



Aging and the LGBT Community

Older Lesbian, Gay, Bisexual, and Transgender (LGBT) people in the United States often have similar concerns about aging as do their straight peers. Concerns about their health, potential income, housing insecurity, and increasing social isolation due to the loss of friends and family affect them as they get older.¹ However, in addition to these commonly shared issues, older LGBT adults may also face other challenges. This Short Subject offers a brief summary of this diverse group's demographic characteristics and looks at aging in the LGBT community through three additional lenses: identity and relationships, social networks, and cultural competence.

DEMOGRAPHIC CHARACTERISTICS

Researchers estimate that between 2 and 3 million individuals comprise the older LGBT group in the United States.¹ Collectively, this group represents 2 percent of the total population in the United States aged 50 or older.^{2,3} Aggregated findings from the California Health Interview Surveys (CHIS) for the years 2003, 2005, and 2007 suggest that 77 percent of aging lesbian, gay, and bisexual adults age 50-70 are white, 61 percent are male, 80 percent are considered high income, and 35 percent have had graduate level education or above.³ These findings are comparable to a 2011 national survey of 2,560 older LGBT adults age 50 and above that found that 61 percent are gay men, 32 percent are lesbian, 5 percent are bisexual men and women, and less than 1 percent are transgender.²

In terms of race and ethnicity, 78 percent of CHIS respondents were white and 22 percent were ethnic minorities; whereas 86 percent of the national sample were white and 14 percent were ethnic minorities: Hispanic (4 percent), African American (3 percent), Native American/Alaskan Native (2 percent), Asian and Pacific Islander (1 percent), respectively.^{2,3}

Per the national survey, 73 percent of LGBT persons have had four or more years of college, 76 percent

Table 1: The Double Invisibility of LGBT Aging¹

<u>Challenges</u>	<u>Barriers</u>
homophobia heterosexism heteronormativity discrimination stigma	limited legal-recognition end-of-life planning difficulties unequal access to marriage benefits

are currently retired, and 59 percent own their house or apartment. Twenty-five percent have served in the military. Forty-four percent are partnered or married, and 27 percent have experienced the death of a same-sex partner or spouse. Almost 25 percent have children and 15 percent have grandchildren. They live primarily on the East and West coasts.²

IDENTITY AND RELATIONSHIPS

As a group, this older LGBT adult population has been shaped by a variety of different historical experiences: such as the policy of the U.S. military ("Don't Ask—Don't Tell," 1993-2011), the Stonewall Riots (1969), and the Civil Rights Movement (1954-1979). Each subgroup and individual—lesbian, gay, bisexual, and transgender—may also tie identity development and definition to personal and familial experiences of acceptance and/or estrangement.¹

Table 1 offers a unique set of factors that researchers have identified as the cause of a "double invisibility"—that of being both older and LGBT—in this population. Limited legal recognition of same-sex partners and unequal access to the social and economic benefits of marriage, combined with discrimination, stigma, homophobia, heterosexism (bias and prejudice toward non-heterosexuals), and heteronormativity (heterosexuality as the normal and preferred sexual orientation), result in a lack of acceptance that may complicate the aging process.¹

Issues such as end-of-life planning, assisted living, giving and receiving care, and the potential for confrontation between one's non-biological "family of choice" and biological "family of origin" may emerge as the LGBT adult gets older. Members of an older LGBT adult's "family of choice" are often close friends who fulfill roles previously held by biological relatives, if the LGBT individual is estranged from the "family of origin." In cases where the older LGBT adult has not revealed his or her identity to the "family of origin," aging and associated health challenges may result in the siblings and parents of an older LGBT adult becoming aware of, or interacting with, the "family of choice" for the first time.¹

SOCIAL NETWORKS OF CARE

For older LGBT adults, social networks that include members of both "families of choice" and "families of origin" could mean access to additional caregiving resources and support unavailable to their straight peers. However, while members of the "family of choice" tend to be close in age to the older LGBT adult, they are often not legally recognized and thus have no legal right to provide care. Conversely, legally-recognized members of the "family of origin" tend to be older or younger than the aging LGBT adult and have a legally-afforded opportunity to provide care.¹

Whether from the "family of choice," or the "family of origin," these informal caregivers are a part of a larger network of care that may surround the older LGBT adult. Formal caregivers, most often health care providers with whom the older LGBT adult may interact, are also included in this group. The group of informal and formal caregivers, listed above in Table 2, comprise the broader "community of practice" responsible for managing and coordinating care for the older LGBT adult. The same issues that have affected the older LGBT adult are also present within their "community of practice."⁴

CULTURAL COMPETENCE

Members of the "community of practice" providing care to the older LGBT adult may also have biases and prejudices affecting the level and type of care an LGBT person receives. Homophobia, heterosexism, and heteronormativity may lead to discrimination in housing and employment for the older LGBT adult. Stigmatization may result in increased isolation, loneliness, and deficiencies in care and caregiving options for the older LGBT adult.

Table 2: The LGBT Community of Practice^{1,3}

<u>Informal Caregivers</u>	<u>Formal Caregivers</u>
family of choice friends, partners, former partners	health care providers doctors, dentists
family of origin parents, siblings, aunts, uncles, cousins, children	social workers community members

Informal and formal caregivers could benefit from the cultivation of an awareness and sensitivity to the existence of "families of choice" and "families of origin." Education and training for informal and formal caregivers concerning LGBT cultural competence could ease the challenges this group faces as they age.³

FURTHER READING

Sari H. Dworkin, et al. 2012. Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families. American Counseling Association.

Ski Hunter. 2005. Midlife and Older LGBT Adults: Knowledge and Affirmative Practice for the Social Services. Routledge.

Tarynn M. Whitten, et al. 2012. Gay, Lesbian, Bisexual, and Transgender Aging: Challenges in Research, Practice, and Policy. Johns Hopkins University Press.

ENDNOTES

1. Harriet L. Cohen, et al. 2006. "Older Lesbian and Gay Caregivers: Caring for Families of Choice and Caring for Families of Origin." *Journal of Human Behavior in the Social Environment*, Vol. 14, No. 1/2. pp. 275-298.
2. Karen I. Fredriksen-Goldsen, et al. 2011. *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Institute for Multigenerational Health.
3. Steven P. Wallace, et al. 2011. "The Health of Aging Lesbian, Gay and Bisexual Adults in California." Center for Health Policy Research.
4. Mark Hughes, et al. 2011. "Older LGBT People's Care Networks and Communities of Practice: A Brief Note." *International Social Work*, Vol. 54, No. 3. pp. 436-444.

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