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**Lesbian, Gay, Bisexual, and Transgender (LGBT) Seniors  
in San Francisco:  
Current Estimates of Population Size, Service Needs,  
and Service Utilization**

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**Report prepared by the San Francisco Human Services Agency Planning Unit  
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November 2012**

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Current Estimates of Population Size, Service Needs, and Service Utilization**

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## Introduction

In January 2012, the San Francisco Board of Supervisors held a public hearing on the needs of the city's lesbian, gay, bisexual, and transgender (LGBT) seniors. Following that hearing, Supervisors Weiner, Campos, and Olague sponsored legislation establishing an LGBT Aging Policy Task Force. The task force is charged with examining implementation of recommendations made at the original hearing. In preparation for the work of that task force, community members approached the planning unit of the San Francisco Human Services Agency (SF-HSA) to request analysis of existing data available on LGBT seniors. This report provides that summary.

## Executive Summary

The San Francisco Human Services Agency (SF-HSA) Planning Unit conducted analysis of state and local population surveys, along with local health and social service databases, to develop estimates of the size and demographics of the LGBT senior population in San Francisco. These sources, combined with findings from qualitative needs assessments conducted in recent years, also provided estimates of service utilization for a select group of city-funded services and summaries of key issues facing this population. Findings from these analyses follow.

### Local LGBT Senior Population Estimates and Demographics:

- ❖ **As much as 12.4% of San Francisco's seniors age 60 and older identify as LGBT in state and local surveys. This equates to approximately 19,200 LGBT seniors,** though there are likely more who are closeted and do not disclose their true sexual orientation or gender identity in surveys. These rates are more than double the highest national LGBT prevalence rates for all adults (Gates, 2011).
- ❖ San Francisco's LGBT senior population in available datasets are:
  - **Mostly men:** Men make up anywhere from two-thirds to three-quarters of all LGBT seniors.
  - **Fairly young:** The majority of LGBT seniors in each dataset were under 70 years old; in some cases an overwhelming majority fell into this age group. This may suggest increased closeting among older adults and/or a migration of this younger generation of LGBT seniors to the city.
  - **Mostly English-speaking:** The level of English fluency among LGBT seniors enrolled in city-funded services is dramatically higher than would be expected based on the demographics of the city's entire senior population.
  - **More White and less Asian/Pacific Islander than the citywide senior population:** It is difficult to tell the degree to which this trend is due to

uneven rates of closeting within different populations versus true differences of LGBT prevalence.

- **Living throughout the city, but concentrated in the North of Market, South of Market, Castro, and Mission districts.**
- **Often living alone:** The LGBT seniors City Survey respondents and LGBT seniors enrolled in Office on the Aging (OOA) senior services were much more likely to be living alone than their non-LGBT counterparts.
- **Likely to have incomes at the extremes:** LGBT seniors have slightly higher rates of low-end and high-end incomes compared to heterosexual seniors.
- **Mostly renters:** The City Survey estimates that 59% of LGBT seniors rent their homes, compared to 36% of heterosexual seniors.
- **Much more likely than heterosexual seniors to be HIV+:** 72% of seniors receiving HIV Health Services were LGBT. However, this population makes up only 3% of the total projected LGBT senior population. Among HIV+ seniors, the year of infection was most commonly the mid-1980s to early 1990s, though new infections continue.
- **Often veterans:** Limited local data showed that 20% of LGBT seniors enrolled in OOA senior services self-identified as veterans.

#### **Local Service Utilization:**

- ❖ **City departments and contractors do not consistently collect data on this population:** Multiple programs at the Department of Public Health (DPH) and the SF-HSA were unable to provide summaries of LGBT senior utilization of services, either because LGBT status was not included at intake or because those questions are not reliably asked.
- ❖ **Despite efforts to provide LGBT cultural relevancy train mainstream senior service providers, enrollment rates for LGBT seniors remain low for most programs.**
- ❖ **HIV Health Services are dominated by LGBT clients, including among the senior clientele.** The most common services used by seniors in the HIV Health Services system were:
  - Outpatient/Ambulatory Medical Care (34%);
  - Oral Health Care (28%);
  - Case Management (non-medical) (26%);
  - Medical Case Management (including treatment adherence) (24%); and
  - Food bank/Home-delivered meals (20%).
- ❖ **Prevalence of older adults in the HIV Health Services is projected to increase in the coming years:** Successes of antiretroviral therapy is supporting people to live longer with HIV/AIDS, and new infections among older adults persist.

## **Local Needs:**

Common themes that emerged from analysis of the City Survey, recent focus groups with LGBT seniors, and research related to older people living with HIV/AIDS (PLWHA) include:

- ❖ **Concerns regarding discrimination and/or lack of sensitivity to LGBT issues among mainstream service providers**, including:
  - Lack of LGBT-friendly materials and environments at senior services;
  - Health care provider insensitivity and/or lack of legal recognition of partners in health care settings;
- ❖ **Need for information about social services**, including financial supports, benefits counseling, legal advocacy, and health insurance access;
- ❖ **Need for supports to alleviate the extreme social isolation that some LGBT seniors experience;**
- ❖ **Enhanced needs for behavioral health services;**
- ❖ **Public safety concerns; and**
- ❖ **Medical and health care concerns specific to older PLWHA.**

As the LGBT Aging Policy Task Force moves forward with its work, the findings from this report will help to provide a baseline summary of existing research upon which to build.

## **Estimates of the size of San Francisco's LGBT senior population**

Estimating the size of the lesbian, gay, bisexual, and transgender (LGBT) population is a difficult task. Often, surveys do not ask about sexual orientation and gender identity, and many LGBT individuals are closeted and thus resistant to publicly identifying as LGBT.

A 2011 study combined findings from five domestic surveys and four international surveys to estimate that 3.5% of the adult population of the United States is lesbian, gay or bisexual, and an estimated 0.3% of adults are transgender (Gates, 2011). Of the surveys considered, the 2009 National Survey of Sexual Health and Behavior showed the highest national estimate of the LGB (not T) population, at 5.6% of all adults. The study did not provide estimates specifically for seniors.

State and local survey estimates of the size of San Francisco's LGBT senior population are, in some cases, significantly higher. The table on the next page provides estimates of the city's LGBT senior population based on a variety of local and state data sources.

Three separate sources all estimate that 11.1% - 12.4% of all San Francisco seniors are LGBT. Extrapolating to the total senior population, this would suggest that San Francisco is home to as many as 19,200 LGBT seniors who are willing to identify as LGBT in random surveys. Presumably there are additional LGBT seniors who are closeted and do not disclose their true sexual orientation or gender identity in anonymous surveys.

**Local Estimates of the LGBT Senior Population**

Data Source	# of senior respondents <sup>1</sup>	% of sample senior population that identified <sup>2</sup> as...					LGBT <sup>3</sup>	Notes
		Lesbian	Gay	Bisexual	Trans-gender			
California Health Interview Survey (CHIS): SF Seniors age 60 - 70	<i>(exact n not provided by CHIS website)</i>	12.3%			n/a	12.3%	Pooled 2007 and 2009 data, but this estimate remains statistically unstable. Single year estimates vary considerably, from 4.2% in 2005 to 15.3% in 2009. All single-year estimates are unstable. Survey only asks about sexual orientation for adults up to age 70.	
SF City Survey, 1996-2011	7,603	1.1%	4.3%	3.6%	2.2% <sup>4</sup>	11.1%	For all but the last year of the survey, seniors are those age 60+. Transgender status was included under sexual orientation as "other/transgender" for some years.	
2006 SF Department of Aging and Adult Services (DAAS) Phone Survey	464	0.4%	5.6%	5.0%	1.4%	12.4%	Random-digit-dial phone survey of SF residents. (National Research Center, 2008)	
American Community Survey (2010, IPUMS): SF senior same sex couples	1,164	0.4%	1.2%	n/a	n/a	n/a	Seniors are 65+ in this analysis. As the ACS does not include explicit questions about sexual orientation, only those who are in same-sex relationships and who live with their partner are counted as same-sex couples.	
SF Seniors enrolled in Office on the Aging database (GetCare FY 11/12)	21,981	0.4%	2.7%	0.9%	0.8%	4.8%	These are seniors receiving OOA-funded senior services. Some OOA-funded services do not register consumers, however (e.g., legal services, naturalization, etc.). Many consumers do not provide LGBT status.	

(Table continued on next page)

<sup>1</sup> "n" is based on un-weighted figures. Percentages are calculated using the appropriate weighting variables for each survey. Not all senior respondents unambiguously identify sexual orientation and gender identity.

<sup>2</sup> Percentages are based only on respondents for whom LGBT status could be unambiguously determined.

<sup>3</sup> LGBT percentage may not equal the sum of the four categories if respondents were asked about sexual orientation and gender identity in separate questions.

<sup>4</sup> If calculated only for the years in which transgender status was included in the survey, this percentage increases to 4.1%, which seems very high.

### Local Estimates of the LGBT Senior Population

Data Source	# of senior respondents <sup>1</sup>	% of sample senior population that identified <sup>2</sup> as...					Notes
		Lesbian	Gay	Bisexual	Trans-gender	LGBT <sup>3</sup>	
2005 Survey of residents of 8 SF Senior/Disabled SFHA Buildings	266	0%	2.7%	1.4%	0.7%	4.1%	This survey collected information on service knowledge and needs among public housing residents. The number of LGBT senior residents responding was very small.
SF DPH 2011 estimates of men who have sex with men (MSM)	36	n/a	3.0%		n/a	n/a	The estimates come from multiple population size estimation methods. Some of these estimates are built into National HIV Behavioral Surveillance, a system designed to study HIV risk-taking behaviors. The department uses several fairly robust sampling methods to estimate the total population of MSM. <sup>5</sup>
SF DPH HIV Health Services Clients 2009-2011	1166	0.3%	63.6%	7.2%	.9%	71.6% <sup>6</sup>	These are proportions of those receiving services through HIV Health services. They are <b>not</b> estimates of the proportion of the total SF population.

<sup>5</sup> For more information on these estimates, contact the San Francisco Department of Public Health HIV Epidemiology Section.

<sup>6</sup> Author's estimate of the overlap between transgender and LGB populations is based on data for all adults. Senior-specific overlap was not available.



## Local Demographics

The following analysis summarizes local demographics of LGBT seniors based on the following local data sources:

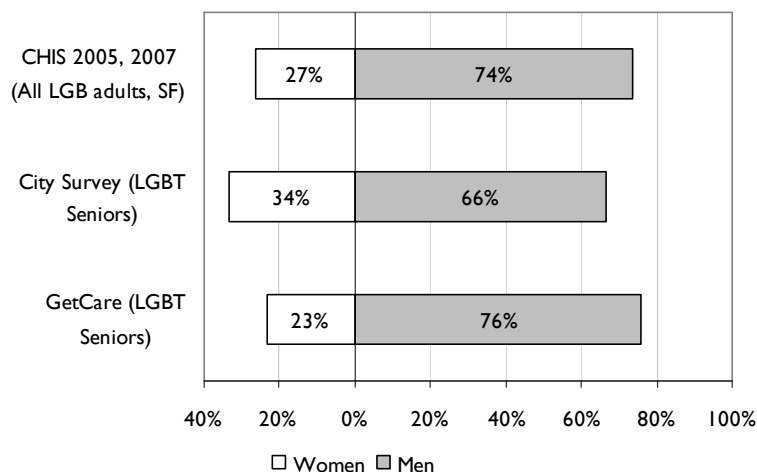
1. The **GetCare** database, which includes consumers enrolled in the majority of senior services funded by the Department of Aging and Adults Services' (DAAS) Office on the Aging (OOA). This analysis includes all consumers enrolled in any registered service between July 1, 2011 and May 29, 2012.
2. The **San Francisco City Survey**, which was conducted annually from 1996 to 2004, and biennially from 2005 to 2011.
3. The **San Francisco Department of Public Health's (DPH) estimates of men who have sex with men (MSM)**, and the proportion who were 60+. The estimates come from multiple population size estimation methods. Some of these estimates are built into National HIV Behavioral Surveillance, a system designed to study HIV risk-taking behaviors. The department uses several fairly robust sampling methods to estimate the total population of MSM.
4. The **California Health Interview Survey (CHIS)**. Samples for LGB seniors are fairly thin in the CHIS data, but in some cases inferences can be made by pooling multiple years of data.
5. The **San Francisco Department of Public Health – HIV Health Services (SFDPH – HHS) AIDS Regional Information and Evaluation System (ARIES)** database. ARIES is a multi-county system that was developed and is maintained by the California State Office of AIDS (SOA). It is an Internet browser-based client case management information system that fulfills administration and reporting requirements for all HIV/AIDS services funded by the local, state and federal governmental agencies.

Detailed data tables and discussions of many of these data sources can be found in the appendices of this report.

### Gender

Among all LGB adults, CHIS estimates that the ratio of men to women is approximately 3 to 1 in San Francisco (2005, 2007). This lopsided trend appears to hold for LGBT seniors across several data sources. Three quarters of LGBT senior OOA program

Estimates of Proportion of LGBT Population  
Men vs. Women

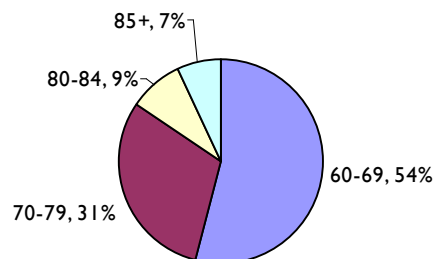


enrollees were male. Of LGBT senior respondents in the City Survey 66% were men and 34% were women.<sup>7</sup>

### Age

Younger consumers of OOA services were more likely to identify as LGBT: 54% were under 70 years old. DPH's 2011 estimates of MSM show a similar trend: 64% were age 60 to 65, and another 17% were age 66 to 70. This age disparity is even more severe among LGB seniors using DPH HIV Health Services: 88% were under 70 years old in 2011.

LGBT Seniors Enrolled in GetCare in FY 11/12, by Age



### Language

The vast majority of LGBT GetCare enrollees (79%) were fluent in English. Those with limited English proficiency mostly spoke Chinese dialects. This level of English fluency is dramatically higher than that of non-LGBT enrollees (43%). This trend is even more pronounced in LGBT seniors responding to the City Survey, which tends to have an English-speaking bias overall: 92% of LGBT seniors completed an English survey, compared to 87% of heterosexual seniors.

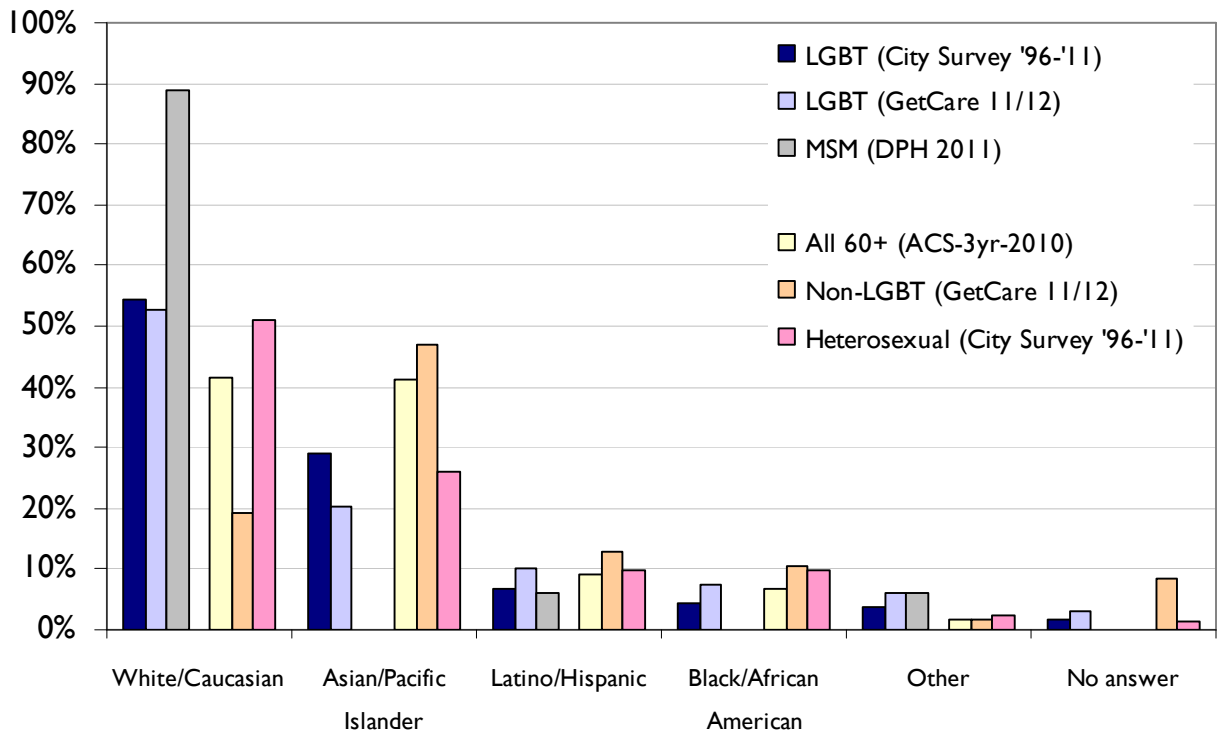
### Ethnicity/Race

Seniors identifying as LGBT are more likely to be White and less likely to be Asian/Pacific Islander than they are in the citywide senior population. The chart below shows the breakdown of ethnicities of LGBT and non-LGBT seniors from various data sources as compared to that reported in the American Community Survey (ACS) (2010 3-year sample). It is worth noting that local focus groups have discussed the fact that closeting is uneven across racial and ethnic groups, which may help to explain some disparities in the LGBT senior population as compared to the overall senior population.

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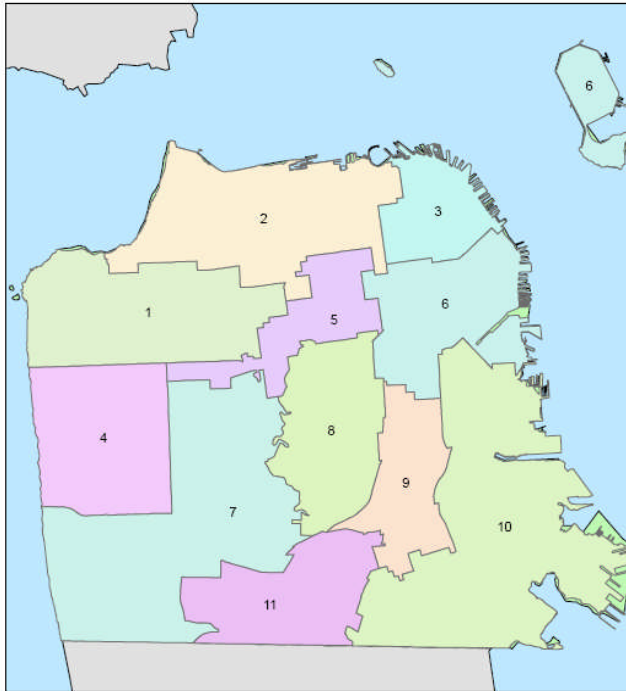
<sup>7</sup> "Senior" was defined as 60 or older for all surveys through 2009, and 65 or older for the 2011 survey.

## Demographics of SF Seniors, by LGBT Status and Data Source



Demographics of Seniors, by LGBT Status and Data Source						
	White/ Caucasian	Asian/ Pacific Islander	Latino/ Hispanic	Black/ African American	Other	No answer
<b>LGBT Senior Estimates:</b>						
LGBT (City Survey '96-'11)	55%	29%	7%	4%	4%	2%
LGBT (GetCare 11/12)	53%	20%	10%	7%	6%	3%
MSM (DPH 2011)	89%	0%	6%	0%	6%	0%
<b>Comparison Estimates:</b>						
All 60+ (ACS-3yr-2010)	41%	41%	9%	7%	2%	0%
Non-LGBT (GetCare 11/12)	19%	47%	13%	11%	2%	8%
Heterosexual (City Survey '96-'11)	51%	26%	10%	10%	2%	1%

Seniors using DPH HIV Health Services, 72% of whom were LGBT, were also more likely to be white, but the trend is not as pronounced: 57% were white. The next largest groups were African American (22%) and Latino (12%).



**Board of Supervisor Districts**



**Zip Codes**

**Geography**

The City Survey and GetCare data both show LGBT seniors living in all areas of the city, but with population concentrations in certain neighborhoods. LGBT seniors responding to the City Survey were more likely to live in Supervisorial Districts 6 or 8 than in other districts. The most common zip codes for LGBT seniors enrolled in the GetCare database were 94109 (13%) and 94102 (12%). The zip codes that represent the Castro neighborhood followed: 94110 (10%) and 94114 (9%). DPH estimates of MSM also highlight 94114 (28%), followed by 94103 (14%). These same zip codes emerge as the most common ones for seniors using DPH HIV Health Services.

**Veteran Status**

Despite systematic discrimination based on sexual orientation by the United States military, limited local data suggests that many LGBT seniors may be veterans. Twenty percent of LGBT senior GetCare enrollees self-identified as veterans, and another 21% did not report veteran status at all, suggesting the rate may be higher for those already receiving senior services. Recent national research has found that military service is not uncommon about LGBT seniors (Fredriksen-Goldsen et. al., 2011). The City Survey does not include questions about veteran status.

### Living Alone

Isolation is a common theme among LGBT seniors. LGBT seniors respondents to the City Survey were more likely to live alone than their non-LGBT counterparts (41% vs. 35%). Rates of living alone were even higher among LGBT senior enrollees in GetCare (53% vs. 38% among non-LGBT seniors).

### Income

The City Survey shows slightly higher prevalence of incomes less than \$25,000 for LGBT seniors as compared to heterosexual seniors (32% vs. 29%) and a significantly higher rate of reporting an inability to meet basic expenditures (17% vs. 10%). DPH estimates of MSM suggest similar lower-income prevalence (34% under \$25,000). Of those LGBT seniors enrolled in services through GetCare, 66% reported incomes at or below the federal poverty level, which was the same rate as for non-LGBT enrollees. Among seniors using DPH HIV Health Services (72% of whom are LGBT), 82% had incomes below 200% of the federal poverty level.

However, the City Survey also shows LGBT seniors as being more likely to have higher incomes. That is, LGBT seniors were more likely to fall into one extreme or the other.

What was your household's total income before taxes last year?						
	Less than \$10,000	\$10,000 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$99,999	\$100,000 or more	Don't know/No answer
LGBT Seniors	11%	21%	23%	22%	14%	1%
Heterosexual Seniors	9%	20%	21%	19%	12%	2%
All Seniors	11%	20%	20%	18%	11%	2%
Source: City Survey 2002-2011.						

### People Living with HIV/AIDS (PLWHA)

A recent report on HIV/AIDS and Aging in San Francisco (Allgaier, 2010) found that the population of older PLWHA (age 50+) grew 43% between 2004 and 2008, the majority of whom are LGBT. DPH HIV Health Services had 637 LGBT clients age 60 or older in 2011. While LGBT seniors are dramatically more likely to receive these services than are non-LGBT seniors, those receiving services still only account for approximately 3% of the projected senior LGBT population.

### Other key demographics characteristics

The City Survey included questions about a variety of other characteristics. LGBT senior respondents were very similar to heterosexual senior respondents in many ways (e.g., education, disability) with several exceptions. LGBT seniors were more likely than heterosexual seniors to:

- ❖ Rent their home (59% vs. 36%); and

- ❖ Have moved to SF within the last 5 to 19 years (35% vs. 19%), and less likely to have lived in SF for more than 19 years (55% vs. 70%).

## Service Utilization

The most common theme with respect to analysis of service utilization for LGBT seniors is that city departments and contractors do not consistently collect data on this population. Most programs, especially state- and federally-funded programs, do not ask clients about sexual orientation and transgender status. In some cases, data collection is spotty or difficult to analyze in combination with age data. Multiple DPH programs indicated that a summary of LGBT senior service utilization was not possible (e.g., Laguna Honda Hospital, mental health and substance abuse programs). The SF-HSA did not have this data for self-sufficiency or housing programs.

### **Office on the Aging Programs**

DAAS does include questions about sexual orientation and transgender status in its GetCare database. Of all consumers enrolled in any service, only 2.6% identified as LGBT, but many consumers did not provide enough information to confirm LGBT status (46%). Twenty-three percent of consumers did not respond to either question.

The proportion of program enrollees who identify as LGBT varies by program. The following table lists OOA-funded programs that require consumers to register in the GetCare system, sorted in descending order by the number of total enrollees as of May 29, 2012. Programs that had more than four percent of participants who were LGBT are highlighted in green. Those with especially low LGBT participation have the percentage highlighted in red. Those programs for which LGBT status was unknown for more than 50 percent of participants also have that percentage highlighted in red.

By Program	Total Enrollees	% LGBT	% Not LGBT	% LGBT Status Unknown
<b>All Programs</b>	<b>24,368</b>	<b>2.6%</b>	<b>51.4%</b>	<b>46.0%</b>
Congregate Meals	13,598	2.1%	60.1%	37.9%
Community Services	12,819	1.8%	52.2%	46.0%
Home Delivered Meals	3,927	3.3%	54.4%	42.4%
Nutritional Counseling HDM	1,691	4.1%	54.8%	41.1%
Case Management	1,396	2.8%	63.5%	33.7%
Health Promotion	797	3.3%	57.1%	39.6%
Congregate Meals (YAD)	606	2.0%	45.9%	52.1%
FCSP Elderly	600	3.8%	23.0%	73.2%
LGBT Senior Activity and Social Service Programs	315	56.2%	3.2%	40.6%
Home Care (Chore, Personal, Homemaker)	208	6.7%	56.7%	36.5%
Home Delivered Meals Emergency	144	4.2%	38.2%	57.6%
Adult Day Health/Social Care	132	0.0%	61.4%	38.6%
Case Management Transitional Care	122	8.2%	31.1%	60.7%
Congregate Meals-GF	106	0.0%	73.6%	26.4%
ADCRC	63	0.0%	66.7%	33.3%
Linkages	50	0.0%	4.0%	96.0%
Money Management	48	2.1%	47.9%	50.0%
FCSP Grandparent	36	0.0%	47.2%	52.8%
Transportation (Lighthouse)	24	0.0%	66.7%	33.3%

The programs with the highest participation rates of LGBT enrollees were: LGBT Senior Activity and Social Service Programs, Home Delivered Meal Nutrition Counseling and Emergency Meals, Emergency Home Care, and Case Management Transitional Care. Community Services (e.g., senior activity centers) had an especially low rate of LGBT enrollees. Data collection shows room for improvement across the board, even for LGBT-focused programming. Some programs appear to avoid asking questions about sexual orientation and transgender status altogether.

### Adult Day Programs

In July 2012, the San Francisco Adult Day Network conducted a survey of member agencies to assess LGBT participation in those programs and efforts to improve cultural sensitivity. Eight out of 11 member programs responded to the survey. Less than one percent of the Adult Day Health Care (ADHC)/Community-Based Adult Services (CBAS) clients self identified as LGBT. Representation was slightly higher at social day programs (2.6%). Half of programs asked about sexual orientation and gender identity in their intake forms. Half of the programs described specific training that had been provided to their staff regarding unique issues that face the LGBT senior population, and more than half of the centers could cite training that had been provided to educate staff regarding how to create an LGBT friendly environment at the center. Several of these centers had their last such training in 2010, others included this training in as a part of their annual or ongoing staff training. More than half of centers reported that they had

implemented specific strategies to create a more LGBT friendly environment at their center.

### HIV/AIDS Programs

The issue of HIV and AIDS is a crucial one for the LGBT population in San Francisco. Between 2009 and 2011, more than 800 LGBT seniors age 60 or older used HIV health services provided by DPH. Seniors represented approximately 8% of all clients during that time.

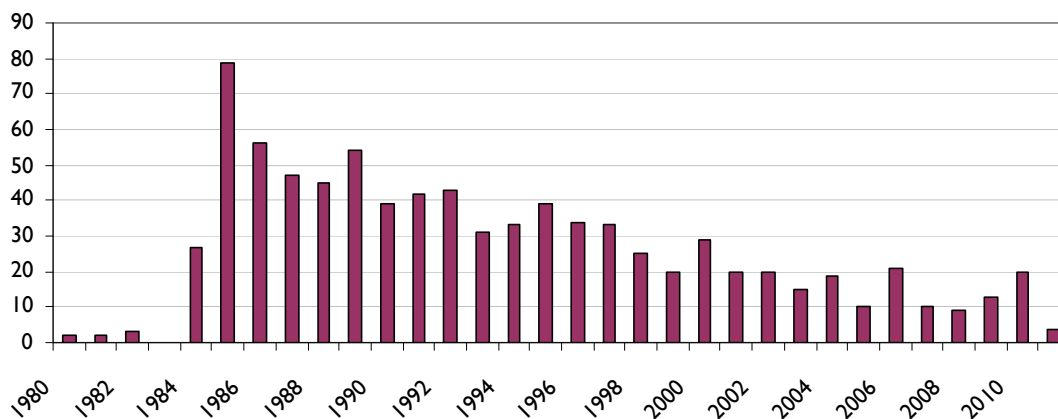
A recent local white paper considered the needs of older people living with HIV/AIDS, in this case defining older as age 50 or above (Allgaier, 2010). That report found that targeted services for older adults living with HIV/AIDS were woefully inadequate despite demonstrated growth in the size of that population (Allgaier, 2010). The aging of the HIV/AIDS population has been partly due to the successes of antiretroviral therapy (ARVs) in supporting people to live longer with HIV/AIDS, but also due to new infections among older individuals.

The chart below shows the year of HIV+ status for seniors who received HIV health services in 2011.

**Seniors (60+) Receiving HIV Health Services in 2011 by Year of Infection**

Largest number in 1985, More than 50% 1992 or earlier, but new infections

continue



Note that 71%, not all, of these seniors are LGBT.

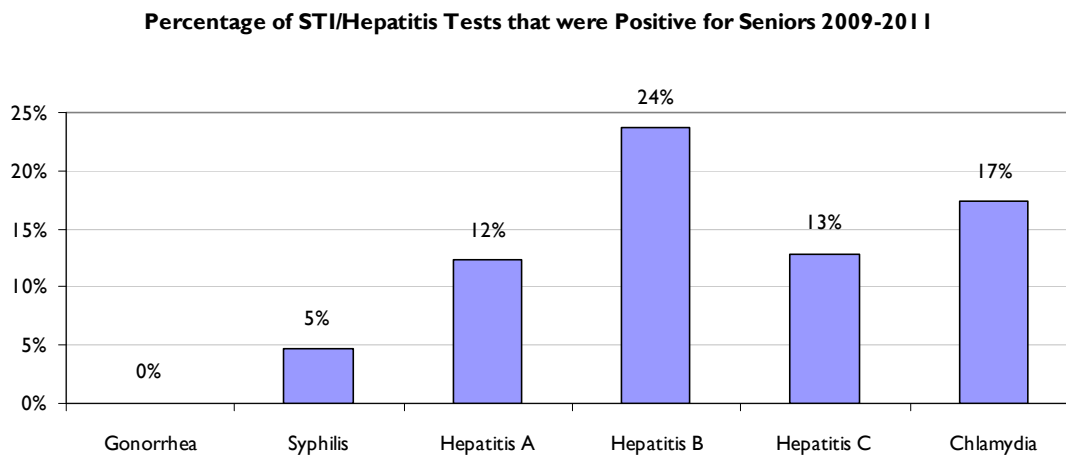
The most common services used by seniors in the HIV Health Services system were:

- ❖ Outpatient/Ambulatory Medical Care (34%);
- ❖ Oral Health Care (28%);
- ❖ Case Management (non-medical) (26%);



- ❖ Medical Case Management (including treatment adherence) (24%); and
- ❖ Food bank/Home-delivered meals (20%).

Tests for sexually transmitted infections (STI) and hepatitis among seniors in SF HIV health services had varying positive result levels, as shown in the chart below.



## Local Needs

Both qualitative and quantitative sources are useful for painting a picture of local needs of LGBT seniors. This section summarizes the findings of focus groups conducted with LGBT seniors and service providers during DAAS needs assessments in 2006 and 2011. It also provides an analysis of City Survey data on LGBT senior needs.

### DAAS Needs Assessment Focus Groups

Themes highlighted in local needs assessment focus groups conducted with LGBT seniors<sup>8</sup> included the following unique issues and areas of need for their community:

- ❖ More outreach about seniors services, including mainstream services and those targeted to LGBT seniors;
- ❖ Sense of discrimination by and lack of LGBT-friendly materials/environments at mainstream service providers and in housing (landlords), which can lead to re-closeting;
- ❖ Ageism and lack of cross-generational connections within the LGBT community;
- ❖ Emotional and social toll of the AIDS epidemic;

<sup>8</sup> Focus groups were conducted in 2006 and again in 2011. Notes from those focus groups are included in Appendix E.

- ❖ Social isolation and resulting vulnerability, sometimes compounded by other factors (e.g., increased isolation from family, cultural differences in levels of acceptance of LGBT status, digital divide, lack of transportation etc.);
- ❖ Alcohol and substance abuse services;
- ❖ Lack of caregivers when LGBT seniors do not have adult children;
- ❖ Isolation among caregivers, especially when relationship is closeted;
- ❖ Increased likelihood of becoming the primary caregiver to aging parents when childless LGBT adult children are perceived by siblings to have fewer family obligations;
- ❖ Need for grass root organizing within the LGBT senior community, including the need to connect the various sub-populations within that community; and
- ❖ Health care provider insensitivity and to LGBT issues among older adults; and
- ❖ Lack of legal recognition of partners by health providers.

### **Local Needs in the City Survey**

The City Survey provides some additional insight into the needs of LGBT seniors. For example, they were more likely than heterosexual seniors to report experiencing “mental stress” (depression, anxiety, PTSD, bipolar) in the household (10% vs. 6%).<sup>9</sup> They were also more likely to lack health insurance, including Medicaid and Medicare (7% vs. 5%). The DPH estimates of MSM reinforce this finding, as those statistics estimate that 8% do not have any health insurance. In contrast, the 2009 CHIS estimated that only 2.2% of all San Francisco seniors age 60 or older lacked health insurance.

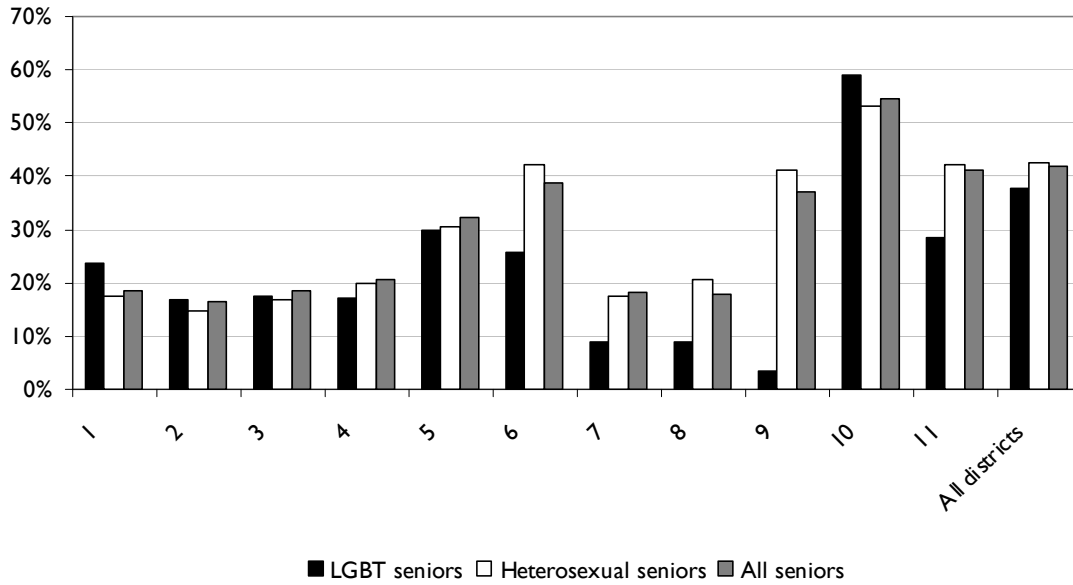
The City Survey also asks about experiences with crime and feelings of safety. LGBT seniors were more likely than heterosexual seniors to have been the victim of a crime in the last year (19% vs. 10%), and those who were victims of nonviolent crimes were less likely to have reported them to the police (43% vs. 59%).

Overall, LGBT seniors were less likely to feel unsafe walking in their neighborhoods at night, and more likely to feel unsafe walking in their neighborhoods during the day. These rates varied considerably by supervisorial district, however. In districts with higher prevalence of LGBT seniors, perceived safety better among LGBT seniors than for heterosexual seniors. See charts below. (A map of San Francisco’s supervisorial districts can be found on page 12 of this report.)

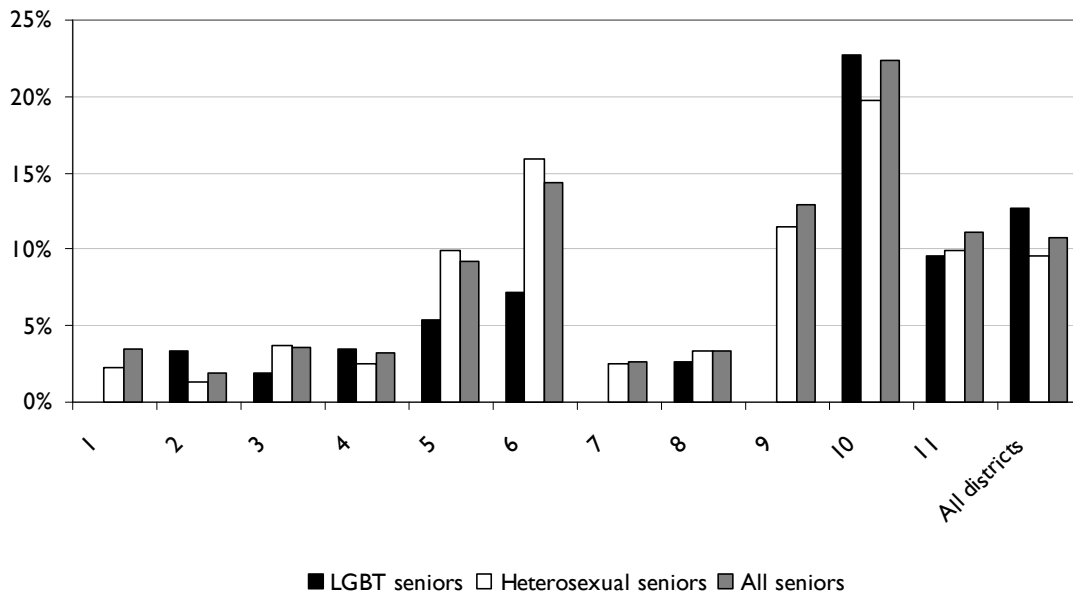
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<sup>9</sup> This may be misleading, as the respondent may be referring to another person in the household. Recall, however, that 41% of LGBT senior respondents lived alone.

**% of seniors, by district, who report that they felt unsafe or very unsafe walking alone in their neighborhood at night**



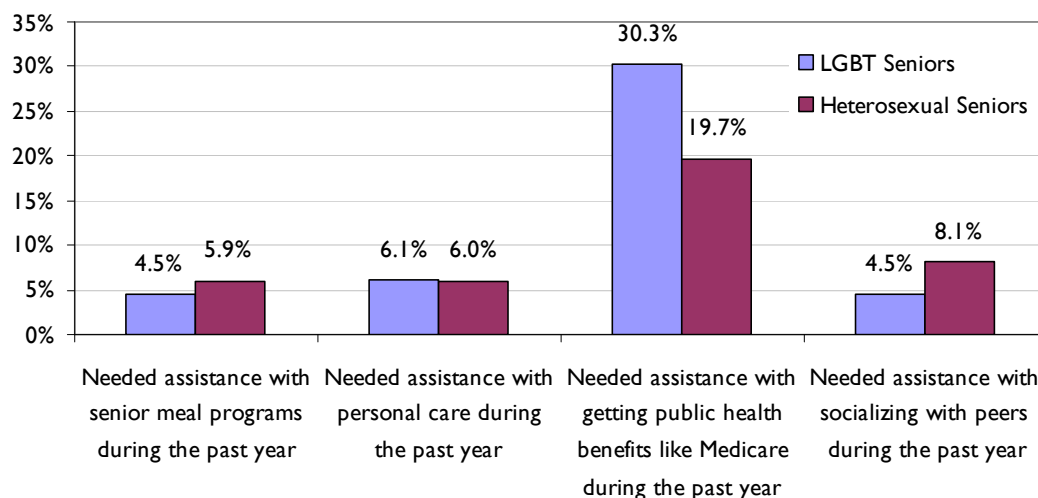
**% of seniors, by district, who report that they felt unsafe or very unsafe walking alone in their neighborhood during the day**



In 2011, the City Survey included questions about the need for senior services. LGBT seniors were more likely than heterosexual seniors to need assistance with getting public benefits, but they were less likely to report needing assistance socializing with

peers. This was a surprising finding given that LGBT seniors often cite isolation as a critical issue in national studies and in local focus groups.

**Need for Senior Services in the Last Year among SF Seniors,  
San Francisco City Survey, 2011 (n=844 seniors)**



### Needs of Older PLWHA

Several unique issues emerge in local research about the needs of older PLWHA. While these individuals are not all LGBT, enough are for these findings to be relevant to a discussion of LGBT seniors in San Francisco. The 2010 report (Allgaier) identified the following significant issues among older PLWHA in San Francisco:

- ❖ Medical and Health Care Needs:
  - Missed HIV/AIDS diagnosis: When HIV/AIDS symptoms mimic those of normal aging (e.g., fatigue, weight loss), physicians may miss early diagnosis and delay treatment;
  - Unknown long-term effects of ARVs;
  - Aging and HIV both diminish production of T-cells;
  - Chronic inflammation;
  - Need for Complementary Alternative Therapies;
  - Lack of geriatrics expertise among HIV care providers; and
  - Increased presence of co-morbidities (especially depression, arthritis, hepatitis, and neuropathy).
- ❖ Behavioral Health Needs:
  - Increased prevalence of substance abuse;
  - Need for mental health services
- ❖ Social Service Needs:
  - Housing and homelessness resources;
  - Socialization and support group opportunities targeted to older PLWHA;

- Need for financial supports, benefits counseling, and legal advocacy as long term disability policies stop paying benefits when the beneficiary reaches retirement age (usually 65); and
- Stronger HIV/AIDS cultural competency among mainstream senior service providers.

## References

1. Allgaier, R. (June 2010). An Emerging Issue: HIV/AIDS and Aging in the San Francisco Eligible Metropolitan Area (EMA). San Francisco, San Mateo and Marin Counties. San Francisco EMO HIV Health Services Planning Council. Downloaded on October 2, 2012:  
<http://www.sfcarecouncil.org/Documents/docs/HIV%20and%20Aging%20Policy%20Paper%20Final%206.29.10.pdf>
2. California Health Interview Survey (2005, 2007, 2009). Accessed on September 26, 2012: <http://www.chis.ucla.edu/>
3. Center for Disease Control (2010). *HIV Surveillance Report: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010*. Volume 22. Downloaded on October 2, 2012:  
<http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm>
4. City Survey (1996-2011). San Francisco Controller's Office. Data downloaded June 28, 2012: <http://www.sfcontroller.org/index.aspx?page=406>
5. Fredriksen-Goldsen, K. I., Kim, H.-J., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multi-generational Health. Downloaded on August 1, 2012: <http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2011/05/Executive-Summary-FINAL.pdf>
6. Gates, G. J. (April 2011). *How many people are lesbian, gay, bisexual, and transgender?* Williams Institute. Downloaded on November 6, 2012:  
<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>.
7. National Research Center, Inc. (May 2008.) City of San Francisco Aging and Adult Services Telephone Survey Draft Report of Results. Boulder, CO. (Author conducted analysis based on raw data provided by NRC in support of the 2008 report.)

## Appendix A-1

### San Francisco City Survey 1996-2011: LGBT Senior Population Analysis

The San Francisco City Survey was conducted by the San Francisco Controller’s Office every year from 1996 to 2004, and biennially from 2005 to 2011. The following is an analysis of San Francisco’s lesbian, gay, bisexual, and transgender (LGBT) senior population based on the publicly available dataset for that survey. All statistics are weighted in order to adjust for demographic differences between the City Survey sample and San Francisco's population, per Controller’s Office instructions. The survey is a random sample of residents.

Since 1996, the San Francisco City Survey has included a question related to sexual orientation. Transgender status was also included in that question from 1996-2001 and in 2003. Respondents were asked, “Which of these comes closest to describing your sexual orientation?” and given the following choices: heterosexual, gay/lesbian, bisexual, and (in 1996-2001 and 2003) other/transgendered.

Since 1996, there have been nearly 30,000 respondents to the survey, 14 percent of whom identified as LGBT. After excluding respondents who did not provide sexual orientation, that rate increased to 16 percent. Younger populations were more likely to identify as LGBT, even within the senior population. Differences in prevalence rates might be more a reflection of differences in willingness to identify as LGBT rather than true differences in prevalence. While it may be the case that the scale of the early, pre-retro-viral drug AIDS epidemic may have affected the number of LGBT individuals available to reach their senior years, that impact will not be seen for several years to come.

Percentage of City Survey Respondents who were LGBT					
	Gay/Lesbian	Bisexual	Transgender <sup>10</sup>	Any LGBT	Any LGBT, excluding those with no response
All Respondents*	10%	3%	1%	14%	16%
All Seniors	4%	3%	2%	9%	11%
Seniors age 60-74	6%	3%	2%	11%	13%
Seniors age 75+	4%	3%	2%	9%	11%
*Statistics for all respondents include data from 2011, which is excluded from other summaries because seniors were defined differently in that year. Senior statistics represent respondents from 1996-2009.					

Of Gay/Lesbian senior respondents, 79% were men and 21% were women.

LGBT senior respondents were very similar to heterosexual senior respondents in many ways, with several exceptions. LGBT seniors<sup>11</sup> were more likely to:

<sup>10</sup> Note that the 2002 and 2004-2011 surveys did not include an option for identifying as transgender. Therefore, this likely undercounts the transgender population when all survey years are included. See data tables at the end of this report for details by survey year.

<sup>11</sup> “Senior” was defined as 60 or older for all surveys through 2009, and 65 or older for the 2011 survey.

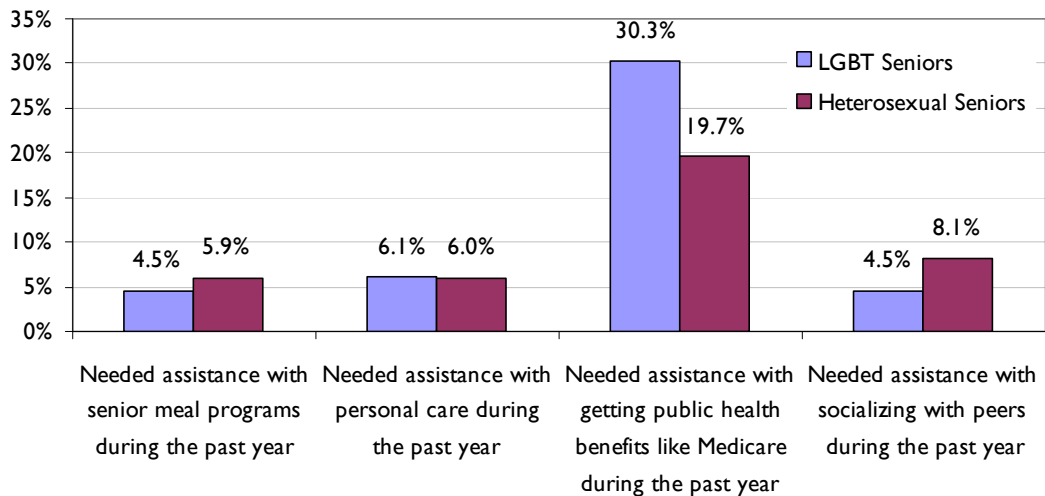
## Appendix A-1

### San Francisco City Survey 1996-2011: LGBT Senior Population Analysis

- ❖ Be White and Asian/Pacific Islander, and less likely to be Latino/Hispanic or Black;<sup>12</sup>
- ❖ Live alone (41% vs. 35%);
- ❖ Rent their home (59% vs. 36%);
- ❖ Have been the victim of a crime in the last year (19% vs. 10%), and those who were victims of nonviolent crimes were less likely to have reported them to the police (43% vs. 59%);
- ❖ Lack health insurance, including Medicaid and Medicare (7% vs. 5%);
- ❖ Have moved to SF within the last 5 to 19 years (35% vs. 19%), and less likely to have lived in SF for more than 19 years (55% vs. 70%);
- ❖ Report having “mental stress” (depression, anxiety, PTSD, bipolar) in the household (10% vs. 6%);
- ❖ Have incomes less than \$25,000 (32% vs. 29%);
- ❖ Be unable to meet basic expenditures (17% vs. 10%); and
- ❖ Live in Supervisorial Districts 6 or 8, though LGBT seniors are represented in every district.

In 2011, the survey included questions about the need for senior services. LGBT seniors were more likely than heterosexual seniors to need assistance with getting public benefits, but they were less likely to need assistance socializing with peers.

**Need for Senior Services in the Last Year among SF Seniors,  
San Francisco City Survey, 2011 (n=844 seniors)**



Detailed data tables for these topics and several others included in Appendix A-2.

<sup>12</sup> It appears that the city survey dramatically under-represents the monolingual senior population in San Francisco. Eighty-eight percent of all senior surveys were conducted in English.



**Appendix A-2**

**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**

**All calculations are based on weighted frequencies, unless otherwise noted**

All respondents, weighted frequencies by year						
Year	Bisexual	Gay/Lesbian	Heterosexual/Straight	Other/ transgendered	No answer	Grand Total
1996	78	212	1283	87	186	1846
1997	49	94	913	38	101	1195
1998	70	157	1457	55	199	1938
1999	53	185	1486	34	184	1942
2000	75	168	1586	48	213	2090
2001	67	170	1688	34	188	2147
2002	45	120	1193		201	1559
2003	57	126	1136	18	176	1514
2004	57	152	1092		170	1471
2005	92	397	2632		580	3701
2007	73	371	2463		778	3685
2009	113	362	2045		239	2760
2011	117	426	2954		482	3979
Grand Total	946	2939	21929	314	3698	29826
	3%	10%	74%	1%	12%	100%
Grand Total, excluding years where transgender status was not asked	449	1111	9549	314	1248	12672
	4%	9%	75%	2%	10%	100%

All Senior Respondents, weighted frequencies by year						
Year	Bisexual	Gay/Lesbian	Heterosexual/Straight	Other/ transgendered	No answer	Grand Total
1996	21	23	336	40	70	490
1997	9	7	235	16	39	306
1998	13	10	365	27	68	483
1999	15	18	352	8	54	447
2000	16	19	365	23	85	508
2001	26	17	396	13	71	522
2002	13	10	267		68	358
2003	18	14	327	5	53	418
2004	11	13	265		54	343
2005	15	50	689		241	997
2007	14	53	694		344	1104
2009	20	50	479		66	615
2011	25	41	614		164	844
Grand Total	217	326	5384	131	1376	7434
	2.9%	4.4%	72.4%	1.8%	18.5%	100.0%
Excluding "no answer"	3.6%	5.4%	88.9%	2.2%		100%
Grand Total, excluding years where	118	109	2376	131	440	3173

**Appendix A-2**

**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**

**All calculations are based on weighted frequencies, unless otherwise noted**

transgender status was not asked	3.7%	3.4%	74.9%	4.1%	13.9%	100%
Excluding "no answer"	4.3%	4.0%	86.9%	4.8%		100%

Note: Respondents were considered seniors if age was 60+ for 1996-2009, and if age was 65+ for 2011.

Unweighted frequencies for senior respondents, by survey year						
year	Bisexual	Gay/Lesbian	Heterosexual/Straight	Other/transgendered	No answer	Grand Total
1996	21	23	336	40	70	490
1997	8	7	231	15	42	303
1998	13	11	340	27	64	455
1999	17	20	343	8	58	446
2000	17	21	354	27	80	499
2001	26	19	385	16	73	519
2002	12	13	267		58	350
2003	16	13	316	6	47	398
2004	12	16	268		52	348
2005	15	56	693		231	995
2007	13	65	683		315	1076
2009	19	82	691		88	880
2011	25	41	614		164	844
Grand Total	214	387	5521	139	1342	7603

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

If you are 60 or older, have you needed assistance with any of the following during this past year?				
	Needed assistance with senior meal programs during the past year	Needed assistance with personal care during the past year	Needed assistance with getting public health benefits like Medicare during the past year	Needed assistance with socializing with peers during the past year
LGBT Seniors	4.5%	6.1%	30.3%	4.5%
Heterosexual Seniors	5.9%	6.0%	19.7%	8.1%
All Seniors	5.6%	7.1%	22.7%	7.7%

Source: City Survey 2011

Have you been a victim of a violent crime (mugging, rape, assault, battering etc.) during the last twelve months, and if so was it reported to police? (if more than once, please answer for the last time)			
Have you been a victim of a nonviolent crime (burglary, car theft etc.) during the last twelve months, and if so was it reported to police? (if more than once, please answer for the last time)			
	Victim of a crime in the last year?		Reported the crime to the police?
LGBT Seniors	Any crime	19.0%	46.8%
	Violent crime	4.7%	60.0%
	Nonviolent crime	16%	42.9%
Heterosexual Seniors	Any crime	10.4%	57.1%
	Violent crime	2.8%	62.2%
	Nonviolent crime	8.5%	58.5%
All Seniors	Any crime	10.8%	55.3%
	Violent crime	3.0%	62.5%
	Nonviolent crime	8.8%	54.3%

Source: City Survey 2000-2004.  
Violent crimes include: mugging, rape, assault, battering, etc.  
Nonviolent crimes include: burglary, car theft, etc.

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

Which of the following best describes your race/ethnicity?						
	White/Caucasian	Asian/Pacific Islander	Latino/Hispanic	Black/African American	Other	No answer
LGBT Seniors	55%	29%	7%	4%	4%	2%
Heterosexual Seniors	51%	26%	10%	10%	2%	1%
All Seniors	47.2%	28.7%	10.0%	9.2%	2.4%	2.6%
Source: City Survey 1996-2011.						
(Native American, Mixed Ethnicity, and Other are combined into "Other" because the responses were so few.)						

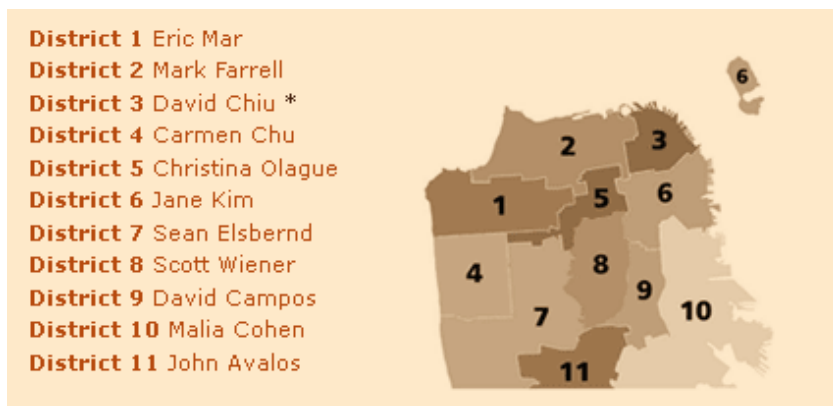
How many people live in your household?						
	1	2	3	4	5 or more	(blank)
LGBT Seniors	41%	40.0%	6.9%	4.0%	6.1%	2%
Heterosexual Seniors	35%	42.1%	10.3%	4.4%	5.4%	3%
All Seniors	35%	41.1%	9.8%	4.6%	5.7%	4%
Source: City Survey 1996-2011.						

Do you own or rent your home?		
	Own	Rent
LGBT Seniors	41%	59.1%
Heterosexual Seniors	64%	36.3%
All Seniors	60%	39.9%
Source: City Survey 2011		

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

In the next three years, how likely are you to move out of San Francisco?						
	Very likely	Somewhat likely	Not too likely	Not at all likely	Don't know/no answer	(blank)
LGBT Seniors	6%	9%	21%	61%	1%	1%
Heterosexual Seniors	5%	9%	21%	62%	1%	2%
All Seniors	6%	9%	20%	61%	1%	2%

Source: City Survey 2005-2011



Please rate your feeling of safety in the following situations in San Francisco: Walking alone in your neighborhood during the day						
	Very Unsafe	Unsafe	Neither Safe nor Unsafe	Safe	Very Safe	Don't Know
LGBT Seniors	3%	6%	16%	46%	29%	0%
Heterosexual Seniors	2%	6%	17%	46%	28%	0%
All Seniors	2%	7%	17%	46%	26%	0%

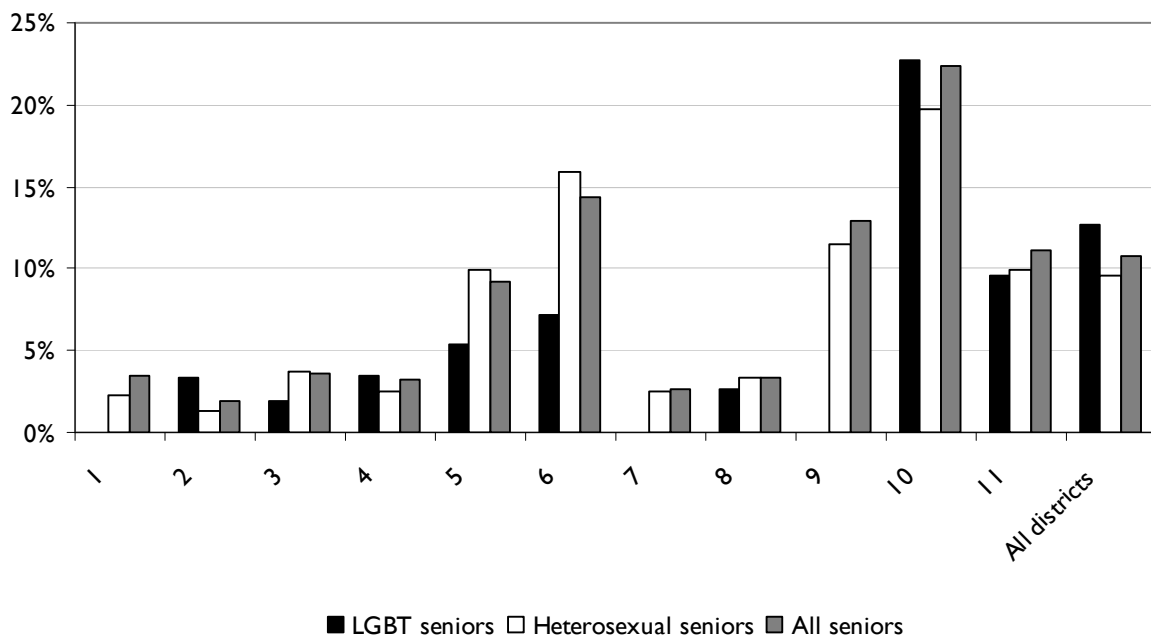
Source: City Survey 1996-2011

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

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LGBT seniors are more likely to feel unsafe during the day overall, but that experience varies by Supervisorial district. In most districts, LGBT seniors report lower rates of feeling unsafe, with the exception of districts 2, 4, and 10.

**% of seniors, by district, who report that they felt unsafe or very unsafe walking alone in their neighborhood during the day**



**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

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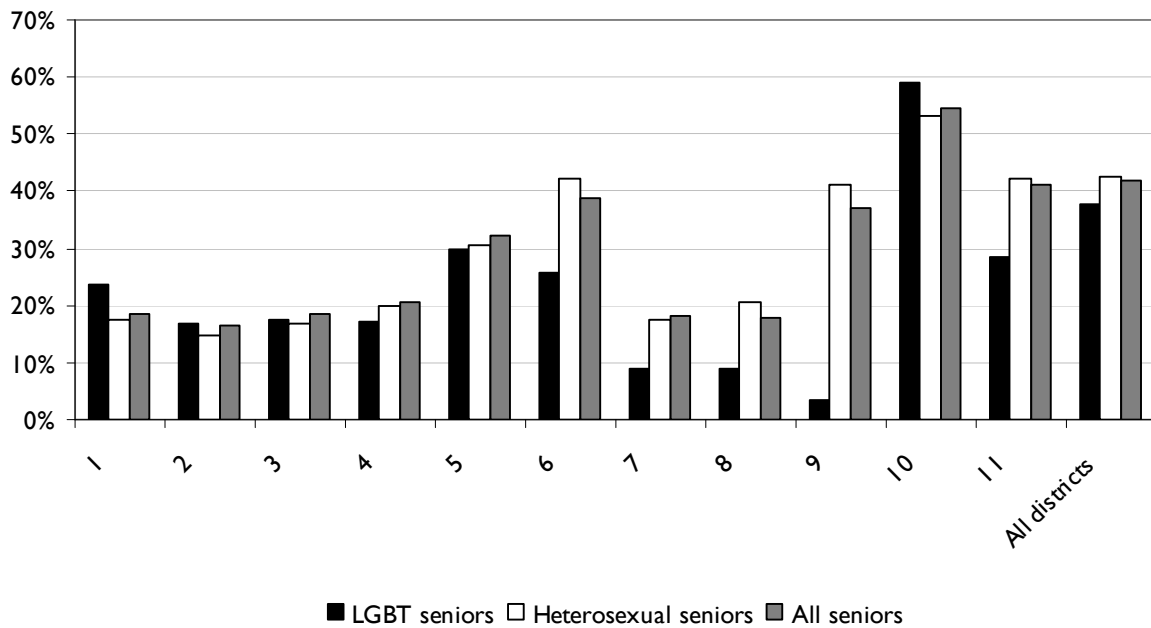
Please rate your feeling of safety in the following situations in San Francisco: Walking alone in your neighborhood at night						
	Very Unsafe	Unsafe	Neither Safe nor Unsafe	Safe	Very Safe	Don't Know
LGBT Seniors	11%	16%	25%	31%	12%	0%
Heterosexual Seniors	12%	21%	26%	28%	9%	0%
All Seniors	12%	21%	26%	27%	9%	0%
Source: City Survey 1996-2011						

LGBT seniors have very similar, if slightly lower rates of feeling unsafe walking alone at night overall. They are more likely to feel unsafe in doing so in districts 1 and 10.

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

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**% of seniors, by district, who report that they felt unsafe or very unsafe walking alone in their neighborhood at night**





## Appendix A-2

### San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis

**All calculations are based on weighted frequencies, unless otherwise noted**

Disability: Respondent or household member has:						
	difficulty standing, walking, or climbing downstairs	difficulty seeing (blind or low vision)	deafness or hard of hearing	long term illness (diabetes, HIV, asthma, heart disease)	mental stress (depression, anxiety, ptsd, bipolar)	difficulty learning or remembering new things (learning disability, head injury)
LGBT Seniors	23%	7%	20%	20%	10%	4%
Heterosexual Seniors	26%	8%	19%	18%	6%	4%
All Seniors	27%	8%	18%	17%	7%	4%

Source: City Survey 2009, 2011

Do you have any health insurance, including Medi-Cal or Medicare?			
	Yes	No	Don't Know
LGBT Seniors	91%	7%	1%
Heterosexual Seniors	95%	5%	1%
All Seniors	94%	5%	1%

Source: City Survey 2005, 2007, 2011.

How long have you lived in San Francisco?					
	Less than 1 year	1 to 4 years	5 to 9 years	10 to 19 years	Over 19 years
LGBT Seniors	5%	6%	20%	15%	55%
Heterosexual Seniors	7%	4%	9%	10%	70%
All Seniors	7%	4%	10%	11%	67%

Source: City Survey 2011

**Appendix A-2**  
**San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis**  
**All calculations are based on weighted frequencies, unless otherwise noted**

What is the highest level of formal education you have completed?					
	Less than high school	High school	Less than 4 years of college	4 or more years of college/post	No answer
LGBT Seniors	11%	20%	22%	47%	1%
Heterosexual Seniors	9%	22%	24%	44%	1%
All Seniors	11%	23%	23%	41%	2%

Source: City Survey 1996-2011.

What was your household's total income before taxes last year?						
	Less than \$10,000	\$10,000 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$99,999	\$100,000 or more	Don't know/No answer
LGBT Seniors	11%	21%	23%	22%	14%	1%
Heterosexual Seniors	9%	20%	21%	19%	12%	2%
All Seniors	11%	20%	20%	18%	11%	2%

Source: City Survey 2002-2011.

What was your household's total income before taxes last year?						
	Less than \$10,000	\$10,000 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$99,999	\$100,000 or more	Don't know/No answer
<b>Women</b>						
LGBT Seniors	7%	11%	11%	11%	3%	57%
Heterosexual Seniors	6%	11%	14%	12%	7%	50%
All Seniors	7%	12%	13%	11%	6%	50%
<b>Men</b>						
LGBT Seniors	5%	11%	13%	14%	10%	47%
Heterosexual Seniors	5%	12%	14%	13%	10%	47%
All Seniors	5%	12%	13%	12%	9%	48%

Source: City Survey 2002-2011.

Appendix A-2

San Francisco City Survey 1996-2011 Data Tables for Senior LGBT Population Analysis

All calculations are based on weighted frequencies, unless otherwise noted

Can you cover basic expenditures (housing, childcare, health care, food, transportation, and taxes)?				
	Yes	No	Don't know	Blank
LGBT Seniors	77%	17%	6%	0%
Heterosexual Seniors	76%	10%	14%	0%
All Seniors	73%	11%	16%	781%

Source: City Survey 2011

Supervisorial District			
	LGBT Seniors	Heterosexual Seniors	All Seniors
1	5%	9%	9%
2	8%	11%	10%
3	12%	11%	11%
4	7%	10%	10%
5	7%	7%	7%
6	16%	7%	9%
7	7%	13%	12%
8	20%	6%	7%
9	6%	6%	7%
10	5%	9%	9%
11	5%	9%	9%
No answer	2%	1%	1%

Source: City Survey 2001-2011

**Appendix B**  
**Summary of 2005 Public Housing Survey – LGBT Status**

DAAS Public Housing Survey Oct 2005 Que.# 21 Gender	1251 Turk Street		1750 McAllister St.		1760 Bush St.		1855 15th Street		255 Woodside Ave.		3850 18 <sup>th</sup> St.		666 Ellis Street		990 Pacific Ave		ALL	
1 - Female	22	55.0%	27	60.0%	33	68.8%	23	56.1%	28	59.6%	31	66.0%	18	56.3%	27	58.7%	209	60.4%
2 - Male	13	32.5%	18	40.0%	12	25.0%	14	34.1%	14	29.8%	12	25.5%	12	37.5%	13	28.3%	108	31.2%
3 - Transgender	0	0.0%	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
99 - Did not answer	5	12.5%	0	0.0%	3	6.3%	3	7.3%	5	10.6%	4	8.5%	2	6.3%	6	13.0%	28	8.1%
Total	40	100.0%	45	100.0%	48	100.0%	41	100.0%	47	100.0%	47	100.0%	32	100.0%	46	100.0%	346	100.0%
<b>Que.# 22 Sexual Orientation</b>																		
1 - Heterosexual	17	42.5%	33	73.3%	24	50.0%	25	61.0%	15	31.9%	26	55.3%	10	31.3%	24	52.2%	174	50.3%
2 - Lesbian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
3 - Gay	2	5.0%	3	6.7%	1	2.1%	1	2.4%	0	0.0%	3	6.4%	0	0.0%	0	0.0%	10	2.9%
4 - Bisexual	0	0.0%	0	0.0%	1	2.1%	2	4.9%	0	0.0%	0	0.0%	1	3.1%	0	0.0%	4	1.2%
5	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.1%	0	0.0%	1	3.1%	0	0.0%	2	0.6%
Skipped/Not covered	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.1%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Did not answer	21	52.5%	9	20.0%	22	45.8%	13	31.7%	30	63.8%	18	38.3%	20	62.5%	22	47.8%	155	44.8%
Total	40	100.0%	45	100.0%	48	100.0%	41	100.0%	47	100.0%	47	100.0%	32	100.0%	46	100.0%	346	100.0%

This table summarizes the LGBT status of respondents to a 2005 survey of eight senior/disabled buildings of the San Francisco Housing Authority. The survey was conducted by the Department of Aging and Adult Services as a part of the San Francisco Partnership for Community Based Care and Support.

**Appendix C**  
**Department of Public Health, HIV Epidemiology Section**  
**Estimates of men who have sex with men (MSM), Age 60+**

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In San Francisco there are approximately 4601 MSM aged 60 and older.

Table 1. Demographic Characteristics, older MSM, San Francisco, 2011. (n=36)

Variable	n	%
Age		
60-65	23	0.64
66-70	6	0.17
71-75	7	0.19
Race / ethnicity		
White	32	0.89
Latino	2	0.06
Mixed	2	0.06
Lived SF (mean, SD, range)	30.5, 15.8, 0-74	
Country of Birth		
US	34	0.94
Not US	2	0.06
Education		
1 to 8	1	0.03
9 to 11	0	0.00
12 or GED	2	0.06
Some college	11	0.31
Bachelors	9	0.25
Any post grad	13	0.36

**Appendix C**  
**Department of Public Health, HIV Epidemiology Section**  
**Estimates of men who have sex with men (MSM), Age 60+**

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Employment			
	Full time	8	0.22
	part time	5	0.14
	homemaker	1	0.03
	student	0	0.00
	retired	16	0.44
	disabled	2	0.06
	unemployed	2	0.06
	other	2	0.06
Income			
	0-4,999	1	0.03
	5k-9,999	0	0.00
	10k-12499	7	0.19
	12.5k to 14,999	0	0.00
	15k to 19999	2	0.06
	20k to 24999	2	0.06
	25k to 29999	0	0.00
	30k to 34999	3	0.08
	35k to 39999	2	0.06
	40k to 49999	1	0.03
	50k to 59999	3	0.08
	60k to 74999	6	0.17
	75k +	8	0.22
Any Health insurance		33	0.92
Type of Insurance			
	Private	19	0.53
Visit MD 12		35	0.97
Lack HC due to cost		4	0.11

**Appendix C**  
**Department of Public Health, HIV Epidemiology Section**  
**Estimates of men who have sex with men (MSM), Age 60+**

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Identity			0.00
	Straight	1	0.03
	Gay	29	0.81
	Bisexual	6	0.17
Out to...			
	Family members	29	0.81
	Health care provider	31	0.86
Residential Zip Code			
	94102	3	0.08
	94103	5	0.14
	94107	3	0.08
	94108	1	0.03
	94109	2	0.06
	94110	3	0.08
	94114	10	0.28
	94116	1	0.03
	94117	1	0.03
	94118	1	0.03
	94131	3	0.08

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\* not all categories sum to 100% due to missing data

**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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The Department of Public Health provided detailed data tables for all HIV Health Services consumers for 2009, 2010, and 2011. The SFDPH – HHS utilizes ARIES, the AIDS Regional Information and Evaluation System, a multi-county system that was developed and is maintained by the California State Office of AIDS (SOA). For the purposes of this report SFDPH – HHS provided summaries of gender, age, race, income, HIV+ year, current living situation, service category, and residential zip code. Each variable was summarized by sexual orientation and again by age for each year. Unduplicated tables were also provided for all consumers for the 3-year period by sexual orientation, but similar 3-year tables were not available by age. The tables presented here provide a summary of seniors age 60 and older in the HIV Health Services database. Note that 71.6% of these seniors are estimated to be LGBT.

**HIV Health Services Data for Consumers Age 60+, 2009-2011**

Sexual Orientation	2009	2010	2011	2009-2011 UDC	%
Heterosexual	136	163	210	273	23.4%
Homosexual	416	497	570	741	63.6%
Lesbian	3	3	3	4	0.3%
Bisexual	53	62	64	84	7.2%
Declines to State	9	11	17	21	1.8%
Unsure/ Questioning	1	1	1	1	0.1%
Asexual	0	1	1	1	0.1%
Pediatric/Not Applicable	0	0	0	0	0.0%
Unknown	30	21	18	41	3.5%
UDC	648	759	884	1166	100.0%

The following demographics were unavailable for LGBT seniors, specifically. These numbers are for all seniors. Clients may be duplicated across years of service; the average percentage shows the average of the three years.



**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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<b>Gender</b>	2009	2010	2011	2009%	2010%	2011%	Average%
Female	69	81	96	11%	11%	11%	11%
Male	572	672	780	88%	89%	88%	88%
Transgender	6	5	8	1%	1%	1%	1%
Unknown	1	1	0	0%	0%	0%	0%
UDC	648	759	884	100%	100%	100%	100%

<b>Race</b>	2009	2010	2011	2009%	2010%	2011%	Average%
African American	139	163	214	21%	21%	24%	22%
Asian& Pacific Islander	25	29	32	4%	4%	4%	4%
Latino(a)	79	92	105	12%	12%	12%	12%
Multi-Ethnic	8	17	17	1%	2%	2%	2%
Native American	9	13	15	1%	2%	2%	2%
White	379	431	501	58%	57%	57%	57%
Unknown	9	14	0	1%	2%	0%	1%
UDC	648	759	884	100%	100%	100%	100%

<b>Income-Household Poverty Level</b>	2009	2010	2011	2009%	2010%	2011%	Average%
≤ Poverty Line	246	282	362	38%	37%	41%	39%
101 - 200%	281	333	389	43%	44%	44%	44%
201 - 300%	53	65	78	8%	9%	9%	9%
301% or greater	48	42	48	7%	6%	5%	6%
Unknown	20	37	7	3%	5%	1%	3%
UDC	648	759	884	100%	100%	100%	100%

**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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<b>HIV+ Year</b>	2009	2010	2011	2009%	2010%	2011%	Average%
1980-1989	236	269	315	36%	35%	36%	36%
1990-1999	272	316	339	42%	42%	38%	41%
2000 or later	119	145	190	18%	19%	21%	20%
Unknown	21	29	40	3%	4%	5%	4%
UDC	648	759	884	100%	100%	100%	100%

<b>Living Situation Current (May have &gt;1 Selection)</b>	2009	2010	2011	2009%	2010%	2011%	Average%
Board care or assisted living	12	15	17	2%	2%	2%	2%
Homeless from emergency shelter	10	9	11	2%	1%	1%	1%
Homeless from the streets	6	12	11	1%	2%	1%	1%
Hospital or other medical facility	11	6	5	2%	1%	1%	1%
Jail/Prison	6	8	14	1%	1%	2%	1%
Living with relatives/friends	21	26	25	3%	3%	3%	3%
Other	8	16	20	1%	2%	2%	2%
Participant-owned housing	13	17	21	2%	2%	2%	2%
Psychiatric facility	0	0	1	0%	0%	0%	0%
Refused to answer	0	0	0	0%	0%	0%	0%
Rental housing	424	480	587	65%	63%	66%	65%
Rented room	94	131	149	15%	17%	17%	16%
Substance abuse treatment facility	6	4	2	1%	1%	0%	1%
Transitional housing	2	4	4	0%	1%	0%	0%
Unknown	35	38	115	5%	5%	13%	8%
UDC	648	759	884	100%	100%	100%	100%

**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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<b>Service Category (May have &gt;1 Selection)</b>	2009	2010	2011	2009%	2010%	2011%	Average%
Outpatient/Ambulatory Medical Care	220	238	336	34%	31%	38%	34%
Oral Health Care	182	178	286	28%	23%	32%	28%
Case Management (non-medical)	180	193	210	28%	25%	24%	26%
Medical Case Management (including Treatment Adherence)	185	67	295	29%	9%	33%	24%
Food Bank/Home-Delivered Meals	115	164	193	18%	22%	22%	20%
Mental Health Services	140	10	199	22%	1%	23%	15%
Outreach Services	16	280	14	2%	37%	2%	14%
Emergency Financial Assistance	110	0	182	17%	0%	21%	13%
Referral for Health Care/Supportive Services	122	3	140	19%	0%	16%	12%
Housing Services	107	10	127	17%	1%	14%	11%
Legal Services	52	105	88	8%	14%	10%	11%
Medical Transportation Services	5	214	18	1%	28%	2%	10%
Health Education/Risk Reduction	44	152	20	7%	20%	2%	10%
Rehabilitation Services	9	110	12	1%	14%	1%	6%
Home and Community-Based Health Services	49	27	39	8%	4%	4%	5%
Hospice Services	9	41	6	1%	5%	1%	2%
Substance Abuse Services - Outpatient	11	13	35	2%	2%	4%	2%
Substance Abuse Services - Residential	5	17	7	1%	2%	1%	1%
Psychosocial Support Services	9	12	7	1%	2%	1%	1%
Treatment Adherence Counseling	4	5	5	1%	1%	1%	1%
Medical Nutrition Therapy	2	0	0	0%	0%	0%	0%
Permanency Planning	0	0	0	0%	0%	0%	0%
UDC	648	759	884	100%	100%	100%	100%

**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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Residence - ZIP Code	2009	2010	2011	2009%	2010%	2011%	Average%
94102	105	126	147	16%	17%	17%	16%
94103	63	89	106	10%	12%	12%	11%
94104	2	1	1	0%	0%	0%	0%
94105	2	5	4	0%	1%	0%	0%
94107	17	17	22	3%	2%	2%	2%
94108	11	17	13	2%	2%	1%	2%
94109	68	78	96	10%	10%	11%	11%
94110	54	68	77	8%	9%	9%	9%
94111	1	0	1	0%	0%	0%	0%
94112	21	21	23	3%	3%	3%	3%
94114	79	111	111	12%	15%	13%	13%
94115	36	45	45	6%	6%	5%	6%
94116	3	6	6	0%	1%	1%	1%
94117	41	74	62	6%	10%	7%	8%
94118	6	7	11	1%	1%	1%	1%
94119	3	3	3	0%	0%	0%	0%
94121	3	4	5	0%	1%	1%	1%
94122	10	12	9	2%	2%	1%	1%
94123	1	0	1	0%	0%	0%	0%
94124	28	34	36	4%	4%	4%	4%
94127	3	2	4	0%	0%	0%	0%
94129	3	4	1	0%	1%	0%	0%
94130	4	1	1	1%	0%	0%	0%
94131	31	47	45	5%	6%	5%	5%
94132	4	5	5	1%	1%	1%	1%

**Appendix D**  
**Department of Public Health, HIV Health Services Data 2009-2011**

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	94133	6	8	10	1%	1%	1%	1%
	94134	12	10	17	2%	1%	2%	2%
	94141	1	0	1	0%	0%	0%	0%
	94142	0	1	1	0%	0%	0%	0%
	94158	12	11	13	2%	1%	1%	2%
	94164	2	2	2	0%	0%	0%	0%
SF Subtotal		632	741	879	98%	98%	99%	98%
Outside SF		16	19	5	2%	3%	1%	2%
UDC		648	759	884	100%	100%	100%	100%

## Lesbian Gay Bisexual Trans-gender Focus Group Notes - June 29, 2006

Focus group held at:  
Castro Senior Center  
100 Diamond Street  
San Francisco, CA

Facilitator: Diana Jensen  
Notetaker: Adam Nguyen

### Group description:

- 8 participants: 7 homosexual senior males, 1 senior female
- Participant ages ranged from 62 to mid-eighties
- Many mentioned being members of the center for several years (6-12)

Some of the men stated that they were “appreciative of living in a city with so many senior opportunities.” Many went to the center to socialize and participate in activities. Generally-speaking, the participants in the group felt that gay seniors really have the same problems as other seniors, and that the differences between groups grow smaller as society changes and there is more acceptance of gay lifestyles. However, it is worth noting that all of the participants in the focus group were gay seniors who are out, which may suggest that they do not experience the same level of isolation as their closeted counterparts might.

### Self-reported issues and concerns:

- **Lack of knowledge.** Many of the participants were unaware of available senior services and didn’t know where to seek them, especially those services targeted to gays. One person stated that he didn’t have a computer and so couldn’t look things up. There was a short description about free legal advice for seniors (Judy Hitchcock of Legal Assistance for the Elderly) that the rest of the group was unaware of and appreciated. Many stated that they learned about senior services primarily by word-of-mouth. Most had learned about the center from friends or partners.
  - “If I didn’t know about this program, I’d be just sitting at home.”
  - One person noted that since, historically, there really weren’t any gay services, “a lot of us haven’t ‘gotten into it much.”
- **Ageism.** Many of the participants mentioned that gay culture is obsessed with youth. Elderly gay men feel “invisible” in the Castro, which affects social activity levels for elders. It was also mentioned that some gay seniors prefer to associate only with younger men.
- **Discrimination.** Many of the seniors stated that in the past they couldn’t reveal or discuss their sexual orientation at senior centers or to service providers. They felt that they had to hide their personality and to act gender neutral. Now that

the center openly accepts homosexuals, they “feel affirmed, and don’t have to hide or worry about what one says or how one says it.” All the group members expressed a strong desire and need to freely express their sexuality and personalities. However, they also indicated that they enjoyed the fact that the Castro Senior Center has a mix of gay and straight participants, and everyone agreed that such a mix is preferable. They said that a mix would be better in housing, too. (This seemed all, of course, to be predicated on the assumption that the straight people in the environment were welcoming and not discriminatory toward the LGBTs.)

- **AIDS experience.** All of the participants talked about the devastation AIDS caused in the gay community in the 80’s. They mentioned the almost total loss of the gay professional class of that generation, leaving gaps that are very hard to fill. One respondent stated, “I lost 90% of my friends” to AIDS. Another person said, “All the people I expected to grow old with, they’re all gone.” Many of them had extensive experience providing caregiving for dying friends. “I’ve lost many friends – it affects your life.”
- **Isolation.** Many of the participants noted that isolation was a problem with much of the gay older community. Given the pervasive discrimination and marginalization of homosexuals in the past, many gay men have become accustomed to being alone and especially independent, which can lead to a resistance to care when they need it. Some stated that this loneliness makes older gay men vulnerable and susceptible to being taken advantaged of by younger men, both emotionally and physically, as well as financially. (One man in his 80s told a story about having a difficult time with a much younger roommate 7 or 8 years prior. The roommate made un-solicited sexual advances on the older man and was physically aggressive with him. With the help of legal services from Legal Aid for the Elderly, he was able to get the roommate out of the apartment.)
- **Alcoholism / substance abuse.** Many of the participants identified substance abuse as a problem, citing alcoholism as a particular issue (as high as 26% in the gay community). The bar culture was a holdover lifestyle from the past, when gay men could only socialize publicly in select, homosexual-friendly bars. Many senior gays continue to live the lifestyle. One participant remarked that there are “many gay males that are lonely and sit on bar stools.”
- **Housing/roommate issues.** Some expressed concerns about finding affordable housing and about discrimination against gays by landlords. Some people talked about the Sequoias, indicating that there are many gay seniors living there, but also that the prices there are prohibitive for many people. Generally, the group agreed that the affordability of housing was more important than having a gay-targeting, though the ideal would be a gay-friendly environment where there were also straight people living there. (Some people joked that in gay-only housing, “we’d kill each other!”) People also complained about the opaque nature of waiting lists, which can lead to the belief that waitlists are not being used equitably. Others noted problematic roommates.

- **Caregiving and support.** While partners certainly care for one another, most of the participants don't have children and expressed concern and fear about needing care in the future. "Most of us don't have children. How are we going to get the care we need when we need it?" Many gays have transplanted to San Francisco and have little to no connection to family, or relationships with their own families are sometimes fairly fragile. Moreover, "many gays are severely independent" and consequently reluctant to accept or request care and support.
- Hard to meet new people
- **Transportation** not available. Not everyone drives. Many have physical ailments and mobility issues. They have difficulty climbing the stairs into buses and walking to bus stops. Seniors want publicly funded accessible transport for more than just rides to medical appointments. They would also like transport available for recreational trips too. "I don't want to be a prisoner in my own home just because I can't take the MUNI." One person indicated that it has become increasingly difficult to get access to taxi scripts, probably because some people had taken advantage of the program in the past.
- MediCal / Medicare. Changing policies are confusing and difficult to keep track of. Getting the right medications (brand name versus generic) is a continual fight.
- **Benefits of going to the senior center:** One gentleman in his 80s mentioned that he had only been coming to the Castro Senior Center for about six weeks, but that it had made a big difference in his life. He said that he had quit smoking after more than 60 years of addiction, and that he had started to put on weight again. He credited these improvements, in part, to his participation in senior services.

**Partnership Round Table Discussion Topic Guide  
LGBT Partnership (Service Providers)  
June 14, 2006**

**Location: National Center for Lesbian Rights**

The conversation remained focused almost exclusively on issues for caregiver needs, isolation, and access. However, through the course of the discussion it was clear that all of these issues are inter-related; efforts to distinguish them are purely out of a desire for fitting comments clearly into a structured report.

Caregiver Needs – most common issues

- ❖ **Family structure** for LGBT seniors is different from that of straight seniors. 72% of gay men and 43% of lesbians over the age of 65 report having no children. These statistics are in stark contrast to national statistics for the general population, for which some research estimates that approximately 80% of adults over the age of 60 have at least one living child. Almost three-quarters of gay men and almost half of the lesbians in this age group reported their relationship status as single. These differences often mean that the traditional caregivers are



not present for LGBT seniors. Lack of a caregiver network can lead to issues like isolation, depression and alcoholism.

- ❖ Also, AIDS has become a chronic illness for many men, which has implications for caregiving.
- ❖ In some cases, two people who have been together for many years may have generally receive all of their support entirely from each other, but find themselves otherwise very isolated from the larger community and even from other LGBT community members. These individuals have very little or no support as caregivers from family or social services when one partner becomes frail. When one partner dies, the remaining person is left totally alone – with no connection to the gay community.
- ❖ We also see gender differences in care giving needs within the LGBT community. Male couples, for example, sometimes seem to be more socially isolated than women, so gay male caregivers may need different (or more) support from City programs since they aren't as tied in.
- ❖ Mainstream caregiver support groups can be a challenge, especially when the caregiver does not want or feel comfortable talking about their partner openly.
- ❖ Some individuals who need care choose to hire a professional caregiver from an agency. Care recipients often feel that they have to be closeted due to the homophobia (perceived or real) of the professional caregiver. Larry Brinkin shared a story of someone he knows in his 70s who had been out of the closet for many, many years and felt that the caregiver was made uncomfortable by the photographs of gay loved ones in his home. He seemed to fear sexual aggression. This is additionally problematic when the services needed involve significant physical contact with a homophobic caregiver. The consumer is left feeling uncomfortable with the caregiver and fearing loss of services.
  - Related to this story is a very interesting point: the more dependent LGBT seniors are on the services they receive, the more they feel that they have to be closeted. One simply does not want to risk discrimination when it comes to highly-needed services. Increased dependency causes a skewed dynamic, especially for transgender individuals. People feel dependent and at the same time fearful of losing services and fearful of discrimination (especially transgendered folks who've had surgery). There is often a lack of respect for gender identity, including appropriate bathroom access among other things. "They are made fun of. Treated as freaks."
- ❖ Straight people turn to traditional infrastructures when they need caregiving support (e.g., services provided through religious organizations, social clubs, long-term care provider companies). That same safe infrastructure is not there for gay individuals and families. Aegis is the first one that is marketing toward this part of the larger community. Only now is that infrastructure beginning to be built. The absence of that infrastructure impacts the caregivers and the care recipients.

- ❖ LGBT family members are often called on in families of origin to care for parents because they are not perceived to have family obligations. Families of origin do not always recognize the importance of families of choice or alternative kinship networks.
- ❖ Hospitals also do not recognize families of choice. Only domestic partners are recognized for hospital visits, but not all couples have chosen to pursue domestic partnership. Ironically, extended family members are often allowed in to visit people in the hospital, but friends are not. Even partners are often denied access; they sometimes have to lie about their relationship with the patient in order to get visitation access. If they don't lie at the first, they may be denied access and have to wait for the new shift to come on while the loved one is alone.
- ❖ On the other hand, friendship networks and alternative kinship networks can be a model of caregiving support networks. Support groups are a phenomenon in the gay community, including both gay and straight individuals. (Can be a gay straight mix.) These support groups are strong in this community, especially for family and friends. Sometimes these more informal groups will even through fundraisers to help support a friend in need (pay the rent, etc.). This can be a wonderful model, though not everyone has it. The group mused that women may be more prone to having these strong networks than are men.
- ❖ For many gay men, their friendship networks are gone – often due to AIDS. “Some older men have no family left. All of their family has been wiped out.” For those who do have alternative kinship networks, they are not recognized as family in health care facilities. Only domestic partners registered with the state are able to access loved ones in the hospital. “Being a domestic partner is not always an option.” The alternative kinship networks are not often allowed in to a hospital. No recognition of families of choice. (Example: 62 gay man, all his gay friends are gone. He becomes very isolated.)

Isolation: A huge issue for the LGBT community

- ❖ On the whole, extreme isolation is the norm. Most LGBT seniors experience extreme isolation.
- ❖ Some estimates suggest that 17% of San Franciscans are LGBT, but the programming serves only about 1200 people. (NOTE: 1,200 represents just over 1 percent of all seniors age 65 and older.) It takes leadership from mainstream organizations to represent and serve this need. For instance, advertisements in mainstream newspapers reach more LGBT seniors than publicity in Queer oriented press. Similarly, it's important for mainstream (and therefore more visible) providers to publicize queer friendly services.
- ❖ Mobility can make a tremendous difference with respect to isolation issues. For example, for one African American resident living in senior housing who used to be mobile, she used to be able to drive out to see friends. Once she lost that mobility, she became extremely socially isolated because she was confined to an unfriendly residential setting and felt the need to be closeted all the time.

Mobility gives a chance to get out to a friendly community. Without mobility, the individual can feel that they must stay in the closet. Often, people do not want a friendly visitor because they are worried that other people will identify the visitor as gay. This is a no-win situation for someone who cannot get out of the building! “Closeting is the more isolating and detrimental aspect of their welfare.” Constantly monitoring their speech, and vigilant attention to pronouns are small examples of the fear and discomfort felt by folks who find themselves back in the closet.

- ❖ Social acceptance is critical for an integrated life for older adults. Stigma and discrimination, even if it isn’t overt, causes people to feel the need to hide. Many people feel that they need to hide their grief over a partner dying. Closeting is *tremendously* isolating, on top of all the other things that can be isolating for seniors generally.
- ❖ Profile: One resident at Curry Senior Center won’t participate at the LGBT lunch program in his own building for fear of being recognized by other residents.
- ❖ When one person comes out, others who are closeted hear what people say about them. This often creates a disincentive to come out themselves.
- ❖ The national dialogue on LGBT issues has a significant impact on feelings of isolation.
- ❖ Lack of family structure can lead to isolation, and there are often thus fewer resources to break that cycle and people are more immobile. With this comes isolation and depression, which puts people at higher risk for self-neglect, profound withdrawal, and substance abuse problems. Once this cycle begins, it is hard to break. It is a vicious cycle.
- ❖ Everyone in the community loses out due to this isolation – their skills and talents are lost to the rest of us. “We are all denied the gifts and presence of people who are in hiding.” The isolated depressed LGBT people could be more active people in the SF community, but they don’t because they are isolated. (This is also true about all people who are discriminated against.)
- ❖ Transgender people are especially isolated. They are economically disadvantaged because they are often pushed out of more lucrative work. They are isolated throughout their lifetime. For example, these people often become sex workers or performers because there are so few opportunities open to them. No employer benefits for illegal work or employment professions means poverty in older years for this population.

Access and Coordination of Services: (Note: the premise of this part of the conversation was the idea that lack of cultural sensitivity can create a significant access barrier for LGBT seniors.)

- ❖ Leadership – cultural competency. Leaders in CBOs need to understand the professional and ethical responsibilities to the LGBT community. This includes creating a safe environment for LGBT older adults. Outreach and training in cultural sensitivity is vital. Many service providers, however, still haven’t figured out the difference between outing someone and providing culturally sensitive services.

- ❖ Examples of success, which are often driven by individuals who take initiative to make a difference:
  - Little Brothers Friends of the Elderly does make an effort to connect LGBT seniors with LGBT volunteers.
  - Senior peer counselors at Family Service Agency are being matched with LGBT seniors. And LGBT senior counselors are being actively recruited.
  - The LGBT volunteer program at LHH is a partnership from individuals at the hospital that developed this.
  - LHH monthly LGBT social event.
  - LGBT senior survival school.
  - Castro Senior Center: A mainstream service that incorporates the LGBT population is an excellent example. (Senior Centers often seem to be the hardest to crack – people threatened to leave the center when it was renamed!)

Fear causes isolation and creates a barrier to accessing services:

- ❖ Fear of discrimination, fear of violence. This is what it means to be closeted. Services should be provided regardless of whether the person feels comfortable to be out. There needs to be training for direct service providers on how to provide services while respecting decisions on outing. This is for people who are heterosexual and for those who might identify with the LGBT population.
- ❖ Mainstream service providers often refer to a gay agency, such as New Leaf, even though the needs of the consumer are mainstream. This sometimes feels like “a hot potato being dumped.”
- ❖ For most LGBT seniors, many services were NOT safe. For example, SFPD, services run by religious organizations, etc. Many years of discrimination by public services makes people not want to access services due to fear. Mainstream providers have often not thought about this issue. Even the younger gay staff has not thought about LGBT aging (they think of a younger population when they think about the LGBT community). A lot of education is necessary.

What kinds of services are needed?

- ❖ More support for existing services: openhouse, which is developing LGBT senior housing and sensitivity training, needs more support. Nancy Flaxman is on the staff of openhouse, but more sensitivity training is needed because it really works with consumers and providers. New Leaf needs more support, especially outreach workers, it is difficult to find the people who need the services most because they are the most private and secretive. (Bill is the only social service worker, which means that he can't see anyone on a weekly basis.)
- ❖ Many LGBT programs do not have continuity in funding, which makes it difficult to work with people who desperately need ongoing support.
- ❖ The paradox that comes with the isolation problem is that it is hardest to find the people who need our services the most.

- ❖ Some seniors who are failing – the staff do not always connect the senior with the services they need. For example, a man at OnLok didn't have the freedom to seek out gay providers when his love died (he was not out). He didn't feel safe grieving the loss at the program, but couldn't bring in someone from outside who might have been able to handle the depression with more sensitivity.
  - ❖ What we see is the tip of the ice burg, and a LOT of work has been done in the last 10 years. **Education is the most important thing.** It will create a cultural competency. LGBT agencies cannot be everywhere. Mainstream agencies need to be able to serve LGBT community. Education and partnership with LGBT agencies is also vital.
  - ❖ Appreciation of Progress: "For the last 10 years we have been focusing on cultural competency in agencies, and I think we are seeing the benefits." There are now snippets/ fruits emerging from 10 years of sensitivity work. "We do have a legacy that we are building on" "The problem has gotten worse because now we see it. 30 or 40 years ago there was no problem because there were no [visible] gay people in SF"
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**Focus Group with Lesbian, Bisexual, Gay, and Transgender Seniors  
Conducted at San Francisco Senior Center Downtown Branch, 07/14/11**

Responses to the vignette:

- "anger" "outrage" "resentment" "helplessness" "ripple effects" "absolute necessities" "regression"
- I might have been among the last people to get dentures on Medi-Cal, I got them in 2001. I'm alarmed that elements of the social safety net are being taken away one by one. Where is this going to end? Scare tactics about taking away social security; people in the Trans community are scared to death about losing social security.

Needs & **Solutions**:

*Information & organizing:*

- Need to reach out to black organizations and black lesbian organizations.
- **LGBT info should be at all senior centers**, not just the Castro senior center
- LGBT info should be in **all senior buildings**, even if there aren't LGBT or openly LGBT seniors in the building. I live in a senior building with 48 units. There are now 7 lesbians and 4 gay men living there. We put up LGBT decorations and have had some struggles in previous years to keep them up. It was better this year. You have to continue to be friendly to the people in the building; you're in the same boat with these people.
- [Put LGBT materials in **all SFHA buildings** -Diana]
- More **community organizing at the grass roots level**. There are people in the building who are organizers; you've got to get them in on it. In the 60s we were all organizers, organizing childcare centers and food coops. All types of people

came in and started talking to each other. We have to organize other people, find the doctors and therapists who are willing to provide services for free. We know we're being screwed. This is the same shit that was happening when I was born.

- Need to organize together, L G B and T. There is discrimination within the community. This may be more pronounced for the older generation – the next generation of LGBT seniors may not have this discussion about gay men and lesbian women not talking, getting to know one another, or organizing together.
- Need to remind people of our history, e.g. the tenderloin transgender movement that sparked gay rights activities in San Francisco.
- Behind the traditional “pressing needs” is a society that lacks the vision to make “friendly” and “livable” communities
- Need to change people’s mindset so that they can really communicate with one another and so that people will consider building livable and friendly communities important.
- In the last few years there are more older folks moving here from other parts of the country to be near their adult children. Don’t have a Bay Area mindset – they loved things the way they were. There’s a continuous need for **consciousness raising**.
- Comfort zone: need to find a universal comfort zone. Aging can be that: we’re all getting older.
- **More community meals** to bring people together so more organizing can happen.
- Social networks for older generation of gay men is at the bars. Those are the people we need to reach.
- Transgender community doesn’t have politicians who fight for them. (The transgender commemorative plaque is in concrete. Harvey Milk’s plaques are in bronze.)
- Classism within the community (and more broadly the collapse of the middle class).
- When we have a problem we know we need to solve we can do it (e.g. AIDS). Communication and language matter. Need to talk about aging issues in Churches, etc. Need to build alliances, like the gay-straight alliances at schools. How about **young/old alliances** where we share history, etc.? (Lyric and Larkin Street have intergenerational groups, but they often dissolve and are hard to keep together; Frameline has done intergenerational videos)

#### *Housing & safety:*

- Affordable housing so we don’t have to take in roommates or live in crowded spaces. It would also bring in people who are satisfied with their housing and want to be there which helps build community.
- Housing: I live in a small apartment building and because of the recession many seniors are bringing children or relatives in with them; this creates safety issues.
- Safety: having different and new people in the housing also creates safety concerns in housing, e.g. someone’s nephew has a pitbull.

- We need **55 Laguna!** [infill development proposed at the location of UC extension campus that would 330 market rate units and 110 senior affordable units that would provided LGBT senior housing; joint project of Openhouse and Mercy Housing. Aug 4 hearing scheduled.]

#### *Isolation / Invisibility*

- Isolation is worse in the LGBT community; it's hard to find isolated LGBT seniors because they're isolated. Isolation is even worse if you don't have a computer.
- **Train social and medical providers to look for signs of isolation** and respond with ideas/ recommendations of how to get out / participate. Need to see **isolation as a health problem.**
- Asian older LGBT – many layers of isolation. LGBT folks can feel invisible in the Asian community. Older folks can feel isolated from younger LGBT orgs – GAPA is mostly a younger group. Asian population stays separate from other populations. API Wellness organization is HIV focused.
- My partner is 78 and isolated. I'm the only contact he has. He goes from bed to his TV chair and waits for me to prepare his meals. That is his existence. He feels it's his lot in life now and that there's no place for him and no place for him to go. I asked him what he would do if something happened to me. He says he'd just stay at home alone or he hopes he can find some place that's not just a straight [i.e. not LGBT friendly] assisted living / senior home.
- Ageism within the LGBT community (and the straight community) but particularly as a gay man. If people aren't attracted to you it's like you're invisible. And if you feel invisible it makes you not want to participate. Ageism from both individuals and organizations.
- Our generation is so used to being in the closet. There's some learned helplessness.

#### *Caregiving*

- Who is going to take care of me when I get sick? Trusting people is hard. My family's not here, and my friends can come and go.
- It helps to have older people working with older people; they understand the needs better. E.g. the service coordinator at our apartments is about 60 – she gets our needs better than someone who is 30.
- Need something like **SF village for the LGBT** community.

#### *Transportation*

- As a driver, all the bicycles are driving me crazy! Especially when they don't obey the traffic laws / stop at red lights.
- Some kind of **van services for social events.** Going out at night can be challenging, but a van service would help. (Homobile mentioned – private LGBT friendly car service for \$1/minute)

#### *Mental Health & Health Care:*

- Health care providers don't "get" the needs of LGBT seniors, and often don't even ask about sexuality. All they see is an old person.

- At hospital get asked “marital status” – married. “wife’s name?” – I don’t have a wife, I have a husband. Why not use the term spouse? I didn’t get angry, but I did raise the issue. It’s part of being visible.
- Need national single-payer health care. It makes for a happier society.
- Barriers to getting mental health care: lack of house calls; mindset and stigma – the older generation is not the “support group” generation; habit of talking with friends and family instead; religious and may just put it in the hands of the lord; pride/shame; cost.
- Grief counseling. We’re losing friends and family frequently.
- **Mind/body wellness group** that includes grief counseling.

**Other issues and comments:**

- One participant wanted to know what we were planning to do with the information: (What is going to happen to this information when we’re done? I’m here and I’m doing okay, but I know there are many who are not so fortunate; are we going to have money to provide all these things for age-friendly communities?)