

INFORMATIONAL HEARING

Faces of Aging: Aging and the Lesbian, Gay, Bisexual and Transgender Community June 10, 2014

California's demographics are changing quickly, both in terms of age and diversity. The "Faces of Aging" hearing series focuses on specific population groups whose care into the future will require a wide range of cultural competencies. "Aging and the Lesbian, Gay, Bisexual and Transgender (LGBT) Community" is the fifth installment of the Faces of Aging Series.

California has the largest population of people age 65 and older (65+) of any other state, currently hovering near 5 million, out of a total of 38.3 million. Our 65+ population is projected to nearly double from 4.27 million in 2010 to 8.37 million in 2030, then increase to roughly 10 million in 2040. By then, the 75-84 age group, or "mature retirees," will more than double from 1.37 million to 2.81 million, while "young retirees," those 65-74 years of age will grow by 96 percent, and "seniors," those 85 years of age and older, will grow by over 50 percent from 606,333 to 993,496, according to recent updates from the California Department of Finance's Demographic Research Unit.ⁱ In 2040, population projections place the 65+ population at more than one-in-five of 47 million Californians. With longevity increasing, the greatest growth will be among those 85 and older.

As California's population ages, it is becoming more culturally diverse. Because of the state's proximity to the pacific-rim and the complex mix of industries, arts, and cultures, California benefits from both ancient and modern migration patterns. California enjoys a rich cross-section of cultures and customs which contribute to a unique fabric-of-life, while simultaneously challenging institutions to efficiently meet the service needs of that rich

diversity with respect, dignity and clinical relevance. More than 40 percent of today's baby boomers (those born 1946 – 1964) are African American, Latino, or Asian, and one-third were born outside of the United States. The continued emergence and recognition of the LGBT community in mainstream society offers an additional lens through which public health and social services may be more accurately designed and evaluated.

Today, approximately 861,000 Californians, including about 106,000 same-sex couples, identify as Lesbian, Gay, or Bisexual, representing about 3.2 percent of the adult population.ⁱⁱ The transgender, transsexual, or "gender non-conforming"ⁱⁱⁱ populations are considerably smaller and precise measurements of representation within the general population, as well as definitions, are being developed. What is available is documentation of common life-experiences: injustice, health disparities, stigma, and inequality; data which have prompted some governmental institutions and private companies to include gender identity and gender expression in their institutional or workplace nondiscrimination policies. Seven of Fortune Magazine's top-ten companies prohibit discrimination based on gender identity and 57 percent of all Fortune 500 companies prohibit gender identity discrimination.^{iv} Nonetheless, even as data suggests that 9-in-10 gender non-conforming people report employment discrimination, congress has failed to enact a federal employment non-discrimination policy. Throughout the body of research on LGBT people, some data sets do not necessarily offer reliable observations that include non-conforming gender people's representation, so throughout this document, the represented population may be referred alternatingly as LGB, or LGBT.

National, state and local governments have taken notice of the need for specific competencies to plan, and evaluate aging LGBT community needs. According to Riverside County's Department of Public Health, the LGBT community has historically been poorly evaluated by many social service agencies, including public health departments^v. Challenged by a lack of useful data and specific experiences and concerns, a full and objective assessment of health disparities is desperately needed. Charles Gonzales, MD, Assistant Clinical Professor Family Medicine at the University of California at Riverside reports striking disparities within the LGBT community which include LGBT youth smoking rates, a lifestyle choice which greatly influences wellness and independence late in life, twice that of their peers, and domestic violence rates which can exceed three-times that of straight peers in Riverside County. A recent City and County of San Francisco, Human Rights Commission's report; "LGBT Aging at the Golden Gate," cites a lack of adequate planning for the arrival of an open and out LGBT senior cohort. The prospects of compromising one's hard-fought personal dignity and freedom in order to obtain necessary supports to remain independent run afoul of the Commission's, and the City's commitment to justice and equity. As the population faces the likelihood of increased dependency upon

long-term supports and services as they age, awareness has emerged that existing data does not support the development of effective policies and efficient programs to meet LGBT consumers' needs. San Francisco's Human Rights Commission has prioritized improved data as key to improved services. The lack of data to better understand specific characteristics of aging LGBT people, or the extent of community ageism, or the incidence of isolation along with a long, familiar history with HIV/AIDS complicates good stewardship of public resources. The lack of data fails to adequately inform public health and public social service administrators. This leads to decisions about resource deployment that may run counter to policy objectives.

HealthyPeople.Gov, a federal government web site managed by the U.S. Department of Health and Human Services cites research which shows that LGBT people are confronted with health disparities which are linked to social stigma and discrimination. Discrimination has been found to be associated with increased rates of mental/wellness disorders, substance abuse, and suicide. Violence and victimization are frequent and have long-lasting effects. For the aging LGBT person, the website describes oppressive and discriminatory social determinants that affect their health: legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits; a lack of social programs targeted to and/or appropriate for LGBT elders; and a shortage of health care providers who are knowledgeable and culturally competent in LGBT service-seeking individuals and family expectations.

Demographics:

According to research from UCLA's Williams Institute, data from the California Health Interview Survey and the 2005/6 American Community Survey conducted by the U.S. Census Bureau shows that the number of LGB same-sex couples in California exceeds the national average of about 3.2 percent in 22 counties. The City and County of San Francisco's population is 14 percent LGB. North and central coastal regions, Sacramento, Santa Clara, Alameda, Los Angeles and Butte counties all enjoy LGB community populations in excess of the national average. LGB people are more likely to live in urban settings, thus increasing their concentrations in cities. More than 52,000 children are being raised in same sex households; one-third of female same-sex couples are raising at least one child, as are almost a fifth of male same sex couples.

The LGB community may not reflect the same depth of diversity as the general population. Among LGB people, Asian/Pacific Islanders account for 7 percent of people in same-sex couples, though 15 percent in different-sex couples. Latinos make-up 24 percent of same-sex couples (23 percent of those uncoupled) in California, while their different-sex counterparts make-up 29 percent of the state's population (33 percent of those

uncoupled). 3 percent of Californians in same-sex relationships identify as African Americans, as opposed to 4 percent in straight relationships. Whites account for 63 percent of the people in same-sex relationships compared to 51 percent of different-sex relationships. For policy makers, these data variations are critical to understand due to the amount of informal care provided in California. Understanding the limitations and the capacity of spouses, partners, children, and friends of elders is essential. It is critical to understand how best to support an LGBT elder who may be strategizing to maintain dignity, independence, and engagement in community-life, while avoiding dependency upon publicly financed social and health, and other long-term supports and services.

Economic Well-Being:

The economic well-being of the LGB community may provide instruction on future service needs. Though LGB education rates are higher than straight counterparts, and employment rates are higher, incomes are lower among individual LGB men than their straight counterparts, though higher among LGB women than their straight counterparts. Household incomes are higher among LGB people than straight counterparts likely reflecting smaller families, though home ownership is lower as well. And although straight and LGB adults depend upon partners in similar ways, the likelihood of one partner being elder (65+) is about twice that among LGB people (17 percent) compared to straight couples (9 percent).

Health and Wellness:

The Center of Health Policy Research at UCLA indicates a need for programs targeted to the specific needs of aging LGB adults, and for LGB-specific programs to increase attention to the chronic conditions that are common among all older adults. California Health Interview Surveys from the mid-2000's show that aging LGB adults exhibit higher rates of diabetes, hypertension, poor mental health, physical and disability compared to similar aging heterosexual adults. Health differences are most common for men. Psychological Distress Symptoms^{vi} are 1.45 times higher among gay men compared to heterosexual counterparts, and 1.35 times higher among lesbians compared to their heterosexual counterparts. Physical Disability is described as 1.24 times higher among gay men, compared to straight men, and 1.32 times higher among lesbians compared to their straight female counterparts. "Fair/Poor" health status is reported 1.50 times higher among gay men compared with straight men, and 1.26 times higher among lesbians compared to straight women. As the number of LGB elders increase, it is advisable that health promotion and treatment for older LGB people address the same chronic conditions that affect older adults generally, yet accommodate the aging LGB adults' social and cultural characteristics and life experiences. Increasing cultural competency among health care providers is a step toward improved quality of care.^{vii}

Alzheimer's:

The Alzheimer's Association, the world's leading voluntary health organization in Alzheimer's care, support and research, extends specific insights and strategies for LGBT caregivers. To achieve its mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health, the association explains that many lesbian, gay, bisexual and transgender (LGBT) people have experienced difficult and alienating relationships. Alienation from family, friends, employers and service providers encourage "closeting" behavior as LGBT community members try to distance themselves from discriminating and prejudiced situations. Yet, the Alzheimer's Association finds that LGBT people are more likely to become caregivers for a partner, friend or biological family member which is why they reach-out inclusively and participate locally in developing improved caregiving options.

Recent and Related Legislation:

AB 868 (Ammiano: Chapter 300, Statutes of 2013) -- Requires that the Judicial Council establish training programs for judges and others who perform duties in family law matters, on the effects of gender identity and sexual orientation in family law proceedings. This bill also requires the Judicial Council to create training standards on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender (LGBT) youth for counsel in juvenile court and appointed special advocates (CASAs).

AB 663 (Gomez: Chapter 675, Statutes of 2013) Requires lesbian, gay, bi-sexual and transgender cultural training for administrators of Adult Residential Facilities (ARFs), Residential Care Facilities for the Elderly (RCFE) and Long-Term Care Ombudsman on cultural competencies and sensitivities toward the needs of lesbian, gay, bisexual, and transgender people.

SB 747 (Kehoe: Vetoed in 2012) – would have required physicians and surgeons, registered nurses, licensed vocational nurses, psychologists, psychiatric technicians, marriage and family therapists, and clinical social workers, to take at least one continuing education course that provides instruction on cultural competency, sensitivity, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender persons (LGBT).

ⁱ <http://www.dof.ca.gov/research/demographic/reports/projections/P-1/>

ⁱⁱ The Williams Institute Census Snapshot: "California Lesbian, Gay, Bisexual Population, 2008"

ⁱⁱⁱ Other self-identifying terms include "genderqueer," "third-gender," "two-spirit," "transdyke," "mahuwahine," "FTX," "boi," "cross-dresser," "androgynous," "questioning," "stud," "both-neither," "princess" and "bender," Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

^{iv} The Human Rights Campaign: <http://www.hrc.org/resources/entry/lgbt-equality-at-the-fortune-500>

^v "LGBT Health and Wellness Profile" County of Riverside, Department of Public Health, 2014.

^{vi} (Kessler Score >6)

^{vii} The Health of Aging Lesbian, Gay and Bisexual Adults in California; Steven P. Wallace, Susan D. Cochran, Eva M. Durazo, Chandra L. Ford. Published in final edited form as: Policy Brief UCLA Cent Health Policy Res. 2011 March