

LGBT AGING 2025:

Strategies for Achieving a Healthy and Thriving LGBT Older Adult Community in Massachusetts

 THE FENWAY INSTITUTE



Executive Summary/Introduction

Massachusetts has been a leader on issues of LGBTQ+ equality. We have led the nation in political and legal advocacy, in services for LGBTQ+ people and for people living with or at risk for HIV, and in research.¹ This project, “LGBT Aging 2025: Strategies for Achieving a Healthy and Thriving LGBT Older Adult Community in Massachusetts,” is a visioning project, funded by the Equality Fund at the Boston Foundation, that seeks to answer this question:

If we want to have a thriving, happy and healthy LGBT older adult community in Massachusetts in 2025, what changes in services, health care, and policy should we make now?

We² seek to answer this question through two approaches. First, we conducted a series of nine listening sessions across the Commonwealth, five in-person and then four virtual sessions in response to the COVID-19 pandemic. Some coincided with listening sessions convened by the Massachusetts Special Legislative Commission on Lesbian, Gay, Bisexual and Transgender Aging and the LGBT Aging Project. Others were held at monthly or quarterly congregate meal programs for LGBT³ older adults and their friends, and several of the virtual sessions were LGBT older adult support groups that went virtual after the onset of the novel coronavirus pandemic.

Second, we also looked at data from the 2016, 2017 and 2018 Behavioral Risk Factor Surveillance System survey, generously analyzed and provided to us by colleagues at the Massachusetts Department of Public Health. In addition, we reviewed elder services client data from 2017 to 2019 provided by the Executive Office of Elder Affairs. (We acknowledge these colleagues and others who helped with this research project at the end of this report.)

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1. Cahill S, Geffen S, Vance A, Wang T, Barrera J (2018, May). Equality and equity: Advancing the LGBT community in Massachusetts. Boston: The Boston Foundation (Boston Indicators Project) and The Fenway Institute. Pages 6-7. <https://www.bostonindicators.org/reports/report-website-pages/lgbt-report>
 2. Sean Cahill, Tim Wang, and Lisa Krinsky worked on this project. Sean Cahill wrote this report.
 3. Many LGBT older adults prefer the acronym LGBT, and do not like the term “queer,” which they associate with experiences of discrimination and prejudice. When describing LGBT older adults we use the term LGBT.

Key themes that came up in the listening sessions were:

- Strong anti-LGBT prejudice in rural Massachusetts, and from age peers across the Commonwealth
- Social isolation and lack of connection
- Mental health needs specific to social isolation during the COVID-19 pandemic
- The need for ongoing services and mental health care for LGBT widows and widowers, especially those on the Cape and in other rural areas
- The need for social activities that create a sense of community and belonging
- Transportation needs, especially in rural Massachusetts
- Anti-LGBT discrimination in assisted living
- Gender-based sexual harassment (deliberate, repeated misgendering of cisgender lesbian women) in businesses and health care facilities in the Berkshires
- The centrality of trauma in people's lives
- The need to address racism within the LGBT community
- A dearth of LGBT-competent and -affirming health care in rural Massachusetts
- Struggling to pay for health care
- Economic hardship in general
- The need for help with insurance options when you reach age 65
- HIV-specific concerns
- The need for LGBT-friendly elder housing
- The need for targeted support groups and services
- The need for assistance with end-of-life planning
- The need for help navigating the health care system
- The need for hardware (computers, tablets), internet access, and technical assistance to isolated, low-income LGBT elders so that they can access virtual support groups and other services during the COVID-19 pandemic

"The senior population is very prejudiced against gay people."

Key findings from the BRFSS data include the following statistically significant differences between LGBT people 50-75 and straight, cisgender people 50-75:

- LGBT elders reported higher rates of fair/poor overall health, and
- Were nearly twice as likely to report ever having been diagnosed with a depressive disorder,
- Were about as likely to be a veteran and to have children in the household, and were
- More likely to have four or more years of college education
- More likely to rent and less likely to own their home
- More likely to report difficulty paying for housing or food in past year
- More likely to report serious difficulty concentrating, remembering or making decisions
- Were nearly twice as likely to fall and be injured in past year
- Reported four times the rate of suicidal thoughts in past year
- Reported three times the rate of lifetime sexual violence victimization

Also, lesbian and bisexual women were more likely to be obese and less likely to be of normal weight than heterosexual women in Massachusetts.

Some 4.5% of adults age 55 to 64 in Massachusetts identified as LGB or “other” sexual orientation, or transgender (LGBT), as did 3.0% of 65-74 year olds and 2.7% of those age 75 and older. There were relatively higher reported concentrations of LGBT people living in Hampshire, Hampden, Middlesex, Suffolk, and Barnstable Counties. Still, it is important to note that LGBT people live in all parts of the Commonwealth, including in rural and suburban areas as well as cities and towns.

Three percent of 65-74 year olds in Massachusetts, and 2.7% of those 75 and older, identified as LGBT.

The Executive Office of Elder Affairs shared data on the sexual orientation and gender identity (SOGI) of older adults accessing elder services from mid-2017 to mid-2019. EOEA asks SOGI questions when collecting two kinds of data: Information and Referral Assessment Data (I&R), and Complete Data Set Assessment Data (CDS). The I&R data are collected at initial point of contact, most often from a referring party (social worker, health care provider, family member). A referring party may or may not know the sexual orientation or gender identity of the older adult, or may know the individual's SOGI but not know if the older adult would want that information reported. The CDS data are based on the face to face assessment interview with the older adult herself, himself, or themselves. That older adult may or may not feel safe honestly answering the sexual orientation and gender identity questions at a first meeting.

EOEA's CDS data indicate that 0.8% of elder service clients identify as LGB, and 0.1% identify as transgender. This combined 0.9% who identify as LGBT is far less than the 2.7% of Massachusetts residents age 75 or older who identify as LGBT, according to the 2016-2018 Behavioral Risk Factor Surveillance System survey (BRFSS).

Recommendations

Recommendations address a number of key concerns raised in the listening sessions and by the Mass. DPH and EOEA data:

- Prevent anti-LGBT discrimination and harassment and enforce state and federal laws
- Provide ongoing clinical support for LGBT widows and widowers to address unmet mental health needs
- Expand support for trauma-informed approaches to care for LGBT older adults
- Fund programming to reduce social isolation and provide accessible socialization opportunities to LGBT older adults
- Creatively address unmet transportation needs
- Address structural racism, including racism within the LGBT community
- Reduce the dearth of LGBT competent health care in rural Massachusetts
- Provide assistance navigating Medicare insurance options and the health care system
- Address income challenges, including food and rent insecurity, and promote home ownership among LGBT people
- Create more LGBT-friendly senior housing across the Commonwealth
- Allow HIV-positive individuals younger than 60 to access home care services
- Assist with end-of-life planning and increase research on end-of-life issues among LGBT older adults
- Provide hardware, internet access, and TA to help LGBT older adults access telehealth and online support services
- Target fall prevention efforts at LGBT older adults
- Implement obesity prevention and treatment interventions with older sexual minority women
- Collect and report sexual orientation and gender identity (SOGI) data in the COVID-19 pandemic
- Improve EOEA SOGI data collection by addressing concerns LGBT older adults have of disclosing their SOGI and being “out” as an LGBT elder receiving elder services



Methodology

First, we conducted in-person listening sessions, many of them in partnership with the statewide LGBT Aging Commission, in five locations across the Commonwealth from June 2019 to February 2020: Barnstable, Pittsfield, Boston, Worcester, and Salem. When the novel coronavirus pandemic hit, we shifted to virtual listening sessions, which we held through online meetings with groups of LGBT elders in Boston, Framingham, Greenfield, and the group LGBT Elders of Color, based in Boston but including individuals from across eastern Massachusetts.

In addition, colleagues at the Massachusetts Department of Public Health provided data from the 2016-2018 Behavioral Risk Factor Surveillance System survey comparing LGBT people age 50 to 75 to heterosexual, cisgender people in the same age cohort. We also analyzed data from SOGI questions provided by the Executive Office of Elder Affairs, which are a component of the agency's Information and Referral assessment and from its Comprehensive Data Set assessment.

Fenway Institute researchers presented preliminary qualitative and quantitative data from the listening sessions and the BRFSS data and received preliminary feedback at a Boston Foundation site visit to Ethos in Jamaica Plain in February 2020, and to two LGBT Aging Commission meetings in March and June 2020, one in-person and one virtual. We incorporated some of this feedback into the recommendations. The recommendations are those of the author and not of the Boston Foundation or the Massachusetts Special Legislative Commission on LGBT Aging.

Key themes from nine community listening sessions held across Massachusetts

Issues raised at the listening sessions are described and synthesized here. We do not identify the speakers, although we may mention if they were an LGBT older adult or a service provider to this population.

Strong anti-LGBT prejudice in rural Massachusetts, and from age peers across the Commonwealth

The senior population is very prejudiced against gay people. You hear straight elderly people using disparaging words

"People think of the Cape and they think of Provincetown," said a man at the Barnstable listening session. "But the rest of the Cape is not like that. You never see a rainbow flag around here. I love living here, and it's beautiful, but it still feels a little underground." Barnstable listening session participants described most of Cape Cod as rural and socially conservative. They also noted that the Cape's population was disproportionately elderly compared to the rest of Massachusetts.

A similar sentiment was expressed by a Pittsfield participant:

We moved here three years ago and were shocked at the amount of homophobia and transphobia in the Berkshires...the social conservatism of the Berkshires is frightening actually. It's not a good feeling being dependent on hostile services. Berkshire Medical Center is passively homophobic. They say that there is not enough of a population for them to have an endocrinologist. There are passive homophobes on the [Pittsfield] City Council who struggled last year to affirm transgender equality. It's puzzling because without the LGBT community the cultural offerings wouldn't be happening, whether it's Tanglewood or Jacob's Pillow.

A gay man who is a Vietnam Veteran told the Pittsfield listening session, "The Commonwealth has two parts, the eastern seaboard and the 'nether lands' of the west."

"The term 'microaggression' doesn't begin to describe what we live with on a daily basis," said another Pittsfield participant. "There's no enforcement. There are not a lot of options here. We have to survive in a small community. We can't make too much of a fuss. We're defenseless basically and we have nowhere to hide. That's an extreme picture but that's what we are up against."

A Salem listening session participant said, "The senior population is very prejudiced against gay people. You hear straight elderly people using disparaging words about gay people."

One gay man at the Salem listening session lives in senior housing in Newburyport. He made the mistake of telling someone his sexual orientation (he has a male partner). "I get insults like you wouldn't believe: 'What are you doing, queer?' 'Cocksucker!' Younger people [with disabilities] are coming into the senior housing and the insults are getting worse. I tried to talk to the manager about it, but she's always busy."

During the Rainbow Elders online listening session from north central and western Massachusetts, one participant said, "In the Berkshires some of the senior centers in the small hill towns will not post information on LGBT senior activities. There's still a lot of homophobia and social conservatism," he said. "We give them a flyer and then it disappears."

One participant in the LGBT Elders of Color virtual listening session said that "there's a lot of cliques in senior centers, and it can be intimidating to mix with others who may not be very accepting."

Prejudice exists within the gay community as well. A transgender man at the Salem listening session said that there was "a need for outreach to the LGB community about trans people. Even gay people think we're scary...We are not aliens. We have human DNA!" he said.

Social isolation and lack of connection

"The more 'out' we got and the more free we got the less community we have, which is weird... There's no central hub."

LGBT older adults on Cape Cod and in north central and western Massachusetts described a strong sense of social isolation. "We are dispersed" on the Cape, said one woman, "There are pockets of us everywhere."

An elder service provider on Cape Cod recommended "a friendly visitor program for isolated LGBT seniors on the Cape." Another participant recommended training real estate brokers in how to serve LGBT clients, including being honest with them about the climate in their area and local LGBT-friendly services.

Listening session participants who are living with HIV noted a high degree of social isolation: "In some ways we're more disconnected now than we were at the beginning of the AIDS epidemic because then we would see posters," said one Boston participant.

"I came here [to Worcester] after my partner died hoping to find women friends to hang out with," said one woman, "but I couldn't find anyone. Instead now I go to Rhode Island for that."

Another Worcester participant said:

There's a ton of gay people, but there's no community anymore. The one gay bar we have caters more to the younger crowd. There used to be a coffee shop that we used to go to, but he got forced out because of rising rent. I belong to a couple of [gay/LGBT] online grief groups, and people say this is happening around the world. The more 'out' we got and the more free we got the less community we have, which is weird...There's no central hub. You used to have bookstores.

"There are people who don't have their own car and they are very isolated," said another Worcester participant.

"I live in a 55+ community. As far as I know I'm the only gay person," said a Worcester listening session participant. "If there are others it's unbeknownst to me."

There was no LGBT-friendly congregate meal program in Berkshire County at the time of the Pittsfield listening session (September 2019). "Rainbow Seniors in Williamstown has a potluck," said one participant.

"We need a friendly visitor program to visit shut-ins," said one Salem listening session participant. "A phone call to make the person know you care about them. When you live in high rise buildings, why don't people knock on the door and check on their neighbors?"

Once the COVID-19 pandemic hit, many LGBT elders felt even more isolated. One woman participating in the Pathways Virtual Coffee Hour said, "The isolation has been tough. I live alone. I'm a widow. She passed around 5 years ago. It's been hard but it's even harder at this time."

One participant in the Rainbow Elders online support group from north central Massachusetts described the dearth of LGBT supportive services and health care in that region: "We need more Rainbow Elders groups throughout Massachusetts. Where I live it's one and a half hours to Greenfield or one hour to Worcester...It's 45 minutes to the nearest health center or hospital. By the time I get there, I'm dead."

Mental health needs specific to social isolation during the COVID-19 pandemic

Participants in the LGBT Aging Project's Online Drop-In Group highlighted "mental health issues" as an acute need. "People are starting to get really depressed" said one participant. The listening session was held May 11, 2020, about two months into the COVID-19 pandemic. Participants spoke of the need to have routines and structure in one's day, especially for those who are retired. "It's important to have some kind of a schedule in your life..." said one man. "Go to bed and wake up at the same time...When you wake up in the morning make your bed."

This man spoke of the need for a daily check-in. He referred to daily phone calls from friends and daily emails from the Somerville Council on Aging that had emotional and exercise tips. "I find that very helpful," he said.

One participant in the LGBT Elders of Color virtual listening session said that older adults need help "dealing with fear." She described tools and resources that she uses to help people deal with fear. "Talking to someone else can help. Reading books."

The need for ongoing services and mental health care for LGBT widows and widowers, especially those on the Cape and in other rural areas

An important unmet need for LGBT older adults on Cape Cod and elsewhere is grief care, or bereavement groups. "People who are left need care," said one widow. "Not just support groups. People need more. They need help with anxiety, depression, PTSD. This is a hidden epidemic. For every three who show up to a group there are 30 more out there [not accessing services]. The people left behind don't know what to do. They don't know what hit them." This woman described experiencing medical and financial challenges after losing her wife, and changes in her sense of identity.

"They need grief care support groups with people who went through this years ago. They need them on Cape Cod on an ongoing basis, so people know when they are going to be held," she said. "A tsunami of grief is coming."



"We need money for bereavement and caregiver groups, and funding to pay for a therapist to run the groups," said one Cape Cod elder service provider.

One problem is that some grief counseling groups are religious, and can be unwelcoming to LGBT people. "We need secular grief counseling," said the widow.

Worcester participants agreed: "We should have some kind of [LGBT-friendly] grief group, but there's none anywhere. People say you can just go to any grief group, but it's not the same. So I just go to a therapist once a week."

The need for social activities that create a sense of community and belonging

"There's a real need for housing and socialization for LGBT older adults," said a participant in the Boston listening session. "As I get older, the community is farther and farther away from me. There's a big gap in the older queer community...Elders are looking for things to do and places to be."

Another Boston participant said, "I wish there were a program for the gay community to be more welcoming. It's hostile, it's unforgiving," he said. "I've been in this community for 50 years. I'm astonished at how exclusive it is."

Worcester listening session participants called for group activities involving recreation, exercise, fencing, going on field trips, for example into Boston or to a museum. "I can find a million things to do, but who do I do them with?" said one participant.

One Worcester participant said that she would like to take free, non-credit classes at a local university, but wanted help with registration, directions for where to park and where to find the classroom. "It's too stressful to fill out the application, find the building, find parking," she said.

"People are interested in getting together and sharing their stories together," said a Greenfield-based elder activist. "Social interaction is important—potluck dinners...support groups. Some widows and widowers don't know how to go out and meet people."



"This [a monthly LGBT congregate meal at the House of Seven Gables] is the only LGBT thing to do in Salem besides Pride in June," said a Salem participant. "The Salem Senior Center has no LGBT programming. We don't have anything else to do."

Listening session participants said that senior centers should make it easier for LGBT older adults to tap into the LGBT elder services network. "I had to search hard to find Rainbow Elders," said one woman. "Senior centers should have a handout with information about LGBT elder services and socializing opportunities," she said. Another Rainbow Elder participant recommended that every Council on Aging have one LGBT person on its board of directors; several others agreed that that is a good idea.

Transportation needs, especially in rural Massachusetts

Cape Cod residents described needing to get to Boston for specialized medical care: "People need to get to Boston if they have serious cancer. They need a ride," said one elder service provider there.

Berkshire County residents said that public transportation was limited, and that bus lines generally "run up and down the county," i.e. north-south, along Routes 7, 8 and 10. "They don't run east-west" so it's hard to get to Springfield or the Pioneer Valley. "We try to plan things around the bus schedule. We still have things where people are paying \$50 for an Uber to come to something, so transportation is huge...Bus hours end at 4:30, and there are no buses on Sunday."

Transportation concerns were not limited to rural Massachusetts. Several Worcester listening session participants described not wanting to drive after dark as a major barrier to socializing. The listening session was held December 11, 2019 at a congregate lunch program. For this reason, "Here in Worcester, it's difficult to get people out to anything. They just don't come."

Salem listening session participants described transportation as a major factor limiting social interaction among LGBT older adults on the North Shore of Boston. "The Ride doesn't go to many cities, then the ride shuts down, or it doesn't show up." Several participants described The Ride, a service of the MBTA, showing up late and only waiting a minute or two before leaving without the person who requested it. "The Ride always says, 'Somebody cancelled it,'" when this is not the case, one participant said. They described waiting outside their homes for more than an hour so as

not to miss The Ride when it arrived. They also complained about the cost and other obstacles to accessing it:

I was a companion for Greater Lynn Senior Services for 19 years. You take the ride and its \$5-6 each way. You're talking \$12 a day to get a \$2 meal. That adds up to \$60-\$80 a month and people can't afford it. That's everybody's gripe—all the money we pay for The Ride. Plus you have to call them three days before...and you have to go to Boston to qualify for The Ride.

Transportation needs were not limited to rural areas. Participants in the LGBT Elders of Color listening session, including residents of Boston, Falmouth, and other eastern Massachusetts cities and towns, called for transportation assistance to help elders get to medical appointments.

Experiencing discrimination in assisted living and other housing

One Cape Cod man describe a friend who is a Caribbean lesbian in her 90s who lives in assisted living. "I never leave my room," she told him. "When I go out into the hallway people turn and won't look me in the eye. It's a subtle thing."

This man called for reforms to make assisted living more LGBT-friendly and -affirming, similar to what we have done with schools through the Safe Schools Program and nondiscrimination laws. "And we have to look beyond trainings, etc.," he said. "We have to mandate free and open and inclusive requirements for assisted living centers and other congregate facilities."

One Boston listening session participant asked, "If I go into a nursing home living with HIV, gay and single, how would I be treated? There's going to be an onslaught soon" of people with HIV entering nursing homes, he said. "Are doctors in nursing homes familiar with HIV clients and with their medications?"

A Worcester participant described negative experiences in her condo complex: "If you live in a condo place, people can be very homophobic...It's very subtle. They are very standoffish. The neighbor has his dog crap in front of your door every day. It's very stressful."

Listening session participants also described an acute need for affordable housing for LGBT older adults. "I have a consumer, he's been living in his car for 10 years because he has nowhere to go," said one elder service provider participating in the Salem listening session.

A participant in the LGBT Elders of Color virtual listening session expressed concern about “when we go to nursing homes and need to return to the closet.”

Gender-based sexual harassment (deliberate, repeated misgendering of cisgender lesbian women) in businesses and health care facilities in the Berkshires

Two lesbians at the Pittsfield listening session described experiencing discrimination and harassment in several public settings and in the workplace.

One participant said:

I went to Berkshire Medical Center late one night last spring and filled out paperwork including my gender “female.” At the time I was wearing short hair, no bra, and a shirt and pants. I was in a lot of pain. The receptionist called me “sir,” and I corrected her. She continued to call me “sir” throughout the night although my name was clearly female. When I got a “what kind of service did you receive?” form two weeks later, I filled it in and got no response although I asked for one. The nearest other hospital is over an hour away, and I have not chosen to go to it although I remain uncomfortable about going to BMC.

Another participant related a similar experience. “Being misidentified and harassed in that way is very common and it is why we are fearful,” she said. She reported going up to a teller window at a local bank, and the teller asked her, “Sir, can I help you?” She told him she is a woman, and said, “Maybe you should just say, ‘May I help you?’” The following week she returned to the bank and a different teller did the same thing to her. The tellers laughed among themselves, like it was an inside joke. It happened a third time. She told the bank manager that they needed to train their staff about how to treat customers with respect. “This is illegal activity. I don’t have to put up with this,” she told the manager. She told the listening session participants, “I could have brought this to the Mass. human rights commission [the Massachusetts Commission Against Discrimination], but it would have taken years to get satisfaction. We need more money to go to MCAD because people can with impunity call us all kinds of things, and do.”

[Author’s note: Massachusetts law prohibits anti-LGBT discrimination in public accommodations, including hospitals and banks. Massachusetts and federal law prohibit anti-LGBT discrimination in employment. If you experience discrimination, write down all the details that you can remember, including date, time, location, description of the individuals involved, and exactly what was said and/or done, and do at least one of the following:

1. **Call the GLBTQ Advocates and Defenders helpline Monday-Friday 1:30-4:30pm at 800-455-GLAD (4523).**
2. **Call Massachusetts Attorney General Maura Healy (Civil Rights Division direct line: 617-963-2917) or file a complaint on their website at <https://www.mass.gov/contact-the-attorney-generals-office> (click on File a Complaint).**
3. **Call the Massachusetts Commission Against Discrimination at 617-994-6000 or file a complaint on their website at <https://www.mass.gov/file-a-complaint-of-discrimination>.**

The woman who experienced discriminatory sexual harassment at Berkshires Medical Center also described an experience of workplace discrimination:

I used to work at [blank], a local graphic arts company. I was told there [by a coworker] that I was “an abomination” because I am a lesbian. I asked Human Resources to speak to the graphic artist who said this and was told that he had a right to his religious beliefs. I spoke of the gun rack in his truck, his anger management problem, and his stated belief that “it may be okay to shoot abortion doctors.” I again asked HR to do something about this. They did not. I found a new job and left.

A participant in the Boston listening session called for “stronger enforcement of existing laws by EOEA and Mass. DPH, and the hiring of an ombudsman for the LGBT community.” This last recommendation was made by the statewide Special Legislative Commission on LGBT Aging in 2015, but has not yet been adopted by the state government.

The centrality of trauma in people’s lives

“I have a lot of trauma about systemic homophobia,” said one Cape Cod woman, “from growing up in a time when I was afraid for my life. That is still part of me as I am aging, and I am more susceptible to depression.” A Cape Cod man said, “As life is slowing down a lot of stuff is coming back that I pushed away for many years.”

Several listening session participants talked about their parents’ sending them to ex-gay therapy when they were young. Because of this, one Cape Cod man said, “Mental health providers must reach out affirmatively and say, ‘We will provide good care.’ The same is true of health care and elder service providers. They need to reach out [to LGBT older adults].”

Participants also spoke about racial trauma. One older Black gay man in the Boston listening session said, “Boston and Massachusetts have very complex racial histories. There is a lot of racial trauma. There are people I know who are part of the community who are feeling unsafe” due to racism within the LGBT community. “We need to infuse race and trauma into the work of the [LGBT Aging] Commission.”

The need to address racism within the LGBT community

Participants in the LGBT Elders of Color listening session said it was important to address “internal racism within our own community.” One participant said:

Racism is the ‘elephant in the room.’ We have to talk about it. We may not resolve it, but we will never resolve it if we don’t talk about it. It’s one thing to experience it from the outside [outside the LGBT community]. But when you feel you have a safe harbor and you experience it from within it, it’s disheartening...Let people tell our stories. The result can be that folks finally understand the magnitude of police brutality. We need a discussion of how institutional racism dictates how we have to navigate our lives on a daily basis. First we have to clean up our own backyards before we try to clean up someone else’s.

Other LGBT Elders of Color participants offered resources that white people could use to work through implicit bias and racist beliefs and practices. Another participant recommended that a bill before the state legislature to create a Commission on Structural Racism address the intersection of racism with the LGBT community and the intersectional prejudice experienced by LGBT people of color.⁴

4. Examples of research showing that LGBT people of color experience racism, sexism, and anti-LGBT prejudice intersectionally include: Brenick A, Romano K, Kegler C, Eaton L. (2017 Feb). Understanding the Influence of Stigma and Medical Mistrust on Engagement in Routine Healthcare Among Black Women Who Have Sex with Women. *LGBT Health*. 4(1). Feb 2017. 4-10; Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015, November 30). Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston. Fenway Institute. <https://fenwayhealth.org/wp-content/uploads/our-health-matters.pdf>

A dearth of LGBT-competent and -affirming health care in rural Massachusetts

Participants in the Barnstable and western Massachusetts listening sessions reported challenges in accessing health care for the general population that play out in particular ways for LGBT people. A senior center director on the Cape said, “There are not enough paid caregivers on the Cape. This used to be the case on the outer Cape [Orleans to Provincetown]; now it is true for the entire Cape. This affects the LGBT community in specific ways because we are more dependent on formal caregiving, especially women age 60 plus.”

“I’m terrified of moving my health care down here” to the Cape from Boston, said one man. Several participants in the Barnstable listening session spoke of “home care aides who are anti-gay.” “I stay with my wife to make sure people help her with the pain,” one woman said. An elder care service provider said that “many caregivers come from conservative religious and cultural backgrounds. There are concerns about experiencing neglect and abuse at the hands of home care workers,” she said. “The home care department needs more education, for example pronoun usage for transgender clients. It’s sad to hear partners and spouses say, ‘My friend’ when they are talking about their husband or wife.”

One participant in the Boston listening session, representing AgeWell Equality (AWE) called for a number of changes in elder services and other services used by older adults. Based at Ethos, an Aging Service Access Point (ASAP) in Jamaica Plain, AWE’s mission is to effect LGBTQ-friendly systems change within aging and related services. In oral comments and a written submission to the Boston listening session, AWE called for mandatory, ongoing LGBT cultural competency training for all public and private elder care and housing providers as a requirement for licensure.

The AWE spokesperson applauded the Massachusetts state legislature’s recent passage of a law requiring that elder care workers be trained in LGBT cultural competency, and said “this needs a tracking and accountability system.” He also noted that, because “ASAPs don’t provide the vast majority of services but contract with vendors, ASAPs should have to hold accountable vendors for holding trainings of their staff” in LGBT competency. They should be recertified every 10 years by the relevant state government agency based on how well they do this.

Pittsfield listening session participants said that transgender-competent and -affirming health care and social services are especially hard to find in western Massachusetts. “Last week I was trying to find a transgender friendly shelter for someone on the verge of homelessness,” said a Greenfield-based activist. “It was not easy.” “Transgender people have to go outside of Berkshire County to get health care,” said another participant. “If you are trying to see a gender therapist, there are none. If you are an LGBT person who suffers from PTSD, there is no one for that either.” This individual described going to someone in Berkshire County for PTSD treatment only to be told that they didn’t accept their insurance.

A transgender Worcester participant reported that “all of my experiences have been either neutral or positive with the doctors I’ve seen.”

“We need a list of gay friendly doctors on the North Shore,” said a Salem participant.

A western Massachusetts woman said, “I’m starting to have questions about aging in place, issues as an aging lesbian...My regular doctor is not prepared to talk about baseline issues—only urgent care... My health care provider said, ‘You’re over 65. You don’t need a Pap smear anymore.’ She doesn’t want to talk about sex.” A number of Rainbow Elder listening session participants agreed, saying that there is a need for training and certification in LGBT sexual health, especially in rural areas. “We are so mainstream that there are fewer presentations,” said the 67-year-old lesbian. She suggested a panel of older LGBT patients who could educate health care providers about their needs.

While one participant in the Rainbow Elder session recommended “shopping around” for an LGBT-competent doctor the way you would a grocery store (“if you don’t like it you go somewhere else”), another worried that “if you say, ‘I don’t want this doctor,’ you get branded a trouble maker and you get pushed away.” Still another Rainbow Elder participant recommended that health care providers give all patients a handout that describes their rights as a patient, gives the number for the institution’s social work department and an LGBT-friendly social worker they can talk to if they have any concerns. The handout could also give contact information for the state Attorney General and the Massachusetts Commission Against Discrimination.

LGBT Elders of Color listening session participants called for broader access to telehealth, transportation

assistance to get to medical appointments, and “what about having doctors come to the home...not everybody has a blood pressure machine at home.”

Struggling to pay for health care

Several Worcester listening session participants described struggling to afford their medical care costs. “Every time you get an increase in Social Security, they up the Medicare [cost] by even more,” said one individual. “UMass hospital [UMass Memorial Medical Center] wouldn’t accept my insurance (United Health Care), so I went to Fallon. But the copays for my cataract surgery cost me \$350 per eye. It can add up if you go to the doctor a lot,” said another participant. “The dentist is very expensive. I am using my life saving to pay for the dentist,” said another.

One Worcester participant praised the Program of All-Inclusive Care for the Elderly (PACE) program as “totally accepting. For me it’s the answer to my health care because I have no copays. It’s an ideal situation for me. I’m a veteran and I have the VA but I had copays for the VA. Now I don’t have any copays.”

Economic hardship in general

Participants in the LGBT Elders of Color virtual listening session described a struggle to pay for food and other basic needs. [The session was originally scheduled in-person for early March 2020 but was rescheduled to a virtual session in June 2020 due to the pandemic.] Because elders, and especially elders of color⁵, are disproportionately vulnerable to coronavirus infection and complications if they develop COVID-19, many want someone else to do their food shopping for them. “For people on a limited budget, shopping is a real issue. People have to pay for people to shop for them.” Other participants mentioned Mutual Aid Massachusetts and Jobs For Justice, which offer volunteers who will shop for seniors and people with disabilities.

5. Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and racial/ethnic disparities. Journal of the American Medical Association. [Online ahead of print May 11, 2020]

The need for help with insurance options when you reach age 65

A group of participants in the Boston listening session said understanding insurance options when they near age 65 is very confusing, and that they—many gay men living with HIV—need assistance understanding what to sign up for and what they are eligible for based on their income and assets. “It’s a real difficult process,” one man said. “If you have more than \$1,000 in savings or life insurance or an IRA you’re not eligible” for some kinds of insurance, he said. Another participant said, “We only make a few thousand dollars a year (I make \$16,000), and that’s too much to qualify for MassHealth. You can’t survive on what you’re making, and you can’t get MassHealth because you make too much.”

An EOEA representative recommended that these individuals call the SHINE program (Serving the Health Insurance Needs of Everyone), as there are over 700 highly trained volunteers able to help navigate insurance options.

A number of individuals said that they were getting their insurance through the Massachusetts Insurance Connection (MassHealth) and were suddenly kicked off, along with hundreds of others. “Three hundred long-term survivors [of HIV] were kicked off all of a sudden, without notice,” said one man. “It was very traumatic. Everybody had to reapply.” Another agreed that “[i]t’s very stressful.” Still another said, “We don’t know what’s going to happen next year with the budget, so we live under this cloud.”

The Massachusetts Insurance Connection (MIC) is a health insurance buy-in program administered by MassHealth for individuals with AIDS or HIV. In December of 2019, MassHealth announced that the program would be closed for new enrollees but that individuals enrolled as of December 31, 2019, (and who remain continuously enrolled) would continue

to receive benefits as long they as they remained eligible. MassHealth redetermines eligibility for the program annually and, if individuals are found to be no longer eligible for the program due to being over income or other eligibility factors, they are disenrolled from the program.

Individuals over 65 must meet financial criteria to qualify for MassHealth Standard: an income limit of 100% of the federal poverty line, an asset limit of \$2,000 for an individual, or \$3,000 for a couple. HIV positive individuals under 65 have a higher income limit for eligibility than other adults: 133% federal poverty line. But for over 65 there are just the regular MassHealth coverage types and buy-in programs (Medicare Savings Programs). Senator Pat Jehlen and Representative Ruth Balser, who attended the Boston listening session, said they would follow up and try to identify the issue with the program. Senator Jehlen pointed out that MassHealth is supposed to cover people who earn up to 300% of the Federal Poverty Level.

“There’s a real sense of urgency for some of us out there,” said a listening session participant. Another made the point that, “We’re not in Louisiana or Mississippi. We’re in the Hub of medical care.”

Salem participants echoes these concerns: “We need a workshop to help you navigate through Medicare and the insurance system,” said one. “It’s very complicated. Medicare will send you a book.” Another participant said, “I had MassHealth. Unbeknownst to me, they dropped me from it. I started getting all these bills.”

Another Salem participant said, “You don’t know what the plans are—that’s the problem. The plans are there, but nobody knows how they work. I want to know well before I have to go through this process” of signing up for Medicare when nearing age 65.

The need for help navigating the health care system

One Cape Cod woman said, “My wife and I, we are both health care professionals, and we still have trouble navigating the health care system. People need help getting the best doctors, and home care—that is the biggest issue.”

The onset of the COVID-19 pandemic also led to concerns about accessing a coronavirus test. “It’s really important for seniors to be tested,” said a woman participating in the Pathways Virtual Coffee Hour. “That’s the only way you’re going to get people to visit other seniors.” Several participants concurred that LGBT seniors needed to be able to access testing. LGBT older adults may be more vulnerable to contracting the novel coronavirus, and are more vulnerable to complications from COVID-19 due to higher rates of comorbidities such as asthma, obesity and diabetes, and higher rates of risk factors such as smoking and vaping.⁶ These health disparities are related to experiences of stigma, discrimination, minority stress, and social anxiety.

HIV-specific concerns

At the Boston listening session, one man who said he had lived with HIV for 34 years described falling down and having to go to South Shore Hospital in Weymouth. They were not able to provide him with the antiretroviral medications that he needed for his HIV disease. “This aging activity is happening really fast to me,” he said. “When I go to the hospital next time will it be my last time?”

The AWE spokesperson called for home care and long-term care to be made available to older people living with HIV regardless of age, because “HIV-positive elders tend to age more quickly and are in need of a range of services usually needed by older people.”

A Pittsfield participant described moving home to the Berkshires after living in Ohio and Kentucky. He said he struggled to get insurance, a provider, and his HIV medications. “In the corporate sector you would just go to HR and they would have answers. It’s way too complicated to get info...I spent two months without medication because I couldn’t find the right thing...There are no PCPs [primary care providers] in Berkshire County accepting new patients... I had to wait for a rejection letter from MassHealth and then went two months without my HIV meds.”

The need for LGBT-friendly elder housing

Participants at several listening sessions praised the LGBT elder housing community that is being developed in Hyde Park, a Boston neighborhood. They asked for more federal money to dramatically scale up LGBT-friendly elder housing options across the Commonwealth. “There’s a huge need across the state,” said one woman at the Boston listening session.

A Pittsfield listening session participant decried the fact that big cities were the first to get LGBT-friendly elder housing. “That’s not OK with me,” said the woman. “I moved here from New York City. I want to grow old and die here and I don’t think I can do that without LGBT senior housing.”

6. Cahill S, Grasso C, Keuroghlian A, Sciortino C, Mayer K (2020, September). Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More Than Ever. American Journal of Public Health. Volume 110, Number 9. Pp. e1-e2.

The need for targeted support groups and services, including LGBT-community led volunteer services as during the height of the AIDS crisis

A number of participants called for a “buddy program” or a “friendly visitor” program for LGBT older adults, similar to that used in the 1980s and early 1990s for people living with HIV/AIDS, who often experienced extreme social isolation. The CEO of Ethos, Valerie Frias, noted that Ethos has such a program.

One long-term survivor talked about how he was diagnosed with HIV 34 years ago, and was given 2 years to live. Despite a number of other health problems, due to the fact that he is here today, “I feel like I won the lottery, because so many others are not here.”

One Boston participant called for Fenway Health to step up as it had in the 1980s, when it created the AIDS Action Committee of Massachusetts:

There’s a responsibility for Fenway Health, like with the AIDS epidemic. People have to have somewhere they can go and die. Fenway was developed to respond to a health crisis.

Another older man living with HIV agreed, saying, “If I call Fenway or the AIDS Action Committee and say what can you do for me, there’s nothing. If I go to GMHC (Gay Men’s Health Crisis in New York) or to a west coast organization, they still have their buddy programs.” Many HIV services are means tested, and people who are not poor enough are not eligible for them. “People still die from AIDS. I’ve had people who can’t deal with the side effects anymore so they stop taking their meds.” He encouraged us to “look at existing programs at churches and synagogues” that mobilize volunteers to care for isolated individuals.

Participants in the Pathway Virtual Coffee Hour referenced a number of existing buddy programs in other parts of the country, such as Mon Ami (www.monami.io), French for “my friend,” which provides volunteer visitors to seniors in San Francisco, and the SAGE Friendly Visitor program in New York (<https://sagenyc.org/nyc/care/visitor.cfm>).

One woman said in Pittsfield, “When the virus hit in the ‘80s we took care of ourselves. The hospitals didn’t. We went in and changed diapers, etc. We can do it again.”

Many also called for intergenerational support groups that allow younger LGBT people to learn about the lived experiences of LGBT older adults, and vice versa. Many leaders of groups present at the listening sessions mentioned that their organizations had intergenerational discussion groups and events. One activist described a large intergenerational gathering that meets at Greenfield Community College.

The need for assistance with end-of-life planning

One Cape Cod man said that end-of-life planning needs for LGBT older adults are different because of estrangement from families of origin. “There is a need for final planning, of funerals and so on, because it’s different for us,” he said. “A lot of us, our families, we love them, but they are not part of our culture, and they are not part of our personal experience as they are for straight people.”

A Worcester listening session participant related how her partner’s children took her partner away from her and placed her in a separate care facility because they did not accept their mother’s same-sex relationship. Had they been married or had a legal power of attorney document, this would not have been possible.

A need for hardware (computers, tablets), internet access, and technical assistance to isolated, low-income LGBT elders so that they can access virtual support groups and other services during the COVID-19 pandemic

Even before the COVID-19 pandemic hit, listening session participants raised concerns about isolated seniors without technology: “We have people that don’t have a computer, don’t have a smart phone,” said one man in Salem.

Once COVID-19 hit, many LGBT elders scrambled to learn how to use Zoom and other videoconferencing technology to be able to access community virtually, as well as access health care through telehealth. “We need funding to teach people how to use Zoom, Google hangout,” said one participant in the Pathways Virtual Coffee Hour. “I spent one and a half hours helping someone. He’s going to be joining by telephone.” Another participant said, “A lot of seniors living alone don’t have wifi. How do you get wifi to folks?”

Other Pathways participants suggested that “tech-savvy volunteers, young people” could help elders with technology issues. “Verizon and other companies could offer reduced rate wifi access and data plans,” said one participant. “Jewish Family Services of Metrowest has ally navigators,” said one participant in the Pathways Virtual Coffee Hour. “They can help people with technology.”

A participant in the LGBT Aging Project’s Online Drop-In Group agreed that there is a need for “access to affordable internet, cable TV services, access to technology, especially cell phone, laptop, and Ipad [tablet]. Seniors also need training and technical support on how to use this technology.” Another said that they needed funding to “purchase a Zoom account” so they could do more than basic things on free Zoom.

Isolated LGBT older adults could participate in online virtual tours of places around the world, and then get together with others online and talk about it. “It’s the book club model,” said one Drop-In Group participant. Others spoke of books downloadable

for free from the Library of Congress and the local library, online cooking demonstrations, and online exercise. “We need options for people to pick and choose,” said the group moderator Lisa Krinsky.

“COVID has changed how services are delivered,” said an advocate from northwestern Massachusetts. “We may have another pandemic in the future. How can people be safe and connected?”

One north central Massachusetts resident said, “There are 22 communities in Massachusetts that don’t have broad band [internet access]. Cell phone service is not available in Ashburnham and other communities.”

LGBT Elders of Color participants agreed that older adults need technical assistance (TA) and hardware to use Zoom video conferencing, telehealth, and other technology. “We assume that everybody has access to the internet,” said one participant. “We assume that every household has a device—a tablet or a laptop. We need a grant to provide folks with access to Zoom, like the Boston Public Schools does with kids.” Soon after the onset of the COVID-19 pandemic, the Boston Public Schools made computers available to any students who needed one.⁷

One participant suggested that lifelong learning programs and senior centers offer training and TA. These programs could use a “train the trainer” model to increase capacity in communities. Two local lifelong learning programs could offer Zoom classes and virtual brown bag lunches in the fall, the Rainbow Lifelong Learning Institute Boston (<http://rainbowlliboston.org/index.html>) and the Osher Lifelong Learning Institute at UMass Boston (<https://www.umb.edu/olli>). Another participant noted that some individuals have a fear of using Zoom due to privacy concerns. This needs to be addressed in trainings and TA.

Interestingly, one silver lining of the shift to virtual support groups necessitated by COVID-19 is that some of the most socially isolated LGBT older adults, who may have had mobility limitations, are now less socially isolated, because everything is online.

7. Jung C (2020, March 20). Boston Schools Double Down On Efforts To Get Chromebooks To Students. WBUR Radio. <https://www.wbur.org/edify/2020/03/20/boston-student-technology>



For many older adults, living life as an LGBT person was not as viable an option as it is for younger people today.

Public health data on LGBT older adults in Massachusetts

The Massachusetts Department of Public Health (Mass. DPH) is a strong partner of the Fenway Institute and the Special Legislative Commission on LGBT Aging. Bureau of Infectious Disease and Laboratory Sciences Director Kevin Cranston sits on the statewide commission representing Mass. DPH, and chairs the commission's public health subcommittee. Mass. DPH has been a leader on collecting sexual orientation and gender identity data on statewide surveys since 1993, when it added a sexual behavior question to the Youth Risk Behavior Survey.⁸ Maria McKenna, MMS, MPH, an epidemiologist at Mass. DPH, provided Behavioral Risk Factor Surveillance System (BRFSS) survey data to the Fenway Institute that provide insight into the health status of older LGBT people in the Commonwealth. (The Massachusetts BRFSS has collected sexual orientation data since 2001 and transgender status data since 2009.⁹) McKenna aggregated 2016 and 2018 data for 50 to 75 year olds, and compared LGBT people in this age cohort to heterosexual, cisgender individuals. Most of the differences described below are consistent with findings we have seen previously in Massachusetts BRFSS data and in BRFSS data from other states.

Key findings from the BRFSS data include the following statistically significant differences between LGBT people 50 to 75 and heterosexual, cisgender people 50 to 75. A difference is statistically significant if the p value is 0.05 or less.

LGBT older adults reported higher rates of fair/poor overall health

LGBT people age 50 to 75 in Massachusetts were more likely to report that their overall health is fair or poor. Some 24.0% of LGBT people reported this, compared to 16.8% of heterosexual, cisgender people in the same age cohort (p=0.0144).

LGBT older adults nearly twice as likely to report being diagnosed with a depressive disorder

LGBT older adults were nearly twice as likely to report that they had ever been diagnosed with a depressive disorder: 31.7% compared to 17.5% (p<0.0001).

LGBT older adults were about as likely as their straight, cisgender age peers to be a veteran and to have children in the household

There was no statistically significant difference in veteran status and in having children in the household between LGBT older adults and heterosexual, cisgender adults age 50 to 75. Some 8.6% of LGBT people reported being veterans, compared with 11.0% of heterosexual, cisgender people 50-75 (p=0.2393). Some 12.5% of LGBT people 50-75 had children living in their household, while 16.9% of heterosexual, cisgender people in this age group did (p=0.1624). It may be that heterosexual, cisgender people 50-75 are slightly more likely to be veterans and to be raising children, but the differences between the groups in the Massachusetts BRFSS data are not statistically significant.

These are important findings. For many decades homosexuality was considered incompatible with military service. Don't Ask, Don't Tell was adopted in 1993 and was in effect until 2011. This allowed gay, lesbian and bisexual people to serve but not openly.¹⁰ Under the Obama Administration a policy was launched to allow transgender people to serve openly in the military, but the Trump Administration has reversed the policy and it is the subject of litigation at the moment.¹¹ Despite decades of anti-LGBT policies, LGBT older adults in Massachusetts report being veterans at rates close to those of straight, cisgender older adults.

8. Conron K. (2015, September). Recommended standards for LGBT health data collection in Massachusetts: Opportunities to enhance health surveillance and achieve health equity. Boston: Massachusetts Department of Public Health. <http://www.mass.gov/eohhs/docs/dph/health-equity/lgbt-data-collection-standards.pdf>

9. Ibid.

10. Rimmerman, Craig. 1996. "Promise Unfulfilled: Clinton's Failure to Overturn the Military Ban on Lesbians and Gays." in *Gay Rights, Military Wrongs: Political Perspectives on Lesbians and Gays in the Military*, edited by Craig Rimmerman. New York: Garland Publishing.

11. Marimow A. (December 10, 2018). "Trump administration: It's 'extraordinary' judges won't let military restrict transgender troops." The Washington Post. https://www.washingtonpost.com/local/legal-issues/president-trumps-transgender-military-ban-is-back-in-court/2018/12/09/56a0c13a-f965-11e8-8c9a-860ce2a8148f_story.html?utm_term=.69317f5fc7c

This is important because veterans are eligible for many services from Veterans Affairs (VA), including health care, job training, housing assistance, suicide prevention, food security assistance, and other services. In Massachusetts some veterans are also eligible for services through the Massachusetts Department of Veterans' Services. Because many LGBT people were dishonorably discharged from the military and/or had bad experiences while serving, including violence victimization and sexual harassment, some LGBT veterans do not seek veterans' services or even know that they are eligible for them. It is important that both state and federal agencies conduct affirmative outreach to LGBT veterans to ensure that they are accessing services that they are eligible for that can help them be healthy and thrive.

The fact that middle aged and older LGBT people in Massachusetts were raising children at about the same rate as straight, cisgender age peers is also significant. For decades religious right advocates and many elected officials portrayed LGBT people and "family" as mutually exclusive.¹² In the 1980s in Massachusetts gay men and lesbians were prohibited from foster parenting.¹³ There continue to be anti-LGBT family policies in many states.¹⁴ It is striking that despite this, LGBT older adults raise children at nearly the same rate as heterosexual, cisgender older adults.

LGBT older adults in Massachusetts were more likely to graduate college

LGBT older adults were more likely to have graduated college than straight, cisgender age peers in Massachusetts: 54.2% versus 38.4% ($p<0.0001$). LGBT older adults were less likely to have some college (14.0% versus 26.1%) or to have only a high

school education (20.3% versus 26.5%) ($p<0.0001$ for the distribution by education).

LGBT older adults were more likely to rent and less likely to own their home

Massachusetts LGBT adult residents age 50 to 75 were more likely to rent their home than heterosexual, cisgender age peers. Some 24.0% of LGBT older adults rent their homes, while 75.2% own their homes. Among heterosexual, cisgender older adults, 16.1% rent while 82.6% own ($p<0.0007$). This greater likelihood of renting rather than owning one's home is likely due in part to the fact that LGBT people are more likely to reside in urban areas than other Massachusetts residents. Housing stock in cities tends to have a higher percentage of rental units.

There were no statistically significant differences in household income between LGBT older adults and straight, cisgender older adults in Massachusetts. However, the fact that LGBT older adults are 49% more likely than their heterosexual, cisgender age peers to rent their home means that LGBT older adults are putting money out the door and not saving by paying a mortgage. Nor are they getting the tax break afforded by being able to deduct mortgage interest. Of course, many older adults who own their home have already paid off their mortgage, and must simply pay property taxes and homeowner's insurance. While this can cost many thousands of dollars a year, it is usually less than rent. This may explain why LGBT older adults struggle more to pay for housing, utilities and food than do straight, cisgender older adults, as described below.

12. Cahill, S. (2009). The Disproportionate Impact of Anti-Gay Family Policies on Black and Latino Same-Sex Couple Households. *Journal of African American Studies*. 13(3), 219-250.

13. George M-E (2007). Agency Nullification: Defying Bans on Gay and Lesbian Foster and Adoptive Parents. *Harvard Civil Rights-Civil Liberties Law Review*. Vol. 51, 364-422. <https://harvardcrl.org/wp-content/uploads/sites/10/2016/10/george.pdf>

14. Movement Advancement Project (2020). Foster and Adoption Laws. https://www.lgbtmap.org/equality-maps/foster_and_adoption_laws

LGBT older adults were more than twice as likely to report difficulty paying for housing or food in past year

Despite the fact that there were no statistically significant differences in income, LGBT older adults were much more likely to report difficulty paying for housing, utilities, and food. Some 17.5% of LGBT older adults in Massachusetts reported difficulty paying rent, mortgage or utilities in 2017 and 2018, compared to 6.5% of heterosexual, cisgender adults ($p=0.0004$). Nearly one in five LGBT older adults, 19.1%, said that the food they bought didn't last and that they couldn't afford to buy more. Among straight, cisgender older adults, this was only the case for 8.6% ($p=0.0017$). Clearly LGBT older adults were more likely to report struggling financially than their heterosexual, cisgender age peers. This has significant implications for public health and LGBT elder health equity.

LGBT older adults were more likely to report serious difficulty concentrating, remembering or making decisions

LGBT older adults were much more likely to report serious difficulty concentrating, remembering or making decisions. Some 15.3% of LGBT older adults reported serious difficulty concentrating, remembering or making decisions, compared to 9.2% of heterosexual, cisgender older adults age 50 to 75 ($p=0.0156$). This disparity has significant implications for the ability of LGBT older adults to age in place and thrive in older adulthood. It could affect medication adherence and also contribute to social anxiety and other behavioral health burden.

LGBT older adults were nearly twice as likely to fall and be injured in past year

According to data from the 2016-2018 Massachusetts Behavioral Risk Factor Surveillance System survey (BRFSS), LGBT older adults age 50 to 75 are nearly twice as likely as straight, cisgender older adults to report experiencing a fall in the past 12 months and being injured in a fall during the past 12 months. Among LGBT older adults 40.1% reported a fall in the past year, versus 26.3% of heterosexual, cisgender older adults ($p=0.0001$). Some 17.7% of LGBT older adults reported being injured in a fall over the past year, compared to 9.3% of heterosexual, cisgender older adults ($p=0.0031$). Frail elders, especially those in the "middle old" (75-84) and "old old" (age 85+) age groups, are vulnerable to breaking bones and experiencing major health decline subsequent to a fall. The data presented here are for LGBT older adults who are middle age (50-64) or "young old" (65-74). The finding that 40% of LGBT older adults age 50-75 report having experienced a fall in the past year, and that nearly one in five (18%) were injured by a fall in the past year, should be a wake-up call for public health and aging advocates.

LGBT older adults reported four times the rate of suicidal thoughts in past year

As is the case with younger age cohorts of LGBT people, LGBT older adults were four times as likely to report having seriously considered suicide in the past 12 months: 7.7% compared to 1.9% of straight, cisgender older adults ($p<0.0001$). There was no statistically significant difference between the two groups in terms of reported suicide attempt over the past year.

LGBT older adults reported three times the rate of lifetime sexual violence victimization

LGBT older adults also reported three times the rate of lifetime sexual violence victimization compared with heterosexual, cisgender older adults: 32.0% versus 10.7% ($p<0.0001$). Again, this is consistent with research among LGBT people in younger age cohorts.

Older lesbian and bisexual women are more likely to be obese and not of normal weight

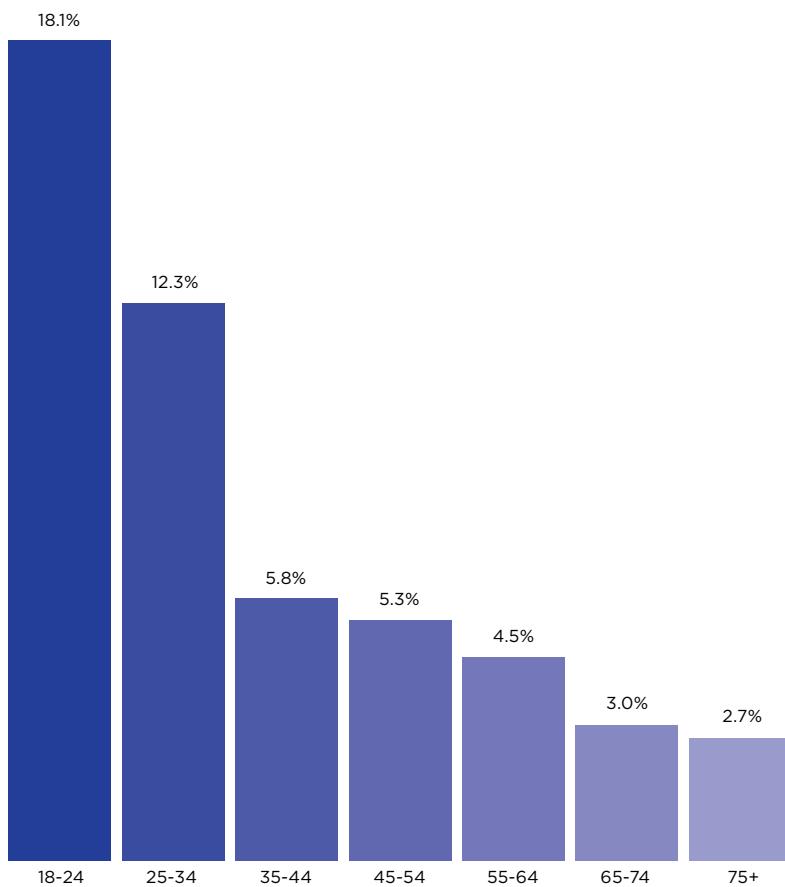
Older lesbian and bisexual women are more likely to be obese and less likely to be of normal weight than older heterosexual women in Massachusetts ($p=0.0093$). Some 38.8% of older sexual minority women were obese, compared to 26.8% of heterosexual older women. Only 27.7% of lesbian and bisexual older women were of normal weight, compared to 37.5% of heterosexual women. About the same percentage of older sexual minority women were overweight as older heterosexual women, 32.9% and 33.6%, respectively. These findings are consistent with a number of other studies from across the U.S. that have found higher rates of overweight and obesity among sexual minority women.



Demographic data on LGBT people in Massachusetts

According to BRFSS data from 2016, 2017 and 2018 analyzed and shared with the Fenway Institute by the Massachusetts Department of Public Health, 2.4% to 4.1% of older adults in Massachusetts identify as lesbian, gay, bisexual, or other. Here are the percentages by age cohort:

Percentage of Massachusetts residents identifying as LGBT by age cohort, 2016-2018**
Massachusetts BRFSS, 2016-2018, weighted



** Among those who responded to the age, sexual orientation and gender identity questions

As is evident, older age cohorts have lower percentages of people identifying as LGBT. Still, about 5% of 55-64 year olds are LGBT, 3% of 65-74 year olds, and 3% of people age 75+. There are likely a number of phenomena at play in these data. First, older adults may be less likely to disclose their sexual minority identity on a public health survey. Many LGBT older adults came of age when homosexuality was a crime in all 50 states, and when a broad social consensus viewed it as a mental illness and a sin. For many LGBT older adults, nondisclosure has been a survival strategy. Second, because society is more accepting of homosexuality, bisexuality, and gender diversity, it is likely that more people in younger age cohorts are willing to be out and to live their lives as openly LGBT people. For many older adults, living life as an LGBT person was not as viable an option as it is for younger people today. Finally, many older gay and bisexual men and transgender women were lost to the HIV/AIDS epidemic, especially in the 1980s and early 1990s, and many LGBT people have been lost to other chronic diseases, substance use, suicide, and other issues that affect LGBT people at higher rates than the general population. This could account for some of the lower percentages of LGBT people in older age cohorts.

We can also map the percentage of the adult population in each county that identifies as LGBT, according to the 2016-2018 BRFSS.

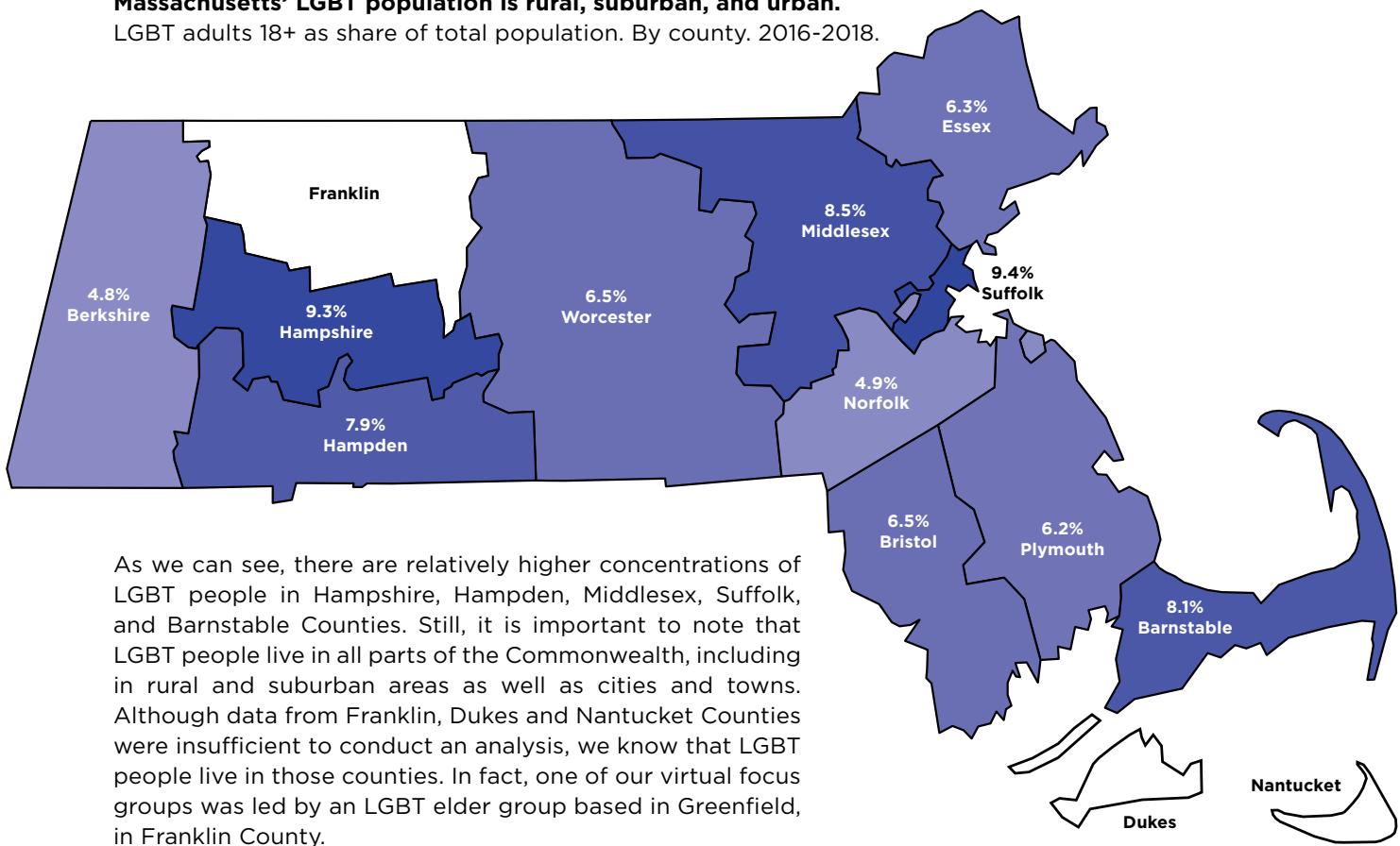
Percentage of MA Adults (18+) Identifying as LGBT by County of Residence, 2016-2018

Barnstable	8.1%	Hampshire	9.3%
Berkshire	4.8%	Middlesex	8.5%
Bristol	6.5%	Nantucket	**
Dukes	**	Norfolk	4.9%
Essex	6.3%	Plymouth	6.2%
Franklin	**	Suffolk	9.4%
Hampden	7.9%	Worcester	6.5%

** insufficient data

Massachusetts' LGBT population is rural, suburban, and urban.

LGBT adults 18+ as share of total population. By county. 2016-2018.



Executive Office of Elder Affairs (EOEA) data on LGBT seniors

The Executive Office of Elder Affairs shared data on the sexual orientation and gender identity (SOGI) of older adults accessing services from mid-2017 to mid-2019. EOEA contracts with Aging Services Access Points (ASAPs) to provide in-home care to older adults across the Commonwealth. ASAP staff ask SOGI questions when conducting assessments and collect two kinds of data through Information and Referral assessment data (I&R), and Comprehensive Data Set assessment data (CDS). The I&R data are collected at initial point of contact via telephone or written referral form, most often from a referring party (social worker, health care provider, family member). The purpose of this assessment is to obtain preliminary information about the individuals and their needs prior to an in-depth, in-person assessment. A referring party may or may not know the sexual orientation or gender identity of the older adult, or may know but not know if the older adult would want that information reported.

The Comprehensive Data Set (CDS) data are based on the face to face assessment interview with the older adult herself, himself, or themself. Responses to questions are self-reported. The older adult's family members or a close friend may be present during the assessment interview and may assist in answering the questions, especially in cases when the older adult has memory issues. That older adult may or may not feel safe to honestly answer the sexual orientation and gender identity questions at a first meeting with an unfamiliar case manager, or with family members or friends present.

The SOGI data in the I&R assessment and CDS assessment are collected at different points in time during the intake and eligibility process. Therefore, a subset of older adults may be counted in both the I&R and CDS data but could have different responses to the SOGI questions.

Here are the data summarized for self-reported gender identity and sexual orientation of older adults receiving home care services from ASAPs contracted with EOEA:

I&R Assessment Data

Gender Identity	FY18		FY19	
	#	%	#	%
Male	1839	4.5	2741	6.6
Female	2887	7.0	4590	11.1
Transgender, Genderqueer, Other Gender Category	12	0.0	10	0.0
Did Not Answer	2124	5.2	3026	7.3
Unable to Ask During Visit	1310	3.2	3557	8.6
Blank	32807	80.1	27328	66.2

Sexual Orientation	FY18		FY19	
	#	%	#	%
Heterosexual or Straight	1026	2.5	2159	5.2
Lesbian, Gay, Homosexual, Bisexual, Not Sure, Other	71	0.2	70	0.2
Did Not Answer	2845	6.9	4183	10.1
Unable to Ask During Visit	1794	4.4	4395	10.7
Blank	35243	86.0	30445	73.8

CDS Assessment Data

Gender Identity	FY18		FY19	
	#	%	#	%
Male	17165	26.8	18545	28.3
Female	40164	62.8	42210	64.5
Transgender, Genderqueer, Other Gender Category	39	0.1	61	0.1
Did Not Answer	1883	2.9	1425	2.2
Unable to Ask During Visit	728	1.1	1417	2.2
Blank	3985	6.2	1784	2.7

Sexual Orientation	FY18		FY19	
	#	%	#	%
Heterosexual or Straight	52547	82.2	55492	84.8
Lesbian, Gay, Homosexual, Bisexual, Not Sure, Other	490	0.8	539	0.8
Did Not Answer	4412	6.9	3488	5.3
Unable to Ask During Visit	1288	2.0	2817	4.3
Blank	5227	8.2	3106	4.7

Source: Massachusetts Executive Office of Elder Affairs

The usefulness of these data is limited for several reasons. First, the number of cases for which there are no data regarding sexual orientation or gender identity (SOGI) is high, especially for the Information and Referral (I&R) assessment data. In Fiscal Year 2019, sexual orientation data were missing (either because the interviewer was unable to ask, or the response was blank) for 84.5% of individuals, and gender identity data were missing for 74.8% of individuals. The percentage of missing SOGI data in the FY19 Comprehensive Data Set (CDS) Assessment Data is much lower: only 4.9% report gender identity as blank or unable to ask, and 9% report sexual orientation as blank or unable to ask.

We would expect LGBT elders to be less likely to self-identify to an elder service worker questioning them over the phone than on the anonymous BRFSS survey. Still, even just looking at the FY19 CDS data, the percentages are very low: just over three quarters of one percent (0.8%) reporting being LGB, not sure or other, and just one tenth of one percent (0.1%) reporting being transgender, genderqueer, or other gender. According to data from the 2016-2018 Massachusetts BRFSS, about 4.5% of 55-64 year olds identify as LGBT, 3% of those age 65 and older identify as LGBT, and 2.7% of Massachusetts residents 75 and older identify as LGBT.

Since the percentage of Massachusetts adults identifying as LGBT varies by age, older adults served by EOEA-funded programs may be less likely to identify as LGBT. Among those receiving EOEA-funded home care services, the average age is 80, and 67% are over the age of 75. Older adults over 75 are slightly less likely to identify as LGB than older adults aged 60-74. But 2.7%-the percentage of people 75+ in Massachusetts who identify as LGBT on the BRFSS--is very different from the 0.9% of EOEA clients who identify as LGBT. It is also possible that LGBT older adults are less likely to access EOEA-funded home care services through the ASAP. But given what we know about LGBT older adults from the Mass. BRFSS data, they may be more in need of formal caregiving support, social support, food and housing assistance, and other supportive services. The fact that less than 1% of elders identify as LGBT in the CDS data is worrisome.

In mid-2016, EOEA modified previous gender questions and added sexual orientation questions to both the I&R and CDS assessments. Fenway Institute staff trained EOEA and ASAP staff in a recorded webinar on how to ask SOGI questions and collect these data elements in 2016. EOEA provides ongoing access to the recorded training for ASAP utilization for current and new staff as they are hired and oriented. Annually EOEA reports to the ASAP network SOGI self-reported, collected data on older adults receiving care in the home care program. In 2019, EOEA, through its ASAP contract, included requirements related to LGBTQ diversity in two key areas: 1) ensuring access to services for consumers through LGBTQ awareness training and 2) staff training on LGBTQ awareness.

In 2019, EOEA contracted with the LGBT Aging Project at the Fenway Institute to develop and deliver an LGBT Cultural Competency Training curriculum on (1) the prevention and elimination of discrimination based on sexual orientation and gender identity and expression, and (2) improving access to services for LGBT elders by providing relevant training to their caregivers in furtherance of creating a welcoming and affirming environment for LGBT older adults engaged with EOEA and its contracted providers. Amid COVID-19 the curriculum was completed, and EOEA announced the launch of the online training in September 2020. EOEA should also think of ways to assure LGBT older adult clients that self-disclosing to an elder service employee helps EOEA improve services for LGBT older adults, and that this information will be kept private and confidential.



Recommendations

Prevent anti-LGBT discrimination and harassment and enforce state and federal laws

The Massachusetts Executive Office of Elder Affairs (EOEA), Mass. Department of Public Health, the Attorney General's Office, and the Massachusetts Commission Against Discrimination should work together to develop effective strategies to reduce anti-LGBT discrimination across the Commonwealth, focusing on rural, suburban and urban areas alike. They should educate the public that state and federal law prohibit anti-LGBT discrimination, including systematic, repeated sexual and gender-based harassment such as that experienced by two older lesbians in the Berkshires. Working with GLBTQ Advocates and Defenders and other community-based organizations, they should also make it easier for LGBT people to report such experiences and penalize those perpetrating acts of discrimination and harassment, including those that occur in senior centers, at congregate meal programs, and in senior housing and public housing.

Background: Anti-LGBT discrimination is a barrier to accessing care and has negative mental health sequelae

Discrimination is an important public health issue. Research shows that experiencing discrimination causes LGBT people to not seek access to subsequent health care.¹⁵ It is often the case that LGBT people do not seek health care or do not disclose their identity to a provider for fear of experiencing discrimination. In a study analyzing data from the 2015 National Transgender Discrimination Survey 14% of respondents had experienced enacted stigma (being denied care by a provider), while 39% of respondents reported anticipated stigma (delaying routine preventative care due to fear of discrimination).¹⁶ Another study found that 10% of lesbian veterans in the Veterans' Health Administration had experienced discrimination in care, but nearly 50% felt that they would be mistreated if their provider discovered their sexual orientation.¹⁷ (Mattocks et al., 2015). These two studies tell us that anticipated stigma can be much more widely prevalent in a marginalized community than directly experienced, enacted stigma.

Stigma and discrimination also not only act as a barrier to healthcare, but can also correlate with poorer health outcomes, especially poorer mental health outcomes. One study found that sexual and gender minority individuals experience increased risk of depression due to chronic exposure to stressors, including experiences of discrimination.¹⁸

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Provide ongoing clinical support for LGBT widows and widowers to address unmet mental health needs

EOEA and DPH should partner to address unmet mental health needs, including ongoing support for LGBT widows and widowers. Individuals struggling with such bereavement identified a need for a therapist to assist those experiencing grief, social anxiety, depression, and post-traumatic stress disorder on an ongoing, long-term basis.

Expand support for trauma-informed approaches to care for LGBT older adults

LGBT older adults have experienced a lifetime of trauma related to societal hostility and stigma to their being LGBT, as well as often related to their race/ethnicity, sex, and other factors, such as sexual violence victimization over the life course. Trauma-informed approaches are being increasing adopted in health care systems to increase access to care for people with a history of trauma.¹⁹ Elder services providers and systems should incorporate trauma-informed approaches into how they deliver services to increase the ability of LGBT older adults, sexual and gender minority women, and LGBT people of color to access their important services.

Fund programming to reduce social isolation and provide accessible socialization opportunities to LGBT older adults

EOEA and DPH should also fund services to reduce social isolation among LGBT older adults. These should include social activities to assist older adults in developing and maintaining social support networks. Because LGBT older adults live everywhere, including on the North and South Shores, on the Cape, and in central and western Massachusetts, mainstream senior centers across the Commonwealth should offer more LGBT-friendly and -specific programming to engage LGBT older adults. These could include recreational activities, exercise classes, trips to museums and historical places, movies and guest speakers, lifelong learning classes, etc. If they are not sure what kind of programming LGBT older adults want, they should ask them.

Interestingly, because so much shifted online with the COVID-19 shutdown, some older adults who were formerly isolated due to mobility issues are now less isolated, if they are able to access online support services. EOEA and DPH should work with the aging services network in Massachusetts to sustain ongoing virtual socialization activities for all older adults, including LGBT elders and their friends.

Creatively address unmet transportation needs

EOEA should partner with the Department of Transportation and the MBTA to address unmet transportation needs for LGBT older adults. They should work with elected officials and service providers in Berkshire County, on Cape Cod, and in other rural areas to creatively restructure public and other transportation options and offer subsidies to assist older adults on limited income to access transportation options to be able to attend socialization opportunities, including on weekends and at night. This is especially important in the fall and winter, when days are short and nights are long. The state legislature should provide additional funding to the MBTA to allow it to reduce fees to use The Ride. The cost of The Ride was recently increased significantly, making it less accessible to many. This increase should be reversed. The MBTA should ask drivers to wait longer to give elderly requesters time to get out the door. For many, two minutes is not enough time to wait. They need more time. As it is now, many vulnerable older adults stand outside in the cold and rain for an hour or more so that they don't miss The Ride. This needs to stop.

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Address structural racism, including racism within the LGBT community

The bill before the state legislature to create a commission to examine structural racism should explicitly address the intersection of racism with anti-LGBT prejudice, in order to address the needs of LGBT people of color. It should also examine racism within the LGBT community. Elder and LGBT organizations should also convene opportunities to address racism within the LGBT community, including the LGBT older adult community, and how this prejudice intersects with ageism, classism, HIV stigma, and other forms of discrimination within the LGBT community.

Background: The intersection of racial discrimination with sexism and anti-LGBT stigma

It is especially important to consider stigma with an emphasis on intersectionality and an understanding that people with multiple marginalized identities may experience many different forms of discrimination in accessing healthcare. For example, older Black lesbians can experience racism, sexism, anti-LGBT bias, ageism, classism, and other forms of discrimination all at once, in health care and in other social settings. Studies have shown that racial discrimination is a major barrier to care for Black lesbian and bisexual women,²⁰ and that anti-Black discrimination is common in White LGBT settings.²¹ Majority White LGBT organizations should prioritize reducing and eliminating racism so that all members of the LGBT community can access their services. A long history of structural stigma and discrimination against Black people in healthcare settings contributes to medical mistrust. Medical mistrust acts as a major barrier to accessing care for Black LGBT people.^{22,23} If we want to reduce and eventually eliminate racial/ethnic disparities in health care, it is important to take steps to reduce and eliminate medical mistrust.



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Reduce the dearth of LGBT competent health care in rural Massachusetts

EOEA and Mass. DPH should partner with the Massachusetts Medical Society, the Massachusetts Public Health Association, the Fenway Institute, and other organizations to address and reduce the difficulty that LGBT residents of rural Massachusetts have in accessing quality, affirming and culturally competent care. At our listening sessions, LGBT older adults on Cape Cod, in the Berkshires, in central Massachusetts and on the North Shore described challenges accessing quality, culturally responsive health care. More training of existing providers is needed, and a directory of LGBT-friendly providers should be developed and disseminated to LGBT patients. GLMA and the Human Rights Campaign's Healthcare Equality Index already list and rate LGBT-competent providers and health care institutions. Such information should be made widely accessible by EOEA and Mass. DPH. In addition, as per the recommendation of one listening session participant in western Massachusetts, hospitals should provide information to all new patients about a LGBT liaison, who could be a social worker, to whom they can speak if they have concerns about their care.

Provide assistance navigating Medicare insurance options and the health care system

LGBT older adults, like all patients, need help navigating a complex health care system, and encouragement to advocate for themselves.

EOEA provides counselors through the SHINE Program (Serving the Healthcare Needs of Everyone) to advise Massachusetts residents as they approach age 65 what kinds of supplemental insurance they may need. EOEA, elder service organizations, and other social service organizations must develop creative ways to get this information to LGBT older adults in more effective ways. This could include presentations at congregate meal programs, senior centers, and via online support groups during the COVID-19 pandemic.

LGBT older adults, like all patients, need help navigating a complex health care system, and encouragement to advocate for themselves. During COVID-19, many need help navigating telehealth services. Patient navigators, whether in person or virtual, should be offered to LGBT older patients and all older patients to help them navigate the health care system

Especially during the COVID-19 pandemic, it is important that older adults be able to access quality, preventive care. Today, often symptoms of a commonly occurring disease, such as Lyme disease, are mistaken for COVID-19 symptoms. When a COVID-19 test rules that out, the health care system may not be as responsive as it should be in providing preventive care and screening for other diseases. The health care system must address this now to avoid an exacerbation of LGBT health disparities.

Address income challenges, including food and rent insecurity, and promote home ownership among LGBT people

The Massachusetts Special Legislative Commission on LGBT Aging, EOEA, and other relevant state and local agencies—governmental and nonprofit—should consider the income challenges facing LGBT older adults that are evident in the BRFSS and listening session data and likely worse now due to the economic collapse caused by COVID-19 and our disastrous national response to the pandemic. During the pandemic one approach could be to better promote nutritional support provided by home delivered meals and free grocery delivery services. Another could be to target homeowner initiatives to LGBT people, including older adults but also young and middle aged LGBT people. While many urban dwelling LGBT people may prefer to rent, owning can make more sense in terms of one's long-

term financial health. Over time this could reduce the disparities evident in the BRFSS data in which LGBT older adults struggle more to put food on the table and pay rent and utility bills.

Create more LGBT-friendly senior housing across the Commonwealth

Participants in listening sessions across Massachusetts were excited about the affordable LGBT-friendly senior housing community under development in Hyde Park, Boston. They consistently asked for more options across Massachusetts, as LGBT older adults live everywhere. We encourage EOEA and the Department of Housing and Community Development to prioritize this goal between 2020 and 2025, and create several more LGBT-friendly senior housing communities across the Commonwealth. It is also important that they mandate LGBT cultural competency training for all staff who work in senior housing buildings so that those mainstream housing resources are inclusive as well.

Allow HIV-positive individuals younger than 60 to access home care services

The Massachusetts legislature should lower the age of eligibility from 60 to 50 for people living with HIV who are otherwise functionally eligible to access the state network of elder services. There is a growing body of research that older adults living with HIV may experience some earlier onset of age-related conditions, including cognitive decline. A bill before the Massachusetts legislature (HB624 - An Act relative to Massachusetts home care eligibility) would enable people living with HIV (PLWH) younger than age 60 to access home care. The legislature should pass this bill. EOEA and the LGBT Aging Commission should consider whether there are other elder services for which 50-59 year old PLWH should also be eligible.

Assist with end-of-life planning and increase research on end-of-life issues among LGBT older adults

There are many reasons why providing end-of-life care for LGBT elders may be more difficult. LGBT elders and older adults living with HIV have a number of risk factors that put them at elevated risk of cognitive decline.²⁴ There is also less informal caregiving provided by children and grandchildren compared to older heterosexual, cisgender people. Discrimination in elder care services is common and can lead to recloseting of LGBT elders. As a result of these factors, LGBT elders may experience disparities in elder care.

End-of-life care in general is also based in policy that has traditionally excluded sexual and gender minorities in terms of definitions of “family.” Until the past decade, barriers included policies and laws regarding marriage/spouses, next of kin, and visitation rights. Many LGBT people, especially prior to the legalization of same-sex marriage nationwide, do not have a legally recognized spouse and, due to rejection, lacked a functional relationship with their families of origin.

More research is needed regarding end-of-life care among LGBT people in particular.²⁵ The National Institute on Aging and private foundations should fund research on LGBT disparities in end-of-life care, and how best to reduce these disparities and increase LGBT elder’s access to end-of-life care resources. EOEA and Mass. DPH should partner with the LGBT Aging Commission to educate LGBT older adults about how to plan now for their end-of-life care.

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Provide hardware, internet access, and TA to help LGBT older adults access telehealth and online support services

LGBT older adults across the economic spectrum may need technical assistance to use telehealth and online support services. Low-income older adults may need financial assistance to access computers, tablets, or smartphones to be able to access telehealth and online support groups, such as the groups that hosted listening sessions in metropolitan Boston, metro west, and western and north central Massachusetts. EOEA should look at analogous initiatives with school children in Boston and elsewhere, and seek donations or discount purchases of hardware and internet services from computer companies and internet service providers to allow low-income older adults to access these critical virtual services.

Target fall prevention efforts at LGBT older adults

Preventing falls among older adults is a key public health priority. It is essential to allow older adults to age in place in their homes and not enter into senior living, which is costly and which often correlates with a downward spiral for elders. LGBT elders in Massachusetts were twice as likely to be injured in a fall in the past year compared to straight, cisgender elders. Fall prevention education should be targeted to LGBT elders through the Commonwealth's aging network. EOEA should view the LGBT Aging Commission and the LGBT Aging Project as potential partners in these efforts.

Implement obesity prevention and treatment interventions with older sexual minority women

Overweight and obesity are major risk factors for chronic diseases such as diabetes, cardiovascular disease, and cancer. Mass. DPH and health care organizations should promote obesity prevention and weight reduction interventions with sexual minority women.

Collect and report sexual orientation and gender identity (SOGI) data in the COVID-19 pandemic

According to 2018 General Social Survey data analyzed by the Human Rights Campaign, LGBT people in the U.S. are almost twice as likely to work in front-line jobs such as retail, food services, health care and education.²⁶ LGBT people are also more likely to be low-income, especially LGBT people of color, bisexual women, and transgender people.²⁷ They are more likely to live in urban areas in multi-unit housing and rely on public transportation. All of these factors make it harder for LGBT people to socially distance, and may make them more likely to contract the novel coronavirus. We also know that LGBT people, especially LGBT older adults, are more likely to have chronic conditions such as diabetes, asthma, and cardiovascular disease,²⁸ as well as risk factors like smoking and vaping,²⁹ that may put them at risk for complications should they develop COVID-19.

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For all of these reasons, the Boston Public Health Commission and other local health boards, Mass. DPH, and federal health agencies should take steps to encourage or require the collection and reporting of SOGI data in the COVID-19 pandemic. Several other states—Rhode Island, Pennsylvania, California, and the District of Columbia—have taken steps to do this.³⁰ California is requiring testing labs to report SOGI data along with race/ethnicity and other demographic data.³¹ In June Mass. DPH announced that it was adding SOGI fields to the statewide infectious disease database, MAVEN. This is a good step, but Mass. DPH must do more.

We encourage Mass. DPH to follow California's lead and require, or at a minimum encourage, testing entities to collect and report SOGI data so we can understand how COVID-19 is affecting LGBT people and how this intersects with racial/ethnic and other disparities in the pandemic. All health centers have been collecting and reporting SOGI data to the Bureau of Primary Health Care at the Health Resources and Services Administration since 2016, and hundreds of hospitals and other health practices are also collection SOGI data in Electronic Health Records (EHRs). Even if data are not collected at the testing sites, case reports can be matched to EHR data, as Pennsylvania is doing, to understand how COVID-19 is affecting LGBT people.

Improve EOEA SOGI data collection

EOEA should continue to partner with community groups to better train EOEA staff in how to collect SOGI data from older Massachusetts residents accessing elder services. It is important that more LGBT older adults understand the importance of disclosing their SOGI, and feel safe doing so. We are hopeful that the cultural competency curriculum, developed by the LGBT Aging Project at the Fenway Institute and delivered to EOEA in 2020, will improve data collection. The training includes role playing and positive modeling to improve SOGI data collection and LGBTQ cultural competency. EOEA recently launched the curriculum, and all Aging Service Access Point staff are required to take the training.

Success will mean a much lower rate of missing data, much lower rates of “did not answer” and “unable to ask during visit” responses, and evidence that closer to 2.5-3% of seniors accessing EOEA services identify as LGBT. This would better reflect the older adult population in the Commonwealth, as 3% of 65-74 year olds identify as LGBT, and 2.7% of Massachusetts residents 75+ do as well.

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Conclusion

We believe that these proposed changes can dramatically improve elder services and care for LGBT older adults in Massachusetts. There is much work to do on the part of governmental agencies, community-based organizations, elder service providers, and health care providers. The COVID-19 pandemic³² has laid bare the stark risk to lives represented by the striking racial/ethnic disparities we see in the U.S., with Black and Hispanic individuals two to three times more likely to become hospitalized and die from the disease than White, non-Hispanic individuals. Native Americans and Pacific Islanders also experience disparities in the COVID-19 pandemic. LGBT people—especially LGBT people of color, LGBT older adults, and LGBT older adults of color—are likely experiencing striking disparities in the COVID-19 pandemic, but because our local, state and federal public health systems don't systematically collect SOGI data, we can't say for certain how the COVID-19 pandemic is affecting our communities.

Nearly half of all COVID-19 deaths occur in nursing homes and assisted living facilities nationwide; in Massachusetts the figure is greater than 50%.³³ The COVID-19 pandemic has also exacerbated the sorry state of affairs in many of these facilities.

Anyone who has a loved one in a nursing home or assisted living facility knows that care and safety must be improved. Falls are all too common, and residents with mobility issues can wait hours or longer for assistance going to the bathroom, eventually sitting in their own waste.³⁴ Due to the impact of COVID-19 on staffing, things have only gotten worse.

EOEA, the Centers for Medicare and Medicaid Services, and other agencies with responsibilities for nursing homes and assisted living facilities must take immediate action to improve conditions in elder congregate living facilities in Massachusetts and across the U.S.

Local, state and federal policymakers should also examine and fix the larger structural conditions that have driven a worsening of conditions in most of the country's nursing homes—their purchase by corporate raiders who sell off assets, create shell companies, force nursing homes to pay above market rate for supplies and rent, and consequently force them to cut staff, hire unqualified staff, and lower standards of care.³⁵ Nursing homes should not be allowed to become prey to these unregulated market forces. They should be allowed to meet their mission—caring for one of our nation's most vulnerable populations in their final years, months or days—and given the resources and staffing they need to accomplish this critical mission. We specifically ask Attorney General Maura Healy, and a future U.S. Attorney General, to look into and address this shameful reality.

COVID-19 has exposed the need for an elder justice movement in our country. LGBT aging advocates want to support that movement, and join it to advance the needs and desires of LGBT older adults in Massachusetts described herein. In so doing, we can create the conditions that will allow LGBT older adults to thrive in Massachusetts in 2025 and beyond.

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Paul Glass, LGBT Elders of Color, Boston and eastern Massachusetts

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