Challenges Faced by Elderly Minority Groups:
Russian-Speaking Jewish immigrants, Native Americans, and the LGBT Community

Madonna University

Abstract

The older adult population faces significant challenges in finding and using resources to meet their needs. These barriers are particularly difficult to overcome for immigrants, Native Americans, and the elder LGBT community. Russian-Speaking Jewish elderly immigrants utilize Jewish community-based services to help them with their unique needs. Native American senior citizens living on reservations or in other remote areas rely heavily on Telehealth to help improve their quality of life. The older LGBT cohort is one of the most underserved populations. Their challenges include: living with HIV/AIDS, having identity issues, being discriminated against when looking for affordable housing. Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) has continued to do a remarkable job in providing LGBT elders with resources and services to assist them with meeting their specific needs.

Introduction

The older adult population faces significant challenges in finding and using resources to meet their needs. These barriers are particularly difficult to overcome for immigrants, Native Americans, and the elder LGBT community. Government programs, community-based services and Telehealth are helping to overcome some of these barriers. In 1965, Congress passed the Older Americans Act (OAA) to assist seniors who wanted to age-in-place for as long as possible. However, it does not address many other challenges that the aging minority groups face (Services & Advocacy for GLBT Elders, 2017).

Multiple jeopardy

"Gerontologists study the impact of minority group membership on aging. They ask how a minority person's experiences throughout life affect that individual's experience in old age." (Novak, 2012). Societies use variables which include "age, gender, social class, and minority group membership to classify people." There is something that is known as the multiple jeopardy perspective. This suggests that an individual who is a minority person aged 65 or older is more vulnerable and will encounter multiple jeopardy: they are at a greater risk of potentially facing death and illness. A minority, compared to the predominant group, is frequently in poorer health; in a lower income group; and shows an increased decline "in health and well-being with age" (Novak, 2012).

In general, multiple jeopardy exists when age adds to disadvantages that had been experienced within a minority group while they were middle-aged. Typically, "studies of multiple jeopardy use a cross-sectional method" (Novak, 2012). This could

affect members of a minority group who are low-income. This would suggest that social class leads to multiple jeopardy and not just being a member of a minority group. However, if a minority person is an older adult who is in poor health and low-income, then they most likely will be experiencing multiple jeopardy. This can be seen in elderly immigrant groups, Indigenous people and the LGBT community (Novak, 2012).

Russian-speaking Jewish immigrants

There are many challenges that elderly immigrants face. Local communities can make the coping and the assimilation process easier on new immigrants. For example, the Jewish community has done an outstanding job in providing resources to immigrants, many of which focus on the aging population.

In contrast to many immigrant and refugee groups consisting of young adults, many Russian-Speaking Jewish families included elderly persons. Families experienced problems because older adults found it difficult to learn English and become employed. However, the elderly family members often cared for their grandchildren (Gitelman, Z., 2016). This enabled the younger generations to find jobs or go to school. In general, education is highly valued in the Jewish culture, and it was free and accessible in the Soviet Union (personal reference, March 6, 2017). The elderly immigrants were also an asset because they stayed connected with others in their community. This helped them to not become socially isolated. Since the older family members had difficulty adjusting to the American way of life, and the vast majority only spoke Russian, they were very reliant on others within their community (Gitelman, Z., 2016).

One of the areas in which new immigrants face challenges is navigating the healthcare system. In the U.S., recent immigrants have a high rate of chronic disease and low compliance with preventative health behaviors, due to the language barrier and lack of understanding of the healthcare system (Benisovich and King, 2001).

Most of the Jewish immigrants came to America in two waves (Kliger, 2011). Approximately 30% entered the country prior to 1990. The other 70% came post 1990, after the collapse of the Soviet Union. The majority of Jewish immigrants came to the United States to escape from oppression and prejudice in their home countries, as well as for improved economic opportunities. Since the late 1980s, Russian-speaking Jewish immigrants from the former Soviet countries have been the single largest refugee group to enter the country, at a rate of about 30,000 annually between 1989 and 1998 (Gold, 1999).

Per the 2014 census estimates, 11.4% of Oakland County residents are foreign born, and 14% speak a language other than English at home. There are 77,200 Jewish individuals living in Oakland County (United States Census Bureau, 2014). Most people born in the US perceive Judaism as a religion. However, Jewish immigrants from the former Soviet Union and other Eastern Bloc countries perceive Judaism as an ethnicity or a nationality rather than a religious affiliation. Most Soviet immigrants speak Russian as their primary language (personal reference).

There are numerous challenges that new immigrants encounter because of the language barrier and the lack of comprehension of the US healthcare system. Elders are especially vulnerable to problems in this area. Older adults are more predisposed to chronic issues compared to the younger population. Additionally, they are less likely

to be fluent in English; the older you are, the more difficult it is to learn a new language. The language barrier can lead to isolation from the community causing depression, inability to seek medical assistance, and the avoidance of preventative healthcare services (Benisovich and King, 2001).

Services and Resources

The Jewish Federation (2017) is a humanitarian organization that raises funds and distributes it to its partner agencies, which provide a variety of resources that new immigrants can utilize to ease their transition into a new culture. Many of these resources are targeted to the aging population. "Locally, Federation supports a family of 18 social service agencies and Jewish schools across Metropolitan Detroit. Working with its global partners, the Federation also impacts the lives of thousands of Jews throughout Israel, in the former Soviet Union, and in 60 countries around the world." Their partner agencies include Hebrew Free Loan, the Jewish Community Center, Jewish Family Service of Metropolitan Detroit, and Jewish Vocational Services.

Hebrew Free Loan of Metropolitan Detroit (2017) provides financial support by lending money without interest to Jewish people in the state of Michigan. In 2015, Hebrew Free Loan provided $2 million in loans to 1,200 people in the greater Detroit area who needed financial assistance. People can take out a personal loan or a business loan. Personal loans are used for the purchase of appliances, attorney fees, business expenses, car repairs, celebrations, funeral expenses, income and property taxes, living expenses, medical and dental, moving expenses, rental and mortgage payments, special needs, and utilities. Within the Jewish community, Hebrew Free

Loan aids entrepreneurs by giving them interest-free loans up to $100,000 to start-up or expand a business. The terms include having a co-signer, 51% Jewish ownership, and repayment within 3 to 5 years.

The Jewish Community Center (2017) provides a variety of cultural and educational programs, many of which are for seniors. The Russian Jewish Life and The Active Life are two of their main programs. The Russian Jewish Life program gives people from the former Soviet republics an opportunity to learn the American way of life, while discovering their Jewish heritage. The program focuses on American life and history; various aspects of Judaism; and preserving Russian culture for generations to come. This is done through literary and musical events, field trips, and dance programs. The Active Life program focuses on stimulating the mind, body and spirit through various activities. These include current events, a memory club, dances, health programs, music and holiday observances. The Active Life also provides ways to include socialization through trips and discussion groups.

Jewish Family Service of Metropolitan Detroit (2017), helps around 12,000 people with mental health services, assistance in navigating the healthcare system and older adult services as well as other social services. The organization provides immigrants with assistance in preparing their immigration documents. In addition, they prepare new Americans to obtain their citizenship by providing citizenship classes. This is achieved through helping individuals improve their ability to communicate by offering English as a second language (ESL) classes (jfsdetroit.org, 2017). Jewish Vocational Services (2017) promotes people to become independent. They provide elders with counseling, support services, and those who need assistance due to financial despair.

Communication is often challenging due to the language barrier. Therefore, translation services are a major factor to providing immigrants with knowledge and resources. All government and health facilities should have electronic translation devices, unless a human translator is available. Some healthcare facilities are utilizing a translation system called Martti. This is a medical video translation system that is available around the clock, seven days per week. Martti is a "physician-led organization and the only interpretation company in the country with a Chief Medical Officer." Their translators are thoroughly trained and certified. "At the single push of a button, more than 250 languages are available on-demand – leading the industry with nearly 60 of those languages available in live video." The interpreters understand the U.S. healthcare system as well as how healthcare works in the patient's country of origin. Additionally, they have knowledge of "your circumstances, your culture and your needs" (Martti, 2017).

Case Study

In 1992, a family of four, Eva (38-year-old female), Yan (39-year-old male), Alex (12-year-old male) and Eva's mother, Emilia (75-year-old female), emigrated from the former Soviet Union to the United States under refugee status. Generally, immigrants did not receive government services for 5 years. The exceptions for this family were that Alex was under the age of 18 and Emilia was over the age of 65; therefore, they could receive welfare. Immediately, Alex had received Medicaid and Emilia received SSI, Medicare, Medicaid, and food stamps.

Yan started working after a month of living in the US. However, Eva and Yan were unable to receive health insurance for several months. Since the family entered the US on refugee status, they didn't have to pay for their airfare upfront. Yet, when the fee was paid, it was double the price of what their tickets to America cost.at the time of their arrival. The cost of Emilia's ticket was voided because she was over the age of 65.

The government paid for the family to live in an apartment for one month. The family took out a no interest loan from Hebrew Free Loan to pay for living expenses. Since the family were refugees, they had access to a government and a Jewish food bank. Because the family was Jewish, they had access to services from the Jewish Federation and its partner agencies. The Jewish Family Service had Russian-speaking social workers, who acted as a liaison between the immigrants and the government. Each family member had language barriers and lack of knowledge about the healthcare system. In addition to those barriers, Emilia lacked knowledge of the American way of life. She was blind; and never spoke English because she didn't work or leave the house without her family. Therefore, her family took care of all her needs as she aged (personal communication, January 29, 2017). Perhaps if Emilia had access to a translation system such as Martti, her family could have taken a break from caregiving. For instance, they might have been able to be provided with respite care for Emilia, when needed.

Introduction to Telehealth and Native Americans

Medical advancements have assisted individuals to attain higher levels of healthcare than ever before. Similar to how Martti has continued to impact the lives of

immigrants, Telehealth has helped a large number of Native Americans to lead a better quality of life. Telehealth, also known as telemedicine, is becoming quite popular within the healthcare industry. "Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status." (The American Telemedicine Association, 2012). There are various methods of communicating between patients and healthcare professionals. Synchronous and Asynchronous communication are two ways that telehealth is utilized. Both have been proven to be effective means of interconnecting between healthcare providers and patients. People who are unable to physically go to a doctor's appointment, such as those who have mobility issues or elders living in remote areas, now have a newer alternative to seeking medical care. Additionally, mental health facilities have begun to offer methods of using telemedicine. This has become an innovative way of communicating.

Telehealth and the benefits of utilizing it

"Telehealth is often used when referring to traditional clinical diagnosis and monitoring that is delivered by technology." (Center for Connected Health Policy, 2014). "Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery." (Center for Connected Health Policy, 2014). There are four ways to communicate via telemedicine: Live video (synchronous), Store-and-forward (asynchronous), Remote Patient Monitoring (RPM), and Mobile health (mHealth) (Center for Connected Health Policy, 2014).

Communication in Telehealth can take place via several methods. Synchronous communication can include live video and telephone conversations. Live video chat is a two-way interaction between a patient or caregiver and a provider. They communicate via devices equipped with web cams, which can be useful for consultations and diagnostics. Asynchronous communication includes the transmission of pre-recorded information: health history, lab test results, and diagnostic imaging. A specialist evaluates the case outside of real-time live interaction. This can provide people who live in remote communities with access to board-certified specialists living outside of a patient's immediate area. Remote patient monitoring consists of medical data collection and personal health information transmitted to a provider from a person through electronic communication technologies. Additionally, mobile health is the means of communication through mobile devices, such as tablets and cellular phones. Mobile applications can focus on promoting healthy behaviors or educating on topics such as disease outbreaks and prevention. Other methods of communication in Telehealth include remote patient monitoring, which consists of medical data and vital signs collected from a patient through a specialized electronic device, and transmitted to a provider in real time or at specified intervals (Center for Connected Health Policy, 2014).

There are four major benefits to the utilization of telemedicine: improved access, cost efficiency, improved care quality, and patient demand. For more than forty-years, telehealth has been able to reach millions of new patients. Healthcare cost reductions have been a benefit of using this type of communication. Studies have proven that Telehealth can be as effective as onsite healthcare. Since many are unable to travel

long distances to receive medical attention, patients can seek the expertise of providers from their own homes (The American Telemedicine Association, 2012).

Teladoc is the first and largest telehealth company in the United States. In 2015, over 500,000 virtual visits were made to patients via Telehealth. It has been reported that 92% of patients' issues have been resolved through the virtual visits. The concept is beneficial by having low costs and a reduction in the amount of work hours. Additionally, virtual visits have been used for managing chronic conditions (Grube, et al., 2016).

"Medicare Part B (Medical Insurance) covers certain services, like office visits and consultations," provided that: "an interactive 2-way telecommunications system (with real-time audio and video)" is utilized by a provider who is not in the same location as the patient.

> These services are covered under certain conditions and only if you're located at one of these places: a doctor's office, a hospital, a critical access hospital (cah), a rural health clinic, a federally qualified health center, a hospital-based or critical access hospital-based dialysis facility, a skilled nursing facility, or a community mental health center (Medicare.gov, 2017).

Mental healthcare professionals can also utilize Telehealth in their practices. Dr. William H. Carson, President and CEO of Otsuka Pharmaceutical Development and Commercialization said, "Today, patients suffering from severe mental illnesses struggle with adhering to their medication regimen and communicating with their healthcare teams, which can greatly impact outcomes and disease progression. We believe this

new digital medicine could revolutionize the way adherence is measured and fulfill a serious unmet medical need in this population" (Dolan, 2015).

Telehealth in the Native American Communities

There is a higher prevalence of diabetes and hypertension in the aging American Indian and Alaskan Natives population than other ethnic groups. By a large margin, they have higher mortality rates compared to other groups. Native American older adults are three times as likely to become diabetic compared to the average person living in the United States. Similar to other older adult populations they are prone to heart disease, which is one of the top four causes of death in the US (Ferrini, 2013).

There are several barriers that can prevent elderly Native Americans from receiving proper healthcare. These include the Indigenous population living in an isolated area and being hesitant of utilizing the health care system. Advancement in technology, such as Telehealth, can overcome these barriers and provide better healthcare. Additionally, it has the ability to greatly improve the quality of life for elderly Native Americans living in rural areas (Ferrini, 2013).

Advancements in Medical Assistance

Arizona is the top state in the United States for Native American telemedicine. There are twenty-seven Indigenous nations in Arizona alone that utilize Telehealth. A federally funded program addresses issues related to diabetes through the Arizona Diabetes Virtual Center of Excellence (The University of Arizona, 2017).
Real-time-video conferences are the main type of medical communication available for

people who live on the Navajo reservation (Lewis, N., 2011). This is the best way for specialists to reach people of all ages who live in isolated areas (National Public Radio, 2003).

Alaska is another state that has made advancements in telemedicine applications in the Native American community. The Alaska Federal Health Care Access Network program has been useful in obtaining services through the Alaska Native Tribal Health Consortium. They were responsible for designing and developing a Telehealth solution to improve the health care needs of rural Alaskans. The program services three hundred Alaskan villages. A few years ago, ten thousand Alaskans received their first eye exams. This included retinal photographs, which allowed doctors to diagnose diabetic retinopathy and discuss ways to decrease the risk of blindness (Lewis, N., 2011).

Another way for older Native Americans to get medical assistance is through elder care centers on reservations. These care centers are a great way to make sure that elders stay active, get the proper care they need, and stay busy, which helps in preventing depression. For example, Oklahoma has a high Cherokee population and a Cherokee Elder Care Service Center. Social activities consist of gardening, puzzles, exercise sessions, and reading groups. The exercise sessions are perfect for assisting with the issue of obesity amongst the Native Americans (Adult Health Center Information, 2013).

The requirements to be eligible for membership in an American Indian Elder Care Center include being 55 years or older, requiring some level of skilled nursing care, the ability to safely age in place, and living within the service area. The services provided

include primary medical care, home health services, social activities, hospitalization, adult day health care and several other services. Medical services, transportation, and prescriptions are provided at no cost. Older adults no longer need to feel isolated or miss medical appointments due to the lack of transportation. Each elderly person is monitored by a doctor, nurse, nutritionist, social worker, and a physical therapist. The family must have Medicaid; otherwise the senior will have to pay out of pocket. The goal of this program is to increase the quality of life in aging Indigenous Americans (Adult Health Center Information, 2013).

Through Funding Opportunity Purposes, there is a way to own new affordable technology to use blood pressure devices that were created with the ability to measure blood pressure without using a cuff. The devices were created to be used in homes of people without the need for training. The research to invent and implement these devices was funded by a Federal program. It will enable people, particularly Native American elders with an “accessible and affordable means of measuring hypertension” (Pai, 2014). These new devices are important for older American Indians living on a reservation.

Combating major health issues within the Native American elderly community has been an ongoing concern. Through the invention of telemedicine and federally funded programs, the American Health care system can promote wellness within Native American nations. This has been a huge step in conquering the challenges that come with living in isolated areas. Stephen Agboola, MD, once said,

> The evidence supporting the role of telemedicine promotes continuity of care, decreases the cost of care, and improves patient self-management and overall

> clinical outcomes… Telemedicine can also help in identifying and preventing treatment-related errors between clinic visits. As one example, a number of studies have shown that medication errors can be significantly reduced by telemedicine (Smith, 2016).

Fortunately, technology has been rapidly producing new advancements in medicine.

Conclusion to Telemedicine for Native American Older Adults

Telemedicine has become a successful innovation for interconnecting with those in need of healthcare services and healthcare professionals. Implementing telecommunication within the healthcare field is a huge advancement in achieving the best means to reach those in need that are unable to frequently travel to medical appointments. Through the usage of synchronous and asynchronous communication, individuals can effectively achieve a better outcome in their medical care. This fresh approach to monitoring, managing complex conditions, and treating people is the beginning of a new generation of medicine that is restructuring the United States healthcare system.

Introduction to the LGBT Community

Another minority group which faces additional difficulties with aging is the LGBT community. Currently, there are approximately 46 million Americans ages 65 and older. By 2060, that number is projected to be over 98 million. Elders are becoming more "diverse racially and ethnically, and lesbian, gay, bisexual, and transgender (LGBT) older adults are becoming increasingly visible" (Fredriksen-Goldsen, K., et al, 2015). In

2015, the LGBT population 65 or older comprised 3 million; by 2030 that number is projected to rise to 6 million (Services & Advocacy for GLBT Elders, 2017). Elderly members of the LGBT community face more difficulties than the younger cohort.

The Older LGBT Community

There are many challenges to being a Gay baby boomer. “The largest national survey to date focused on the health and well-being of gay, bisexual, and transgender (LGBT) older adults” comes from the Aging with Pride: National Health, aging and sexuality/gender study (NHAS). In its findings, the elder LGBT community is one of the most underserved cohorts of older adults (Fredriksen-Goldsen and Kim 2017). Something must be done to address the underlying issues of this population. Amongst the older LGBT cohort, there are disproportional levels of physical and mental health challenges. Unfortunately, there is a lack of formal research on a wide range of LGBT related aging issues (Orel and Fruhauf, 2015).

“A primary goal of current national health objectives is to reduce health disparities and adverse health outcomes resulting from social, economic, and environmental conditions (Fredriksen-Goldsen and Kim 2017).” Homosexuals aged 50 and older are more likely to have a disabling chronic condition than heterosexuals of a comparable age. Additionally, the likelihood of mental distress is also increased in LGBT older adults. Community-based data has shown that transgender older adults are at a greater risk of poor health outcomes in comparison to non-transgender sexual minority elders. Since they are in poorer general health, may have a disability, and psychological distress, transgender elders are more likely to be victimized and

discriminated against. Identity stigma and disadvantages in socioeconomic and other resources places bisexual older adults at an increased risk of poor health in comparison to gay men and lesbians (Fredriksen-Goldsen and Kim 2017).

The lives of LGBT people are influenced by historical and environmental circumstances which include gender identity and expression, social stigma, and a change in cultural norms that are related to sexual orientation. The three generations of LGBT older adults in the US are the old-old, middle-old, and the young-old. The old-old lived through the Great Depression, which was a time where they could not be open about their sexual identity. The middle-old lived during the time when President Dwight Eisenhower issued an executive order to fire all gay federal government employees. Additionally, at that time, a person who was gay was considered mentally ill.

The young-old had experienced a turning point for the gay community; it was the beginning of a social change. This significant period included the civil rights, women's movements, and the Stonewall riots (Fredriksen-Goldsen and Kim 2017). The Stonewall Rebellion began on June 27, 1969, when a large group of gay men, lesbians, and transvestites were gathered at a bar called Stonewall Inn, in New York City. On that day, the business was raided by the police; for the first time, gay men, lesbians, and transvestites took a stand and fought back.

The LGBT Movement

The Stonewall Riot lasted for six days. "These riots are widely credited with being the motivating force in the transformation of the gay political movement." Without previous activism, Stonewall and the political movement that followed might never have

happened. Stonewall led to a wide-range of changes in policy (Rimmerman, 2015). In the aftermath, homosexuality was declassified as a mental illness and sodomy laws were decriminalized (Fredriksen-Goldsen and Kim 2017).

"Lesbian and gay movements have achieved tangible accomplishments establishing open communities of lesbians and gay men in urban areas throughout the United States" (Rimmerman, 2015). In fact, persons who are open with their sexual identity have held political positions. The first openly gay person to be elected to public office was Harvey Milk. In 1978, he won a seat on The San Francisco Board of Supervisors. Tragically, on November 18, 1978, he was assassinated at the age of 48.

In 1972, at age 42, Milk became a gay rights activist in San Francisco. There he opened the Castro Camera shop, which became a local hangout for activists and homosexuals from all over (Van Sant, G., 2008). Harvey Milk's first leap as an activist was marked when he helped begin the boycott of Coors beer. This was in response to the company's antigay practices and the Coors family funding of homophobic organizations. There was a high incidence of police brutality during a protest of Coors. In 1973, San Francisco became unsafe for individuals who were homosexuals; gay people wore whistles to alert others that they were in trouble. To truly make a difference, Milk felt that someone from the LGBT community needed to become a politician. That same year Milk announced his candidacy for city supervisor. While running for office he was threatened to be stabbed and killed. He fell a few votes shy of being elected to public office (Van Sant, G., 2008).

Milk remained persistent in his quest to become a politician; he ran for public office again in 1975 and 1976, losing both elections. During 1976, there was a riot

because the law for equal employment and housing for gays did not pass. So, Milk and his followers protested and marched the streets of San Francisco, bringing nationwide attention (Van Sant, G., 2008).

Perhaps one of the most significant dates for the LGBT community was in November of 1977, when Harvey Milk was elected to a seat on The San Francisco Board of Supervisors. Milk's supporters consisted of union members, women, seniors, and gays. He pushed for the San Francisco gay rights ordinance to pass; which it did with a 10-1 vote (Van Sant, G., 2008). In 1978, for the short duration Harvey Milk was in office, he had accomplished more than most men had in a lifetime.

June 25, 1978 was the first gay rights parade for Gay Freedom Day and the anniversary of Stonewall. During Milk's speech, he reminded the people that the Declaration of Independence states that, "All men are created equal" and that is what America is based on. He continued to advocate for more LGBT rights by fighting against Proposition 6. The proposal would have caused LGBT persons employed for school districts to lose their jobs, simply because of their sexual orientation (Van Sant, G., 2008). Milk encouraged gays and lesbians to come out of the closet, so their families and friends would vote the proposal down. Fortunately, Proposition 6 did not pass. Harvey Milk had become the voice for the LGBT community.

At age 62, Cleve Jones, a gay rights activist since he was in his 20's, has "dedicated his life to working with members of the LGBTQ community." Cleve was bullied as a kid because he was gay. He moved to San Francisco when he read about the gay liberation; this is where he met his mentor, Harvey Milk. For the duration of Milk's life as an activist, Jones marched with him until Milk's assassination in 1978.

From that point on, Cleve never quit fighting for the cause. Cleve Jones said, "Meeting Harvey, seeing his death, it fixed my course" (National Public Radio, 2016). “After the AIDS epidemic hit San Francisco, Jones co-founded the San Francisco AIDS Foundation and started the AIDS Memorial Quilt.” Although he has seen countless struggles, pain, and loss throughout the gay rights movement, he has seen astonishing progress and change (National Public Radio, 2016).

When Harvey Milk was assassinated, Cleve Jones played the tape that Milk had created in case he was assassinated. According to Jones:

> Harvey's significance really was that he became our first shared martyr. Word of his assassination spread far and wide, and even though gay people had lost many people to violence, to suicide, to drugs and alcohol, here was this symbolic figure that just struck a chord with people. For those of us in San Francisco, it was fascinating to see this guy who was just one of your local neighborhood characters assume this worldwide significance (National Public Radio, 2016).

After Harvey Milk died, Cleve Jones continued to play an important role in the rights of the LGBT community; he essentially picked up where Milk left off.

In 1985, the week that the test for HIV came out, Cleve Jones tested positive for HIV. Jones stated, “finding Harvey's body, watching all those people die during AIDS — I'm aware how fragile life is and how short it can be and how important it is to use it fully” (National Public Radio, 2016). Thinking about these incidents in life allows Cleve Jones to remain strong. He claims that living through the AIDS epidemic and the assassination of his friend Harvey Milk, is comparable to being in a war. Often it is unbearable, yet the only way to live is to remain strong and live his life to the fullest.

This is possible through the support of those that care about him (National Public Radio, 2016).

Older Adults with HIV

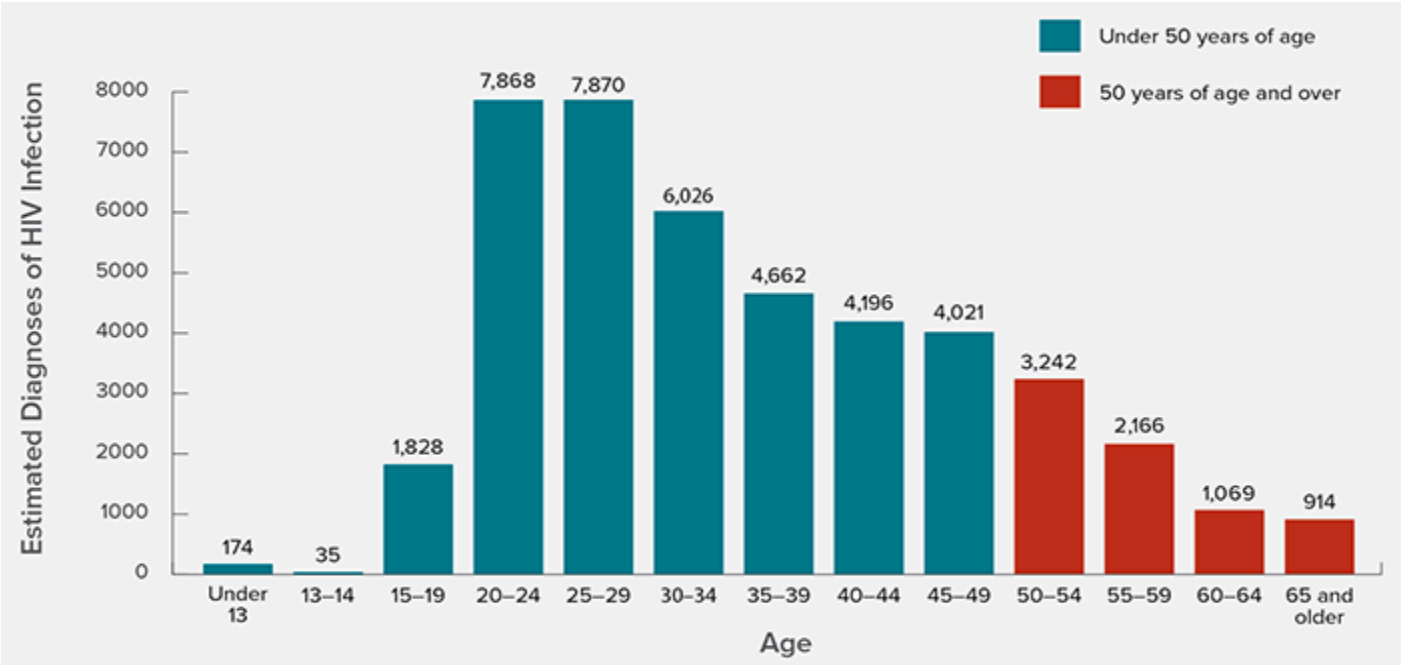
A growing number of older people have HIV/AIDS, because improved treatments are helping people with the disease live longer. Nearly one-fifth of people living with HIV in the US are aged 55 and older. Many of these people were diagnosed with HIV in their younger years. However, thousands of older people are infected with HIV every year. Many elders are unaware they have HIV. Older adults often know less about HIV/AIDS and how it spreads than younger generations do. They are also less likely than younger people to get tested. This may be partly due to not knowing the importance of using condoms, not sharing needles, getting tested for HIV, and discussing HIV/AIDS with their doctor. Signs of HIV/AIDS can be mistaken for the aches and pains of normal aging. Older adults might be coping with other diseases common to aging that can mask the signs of HIV/AIDS (The National Institute on Aging, 2016).

Due to the aging process, thinning and dryness of vaginal tissue may increase an older woman's risk for HIV infection. Although older adults visit their doctors more frequently, they are less likely than the younger generation to discuss their sexual habits or drug use with their doctors. Healthcare workers and educators often do not talk with middle-aged and older people about their sex lives, drug use, risky behaviors, and HIV prevention. Additionally, older adults are less likely to ask questions regarding these topics than the younger population. It is important to get tested for HIV/AIDS early.

Early treatment may help prevent an HIV infection from developing into AIDS (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

HIV is the virus that causes AIDS. It greatly weakens a person's immune system, which increases the likelihood of contracting other diseases and infections. People who are 55 and older accounted for 26% of all Americans who were living with diagnosed or undiagnosed HIV infection in 2013. "In 2014, blacks/African Americans accounted for an estimated 43% of all diagnoses among people aged 50 and over. Whites accounted for 37%, and Hispanics/Latinos accounted for 16%." In 2014, people that were 50 and over accounted for 17% (7,391), which is approximately 44,073 HIV diagnoses in the US. "Of these 7,391, the largest number (3,242 or 44%) was among those aged 50 to 54." In the same year, 40% of people who were 55 and older had been diagnosed with "AIDS at the time of HIV diagnosis (i.e., diagnosed late in the course of the infection)" (Centers for Disease Control and Prevention, 2017).

Estimated Diagnoses of HIV Infection by Age, 2014, United States



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2014. HIV Surveillance Report 2015;26.

The possible ways to contract HIV are through blood-to-blood contact, perinatal, breast milk, unprotected sexual intercourse, a blood transfusion, and through sharing intravenous needles for drug use. The population who has the greatest risk for contracting HIV is African American gay men who are substance abusers. Additionally, substance abuse makes people more reckless due to an impairment in judgement. Therefore, being promiscuous and using drugs, particularly by sharing needles for intravenous drug use, increases the likelihood of being infected with HIV (HIV/AIDS and Substance Users lecture notes, 2016).

There is a window period for detecting HIV. Most people with HIV will develop detectable antibodies within 2-8 weeks. Not all persons with HIV develop AIDS. Additionally, researchers have found that it is difficult to predict what the lifespan of a person living with HIV or AIDS will be (HIV/AIDS and Substance Users lecture notes, 2016).

AIDS is a disease that lowers the resistance to infection and will increase the severity of medical issues. Persons with Stage 3 HIV (AIDS) need to face the fact that there is a high probability that they will die soon. There are financial and medical issues that affect their quality of life. This includes the dilemma of whether to go with Western or Eastern treatments, the lack of health insurance and no access to mental health services (HIV/AIDS and Substance Users lecture notes, 2016).

Living with HIV

In 2013, approximately 42% of Americans living with the diagnosis of HIV were aged 50 and older, 25% were aged 55 and older, and 6% were aged 65 and older.

Among the group aged 55 and older who were diagnosed with HIV in 2014, 88% were connected to care within a three-month span. Of the persons aged 55 and older and who were diagnosed with HIV in 2012 or earlier; and alive at the end of 2013, around 58% were receiving treatment for HIV. Additionally, 58% of that cohort had a suppressed viral load. There were 6,721 deaths from HIV in 2014 and 2,610 (39%) were among people aged 55 and older (Centers for Disease Control and Prevention, 2017).

Many older people are sexually active, including those living with HIV. They may have the same HIV risk factors as younger people, including a lack of knowledge about HIV and how to prevent contracting it, as well as having multiple sex partners. Numerous widowed and divorced people have begun to date again. The main issue with dating again is that they may be less aware of their risks for HIV than younger people. Oftentimes they believe that HIV is not an issue for older people. Thus, they may be less likely to protect themselves while having sex. Women who are no longer at a child-bearing age may be less likely to practice safer sex and insist on their partners to use a condom (HIV/AIDS and Substance Users lecture notes, 2016).

HIV Prevention Challenges

Older people in the US are more likely than younger people to be diagnosed with HIV infection late in the course of the infection; this results in beginning treatment late and possibly suffering more immune system damage. Late diagnoses can occur because health care providers may not always test older people for the HIV infection. Elders may not consider themselves to be at risk of HIV infection or may mistake HIV

symptoms for those of normal aging and not consider HIV as a potential cause (HIV/AIDS and Substance Users lecture notes, 2016).

In regards to public health and public policy prevention, there are currently four key Center for Disease Control (CDC) strategies: making HIV testing routine in medical care; implementing a new model for diagnosing HIV outside of a medical facility; prevention of new infections by working with persons living with HIV as well as their partners; and continuing to decrease perinatal transmission of HIV (HIV/AIDS and Substance Users lecture notes, 2016).

What the CDC Is doing

"CDC and its partners are working together to advance the goals of the National HIV/AIDS Strategy, maximize the effectiveness of current HIV prevention methods, and improve surveillance among older people in the United States" (Centers for Disease Control and Prevention, 2017).

CDC activities include:

- Support and technical assistance to health department and community-based organizations to deliver effective prevention and evidence-based interventions for antiretroviral therapy adherence for older Americans (Centers for Disease Control and Prevention, 2017).
- The *Act Against AIDS***,** which is a national communications initiative that has a main focus on raising awareness, combating stigma, and reducing the risk of HIV infection among at-risk populations.

- The *Act Against AIDS* includes the Let's Stop HIV Together program (approximately 25% of campaign participants are aged 50 and older), as well as the HIV Screening Standard of Care, which encourages primary care physicians to screen patients of all ages for HIV infection (Centers for Disease Control and Prevention, 2017).
- The CDC has given health departments a minimum of $330 million each year since 2012 to work on HIV prevention strategies.

(Centers for Disease Control and Prevention, 2017).

Caring for a Person with HIV or AIDS

As HIV and AIDS symptoms worsen, people may need help getting around and caring for themselves. This can be especially challenging for older people who do not have a strong network of family or friends to help them. A doctor may be able to direct them to groups that can help. Sometimes, older people who do not have the virus become a caregiver for a child or grandchild with HIV/AIDS. They may provide financial support and/or nursing care. Being a caregiver can be mentally, physically, and financially difficult. This is especially true for older adults who are dealing with their own health problems. It is important that caregivers also take care of their own health needs (The National Institute on Aging, 2016).

The US Administration on Aging (AOA) has provided funding for national organizations to address health disparities for certain minority groups. (Services & Advocacy for GLBT Elders, 2017). Due to these inequalities, homosexual baby boomers find difficulty in living their ideal lives: "their sense of self and the social and

cultural demands of the prevailing gay and old age worlds" (Ramirez-Valles, J., 2016). Stigma is a particular concern among older people because they may already face isolation due to illness or loss of family and friends. It negatively affects people's quality of life, self-image, and behaviors, and may prevent them from seeking HIV care and disclosing their HIV status.

Aging with HIV infection presents special challenges for preventing other diseases associated with long-term HIV infection. These conditions include: cardiovascular disease, lung disease, certain cancers, HIV-Associated Neurocognitive Disorders (HAND), and liver disease (including hepatitis B and hepatitis C), among others. It is crucial for older HIV patients and their care providers to maximize prevention efforts against these conditions and remain on alert for early signs of illness. They must be careful about interactions between the medications used to treat HIV and those used to treat common age-related conditions such as: hypertension, diabetes, elevated cholesterol, and obesity (HIV/AIDS and substance users class lecture notes, 2016).

Identity of LGBT Elders with HIV

Older gay males with HIV have issues with "sexuality and identity, and, conversely, the aging of gay baby boomers is marked by HIV, if not personal, biomedical sense, definitely culturally, socially, and politically." Thus, their identities are unstable and absent. Additionally, the gentlemen are not only considered to be a senior or homosexual, but "queer" (Ramirez-Valles, J., 2016). The mainstream of the present day and post-AIDS LGBT movement has honed in on identities towards de-stigmatization

and being treated with dignity and respect. Aging men who have sex with other men should not feel dishonorable for living their life as gay men or having HIV. Isolation and privatization inhibits the LGBT elderly cohort's dignity and forces them to feel shameful and shunned. Sadly, gay men are accepting of the shame (Ramirez-Valles, J., 2016). The autonomy of gay men is defined by self-reflection and different forms of being. Furthermore, sexual identity should not be a major issue of who they are as a person (Ramirez-Valles, J., 2016).

Housing

LGBT people have difficulty when trying to obtain LGBT-friendly independent senior housing. At the federal and state levels, LGBT people are not protected against Discrimination, which affects access to independent housing (Ramirez-Valles, J., 2016). Based on Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) recent research report, there are many challenges for an LGBT older adult looking for senior housing. Due to their sexual orientation, 13% of LGBT older adults have been discriminated against. Approximately, 25% of transgender elders have been discriminated against because of their gender identities. Additionally, 48% of same sex couples encounter difficulty when inquiring about residing in a senior living facility. They are less informed than heterosexuals regarding other available units and generally incur additional fees, increased cost and often have to undergo a more thorough application process (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

Affordable Housing

Accessibility of affordable housing plays an important role in aging. There are economic barriers to being an older adult; living on a fixed income makes it difficult to sustain housing. Discrimination plays a large role in limited housing and services to older individuals who are LGBT. They find themselves aging in potentially unsafe locations, are often unable to access community-based programs, do not have accessibility to supportive services because they are not affordable, and lack the ability to be provided with other basic needs (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017). Many LGBT elders have become victims of housing discrimination. This is a major concern for 1 in 8 LGBT older adults and 1 in 4 transgender seniors. Additionally, African Americans have more of an issue finding decent supportive housing than older white LGBT adults. If housing is found, LGBT persons are frequently harassed almost anywhere they live (Zonta, 2015).

Government Assistance with Housing

The 2012-Equal Access Rule is the only law, except for the Nursing Home Reform Act, that provides federal protection to LGBT seniors in the housing market. The rule states that applicants for government funded housing cannot be asked about their "sexual orientation or gender identity" (Zonta, 2015). The rule was implemented to inhibit discrimination in regards to obtaining a mortgage insured by the Federal Housing Administration. The same rule applies to "HUD-assisted multi-family housing and section 202 Supportive Housing for the elderly." However, there is generally a long

waiting list (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017). SAGE has applied efforts in creating LGBT-friendly housing for seniors nationwide. The housing venture is a collaboration which includes the government, non-profit organizations, and LGBT Agencies (Ramirez-Valles, J., 2016). There are several state-government funded LGBT housing projects, however they are often dangerous to live in (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

In several states, there are housing projects geared towards the LGBT population. Yet, they are usually not affordable and are able to accommodate very few individuals. In 2015, LGBT people at or older than 65 years of age comprised 3 million; by 2030 that number is projected to rise to 6 million. Thus, it is a pressing issue to make senior housing an urgent policy concern (Zonta, 2015). It is essential that provisions are made to the amendment which includes the Fair Housing Act. If the state government had incentives to house diverse populations, the LGBT community would have an easier time attaining housing.

SAGE

> For nearly forty-years, SAGE has prioritized the needs of our most vulnerable LGBT elders and we continue to do so. The goal of SAGE is to: empower and support aging providers, LGBT organizations, and LGBT older adults to make changes that have a higher probability than in the past; this will ensure that they have essential services and support to age successfully within the community.

(Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

SAGE's three objectives:

- Educate aging service organizations about the particular needs of LGBT individuals
- Educate LGBT elders that it is crucial to prepare and plan for long-term-care needs
- Sensitize LGBT organizations of the distinct needs of older adults

SAGE meets their objectives through:

- The creation and conveyance of cultural competency training to assist providers and LGBT organizations to better serve the LGBT community
- Providing assistance to researchers, providers, and LGBT adults, and their caregivers. This is accomplished by providing resource guides, facts sheets, online articles.
- The supply of ongoing updates to the largest online source of material associated with LGBT elders.

(Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

In 2016, SAGE introduced the LGBT elder hotline. The organization's focus was to serve populations who were in the "greatest social need." The National Resource Center on LGBT Aging (NRC), was started by SAGE in conjunction with ten other organizations. It was created and continuously makes updates to the main online source of information related to LGBT seniors. The NRC provides people with aid, resources for the aging organizations and LGBT organizations. In 2013, they were

awarded a grant to continue their work (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2017).

Conclusion

Older adult minority groups, such as Russian-speaking Jewish immigrants, Native Americans, and the LGBT community, are more vulnerable than other groups; placing them at a high risk of experiencing multiple jeopardy. They have difficulty in finding and using resources to meet their needs. Russian-Jewish immigrants are able to receive assistance from the Jewish community; and Martti has become a new innovation that allows immigrants to communicate more effectively. Additionally, Indigenous people living on reservations or other remote areas of the US have found Telehealth to be beneficial in receiving medical treatment, education, and preventive care. Furthermore, the LGBT community has come a long way in obtaining the human rights they deserve; however, a considerable number of new public policies must be put into place to protect this very underserved population.

u