

The LGBT Elder Americans Act: A Critical Analysis of Policy through Life Course and Equity Perspectives

Austin G. Oswald
Daniel Gardner
Nancy Giunta

Abstract: *The social positioning of lesbian, gay, bisexual, and transgender (LGBT) older adults is influenced by a constellation of historic and contemporary policies that shape the way they interact with the world around them. Although the past few decades have witnessed several legislative decisions that reflect a more open stance toward LGBT individuals, there remains a lack of federal policies that protect them. This paper provides a critical analysis of the LGBT Elder Americans Act of 2019, a bill amending the Older Americans Act of 1965 to include LGBT older adults in the definition of those with “greatest social needs” for the purpose of service planning and implementation. As a theoretical framework, we apply a life course perspective and an equity lens to examine the promise and limitations of the LGBT Elder Americans Act in meeting the needs of LGBT older adults. It is critically important for social work practitioners, policy makers, and scholars to understand the principles that drive policy debates so that they can advocate on behalf of the most vulnerable members of the population. We offer three recommendations for future policy making: i) Apply a life course perspective to understand the lived experiences of LGBT elders; ii) Apply an equity lens to public policy; and iii) Expand research to guide and advance policy development.*

Keywords: *Gerontology; policy change; sexual orientation; gender identity; LGBT; older adults; LGBT Elder Americans Act*

The population in North America is becoming older and more culturally diverse, and will continue to do so well into the future. Although the United States does not collect consistent and accurate data on sexual orientation and gender identity, it is estimated that the number of lesbian, gay, bisexual, and transgender (LGBT) adults over age 65 is between two and seven million (Grant et al., 2010). The growing number of LGBT older adults in the U.S. suggests an essential role for social workers and policy makers who are concerned with developing ethically and culturally responsive policies that address the complex and multifaceted needs of a diverse and often marginalized aging population.

This paper provides a critical historical analysis of the LGBT Elder Americans Act, H.R. 1777 (2019) reintroduced to the 116th Congress. The bill, introduced in both branches of the 115th Congress (S. 2089 and H.R. 4222), and then only to the House of Representatives in the 116th Congress (H.R. 1777), proposes to amend the Older Americans Act of 1965 to include LGBT older adults in the definition of those with “greatest social needs” for the purpose of service planning and implementation. The authors present an historical overview of the proposed bill, its anticipated aims, and its potential impact on service recipients. We then apply a life course perspective and an equity lens to frame the

Austin G. Oswald, PhD Student in Social Welfare, CUNY Graduate Center, New York NY 10016; Daniel Gardner, Professor, Hunter College Silberman School of Social Work, New York, NY 10035; Nancy Giunta, Professor, Hunter College Silberman School of Social Work, New York, NY 10035

Copyright © 2018 Authors, Vol. 19 No. 1 (Spring 2019), 121-137, DOI: 10.18060/22613



This work is licensed under a Creative Commons Attribution 4.0 International License.

analysis and highlight the strengths, challenges, and ideological principles underlying the bill. Ultimately, we aim to provide social work practitioners, policy makers, and scholars with a more critical understanding of the LGBT Elder Americans Act and its socio-political contexts.

Historical Background

LGBT older adults represent a highly diverse, distinct, and rapidly growing segment of the population. The past few decades have seen unprecedented increases in LGBT visibility as several policies and legal decisions have begun to reflect a more open stance toward them. The Supreme Court decision in *Obergefell v. Hodges* (2015), for example, confirmed the fundamental right to marry among same-sex partners for the first time in U.S. history. The advent of nondiscrimination policies in some state and municipal jurisdictions has made LGBT people a protected population under the law (Movement Advancement Project, 2019). Although in the last decade several policy changes have been enacted that protect the rights of LGBT people, most LGBT older adults have lived the majority of their lives within an oppressive social system (Kite & Byrant-Lee, 2016). Thus, in order to evaluate the impact of social policy on the lives of LGBT elders, we must understand their socio-political context from a life course perspective.

Several pivotal moments throughout history have contributed to the advancement of LGBT rights. Parks (1999) identifies three distinctive periods in LGBT history (the Pre-Stonewall, Liberation, and Gay Rights) and explains that each era represents a unique cultural standpoint, political struggle, and societal attitude toward LGBT people. She notes that adults 65 and older who came of age prior to Gay Liberation in the 1960s-1980s experienced intense stigmatization. Others have found that widespread discrimination throughout U.S. history created a culture of fear and stigmatized identity for LGBT people. For example, a qualitative study of 37 lesbian and gay people who came of age prior to Gay Liberation found that many of the participants described a stigmatized identity rooted in layers of discrimination where they judged others and themselves for their sexual orientation (Rosenfeld, 1999). Rosenfeld concluded that many lesbian and gay people in this age cohort managed their sexual orientation by concealing their identity and passing as heterosexual in their public and private lives.

The late 20th century marked dramatic shifts in societal attitudes toward LGBT people. Prior to this period, LGBT status was criminalized and pathologized in most jurisdictions. Many policies and laws of this time were largely oppressive and punitive, including the “Lavender Scare” of the 1950s, which propagated the belief that lesbian and gay people were communists and therefore represented serious security risks. Executive Order 10450, signed by President Eisenhower in 1953, permitted investigation of and overt discrimination toward federal lesbian and gay employees, and created widespread job insecurity and terminations (National Archives, 2016). Additionally, anti-sodomy laws criminalized same-sex desires up until the Supreme Court decision *Lawrence v. Texas* (2003) and permitted law enforcement to raid LGBT establishments and prosecute people for expressing their sexual orientation and gender identity (Kane, 2003). Finally, the term “homosexuality” was included as a mental disorder and classified as “paraphilia” and “sexual orientation disturbance” in the *Diagnostic and Statistical Manual of Mental*

Disorders (DSM) until 1973 (American Psychiatric Association, 1974). LGBT people were stigmatized and pathologized within medical communities, and this resulted in many being subjected to aggressive medical treatments such as electroconvulsive therapy to “cure” their mental disease (Drescher, 2015; Pillard, 2009). The most recent edition of the DSM replaced the diagnosis of “gender identity disorder” with “gender dysphoria,” acknowledging that gender variance in itself is not a clinical disorder (American Psychiatric Association, 2013).

The fight for civil rights for LGBT people was brought to light through social movements and resistance (Murib, 2017). The Mattachine Society, Homophile Movement, and Daughters of Bilitis in the 1950s; the Stonewall Riots in 1969; and the efforts of ACT-UP on behalf of people living with AIDS during the 1980s and 1990s, for example, challenged dominant assumptions about acceptable human behavior (D’Emilio, 1998). These LGBT political movements increased the visibility of discrimination based on sexual orientation and gender identity. They also provide evidence for the role of advocacy in advancing social justice, and illustrate the dynamic nature of social change. Although strides have been made, progress is tenuous and more work is needed in the ongoing struggle for LGBT rights. Even with recent developments in LGBT rights, many LGBT elders continue to carry the weight of their prior historical times (Fredriksen-Goldsen, 2011; Herek, Chopp, & Strohl, 2003; Institute of Medicine [IOM], 2011; Meyer, 2003; Oswald & Roulston, 2018). Thus, their social positioning must be understood from an historical perspective that takes into account their experiences with discrimination and stigmatization.

Social Positioning of LGBT Elders

Several studies have found that LGBT elders encounter financial difficulties that are a result of their minority status (Emler, 2016; Espinoza, 2014). The distinct financial concerns of LGBT people can be linked to discriminatory laws that increase their risk for economic insecurity. U.S. 20th century laws permitted overt discrimination of LGBT people in the workforce and created uncertainty for many, resulting in cumulative financial disadvantage in later life. Espinoza (2014) conducted a large survey of LGBT people between the ages of 45 and 75, and found that 51% of the older LGBT subjects reported extreme concerns that they would be unable to support themselves in later life. Financial distress reported by the participants in Espinoza’s study is corroborated by research that points to high rates of poverty among LGBT adults in the U.S., with transgender elders and LGBT elders of color being the economically worst-off and most reliant on public assistance (Badgett, Lau, Sears, & Ho, 2007; Dodd, 2014; Emler, 2016; Espinoza, 2014)

LGBT older adults also experience unique relational constraints that shape their social networks and family structures. Heteronormative laws that prohibited same-sex unions, policed gender expression, and criminalized/pathologized people’s desires have influenced the social connections of LGBT elders. LGBT older adults often lack critical social and familial supports; they are less likely to be in relationships, less likely to have children, more likely to live alone, and more likely to report excessive loneliness (Espinoza, 2014; Fredriksen-Goldsen, 2011; Metlife, 2010). They are more reliant on friends than family for instrumental and emotional support (Shippy, Cantor, & Brennan, 2004; Smith, McCaslin,

Chang, Martinez, & McGrew, 2010). Studies have also found that LGBT individuals experience robust social networks with meaningful relationships and social connections (Grossman, D'Augelli, & Hershberger, 2000; McGovern, Gardner, Brown, & Gasparro, 2017).

Discrimination against LGBT elders has negative implications for health outcomes, which scholars have linked to a number of health disparities (Fredriksen-Goldsen, 2011; IOM, 2011). A growing body of literature documents a wide range of risk factors, health outcomes, and health care experiences among LGBT people. For example, lesbian women are less likely to have health insurance and to seek preventive care (Valanis et al., 2000; Zaritsky & Dibble, 2010), and gay men are disproportionately affected by HIV/AIDS compared to their non-LGBT age peers (Brennan-Ing, Seidel, Larson, & Karpiak, 2017; Snyder, 2011). There is a dearth of empirical research about transgender and bisexual health, but evidence is emerging that uncovers serious health disparities. Transgender people experience elevated rates of HIV/AIDS and are less likely to have health insurance when compared to the general population (Clements-Nolle, Marx, Guzman, Katz, 2001). People who identify as bisexual more often report poor physical and psychological health outcomes (Fredriksen-Goldsen, 2011; Gonzales & Henning-Smith, 2017; Veenstra, 2011). Overall, LGBT older adults rate their health more poorly than their non-LGBT aged peers (Emler, 2016; Fredriksen-Goldsen, 2011).

Minority stress theorists attribute LGBT health inequities to oppressive social structures, suggesting that LGBT people experience chronic stress as a result of stigmatization (Meyer, 2003). Older LGBT individuals may be especially vulnerable to minority stress as they have lived the majority of their lives in a heterosexist and homophobic/transphobic culture. It is important to note that LGBT elders are a heterogeneous population with intersecting oppressions of race, gender identity, class, immigration status, disability, and sexual orientation. Studies that compare the health of LGBT older adults with the general population have found substantial inequities within and across the LGBT population (Fredriksen-Goldsen, 2011).

Collins (2000) explains that systems of inequity are interconnected and shape an individual's social location and interactions with the world. Research shows that individuals with multiple marginalized identities face multiple forms of discrimination that converge into social, health, and financial disparities (Carter & Reardon, 2014; MacCartney & Fuwa, 2006; Veenstra, 2011). Although less is known about the impact of intersecting oppressions in the older LGBT community, research points to heightened disparities for them (Van Sluytman, 2013). Balsam, Molina, Beadnell, Simoni, and Walters (2011) found that LGBT people of color experience psychological distress resulting from racism in the LGBT community and heterosexism in racial/ethnic communities. Francis and Acey (2013) suggest that homophobia and transphobia are more prevalent in racial and ethnic minority communities, resulting in LGBT elders of color experiencing an exacerbated sense of isolation. The current U.S. wage gap is magnified for people with intersecting oppressed identities, which is associated with significant financial difficulties in later life, particularly for women of color, immigrants, and LGBT individuals (Badgett et al., & Ho, 2007; Chapman & Benis, 2017; Smith & Fernandez, 2017). MacCartney and Fuwa's (2006) study on intersecting inequality found that individuals are penalized for

each of their marginalized statuses, which has a cumulative effect resulting in disadvantage.

LGBT elders constitute a diverse group of individuals that occupy multiple intersecting identities and social positions. Historic and current U.S. policies, whether seemingly neutral or openly discriminatory, have had a profound impact on the social positioning of LGBT elders. Although a number of discriminatory policies have been resolved in recent times, LGBT elders continue to be affected by a lack of comprehensive federal protections.

Political Discourses and LGBT Aging

In contemporary politics, the constructs of sexual orientation and gender identity, as well as LGBT policy making and advocacy, may be understood within the context of two divergent political ideologies: Social Democracy and Social Conservatism. These two political ideologies proffer opposing views about LGBT individuals and legislation upholding their human rights and dignity.

Social Democracy places emphasis on liberal democratic participation and humanitarianism. It supports legislation like the LGBT Elder Americans Act because it aims to improve the lives of LGBT individuals by dismantling economic and socio-structural forces that prevent LGBT elders from realizing their full potential (Mullaly, 2007). Social Democracy argues that it is the responsibility of government to ensure the welfare of all citizens, and pro-LGBT legislation is one strategy to offset the injustices that LGBT elders face. On the other hand, Social Conservatism is rooted in moral principles and economic liberalism in the free-market economy, which serves to promote social control and the erosion of protections for individuals. It supports policies that uphold socially and fiscally conservative ideals of a hetero- and cis-normative society (Mullaly, 2007). According to Social Conservatism, nondiscrimination bills such as the LGBT Elder Americans Act are fundamentally flawed because they increase spending on social welfare programs and create unnecessary dependency on government supports.

In the field of gerontology, Estes (2001) offers the political economy of aging theory as a critical framework positing sex and gender systems as structural forces, along with the public and private sectors, in the construction of old age discourse in today's environment. Incorporating sexual orientation and gender identity into public policy is consistent with both the political economy of aging and an ideological orientation toward Social Democracy.

LGBT Elder Americans Act

The LGBT Elder Americans Act, H.R. 1777 (2019), introduced in the 116th Congress, amends the Older Americans Act (OAA) to promote equitable treatment of LGBT older adults by identifying them as a population of "greatest social need" (Civic Impulse, 2017). The OAA was originally passed in 1965 to develop and support a range of critical social services aimed at assisting elders to remain independent and engaged throughout their lives. The OAA highlights the vulnerabilities of older people and authorized federal funding to finance aging services, research, and training programs (Administration for Community Living [ACL], 2017), and provides a wide range of services for individuals

aged 60 and older and their caregivers, including nutritional programs, transportation services, senior centers, elder abuse prevention programs, disease prevention and health promotion programs, family caregiver support, and job training and supportive employment, among other services. Anyone over the age of 60 is eligible to receive services, however priority is given to individuals deemed most vulnerable. Currently, the OAA has defined vulnerable populations as older adults who are low income, Holocaust survivors, institutionalized, frail, indigenous, racial/ethnic minorities, and elders who live with disabilities and chronic conditions.

During multiple reauthorizations since 1965, the OAA has been amended and adjusted through a primarily bipartisan legislative process. In the 2000 reauthorization, for example, the National Family Caregiver Support Program was added to support family caregivers of older adults as well as older adults caring for young children. In 2016, the reauthorization included an amendment to increase the protections for highly vulnerable older individuals. The most recent amendments included provisions to strengthen the Office of Long-Term Care Ombudsman, elder abuse screening and prevention, and adoption of evidenced-based programs (ACL, 2017). Organizations are now required to “collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities, and publish a report on them” (ACL, 2017, p. 335). Despite these welcomed amendments, there remains a lack of protections for LGBT older adults in the OAA, which leaves them at elevated risk for a number of disadvantages.

The LGBT Elder Americans Act, S. 3575 (2011) was first introduced in the 112th Congress by Senator Michael Bennet (D-C), but was not enacted. The bill (S. 1765) was reintroduced by Bennet in the 114th Congress, again (S. 2089) in the 115th, with six Democratic co-sponsors. A companion bill, the Ruthie and Connie LGBT Elder Americans Act, H.R. 4222 (2017) was introduced in the 115th Congress by Rep. Suzanne Bonamici (D-OR) with 28 co-sponsors. It was reintroduced in the 116th Congress as H.R. 1777 (2019) by Bonamici and 42 co-sponsors, all Democrats. At the time this paper was published, the Ruthie and Connie LGBT Elder Americans Act, H.R. 1777 (2019) was active and awaiting review by the Senate’s Sub-Committee on Health, Education, Labor, and Pensions. The bill proposes to address several important issues that are of paramount concern for LGBT people as they age.

The LGBT Elder Americans Act recognizes that LGBT elders are a vulnerable population, makes explicit their distinct needs, and proposes a set of initiatives to ensure their equal treatment under the law. The bill recommends ongoing funding for the National Resource Center on LGBT Aging under the auspices of the OAA, which would generate, implement, and evaluate evidence-based interventions designed to address practical problems affecting LGBT elders. The National Resource Center would also serve to educate providers about the special needs of LGBT older individuals and provide resources and training to better meet the needs of this population (SAGE, 2012). In addition, the bill would authorize more federal funding for research to determine the needs of LGBT older people and evaluate the effectiveness of services to meet their bio-psychosocial needs. Emphasis is placed on applied research with the goal of translating findings into interventions that target structural issues, including building advocacy efforts to combat stigma and discrimination that impacts LGBT older adults (Kennedy, 2011). In sum, the

bill attempts to ensure that LGBT elders “receive the unique services and supports they need to improve their economic security, social support, and overall health” (SAGE, 2012, p. 1).

LGBT Elder Americans Act: A Theoretical Analysis

Due to political ideologies with opposing views about LGBT people, the LGBT Elder Americans Act has met resistance in Congress. As a consequence, this legislation must be examined through theories that take a bipartisan approach to understand the complexities of LGBT aging. In this section, we offer an analysis of the LGBT Elder Americans Act through a life course and equity perspective in order to understand the promise and limitations of this proposed policy.

Life Course Perspective

Laws and policies that aim to improve the lives of LGBT older adults must consider how cohort effects shape the needs and experiences of diverse elders. A life course perspective pays particular attention to how one’s trajectory influences social, health, and economic outcomes (Fredriksen-Goldsen et al., 2014; Mayer, 2009). The perspective encourages an understanding of the interplay of the personal with the structural to understand how biographies, structures, and social movements interact in dynamic ways over the life course (Elder, 1998; O’Rand, 1996). The Life Course Perspective is a useful theoretical lens for analyzing the LGBT Elder Americans Act because sexual orientation and gender identity are dynamic cultural constructs that carry different meanings depending on history and geography. Indeed, the experiences of LGBT individuals who came of age prior to Gay Liberation are vastly different from those who came of age during a time of marriage equality.

A number of scholars have found that the cultural and political context is as important to health and aging as biology and genes (Scharlach, 2017). This is true for LGBT elders who have spent the majority of their lives interacting with oppressive policies designed to marginalize them. The LGBT Elder Americans Act takes a comprehensive approach to address how the social positioning of LGBT older adults, who are over age 60 at this time in history, is shaped by discrimination and stigmatization. In fact, not all individuals age well or equitably. Lifelong exposure to structural injustices is particularly pernicious for LGBT older adults who are left to manage the additive effects of ongoing health, social, and economic disadvantages throughout the life course.

The inequities that disproportionately affect LGBT elders are often avoidable and can be resolved through policies that close the gaps, which prevent them from growing old in a society that is inclusive and equitable for all. An important aspect of the LGBT Elder Americans Act is the addition of sexual orientation and gender identity to the OAA’s list of those with greatest social needs. This will be a major step in addressing the challenges that LGBT elders experience, as it will mandate federal funds to finance services that address the needs of LGBT individuals in later life. To date, little OAA funding goes to programs that explicitly target LGBT elders, and services for this population are lacking (Espinoza, 2012). This is problematic because the number of LGBT older adults is

increasing along with their visibility in aging services. Funding needs to be allocated to programs that target the distinct needs of LGBT elders.

Applying a life course perspective to analyze the LGBT Elder Americans Act suggests that the bill acknowledges structural injustices that accumulate across the life course. The bill does not address the circuits of disadvantage and dispossession that affect LGBT individuals, particularly those with intersecting minority statuses, resulting in greater social, health, and economic disadvantages in old age. Instead of preventing the accumulation of disadvantage, the bill would fund services that ameliorate the impact of cumulative hardship experienced by LGBT elders. A more proactive policy intervention would include nondiscrimination laws that protect individuals at all stages of the life course. The Equality Act, H.R. 5 and S. 788 (2019), reintroduced to the 116th Congress by Representative David Cicilline (D-RI) and Senator Jeff Merkley (D-OR), is an example of a proactive LGBT policy. The Equality Act seeks to amend the Civil Rights Act of 1965 to include sexual orientation and gender identity. This bill would prohibit discrimination in housing, employment, marriage, public accommodation, health care, credit, courts, and the private sector. If passed, the Equality Act would be instrumental in reducing the additive effects of structural disadvantages that LGBT individuals accrue across the life course.

Equity Lens

According to Krieger and colleagues (2010), an equity perspective is “the instrumental use of human rights concepts and methods for revealing and influencing government-mediated processes linking social determinants to health outcomes, especially in relation to the principles of participation, nondiscrimination, transparency, and accountability” (p. 748). Consistent with an equity approach, the LGBT Elder Americans Act endeavors to shift political processes by lifting the human rights and dignity of LGBT older adults. The bill would introduce federal protections for LGBT elders that promote their equal rights under the law, build a knowledge base around LGBT aging, and provide real-world solutions that address the challenges that LGBT elders face (Civic Impulse, 2017). As such, it supports the notion that disparities are not because of individual choice, but are products of structural injustices that marginalize individuals across the life course.

The LGBT Elder Americans Act would be the first federal law to mandate data collection, analysis, and reporting on the needs of LGBT elders, their experiences with discrimination, and the utility of services to support this population (Kennedy, 2011). Currently, most national and state surveys do not ask questions about sexual orientation or gender identity, making it difficult to estimate the number of LGBT people and the extent of their needs (Espinoza, 2016; Healthy People, 2017). The lack of accurate information leaves LGBT older adults at particularly high risk of receiving inadequate care, and government intervention is required to improve our understanding of their experiences (Healthy People, 2017; IOM, 2011). Such efforts are instrumental in promoting the health equity of diverse elders by providing a means to measure their needs while also guiding supportive services for LGBT older adults.

An important aspect of an equity approach to public policy is the role of intersectionality in understanding how race, ethnicity, sexual orientation, gender identity, nationality, class, and disability interact to create unequal opportunities and outcomes for individuals that intensify in later life (Fredricksen-Goldsen et al., 2014). Although the LGBT Elder Americans Act calls for the inclusion of sexual orientation and gender identity among other vulnerable groups, it does not make explicit the need to allocate additional funding to services that target LGBT elders with multiple minority statuses. In order to address the nexus of inequity that many LGBT elders experience, policy makers should advocate for an intersectional equity approach that addresses the dynamic interaction of privilege and oppression across the life course.

Finally, LGBT elders have demonstrated significant resilience throughout their lives, and an equity approach to policy would acknowledge the strengths of this community (Fredricksen-Goldsen et al., 2014). Indeed, LGBT elders constitute an activist cohort who effectively built communities that challenged dominant norms and customs of acceptable human behavior. For example, they successfully transformed cultural conventions around families and caregiving to include chosen families that are not based on legal or biological status. Fredricksen-Goldsen et al. (2014) recommend that “families of choice and next-of-kin that are not partners or legal family members are also considered in policy advocacy efforts” (p. 659). As such, the OAA’s family caregiving supports and other services must make explicit the inclusion of diverse family forms in their programming.

Implications for Social Work

As the U.S. population continues to age, social work practitioners, policy makers, and scholars must consider how well current laws and policies meet the needs of the increasingly diverse demographic landscape. Currently, U.S. federal policies are lacking when it comes to LGBT people and their protections under the law. LGBT elders are a unique segment of the population who have been shaped by historical and current experiences of oppression and resistance; innovative policies are needed to promote their wellbeing (Espinoza, 2016; Fredricksen-Goldsen & Espinoza, 2015). As such, there is a critical need for social workers practicing in various settings to take the lead as policy experts and advocates, particularly in regard to inequities within U.S. policies and the need for redress among marginalized groups.

Social work is a politically engaged profession with a long history of advocacy work. However, schools of social work offer clinical practice specializations at a significantly higher rate than policy, suggesting a need to advance the profession’s capacity in social policy analysis, advocacy, and development (Council on Social Work Education, 2017). It could be argued that clinical social workers treat the symptoms of an unjust society, rather than dismantle the structures that produce them. Social work is uniquely positioned to create systemic change through policy advocacy and community organizing, yet centering clinical practice in modern social work marginalizes these macro-level skill sets. Training social workers to critically examine U.S. policies and the underpinning factors that impose and/or support social inequality is essential to addressing the structures of domination that affect the populations we serve. In light of these concerns, we offer three recommendations for future policy-making that might produce better outcomes for LGBT older adults: i)

apply a life course perspective to understand the lived experiences of LGBT elders; ii) apply an equity lens to inform policy development; and iii) apply research evidence to guide and advance social policy.

Recommendation i: Apply a life course perspective to understand lived experiences over time

The positionality of LGBT elders is shaped by historic circumstances of marginalization and oppression, and discriminatory policies throughout U.S. history. Policy advocates must critically examine structural forces that have affected the lives of LGBT people over the life course (Fredriksen-Goldsen, 2016; Fredriksen-Goldsen & Espinoza, 2015; Fredriksen-Goldsen & Muraco, 2010; Kite & Byrant-Lee, 2016). Radical shifts in LGBT rights over the past 50 years suggests that different generations have different experiences, and policy needs to attend to the unique generational concerns of LGBT individuals (Espinoza, 2016; Fredriksen-Goldsen et al., 2014). Therefore, social policies must be both reactive and proactive in order to account for the multiple factors that shape LGBT aging. Improving LGBT people's economic, social, and health statuses in all stages of the life course is a pro-active approach that attends to the unique needs of LGBT people at different developmental stages (Stark, Folbre, Shaw, Smeeding, Sandstrom, Shaw, Lee, & Chung, 2005). Additionally, we need bills like the LGBT Elder Americans Act to respond to the history of inequality in U.S. legislation. By applying a life course perspective, policy makers can respond to historic and current circumstances that create inequities for LGBT people of all ages.

Recommendation ii: Apply an equity lens to inform and shape policy development

LGBT older adults comprise a diverse group of individuals with intersecting identities, and an equity approach to policy is necessary to address the multiple intersecting oppressions and privileges within the LGBT community. LGBT identities are embedded within a matrix of domination related to race, class, gender, sexual orientation, immigration status, nationality, and disability (Balsam et al., 2011; Collins, 2000; Defilippis & Anderson-Nathe, 2017; Fredriksen-Goldsen et al., 2014; Murib, 2017). To date, achievements made by the LGBT movement have focused on the most privileged members of this community (e.g., middle class, white, cisgender, gay men and lesbians), and policy makers must move the most marginalized members (i.e., queer people of color, transgender people, LGBT immigrants) into the center of policy debates (Defilippis & Anderson-Nathe, 2017; Murib, 2017). There has been limited attention to the particularities within the LGBT community in U.S. federal policy, and it is critically important that policy makers are attuned to the various degrees of marginalization within this unique community of people (Murib, 2017). An equity approach to public policy addresses diversity and intersectionality and moves beyond mainstream issues that fail to account for multiple minority statuses (Defilippis & Anderson-Nathe, 2017; Fredriksen-Goldsen et al., 2014; Murib, 2017).

Recommendation iii: Expand research to guide and advance an LGBT aging policy agenda

Despite a growing empirical and historical literature, relatively little is known about the experiences of LGBT elders, which limits the ability of policy makers to estimate the extent and nature of their needs (Espinoza, 2016; Healthy People, 2017). In order to be effective, policy makers, service providers, and researchers require adequate data to inform their work. In 2014, the Administration on Aging added demographic questions about sexual orientation and gender identity to the National Survey of OAA Participants and collected data in 2015 and 2016. However, efforts to better understand the service needs of LGBT users of OAA services came to a halt in 2017, when such questions were removed from the National Survey of OAA Participants (Cahill & Makadon, 2017). Future policy should mandate collection of data on sexual orientation and gender identity in national, state, and local agency surveys (Espinoza, 2016). As the LGBT Elder Americans Act suggests, formalized, systematic, and permanent structures are needed to support ongoing LGBT aging research, policy, and service delivery. Creating infrastructure to support a rigorous national research agenda will build an evidence base to document the numerous inequities that affect LGBT individuals throughout the life course.

Conclusion

Until recently, federal legislation has ignored the needs and experiences of LGBT people, and the current assortment of laws and policies that protect them are insufficient (Fredriksen-Goldsen, 2016). Research has found that LGBT individuals are susceptible to economic, social, and health disparities at different developmental stages that culminate in serious disadvantages in later life. The LGBT Elder Americans Act has the potential to improve the social positioning of LGBT older adults. Dominant ideologies in contemporary U.S. politics, however, are decimating laws that protect LGBT people. Therefore, the LGBT Elder Americans Act is a contested and polarizing bill.

Social work practitioners, policy makers, and scholars are being called upon to advocate for policies that dismantle historic inequalities in U.S. legislation. Applying empirical research grounded in a life course and equity perspective can help social workers move beyond partisan debates on LGBT rights toward a greater understanding of the ways in which biographies and structures interact to produce unequal opportunities and outcomes for individuals. Educating social workers with a working knowledge of policy analysis and the legislative process is essential for them to advocate for future policies that improve the lives of underserved and underrepresented populations. Schools of social work need to provide the infrastructure for students to develop advanced understanding of policy development and the political and ideological realities, strategies, and considerations that drive it. Empowering social workers at all levels of professional practice to critically analyze existing policy structures and develop and advance progressive policies is a necessary step to create a just and equitable society for all.

References

- Administration for Community Living [ACL]. (2017). Older Americans Act. Retrieved from <https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act>
- American Psychiatric Association. (1974). *Diagnostic and statistical manual of mental disorders* (2nd ed.) Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.) Washington, DC: Author.
- Badgett, M. V. L., Lau, H., Sears, B., & Ho, D. (2007). *Bias in the workplace: Consistent evidence of sexual orientation and gender identity discrimination*. Los Angeles: The Williams Institute, UCLA School of Law.
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 163-174. doi: <https://doi.org/10.1037/a0023244>
- Brennan-Ing, M., Seidel, L., Larson, B., & Karpiak, S. E. (2017). Social networks and supports among older gay and bisexual men: The impact of HIV. In J. M. Wilmoth & M. D. Silverstein (Eds.), *Later-life social support and service provision in diverse and vulnerable populations* (pp. 54-76). New York: Routledge. doi: <https://doi.org/10.4324/9781315222950-5>
- Cahill, S. R., & Makadon, H. J. (2017). If they don't count us, we don't count: Trump administration on rolls back sexual orientation and gender identity data collection. *LGBT Health, 4*(3), 171-173. doi: <https://www.liebertpub.com/doi/10.1089/lgbt.2017.0073>
- Carter, P. L., & Reardon, S. F. (2014). *Inequality matters*. William T. Grant Foundation Inequality Paper. Retrieved from <https://wtgrantfoundation.org/library/uploads/2015/09/Inequality-Matters.pdf>
- Chapman, S. J., & Benis, N. (2017). Ceteris non paribus: The intersectionality of gender, race, and region in the gender wage gap. *Women's Studies International Forum, 65*, 78-86. doi: <https://doi.org/10.1016/j.wsif.2017.10.001>
- Civic Impulse. (2017). S. 2089 — 115th Congress: LGBT Elder Americans Act of 2017. Retrieved from <https://www.govtrack.us/congress/bills/115/s2089>
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health interventions. *American Journal of Public Health, 91*(6), 915-921. doi: [10.2105/ajph.91.6.915](https://doi.org/10.2105/ajph.91.6.915)
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). NY: Routledge.
- Council on Social Work Education [CSWE]. (2017). *2016 statistics on social work education in the United States: A summary of the CSWE annual survey of social*

- work programs*. Retrieved from <https://www.cswe.org/CMSPages/GetFile.aspx?guid=6e8bc9e7-ebd6-4288-bc7a-d2d427d68480>
- D’Emilio, J. (1998). *Sexual politics, sexual communities* (2nd ed.). Chicago: University of Chicago Press.
- Defilippis, J. N., & Anderson-Nathe, B. (2017). Embodying margin to center: Intersectional activism among queer liberation organizations. In M. M. Brettschneider, S. Burgess, & C. Keating. (Eds.), *LGBTQ politics: A critical reader* (pp. 120-133). NY: NYU Press.
doi: <https://doi.org/10.2307/j.ctt1pwt8jh.11>
- Dodd, S. (2014). LGBTQ poverty in NYC: Busting the gay affluence myth. In *Worse than you think. The dimensions of poverty in NYC: What social workers see* (pp. 55-59). New York: NASW. Retrieved from https://c.ymcdn.com/sites/naswnyc.site-ym.com/resource/resmgr/Docs/worse_than_you_think_web.pdf
- Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences*, 5(4), 565-575. doi: <https://doi.org/10.3390/bs5040565>
- Elder, G. H. (1998). The life course as developmental theory. *Child Development*, 69(1), 1-12.
- Emlet, C. A. (2016). Social, economic, and health disparities among LGBT older adults. *Generations*, 40(2), 16-22.
- Equality Act of 2019, H.R. 5, 116th Cong. (2019).
- Equality Act of 2019, S. 788, 116th Cong. (2019).
- Espinoza, R. (2012). Act now! OAA reauthorization must include services for LGBT elders. *Aging Today*, xxxiii(4), 1-2.
- Espinoza, R. (2014). *Out and visible: The experiences and attitudes of LGBT older adults, ages 45-75*. NY: Sage.
- Espinoza, R. (2016). Protecting and ensuring the well-being of LGBT older adults: A policy roadmap. *Journal of the American Society on Aging*, 40(2), 87-93
- Estes, C. L. (2001). *Social policy & aging*. Thousand Oaks, CA: Sage.
- Francis, G. M., & Acey, K. (2013). Reducing isolation: A community engagement service model. Retrieved from <http://www.asaging.org/blog/reducing-isolation-community-engagement-service-model>
- Fredriksen-Goldsen, K. I. (2011). Resilience and disparities among lesbian, gay, bisexual, and transgender older adults. *Public Policy Aging Report*, 21(3), 3-7.
doi: <https://doi.org/10.1093/ppar/21.3.3>
- Fredriksen-Goldsen, K. I. (2016). The future of LGBT+ aging: A blueprint for action in services, policies, and research. *Journal of the American Society on Aging*, 40(2), 6-15.

- Fredriksen-Goldsen, K. I., & Espinoza, R. (2015). Time for transformation: Public policy must change to achieve health equality for LGBT older adults. *Journal of the American Society on Aging, 38*(4), 97-106.
- Fredriksen-Goldsen, K. I., & Muraco, A. (2010). Aging and sexual orientation: A 25-year review of the literature. *Research on Aging, 32*(2), 372-413.
doi: <https://doi.org/10.1177/0164027509360355>
- Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H-J., Lehavot, K., Walters, K. L., Yang, J.,...Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry, 84*(6), 653-663. doi: <https://doi.org/10.1037/ort0000030>
- Gonzales, G., & Henning-Smith, C. (2017). Health disparities by sexual orientation: Results and implications from the behavioral risk factor surveillance system. *Journal of Community Health, 42*(6), 1163-1172.
doi: <https://doi.org/10.1007/s10900-017-0366-z>
- Grant, J. M., Koskovich, G., Frazer, S., Bjerck, S., National Gay and Lesbian Task Force (U.S.), & Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders. (2010). *Outing age 2010: Public policy issues affecting gay, lesbian, bisexual and transgender elders*. Washington, D.C: National Gay and Lesbian Task Force.
- Grossman, A. H., D'Augelli, R. D., & Hershberger, S. L. (2000) Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *Journal of Gerontology, 55*(3), 171-179. doi: <https://doi.org/10.1093/geronb/55.3.p171>
- Healthy People. (2017). Lesbian, gay, bisexual, and transgender health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- Herek, G. M., Chopp, R., & Strohl, D. (2003). Sexual stigma: Putting sexual minority issues in context. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities* (pp.171-208). New York: Springer. doi: https://doi.org/10.1007/978-0-387-31334-4_8
- Institute of Medicine [IOM]. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/13128>
- Kane, M. (2003). Social movement policy success: Decriminalizing state sodomy laws, 1969–1998. *Mobilization: An International Quarterly, 8*(3), 313-334.
- Kennedy, S. (2011). LGBT Older Adults and Reauthorization of the Older Americans Act. Retrieved from <https://www.sageusa.org/files/Reauthorization%20of%20Older%20Americans%20Act.pdf>
- Kite, M. E., & Bryant-Lee, K. B. (2016). Historical and contemporary attitudes toward homosexuality. *Teaching of Psychology, 43*(2), 164-170.
doi: <https://doi.org/10.1177/0098628316636297>

- Krieger, N., Alegria, M., Almeida-Filho, N., Barbosa da Silva, J., Barreto, M. L., Beckfield, J., . . . Walters, K. L. (2010). Who, and what, causes health inequities? Reflections on emerging debates from an exploratory Latin American/North American workshop. *Journal of Epidemiology and Community Health*, 64(9), 747-749. doi: <https://doi.org/10.1136/jech.2009.106906>
- Lawrence v. Texas, 539 U.S. 558 (2003).
- LGBT Elder Americans Act of 2011, S. 3575, 112th Cong. (2011).
- LGBT Elder Americans Act of 2015, S. 1765, 114th Cong. (2015).
- LGBT Elder Americans Act of 2017, S. 2089, 115th Cong. (2017).
- MacCartney, D., & Fuwa, M. (2006). Intersecting inequality: The effects of race, class, gender, and sexual orientation. Retrieved from <http://paa2006.princeton.edu/papers/61138>
- Mayer, K. U. (2009). New directions in life course research. *Annual Review of Sociology*, 35, 413-433.
- McGovern, J., Gardner, D., Brown, D., & Gasparro, V. (2017). Long-term care planning and the changing landscape of LGBTQ aging. *Urban Social Work*, 1(2), 130-143. doi: <https://doi.org/10.1891/2474-8684.1.2.130>
- MetLife. (2010). *Still out, still aging: The MetLife study of lesbian, gay, bisexual, and transgender baby boomers*. Westport, CT: MetLife Mature Marketing Institute.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi: <https://doi.org/10.1037/0033-2909.129.5.674>
- Movement Advancement Project. (2019). Equity maps: State non-discrimination laws. Retrieved from http://www.lgbtmap.org/equality-maps/non_discrimination_laws
- Mullaly, B. (2007). *The new structural social work: Ideology, theory, practice* (3rd ed.). NY: Oxford University Press.
- Murib, Z. (2017). Rethinking GLBT as a political category in U.S. politics. In M. M. Brettschneider, S. Burgess, & C. Keating (Eds.), *LGBTQ politics: A critical reader* (pp. 14-33). NY: NYU Press. doi: <https://doi.org/10.2307/j.ctt1pwt8jh.6>
- National Archives. (2016). *Executive orders*. Retrieved from <https://www.archives.gov/federal-register/codification/executive-order/10450.html>
- Obergefell v. Hodges, 576 U.S. ____ (2015).
- Older Americans Act Reauthorization. (2016). *An Act to Reauthorize the Older Americans Act of 1965*. Retrieved from <https://www.congress.gov/114/plaws/publ144/PLAW-114publ144.pdf>

- O’Rand, A. M. (1996). The precious and the precocious: Understanding cumulative disadvantage and cumulative advantage over the life course. *Gerontologist*, 36(2), 230-238. doi: <https://doi.org/10.1093/geront/36.2.230>
- Oswald, A. G., & Roulston, K. (2018). Complex intimacy: Theorizing older gay men’s social lives. *Journal of Homosexuality, online*, e1-e21. doi: <https://doi.org/10.1080/00918369.2018.1536416>
- Parks, C. A. (1999). Lesbian identity development: An examination of differences across generations. *American Journal of Orthopsychiatry*, 69(3), 347-361. doi: <https://doi.org/10.1037/h0080409>
- Pillard, R. (2009). From disorder to dystonia: DSM-II and DSM-III. *Journal of Gay and Lesbian Mental Health*, 13, 82-86. doi: <https://doi.org/10.1080/19359700802690174>
- Rosenfeld, D. (1999). Identity work among lesbian and gay elderly. *Journal of Aging Studies*, 13, 121-144. doi: [https://doi.org/10.1016/s0890-4065\(99\)80047-4](https://doi.org/10.1016/s0890-4065(99)80047-4)
- Ruthie and Connie LGBT Elder Americans Act of 2017, H.R. 4222, 115th Cong. (2017).
- Ruthie and Connie LGBT Elder Americans Act of 2019, H.R. 1777, 116th Cong. (2019).
- SAGE. (2012). *LGBT Elder Americans Act of 2012*. Retrieved from <https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566cb540bfe87338d210d97d/1449964864898/2012-SAGE-LGBT-Elder-Americans-Act-of-2012.pdf>
- Scharlach, A. E. (2017). Aging in context: Individual and environmental pathways to aging-friendly communities – the 2015 Matthew A. Pollack Award Lecture. *The Gerontologist*, 57(4), 606-618. doi: <https://doi.org/10.1093/geront/gnx017>
- Shippy, R., Cantor, M. H., & Brennan, M. (2004). Social network of aging gay men. *The Journal of Men’s Studies*, 13(1), 107-120. doi: <https://doi.org/10.3149/jms.1301.107>
- Smith, L. A., McCaslin, R., Chang, J., Martinez, P., & McGrew, P. (2010). Assessing the needs of older gay, lesbian, bisexual, and transgender people: A service-learning and agency partnership approach. *Journal of Gerontological Social Work*, 53, 387-401. doi: <https://doi.org/10.1080/01634372.2010.486433>
- Smith, W. C., & Fernandez, F. (2017). Education, skills, and wage gaps in Canada and the United States. *International Migration*, 55(3), 57-73. doi: <https://doi.org/10.1111/imig.12328>
- Snyder, J. E. (2011). Trend analysis of medical publications about LGBT persons: 1950-2007. *Journal of Homosexuality*, 58(2), 164-188. doi: <https://doi.org/10.1080/00918369.2011.540171>
- Stark, A., Folbre, N., Shaw, L. B., Smeeding, T. M., Sandstrom, S., Shaw, L. B., Lee, S., & Chung K. (2005). Explorations gender and aging: Cross-national contrasts. *Feminist Economics*, 11(2), 163–197. doi: 10.1080/13545700500115985.

- Valanis, B. G., Bowen, D. J., Bassford, T., Whitlock, E., Chamey, P., & Carter, R. A. (2000). Sexual orientation and health: Comparisons in the Women's Health Initiative sample. *Archives of Family Medicine*, 9(9), 843-853.
doi: <https://doi.org/10.1001/archfami.9.9.843>
- Van Sluytman, L. G. (2013). *(Dis)parities and (in)visibilities: Shifting perception of the life course of LGBT elders of color*. Retrieved from <http://www.asaging.org/blog/disparities-and-invisibilities-shifting-perception-life-course-lgbt-elders-color>
- Veenstra, G. (2011). Race, gender, class, and sexual orientation: Intersecting axes of inequality and self-rated health in Canada. *International Journal for Equity in Health*, 10(1), 1-11. doi: <https://doi.org/10.1186/1475-9276-10-3>
- Zaritsky, E., & Dibble, S. L. (2010). Risk factors for reproductive and breast cancers among older lesbians. *Journal of Women's Health*, 19(1), 125-131.
doi: <https://doi.org/10.1089/jwh.2008.1094>
- Author note:** Address correspondence to: Austin G. Oswald, Doctoral Fellow at Silberman Aging, Silberman School of Social Work at Hunter College, 2180 3rd Ave, New York, NY 10035. Email: aoswald@gradcenter.cuny.edu