LGBT Older Adults in San Francisco: Health, Risks, and Resilience

Findings from *Caring and Aging with Pride*

Karen I. Fredriksen-Goldsen, PhD, Hyun-Jun Kim, PhD,
Jayn Goldsen, BS, Charles P. Hoy-Ellis, PhC, Charles A. Emlet, PhD,
Elena A. Erosheva, PhD, Anna Muraco, PhD

Line drawing (c) jpldesigns

Table of Contents

Introduction 2

Background Characteristics 4

Physical Health 6

Mental Health 8

Resilience 10

Risks 13

Healthcare Access 15

Services and Programs 18

Summary 20

Methodology 22

References 23

Tables 26

Introduction

The U.S. population is increasingly becoming older and more diverse. It is estimated that within two decades, older adults will comprise one-fifth of the population (Vincent & Velkoff, 2010). The state of California is undergoing an even more dramatic demographic shift, given the changing aging and racial and ethnic composition of its population (Public Policy Institute of California, 2008). Despite the growing diversity of the older adult population, little is known about the health and well-being of lesbian, gay, bisexual, and transgender (LGBT) older adults (Institute of Medicine, 2011). The Centers for Disease Control and Prevention (CDC, 2011) identify sexual orientation as a pronounced gap in health research.

Recent research has demonstrated that LGBT older adults experience systematic health disparities (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, in press). LGBT older adults are at an elevated risk of disability compared to heterosexuals of similar age, even when taking into account differences in age distribution, income and education. They are also more likely to report mental distress. Lesbian, gay, and bisexual older adults are also less likely to be partnered or married than heterosexuals, which may result in less support and financial security as they age. Moreover, lesbian and bisexual older women report heightened risk of cardiovascular disease and obesity than heterosexual older women, and are less likely to have some health screenings such as a mammogram. Gay and bisexual older men are more likely to have poor physical health and live alone than their heterosexual counterparts, which may be in part linked to HIV disease.

Wallace, Cochran, Durazo, and Ford (2011) found similar results in California with adults age 50 to 70: lesbian, gay, and bisexual older adults report higher likelihoods of psychological distress, disability, and poor general health than their heterosexual counterparts. Although lesbian, gay, and bisexual older adults show higher rates of doctor visits than heterosexuals of similar age, lesbian and bisexual women report greater delays in getting needed medical care. Gay and bisexual older adult men are more likely to have hypertension and diabetes, and half of the gay and bisexual older adult men live alone compared to 13% of heterosexual men.

Health disparities in LGBT communities are compounded by the rapid rise in the number of LGBT older adults; by 2030 the number of LGBT older adults will likely more than double in the U.S. As America grays, about 10,000 U.S. Baby Boomers turn 65 years old every day, and it is estimated that this rate will continue until about 2030 when the youngest of the Baby Boomers turns 65 (Pew Research Center, 2010). LGBT adults are estimated to comprise between 3.4% (Gates & Newport, 2012) to 11% (The Williams Institute, 2011) of the general U.S. adult population. Furthermore, some LGBT people migrate to live in large metropolitan areas. Population-based studies have found that 11.1% to 12.4% of those 60 and older living in San Francisco self-identify as LGBT (Jensen, 2012). Of the more than 812,000 people living in San Francisco in 2011, almost 162,000 are age 60 and older (U.S. Census Bureau, 2012). This means there are likely 18,000 to 20,000 LGBT adults age 60 and older living in San Francisco.

Despite the alarming findings regarding health disparities in this growing population, LGBT older adults remain largely invisible in services, policies, and research (Fredriksen-Goldsen & Muraco, 2010; Metlife, 2010). Knowledge of health and health disparities is crucial to inform the development of effective services and public policies (National Research Council, 2004). In order to develop policies and effective interventions to address the aging needs of LGBT older adults, we must first understand the conditions and factors that result in health

disparities and lack of access to aging and health services. A primary goal of *Caring and Aging with Pride* is to better understand the health, aging, and well-being of LGBT older adults and the risk and protective factors impacting their lives.

Through a collaboration with 11 community-based agencies across the nation, surveys were distributed through mailing lists to reach LGBT older adults (See the Methodology Section of this report for a description of the methods used in the study). Across the nation 2,560 LGBT older adults participated in the project. Of the 11 organizations nationally that assisted with recruitment of LGBT older adult participants, two of the agencies, Openhouse and New Leaf, were located in San Francisco. Openhouse was founded in 1998 to support the health and well-being of LGBT older adults. The primary goals of Openhouse are to provide LGBT older adults with resources and support to find affordable and stable housing, build needed housing, provide culturally competent social and health services, and link LGBT older adults with community resources and programs. As a community-based organization serving the general LGBT community, New Leaf provided an array of services including outreach and social events as well as mental health, substance abuse, and HIV/AIDS services. New Leaf had been serving the LGBT community in San Francisco for 35 years when it closed in 2010 with a client base of 1,300. Both of these agencies distributed surveys to all persons on their respective mailing lists.

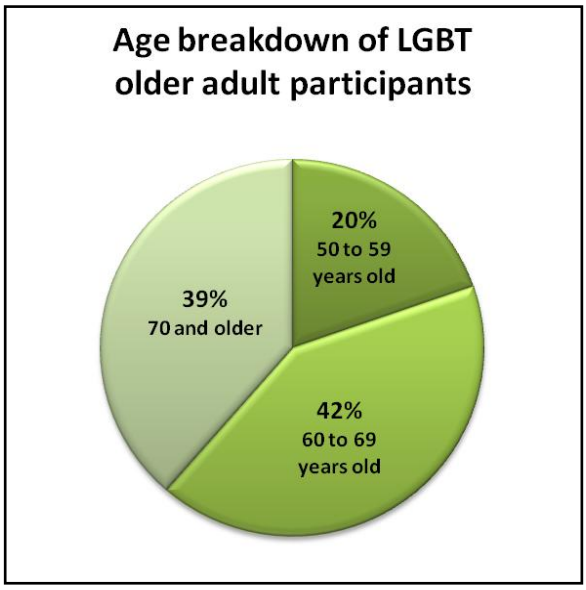
This report provides an initial snapshot of the 295 participants from *Caring and Aging with Pride* residing in San Francisco. The findings reported here are preliminary given the limited sample size, especially for transgender and bisexual older adults and older adults from specific racial and ethnic communities. The goal of the report is to provide information that will aid in the development of a community-based survey of the aging needs of culturally diverse LGBT older adults in San Francisco. This report is organized into the following sections: *Background Characteristics, Physical Health, Mental Health, Resilience, Risks, Healthcare Access,* and *Services and Programs*. At the beginning of each section we provide some preliminary comparisons of San Francisco's LGBT older adult participants to older adults in San Francisco's general population and to LGBT older adult participants across the nation. These comparisons are followed by a descriptive analysis of San Francisco's LGBT older adult participants.

Background Characteristics

Caring and Aging with Pride is one of the first LGBT aging projects to have a majority of LGBT adults over the age of 60. Among the 295 LGBT older adult participants from San Francisco 39% are age 70 and older.

When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- More than 40% of LGBT older adult participants (41%) are at or below the poverty level compared to 30% of older adults in San Francisco in general (CHIS, 2009).
- LGBT older adult participants are highly educated; only 10% have a high school education or less compared to 29% of older adults in San Francisco in general (CHIS, 2009).
- The majority of LGBT older adult participants (84%) are non-Hispanic whites compared to less than half of older adults in San Francisco in general (47%) (California Health Interview Survey [CHIS], 2009).
- Almost 60% of LGBT older adult participants (57%) live alone, compared to 25% of older adults in general in San Francisco (CHIS, 2009).
- LGBT older adult participants are less likely to own a home (44%) than older adults in San Francisco in general (62%) (CHIS, 2009).
- Compared to LGBT older adult participants across the nation (Caring and Aging with Pride [CAP]; Fredriksen-Goldsen et al, 2011), San Francisco's LGBT participants are more likely to live in poverty, less likely to be partnered, less likely to have children, less likely to own their home, and more likely to be male, living with HIV, and to have experienced the death of a partner.



See Table 1 for a breakdown of background characteristics of the *Caring and Aging with Pride* participants living in San Francisco. They range in age from 50 to 93 years old (*M*=67.8). Nearly 20%[1] are 50 to 59, 42% are 60 to 69, 39 % are 70 years of age or older. Nearly one-third (28%) identify as lesbian, two-thirds (67%) as gay men, and 4% as bisexual women or men. Slightly less than 3% are transgender older adults. In terms of race and ethnicity, 84% of the participants are non-Hispanic white and 16% are people of color, including 6% Hispanics, 3% Native Americans, 2% African Americans, 2% Asian Americans,

[1] Percentages are rounded to the closest integer. The report provides comparisons for descriptive purposes by sexual orientation, gender, age, race and ethnicity, poverty level, and education. Differences within comparisons (e.g. lower or higher, associated, more likely or less likely) are only stated if the findings are statistically significant.

and 2% other. One percent identify as multiracial. More than one-third (37%) of the participants have annual household incomes of $24,999 or less; 24% between $25,000 and $49,999; 12% between $50,000 and $74,999; and the remaining 27% have household incomes of $75,000 or more. When taking both household income and size into account, 41% of the LGBT older adult participants have annual household incomes at or below 200% of the federal poverty level (FPL). Even among those employed, 27% are living in poverty. This is particularly striking, as nearly three-quarters (74%) of the LGBT older adult participants have four or more years of college, 16% have an education level of some college, and 10% have a high school education or less. Just over 60% are not employed; among those 71% are retired, 27% ill or disabled, 7% unable to find employment, and 4% not working for other reasons (e.g., taking care of a family member or home). In part as a result of Medicare and Medi-Cal nearly all (99%) of the LGBT older adult participants have health insurance. Almost one-third (31%) have actively served in the military.

57%
of LGBT older adult participants
live alone

More than one-third (36%) of the participants are currently partnered or married, 16% have children, and 8% have grandchildren. More than half (57%) live alone; 34% have experienced the death of a same-sex partner or spouse. About 44% own their home and 45% rent. The remaining 11% live in other housing arrangements. The average household size is 1.5 persons. About one-third (33%) have one or more pets in the household.

It is important to also note that although the participants in the project are connected to LGBT service agencies, only 30% are currently receiving services. The demographic characteristics of the participants compared to older adults in general suggest that LGBT older adults connected to service agencies in San Francisco are more likely to be male, gay, non-Hispanic white, and lower income yet relatively well educated. Those less likely to be connected to LGBT service agencies in San Francisco, including LGBT older adults of color, women, transgender and bisexual older adults, may have even more pronounced and unmet aging and heath service needs.

31%
of LGBT older adult participants
have served in the military

Physical Health

A significant body of research indicates that many chronic health conditions that manifest in older adulthood have their roots in earlier life (Shonkoff, Boyce, & McEwen, 2009), suggesting that both environmental and social factors play a significant role in poor health (Marmot & Wilkinson, 2006). A newly evolving body of research indicates that lifetime victimization and internalized stigma significantly increase the risk of disability and poor general health among LGBT older adults (Fredriksen-Goldsen, Emlet, et al., in press).

When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- About three-quarters of San Francisco's LGBT older adult participants rate their health as good, which is similar to older adults in general in San Francisco (CHIS, 2009).
- While less than half of older adults in general in San Francisco (47%) (CHIS, 2009) have a disability, nearly 60% of the LGBT older adult participants do (58%).
- Compared to LGBT older adult participants across the nation, San Francisco's LGBT older adult participants are more likely to have a disability, HIV disease, and hepatitis (CAP; Fredriksen-Goldsen, et al., 2011).
- Among those not living with HIV, higher rates of disability still exist among LGBT older adult participants in San Francisco compared to the LGBT participants across the nation (CAP; Fredriksen-Goldsen, et al., 2011).

See Table 2 for a breakdown of physical health indicators by sexual orientation, gender identity, and background characteristics.

General health and disability

It is important to recognize that most LGBT older adult participants in San Francisco rate their health as good (73%). Slightly more than one in four (27%) participants report poor general health. Using criteria developed by the Centers for Disease Control and Prevention (CDC), disability is defined as limited physical activities due to physical, mental, or emotional problems or use of special equipment, such as a cane, wheelchair, special bed, or special telephone due to a health condition. Of the participants, 58% have a disability. Heightened risks of poor general health and disability are found among LGBT older adults with lower incomes and those with lower education levels are also at elevated risk of poor general health. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have high rates of disability.

73%
of LGBT older adult participants
report good health

HIV

HIV continues to significantly impact LGBT older adults. Overall, 16% of LGBT older adult participants report living with HIV including 23% of gay men. One older woman participant reported having HIV. Age is associated with HIV: while 18% of LGBT participants

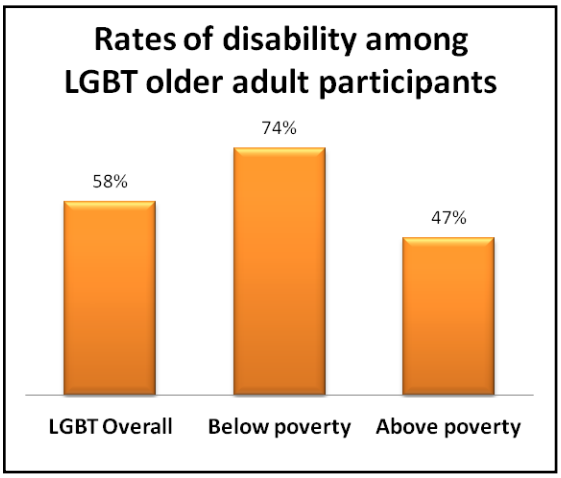
age 50 to 59 and 23% of those age 60 to 69 have HIV infection, only 9% of those age 70 and older are living with HIV. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have high rates of HIV.

Rates of poor general health and disability are similar between LGBT older adult participants with HIV and those without HIV, as are depression and loneliness. However, we observe that LGBT older adult participants with HIV are at heightened risks of hepatitis (25% vs. 13%), visual impairment (42% vs. 25%), some cancers (27% vs. 15%), anxiety (44% vs. 25%), and suicidal ideation (55% vs. 38%).

The participants with HIV (47%) are more likely to use LGBT aging services than those without HIV (27%). Nevertheless, the services that participants with HIV deem most needed in the LGBT communities mirror those of participants without HIV: senior housing (73%), transportation (73%), meals delivered to home (58%), social events (56%), in-home health services (52%), and assisted living (52%).

Sensory impairment

Sensory impairments in general can present challenges in navigating one's environment. More than one-quarter of the LGBT older adult participants (28%) experience visual impairment, even when wearing glasses or contact lenses. Nearly one-quarter of the LGBT older adult participants (24%) experience acute hearing impairment even when wearing a hearing aid. As would be expected, those who are older are at an elevated risk of hearing impairment.



Dental impairment

Dental impairments can increase the risk of poor nutrition and exacerbate poor physical health. Nearly one-third of the LGBT older adult participants (30%) have dental problems requiring care. Among LGBT older adult participants, people of color (48%) are at higher risk of dental impairment than non-Hispanic whites (27%).

Health behaviors

LGBT older adult participants were asked about their sexual activity. More than half (54%) have been sexually active in the past 12 months. Men, younger participants, and those with higher income and education report a higher rate of being sexually active. Of the participants, 83% are regularly involved in physical activity, which is associated with younger age.

In terms of health risk behaviors, 7% of LGBT older adult participants are current smokers and 10% are excessive drinkers (defined by the CDC as having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women in the past 30 days). Among LGBT older adult participants who are sexually active, 32% engage in sexual risk behaviors such as unprotected anal sex, having a sexually transmitted disease, or exchanging money or drugs for sex. Male participants are more likely to drink excessively and engage in sexual risk behaviors than female participants. Younger age is associated with a higher rate of smoking. Participants with lower education and lower income are more likely to smoke and less likely to engage in physical activities.

Mental Health

Mental health plays a central role in physical health, a relationship that is often neglected (Sturgeon, 2006). Poor mental health can increase the risk of developing chronic health conditions and consequent mortality (Russ et al., 2012). In the general population, psychiatric morbidity begins to decline after age 50, a trend that becomes even steeper after age 65 (Byers, Yaffe, Covinsky, Friedman, & Bruce, 2010). Rates of mental distress and its correlates appear to be disparately high among sexual minority older adults when compared to similarly aged heterosexuals (Fredriksen-Goldsen, Kim, et al., in press; Wallace, Cochran, & Durazo, 2011).

When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- Six percent of older adults in general in San Francisco report having mental distress (CHIS, 2009), while LGBT older adult participants show noticeably high rates of mental distress, depression, and anxiety (CAP; Fredriksen-Goldsen, et al., 2011).
- Although 17% of older adults in general in San Francisco report lifetime suicidal ideation (CHIS, 2009), 41% of LGBT older adult participants have seriously contemplated taking their own life at some point.
- Compared to LGBT older adult participants across the nation, San Francisco's LGBT older adult participants are more likely to report depression and anxiety (CAP; Fredriksen-Goldsen, et al., 2011).

See Table 3 for a breakdown of mental health indicators by sexual orientation, gender identity, and background characteristics.

Depression

Lifetime victimization and internalized stigma appear to increase the risk of depression among sexual minority older adults in addition to increasing the risk of poor general health and disability (Fredriksen-Goldsen, Emlet, et al., in press). Although most LGBT older adult participants are doing well psychologically, more than one-third (36%) experience depressive symptoms at clinical levels. Heightened risks of depression are observed among LGBT older adult participants with lower levels of income and education. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have high rates of depressive symptoms.

Anxiety

LGBT older adult participants also have significant rates of diagnosed anxiety (28%). LGBT older adults of color are also at an elevated risk of anxiety. More than 40% of participants of color (43%) report anxiety compared to 25% of the non-Hispanic whites. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have high rates of anxiety.

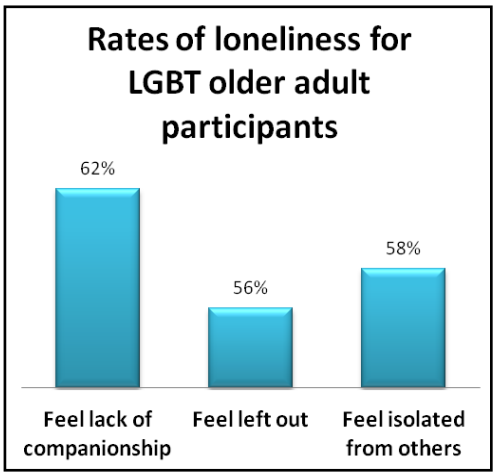
75%
of LGBT older adult participants
are satisfied with their lives

Suicidal ideation

It is alarming that 41% of the LGBT older adult participants have seriously considered taking their own life. Suicidal ideation is notably high among LGBT older adult participants with lower incomes. Although based on small sample size, preliminary findings suggest that transgender participants have high rates of suicidal ideation.

Stress

Among the LGBT older adult participants, 64% are confident about their ability to handle their personal problems. Yet, the effects of stress, the sense that one does not have control over important things in one's life, can negatively impact physical health, mental health, and overall quality of life (Marmot & Wilkinson, 2006). Sixteen percent of the LGBT older adult participants often feel they are unable to control the important things in their life, and 14% often feel difficulties are piling up so high that they cannot overcome them. Overall, on a scale of 0 to 4, with higher scores indicating a greater level of stress, the participants have moderately low levels of stress (*M*=1.34). Like depression, those with lower levels of income and education experience higher levels of stress.



Loneliness

Loneliness increases the risk of premature functional decline and mortality (Perissinotto et al., 2012). Among the LGBT older adult participants, 62% feel that they lack companionship, 58% feel isolated from others, and 56% feel left out. The levels of loneliness reported overall are cause for concern; on a scale of 1 to 3, with higher scores indicating a greater level of loneliness, LGBT older adult participants experience moderately high levels of loneliness (*M*=1.80). LGBT older adult participants of color (*M*=1.98) are at a heightened risk of loneliness compared to non-Hispanic whites (*M*=1.76). Lower income is also associated with elevated levels of loneliness.

Satisfaction with life

Life satisfaction measures one’s subjective quality of life and psychological well-being, which is correlated with longevity (Diener & Chan, 2011). Three-quarters of LGBT older adult participants report that they are satisfied with their lives. Overall, LGBT older adult participants report moderate levels of life-satisfaction (*M*=2.74) on a scale of 1(strongly disagree) to 4 (strongly agree).

LGBT older adults of color report a significantly lower level of life satisfaction when compared to non-Hispanic whites. In addition, lower levels of education are associated with poor life satisfaction.

Resilience

Although many of the LGBT older adult participants in San Francisco have experienced significant adversity, they show notable signs of resilience. Factors related to resilience, such as identity disclosure, community belonging, social support, religious or spiritual activities, and informal care, can be protective in the face of adversity, and support the aging and well-being of LGBT older adults.

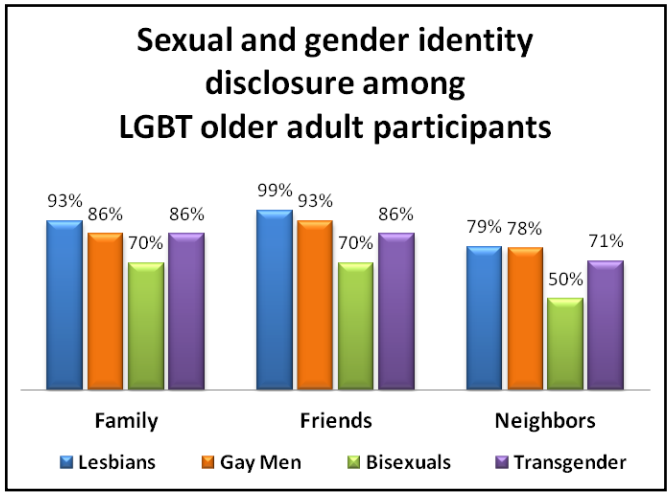
When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- Compared to older adult males in general in San Francisco (24%) (CHIS, 2009), San Francisco's LGBT older adult male participants (43%) have noticeably higher rates of military service.
- San Francisco's LGBT older adult participants (21%) report higher rates of informal caregiving than older adults in general in San Francisco (17%) (CHIS, 2009).
- San Francisco's LGBT older adult participants have similar rates of social support to older adults in general in San Francisco (CHIS, 2009).
- Compared to LGBT older adult participants across the nation, San Francisco's LGBT participants are more likely to receive informal care and to be out to their neighbors. They are also less likely to attend religious activities (CAP; Fredriksen-Goldsen, et al., 2011).

See Table 4 for a breakdown of resilience indicators by sexual orientation, gender identity, and background characteristics.

Identity disclosure

Overall, the LGBT older adult participants have relatively high levels of identity disclosure when they were asked whether their family, best friend, or others including neighbors know their sexual orientation or gender identity. The average score is 3.59 on a scale of 1 (definitely do not know) to 4 (definitely know).



Concealment is often contextual; individuals may conceal their sexual orientation or gender identity from neighbors, but disclose to others such as family members and friends. Most LGBT older adult participants have disclosed their sexual orientation and/or gender identity to one or more family members (88%) and a best friend (94%). Yet, about one-quarter (23%) of the LGBT older adult participants have not disclosed their sexual orientation or gender identity to their neighbors.

Lower levels of education are associated with a decreased likelihood of disclosure to family members, best friends, and neighbors; older age is associated with a decreased likelihood of disclosure to family members and neighbors; and higher levels of income is associated with an increased rate of disclosure to neighbors. LGBT female participants (94%) are more likely to disclose to family members than males (85%). Non-Hispanic whites (95%) are more likely to disclose to best friends than people of color (87%). Although based on small sample size, preliminary findings suggest that bisexual participants have low rates of disclosure.

Community belonging

A potential benefit of disclosure of sexual orientation and/or gender identity is that it allows for affiliation with a community, which can engender a sense of "belongingness." This sense of community belonging is associated with increased psychological and social well-being (Kertzner, Meyer, Frost, & Stirratt, 2009). Overall, most (87%) of the LGBT older adult participants feel good about belonging to the LGBT community. Demographic comparisons indicate that LGBT older adults of color (71%) report lower rates of community belonging than non-Hispanic whites (89%). Although based on small sample size, preliminary findings suggest that transgender participants have low levels of community belonging.

Social support

Whether it's having someone you can count on in a time of need or just having someone to talk with, social support is crucial to both mental and physical health (Cacioppo & Hawkley, 2003). While 80% of LGBT older adult participants perceive that they have someone to turn to for advice or guidance and someone with whom to do something enjoyable, only two-thirds of LGBT older adult participants report that they have someone to provide tangible assistance, such as helping with daily chores (64%). Slightly more than two-thirds report they have someone to love and make them feel wanted (67%).

Overall, on a scale of 1 to 4 with higher scores indicating a greater level of social support, the LGBT older adult participants (M=3.04) have moderately high levels of social support. Lesbian participants report significantly higher levels of social support than gay male participants. When examining by demographic characteristics, those reporting lower levels of support are participants who are older, people of color, and males. Participants with lower levels of incomes and education also report low levels of social support.

Religious or spiritual activity

Religious and spiritual activities often have social aspects; at other times they are intensely personal and private. Regardless of the form, like other resilience factors, participation in religious and spiritual activities is associated with good physical and mental health (McCullough & Laurenceau, 2005). About one-third (31%) of the LGBT older adult participants report engaging in religious or spiritual activities within the past 30 days. Although based on small sample size, preliminary findings suggest that

26%
of LGBT older adult participants
provide informal care
to a partner, spouse, friend, or family member because of health or other needs

transgender participants have high rates of participation in religious and spiritual activities.

Informal care

One of the unique aspects and strengths of LGBT communities is the capacity to care for one another, as became evident during the HIV/AIDS pandemic in the U.S. More than one-fifth of LGBT older adult participants (21%) receive informal care from a partner, friend, or family member. More than one-quarter of LGBT older adults (26%) provide informal care.

In the general population, the unpaid yet important work of caregiving is generally performed by women including wives, mothers, daughters, and daughters-in-law who care for both older and younger family members (Family Caregiver Alliance, 2003). However, among LGBT older adults, the rates of informal caregiving are relatively similar between women (30%) and men (25%). In addition, nearly 90% of caregivers in the general population who assist persons age 50 and older are related to them by birth or marriage (Family Caregiver Alliance, 2005). However, among LGBT caregivers who participated in the project, 50% provide informal care to friends, and 35% receive care from friends.

Risks

Many of the LGBT older adults came of age during an era when homosexuality and gender variance were severely stigmatized and in some cases criminalized. Thus, high rates of victimization and internalized stigma are found in these communities.

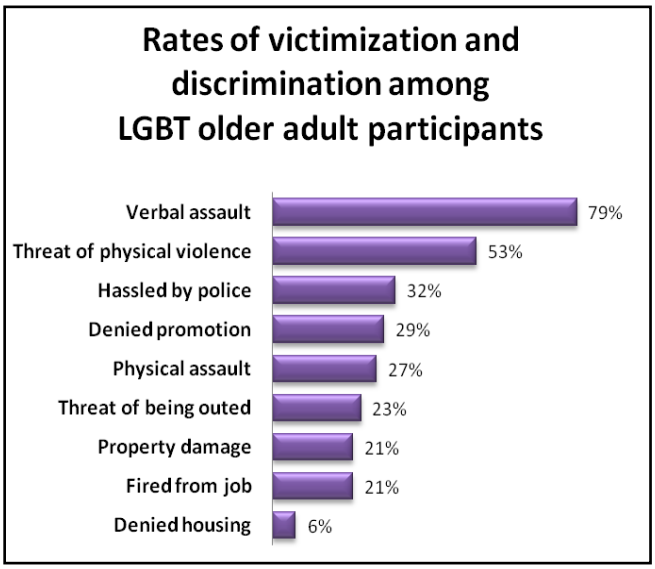
When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- Compared to LGBT older adult participants across the nation, San Francisco's LGBT older adult participants are more likely to report having experienced victimization and job related discrimination (CAP; Fredriksen-Goldsen, et al., 2011).

See Table 5 for a breakdown of risk factors by sexual orientation, gender identity, and background characteristics.

Victimization and discrimination

Being victimized because of one's actual or perceived sexual orientation or gender identity is different in some ways from other crimes since it is an assault on who one is (Herek, Gillis, & Cogan, 1999). Lifetime experiences of victimization and discrimination have been linked to increased risk of poor general health, disability, and depression among LGBT older adults (Fredriksen-Goldsen, Emlet, et al., in press). LGBT older adult participants residing in San Francisco have significant histories of lifetime victimization and discrimination resulting from their actual or perceived sexual orientation or gender identity.



More than three-quarters (76%) of LGBT older adult participants have experienced three or more incidents of victimization in their lifetime resulting from their actual or perceived sexual orientation or gender identity. The most common types of victimization reported are verbal insults (79%) and threats of physical violence (53%). Nearly one-third of the LGBT older adult participants report being hassled by the police (32%), having had an object thrown at them (31%), and having been physically assaulted (i.e. punched, kicked, or beaten) (27%). Nearly one-quarter have been threatened with disclosure of their sexual orientation or gender identity (23%). More than one-fifth (21%) have had their property damaged or destroyed. Gay men are significantly more likely than lesbians to have experienced certain types of victimization including physical threat, being hassled by the police, and physical assault.

Comparisons by demographic characteristics reveal that LGBT older adult participants of a younger age (ages 50 to 59) have higher lifetime rates of verbal insults than older participants.

Those with lower incomes also have higher lifetime rates of physical assault as compared to those with higher incomes.

The most common types of discrimination are related to employment, including not being hired for a job (31%), being denied a job promotion (29%), and being fired (21%). In addition, 6% of LGBT older adult participants have been prevented from living in their desired neighborhood as a result of their actual or perceived sexual orientation or gender identity. In addition, people of color are significantly more likely to report being fired from a job and being denied housing. Although based on small sample size, preliminary findings suggest that transgender participants have high rates of victimization and discrimination.

76%

of LGBT older adult participants have been

victimized or discriminated against

three or more times because of their actual or perceived sexual orientation or gender identity

Domestic violence

Just as individuals in other communities, some LGBT older adults experience physical and verbal abuse by partners, family members, and friends. Just over 3% of LGBT older adult participants report that they were physically abused by someone close to them during the past year. Close to 6% of the LGBT older adult participants report verbal abuse.

Internalized stigma

Sexual and gender minorities often internalize society's negative attitudes, beliefs, and stereotypes about LGBT people. Internalized stigma has been consistently associated with increased psychological distress (Meyer, 2003) and even low levels of psychological distress significantly increase the risk of premature morbidity and mortality (Russ et al., 2012). The LGBT older adult participants have relatively low overall levels of internalized stigma (M=1.43 on a scale of 1 to 4). Demographic comparisons reveal that LGBT older adult participants of color are at an elevated risk of internalized stigma.

Healthcare Access

Access to high-quality healthcare is crucial to good health. Conversely, barriers to healthcare can negatively impact both individuals and community-level health.

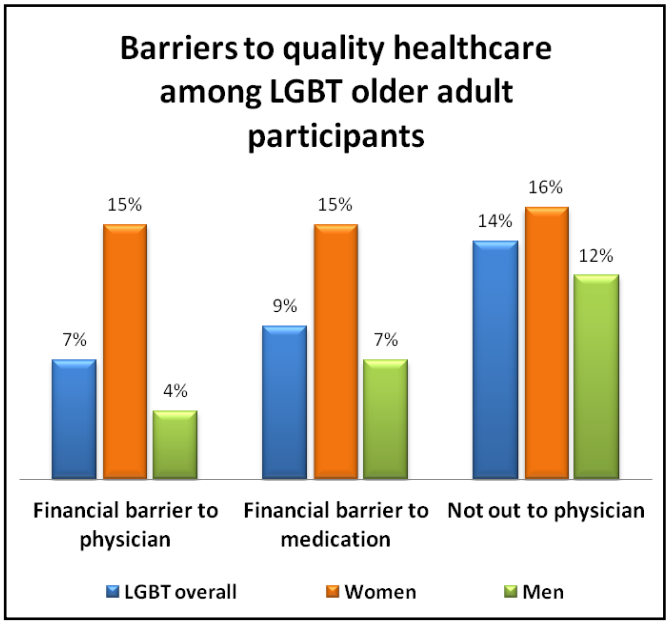
When comparing San Francisco's LGBT older adult participants to other older adults, some preliminary findings emerge that deserve additional attention:

- San Francisco's LGBT older adult participants (28%) are more likely to have visited an emergency room in the past 12 months than older adults in San Francisco's general population (21%) (CHIS, 2009).
- While 91% of older adults in general in San Francisco had visited a doctor within the past year (CHIS, 2009), 81% of LGBT older adults in San Francisco report having a routine checkup in the past year.
- Compared to LGBT older adults across the nation, San Francisco's LGBT older adult participants are also more likely to have gone to an emergency room for treatment in the past 12 months.(CAP; Fredriksen-Goldsen, et al., 2011)

See Table 6 for a breakdown of healthcare indicators by sexual orientation, gender identity, and background characteristics.

Financial barriers to physicians and medications

There are generally financial costs associated with accessing healthcare even if one has insurance, such as deductibles and co-pays, and for medications which may be an on-going expense regardless of insurance. In addition, one may perceive a financial barrier even though one has health insurance. Although 99% of the LGBT older adult participants have healthcare insurance, 7% perceive financial barriers to seeing a physician. Rates of perceived financial barriers to seeing a physician for female participants (15%) are about three times higher than for male participants (4%). Perceived financial barriers to seeing a physician and obtaining medication are also observed among those earning lower income and people of color. Although based on small sample size, preliminary findings suggest that transgender participants have high rates of perceived financial barriers to care.



The Affordable Care Act may benefit LGBT communities in a variety of ways since it requires the development of a culturally competent and diverse health care workforce that has expertise providing care to underserved populations such as the LGBT communities. Limits on

insurance coverage are also planned to be phased out and insurance companies cannot deny coverage based on pre-existing conditions; both of which would be beneficial to people with chronic conditions. The expansion of Medicaid to low income single adults under 65 will also be helpful.

Concealment and fear

Concealing one's sexual orientation or gender identity from healthcare providers can result in inadequate and inappropriate healthcare, which can have significant consequences for health outcomes (American Medical Association, 2009). About 14% of LGBT older adult participants have not disclosed their sexual orientation and/or gender identity to their physician. Being afraid to access healthcare systems, whether it is inside or outside of one's community, can also pose barriers to care. Slightly more than 11% of LGBT older adult participants fear accessing healthcare services *outside* the LGBT community. Just over 8% of LGBT older adult participants fear accessing healthcare services *inside* the LGBT community. Elevated rates of fear accessing health services *inside* the community are observed for LGBT older adults of color. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have high rates of fear of accessing services *outside* the community.

22%
of LGBT older adult *participants of color*
fear accessing healthcare

Provision of healthcare services

Just as concealing sexual orientation and/or gender identity can pose significant risks to quality healthcare, disclosing such identities can also result in negative consequences. Overall, 13% of LGBT older adult participants have been denied healthcare services, or perceive they have been provided with inferior healthcare, due to their actual or perceived sexual orientation and/or gender identity. Although based on small sample size, preliminary findings suggest that transgender participants have high rates of being denied care or perceived that they have been provided with inferior care.

Healthcare provider

Having a regular healthcare provider is important to positive health outcomes. In addition to familiarity with medical histories, having a provider can remove barriers and foster trust in healthcare settings (American Medical Association, 2009). Almost all (95%) of the LGBT older adult participants have one person they consider to be their regular healthcare provider. Although having a lower income is significantly associated with a lower likelihood of having a regular healthcare provider, it is important to note that 90% of lower income participants have a regular healthcare provider.

Routine checkup

Having a routine annual checkup is an important aspect of healthcare since prevention and early detection of health-threatening conditions can contribute significantly to positive health outcomes (Chobanian et al., 2003). Four out of five LGBT older adult participants (81%) report having had a routine physical checkup within the past year. Compared to the male older adult

participants (84%), the female older adult participants (74%) are at an elevated risk of not having a regular routine checkup.

Emergency room use

While emergency room use can provide life-saving treatment in crisis situations, it can also be the only place where those who experience barriers to care obtain needed medical treatment. Nearly one-third (28%) of LGBT participants have gone to an emergency room for treatment in the past 12 months. Lower income is associated with a lower likelihood of having a healthcare provider and as one might expect, LGBT older adult participants with lower incomes (36%) are significantly more likely to use an emergency room compared to those with higher incomes (22%). Although based on small sample size, preliminary findings suggest that transgender participants have high rates of emergency room use.

Services and Programs

Although many services and programs exist to assist older adults in the general population, they are usually not geared to meet the unique combination of needs LGBT older adults may have such as fear of discrimination, shortage of legal protections, and often the lack of children to help them.

When comparing San Francisco's LGBT older adult participants who use services to those who do not use services, some preliminary findings emerge that deserve additional attention:

- Service users among the LGBT older adult participants are more likely to live alone and have lower income, and less likely to be married or partnered. They are also more likely to utilize services if they are in poor physical or mental health, have a disability, visual and hearing impairment, HIV disease, anxiety, or loneliness.
- Many LGBT older adult participants with health problems do not currently utilize services. Further research is warranted to examine the ways community services and programs can reach out to LGBT older adults in need.

See Table 7 for a breakdown of service and program needs identified by sexual orientation, gender identity, and background characteristics.

Current service use

Knowing who currently utilizes services, and what services and programs older adults perceive to be of the greatest importance is instrumental to effective planning and policy development. Although participants are connected via mailing lists to agencies serving LGBT older adults, only about one-third (30%) of the participants are currently utilizing services available in their LGBT communities. As would be expected, LGBT adults age 50 to 59 currently access services at a lower rate than those older. Participants with lower incomes utilize services at a significantly higher rate than those with higher incomes. Participants who live alone and are not married or partnered are more likely to utilize services.

Priority service needs for the LGBT community

Participants were asked to indicate what services and programs they think are the most needed for LGBT older adults. The services and programs identified by the participants as being most needed for LGBT older adults are senior housing (77%), transportation (69%), meals delivered to the home (56%), social events (56%), in-home health services (52%), support groups (52%), and assisted living options (51%). Almost half of the LGBT older adult participants report that referral services, legal services, short-term help for caregivers, and fitness and exercise programs are also needed. In general there is consistency across groups in terms of identifying the most

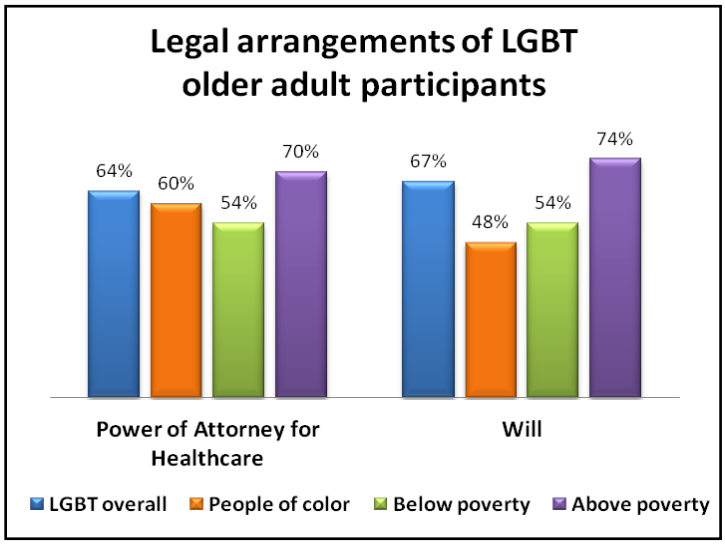
Most needed services and programs:

senior housing
transportation
meals delivered to the home
social events

needed services and programs, although there were some variations to note. For example, the transgender older adult participants rate legal services, short-term respite help for caregivers, and care management as among the most needed services.

Legal planning

Legal planning in the form of durable powers of attorney for healthcare and wills are particularly salient for LGBT older adults, as they are less likely to have legal protections for partners and other loved ones, such as friends, who are providing care. About two-thirds of LGBT older adult participants have a durable power of attorney for healthcare (64%) and have a will (67%).



LGBT older adult participants who are younger and those with lower incomes and less education are less likely to have a durable power of attorney for healthcare and will. In addition, findings suggest that LGBT older adults of color have relatively lower rates of having a will when compared to non-Hispanic whites. Although based on small sample size, preliminary findings suggest that bisexual and transgender participants have low rates of having durable powers of attorney for healthcare and wills.

Summary

The LGBT older adult participants in San Francisco are an at-risk, yet resilient population. Most of the participants in San Francisco report positive physical and mental health. Yet, serious pockets of risk are evident. Nearly 60% of participants have a disability and most have been victimized more than once. More than a third of LGBT older adult participants have clinically significant depressive symptoms and experience high levels of loneliness. Despite the fact that the vast majority of LGBT older adult participants have completed college, they are disproportionately living in poverty. While over half live alone and a third have experienced the death of a same-sex partner or spouse, most report at least moderate levels of social support. In addition, the preliminary findings suggest that transgender and bisexual older adults, LGBT older adults of color, and those with lower incomes are likely of elevated risk of adversity and poor health and aging-related outcomes.

While this study provides important new information about the health and well-being of the LGBT older adult participants living in San Francisco, the sample used in the study limits the generalizability of the findings. In addition, the relatively small sample of transgender and bisexual older adults, and specific communities of color do not allow for reliable comparisons to be conducted. In order to do so, strategic oversampling of these and other underrepresented groups in the population is needed. In addition, self-report data are based on participants' perceptions and interpretations rather than behaviors, and do not replace objective measures of the key health indicators. Since the participants were recruited via mailing lists from agencies serving LGBT older adults, service users are likely over-represented. In order to obtain a better understanding of the aging and health needs of demographically diverse LGBT older adults in San Francisco the following steps are needed:

- Outreach efforts are needed to target previously underrepresented groups, including those not connected to agencies, bisexual women and men, transgender older adults, older adults in racial and ethnic communities (including Hispanics, Asian and Pacific Islanders, African Americans), and non-English speakers. In addition, it will be important to use strategies to recruit those living in SRO's or experiencing homelessness. Only through targeted outreach can we obtain larger and more diverse sample sizes to understand the distinct needs in different communities.

- Assess the similarities and unique aging and service needs across groups of LGBT older adults to obtain the information necessary to develop tailored and responsive policies and aging and health services. Assess how multiple and intersecting identities by sexual orientation, gender identity, race and ethnicity, age, ability, and socio-economic status impact aging and health needs, risk and resilience, and the utilization or under-utilization of services.

- Evaluate the extent to which LGBT older adults are able to access culturally competent aging and health services and if their aging-related needs are adequately being met. Assess why LGBT older adults that have unmet needs are not accessing such services.

- Investigate how lifetime and current experiences of victimization and chronic on-going discrimination impact the aging and health needs and service use of LGBT older adults.

Determine what kinds of abuse LGBT older adults have experienced or are at-risk of experiencing and what resources they need to address potential abuse and exploitation.

- Identify what factors are related to the stability and accessibility of housing among LGBT older adults. Assess specific risk factors and what is needed to address the housing needs, lack of housing, and homelessness in these populations.

- Develop best practices that can be used to consistently integrate sexual orientation, gender identity, and sexual behavior questions for older adults in San Francisco's aging, public health, and other community based surveys.

- An innovative approach to public policies, services, and research is needed to support the aging and well-being of LGBT older adults in San Francisco.

Methodology

Caring and Aging with Pride utilized a cross-sectional survey design and collaborated with 11 agencies across the nation to better understand the risk and protective factors impacting LGBT older adults and caregivers. The data in this report is specific to the city of San Francisco and two agencies, New Leaf and Openhouse, distributed survey questionnaires via their agency mailing lists. The self-administered questionnaire consisted of several sections including: background characteristics, physical and mental health, healthcare access, victimization, resilience, caregiving, and services needed.

The total N (sample size) for the national survey was 2,560. Of these participants 414 were residing in Northern California, with 295 living in the city of San Francisco. Data were gathered over a six-month period from June 2010 to November 2010. Based on agency mailing lists, survey questionnaires with an invitation letter were distributed by the agency. Two weeks following the initial distribution of the questionnaire, a reminder letter was sent by the agency. Two weeks later, a second reminder letter was sent by the agency. For the agencies that had electronic mailing lists, a similar internet web-based survey was used. The same protocol for survey distribution was used: an electronic survey with an invitation letter was sent, with a two week reminder. Two weeks later, a follow-up reminder was sent. All study procedures were reviewed and approved by the University of Washington Institutional Review Board.

For data analysis, descriptive statistics (response means, medians, ranges) were initially conducted. Next, similarities and differences were examined, utilizing t-tests, chi-square tests or Fisher's exact tests. We also examined how health-related indicators are associated with age, gender, race/ethnicity, income, and education utilizing chi-square tests, Fisher's exact tests, t-tests, or ANOVAs, as appropriate. Those who responded to the sexual orientation question as "other" were excluded from analyses since the sample size was too small for interpretation. We stratified participants into three age groups: those 50-59, those 60-69, and 70 and older. Because sample sizes for Hispanics, African American, Asian/Pacific Islanders, Native American/Native American ancestry/Alaska Native, and multiracial Americans were too small to conduct meaningful statistical comparisons, individuals were classified as either non-Hispanic white or people of color for initial comparative purposes. Detailed information regarding measures examined in the study can be found at http://caringandaging.org/wordpress/wp-content/uploads/2012/10/Full-report10-25-12.pdf.

Self-report data are based on participants' perceptions and interpretations rather than behaviors, and do not replace objective measures of the variables under study. The research design and sampling procedures used in this component of the study limit the generalizability of the findings. Insufficient sample sizes of bisexuals and transgender participants as well as specific racial and ethnic minority communities are too small for reliable statistical analyses and are presented for preliminary purposes only to suggest areas in need of additional attention in the follow-up community-based survey that is under development. Because of the relatively small sample sizes the analyses conducted for this report also did not adjust for age, income, or education; thus some of the differences reported by sexual orientation and gender identity may reflect socio-demographic differences between groups. Strategic outreach is needed to obtain a larger and more demographically diverse sample in the follow-up community-based survey.

References

American Medical Association. (2009). *AMA policy regarding sexual orientation: H-65.973 Health care disparities in same-sex partner households.* Houston, TX.

Byers, A. L., Yaffe, K., Covinsky, K. E., Friedman, M. B., & Bruce, M. L. (2010). High occurrence of mood and anxiety disorders among older adults: The national comorbidity survey replication. *Archives of General Psychiatry, 67*(5), 489 - 496. doi: 10.1001/archgenpsychiatry.2010.35

Cacioppo, J. T., & Hawkley, L. C. (2003). Social isolation and health, with an emphasis on underlying mechanisms. *Perspectives in Biology and Medicine, 46*(3 Suppl), S39 - 52. doi: 10.1.1.203.4916

California Health Interview Survey (CHIS). (2009). AskCHIS (Source: 2009 California health interview survey). Los Angeles, CA: UCLA Center for Health Policy Research.

Centers for Disease Control and Prevention. (2011). Rationale for regular reporting on health disparities and inequalities — United States. *Morbidity and Mortality Weekly Report, 60(Suppl),* 3-10. Retrieved from http://www.cdc.gov/mmwr/mmwr_wk/wk_cvol.html

Chobanian, A. V., Bakris, G. L., Black, H. R., Cushman, W. C., Green, L. A., Izzo, J. L., ... National high blood pressure education program coordinating committee. (2003). The seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure: the JNC 7 report. *JAMA, 289*(19), 2560 - 2572. doi: 10.1001/jama.289.19.2560

D'Augelli, A. & Grossman, A. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence, 16*(10): 1008-1027. doi: 10.1177/088626001016010003

Diener, E. & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Wellbeing 3*(1):1–43. doi: 10.1111/j.1758-0854.2010.01045.x

Family Caregiver Alliance. (2003). Women and caregiving: Facts and figures. Retrieved from http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=892

Family Caregiver Alliance. (2005). Fact sheet: Selected caregiver statistics. 2005. Retrieved from http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=439

Fredriksen-Goldsen, K. I., & Muraco, A. (2010). Aging and sexual orientation: A 25-year review of the literature. *Research on Aging, 32(3),* 372-413. doi: 10.1177/0164027509360355

Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., & Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults.* Seattle: Institute for Multigenerational Health. Retrieved from

http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL.pdf

Fredriksen-Goldsen, K. I., Emlet, C. A., Kim, H.-J., Muraco, A., Erosheva, E. A., Goldsen, J., & Hoy-Ellis, C. P. (in press). The physical and mental health of lesbian, gay male and bisexual (LGB) older adults: The role of key indicators and risk and protective factors. *Gerontologist*. Advance online publication. doi:10.1093/geront/gns123

Fredriksen-Goldsen, K. I., Kim, H.-J., Barkan, S. E., Muraco, A., & Hoy-Ellis, C. P. (in press). Health disparities among lesbian, gay male and bisexual older adults: Results from a population-based study. *American Journal of Public Health*. doi: 10.2105/AJPH.2012.301110

Gates, G. J., & Newport, F. (2012). *Special Report: 3.4% of U.S. Adults Identify as LGBT. Inaugural Gallup findings based on more than 120,000 interviews.* Retrieved from http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx

Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 67*(6), 945 - 951. doi:10.1037/0022-006X.67.6.945

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.* Washington, DC: The National Academies Press.

Jensen, D. (2012). *Lesbian, gay, bisexual, and transgender (LGBT) seniors in San Francisco: Current estimates of population size, service needs, and service utilization.* The San Francisco Human Services Agency Planning Unit.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry, 79*(4), 500 - 510. doi: 10.1037/a0016848

Marmot, M. G., & Wilkinson, R. G. (2006). *Social determinants of health.* (2nd ed.). New York: Oxford University Press.

McCullough, M. E., & Laurenceau, J. P. (2005). Religiousness and the trajectory of self-rated health across adulthood. *Personality and Social Psychology Bulletin, 31*(4), 560 - 573. doi: 10.1177/0146167204271657

MetLife. (2010). *Still out, still aging: The MetLife study of lesbian, gay, bisexual, and transgender baby boomers.* Westport, CT: MetLife Mature Market Institute. Retrieved from https://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-still-out-still-aging.pdf

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674 - 697. doi:10.1037/0033-2909.129.5.674

National Research Council: Panel on race, ethnicity, and health in later life. (2004). *Understanding racial and ethnic differences in health in late life: A research agenda.* Washington, D. C.: The National Academies Press.

Perissinotto, C. M., Stijacic Cenzer, I., & Covinsky, K. E. (2012). Loneliness in older persons: a predictor of functional decline and death. *Archives of Internal Medicine, 172(14),* 1078-1083. doi:10.1001/archinternmed.2012.1993

Pew Research Center. (2010). Baby boomers approach 65- glumly. *Pew Social & Demographic Trends*. Washington, DC: Pew Research Center.

Public Policy Institute of California. (2008). California's future population. *Just the Facts.* Retrieved from http://www.ppic.org/content/pubs/jtf/JTF_FuturePopulationJTF.pdf

Russ, T. C., Stamatakis, E., Hamer, M., Starr, J. M., Kivimäki, M., & Batty, G. D. (2012). Association between psychological distress and mortality: Individual participant pooled analysis of 10 prospective cohort studies. *British Medical Journal, 345,* e4933. doi: 10.1136/bmj.e4933

Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA, 301*(21), 2252 - 2259. doi: 10.1001/jama.2009.754

Sturgeon, S. (2006). Promoting mental health as an essential aspect of health promotion. *Health Promotion International, 21*(Suppl 1), 36 - 41. doi: 10.1093/heapro/dal049

The Williams Institute. (2011). *How many people are lesbian, gay, bisexual, and transgender?* (pp. 1 - 8). Los Angeles: The Williams Institute: UCLA School of Law.

U.S. Census Bureau. (2012). Annual estimates of the resident population by age, sex, race, and Hispanic origin for counties: April 1, 2010 to July 1, 2011. *Population Estimates: Age, Sex, Race, and Hispanic Origin.* Retrieved from http://www.census.gov/popest/data/counties/asrh/2011/CC-EST2011-alldata.html

Vincent, G. A., & Velkoff, V. A. (2010). *The next four decades, the older population in the United States:2010 to 2050. Current Population Reports* (pp. P25-1138). Washington, DC: U.S. Census Bureau.

Wallace, S. P., Cochran, S. D., Durazo, E. M., & Ford, C. L. (2011). *The health of aging lesbian, gay and bisexual adults in California*. Los Angeles, CA: UCLA Center for Health Policy Research. Retrieved from http://www.healthpolicy.ucla.edu/pubs/files/aginglgbpb.pdf

Tables

Table 1. ***LGBT Older Adult Participants Living in San Francisco: Socio-Demographic and Background Characteristics (n = 295)***

	% (n)
Sexual orientation	
Lesbians	27.5 (81)
Gay men	67.1 (198)
Bisexuals	3.7 (11)
Other	1.7 (5)
Transgender	2.7 (8)
Age, mean (SD)	67.8(9.1)
50-59	19.7 (58)
60-69	41.7 (123)
70 and older	38.6 (114)
Gender	
Men	70.0 (205)
Women	30.0 (88)
Race and ethnicity	
White (Non-Hispanic)	84.4 (249)
People of color	15.6 (46)
Hispanic	5.8 (17)
Native American	2.7 (8)
Asian American	2.0 (6)
African American	1.7 (5)
Multiracial/other	3.4 (10)
Household income	
Less than $24,999	37.1 (105)
$25,000 - 49,999	24.0 (68)
$50,000 - $74,999	12.4 (35)
$75,000 or more	26.5 (75)
Below 200% federal poverty level	40.9 (110)
Health insurance	99.3 (288)

	% (n)
Education	
High school or less	9.6 (28)
Some college	16.4 (48)
4 years of college or more	74.1 (217)
Employed	39.3 (116)
Reasons not employed	
Retired	70.9 (122)
Ill or disabled	26.7 (46)
Unable to find work/other	11.1 (20)
Military service	30.9 (89)
Partnered or married	36.2 (106)
Death of same-sex partner or spouse	33.9 (98)
Children	16.0 (47)
Grandchildren	8.3 (24)
Housing	
Own home	44.4 (131)
Rent	44.8 (132)
Other	10.8 (32)
Household size, mean (SD)	1.5(.68)
Living alone	56.5 (166)
Pet(s)	32.5 (87)

Table 2. ***Physical Health Indicators: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Poor general health	Disability	HIV	Impairments		
				Vision	Hearing	Dental
	%	%	%	%	%	%
Total	27.30	58.28	16.49	28.14	24.07	29.83
Lesbians/Gay men						
Lesbians	23.38	60.26	0.00	25.64	17.95	29.49
Gay men	27.84	54.74	23.04	28.72	25.64	29.23
Bisexuals[a]	27.27	72.73	18.18	18.18	9.09	27.27
Transgender[a]	37.50	75.00	37.50	37.50	37.50	37.50
Demographic Comparisons						
Age[b]						
50-59	22.41	48.28	17.86*	18.97	8.62***	25.86
60-69	29.27	57.38	22.76	29.27	22.76	33.33
70 and older	27.68	64.55	8.93	31.58	33.33	28.07
Gender						
Female	24.14	62.50	1.14***	27.27	20.45	32.95
Male	27.94	56.00	22.89	28.78	24.88	28.29
Race and ethnicity						
People of Color	36.96	52.17	24.44	36.96	30.43	47.83**
Whites	25.51	59.43	15.04	26.51	22.89	26.51
Below 200% poverty level						
Yes	42.20***	74.31***	16.67	33.64	26.36	41.82***
No	17.09	47.17	17.83	25.16	22.01	21.38
Education						
Some college or less	39.47**	61.33	19.74	34.21	27.63	33.53
4 years of college or more	23.26	57.28	15.02	25.35	22.58	27.19

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 3. ***Mental Health Indicators: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Depression	Anxiety	Suicidal ideation	Stress	Loneliness	Life satisfaction
	%	%	%	M (SD)	M (SD)	M (SD)
Total	35.71	28.14	40.85	1.34(.85)	1.80(.68)	2.74(.67)
Lesbians/Gay men						
Lesbians	31.58	25.64	37.33	1.21(.82)	1.71(.68)	2.87(.63)
Gay men	35.52	26.15	40.96	1.35(.83)	1.80(.67)	2.73(.66)
Bisexuals[a]	60.00	45.45	60.00	2.05(1.09)	1.94(.70)	2.31(.88)
Transgender[a]	50.00	62.50	85.71	1.72(.47)	2.50(.69)	2.60(.91)
Demographic Comparisons						
Age[b]						
50-59	29.31	37.93	35.71	1.27(.84)	1.80(.68)	2.77(.67)
60-69	37.07	30.08	44.92	1.35(.80)	1.77(.69)	2.72(.72)
70 and older	37.74	21.05	39.09	1.37(.90)	1.83(.69)	2.74(.62)
Gender						
Female	31.40	30.68	37.65	1.25(.87)	1.73(.69)	2.82(.65)
Male	37.50	26.34	41.62	1.38(.84)	1.82(.67)	2.71(.67)
Race and ethnicity						
People of color	40.91	43.48*	52.27	1.54 (1.01)	1.98 (.80)*	2.53(.84)*
Whites	34.75	25.30	38.75	1.30(.81)	1.76(.66)	2.78(.63)
Below 200% poverty level						
Yes	48.60***	35.45	49.53*	1.59(.85)***	2.02(.71)***	2.48(.70)
No	25.16	24.53	34.42	1.14(.81)	1.67(.64)	2.90(.61)
Education						
Some college or less	47.22*	31.58	43.84	1.56(.85)**	1.89(.70)	2.56(.75)**
4 years of college or more	32.04	27.19	40.19	1.27(.84)	1.76(.67)	2.80(.63)

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 4. ***Resilience Indicators: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Identity disclosure	Specific disclosure			Community belonging	Social support	Religious or spiritual activities	Informal care	
		Family	Friend	Neighbor				Receiving	Providing
	M (SD)	%	%	%	%	M (SD)	%	%	%
Total	3.59 (.60)	88.09	94.16	76.84	86.57	3.04(.80)	30.60	21.03	26.32
Lesbians/Gay men									
Lesbians	3.69 (.48)	93.33	98.65	79.22	88.16	3.32(.70)***	31.58	24.36	27.63
Gay men	3.57 (.62)	86.34	93.37	77.84	86.77	2.95(.82)	28.42	19.37	26.06
Bisexuals[a]	3.09 (.30)	70.00	70.00	50.00	88.89	2.93(.71)	36.36	30.00	20.00
Transgender[a]	3.59 (.71)	85.71	85.71	71.43	62.50	2.64(1.15)	75.00	12.50	28.57
Demographic Comparisons									
Age[b]									
50-59	3.79 (.37)**	96.43*	94.55	82.14*	84.21	3.24(.68)**	27.27	16.36	29.82
60-69	3.64 (.61)	89.08	94.87	82.76	88.98	3.12(.81)	35.90	18.85	27.97
70 and older	3.44 (.65)	82.35	93.14	67.00	85.19	2.85(.81)	26.61	25.66	22.73
Gender									
Female	3.68 (.48)	94.05*	97.59	77.91	86.90	3.30(.71)***	32.56	25.00	30.23
Male	3.55 (.65)	85.42	92.63	76.22	86.80	2.94(.81)	29.02	19.50	24.87
Race and ethnicity									
People of color	3.48 (.65)	80.95	87.18*	73.68	71.43**	2.71 (.97)**	44.19	27.27	36.36
Whites	3.61 (.59)	89.36	95.32	77.35	89.21	3.10(.76)	28.15	19.92	24.48
Below 200% poverty level									
Yes	3.57 (.61)	87.38	96.08	72.63*	81.90	2.76(.85)***	33.98	23.85	26.85
No	3.69 (.45)	91.22	94.74	83.55	90.20	3.24(.71)	27.45	17.95	23.87
Education									
Some college or less	3.41 (.79)**	79.17**	86.57**	62.69**	88.89	2.86(.88)*	34.25	28.00	28.77
4 years of college or more	3.65 (.51)	91.13	96.59	81.37	85.65	3.12(.75)	29.13	18.31	25.71

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 5. ***Risk Indicators: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Victimization/Discrimination										Internal stigma
	3 times or more	Verbally insulted	Physically threatened	Hassled by police	Not promoted	Physical assault	Threat of being outed	Property damage	Fired from job	Denied housing	
	%	%	%	%	%	%	%	%	%	%	M (SD)
Total	76.31	78.87	52.65	31.79	29.14	27.34	23.40	21.00	21.00	6.43	1.43(.58)
Lesbians/Gay men											
Lesbians	69.74	79.73	40.00*	18.06**	23.94	13.51**	26.39	17.33	23.29	9.59	1.41(.62)
Gay men	79.47	79.37	56.68	37.97	30.48	32.63	21.16	21.62	19.68	4.84	1.40(.53)
Bisexuals[a]	60.00	60.00	60.00	20.00	50.00	20.00	20.00	20.00	30.00	10.00	1.80(.67)
Transgender[a]	85.71	85.71	71.43	31.37	71.43	28.57	71.43	42.86	57.14	42.86	2.13(.85)
Demographic Comparisons[a]											
Age											
50-59	91.23**	91.23**	64.91	30.91	39.29	26.32	28.07	17.54	26.32	10.53	1.47(.63)
60-69	78.99	80.34	50.00	33.62	28.07	25.42	22.41	23.73	18.26	6.96	1.34(.52)
70 and older	65.77	70.91	49.09	30.28	25.00	30.00	22.02	19.81	21.10	3.70	1.51(.60)
Gender											
Female	69.77	78.57	42.35*	19.51**	25.00	14.29**	26.83	17.65	23.17	9.64	1.39(.60)
Male	78.89	78.79	57.14	36.73	30.61	32.66	21.21	22.16	19.80	4.62	1.44(.56)
Race and ethnicity											
People of color	77.27	79.55	62.79	40.91	43.18*	36.36	29.55	23.26	34.09*	16.28**	1.66(.75)**
Whites	76.13	78.75	50.83	30.08	26.50	25.73	22.27	20.59	18.57	4.64	1.39(.54)
Below 200% poverty level											
Yes	73.15	76.42	54.29	34.62	29.81	33.64*	27.62	24.53	25.96	9.71	1.45(.64)
No	77.42	80.00	50.65	30.92	27.15	20.13	20.13	18.42	17.65	4.58	1.40(.52)
Education											
Some college or less	73.97	76.71	47.95	35.71	29.58	32.39	27.40	22.54	26.76	5.71	1.48(.62)
4 years of college or more	76.89	79.90	54.33	30.29	28.78	25.94	21.74	20.19	18.75	6.25	1.42(.56)

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 6. ***Healthcare Access: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Financial barriers to seeing a doctor	Financial barriers to medication	Not out to physician	Fear accessing services		Inferior healthcare	Healthcare provider	Routine checkup	Emergency room use
				Inside	Outside				
	%	%	%	%	%	%	%	%	%
Total	7.46	9.49	13.57	8.19	11.31	13.36	94.77	81.05	27.92
Lesbians/Gay men									
Lesbians	15.38**	15.38*	16.88	7.89	10.39	9.86	94.74	77.33	25.33
Gay men	4.62	7.18	11.96	8.60	11.76	13.51	94.71	83.51	29.95
Bisexuals[a]	9.09	9.09	20.00	0.00	22.22	30.00	100.00	90.91	10.00
Transgender[a]	12.50	50.00	14.29	12.50	37.50	71.43	100.00	75.00	37.50
Demographic Comparisons									
Age[b]									
50-59	13.79	13.79	7.14	7.02	19.30	20.00	93.10	75.00	23.64
60-69	7.32	9.76	11.86	10.17	11.02	13.91	95.04	80.83	34.75
70 and older	4.39	7.02	18.87	6.60	7.41	9.35	95.37	84.40	22.73
Gender									
Female	14.77**	14.77*	16.28	7.06	10.47	11.11	94.19	74.12*	23.53
Male	4.39	6.83	12.44	8.76	11.79	13.40	94.97	84.34	29.59
Race and ethnicity									
People of color	17.39**	21.74**	20.00	21.95**	21.43*	20.93	93.33	80.43	28.89
Whites	5.62	7.23	12.50	5.83	9.54	11.97	95.04	81.17	27.73
Below 200% poverty level									
Yes	16.36***	20.00***	13.86	6.86	9.62	16.67	90.74*	78.90	36.45*
No	2.52	3.77	10.46	7.14	11.69	12.58	96.86	82.05	22.44
Education									
Some college or less	10.53	10.53	18.57	8.57	15.49	10.14	90.41	84.00	31.08
4 years of college or more	5.99	9.22	12.02	8.13	10.00	14.08	96.23	79.81	26.57

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 7. ***Services and Programs: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Current service use	Service needs									
		Senior housing	Transpor-tation	Meals to home	Social events	In-home health services	Support groups	Assisted living	Referral services	Legal services	Short term help for caregiver
	%	%	%	%	%	%	%	%	%	%	%
Total	30.31	76.61	69.49	56.27	56.27	51.53	51.53	51.19	49.49	47.80	46.44
Lesbians/Gay men											
Lesbians	30.26	83.33	71.79	55.13	69.23**	62.82*	65.38**	55.13	58.97	55.13	60.26**
Gay men	27.37	73.85	68.72	55.90	49.23	47.18	44.10	50.26	46.15	44.10	40.51
Bisexuals[a]	54.55	72.73	54.55	63.64	90.91	45.45	63.64	36.36	36.36	54.55	45.45
Transgender[a]	50.00	62.50	37.50	62.50	50.00	50.00	75.00	50.00	37.50	62.50	62.50
Demographic Comparisons											
Age[b]											
50-59	8.93***	86.21*	79.31	65.52	70.69**	67.24***	60.34	62.07	53.45	51.72	56.90
60-69	38.33	79.67	69.11	56.91	58.54	54.47	53.66	50.41	50.41	51.22	39.84
70 and older	32.43	68.42	64.91	50.88	46.49	40.35	44.74	46.49	46.49	42.11	48.25
Gender											
Female	32.94	85.23*	71.59	57.95	70.45**	63.64**	67.05**	54.55	57.95	57.95*	60.23**
Male	29.00	73.17	68.78	55.61	50.73	46.34	44.88	49.76	46.34	43.90	40.49
Race and ethnicity											
People of color	30.43	76.09	78.26	63.04	65.22	63.04	60.87	52.17	50.00	63.04	47.83
Whites	30.29	76.71	67.87	55.02	54.62	49.40	49.80	51.00	49.40	44.98	46.18
Below 200% poverty level											
Yes	39.25**	80.00	60.91*	56.36	51.82	45.45*	47.27	40.91**	51.82	50.91	38.18*
No	22.73	74.84	74.21	56.60	58.49	57.86	54.72	59.12	48.43	44.03	50.94
Education											
Some college or less	35.62	71.05	64.47	56.58	56.58	46.05	50.00	47.37	51.32	48.68	39.47
4 years of college or more	28.30	78.80	71.43	56.22	55.76	53.46	52.07	52.53	48.85	47.47	48.85

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$

Table 7. ***Services and Programs: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics (Continued)***

	Service needs							Legal planning	
	Fitness and exercise	Meals at agency	Care management	Adult day care	Nursing home	Personal care	Physical/ occupational/ speech therapy	Durable Power of Attorney for Healthcare	Will
	%	%	%	%	%	%	%	%	%
Total	45.42	44.75	36.61	36.27	30.17	30.17	28.14	64.34	66.55
Lesbians/Gay men									
Lesbians	52.56	50.00	53.85***	51.28**	42.31**	41.03*	38.46**	65.38	62.34
Gay men	42.56	40.51	28.21	30.26	24.62	26.15	22.05	66.67	70.21
Bisexuals[a]	18.18	54.55	36.36	27.27	18.18	9.09	36.36	27.27	36.36
Transgender[a]	50.00	50.00	75.00	50.00	25.00	37.50	37.50	50.00	50.00
Demographic Comparisons									
Age[b]									
50-59	51.72	48.28	53.45**	50.00***	37.93	37.93*	36.21	50.91**	52.73**
60-69	43.09	47.15	38.21	42.28	29.27	35.77	26.02	60.66	63.11
70 and older	44.74	40.35	26.32	22.81	27.19	20.18	26.32	75.23	77.27
Gender									
Female	54.55*	53.41*	54.55***	52.27***	43.18**	42.05**	42.05***	62.50	62.07
Male	41.46	40.98	28.78	29.27	24.88	25.37	22.44	65.31	68.69
Race and ethnicity									
People of color	45.65	50.00	36.96	47.83	28.26	36.96	34.78	59.52	47.73**
Whites	45.38	43.78	36.55	34.14	30.52	28.92	26.91	65.16	69.96
Below 200% poverty level									
Yes	45.45	50.91	30.91	32.73	28.18	25.45	29.09	53.77**	53.77**
No	43.40	41.51	42.14	37.74	31.45	31.45	25.79	70.32	73.72
Education									
Some college or less	47.37	44.74	23.68**	31.58	25.00	31.58	26.32	66.22	53.33**
4 years of college or more	44.70	44.70	41.01	37.79	31.80	29.49	28.57	63.33	70.95

[a] Due to small sample sizes, statistical tests were not conducted.
[b] Asterisks indicate statistical significance in the relationship between age and each indicator and are not applied to one age group.
*$p < .05$; ** $p < .01$; *** $p < .001$