

Commissioned by



Housing for LGBTQ Older Adults in New York City

Survey Results

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INTRODUCTION



LGBTQ older adults experience a unique combination of discrimination related to age, sexual orientation and gender identity and expression. While few surveys of their specific needs related to housing have been conducted thus far, the growing body of literature on this topic suggests that:

- 1.** They experience disadvantages in accessing housing (Brotman, Ryan, and Cormier, 2003; Fredriksen-Goldsen et al., 2011; Fredriksen-Goldsen & Espinoza, 2014/2015).
- 2.** Further, they have unique needs as a result of the disproportionate impacts of poverty, HIV/AIDS and lack of access to health care (Badgett, 2001; Baumle & Poston, 2011; Cahill & Valadez, 2013; Elmslie & Tebaldi, 2007; Fredriksen-Goldsen & Espinoza, 2014/2015).
- 3.** Finally, across the life-course, LGBTQ people are more likely to report mental health conditions such as depression and anxiety as well as physical health problems (Institute of Medicine, 2011). This means that sexual orientation and gender identity health disparities may be cumulative, leaving LGBTQ older adults with a particularly high burden of poor health in later years.

New York City fair housing law restricts housing preferences to a small number of categories such as city workers and people with mobility, hearing and/or vision impairments. Special populations, such as LGBTQ older adults, are not included in these preferences. Although LGBTQ older adults are not entitled to special preference under New York City housing law, nonprofit organizations and community development corporations can work with LGBTQ seniors to ensure those eligible can apply in greater numbers and attract LGBTQ and LGBTQ-friendly applicants by co-locating LGBTQ programs and services. Such actions are critical to ensure LGBTQ older adults are represented in New York City housing developments, given the economic disadvantages faced by LGBTQ people.

There is a growing sector of organizations across the United States working to alleviate shortages of appropriate housing for LGBTQ older adults. One such organization, the Stonewall Community Development Corporation, based in New York City, commissioned the survey that serves as the foundation for this report. The purpose of the report is two-fold: 1) To build the field of knowledge about the housing experiences, needs and preferences of LGBTQ older adults; and 2) To provide information specific to New York City that can inform how projects providing housing to this community can make use of existing programs and information to create the best possible solutions for this community.



**SEXUAL ORIENTATION AND GENDER
IDENTITY HEALTH DISPARITIES
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POOR HEALTH IN LATER YEARS.**



This survey suggests a dual strategy for meeting the needs of LGBTQ older adults in New York City: **support for aging in place**, including outreach, especially to the most marginalized people and provision of access to online and in-person resources and services and **development of mixed-income housing that meets the specific needs of LGBTQ older adults** and makes use of available subsidies, programs and services.

MAJOR FINDINGS



- Nearly three quarters of those who took the survey were within the ages of 55 and 74. The group was also well-educated, with 71.9% having a four year college degree.

- Survey respondents reported incomes lower than those of adults age 50 and over in the New York City area. Nearly one in four (23.5%) had an income of 30% of the area median or lower (including those with no income).

- Fifty-nine percent of survey respondents reported renting their homes; among those who rented, about three in four had some kind of housing subsidy (72.9%).

- Unlike many New Yorkers, the majority of respondents in this survey reported having lived in the same location for more than five years (77.3%),

- Nearly one in four (23.0%) of all respondents were currently living in substandard housing. LGBTQ

older adults of color were significantly more likely than white LGBTQ older adults to report living in substandard housing (36.5% vs. 18.1%), as were transgender and gender nonconforming older adults (33.3% vs. 22.5%).

- Nearly three quarters (71.9%) of respondents indicated that they had at least one serious health condition, while about one in four had a mental health diagnosis or substance use disorder (25.6%). Nearly one in five (18.8) reported having HIV/AIDS.

- Survey respondents valued onsite medical services, indicating they “would use” physical therapy (50.7%), a registered nurse (49.8%), massage services (55.3%) and home health aides (41.0%) if they were available.

- Many LGBTQ older adults in this study want to age in place, with 52.4% wanting to stay in their current housing for 10+ years and 13.7% wanting to stay in their current housing 6-10 years.

- While over half of respondents fulfilled criteria necessary to obtain subsidies for building financing, many would have difficulty documenting that they met these criteria. For example, of those who had a part-time or full-time job, over half (51.4%) could not document all of their income on W2 forms, meaning that establishing their eligibility for programs might be difficult.

- Survey participants were asked about their preferences for housing in the next ten years. Over four in five indicated that services and programs for older adults were “very important” or “moderately important”. About two thirds (63.8%) voiced a preference for on-site services run by an LGBTQ organization. More than half (57.8%) said it was very important or

important that their housing have at least 50% LGBTQ residents.

- Having housing in a neighborhood with a subway (68.2%) and/or bus (64.1%) was also very important to respondents. Cultural amenities (54.5%) and parks (53.1%) nearby were also important, as was proximity to a hospital (45.5%).

- High and low income LGBTQ older adults (those above and below 60% AMI) selected two of the same top three onsite amenities, access to a vehicle for mobile and mobility-impaired residents with a driver for errands and short trips and optional fee based housekeeping.

RECOMMENDATIONS

Support the many LGBTQ older adults who prefer to age in place.

More than seven in ten LGBTQ older adults reported at least one serious health condition, yet many want to age in place. When considering moving to housing focused on meeting the specific needs of LGBTQ older adults, many were particularly interested in using on-site health services, such as physical therapy, an on-site nurse or mental health counseling.

Provide support for development of housing that meets the needs of LGBTQ older adults.

Mixed-income housing is particularly appropriate for achieving this goal and LGBTQ older adults of lower (below 60% of area median income) and higher (60% or above area median income) have similar preferences for the services and amenities in such housing.

- This survey showed a significant need for additional affordable housing that meets the needs of LGBTQ older adults. Many respondents who took this survey have low incomes and spend a disproportionate amount of their income on housing. While being currently homeless was reported by small numbers of respondents, almost a quarter of respondents reported in living in housing that would be considered substandard by city standards.

- The survey also found that many LGBTQ seniors are eligible for housing subsidies, either based on their income or for other reasons including, HIV status, physical impairment, experience of domestic violence, status as a veteran or mental health diagnosis. Documenting eligibility can be challenging for LGBTQ seniors.

- LGBTQ older adults, regardless of income had similar, strong preferences for the services offered at housing focused on this population. For example, over nine out of ten prioritizing access to an onsite vehicle accessible to mobility impaired residents and access to apartment options including private, one-bedroom apartments. Other preferences include access to outdoor space and to nearby public transit.

Create and sustain outreach to LGBTQ older adults that helps to support both aging in place and development of mixed income housing that meets the needs of this population.

Despite the fact that many LGBTQ older adults meet requirements for the housing finance programs available in New York City, many may have difficulty applying for and documenting their current situations in order to join lists of those eligible for subsidized housing. Many cannot document all of their income, for example, and may need outreach in order to participate in opportunities for housing. LGBTQ people of color and transgender and gender nonconforming people are also less likely to have access to the networks that allow older adults to learn about and successfully apply for housing.

EXECUTIVE DIRECTOR'S LETTER

Statement by Stonewall Community Development Corporation Executive Director Paul Nagle

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.¹ 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 this report cites multiple sources to show the additional challenges they face.

In 2014, a group of seasoned New York City LGBTQ activists formed Stonewall Community Development Corporation (SCDC) to find solutions to the challenge of creating affordable senior housing that treats LGBTQ older adults with dignity and respect.

In order to create the best real change, one needs the best real information and there is very little such information on the LGBTQ community in general. SCDC made a strong commitment to pursuing an evidence-based strategy upon which to formulate innovative responses to the crisis. Which brings us to this groundbreaking report on the first New York Citywide Survey of LGBTQ Senior Housing needs, commissioned by SCDC and conducted by Strength in Numbers Consulting Group.

This scientific report surveyed NYC LGBTQ residents 50 and older. For our response to the data, what we believe it is telling us and how we will integrate that into our future work, be sure to get a copy of "From Survey to Action," available for free through our website www.StonewallCDC.org



**Paul Nagle,
Executive Director
Stonewall Community
Development Corporation**

¹http://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/projections_report_2010_2040.pdf
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ACKNOWLEDGEMENTS AND SUGGESTED CITATION

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BACKGROUND AND RESEARCH QUESTIONS

Stonewall Community Development Corporation's project began with desk research on LGBTQ-friendly senior housing projects around the country. We then conducted a NYC-specific rapid opportunity assessment. The rapid opportunity assessment supported survey design by providing actionable information about local opportunities to build and support housing for LGBTQ older adults.

Interviews were conducted with the following types of stakeholders: city government (4), financing experts (1), organizations working in housing for special populations (2), housing social service providers and nonprofit developers (4) and organizations or individuals involved in securing LGBTQ housing for older adults in the United States (2) (total interviews=14).

Research Questions

The research questions that resulted from that assessment and that animated this study included the following:

RQ1: What are LGBTQ older adults' needs and preferences for current and future housing? Specifically, what health and supportive services are they most likely to use? What types of amenities do they prefer, given that resources to provide these may be limited? What neighborhood characteristics are most important to them and what geographic locations are most preferred? What types of apartments are they most interested in living in?

RQ2: What are LGBTQ older adults' experiences with housing, homelessness and housing instability? What are their preferences for staying in their current housing or moving to other types of housing? What might make them most likely to need to leave their current housing?

RQ3: What are LGBTQ older adults' household income and how does their income relate to the cost of their housing and their qualifications for various programs that provide subsidies for housing? What is their ability to document their income if required to do so? How frequently do they report other factors that are used as

criteria for housing programs?

RQ4: How safe do LGBTQ older adults feel as gender and sexual minorities and as older adults?

RQ5: How prevalent are chronic health conditions, including physical, mental and behavioral health conditions in this population?

RQ6: How do the experiences and needs in research questions 1-6 differ across race, age, gender and income?

These research questions guided the development of the survey itself; the survey instrument is available by request of the authors of the report.



METHODS



The data for this report are drawn from a survey of LGBTQ older adults in New York City. The survey was distributed by Stonewall Community Development Corporation and their community partners and SAGE (Services and Advocacy for GLBT Elders). The survey was offered in English and Spanish. It was available online and on paper from February 21 to April 15, 2017. Community outreach by a bilingual (Spanish/English) researcher was conducted at 6 LGBTQ senior center sites with 29 individuals, about one third of whom required assistance to complete the survey. Examples included individuals who preferred to take paper versions of the survey, Spanish-speakers, seniors with challenges taking surveys online (including visually impaired seniors) and other marginalized communities. Outreach took place March 31st to April 11th.

Survey respondents were offered the opportunity to request a copy of the report, to enter a drawing for a \$50 Amazon gift card and/or indicate that they would be willing to be contacted for focus groups.

LGBTQ older adults were eligible to take the survey if they were age 50 or older and lived in one of the five boroughs of New York City. The survey included questions about demographics, preferences for housing types, amenities, services and location, income, illness, disability and impairment, current housing status and participation in programs and subsidies and other factors that determine eligibility for housing programs. Gender, sexuality and race/ethnicity were asked such that respondents could check all categories that applied to them; employment, education, income and geography questions required respondents to select only one answer.

The total sample consisted of 966 individuals, who were older than 50 years of age, lived in the five boroughs of New York City, and were a sexual minority, transgender, or both. Participants who failed to meet one or more of these criteria or who did not consent to take the survey were screened out of the final sample.

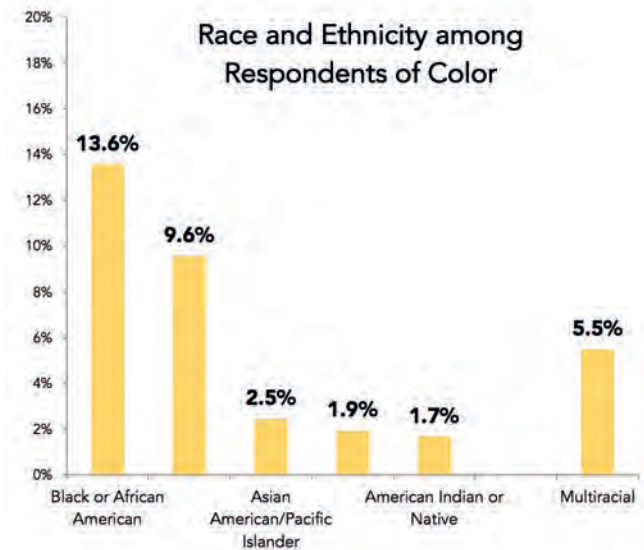
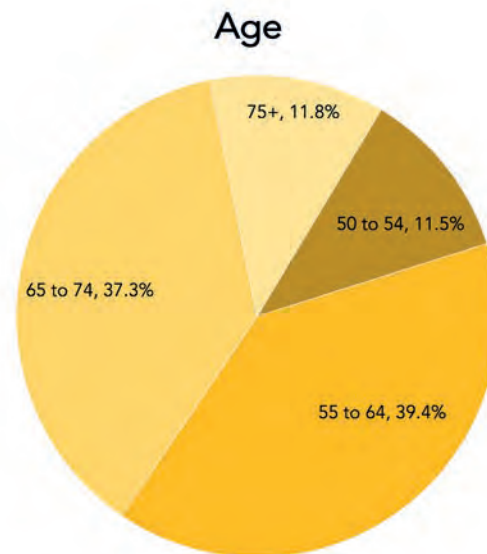
FINDINGS

This section describes the findings of the survey, including the demographics of respondents, their current income and housing situations, their mental and physical health needs and preferences for aging in place, their housing program eligibility and preferences for amenities and services in housing designed for LGBTQ older adults.

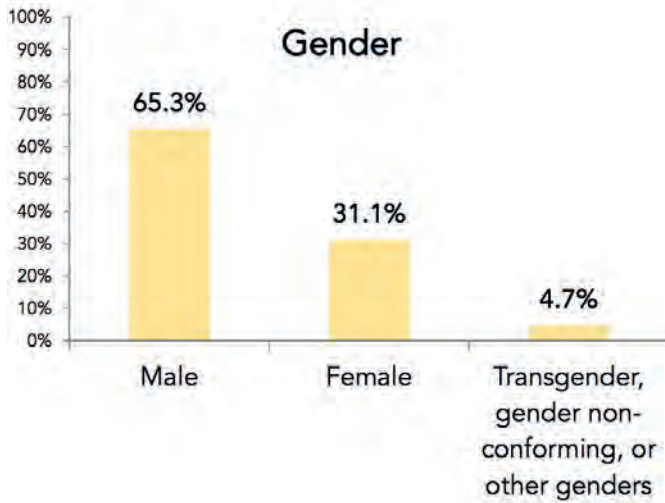
WHO TOOK THE SURVEY?

Nearly three quarters of those who took the survey were within the ages of 55 and 74. The group was also well-educated, with 71.9% having a four year college degree.

Respondents were distributed throughout the age spectrum of those eligible to take the survey, with 11.5% being in the youngest category (50-54), 39.4% being between 55 and 64, 37.3% being age 65 to 74 and 11.8% in the oldest age range (75+). Approximately three quarters (73.9%) of respondents were White. About one in seven was Black or African American (13.6%), about one in ten was Latino or Hispanic (9.6%). Smaller numbers reported being Asian American/Pacific Islander (2.5%), Caribbean (1.9%) or American Indian or Native (1.7%). Respondents could check all race and ethnicity categories that applied to them. Just over five percent (5.5%) selected more than one race or ethnicity.



Almost two-thirds of respondents identified as male (65.3%) and just under one third (31.1%) identified as female. Nearly one in twenty (4.7%) was transgender, gender nonconforming or wrote in an “other” gender that did not fit into an existing category (TGNC). Among those who were TGNC, over one third (35.6%) identified as transgender and did not select any other gender categories, about one third (33.3%) identified as gender nonconforming and did not select any other gender categories, and just over one in ten (11.1%) were transgender women or transgender men (this category was too small to disaggregate further).



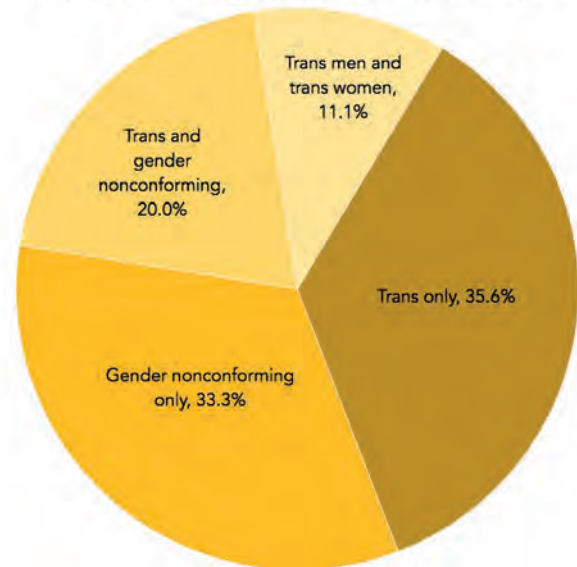
Nearly half of the respondents were retired (45.6%), with a further three in ten working full-time (30.3%) and 11.6% working part time. About one in eight (12.5%) were unemployed and not retired. Nearly three quarters (71.9%) had a college degree or graduate degree.

The largest number of respondents reported living in Manhattan (60.4%), followed by Brooklyn (13.4%) and Queens (11.4%). Smaller numbers reported living in the Bronx (7.9%) or Staten Island (6.9%).

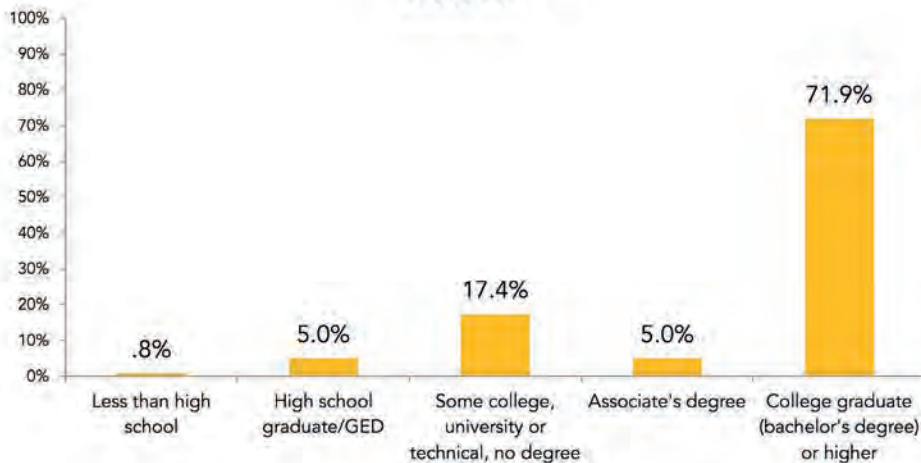
The most common sexual orientation selected by respondents was gay (63.9%), with about one in four (26.7%) selecting lesbian and smaller numbers selecting bisexual (7.3%), queer (6.0%) or heterosexual (0.7%). Respondents could select all sexual orientation categories that applied to them.¹

The respondents who took this survey had high educational attainment, with just 5.8% having a high school degree or less and 71.9% having a college or higher degree.

Gender among Transgender and Gender Nonconforming Respondents



Education



¹ Heterosexual respondents were included if they selected transgender and/or gender nonconforming as a gender identity.

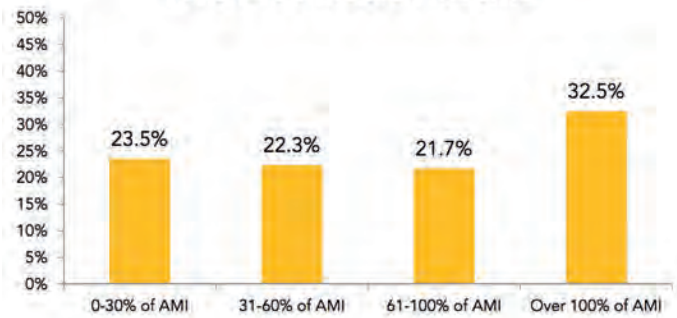
CURRENT INCOME AND HOUSING

Many respondents who took this survey have low incomes and spend a disproportionate amount of their income on housing. While being currently homeless was reported by small numbers of respondents, almost a quarter of respondents reported in living in housing that would be considered substandard by city criteria .

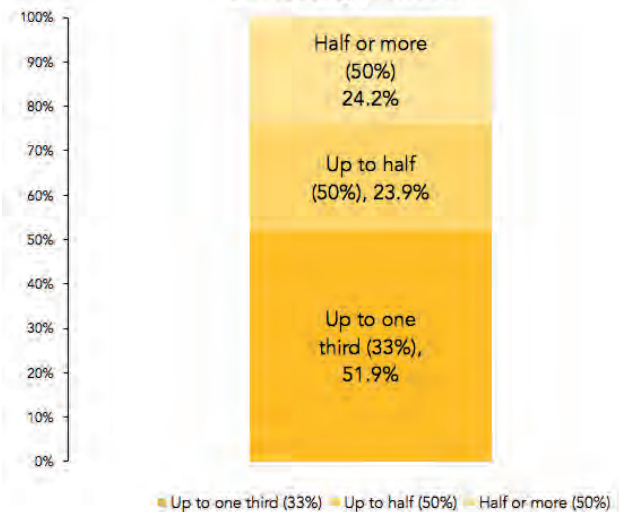
Survey respondents reported incomes lower than those of adults age 50 and over in the New York City area. Nearly one in four (23.5%) had an income of 30% of the area median or lower (including those with no income) (NYC HPD, 2016). Fewer than one third (32.5%) made more than the area median income. People of color in this survey were significantly more likely to report incomes below 60% of AMI than were white respondents (60.8% vs. 39.1%). Further, about half of respondents spent more than one third of their income on housing (47.9%), even though over two thirds spent less than \$1500 for their household’s housing (68.2%).

Fifty-nine percent of survey respondents reported renting their homes, which is similar to older adults in NYC in general (57.8%) (US Census Bureau, 2014). Among those who rented, about three in four had some kind of housing subsidy (72.9%). The most common housing subsidies reported were rent stabilization (37.8%), Senior Citizen Rent Increase Exception (16.7%) and rent control (9.9%). Smaller numbers participated in other programs.

Income as Percentage of NYC Area Median Income



Percent of Income Spent on Housing (Current)



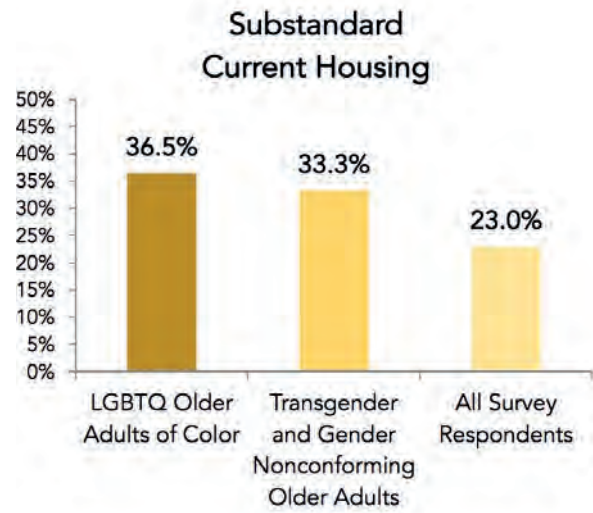
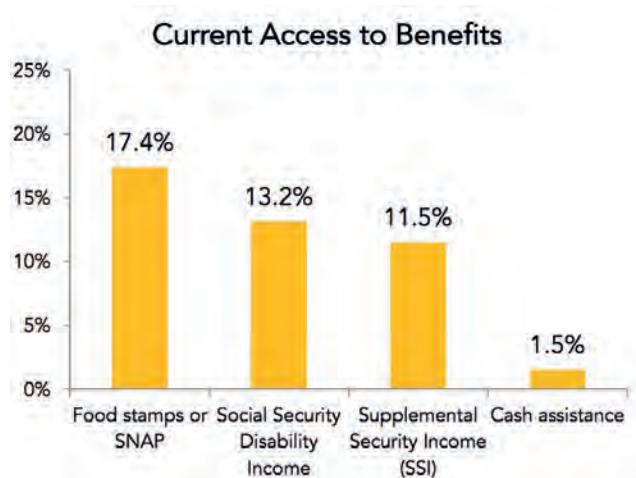
² The Department of Housing Preservation and Development (HPD) defines substandard housing as any housing that does not meet all of the following criteria: has heating from October 1st to May 31st, has hot water 24 hours a day, 365 days a year, carbon monoxide and smoke detectors installed, double cylinder locks or locked window gates that have not been removed by the landlord are present, there is no lead or peeling paint, there is no mold or moisture damage, there are no bedbugs or other pests and the dwelling is not a cellar or basement in a one or two family home.

³ Area median income is calculated in relation to household size; respondents gave their household size and were presented with answer choices for income corresponding to the household size they selected.

⁴ People of color includes those who indicated they were mixed race, including those who selected “white” as well as another race or ethnicity. “White” includes only those who selected “white” as their race/ethnicity and no other race or ethnicity. In this report, the word “significantly” refers to statistical as well as real-world significance ($p < .05$).

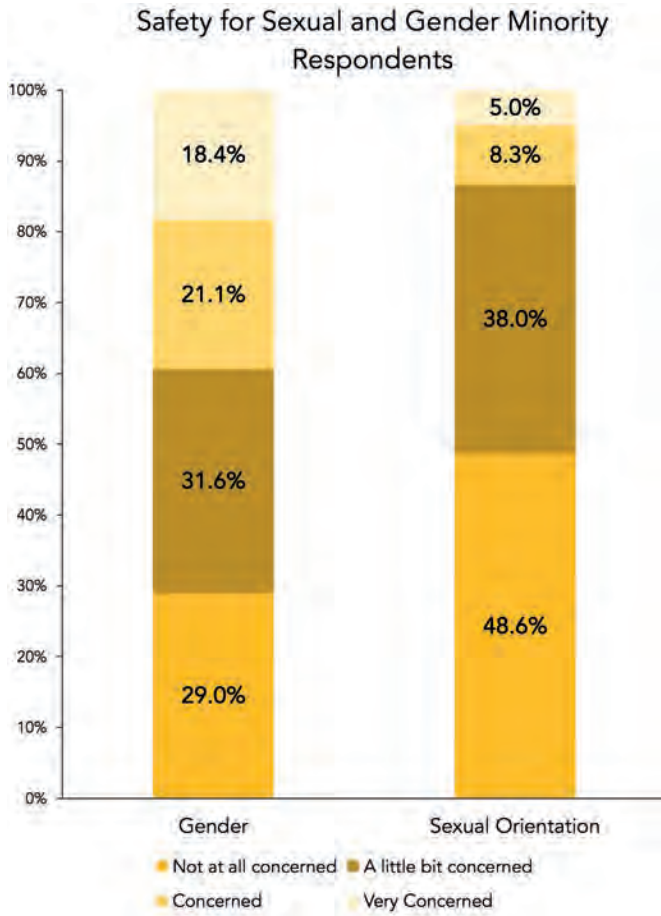
Many also participated in benefits programs, such as food stamps or Supplemental Nutrition Assistance Program (SNAP) (17.4%) and Social Security Disability (13.2%) and Supplemental Social Security Income (SSI) (11.5%).

Unlike many New Yorkers, the majority of respondents in this survey reported having lived in the same location for more than five years (77.3%), with about one in six (14.2%) having lived in the same location for two or fewer years. Survey respondents were slightly more likely to have moved within the last two years than New York City older adults as a whole. As of 2014, the most recent year for which data is available, just under one in ten (8.7%) of adults age fifty and over had been in their current apartment for less than two years, and the median length of tenancy for those households was between 15 and 20 years (US Census Bureau, 2014).



Just under two percent (1.9%) of respondents reported that they were currently homeless, while a slightly smaller number (1.5%) were not currently homeless but had been in the past year. Of the respondents who reported they were homeless, one third were staying temporarily with friends or family, one third were staying in transitional housing or a shelter and one third were staying in a place not meant for human habitation (33.3% each). Nearly one in four (23.0%) of all respondents were currently living in substandard housing. LGBTQ older adults of color were significantly more likely than white LGBTQ older adults to report living in substandard housing (36.5% vs. 18.1%), as were transgender and gender nonconforming older adults (33.3% vs. 22.5%).

⁵ While estimates of the number of homeless people in New York City vary, the percent of the population that is currently homeless is generally estimated to be below one percent; the respondents to this survey were more likely to be homeless than the average for New York City

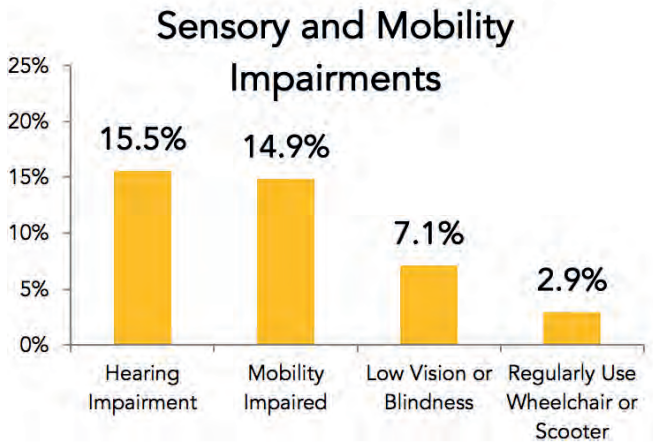


Among all respondents, 22.4% said they were concerned or very concerned about their safety as older adults. However, just 6.7% of respondents selected “feeling unsafe” as a reason they might have to leave their current housing.

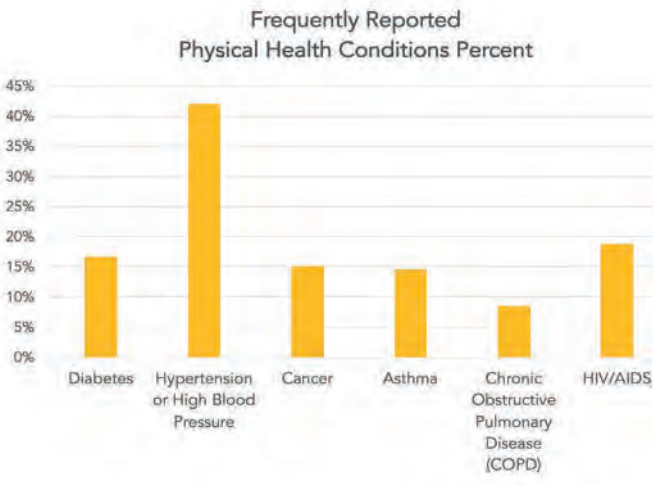
Concern about safety was more pressing for some LGBTQ adults than others. Transgender and gender nonconforming (TGNC) respondents were more likely to say they were very concerned (18.4% vs. 5.0%) or concerned (21.1% vs. 8.3%) about their safety as TGNC people in the area where they currently lived than were LGBQ respondents about their safety as sexual minorities.

MENTAL AND PHYSICAL HEALTH AND SERVICES FOR AGING IN PLACE

More than seven in ten LGBTQ older adults reported at least one serious health condition, yet many want to age in place. When considering moving to housing focused on meeting the specific needs of LGBTQ older adults, many were particularly interested in using on-site health services, such as physical therapy, an on-site nurse or mental health counseling.



Nearly three quarters (71.9%) of respondents indicated that they had at least one serious health condition, while about one in four had a mental health diagnosis or substance use disorder (25.6%). Nearly one in five (18.8) reporting having HIV/AIDS. The most common physical health condition reported was hypertension or high blood pressure, with 42.1% of respondents reporting this condition. More than one in four (28.7%) reported a sensory or mobility impairment, with hearing impairment (15.5%) and mobility impairment (14.9%) being the most common. Among other physical health conditions, diabetes (16.6%), cancer (15.1%) and asthma (14.6%) were also common. Less commonly reported conditions included COPD (8.6%), congestive heart failure (4.6%), kidney disease (4.3%) and stroke (2.8%).

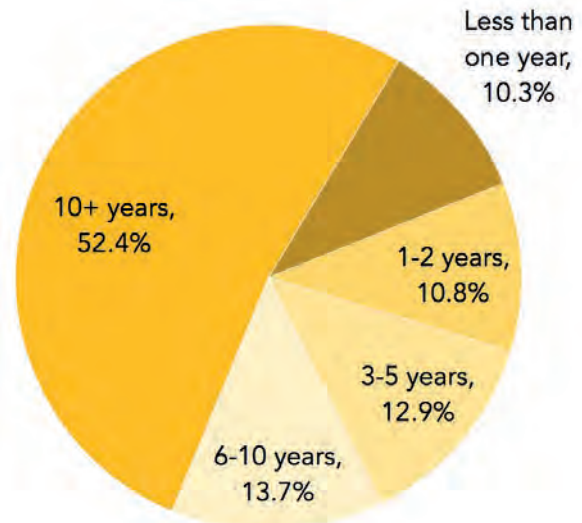


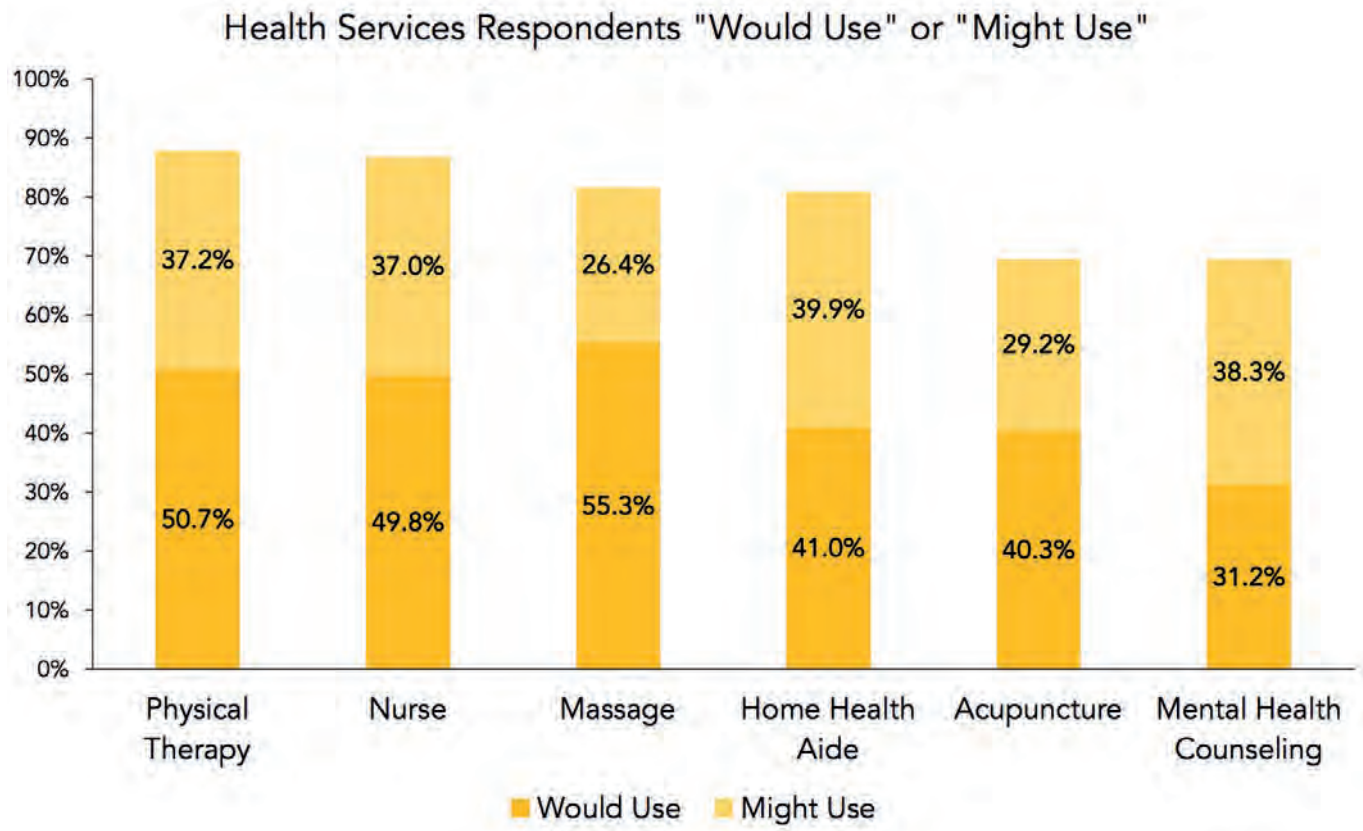
Many LGBTQ older adults in this study want to age in place, with 52.4% wanting to stay in their current housing for 10+ years and 13.7% wanting to stay in their current housing 6-10 years. Just one in ten (10.3%) wanted to move within the year. However, this study supports previous research suggesting that LGBTQ older adults have additional needs for health services because they are more likely than non-LGBTQ older adults or younger LGBTQ people to have health problems.

Survey respondents followed this pattern, having high rates of physical and mental health complaints and preferences for on-site health services. This suggests that additional services are needed for LGBTQ older adults, whether or not they remain in their current housing.

The presence of physical therapy (50.7%), a registered nurse (49.8%), massage services (55.3%) and home health aides (41.0%) were services many survey respondents said they "would use". More than fifty percent of respondents also said they "would use" or "might use" acupuncture or mental health services (69.5% each).

Length of Time Want to Stay in Current Housing





HOUSING PROGRAM ELIGIBILITY

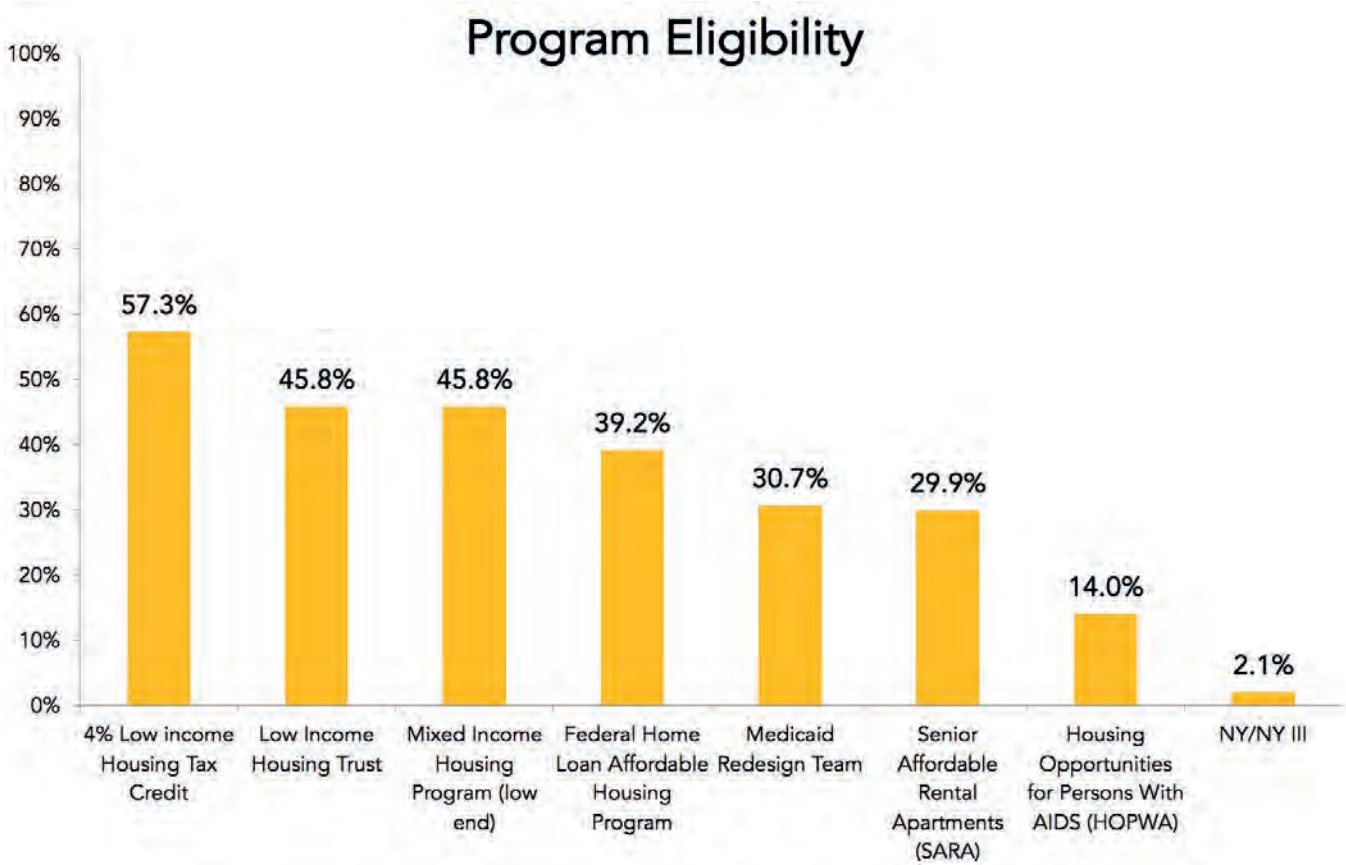
Many LGBTQ seniors are eligible for housing subsidies, either based on their income or for other reasons including, HIV status, physical impairment, experience of domestic violence, status as a veteran or mental health diagnosis. Documenting eligibility can be challenging for LGBTQ seniors.

While subsidies for buildings that house people in need have complicated criteria, the survey measured some of the most common features these criteria have in common, such as income, mental health and substance use diagnoses, HIV status, veteran status, and experiences of domestic violence.⁶

Of the 8 programs under serious consideration to provide support for housing for LGBTQ older adults, the one most respondents were eligible for was the 4% Low Income Housing Tax Credit (57.3%).

Fewer than half of survey respondents were eligible for the Low Income Housing Trust (45.8%) and the Mixed Income Housing Program (45.8%). Smaller numbers were eligible for the Federal Home Loan Affordable Housing Program (39.2%), Medicaid Redesign Team funding (30.7%) and Senior Affordable Rental Apartments (SARA) (29.9%).

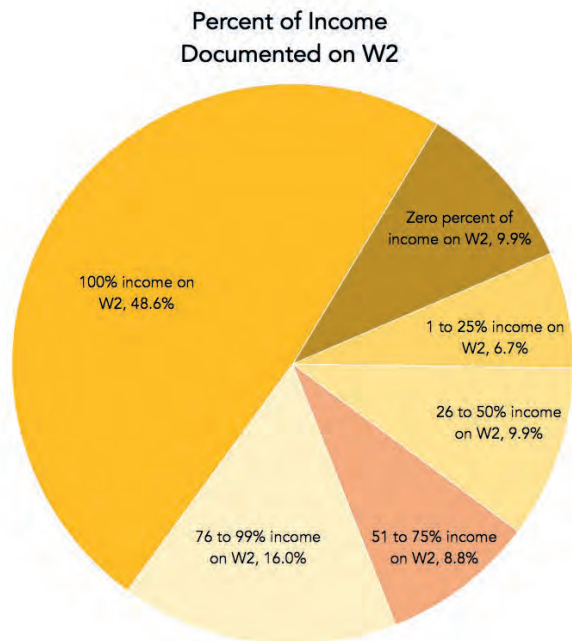
⁶ See Appendix II for additional information about these programs and their eligibility criteria.



While the most common criteria for programs was having a low income, LGBTQ older adults also qualify for programs because of their HIV status, physical impairment, experiences of domestic violence, status as a veteran and mental health diagnoses. For example, more than one in four (25.6%) reported having a mental health or substance use disorder and nearly one in five (18.8%) of survey respondents reporting having HIV or AIDS. Nearly one in twelve (7.8%) reported being a veteran. Similar numbers reported experiences of domestic violence (7.0%).

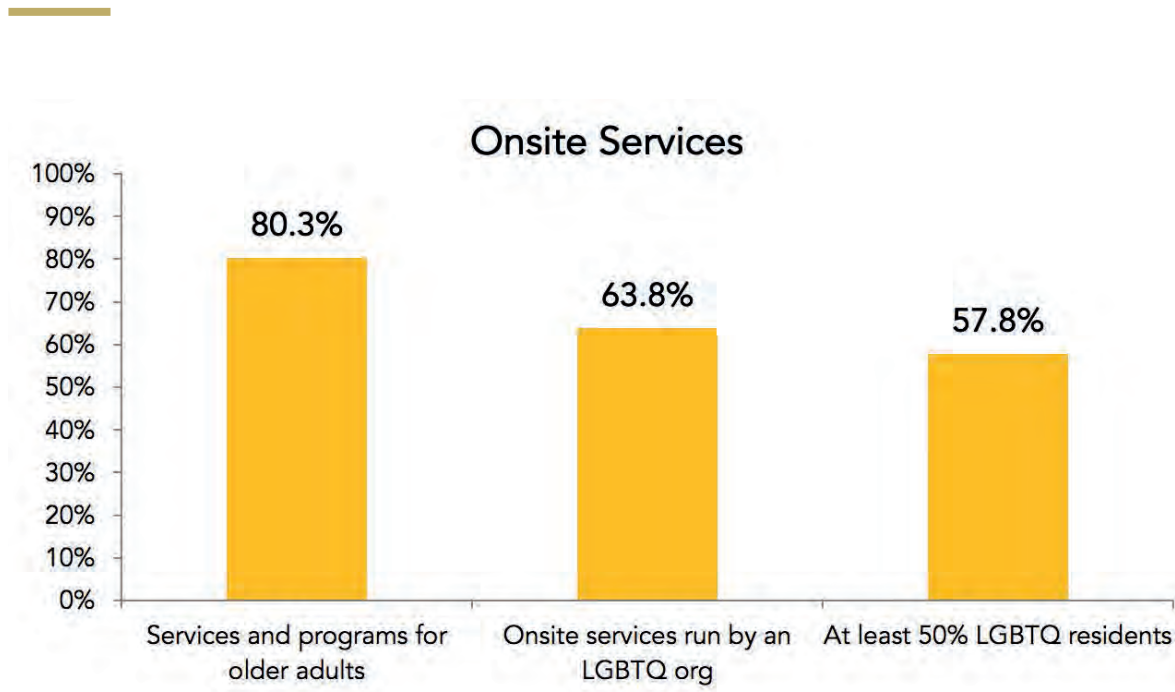
One challenge among those eligible for programs is documenting such eligibility. For example, of those who had a part-time or full-time job, over half (51.4%) could not document all of their income on W2 forms, meaning that establishing their eligibility for programs might be difficult.

Lower income survey respondents were more likely to be unable to document all of their income; for example, 58.1% of respondents with incomes of 60% of Area Median Income (AMI) or less could not document all of their income on a W2 form, compared to 49.6% of those with incomes above 60% of the AMI. Similarly, while 7.00% of survey respondents were survivors of domestic violence, just one in ten of those survivors could document that this was the case (11.1% of those who experienced domestic violence or less than one percent of the entire sample).



PREFERENCES FOR LGBTQ SENIOR HOUSING

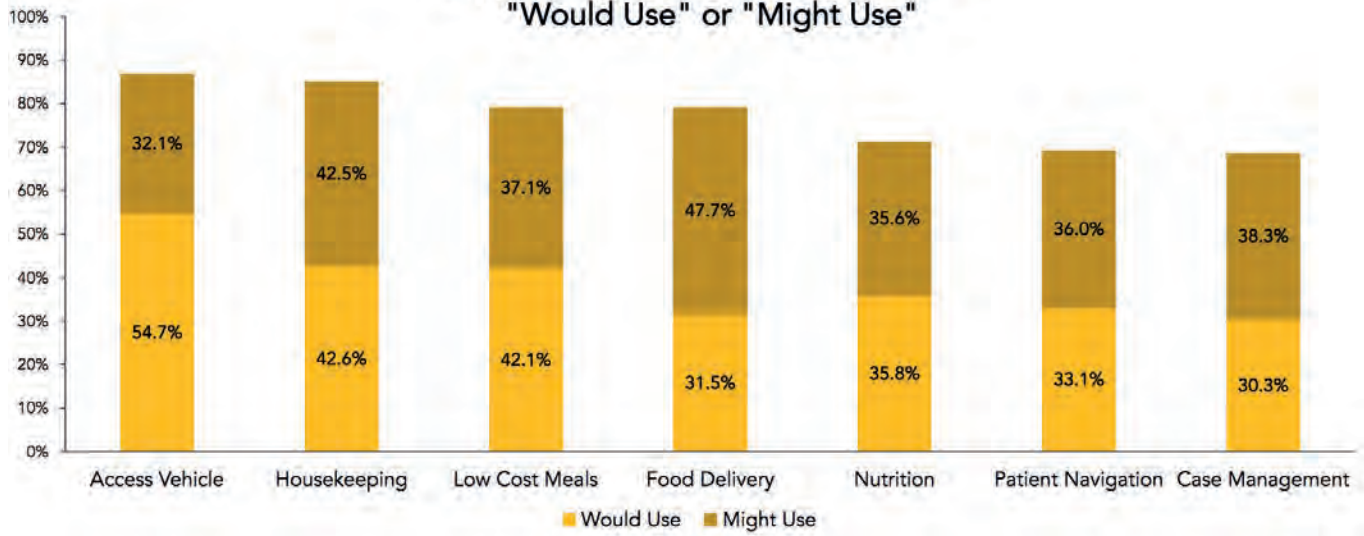
LGBTQ older adults, regardless of income had similar, strong preferences for the services offered at housing focused on this population. For example, over nine out of ten prioritizing access to an on-site vehicle accessible to mobility impaired residents and access to apartment options including private, one-bedroom apartments. Other preferences include access to outdoor space and to nearby public transit.



Survey participants were asked about their preferences for housing in the next ten years. Over four in five indicated that services and programs for older adults were “very important” or “moderately important”. About two thirds (63.8%) voiced a preference for on-site services run by an LGBTQ organization. More than half (57.8%) said it was very important or important that their housing have at least 50% LGBTQ residents.

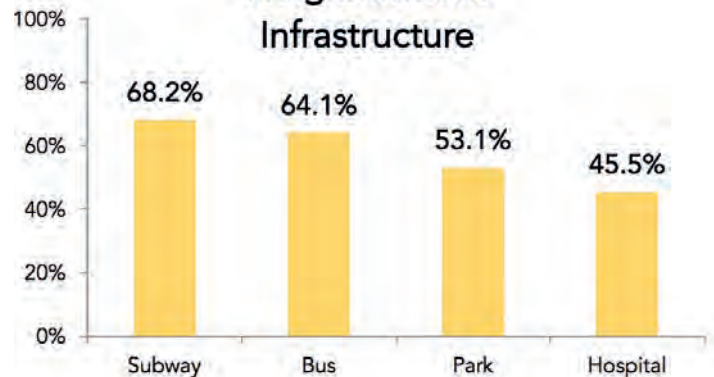
They were also asked about amenities and services they would prefer. The most common preference was a vehicle with a driver that would be accessible to all residents, regardless of mobility, which 54.7% said they “would use” followed by fee-based housekeeping (42.6%) and low cost meals (42.1%). Food delivery and nutrition services were also rated as useful, followed by patient navigation and case management services.

Supplementary Services Respondents "Would Use" or "Might Use"

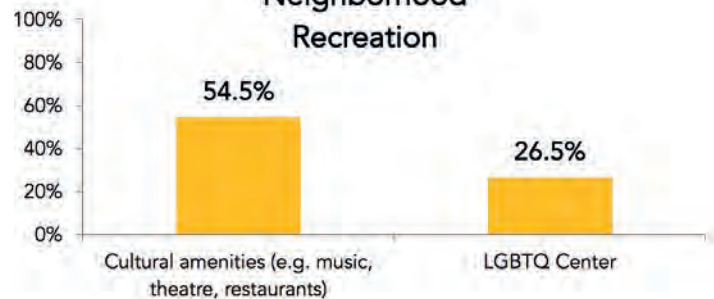


Having housing in a neighborhood with a subway (68.2%) and/or bus (64.1%) was also very important to respondents. Cultural amenities (54.5%) and parks (53.1%) nearby were also important, as was proximity to a hospital (45.5%). An LGBTQ center in the neighborhood was important to just over one in four (26.5%) respondents. The most common answers respondents wrote in when asked about other amenities were related to having access to grocery and pharmacy options (13.2%), while smaller numbers wrote in that it was important to have a safe neighborhood (6.2%). Less than three percent wrote in answers related to access to a garden, a diverse neighborhood, being near a library, a quiet neighborhood, a gay-friendly neighborhood, places of worship and accessibility for mobility-impaired residents.

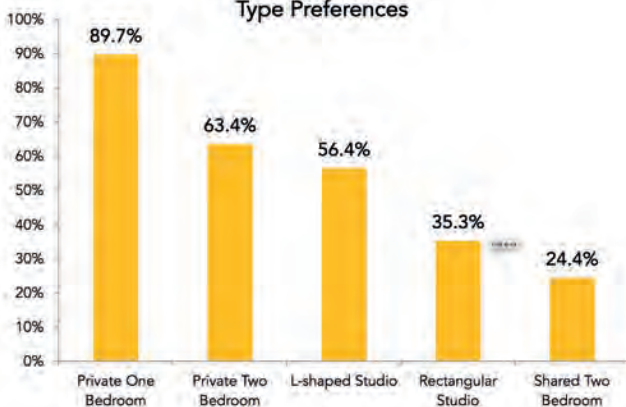
Neighborhood Infrastructure



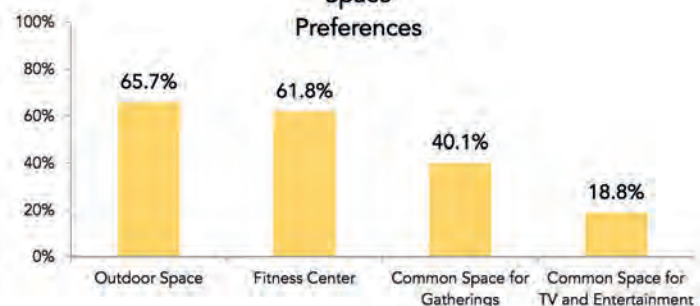
Neighborhood Recreation

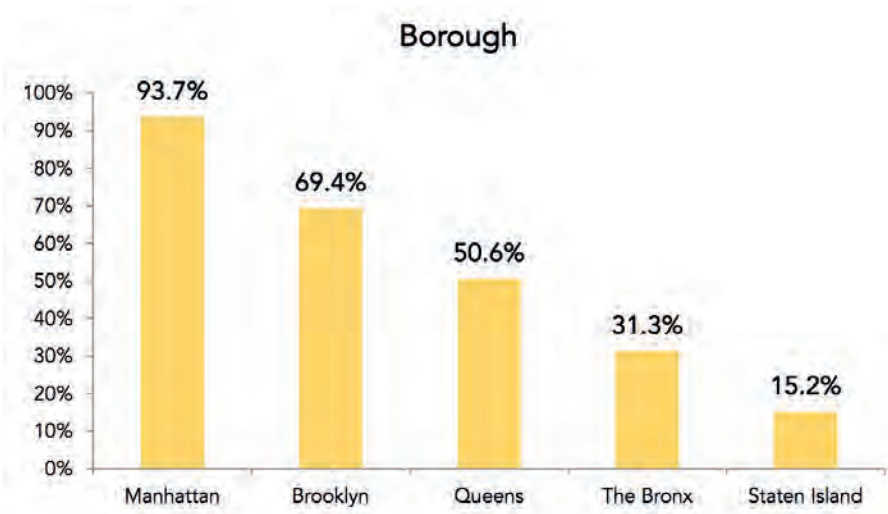


Apartment Type Preferences



Space Preferences





Participants were also asked about how they wanted common space used in a building where they lived. They most frequently ranked access to outdoor space as a first or second choice (65.7%), followed by a fitness center (61.8%) and common space for gatherings (40.1%). Smaller numbers preferred common space for TV and entertainment (18.8%), while a handful wrote in answers such as a pool (4.3%), laundry (3.6%) and allowing pets (2.1%).

The most popular apartment type was a private one bedroom (89.7%), followed by a private two bedroom

(63.4%). The least popular was a shared two bedroom (24.4%), suggesting most potential residents were not interested in sharing an apartment.

Nearly all respondents (93.7%) were willing to live in Manhattan. Smaller numbers were willing to live in Brooklyn (69.4%) or Queens (50.6%). Nearly one third (31.3%) were interested in potentially moving to the Bronx, while 15.2% would move to Staten Island.

High and low income LGBTQ older adults (those above and below 60% AMI) selected two of the same top three amenities, access to a vehicle for mobile and mobility-impaired residents with a driver for errands and short trips and optional fee based housekeeping. High and low income LGBTQ older adults differed in that higher income respondents said they would use or might use food delivery, while lower-income respondents preferred low cost group meals.

Table 1: Top Three Preferences of High Income and Program Eligible LGBTQ Older Adults with Common Preferences in **Bold**

	Neighborhood Characteristics	Health Services	Amenities
High Income	Subway Bus Cultural Amenities	Nurse Home Health Aide Mental Health Counseling	Fee-Based Housekeeping Access vehicle Fee-based food delivery
Low Income	Subway Bus Park	Nurse Home Health Aide Mental Health Counseling	Low Cost Meals Access Vehicle Fee-Based Housekeeping

CONCLUSIONS

This survey suggests that a large and diverse group of LGBTQ older adults are interested in (1) aging in place or (2) living in a development that caters to their needs as sexual and gender minorities who are aging. They have clear preferences for housing that is near to public transportation, provides health services such as on-site nursing care and home health aides and mental health counseling and has access to services and amenities such as meals, housekeeping and an accessible vehicle with a driver. They want to live in neighborhoods where there are cultural amenities and in a building with access to outdoor space.

LGBTQ older adults have significant experiences of homelessness, housing instability and substandard housing. Many have very low incomes, and while they prefer to age in place, they anticipate needing to leave their housing for a variety of reasons, including health and safety. They pay a large percentage of their incomes towards housing, despite accessing rental assistance programs and other benefits. Safety is very important to them, and transgender and gender nonconforming older adults are particularly worried about their safety.

The respondents to this survey are disproportionately likely to report that they are living with HIV/AIDS and many have other chronic physical health conditions. They are disproportionately likely to be dealing with mental and physical health problems. Most are eligible for at least one program that could provide subsidies for housing for older adults focused on LGBTQ needs and issues; however, many have challenges documenting their incomes and would need assistance to apply for such programs.

These findings suggest that there is an important need for housing developments and programs for aging in place for LGBTQ older adults and provides direction for the programs and services such a development might provide.

LIMITATIONS AND FURTHER RESEARCH

Because this survey is a convenience sample rather than a population-based or random sample of LGBTQ New Yorkers, the degree to which the sample can be generalized to the population is limited. While experiences, needs and preferences may be common to LGBTQ older adults outside of New York City, the findings of the survey may not apply to areas that differ significantly in their geography or socioeconomic make up. While this survey provides a large sample of LGBTQ older adults in New York City, this sample likely underrepresents certain marginalized populations (such as people of color) who were difficult to reach through existing networks and may have been less likely to complete the survey.

RECOMMENDATIONS

Support for aging in place is crucial for many LGBTQ older adults.

Aging in place is important to LGBTQ older adults, yet many anticipate needing to leave their current housing for financial or health and safety reasons. Two thirds (66.6%) respondents wanted to stay in their current housing for the next five years or more, yet more than half (57.7%) of respondents said they are likely to leave current housing for a financial or health or safety reason.

This suggests that for many survey respondents, aging in place for as many years as possible is preferable to moving. This means that services for LGBTQ older adults who want to age in place should also be provided as well as housing options for those who wish to move to communities focused on LGBTQ older adults.

Provide and recruit for subsidized housing with senior and LGBTQ-oriented programming for LGBTQ older adults.

More than six in ten survey respondents stated that living in a building where there are programs and services run by an LGBTQ organization was important to them. Prior research demonstrates that LGBTQ older adults are more likely to face physical and mental health problems than are non-LGBTQ older adults; creating a service delivery model of on-site programming may help alleviate these problems.

Mixed income models may work particularly well for LGBTQ older adult-oriented developments because lower and higher income respondents share preferences about their housing.

LGBTQ seniors who are eligible for subsidized housing opportunities have similar preferences for housing as those who have higher incomes, suggesting that mixed-income housing developments designed with LGBTQ older adults in mind may be one way to help LGBTQ seniors find more housing opportunities.

Documenting eligibility and applying for housing programs can be challenging for LGBTQ older adults, particularly people of color, low income people and transgender and gender nonconforming people.

While nearly half of survey respondents are eligible for at least one housing program, many of those eligible cannot document their eligibility fully, suggesting that outreach to LGBTQ seniors to assist in documentation and application for subsidized housing is crucial to ensuring LGBTQ seniors can access housing that meets their needs. While small sample sizes make it difficult to analyze these data by race and gender, this may be especially true for LGBTQ older adults who are people of color, low income or who are transgender and gender nonconforming, particularly if these groups are more likely to be unable to document income easily.

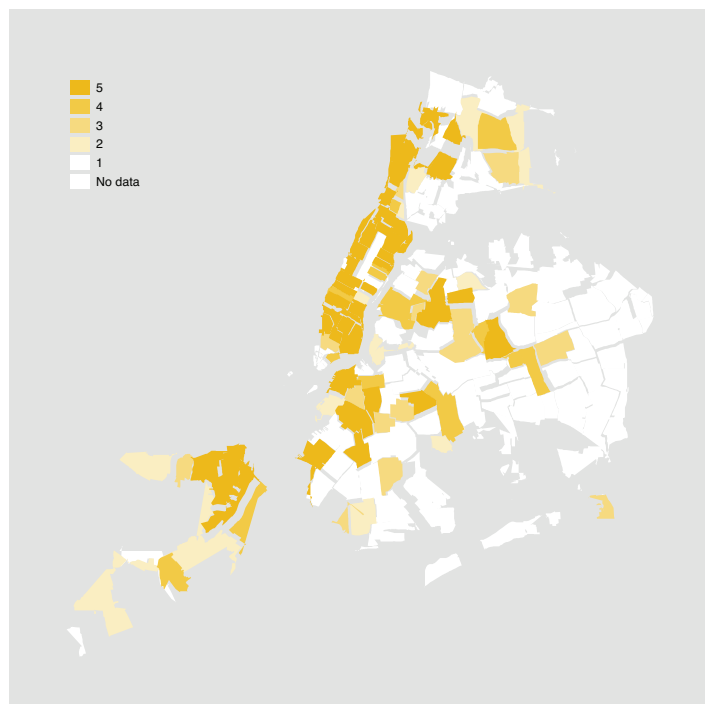
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APPENDIX I

Additional Methodological Information

The New York City Housing Preservation and Development homelessness criteria, which were used to define homelessness for this survey, require third-party evidence that an applicant lacks a fixed, regular, and adequate nighttime residence, has a primary nighttime residence that is a place not designed for human sleeping accommodation or who is exiting a place where they temporarily required, lives in a supervised shelter designated to provide temporary living arrangements, will imminently lose their housing within the next 14 days, a family with children who have experienced a long period without living independently in a permanent home, or is fleeing or attempting to flee a dangerous or life-threatening condition in the individual or family's current housing situation such as domestic violence or sexual assault.



Heat Map by Zip Code

APPENDIX II

Operational Definitions of Housing Program Eligibility

Low-Income Housing Tax Credit

The Low-Income Housing Tax Credit (LIHTC) is administered by the NYC Department of Housing Preservation and Urban Development, and is awarded to "new construction or substantial rehabilitation projects in New York City where at least 20% of apartments are reserved for low-income households" (NYC HPD, 2017b). For the 4% Low Income Housing Tax Credit, "Low Income" is defined as up to 60% of New York City AMI. Unlike the 9% versions of the tax credit, the 4% LIHTC is not competitive; everyone who qualifies for it can receive it. However, an organization cannot blend multiple versions of the LIHTC (SHNNY 2017).

The only requirement to receive the 4% LIHTC is that at least 20% of units must be reserved for those with income less than 60% of AMI (NYC HPD, 2016; NYC HPD, 2017a). Thus, in this report, individuals are counted as having qualified for the 4% LIHTC if their income is less than 60% of the NYC Metro Area Median Income (NYC AMI).

Low Income Housing Trust Fund

The Low Income Housing Trust Fund provides for funding of construction for affordable housing for those who make less than 80% of AMI in New York City (New York State of Opportunity, 2016a, p. 21). This construction must be used to advance one of New York State's housing priorities.

For the purposes of this report, eligibility to receive the Low Income Housing Trust Fund was calculated to include as all of those who indicated their income was less than 80% of the NYC AMI, since that is the minimum required for tenants.

Mixed-Income Program

The Mixed-Income Program Mix & Match "funds the new construction of mixed income, multi-family rental projects[.]" (NYC HPD, 2017c, p. 1). As the name suggests, this program subsidizes mixed-income housing. The program provides a set of tiers for subsidies based on the affordability of an apartment for a person with a certain percentage of NYC AMI; on the low end, 50% of units must be affordable to someone earning up to 60% of NYC AMI. For the purposes of this report, an individual is counted as qualifying for the Mixed-Income Program if their income is 60% or less of the NYC AMI.

Federal Home Loan Bank Affordable Housing Program

The Federal Home Loan Affordable Housing Program is administered in New York State by the Federal Home Loan Bank of New York. This program is highly competitive, and so many different factors may be used to determine final receipt. However, the minimum eligibility requirement for this subsidy is that at least 20% of the households are given to those making less than 50% of the NYC AMI (Federal Home Loan Bank of New York, 2017). For the purposes of this report we calculated eligibility for this program as those who make less than 50% of the NYC AMI, as this is the minimum standard required.

MRT Housing Capital Program

The Medicaid Redesign Team (MRT) Housing Capital Program is administered by several different New York State agencies, including the Department of Health and the Office of Alcoholism and Substance Abuse Services. By their definition, individuals who are eligible for the MRT are those "who exhibit conditions or histories recognized to be associated with high Medicaid usage. Examples include, but are not limited to, single adults who are transitioning out of an institution (including hospital long-stay or a nursing home) or homeless/unstably housed individuals that have a serious mental illness, physical disability, HIV/AIDS, substance use disorder, seniors, and /or individuals with other chronic conditions." (New York State of Opportunity, 2016b, p. 36) This was operationalized for the purposes of the survey as including those who indicated they needed to use a cane, wheelchair or other mobility aid, had low vision or blindness, or had a hearing impairment.

SARA

The NYC Department of Housing and Preservation and Development administers the Senior Affordable Rental Apartments program, or SARA. According to their documentation, SARA "provides gap financing in the form of low interest loans to support the construction and renovation of affordable housing for seniors, 62+ years in age, with low incomes" (NYC HUD, 2014). For SARA, "low income" is defined as up to 60% of NYC AMI. For the purposes of this report, individuals are counted as having qualified for SARA if both of the following are true: their income is less than 60% of NYC AMI, and they are 62 years of age or above.

HOPWA

The NYC Department of Housing and Urban Development administers the Housing Opportunities for People with AIDS (HOPWA) program. The program "helps grantees provide housing assistance and related supportive services to individuals affected by HIV/AIDS," (Furman Center, 2017). No age requirements are given to qualify for HOPWA, although as the name states a diagnosis of HIV/AIDS is required. Individuals are also required to be "low income", in this case meaning up to 80% of NYC AMI (Furman Center, 2017).

For the purposes of this report, individuals are counted as having qualified for HOPWA if both of the following are true: their income is less than 80% AMI, and they reported having a diagnosis of HIV/AIDS.

New York/New York III Agreements to House Homeless Mentally Ill Individuals

The NY/NY III Eligibility for the Agreements to House Homeless Mentally Ill Individuals is the latest in a series of collaborative programs funded jointly by New York City and New York State (HRC 2016). Eligibility is divided into several different categories, some of which were measured on this survey and others of which were not. Thus, the estimate of eligibility for this program is conservative.

We define all of the categories of eligibility for this program below. Those included as eligible for this program indicated that they had been homeless for at least one year out of the last two (not necessarily sequentially) and have at least one of the following: currently receiving SSI or SSDI due to mental illness or the individual has documentation to prove that they have experienced at least two of the following symptoms: difficulty in self-care, restrictions in doing daily activities, significant social difficulties and/or difficulty with concentration or a substance use disorder.