Survey of LGBTQIA+ Older Adults in California:

From Challenges to Resilience

Assessing the health, wellbeing, and service needs of midlife and older LGBTQIA+ adults in California

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The collaboration of community organizations and leaders, agencies and government offices, and researchers was essential to the development of the report on the *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience.*

Drs. Annesa Flentje and Carol Dawson-Rose led the University of California, San Francisco team in the survey design, data collection and analysis, and development of the initial report. We are grateful for the feedback and review of the California Department of Aging and collaborating agencies and offices. The coauthors and collaborators across institutions provided feedback, edits, and drafted additional text leveraging their respective expertise and work with LGBTQIA+ older adult communities.

Openhouse— a nonprofit that supports LGBTQIA+ seniors by providing housing, direct services, and community programs — led and facilitated the community engagement and advocacy which is critical to the creation, development, recruitment, and completion of this research. The University of California, Berkeley CITRIS team led the project management and funding acquisition for the report. Nicole Lezin provided expertise in communications around this research. Dr. Angela Perone provided expertise in research among older adults, including anticipated follow-up qualitative research on the health and service needs of LGBTQIA+ older adults.

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Acknowledgements

We sincerely thank the more than 4,000 LGBTQIA+ older adults in California that took the time to complete this survey and share their experiences for the betterment of services and communities for many years to come.

This survey would not have been possible without the work of Openhouse for their advocacy and community outreach. We are grateful for the excellent work of Jupiter Peraza, who assembled the Advisory Committee and Statewide Coalition.

We would like to thank the members of the Advisory Committee who provided input and expertise throughout the survey development process: Allison Rodman, Cecilia Chung, David "Jax" Kelly, Gregg Cassin, JB Del Rosario, Katalina Zambrano, Tanya Tassi, Toni Newman, and Vincent Crisostomo. We would also like to thank the Statewide Coalition who were instrumental in survey outreach, survey recruitment, and stakeholder engagement. Finally, we would like to thank Sarah Steenhausen and Ross Lallian from the California Department of Aging for their leadership on this effort.

The *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience* was informed by research efforts for the health and wellbeing of LGBTQIA+ communities. We particularly recognize the contributions of The PRIDE Study and The PRIDE Study's respondents for the development of community-informed questions, many of which were leveraged for the *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience.* We also recognize the contributions of the "LGBTQ+ Older Adults in Santa Clara County".[1]

Advancing Inclusion and Equity: Results from California's First Statewide LGBTQIA+ Mid-Life and Older Adults Survey

I am proud to mark further progress on our **Master Plan for Aging** (MPA) with the release of results from **California's first-ever statewide survey of LGBTQIA+ mid-life and older adults**. This survey helps to advance the five bold goals of the MPA which includes housing for all stages and ages, health reimagined, inclusion and equity, caregiving that works, and affording aging. We strive to make California a place where **all LGBTQIA+ individuals feel safe, included, and supported with a strong sense of belonging**. California remains focused on our commitment to leveraging data and partnering with communities to achieve equity for all ages and abilities.

We could not have achieved a large-scale survey such as this without the overwhelming support of the **LGBTQIA+ community and allies throughout the state**. First, I want to especially thank the **over 4,000 older adults** who took the time to complete and submit the survey. Your responses will inform the MPA moving forward and advance our work across the Administration. Second, I want to acknowledge our strong partners in this effort, starting with our **California Aging and Disability Research Partnership** which includes **Openhouse**, **UC Berkeley**, and **UC San Francisco**. Last, **over 60 organizations throughout the state** played an instrumental role in advising the partners on survey design and distribution. Thank you to all those that were involved in ensuring **LGBTQIA+ older adults voices were heard.**

I look forward to continued collaboration with **LGBTQIA+ older adults and allies** to advance the opportunities identified in this survey. We are committed to fostering **multi-sector, person-centered strategies** which help to address the unique needs of the LGBTQIA+ older adult community as, together, we build a **California for ALL**.

Kim Johnson
Secretary
California Health and Human Services Agency

Executive Summary

California has a growing population of older adults, with over 10.3 million Californians projected to be 60 or older by 2030.[2] Recent estimates show about 5% of California's 39 million residents are lesbian, gay, bisexual, transgender, queer, intersex, asexual, or sexual and/or gender minority (LGBTQIA+).[3] The health and wellbeing of LGBTQIA+ older adults in California have not been previously well-documented for evaluating statewide health disparities and service needs.

Prior work has shown significant health disparities among older LGBTQIA+ populations including higher rates of disease, disability, and barriers to care.[4,5] A history of exclusion from research and mistreatment has created challenges in accurate data collection among LGBTQIA+ older adult communities. To identify the needs of LGBTQIA+ older adults and develop programs that serve these communities, community-engaged statewide research is necessary.

Therefore, the CDA initiated California's first statewide survey to study the health, wellbeing, and service needs of mid-life and older LGBTQIA+ residents across the state as a part of California's MPA.[6] These data will support the goals of the MPA, which is a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.

This study was conducted by a team from CITRIS Health and the Center for Advanced Study of Aging Services at the University of California, Berkeley; Openhouse; and the University of California, San Francisco. Survey respondents were 50 years of age or older*, residents of California, and LGBTQIA+. The survey was administered online from January through March 2024. Openhouse, a San Francisco Bay Area-based nonprofit serving older LGBTQIA+ adults, recruited and organized a statewide coalition of 62 LGBTQIA+-serving organizations based in California which assisted with recruitment and community outreach. The survey was available in Chinese, English, Spanish, and Tagalog to facilitate participation across LGBTQIA+ communities in California. The data reported here represent a convenience sample of those who volunteered to participate. So, while these data are not representative of all LGBTQIA+ people in California, they provide important insight into the needs and diverse experiences of LGBTQIA+ older adults in this state.

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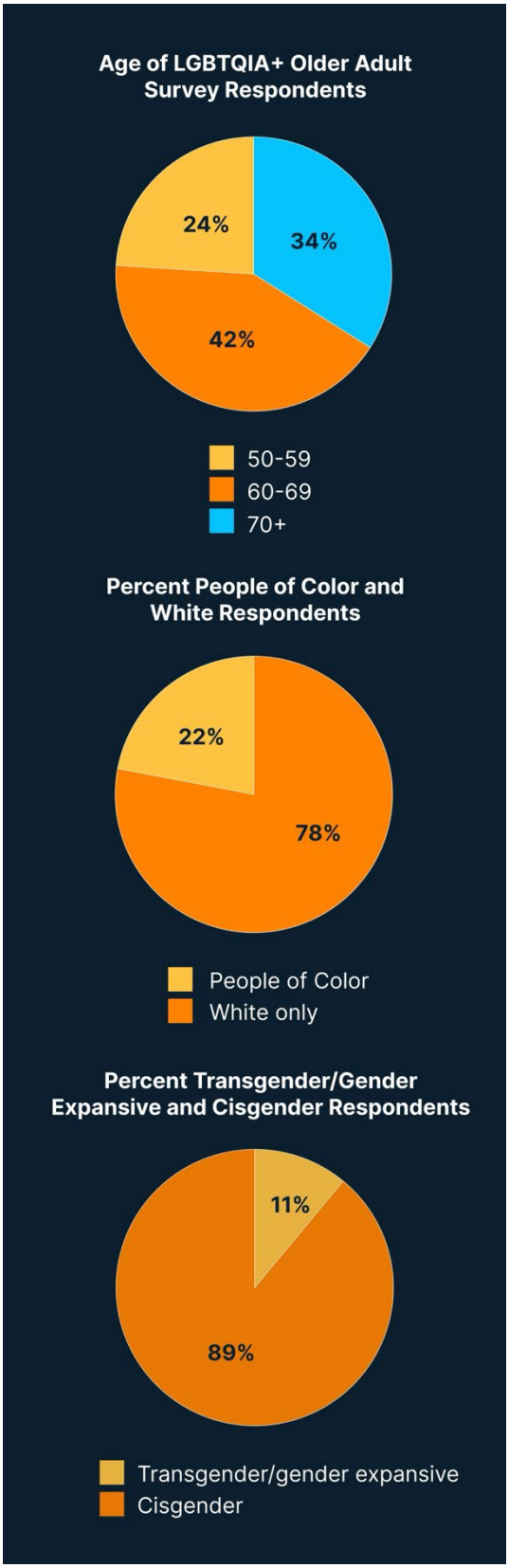
* *While "older adults" are generally defined as those that are at least 60 years of age, the minimum age for the survey was 50 to ensure the needs and experiences of mid-life Californians was captured. It's important to capture data from Californians that are 50-59 as policy must address current needs, but also address needs in the near future.*

Key Findings



4,037 older LGBTQIA+ adults in California completed the survey.

Respondents were from every census region in California, reporting a diversity of sexual orientations, gender identities, and racial/ethnic backgrounds.

Respondents reported the following sexual orientations* —

Asexual, 3%
Bisexual, 7%
Gay, 58%
Lesbian, 30%
Pansexual, 3%
Queer, 11%
Questioning, 1%
Same-gender loving, 4%
Straight/heterosexual,[a] 1%
Two-Spirit, 1%
Another sexual orientation, 1%

Respondents reported the following gender identities* —

Man, 40%
Cisgender man, 24%
Woman, 24%
Cisgender woman, 13%
Non-binary, 4%
Genderqueer, 3%
Transgender woman, 2%
Questioning, 1%
Transgender man, 1%
Two-Spirit, 1%
Another gender identity, 1%

** Not mutually exclusive response options*
[a] All survey respondents identified as LGBTQIA+

More detailed descriptions of the survey respondents' characteristics can be found in "Characteristics of Survey Respondents" of the main report.

Quality of Life and Health of LGBTQIA+ Older Adults

Our findings suggest mental, physical, and cognitive health challenges are prevalent among LGBTQIA+ older adults — and these challenges are more common among people of color and transgender and gender expansive communities.

While the majority (86%) of respondents shared they had high quality of life, 14% of respondents had fair or poor quality of life. 18% of people of color and 22% of transgender and gender expansive people reported fair or poor quality of life.

Physical Health. **About a quarter (23%) of respondents reported their physical health as fair or poor.** 17% of respondents were people living with HIV.

Cognitive Health. Although this sample likely underrepresents the number of LGBTQIA+ older adults with poor cognitive health due to the survey methodology, 15% of respondents reported experiencing worsening confusion or memory loss.

Mental health. One in five of respondents rated their mental health as fair or poor**.**

> **More than one in ten (11%) respondents reported serious thoughts of suicide in the past year.**
>
> **Almost a quarter (24%) of respondents had symptoms consistent with posttraumatic stress disorder.**

Data are described in greater detail in the following sections of the main report: "Mental Health and Substance Use" and "Cognitive and Physical Health."

"I cannot reiterate enough the positive impact this survey's results will have on the well-being of LGBTQIA+ older adults in California. LGBTQIA+ older adults often face a lifetime of unique stressors associated with being an underserved minority." — *Tanya Tassi, Director of Policy and Advocacy, ActionLink*

Economic and Social Wellbeing of LGBTQIA+ Older Adults

Isolation, a lack of support, and financial challenges were common among LGBTQIA+ older adults across metrics of social and economic wellbeing. LGBTQIA+ older adults who are people of color and/or transgender/gender expansive had poorer social and economic wellbeing.

Economic Wellbeing. **About one in four (26%) reported financial insecurity or concerns about financial security.**

> Almost one in five (19%) transgender and gender expansive respondents reported an income of $20,000 or less, compared to 9% of cisgender respondents.

About a third of respondents (33%) had less than $100,000 total in assets. Further research is needed on the underlying causes, but this may be because California has one of the highest costs of living in the nation.[7]

The percent of transgender and gender expansive respondents (27%) with less than $10,000 in assets was higher than the percent of cisgender respondents (14%).

The percent of people of color (20%) with less than $10,000 in assets was higher than the percent of White only respondents (13%).

About one in eight respondents reported worry about housing stability with a current place to live. More than one in five respondents reported worries about having enough money for nutritious meals.

A large proportion of LGBTQIA+ older adults are working past age 67— typical retirement age: 21% of cisgender LGBTQIA+ respondents; 26% of transgender and gender expansive participants. A larger proportion of Middle Eastern or North African (39%) and Black or African American (32%) respondents were working past retirement age.

Social Wellbeing. Over a quarter (28%) reported fair or poor satisfaction with social activities and relationships.

About one in eight (13%) of respondents reported rarely or never receiving the emotional and social support they need. 7% had no one to turn to for support.

Caregiving: Among the survey respondents 8% reported receiving care or assistance from others. 17% of respondents reported providing ongoing living assistance or care for someone.

Data are described in greater detail in the following sections of the main report: "Economic Wellbeing" and "Social Wellbeing and Networks"

"Over the years, we've worked hard to show the beautiful, diverse faces of our community. This survey will help add the numbers about our community's needs as we age, including the unique needs of people living with HIV. We need both—faces and numbers—to tell our story and plan for the future." — *Jax Kelly, Let's Kick Ass Palm Springs*

Discrimination, Stigma, and Victimization

Experiences of discrimination, trauma, and stigma were common among the LGBTQIA+ older adult respondents. This was seen in the high rates of trauma and past-year, and in the prevalence of discomfort with disclosing sexual orientation and gender identity with first responders and healthcare providers. Experiences of trauma, abuse, and discrimination were higher among people of color and transgender and gender expansive people.

Trauma. **Almost half (49%) of LGBTQIA+ older adult respondents reported experiencing a traumatic life event in their lifetime.**

The racial and ethnic groups with the most frequent occurrence of past year trauma were: Middle Eastern or North African people (18%), American Indian or Alaska Native people (16%), people reporting more than one race or ethnicity (11%), Asian or Pacific Islander people (11%), Latino or Hispanic people (10%), and Black or African American people (10%). Transgender and gender expansive people had a higher percentage of exposure to traumatic events within the past year (14%) compared to cisgender people (7%).

Abuse. Almost one in five (19%) respondents reported being in an abusive or threatening situation in the past 12 months, and most of these respondents did not report these incidents to the authorities (79%). The three most common reasons for not reporting abuse were because respondents did not trust the authorities to be fair to LGBTQIA+ people (23%), felt ashamed of the experience (22%), and did not know how to report the incident (16%).

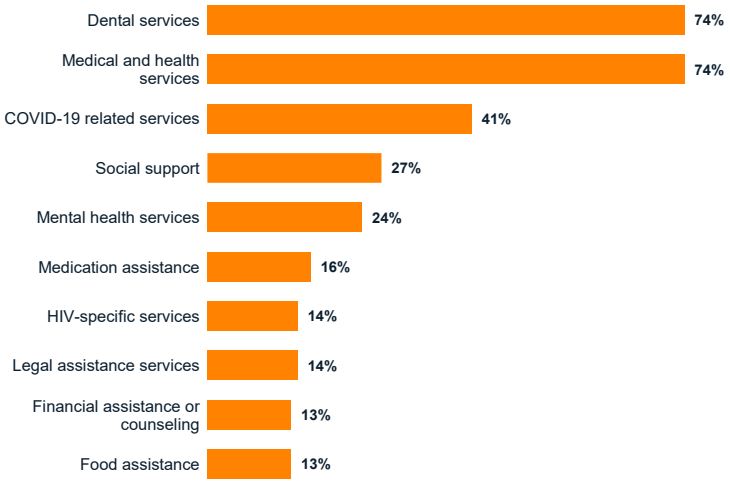
Discrimination and Stigma. 30% of transgender and gender expansive individuals reported discomfort with first responders knowing their gender identity and sex assigned at birth. 13% of transgender and gender expansive individuals had discomfort with healthcare providers knowing their gender identity and sex assigned at birth. 13% of respondents reported discomfort with first responders knowing their sexual orientation, 5% reported discomfort with healthcare providers knowing this information.

27% reported being treated unfairly, with less respect than others, or discriminated against in the past 12 months.

Service Utilization

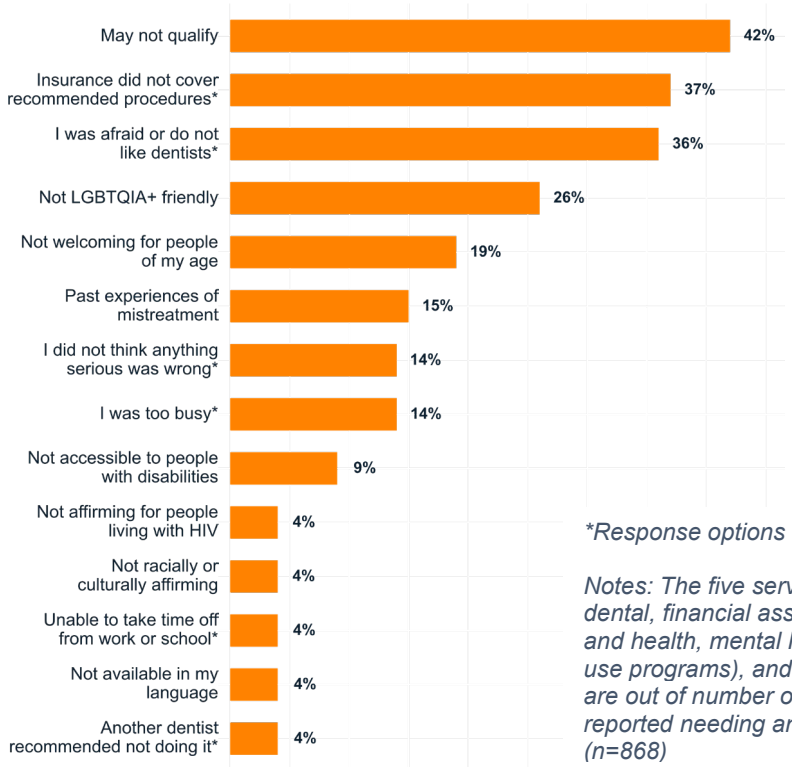
Data are described in greater detail in the following sections of the main report: "Healthcare Access" and "Service Utilization"

The most needed services among LGBTQIA+ Older Adults.



The services most avoided were social support services, mental health services, and aging services. The five services with the most unmet need (*i.e.,* services respondents reported needing but not using) were dental, financial assistance or counseling, medical and health services, mental health services, and social support.

The most common reasons reported for not accessing the five services with greatest need:



**Response options only available for dental services.*

Notes: The five services with most service need were dental, financial assistance or counseling, medical and health, mental health (which includes substance use programs), and social support services. Percents are out of number of unique respondents who reported needing and not using these five services (n=868)

Data are described in greater detail in the following sections of the main report: "Service Utilization"

"We don't have an accurate picture of the LGBTQIA+ community in California. We need to know where people are and what services they need as they age in order to help policymakers distribute resources equitably." — *Vince Crisostomo, San Francisco AIDS Foundation*

Priorities for LGBTQIA+ Older Adults

The following recommendations seek to address the issues elevated in the study's findings. These priorities and recommendations, and their rationales, are described in greater detail in the main report ("Conclusion" and "Appendix C. Feasibility and Impact of Recommendations)

Priority 1. Improve access, inclusivity, and safety of services for LGBTQIA+ older adults to promote healthy aging. Recommendations:

- *Explore opportunities for culturally-responsive training and services:*
  - *Training for service providers that focuses on the unique needs facing LGBTQIA+ older adults, thereby increasing number of LGBTQIA+ affirming providers.*
  - *Services that address specific health needs and disparities, with enhanced access to suicide prevention and trauma-focused treatments.*

Priority 2. Increase social and economic support for LGBTQIA+ older adults. Recommendations

- *Explore opportunities for social and economic support through the following strategies:*
  - *Promote access to LGBTQIA+ affirming programs in order to enhance social and economic support, reduce isolation and strengthen LGBTQIA+ older adult networks Promote financial literacy training, employment support, and access to secure housing. Identify promising programs providing comprehensive mental health services to address stigma and discrimination.*

Priority 3: Understand and address disparities among transgender and gender expansive older adults and older adults of color. Recommendations:

- *Explore opportunities to better understand and address disparities through the following strategies:*
  - *Promote training for service providers including specific standards of care necessary to address the challenges faced by transgender and gender expansive older adults and older adults of color.*
  - *Promote language access to ensure services are available in the threshold languages*
- *Explore options to reduce barriers to services and supporting anti-racist, community-based organizations that serve these populations.*

Priority 4: Measure policy outcomes and improve data collection among LGBTQIA+ older adult communities. Recommendations:

- *Monitor the impact of policy and programs by collecting data including demographic information, sexual orientation and gender identity data.*
- *Build relationships with diverse communities to help ensure representative data collection and inclusive policy development.*
- *Monitor the impact that policy and programs have on individual health and wellbeing.*

Introduction

California has historically been known as a progressive state that leads the nation on many key social issues. The state's diverse geography, robust economy and innovative spirit has always represented a symbol of freedom and democracy. California's hallmark has been centered around diversity – racial and ethnic diversity, linguistic diversity, economic diversity, and diversity in gender identification and sexual orientation.

The largest racial and ethnic populations in California are comprised of people who identify as Latino or Hispanic (40%), Non-Hispanic White (35%), and Asian American or Pacific Islander (15%), followed by Black (6.5%), multiracial (4.3%) and American Indian and Alaska Native (1.7%).[8] More than one in every four (27%) people in California are born outside of the United States.[8] The median age for people living in California is 38 and approximately 34% of people in California are 50 years of age or older.[9]

It is estimated that by 2040, nearly one in four people living in California will be 65 years or older.[2] California's focus on diversity and equity has led to a robust economy and a state that is a beacon for everyone, offering a welcoming and inclusive environment where everyone belongs without regard to sexual orientation, gender identity, age, ability, race, ethnicity, language, culture, religion, income, or other demographic characteristics.

Although it remains difficult to obtain accurate estimates of people who identify as lesbian, gay, bisexual, transgender, queer, intersex, and asexual and other non-cisgender gender identities and non-heterosexual sexual orientations (LGBTQIA+), California is the state with the largest LGBTQIA+ population.[10] Recent estimates suggest 2.7 million or 9.1% of adults living in California identify as LGBTQIA+.[10] Based on a recent survey of the U.S. Census, 49% of LGBTQIA+ adults in California identify as bisexual, 36% identify as gay or lesbian, and 15% are transgender.[10]

Middle aged and older LGBTQIA+ Californians are part of a generation that struggled to obtain civil rights and experienced ongoing discrimination, violence, criminalization, and human rights violations. For example, the 20th century consisted of punitive laws targeting the LGBTQIA+ community in relationships, workplace, marriage, and the military.[10] It is likely that many aging LGBTQIA+ people remember the hostility from such experiences and may have participated in the advocacy to obtain just policies and fairer treatment. Triumphs such as SB 48, which directed public schools in California to include LGBTQIA+ history in its classes, same sex-marriage, and the inclusion of marital status and sexual orientation to categories that were protected under employee discrimination,[11] are also likely to bring great pride within the aging LGBTQIA+ community.

Despite the progress for better rights, LGBTQIA+ people continue to face significant barriers to accessing physical and mental health care,[12] resulting in a greater burden of physical and mental health conditions. In a study among lesbian, gay, and bisexual aging adults ages 50-70 living in California, gay and bisexual men had higher rates of hypertension, diabetes, psychological distress, and physical disability than aging heterosexual men.[13] When compared to aging heterosexual women, aging lesbian and bisexual women had greater risk for

psychological distress and physical disability.[13] Other studies have found that both urban and rural LGBTQIA+ people face disparities, particularly higher odds of being uninsured, delaying prescriptions, and increased odds of using the emergency room for medical care.[14] Discriminatory attitudes, refusal of services, unfair treatment when receiving medical care and lack of culturally sensitive and competent providers can negatively impact health care services among LGBTQIA+ populations.[13,15] Since the COVID-19 pandemic, LGBTQIA+ people have also experienced heightened symptoms of depression and anxiety.[16]

California's Department of Aging is proud to support a survey on the needs and experiences of mid-life and older adults who are part of the LGBTQIA+ community and reside in the state. The California Department of Aging helps to administer the state's Master Plan for Aging[17] which is a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity. To advance the state's Master Plan for Aging, the California Department of Aging recognized the importance of collecting data from this historically underserved community, in order to better understand population needs and target strategies to address the needs.

This first-of-its kind study describes the unique experiences of the aging LGBTQIA+ community in California-- The Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience. This survey was established to provide data and insights on the service and health care needs and experiences of LGBTQIA+ older adults living in California. Its purpose is not to make comparisons to non-LGBTQIA+ people, but instead, to look within older adult LGBTQIA+ communities to identify areas of need to improve their lives. The findings from the survey will also be used to understand the needs of the LGBTQIA+ community and advance the goals of the Master Plan for Aging.

"We lost countless LGBTQIA+ voices during the early days of the HIV epidemic and this survey is a way to preserve stories of those still with us and ensure a thriving future" — *JB Del Rosario*

Characteristics of Survey Respondents

A total of 4,037 LGBTQIA+ midlife and older adults across the state of California completed this survey. See **Table 1** for a description of older adults that completed the survey. The survey was offered in English, Spanish, Traditional Chinese, and Tagalog. Although the survey was available in multiple language, most respondents (99%) completed the survey in English. Respondents had an average age of 66. Among respondents, 24% were between the ages of 50 and 59, 42% were between the ages of 60 and 69, and 34% were 70 or older. The youngest respondent was 50 years old and the oldest was 95 years old.

Table 1. Demographics characteristics of survey respondents (*N* = 4,037)

Characteristic	(*n*, %)
Age category	
50-59	986 (24%)
60-69	1,684 (42%)
70+	1,367 (34%)
Race and ethnicity (not mutually exclusive categories)	
American Indian or Alaska Native	122 (3%)
Asian or Pacific Islander	180 (4%)
Black or African American	154 (4%)
Latino or Hispanic	346 (9%)
Middle Eastern or North African	62 (2%)
White	3,369 (84%)
None of these fully describe me	139 (3%)
Selected more than one option	308 (8%)
Sexual orientation categories	
Asexual	121 (3%)
Bisexual or pansexual	375 (9%)
Gay or lesbian	3,417 (86%)
Queer	429 (11%)
Straight/heterosexual	38 (1%)

Another sexual orientation	241 (6%)
Gender identity categories	
Cisgender men	2,251 (57%)
Cisgender women	1,284 (32%)
Gender expansive people assigned female at birth	202 (5%)
Gender expansive people assigned male at birth	121 (3%)
Transgender men	46 (1%)
Transgender women	64 (2%)
Sex assigned at birth	
Female	1,530 (38%)
Male	2,444 (62%)
Identifies as intersex	
Yes	42 (1%)
No	3,912 (99%)
Education level	
High school/GED diploma or less	106 (3%)
Trade, Technical, or Vocational training;	957 (24%)
Some college, or 2-year college degree	
4-year college degree	1,220 (31%)
Graduate or professional degree	1,661 (42%)
Annual Income	
Less than $20,000	386 (10%)
$20,001 to $40,000	529 (14%)
$40,001 to $60,000	459 (12%)
$60,001 to $80,000	445 (12%)
$80,001 to $100,000	385 (10%)
$100,001 or more	1,628 (42%)

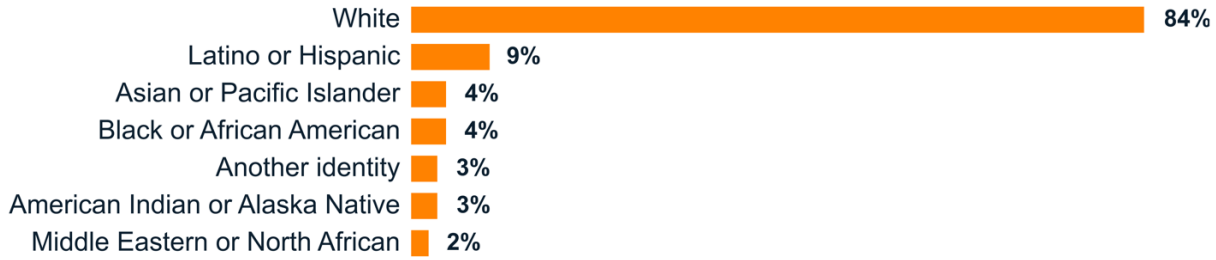
Race and Ethnicity

Approximately 78% of respondents identified as White only; 22% identified with an ethno-racial label that was not exclusively White (hereafter referred to collectively as

people of color). The racial and ethnic makeup of the sample is not consistent with that of the state of California, reflecting an overrepresentation of White respondents within our sample.

Mean age by race and ethnicity. The average age of respondents who were people of color was lower (63 years) than that of exclusively White respondents (66 years). The average age was 67 years among respondents who reported that none of the categories fully described them, 66 years among White respondents, 64 years among American Indian or Alaska Native respondents and those who reported more than one race and/or ethnicity, 63 years among Asian or Pacific Islander, Middle Eastern or North African, and Black or African American respondents, and 62 years among Latino or Hispanic respondents.

Figure 1. Race and Ethnicity of Respondents of LGBTQIA+ Older Adult Survey Respondents



Note: Since race and ethnicity were not mutually exclusive, participants who selected "White" may have selected additional races and/or ethnicities. Another identity refers to the response option "none of these fully describe me."

Sexual Orientation

Among respondents, 87% identified with one sexual orientation and 13% identified with more than one sexual orientation. Among respondents, 58% identified as gay, 30% as lesbian, 11% as queer, 7% as bisexual, 4% as same-gender loving, 3% as asexual, 3% as pansexual, 1% as another sexual orientation, 1% as straight/heterosexual[†], 1% as Two-Spirit,[‡] and 1% as questioning.

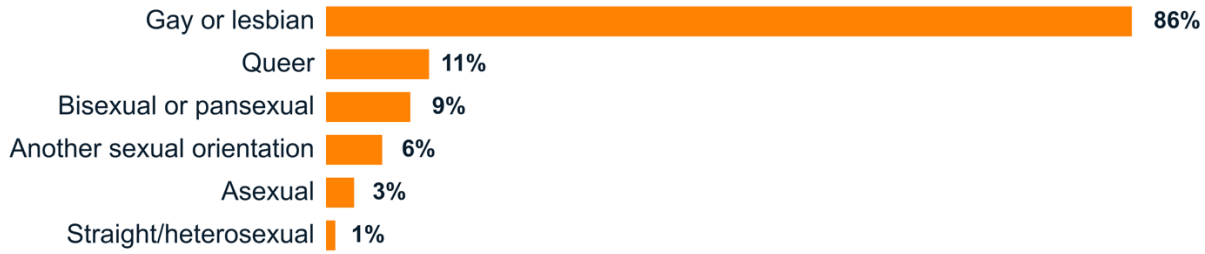
[†] While a small percentage identified as straight/heterosexual, all participants in this study identified as LGBTQIA+. Some examples of a respondent identifying as straight/heterosexual include transgender and gender expansive people that identify as straight, bisexual people that are in a straight/heterosexual relationship, etc.

[‡] Two-Spirit is considered a sexual orientation and gender identity term that is specific to Indigenous communities. We do not know the specific reasons why participants selected Two-Spirit identities, so we have reported all persons who selected these identities here. We are also providing this additional information on race and ethnicity among this group to provide additional context. Among respondents who identified their sexual orientation as Two-Spirit, 54% were people of color (n = 28) and 46% (n = 24) were White only. Of the subsample, 33% (n = 17) were American Indian or Alaska Native, 6% (n = 3) were Asian or Pacific Islander, 8% (n = 4) were Black or African American, 15% (n = 8) were Latino or Hispanic, 8% (n = 4) were Middle Eastern or North African, 65% (n = 34) were White, and 12% (n = 6) reported that none of the categories fully described them. Among respondents who identified their gender identity as Two-Spirit, 60% were people of color (n = 34) and 40% (n = 23) were White only. Of the subsample, 33% (n = 19) were American Indian or Alaska Native, 2% (n = 1) were Asian or Pacific Islander, 14% (n = 8) were Black or African American, 14% (n = 8) were Latino or Hispanic, 5% (n = 3) were Middle Eastern or North African, 67% (n = 38) were White, and 16% (n = 9) reported that none of the categories fully described them.

Mean age by sexual orientation. Same-gender loving respondents were, on average, older (68 years) than respondents who selected any of the other sexual orientation terms. The mean age of asexual respondents, gay respondents, lesbian respondents, and respondents who reported another sexual orientation was 66 years old. On average, questioning respondents and those who selected more than one sexual orientation were the same age (65 years). The mean age for bisexual and straight/heterosexual respondents was 64 years. The sexual orientation groups with the youngest mean ages were queer (63 years), Two-Spirit (62 years), and pansexual (60 years).

To simplify reporting of results, we created categories of sexual orientations to allow for meaningful comparisons of groups in our subsequent results (Figure 2). In our reduced categories, 86% of the sample were gay or lesbian, 11% were queer, 9% were bisexual or pansexual, 6% were another sexual orientation, 3% were asexual, and 1% were straight/heterosexual.

Figure 2. Sexual Orientation Categories of LGBTQIA+ Older Adult Survey Respondents



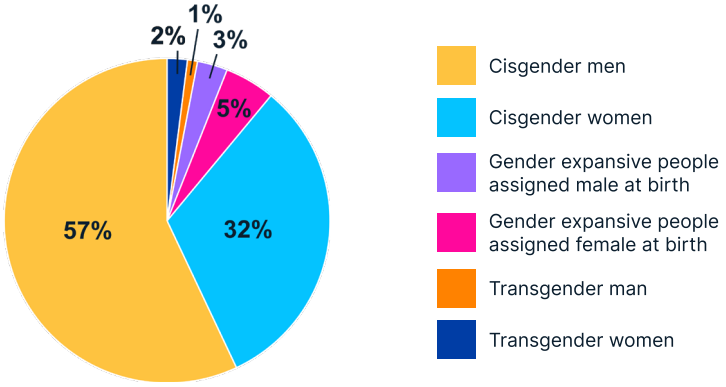
Gender Identity and Sex Assigned at Birth

Most respondents (89%) were cisgender,[§] and 11% were transgender and gender expansive.[2] In terms of sex assigned at birth, 62% of respondents were assigned male sex at birth and 38% were assigned female sex at birth.

The highest percent (40%) of respondents identified as men, followed by 24% that identified as cisgender men, 24% that identified as women, 13% that identified as cisgender women, 4% that identified as non-binary, 3% that identified as genderqueer, 2% that identified as a transgender woman, 1% that identified as questioning, 1% that identified as a transgender man, 1% that identified as Two-Spirit, and 1% that identified as another gender identity. Most respondents (88%) identified with one gender identity; 12% identified with multiple gender identities.

[§] *Cisgender is defined here as having a gender that is aligned with what society may have expected based on one's sex assigned at birth (e.g., woman and female), whereas gender minority is defined as having a gender which does not align with what society may have expected based on one's assigned sex at birth (e.g., nonbinary and male).*

Figure 3. Gender Categories of Respondents of LGBTQIA+ Older Adult Survey Respondents



We consolidated gender categories to allow for meaningful comparisons of groups in our subsequent results (Figure 3). In our reduced categories, 57% were categorized as cisgender men, 32% as cisgender women, 5% as gender expansive people assigned female sex at birth, 3% as gender expansive people assigned male sex at birth, 2% as transgender women, and 1% as transgender men (**Appendix B, Key Terms**).[18]

Mean age by gender: On average, cisgender respondents were older (66 years) than transgender or gender diverse respondents (64 years). The gender identity group with the oldest mean age was gender expansive respondents assigned male at birth (67 years), followed by cisgender men and cisgender women (66 years), transgender women (65 years), transgender men (63 years), and gender expansive respondents assigned female at birth (62 years).

Country of Origin and Language Spoken

Most respondents (93%) were born in the United States or its territories; 7% were born outside of the United States. Most respondents (86%) never or rarely spoke a non-English language with family. Seven percent sometimes spoke a non-English language with family and 7% usually or always spoke it. Similarly, 86% of respondents reported never or rarely speaking a non-English language with friends. Approximately 12% of respondents sometimes spoke a non-English language with friends and 3% spoke it usually or always.

Military Status

10% of the sample reported military service; 90% did not serve in the military.

Geographic Area

Based on the reported ZIP code, 65% of respondents resided in Northern California and 35% resided in Southern California. In terms of population density, 81% of respondents resided in urban areas, 14% resided in suburban areas, and 4% resided in rural areas. As can be seen in **Figure 4**, the greatest numbers of survey respondents were from the San Francisco Bay Area, followed by the Inland Empire, and Los Angeles County.

Figure 4. Geographic Location of LGBTQIA+ Older Adult Survey Respondents by California 2020 Census Regions

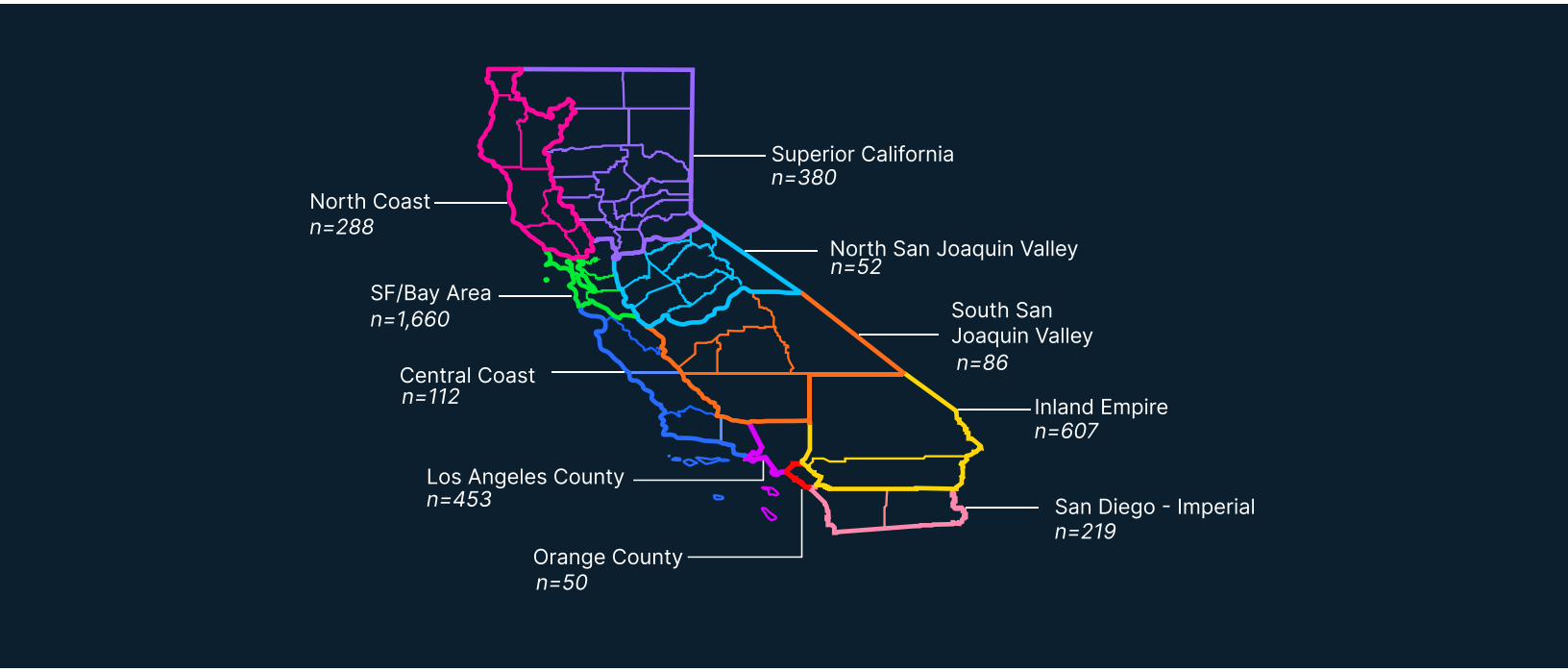
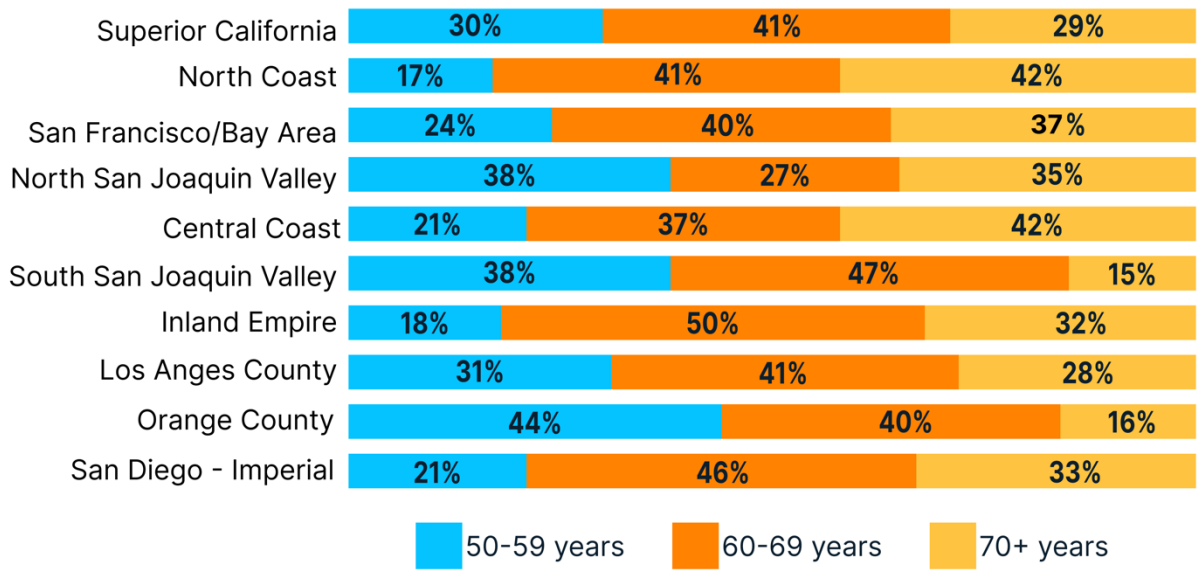


Figure 5. Distribution of the Age of LGBTQIA Older Adult Survey Respondents Across California 2020 Census Regions

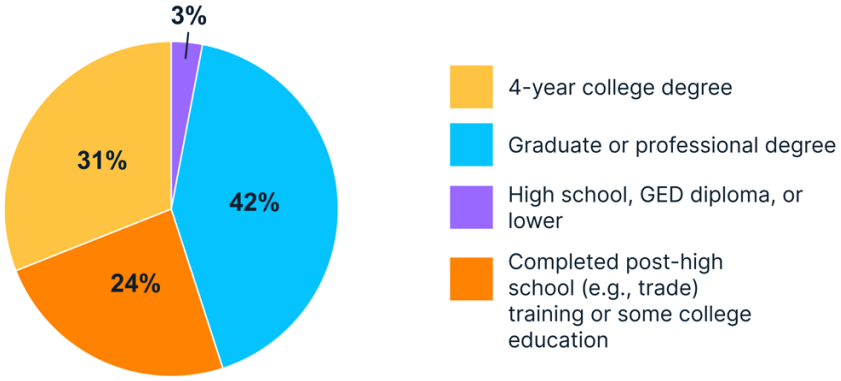


Education Level

Most respondents were college educated: 42% had a graduate or professional degree, 31% graduated with a 4-year college degree, 24% received some college education but did not obtain a 4-year college degree or completed trade, technical, or vocational training; and 3% received a high school diploma or its equivalent (*e.g.*, GED) or had a lower level of formal education (**Figure 6**).

Education level by race and ethnicity, gender, and sexual orientation. A greater proportion of people of color (33%) did not receive a 4-year college degree compared to White only respondents (25%). Transgender and gender expansive and cisgender respondents reported similar education levels, with approximately 27% having not obtained a 4-year college degree. Regarding sexual orientation, about 41% of straight/heterosexual respondents did not have a 4-year college degree, as well as 34% of respondents who selected another sexual orientation, 33% of asexual respondents, 27% of bisexual or pansexual respondents, 27% of gay or lesbian respondents, and 23% of queer respondents.

Figure 6. Education Levels of LGBTQIA+ Older Adult Survey Respondents



Relationship Status

More than half of the sample (56%) reported they were in a relationship. A higher percentage of respondents reported being partnered or married (55%) compared to not partnered or married (44%).

Relationship Status by race and ethnicity, gender, and sexual orientation. A larger proportion of White only respondents were in a relationship (58%) than people of color (50%). Fewer transgender and gender expansive respondents endorsed being in a relationship compared to their cisgender counterparts (50% *versus* 57%). Larger proportions of bisexual or pansexual (54%), gay or lesbian (57%), and queer (51%) respondents were in a relationship than not. Conversely, most respondents who identified as asexual (77%), straight/heterosexual (53%), and another sexual orientation (55%) were not in a relationship.

Types of relationship statuses reported: 39% were married in a legally recognized marriage, 33% were single, 15% were partnered and not married, 8% were divorced, 7% were widowed, 2% were in a registered domestic partnership and not married, 2% reported another relationship status, and 2% were separated.

Economic Wellbeing

In this section, we highlight core findings on the economic wellbeing of respondents related to employment, income, financial assets, financial insecurity, food insecurity, and housing.

The data suggest substantial economic disparities among LGBTQIA+ older adults, particularly across different demographic groups. Financial insecurity affected over a quarter of respondents, with higher rates among people of color and transgender and gender expansive individuals.

A significant portion of the sample was not working, with most retired. Employment rates were higher among people of color and transgender and gender expansive individuals as compared to their White and cisgender counterparts, suggesting people of color and transgender and gender expansive older adults might not have the financial ability to retire as readily. Income distributions showed that while many earned above $100,000 annually, a notable number of people of color and transgender and gender expansive individuals earned $20,000 or less.

Food insecurity was reported by respondents, with more food insecurity reported among people of color and transgender and gender expansive individuals. Most respondents were stably housed, though some respondents expressed concerns about financial stability.

These findings are likely underestimates of the economic wellbeing of LGBTQIA+ older adults in California due to the convenience sample approach taken here which may have limited reach to individuals with poorer economic wellbeing, yet still highlight the need for targeted interventions to support the economic wellbeing of LGBTQIA+ older adults in California.

Employment

Most (56%) of the sample was not working, with about 51% of the sample indicating they were retired. About 22% of respondents were employed and working full-time and 12% were working part-time (< 40 hours weekly); among these groups, about 11% indicated they were self-employed. About 10% of respondents indicated they were disabled and unable to work, 3% were unemployed and looking for work, and 3% were unemployed and not looking for work. About 1% of respondents indicated they were a part-time or full-time students, a homemaker, or temporarily employed.

Table 2. Employment Status of LGBTQIA+ Older Adult Respondents by Age

	Age Category		
Employment (n, %)	50-59 (*n* = 986)	60-69 (*n* = 1,684)	70+ (*n* = 1,367)
Disabled (unable to work) [a]	104 (11%)	213 (13%)	78 (6%)
Employed (working 1-39 hours per week)	154 (16%)	211 (13%)	105 (8%)
Employed (working 40+ hours per week)	466 (49%)	375 (23%)	38 (3%)
Homemaker [a]	28 (3%)	15 (1%)	4 (0.3%)
Not employed and looking for work [a]	62 (6%)	57 (3%)	17 (1%)
Not employed and not looking for work [a]	24 (3%)	36 (2%)	41 (3%)
Retired [a]	81 (8%)	783 (48%)	1,118 (85%)
Self-employed	128 (13%)	190 (12%)	117 (9%)
Student (full-time) [a]	9 (1%)	3 (0.2%)	1 (0.1%)
Student (part-time) [a]	7 (1%)	17 (1%)	5 (0.4%)
Temporarily employed	12 (1%)	16 (1%)	9 (1%)

[a] Respondents who exclusively selected any of these options were considered not working.

By race and ethnicity. About half of respondents (50%) who were people of color were working, compared to White only respondents in which the majority (58%) were not

working. Sixty-five percent of Middle Eastern or North African respondents were working, as were 54% of Black or African American respondents, 51% of Latino or Hispanic respondents, 50% of Asian or Pacific Islander respondents, 49% of respondents who reported more than one race and/or ethnicity, 47% of American Indian or Alaskan Native respondents, and 42% of respondents who selected that none of the categories fully described them or identified as White.

By gender. Among transgender and gender expansive respondents, the majority were working (53%) as compared to 43% of cisgender respondents who were working. Current employment by gender was highest among gender expansive people assigned female sex at birth (60%), followed by transgender men (50%), respondents who reported multiple gender identities (50%), cisgender women (47%), gender expansive people assigned male sex at birth (46%), transgender women (44%), and cisgender men (40%).

By sexual orientation. In terms of sexual orientation, 58% of queer respondents were working, as were 54% of bisexual or pansexual respondents, 49% of respondents that reported more than one sexual orientation, 46% of straight/heterosexual respondents, 44% of respondents who reported another sexual orientation, 42% of gay or lesbian respondents, and 33% of asexual respondents.

LGBTQIA+ older adults working past the retirement age of 67

More than one in five (22%) respondents age 67 years or older have worked past the standard retirement age.

By race and ethnicity. A very similar proportion of people of color (23%) age 67 or older worked past retirement age as their White only counterparts (22%). When looking at variations in who was working at age 67 or older by racial and ethnic categories, approximately 39% of Middle Eastern or North African respondents aged 67 or older were working, as were 32% of Black or African American respondents, 23% of American Indian or Alaska Native respondents, 23% of respondents who selected more than one race and/or ethnicity, 22% of Latino or Hispanic respondents, 21% of Asian or Pacific Islander respondents, and 19% of respondents who reported that none of the categories fully described them.

By gender. More transgender and gender expansive respondents (26%) were working past the standard retirement age than cisgender respondents (21%). Thirty-two percent of transgender women aged 67 or older worked past retirement age, as did 26% of gender expansive people assigned male sex at birth, 25% of respondents who chose more than one option to describe their gender identity, 24% of cisgender women, 21% of gender expansive people assigned female sex at birth, 20% of cisgender men, and 18% of transgender men.

By sexual orientation. Thirty-eight percent of straight/heterosexual respondents aged 67 or older were working past retirement age, as were 32% of bisexual or pansexual respondents, 29% of queer respondents, 26% of respondents who chose another

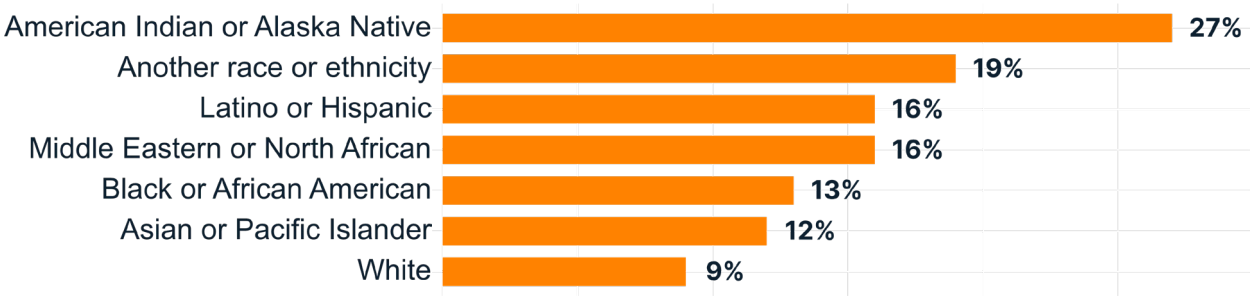
sexual orientation, 24% of respondents who reported more than one sexual orientation, 21% of gay or lesbian respondents, and 12% of asexual respondents.

Income

A large proportion of respondents (42%) reported an income above $100,000 in the 2022 tax year. Ten percent reported an income of between $80,001 and $100,000, 12% reported an income between $60,001 and $80,000, 12% reported an income between $40,001 and $60,000, 14% reported an income between $20,001 and $40,000, and 10% reported an income of $20,000 or less.

By race and ethnicity. A larger proportion of people of color (15%) reported an income of $20,000 or less compared to White only respondents (9%). The two racial and ethnic groups with the highest proportions of respondents reporting an income of $20,000 or less were American Indian or Alaskan Native respondents (27%) and respondents who selected that none of the categories fully described them (19%). The proportion of Latino or Hispanic (16%) and Middle Eastern or North African (16%) respondents was higher than that of Black or African American respondents (13%). The groups with the lowest proportions reporting an income of $20,000 or less were Asian or Pacific Islander (12%) and White (9%) respondents.

Figure 7. Percent of LGBTQIA+ Older Adult Respondents with an Income of $20,000 or Less, by Race and Ethnicity



By gender. Almost one in five (19%) transgender and gender expansive respondents reported an income of $20,000 or less, compared to 9% of cisgender respondents.

Assets

Most respondents (53%) reported having financial assets totaling $500,000 or less, with 47% of respondents reported having financial assets totaling over $500,000. Of those reporting assets totaling $500,000 or less, 21% had assets valued between $100,001 and $500,000, 7% had assets totaling to between $50,001 and $100,000, 11% reported assets valued between $10,000 and $50,000, and 15% had assets totaling less than $10,000.

By race and ethnicity. people of color (20%) reported a higher proportion of having assets valued at less than $10,000 as compared to White respondents (13%). When

examining asset values across racial and ethnic groups, American Indian or Alaskan Native (32%) and Middle Eastern or North African (30%) respondents had the highest proportion of reporting assets valued at less than $10,000. The proportions were also notably high for Black or African American respondents (26%), Latino or Hispanic respondents (22%), and respondents who reported that none of the categories fully described them (20%). The racial and ethnic groups with the lowest percentage of having assets valued below $10,000 were White (14%) and Asian or Pacific Islander (13%) respondents.

By gender. Transgender and gender expansive respondents (27%) had a higher percentage of having less than $10,000 in assets compared to their cisgender counterparts (13%). The gender identity groups with the highest proportion of having less than $10,000 in assets were gender expansive people assigned male at birth (32%), gender expansive people assigned female at birth (25%), and transgender women (25%). Among transgender men, the proportion with less than $10,000 in assets was 21%. The gender groups with the lowest proportion of having assets valued below $10,000 were cisgender men (15%) and cisgender women (11%).

By sexual orientation. When examining asset by sexual orientation, the groups with the highest proportion of less than $10,000 in assets were straight/heterosexual (32%) and asexual (28%) respondents. High proportions of having less than $10,000 in assets were also observed among bisexual/pansexual respondents (24%) and respondents who chose another sexual orientation (23%). Proportions of having assets valued below $10,000 were lowest for queer (21%) and gay or lesbian (13%) respondents.

Financial Insecurity

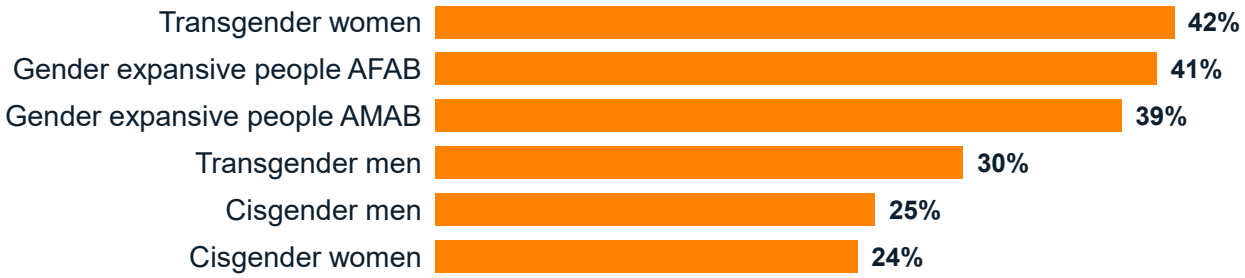
Financial insecurity was defined as struggling to pay bills because of insufficient income during the past 12 months. Among respondents, 74% reported they were financially secure, 19% reported they were financially insecure, and 7% reported they might be financially insecure.

By race and ethnicity. A higher proportion of people of color (35%) reported financial insecurity (*i.e.*, defined as selecting “yes” or “maybe” struggling to pay bills within the past 12 months) than their White only counterparts (23%). When examining financial insecurity across racial and ethnic groups, 45% of American Indian or Alaskan Native respondents reported being financially insecure, as did 39% of Black or African American respondents, 38% of Middle Eastern or North African respondents, 37% of Latino or Hispanic respondents, 37% of respondents who reported that none of the categories fully described them, and 32% of Asian or Pacific Islander respondents.

By gender. A larger proportion of transgender and gender diverse respondents (39%) reported financial insecurity than cisgender respondents (24%). When examining financial insecurity by gender identity (**Figure 8**), the groups with the highest proportion of financial insecurity were transgender women (42%), gender expansive people assigned female sex at birth (40%), and gender expansive people assigned male at birth (39%). The gender identity groups with the lowest proportion of respondents

reporting financial insecurity were transgender men (30%), cisgender men (25%), and cisgender women (24%).

Figure 8. Financial Insecurity by Gender Categories Among LGBTQIA+ Older Adult Respondents



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. When examining financial insecurity by sexual orientation, the groups with the highest proportion of respondents reporting financial insecurity were straight/heterosexual respondents (44%), respondents who endorsed another sexual orientation (39%), and bisexual or pansexual respondents (37%). Among asexual and queer respondents, the proportion reporting financial insecurity were 35% and 34%, respectively. The sexual orientation group with the lowest proportion of reporting financial insecurity was gay or lesbian respondents (24%).

There was greater financial insecurity among transgender and gender expansive respondents (39%) than cisgender respondents (24%).

Food Insecurity

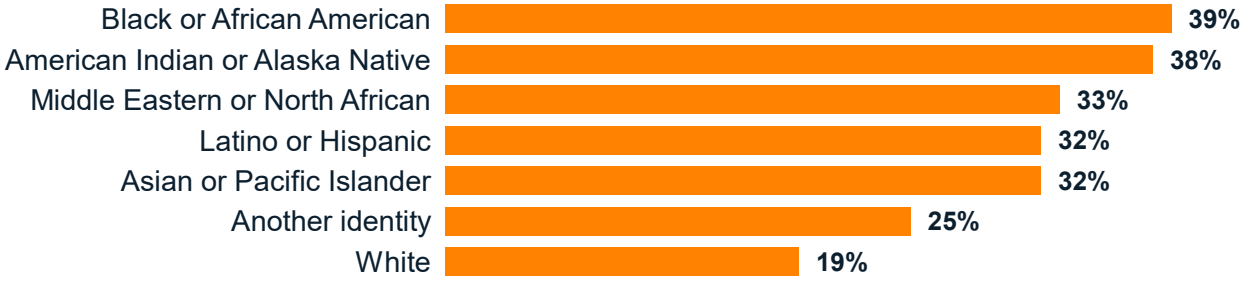
Food insecurity was defined as worrying or stressing about having enough money to buy nutritious meals during the past 12 months. More than three quarters (79%) of respondents reported they never or rarely felt worried or stressed about having enough money to buy nutritious meals and 21% indicated they were sometimes, usually, or always worried about having enough money to buy nutritious meals.

Among the respondents worried about having enough money to buy nutritious meals, 13% indicated they were sometimes worried about it and 9% indicated they were usually to always worried about it.

By race and ethnicity. people of color (33%) reported higher proportions of food insecurity (*i.e.*, by selecting “sometimes” to “always” worried about having enough

money to buy nutritious meals) compared to White only respondents (18%). The racial and ethnic groups with the highest proportion of respondents reporting food insecurity were Black or African American (39%) and American Indian or Alaska Native (38%). Middle Eastern or North African (33%), respondents who selected more than one race or ethnicity (33%), Asian or Pacific Islander (32%), and Latino or Hispanic (32%) respondents reported similar proportions of food insecurity. Of respondents who indicated that none of the racial and ethnic categories fully described them, 25% were food insecure.

Figure 9. Food Insecurity Among LGBTQIA+ Older Adults, by Race and Ethnicity



By gender. Transgender and gender expansive respondents (32%) reported more food insecurity than cisgender respondents (20%). Transgender women (38%) and gender expansive people assigned male sex at birth (36%) had the highest proportion of respondents reporting food insecurity. Of gender expansive people assigned female at birth, 32% reported food insecurity. Cisgender men (21%), transgender men (18%), and cisgender women (18%) had a similar proportion of respondents reporting food insecurity.

By sexual orientation. Of all sexual orientation groups, straight/heterosexual respondents (42%) had the highest proportion of respondents reporting food insecurity, followed by asexual respondents (33%), bisexual or pansexual respondents (31%), and respondents who selected another sexual orientation (30%). The groups with the lowest reported food insecurity were queer (25%) and gay or lesbian (20%) respondents.

People of color (33%) reported higher proportions of food insecurity compared to White respondents (18%).

Housing

Most respondents (61%) reported their housing situation involved living in a house, condominium, or apartment they owned; 28% reported living in a house, condominium, or apartment they rented; 4% reported living in a house or apartment that others paid

for; 4% reported living in senior or age-restricted housing; 3% reported having other living arrangements; 1% reported a temporarily living arrangement with friends or family; 0.3% reported living in an assisted living facility; 0.3% reported living in their car or on the streets; 0.2% reported living in a homeless shelter; 0.1% reported living in a hotel or motel; and 0.1% reported living in transitional housing (*e.g.*, halfway house).

Most (94%) of the White respondents and 90% of people of color respondents reported living in a house, condominium, or apartment. Among racial and ethnic minority subgroups, American Indian and Alaskan Native (84%) and Black or African American (85%) respondents reported the lowest proportions of those living in a house, condominium, or apartment. The proportion of respondents who reported living in a house or apartment did not differ greatly based on gender identity or sexual orientation.

These figures are likely underestimates of unstable housing for LGBTQIA+ older adults living in California as more outreach would have been needed to reach those most vulnerable to housing insecurity.

Living with Others

Overall, most respondents (61%) reported living with another person, while 39% reported living alone. Nearly half (49%) of respondents reported living with a spouse or partner, 6% reported living with other family, 5% reported living with friends, and 3% reported living with other people.

By race and ethnicity. A majority of White only (62%) and people of color (57%) respondents reported living with others. Among racial and ethnic minority subgroups, 41% of Middle Eastern or North African respondents, 46% of Black or African American respondents, 56% of Asian or Pacific Islander respondents, 57% of American Indian or Alaskan Native respondents, 57% of respondents who reported more than one race or ethnicity, 58% of respondents with another racial or ethnic background, 62% of Latino or Hispanic respondents, and 61% of White respondents reported living with others.

By gender. The majority of cisgender respondents (61%) reported living with others, with 60% of cisgender men and 64% of cisgender women reporting living with others. A smaller portion (56%) of transgender and gender expansive respondents reported living with others. Among transgender and gender expansive subgroups, transgender men (64%), transgender women (58%), gender expansive people assigned female at birth (58%), and gender expansive people assigned male at birth (50%) reported living with others.

By sexual orientation. When looking at whether people lived with others by sexual orientation, the highest percent of living with others was among gay and lesbian respondents (62%), followed by straight/heterosexual respondents (59%), bisexual or pansexual respondents (58%), respondents who selected another sexual orientation (57%), and queer respondents (55%). The lowest percent was among asexual respondents at 33%.

Housing Stability

Most respondents (87%) reported having a steady place to live. Twelve percent reported having a current steady place to live but expressed worry about their housing situation and 1% reported not having a steady place to live.

By race and ethnicity. Fewer people of color (81%) reported having a steady place to live as compared to their White only counterparts (89%). When looking at differences by race and ethnicity, Middle Eastern or North African respondents reported the lowest percentage (62%) of respondents having a steady place to live.

By gender. Fewer transgender and gender expansive respondents (76%) reported having a steady place to live as compared to cisgender respondents (88%). Gender expansive people assigned female at birth reported the lowest percentage (73%) of respondents having a steady place to live, while cisgender women reported the highest percentage at 90%.

By sexual orientation. When looking at differences by sexual orientation, 77% of asexual and straight/heterosexual respondents reported having a steady place to live as compared to gay and lesbian respondents (89%), who reflected the highest subgroup of respondents with steady housing.

Those who had a steady place to live but worried about it reported concerns about the following:

- *Not having enough money for housing, 66%*
- *Increase in rent or housing costs, 56%*
- *Unexpected circumstances, 33%*
- *Being evicted, 25%*
- *Their physical health, 23%*
- *An issue not listed on the survey, 21%*
- *Losing their job, 12%*
- *Mental health, 11%*
- *Changes in their relationship, 9%*
- *The physical location and condition of their housing, 7%*
- *Current conflict with people with whom they lived, 7%*

Social Wellbeing and Networks

In this section, we highlight core findings on the social wellbeing of LGBTQIA+ older across dimensions of social support and connectedness, including respondents' experiences with caregiving.

The social wellbeing of LGBTQIA+ older adults was marked by varying levels of satisfaction and support, with a significant proportion of older adults reporting poor social wellbeing.

Although many respondents were satisfied with their social activities and relationships, over a quarter of LGBTQIA+ older adults had low satisfaction with their social activities and relationships. people of color reported less social satisfaction, with the lowest satisfaction among Middle Eastern or North African and American Indian or Alaskan Native respondents.

Around a quarter of respondents reported they only sometimes got the support they needed, and some reported they rarely or never received the support they needed. people of color and transgender and gender expansive individuals reported lower levels of support compared to their White and cisgender counterparts. Although most respondents had multiple sources of support, some LGBTQIA+ older adults had no one to lean on for social support.

Transgender and gender expansive individuals reported more caregiving and had more care-receiving needs compared to cisgender respondents.

These insights underscore the importance of enhancing social support networks for LGBTQIA+ older adults in California.

Satisfaction with social activities and relationships

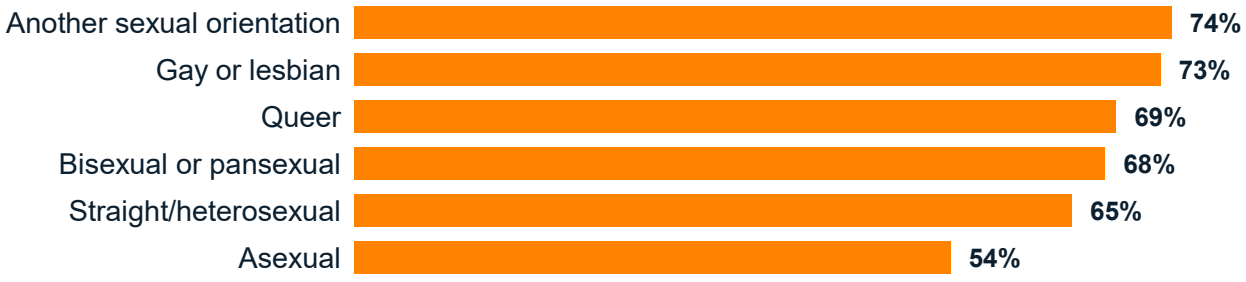
While most respondents (72%) reported good, very good, and excellent satisfaction with social activities and relationships, over a quarter (28%) reported their satisfaction with social activities and relationships was fair or poor.

By race and ethnicity. Nearly three-quarters (73%) of White only respondents, while 69% of people of color respondents reported good, very good, and excellent satisfaction with social activities and relationships. The lowest percentages of satisfaction with social activities and relationships were reported among Middle Eastern or North African (53%) and American Indian or Alaskan Native (60%) respondents who reported good, very good, or excellent satisfaction with social activities and relationships. The racial and ethnic groups most satisfied with their social activities and relationships were Asian or other Pacific Islander, Latino or Hispanic, and White respondents (72%).

By gender. The majority of cisgender respondents (73%) reported good, very good, or excellent satisfaction with their social activities and relationships, with 72% of cisgender men and 75% of cisgender women reporting high satisfaction. A smaller percentage (64%) of transgender and gender expansive respondents reported good, very good, or excellent satisfaction with their social activities and relationships. Among transgender and gender expansive subgroups, transgender women (60%), gender expansive people assigned female at birth (62%), and gender expansive people assigned male at birth (65%) reported the lowest percentages of being satisfied with their social activities and relationships.

By sexual orientation. When looking at satisfaction with social activities and relationships by sexual orientation (**Figure 10**), the lowest percentage of satisfaction (54%) was reported by asexual respondents as compared to 74% of those identifying as another sexual orientation (the highest percentage of social satisfaction).

Figure 10. Satisfaction with Social Activities and Relationships Among LGBTQIA+ Older Adults, by Sexual Orientation



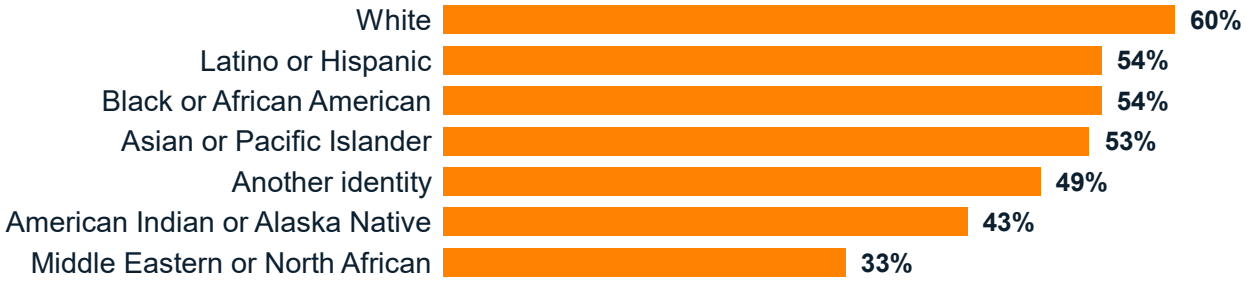
Social and Emotional Support

Over half (59%) of respondents reported that they usually or always received the social and emotional support they needed, while around a quarter (28%) said they sometimes

received the support they needed, and close to one in eight respondents (13%) responded never or rarely to receiving the social and emotional support needed.

By race and ethnicity. Nearly two-thirds of White only (61%) and half of people of color (53%) respondents reported that they usually or always received the social and emotional support they needed. When looking at which LGBTQIA+ older adults are always or usually getting the social and emotional support they need by race and ethnicity (**Figure 11**), 43% of American Indian and Alaskan Native respondents and 33% of Middle Eastern or North African respondents reported they usually or always receive the social and emotional support they need, as compared to 53% of Asian or Pacific Islander respondents, 54% of Black or African American respondents, 54% of Latino or Hispanic respondents, 49% of those with a race or ethnicity not listed on the survey, and 48% of respondents who reported more than one race and/or ethnicity.

Figure 11. Percent of LGBTQIA+ Older Adults Always or Usually Receiving Needed Support, by Race and Ethnicity



By gender. Most cisgender respondents (61%) reported they usually or always receive the social and emotional support they needed, with 59% of cisgender men and 63% of cisgender women reporting they received social and emotional support. A smaller percentage (46%) of transgender and gender expansive respondents reported they usually or always receive the social and emotional support they needed. Among transgender and gender expansive subgroups, gender expansive people assigned male at birth (39%), transgender men (41%), and gender expansive people assigned female at birth (49%) reported the lowest percentages of usually or always receiving the social and emotional support they needed.

By sexual orientation. When looking at whether respondents usually or always received the social and emotional support they needed by sexual orientation, the lowest percentages were reported by asexual (37%) and straight/heterosexual (50%) respondents, compared to gay or lesbian respondents (61%).

More than 1 in 8 LGBTQIA+ older adult respondents rarely or never receive the social and emotional support they need.

People to Turn to for Support, Encouragement, or Short-Term Help

Nearly three quarters (73%) of respondents had more than one person to turn to for support, encouragement, or short-term help and 7% had no one to turn to for support.

By race and ethnicity. A small percentage of White (6%) and of people of color respondents (8%) reported having no one to turn to for support. When examining the percent of respondents who reported they had no one to turn to for support by race and ethnicity, the highest percentages of having no one to turn to were reported by Middle Eastern or North African (13%) and American Indian or Alaskan Native (10%) respondents, as compared to those with another race or ethnicity (6%) who reported having no one to turn to for support.

By gender. The percentages of cisgender and transgender and gender expansive respondents who reported having no one to turn to for support were equivalent (each at 7%).

By sexual orientation. When looking at the percentage of respondents with no one to turn to for support by sexual orientation, the highest percentage was reported by asexual (15%) respondents as compared to 5% of queer respondents who reported having no one to turn to for support.

Who was supporting LGBTQIA+ older adult respondents? 71% of respondents reported turning to a close friend; 48% turned to a partner or spouse; 42% turned to a family member (biological, adopted, or chosen); 34% turned to a pet; 19% turned to a therapist or support group; 19% turned to a neighbor; 11% turned to a spiritual, faith or religious community; 4% turned to a caregiver, 4% turned to a social service provider, agency, or organization.

LGBTQIA+ Older Adults as Caregivers

Approximately 17% of respondents reported providing ongoing living assistance or care for someone, with 13% of these respondents providing it to more than one person.

people of color (19%) reported slightly higher rates of providing care to others, as compared to White respondents (16%). Transgender and gender expansive respondents (21%) reported higher proportions of providing care to others as compared to cisgender respondents (16%), with transgender men (26%) reporting the highest percentage of providing care to others and cisgender men (16%) reporting the lowest percentage of providing care to others.

LGBTQIA+ older adults were providing care for: a parent (33%); a partner or spouse (32%); a friend (21%); a child (11%); a sibling or sibling-in-law (6%); a neighbor (3%); a grandchild (2%); and a person not captured by the response options (9%).

LGBTQIA+ Older Adults with Caregivers

Nearly one in twelve (8%) respondents reported receiving assistance or care from others, with 32% of these respondents receiving assistance or care from more than one person.

people of color (10%) reported slightly higher rates of receiving care from others as compared to White only (8%) respondents. Transgender and gender expansive respondents (15%) reported a higher proportion of receiving care from others as compared to cisgender respondents (8%), with gender expansive people assigned male at birth (20%) reporting the highest percentage of receiving care from others and transgender women (3%) reporting the lowest percentage of receiving care from others.

LGBTQIA+ older adults were receiving care from: a partner or spouse (55%); a friend (24%); a paid caregiver through a public health care insurer (18%); a therapist or support group (10%); another person (10%); a social service provider, agency, or organization (8%); a child (7%); a sibling (6%); a privately paid caregiver (6%); a neighbor (5%); and a spiritual, faith, or religious community (4%).

Discrimination and Safety

In this section, we highlight core findings on experiences of discrimination, abuse, and safety reported by respondents.

LGBTQIA+ older adults in California often reported experiencing discrimination in the past year, with the most common reasons for discrimination being related to age and sexual orientation. Discrimination rates were higher among people of color and transgender and gender expansive individuals.

Almost one in five respondents reported abuse, with verbal abuse being most reported. The majority of respondents did not report these incidents of abuse due to shame and distrust of authorities related to being an LGBTQIA+ person.

Concerns about safety for LGBTQIA+ people were common among older adult respondents. people of color and transgender and gender expansive people reported more concerns about safety. Fewer respondents felt their community was safe for transgender and gender expansive individuals, relative to those who felt safe as asexual, bisexual, gay, lesbian, and/or queer individuals in their community.

The prevalence of discrimination experiences, abuse, and concerns about safety for LGBTQIA+ people of underscore the need for targeted interventions to enhance safety and reduce discrimination. Further, community building interventions, training for law enforcement, and public safety programs (*e.g.,* LGBTQIA+ liaison programs) to support older LGBTQIA+ people may enable people who are experiencing abuse to feel it is safe to report their experiences to authorities.

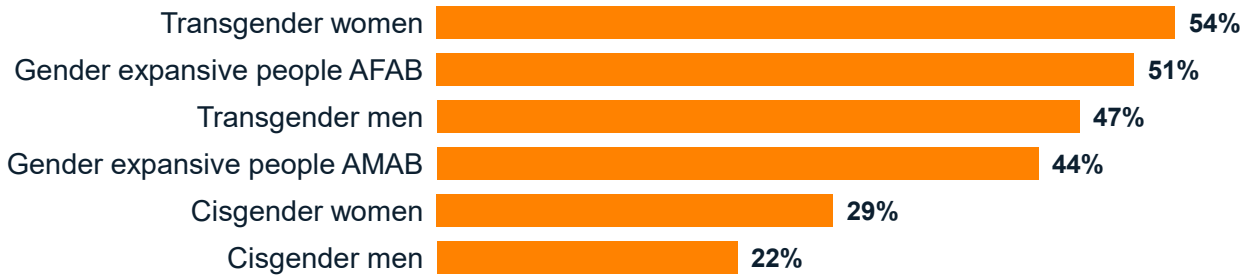
Discrimination

Approximately one in four respondents (27%) reported being treated unfairly, with less respect than others, or discriminated against in the past 12 months.

By race and ethnicity. Approximately 41% of people of color and 24% of White respondents reported experiencing discrimination in the past 12 months. When examining discrimination by race and ethnicity, 65% of Middle Eastern or North African respondents, 49% of American Indian or Alaskan Native respondents, 45% of Asian or Pacific Islander respondents, 45% of respondents from another racial and ethnic group, 44% of respondents who reported more than one race and/or ethnicity, 41% of Black or African American respondents, and 36% of Latino or Hispanic respondents reported experiencing discrimination in the past 12 months.

By gender. Transgender and gender expansive (49%) respondents reported higher proportions of experiencing discrimination as compared to cisgender (25%) respondents. Transgender women (54%) and gender expansive assigned female at birth (51%) respondents reported the highest percentages of discrimination and cisgender men (22%) reported the lowest percentage of discrimination.

Figure 12. Experiences of Discrimination in the Past Twelve Months among LGBTQIA+ Older Adult Respondents, by Gender



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. When looking at the percentage of respondents who experienced discrimination in the past 12 months by sexual orientation, the highest percentage was reported by those identifying with another sexual orientation (44%) followed by queer respondents (43%) compared to gay and lesbian respondents (25%) who reported lower levels of experiencing discrimination.

Respondents felt they were discriminated against for the following reasons:
Age (60%), sexual orientation (54%), body size or weight (24%), gender identity (22%), ability/disability status (21%), race/ethnicity or skin color (20%), gender expression (18%), money or income (18%), something not listed on the survey (13%), ancestry or national origin (13%), and faith, religion, or spirituality (7%).

Abuse

Approximately 19% of respondents reported they were in abusive or threatening situations in the past 12 months.

Among the respondents who indicated they were in an abusive or threatening situation in the past 12 months, nearly two-thirds (63%) of respondents reported they were verbally abused or threatened, 36% indicated they felt someone was controlling or harassing them, 28% were scammed or felt forced to give money or property, 17% indicated they were physically hurt, pushed, punched, assaulted in another way, or physically threatened, and 6% indicated they were touched, grabbed, or groped without consent or forced to do sexual acts.

Respondents indicated they felt they were targeted for the following reasons: 42% for their sexual orientation, 41% for their age; 15% for their ability/disability status; 14% for their money or income; 14% for their gender identity; 14% for their body size, shape or weight; 13% for their gender expression; 12% for their race and/or ethnicity or skin color; 7% for their ancestry or national origin; and 5% for their faith, religion, or spirituality.

Of the respondents who reported being in abusive or threatening situations in the past 12 months, **79% indicated they did not report the incident(s) to the authorities while 21% did report the incident(s) to the authorities.**

By race and ethnicity. Asian or Pacific Islander respondents and Latino or Hispanic respondents had the highest percentages of not reporting incidents of abuse to the authorities (both at 86%).

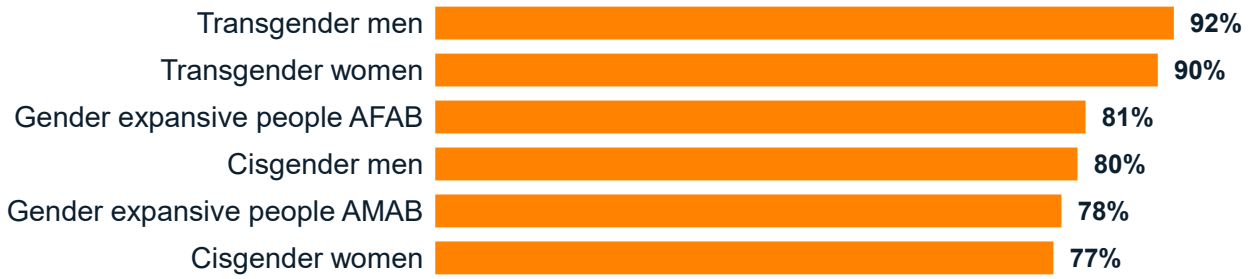
By gender. Transgender men (92%) and transgender women (90%) had the highest percentages of not reporting incidents of abuse to the authorities (Figure 13).

By sexual orientation. Straight/heterosexual (89%), bisexual or pansexual (83%), and queer (81%) respondents had the highest percentages of not reporting incidents of abuse to the authorities.

The most common reasons respondents provided for not reporting incidents of abuse to the authorities were they:

Did not trust the authorities to be fair to LGBTQIA+ people, 23%
Felt ashamed of the experience, 22%
Did not know how to report the incident, 16%
Had other reasons to not report (not listed in the survey), 52%

Figure 13. Percent of LGBTQIA+ Older Adults Who Experienced Past 12-month Abuse and Did Not Report These Incidents to the Authorities, by Gender



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

Safety for LGBTQIA+ People

Respondents who identified as transgender and gender expansive were asked their beliefs about the safety of the community where they lived.

Nearly two-thirds (59%) of respondents believed the community where they lived was safe to extremely safe for transgender and gender expansive people.

30% of respondents felt neutral and 10% reported the community they lived in was unsafe or extremely unsafe for transgender and gender expansive people.

people of color respondents (13%) reported slightly higher proportions of living in communities that are unsafe for transgender and gender expansive people as compared to White only respondents (10%). Among racial and ethnic subgroups that reported living in communities that were unsafe to extremely unsafe for transgender and gender expansive people, Middle Eastern or North African (19%) respondents and Black or African American (18%) respondents reported the highest percentages of living in unsafe communities.

Transgender and gender expansive (15%) respondents reported higher proportions of living in communities that are unsafe for transgender and gender expansive people than cisgender respondents (10%). Gender expansive respondents assigned female at birth (18%) reported the highest percentage of living in unsafe communities followed by gender expansive respondents assigned male at birth (13%).

When looking at the percentage of respondents who were living in unsafe communities for transgender and gender expansive people by sexual orientation, the highest percentage was reported by those identifying bisexual and pansexual (15%) followed by asexual respondents (14%) compared to respondents identifying with another sexual orientation (8%) who reported lower levels of living in unsafe communities.

Respondents who identified as asexual, bisexual, gay, lesbian, queer, or not exclusive straight/heterosexual were asked their beliefs about the safety of the community where they lived —

> Three quarters (75%) of respondents believe the community they were living in was safe to extremely safe for asexual, bisexual, gay, lesbian, and/or queer people, as compared to 20% that responded neutral, and 5% that reported their community was unsafe to extremely unsafe.

A relatively small percentage of White respondents (5%) and people of color respondents (7%) reported living in unsafe to extremely unsafe communities for asexual, bisexual, gay, lesbian, queer, or not exclusively straight/heterosexual people. Among racial and ethnic minority subgroups that reported living in unsafe to extremely unsafe communities for asexual, bisexual, gay, lesbian, and/or queer people, American Indian or Alaskan Native (10%) respondents, followed by Black or African American and Middle Eastern or North African (both at 9%) respondents reported the highest percentages of living in unsafe communities for asexual, bisexual, gay, lesbian, and/or queer people as compared to Asian or Pacific Islander (4%) respondents who reported the lowest percentage.

A higher percentage of transgender and gender expansive (12%) respondents reported living in unsafe communities for asexual, bisexual, gay, lesbian, queer people, or not exclusively straight/heterosexual people as compared to cisgender (5%) respondents. Gender expansive respondents assigned female at birth (14%) reported the highest percentage of living in unsafe communities for asexual, bisexual, gay, lesbian, and/or queer people followed by gender expansive respondents assigned male at birth (11%) as compared to cisgender men (4%) who reported the lowest percentage.

When looking at the percentage of respondents who were living in unsafe communities for asexual, bisexual, gay, lesbian, queer, or not exclusively straight/heterosexual people by sexual orientation, the highest percentage was reported by asexual respondents (11%) compared to gay and lesbian respondents (4%) who reported lower levels of living in unsafe communities for asexual, bisexual, gay, lesbian, and/or queer people.

Comfort Disclosing LGBTQIA+ Identity to Others

LGBTQIA+ older adults reported challenges in disclosing their gender identity and sexual orientation to healthcare providers, first responders, and people where they lived.

Most transgender and gender expansive respondents were comfortable with healthcare providers knowing their gender identity, but discomfort was higher among specific racial and ethnic groups, such as Latino or Hispanic respondents. There was less comfort disclosing LGBTQIA+ identities to first responders, with fewer feeling comfortable with a first responder knowing their gender identity. Higher levels of discomfort with first

responders knowing their gender identity were reported among Latino or Hispanic respondents and transgender men. Most people felt comfortable disclosing their gender identity to people where they live, but discomfort was higher among Asian or Pacific Islander respondents and transgender men.

Overall, most people felt comfortable disclosing their sexual orientation. However, there was greater discomfort with disclosing sexual orientation particularly among Middle Eastern or North African and straight/heterosexual LGBTQIA+ older adults, indicating a need for improved support and interventions.

Comfort with healthcare provider

We asked transgender and gender expansive respondents about their comfort with their health care provider knowing about their **gender identity and sex assigned at birth.**

The majority (80%) of transgender and gender expansive respondents felt somewhat to very comfortable with their health care provider knowing about their gender identity and sex assigned at birth, as compared to 7% that responded neutral, and 13% that responded somewhat uncomfortable to very uncomfortable with their health care provider knowing their gender identity and sex assigned at birth.

By race and ethnicity. The highest percentages of respondents who reported discomfort with their health care provider knowing their **gender identity** were among Latino or Hispanic respondents (19%), American Indian or Alaskan Native respondents and Middle Eastern or North African respondents (both at 17%) as compared to respondents who identified with another racial and ethnic category (10%), which had the lowest rate of reported discomfort.

By gender. When looking at respondent's discomfort with their health care provider knowing their **gender identity**, we see differences among gender identity groups. Transgender men (17%) and gender expansive respondents assigned female at birth (15%) reported the highest percent of discomfort with their health care provider knowing their gender identity.

Figure 14. Discomfort with Healthcare Providers Knowing Gender Identity and Sex Assigned at Birth by Gender Among LGBTQIA+ Older Adult Respondents

Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. When looking at the percentage of respondents who were uncomfortable with their health care provider knowing their **gender identity** by sexual

orientation, the highest percentage was reported by asexual respondents (23%). The groups with the lowest level of discomfort (9% each) were gay and lesbian respondents and respondents who selected another sexual orientation.

When respondents were asked about their comfort with their health care provider knowing their sexual orientation, most respondents (91%) felt somewhat comfortable to very comfortable with their health care provider knowing about their sexual orientation, as compared to 4% that responded neutral, and 5% that responded somewhat uncomfortable to very uncomfortable.

Comfort with first responders

We asked transgender and gender expansive respondents about their comfort with their health care provider knowing about their **gender identity and sex assigned at birth**.

Nearly one third (30%) of transgender and gender expansive respondents were somewhat to very uncomfortable with first responders knowing their gender identity and sex assigned at birth. Sixty-one percent of transgender and gender expansive respondents felt somewhat to very comfortable with first responders knowing about their gender identity and sex assigned at birth, and 9% were neutral.

By race and ethnicity. Over two-thirds (37%) of people of color and 27% of White respondents reported discomfort with first responders knowing their **gender identity**. Among racial and ethnic subgroups that reported discomfort with first responders knowing their gender identity, the highest percentages of discomfort were reported among Latino or Hispanic respondents (54%), multi-racial respondents (43%), and Asian or Pacific Islander respondents (39%) as compared to respondents who identified with another racial and ethnic category (23%), which reported the lowest rate of discomfort.

By gender. When looking at respondent's discomfort with first responders knowing their **gender identity** (**Figure 15**), transgender men (47%) reported the highest percent of discomfort with first responders knowing their gender identity followed by transgender women (43%), gender expansive respondents assigned female at birth (28%), and gender expansive respondents assigned male at birth (21%).

Figure 16. Discomfort with First Responders Knowing Gender Identity and Sex Assigned at Birth by Gender Among LGBTQIA+ Older Adult Respondents

Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. When looking at the percentage of respondents who were uncomfortable with first responders knowing their **gender identity** by sexual orientation, the highest percentage was reported by asexual respondents (48%) compared to those identifying with another sexual orientation (20%) who reported lower rates of discomfort.

When asked about their comfort with first responders knowing about their sexual orientation, 76% of respondents reported feeling somewhat comfortable to very comfortable, 11% responded neutral, and 13% responded somewhat uncomfortable to very uncomfortable with first responders knowing about their sexual orientation.

By race and ethnicity. Considering differences by race and ethnicity, 16% of people of color and 12% of White respondents reported discomfort with first responders knowing their **sexual orientation**. Among racial and ethnic subgroups, the highest percentages of discomfort were reported among Middle Eastern or North African respondents (30%) and American Indian or Alaskan Native respondents (19%), as compared to Latino or Hispanic respondents (12%) who reported the lowest percentage of discomfort.

By gender. When looking at respondent's discomfort with first responders knowing their **sexual orientation**, we see differences among gender identity groups. Transgender men (35%), gender expansive respondents assigned female at birth (30%), and transgender women (29%) reported the highest percent of discomfort with first responders knowing their sexual orientation, compared to cisgender men (9%) who reported the lowest rates of discomfort.

By sexual orientation. When looking at the percentage of respondents who were uncomfortable with first responders knowing their **sexual orientation** by sexual identity, the highest percentage was reported by asexual respondents (33%) and bisexual and pansexual respondents (28%), as compared to gay and lesbian respondents (11%) who reported lower levels of discomfort.

Comfort with people where respondents live

We asked transgender and gender expansive respondents about their comfort with people where they live knowing about their **gender identity and sex assigned at birth.**

When asked about their comfort with people where they live knowing about their gender identity and sex assigned at birth, 72% were somewhat comfortable to very comfortable with

people where they live knowing about their gender identity and sex assigned at birth, as compared to 11% that responded neutral, and 16% that responded somewhat uncomfortable to very uncomfortable.

By race and ethnicity. Among transgender and gender expansive respondents, 21% of people of color and 14% of White respondents were uncomfortable with people where they live knowing about their **gender identity**. Among racial and ethnic subgroups, the highest percentages reporting discomfort were among Asian or Pacific Islander respondents (35%), followed by Latino or Hispanic respondents (31%) as compared to respondents who identified with another racial and ethnic category (6%), which reported the lowest rate of discomfort.

By gender. When looking at discomfort with the people where they live knowing their **gender identity**, we see differences among gender identity groups. Transgender men (36%) reported the highest percent of discomfort with the people where they live knowing their gender identity followed by transgender women (28%), gender expansive respondents assigned female at birth (12%), and gender expansive respondents assigned male at birth (10%).

By sexual orientation. When looking at the percentage of respondents who were uncomfortable with the people where they live knowing their **gender identity**, the highest percentage reporting discomfort was reported by straight and heterosexual respondents (40%), followed by asexual respondents (32%), as compared to gay and lesbian respondents and respondents who selected another sexual orientation (8% for each) who reported lower levels of discomfort.

When respondents were asked about their comfort with people where they live knowing about their **sexual orientation**, 85% were somewhat comfortable to very comfortable with people where they live knowing about their sexual orientation, as compared to 7% that responded neutral, and 9% that responded somewhat uncomfortable to very uncomfortable.

By race and ethnicity. Of respondents reporting discomfort with the people where they live knowing their **sexual orientation**, 10% were people of color and 8% were White respondents. Among racial and ethnic subgroups, the highest percentages that reported discomfort with the people where they live knowing their sexual orientation were among Middle Eastern or North African respondents (17%) followed by Asian or Pacific Islander respondents (12%) as compared to Black or African American and White respondents (8% each), who reported the lowest rate of discomfort.

By gender. When looking at respondent's discomfort with the people where they live knowing their **sexual orientation**, transgender men (29%) reported the highest percent of discomfort with the people where they live knowing their sexual orientation followed by gender expansive assigned female at birth respondents (17%), as compared to cisgender men (6%) who had the lowest rate of discomfort.

By sexual orientation. When looking at the percentage of respondents who were uncomfortable with the people where they live knowing their **sexual orientation** by sexual identity, the highest percentage was reported by straight/heterosexual respondents (33%), followed by asexual respondents (25%) compared to gay and lesbian respondents (7%) who reported lower levels of discomfort.

Health Care Access

In the following section, we describe reported health care access of LGBTQIA+ older adults, including proximity, type of health insurance, and health literacy. Most LGBTQIA+ older adults from this survey reported living within 25 miles from a hospital. In regard to health insurance, the majority of LGBTQIA+ adults that were 65 years of age or older had Medicare. The most common type of health insurance among older adults between 50-64 years of age was Medicare, private insurance, and Medi-Cal. People of color, transgender, and gender expansive people reported needing help reading written medical information at higher rates.

These data are likely underestimates of healthcare access disparities, particularly in the domain of health literacy, as we may not have reached individuals who have low health care access.

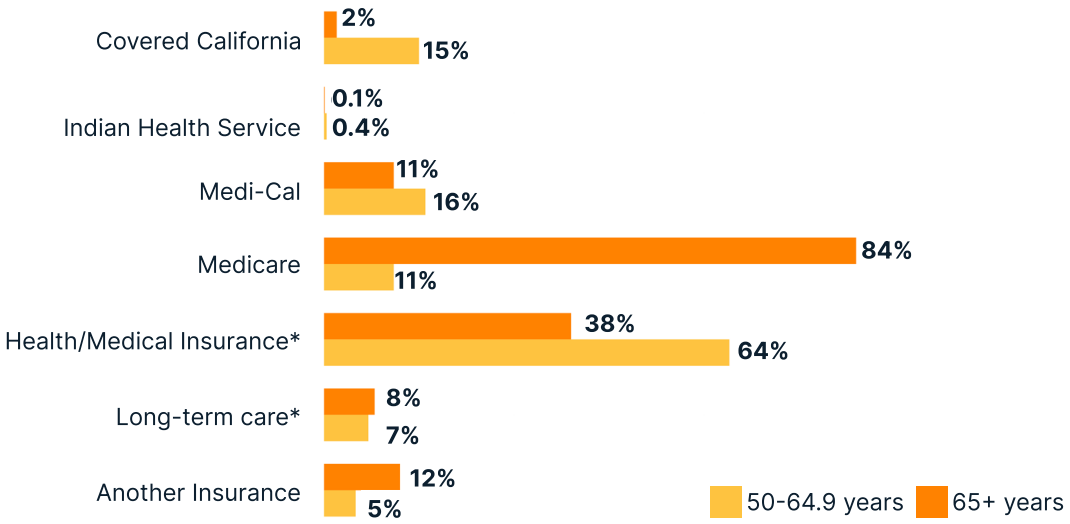
Proximity to Hospital

When asked about proximity to a hospital, approximately 99% of respondents reported living within 25 miles of a hospital. Across all racial and ethnic groups, between 98-100% of respondents reported living within 25 miles of a hospital. Approximately 99% of cisgender people and 98% of transgender and gender expansive people reported living within 25 miles of a hospital. The percentages were comparable across all gender identities and ranged from 97% to 100%. When looking by sexual orientation, the percentage of people who reported living within 25 miles of a hospital ranged from 98%-100%.

Insurance

Almost the entire sample (98%) had health care insurance or a health coverage plan. Most participants aged 65 or over had Medicare for health/medical insurance. The majority of participants under the age of 65 had private or employer-sponsored health/medical insurance.

Figure 17. Insurance Type of Older LGBTQIA+ Adults by Age Category



**Private or employer-sponsored insurance*

Health Literacy

Overall, 94% of respondents reported never or rarely needing help with reading written material from doctor or pharmacy. Only 4% reported sometimes needing help and 2% reported often to always needing help.

By race and ethnicity. Across all racial and ethnic groups, 92% of people of color and 95% of White only respondents reported never to rarely needing help reading written material from a doctor or pharmacy. When examined by specific racial and ethnic group, American Indian or Alaska Native, Latino or Hispanic, and Black or African American respondents had the lowest percentage of never to rarely needing help reading written material from a doctor or pharmacy.

By gender. Roughly 90% of transgender and gender expansive people and 95% of cisgender people reported never to rarely needing help reading written material from a doctor or pharmacy. When examined by specific gender identity categories, a lower percentage of transgender men and gender expansive people assigned male at birth (86% each) reported never to rarely needing help reading written material than the groups with the highest percentage, cisgender men and transgender women (95% each).

By sexual orientation. When examining by sexual orientation, straight/heterosexual respondents reported the lowest percentage (88%) of never to rarely needing help reading written material from a doctor or pharmacy, while gay or lesbian respondents reported the highest percentage (95%).

Service Utilization

This section outlines services needed by LGBTQIA+ older adults and reasons for not using needed services.

Driving their own vehicle, walking, and public transportation were the most reported methods of transportation. Dental and medical and health services were the most common used in the past year. Difficulty accessing services and cost were the reasons most commonly reported by respondents for not using or obtaining services. Not having access to transportation services was reported more often by people of color and transgender and gender expansive people.

The most five commonly needed services were dental services, medical and health services, COVID-19 related services, social support services, and mental health services. The most common reasons for not using needed services included services were difficult to access or too expensive.

Transportation

Overall, approximately 91% of respondents reported that they rarely had trouble getting to places because of adequate transportation. However, nearly 6% of respondents said that this happened at least once a month and nearly 3% reported that this happened weekly or more often. The most common methods of transportation were driving their own vehicle (82%), walking (44%), public transportation (34%), taxi or rideshare (30%), biking (12%), carpooling (3%), and carsharing (3%).

By race and ethnicity. Roughly 8% people of color and 5% of White people reported not having necessary transportation at least once a month. Approximately 21% of Middle Eastern or North African respondents, nearly 12% of respondents reporting more than one race or ethnicity, 11% of Black or African American respondents, 10% of American Indian or Alaska Native respondents, 9% of respondents who indicated that none of the racial or ethnic categories fully described them, 7% of Latino or Hispanic respondents, 7% of Asian or Pacific Islander respondents, and 6% of White respondents reported not having the necessary transportation at least once a month.

By gender. Nearly 11% of transgender and gender expansive people and 6% of cisgender people reported not having transportation to get to where they needed to at least once a month. A higher percentage of transgender men (14%), gender expansive people assigned female at birth (12%), and gender expansive people assigned male at birth (11%) reported not having transportation at least once a month, which was higher than cisgender men (6%), cisgender women (6%), and transgender women (5%).

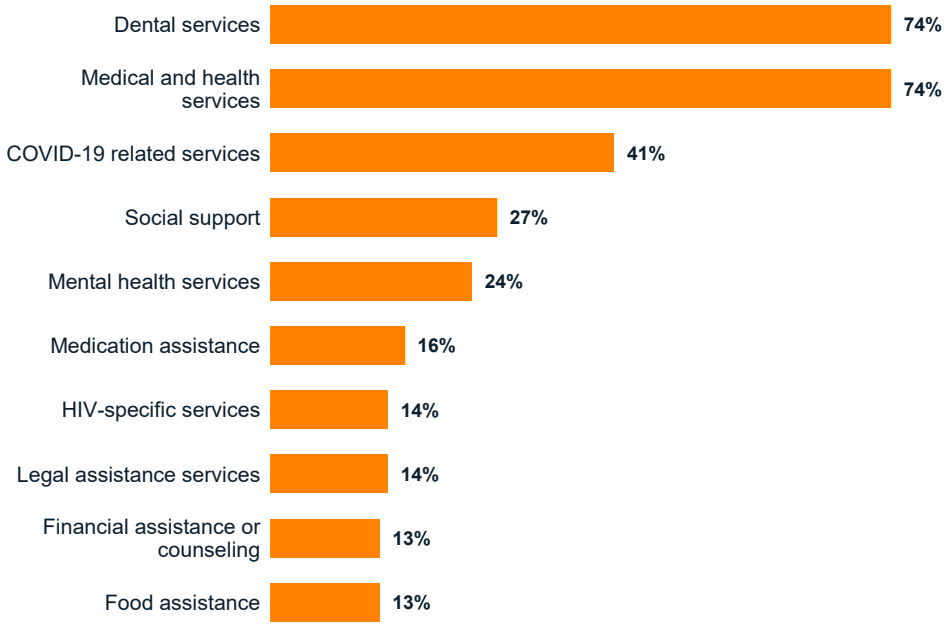
By sexual orientation. When looking at the results by sexual orientation, 14% of asexual people, 11% of bisexual or pansexual people, 9% of straight/heterosexual people, and 8% of queer people reported experiencing this at least once a month. Respondents who identified with another sexual orientation (7%) and gay or lesbian people (5%) had the lowest percentage of this occurring.

Services Used and Needed

The most common services used in the past 12 months were medical and health services, dental services, support and services related to COVID, mental health services or a substance use program, social support, medication assistance, and HIV specific services (**Figure 18**). Other needed services were food assistance, legal assistance, financial assistance or counseling, case manager or social work, transportation, information and referral services for seniors, aging services, in-home care, day programs, caregiver support, employment support, housing assistance, and veterans' services. The five services with the most unmet need were dental, financial assistance or counseling, medical and health services, mental health services, social support. Reasons cited for not using these services are described in **Figure 20**.

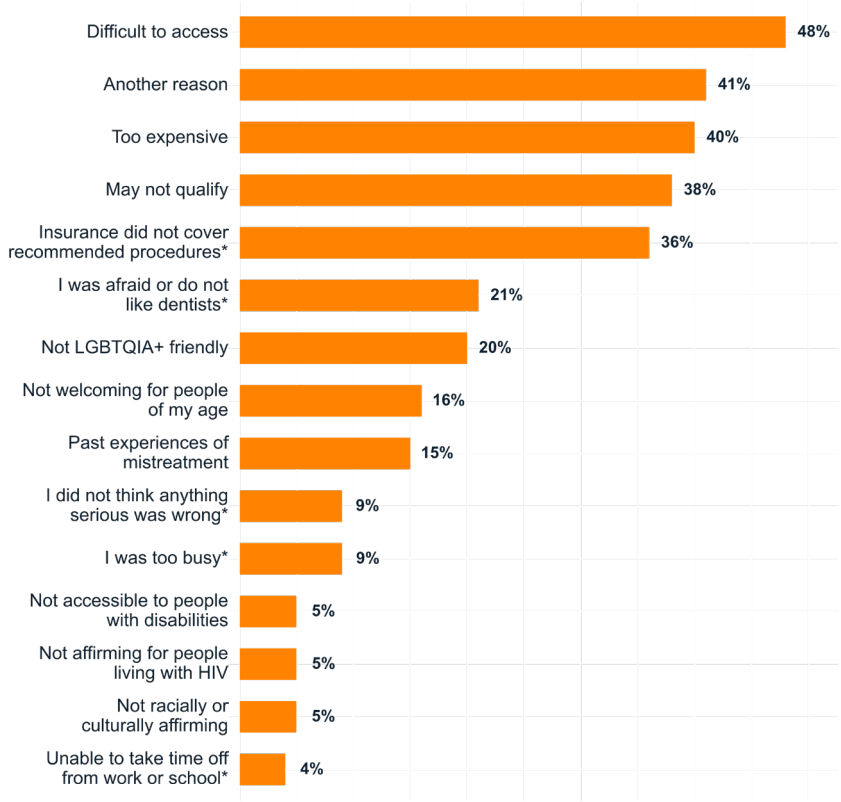
Of respondents who reported not using needed service(s) because they had concerns about LGBTQIA+ inclusivity (*n*=243), the services most avoided were social support services (42%), reported avoiding mental health services (17%), and aging services (16%).

Figure 18. The 10 Most Needed Services Among LGBTQIA+ Older Adults who Reported Service Need (*n* = 3,257)



Note: Mental health services include substance use programs.

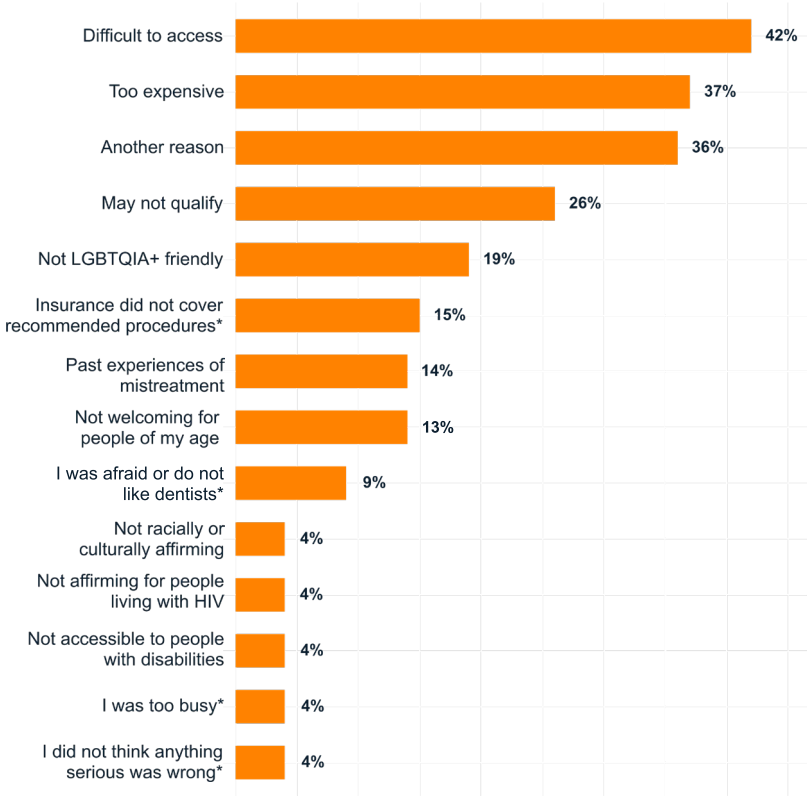
Figure 19. Reasons LGBTQIA+ Older Adults Did Not Use Needed Services, Across All Services



**Response options only available for dental services.*

Notes: Percents describe the percentage of unique respondents reporting each reason for not using services, out of all respondents who provided a reason for not using needed services (n=1,206 for reasons available for all services; n=364 for reasons only available for dental services). Mental health services include substance use programs.

Figure 20. Reasons Reported Among LGBTQIA+ Older Adults Who Did Not Use Needed Services, Across the Five Services with Most Unmet Need



**Response options only available for dental services.*

Notes: The five services with most unmet service need were dental, financial assistance or counseling, medical and health, mental health (which includes substance use programs), and social support services. Percents are out of number of unique respondents who reported needing and not using these five services (n=868)

Mental Health and Substance Use

The section below highlights the results on the mental health and substance use of respondents, including overall mental health, emotional distress, symptoms of posttraumatic stress disorder, and types of substance use. Although many reported good mental health, a large proportion of LGBTQIA+ older adults reported a variety of challenges with their mental health, and data indicates people of color and transgender and gender expansive people reported worse mental health outcomes.

About one in ten respondents had recent, serious thoughts about killing themselves in the past 12 months. Middle Eastern or North African respondents and American Indian or Alaska Native had the highest rates of serious suicide ideation in the past year. Transgender and gender expansive people had higher rates of having serious thoughts about killing themselves.

Drinking alcohol, smoking cannabis, and using sedatives or sleeping pills were the most common substances used in the past three months. Although more than half of respondents reported smoking 100 cigarettes or more in their lifetime, the majority of respondents were currently not smoking cigarettes.

Nearly half of respondents had experienced a traumatic event in their life and nearly a quarter of respondents had symptoms consistent with posttraumatic stress disorder. people of color, transgender, and gender expansive people had greater proportions of respondents who experienced a traumatic event within the past year.

The findings suggest elevated need for mental health services among LGBTQIA+ older adults.

Overall Mental Health

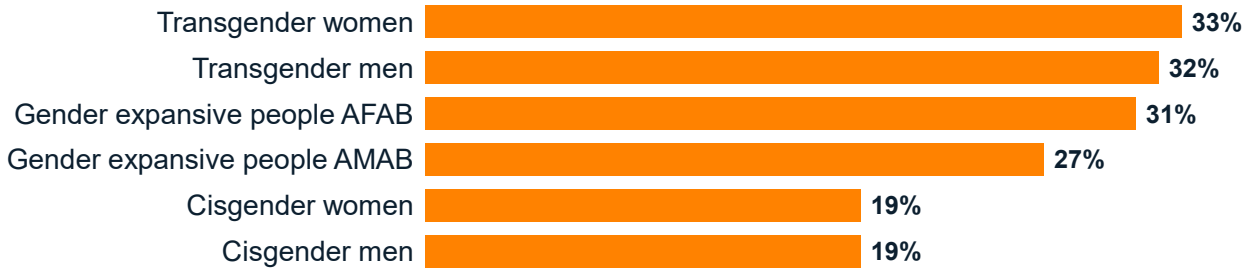
When asked to rate their overall mental health, 80% of respondents rated their mental health as good to excellent. One in five (20%) rated their mental health as fair or poor.

By race and ethnicity. A greater percentage of people of color reported fair or poor mental health (24%) than White respondents (19%). When examining mental health by racial and ethnic background, 31% of respondents of Middle Eastern or North African descent, 27% of respondents who indicated that none of the racial or ethnic categories fully described them, 26% of American Indian or Alaska Native people and 26% of Latino or Hispanic respondents rated their mental health as fair or poor. Similarly, 26% of respondents reporting more than one race or ethnicity rated their mental health as fair

or poor. Among Asian or Pacific Islander people, 20% rated their mental health as fair or poor. Among White respondents, 20% rated their mental health as fair or poor. Among Black or African American respondents, 19% rated their mental health as fair or poor.

By gender. A greater proportion of transgender and gender expansive people (30%) reported fair or poor mental health than cisgender people (19%). Transgender women (33%), transgender men (32%), and gender expansive people assigned female at birth (31%), had the highest percentage of respondents who reported fair or poor mental health.

Figure 21. Fair or Poor Perceived Mental Health Among LGBTQIA+ Older Adult Respondents by Gender



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. The highest percentage of fair or poor mental health was among asexual (38%) bisexual or pansexual (29%), queer (26%), straight/heterosexual (26%) and people who identified with another sexual orientation (24%). Gay or lesbian people had the lowest percentage of fair or poor mental health (19%), still reflecting that around one in five gay or lesbian people rated their mental health as fair or poor.

Resilience

Nearly two-thirds of respondents (64%) agreed or strongly agreed that they were able to bounce back quickly after hard times, 25% neither agreed nor disagreed, and 11% disagreed or strongly disagreed that they were able to bounce back quickly after hard times.

Emotional Distress

When asked to rate how much they have been bothered by their emotional problems in the past week, 21% of respondents reported feeling bothered by their emotional problems often to always and 37% reported sometimes being bothered.

By race and ethnicity. A higher percentage of people of color (25%) than White respondents (20%) reported being bothered by their emotional problems often to always. When examined by specific racial and ethnic groups, Middle Eastern or North African respondents (29%), Hispanic or Latino respondents (26%), and respondents who reported that none of the racial or ethnic categories fully described them (26%) had

the highest percentage of being bothered by their emotional problems often to always. Among American Indian and Alaskan Native people and Black or African American people this percentage was 25% and 24%, respectively. Asian or Pacific Islander (20%), and White (20%) respondents were the racial and ethnic groups with the lowest percentage of reporting being bothered by their emotional problems often to always. More than one in four respondents who reported more than one race and ethnicity (26%) reported being bothered by their emotional problems often to always.

By gender. When compared to cisgender people (20%), transgender and gender expansive people (30%) were more likely to report being bothered by emotional problems often to always. When examined by gender identity, a higher percentage of gender expansive people assigned female at birth (32%), transgender women (30%), transgender men (27%) and gender expansive people assigned male at birth (27%) reported being bothered by emotional problems often to always, which was higher than cisgender women (21%) and cisgender men (19%).

By sexual orientation. Straight/heterosexual (38%), asexual (33%), and bisexual or pansexual (29%) people had the highest percentage of respondents who reported being bothered by emotional problems often to always. Queer (26%), respondents who identified with another sexual orientation (25%) and gay or lesbian (20%) people, had a relatively lower percentage of being bothered by emotional problems often to always than other groups.

Suicide

Overall, 11% of respondents said they had seriously thought about killing themselves in the past 12 months.

By race and ethnicity. people of color (11%) had a similar percentage of serious suicide ideation as White respondents (10%). However, when examined by racial and ethnic groups, Middle Eastern or North African respondents (19%), American Indian or Alaska Native respondents (17%), respondents who reported that none of the racial or ethnic categories fully described them (15%), Latino/or Hispanic (13%) respondents, and respondents reporting more than one race or ethnicity (13%) had the highest percentages of reporting seriously thinking about killing themselves in the past 12 months. White (10%), Asian or Pacific Islander (9%) and Black or African American (8%) respondents had the lowest percentage of people who had seriously thought about killing themselves in the prior 12 months.

By gender. More transgender and gender expansive people (16%) reported serious thoughts about killing themselves in the past year than cisgender people (10%). When examined by specific gender identity group, transgender women (18%), gender expansive people assigned female at birth (18%), and gender expansive people assigned male at birth (16%) had a higher percentage of respondents who reported seriously thinking about killing themselves in the past year than cisgender men (11%) cisgender women (8%), and transgender men (8%).

By sexual orientation. Sixteen percent of asexual respondents, 16% of bisexual or pansexual respondents, 15% of respondents who identified with another sexual orientation, 14% of queer respondents, 10% of gay or lesbian respondents, and 9% of straight/heterosexual respondents reported seriously thinking about killing themselves in the past year.

Substance Use

Overall, 71% of respondents reported drinking alcohol, with most respondents reporting drinking monthly or less frequently (22%) and two to four times a month (18%).

When asked about any substance use in the past 3 months, 32% reported cannabis use, 14% reported using sedatives or sleeping pills, 7% reported using tobacco products, 6% used another type of substance, 5% used opioids, and 3% used hallucinogens. Stimulants (3%), inhalants (1%), and cocaine (1%) were used less frequently.

Percent of participants who reported their past 3-months substance use was exactly as prescribed or recommended by a healthcare provider (among participants who reported each type of substance use): 90% of people who used sedatives or sleeping pills, 88% of people that who used opioids, 29% of people who used stimulants, 25% of people who used hallucinogens, 21% of people who used cannabis, and 7% of people who used cocaine reported they used this substance as prescribed or recommended by a healthcare provider.

By race and ethnicity. A higher percentage of White respondents (62%) than people of color (55%) reported ever drinking alcohol. Among racial and ethnic groups, White (62%), Latino or Hispanic (61%) and American Indian or Alaska Native (60%) respondents had higher percentages of reporting drinking alcohol. This was followed by Middle Eastern or North African (59%) people, people reporting more than one race or ethnicity (57%), Black or African American people (52%), Asian or Pacific Islander people (51%), and people who reported that none of the racial or ethnic categories fully described them (48%).

By gender. A smaller percentage of transgender and gender expansive people (52%) reported drinking alcohol than cisgender people (62%). Within specific gender identity groups, cisgender men (64%), transgender men (63%), and cisgender women (58%) had a higher percentage of respondents who reported drinking alcohol than gender expansive people assigned male (54%) or assigned female (49%) at birth and transgender women (46%).

By sexual orientation. When examined by sexual orientation, the highest percentage of respondents who reported drinking alcohol was among gay or lesbian (61%), bisexual or pansexual (60%), and queer (59%) respondents, whereas the lowest was among respondents who reported another sexual orientation (56%), straight/heterosexual (53%), or asexual (39%).

Tobacco Use

Although the majority (94%) of respondents no longer smoked cigarettes, almost half (48%) of respondents reported smoking at least 100 cigarettes in their lifetime. American Indian or Alaskan Native respondents, Middle Eastern or North African respondents, and gender expansive respondents assigned male at birth reported the highest rates of recent tobacco use.

Lifetime cigarette use

Nearly half (48%) of respondents reported ever having smoked cigarettes in their lifetime (defined as smoking at least 100 cigarettes).

Among specific racial and ethnic groups, 56% of Middle Eastern or North African people reported smoking 100 or more cigarettes in their entire life, which was higher than all other racial or ethnic groups. American Indian or Alaska Native respondents (54%), respondents who selected more than one race and/or ethnicity (53%), Black or African American respondents (51%) had the highest percentage of people who reported smoking 100 or more cigarettes.

By gender identity, the highest percentage of respondents who reported smoking 100 cigarettes or more in their lifetime, was among gender expansive people assigned male at birth (56%) and transgender women (52%).

By sexual orientation, the highest percentage of respondents who reported smoking 100 cigarettes or more in their lifetime was among respondents who identified with another sexual orientation (54%), as asexual (53%), straight/heterosexual (53%) and queer (52%).

Recent (Past 3-month) Tobacco Use

When asked about tobacco use in the past three months, 7% of respondents reported using tobacco products. This was approximately the same among people of color (8%) compared to White only respondents (7%). American Indian or Alaska Native (14%) and Middle Eastern or North African (13%) respondents were the racial and ethnic groups most likely to report using tobacco products in the past three months. Black or African American respondents (9%) respondents reporting more than one race and/or ethnicity (9%) had similar rates of tobacco product use, White respondents (7%), Latino or Hispanic respondents (7%), respondents who reported that none of the racial or ethnic categories fully described them (7%), and Asian or Pacific Islander respondents (6%) had the lowest percentages of using tobacco products in the past three months.

Transgender and gender expansive people had similar percentage using tobacco products in the past three months (8%) as cisgender people (7%). Among gender identity groups, transgender women (11%), and gender expansive people assigned male at birth (9%) had a higher percentage of respondents reporting using tobacco products than cisgender men (8%), gender expansive people assigned female at birth (7%), transgender men (5%), and cisgender women (5%).

By sexual orientation, 13% of asexual, 8% of bisexual or pansexual, 8% of queer, 7% of gay or lesbian, 6% of straight/heterosexual, and 5% of respondents who identified with another sexual orientation reported using tobacco products in the past three months.

Trauma

When asked about exposure to traumatic events, approximately 49% of respondents reported experiencing a traumatic event in their lifetime, with 8% reporting exposure to traumatic events within the past 12 months.

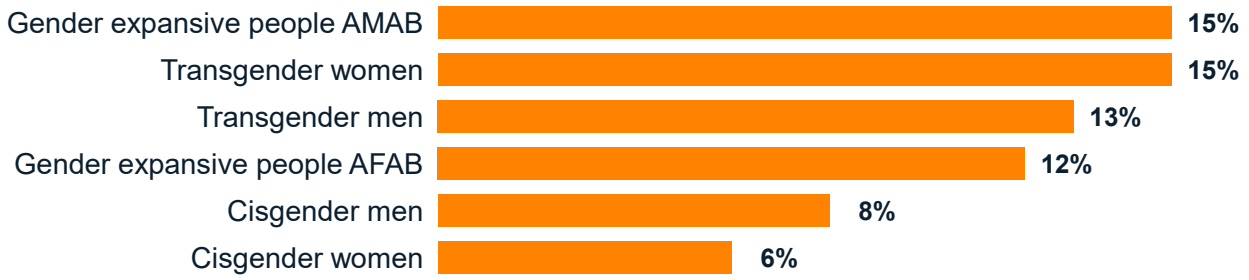
A higher percentage of people of color than White respondents reported experiencing a traumatic event in the past 12 months and in their lifetime.

A higher proportion of people of color reported a traumatic event within the past year (12% *versus* 7%) and within their lifetime (56% *versus* 47%) compared to their White only counterparts. The highest percentages of exposure to traumatic events in the past 12 months was among Middle Eastern or North African respondents (18%), American Indian or Alaska Native respondents (16%), respondents reporting more than one race or ethnicity (13%), Asian or Pacific Islander respondents (11%), Latino or Hispanic respondents (10%), and Black or African American respondents (10%). White respondents (7%) had the lowest percentage of exposure to traumatic events in the past 12 months. Similarly, the highest percentage of exposure to a traumatic event that occurred more than 12 months ago was among Middle Eastern or North African respondents (56%), respondents reporting more than one race or ethnicity (55%), American Indian or Alaska Native respondents (54%), people who reported that none of the racial or ethnic categories fully described them (48%), Latino or Hispanic respondents (47%), White (42%), and Asian or Pacific Islander respondents (41%).

There were a larger percentage of transgender and gender expansive people who reported experiencing a traumatic event within the past 12 months and in their lifetime.

Transgender and gender expansive respondents had a higher percentage of exposure to traumatic events within the past year (14%) and over two thirds experienced a traumatic event within their lifetime (68%), which was higher than cisgender respondents (7%, and 47%, respectively). By gender identity, gender expansive respondents assigned male at birth (15%), transgender women (15%), transgender men (13%), and gender expansive respondents assigned female at birth (12%), had a higher percentage who reported experiencing a traumatic event in the past year than cisgender men (8%) and cisgender women (6%).

Figure 21. Past 12-month Trauma Exposure Among LGBTQIA+ Older Adults by Gender Identity



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

When examined by sexual orientation, bisexual or pansexual (68%) and straight/heterosexual (65%) respondents had highest proportions of exposure to traumatic events in their lifetime. Asexual sexual people (13%) and people who reported another sexual orientation (11%) had a higher percentage of respondents who reported experiencing a traumatic event in the past year than queer (9%), straight/heterosexual (9%), bisexual or pansexual (9%), and gay or lesbian (8%) respondents.

Twenty four percent of LGBTQIA+ older adults reported symptoms consistent with posttraumatic stress disorder (PTSD) screening criteria.

Cognitive and Physical Health

In this section, we report on the cognitive and physical health of LGBTQIA+ older adult respondents. We also summarize data on physical limitations, abilities and differences. We conclude by reporting on data related to memory, confusion, and cognition.

While most respondents reported good quality of life and physical health, our findings indicate that there are many LGBTQIA+ older adults who are experiencing significant challenges to their long-term health and underscore the need for interventions to address physical and cognitive health disparities.

people of color were more likely to report having a worse quality of life, overall health, and physical health than White respondents. The highest proportion was observed among Middle Eastern and North African, Black or African American and respondents who reported more than one race and/or ethnicity. Transgender and gender expansive people were more likely to report a worse quality of life, overall health and physical health than cisgender people.

Nearly one in every ten respondents were deaf or had a difficulty hearing, with the greatest prevalence among gender expansive people and transgender people. Physical limitations, including walking or climbing stairs and doing errands alone were most salient among people of color, transgender and gender expansive people.

Measures of poor cognitive health are likely underestimates, given the nature of voluntary, online surveys — additional outreach and research is needed among LGBTQIA+ older adults to determine needs around cognitive health.

About one in seven reported worsening memory loss or confusion. Nearly one in every five transgender and gender expansive people reported memory loss or confusion. Similarly, people of color, transgender and gender expansive respondents were more likely to report difficulty concentrating, remembering or making decisions. Confusion or memory loss was highest among people of color, with the highest prevalence among Hispanic or Latino and American Indian or Alaska Native respondents.

Overall, about one in six respondents were people living with HIV. A higher percentage of people of color reported living with HIV than White respondents, with the highest proportions observed among Latino or Hispanic, Black or African American, and American Indian or Alaska Native people. Cisgender people, especially men and gender expansive people assigned male at birth had the highest proportion of people living with HIV.

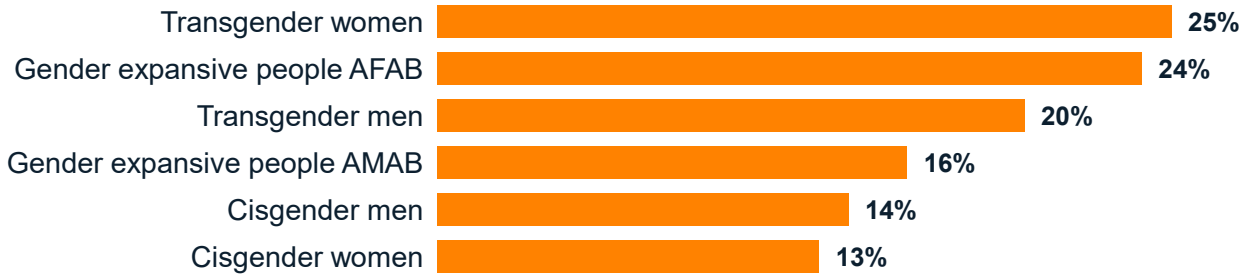
Quality of Life

When asked to rate their quality of life, 86% of respondents indicated their quality of life was good to excellent. 14% of all respondents reported their quality of life was fair or poor.

A higher percentage of people of color (18%) reported fair or poor quality of life compared to White only respondents (13%). Among racial and ethnic minority subgroups, 28% of Middle Eastern and North African respondents, 21% of Black or African American, 21% of respondents who reported more than one race and/or ethnicity, 20% of Latino or Hispanic respondents, and 20% of American Indian and Alaskan Native respondents reported fair or poor quality of life. Fourteen percent of Asian and Pacific Islander respondents reported fair or poor quality of life.

A greater percentage of transgender and gender expansive respondents (21%) than cisgender respondents (14%) rated their quality of life as fair or poor. There were higher percentages of transgender women (25%), gender expansive respondents assigned female at birth (24%), and transgender men (20%), who reported lower quality of life, in comparison to other groups ranging 13-16%.

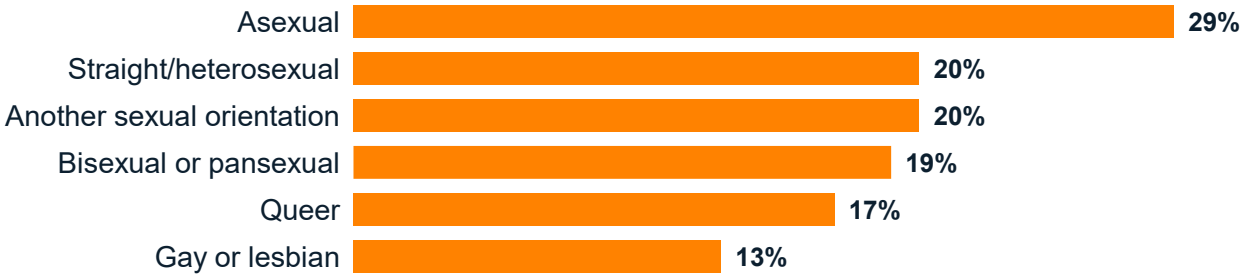
Figure 22. LGBTQIA+ Older Adults Reporting Fair or Poor Quality of Life by Gender



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

When examining quality of life by sexual orientation (**Figure 23**), there were larger percentages reporting fair or poor quality life among respondents who were asexual (29%), straight/heterosexual (20%), and another sexual orientation (20%).

Figure 23. LGBTQIA+ Older Adults Reporting Fair or Poor Quality of Life by Sexual Orientation



Overall Health

Overall, 20% of respondents rated their overall health as fair or poor, with 23% of people of color and 19% of White only respondents reporting fair or poor health.

By race and ethnicity. Thirty one percent of Middle Eastern or North African respondents, 29% of American Indian or Alaska Native, 26% of respondents who selected that none of the racial or ethnic categories fully described them, 25% of respondents reporting more than one race or ethnicity, 24% of Latino or Hispanic respondents, and 22% of Black or African American African respondents reported fair or poor health. A lower percentage (19%) of Asian or Pacific Islander and White respondents reported having fair or poor overall health.

By gender. Over one quarter (28%) of transgender and gender expansive people reported fair or poor health and 19% of cisgender respondents rated their health as fair or poor. Among gender subgroups, gender expansive people assigned male at birth (32%), transgender men (30%), and gender expansive people assigned female at birth (29%) had higher percentages of respondents reporting fair or poor overall health.

By sexual orientation. There were higher percentages of respondents reporting fair or poor overall health among asexual (34%), straight/heterosexual (29%), bisexual or pansexual (28%), which was higher than respondents who identified as another sexual orientation (22%), queer (22%), or gay or lesbian (19%).

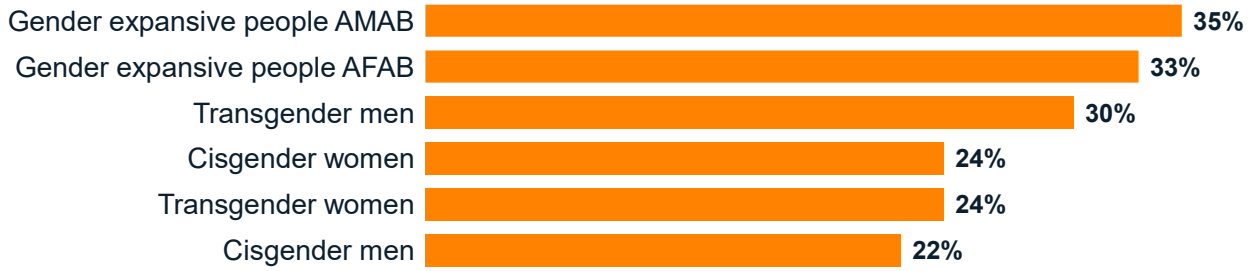
Physical Health

Overall, 23% of older LGBTQIA+ adult respondents reported their physical health as fair or poor.

By race and ethnicity. A quarter of people of color (25%) reported fair or poor physical health, with a slightly lower percentage among White only respondents (23%). Among racial and ethnic minority subgroups, 36% of Middle Eastern or North African respondents, 35% of American Indian or Alaskan Native respondents, 28% of respondents who selected more than one race and/or ethnicity, 27% of respondents who indicated that none of the racial or ethnic categories fully described them, 26% of Latino or Hispanic respondents, 23% of White respondents, 22% of Asian or Pacific Islander respondents, and 22% of Black or African American respondents reported fair or poor physical health.

By gender. A greater percentage of transgender and gender expansive respondents (32%) than cisgender respondents (23%) rated their physical health as fair or poor. The percentage of respondents with fair or poor physical health was highest among gender expansive people assigned male at birth (35%), gender expansive people assigned female at birth (33%), and transgender men (30%).

Figure 24. Fair or Poor Physical Health Among LGBTQIA+ Older Adult Respondents by Genderx



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

By sexual orientation. There were particularly large percentages of respondents reporting fair or poor overall physical health among asexual (39%) and bisexual or pansexual (32%) respondents, with 22-29% reporting fair or poor physical health across all other sexual orientation subgroups.

Physical Differences, Abilities, and Functional Limitations

Approximately 9% of respondents reported being deaf or having difficulty hearing.

The proportion of respondents who reported being **deaf or having difficulty hearing** was equivalent among people of color and White only respondents (9%). A higher percentage of transgender and gender expansive people (12%) than cisgender people (9%) reported being deaf or having difficulty hearing. When examined by gender identity, gender expansive people assigned male at birth (15%), gender expansive people assigned female at birth (12%), and transgender women (11%) had higher percentages of being deaf or having difficulty hearing than cisgender men (9%), cisgender women (8%), and transgender men (8%). By sexual orientation, 18% of straight/heterosexual respondents, 16% of respondents who reported another sexual orientation, 12% of asexual respondents, 10% bisexual or pansexual respondents, 9% of gay or lesbian respondents, and 8% of queer respondents reported being deaf or difficult of hearing.

Roughly 17% of respondents reported having difficulty walking or climbing stairs.

A greater proportion of people of color (17%) reported having **difficulty walking or climbing stairs** as compared with White only respondents (11%). Middle Eastern or North African respondents (28%) reported the highest percent of respondents who had difficulty walking or climbing the stairs, followed by American Indian or Alaska Native respondents (26%), and Black or African American respondents (24%). Asian or Pacific Islander respondents had the lowest reported rate of difficulty walking or climbing the stairs at 12%. There were also a higher percentage of transgender and gender expansive people (24%) reporting having a difficulty walking or climbing stairs than cisgender people (16%). When examined by gender identity, the highest percentage was among gender expansive people assigned male at birth (28%) and gender expansive people assigned female at birth (24%). Transgender women (20%) and

cisgender women (20%) had the next highest percentages. Transgender men (18%) and cisgender men (14%) had the lowest percentages of people reporting difficulty in this area. By sexual orientation, 29% of straight/heterosexual respondents, 26% of respondents who reported another sexual orientation, 25% of bisexual or pansexual respondents, and 24% of asexual respondents reported having difficulty walking or climbing stairs. Queer (17%) and gay or lesbian (16%) respondents had the lowest percentages of people reporting difficulty walking or climbing stairs.

Nearly 9% of all respondents reported having a difficulty doing errands alone.

A greater proportion of people of color (11%) reported **difficulty doing errands alone** as compared with White respondents (8%). American Indian or Alaskan Native respondents (20%) reported the highest percent of respondents who had difficulty doing errands alone, followed by Middle Eastern or North African respondents (15%), and Black or African American respondents (13%).

Transgender and gender expansive people (18%) had a higher percentage of people who reported difficulty doing errands alone than cisgender people (8%). By gender identity, the highest percentage was among gender expansive people assigned male at birth (21%), gender expansive people assigned female at birth (18%), transgender men (18%), and transgender women (11%). Cisgender women (9%) and cisgender men (7%) had the lowest percentage of respondents who reported difficulty doing errands alone. By sexual orientation, 38% of straight/heterosexual respondents, 21% of asexual respondents, 16% of respondents who reported another sexual orientation, 14% of bisexual or pansexual respondents, 11% of queer, and 8% of gay or lesbian respondents reported difficulty doing errands alone.

About 5% of respondents reported having a difficulty dressing or bathing.

Overall, 4% of respondents reported being blind or having a difficulty seeing.

Memory, Confusion, and Cognition

Memory loss and confusion.

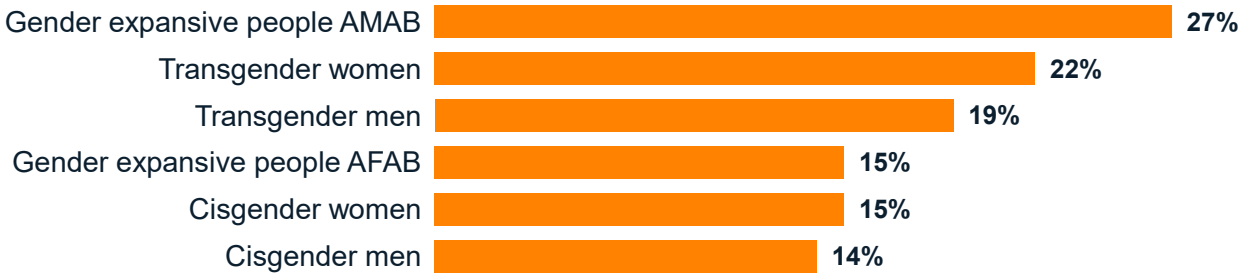
Fifteen percent of respondents reported experiencing confusion or memory loss that is happening more often or getting worse.

By race and ethnicity. people of color (16%) had a slightly higher percentage of respondents experiencing worsening confusion or memory loss than White only (14%) respondents. When we examine this by racial and ethnic background, there were differences in the percentages of people reporting confusion or memory loss. At 20%, respondents who selected that none of the racial or ethnic categories fully described them had the highest proportion reporting these symptoms, followed by Hispanic or Latino respondents (17%) and American Indian or Alaska Native respondents (17%). Asian or Pacific Islander respondents (15%), White respondents (14%), and respondents who selected multiple races and/or ethnicities (14%) had the next highest

proportions. Black or African American (13%) and Middle Eastern or North African respondents had the lowest percentages (10%).

By gender. Transgender and gender expansive (19%) people were more likely to report experiencing confusion/memory loss that was happening more frequently or worsening than cisgender people (14%). By gender identity, the highest percentage of respondents reporting this was among gender expansive people assigned male at birth (27%), transgender women (22%), and transgender men (19%). The lowest percentages were observed among gender expansive people assigned female at birth (15%), cisgender women (15%), and cisgender men (14%).

Figure 24. Percent of LGBTQIA+ Older Adult Respondents Reporting Worsening Memory Loss or Confusion Among by Gender



Note: AMAB= assigned male at birth; AFAB= assigned female at birth.

When examined by sexual orientation, 31% of straight/heterosexual respondents, 20% of respondents that reported another sexual orientation, 19% of bisexual or pansexual respondents, 14% of gay or lesbian respondents, 14% of asexual respondents, and 13% of queer respondents reported experiencing confusion/memory loss.

Difficulty concentrating, remembering, and making decisions.

Among all respondents, 13% reported having a difficulty concentrating, remembering, or making decisions due to an existing health condition.

By race and ethnicity. A greater proportion of people of color (17%) reported having difficulty concentrating, remembering, or making decisions as compared with White only respondents (11%). Latino or Hispanic respondents (20%) reported the highest percent of respondents who had difficulty concentrating, remembering, or making decisions, followed by Asian or Pacific Islander respondents (19%), respondents who reported more than one race and/or ethnicity (18%), and American Indian or Alaskan Native respondents (18%).

By gender. There was a higher percentage of transgender and gender expansive respondents (23%) who reported having a difficulty concentrating, remembering, or making decisions than cisgender people (11%). By gender identity, the highest percentage was among transgender men (26%), gender expansive people assigned female at birth (25%), and gender expansive people assigned male at birth (24%).

Cisgender men (11%), cisgender women (12%), and transgender women (15%) had the lowest percentage of respondents who reported this.

By sexual orientation. Twenty-six percent of straight/heterosexual, 23% of asexual respondents, 19% of queer respondents, 19% of respondents that reported another sexual orientation, 18% of bisexual or pansexual respondents, and 12% of gay or lesbian respondents reported having a difficulty concentrating, remembering or making decisions.

HIV Status

Among all respondents, approximately 17% reported having HIV. Most respondents reported not currently having HIV (81%) and nearly one percent reported not knowing.

By race and ethnicity. A higher percentage of people of color (20%) reported having HIV than White only respondents (17%). Among racial and ethnic groups, 25% of Latino or Hispanic respondents, 24% of Black or African American respondents, and 24% of American Indian or Alaska Native respondents reported having HIV. Roughly 22% of people reporting more than one race or ethnicity reported having HIV. The lowest reported rates were noted among Middle Eastern or North African respondents (13%) and Asian or Pacific Islander respondents (11%).

By gender. Approximately 18% of cisgender and 9% of transgender and gender expansive people reported having HIV. By gender identity, the highest percentage of respondents who reported having HIV was cisgender men (29%) and gender expansive people assigned male at birth (26%). About 5% of transgender women and 2% of transgender men reported having HIV. The lowest percentages were observed among cisgender women (<1%) and gender expansive people assigned female at birth (0%).

By sexual orientation. Nineteen percent of gay or lesbian respondents, 13% of asexual respondents, 13% of respondents who identified with another sexual orientation, 12% of queer respondents, 9% of straight/heterosexual respondents, and 7% of bisexual or pansexual respondents reported having HIV.

Conclusion

The results of this survey demonstrate that LGBTQIA+ people in California live across the state, in every census region, and represent a diversity of racial and ethnic backgrounds. We report here on a high percentage of many negative physical, mental, and cognitive health outcomes among communities with unique barriers to care and health needs. Further, difficulty with economic and social wellbeing was common.

These findings indicate the importance of services, resources, and programs that help LGBTQIA+ older adults feel safe (*e.g.,* safety from discrimination and stigma in doctor's offices, safety with caregivers, safety reporting abuse) and address this community's health needs to promote healthy aging among these communities. To address the needs outlined in the results of this report, we identify four primary priorities to promote the health and wellbeing of aging LGBTQIA+ communities in California.

Priorities and Recommendations

Priority 1. Improve access, inclusivity, and safety of services for LGBTQIA+ older adults to promote healthy aging.

Supportive and affirming services are needed for LGBTQIA+ older adults in California. Older LGBTQIA+ adults in California have a high burden of mental and physical health conditions and would benefit from services that are inclusive and meet the needs of LGBTQIA+ communities. Self-rated overall health, physical health, quality of life, social health, and mental health are strong predictors of health and mortality.[19] With the substantial number of LGBTQIA+ people reporting poor outcomes across these domains of self-rated health (*e.g.,* one in five respondents rated their overall health as fair or poor), improving and supporting services for older LGBTQIA+ Californians is a key priority.

Increase the number of LGBTQIA+-affirming healthcare providers, first responders, caregivers, and caseworkers by providing increased training.

Rationale (see section "Discrimination and Safety"): Comfort in disclosing one's LGBTQIA+ identity is an important indicator of trust in services, providers, and community members. Services should aim to make LGBTQIA+ older adults feel safe, seen, and deserving of care. Our data highlights this as an area for improvement.

For instance, there was a large proportion of LGBTQIA+ older adults reporting discomfort with first responders knowing their sexual orientation (13%) or transgender or gender expansive identity (30%). Training to improve the treatment of LGBTQIA+ older adults may improve willingness to access emergency services, caregiving, and other resources necessary for healthy aging.

Recommendations:

- *Consider LGBTQIA+ competency training for first responders, caregivers, social workers, patient advocates, ER intake support staff and healthcare providers may improve use of services and programs.*
- *Encourage broadly available Continuing Education Units for LGBTQIA+ competency training.*

Novel methods of integrating this training may also be needed such as incorporating LGBTQIA+ training in mandatory continuing education and/or training.

Provide LGBTQIA+-friendly services that address health disparities and service needs among LGBTQIA+ older adults

Rationale (see sections "Discrimination and Safety", "Service Utilization"): LGBTQIA+ older adult respondents reported needing a variety of services, and in some cases not using needed services. To address health disparities, expanded access to social, economic, health care, and behavioral health services is needed.

These data indicate that these communities face economic, logistic, or other challenges accessing services. Ensuring that services are LGBTQIA+-affirming is important as well, indicated by the large number of people avoiding services for this reason. For instance, 79% of respondents with recent abuse or threatening situations indicated that they did not report instances of abuse to authorities —not trusting authorities to be fair to LGBTQIA+ people was a predominant reason cited for not reporting.

Recommendations:

- *Promote resources that address financial, accessibility, and logistical barriers to services for older LGBTQIA+ adults.*
- *Promote access to information including LGBTQIA+-affirming service providers and resources and disseminate it widely to the community.*
- *Support LGBTQIA+-focused organizations in expanding their services for older adults.*
- *Collaborate with local health departments to create targeted outreach campaigns promoting LGBTQIA+-inclusive services.*

Increase Access to Suicide Prevention Services for LGBTQIA+ Older Adults.

Rationale (see section "Mental Health and Substance Use, Suicide"): Over one in ten (11%) older LGBTQIA+ adults reported seriously considering suicide in the past year, indicating an acute need for increased and tailored suicide prevention resources for older LGBTQIA+ communities. The large number of individuals who are uncomfortable with sharing their sexual and/or transgender and gender expansive identity with first responders and healthcare providers also indicates a need to address barriers to suicide prevention services and mental health treatment.

Recommendations:

- *Promote training for mandated reporters, crisis lifeline workers, mental service providers, and emergency responders on working with older LGBTQIA+ adults*
- *Assess suicide services for the reach and utility of suicide support services for older LGBTQIA+ older adults.*

Increase Access to Posttraumatic Stress Disorder Treatment and Trauma Support for LGBTQIA+ Older Adults.

Rationale (see sections "Mental Health and Substance Use, Trauma" and "Discrimination and Safety, Abuse"): Almost half of all respondents (49%) reported experiencing trauma in their lifetime and about a quarter (24%) met screening criteria for posttraumatic stress disorder. About one in five (19%) had experiences of abuse or threats in the past year, with the one of the most common reasons for not reporting abuse being concerns about authorities not supporting LGBTQIA+ people. The high prevalence of trauma exposure and posttraumatic stress disorder symptoms indicate a need to fold LGBTQIA+-affirming trauma treatment within mental health services.

Recommendations:

- *Promote LGBTQIA+ competency training for providers in trauma-focused services for LGBTQIA+ older adults, particularly transgender and gender expansive people and people of color.*
- *Promote trauma-focused and post-traumatic stress disorder treatments in organizations serving LGBTQIA+ older adults.*
- *Encourage outreach and training for LGBTQIA+ older adults within services, resources, and programs that support people experiencing abuse.*
- *Consider traumatic exposures such as violence due to sexual and/or transgender/gender expansive identity when developing trauma-focused resources for LGBTQIA+ older adults. (This survey did not collect data on the traumatic events that the LGBTQIA+ older respondents experienced.)*

Priority 2. Improving economic and social support for LGBTQIA+ older adults.

Social connections are important for the health and wellbeing of an individual over their lifespan. Isolation and loneliness are risk factors for a variety of negative health outcomes in aging, including worsened cognitive decline and mortality.[20–23] LGBTQIA+ older adults may have challenges as they age in maintaining robust social networks due to a lack of acceptance from their family or community, and may also lean on support from within LGBTQIA+ communities.[24–27] Many LGBTQIA+ older adults may also have a reduced network size due to HIV/AIDS, with challenges including stigma, loss of loved ones due to HIV/AIDS, and increased health and psychosocial needs.[28]

Many LGBTQIA+ older adults in this sample reported financial difficulties. For example, more than one in four (26%) respondents reported financial insecurity, indicating a need for economic support. It is possible that discrimination hampers access to social safety net resources (*e.g.,* social security) and financial assets, requiring continued work after the typical retirement age. Although further research is needed to understand the underlying causes, these findings indicate that LGBTQIA+ older adults often have fewer support systems to buffer against economic insecurity (*e.g.,* less family who can provide care or other support, impactful experiences of discrimination).

Interventions to support social support and reduce stigma may be protective against the negative consequences of loneliness.

Support LGBTQIA+-affirming programs to strengthen social networks and reduce isolation.

Rationale (see sections "Social Wellbeing and Networks," "Service Utilization"): Social isolation was common among LGBTQIA+ older adult respondents, indicating a need for additional support. For instance, one in eight (13%) respondents reported that they never or rarely received the support they needed. Social isolation was more common among LGBTQIA+ people of color, with the largest percent of individuals with no one to turn to for support among Middle Eastern or North African (13%) and American Indian or Alaska Native (10%) respondents. A larger percent of transgender and gender expansive respondents (17%) than cisgender respondents (13%) reported never or rarely receiving the social and emotional support they needed. Social support services were most frequently avoided due to not be LGBTQIA+ friendly.

Recommendations:

- *Support the creation of LGBTQIA+-led community spaces for older adults.*
- *Support for LGBTQIA+-serving organizations and programs that help LGBTQIA+ older adults build social connections (*e.g., *intergenerational peer support groups, transportation support)*
- *Encourage LGBTQIA+ affirming competency training for organizations providing social support to seniors.*

Consider how to expand access to resources and services that promote economic security among LGBTQIA+ older adults.

Rationale (see section "Economic Wellbeing"): Large proportions of LGBTQIA+ older adults were struggling financially across metrics of economic insecurity, indicating a need for expanded access to services that provide financial support and resources. For instance, 22% of LGBTQIA+ older respondents were working past retirement age and one in three had less than $100,000 in total assets, suggesting limited resources available to fall back on. Financial challenges were more common among transgender and gender expansive respondents and people of color.

Recommendations:

- *Promote financial, legal, housing, transportation, and social worker referral services with training and inclusive design to serve LGBTQIA+ communities.*

- *Support existing and new programs within LGBTQIA+-focused organizations and programs that provide and promote economic support.*
- *Identify economic barriers to accessing services.*
- *Identify ways to maximize older LGBTQIA+ adult access to existing economic programs, services, and resources.*
- *Promote specialized training, resources, and programs that address the economic disparities among people of color and transgender and gender expansive people.*

Provide support for LGBTQIA+ older adults who experience stigma and discrimination.

Rationale (see section "Discrimination and Safety"): Stigma and discrimination contribute to health disparities and barriers to resources among LGBTQIA+ people.[29] Stigma also may contribute to social isolation and economic challenges, and therefore is an important consideration for financial assistance and related programs.[24–27] Discrimination was prevalent in the past year among LGBTQIA+ older adult respondents (27%), and may be barrier for some older adults in accessing services.

Recommendations:

- *Promote mental health services and social support groups that provide support in navigating stigma and discrimination.*
- *Identify ways stigma impacts access, efficacy, and safety of services for LGBTQIA+ older adults and develop guidance on how to improve the inclusivity of services for physical, mental, social, and economic wellbeing.*
- *Promote access to services that support those who may have experienced long-term negative impacts of discrimination in workplaces and financial institutions.*
- *Promote access to specialized supportive resources that address the stigma experienced by people of color and transgender and gender expansive people.*

Priority 3: Addressing disparities among LGBTIQA+ older adults who are people of color, transgender or gender expansive

Our results show that LGBTQIA+ people of color and transgender and gender expansive individuals had poorer outcomes across domains of wellbeing. For instance, nearly one in five people of color reported fair or poor quality of life. For transgender and gender expansive older adults, more than one in five reported fair or poor quality of life. The efficacy, utility, and inclusiveness of all services, programs, and resources for LGBTQIA+ older adults should be assessed with considerations of equity for people of color and transgender and gender expansive people. Additional services, programs, and resources to address may also be needed to address the unique challenges, barriers, and health disparities these communities face.

Tailor and expand services for older adults who are LGBTQIA+ people of color to address disparities in social, economic, physical, and mental wellbeing.

Rationale: LGBTQIA+ older adults of color experienced disparities across measures of social, economic, physical, and mental wellbeing. Although we do not have data to identify all causes of these disparities, LGBTQIA+ older adults of color may face barriers to wellbeing due to unique experiences of holding multiple minoritized identities. Structural and system-level interventions may help ameliorate the underlying drivers of social, economic, and health disparities among LGBTQIA+ people of color. Improvement of services for LGBTQIA+ older adult communities of color require targeted effort to build trust and relationships with LGBTQIA+ communities of color and immigrant communities.

Recommendations:

- *Promote trainings for serving LGBTQIA+ people of color in required trainings for mandated reporters, first responders, healthcare providers, caregivers, and caseworkers.*
- *To enhance inclusivity of services, promote training for serving LGBTQIA+ people of color in community care settings (e.g., assisted living and board and care homes), and institutional settings (e.g., nursing homes).*
- *Explore opportunities to develop guidance and standards of care that address underlying causes of disparities for LGBTQIA+ older adults who are people of color.*
- *Promote language access to support multilingual design of services, resources, and research to expand access to LGBTQIA+ older adults, including immigrants and communities of color.*
- *Promote language access to support multilingual service outreach to build trust and relationships with LGBTQIA+ older adults including immigrants and communities of color for these services, resources, and/or research.*
- *Promote financial assistance and social safety nets to LGBTQIA+ people of color.*
- *Support and promote LGBTQIA+ multilingual people and people of color with expertise in community-focused outreach and care as patient advocates, researchers, caseworkers, and providers within services and programs.*

Tailor and expand services for transgender and gender expansive older adults to address disparities in social, economic, physical, and mental wellbeing.

Rationale: Improving quality of life means enhancing both health and access to enriching resources. Transgender and gender expansive older adults in California experience a lot of discomfort accessing healthcare resources. When building and delivering services to enhance quality of life, special attention should be paid to how these services include or alienate transgender and gender expansive older adults.

Recommendations:

- *Incorporate training for inclusively and respectfully serving transgender and gender expansive individuals in required trainings for mandated reporters, first responders, healthcare providers, caregivers, and caseworkers.*
- *Encourage training focused on inclusively and respectfully serving transgender and gender expansive individuals residing in community care settings (e.g., assisted living and board and care homes), and institutional settings (e.g., nursing homes).*

- *Explore options to develop implementation guidance and standards of care that address underlying causes of disparities for transgender and gender expansive older adults.*
- *Leverage social safety nets to serve transgender and gender expansive older adults.*
- *Promote new and existing LGBTQIA+-serving programs that provide specific services for transgender and gender expansive communities.*
- *Support and promote transgender and gender diverse people with expertise in community-focused outreach and care as patient advocates, researchers, caseworkers, and providers within services and programs.*

Provide funding to community-based organizations led by and serving LGBTQIA+ communities of color and transgender and gender expansive communities to expand services for older adults.

Rationale: Organizations by and for LGBTQIA+ communities of color and transgender and gender expansive communities have existing trust, expertise and outreach infrastructure with their communities but may have fewer resources. Therefore, providing funding to these organizations may be strategic to reduce disparities among these communities and build long-term relationships with networks of service providers.

Recommendations:

- *Support organizations by and for LGBTQIA+ communities of color and transgender and gender expansive communities*
- *Support community-led organization's outreach infrastructure for needed services.*
- *Consider hiring the expert consultation of community-led organizations for equity-focused efforts.*

Priority 4: Measuring policy outcomes and improving data collection among LGBTQIA+ communities.

Collect sexual orientation and gender identity across state-level data collection forms to help identify the needs of LGBTQIA+ older adults.

Rationale: Sexual orientation and gender identity are often not collected in data collection efforts in social services, healthcare, and other programs. Here, we were only able to collect data from a convenience sample, likely underrepresenting individuals facing the most challenging circumstances. Consistently collecting sexual orientation and gender identity information will help California lawmakers identify pertinent disparities among older LGBTQIA+ adults. Sexual orientation and gender identity items in data collection instruments ensure that LGBTQIA+ people are made visible in assessments. Without collecting this information, there is less data on the needs and experiences of LGBTQIA+ older adults.

Recommendations:

- *Explore options to include sexual orientation, gender identity, and sex assigned at birth on state-level data collection forms related to health, safety, and service utilization.*

- *Consult community-focused experts to provide input on the development of sexual orientation, gender identity, and sex assigned at birth measures on data collection forms.*
- *Track progress with prespecified metrics to assess if programs are improving these disparities.*

Track pertinent health and wellbeing outcomes of policy and programs for LGBTQIA+ older adults.

Rationale: California lawmakers need reliable access to information about important aspects of the lives of LGBTQIA+ older adults to determine impact of programs and areas for improvement.

Recommendations:

- *Explore opportunities to collect longitudinal data on LGBTQIA+ older adults' wellbeing and service gaps.*
- *Track outcomes in the following domains: Socioeconomic status (including food, housing, and economic stability), physical and cognitive health (including simple yet robust metrics such as single item measures of perceived health), psychological wellbeing and quality of life, social support (including social isolation), the ability to participate in social and civic activities, and service needs.*

Build relationships with communities of color, transgender and gender expansive communities, and other vulnerable communities for more representative data collection of LGBTQIA+ older adults in California.

Rationale: Challenges in bringing in the voices of diverse LGBTQIA+ older adult populations in data collection efforts include mistrust, a history of prior exclusion or mistreatment, geographical distance, language barriers, and accessibility challenges. Building trust through outreach, return of research through community dissemination, and action based on the input of communities will help build relationships and demonstrate the return on value in participating in research.

Recommendations:

- *Focus on community outreach for data collection efforts among older LGBTQIA+ population and with community LGBTQIA+ organizations.*
- *Include a wider range of voices in policy solutions that address racism and discrimination.*
- *Return results of research and program outcomes to LGBTQIA+ communities through outreach and other modes of communication.*
- *Create transparency around programs, services, and resources changed or created based on research participation by providing tangible examples of change.*
- *Support infrastructure for community outreach tailored to communities of color, transgender and gender expansive communities, rural communities, and other communities who were less represented in this report.*

Limitations

This survey involved cross-sectional, self-report data from a convenience sample on the health and wellbeing of LGBTQIA+ older adults. The sample was made up of largely White only (*i.e.,* reporting only White for their race or ethnicity) and cisgender people from urban areas, which limits the generalizability of these findings among LGBTQIA+ people of color, transgender and gender expansive people, and people living in rural areas. Moreover, individuals who are less engaged or harder to reach for research studies such as this one may also be harder to reach for services and programs aiming to provide support. Future work may particularly benefit from greater capacity for outreach and recruitment in multiple languages and rural areas. This work also likely does not provide insight into the experiences of all LGBTQIA+ people living with dementia or conditions resulting in cognitive decline. Still, this research provides important insight into the experiences of LGBTQIA+ people across the state of California. Future programs, services, and research should prioritize outreach among LGBTQIA+ communities of color, communities in rural and suburban environments, people living with limited resources, and among transgender and gender expansive communities.

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Appendix A. Methodology

The goal of the *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience* was to assess the health, wellbeing, and service needs of LGBTQIA+ older adults in the state of California. Survey respondents included people who identified as LGBTQIA+ or another sexual or gender minority, were age 50 years or older, and live in the state of California. The survey was offered online through Qualtrics in Chinese, English, Spanish, and Tagalog from January 8 through March 31, 2024. This research was approved by the University of California, San Francisco Institutional Review Board (protocol #23-38987).

Recruitment occurred through the convenience sampling which included the development of a statewide coalition of LGBTQIA+ service providers, distribution of flyers in community locations, social media posts, the development of a newsletter, a website through the California Department of Aging, and through word-of-mouth among community members, traditional senior service organizations, and events. Community outreach for the *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience* was led by Openhouse through the creation of a Statewide Coalition and Advisory Committee, described in greater detail below. The Advisory Committee and Statewide Coalition built relationships across the state to share the survey, recruitment materials, and bring awareness to the survey aims and activities. The survey was further publicized by the California Department of Aging and news outlets.

Survey respondents had the option to enter in a gift card drawing for $25 after completing the survey. Of these, 40 people were randomly selected to win a gift card. Survey respondents also had the option to share their contact information to be contacted future research.

Several measures were taken to enhance the quality of survey responses including leveraging fraud and bot detection scores built into Qualtrics and manually checking survey responses for potential trolling (*i.e.*, providing deliberately upsetting or inflammatory responses often to elicit a negative response). Responses that indicated a potential bot or were fraudulent responses (n = 406) or were trolling responses (n = 2) were excluded from these analyses. The final sample size was 4,037 respondents. Data cleaning, descriptive analyses (*i.e.*, mean, frequencies, range) were conducted in Stata version 17. To examine differences by race and ethnicity, gender minority status (*i.e.*, transgender and gender expansive *versus* cisgender), and sexual orientation, cross-tabulations were performed. Geographic data wrangling and reverse geocoding were conducted in R version 4.3 using the packages *tidycensus* and *zipcodeR*.[30–32] We report the descriptive statistics — within group numbers and percentages (rounded to the nearest whole number) among subgroups of the LGBTQIA+ older adult respondents — rather than inferential statistics, as our purpose was to describe the sample.

A lack of past data collection (*e.g.*, in the United States Census) on sexual orientation and gender identity inhibit the development of sampling frames and accurate characterization of SGM populations in the US by demographic characteristics (*e.g.,*

race/ethnicity, age, geography). This survey is an important step towards a more accurate understanding of the experiences of older LGBTQIA+ people in California. A limitation of this study includes the lack of diversity among survey respondents as respondents were largely English-speaking, White, cisgender individuals from urban counties. Historic and present-day mistreatment of immigrant communities, racial and ethnic minoritized communities, and LGBTQIA+ communities make relationship building and community engaged approaches essential to reaching survey respondents who were underrepresented here. Future work that continues to build relationships with LGBTQIA+ communities across the state of California will continue to provide greater and more accurate insights into the diversity of experiences and needs of older LGBTQIA+ individuals in California.

The *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience* did not collect identifying information, other than respondent zip code to determine geographic spread of respondents. To preserve the respondents' safety and privacy, only the research team at the University of California, San Francisco have access to the raw survey data. Survey data will be de-identified and censored prior to being transferred to the California Department of Aging for future research, with a data use agreement in place to further protect respondent privacy and safety, and support data use for research which aims to help and not stigmatize LGBTQIA+ communities.

Community Outreach

Openhouse spearheaded various engagement activities to promote this survey among LGBTQIA+ older adults in California, providing guidance on how to take the survey and the importance of collecting such data. Openhouse brought together the Statewide Coalition and the Advisory Committee, which were fundamental to survey outreach. Some additional community outreach activities that Openhouse led included:

- *Community drop-in sessions between January – March 2024*
- *Verbal and/or visual presentations (e.g., board membership meetings, American Society on Aging Conference 2024, support group gatherings)*
- *Facilitation of drop-in sessions for statewide community partners*
- *Digital media campaigns*
- *Monthly Statewide Coalition meetings*

The Statewide Coalition and Advisory Committees

A Statewide Coalition was created for the purpose of collaboration and relationship building with LGBTQIA+ communities across California. Additionally, the Statewide Coalition provided an operational framework for survey outreach, survey recruitment, and stakeholder engagement throughout California. Stakeholder engagement began in May 2023 with strategic outreach to LGBTQIA+ partners with extensive networks. Centerlink — an international nonprofit organization and member-based association of LGBTQIA+ centers and other LGBTQIA+ organizations serving local and regional communities — was initially engaged by the Openhouse team. Every LGBTQIA+ center and organization in California was engaged via email and telephone by Openhouse's

Statewide Coalition Manager, Jupiter Peraza. During this process, Centerlink's leadership provided support in streamlining the rapid mobilization of community outreach necessary for recruitment. Centerlink facilitated connections with a variety of stakeholders, such as area aging agencies, health clinics, housing communities, support groups, and democratic clubs.

To register stakeholders to the Statewide Coalition, a digital form was utilized to identify qualities and traits of stakeholders, such as entity name, entity type, website, geographic location/region, point of contact, services offered, and language needs of communities served. Collecting these data from the incoming Statewide Coalition members was crucial in aiding the strategic plan for survey dissemination. As of June 2024, the Statewide Coalition includes 62 members throughout California. The Statewide Coalition continues to grow with interested partners in and out of state.

Members of the Advisory Committee were selected on the basis of their professional background, community involvement, and lived experience as LGBTQIA+ older adults. The Advisory Committee consisted of 10 members, all of whom were community leaders, policymakers, long-time HIV advocates, service providers, and health experts. The Advisory Committee provided key recommendations and community insights for the researchers in survey development, including reviewing the survey items, providing input on community needs, and reviewing recruitment materials.

The Statewide Coalition and Advisory Committee both made their respective important contributions to the *Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience.*

Appendix B. Key Terms

Cisgender: Refers to individuals whose gender aligns with that typically expected based on the sex assigned to them at birth.

Comfort with people knowing one's sexual or gender minority identity: Among transgender and gender expansive respondents, this was measured using questions querying respondent comfort in healthcare providers, first responders, and people where they live knowing their gender identity and sex assigned at birth. Among sexual minority respondents, this was measured using questions querying respondent comfort in healthcare providers, first responders, and people where they live knowing their sexual orientation. This was rated on a scale of 5-point scale (very comfortable to very uncomfortable).

Discrimination: Respondents were asked "In the **PAST 12 MONTHS**, were you treated unfairly, with less respect than others are treated, or discriminated against?" Next, respondents could select from a list of identities and characteristics for which they were treated unfairly, with less respect, or discriminated against.[33]

Emotional Distress: Respondents were also asked "In the **PAST 7 DAYS**, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?", rating on a 5-point scale (from Never to Always).[34]

Employment: Respondents were asked to report their current occupation or employment status. Respondents were asked to select all categories which applied, which included "Disabled, not able to work", "Employed, working 1-39 hours per week", "Employed, working 40 or more hours per week", "Homemaker", "Not employed, looking for work", "Not employed, not looking for work", "Retired", "Self-employed", "Student (full-time)", "Student (part-time)", and "Temporarily employed."

Financial insecurity: Respondents were asked "In the **PAST 12 MONTHS**, did you have any months when you struggled to pay your bills because you didn't have enough income?"

Gender: Respondents could select multiple gender identities including Agender, cisgender man, cisgender woman, genderqueer, man, non-binary, questioning, transgender man, transgender woman, Two-Spirit, woman, another gender identity (with a write-in text box).

For analyses, these mutually exclusive categories at the intersection of gender and sex assigned at birth were used: cisgender men, cisgender women, gender expansive people assigned female at birth (AFAB), gender expansive people assigned male at birth (AMAB), transgender men, transgender women.

HIV Status: Respondents could report their HIV status as "Negative (I do not have HIV)", "Positive (I have HIV)", "I don't know (I don't know whether or not I have HIV)", and "I prefer not to disclose."

Income: Respondents were asked to estimate household earnings before taxes and deductions from all sources in the 2022 tax year. An extreme response wherein one respondent reported that 100 persons were dependent on their income was removed due to likely response error.

Intersex: Respondents were asked if they identify as intersex (yes/no).

LGBTQIA+: LGBTQIA+ refers to Lesbian, gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and all sexual and gender minority individuals. To learn more about LGBTQIA+ terms see:

https://www.hrc.org/resources/glossary-of-terms ;
https://www.thetrevorproject.org/resources/;
https://www.thetaskforce.org/app/uploads/2023/05/Task-Force-LGBTQ-RJ-Glossary-of-Terms.pdf

Mental health: Respondents were asked to respond to "In general, how would you rate your mental health, including your mood and your ability to think?" on a 5-point scale (Poor to Excellent).[33]

Overall Health: Respondents were asked "In general, would you say your health is", with response options on a 5-point scale (Poor to Excellent). [34]

Physical health: Respondents were asked to rate their physical ("In general, how would you rate your physical health?") on a 5-point scale (Poor to Excellent).[34]

Quality of Life: Respondents were asked to rate their quality of life ("In general, would you say your quality of life is:") on a 5-point scale (Poor to Excellent).[34]

Race and ethnicity: Race and ethnicity categories included American Indian and Alaska Native, Asian and Pacific Islander (which included respondents who selected Native Hawaiian), Black or African or African American, Latino or Hispanic or Spanish, Middle Eastern or North African, White, and "None of these fully describe me." Respondents could select multiple racial and ethnic categories.

White only and people of color: We report comparisons of respondents who only selected White for ethnicity and race and respondents who select any of the other race and ethnicity categories.

Regions

> ***Urbanicity (urban, rural, suburban):*** geographic locations in California were designated urban, rural and suburban.[35]
>
> ***California Census Regions:*** Regions in California were designated based on the 2020 California Census.[36] More information can be found at: https://census.ca.gov/regions/

Relationship Status: Respondents were asked to report their current relationship status from the following categories: divorced; married, legally recognized; partnered,

not married; registered domestic partnership, not married; single; separated; widowed; other (please specify).

Residency in California: Residency in California was assessed by an item asking respondents whether they lived in the state of California. Respondents who endorsed living in California were retained in the sample, regardless of whether they reported a valid ZIP code. Approximately 3% (n = 130) of the sample did not report their ZIP code or provided an invalid ZIP code.

Resilience: Respondents were asked **"**To what extent do you agree or disagree with the following statement: I tend to bounce back quickly after hard times" on a 5-point Likert scale (from strongly disagree to strongly agree).[37]

Retirement age: The typical retirement age was defined as 67 and older.

Safety for Sexual and Gender Minority People: Respondents who reported a gender minority identity were asked to rate the safety of the community where they currently live for gender minority people (1 extremely safe to 5 extremely unsafe). Respondents who reported a sexual minority identity were asked to rate the safety of the community where they currently live for sexual minority people (1 extremely safe to 5 extremely unsafe).

Safety: Respondents were asked "In the **PAST 12 MONTHS**, have any of the following experiences happened to you? (Check all that apply.)" Response options included physical abuse/assault, experiences of harassment or attempts to control, verbal abuse or threats, sexual abuse, neglect ("left without basic needs") by a caregiver, and monetary or property scams/coercion. Respondents were then asked if they reported incidents of abuse to authorities. If respondents indicated that they did not report these incidents to the authorities, they were then asked select all reasons they did not report with the following options: I did not know how to report it; I was ashamed of the experience; I didn't trust the authorities to be fair to LGBTQIA+ people; Reporting would require me to disclose my gender identity; Reporting would require me to disclose my sexual orientation; My immigration status; Other (please specify).

Same-gender loving: An alternative sexual orientation identity label to gay, lesbian, and bisexual. It was originally created and used by African American community members seeking a sexual minority label that did not center White or European derived terms or symbols. Same-gender loving identity has since also been adopted by individuals who do not identify as African American and who may or may not know the identity label's origin.

Sexual minority: Individuals whose sexual orientation differs than what may be commonly expected by society (*i.e.,* not heterosexual or straight).

Sexual orientation: Current sexual orientation categories for analyses included: Asexual, bisexual, gay, lesbian, gay or lesbian, pansexual, queer, questioning, same-gender loving, straight/heterosexual, Two Spirit, another sexual orientation (a write in text-box was included). Respondents could select multiple sexual orientations.

The following categories were used for analyses: another sexual orientation, asexual, gay or lesbian, bisexual or pansexual, straight/heterosexual, and queer.

Sex assigned at birth: Respondents reported the sex assigned to them at birth, for instance on their birth certificate (female or male).

Satisfaction with social activities and relationships: Respondents were asked "In general, how would you rate your satisfaction with your social activities and relationships?" on a 5-point scale (Poor to Excellent).[34]

Social support: Respondents were asked to report "How often do you get the social and emotional support you need?" on a 5-point scale (1 Never to 5 Always).[34] Respondents were also asked "To whom do you turn for support, encouragement, or short-term help such as run an errand or get a ride? (Check all that apply.)"

Substance use: Alcohol use was measured with the consumption items of the Alcohol Use Disorders Identification Test (AUDIT-C).[38] Past 3-month substance use was measured with the first item of the WHO-Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST).[39]

Suicide: Respondents were asked "In the **PAST 12 MONTHS**, have you seriously thought about killing yourself?". If respondents responded "Yes", they were shown resources.

Tobacco Use: Tobacco use was measured with three questions: "Have you smoked at least 100 cigarettes in YOUR ENTIRE LIFE?" (yes/no); "In the PAST 3 MONTHS, which of the following substances have you used – either prescribed or not prescribed by a health care provider: Tobacco products (cigarettes, chewing tobacco, cigars, etc.)"[39]

Transgender and gender expansive: Transgender and gender expansive people (*i.e.,* gender minority people) are those whose gender identity is different or expands on the gender assigned to them at birth. Respondents were categorized as transgender or gender expansive if they selected one of the following identities: agender, genderqueer, non-binary, questioning, transgender man, transgender woman, Two-Spirit, or another gender identity or selected man and sex assigned at birth female, or woman and sex assigned at birth male.

Trauma and posttraumatic stress disorder (PTSD): Respondents were asked to report if they had experienced a traumatic event: "events that are unusually or specially frightening, horrible, or traumatic. This includes serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide." (yes, in the past 12 months; yes, more than 12 months ago; no). Screening for PTSD symptoms was conducted using the PCL-6, which is a validated instrument measuring PTSD symptoms, these results use a cutoff score of 14.[41]

Appendix C. Feasibility and Impact of Recommendations

Training:

It's crucial to incorporate comprehensive training for healthcare providers, first responders, caregivers, and caseworkers. Training should be delivered by local or national experts who specialize in LGBTQIA+ issues and aging, ensuring that services are cost-effective and sourced from trusted vendors. The following recommendations outline the feasibility and impact of initiatives aimed at improving the access, inclusivity, and safety of services for LGBTQIA+ older adults to promote healthy aging.

Priority 1: Improving access, inclusivity, and safety of services for LGBTQIA+ older adults to promote healthy aging.

Recommendation	Impact (Low, Medium, High)	Feasibility (Low, Medium, High)
Explore opportunities for culturally-responsive Training and Service		
• Training for healthcare providers, first responders, caregivers, caseworkers, and regulators on LGBTQIA+ issues and aging, including specific needs of people of color and transgender/gender expansive individuals.	High	Medium
Explore Expanded Access to Mental Health and Trauma Support Services		High (Suicide)
• Increase access to suicide prevention, PTSD treatment, and general LGBTQIA+-friendly health services, addressing health disparities and unmet needs.	High	Medium (PTSD)
Promote Access to a Directory of LGBTQIA+-affirming Providers		
• Promote Access to a comprehensive directory of LGBTQIA+-affirming service providers and resources, widely disseminated to the community.	Medium	High
Support LGBTQIA+-focused Organizations		
• Support LGBTQIA+-focused organizations in expanding their services for older adults.	High	Medium

Priority 2. Improving social and economic support for LGBTQIA+ older adults.

Recommendation	Impact (Low, Medium, High)	Feasibility (Low, Medium, High)
Support LGBTQIA+-affirming Programs to Reduce Isolation		
• Promote access to programs that strengthen social networks and reduce isolation among LGBTQIA+ older adults, including mental health support for experiences of stigma and discrimination.	High	Medium
Enhance Economic Stability for LGBTQIA+ Older Adults		
• Encourage economic support through tailored programs addressing stigma and discrimination, including financial literacy, employment support, and access to housing.	High	Medium
Identify and Address Stigma Impacting Service Access		
• Promote guidance on improving the inclusivity of services by identifying and mitigating stigma-related barriers to physical, mental, social, and economic wellbeing.	High	Medium

Priority 3: Addressing disparities among LGBTIQA+ older adults who are People of Color, transgender or gender expansive

Recommendation	Impact (Low, Medium, High)	Feasibility (Low, Medium, High)
Develop Standards of Care and Reduce Barriers for Vulnerable Groups • Implement standards of care and training to improve services for older adults who are people of color, transgender, and gender expansive; require multilingual services to expand access.	High	High
Fund Community-based, Antiracist Organizations • Support community-based organizations and programs that are antiracist and led by, and provide services for, people of color and transgender/gender expansive individuals.	High	High

Priority 4: Measuring policy outcomes and improving data collection among LGBTQIA+ old adult communities.

Recommendation	Impact (Low, Medium, High)	Feasibility (Low, Medium, High)
Enhance Data Collection on LGBTQIA+ Older Adults • Recommendation: Collect sexual orientation and gender identity data across state-level forms and build relationships with diverse communities for representative data collection to inform policy solutions.	High	High
Enhance Data Collection on LGBTQIA+ Older Adults • Collect sexual orientation and gender identity data across state-level forms and build relationships with diverse communities for representative data collection to inform policy solutions.	High	High (Data Collection) Low (Community relationships)

Appendix D. Lessons Learned

Lessons Learned from the LGBTQ+ Older Adult Survey in California

The LGBTQIA+ older adult survey conducted in California aimed to document the health, wellbeing, and service needs of LGBTQIA+ older adults. The survey, which advances California's Master Plan for Aging, engaged over 4000 respondents, providing a wealth of data that highlights both challenges and resilience within this community. To pass on what the team learned from this project; we conducted an internal survey, capturing opinions on what went well, and where we could have improved. This report synthesizes the key lessons learned from our project, offering guidance for future studies who would like to replicate our efforts.

1. Community Engagement and Outreach Lesson Learned

Effective community engagement is crucial for the success of such surveys.

- The involvement of Openhouse and a coalition of 62 LGBTQ+ serving organizations was instrumental in reaching a broad and diverse group of respondents. Engaging community organizations helped build trust and ensure the survey reached marginalized groups within the LGBTQ+ community.

Recommendation: Future projects should partner with local LGBTQ+ organizations and leaders to facilitate outreach and engagement. Building these relationships early can enhance participation and ensure the survey is inclusive. Allocating funding for advisory committees is important to build trust and sustainable collaboration with community groups, and time and funding should be allocated for consultation throughout survey development, data collection, and dissemination.

2. Survey Design and Inclusivity Lesson Learned

Designing an inclusive survey that reflects the diversity of the LGBTQ+ community is essential.

- The survey was available in multiple languages (English, Spanish, Chinese, Tagalog) and included a wide range of gender identities and sexual orientations. This inclusivity helped capture the diverse experiences of LGBTQIA+ older adults.
- Recommendation: Surveys should be designed with input from a diverse advisory committee to ensure all community voices are represented and

translations are culturally appropriate. Including multiple language options and recognizing various gender identities and sexual orientations can improve response rates and data quality.

3. Addressing Disparities Lesson Learned

Significant disparities exist within the LGBTQIA+ older adult community, particularly among People of Color and transgender/gender expansive individuals.

- The survey revealed that LGBTQIA+ older adults who are People of Color or transgender/gender expansive face greater economic and social challenges, including higher rates of financial insecurity, food insecurity, and discrimination.
- Recommendation: Future surveys should include targeted questions to understand the specific needs of these subgroups. Additionally, programs and policies developed from survey findings should focus on addressing these disparities.

4. Data Collection and Analysis Lesson Learned

Collecting detailed and representative data requires careful planning and execution.

- Despite efforts to reach a broad audience, the survey sample overrepresented White respondents compared to the state's demographics. This highlights the challenges in achieving a truly representative sample.
- Recommendation: Use stratified sampling techniques to ensure representation across different racial and ethnic groups. Consider using both online and offline methods to reach those with limited internet access.

5. Reporting and Utilizing Findings Lesson Learned

Comprehensive reporting and dissemination of findings are vital for impact.

- The detailed final report provided actionable insights into the needs and priorities of LGBTQIA+ older adults. However, ensuring these findings reach policymakers and service providers is equally important.
- Recommendation: Develop a dissemination plan that includes community presentations and policy briefs to ensure the findings inform policy and program development.

6. Importance of Follow-Up Studies Lesson Learned

Ongoing research is necessary to monitor changes and measure the impact of interventions.

- The survey highlighted areas needing improvement, such as healthcare access and social support. Follow-up studies can help track progress and the effectiveness of implemented changes. Our project developed a companion study where focus groups will be conducted to dig deeper into our initial findings.
- Recommendation: Establish a schedule for periodic surveys and qualitative studies to keep data current and relevant. This will help maintain momentum and address emerging issues within the LGBTQIA+ older adult community.

7. Achieving Objectives Lesson Learned

The project team felt strongly that the survey met its desired objectives.

- Feedback from the team indicated satisfaction with the survey's effectiveness in gathering meaningful data. The survey provided an excellent starting point for understanding the needs of LGBTQIA+ older adults and highlighted the importance of such research.
- Recommendation: Continue to refine survey methodologies and leverage the collected data to advocate for improved services and policies.

8. Unexpected Outcomes Lesson Learned

Several unexpected outcomes were noted by the team.

- The team highlighted issues such as the need for more in-person events in underrepresented areas and the importance of transparency in data sharing. Some team members noted the strength of a community-based approach.
- Recommendation: Incorporate flexibility in survey methodologies to allow for adjustments based on unexpected findings. Use these insights to improve future survey designs and outreach strategies.

9. Partner Effectiveness Lesson Learned

The effectiveness of the partners on the project was highly rated.

- The collaboration with various partners, including Openhouse and the advisory committee, was seen as a key strength. Their involvement in

outreach and recruitment was crucial to the survey's success. The domain expertise of the UCSF team was also cited as a strength in the project along with the CITRIS Health's team work on project management.

- Recommendation: Foster strong partnerships with local organizations and stakeholders to ensure the survey is well-supported and reaches a diverse audience. Regularly assess and acknowledge the contributions of these partners.

Areas for improvement

During the planning phase of our project, we identified expanding outreach methods and time needed for translation of LGBTQIA+-focused materials as potential constraints. Despite our efforts to address these early on, they still presented significant challenges. The need for more in-person events in underrepresented areas highlighted limitations in our outreach strategy. The translation process was time consuming due to the need to hire additional community review, particularly for ensuring accurate translations that use LGBTQIA+-affirming language and delayed the survey recruitment and enrollment. These experiences underscore the importance of early and robust planning for diverse outreach strategies, streamlined survey translation (*e.g.,* through multilingual advisory board members to edit and review hired translations and backtranslations), and additional padding around launch dates to account for Institutional Review Board procedures to ensure timely and inclusive recruitment in future studies.

Conclusion

The LGBTQIA+ older adult survey in California provided critical insights into the lives of LGBTQIA+ older adults, highlighting both challenges and areas of resilience. The lessons learned from this project emphasize the importance of community engagement, inclusivity, addressing disparities, and ongoing research. By applying these lessons, potential future studies can build on this work to support the health and wellbeing of LGBTQIA+ older adults nationwide.