

Survey of LGBTQIA+ Older Adults in California:

From Challenges to Resilience

Summary Document



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

November 2024

INTRODUCING THE CHALLENGES TO RESILIENCE SURVEY

By 2030, just a few years from now, over 10 million Californians will be 60 or older.¹ Approximately 5% of these mid-life and older adults identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or sexual and/or gender minority (LGBTQIA+),² yet we know relatively little about their health and wellbeing. What we do know suggest significant health disparities—disparities that are difficult, if not impossible, to address without more comprehensive, accurate data.

To begin filling these data gaps, the California Department of Aging (CDA) spearheaded the first statewide survey to explore the current and future health and wellbeing of California’s mid-life and older LGBTQIA+ population. This 2024 baseline survey, *From Challenges to Resilience*, aligns with the goals of California’s Master Plan for Aging, a blueprint for state and local governments and their philanthropic and private-sector partners to prepare for California’s growing population of older adults.

As described in greater detail in this summary and in an accompanying full report of the survey findings, the *From Challenges to Resilience* baseline survey Marks the beginning of a more focused, consistent look at the needs of an often-overlooked population. As a start, it sheds much-needed light, while also raising many questions and new lines of inquiry for the future.

SURVEY FEATURES

- First statewide survey of older LGBTQIA+ adults in California
- Over 4,000 respondents from every census region in California
- Aligns with equity goals of California’s Master Plan for Aging
- Baseline for future surveys and other data collection

SURVEY TOPICS

For this first statewide survey of older LGBTQIA+ adults, the study team balanced the interest in learning as much as possible with the need to keep the survey length manageable. The survey questions explored seven domains: economic wellbeing, social wellbeing, discrimination and safety, health care access, service utilization, mental health and substance use, and cognitive and physical health. Key findings and implications in each of these areas are summarized below.

¹ California Department of Finance Demographic Research Unit. Report P-1B: Population Projections by Individual Year of Age, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release).; 2 024.

² UCLA School of Law: Williams Institute. LGBT Data and Demographics. Accessed June 14, 2024. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=6#demographic>

WHO PARTICIPATED?



The **4,037 survey respondents** included LGBTQIA+ people from every census region in California. Nearly one-quarter (24%) were in the 50-59 age group, 42% in the 60-69 age group, and just over one-third (34%) of respondents were aged 70 or older. Most respondents were white (78%). The largest race/ethnicity category after white was Latino or Hispanic (9%), followed by those who selected more than one race/ethnicity category (8%), and similar percentages of Black or African American (4%), Asian or Pacific Islander (4%), American Indian or Alaska Native (3%), and Middle Eastern or North African (2%) respondents.

Most respondents also identified as cisgender (89%), which is defined as a gender aligning with the sex assigned at birth (male or female). Since the response options for selecting sexual orientation and gender identity were not mutually exclusive, some categories were consolidated for analysis purposes. For example, findings are

often presented comparing results for cisgender and transgender/gender expansive respondents. The consolidated gender categories include 57% of survey respondents identifying 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.

Approximately two-thirds of respondents (65%) live in Northern California and just over one-third (35%) in Southern California. Across the state, respondents generally live in urban areas (81%) or suburban ones (14%), with only 4% living in rural areas.

CAVEATS

The survey team promoted the survey through social media, coordinated outreach, and recruitment through a coalition of 62 LGBTQIA+-serving organizations. Additional promotion occurred through networks represented by a diverse Advisory Committee. The survey was translated into Chinese, Spanish and Tagalog to reach speakers of these languages across the state.

While the study team is pleased at the response rate of over 4,000 respondents, it is important to note a few of the caveats with the data. To this end, the survey respondents were generally white, higher income, more educated, and more urban;

the respondents comprise a “convenience” sample from which conclusions and comparisons should be drawn with caution. The online nature of the survey and its promotion (e.g., with links provided via QR codes) made access easier for some respondents comfortable with using technology for daily tasks, while potentially excluding others who are less comfortable with technology. A key recommendation is to continue, expand, and improve outreach efforts to draw greater participation from parts of the LGBTQIA+ community under-represented in this inaugural survey, and to keep in mind that this initial effort is just that: a baseline upon which to build.

ABOUT THE SURVEY TEAM



The **California Department of Aging** funded and initiated the *From Challenges to Resilience* survey and analysis. Researchers within the **University of California, San Francisco (UCSF) School of Nursing's Department of Community Health Systems** designed and deployed the survey and analyzed the data for the underlying research report. **Openhouse**, a nonprofit that supports LGBTQIA+ seniors with a variety of services, led the community engagement and advocacy that drew respondents from every part of the state. **CITRIS and the Banatao Institute at the University of California** managed the project and its funding. The **Center for Advanced Study of Aging Services** within the UC Berkeley School of Social Welfare provided additional research guidance and will conduct follow-up qualitative research on the health and service needs of LGBTQIA+ older adults. The **California Aging and Disability Research Partnership** provided valuable guidance throughout the survey and data analysis process.

FROM CHALLENGES TO RESILIENCE: FINDINGS & IMPLICATIONS

This study summary includes highlights from the survey findings, paired with implications that offer opportunities for action. A final section notes ways that the findings and opportunities align with key components of California's Master Plan for Aging. Many more details and recommendations are available in the full report.

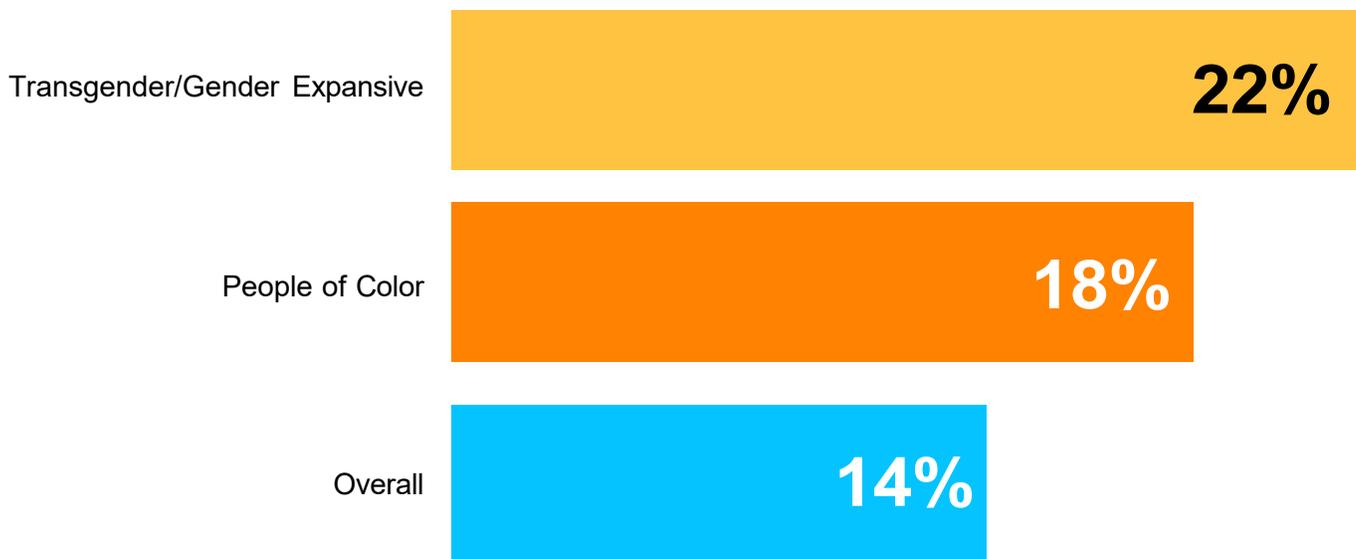


OVERALL FINDINGS

Race/ethnicity and gender identity intersect with more inequities reported by some groups.

Most survey respondents (86%) gave high ratings to their quality of life, while 14% rated their quality of life as fair or poor. Among survey respondents who are people of color, 18% reported fair or poor quality of life. Among transgender / gender expansive respondents, 22% reported fair or poor quality of life. Across the survey domains, this **pattern of intersectionality**³ suggests challenges that are greater for LGBTQIA+ people of color and those who identify as transgender / gender expansive. It should be noted that quality of life ratings by survey respondents have not been compared by income, urban/rural residency, or education; additional analyses are likely to yield more insights about both high and low quality of life ratings.

TRANSGENDER / GENDER EXPANSIVE PEOPLE AND PEOPLE OF COLOR WERE MORE LIKELY TO RATE THEIR QUALITY OF LIFE AS FAIR OR POOR



Research, Policy, and Service Implications:

WHAT CAN ORGANIZATIONS, SYSTEMS, PHILANTHROPY, AND POLICYMAKERS DO DIFFERENTLY?

Services designed to promote healthy aging for LGBTQIA+ older adults require specific investments to make them feel safe, seen, and deserving of care. At both local and state levels, consistent with action steps and goals outlined in California's Master Plan for Aging, the *From Challenges to Resilience* study team calls for:

- **Increasing the number of LGBTQIA+-affirming health care providers, first responders, caregivers, and caseworkers** by promoting and providing LGBTQIA+ competency training, continuing education units, and other incentives.
- **Developing implementation guidance and standards of care** that address the underlying causes of disparities for LGBTQIA+ older adults who are people of color.
- **Encouraging multilingual and transgender / gender expansive-affirming design of services, resources, and research, paired with tailored service outreach**, to build trust.
- Bringing new voices and experiences into the service area, by **encouraging multilingual, people of color, and transgender / gender expansive people with expertise in community-focused outreach and care** to serve as patient advocates, researchers, caseworkers, and providers.
- **Investing in organizations that have already earned trust and are led by LGBTQIA+ community members** (via grants, operating support, and consultancies, among other mechanisms) and routinely seeking and responding to their input (as the survey design did).
- **Intensifying data collection efforts that include LGBTQIA+ populations** to increase understanding of both gaps and progress. Specifically, this means:
 - **Collecting sexual orientation / gender identity (SOGI) data** across state-level data collection forms (with input from community-focused experts on how to ask for this information).
 - **Tracking progress with specific metrics that are focused on disparities**, including specific health and wellbeing outcomes of programs and policies for LGBTQIA+ older adults' wellbeing and service gaps.
- **Increasing accountability for making progress** by reporting back to LGBTQIA+ organizations and partners across California on the status of these initiatives, particularly:
 - **Community outreach that includes those less represented in the current survey and findings** so that they can participate in future data collection efforts and have their voices and experiences reflected (i.e., "Nothing about us without us.").
 - **Participation of all LGBTQIA+ voices in policy solutions** to address racism and discrimination.
 - **Outcomes of research and program/service changes** that result from community participation in research initiatives.



Physical, Cognitive, and Mental Health

BARRIERS TO ACCESS CREATE PERSISTENT, UNMET SERVICE NEEDS THAT UNDERMINE PHYSICAL, COGNITIVE, AND MENTAL HEALTH STATUS.

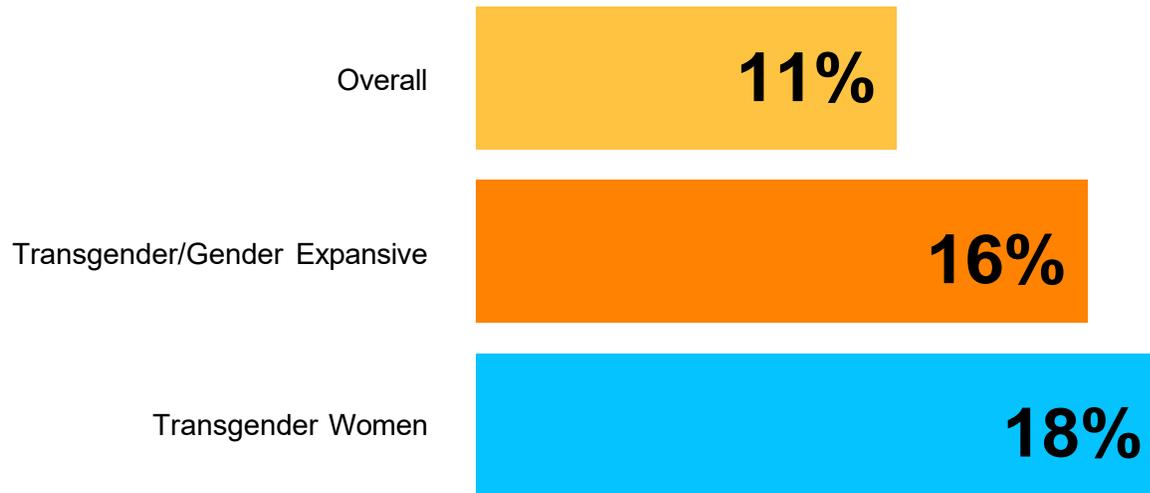
On the bus on the way to the clinic, Jesse was already nervous. The last time they had tried to talk to a counselor, it had been a disaster, leaving them feeling even worse instead of helping. The counselor was in a hurry and made a lot of assumptions about Jesse—assumptions that were completely wrong. It was hard to trust someone who seemed so clueless and even hostile, but Jesse’s anxiety and depression had gotten too hard to deal with alone. A friend at work had mentioned the new clinic and this counselor in particular. “They know what they’re doing,” Jesse’s friend had reassured them. Jesse’s friend was right. The place felt different, even before anyone said a word. The pictures on the wall felt familiar. The intake form asked about gender in an inclusive way, and the receptionist asked Jesse about their pronouns—the first time that had ever happened at a clinic. The counselor listened patiently without any judgement and seemed to understand a lot about the types of trauma Jesse had experienced, some long ago and some more recent. Jesse felt like they were finally going to get some help—and some healing.

Accessing services that address dental, physical, and mental health was difficult for many respondents; these were among the top five services where needs were not met, even though these health needs were well-documented in this survey as well as other research. Nearly a quarter of survey respondents—23%—described their **physical health** as fair or poor. Seventeen percent were living with HIV, a chronic disease that can be managed but requires ongoing access to monitoring, care, and treatment.

Among survey respondents, 15% were experiencing worsening confusion or memory loss. Given the online nature of the survey, which may have reduced access for those already experiencing **cognitive problems**, this may be an undercount.

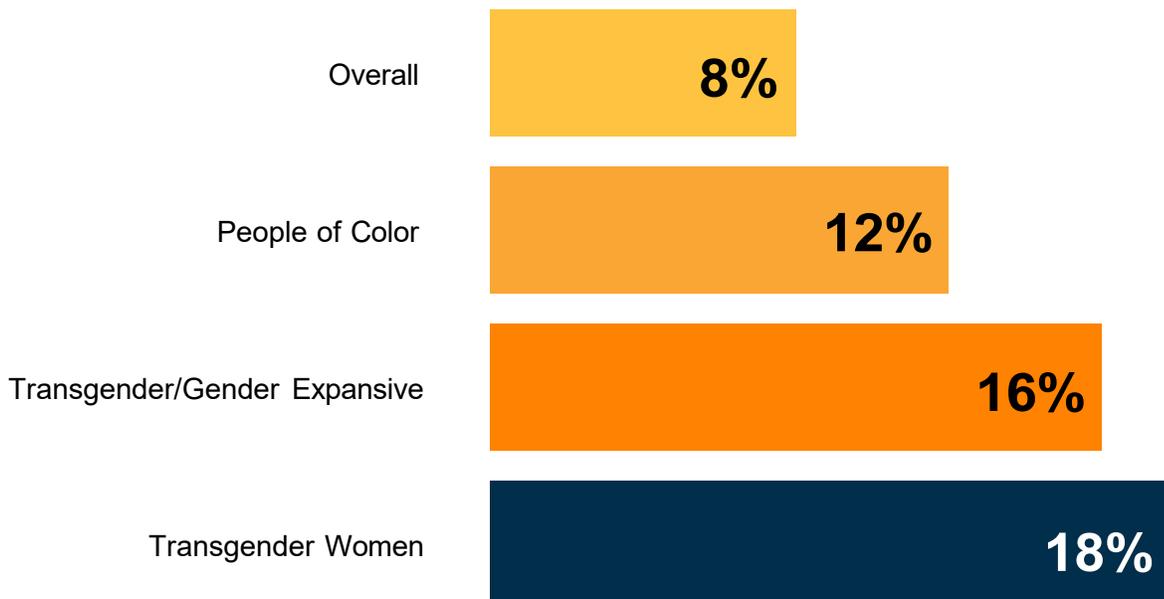
The **mental health** realm points to a particularly stark gulf between needs and services. One in five survey respondents rated their mental health as fair or poor, with one in ten (11%) having reported recent serious thoughts of suicide, within the past year. Again, the rates were higher among transgender / gender expansive survey respondents (16%) and transgender women in particular (18%).

SERIOUS THOUGHTS OF SUICIDE IN LAST YEAR WERE MOST COMMON AMONG TRANSGENDER / GENDER EXPANSIVE PEOPLE



Nearly half of survey respondents had experienced a traumatic event in their lifetimes. Eight percent of all survey respondents had experienced such an event within the past year; among people of color the rate was higher (12%) and among transgender / gender expansive people (16%) and transgender women (18%). Given this prevalence, it is not surprising that nearly **one-quarter of respondents (24%) had symptoms consistent with post-traumatic stress disorder (PTSD).** Despite these acute mental health issues, respondents reported that mental health services were among the top five types of services they avoided because they were not considered LGBTQIA+-friendly.

LIFETIME EXPERIENCE OF A TRAUMATIC EVENT



Research, Policy, and Services Implications:

WHAT CAN ORGANIZATIONS, SYSTEMS, PHILANTHROPY, AND POLICYMAKERS DO DIFFERENTLY?

Earlier access to services and interventions that address physical, cognitive, and mental health needs could help promote healing and avoid future adversity and harm. How? Specifically, the *From Challenges to Resilience* study team calls for:

- **Addressing specific barriers to accessing health services**, including training providers as well as reducing financial and logistical barriers to services.
- **Focusing intensively on tailored suicide prevention resources for LGBTQIA+ older adults**, including messaging, outreach, and peer support.
- **Including trauma-informed care in provider training** that is specific to the needs of the LGBTQIA+ population, including making screening for PTSD more routine and accessible.
- **Developing and updating directories of LGBTQIA+-affirming service providers** and aligning these with local service assessments (such as the Master Plan for Aging Local Playbooks).
- **Supporting a grant program to fund local, already trusted LGBTQIA+-focused organizations** to expand services for older adults.
- **Collaborating with local public health departments** to conduct outreach and provide services to LGBTQIA+ older adults.



Economic Wellbeing

OVER A QUARTER OF RESPONDENTS REPORTED CURRENT AND FUTURE FINANCIAL CONCERNS.

In a lot of ways, Pete felt lucky. Unlike so many, he had survived the early years of HIV/AIDS. He had married his longtime partner, something none of them had imagined being possible back then. They had a wonderful circle of friends and great times together. But neither one of them made enough money to feel comfortable about the future—and the future was looming as their 60th birthdays had been a few years ago. Discrimination had been part of his resumé, starting over too many times to count as he tried to make his way through one hostile workplace after another. It had been impossible to save much for retirement, with job changes, rising rents, and trying to help family members who had less than he did. He wished he'd had some good financial advice earlier in his life and not had to spend a fortune on health care, thanks to being uninsured for so long. Maybe he should tell his younger friends to think about their old age now, while they could still shape the future ... but he was too ashamed to share his fears and mistakes. He had heard that the community center was offering free financial planning for seniors. Maybe he should check it out, if they offered their services outside of work hours.

The majority of survey respondents did not report financial concerns, however, 26% are facing financial insecurity or concerns and a precarious future. Even so, financial assistance counseling is among the service needs most reported but not accessible.

Nearly one in five transgender / gender expansive respondents (19%) have annual incomes of \$20,000 or less, compared to 9% of cisgender respondents. One-third of survey respondents currently have less than \$100,000 in total assets. Over one-quarter of transgender / gender expansive survey respondents have a fraction of these assets—\$10,000 or less—as do 14% of cisgender respondents. One in five people of color (20%) report this low level of assets, compared to 13% of white respondents.

Among the 19% of respondents who reported abuse or threatening situations during the past year, a significant proportion—28%—said the situations involved scams or feeling forced to give

up money or property.

California includes many of the country's most expensive housing markets. One in eight respondents reported worries about the stability of their current housing situations, ranging from not being able to afford housing now to anticipating increases in rent or housing costs that could lead to future eviction or relocation. Another reflection of financial concerns is the inability to afford nutritious meals, reported by one in five respondents.

Given these concerns about being able to afford housing, food, and other costs of living, it is not surprising that significant proportions of survey respondents anticipate they will be working past age 67. This was true of 21% of cisgender respondents, 26% of transgender / gender expansive respondents, 32% of Black / African-American respondents, and 39% of Middle Eastern / North African respondents.

RESEARCH, POLICY, AND SERVICES IMPLICATIONS: WHAT CAN ORGANIZATIONS, SYSTEMS, PHILANTHROPY, AND POLICYMAKERS DO DIFFERENTLY?

Like access to health care, financial support could be deployed earlier to ensure economic stability in later years. In particular, the *From Challenges to Resilience* study team recommends:

- Creating **financial services that provide support to those who may have experienced long-term negative impacts of discrimination** in workplaces and financial institutions.
- Expanding **resources and services that promote economic security for current LGBTQIA+ older adults, as well as reaching younger LGBTQIA+ adults with financial planning and financial literacy support** earlier in their adulthood to help prepare for an economically secure and timely retirement whenever possible.
- Ensuring that local solutions include **LGBTQIA+-friendly housing options** for LGBTQIA older adults.



Social Wellbeing

IMPROVEMENTS IN SOCIAL SUPPORT SERVICES COULD REDUCE ISOLATION AND ADDRESS CAREGIVING NEEDS.

Maria had moved home to her rural hometown to help take care of her parents. Maria's sister had taken on most of the daily caregiving until now, but she needed some relief. Maria was really doing this for her sister; her parents had never accepted her after she came out to them in high school, and she had been on her own ever since. Even after all these years, the relationship was still tense. She hadn't stayed in touch with anyone else from high school, either, and it was hard to figure out how to connect with anyone now. Driving her parents to doctors' appointments, cooking food for them that never seemed quite right, doing her work remotely, binge-watching a show or two, missing her friends and colleagues ... she wondered how long she could keep doing this. If only there were some place to hang out with people IRL (in real life) where she could really be herself. She'd heard about a new LGBTQIA+ community center in town that was trying to organize some events. Maybe she should check it out. Who knows? Maybe someone would know of a good caregiver for her parents ...

Survey respondents listed social support as one of the top five service categories with the most unmet need. This category of services also was one of those most commonly avoided due to not being friendly to LGBTQIA+ people. As the Surgeon General of the United States has pointed out, the lack of social connection is a public health crisis. Loneliness and social isolation are correlated with an increased risk for premature death to a degree comparable to smoking 15 cigarettes a day. Among survey respondents, 7% reported that they had no one to turn to. Many (175) were providing ongoing living assistance or care for someone else, but far fewer (8%) were receiving this type of care from others.

RESEARCH, POLICY, AND SERVICES IMPLICATIONS: WHAT CAN ORGANIZATIONS, SYSTEMS, PHILANTHROPY, AND POLICYMAKERS DO DIFFERENTLY?

To help reduce isolation, increase social connection, and address caregiving needs, the From Research to Resilience study team recommends:

- Funding and supporting **LGBTQIA+-led community spaces** for older adults.
- Providing ongoing **funding and support specifically for LGBTQIA+-serving organizations to offer programs that build social connections**, such as intergenerational peer support groups and transportation that makes it possible for more social connections to occur.
- Developing and delivering **competency training for organizations providing social support to seniors**, so that they too can become more welcoming, supportive spaces (in addition to those led by and serving LGBTQIA+ populations in particular).



Discrimination and Safety

LIFETIME EXPERIENCES INFORM MISTRUST IN PROVIDERS AND AUTHORITIES.

Why hadn't he replaced that last wobbly step off the porch? Through the intense pain after his fall, Jim was chastising himself. Then, before he could hoist himself back on the porch, someone called the paramedics, which started a whole new wave of panic on top of the physical pain. The last time he'd ridden in an ambulance, after a motorcycle accident years ago, he had to listen to the paramedics making homophobic and racist jokes while he laid on a gurney, unable to move or talk. It had made a scary experience even more horrific, and he had never forgotten it. The broken leg had healed, but ever since, he had avoided asking for help from anyone in a uniform. Now the paramedics approached him, and he felt just as helpless. But instead of eyerolls and jokes, these two seemed genuinely concerned. One gently checked his limbs for breaks and bruises, took his blood pressure and pulse, and asked about any medications or dizziness. The other reassured him he would be OK and wanted to make sure he felt safe. Did he want them to call anyone? Could they get him some water? Maybe times have changed, he thought, at least a little.

Survey respondents reported widespread reluctance to report safety and discrimination issues to authorities, as well as discomfort disclosing their gender identity and sexual orientation to professionals who should be sources of help and support. For example, nearly one in five (19%) reported experiencing an abusive or threatening situation in the last year, but the majority (79%) did not report these incidents to authorities. Reasons for not doing so included a lack of trust in authorities specifically regarding their ability to be fair (21%), shame (21%), and not knowing how to report these incidents (15%).

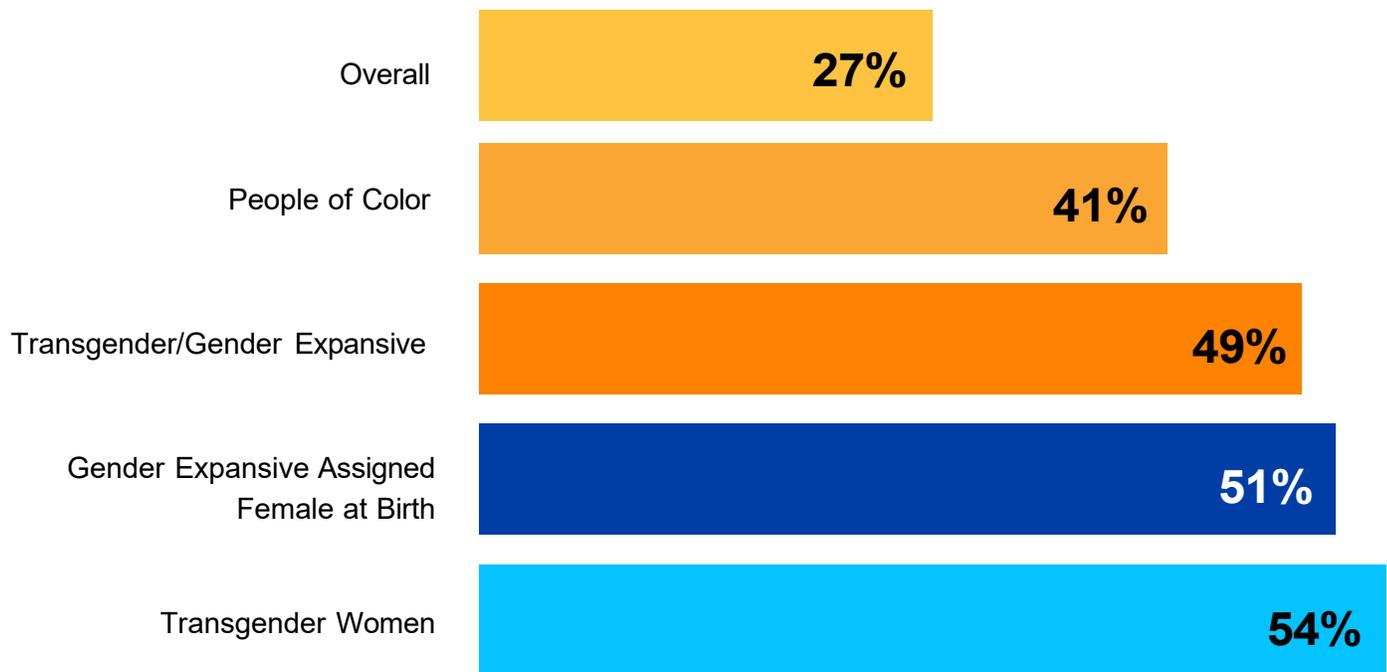
Among transgender / gender expansive respondents, many are not comfortable sharing information about their identity with those charged with helping them in emergencies and providing health care. Nearly one-third of transgender / gender expansive survey respondents (30%) expressed discomfort with first responders knowing their gender identity and the sex they were assigned at birth. Thirteen percent of transgender / gender expansive respondents reported discomfort with health care providers knowing this information. While

interactions with first responders and health care providers are needed in a crisis, a variety of other commonly sought services were similarly viewed as unfriendly to LGBTQIA+ older people, including social support, mental health, and aging services.

Survey responses also attest to the persistence of discrimination experienced by older LGBTQIA+ people, over a lifetime as well as currently. Over one-quarter (27%) reported being treated unfairly, with less respect than others, or being discriminated against in the past year. Discrimination was centered on sexual orientation and gender identity, but also encompassed other aspects of identity, including age, body size or weight, ability/disability status, race/ethnicity, money/income, ancestry or national origin, and faith/religion/spirituality. These experiences were far higher among people of color (41%) and transgender / gender expansive respondents (49%, or nearly half). They were highest—over half of respondents—among transgender women (54%) and gender expansive respondents assigned female at birth (51%).



RECENT EXPERIENCES WITH UNFAIR TREATMENT, DISRESPECT, AND DISCRIMINATION



Responses about feeling safe in one's community were mixed. Most transgender / gender expansive respondents (59%) felt safe in the communities where they lived, but 10% said their community was extremely unsafe for transgender / gender expansive people. Among people of color, 13% found their communities to be extremely unsafe for transgender / gender expansive people.

RESEARCH, POLICY, AND SERVICES IMPLICATIONS: WHAT CAN ORGANIZATIONS, SYSTEMS, PHILANTHROPY, AND POLICYMAKERS DO DIFFERENTLY?

Based on survey responses, the *From Challenges to Resilience* team recommends the following strategies to build trust in the services and systems in place to help LGBTQIA+ older adults feel safe in all aspects of their lives:

- Helping LGBTQIA+ older adults feel safer disclosing and reporting abuse and other issues begins with **training for service providers**—especially those working in health care, mental health services, and as first responders.
- Beyond these sectors, an **assessment of specific stigma-related barriers** across different types of services could help focus efforts to make services more welcoming and affirming.
- **Investing in mental health and social support groups** could help LGBTQIA+ older adults navigate stigma and discrimination, especially by prioritizing resources designed to meet the needs of people of color and transgender / gender expansive people's experiences of stigma and discrimination.

ALIGNMENT WITH CALIFORNIA'S MASTER PLAN FOR AGING

California's Master Plan for Aging, first released in January 2021, includes 5 bold goals and 23 strategies that are part of an ambitious broader effort to build a California for All Ages before 2030. In addition to goals and strategies, the Master Plan for Aging includes a data dashboard to track progress and a Local Playbook to encourage local partnerships that contribute to statewide goals.

In each of these areas—goals, strategies, data, and local partnerships—the needs of LGBTQIA+ mid-life and older adults can and should be more prominently featured, so that the inequities documented in the *From Challenges to Resilience* survey can be reduced instead of reinforced.

Indeed, most of the Master Plan for Aging goal areas correspond directly to the topics covered in the *From Challenges to Resilience* survey:

From Challenges to Resilience Survey Topics	Master Plan for Aging Goals
Physical, Cognitive, and Mental Health	 Health Reimagined
Economic Wellbeing	 Affording Aging Housing for All Ages & Stages
Social Wellbeing	 Inclusion & Equity, Not Isolation Caregiving That Works
Discrimination and Safety	 Inclusion & Equity, Not Isolation



CONCLUSION

California's LGBTQIA+ communities cannot achieve their potential for healthy aging unless specific disparities and discrimination are addressed across an array of services. The *From Challenges to Resilience* survey and study documented some high-priority places to start, but the findings also call for accountability in reporting back to LGBTQIA+ communities and the organizations that represent them.

If data collection is continued and becomes more robust over time, we should be able to continue learning about needs, track our progress, and ultimately, address these profound and persistent inequalities. Doing so will move California closer to the Master Plan for Aging's equity goals of healthy aging for all Californians, while setting best practice standards and models for other states to follow.