



## TAKEAWAYS

*our interpretation of the data contained in the report  
Housing for LGBTQ Older Adults in New York City*

The current senior housing crisis pales in comparison to what is coming. The Baby Boomers are becoming seniors now. The 2010 census counted 1,002,208 people over the age of 65 in New York City (NYC). By 2040, that number is expected to increase by 40% - or 400,000 more people.<sup>1</sup> Where and how will they live? Embedded within this growing crisis for New York's older adults, is an even more vulnerable population, seniors who are Lesbian/Gay/Bisexual/Transgendered or Questioning (LGBTQ). The introduction to the report cites multiple sources to show the additional challenges they face.

From the time we formed as an organization three years ago, Stonewall Community Development (SCDC) has been committed to an evidence-based approach to solving this seemingly intractable challenge of creating affordable housing and related services that meet the unique needs of New York City's LGBTQ older adult population. Having data at your fingertips is useful, but the power comes from the process itself, a unique community organizing opportunity, and from how you interpret the data and integrate it into your practice.

Sometimes the real data can force us into uncomfortable discussions, especially when it reveals policy gaps and problems, or suggests programs and solutions deemed too expensive or not supported by the current policy structure. But we are determined to follow where the data takes us, and to continue gathering as much data as we can on this vulnerable community, and to support advocacy efforts if policy changes are needed. Here then, are some of our "Takeaways" from the 2017 survey report: *Housing for LGBTQ Older Adults in New York City*.

### **Background**

This survey and report is the third phase of our research. All of this work has been performed by the amazing team at Strength in Numbers Consulting Group. Phase 1 was desk research and a literature review, looking at LGBTQ-friendly housing projects around the country – some that succeeded and some that failed. Phase II was key informant interviews (14) with policymakers, developers and service organizations in New York City. The goal of these internal reports was to get a better understanding of the senior housing market and the unique challenges and opportunities in NYC, and also to ask them what kind of data would help them, were we to create a citywide survey of this population.

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<sup>1</sup> [https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/projections\\_briefing\\_booklet\\_2010\\_2040.pdf](https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/projections_briefing_booklet_2010_2040.pdf) page 5 9/5/2017

Phase III was the creation, deployment and analysis of the survey. We chose eight government senior building and rent subsidy programs and embedded their qualifying criteria into the 40-question survey. This historic survey marks the first-ever collection of comprehensive data of this type from nearly 1,000 LGBTQ older adults living in all five boroughs of New York City. It includes information about their economic situation, living conditions, health status, insurance and benefits coverage, and housing and amenities preferences.

We spent a few months building a community partnership network and then launched the survey last Spring. It was live for 7 weeks. With Services and Advocacy for GLBT Elders (SAGE) as our lead collaborator we also did onsite events where we offered assistance in taking the survey. Our target was 500 respondents. The report includes responses from 966 NYC LGBTQ adults, 50 years of age or older.

## **Summary**

What did we learn from this sample? The need is real. LGBTQ older adults face unique and pronounced challenges in housing and healthcare. This is an extremely well-educated population, a majority of whom are under-resourced financially. Nearly one quarter of the sample that rent live in substandard housing, by HPD definition.

Previous studies have identified lack of family support networks for LGBTQ seniors and this presents challenges to staying in one's home and aging in place, the overwhelming desire of respondents to this survey.

Despite that sentiment, more than half of our sample anticipated having to move within the next 5-10 years. Most of the housing subsidies they currently have would not travel with them. While most qualified for at least one affordable senior building or subsidy program, many would be unable to document their income through W2's, a major hurdle to a successful affordable housing application.

A full quarter of our sample have or have had a psychiatric diagnosis. Almost three quarters reported at least one major illness. 42.1% report having hypertension. 16.6% report having diabetes. Almost one in five is living with HIV/AIDS. Further research is needed, including gerontologist tracking of morbidity and mortality rates, but it appears there is sound justification for specialized health and mental health services unique to this population.

There may also be justification here to fight for a conversation on a longshot policy goal of identifying LGBTQ elders as a "suspect class," (a class of individuals that have been historically subject to discrimination, and are therefore eligible for mitigating regulatory solutions).

All of this suggests that buildings with onsite health and mental health services, geared toward the unique needs of LGBTQ seniors could telescope them out into the surrounding community, helping people to age in place while creating enough revenue to justify the onsite service. While this "cluster care" neighborhood model is not currently compatible with New York State Medicaid guidelines and procedures, it may be worth opening the discussion up again in the political arena. The benefits of efficiency and continuity are palpable. This would be best accomplished in neighborhoods where high concentrations of LGBTQ older adults already exist.

The LGBTQ older adult population in New York City represents an extremely well educated, but often under-resourced community. From the low end to the high end of the wealth spectrum, respondents

shared similar educational attainment and very similar amenities preferences. The desire to live in environments that are LGBTQ-competent and friendly is a key factor in their decisions and also creates a community affinity that cuts across socio-economic lines, making integration of various Area Median Income (AMI) levels more organic and seamless, real mixed-income and cross-subsidy models more likely to succeed.

### **The Need is Real**

Previous studies, cited in the report's introduction have made it clear that discrimination against LGBTQ older adults exists within the housing and healthcare sectors. Compound this with lack of caregiver networks (overwhelmingly family, which many of them do not have), isolation, high poverty rates and more pronounced health and mental health needs than the general population.

Our New York City-specific survey of this population, the first of its kind, shows a highly educated, under-resourced group of seniors. This result does not surprise us, given the decades of systemic discrimination this cohort of the LGBTQ community endured, and it sets the community apart. For more on this phenomenon, we recommend the pioneering work of Lee Badgett, of the Williams Institute, especially "New Patterns of Poverty in the Lesbian, Gay and Bisexual Community" (June, 2013).

In our report, health and mental health issues are more prevalent and more pronounced than in the general population. This is the cohort that, if discovered, endured the threats of shock therapy, institutionalization, automatic dismissal from work, family estrangement and expulsion, raids on their personal social lives (which led them to the Stonewall rebellion) and the onslaught of AIDS, which cost them a great many of their friends. Now, after a lifetime of fighting for social justice gains, these same people are once again seeking protection in invisibility. This is not only a moral problem, but one of public policy, especially in terms of access to services.

A majority of our renting respondents, though they would prefer to remain in their apartments, foresee needing to leave them within the next five years. A full quarter of them report living in what HPD defines as substandard housing. Many of them rely on subsidies that will not be portable when they have to leave. A great number of our sample qualify for various housing programs, but many are unable to substantiate their income through the standard documentation.

### **Counting is Critical**

If we don't actually collect field data, we are simply guessing about the need. It is interesting that as we were instituting a data collection mechanism to understand the housing and related care needs of LGBTQ seniors in NYC, the federal administration was actively erasing the LGBTQ older adult community from its national data collection.

According to American Progress, "The National Survey of Older Americans Act Participants is an annual, national survey of people who receive select services funded under the Older Americans Act, or OAA, the primary vehicle for delivering social support and nutrition programs to older adults in our country. The survey obtains performance outcome information, identifies service gaps, and supports program improvements. Policymakers and advocates rely on data to ensure OAA programs are meeting their

goals without leaving anyone out.”<sup>2</sup> Upon taking office, the new federal administration swiftly eliminated LGBT as a category in that survey.

The administration also removed questions on LGBT identities from the Annual Program Performance Report for Centers for Independent Living. Again, according to American Progress, “The Annual Report helps HHS (Health and Human Services *sic*) evaluate the effectiveness and equity of programs designed to serve people with disabilities and ensure they can live independently in their homes and communities.”<sup>3</sup> “Data on LGBT program recipients could reveal disparities in how these HHS programs—which provide a critical safety net for seniors and people with disabilities—serve LGBT people, potentially indicating discrimination or other barriers to access in the programs.”<sup>4</sup> HHS programs that will be affected include: home delivered meals and senior center group meals, transportation, caregiver support, and health services.

The LGBTQ community understands that coming out of the closet, visibility, is key to social justice gains. It is also key to strategic planning. To be effective in creating LGBTQ-specific opportunities, we will need to be able to reach the market. Growing this conversation, self-educating the community and creating a trusted space where those in need of service feel comfortable self-identifying is critical. SCDC is committed to continuing to embed data collection and analysis into all of our activities whenever appropriate, and to continue aggregating this knowledge base.

### **LGBTQ-specific models represent an important opportunity**

Within every challenge lie opportunities. This is especially true in this case, given the current NYC Administration’s determination to create affordable housing that people can actually afford, it’s recognition of the senior housing crisis and its stated willingness to identify LGBTQ seniors as a unique subset that should be recognized and accommodated.

Even sympathetic policymakers across the country and at the national level struggle with how to accommodate specific populations without triggering discrimination against all others. Housing appears to be one arena where they are willing to have this conversation and allow accommodations to existing policy frameworks. That is how these projects have managed to happen around the country. It is an opening for an expanded discussion on equity, parity and access.

The magnitude of the challenge will require many projects and many approaches. Given the dearth of land upon which to build in NYC, infill strategies will also need to be considered. This will further challenge the policy environment to adapt to the realities on the ground. There is room now for experimentation with new models and elasticity in the interpretation of existing regulations. There is also a growing interest on the part of developers.

Though we have a strong focus on affordable housing, SCDC wants to be able to help LGBTQ seniors across the spectrums of socio-economic status and physical and mental capacities. We see a strong case for real cross-subsidies within buildings that don’t necessarily depend on the presence of a high-end retail anchor, where that is not a possibility.

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<sup>2</sup> <https://www.americanprogress.org/issues/lgbt/news/2017/03/20/428623/trump-administration-rolling-back-data-collection-lgbt-older-adults/> September 12, 2017

<sup>3</sup> op.cit.

<sup>4</sup> op.cit.

The LGBTQ older adult population in New York City represents an extremely well educated, but often under-resourced community. From the low end to the high end of the wealth spectrum, respondents shared similar educational attainment and almost identical amenities preferences. The desire to live in environments that are LGBTQ-competent and friendly is a key factor in their decisions and also creates a community affinity that cuts across socio-economic lines, making integration of various Area Median Income (AMI) levels more organic and seamless, real mixed-income and cross-subsidy models more likely to succeed.

Finally, through adversity comes strength. The LGBTQ community is adept at fighting for what it needs in both the social and political arenas. In a city where Not in My Backyard (NIMBY) responses to senior and special needs housing are increasingly common and vociferous, this makes the community a good development partner.

### **Outreach and Inclusion**

The threshold of respondents for a credible survey was set at 500. We achieved 966. This is no small feat, given the length of the survey and the fact that it was taken almost exclusively online, a real limitation for some seniors, especially those with very low incomes. We spent months conducting outreach to political offices, service providers, social and fraternal organizations and community based organizations. Though we achieved enough diversity to be able to create valid subset comparisons for People of Color (POC) and Transgender and Gender Non-conforming (TGNC) people, we need to increase our access to and representation of these populations. We also need to reach and engage more women. The majority of respondents in this survey were white males and Manhattan was the borough most strongly represented. One can imagine how the socio-economic and health and mental health statistics will become more stark as we achieve increased participation with more marginalized and isolated populations.

This lack of inclusion is not a new problem in the LGBTQ community, but it is one we are determined to conquer. And so we are committed to aggressive outreach and on the ground data collection as an ongoing challenge to be embedded in all of our activities, whenever appropriate.

We have been actively diversifying our board of directors. A full quarter of the 16-member board is now African-American. We have Asian and Latino representation, both of which need to be expanded and we just brought on our first TGNC member. We are still seeking to expand the board to 23 people. If you think you might be interested in serving, or know someone who would be a valuable asset, either to the board or the advisory board, please contact us through our website [www.StonewallCDC.org](http://www.StonewallCDC.org)  
Recruitment is ongoing.

We are also thrilled to announce that we have signed on as a community partner with Brooklyn Community Pride Center and will be relocating from our Lower Manhattan space to their offices within the new center at Restoration Plaza in the Bed-Stuy section of Brooklyn on October 1, 2017.

We will also continue to build our partnerships, with developers, with service providers and with community-based organizations.

### **SCDC thanks our community outreach partners**

Lead Collaborator: SAGE and its borough community centers (Bronx, Griot Circle, Harlem, Midtown, Staten Island Pride Center); American Veterans for Equal Rights NY, Bright Point Health, Bronx Academy of Arts and Dance (BAAD), Brooklyn Community Pride Center, CK Life, Callen Lorde, Community Health of Staten Island, Congregation Beth Simchat Torah, Destination Tomorrow, DoSomething.org (LGBT Group), Gay Men of African Descent, Gay Men's Health Crisis (GMHC), Harlem Pride, Imperial Court of NY, In the Life Ministries, Marble Collegiate Church, Staten Island Pride Center, Stonewall Democratic Club, Queens Center for Gay Seniors, Translatina Network, Transpac, Visiting Nurse Service of New York.

### **SCDC thanks the following NYC and NYS Agencies and elected officials for their outreach help**

NYS Office for the Aging, NYS AM Matt Titone, NYC Department for the Aging, NYC Department of Health and Mental Hygiene, NYC Health & Hospitals, NYC Department of Veterans Services, NYC Comptroller Scott Stringer, NYC Public Advocate Letitia James, Manhattan Borough President Gale Brewer, NYC Council members - Leads CM Margaret Chin (Chair, Committee on Aging) and CM Rosie Mendez (Chair, LGBT Caucus)

### **SCDC Thanks those who provided financial support for the survey**

Altman Foundation, David Bryan, Manhattan Borough President Gale Brewer, New York City Council Citywide Speaker Initiatives: Speaker Melissa Mark-Viverito, NYC Councilmember Margaret S. Chin (Chair, Aging), NYC Councilmember Daniel Dromm, NYC Councilmember Rory I. Lancman, NYC Councilmember Jimmy Vacca.

To download copies of the full report, go to [www.StonewallCDC.org](http://www.StonewallCDC.org)