders of color, immigrants, transgender people, and people living with HIV.

Abuse & Neglect

EOEA should require local elder protective service agencies to include local LGBT organizations and affiliations in mandated community outreach and education efforts.

Veterans Services

The Massachusetts Department of Veterans' Services should conduct outreach to LGBT veterans to improve utilization of available benefits and services.

Access

Access to aging services should be improved to address the following areas of significant concern.

Anti-Bullying & Harassment

DHCD and local housing authorities should promote the development of open and affirming support groups in senior housing similar to the Gay Straight Alliances in high schools.



OUTREACH AND ACCESS CONTINUED

Information & Referral

EOEA should require that its statewide information and referral service and local AAAs, ASAPs and Council on Aging information and referral services include comprehensive and up-to-date data on LGBT-inclusive aging services. DHCD should require that HCECs provide comprehensive and up-to-date data on LGBT-inclusive elder housing.

Registries

EOHHS and EOEA should develop registries of inclusive and competent LGBT hosts for the Adult Foster Care (AFC) program, LGBT-inclusive workers for the Personal Care Attendant (PCA) program, and LGBT-inclusive guardians for state guardianship programs.

Massachusetts Equality and Inclusion Index

The Commission recommends the establishment of a “Massachusetts Equality and Inclusion Index,” modeled after the Human Rights Campaign’s Health Equality Index, to



measure how agencies and service providers are treating older adults who are gay, lesbian, bisexual and transgender. The Equality and Inclusion Index would be based on a survey sent to all housing facilities (public, private, assisted living, nursing homes, shelters etc.) as well as Senior Centers, Councils of Aging and elder service providers. Organizations would be rated on a scale from 0 to 100 percent on several key indicators of fair treatment for LGBT seniors. Indicators could include policies prohibiting discrimination based on sexual orientation or gender identity, existing diversity statements, programs and/or resources specifically for LGBT older adults and caregivers, LGBT cultural competency training for staff, management and consumers.

Such a ranking system would provide the critical information to all seniors as they begin to make significant choices about their final years. A ranking system like this would also reveal inconsistencies with other facilities that market themselves to be LGBT friendly but have no LGBT programs or any commitment to diversity. A ranking system would also greatly assist staff at the Massachusetts Housing Consumer Education Centers when LGBT adults inquire about their housing options and seek LGBT inclusive referrals.

Overarching Recommendations

SERVICE DELIVERY

Care Planning/ Personal Needs Assessments

EOHHS and EOE A should require that all state and vendor assessment forms should allow consumers and applicants the right to voluntarily identify their sexual orientation and gender identity or expression. Such information, which shall be kept strictly confidential, should be used to develop appropriate, person-centered individual service plans.

Aging Services

EOEA should insure that there is at least one LGBT-inclusive aging service program, service or activity in every AAA region; that every local SHINE program has at least one LGBT-competent counselor; that an LGBT-inclusive “naturally occurring retirement community” and/ or “virtual senior center” is piloted; and that best practices for LGBT-competent program development and outreach are collected and disseminated throughout the network.

Non-Aging Services

EOHHS should insure that those human services programs most relevant to the needs of older LGBT people, including, substance abuse, behavioral health, suicide prevention, domestic violence, emergency shelter and veterans services, have at least one LGBT-inclusive component.

Housing Promotion

DHCD and EOE A should promote the development of innovative senior housing models that affirm the need for peer support and open, affirming and appropriate care for LGBT elders. Specific recommendations include the inclusion of LGBT housing needs in state Qualified Application Plan (QAP) scores, the creation of LGBT-inclusive small group homes through a pending 1915 Medicaid waiver to CMS and the development of a pilot LGBT-inclusive Naturally Occurring Retirement Community (NORC).

People with HIV/ AIDS

EOEA should make people under the age of 60 with functional impairments due to HIV/ AIDS eligible for the state home care program.

Homeless

EOHHS and DHCD should develop best practices for safely and affirmatively sheltering homeless LGBT elders.

COMPLAINT RESOLUTION

Ombudsperson

EOHHS should create an LGBT ombudsperson to ensure the integration of LGBT concerns into the Commonwealth's aging and human services networks, and to advocate for LGBT elders who experience barriers to accessing and utilizing services as whole human beings.

LEGISLATION

The Special Commission on LGBT Aging

The Legislature should extend the commission. The purpose of this extension is to monitor the implementation of its recommendations and make new recommendations as needs and circumstances warrant.

Other Legislation

The Legislature should pass additional legislation that:

- Mandates LGBT cultural competency training for state-funded aging services, long-term support services, and housing services.
- Prohibits discrimination against transgender persons in public accommodations.
- Allows spouses to be caregivers under the Personal Care Attendant (PCA) program.
- Grants transgender persons the right to have their lived gender reflected on death certificates.

Long Term Services and Supports

INTRODUCTION

Long-term services and supports (LTSS) are defined as the services and supports used by individuals, regardless of age, with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications. More than 3 million people in the United States, the vast majority of whom are elderly, rely on publicly-funded LTSS, which are provided in skilled nursing facilities, at home, and in community-based settings. The principal source of funding for LTSS is Medicaid, which in Massachusetts is called MassHealth.

LTSS is of growing interest to both the general public and policy makers because of two demographic facts: First, people are living longer, with the fastest growing age cohort being people 85 years or older; second, people are aging with higher rates of disability than ever before. It is currently estimated that 70% of those who live to 65 will need long term support services for a considerable period of time before they die.²⁷



PROBLEM STATEMENT

There is significant evidence that LGBT older adults are in greater need of long-term services and supports at earlier stages of life than are non-LGBT older adults. This is largely because of two significant demographic differences between LGBT and non-LGBT older adults:

1. LGBT people are less likely to be partnered or married than non-LGBT people; and

2. LGBT people are more likely to be childless than non-LGBT people.

Additionally, LGBT older adults are more likely to be estranged from both immediate and extended family, which often provide supportive services to their non-LGBT counterparts. Since spouses, partners and children are the principal caregivers for older adults with functional impairments, the lack of familial resources increases the need of LGBT older adults to rely on publicly-funded LTSS. A growing body of research has documented lesbian, gay, bisexual, and transgender health disparities in health and disease outcomes, risk behaviors and factors, rates of insurance coverage, access to preventive health care, and access to culturally competent care.²⁸ Research has shown higher rates of disability among the LGBT population compared to the rest of the general population.²⁹

Despite evidence of greater need, the state's vast system of public, private and non-profit LTSS providers are, with rare exception, not equipped to address the needs and concerns of LGBT older adults and caregivers. Indeed, only a few have even contemplated the challenge, let alone taken steps to address it. As a result, LGBT older adults age with significantly limited options: they make do the best they can with an increasingly fraying "chosen family," then return to the closet in order to access untrained, outside, professional help who are quite often hostile to minority sexual orientations and gender identities and expressions. This process often ends tragically when an older LGBT requires a nursing home and endures the same bullying, name-calling and harassment experienced earlier in life when coming out.

Long Term Services and Supports

PROBLEM STATEMENT CONTINUED

It is with the goal of ending that tragic cycle that the Commission has proposed the following recommendations. These address four general areas for improvement in the following deficits in the Commonwealth's long term care system:

- The lack of LGBT knowledgeable and inclusive aging service providers and programs;
- the absence of sexual orientation and gender identity and gender expression in individual and community-wide needs assessments and program evaluations;
- insufficient outreach to mitigate historic and deeply-held mistrust by LGBT older adults of mainstream systems; and
- vulnerability of LGBT older adults to bullying and harassment in state-funded aging programs and services.

While the Massachusetts LGBT Aging Commission has resisted prioritizing its recommendations, it strongly believes that these two are foundational:

Provider Training

All relevant state agencies (EOHHS, EOEA and DHCD) and their provider/facility networks should undergo regular and recurring training on how to appropriately and affirmatively serve and outreach to LGBT older adults.

Self-Identification

Relevant state assessment and program evaluation tools and systems should recognize sexual orientation and gender identity as critical to care planning and offer consumers opportunities for safe self-identification and self-expression.

Without the implementation of these critical recommendations the Commission believes little progress can be made in the additional recommendations which are grouped under access and outreach; data collection; research and planning; service delivery, and legal issues.

Access, Training & Outreach

The following specific recommendations are made to address the historic mistrust on the part of LGBT older adults and their caregivers of mainstream service delivery systems, and their resulting reluctance to access help even when it is critically needed.

- State legislation should be enacted to ban discrimination in public accommodations based on gender identity and/or expression. EOHHS, EOE A and DHCD regulations and contracts should prohibit discrimination against LGBT people in service delivery and employment.
- EOHHS, EOE A and DHCD contracts should require LGBT nondiscrimination declarations in contractor print and electronic outreach and marketing materials.
- Relevant secretariats and departments should mandate regular & recurring training on sexual orientation, gender identity and gender expression for staff of state agencies providing or administering services to LGBT older adults, including probate courts, as well as the staff and volunteers of all relevant licensees, contractors and subcontractors, including Area Agencies on Aging (AAA)/ Aging Access Service Points (ASAPs); home care, home health, veterans service and subsidized housing providers; Independent Living Centers (ILCs) and Aging and Disabilities Resource Centers (ADRCs); assisted living and skilled nursing facilities; and substance abuse and behavioral health counseling services.
- Relevant state licensing boards should require LGBT cultural competency training for professional certifications.
- Relevant state agencies should develop and apply best practices for full inclusion, cultural competence, and equality of LGBT people by contractors and licensees; and develop and apply standards for the assessment of compliance which findings shall be made public.
- Relevant state agencies should mandate that contractors and licensees assess experiences of LGBT consumers in well-designed consumer satisfaction surveys.
- EOHHS should establish a “cross secretariat” LGBT ombudsperson to address harassment, bullying and discrimination in delivery of aging services and activities.

Long Term Services and Supports

Access, Training & Outreach CONTINUED

- EOEA should maintain designation of LGBT older adults as a population of “greatest social need” under the Older Americans Act, as was designated by Massachusetts Elder Affairs Secretary Ann Hartstein in 2012; EOEA should also designate older adults living with HIV/AIDS as a population of “greatest social need” under the Older Americans Act (OAA)³⁰ for state and local Area Agency on Aging planning and program development.
- EOEA should include information on LGBT-inclusive and culturally competent aging supports and services at 1-800-AGE-INFO, and should require local AAA/ASAP information and referral services to do the same.
- EOEA should require protective service agencies to conduct outreach and education to local LGBT communities and individuals.
- EOHHS & EOEA should develop and apply best practices in promoting and assessing the participation of and development of registries for LGBT-inclusive AFC hosts, PCAs and state-funded guardians/conservators.
- EOHHS, EOEA & DHCD should promote the formation of “Gay Straight Alliance (GSA)”-type organizations to support LGBT residents of senior housing, assisted living and skilled nursing facilities.
- The Massachusetts Department of Veterans’ Services should conduct outreach to LGBT veterans to increase utilization and development of necessary and appropriate veteran benefits. This is essential given the history of expulsion and persecution of gay, lesbian and bisexual service members, many of whom were given dishonorable discharges, as well as the continued exclusion of transgender service members. Many LGBT veterans do not know they are eligible for benefits, or do not know about the national Veterans Health Administration directives guaranteeing high quality, welcoming, and nondiscriminatory health care for gay, lesbian and bisexual veterans³¹ and for transgender veterans.³²

Data Collection, Research and Planning

The following specific recommendations are made so that LGBT older adults and their caregivers can identify their sexual orientation and/or gender identity and expression for personal care and program/community planning and evaluation purposes.

- EOHHS, EOEА and DHCD program applications and personal assessment tools should encourage applicants and consumers to safely identify sexual orientation, gender identity, gender expression (including preferred pronoun) and relationship status for themselves and relevant caregivers. EOHHS should collect data on the experiences of LGBT older adults, including: LGBT veterans, LGBT people of color, people with HIV/AIDS, immigrants, non-English speakers, formerly incarcerated individuals, the homeless and the incapacitated. These agencies should publish periodic reports on disparities in access, utilization and outcomes.
- EOEА should assess the economic status of LGBT older adults (especially lesbians and transgender people) and older adults living with HIV/AIDS and their vulnerability to abuse, neglect and financial exploitation, as part of the next OAA-mandated state planning process. Based on this assessment, EOEА should assess whether these populations should be designated as elders with “greatest economic need”³³ as per the Older American Act.
- State secretariats should publish an annual assessment of service delivery to transgender older adults every November in conjunction with Transgender Awareness Month.

“ if you look at a map of where they come from, some travel great distances and why are they doing that? It’s because they don’t feel that there are sensitive healthcare providers in closer proximity. ”

Long Term Services and Supports

SERVICE DELIVERY

The following specific recommendations are made to address the limited LGBT-inclusive and culturally competent aging service options for LGBT older adults and their caregivers, as well as the harassment and bullying that LGBT older adults and their caregivers experience when accessing mainstream aging services, resources and activities.

- EOEA should ensure that every Area Agency on Aging supports at least one LGBT-inclusive and culturally competent program, service or activity, and that every Aging Service Access Point has at least one verified LGBT-inclusive and culturally competent home care vendor.
- EOHHS should ensure that every program area relevant to the needs of LGBT older adults, including substance abuse, behavioral health, suicide prevention, domestic violence, emergency shelter, and veterans services, has at least one LGBT-inclusive and culturally competent component.
- EOHHS should make spouses eligible caregivers for the Personal Care Attendant (PCA) program and for other consumer-directed long-term support services.
- EOHHS and EOEA should request federal waivers to allow for small “group homes” for nursing home eligible elders and, if approved, create at least one LGBT-inclusive and culturally competent home as an alternative to nursing homes.
- DPH and EOEA should collaborate on the development and dissemination of an HIV prevention campaign that targets older adults in senior centers, senior housing, assisted living, adult day programs, congregate meal and supportive housing sites, naturally occurring retirement communities (NORCs), nursing homes, and other relevant venues.
- EOEA should make people under the age of 60 with functional impairments due to HIV/ AIDS eligible for state home care services.
- DHCD should develop best practices for safely and affirmatively serving LGBT people in homeless shelters.



- EOEA should plan the development of an LGBT inclusive and competent “naturally occurring retirement community” (NORC).
- EOEA should develop LGBT-specific counseling competency within at least one regional Service the Health Insurance Needs of Everyone (SHINE) Medicare counseling program.
- EOEA should develop a statewide campaign to promote and facilitate LGBT- friendly, inclusive and culturally competent advance planning among older adults that includes explicit opportunities to safely identify sexual orientation and gender identity and expression.
- EOHHS, EOEA and DHCD should support the development of social networks of LGBT older adults at high risk of isolation, including: veterans, persons of color, immigrants, non-English speakers, people living with HIV/AIDS, ex-prisoners and the disabled.

Public Health

INTRODUCTION

Public health examines the relative risks of health issues facing a given population and guides responsive efforts to prevent disease and promote health. Like younger members of the LGBT community, LGBT elders may be at disproportionate risk of certain infectious diseases, interpersonal violence, suicidality, substance abuse, mental health concerns, certain cancers, and possibly chronic conditions, such as asthma.

“ When an elder has been moved to a nursing home, suddenly you feel like you’ve lost control. But I think, for somebody who’s LGBT, going into a nursing home, it’s more like a panic that they will not get the care that is needed. I think programs need to have training. ”

DATA COLLECTION

The lack of systematically collected health data on LGBT individuals complicates the ability to draw conclusive conclusions about their relative risks and plan prevention and risk mitigation efforts. Population-level data collection (such as the federally funded, state-administered Behavioral Risk Factor Surveillance System or BRFSS) can help estimate these risks by enabling correlational and odds ratio analyses between selected risks and LGBT identities or same-sex behaviors. They also can help establish estimates of the size of the LGBT community, which are useful demographic findings in themselves. In addition, by providing estimates of the size of the LGBT community or subpopulations such as lesbians, and the percentage of different age cohorts that identify as LGBT, population studies permit the calculation of case rates for various health risks and outcomes for comparison to other populations, a standard type of analysis in public health. Special studies and program delivery data which collect information on sexual orientation and gender identity and expression, while potentially not representative of the entire LGBT elder population, can provide needed contextual detail and information about the degree to which existing and planned services reach LGBT elders as planned.

SUICIDE PREVENTION & SERVICES

According to the American Foundation for Suicide Prevention (AFSP), the second highest suicide rate was found in people over the age of 85. AFSP also documents a heightened risk of suicide attempts among LGBT people.³⁴ LGBT veterans have a higher rate of suicide than other veterans, and veteran suicide rates are already elevated.³⁵ LGBT elders may face compounded risk.³⁶ Because of high rates of depression and isolation in LGBT elders, it is important for the Massachusetts Department of Public Health to address the issue of suicide prevention specifically for this population.

INFECTIOUS DISEASE RISK

The disproportionate impact of HIV, syphilis, and other sexually transmitted infections on men who have sex with men (MSM) is well established in Massachusetts and other jurisdictions.³⁷ Nationally about two thirds of newly reported HIV infections³⁸ and over three quarters of newly reported cases of infectious (primary and secondary) syphilis³⁹ are among gay and bisexual men. Black MSM are disproportionately burdened.⁴⁰ The majority of prevalent (living) cases of HIV/AIDS in MSM are among men over the age of 50. The collection of data on transgender identity or expression is relatively new in HIV surveillance, and data estimates remain unreliable. However, CDC data indicate that transgender women are at very high risk of HIV infection, especially Black transgender women,⁴¹ risk that may accumulate over time and with age. About half of people living with HIV in the U.S. today are age 50 or older.⁴² The generation born between 1945 and 1965 is at higher risk of hepatitis C infection related to medical procedures as well as individual drug use and sexual behaviors earlier in life. The U.S. Centers for Disease Control and Prevention have recommended all members of this age cohort be screened for hepatitis C infection.⁴³ LGBT elders falling into this generation may be at elevated risk of hepatitis C due to higher rates of historic or ongoing individual risk behaviors.

Public Health

CANCER RISK

Cancer risks of LGBT people have been studied for well over a decade, with most information gained about lesbians and gay men. In the CDC's 2012 National Adult Tobacco Survey, LGBT rates of tobacco use were 68% higher than others in the US (31% of LGBT people smoked compared with 21% of heterosexual adults).⁴⁴ The 2011 Institute of Medicine Report on LGBT health describes possibly higher rates of breast cancer among lesbians related to nulliparity (never having given birth). Gay and bisexual men are at elevated risk of anal cancer related to higher rates of Human Papilloma Virus (HPV). Transgender men on testosterone therapy may experience elevated risk of ovarian cancer, and transgender women taking feminizing hormones can experience prostate cancer.⁴⁵ LGBT people also experience higher rates of post traumatic stress disorder (PTSD),⁴⁶ mood disorders, depression and anxiety.⁴⁷

Lesbians and bisexual women receive less routine health care than other women, including colon, breast and cervical cancer screening tests.^{48 49} Other risks for cancer in these populations are smoking, obesity, drinking alcohol, nulliparity, not having breast fed, and not having used contraceptives. Among these risks, smoking is the greatest risk for lung cancer among lesbian and bisexuals. HIV-positive smokers lose an average of 12.5 years of life, compared to 5.1 for HIV-positive nonsmokers. Primary cancer risks in gay and bisexual men are HPV infection, lung cancer, prostate cancer (more common in African American gay men) and colon cancer in men older than 50. Anal sex with many sex partners presents additional risk of cancer.⁵⁰

SUBSTANCE ABUSE

Multiple studies have documented higher rates of alcohol and other substance use and abuse among LGBT adolescents and adults, and these trends appear to extend into later age among LGBT individuals.⁵¹ However, programs targeting this population have been limited and treatment environments may not be perceived as safe or responsive to elder LGBT individuals' life circumstances and histories of trauma and discrimination.^{52 53}

Public Health Recommendations of the Massachusetts LGBT Aging Commission

DATA COLLECTION

The Commission recommends that the Massachusetts Department of Public Health and its reporting partners work toward including sexual orientation, gender identity, and gender expression as core demographic measures in its surveillance, public health research and evaluation, and program monitoring data systems, particularly those systems which examine the health of elder residents of the Commonwealth, and perform longitudinal analyses of existing datasets containing data on these residents.

The Commission also recommends that the Massachusetts Department of Public Health identify published literature and best practices around the collection of sexual orientation, gender identity, and gender expression via clinical encounters, interviews, surveys, and self-reported data collection systems, with particular attention to confidential collection methods, including those that do not require spoken responses.

“ The things that are necessary, that are essential for older people in any community, even LGBT community, is camaraderie, events and inclusiveness, training in nursing homes. ”

SUICIDE PREVENTION AND SERVICES

The Commission recommends that the Massachusetts Department of Public Health in collaboration with the EOEI develop a strong public outreach campaign about suicide prevention in the LGBT elder communities. This should include materials already created by the Transgender Suicide Prevention Coalition. The public outreach efforts should include a listing of resources available for those considering suicide, previous attempters, and suicide service providers. The Commission further recommends that the Department of Mental Health develop programming to identify and address mental health concerns, including major depression, among LGBT elders.

RECOMMENDATIONS

Public Health Recommendations of the MassachusettsLGBT Aging Commission

HIV PREVENTION

The Commission recommends that the Massachusetts Department of Public Health develop HIV prevention education materials for older adults and, in collaboration with the EOEa and the DHCD, develop and implement an aggressive HIV prevention public outreach campaign focusing on senior housing, senior centers, congregate meal sites, naturally occurring retirement communities, adult day health programs and other venues, services, programs and activities that reach or target older adults.

SEXUALLY TRANSMITTED INFECTIONS/VIRAL HEPATITIS

The Commission recommends that the Massachusetts Department of Public Health and its reporting partners collect data and examine relative risk of sexually transmitted infections and viral hepatitis infections among LGBT elders, and identify best practices for the prevention, screening, and treatment of these infections among LGBT elders.

CANCER PREVENTION AND SERVICES

The Commission recommends that the Massachusetts Department of Public Health examine its available data on cancer to determine relative risk and other concerns faced by LGBT elders. The Department should train providers in how to talk with and provide care for LGBT elders with cancer-related concerns, and involve their friends, partners, and families in support services and the dissemination of appropriate health information.

SUBSTANCE ABUSE SERVICES

The Commission recommends that the Massachusetts Department of Public Health, in collaboration with the EOEa, develop a strong public outreach campaign on substance abuse in the LGBT elder communities. The public outreach efforts should include a listing of resources available.

“ I have fears of being left alone if something happens to (my partner), because I have no family. I’ve seen the discrimination in the early 80s, when my friends were in the hospital, dying. I was the only one there taking care of them, because even the healthcare professionals would not take care of them. I saw that firsthand, and some has changed, but not much has changed. I never lived a day in the closet. I have been out my entire life, because I have always been proud of who I am. But there are a lot of people who could not do that. But I am thankful that I was able to do that. And when my friends died, I crawled in their beds and held them until they died, so they wouldn’t have to die alone. I did that for all 20 of my friends, and I’m a sole survivor, and now that I’m going to need some help, I have fears that it’s not here for me. ”

Housing

INTRODUCTION

Over the last ten years Massachusetts has emerged as the nation's leader in establishing the first network to provide competent care for LGBT elders through cultural competency training and outreach program supported by the Massachusetts Executive Office of Elder Affairs. While this work is notable there is still much to do. It is the work of this Commission, another first in the nation, to ensure that Massachusetts continues to serve as the model for inclusive service delivery for all older adults. One of the areas where Massachusetts is lagging behind is in its commitment to address the housing needs of LGBT older adults. The positive contributions in Massachusetts in areas such as competent service delivery and programming are overshadowed by the undisputed absence of safe, welcoming, publicly-funded housing for LGBT older adults. Studies conducted across the country show that housing is one of the top concerns shared by older LGBT adults.⁵⁴

Over one hundred LGBT older adults across the Commonwealth testified during the Commission's four listening sessions to the growing fear related to the lack of safe housing options. This is a national concern that we heard strongly echoed by LGBT citizens of Massachusetts. Therefore the Commission would like to make the following recommendations that address three specific areas: 1) the need for the development of LGBT friendly housing options in Massachusetts; 2) the need to make existing public housing safe and welcoming for all people, including LGBT elders; and 3) the development of systems that would track and identify welcoming housing options and the commitment to the safety and wellbeing of those living in them.

Make at least one LGBT friendly housing initiative a priority in Massachusetts' urban development plan.

Boston and other Massachusetts cities are lagging behind Los Angeles, Chicago, Philadelphia and San Francisco, which have all developed vibrant housing initiatives that are friendly and inclusive of LGBT older adults. These projects have become symbols of those cities' commitment to diversity and inclusion for all people and all generations. Unfortunately, Massachusetts has nothing like this. The Commission would like to strongly recommend that such a project be made a priority in the next five years.

“ But I think the reason staying independent is at the top for LGBT people is that there's a lot of fear about what's going to happen to me if I can't maintain myself, because we as a community don't have confidence that the system is there to prop us up, to help us. ”

Conduct a comprehensive needs assessment of the housing needs for LGBT older adults.

Before launching into any housing initiatives such as the one outlined above, it is imperative that data be collected to quantify the specific housing needs for LGBT older adults in Massachusetts. This work should take the form of a comprehensive Housing Needs Assessment that would be given at different locations across the state. The results from a housing needs assessment would provide city planners with the information necessary to move forward with the appropriate types of housing needed and the locations required for those projects.



Housing

Develop LGBT friendly group and rest homes through the 1915 Waiver.

Most older adults fear possible placement in a nursing home. For LGBT older adults, this fear is intensified by a near complete lack of privacy and the often intense homophobia of facility staff, residents and visitors. Many LGBT older adults refer to nursing homes as “institutional closets,” and say with great conviction that they would rather die than be placed in one. At the same time, many LGBT older adults, like many non-LGBT older adults, will need skilled nursing care to manage end-of-life care, dementia and other advanced chronic conditions. Small “group homes” are increasingly considered more empowering and “person-centered” alternatives for elders who need nursing home level of care. While these would require a federal waiver of Medicaid rules, their implementation would be a boost for frail and severely disabled LGBT adults who want the last stage of their lives to be as LGBT inclusive and culturally competent as possible.

Launch an ad-hoc committee to examine the development of an LGBT-inclusive Naturally Occurring Retirement Community (NORC) pilot in Massachusetts.

The village model of neighborhood living and shared services has been a successful and increasing model across the country. One of the forerunners in this movement is Beacon Village in Boston, which can serve as a model for a similar project with LGBT older adults. LGBT adults have always sought safety in numbers and have often clustered themselves in specific sections of a city. The Commission recommends the development of an ad hoc committee to look into the establishment of an LGBT friendly NORC that could be explored in one of the established gay neighborhoods in Boston (Jamaica Plain, Roslindale or Dorchester) or even in a less densely populated area with a high percentage of older LGBT adults such as Orleans.⁵⁵

Housing

Design and implement a curriculum module for cultural competency training around LGBT older adults for all housing management and staff and a separate education module for residents.

The Commission feels it is important to adopt a two-tiered approach to address the housing crisis for LGBT elders. The first tier, as outlined above, would encourage the development of new LGBT inclusive housing initiatives (new inclusive affordable housing units, NORCs, group and rest homes). The second tier would address housing equality by ensuring that all existing public senior housing begin the process of becoming welcoming to all people, including LGBT adults. The best way to meet this goal is through cultural competency training and education. The training would be for all levels of management and staff at current buildings. The Commission recommends mandatory cultural competency training similar to the version currently used for elder service providers through the EOECA. A second and equally critical phase to this training is the development of a curriculum to help educate current residents about the lives of LGBT older adults. Most LGBT elders fear their non-LGBT peers more than they fear housing staff or health providers. It is not fair to make the LGBT elders themselves responsible for educating and changing the climate in each public housing building from a place of hostility to a place of acceptance. That responsibility belongs to the management through the gentle education of the residents. To keep this effort sustainable and alive year-to-year, the Commission recommends a routine refresher course for management and residents and a yearly in-service (with continuing education units, or CEUs) for all Resident Coordinators.



Identify “under-served populations” (including LGBT people) as target groups in the Qualified Allocation Plan (QAP).

The Department of Housing and Community Development is the state agency charged with allocating the federal Low Income Housing Tax Credits (LIHTC). The United States Treasury requires that the Department prepare an annual plan, a Qualified Allocation Plan (QAP), which describes the method of allocation of those credits. The other federal and state housing funds and tax credits that DHCD oversees are also allocated through the competitive process outlined in the QAP.

One of the categories into which a proposed housing development must fit is for extremely low-income (ELI) individuals, families, and seniors, i.e., households earning less than 30% of the area median income. Projects in this category must be supported by tenant services and include at least 20 percent ELI units. Projects can serve families or individuals, seniors, persons with disabilities, and persons with special needs. The Commission recommends that language identifying under-served populations be added to the list of specified target groups. Even though projects serving LGBT seniors and other under-served populations are eligible for funding through the competitive rounds, this language will clarify that groups whose housing needs have not been served, including LGBT seniors, will be noted in the application process.



Housing

Develop a ratings system that will evaluate the level of inclusiveness for senior housing buildings in Massachusetts.

At the present moment there are a number of individual housing facilities (Assisted Living, retirement communities and rest homes) in Massachusetts that are working to become LGBT friendly housing options. Although this is certainly a step in the right direction, there is a lack of any system that evaluates current or future senior housing buildings in terms of their commitment to diversity and their inclusiveness in welcoming LGBT older adults into their community.

As noted earlier, the Commission recommends the establishment of a “Massachusetts Equality and Inclusion Index” to measure how agencies and service providers are treating older adults who are LGBT. The Equality and Inclusion Index would be based on a survey sent to all housing facilities (public, private, assisted living, nursing homes, shelters etc.) as well as Senior Centers, Councils of Aging and elder service providers. Organizations would be rated on a scale from 0 to 100 percent on several key indicators of fair treatment for LGBT seniors. Indicators could include policies prohibiting discrimination based on sexual orientation or gender identity, existing diversity statements, programs and/or resources specifically for LGBT older adults and caregivers, LGBT cultural competency training for staff, management and consumers.

Such a ranking system would provide the critical information to all seniors as they begin to make significant choices about their final years. A ranking system like this would also reveal inconsistencies with other facilities that market themselves to be LGBT friendly but have no LGBT programs or any commitment to diversity. A ranking system would also greatly assist staff at the Massachusetts Housing Consumer Education Centers when LGBT adults inquire about their housing options and seek LGBT inclusive referrals.

Identify an LGBT Liaison in the Housing Consumer Education Centers (HCECs) for the purpose of education, information and referral regarding LGBT-inclusive senior housing, LGBT senior housing, and related issues. Ensure that HCECs are briefed on the issues and have responses available to LGBT people seeking assistance.

The Commission recommends that at least one staff member at the Metropolitan Boston Housing Partnership Inc. be trained as a liaison to the LGBT community to assist with any housing referrals from LGBT older adults. The other HCECs would be aware of this liaison and send any LGBT clients to them. The information regarding established LGBT friendly housing facilities would come from the data collected in the Massachusetts Equality Index (see previous Recommendation).

Within EOE, create an Ombudsperson at the state level for LGBT aging issues.

For many years local professionals in the field of LGBT aging have felt that the people who are already ensconced in nursing homes and assisted living facilities are so closeted that we may never find or engage with them. There is a critical need for the development of a LGBT Ombudsperson to monitor the wellbeing of our LGBT elders in residential facilities across the state. This person could also provide training to other Ombudspeople so that they would become more knowledgeable about the needs and concerns of LGBT elders.

Assess the need for LGBT inclusive shelter

Currently there are no homeless shelters serving older adults that are designated as LGBT friendly and culturally competent shelters. The Commission recommends assessing the need for at least one shelter to go through the training outlined above and be established as a safe and welcoming place for LGBT homeless adults.

Housing

Pass the equal access in public accommodations bill.

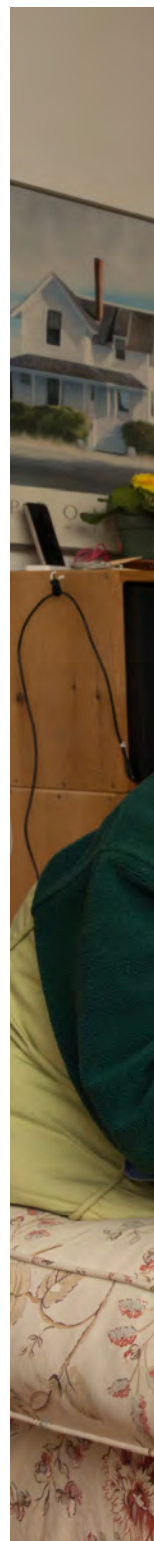
The Commission also supports the passage of the equal access bill in public accommodations, which would protect the right of transgender elders to live without fear of discrimination in any public housing, including nursing homes, as well as the ability to access other important public accommodations, such as public transportation, retail establishments, health centers, and parks.⁵⁶

Promote innovative senior housing models to meet the needs of LGBT elders.

DHCD and EOECA should promote the development of innovative senior housing models that affirm the need for peer support and open, affirming and appropriate care for LGBT elders. Specific recommendations include the inclusion of LGBT housing needs in state Qualified Application Plan (QAP) scores, the creation of LGBT-inclusive small group homes through a pending 1915 Medicaid waiver to CMS, and the development of a pilot LGBT-inclusive NORC.

Prevent bullying and harassment of LGBT elders in senior housing.

DHCD and local housing authorities should promote the development of open and affirming support groups in senior housing similar to the Gay Straight Alliances in high schools.





Senior Centers and Community Engagement

INTRODUCTION

The Commission considered the ability of each community to provide programs, including meeting places that older members of the LGBT community could congregate and receive services and information. This focus was on the Commonwealth's network of established Councils on Aging (COAs), although these recommendations could be replicated in other community-based and even residential settings.

PROBLEM STATEMENT

LGBT people reside throughout our Commonwealth, yet without any LGBT community centers, locations where LGBT residents gather are few and far between. The Commonwealth should develop a network of locations that can provide services and programs for LGBT older adults by utilizing our Commonwealth's established network of COAs. Furthermore, we recommend that staff of all COAs be trained about the needs of LGBT populations and ways to welcome these residents into every Senior Center.

History of Executive Office of Elder Affairs (EOEA) and Massachusetts Association of Councils on Aging (MCOA) LGBT Aging Project

In 1954 enabling legislation established the ability of each city and town to establish a "COA" to meet the needs of seniors within their community. Beginning in 1971, the EOEA made a concerted effort to build a statewide network of senior centers. Since 1979 EOEA has partnered with the MCOA to strengthen this network through training and technical assistance while promoting best practices and funding initiatives that promote innovation and regionalization.

Currently 349 communities have established municipally based Councils on Aging. Many provide a full range of services, but we also recognize that approximately 50 of these COAs are mostly volunteer-driven and have limited capacity to develop or initiate new programs. We recommend that EOEA and MCOA establish a formal partnership with an organization experienced in LGBT cultural competency training to collaborate and help implement the commission's recommendations.

DEMOGRAPHICS

According to the April 1, 2010 US Census there were 1,273,186 older adults in our Commonwealth. Projections from EOE (2002 Mizer Report) anticipate that another 360,000 older adults will be added to the population age 60 or older by 2020. Furthermore, these demographics indicate that as of 2010, the total older adult population was 19% of the Commonwealth's population; within a decade older adults will comprise 25% of our state population. If 5% of the Commonwealth's older adults are LGBT, we project that within five years, over 80,000 LGBT older adults will reside in the Commonwealth. By 2020 this will mean that the median town of 19,500 will include approximately 230 LGBT older adult residents.

UNDERSTANDING THE COMPLEXITIES

The Commission heard testimony about the various needs of the LGBT communities and recognizes that community-based services and programs need to be tailored meet the diverse needs of each of the lesbian, gay, bisexual and transgender communities. Of particular focus is the need for increased understanding and sensitivity of the needs of our Commonwealth's transgender communities, with an emphasis on educating our workforce about their specific needs. The combination of COA limitations in some communities and the complexity of needs of the LGBT communities present challenges to addressing these needs, given limited resources and staffing at the local level.

From that baseline challenge come recommendations to provide across-the-board cultural competency training for COA staff and volunteers, and the development of regional locations where services and programs could be offered to the LGBT populations.

All staff and volunteers who work with older adults should receive LGBT cultural competency training. There is also a need for community education, the identification of the best practices for serving LGBT elders and the development of an index to score these programs, and specific legislative and regulatory changes to make our Commonwealth more inclusive and supportive for LGBT older adults.

Senior Centers and Community Engagement Recommendations

Establish regional locations at existing Councils on Aging/Senior Centers that will provide services and programs to the LGBT older adult population that include but are not limited to transportation, outreach, and socialization opportunities.

Since not every senior center or COA can address all of the needs of LGBT elders, the EOEA and MCOA support the establishment of regional senior centers throughout the Commonwealth that can provide the services and programs to these populations as needed. In conjunction with other community-based organizations, including the ASAP/AAA network, one or more municipally-based COAs should be designated to be a focal point for LGBT services within that region. Furthermore, EOEA should prioritize LGBT services within the current COA Service Incentive Grant Program to provide seed monies to establish program and services.



Create a virtual LGBT senior center.

To fill potential gaps that might initially arise with the first recommendation, and in recognition that many LGBT older adults may wish to retain their privacy, the commission strongly recommend the development of a virtual senior center that could be accessible to all interested parties, providing information and referral as well as opportunities for socialization. This will require identifying a qualified organization and sufficient funding of this web-based service to develop and maintain this much needed service. EOEA and MCOA should be part of this project in an advisory capacity. The established regional locations described in the first recommendation above should be linked in to share their calendar of events and available resources.



Senior Centers and Community Engagement Recommendations

Front line staff of Councils on Aging and other community based organizations should be continually updated about available resources and services available for LGBT older adults.

Providing current information is critical for COA outreach workers, ASAP case managers, and information and referral specialists. The virtual senior center could be the hub of this information, making local, state and federal resources available to anyone who logged on. EOEA and MCOA should partner with the implementing organization to ensure that information remains current and viable.

The implementing organization, in conjunction with EOEA and MCOA, should maintain an inventory of existing community based programs and services throughout the Commonwealth.

The purpose of this would be to provide resources for consumers and professionals, and to identify best practices that can be replicated, and identify gaps in service that need to be addressed. An ongoing collaboration between these three agencies and other interested parties should be formalized to ensure quality, promote information sharing and identify funding opportunities. This collaborative's mission should to promote "access to services and programs that meet the needs of the LGBT older adult population."

Conduct statewide campaign to make all senior centers welcoming places for all, including LGBT elders.

MCOA's goal, embraced and funded by EOEA, is to make each of our senior centers a "Welcoming Place for All." A statewide campaign should be developed to let it be known that senior centers are public buildings where everyone is welcome and everyone should be treated with respect and dignity. Inappropriate behavior and bullying will not be tolerated as we seek to celebrate the diversity of our Commonwealth. Behavioral policies should be adopted locally.

Legal Considerations

Legislate equal access to public accommodation regardless of gender identity.

Increase explicit legal protections against discrimination on the basis of sexual orientation, gender identity and expression, and HIV status within the context of elderly housing (e.g. elder-designated housing, assisted living facilities, and nursing homes) and services for older adults (e.g. health care, nutritional, and transportation services), and ensure greater and stronger enforcement of such protections (e.g. state enforcement, ombudsperson enforcement, and private rights of action).

“ If you talk about the senior centers, we are not going to them. Why?

Because we don't feel welcome. When we're there, we are afraid of

identifying or saying something that may out ourselves, and then finding

out the next person, the person sitting beside us, is not tolerant of that. ”

Facilitate the ability of older LGBT adults to plan for decision-making during periods of incapacity or end of life by providing greater availability and/or options for elders to be able to designate beneficiaries and agents for various purposes, including health care and financial decision-making, while ensuring adequate protections against fraud and elder abuse (e.g. notarizations, witnesses, legal consultations and clinics).

Ensure that transgender individuals can have their lived gender accurately reflected on death certificates.

Conclusion and next steps

The health and well-being of our lesbian, gay, bisexual and transgender (LGBT) older adults is an ongoing concern. This report and the recommendations herein represent an initial effort to address the severe prejudice and exclusion that LGBT older adults have faced all their lives and continue to face today. Additional work is needed to monitor implementation of the recommendations of the commission.

Implementation of these recommendations will enhance the well-being not only of LGBT older adults but also the quality of life of all older adults across the Commonwealth.

By implementing these recommendations in full, the Commonwealth can continue to maintain its visionary leadership in creating a more inclusive and equitable society for all.



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Appendix A: Massachusetts' Leadership on LGBT Equality Issues

- Second state to pass a sexual orientation nondiscrimination law (1989).
- First state to create Governor's Commission on Gay and Lesbian Youth (1992); current Massachusetts Commission on LGBTQ Youth is still the only one of its kind in the U.S.
- First state to pass a Gay and Lesbian Student Rights Law protecting students against discrimination in schools (1993).
- First Safe Schools Program for Gay and Lesbian Students (1993).
- First state to legalize marriage equality for same-sex couples (2003 Supreme Judicial Court ruling; marriage legalized in May 2004).
- First state to use Older Americans Act funding (Title III c) to support LGBT-focused congregate meal programs (2004).
- Sixteenth state to pass a gender identity nondiscrimination law (2011). Law implemented as of July 1, 2012; excludes protections for public accommodations.
- First state Executive Office of Elder Affairs to designate LGBT elders a population of "greatest social need" under the Older Americans Act (2012).
- First and only statewide LGBT Aging Commission (2014).
- Massachusetts Board of Education endorses recommendations from the Safe Schools Program of the Massachusetts Department of Elementary and Secondary Education and the Massachusetts Commission on LGBTQ Youth calling for the inclusion of LGBTQ individuals in school curricula, and the availability of age-appropriate materials on LGBTQ themes in libraries and student and faculty resource centers (2015).

Appendix B: LGBT Older Adults' Need to Access Mainstream Services

Lesbian, gay, bisexual and transgender (LGBT) elders are less likely to have children than heterosexuals and more likely to be single and live alone, making them more dependent on formal caregiving and elder services. Because most elder caregiving in the U.S. is provided by children or partners/spouses, LGBT elders may be at even greater need for senior services. However, many LGBT elders fear discriminatory or inappropriate treatment in senior service settings and at the hands of home care aides.

A number of studies have found widespread fear among older lesbians and gay men of being rejected because of their sexual orientation in senior care settings, by both residents and staff. Many gay and lesbian elders fear rejection or neglect by healthcare providers. This is often based on actual experiences of discrimination or culturally inappropriate treatment toward themselves or friends. Gay and lesbian seniors are particularly concerned about possible discriminatory treatment by personal care aides. These fears are often based on past experiences of discrimination. Anti-gay discrimination, or discrimination based on real or perceived sexual orientation, was once widespread in both public sector and private sector employment. Many LGBT people have also experienced family and social rejection. Transgender Americans experience widespread discrimination and family rejection.

Discrimination and harassment was most intense for people growing up in the 1940s and '50s, who are now in their 60s or older. Homosexuality was viewed as a mental illness until 1973. Half a century ago all 50 states outlawed homosexuality. Massachusetts' colonial-era criminalization statute was not struck down until 2003. Most major religions considered homosexuality a sin. . Opinion research indicates that older Americans are more likely to hold anti-gay views than younger age cohorts. They are also more likely to hold inaccurate beliefs about the casual transmission of HIV. This can increase older LGBT people's vulnerability to discriminatory treatment in mainstream senior settings. It can also make LGBT elders think that they must go back into the closet, and hide their

sexual orientation or gender identity, in order to access senior services. The lack of training available for elder service providers in meeting the unique needs of LGBT and HIV-positive older adults is an issue that requires immediate attention.

The lifetime experience of discrimination and social rejection may make LGBT elders less likely to access mainstream elder services: a federal government survey in 2001 found that LGBT elders were only 20% as likely as heterosexual elders to access services such as attending a senior center or congregate meal program, housing assistance, food stamps, or other entitlements. Lower rates of accessing mainstream senior services can exacerbate social isolation, which can contribute to depression and poor treatment adherence. These factors, coupled with the lower rates of parenting among LGBT elders noted above, may make LGBT elders' ability to access nondiscriminatory and affirming elder services especially important.

Excerpted and adapted from Cahill S. 2014. Community resources and government services for LGBT older adults and their families. Orel N, Fruhauf C (eds.). *The Lives of LGBT Older Adults: Understanding Challenges and Resilience*. Washington, DC: American Psychological Association, 141-170. Citations are included in original chapter.

Appendix C: Resources on LGBT Aging

1. LGBT Aging in Massachusetts

- The Health of LGBT persons in Massachusetts (MA Department of Public Health, July 2009)
- Meal Site Study Executive Summary Final (M'LANA Coalition, October 2012)
- Meal Site Study Community Report Final (M'LANA Coalition, October 2012)

2. Needs Assessments

- Out and Aging: The MetLife Study of Lesbian and Gay Baby Boomers (MetLife Mature Market Institute, November 2006)
- Still Out, Still Aging (MetLife Mature Market Institute, 2010)
- Healthy People LGBT 2010 (The Gay and Lesbian Medical Association, 2010)
- Addressing the Needs of LGBT Older Adults in San Francisco: Recommendations for the Future (Institute for Multigenerational Health, July 2013)

3. Working with LGBT Older Adults

- Older GLB Adults: Tools for Age-Competent and Gay Affirmative Practice (Crisp, Wayland & Gordon, 2008)
- Guidelines for Care of LGBT Patients (The Gay and Lesbian Association, 2006)
- Aging In Equity: LGBT Elders In America (Fundors for Lesbian and Gay Issues, 2004)
- Health and Psychosocial Needs of LGBT Older Adults Chicago (AIDS Community Research Initiative of America, September 2011)

4. Health

- The Aging and Health Report Executive Summary (Institute for Multigenerational Health, 2011)
- The Aging and Health Report (Institute for Multigenerational Health, 2011)
- LGBT Health, Racial Disparities and Aging (Services and Advocacy for GLBT Elders, 2013)
- No Golden Years at the End of the Rainbow (The National Gay and Lesbian Task Force, August 2013)
- National Institute of Medicine Brief (Judith Bradford, March 2011)
- National Institute of Medicine Full Report (Judith Bradford, 2011)
- Top Health Issues of LGBT Populations Kit (U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, 2012)

5. LGBT Older Adults of Color

- Health Equity and LGBT Elders of Color (Services and Advocacy for GLBT Elders, 2013)

6. Transgender Older Adults

- Improving the Lives of Transgender Older Adults Executive Summary (Services and Advocacy for GLBT Elders and National Center for Transgender Equality, 2012)
- Improving the Lives of Transgender Older Adults Report (Services and Advocacy for GLBT Elders and National Center for Transgender Equality, 2012)
- National Transgender Discrimination Survey Preliminary Findings (National Center for Transgender Equality and the National Gay and Lesbian Task Force, November 2009)
- National Transgender Discrimination Survey Full Report (National Center for Transgender Equality and the National Gay and Lesbian Task Force, October 2010)
- National Transgender Discrimination Survey: Injustice at Every Turn (Grant, Mottet & Tanis, 2011)

Appendix C: Resources on LGBT Aging

7. Legal Basics

- Improving the Lives of LGBT Older Adults (Services and Advocacy for GLBT Elders and Movement Advancement Project, March 2010)
- Outing Age 2010 (Grant, 2010)
- Planning with Purpose Legal Basics for LGBT Elders (National Center for Lesbian Rights, June 2009)

8. Caregiving

- Caregiving for Older Adults with Dementia: Practitioners Guide (Suffolk LGB and T Network, n.d.)
- A Guide to LGBT Caregiving (Services and Advocacy for GLBT Elders, 2011)

9. Economic Security

- Advancing Economic Security for Diverse Elders (Diverse Elders Coalition, July 2012)

10. HIV and Aging

- Growing Older with the Epidemic (Gay Men's Health Crisis, Inc., 2010)
- Essay: Aging with HIV: What's Ahead? (Sean Cahill, 2011)
- Essay: A Burst of Progress on HIV Policy (Sean Cahill, 2010)

11. Housing

- The Need for LGBT Housing (Services and Advocacy for GLBT Elders, November 2011)
- San Diego's Housing and Related Needs of LGBT Seniors (The San Diego LGB and T Community Center, February 2011)

12. Older Americans Act and MA

- Announcement: Outreach to LGBT Older Adults (MassEquality and LGBT Aging Project, November 2012)
- OAA Expansion of Targeted Populations (Hartstein, November 2012)
- OAA 1965 (U.S. Congress Public Law, 1965)
- Basics Older Americans Act (National Health Policy Forum, February 2012)
- OAA Amendments of 2013 (Senator Sanders' Subcommittee on Primary Health and Aging, 2013)
- Reauthorization of Older Americans Act and LGBT older adults (Services and Advocacy for GLBT Elders, 2011)

13. Bisexuality

- Bisexual Resource Center Brochure (Bisexual Resource Center, 2010)
- Bi Book Brochure – An Annotated Listing (Bisexual Resource Center, 2010)
- Bi Health Fact Sheet (Rainbow Health Ontario, June 2011)
- Bisexual Invisibility: Impacts and Recommendations (San Francisco Human Rights Commission, 2011)
- The Bisexuality Report (Barker, Richards, Jones, Bowes-Catton & Plowman, February 2012)
- Bisexuality Dispelling the Myths (Sean Cahill, n.d.)

14. Documentary Film

- *Gen Silent*, award winning documentary on LGBT aging (Stu Maddux, 2011).

Appendix D: American Psychological Association Brief on Gender Dysphoria

GENDER DYSPHORIA

In the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people whose gender at birth is contrary to the one they identify with will be diagnosed with gender dysphoria. This diagnosis is a revision of DSM-IV's criteria for gender identity disorder and is intended to better characterize the experiences of affected children, adolescents, and adults.

RESPECTING THE PATIENT, ENSURING ACCESS TO CARE

DSM not only determines how mental disorders are defined and diagnosed, it also impacts how people see themselves and how we see each other. While diagnostic terms facilitate clinical care and access to insurance coverage that supports mental health, these terms can also have a stigmatizing effect.

DSM-5 aims to avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender. It replaces the diagnostic name "gender identity disorder" with "gender dysphoria," as well as makes other important clarifications in the criteria. It is important to note that gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.

CHARACTERISTICS OF THE CONDITION

For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender dysphoria is manifested in a variety of ways, including strong desires to

be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender.

The DSM-5 diagnosis adds a post-transition specifier for people who are living full-time as the desired gender (with or without legal sanction of the gender change). This ensures treatment access for individuals who continue to undergo hormone therapy, related surgery, or psychotherapy or counseling to support their gender transition.

Gender dysphoria will have its own chapter in DSM-5 and will be separated from Sexual Dysfunctions and Paraphilic Disorders. DSM-5 diagnosis adds a post-transition specifier for people who are living full-time as the desired gender (with or without legal sanction of the gender change). This ensures treatment access for individuals who continue to undergo hormone therapy, related surgery, or psychotherapy or counseling to support their gender transition.

Gender dysphoria will have its own chapter in DSM-5 and will be separated from Sexual Dysfunctions and Paraphilic Disorders.

NEED FOR CHANGE

Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won't be used against them in social, occupational, or legal areas. When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired gender. To get insurance coverage for the medical treatments, individuals need a diagnosis. The Sexual and Gender Identity Disorders Work Group was concerned that removing the condition as a psychiatric diagnosis—as some had suggested—would jeopardize access to care.

Appendix D: American Psychological Association Brief on Gender Dysphoria

NEED FOR CHANGE CONTINUED

Part of removing stigma is about choosing the right words. Replacing “disorder” with “dysphoria” in the diagnostic label is not only more appropriate and consistent with familiar clinical sexology terminology, it also removes the connotation that the patient is “disordered.” Ultimately, the changes regarding gender dysphoria in DSM-5 respect the individuals identified by offering a diagnostic name that is more appropriate to the symptoms and behaviors they experience without jeopardizing their access to effective treatment options.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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Sex, Gender Identity and Gender Expression

This report intentionally uses non-gendered language both to promote inclusivity and to reflect the non-binary nature of sex, gender, sexual orientation, gender identity, and gender expression. Although in this report the terms “lesbian”, “gay”, “bisexual,” and “transgender” are used to describe minority sexual orientations, gender identities and gender expressions we are cognizant that such language is limited. Our understanding of sex, gender, gender identity, gender expression, and sexual orientation is rapidly expanding and changing as is the lexicon used.

The use of “lesbian”, “gay, and “bisexual” is intended to be inclusive of the diversity of minority sexual orientations. Similarly the use of “transgender” is intended to be inclusive of the range of minority gender identities and gender expressions.

Some of our recommendations, such as the need for culturally competent and effective training, apply to all minority sexual orientations, gender identities, and gender expressions. Others may be differently applicable to particular subgroups.

This statement is intended to explain and encourage the use of non-gendered language and make explicit our intention to be inclusive of the diversity of people of minority sex, sexual orientation, gender identity, and gender expression notwithstanding the current limitations of language.

While some older adults who engage in same sex behavior or transcend the gender binary use some other term to describe themselves we use “lesbian, gay, bisexual and transgender (LGBT) to describe this population. LGBT has emerged as the consensus term and the most widely used term by community members, policy makers and service providers. This language was also used in the legislation which created the Massachusetts LGBT Aging Commission.

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