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International Lesbian, Gay, Bisexual, Trans and Intersex Association

**Intersections of ageism and age discrimination with cisheteronormativity, homophobia and transphobia,**

**and discrimination based on sexual orientation,**

**gender identity and gender expression**

Submission to the Independent Expert

on the enjoyment of all human rights by older persons

To inform forthcoming report to the 48th session of the Human Rights Council

April 2021

Table of Contents

[Question 3. From an intersectional perspective, are there specific factors that aggravate ageism and age discrimination and how? Please provide concrete examples and collected data where available. 2](#_Toc69912578)

[Question 7. Do the existing legal protections against age discrimination allow for claims based on intersectional discrimination, that is discrimination which is based on the intersection of age and other characteristics such as race, ethnicity, gender, disability, sexual orientation or other status? 5](#_Toc69912579)

[Question 8. What legal and other measures have been taken to address and protect from racism, sexism, ableism or other similar forms of discrimination that might be useful models for addressing ageism? 6](#_Toc69912580)

The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World) is the global federation of national and local organisations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people. ILGA is an umbrella organisation of more than 1200 member organisations presented in six different regions: Pan Africa ILGA, ILGA Asia, ILGA-Europe, ILGA LAC (Latin America and the Caribbean), ILGA North America and ILGA Oceania (Aotearoa/New Zealand, Australia and Pacific Islands).

Established in 1978, ILGA enjoys consultative status at the UN ECOSOC. As the only global federation of LGBTI organisations, ILGA voices its agenda in various United Nations fora. ILGA gives visibility to the struggles of its members lobbying at the Human Rights Council, helping them questioning their government’s record on LGBTI rights in the frame of the Universal Periodic Review, and provides support and guidance to member organizations in their engagement with the treaty bodies and special procedures.

Invaluable contributions to this submission have been provided by Ari Shaw, Ph.D., Director of International Programs, The Williams Institute, UCLA School of Law (United States of America), Gustavo Diaz Fernandez (Argentina), and Martin Krajcik (Canada).

**Forms and manifestations of ageism and age-discrimination**

# ***Question 3.*** *From an intersectional perspective, are there specific factors that aggravate ageism and age discrimination and how? Please provide concrete examples and collected data where available.*

Ageism and age discrimination intersect with other forms of oppression such as cisheteronormativity, homophobia and transphobia, and discrimination based on sexual orientation, gender identity and gender expression (SOGIESC). As a result, older lesbian, gay, bisexual, trans and intersex (LGBTI) persons are subjected to aggravated and/or specific forms of discrimination, violence and stigmatization.

Despite some progress on LGBTI rights achieved by many countries during last decades, older LGBTI persons globally have spent significant parts of their life in the climate of hatred, criminalization, pathologization, violence and discrimination. Because of this, LGBTI older persons’ current socio-economic situations are worse than that of their non-LGBTI counterpart, they experience internalized homophobia and transphobia and do not trust state institutions.

***Abuse and violence***

Older LGBTI people have had lifelong experiences of discrimination and violence based on their SOGIESC. In older age, they are both more vulnerable to such abuse, as they may be less able to avoid or negotiate it, and due to older age-related care needs, they may also be in care contexts when they are more likely to be exposed to abuse. In this way, older LGBTI people are both at risk of ‘elder abuse’ as are all older people and at risk of LGBTI-specific abuse in older age[[1]](#footnote-1).

A study of abuse conducted in the United States among 113 LGB adults of 60 to 88 years old revealed that over a fifth of the participants had experienced physical, emotional, verbal, sexual and financial abuse, and neglect by caregivers. A quarter of the participants said they knew of other older LGB adults who had experienced abuse[[2]](#footnote-2).

According to the Ontario Senior Pride, 2S-LGBTQ+[[3]](#footnote-3) seniors who are in long-term care, often experience, or have a fear of experiencing, discrimination, harassment and abuse (physical or verbal) from residents, staff and volunteers in LTC homes[[4]](#footnote-4).

***Economic situation and poverty***

LGBTI older persons are at greater financial risk than their non-LGBTI counterparts. Such disparities result from the lifetime differences in earnings, employment, and opportunities to build savings as well as discriminatory access to legal and social programs that are traditionally established to support aging adults[[5]](#footnote-5). In addition, the lack of legal recognition of relationships formed by LGBTI persons may leave older LGBTI persons without inheritance and survivor benefits.

In general, LGBT people are poorer and have fewer financial resources than their non-LGBT counterparts[[6]](#footnote-6). For example, in Bolivia, 44 per cent of the participant in a research on the situation of older LGBT people indicated that they only earn an amount equal or less than a minimum wage (1,440.00 Bolivian Boliviano, approximately 208 USD per month)[[7]](#footnote-7). In the United States, one-third of LGBT elders live at or below 200 per cent of the federal poverty level[[8]](#footnote-8).

When age and SOGIESC are combined with other factors, such as gender, race or (dis)ability, even more disparities are revealed. For instance, in California, 67 per cent of LGB Latinx older adults experienced poverty, compared to 26 per cent of non-Latinx older adults[[9]](#footnote-9). Lesbian older couples are 10 to 20 per cent less likely than different-sex couples to have retirement income or interest and dividend income[[10]](#footnote-10).

***Housing***. Studies have indicated that LGBTI persons have a range of concerns about housing later in life, including the ability to age in place, ie in one’s existing home and whether they may experience prejudice or discrimination by those who they may encounter in their home, local area or if moving into some form of retirement or care home[[11]](#footnote-11).

Indeed, 2014 report by the Equal Rights Center found that 48 per cent of older same-sex couples applying for senior housing were subjected to discrimination[[12]](#footnote-12). Another study found that LGB seniors searching for retirement homes experienced unfavorable differential treatment (less housing availability, higher pricing, etc.) compared to non-LGB seniors[[13]](#footnote-13).

In terms of home ownership, LGB adults aged 65 and older (59.6%) were less likely to own a home than their straight counterparts (71.3%)[[14]](#footnote-14).

***Social networks and community***

Studies show that LGB older adults are more likely to have never married, and to live alone, than their heterosexual counterparts. According to the Williams Institute, in the age group 50 to 64 years old, 30.6 per cent of LGB adults lived alone compared with 13.6 per cent of heterosexual adults. Among the age group 65 and older, 39.8 per cent of LGB adults lived alone compared with 26.2 per cent of their heterosexual counterparts[[15]](#footnote-15).

Compared to heterosexual cisgender adults, LGBT older adults thus have fewer options for informal care. LGBT older adults are more likely to be single or living alone and less likely to have children to care for them than non-LGBT elders. Studies find resilient LGBT older adults often rely on ‘families of choice’ (families composed of close friends), LGBT community and affirmative religious groups for care and support[[16]](#footnote-16). Yet, when families of choice and relationships formed by LGBTI persons are not recognized by law and institutions, older LGBTI persons risk losing important support, their decisions not being respected and even neglected by hostile families of origin.

In addition, LGBTI older adults may be ostracized by other older people because of the prejudices about SOGIESC, but also by LGBTI community where ageism exists.

For example, in some part of the gay community, because of the combined ageism and lookism, older gay men are viewed as less attractive and desirable. Consequently, older gay men may experience stigmatisation, loneliness and depression[[17]](#footnote-17). Many of the LGBTQ older adults expressed feeling discounted, ostracized in marginalized by the ageism in the LGBTQ community[[18]](#footnote-18).

Examples of civil society organizations focusing on LGBTI older people concentrate in the Global North country, particularly the United States. Yet, even there older LGBTI persons living in rural areas do not always have access to such programmes. For example, a research of the experiences of older LGBT persons revealed that ‘these types of services are sparse and should be better funded and replicated to reach all parts of the country’[[19]](#footnote-19). Another study conducted in the United States showed that 43 per cent of older LGBT persons living in small communities do not have access to LGBT organizations[[20]](#footnote-20).

***Health care***

Several studies report that LGBTI older adults, while having specific health risks and needs, avoid or delay health care or conceal their SOGIESC from health providers and social service professionals for fear of discrimination due to their SOGIESC[[21]](#footnote-21).

LGBTI older adults have worse mental and physical health compared to their non-LGBTI counterparts. LGB older adults have higher risks of mental health issues, disability, and higher rates of disease and physical limitation. Compared to their cisgender peers, transgender older adults also face a higher risk for poor physical health, disability, and depressive symptoms, many of which are associated with experiences of victimization and stigma. Studies also find that LGBT older adults have a higher prevalence of engaging in risky health behavior, such as smoking, excessive alcohol consumption, and risky sexual behavior compared to non-LGBT older adults[[22]](#footnote-22).

Trans women may face barriers related to timeframe requirements for legal gender recognition, trans-related health care services or their coverage by insurance[[23]](#footnote-23).

At the same time, providers of health care are not prepared to deal with LGBTI older patients. For instance, a survey of health practitioners conducted in Portugal identified heterosexism on issues such as same-sex marriage and reproduction, and the lack of professional knowledge in dealing with non-heterosexual patients, despite the consensual discourse on the necessity of non-discriminatory practices[[24]](#footnote-24).

In order to reduce these healthcare barriers, medical students and practitioners need to receive proper training on LBT women’s needs and specific challenges, in order to provide high quality and culturally-competent care[[25]](#footnote-25).

***Food insecurity***

A recent research conducted by the Williams Institute[[26]](#footnote-26) revealed specific vulnerabilities of LGBT older persons in relation to food insecurity. More than 60 per cent of the discussions about using food banks came from participants 50 years old or older. In addition, 95 per cent of older adult participants discussed having used food banks or other charitable food services recently, compared to 62 per cent of participants younger than 50[[27]](#footnote-27). Older LGBT adults appear to face additional issues with accessing food services, such as the quality of food not meeting their dietary needs, or the atmosphere of food pantries being psychologically challenging for older adults[[28]](#footnote-28).

***COVID-19***

The COVID-19 pandemic has changed the lives of older people globally, as they are at risk of developing sever disease[[29]](#footnote-29). Apart from higher health risks, older people have been subjected to stricter measures related to their housing, freedom of movement and access to good and services. LGBTI older persons carry a double burden as their situations are affected not only by their age but also their SOGIESC.

According to the Ontario Senior Pride, 2S-LGBTQ+ seniors have higher rates of chronic health conditions or weakened immune systems, including cardiovascular diseases, diabetes, cancer, HIV/AIDS and related co-morbidities, and respiratory diseases such as asthma[[30]](#footnote-30).

A research on COVID-19 experiences conducted in Argentina revealed that 90 per cent of the LGBTI older people surveyed did not have access to government social programs (designed for those under 65), and 25 per cent had to sell property objects to survive. All of the LGBTI older people surveyed experienced discrimination in government offices. Only 20 per cent of the respondents had maintained contacts with their blood relatives[[31]](#footnote-31).

SOGIESC-related problem existing in long-term care facilities before the pandemic, have become even more visible during the crisis. According to the Ontario Senior Pride’s powerful resolution, ‘[f]or 2S-LGBTQ+ seniors, the COVID-19 pandemic is a cruel reminder that the LTC system in Ontario is neglectful of, or unresponsive to, their particular health issues, needs and concerns. (…) Critical improvements are required to ensure that environments in LTC homes are sensitive to and inclusive of the needs, care preferences, and life experiences of 2S-LGBTQ+ seniors. There is a pressing need to integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors in the LTC system and in the LTC system’s response to COVID-19’[[32]](#footnote-32).

The fears of 2S-LGBTQ+ seniors about their treatment in LTC homes are intensified during COVID-19 outbreaks. They are more vulnerable, too frightened to report any form of abuse or to seek assistance, and fear reprisals from staff or other residents for making complaints[[33]](#footnote-33).

***Institutional ageism, cisheteronormativity, homophobia and transphobia***

Many problems addressed in this submission are perpetuated by the combination of ageism, cisheteronormativity, homophobia and transphobia within the institutions aiming at support older people.

For example, a survey of the Argentinian federal network of councilwomen of the Argentinian Federation of Municipalities on LGBTI older people in their municipalities revealed that 100 per cent of the respondents did not receive information on diversity and gender identity. 67 per cent know older LGBTI people in their respective municipalities but do not know their conditions of access to health and how they live[[34]](#footnote-34).

Responsibility for making public services safe and accessible may be disproportionately placed on workers, with insufficient accountability placed on managers, owners, boards of directors, governments and accreditation agencies. A research conducted in Canada confirmed that public services download responsibility for access and safety to workers through often insufficient training of questionable quality, or by relying on training from under-funded LGBTQ2+ volunteer, charitable and non-profit community groups and organizations. Monitoring is patchy and initiatives often rely on staff working unpaid over-time. Instead of higher quality in-person group training, there are only short on-line modules completed by workers individually. Training is often focused on personal ‘bias’, ignoring the structural dimensions affecting safety and access. These types of training have been found to be relatively ineffective, but allow organizations to ‘pink-wash’, or to advertise as a ‘positive space’ without making the necessary investments to produce truly accessible, safe services[[35]](#footnote-35).

***Lack of data***

As confirmed by the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, ‘[r]esearch and data in the field of older [LGBT] persons is virtually non-existent’[[36]](#footnote-36).

One particular example of the lack of data in the context of COVID-19 has been provided by the Ontario Senior Pride: ‘2S-LGBTQ+ seniors are mostly invisible in LTC homes. LTC homes often say that they do not have any 2S-LGBTQ+ residents. Data about them do not exist or are unreliable. In particular, data are unavailable on the number of 2S-LGBTQ+ residents of Ontario LTC homes who contracted COVID-19 or those who died after contracting COVID-19. The lack of data is an important element in the lack of inclusiveness of and respect for 2S-LGBTQ+ seniors in LTC homes, contributes to their invisibility and is a barrier to receiving quality of care’[[37]](#footnote-37).

**Legal, policy and institutional frameworks related to ageism and age-discrimination**

# ***Question 7.*** *Do the existing legal protections against age discrimination allow for claims based on intersectional discrimination, that is discrimination which is based on the intersection of age and other characteristics such as race, ethnicity, gender, disability, sexual orientation or other status?*

Most of the existing international human rights treaties do not recognize challenges faced by LGBTI older persons explicitly.

One noticeable exception is the ***Inter-American Convention on Protecting the Human Rights of Older Persons******(A-70)****[[38]](#footnote-38)*. This convention invites and urges states to modify the views and forms of intervention of the family, society and the state with the elderly.

The Convention recognizes many factors as contributing to vulnerabilities of older persons and encourages States parties to take these intersections into account:

*In their policies, plans, and legislation on ageing and old age, States Parties shall develop specific approaches for older persons who are vulnerable and those who are victims of multiple discrimination, including women, persons with disabilities,* ***persons of different******sexual orientations and gender identities****, migrants, persons living in poverty or social exclusion, people of African descent, and persons pertaining to indigenous peoples, the homeless, people deprived of their liberty, persons pertaining to traditional peoples, and persons who belong to ethnic, racial, national, linguistic, religious, and rural groups, among others[[39]](#footnote-39).*

In particular, the Convention A-70 emphasizes intersections between age, gender, sexual orientation and gender identity with regard to the right to safety and a life free of violence:

*Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated regardless of their race, color, sex, language, culture, religion, political or other opinions, social origin, nationality, ethnicity, indigenous and cultural identity, socio-economic status, disability,* ***sexual orientation, gender, gender identity****, economic contribution, or any other condition[[40]](#footnote-40).*

On the ***national level***, even though more and more countries develop and adopt anti-discrimination legislation, it is still not a universal practice, and even when such legislation exists, it may have important gaps hindering the effective protection of LGBTI older persons.

It is crucial that anti-discrimination legislation, first, explicitly recognize age and SOGIESC as protected grounds, and second, incorporate the notion of intersectional discrimination. One example of this approach is the Constitution of South Africa which protects from discrimination based on gender, sex, sexual orientation and age[[41]](#footnote-41), and at the same time prohibits discrimination based on more than one of the protected grounds[[42]](#footnote-42). Another example is the Canadian Human Rights Act that lists age, sex, sexual orientation, gender identity or expression among protected grounds[[43]](#footnote-43) while also explaining that ‘a discriminatory practice includes a practice based on one or more prohibited grounds of discrimination or on the effect of a combination of prohibited grounds multiple’[[44]](#footnote-44). In Croatia, the anti-discrimination legislation covers sex/gender, age, sexual orientation, gender identity and expression[[45]](#footnote-45), but also recognizes that multiple discrimination – the one based on several protected grounds – constitutes a more serious form of discrimination[[46]](#footnote-46). Similarly, the anti-discrimination legislation of Georgia considers sex, age, sexual orientation, gender identity and expression as protected grounds[[47]](#footnote-47), at the same time providing the definition of multiple discrimination[[48]](#footnote-48).

A well-developed legislation, however, is only the first step, as its effective implementation should be guaranteed and supported by financial, organizational, awareness-raising and training measures.

# ***Question 8.*** *What legal and other measures have been taken to address and protect from racism, sexism, ableism or other similar forms of discrimination that might be useful models for addressing ageism?*

This section provides some examples of good practice of activities and projects organized by states and non-state actors to support older LGBTI persons.

**Argentina**

Argentina has a robust institutional framework for the defense of human rights of older adults such as the National Directorate of Policies for Older Adults (*Dirección Nacional de Políticas para Adultos Mayores*)[[49]](#footnote-49).

In 2012, the National Plan for the Elderly (2012–2016)[[50]](#footnote-50) was issued, which included, among its guiding principles, ‘respect for cultural, ethnic, religious and sexual diversity, among others’[[51]](#footnote-51).

In 2015, DINAPAM held the First International Seminar on Gender and Sexual Diversity in Old Age, as part of the 4th National Campaign for the Good Treatment of Older Persons[[52]](#footnote-52). According to the report from this seminar[[53]](#footnote-53), a part of the first day was devoted to the session ‘LGBT in the second half of life: Psychological, Social and Physical Issues’ by Professor Dr Brian de Vries of the University of San Francisco[[54]](#footnote-54).

They also created the National Home Care Program, and this includes a training quota for trans people who want to train as home care staff[[55]](#footnote-55).

**Australia**

In December 2017, the Australian Ministry of Health launched the Aged Care Diversity Framework[[56]](#footnote-56). It designs and delivers care services for the aged and has developed an action plan in this context to target the particular barriers and challenges faced by older LGBTI people[[57]](#footnote-57).

In February 2019, the Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders have been published[[58]](#footnote-58). This action plan sets out what aged care providers can do to deliver more inclusive services to LGBTI elders. The documents recommend care providers to ‘recognise that some lesbian women want to know they will be looked after by women and where possible, that there are lesbian care staff available’[[59]](#footnote-59).

In addition, there are resources available for LGBTI older persons themselves. This includes, for example, an info sheet ‘Aged care for LGBTI elders: Getting started with My Aged Care’ explaining what services are available to LGBTI older people[[60]](#footnote-60).

**Canada**

The City of Toronto created an *LGBT Tool Kit: For Creating Lesbian, Gay, Bisexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes & Services* (2017)[[61]](#footnote-61). It is a very comprehensive resource for LTCs racism, sexism, ableism or other similar forms of discrimination that might be useful models for addressing ageism?

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The Ontario Centres for Learning, Research & Innovation in Long-Term Care created a toolkit: *A Home for All*[[62]](#footnote-62). This resource features promising practices to help move long-term care homes towards becoming safe, welcoming and inclusive spaces for the LGBTQI2S+ community.

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The Employment and Social Development sector of the Government of Canada, with participation of 13 governments of Canada, prepared a resource to help organizations and service providers adopt approaches to help lesbian, gay, bisexual, transgender and queer seniors strengthen human connections[[63]](#footnote-63). However, this report lacks a specific focus on the experiences of older LBT women.

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QMUNITY, a non-profit organization based in Vancouver working to improve queer, trans, and Two-Spirit lives, has the Older Adults and Seniors programs. They offer opportunities for community connection, social support, and personal development for LGBTQ2SAI+ persons 55 years and older. They used to host social events, co-develop and provide educational workshops, assist in one-to-one support and referral services, while fostering connections within diverse communities. QMUNITY acknowledges the lived experience of Older Adult and Senior members of the LGBTQ2SAI+ community and seeks to hold space for those members to be supported in connecting, supporting, and leading one another and the community at large.

The drop-ins offer a place for older adults searching for community to come together and meet, guide, or support each other. Sessions offer all kinds of opportunities, from intergenerational panels, to relationship building seminars, to financial and estate planning workshops, to philosophical discussions, to informal coffee gatherings.

The Friendly Visitor Program matches LGBTQ2SAI+ volunteers with LGTBQ2S+ seniors for social visits in senior’s homes, long term care facilities, or spaces within the community. Volunteers also accompany seniors to medical appointments or QMUNITY programs and events.

During the COVID-19 pandemic, the Seniors & Older Adults programmings have moved online. This includes, in particular, weekly Seniors Zoom Socials Drop Ins and Friendly Phone Calls[[64]](#footnote-64).

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The Egale National Seniors Advisory Council (NSAC) is a group of 2SLGBTQI seniors and allies working to improve the quality of life of 2SLGBTQI seniors in Canada by advising on seniors’ issues and activities, fostering nation-wide partnerships and collaboration, and identifying opportunities for Egale to support the work of local organizations across Canada[[65]](#footnote-65).

Egale is also developing a Community Engagement Consult for LGBTQI2S seniors to investigate the pressing issues facing LGBTQI2S seniors across Canada. This project is a collaborative effort between Egale Canada, LGBTQI2S seniors, community organizations, and Egale’s National Seniors Advisory Council. The organizers hope that health practitioners, policy makers, seniors’ communities and allies will find these results informative and use them to create positive change in their own community[[66]](#footnote-66).

**European Union**

The Best4OlderLGBTI project[[67]](#footnote-67), implemented by the Rights, Equality and Citizenship (REC) Programme of the European Union, intends to fight against discrimination based on age and SOGIESC of older people, and to promote the rights of older LGBTI people, through raising awareness of different target groups contributing for a more equal and inclusive society.

The aim of the project is to develop a raising awareness campaign in six EU Member States (Italy, Greece, Ireland, Netherlands, Portugal and Romania), contributing for the decrease of inequalities and discrimination in attendance of public services and health and social care, as well as in encouraging the report of cases of discrimination.

One of the planned action consists in a series of five testimonial videos collected across Europe. As firm believers of the central role of representation and self-determination, the partnership videos interviews showing the stories of older LGBTI people from their own point of view, through their voices, their memories, their experiences and their hopes for the future. From their coming out stories to their weddings and civil partnerships, the five videos will open a window to an often-invisible minority: the one composed by seniors LGBTI people. One of the testimonial videos features Mariet and Ineke, a lesbian couple from the Netherlands[[68]](#footnote-68).

**Germany**

The umbrella association *Lesben und Alter[[69]](#footnote-69)* is a non-profit association that focuses specifically on lesbians by providing expertise and workshop on elder lesbians and gays in senior citizen work and advocating for improving the lives of lesbian in old age.

**Republic of Moldova**

Center GENDERDOC-M has a support group for older gay persons since 2002. The group has regular meetings four times a year that have different formats, from camps organized outside of the city, one-day excursions or meetings in a community centre[[70]](#footnote-70).

**United Kingdom of Great Britain and Northern Ireland**

In July 2020, the ‘Age UK’ charity published a factsheet called ‘Transgender issues and later life’[[71]](#footnote-71). This factsheet provides information about later life for transgender (or trans) people. The main focus is on growing older for people who have transitioned and live permanently in their affirmed gender. It also provides information for people in later life who are thinking about gender reassignment. The factsheet covers a range of legal, financial and social care issues. It includes a guide to terminology and details of where to go for further information and support. Importantly, the publication includes a separate section with information for older trans women.

**United States of America**

SAGE[[72]](#footnote-72) is the country’s largest and oldest organization dedicated to improving the lives of LGBT older people. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBT older people and their caregivers.

The organization has a number of advocacy and service programmes, including Advocacy for LGBT Elders, HIV & Aging Policy Action Coalition, Long-Term Care Equality Index, National Resource Center on LGBT Aging, National LGBT Housing Initiatives, SAGE Hotline, and many others[[73]](#footnote-73).

According to SAGE, 48 per cent of older same-sex couples have experiences housing discrimination. To address this problem, the organization launched its national multiyear LGBT Senior Housing Initiative. With the National LGBT Elder Housing Initiative, SAGE is addressing LGBT elderly’s housing challenges on several fronts by building LGBT-friendly housing in New York City, advocating nationally against housing discrimination, training eldercare providers to be LGBT culturally competent, educating LGBT older persons about their housing rights, and helping builders across the United States replicate LGBT-friendly housing[[74]](#footnote-74).

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