

# AgingToday

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## Act now! OAA reauthorization *must* include services for LGBT elders

By **Robert Espinoza**

**T**he Older Americans Act (OAA), the country's main vehicle for delivering services to older people, provides more than \$2 billion annually in nutrition and social services. Since its enactment in 1965, the OAA's aim has been to ensure that older people have the supports they need to age in good health and with broad community support. Its services target vulnerable elders who face multiple barriers that aggravate economic insecurity, social isolation and health challenges related to aging.

Yet lesbian, gay, bisexual and transgender (LGBT) older people are invisible in this landmark law. As the OAA comes up for reauthorization, and as millions of LGBT people reach retirement age, Congress should ensure the OAA supports all elders: LGBT older adults should be written into the framework of the Older Americans Act. One obstacle facing all aging Americans is the risk of social isolation. Literature on social isolation—detailed in the book by Ilene Morof Lubkin and Pamala Larson, *Chronic Illness: Impact and Interventions* (Jones & Bartlett Learning, 2009)—generally reasons that as adults near retirement age, they may become isolated from broader communities (e.g., places of worship, work settings), as well as from friends and family. This phenomenon means smaller and lower-quality support networks, debilitating feelings of loneliness and depression and, at its worst, an estranged life with deteriorating physical and mental health.

### **Hitting the Wall of Isolation**

For LGBT older people, the risk of social isolation is even more pronounced. *Improving the Lives of LGBT Older Adults*, a report released in 2010 by SAGE (Services and Advocacy for GBLT Elders) and the Movement Advancement Project ([www.lgbtagingcenter.org/resources/resource.cfm?r=16](http://www.lgbtagingcenter.org/resources/resource.cfm?r=16)), cites local-level studies showing how LGBT elders have smaller support networks, and are more likely to be single, without children and estranged from their biological families. A smaller support network can increase a person's risk for exploitation, abuse and neglect.

Researchers also have found severe health risks among LGBT older people that can aggravate social isolation. A 2011 federally funded health study of more than 2,500 LGBT elders—*The Aging and Health Report: Disparities and Resilience among LGBT Older Adults* ([caringandaging.org/docs/](http://caringandaging.org/docs/)

*Prelimin\_Findings\_Report\_FINAL.pdf*), led by Dr. Karen Fredriksen-Goldsen—found significant disparities in physical and mental distress, disability, victimization and lack of access to supportive aging and health services. Moreover, the stigma and discrimination many LGBT elders have experienced across the lifespan continue into their later years; many live in settings where LGBT discrimination and bias are routine and legal. Fearful of mistreatment by healthcare professionals and aging network providers, many LGBT elders delay seeking care until crisis hits. These compounding effects of social isolation, poor health and well-being, stigma and discrimination create an oppressive, potentially degenerative loop that few LGBT elders can escape.

### **Programs Sparse, Research Meager**

LGBT-inclusive aging services help offset these issues by providing spaces for LGBT elders to find community and support—but such programs are sparse and underfunded. A 2010 nationwide survey of 320 area agencies and state units on aging found that less than 8 percent offered services targeted to LGBT older adults, and only 12 percent reported outreach efforts to this population (*n4a.org/pdf/ReadyToServe1.pdf*). Beyond that, it's unclear how effectively LGBT elders are being served, because aging providers rarely track efficacy with this cohort.

Similarly, empirical research on LGBT elders remains meager and should be deepened—an overarching conclusion reached by the Institute of Medicine's 2011 report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (*iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx*).

The OAA has made great strides in supporting other minority elders. For example, the OAA's definition of "greatest social need" accounts for elders who face cultural, social or geographic-isolation barriers related to race and ethnicity. And over the years, the Administration on Aging (AOA)—an agency established by the OAA—has helped translate this mandate by funding programs benefiting a range of minority elders, including specific communities of color. The AOA has recognized the unique needs of LGBT elders by funding, for the first time, the National Resource Center on LGBT Aging, which in February 2010 was seeded with a three-year grant from the U.S. Department of Health and Human Services. Yet while racial and ethnic status are codified in the OAA, sexual orientation and gender identity are not.

### **Making It Right**

Congress can begin rectifying this problem through OAA reauthorization, which has modernized the OAA so that it remains responsive to ever-changing demographics, such as the increase in communities of color. First, the OAA should specify LGBT older adults as a vulnerable population with the greatest economic and social need. And Congress should also permanently establish funding for the National Resource Center on LGBT Aging to ensure cultural competence training for aging providers for generations to come. Finally, Congress should propose solutions in the OAA for improving data collection on LGBT elders among state and area agencies on aging, as well as fund research and grants for organizations working to improve LGBT health, long-term-care needs and access to culturally responsive services.

In April 2011, the Leadership Council of Aging Organizations approved these (and other) recommendations in its official consensus document for OAA reauthorization. In doing so, our country's leading aging organizations affirmed that LGBT older people deserve federal attention.

The aging network has spoken—Congress should respond accordingly. ■

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