



We refuse to be invisible

June 1, 2020

Vermont State House
115 State Street
Montpelier, VT 05633-5301

RE: [H.611](#), An act relating to the Older Vermonters Act

Testimony of Aaron Tax, Director of Advocacy, SAGE

Thank you for the opportunity to be here today on behalf of SAGE. I am honored to share the stories of the challenges that LGBT older people and older people living with HIV endure and their resilience in the face of stigma, discrimination, and barriers to accessing culturally-competent aging services and supports. SAGE is uniquely situated in understanding these populations that we serve each and every day in communities across the country. To that end, SAGE asks that as you consider H.611, that you include LGBT older people and older people living with HIV as populations of “greatest social need.”

About SAGE

Founded in 1978, SAGE is the world’s oldest and largest organization dedicated to improving the lives of LGBT older people. SAGE’s mission is to lead in addressing issues related to LGBT aging. In partnership with its constituents and allies, SAGE works to achieve a high quality of life for LGBT older people, supports and advocates for their rights, fosters a greater understanding of aging in all communities, and promotes positive images of LGBT life in later years. We fulfill our mission through advocacy and by providing direct and supportive social services, social and recreational activities, education, and technical assistance programs both locally and nationally. SAGE has four decades of experience piloting and scaling programs.

Over the organization’s lifetime, SAGE has pioneered first-in-the-nation programs, including:

- the country’s first full-time LGBT senior center, The Edie Windsor SAGE Center in Midtown Manhattan, since expanded to Harlem, Brooklyn, the Bronx, and Staten Island;
- the country’s first Friendly Visiting program for homebound and frail LGBT older people;
- the country’s first LGBT Older Adult Drop-In Center (now “SAGE at The Center”);
- the country’s first support group for LGBT older people with HIV;
- the country’s first LGBT aging training and credentialing program, SAGECare; and
- New York State and City’s first LGBT-welcoming affordable elder housing complexes being developed in the Fort Greene neighborhood of Brooklyn (Stonewall House) and the Tremont neighborhood of the Bronx (Crotona Senior Residences).

Today, SAGE serves as a safety net for tens of thousands of LGBT older people who face the challenges of aging, but also confront marginalization and discrimination due to their sexual orientation and/or gender identity. SAGE offers a safe and welcoming space for community, connection, and support. To ensure that LGBT older people can access a full continuum of services, SAGE partners with diverse organizations across the aging and health fields and LGBT communities. No other organization in the nation provides this comprehensive range of programming to LGBT older people.

SAGE's unique role as a local service provider and a national organization allows us to work with affiliates and partners nationwide to incubate, share, and elevate successful intervention models across the country, reaching LGBT older Americans nationwide. From Alaska to Puerto Rico, SAGE's national network of 30 affiliates – SAGENet – helps to reduce isolation, improve financial security and enhance quality of life for LGBT older Americans living in every region of the U.S. Affiliates work closely with SAGE to engage stakeholders in their communities in grassroots advocacy in support of LGBT older people.

SAGE's advocacy work ensures that the unique needs of LGBT older people are addressed by our state, local, and federal governments. Our organization has a unique voice, bringing a much-needed elder perspective to the needs of the LGBT community, and an LGBT perspective to the aging community.

SAGECare trains and credentials elder care providers on LGBT cultural competence. Since its launch in 2016, SAGECare trainings have reached more than 66,000 elder care professionals. Across 48 states, 373 agencies and providers have been credentialed. As a result, nearly 133,000 LGBT older Americans are now receiving LGBT competent care from trained SAGECare providers.

SAGE's National Resource Center on LGBT Aging (NRC), a partnership with the U.S. Administration for Community Living, is the country's only comprehensive national resource center focused on LGBT older people. Led by SAGE, in collaboration with 18 organizations from around the U.S., the NRC offers technical assistance and vital educational resources, including our online portal, six best practice guides on a variety of issues that affect LGBT older people, and various fact sheets, guides, and assistance on nearly a thousand topics relevant to LGBT aging. These include caregiving, LGBT-inclusion and cultural competency, elder abuse and neglect, healthcare and insurance, and housing. Its website has been accessed more than 1 million times.

Recognizing that LGBT older people face profound challenges in securing welcoming and affordable housing, SAGE launched our national LGBT Elder Housing Initiative to address LGBT elders' housing challenges. Aimed at increasing the LGBT-welcoming elder housing options available to LGBT older people across the country, the Initiative leverages five strategies to bring systemic change to the housing sector. These strategies include: building LGBT-friendly housing in New York City; advocating nationally against housing discrimination; training eldercare providers to be LGBT culturally competent; educating LGBT older people about their housing rights; and helping builders across the U.S. replicate LGBT-friendly elder housing.

Reflective of the diversity of the older LGBT community, SAGE employs a cross-sector alliance of partners from the LGBT, aging, HIV, people of color, and other communities to work toward our

goals. SAGE integrates learnings from our work with these coalitions into our own program development to better serve diverse LGBT elders.

SAGE is also a founding member of the Diverse Elders Coalition, which includes the National Caucus and Center on Black Aging (NCBA), National Asian Pacific Center on Aging (NAPCA); National Hispanic Council on Aging (NHCOA); National Indian Council on Aging (NICOA); and Southeast Asia Resource Action Center (SEARAC). Partnerships like the DEC enable SAGE to effectively elevate the issues affecting diverse communities of elders and their unique needs.

Also, SAGE leads the National LGBT Aging Roundtable, a coalition of 129 LGBT and HIV serving agencies across the nation, to share information and strategize around LGBT-inclusive and HIV-inclusive aging policy.

Introduction

My goal today is to add to the Committee's understanding of the challenges that LGBT older people and older people living with HIV face in Vermont and what more Vermont can do to ensure that these populations are able to age with the dignity, services, and supports they need and deserve.

After sharing two stories of our elder pioneers, I will address the overall statistics on the growing population of LGBT elders, their financial insecurity, housing insecurity, and the health and other challenges they face as the first generation to be "out and proud." I will shed some light on how SAGE and others are working to address these issues. And I will talk about the need for the Legislature to act in the face of national politics, which has taken a toll on the rights and wellbeing of LGBT elders.

As a starting point, it is important to ground our understanding in the lived experiences of the elders we serve.

Jay Toole

Like countless members of the LGBT community, Jay Toole has stood up to a lifetime of ignorance, harassment, and danger simply for being who she is.

At 13, Jay was forced to leave home because of her family's vehement homophobia. At 20 and homeless, Jay learned that something extraordinary was taking place at New York City's Stonewall Inn. Now 71, Jay reflects on how much has changed in the decades since Stonewall.

I was 20 during the Stonewall Uprising. It was amazing to see so many LGBT people come together for that one moment in time to say to the police and the world, 'Enough is enough! You have to stop harassing us, beating us, arresting us!'

Before that night, we'd all had so much violence and viciousness aimed at us. By that first night of Stonewall, I'd already had my ribs broken multiple times by the police—and by straight guys who would come to the village to beat us up. We got arrested all the time, just for being ourselves and hanging out together in bars. To me, one of the biggest lessons of Stonewall is that we were much stronger than we thought. I don't think the LGBT community realized we had the strength to protest and fight back. Stonewall taught us that if we join together, we can defend ourselves. We are strong. We are a movement.

Jeremiah Newton, Activist and Filmmaker

As a boy, Jeremiah Newton realized that he was gay. He knew he would have to fight for his place in the world. It was nearly a decade before the Stonewall Uprising.

I knew I had to keep being gay a secret. At a certain point, I thought: 'OK, this is what you are. It makes you happy, it fulfills your needs. I'm not changing for anybody.' I was 10 or so at the time.

Even at that young age, Jeremiah had a strong enough sense of self to stand up for who he was and affirm himself despite all the dangers every LGBT person had to face at that time. Jeremiah would bear witness to the birth of the modern LGBT rights movement.

As a young gay man, I witnessed the first night of the Stonewall Rebellion. We thought it was yet another raid on a gay bar – nothing new. But something big started that night.

It's important to know that everybody who is LGBT, whether we are 15 or 100, has been through our own personal Stonewall. We've gone through something difficult. We've jumped over that wall, to be free.

Inspired by what he witnessed — and galvanized by the massive discrimination he and others in the LGBT community continued to face — Jeremiah became an activist. Today, Jeremiah speaks eloquently about the power of standing up for our own and the continuing need to defend our community's safety, despite all the progress our brave pioneers have made since Stonewall.

I'm 70 years old now. At a certain point in life, as you age, you are who you are. You're not going to change for anybody. And you want to live your life with decency and grace.

Six years ago, I was forced to retire. I had an accident at work and my health started declining. I was having trouble walking.

The SAGE social worker, Jane, was encouraging and knowledgeable. She visited me at home because I was not able to travel. She helped me navigate the bureaucracies of unemployment benefits, Social Security, Medicaid, and more. Getting these things set up is daunting and complicated. When you're ill, you just can't do it alone. Jane referred me to a physical therapist and helped arrange for home aides, since I am currently bedridden. I also have a wonderful SAGE Friendly Visitor who visits me every week. She is a delightful, positive person. And, as a documentary filmmaker like me, we have a lot to talk about.

Like many people, including LGBT older people in Vermont, Jay and Jeremiah's experiences touch on themes SAGE sees consistently across the LGBT elder population – social isolation, economic insecurity, and the fear of discrimination. The stories of many LGBT elders are exacerbated by a lack of access to culturally competent home and community-based services and supports and discrimination in long term care settings, creating challenges that accumulate across the life course. As we see with Jay and Jeremiah, this severely and negatively impacts LGBT older people into their later years.

A Growing Population and Growing Financial Insecurity

We are witnessing an exponential boom in the population of older people in the United States. By 2060, one in five U.S. residents will be over the age of 65. The same is true for LGBT older people; by 2030, the LGBT elder demographic in the U.S. will grow to 7 million. Due to longer life-spans, persistent poverty, high cost of living, and decline in retirement savings, many older people are now aging into financial insecurity – and that fact is even more pronounced for LGBT older people.

According to the National Council on Aging (NCOA), over 23 million Americans age 60 and older are economically insecure.¹ The outlook for LGBT older people is even more concerning. SAGE's *Out and Visible* study, conducted by Harris Poll, reveals that LGBT older people are far more concerned than non-LGBT older people about their financial security and retirement.² This is not surprising: LGBT older people are at increased risk for poverty. In fact, a study by the Williams Institute at UCLA found that 24% of lesbian and 15% of gay men are poor, compared to 19% and 13% of heterosexual women and men. Nationally, same-sex partnered older people lag behind different-sex married households in income, assets, and home ownership; elder same-sex partnered households have 37.4% less income from retirement savings than elder heterosexual couples.³

Older people in same-sex relationships have suffered the cumulative effects of discrimination. This uneven playing field has real and lasting effects on financial security, particularly in retirement years. For example, having not had the right to marry for so long, many same-sex couples are not eligible for spousal or survivor benefits.

Moreover, LGBT older people's thin support networks further contribute to their heightened experience of social isolation. In fact, 90% of LGBT older people report being childless compared to 20% of their cisgender heterosexual counterparts, limiting their familial support network. Given these statistics, it is not surprising that married different-sex older couples have an income 4.3 times higher than same-sex older couples when entering retirement, and their retirement income is 34.7 percent higher.

LGBT older people are disproportionately worried that they have not saved enough money to retire. In fact, 42% of LGBT older people are very or extremely concerned that they will outlive the money they have saved for retirement, as compared to 25% of non-LGBT older people. Forty-four percent of LGBT older people are very or extremely concerned that they will have to work well beyond retirement age just to have enough money to live, as compared to 26% of non-LGBT older people. And finally, 43% percent of LGBT older people are very or extremely concerned that they will not be able to deal with unexpected, major emergencies in retirement, as compared to 30% of non-LGBT older people. In SAGE's experience working with tens of thousands of LGBT older people across the country, LGBT elders are even more worried about retirement and more susceptible to financial abuse because they frequently lack the familial and social support networks of their straight and cis-gender peers.

¹ National Council on Aging. *Economic Security for Elders: Fact Sheet*. 2014.

² SAGE. *Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older people, Ages 45-75*. 2014.

³ Albelda, R. et al. *Poverty in the Lesbian, Gay, and Bisexual Community*. The Williams Institute. University of California School of Law. March 2009.

Life at the Margins: Social Isolation, Health Challenges, Stigma, and Discrimination

In addition to poverty, the effects of a lifetime of stigma and discrimination put many LGBT older people at a greater risk for physical and mental distress, social isolation, depression and anxiety, chronic illness, delayed care-seeking, poor nutrition and premature mortality. Yet, despite their need for care, LGBT older people are less likely than their heterosexual and cis-gender peers to access aging services and to reach out to providers, senior centers, meal programs and other earned benefit programs because they fear discrimination and harassment if their sexual orientations or gender identities become known. The fear of encountering an unwelcoming health care provider can lead many LGBT elders to delay seeking necessary care or make them reluctant to disclose their sexual orientations or gender identities to health care providers, which can compromise their patient care plans. In some instances, an LGBT elder might only seek assistance for emergency care, which can be costly to his/her health and to the health care system.

Despite advances in LGBT civil rights, LGBT older people remain pushed to the margins, and one of the most invisible, underserved and at-risk populations among our nation's older people. They, like their non-LGBT peers, generally prefer to age in their own homes rather than in institutions, especially when many institutions are not LGBT culturally competent. LGBT older people, however, are more likely to lack the familial and social support systems that are essential to healthy aging, and they often lack the capacity or resources to age in their own homes or communities. Researchers at Fordham University found that, compared to older people in the general population, LGBT older people in New York City are:

- Twice as likely to live alone;
- Half as likely to have spouses, life partners or significant others;
- Half as likely to have close relatives to call for help;
- More than four times less likely to have children to help them; and
- More likely to have no one to call upon in an emergency.

A 2014 SAGE-Harris Poll study, *Out and Visible*, revealed various challenges that LGBT older people in the United States face, including:

- Profound concerns about physical decline, remaining independent, loneliness, and the loss of support systems;
- A fear of judgment and inferior care from healthcare providers, causing many not to disclose their sexual orientations or gender identities to their providers; and
- Smaller support systems over time, including high numbers of LGBT single older people living alone and in fear of discrimination in housing and long-term care settings.

Out and Visible also found that far more LGBT older people are worried that they have not saved enough money to retire. Despite their lack of financial preparedness, *Out and Visible* also reveals that, when planning for retirement, LGBT older people rely largely on their own knowledge and education. Understanding where and how LGBT older people access information to address their financial and other retirement questions is critical to supporting their choices over time.

Thin support networks coupled with unique needs and health disparities means that the diverse community of today's LGBT older people often need to rely more on aging providers and non-profit organizations. Unfortunately, there is a dearth of LGBT culturally

competent geriatric health care services, even in states like Vermont, leaving LGBT older people to access mainstream providers who typically lack proficiency in the unique needs of LGBT older people.

Now consider the additional burden for older people living with HIV. As of 2015, half of all Americans living with HIV were age 50 or older; that proportion is expected to rise to more than 70% by 2020 – just next year. Few programs are designed to address the unique social service and healthcare needs of older people living with HIV. This further complicates and harms their health, healthcare, and ability to age successfully.

Intersectionality: an Important Consideration in Successful Aging

Differences in aging concerns and disparities among subpopulations within the LGBT community affect the ability of many to age well. For example, both the African-American community and Hispanic Americans experience an income gap when compared to the general population. The Diverse Elders Coalition (DEC), of which SAGE is a founding member, reports that low education levels and language barriers are factors that have historically kept many Hispanic elders in low-wage and low-benefits jobs. In addition, according to the DEC, economic security is one of the three biggest challenges facing Hispanic elders today, alongside health and leadership development and empowerment.

Therefore, many Hispanic elders face economic insecurity, poverty, the threat of hunger and an inability to save for retirement. As a result, Hispanic elders are more likely to be partially to entirely dependent on Social Security income than their peers. Without Social Security income, half of Hispanic older people would live in poverty. Further, given that many Hispanic elders worked in labor-intensive jobs that had physical effects on their bodies, re-entering the workforce can also be difficult if they are not physically able.

Compounding the challenges for an aging Hispanic LGBT population, a needs assessment undertaken in 2013 by the National Hispanic Council on Aging (NCHOA), uncovered that LGBT Hispanic older people feel isolated from their various communities – whether it is their families, their Hispanic community, or their LGBT community. The fact that many LGBT Hispanic older people report that they suffer from multiple layers of discrimination and that they cannot count on their communities and those who should be closest to them for support is particularly troubling. Research shows that, in early life, LGBT Hispanics endure mental health issues and bias associated with HIV, racism, and their LGBT identities at even higher rates than the general LGBT population. Making matters worse, Hispanic LGBT older people are less likely to have social supports and more likely to endure victimization, neglect, and mental health problems than the general LGBT elder population.

African American older people experience similar challenges. According to the U.S. Department of Health and Human Services, African Americans face an array of health disparities, including a higher death rate from asthma, influenza, pneumonia, diabetes, heart disease, stroke, cancer, and HIV/AIDS.⁴ In addition, the Alzheimer's Association reports that African Americans are at greater risk of vascular dementia and that "[t]he prevalence, incidence, and cumulative risk of Alzheimer's disease appears to be much higher in African-

⁴ <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>

Americans than in non-Hispanic whites.”⁵ Likewise, AARP’s report, *Disrupting Racial and Ethnic Disparities: Solutions for New Yorkers Age 50+*, states that, “[w]idespread and well-documented racial and ethnic health disparities persist across New York State, driven by a multitude of interacting factors including access, affordability and other health care system factors, as well as socioeconomic factors that contribute to social disadvantage, such as poverty, residential segregation, unemployment or low educational attainment.”⁶ Inevitably, when these identities intersect, older African Americans who also happen to be LGBT, are not only at a higher risk for a variety of comorbidities, but they are also less likely to have access to the culturally competent health and aging services and supports they need to age successfully.

Transgender Elders: Unemployment, Discrimination, and Financial Insecurity

The Trump administration’s policies have repeatedly put a target on the back of transgender people.⁷ Countless federal agencies have demonstrated the administration’s animus, as we have seen with: the Department of Education withdrawing guidance designed to protect and respect transgender students in schools; a move pushed by the President himself to discriminate against transgender patriots who wish to serve in the military; HUD denying the ability of transgender people to seek safe and affirming refuge in homeless shelters; the US Department of Health and Human Services seeking to gut the Affordable Care Act’s non-discrimination protections; the Department of Labor gutting non-discrimination protections for federal contractors; and the Administration for Community Living attempting to delete a question on transgender elders from the National Survey of Older Americans Act Participants.

This is all the more shameful given the challenges transgender older people in Vermont and elsewhere already face. Transgender people in particular face higher rates of under and unemployment than cis-gender people because of discrimination on the basis of gender identity – something that is so prevalent that transgender older people believe that it is a “normal” part of their lives.⁸

Discrimination has far-reaching effects beyond the employment arena - it can impact social connectedness, mental health, and adversely impact access to aging services and supports. Research shows that negative experiences not only with social exclusion but also with discrimination can preclude some LGBT people from creating support networks, which can lead to social isolation and mental health challenges. In fact, transgender older people are more likely to face cultural, social, or

⁵ <https://www.alz.org/media/Documents/african-americans-silent-epidemic-r.pdf>

⁶ <https://aarp-states.brightspotcdn.com/99/73/da48247723efcc428025125d3ddb/aarp-disparitiespapersummary-booklet-final.pdf>

⁷ <https://transequality.org/the-discrimination-administration>

⁸ Conron, K.J., Scott, G., Stowell, G.S., & Landers, S.J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102, 118–122; Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Available from Washington, DC: http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf [last accessed March 10 2017]; Persson, D.I. (2009). Unique challenges of transgender aging: Implications from the literature. *Journal of Gerontological Social Work*, 52, 633–646.

geographic isolation.⁹ On top of that, LGBT older people who grew-up when they were marginalized and stigmatized, who carry those experiences and fear of discrimination with them, may now have fewer social connections. Together, stigma and discrimination intensify a lack of social supports and increase social isolation.

This discrimination also impacts LGBT individuals' health and access to both healthcare and aging services and supports. For transgender older people who need services and supports, the shortage of culturally competent providers and the fear of discrimination by service providers are especially acute. Research shows that fear of discrimination because of internalized stigma creates challenges in accessing health care.¹⁰ Researchers have also found that both LGBT victimization and discrimination are strong predictors of physical and mental health challenges for LGBT older people.¹¹ In fact, transgender older people are even more likely than are other LGBT older people to suffer from physical and mental disabilities, including unique health issues related to the process of transitioning.

Of note for this Committee, transgender older people are more likely to have an income level at or below the poverty line.¹² Even if they do not live in poverty, transgender older people are more likely than other LGBT older people to face financial insecurity. For example, while a recent study found that 26% of LGBT older people ages 65 and older live at or below 200% of the federal poverty level, this figure rises to 48% for transgender older people.¹³

These statistics demonstrate how critical it is that the Legislature ensure that transgender older people living at the margin have access to trans-affirming aging services and supports and long-term care that's free from discrimination.

⁹ A recent AARP study found that transgender older people are significantly less likely than other LGBT older people to have cisgender friends, family members, or neighbors as a part of their "personal support network." Angela Houghton, AARP Research, *Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans: An AARP Survey of LGBT Adults Age 45-Plus* (2018) ("AARP Survey"), available at www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2018/maintaining-dignity-lgbt.doi.10.26419%252Fres.00217.001.pdf.

¹⁰ Dibble, S. L., Eliason, M. J., & Christiansen, M. A. (2007). Chronic illness care for lesbian, gay, & bisexual individuals. *Nursing Clinics of North America*, 42, 655- 674; viii. doi:10.1016/j.cnur.2007.08.002

¹¹ Fredriksen-Goldsen, K. I., Kim, H. J., Shiu, C., Goldsen, J., & Emler, C. A. (2015). Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist*, 55, 154–168. doi:10.1093/geront/gnu081

¹² An estimated 29 percent of all transgender people live below the poverty line, compared to 14 percent of the general population. See Sandy E. James et al., Nat'l Ctr. for Transgender Equal., *The Report of the 2015 U.S. Transgender Survey 5* (2016) ("2015 U.S. Transgender Survey"), available at <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>.

¹³ Movement Advancement Project & Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, *Understanding Issues Facing LGBT Older Adults* at 10 (2016), available at <http://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf>.

Housing Insecurity

These disparities manifest when accessing one of our most basic needs: housing. Quality, affordable housing is the most basic social determinant of health.¹⁴ Affordable housing is the single most powerful public health intervention. Safe, stable housing has been shown to positively impact the health of entire communities and improve overall health equity. Service-enriched housing is a critical part of this housing continuum and plays a particularly important role in addressing health disparities among people with no or extremely low-incomes and living with chronic health conditions.¹⁵ Appropriate housing is a prerequisite for optimal health, quality of life, and independence for LGBT older people.

LGBT older people, however, face profound challenges in accessing welcoming housing. A 2014 ten-state investigation conducted by the Equal Rights Center found that 48% of same-sex older couples seeking housing in older adult independent living facilities across the country experienced discrimination. This pervasive discrimination was also noted in a 2013 study by the U.S. Department of Housing & Urban Development (HUD), *An Estimate of Housing Discrimination against Same-Sex Couples*, which found that same-sex couples are far less likely to receive favorable responses to e-mail inquiries for electronically advertised housing rentals.

The data from these studies, combined with reports by SAGE constituents, shows the pervasive challenges that LGBT older people face when trying to find appropriate housing. One need look no further than the case of Mary Walsh and Bev Nance, who in 2016 faced blatant discrimination when applying to live at Friendship Village, an elder community in St. Louis, Missouri. The facility denied them housing, saying that Mary and Bev's marriage did not comport with Friendship Village's biblical view of marriage.

Yet despite these stories and these statistics, many LGBT older people have no recourse to address their experienced discrimination. In a majority of states in this country, LGBT people – including vulnerable LGBT elders – are not protected from discrimination based on their sexual orientation and/or gender identity.

The data shows the pervasive nature of the challenges faced by LGBT older people in need of housing and helps explain why 44% of LGBT older people who responded to SAGE and Harris Poll's 2014 national market study indicated that they were "somewhat or very interested" in living in housing specifically designed for LGBT older people. LGBT older people need – and deserve – better access to LGBT-affirming housing, care, and supportive services. Yet very few programs are designed to address their unique needs.

This housing crisis among LGBT older people will only deepen. Despite the growing LGBT elder population, there are less than a thousand units of affordable housing nationwide that are built or being built that are specifically LGBT-welcoming, and developed to respond to the unique needs of LGBT older people. As such, the vast majority of LGBT older people who need elder housing in

¹⁴ Corporation for Supportive Housing (July 2014). Housing is the Best Medicine Supportive Housing and the Social Determinants of Health.

¹⁵ Henwood, BF, Cabassa LJ, Craig CM, Padgett DK. (December 2013). Permanent Supportive Housing: Addressing Homelessness and Health Disparities? American Journal of Public Health; Vol. 103 Supplement 2:S188-92.

their later years live in mainstream housing communities that, more often than not, are not equipped to appropriately care for LGBT populations. As a result, many LGBT older people are forced back into the closet in their golden years. We must ensure that they can be out and still get the services they need to remain independent.

Greatest Social Need Designation

Based on the challenges outlined above, and now with the COVID pandemic upon us, it's now more important than ever to ensure that LGBT older people and older people living with HIV do not fall through the cracks of the aging network. It's more important than ever to bridge the divide between the greater need for aging services and supports and the lower rate at which these populations access them. Doing so not only improves the lives of these populations, but we believe it would help the state save money as well. Everyone benefits when older people can age-in-place, live in their homes, and stay out of long-term care settings with taxpayers footing the bill. We believe that the easiest, and most impactful way for you to accomplish this is to include LGBT older people and older people living with HIV as greatest social needs populations in HR.611.

There is not only clear federal guidance that gives Vermont permission to do this, but there is precedent from a number of states as well. Furthermore, the Congressional Budget Office (CBO) has determined that legislation making this designation for LGBT older people at the federal level would not cost any money. CBO scored the bill that would do this as "zero."

The Permission

In 2012, the federal Administration for Community Living (ACL), which administers the Older Americans Act (OAA), declared that the groups delineated by Congress as greatest social needs populations effectively sets a floor, not a ceiling, and that states have the discretion to consider other populations, like LGBT older people, as greatest social needs populations.

Here's the actual language that can be found on the ACL website under the FAQ for the OAA:

Does the Older Americans allow communities to target funds to populations they identify as experiencing cultural, social or geographic isolation other than isolation caused by racial or ethnic status?

While the definition of "greatest social need" in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural social or geographic isolation due to other factors. In some communities, such isolation may be caused by minority religious affiliation. In others, isolation due to sexual orientation or gender identity may restrict a person's ability to perform normal daily tasks or live independently. Each planning and service area must assess their particular environment to determine those populations best targeted based on "greatest social need".

The guidance can be found here, by scrolling down to the "targeting" section:

<https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act>

The Precedent

The Secretary of the Massachusetts Office of Elder Affairs designated LGBT older people a population of greatest social need nearly ten years ago, in 2012, shortly after ACL released the above guidance. California followed the lead of Massachusetts, legislatively designating LGBT older people a greatest social needs population. Most recently, Illinois Governor Jay Pritzker signed a law designating LGBT older people and older people living with HIV as greatest social needs populations in Illinois. Vermont would not be the first state to make this designation, and it should not be the last.

Conclusion

The challenges LGBT older people face are daunting. We at SAGE cannot address them alone. Thankfully, we have partners in every state, in big and small cities and rural communities across the country, and here in Vermont. We look to the Legislature as a partner in ensuring that LGBT older people and older people living with HIV in Vermont are not left behind. We ask the Legislature to stand-up in solidarity with these at-risk populations. LGBT elders, who launched the modern LGBT civil rights movement 50 years ago with the Stonewall uprising, and older long-term survivors who fought and survived a plague nearly 40 years ago, deserve to age on an equal footing with their fellow older Vermonters. They need the support of the Legislature to do so. Please do not hesitate to contact me at atax@sageusa.org should you have any questions.

Reports:

- SAGE/ERC Report: https://equalrightscenter.org/wp-content/uploads/senior_housing_report.pdf
- Out and Visible: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf>
- Maintaining Dignity: https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2018/maintaining-dignity-lgbt.doi.10.26419%252Fres.00217.001.pdf
- Justice in Aging Study: <https://www.justiceinaging.org.customers.tigertech.net/wp-content/uploads/2015/06/Stories-from-the-Field.pdf>
- MAP Report: <http://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adults>
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