



**TESTIMONY**

Presented by

**Lorraine Cortés-Vázquez  
Commissioner**

on

**Oversight:**

before the

**New York City Council  
Committee on Aging  
and  
Committee on Women and Gender Equity**

on

**Tuesday, June 21, 2022  
10:00 am**

Good morning and Happy Pride, Chair Hudson, Chair Cabán, and members of both the Aging and Women and Gender Equity Committees. Thank you for this opportunity to discuss LGBTQIA+ older adults and their unique needs. In the middle of Pride Month, it is particularly poignant to highlight the older adult LGBTQIA+ population and how we can continue to strengthen our services for them.

### **Profile of LGBTQIA+ Older Adults**

Nationally, it is estimated that there are 2.7 million LGBTQIA+ people that are aged 50 and older, of which 1.1 million are 65 and older.<sup>1</sup> Based on DFTA’s review of the research literature, we estimate that there are at least 100,000 older New Yorkers aged 60 and over who are LGBTQIA+. We think this is a conservative estimate given the “silent generation” effect, where some older New Yorkers are reluctant to share their self-identification information with others. It is expected that this population will grow somewhat between now and 2040 parallel with the overall expected growth in the older New York City population during this time. Roughly 1.6% of adults identify as transgender or non-binary.<sup>2</sup> Within the LGBTQIA+ older adult population, approximately 1 in 5 are people of color, a proportion that is expected to double by 2050.<sup>1</sup> Approximately 1 in 3 LGBTQIA+ older adults live at or below 200% of the Federal Poverty Level.<sup>1</sup>

Within the LGBTQIA+ older adult population, there are a few sub-generations who have very different life experiences, especially as it relates to the rights of the LGBTQIA+ community. LGBTQIA+ people in the “Invisible Generation,” grew up during World War II and during a time in which LGBTQIA+ individuals could be arrested for suspicion of being gay. This is followed by the “Silenced Generation” who were subject to McCarthyism where people who were LGBTQIA+ were categorized as a threat to national security and many were fired or denied employment based on their sexual orientation. The “Pride Generation” saw same-sex behavior start to be decriminalized and the removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders.

Following the Stonewall riots, many advancements were achieved, including the passage of marriage equality and the 2015 Supreme Court decision upholding same-sex marriage equality. With these varied experiences, also come a wide range of engagement with formal and informal systems of care and a history of engagement, or lack of engagement, in formal or government services. These generational experiences within the LGBTQIA+ community parallel those we see more broadly within the older adult centers and other services.

### **Challenges Facing LGBTQIA+ Older Adults**

While we have made great strides toward equal rights and protections for LGBTQIA+ individuals, recent years have been particularly challenging; often resulting in a sense of reduced safety and less openness. The previous Federal Administration, for example, put policies in place that derailed years of progress and the path towards increased inclusion and protection. We have also seen an increase in hostile state and local laws that threaten the safety of the LGBTQIA+ population. This is compounded by a history of discrimination that leaves many LGBTQIA+ older adults with a general distrust of mainstream institutions that many heterosexuals and LGBTQIA+ young people assume are in place to help them. Within the transgender, gender nonbinary and non-conforming (TGNBNC)

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<sup>1</sup> SAGE, AARP New York & AARP Foundation. Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+ (January, 2021). [Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+ Executive Summary – SAGE \(sageusa.org\)](#)

<sup>2</sup> Pew Research. About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth (June 2022). <https://www.pewresearch.org/fact-tank/2022/06/07/about-5-of-young-adults-in-the-u-s-say-their-gender-is-different-from-their-sex-assigned-at-birth/>

population, challenges can be higher. New York has been proactive in protections, including allowing gender “X” on IDNYC, a New York State driver’s license, or a birth certificate, the legal right to use a bathroom of choice, and continued funding for TGNBNC and LGBTQIA+ services. I’m thrilled that just last week President Biden reinforced the need for increased support and protections for LGBTQIA+ individuals by issuing an executive order (EO). In this EO, the President specifically outlines the need to address discrimination, social isolation and health disparities faced by older adults. I look forward to further implementing guidance from this order.

In addition to the stereotypes and discrimination, LGBTQIA+ individuals are also subject to the intersectional discrimination based on other identities such as age, race, and gender. These overlapping identities add to the complexity of ensuring that programs and supports are best equipped to support the needs of this population. As such, one of the best ways to increase access to services is to build trust and credibility. Not only are DFTA staff required to take mandatory training, but we continue to work with DFTA providers to ensure that cultural competencies are developed among staff and clients. This includes creating safe spaces for people of all identities. While seemingly simple to many, using a person’s correct pronouns can have a positive impact on the experience of that individual.

We know that COVID-19 was isolating for older adults. The impact of isolation can be higher in the LGBTQIA+ community as they are twice as likely to be single, four times more likely to not have children and twice as likely to be living alone than heterosexual older adults. As a result, the care structure they rely on is often horizontal --peers supporting peers-- rather than a vertical one. Since the start of the pandemic, DFTA and our providers have conducted over 9.2 million wellness engagements with older adults - focusing on reducing isolation. Additionally, DFTA continues to work with experts in the field to ensure that cultural competency extends to the LGBTQIA+ population and the care they receive.

### **Services for LGBTQIA+ Older Adults**

As you know, all services offered through DFTA and our network of providers are open to all older adults, 60 years and older, regardless of any other factors such as race, gender, gender expression, income or sexual orientation. That said, there are unique needs of subpopulations within the older adult community, and DFTA and our providers continue to build culturally competent services to address these unique needs.

#### *Older Adult Centers*

Within our older adult center (OAC) network there is at least one center in each borough that specializes in LGBTQIA+ older adult services. These centers, such as SAGE, Queens Community House, the Pride Center, and GRIOT Circle, welcome all older adults. Historically, LGBTQIA+ individuals have often felt safer traveling outside of their immediate community to access services. As such, there is often an increased willingness to travel to these specialized centers where safety and community is found. This is similar to what we have seen with some ethnic minority groups who prefer to travel to a specific center to be further entrenched in community. That said, building cultural competencies and safe spaces for all older adults across the network is imperative. As part of the newest RFP for OACs and NORCs, for which contracts started in December 2021, all centers were asked how they will increase LGBTQIA+ competencies. We will continue to work with providers and this progress will be evaluated in annual reviews.

### *Caregiver Services*

Often LGBTQIA+ older adults worry about the care they will receive, including finding home health aides that will not have personal bias in their provision of service and be sensitive to their specific needs and circumstances. For those in need of caregiving services, the SAGE Caregiver program serves LGBTQIA+ informal caregivers through-out the 5 boroughs of New York City. The program offers caregivers information and assistance about services available in their communities. They also offer support groups, trainings, supportive counseling, and respite care. The program offers a service named Respite Buddy where they connect an LGBTQIA+ older adult care receiver with a LGBTQIA+ volunteer that can offer them companionship and socialization.

Often this program assists both the caregiver and the care receiver since often the care receiver may be an LGBTQIA+ older adult with limited social supports and they may identify a friend or neighbor as their caregiver who provides some assistance to help them remain in the community. The SAGE caregiver program provides a great deal of flexibility in order to assist these dyads by recognizing that many LGBTQIA+ older adults have chosen family as part of their lives.

### *Mental Health*

For many people, including LGBTQIA+ individuals, home is a safe haven. For many, home is a place of refuge and comfort, free of judgement and discrimination. Unfortunately, it can also be very isolating, which can inadvertently impact one's mental health. To help combat social isolation among older adults who prefer to stay home—even as we continue to recover from the pandemic--DFTA, and our providers have since March 2020 conducted over 9.2 million social engagement and wellness calls to older adults at home.

Additionally, DFTA has provided mental health first aid training to older adults and staff through SAGE-GRIOT to help identify and triage mental health concerns. The entire Geriatric Mental Health (DGMH) network is trained health professionals who are multilingual and multicultural and can work with the LGBTQIA+ community. Outside of the Geriatric Mental Health program, we also have a mental health provider who specializes in services for LGBTQIA+ older adults.

DFTA also continues to monitor and respond to emerging needs. For example, in 2020, DFTA partnered with SAGE Puerto Rico to run a PSA campaign targeting Puerto Rican LGBTQIA+ older adults living in Puerto Rico and in New York City. This followed an increase in mental health concerns in response to the impacts of COVID-19 and the natural disasters that had taken place on the island. The ad reinforced that they were not alone and that there are resources available to make sure they feel valued.

### **Intro**

I know today's hearing is also for the preconsidered Intro to establish a Commission for LGBTQIA+ older adults within DFTA. I support the intent of this bill and look forward to working with you on the specifics. As you know, DFTA currently has a Senior Advisory Council which makes recommendations to DFTA. Of the 31 members, the NYC Council has 10 recommended appointments comprising of two representatives per borough. Members must be representatives from social service agencies, health care, business, legal services, academic community, and local neighborhoods. The Senior Advisory Council is tasked with making recommendations to improve the lives of older adults, including recommendations to address workforce development and prevent age discrimination. SAGE has been represented on the Senior Advisory Council since 2007 and

LGBTQIA+ older adult advocates have served as members as well. I would welcome the opportunity to discuss ways to add additional parameters for this Council.

### **Conclusion**

While we firmly believe our network does a lot for the LGBTQIA+ community broadly, we are cognizant that the trans-experience and the experience of TGNBNC folks may require more specific services. We will continue to engage our providers, advisors, and the advocate community to identify specific ways we can support the nuanced needs of trans older adults and other subsets within the LGBTQIA+ community. It is imperative that LGBTQIA+ older adults feel safe while having access to all DFTA programs and services. This is best established over time and can be started through simple acts like ensuring that people are referred to by their preferred name and correct pronouns, acknowledging and celebrating expanded definitions of family, using inclusive language, and actively listening to a person's story without judgement. This requires continued trainings of DFTA staff and providers. We appreciate the partnership we have had with SAGE over the years and look forward to continuing this information sharing.

While DFTA and provider staff regularly participate in trainings, we are in conversations with LGBTQIA+ organizations to run additional cultural competency training for all contracted providers. LGBTQIA+ providers, such as SAGE, often work to identify and partner with organizations where they can train staff on how to be inclusive and understand the unique needs of LGBTQIA+ older adults, but other organizations must also seek out these trainings as well.

Getting advisory input from LGBTQIA+ organizations and advocates is also imperative. DFTA is proud to have LGBTQIA+ organizations and advocates represented on our Senior Advisory Council and the Age-Friendly NYC Commission. Additionally, DFTA's Grandparent Resource Center team attends required LGBTQIA+ competency trainings annually as well as access to other workshops, such as a legal training workshop focusing on LGBTQIA+ youth and the justice system. We also continue to partner with sister agencies, who provide other services and supports to the LGBTQIA+ older adult community.

We are proud to have such strong relationships with LGBTQIA+ organizations within our network. Through these partnerships, we continue to innovate to best serve the needs of LGBTQIA+ older adults who call New York City home.

As always, we are grateful to the Chairs and the Committees for your advocacy and continued partnership to support our older New Yorkers. Thank you.

# CALLEN-LORDE

**TESTIMONY BEFORE THE NEW YORK CITY COUNCIL  
Committee on Women & Gender Equity  
Committee on Aging  
June 21, 2022**

**Submitted by Sharon Lowe  
Behavioral Health Provider**

Good afternoon, Chairpersons Cabán and Hudson and the entire membership of both the Committees on Women and Gender Equity and the committee on Aging.

My name is Sharon Lowe, my pronouns are (she/her/hers), and I serve as a Behavioral Health Provider for Callen-Lorde Community Health Center. Callen-Lorde provides services focused on New York City's lesbian, gay, bisexual, and transgender communities while remaining welcoming to all, regardless of ability to pay. The health center serves as an affirming environment for patients seeking culturally competent care, who come from over 195 zip codes across the five boroughs of New York City.

According to Webster's dictionary, the word closet has a definition as a noun, a state or condition of secrecy, privacy, or obscurity. Just by definition alone, being in the closet is not a healthy place to be. It can have a significant impact on one's overall health and navigating through the world. I reference this word because most of our LGBTQ+ elders fought to come out of the proverbial closet only to return time after time when they are unable to receive affirming care within our healthcare system.

Without affirming healthcare to address the unique needs of our LGBTQ+ elders, they are forced to put off seeking help. When this is the only choice left, we are forcing them to *disassociate* from being citizens of the world. Disassociation is a defense mechanism used to deal with traumatic events one wants to forget. I have stories from our LGBTQ+ elders who shared they have been misgendered. Assumptions were made about them, or healthcare providers ignored them.

Numerous times I hear stories of these micro aggressive acts. Where our LGBTQ+ elders are being demoralized, judged, and treated less than human beings. These negative experiences only serve to confirm why so many of our LGBTQ+ elders put off seeking help from our healthcare system. There needs to be a built-in partnership between our healthcare system and how the system addresses the unique needs of our LGBTQ+ elders, without forcing them back into the closet. LGBTQ+ elders should not have to be exposed to undue harm in the process of seeking care from healthcare professionals.

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# CalLEN-LORDE

In conclusion, Callen-Lorde fully supports establishing a commission on LGBTQIA+ Older adults. And we stand ready and are available as a resource on LGBTQ+ health as we all work together on these issues.

Thank you.

**For more information, please contact Kimberleigh J. Smith at [Ksmith@Callen-Lorde.org](mailto:Ksmith@Callen-Lorde.org).**

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Written Testimony:

Int 0153- 2022, requires the Office to End Domestic and Gender-Base Violence (ENDGBV), in consultation with DSS and community-based domestic violence-related services. Grants can be used for housing, medical, counseling, legal, and other immediate expenses, and services, which could range from moving cost to mobile phone bills.

I'm providing this written testimony in response to the abovementioned legislation. Allow me to introduce myself, my name is Sean Ebony Coleman, and I am the Executive Director of Destination Tomorrow: The Bronx LGBTQ Center. We are a direct service provider whose focus is economic empowerment. Some of the services we offer are Job readiness, GED, Life Skills, HIV testing, counseling, and case management, and in 2020 we opened our first housing project SWITCH. Sex Workers Immediate Temporary Comprehensive Housing is a 90-day emergency housing model that provides safe, affirming housing for Transgender and Gender Non-Conforming/Non-Binary (TGNC/NB) people aged 25 and over who are former or current sex workers. Our goal is very specific, to provide a safety net to a portion of the community that has a gap in services. While there's significant housing options for LGBT youth and seniors, those 25 and older have limited options, centered around the DSS shelter, a system that has shown itself to be violent and dangerous to members of this community.

In addition to our housing project, Destination Tomorrow is also a grant maker for the Gilead Science supported Transcend Community Impact Fund. This \$1 million dollar grant allows DT to identify transgender led national nonprofits for grants up to \$50,000. Funded agency can then write smaller grants to community members, without the red-tape or excessive paperwork that oftentimes turns folks off from seeking assistance.

In my time in this role and experience doing community work, I have witnessed first-hand the basic needs of the community that are not being met. Some of these things are as simple as assistance with a cell phone bill, or cash for over-the-counter medications. In other instances, it's money for ride shares or groceries. During the pandemic it was abundantly clear that there are disparities that exist both medical and economic. While we were able to assist with certain needs, our funding stream is not set up to assist with cash payouts to community members for legal fees or medical expenses. Destination Tomorrow has been looking for ways to include these incidental cost to our budget request from our government funders, but have always been met with questions around how to account for the funds? How do you require someone who is strapped for cash and in a traumatic situation to have the wherewithal to account for every dollar spent? These small grants can be a gamechanger to someone who is looking to exit a violent or potentially violent relationship. It could be the difference of having a way to communicate with family and loved ones once they have removed themselves and found safety. A project like this would be life changing for those experiencing violence.



**To: New York City Council Committees on Aging and on Gender Equity**

**From: DOROT**

**Date: June 21, 2022**

**Testimony presented to the City Council Hearing on June 21<sup>st</sup>, 2022, on the challenges of LGBTQ+ older adults and the creation of a commission within the NYC Department for the Aging to address the needs of LGBTQ+ older adults**

My name is Ellen Amstutz, my pronouns are she/her. I am a Senior Program Officer with DOROT. I am pleased to be here today to speak in support of the City's efforts to improve the lives of older New Yorkers, and our LGBTQ older adult community, whose needs have long been overlooked.

### **About DOROT**

DOROT is a 47-year-old nonprofit organization, which works with older adults, in Manhattan and beyond. Our mission is to alleviate social isolation and bring the generations together. We do this through a range of programs and services that build social connections, create bonds between volunteers, youth, and older adults, and provide services that enable older adults to remain independent and engaged. Our programs bring social connections to seniors in their homes, on site at DOROT offices and in the community, and through a range of virtual and telephone-based programs. This year we provided services to 5,000 older adults through a network of 6,000 volunteers.

We offer programs such as:

- One-to-one programs such as *Caring Calls*, which matches seniors for weekly telephone conversations, *Friendly Visiting* which cultivate ongoing friendships between volunteers and older adults in the older adult's home, and *Legacy Projects*, which match seniors with a volunteer who helps the senior share and record their beliefs and values, life lessons, memories, and hopes for the future;
- *University Without Walls* which connects older adults by telephone to group learning and conversations groups on a range of interests such as arts, music, health, wellness and current events;
- *Group Zoom and onsite programs* for exercise, learning, creative and reflective arts and discussions;
- *Intergenerational teen programs* which engage youth and older adults for learning activities and comradery, throughout the school year and during our Summer Teen Internship Program; and
- *Tech Coaching* which provides individualized tech help to enable seniors to gain comfort and skills with technology to use it for social connections and getting the things they need.

### **Why we do this work:**

We now have ample research to show that social isolation has devastating health consequences for people of all ages.

- Social isolation is as dangerous as smoking up to 15 cigarettes daily. It is linked to increased risk of heart disease, stroke, and a 50% increase in dementia.

- An AARP study found that social isolation among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually.
- Socially isolated older adults are far more likely to end up in nursing homes.

DOROT's programs are designed specifically to create a social connection among and with older adults and to combat the detrimental effects of social isolation and loneliness. We know that social connections are the antidote to social isolation.

### **DOROT's LGBTQ+Programs**

LGBTQ+ older adults have an even higher risk of social isolation. Compared to older adults in general, they are twice as likely to live alone, four times as likely to not have children, and have fewer family supports to help them as they age. They report higher rates of loneliness, and are in poorer health due to the stresses of living a lifetime of hiding their sexual orientation and experiencing discrimination. As a group they experience higher rates of mental health challenges. The COVID-19 crisis has added a compounding layer of trauma, further isolating LGBTQ older adults.

DOROT's programs have specifically met the needs of LGBTQ+ older adults. DOROT provides programs and services which support LGBTQ+ elders and provide places for them to gather, in person and virtually, to share their experiences with others and to be able to pass down the history of their experience to younger generations. These opportunities to connect, to share and to have a place where they are welcomed and valued has been life enhancing.

This year DOROT launched, with help from a grant from UJA, a range of programs to alleviate social isolation and provide the vital tools and information LGBTQ older adults need to age successfully. DOROT also provided training, in partnership with SAGE, to all DOROT staff, volunteers and interns on the cultural competency and awareness needed to serve LGBTQ+ older adults effectively.

We launched the following programs for the LGBTQ+ older adults:

- *Aging Alone, Together*: a six-week workshop series adapted specifically for members of the LGBTQ+ community to empower older adults to create an action plan for their next steps as they age. The program builds a supportive community and enables participants to develop the skills to handle the legal, logistical and social challenges of growing older.
- *LGBTQ+ Film Club*: a monthly program to bring together LGBTQ older adults and allies to give voice and visibility to LGBTQ+ experiences through films and discussions.
- *Telephone Connections*: an initiative that connects LGBTQ older adults to LGBTQ volunteers age 18+ for weekly telephone visits; and
- A weekly virtual *Intergenerational Discussion Group* for LGBTQ teens and older adults.

DOROT also offers other cultural and historical video and phone-based programs and lectures and a biweekly discussion group known as Out@DOROT that were developed to keep older adults safe during the pandemic. These programs will also be presented in person as conditions permit.

All DOROT's programs and services are designed to promote friendship, social connection, and shared mutual support and to help LGBTQ+ seniors age successfully and plan for the future. In addition, DOROT staff, volunteers, and facilitators are trained in Person-Centered Trauma Informed (PCTI) care and

LGBTQ Cultural Competency by SAGE to better serve current and new populations of LGBTQ older adults.

Our Lasting Impressions Manager, who oversees Aging Alone, Together, shared with me the story of Richard, a participant in Aging Alone, Together who was connected to us through an LGBTQ group at his synagogue. As a result of the encouragement he received from his peers in the program, Richard joined an Older Adult Center for the first time. Richard's social circles grew, and he was able to turn to a trusted new friend who agreed to be each other's health care proxy, one of the planning documents that Aging Alone Together curriculum includes.

DOROT is pleased to be among organizations in the City which are working to bring vital social connections to LGBTQ+ older adults. DOROT supports SAGE's recommendation to establish a standing Commission within the Department for the Aging specifically to address the concerns of LGBTQ+ older adults and to increase programs that build social connections and protect against the devastating effects of social isolation.

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**TESTIMONY OF MARK BRENNAN-ING  
OF THE BROOKDALE CENTER FOR HEALTHY AGING, HUNTER COLLEGE  
BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON AGING  
AND WOMEN & GENDER EQUITY**

**OVERSIGHT HEARING  
"CHALLENGES FACING LGBTQ+ OLDER ADULTS"**

**JUNE 21, 2022**

My name is Dr. Mark Brennan-Ing and I'm the director of research and evaluation at the Brookdale Center for Healthy Aging. We are CUNY's aging research and policy center and a part of Hunter College.

Thank you, Chairpersons Hudson and Cabán and members of the committees for holding this oversight hearing, and for the opportunity to provide testimony on this important issue.

My scholarship focuses on the socioemotional challenges facing LGBTQ older adults and on the critical role of behavioral health on efforts to combat the HIV/AIDS epidemic. As a sexual minority person who came of age during the HIV epidemic who has known many who have faced the challenge of HIV infection, and many who have died from this disease, this is also a very personal issue to me.

For older New Yorkers, a lack of sexual health education is a barrier to getting tested for HIV. There is a pervasive belief in society at large that older people do not have sex and are therefore at low risk for contracting and transmitting HIV. Medical providers often do not address sexual health issues with older patients, and do not have conversations with them about HIV and other STI risks. As a result, older people are more likely to be infected with HIV years before getting tested and are more likely to receive a dual diagnosis of HIV and AIDS. In 2018, the latest year for which we have data, 17 percent of new HIV diagnoses were among people age 50 and older. At the same time, due to successful treatment, fully 50 percent of people living with HIV today are age 50 and older, and according to the CDC, 60% of these people are gay, bisexual, and other men who have sex with men. Thus, there are two separate reasons why the HIV epidemic is now a majority 50+ phenomenon: new cases due to ignored unprotected sexual activity and increased survival of people who got HIV at younger ages.

HIV infection does not inevitably lead to AIDS and is no longer the death sentence it was at the start of the epidemic. Increasingly sophisticated antiretroviral therapy, or ART, has lowered the share of HIV positive people whose infection progresses to AIDS by keeping viral loads undetectable. Staying healthy through viral load suppression depends on regular testing to catch infection early, engaging in care, and importantly, adhering to ART. This depends on having uninterrupted access to high quality, culturally appropriate medical care. But if you are an older person, a lower income person on Medicaid, a person of color, a person with unstable housing, or a person with behavioral health challenges you are less likely to get the quality care that you need to stay healthy after an HIV diagnosis.

Our research finds that Black people living with HIV are particularly overrepresented among those whose viral loads are consistently unsuppressed. Diagnoses of depression, bipolar disorder, schizophrenia, and PTSD, drug and alcohol use are all associated with consistently unsuppressed viral load status.

Why is this of concern? Depression is one of the strongest predictors of non-adherence to ART and other medical treatments. Alcohol and substance use not only interfere with ART adherence, but also reduce the effectiveness of ART in controlling HIV. Our research on older people with HIV finds that over 60 percent suffer from clinically significant depressive symptoms, and rate of current use of tobacco, alcohol and other substances is quite high.

Overcoming the behavioral health barriers to HIV treatment adherence is especially difficult for lower income people because they have very little access to mental health services. In one clinical study I was involved with, we worked with a large AIDS Services provider in the City and were referring their clients who screened positive for depression to the provider's mental health clinic. Within two weeks we had overwhelmed them with new referrals for care. This experience highlighted for me both the extreme lack of capacity in the mental health services system and the disconnect between the HIV treatment system and the mental health system.

While the city of New York has been a national leader in driving public awareness around the need to get tested and treated for HIV, the system also has a critical blind spot. That is, the city has not placed an equal effort on screening people with HIV for behavioral health issues that interfere with their treatment plans. Thus, the best efforts to end the HIV/AIDS epidemic founder on the issue of unmanaged behavioral health problems. If New York City wants to be a global leader in helping end the HIV/AIDS epidemic, it must add robust behavioral health screening to the test-and-treat regimen for HIV-positive people.

Furthermore, the city must affirmatively tackle HIV stigma and social isolation, which negatively affect behavioral health, by supporting community-led spaces that are open and welcoming to people of all ages who are living with HIV. In service needs assessments of older adults with HIV, opportunities for socialization inevitably top the list of unmet needs. My research on this population has found that community connections help in coping with the challenges of aging and also promote healthy behaviors like being physically active. In focus groups I've conducted, older people with HIV want a safe space in their communities to hang out and relax, not necessarily a place to go to access more programming. Some would prefer keeping these spaces limited to others with HIV, but others would like more integrated spaces, perhaps building from existing community centers such as settlement houses or public libraries.

Thank you again for the opportunity to testify. We remain, as always, available to you as you think about how New York City can become an even better place for those aging with HIV and all New Yorkers.



**New York City Council**  
**Committee on Aging: Chair, Council Member Hudson**  
**Committee on Women and Gender Equity: Chair, Council Member Cabán,**  
**June 21, 2022**  
**Oversight - The Challenges Facing LGBTQIA+ Older Adults**

Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, such as older adult centers, home-delivered meals, affordable senior housing, NORCs, and home care. LiveOn NY is also home to the Reframing Aging NYC Initiative, part of the national Reframing Aging Initiative aimed to counteract ageism and improve the way policymakers, stakeholders, and the public think about aging and older people. With our members, we work to make New York a better place to age.

**Background**

In New York City, lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) older adults are the pioneers of the LGBTQIA+ movement who stood at Stonewall and paved the way for the younger generation. LGBTQIA+ older New Yorkers refuse to be invisible yet face unique and serious obstacles as they age, with many LGBTQIA+ people facing years of stigma and discrimination throughout their lives. Too often, LGBTQIA+ older people have thinner support networks, creating a growing demand for LGBTQIA+ affirming community-based services and care that are culturally competent in understanding the challenges of the LGBTQIA+ community. These services include LGBTQIA+ affirming housing developments, access to affordable healthcare services, programs that support individuals living with HIV/AIDS and other community-based services such as Older Adult Centers and Naturally Occurring Retirement Communities (NORCs).

Community-based organizations including our members, SAGE, Queens Community House, which operates the Queens Center for Gay Seniors, DOROT, which offers an Intergenerational LGBTQIA+ Affinity Group, and others, are a trusted source for older adults and provide critical services for LGBTQIA+ people. Yet the City can do more to support LGBTQIA+ older adults and fund services that address the disparities impacting older adults including LGBTQIA+ older adults.



Making New York a better place to age

All New Yorkers deserve the ability to age in community with access to equitable services regardless of their zip code and background. To create a city that supports all New Yorkers, the City must make long-term investments in older adults and community-based services that supports LGBTQIA+ older adults, and empower and uplift a community that for too long has been invisible.

## **Recommendations**

### *Expand Access to Equitable LGBTQIA+ Affirming Services*

**The City should ensure that LGBTQIA+ competent aging services are offered in a culturally and linguistically competent manner to better reach LGBTQ+ older adults including communities of color.** Due to the thinner networks, many LGBTQIA+ older adults rely on community-based services to access critical support. Yet, LGBTQIA+ older adults are often disconnected to critical services, such as LGBTQIA+ affirming health services and aging services as well as face concern about discrimination from staff and others at traditional older adult centers, long-term care and other aging services.

**The City should continue to support new models of service including grab-and-go meals.**

During the COVID-19 pandemic, food insecurity among older adults was deeply exacerbated by issues not only economic, but related to access as older adults were required to “stay at home” to reduce the chances of contracting COVID-19. New models of service such as grab-and-go were critical and successful in ensuring older adults, including LGBTQIA+ older adults, who may not be comfortable congregating due to COVID risks, or for personal reasons are less willing to meet their nutritional needs by eating at an Older Adult Center, have the option to take their meal home, a decision that ensures one’s nutritional needs can be met in the environment of one's choosing.

In addition, LiveOn NY also recommends **the City expands LGBTQIA+ competent mental health services for older adults to combat loneliness, depression, and anxiety.** Often, there are few opportunities for LGBTQIA+ older people to socialize in age-friendly and LGBTQIA+ inclusive environments, resulting in nearly 60% of LGBTQIA+ older people feeling a lack of companionship and over 50% reporting feeling isolated from others<sup>1</sup>. In recognition of this, LiveOn NY appreciates Speaker Adrienne Adams prioritization of this issue during her recent State of the City address, by calling for increased government support for initiatives to create more diversity among mental health professionals to increase access to care for LGBTQIA+ people, immigrants and communities of color.

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<sup>1</sup> Karen I. Fredriksen-Goldsen et al., [The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults](#) (2011)

*Invest in Affordable Housing*

**The City must invest in LGBTQIA+ affirming affordable housing.** Across the City, older adults face difficulties with finding affordable housing with rising rent prices and over half of older New Yorkers are rent-burdened, spending more than 30% of their income on rent. The housing crisis in New York City is particularly acute for older adults including LGBTQIA+ older New Yorkers as many rely on fixed incomes, making it difficult to afford the rent while other costs continue to rise. In addition, much of the City's housing infrastructure is inadequate to accommodate an older adult's health and mobility needs, with 70% of the City's housing stock only navigable by at least one set of stairs.

**LiveOn NY recommends the City allocates funding to develop 1,000 units of affordable senior housing with services per year.** While the Adopted Budget included investments to support affordable housing programs, the City needs to go further to fully address the need for affordable senior housing. The investment of a minimum target of 1,000 new units of affordable senior housing with services per year, is part of a total target to construct no fewer than 8,000 new units of housing dedicated to serving extremely low income and homeless households annually, as called for by the United for Housing coalition. As waitlists and limited housing stock pose an acute challenge for older New Yorkers, a considerable investment and consistent unit targets per year will be critical to paving a pathway out of this crisis.

**LiveOn NY also recommends the City increases increase the per unit reimbursement rate for the City's Senior Affordable Rental Assistance (SARA) services from \$5,000 per unit, to \$7,500 per unit,** to fund two housing staff positions at each building to provide support for the residents to more adequately address social isolation and significant case assistance needs.

Today, nearly one-third of LGBTQIA+ older people live at or below 200% of the federal poverty level, compared to a quarter of non-LGBTQIA+ people as shown in the recent SAGE and AARP New York report, [“Disrupting Disparities: Solutions for LGBTQ+ New Yorkers Age 50+.”](#) All older New Yorkers should have access to safe and affordable housing yet many older LGBTQIA+ older adults fear having to re-closet to access senior housing. No one should have to hide who they are to access equitable housing especially as the majority of older adults would prefer the opportunity age in their community, surrounded by the networks of support built over a lifetime.

The City must double down on its commitment to provide affordable housing for LGBTQIA+ people. To address this crisis the City:





Making New York a better place to age

- Preserve existing affordable elder housing including supporting LGBTQIA+ welcoming affordable elder housing with adequate funding to address the disparities faced by LGBTQ+ elders.
- Develop new LGBTQ+ affirming housing options and innovative LGBTQIA+ elder housing models.

### *Expand Data Collection*

**The City should improve the LGBTQIA+ data collection to understand the needs of LGBTQIA+ older adults.** Many older people and LGBTQIA+ New Yorkers will remain invisible until the City enhances its efforts to collect, analyze, and report LGBTQIA+ and age-inclusive data. In particular, a lifetime of discrimination has adversely affects LGBTQIA+ people, particularly, people of color from racial inequality to anti-LGBTQIA+ discrimination that create barriers in safely aging in community.

LiveOn NY recommends the City **should improve data collection on sexual orientation and gender identity to better identify and address health disparities and aging services gaps among LGBTQIA+ older people of color.** Collecting more and better data is essential to understand disparities in our communities. The lack of data puts policymakers in unknown territory as they craft policies that have the potential to significantly affect the lives and wellbeing of older and LGBTQIA+ people including people of color.

**Additionally, LiveOn NY strongly supports the Council Member Hudson and Council Member Caban's new legislation, which would establish a commission on LGTBQIA+ older adults within the Department for the Aging (DFTA).**

It's critical the City works to ensure all LGTBQIA+ older adults have access to equitable LGTBQIA+ services to safely age in community. This bill would establish a commission for LGTBQIA+ older adults within DFTA who would help to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of LGBTQIA+ older adults. LiveOn NY appreciates the diversity of voices represented on the commission including community-based organizations to understand the needs of the LGTBQIA+ community.

Thank you for the opportunity to testify.

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*Testimony provided by Brianna Paden-Williams, Communications and Policy Associate at LiveOn NY  
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# LiveOn NY

Making New York a better place to age

*LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.*

*LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.*

**Joint Hearing of New York City Council Committees on Aging and  
Women & Gender Equity Joint Hearing  
Tuesday, June 21, 2022**

**City-Wide Senior & LGBTQ Services**

**I am Linda Hoffman, President of New York Foundation for Senior Citizens.**

**We truly appreciate the City-wide Budget funding that Speaker Adams provided as well as the support for that funding and Individual Discretionary Budget funding that many Council Members have provided toward our Home Sharing and Respite Care Program for the next fiscal year. Our program, which provides the only services of their types in New York City, has been helping seniors of all ethnic, racial and religious backgrounds, income levels and sexual orientations for the last 42 years.**

**While we celebrate Gay Pride this month, we are especially appreciative of your prioritizing the issue of equity for our City's LGBTQ population, 60,000 of whom have self identified, and seniors, many of whom are gay, struggling to survive on Social Security, require care, live alone and have no children. Our mission is to enable such vulnerable populations to remain healthy and safe in their own homes. Along with home sharing and in-home respite care,**

**we offer EISEP home care and numerous other social services as well as affordable and homeless housing.**

**Our free home sharing service matches adult “hosts”, who have extra space in their apartments or houses to share with responsible, compatible adult “guests” in need of affordable housing. One of the “matchmates” must be over age 60. Over the past four decades, we have successfully matched 2,500 persons in 1,250 shared living arrangements. Just last week, our staff matched a married male couple in their 60s who are sharing their Upper West Side apartment with a woman in her 60s.**

**Respite care provides affordable, short-term, in-home care at the low cost of \$15.00 per hour, for frail elderly who are attempting to manage at home with the help of others. The program also provides free emergency home care for the frail elderly whose caregivers experience a sudden inability to care for them, with priority given to frail elderly with annual incomes of \$40,000 or less. Over the past three decades, we have provided over 9,735 frail elderly and many more thousands of their caregivers with respite care services.**

**During the former City Council Aging Committee’s last meeting, New York City Department for the Aging Commissioner Lorraine Cortes-Vazquez’s attested to the City’s ongoing need for our program’s services. We are proud of the City’s recognition that our program continuously addresses and meets our senior and LGBTQ**

**populations' ever growing need to alleviate the stress of financial hardship, maintain independence and prevent homelessness and institutionalization. By so doing, the program saves New York City's tax payers millions of dollars in Medicaid and other expenses. In fact, a recent Foundation cost/benefit analysis, for the 11 year period, between October 1, 2010 and June 30, 2021, shows that for a total of \$6,807,534 in City funding, our program saved the City \$23,705,350.48 in Medicaid expenses.**

**I, again, extend New York Foundation for Senior Citizens' sincerest thanks to Speaker Adams who has provided funding from her City-wide Budget and to the many Council Members who have supported that funding and those who have provided funding from their Individual Discretionary Budgets toward our Home Sharing and Respite Care Program. By so doing, you have enabled the Foundation's Home Sharing and Respite Care Program to continue to provide its vitally needed services that prevent homelessness and institutionalization and, thereby, ensure essential savings in Medicaid expenses for New York City throughout fiscal year 2022-2023.**



Testimony of LGBTQ Law Project of New York Legal Assistance Group (NYLAG)

before the New York City Council Committee on Aging and Committee on Women and Gender  
Equity regarding:

Challenges Facing LGBTQ+ Older Adults

June 21, 2022

My name is Adena Wayne and I am a staff attorney for the LGBTQ Law Project at the New York Legal Assistance Group (NYLAG). Our office provides free legal services and advocacy to low-income Lesbian, Gay, Bisexual, Transgender, and Queer communities throughout New York City. We work to defend and expand the rights of New York City's LGBTQ community and offer legal advice and representation in a wide variety of poverty-related civil legal matters, such as employment and housing discrimination, public assistance, immigration, name and gender marker changes, family law, and advance directives.

Advance Directives

On behalf of the New York Legal Assistance Group, I am here to offer our strong support for increased services and resources for LGBTQ older adults. At NYLAG, one of our main areas of focus is advance directives for older LGBTQ adults. LGBTQ elders' family structures are often nontraditional, making advance directives such as wills, healthcare proxies, and powers of attorney exceptionally important.

Older LGBTQ adults who pass away without a last will and testament in place may leave their possessions to estranged family members who have rejected them and their identities, rather than to their loved ones who are not recognized as their legal heirs. Should they fall ill and become incapacitated, their sibling they have not spoken to in 40 years may be the one making medical decisions, rather than their partner of 30 years. Those without partners may wish for their chosen family to make such end-of-life decisions, rather than their family of origin.

For instance, during the height of the pandemic, NYLAG received a phone call from a grieving older gay man, whose partner of almost 50 years had recently passed. They had never desired to get married and had maintained separate residences, though they spent most of their time at his partner's apartment. As a result, their relationship held no legal status when his partner

died without a will. He was immediately locked out of his partner's apartment, where many of his belongings remained. He learned that his partner's possessions now belonged to his partner's nieces and nephews, who lived in Georgia. When he tried to follow through with his partner's wishes to be cremated, the funeral home told him that his partner's next of kin—his nieces and nephews thousands of miles away—would need to give consent first.

This story is not unique. Many older LGBTQ adults—particularly those living in poverty and without easy access to legal advice—pass away without crucial advance directives in place. Such directives can ensure that their wishes are respected should they become ill, and that their chosen family is taken care of after their passing.

Yet despite the increased need for advance directives for LGBTQ older adults as compared to their non-LGBTQ counterparts, it is frequently more challenging for LGBTQ elders to access these crucial legal services. LGBTQ people have a poverty rate of 21.6%, significantly higher than the 15.7% poverty rate of non-LGBTQ individuals. LGBTQ people of color experience poverty at even higher rates: nearly one third of Black LGBTQ people live in poverty.

### Caregiving Services

Moreover, compared to aging non-LGBTQ people, older LGBTQ adults are far less likely to rely on adult children and other family members for caregiving. LGBTQ older adults' family structures frequently look different from those of straight, cisgender elders. Many LGBTQ older people experience social isolation; more than 50% of LGBTQ older adults have reported feeling isolated from others. Because LGBTQ older adults may rely on other LGBTQ people in their own age group, or they may be quite isolated, many older LGBTQ adults do not have people in their lives who can care for them as they age. Accordingly, caregiving services are crucial for LGBTQ older communities.

### Housing Services

Further, at NYLAG, we receive numerous complaints of anti-LGBTQ discrimination in housing and employment. Many of such calls come from older adults, particularly older people of color, whose compounding identities make it even harder for them to maintain housing or employment. Further, long-term care facilities often do not have the cultural awareness necessary to provide affirming care to LGBTQ older adults. We at NYLAG have received calls from people living in such facilities where staff fail to respect their gender identities and pronouns. Some such people have made requests for more LGBTQ-related programming at

their facilities, only to be ignored by management. We encourage the Council to preserve and expand existing LGBTQ identity-affirming, affordable elder housing and to create additional housing options tailored to the needs of LGBTQ elders.

We Urge the Council to Create a Commission on LGBTQ Aging

New York City has long been on the forefront of civil rights for the LGBTQ community. That must remain true for all LGBTQ people, including elder LGBTQ people. We urge the Council to create a standing Commission to address these pressing issues relating to aging LGBTQ people. I want to thank Council Member Hudson and Council Member Cabán for holding this important hearing and shining a much-needed light on the unique, pressing issues facing LGBTQ older adults. We look forward to continuing to work with the Council on these matters.



**Testimony to the New York City Council's Committee on Aging  
Jointly with the Committee on Women and Gender Equity**  
Oversight Hearing: Challenges Facing LGBTQIA+ Older Adults and  
Establishing a commission on LGTBQIA+ older adults within the Department for the Aging

Tuesday, June 21, 2022

Good afternoon, Chair Hudson, Chair Cabán, and members of the NYC Council Committee on Aging and Committee on Women and Gender Equity. Thank you for your leadership and the work of your staff and the committee staff for bringing together the Council's first-ever hearing dedicated to the needs of LGBTQ+ elders. We are making here history today.

SAGE is the country's first and largest organization dedicated to improving the lives of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) and HIV-affected older people. We have been serving LGBTQ+ elders and HIV-affected older New Yorkers for over four decades. With the support of the New York City Council, we provide comprehensive social services and community-building programs through our network of six LGBTQ+ older adult centers along with extensive virtual programming, and services for homebound LGBTQ+ elders and older New Yorkers living with HIV. SAGE also made history for our city in 2020 and 2021 when, together with our developer partners, we opened New York's first LGBTQ+ welcoming elder housing developments: Stonewall House in Brooklyn and Crotona Pride House in the Bronx.

It is fitting that this historic hearing is happening during Pride Month where, 53 years ago, just over a mile from here, a group of LGBTQ+ people stood up to harassment, violence, and discrimination at the Stonewall Inn. Those individuals who sparked the modern LGBTQ+ rights movement and surviving leaders in AIDS activism are today's elders.

While older LGBTQ+ people are resilient, they encounter unique challenges that have severe negative health, economic, and social implications. These challenges must be addressed. Unfortunately, even before the COVID-19 pandemic, LGBTQ+ older people and those living with HIV faced pronounced rates of social isolation, poverty, and a lack of access to culturally competent services and support, compared to their straight, cisgender, and HIV negative counterparts.<sup>i</sup>

New York State ranks among the top 10 states in terms of the percentage of its population that identifies as LGBTQ+. Of the estimated 800,000 LGBTQ+ adults in New York State, nearly one-third (28%) are over the age of 50.<sup>ii</sup> And the population of LGBTQ+ older New Yorkers is only expected to grow as the population ages: by 2030, one in five New Yorkers will be over the age of 60.<sup>iii</sup> Additionally, 60% of New Yorkers living with HIV are over the age of 50.<sup>iv</sup> In short, our

City needs policies, initiatives, and programs to protect, effectively reach, and serve LGBTQ+ elders and older New Yorkers living with HIV.

Despite the growing need for LGBTQ+ and HIV competent aging services, LGBTQ+ elders are often invisible, disconnected from services, and severely isolated as they are far more likely to live alone and less likely to rely on adult children or other family members for informal caregiving.<sup>v</sup> Because of these thin support networks, LGBTQ+ older people need to rely more heavily on community service providers for care as they age. Yet, they are often distrustful of government and other institutions based on historical and current discrimination and mistreatment.<sup>vi</sup>

SAGE recommends the following general reforms: 1) requiring all City-funded aging services, long-term support services, home-and-community-based services, and housing services to receive training in LGBTQ+ cultural competency training; 2) incorporating voluntary questions about sexual orientation, gender identity, and gender expression on all forms where other demographic information, such as age and race are asked; 3) expanding LGBTQ+ competent mental health services for older adults to combat loneliness, depression, and anxiety.

**The legislation introduced today to establish a commission on LGTBQIA+ older adults within the New York City Department of Aging (DFTA) is a concrete next step towards addressing challenges facing LGBTQ+ elders head-on and implementing needed reforms. SAGE is in strong support of this bill and stresses the importance of having LGBTQ+ elders themselves, particularly transgender elders, and LGBTQ elders of color, prioritized for seats on the proposed commission.**

There are other specific recommendations in regards to housing, support for LGBTQ+ elders of color, support for transgender elders, and the growing population of older New Yorkers living with HIV expanded on in the sections below.

### **Housing:**

Housing options are limited for LGBTQ+ older people who are more likely to be low-income, face housing discrimination in elder living communities, and often have a history of housing insecurity or homelessness.<sup>vii</sup> To avoid discrimination, many—34% of LGBTQ+ older people and 54% of transgender and gender nonconforming older people—fear having to re-closet themselves when seeking elder housing.<sup>viii</sup> This may be why 90% of LGBTQ+ older people are extremely, very, or somewhat interested in LGBTQ+ welcoming elder housing.<sup>ix</sup>

Black, Asian American and Pacific Islander, and Hispanic/Latino people over the age of 50 are twice as likely to be paying over half their income on housing.<sup>x</sup> As a result, older New Yorkers of color generally, and LGBTQ+ older adults of color more specifically, have less access to safe, affordable housing and mobility options compared to white New Yorkers.

Countless LGBTQ+ older New Yorkers are finding themselves priced out of the neighborhoods in which they have lived for years due to rising rents and financial insecurity as they age. Unless effectively addressed, this housing crisis among LGBTQ+ older people will only worsen as the population of both older New Yorkers and out LGBTQ+ elders continue to grow.

SAGE's research report, *Out and Visible*, found that 13% of LGBTQ+ older people and 25% of transgender older people reported experiencing housing discrimination on the basis of their sexual orientation and gender identity, respectively.<sup>xi</sup> Additionally, 24% of LGBTQ+ older people of color report experiencing housing discrimination on the basis of race or ethnicity, as compared to 18% of non-LGBTQ+ older people of color.<sup>xii</sup> LGBTQ+ elders' struggles with financial stability and housing security are pronounced in New York City – as older New Yorkers generally struggle to find stable, affordable housing. Roughly 2,000 older New Yorkers are living in homeless shelters; without meaningful intervention, that number will triple by 2030.<sup>xiii</sup> There are also more than 200,000 older adults on waiting lists for affordable housing in New York City, illustrating the severity of this need.<sup>xiv</sup>

LGBTQ+ affordable elder housing developments, such as Stonewall House in Brooklyn and the Crotona Pride House in The Bronx, work to help address these needs, and these two buildings combined offer 228 LGBTQ+ friendly elder housing units. Both buildings were financed under NYC's Senior Affordable Rental Apartments (SARA) Program, which stipulates that the 145 units at Stonewall House and the 83 units at Crotona Pride House are affordable for older people (age 62 or older). The units are supported by project-based Section 8 rental subsidies from the New York City Housing Authority (NYCHA), which restricts the income of eligible elders to 50% of the area median income (AMI). In addition, a portion of the units in each building are set-aside for formerly homeless older people.

Many of the formerly homeless elder residents struggle with acute mental health issues and substance use disorder. While eligibility for the homeless set-aside units is intended to include the ability to live independently, the reality of the devastating impact of homelessness makes it hard for these elders to live independently without deep and specialized support. SAGE receives funding from NYC's Senior Affordable Rental Apartments (SARA) Program for two housing staff positions at each building to provide support for the residents in the homeless set-aside units. However, the severity of their needs outstrips the capacity of these staff, who are often de-escalating the same residents in repeated crisis. In addition to the heightened mental health needs of the formerly homeless residents, many other "general population" residents require general support services and case management for addressing needs around physical and mental health care, loneliness and isolation, food security, and overall wellbeing.

There is also a growing need for 24-hour security at these buildings, and other elder housing in the City. This is a particular need for LGBTQ+ welcoming developments in the face of escalating anti-LGBTQ+ and racist violence. SAGE strongly encourages the preservation of existing affordable elder housing and the creation of more LGBTQ+ affirming housing options. In addition, we want to elevate the need for increased housing staff to best support residents in SARA-funded developments. We look forward to working with the City Council to ensure the

housing needs of LGBTQ+ elders in these communities can be fully addressed and explore options to ensure that senior housing across the City is safe through 24-hour security.

### **LGBTQ+ Elders of Color:**

LGBTQ+ elders of color face disproportionate inequities that can inhibit them from aging in place with economic security and the best health possible. Due to a lifetime of compounding stigma and discrimination, LGBTQ+ elders of color deal with significant health disparities across areas related to physical and mental health, including high blood pressure, cholesterol, diabetes, heart disease, HIV and AIDS, and more.<sup>xv</sup>

As the health challenges facing LGBTQ+ elders of color intensify with age they often find themselves in environments that are unwelcome and encounter providers that lack the cultural or linguistic competence to manage their needs, offer few supports in their native languages and lack the knowledge and respect for their cultural customs.

It is incredibly important that LGBTQ+ aging services are available in a culturally and linguistically competent manner. Currently, there are still limited English proficient LGBTQ+ elders that are not being reached here in NYC. One role that a commission within DFTA on LGBTQIA+ aging can play is collecting data to identify these gaps and working to ensure services are LGBTQ+ competent and accessible to elders who come from different cultures and speak languages other than English. Nearly one-half of all New Yorkers speak a language other than English at home, and almost 25%, or 1.8 million persons, are not English Proficient.<sup>xvi</sup>

Because questions on sexual orientation and gender identity are rarely asked in either federal surveys or by state and local aging providers, the public is limited in its ability to understand the nature of these health disparities among LGBTQ+ elders of color. Collecting data and focusing more research on sexual orientation and gender identity among older populations would significantly build the public's knowledge of health disparities among LGBTQ+ elders. Too often the sample sizes of LGBTQ+ older people of color in data sets are too small for researchers to draw representative samples; special attention should be made to ensure robust samples that allow for this type of subgroup analysis. And for providers, improving data collection on LGBTQ+ health will help them to prevent, detect and treat health concerns among LGBTQ+ elders of color.

Currently, one of the top concerns SAGE is seeing among participants of color is access to fresh produce and other nutrition services – an issue for many areas of the City that are considered food deserts. While DFTA's grab-and-go meal program was created as an emergency in response to the COVID-19 pandemic it has proven to be a vital resource to our community members. Recently, SAGE has also piloted food pantries at three of our Centers including SAGE Center Bronx, SAGE Center Brooklyn, and SAGE Center Harlem. The response has been overwhelming, with lines wrapping around the block, displaying the immense demand. If discretionary funding through DFTA was more flexible outside of DFTA's standard expense contract templates, SAGE and other aging services providers could better provide supplemental nutrition through such food pantries on a more regular basis.

## **Transgender and Nonbinary (TGNB) Elders:**

The experienced health disparities, violence, and discrimination that transgender and non-binary elders – or TGNB elders – face is unacceptable and their needs must be centered in conversations about older LGBTQ+ New Yorkers.

SAGE’s TGNB elder participants have had horrifying experiences that negatively impact their ability to age with the dignity and respect they deserve. TGNB elders have been denied medical care due to unregulated silicone injections they have received as part of their transition. Many TGNB elders are unable to attend programming due to prevalent harassment on public transportation. And, tragically, we have worked with transgender elders who have been forcibly de-transitioned by their unsupportive families in long-term care facilities.

It is no surprise that many TGNB elders delay necessary care when they are subjected to such prejudice, discrimination, and hostility in the settings meant to support their successful aging. In fact, data shows that 65% of TGNB elders report having limited access to care as they age and more than half (55%) feel that they will be denied medical treatment because of their age and gender identity.<sup>xvii</sup> These elders are the leaders of the LGBTQ+ rights movement and NYC must not leave them behind.

An initial step that can be immediately taken is requiring all City-funding aging services, long-term support services, community health care providers, and housing services to receive TGNB cultural competency training. There is a lot of work, listening, and trust-building that must be done for TGNB elders to feel comfortable in spaces that have been historically connected to trauma and discrimination. Additionally, the City could launch a pilot program to ensure that TGNB elders can access aging services by providing transportation assistance to older adult centers and community health care centers that specialize in providing them safe environments.

TGNB elders also face extremely high levels of housing insecurity and homelessness with 54% of transgender elders in fear of having to re-closet themselves when seeking elder housing.<sup>xviii</sup> Many also avoid shelters because due to safety concerns, blocking one of the City’s pathways into affordable housing. The recent announcement of 30 dedicated beds for transgender people at emergency shelter locations across the City is a good start but more is needed – especially for our elders.<sup>xix</sup> The City must consider options to not only expand the number of emergency shelter beds but also look into solutions to provide better access to affordable permanent housing.

## **HIV and Aging:**

Three out of five people living with HIV in New York City are 50 or older, 77% of whom are people of color, yet their unique intersectional needs are often underrecognized and unaddressed.<sup>xx</sup> Current HIV public policy and discourse tend to center around ending the epidemic. While this of course is important, it is also crucial to center on the needs of those who are currently living with HIV, many of whom are long-term survivors, and have been living with HIV for decades.

There are multiple barriers to care for older New Yorkers living with HIV including stigma, incentive or unrelatable language, and lack of representation in HIV-related education materials. Undocumented older New Yorkers living with HIV also have higher rates of housing, food, and medical insecurities.<sup>xxi</sup> Research has shown older people with HIV have higher rates of depression and other comorbidities, such as chronic kidney disease, cancer, hypertension, heart disease, diabetes, and more-- compared to those not living with HIV.<sup>xxii</sup> This population also continues to face high levels of social stigma and isolation. Further, while 20% of newly diagnosed HIV infections in New York occur among patients 50 and older, this population represents nearly one-third of all new concurrent AIDS diagnoses.<sup>xxiii</sup> Each AIDS diagnosis indicates a failure to test, link to care, or adhere to medication for HIV.

All these factors contribute to an urgent need for more culturally competent care. The City must promote and fund programming that increases the collaboration between HIV and aging providers in NYC, to create more effective approaches to improve the health and well-being of older people living with HIV. Examples of how this collaboration could evolve include case conferencing and the expansion of existing, industry-leading programs and services. SAGE also recommends that there be a requirement for all staff, subcontractors, subgrantees, and volunteers of City-funded aging services, long-term support services, home, and community-based services, and housing services to receive training on providing care and support to older New Yorkers living with HIV.

The need for sexual health education does not end as we age, and we must do more to ensure the sexual health and education of our City's older residents. This could be addressed through the development and implementation of LGBTQ+ inclusive training curricula on older adults and sexual health at community health centers and older adult centers.

The aging community living with HIV in New York City will continue to grow and there must be a strong and intentional strategy to improve access to care and services available to the aging community living with HIV.

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<sup>i</sup> Karen I. Fredriksen-Goldsen et al., [The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults](#) (2011)

<sup>ii</sup> AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

<sup>iii</sup> LiveOn NY and Hunter College Brookdale Center for Healthy Aging, [Aging is Everyone's Business: Policies for Building a New York for All Ages](#) (2021)

<sup>iv</sup> Turrini et al. [Assessing the health status and mortality of older people over 65 with HIV](#) (2020)

<sup>v</sup> AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

<sup>vi</sup> Id.

<sup>vii</sup> Id.

<sup>viii</sup> Id.

<sup>ix</sup> Id.

<sup>x</sup> Joint Center for Housing Studies of Harvard University, [The State of the Nation's Housing 2020](#) (2020)

<sup>xi</sup> Robert Espinoza, [Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75](#) (2014)

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- xiv LiveOn NY, [Staggering waiting lists found for affordable senior housing](#) (2017)
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- xvi NYC Planning, [Language Access: Limited English Proficient Population in New York City](#) (Accessed, June 2022)
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**Testimony for City Council hearing:  
Committee on Aging joint with Committee on Women & Gender Equity Hearing  
June 21, 2022**

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My name is Paul Nagle (he, him, his) and I have the privilege of serving as executive director for Stonewall Community Development Corporation. Our mission is to see New York City's LGBTQ older adults in safe, welcoming housing they can afford, with access to health and mental health services that meet their unique needs.

Thank you to Chairs Hudson and Cabán for representing the issues so well in your opening remarks. A lack of ability to self-identify as LGBTQIA+ at point of service makes us invisible to both the state and the city. If there is no data, there is no public policy issue. Correcting this will need to be affected through clear and enforceable state and city legislation.

There have been several unsuccessful attempts. In fact, Council Member Dromm passed such legislation in 2016 Intro 552-A<sup>1</sup>, but to my knowledge none of the agencies required to formulate schemas for such LGBTQIA+ data collection have done so. I would love to be proved wrong on that, but to date, that data appears to be unavailable. Stonewall Community Development Corp. stands ready to provide any assistance we can in passing such legislation. We are already in conversation with people at the state level about this.

Another issue is the way Department for the Aging has structured its funding streams through the new RFPs, which precludes us from getting funding, even though we are very much providing services. Many seniors do not use senior centers and the Naturally Occurring Retirement Community funds are geographically based. We are not a physical senior center. We build our constituency from on the ground organizing, allowing us to

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<sup>11</sup> <https://gaycitynews.com/lgbt-new-yorkers-will-now-be-counted-by-city/>

<https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=2073850&GUID=BA662CC7-718C-4363-9766-4CADA1B771CD&Options=ID%7CText%7C&Search=552-A>



reach folks who are don't go to centers and aren't comfortable seeking services in their local NORCs for all the reasons we have been exploring today. Previous Aging Chair Margaret Chin was visionary in recognizing the importance of this approach. We are still getting discretionary allocations, but are precluded from this new RFP, even though we are very much providing services. I suspect we are not the only community-based service provider experiencing this.

In closing, as an elder gay man I remember in 1986 when Bell Telephone finally allowed the words Lesbian and Gay to be used in the phonebook. Imagine how hard organizing had been in light of that obstacle. And yet we did.

I am a survivor of full-blown AIDS. I am alive to testify today, because I joined DAAIR, a local buyer's club and illegally bought a second anti-retroviral from France.

As LGBTQIA+ folks, we are a community with a shared lived experience, a history of building community networks of support and an incredible collective imagination. Equality and freedom was a collective act of imagination that we made real. We know how to get things done.

We look forward to working with you, sharing our knowledge, our work and our proposals. Thank you for the opportunity to testify today.

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Good Morning

Thank you to the City Council for this opportunity to present on the needs of older queer New Yorkers.

My name is Elena Waldman, I am a femme presenting, non-binary, queer baby boomer.

My personal and professional experience make clear two important areas of concern:

1. Personal safety
2. Cultural competency

Older folxs are made vulnerable by the pervasive idea that the older we get, the more frail we are and the less likely we are to fight back, regardless of the type of abuse that is threatened. In many cases this is true.

One type of violence we experience is within our own communities of care – family, caregivers, and other professionals who assist with many aspects of daily living and planning. Queer folks are also made vulnerable because of threats of outing. This makes us susceptible to coercion and blackmail, to ensure compliance.

Street violence is also a greater threat for queer people, as we are targets for both robbery and other street crimes, but also hate crimes. As right wing groups continue to grow, (proud boys for example,) fear increases. This is exponentially true for people of color.

This second concern follows on the heels of this. Even as service providers – doctors and medical staff, staff at social service organizations, (including senior centers,) etc. are more open to queer people, seniors are often left out. It is exhausting and infuriating to have to explain – over and over – to

professionals how we identify, what our pronouns are, who our partner/s are or were, what kinds of sex we have, what type of medical and professional care we need, etc.

In general, seniors, like children, are infantilized, and our autonomy questioned.

I appreciate this hearing, and thank you all for listening to these concerns.

**NYC Council Hearings; Committee on Aging  
Jointly with the Committee on Women and Gender Equity  
July 21, 2022**

Thank you for this opportunity to submit testimony. My name is Dr. Cynthia Maurer and I am Executive Director of Visiting Neighbors.

Now in our 50<sup>th</sup> year of providing vital support services that help seniors (60 – Centenarian plus) remain independent, safe, informed, connected to others and their respective communities and to live in their own cherished apartments. We promote a positive acceptance of life after sixty and the value of the elderly in society. We couldn't have accomplished all that we have or managed to get through all these years without the support of our tried-and-true funders and friends – and *The New York City Council and its Aging Committee* is on the very top of that list! This current fiscal year we were able to keep 1,500 seniors informed and provided essential services to a record number of 815 seniors. We have now second and third generation clients and sharing a recent quote sent to us by Marilyn B., age 78, a daughter of client (Julia B.) who passed away 10 years ago, *“You were always there for my mom and now I am so grateful that you are here for me.”*

Our humble beginning started in Greenwich Village in 1972 and continues with the concept of “Neighbors Helping Neighbors.” We have always embraced inclusivity for seniors, volunteers and student interns. A few key demographics of our clients:

- 75% are female and 24% are male and 1% define themselves as non-binary
- 90% live alone
- 75% of our clients are over 80 and 33% are over 90
- 99% want to continue living in their own cherished homes and 1% seek support to transition into assisted living, nursing home or their family's residence
- 95% of our clients can neither pay for private services, nor eligible for Medicaid.

Most of our clients - average age being 89 - have at least one significant health concern, live alone and have little or no family nearby that they can turn to for help. They are all proud and determined to remain independent and in their own homes. They all want to be valued, understood and respected. Most come to us expressing feelings of loneliness, anxiety, sadness and the need to have someone to talk to.

When we meet new clients, we do not ask for information about their sexual identity, but given the intimate nature of our work, we befriend them and learn about their lives, what they have been through and who they are today. They grow to trust us and know we are here for them. Our older LGBTQIA+ seniors come from a different time/generational attitude than today and often are not feel comfortable sharing certain information outright. We make them feel safe and show them love, respect and acceptance. We do ask them to check off the box on our welcome application that best fits how they identify their gender and pronouns or they are free to leave the space blank. It's their choice. Love really is the question and love really is the answer. And we must not forget this population that chooses to stay quiet about themselves. Nor can we dismiss the fact that more women seek our help as they get older than men for many reasons, including female life expectancy.

We simply are here to provide services and there are no fees for any of our services. We are here to support and advocate for all of our clients. We have a “no judgement, open heart & empathic ear” approach to clients and volunteers and everyone has the same access. Visibility, Vitality, Voice, & Value is given to all participants of Visiting Neighbors’ programs.

Please do not forget this population that chooses to stay quiet about themselves, yet also needs friends to be kind, gentle, understanding, accepting, loving and helpful. As Dr. Cornel West once said so well, *“You can’t save the people if you don’t serve the people.”*

## **Our Programs:**

### **Friendly Visiting & Shop and Escort Programs**

Volunteers are matched with seniors based on mutual interests, hobbies, needs, etc. to either spend a couple of hours a week providing companionship and/or take seniors to and from important medical appointments. Volunteers also pick up seniors after medical procedures, take them to and from getting their vaccinations, physical therapy, accompany them on walks, help with errands (such as escorts to/from banks, helping read mail, shopping, hair salons, social programs, rehabs and escorting to/from Access-A-Ride renewal application centers). Volunteers watch out for potential street hazards as they walk with the seniors including; unaware pedestrians walking down the street while on their cell phones, bicyclists and other traffic hazards, potholes, uneven curb cuts and crossing the street to help reduce the potential of a fall and its devastating effects. Volunteers have also helped seniors with getting pets to vets. Our staff also encourages seniors to vote, including helping seniors mail absentee ballots when they can’t get out. Volunteers escort seniors who want to vote in person and we are promoting seniors using absentee ballots. This includes helping them get the mail-in ballots. We also work with another charity, *“Meals on Heels,”* to deliver Saturday meals to seniors in need. We have been going Shopping with clients, some still prefer that we go for them and that shopping remain contactless. Errands for Visiting Neighbors’ seniors have continued since the start of the pandemic. We let our seniors know they are not alone!

### **Health Advocacy**

In FY22, our staff has provided Information and Referrals to 499 seniors and 101 caregivers. Our Health Advocate helps our existing clients better communicate with their doctors, as well as formulate key questions to ask medical professionals to ensure they understand instructions when leaving their offices (including how to take medications, what they are for, what to expect and side effects). Our Health Advocate, staff and trained cadre of volunteers also encourage seniors to go to see their doctors in the first place, as well as advocate for them when they are being admitted into the hospital. It always helps a patient to let medical personnel know someone is watching. When a senior comes home from a hospital, we are there to make sure they have what they need. We will pick up medications and supplies, as well as provide emotional reassurance and a chance to vent about their experience.

### **Health and Wellness Programs**

All of our volunteers who are providing direct in-person contact services must be vaccinated and show proof of their completed card. Even as more things open, the COVID threat continues and there is a lot of uncertainty. In this fiscal year, we have had several one-on-one and small (3-6 individuals) in-person wellness discussions, including such topics as stress management,

nutrition, heart health, pedestrian safety, fall prevention, beating the blues, coping with anxiety, venting frustrations in healthy ways and staying flexible. Our student nurses from Mercy College have also been engaging seniors in some of these one-on-one and small group discussions as part of our wellness activities/ programs, as well as have provided wellness visits in seniors homes to provide blood pressure, home safety checks and assess potential fall risks. All of the nurses are fully vaccinated verified by their respective schools. Staff shared wellness tips with our seniors, discussed exercises (some stretching and chair exercises) that were safe and doable at home and we constantly related updated COVID-19 information. Summer students began working with us on June 1<sup>st</sup> and will be with us till August 3<sup>rd</sup> and in September we will get new students for the Fall/ Winter semesters.

### **Telephone Reassurance:**

Volunteers and staff contact seniors who are feeling isolated, very lonely and afraid or want a check-in call to get updated information or to make sure they are okay. We are offering positive emotional support for seniors who have expressed feeling very lonely and scared. We let them know they can have someone to talk to. As Gloria M. age 96 tells us, *'It's so good that you call me, because my friends in heaven don't have phones...and many were younger than me.'*

### **Therapeutic Walking Program**

As the pandemic continued on for such a long time, it resulted in many seniors themselves expressing to staff that they had developed 'cabin fever' and a need to go outside for a safe longer walk accompanied by someone who could be by their side. Many seniors told us they are afraid of walking outside alone – afraid of tripping on a sidewalk, getting caught in a crosswalk, being knocked down by someone not paying attention while on a cellphone or in a hurry, and just fear of falling in general. But some more independent seniors just want to go outside to get a break from the confines of their apartment and would feel more comfortable with someone by their side.

### **Walking with Wisdom**

We wanted to add another dimension to the Therapeutic Walking Program by engaging more people to walk alongside seniors. This late Spring, we also began engaging more younger volunteers (ages 14-24) to interact with our seniors by taking walks together and having meaningful discussions with them along the way. We seek to encourage the volunteers to share their experiences and ask questions as well and seek to help foster respectful, enjoyable & informative friendly relations between the two generations. We found that by participating, seniors described feeling their self-esteem strengthened ("feeling good about themselves & empowered") as they learn they are valued and can be appreciated for their wisdom, spirit & for having something to offer and share with others.

### **Additional Activities:**

Visiting Neighbors remembers and celebrates special occasions! Local school children make personalized birthday cards, Valentines, Mother's, and Father's Day cards. In the months of December 2021 and January 2022, we had volunteers put together care packages of donated items, which can often be a time that is especially lonely for seniors who otherwise have no one to share in the joys of the season. Our volunteers remind them that they are not alone and share some year-end holiday and New Year cheer. We have continued to send out birthday and other cards of encouragement, which our seniors always express that they are very happy to receive these. This Spring we had several grade school teachers work with their students to

make Happy Spring Cards with positive messages and wishes for good cheer, happiness and hope. The seniors loved them and many called us and/or wrote back us sharing how the cards brought some brightness into their day. Regular communication with our clients continues to be our priority, with multiple mailings, such as, birthday cards, cheer-up and “hang-in there” notes, sympathy cards, seasonal newsletters and get-well greetings. We are creative in our efforts to communicate both important and uplifting mailings, including sending inspirational poems, word games and puzzles, stress relieving tips, at-home exercises using a chair and household items, easy recipes and messages of hope. We also hand deliver donated bottles of hand sanitizer, face masks and in-home COVID test kits.

After a two-year hiatus, we got word in early Spring 2022, that street fairs were back on the city’s calendar and we could hold our Senior Talent Show, so we pulled together our 28<sup>th</sup> annual show on the afternoon of April 30, 2022. The show was a hit with the onlookers. The first-place winner, Shao Q., who did a *Taiji* sword dance, announced to the audience that she feels like the biggest winner for just before she left her apartment to join us, she received verification by mail that she was now officially an American citizen. The event and all of the high-spirit of our performers honors that part of our mission focused on promoting a better attitude towards aging in general and our work towards discarding stereotypes types of what seniors can’t do. The senior performers sang, danced and told jokes and demonstrated their vigor and verve and sent an important message to an enthusiastic audience that “Talent is Ageless.”

**The power of our NYC Council and Aging Committee’s support:**

We couldn’t be more grateful to be able to say ourselves, ‘*we’re still here*’ and are able to continue to do what we do best – supporting our neighborhood seniors so they stay as safe, healthy, active, informed as possible and help them feel empowered, connected to the community outside their home and feel a lot less lonely, depressed and afraid. We are proud of our partnership with you – together we make our neighborhood(s) a better place for seniors and for those who care about them. Please continue to advocate for programs like ours which make our city a more loving, helpful and respectful place for seniors to grow older with dignity and grace.

Thank you for permitting us to submit this testimony and to continue supporting programs like ours who embrace participants equally and treat them all like family. For some Visiting Neighbors may be the only family they have, need or want.

Sincerely,  
Dr. Cynthia Maurer  
Executive Director  
[cmaurervn@aol.com](mailto:cmaurervn@aol.com)

**New York City Council Aging Committee,  
Jointly with the Committee on Women and Gender Equity  
*Health Disparities in LGBTQ+ Older Adults***

June 21<sup>st</sup>, 2022

Thank you for the opportunity to provide testimony on health disparities in older LGBTQ+ New Yorkers on behalf of VNS Health (formerly known as the Visiting Nurse Service of New York). My name is Arthur Fitting. My pronouns are he, him, his, and I am a Gay cisgender man. I am a nurse and have worked with VNS Health for 30 years in various roles, and I am now the program manager for the LGBTQ+ Program at VNS Health. For over 126 years, our organization has provided high-quality, cost-effective care to underserved and marginalized communities throughout New York who are otherwise shut out of the health care system.

VNS Health has been a trailblazer in LGBTQ+ home and community-based care for decades. We lower the institutional barriers to care by meeting our patients where they are most – in their own homes and communities. To advance our efforts in supporting and caring for this vulnerable community, we fully support the establishment of a commission on LGBTQ+ older adults within the Department for the Aging. We believe that the development of this commission, with its goals being to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of LGBTQ+ older adults, will help us as providers come to a consensus on what actions need to be taken to best support our LGBTQ+ older adults New York City.

We also want to thank the City Council for providing \$200,000 to our Gender Affirmation Program, and for targeting \$1.5M for “LGBTQ Senior Services in Every Borough” in the NYC FY23 budget.

**LGBTQ+ Health Disparities**

New York State is home to over 800,000 LGBTQ+ adults (the vast majority in New York City), of whom one-third are over 50 years old. But only a fraction of these people has the information about and access to services, such as home care and hospice care. Not all are aware that there are medical professionals who will respect and celebrate their unique identity, and many may be wary of the health care system due to discrimination, bias, and other negative experiences.

Although LGBTQ+ individuals have the same potential for health, well-being, and success as their non-LGBTQ+ identifying counterparts, people who identify as LGTBQ+ have higher rates of poverty, food insecurity, unemployment, and homelessness than non-LGBTQ+ people. A recent national study noted that “sexual and gender diverse populations experience numerous disparities in physical and mental health” that “are driven by social forces, such as stigma, prejudice, and discrimination.”<sup>i</sup>



Not only are LGBTQ+ individuals at a higher risk for physical health issues, but they are also at a higher risk for behavioral health problems, including psychiatric disorders, substance use disorders, violence and victimization, and suicidal ideation.<sup>ii,iii</sup> Studies have found that LGBTQ+ individuals are 2.5 times more likely to experience depression, anxiety, or substance misuse than non-LGBTQ+ individuals.<sup>iv</sup> While more research is needed on the root cause of these disparities, many relate it back to the long history of discrimination against the LGBTQ+ community.

### **VNS Health's LGBTQ+ Initiatives**

These findings are supported by a recent survey conducted by the SAGE AdvantAge Initiative and VNS Health's Center for Home Care Policy and Research. We aimed to learn about how LGBTQ+ identifying older adults (age 55+) perceive their communities and their needs, with the goal of making their communities more "aging-friendly." Here are some of the key findings:

- More than 1/3 experienced arthritis, hypertension anxiety, or high cholesterol.
- More than 1/2 thought they needed counseling for anxiety or depression, and 2/3 obtained that counseling.
- Nearly 60% felt alone or isolated in the previous two weeks.
- Almost 70% said their health care provider does not know their sexual orientation and/or gender identity, but more than 1/2 said they would prefer care from a clinician who specialized in LGBTQ+ care.
- 45% were not confident or not very confident that they would have support for long-term care needs.<sup>v</sup>

These findings show us the barriers many LGBTQ+ community members face while living independently that prevent them from safely aging in place at home.

VNS Health is **the largest health care organization in New York with the SAGECare Platinum** LGBT cultural competency credentials, meaning more than 80% of our staff, including in hospice, home care, and behavioral health, has received training in working with LGBTQ+ communities. This training helps ensure that our team members are aware of and sensitive to the needs and concerns of LGBTQ+ older adults (This creates a safe space in the patient's home by providing culturally competent care)

**VNS Health LGBTQ+ Community Outreach** brings education, resources, and training about LGBTQ+ health to communities throughout and beyond New York City. Working with LGBTQ+ Outreach works with more than 100 community-based organizations and health care partners to increase awareness of LGBTQ+ issues and health needs.

VNS Health serves this population with **our "LGBTQ+ Care Type,"** a data-driven model that helps identify social risk factors (such as race, income, housing stability, caregiver support), so we can address these factors when providing care. We can then work with LGBTQ+ culturally competent CBOs to ensure our patients get care they need in a safe, welcoming environment. The process starts with our trained staff observing for those patients who self-identify as LGBTQ+. Once the patient receives their initial welcome

call from VNS Health, our LGBTQ+ Program Manager introduces them to the variety of services offered within the program, including LGBTQ+ health education and connection to local community-based organizations in their area to link to additional resources and services.

Patients undergoing gender affirmation transition are particularly vulnerable, making their care during and after surgery critically important. In 2016, VNS Health created a groundbreaking program known as the **Gender Affirmation Program**, dedicated to transgender and nonbinary post-surgical patients. The only program of its kind in the U.S., VNS Health's Gender Affirmation Program (GAP) has provided home care to over 1,400 patients and expects to provide care to over 250 patients in 2022. With more than 450 healthcare providers trained in the culture and nuances of caring for gender affirmation surgery patients, VNS Health's GAP role begins upon the patient's discharge from the hospital following gender affirmation surgery. Our clinicians come into their homes and provide affirming care. These clinicians are trained in cultural competency as well as post-surgical care for gender-affirming surgery.

VNS Health has long been at the forefront of **caring for people with HIV/AIDS**. Since the beginning of the AIDS epidemic, we have provided compassionate care in the home to thousands of New Yorkers living with HIV/AIDS. Today, nearly half of people living with HIV in the United States are over the age of 50, and many face unique needs as they get older. The increase in new cases is in men aged 55 and above. But the basic premise for living longer has not changed – if the HIV virus can be suppressed in a person's system, they will not develop AIDS. But compliance with medications, treatments and follow-up appointments for the older adult living with HIV/AIDS can be complicated by social risk factors. Our HIV Special Needs Medicaid health plan has the highest rates of "viral load suppression" in New York City because of how we effectively manage the health of our members living with HIV/AIDS.

## **Conclusion**

Thank you again for giving me the opportunity to testify today. We appreciate the Council's leadership on issues facing LGBTQ+ older adults. VNS Health hopes to continue to work closely with City Council and community-based organizations to provide high-quality, culturally-component care to this population.

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<sup>i</sup> National Academies of Sciences, Engineering, and Medicine. (2020). Understanding the Well-Being of LGBTQI+ Populations. p.316-18. Washington, D.C.: The National Academies Press.

<sup>ii</sup> Whitbeck, L.B., Chen, X., Hoyt, D.R., et al. (2004). Mental Disorder, Subsistence Strategies, and Victimization Among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents. *J Sex Research*, 41(4), 329-42.

<sup>iii</sup> Song, Y.S., Sevelius, J.M., Guzman, R., & Colfax, G. (2008). Substance Use and Abuse. p.204-247. In: Makadon, H.J., Mayer, K.H., Potter, J. & Goldhammer, H. *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. Philadelphia: American College of Physicians.

<sup>iv</sup> Cochran, S.D., Sullivan, J.G., & Mays, V.M. (2003). Prevalence of Mental Disorders, Psychological Distress, and Mental Health Services Use Among Lesbian, Gay, and Bisexual Adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61. Retrieved from:

<http://www.stat.ucla.edu/~cochran/PDF/PrevalenceDisordersLGBinUS.pdf>.

<sup>v</sup> SAGE AdvantAge Initiative Survey of LGBTQ+ Older Adults in NYC. (October 27, 2021).

Testimony given by Bill Meehan at:

Committee on Aging joined with Committee on Women & Gender Equity Hearing 6/21/2022

Good Morning and HAPPY PRIDE! Thank you Chairs Hudson and Caban for hosting this historic meeting.

My name is Bill Meehan. My pronouns are he, him and his. I am a Gay Senior residing at SAGE's Stonewall House in Brooklyn's CD35.

I applaud the idea of creating a commission within the Department For The Aging to specifically address the needs of Senior LGBTQIA+ members, and I hope that at least a percentage of its membership will be drawn from the LGBTQIA+ Senior Community.

The LGBTQIA+ Senior Community is a community in need, but we are also a resource community able and willing to give as well as receive.

I applaud the recent increase in the minimum wage...not a be all or end all solution but definitely a step in the right direction. There is a down side to this that is not often discussed and needs to be. An increase in wages will drive prices up and that will have a negative effect on those of us on fixed incomes. This is not an either/or issue, both groups are in need and both groups need attention. Seniors in your districts, both gay and straight....Seniors on SSI, SSI Disability, Pensions, Pensions augmented by diminishing savings will see their purchasing power decreased by the rise in prices. This needs to be addressed and remedies need to be found or we, in effect, will create a new class of poverty.

Many of us are not qualified for MEDICAID but not rich enough to pay for medical services, needed services. For example, Shingle shots are \$190 apiece.....nearly \$400 out of pocket for needed protection. Seniors need assistance in getting needed inoculations.

Because of a lack of elevators and escalators Subways aren't as accessible as needed and we need to ride the bus..multiple transfers in a system that allows only one free transfer. We shouldn't have to pay extra because NYC failed to meet ADA compliance.

Section 8 need to be expanded to enable Seniors, gay and straight, to remain in their homes, to age in place, a win win for both the senior and her/his community. New Senior housing, like Stonewall House, is great but only addresses the housing needs of a few, an expanded use of Section 8 will enable thousands of Seniors, gay and straight, to remain in place and age in communities that are familiar. We need to be more aggressive in seeing that landlords accept Section 8.

LGBTQIA+ seniors, as well as all seniors, need safe and secure housing. The rise in violence against the gay community is alarming. Places like Stonewall House need 24 hour security, which needs to be seen as a necessity not a luxury.

Items like these don't require miracles but do need attention. Many of the noted items of concern do not come under your purview, but you are the closest to us and our needs. We need your voice. We need you to advocate for us with your, and our, Federal and State colleagues. Together we can do the right thing and not only identify LGBTQIA+ Senior needs but also address them.

Thank you for the opportunity to testify today.

Bill Meehan  
Stonewall House  
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## HEARING TESTIMONY

PUBLIC STATEMENT BY DAVID MARTIN (*3-minute limit*)

June 21, 2022

New York City Council Hearing (hybrid)

Committee on Women and Gender Equity & Committee on Aging

Subject: Aging Persons with HIV

Submitted by: David Martin (via Zoom and Email)

Email: davidmartin57@gmail.com

Good afternoon! Thank you for the opportunity to speak as a member of SAGE. I am a consumer health advocate, long-term survivor of 35 years, and same-gender-loving. My concerns are about the programs and services provided to Aging Persons with HIV.

1. People with HIV over 50 make up the majority of the total HIV population in NYC.<sup>1</sup>
2. To date, the Medical community has been focused on achieving Viral Load Suppression (VLS) and managing HIV as is appropriate.<sup>2</sup>
3. However, 40 years into this epidemic, and there seemed to be no anticipation of or plan to address needs when HIV and Aging converge. The medical community seemed to have had a wait and see mindset without foresight for this population.
4. What is known as “HIV Acceleration” is causing patients to age more rapidly than the general population, approx. 10-15 years. Providers need to consider conducting age-related assessments and screenings much earlier.<sup>3</sup>
5. Aging Persons with HIV are likely to face increased stigma, comorbidities, isolation, and can easily fall out of care without it being noticed. They often do not have children or family support especially in our LGBTQIA+ community.<sup>4-5</sup>
6. Healthcare systems should be able to find and retain patients who are out of care. There is no formal effort to support achieving this aspect of Ending the Epidemic.<sup>6</sup>
7. There are inequities in data collection. Surveillance of the health of same gender loving women and bisexual women does not exist. These among other priority populations are vulnerable making Ending the Epidemic unattainable.<sup>7-8</sup>

8. Providers should focus on developing partnerships with their patients. It's important to have trust to garner disclosures and agreement in support of patient treatment. Patients are integral to providers successfully achieving care goals.
9. Assessments for Adverse Childhood Experiences (ACEs) should be executed to identify persons who may be predisposed to poorer health outcomes. In a Kaiser-Permanente study, the subjects who were White had high scores. It's estimated that persons of Brown and Black communities would surpass these high scores based on ongoing societal persecutions and substandard quality of care.<sup>9-13</sup>
10. Oral Health is crucial for Aging PWH to masticate food and support proper nutrition. Dental standards are low and often lead to tooth extractions replaced with troublesome dentures and partials instead of an allowance for permanent implants covered by insurance. Implants are not cosmetic when tooth loss exists.<sup>14-15</sup>
11. Patient appointments with providers are too short to conduct comprehensive exams, inquire, and have interactions with patients. Aging PWH have increased need for geriatric and behavioral health services from culturally similar providers; however, the availability of providers is woefully inadequate to meet the need with many who do not accept insurance.

THE END

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#### ENDNOTE RESOURCES:

<sup>1</sup>HIV Surveillance Report, 2019. New York City Department of Health and Mental Hygiene. Pl 4., <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2019.pdf>

<sup>2</sup>New York City HIV Care Continuum Dashboards: Using Surveillance Data to Improve HIV Care Among People Living With HIV in New York City. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6607775/>

<sup>3</sup>Accelerated Aging in HIV Patients, Rambam Maimonides Medical Journal 2012 October. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678823/>

<sup>4</sup>HIV and Aging: Double Stigma, Epidemiology of Aging. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7952834/>

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I'm Richard Daniels, 70, married to an older spouse for whom I am now a full-time caregiver, and am a long-term AIDS survivor with health needs of my own.

Caring for an elderly partner facing illness and decline shares some similarities to my previous experience. But the distinction between private medical insurance, which we had then, and Medicare, which we have now, is blatant as we face what isn't covered – issues of hearing, dental, vision, prescriptions, alternative therapies and most crucially, in-home assistance - all those expensive things that aging engenders and requires. Hospital care has been OK but what of the things to help keep you out of the hospital?

I am learning to navigate various social service agencies to help with the care I now provide, SAGE, among them. Some have led us to home health aide options, which are very limited, though I'm grateful these agencies have already equipped themselves to deal with LGBTQ clients. We've participated in several Friendly Visitor Programs, through universities and social service agencies, all of which are valuable to counter isolation.

One agency offered a seminar I attended that was to address caregiver support, how to create caring circles. Her first instruction was appeal to family – siblings, children, etc. While her assumptions had a narrow, hetero bias limiting her program's application, I was reminded how during the AIDS wars friends and extended friends were corralled into care groups. Yet at this stage of life, the human resources are much diminished. Most LGBTQ people, for any number of reasons, lack the generational support of younger family upon which to rely. The first time I cared for an ill spouse, I still had living parents, even a grandparent, and a much larger circle of friends. That circle is diminishing as our peers retreat to face their own health demands. I have said before that living through the early AIDS era left me with a PHD in grief and loss. It's left other scars as well.

Due to COVID's lockdown moment, anyone should be able to identify with the effects of isolation. Couple that with age, physical decline, vulnerability, immobility, and you've got quite a stew.

Consider the difficulty of getting around. For one moment early in the Pandemic, Project Cart was shuttling folks to and from medical appointments. That was fantastic. Now that service is limited to a very confined radius. With public transport now unfeasible, we spend a fortune on taxis. It's disconcerting and angering to see them pass you by when they see you with a person using a walker, just as I experienced 30 years ago when I'd be trying to hail a cab with my black partner. Having a strategy to get taxis by hiding the person I'm with has come in handy again.

Living with AIDS can exacerbate the effects of aging and disease progression. Juggling my need to stay active with the demands of caregiving is often challenged by my PTSD, a remnant of prior caregiving. Issues of well-being in addition to concrete medical and living needs must be considered. Aging and healthcare services don't always consider this reality. We are treated and seen based on age or based on HIV diagnoses but hardly ever both identities together. There must be increased coordination between aging services and healthcare providers to ensure older New Yorkers living with HIV are supported.

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in favor  in opposition

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Name: Linda Hoffman

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I represent: New York Foundation for Senior Citizens

Address: 11 Park Place

NY, NY 10007

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Address: 4014th Ave Brooklyn NY 11215

I represent: SAGE

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Name: Commissioner Lorraine Cortes-Vazquez

Address: \_\_\_\_\_

I represent: Dept for the Aging

Address: \_\_\_\_\_

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Date: 06 21 2022

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Name: Arthur Filting

Address: 350 King St. Orient, N.Y. 11957

I represent: VNS Health

Address: 220 East 42nd Street 5th Fl NY 10017

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