At-Risk and Underserved: LGBTQ Older Adults in Seattle/King County

Findings from *Aging with Pride*

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on behalf of Aging with Pride

Executive Summary

Within the rapidly aging and increasingly diverse population of Seattle/King County, lesbian, gay, bisexual, transgender, or queer (LGBTQ) older adults are emerging from the margins. LGBTQ older adults now represent about 2.4% of the older adult population in Seattle/King County; their numbers will more than double by 2030. LGBTQ older adults are at heightened risk of disability, poor health, mental distress and living alone, compared to heterosexuals of similar age. LGBTQ older adults have been historically invisible and largely overlooked in aging and health and human services, policy, and research. Although LGBTQ older adults share many of the same aging concerns as the general population, they also experience unique aging and health challenges as they encounter barriers and inequalities that can stand in the way of a healthy later life. *Aging with Pride*, the first national federally-funded project to examine LGBTQ aging and health reveals significant social, economic, and health disparities impacting LGBTQ older adults in Seattle/King County.

In May, 2015, *Aging with Pride* sponsored Aging the LGBTQ Way Town Hall in Seattle to gather input directly from members of the community, including LGBTQ older adults, family members, caregivers, and service providers. Over 100 people attended the Town Hall to share their hopes, fears, and concerns about the future of aging for LGBTQ people in Seattle, King County, and the Pacific Northwest.

45%
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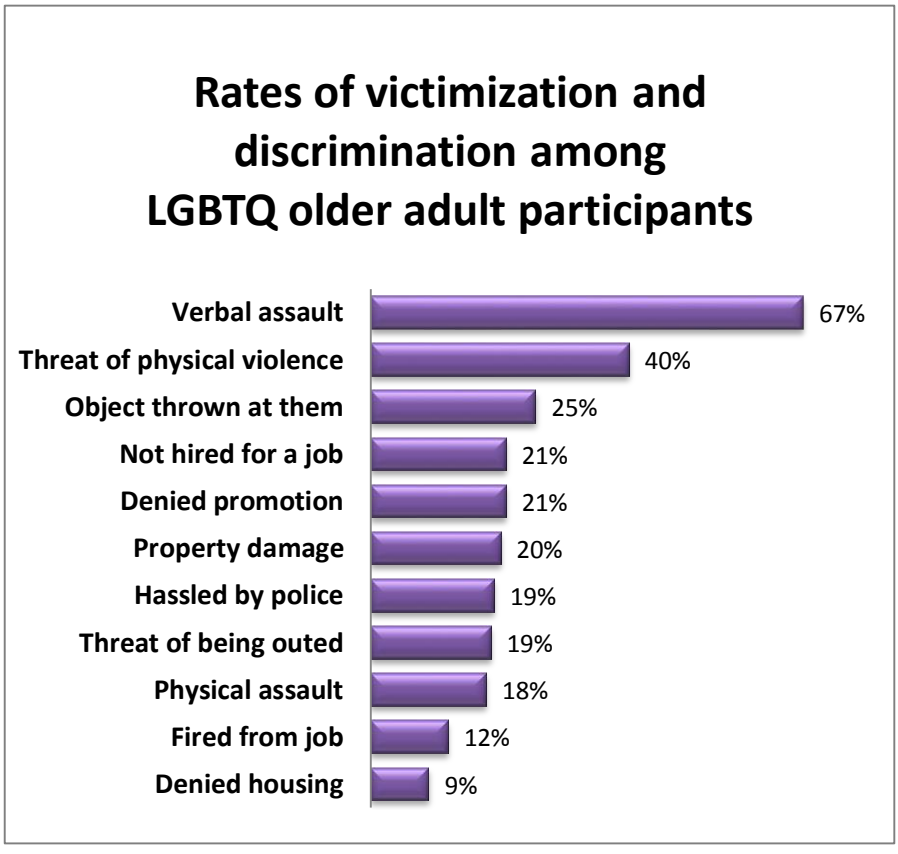
Aging with Pride also collaborated with several community-based agencies and individuals to distribute surveys to a diverse group of LGBTQ older adults. In 2010, during the first phase of *Aging with Pride*, 2,560 LGBTQ older adults participated across the nation. Of these 152 were residing in Seattle/King County. In 2014, additional LGBTQ older adults living in Seattle/King County participated in the survey. This report provides an overview of the findings from both the Town Hall and the data collected from 203 survey participants. This demographically diverse sample of Seattle/King County survey participants provides a snapshot and insights into the unique needs, strengths, and challenges facing these LGBTQ older adult participants.

Key findings

- LGBTQ older adults are at elevated risk of disability, poor health, and mental distress.
- The survey participants experience high rates of victimization and discrimination over their lifetime and bias in their everyday lives. Over two-thirds (68%) have experienced three or more incidents of victimization and discrimination.
- Most LGBTQ older adult participants feel good about belonging to the LGBTQ communities and are satisfied with their lives.
- Despite the fact that the vast majority of participants completed college, many are poor. Nearly one-quarter are living below 200% of the federal poverty level.
- Over 45% live alone and are at high risk of social isolation. More than half of the participants feel they lack companionship, feel isolated from others, or feel left out. About one in three have difficulty identifying someone in their lives to provide assistance if needed.

- Compared to their heterosexual peers, the participants are less likely to be partnered or married and have fewer children and other cross-generational ties. They rely heavily on peers for support; yet, many of their peers face their own aging and health challenges.
- One in five survey participants have served in the military. Only 14% of those that served in the military are accessing Veteran's insurance benefits; yet, they are more likely to report poor general health, financial barriers to care and obtaining medication.
- LGBTQ older adults at elevated risk with many unmet aging and health needs include transgender older adults, those living in poverty, those with lower education, those living with HIV, LGBTQ veterans, LGBTQ older adults of color, and the oldest participants.
- Most aging and health and human services providers do not have adequate training to effectively serve LGBTQ older adults; of the participants, 16% have been denied services or were provided with inferior services due to their actual or perceived sexual orientation and/or gender identity.
- LGBTQ older adult participants are not able to obtain culturally relevant and appropriate services; one in six fear obtaining services outside the LGBTQ communities. LGBTQ communities, as well as the larger community, are inadequately prepared to support LGBTQ older adults.



Despite the challenging historical context of their lives, LGBTQ older adults have built their communities and developed unique systems of support. About 95% feel good about belonging to their communities and most are satisfied with their lives. The majority participate regularly in physical activity and nearly half attend religious or spiritual activities.

Although the LGBTQ communities have become more inclusive of its diverse population, few programs are prepared to provide support or address the unique aging and health and human service challenges of LGBTQ older adults. By understanding the distinct factors that characterize the needs of LGBTQ older adults we can move forward in changing public policies and programs to serve these communities. Addressing the aging and health needs of LGBTQ older adults requires a comprehensive approach to transform services, practice and policy.

Priority Recommendations

Develop, implement and evaluate an evidence-based cultural capacity training program for aging and health and human service professionals addressing unique risks, challenges and strengths of LGBTQ older adults, families and caregivers. This training will be framed within an equity and intersectional framework (including age, gender, gender identity, race, ethnicity, culture, socio-economic status, geographic location, and ability) to ensure attention to diverse communities of LGBTQ older adults.

Develop, pilot test and evaluate a tailored and evidence-based LGBTQ older adult peer and cross-generational support program to provide engagement, functional assistance, and support as well as one-stop information, resource and referral for LGBTQ older adults, families, caregivers, and providers in aging, health and human services.

"We need to get the nursing homes and the aging and medical facilities to be more in tune with the LGBTQ community and to help them to understand our needs."

Aging the LGBTQ Way Town Hall participant

Introduction

Due to significant demographic shifts the U.S. population is increasingly becoming older and culturally more diverse. It is estimated that within two decades, older adults will constitute more than 20% of the population in the United States (Colby & Ortman, 2015). Additionally, by 2030, it is projected that close to 29% of the older population will be a person of color (Vincent & Velkoff, 2010). There is also increasing diversity by both sexual orientation and gender identity. It is estimated that 2.4% of the U.S. population age 50 and older self-identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ), which accounts for more than 2 million older adults. This number is expected to more than double by 2030, to 5 million LGBTQ older adults.

Seattle Mayor Ed Murray's LGBTQ Task Force Report in July 2015 stated that the City should "develop measures to evaluate the inclusivity of its policies, programs, and practices to ensure that they are inclusive of LGBTQ seniors" (*Mayor Murray's Action Plan LGBTQ Task Force Report*, 2015). In the 2016-2019 *Area Plan on Aging Seattle/King County* (Aging and Disability Services, 2015) LGBTQ older adults are identified as historically undercounted, understudied, and underserved. In order to successfully include LGBTQ older adults in local services and policies we must first understand the unique aging and health needs and support within these communities.

Recent research has demonstrated that LGBTQ older adults in the state of Washington, including Seattle/King County, experience systematic health disparities (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). LGBTQ older adults in Washington are at an elevated risk of disability compared to heterosexuals of a 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 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 preventive 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 which disproportionately affects this community.

Despite the alarming findings regarding health disparities in this growing population, LGBTQ older adults remain largely invisible in services, policies, and research in Seattle/King County. Knowledge of their health and aging needs is crucial to inform the development of effective services and public policies to address their unique concerns and experiences. In order to develop policies and avenues to effectively address the aging needs of LGBTQ older adults, we must first understand the conditions and factors that result in health disparities and limited access to culturally appropriate aging and health services.

In 2010, *Caring and Aging with Pride*, the first ever national and federally funded study on LGBTQ aging, was launched. During the first phase of the project, 2,560 LGBTQ older adults participated across the nation (Fredriksen-Goldsen, Kim, Emlet, Muraco, Erosheva, Hoy-Ellis, Goldsen, & Petry (2011). The project collaborated with several community-based agencies and individuals to distribute surveys to a diverse group of LGBTQ older adults, with 152 participants residing in Seattle/King County. In 2014, additional LGBTQ older adults living in Seattle/King County participated in the survey. This report provides an overview of findings from the data collected from 203 LGBTQ survey participants residing in Seattle/King County.

The surveys included questions about experiences with victimization and discrimination, health, strengths and resources, barriers to care and services and programs needed to address participants' needs. As part of the project there was considerable effort in reaching out to demographically diverse participants across communities. Project materials were available in Spanish and English, as well as field tested in three additional languages. While the project was able to obtain a more demographically diverse sample than most studies of LGBTQ aging, there are still limitations and some subgroups are under-represented and the findings are presented as preliminary, suggesting areas in need of additional research.

In addition, in May 2015, *Aging with Pride* hosted a Town Hall in Seattle to gather input directly from members of the community, including LGBTQ older adults, family members, caregivers, and service providers. Over 100 people attended the Town Hall to share their hopes, fears, and concerns about the future of aging for LGBTQ people in Seattle, King County, and the Pacific Northwest. The group discussed what local and regional LGBTQ aging work has been done in the past or is currently underway, expressed needs and gaps in services, and identified ways to improve the lives of LGBTQ older adults in Seattle/King County. This report provides an overview of the findings from both the surveys and the Town Hall.

The goal of the report is to provide information that will aid in developing effective ways to better address the aging needs of culturally diverse LGBTQ older adults and their families in Seattle/King County. This report is organized into the following sections: *Executive Summary; Introduction; Voices from the Seattle Town Hall; Background Characteristics; Risks: Disparities, Victimization, Bias and Social Isolation; Resilience; Access to Aging and Health Services*; *and Summary of Findings and Priority Recommendations*.

"Isolation, finding friend support, caregiving and health are the biggest issues older gay persons face. Who will be there for us, who will help care for us without judgment?"

66-year-old lesbian participant

Voices from the Seattle Town Hall: Aging the LGBTQ Way

On the evening of May 13, 2015, over 100 people gathered for the *Aging with Pride* Town Hall: Aging the LGBTQ Way to share their hopes, fears, and concerns about the future of aging for LGBTQ people in Seattle and the Pacific Northwest. The group discussed what local and regional LGBTQ aging work has been done in the past or is currently underway, identified aging and other health and human service needs, and acknowledged what would make their communities more comfortable and supportive for LGBTQ older adults. Participant comments ranged from unique individual experiences to examples of risk and resilience for specific communities and populations of LGBTQ older adults such as transgender and low income older adults. Some comments also reflected general population-level issues about aging, some of which are particularly of concern for LGBTQ older adults, including aging in place opportunities across different parts of Seattle, rising housing costs and varying availability of resources within and outside rural King County. The primary themes that emerged from the Town Hall are discussed in more detail below and include:

> ***"We need to get the nursing homes and the aging and medical facilities to be more in tune with the LGBTQ community and to help them to understand our needs."***
>
> Aging the LGBTQ Way Town Hall participant

- Need to improve cultural appropriateness of aging, long-term care, health and human services and providers.
- Development of a LGBTQ center or community gathering "place" for older adults in order to reduce social isolation and siloed services.
- Importance of forming intergenerational alliances and engagement across communities.
- Identify specific social, health, and economic disparities of LGBTQ older adults as well as intersecting disparities including those by race and ethnicity, culture, ability, and socio-economic status.
- Determine what services are needed to better address the aging and health needs of LGBTQ adults.

Improving cultural relevance and appropriateness of aging, health and long-term care services, and service providers

The issues related to the need for culturally relevant and appropriate service providers in aging services, long-term care settings, and health and human services were one of the most discussed topics at the Town Hall. Specific issues ranged from particular health needs and challenges such as older adults living with HIV; how subgroups in the community, such as transgender older adults, will have their unique needs met; and the culture change needed within aging and long-term care and health and human services. The need for provider-level training was raised numerous times along with more overarching statements about systemic change that is needed to support how all older adult members of a facility can move beyond general

statements of valuing diversity to actively supporting community-based norms which are welcoming and accepting of LGBTQ older adults and their caregivers.

Voices from the Town Hall on this topic:

> *"As a gay man living 27 years with HIV and doing well I worry about what will happen over the next 20 years. How can I get HIV services when I am in my 80's or 90's? That is another closet I have to think about. It is in the future but we need to start to address these issues."*

> *"While some of the larger medical institutions have a lot of programs and training for their staff regarding diversity and working with different populations, a lot of the smaller programs, institutions and facilities that we might find ourselves in don't have that option. What I worry about is people like my (transgender) partner who at some point down the road might find themself in a small facility with staff that are well meaning but are not experienced or well trained. There's not a lot of training out there for that kind of thing right now so I think that is something we have to consider."*

> *"We need to try to get the nursing homes and the aging and medical facilities that exist now to be more in tune with the LGBTQ community and to help them to understand our needs. I don't think this has been done adequately. It is one thing to get a facility that is LGBTQ friendly. But there's not going to be that kind of opportunity in many, many communities. I think that at least some of our efforts can go toward trying to create a better environment in the nursing homes and in the aging and medical facilities that exist now."*

> *"A lot of the people who are providing care at adult family homes and senior living centers are people who have certain biases due to culture who are definitely against LGBTQ and especially the transgender folks. There are larger percentages of transgender people going back in the closet or who are not treated with respect in terms of their chosen and living gender in terms of care. That's the biggest gap that I see."*

Strategies to reduce social isolation and service silos

Many participants also discussed the need for an LGBTQ gathering place for older adults that would reduce social isolation and also serve as a service hub for individuals looking for information on local programs and supports, including for low income older adults seeking assistance with meeting basic needs.

Voices from the Town Hall on this topic:

> *"I am agitated by the lack of resources in Seattle. We get almost nothing from the City of Seattle considering there are 26 centers funded by the city and most don't have a shred for gay or lesbian young or old. We are the forgotten people."*

> *"I don't see any real gay and lesbian aging center in Seattle and can't understand why that is not in existence. You go to other cities and see that. What we need is a way to connect. I am hopeful that we can make that happen as we move forward."*

"I was shocked when I moved here that we didn't have an LGBTQ community place. They are all over the United States in a lot of cities and it is very siloed here. We see problems and reflection of not having any place where the aging services run through where you can go to the center and find out about housing and food security and brings these issues into an umbrella space. I love that everyone is doing this stuff but you have to go to these places to find it. We need to find out how we break the silos down and build community with each other better if we are to meet our aging needs."

Identify social, health and economic disparities of LGBTQ older adults

Participants also highlighted specific social, health, and economic disparities of LGBTQ older adults.

Voices from the Town Hall on this topic especially:

"Lack of access to healthy food is a big issue. Work with food banks and healthy food organizations for serving LGBT older adults is needed. We are seeing an increasingly growing number of seniors who aren't getting food services because of rising housing costs. When something breaks it is food. If you have to pay a medical bill or housing bill, food is the last thing. We need to continue to think about how we work in our community for getting people access to healthy food."

"I live in a small community with a lot of gossip going around and feeling socially isolated. I don't want to be back in the closet yet. We don't have any gay friendly, gay oriented senior services."

"Everybody mentions LGBTQ. It scares me when I think a lot of it is lip service. I think that Seattle is gay friendly but I am not sure if it is transgender friendly. There's a lot of conversation where it is added to the list but I am not seeing things actually happening. Places mention it in their flyers but what are they actually doing?"

Addressing intersecting disparities

As the participants described strengths and opportunities, as well as gaps and challenges in community-level supports for LGBTQ older adults, they also raised the intersecting needs and experiences of LGBTQ older adults who also are people of color, living in poverty, and those that have unique needs as a result of ability status.

Voices from the Town Hall on this topic:

"We need to make sure that LGBT people of color have their needs addressed, too."

"*Economics are real. When you can't afford help – you don't get it."*

"The gap I wanted to talk about is services for people with mental illness and other disabilities because those folks may not be here. Aging with mental illness like bipolar and depression and addictions are part of their illness or part of their wellness. People

are living longer with these issues than they did in the past and we need to recognize that."

Supporting intergenerational alliances in the community

Another area of discussion related to the importance of forming cross-generational and other community alliances. Comments echoed the need to train aging and long-term care and health and human service providers on a broader community-based level, including older adult residents of "senior housing" communities, participants in older adult programs, and with mid-life LGBTQ and straight adults.

Voices from the Town Hall on this topic:

"A part of our civil rights movement has been supported in the larger general population because more and more younger people have no issue with being gay or lesbian. However the greatest resistance is in seniors. It is in older people. Part of what needs to happen is greater and greater education and somehow greater connectivity into that. If you move into a senior service facility and all of the people don't like you from the first day just because of who you are it is an intangible situation that forces people into living a life that just gets smaller and smaller until they've faded away. We can't live with that."

"There are some people who are hoping to open gay friendly LGBTQ adult families homes. I don't know that we all want to be that silent. It could be pretty boring if we were all the same. What we expect is that we are treated with respect and dignity as individuals and also for our family members."

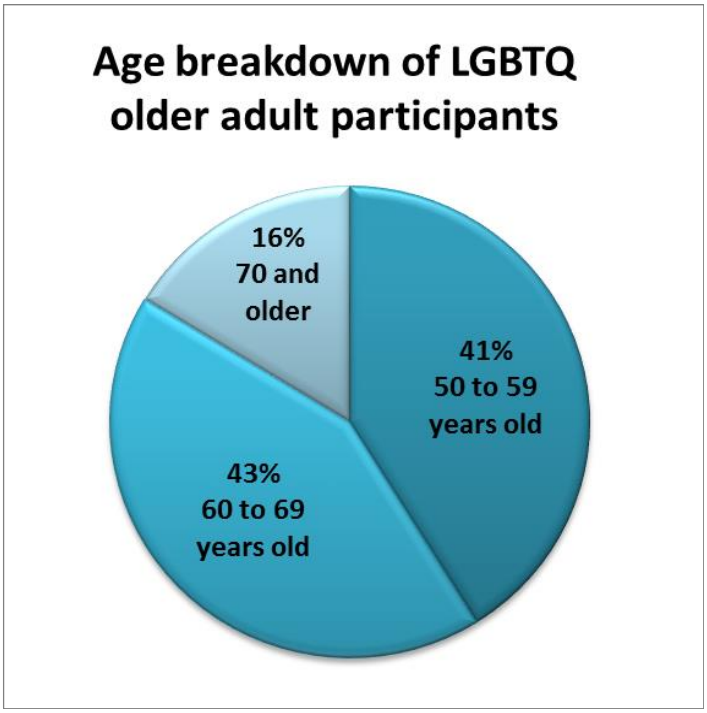
Background Characteristics

Based on the survey findings, the Seattle/King County LGBTQ participants are diverse in many important ways including sexual orientation, gender identity, gender, age, race and ethnicity, income, and living arrangement. The findings from these 203 older adults allow us to better understand the unique risks and protective factors associated with aging and health. Some findings emerge that deserve additional attention:

- Over 45% of LGBTQ older adult participants live alone; older adults who live alone are at serious risk of social isolation, which is linked to poor physical and mental health. (Cacioppo & Hawkley, 2003).
- Nearly one-quarter are living below 200% of the federal poverty level.
- Sexual minority older adults are less likely to have children.
- Among the LGBTQ older adults, transgender older adults in Seattle/King County are most likely to live in poverty.

See Table 1 for a breakdown of background characteristics of the *Aging with Pride* participants in Seattle/King County.

Aging with Pride is one of the first LGBTQ aging projects with a majority of adults over the age of 60. The study participants from Seattle/King County range in age from 50 to 85 years old (*M*= 62.1). Nearly 41% are 50 to 59 years of age. Nearly 60% are 60 years and older, including 43% 60 to 69, 16% 70 years of age or older. Of these participants, 41% identify as lesbian, 46% as gay men, and 8% as bisexual women or men. Slightly more than 11% are transgender older adults. In respect to race and ethnicity, 83% of those surveyed are non-Hispanic white and 17% are people of color, including 4% Hispanics, 4% African Americans, and 8% other or multiracial.



About a third (27%) of the participants have annual household incomes of $24,999 or less; 20% between $25,000 and $49,999; 20% between $50,000 and $74,999; and the remaining 34% have household incomes of $75,000 or more. When taking both household income and size into account, 24% of the LGBTQ older adult participants have annual household incomes at or below 200% of the federal poverty level (FPL). Even among those employed, 16% are living at or below 200% of the federal poverty level. In addition, 40% are not employed; while the most common reason for not working is retirement (70%), other reasons

include being ill or disabled (22%), and being unable to find a job (10%). In part, as a result of Medicare, nearly all (96%) of the LGBTQ older adult participants have health insurance. Forty-three participants in the study (21%) have actively served in the military, including 33% of gay men and 39% of transgender older adults.

45%
of LGBTQ older adult participants
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Nearly half (45%) of the older adult participants live alone. Fifty-two percent are currently partnered or married and 27% have children. About 70% own their home, 21% rent, and the remaining 9% live in other housing arrangements. Slightly more than half have one or more pets in the household.

"The LGBT community has stepped up in the past to address coming out, AIDS, and civil rights. The next wave has to be aging."
63-year-old gay participant

Risks: Disparities, Victimization, Bias, and Social Isolation

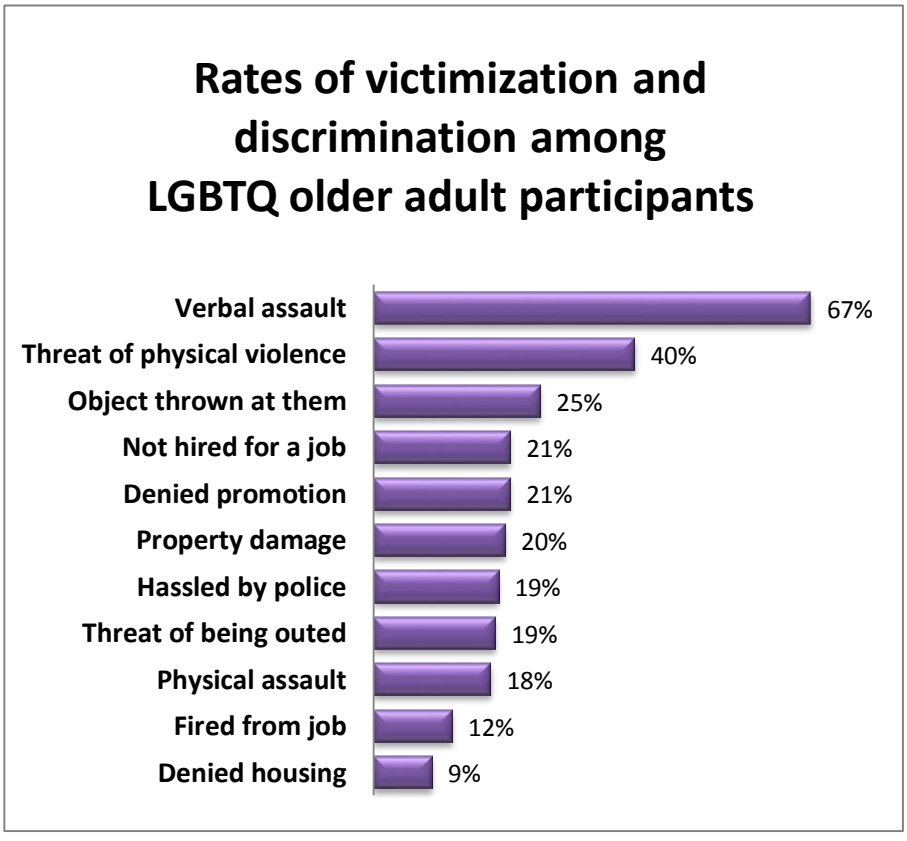
Many of the LGBTQ older adults came of age during an era when same-sex behavior and gender variance were severely stigmatized and in some cases criminalized. Findings illuminate high rates of victimization and discrimination and social isolation among LGBTQ older adult survey participants in Seattle/King County:

- LGBTQ older adults experience health disparities and are more likely to experience disability, poor health, mental distress, and living alone.
- Almost 70% have been verbally assaulted, and 40% have been threatened with physical violence. More than two-thirds have been victimized three or more times over the course of their life. More than 81% currently experience other forms of bias such as insults.
- Transgender older adult participants have the highest rates of victimization and discrimination. Gay and bisexual older adult men and transgender older adults are at heightened risk of stigma.
- LGBTQ older adults are at elevated risk of social isolation. Among LGBTQ older adult participants, 52% feel that they lack companionship, 54% feel isolated from others, and 55% feel left out.

See Table 2 and 3 for a breakdown of risk factors by sexual orientation, gender identity, and background characteristics of the *Aging with Pride* participants in Seattle/King County.

Health disparities

Population-based studies reveal that LGBTQ older adults in Washington State, including Seattle/King County, are at risk of disability and poor physical and mental health. Lesbian, gay, and bisexual older adults in Washington State experience health disparities and are more likely to experience poor health and mental distress compared to heterosexuals of similar age (Fredriksen-Goldsen, Kim, et al., 2013); lesbian and bisexual older women have higher rates of disability,



cardiovascular disease and obesity compared to heterosexual older women, and are less likely to obtain some preventative health screenings. Gay and bisexual older men are more likely to have poor general health, live alone, and have HIV compared to heterosexual older adults of similar age (Emlet, Fredriksen-Goldsen, & Kim, 2013; Fredriksen-Goldsen, Kim, et al., 2013).

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 LGBTQ older adults (Fredriksen-Goldsen, Emlet, Kim, Muraco, Erosheva, Goldsen, & Hoy-Ellis, 2013; Fredriksen-Goldsen et al., 2014). LGBTQ older adult participants residing in Seattle/King County have significant histories of lifetime victimization and discrimination. Over two-thirds (68%) of LGBTQ older adult participants in Seattle/King County 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 (67%) and threats of physical violence (40%). Nearly 20% of the LGBTQ older adult participants report being hassled by the police, 25% have had an object thrown at them, and 18% have been physically assaulted (i.e. punched, kicked, or beaten). Nearly 19% have been threatened with disclosure of their sexual orientation or gender identity. More than 20% have had their property damaged or destroyed. Transgender participants are most likely to have experienced certain types of victimization including threats of physical violence, being hassled by the police, property damage, and physical assault.

68%

of LGBTQ older adult participants have been

victimized or discriminated against three or more times

I'll be 70 this year – I came out when I was 30. Due to religious and societal bias, I have a strong internalized homophobia as a result of that biased experience. I still encounter homophobic folks.

69-year-old lesbian participant

Comparisons by demographic characteristics reveal that LGBTQ older adult participants of a younger age (ages 50 to 59) have significantly higher lifetime rates of verbal insults than older participants (60 and older). Older adults of color compared to non-Hispanic whites are more likely to experience physical assault. Those with lower incomes also have higher lifetime rates of physical assault as compared to those with higher incomes.

Types of discrimination related to employment include not being hired for a job (21%), being denied a job promotion (21%), and being fired (12%). In addition, 9% of LGBTQ 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.

LGBTQ older adults also experience other types of on-going bias in their daily lives. About 46% of the participants report they have been treated with less respect than other people at least a few times a year. More than a quarter (27%) experienced unfriendly or hostile environments. More than two-thirds report witnessing stereotypes of LGBTQ people in the media. In addition, 27% of the participants report experiencing discrimination in the forms of hearing derogatory terms to refer to LGBTQ people and 21% experienced hearing offensive remarks. LGBTQ older adults participants who have served in the military are more likely to report hearing offensive remarks about being LGBTQ (47%) and more likely to hear others use derogatory terms for LGBTQ individuals (42%). LGBTQ older adults of color were more likely to experience poorer services (46%) and be treated with less respect (64%).

LGBTQ participants who are

Transgender
Gay men
People of color
Living in poverty

report high lifetime rates of physical assault

Stigma

Sexual and gender minorities often internalize society's negative attitudes, beliefs, and stereotypes about LGBTQ people. Internalized stigma has been consistently associated with increased mental distress (Meyer, 2003) and even low levels of such distress can significantly increase the risk of premature morbidity and mortality (Russ et al., 2012). The LGBTQ older adult participants report relatively low to moderate levels of internalized stigma (M=1.4 on a scale of 1 to 4). Older gay and bisexual men and transgender adults report higher internalized stigma.

Social Isolation

Social isolation increases the risk of poor health and premature mortality (Steptoe, Shankar, Demakakos, & Wardle, 2013); LGBTQ older adults experience high levels of loneliness (Kim & Fredriksen-Goldsen, 2014). Among the LGBTQ older adult participants, 52% feel that they lack companionship, 54% feel isolated from others, and 55% feel left out. LGBTQ older adults with lower income reported higher levels of loneliness.

Resilience

Although many of the LGBTQ older adult participants in Seattle/King County have experienced significant adversity, they show notable signs of resilience. Factors related to resilience, such as identity disclosure, community belonging, social support, and religious or spiritual activities, can be protective in the face of adversity and support the aging and well-being of LGBTQ older adults. Findings from Seattle/King County's LGBTQ older adult participants show important indicators of resilience that deserve attention:

- Almost all of the LGBTQ older adult participants feel good about belonging to the LGBTQ communities.
- LGBTQ older adult participants have moderately high levels of social support.
- Gay men participants (33%) and transgender older adults (39%) have high rates of military service.
- Nearly half of the LGBTQ older adults participate in religious and spiritual activities.
- Most LGBTQ older adults are satisfied with their lives and have some support available to them, although many are severely isolated.

Satisfaction with life

Life satisfaction measures one's subjective quality of life and psychological well-being, which correlates with longevity (Diener & Chan, 2011). Nearly three-quarters of LGBTQ older adult participants report that they are satisfied with their lives. On average, LGBTQ older adult participants report moderate levels of life-satisfaction (M=2.8) on a scale of 1 to 4, with higher scores indicating a greater level of life-satisfaction. Preliminary findings suggest that transgender participants, as well as participants with lower education and income levels report lower life satisfaction.

71%
of LGBTQ older adult participants
are satisfied with their lives

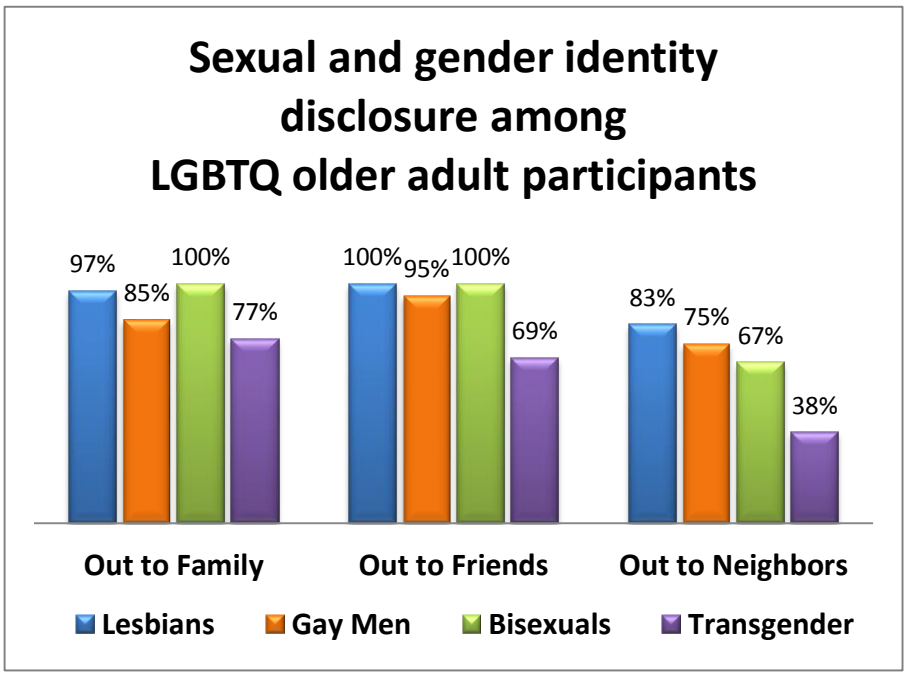
See Table 4 for a breakdown of resilience indicators by sexual orientation, gender identity, and background characteristics.

Identity disclosure

Overall, the LGBTQ 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 8.6 on a scale of 1 (Didn't tell anyone) to 10 (Told everyone).

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 LGBTQ older adult participants have disclosed their sexual orientation and/or gender identity to one or more family members (89%) and a best friend (94%). Yet, more than a quarter (27%) of the LGBTQ older adult participants have not disclosed their sexual orientation or gender identity to their neighbors.

Older age is associated with a decreased likelihood of disclosure to family members; and higher income is associated with an increased rate of disclosure to neighbors. Older women participants are more likely than older men to disclose to family members (95% and 82% respectively) and to neighbors (79% and 70% respectively). Preliminary findings suggest that bisexual participants have lower levels of disclosure to their neighbors and transgender participants are less likely to disclose their gender identity to family, best friend, and neighbors. Those who have served in the military are less likely to disclose their sexual orientation and/or gender identity to their family.



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 (95%) of the LGBTQ older adult participants feel good about belonging to the LGBTQ communities.

"I am grateful to have in the past 15 years or so become very happy to have achieved a life goal and that is to finally live as a whole person and not just parts of myself. I am truly grateful to be a part of a faith community that is open and affirming."

74-year-old bisexual woman participant

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). Most LGBTQ older adults have unique support systems that differ from older adults in the general population, with partners and friends providing the majority of care and assistance (Muraco & Fredriksen-Goldsen, 2011). While 84% of LGBTQ older adult participants perceive that they have someone to turn to for advice or guidance and 89% have someone with whom to do something enjoyable respectively, only 71% of LGBTQ older adult participants report that they

have someone to provide tangible assistance, such as helping with daily chores. Slightly more than three-quarters report they have someone to love and make them feel wanted (77%).

Overall, on a scale of 0 to 4 with higher scores indicating a greater level of social support, the LGBTQ older adult participants have moderately high levels of social support (*M*= 2.8). Lesbian participants report the highest levels of social support. People of color, participants with lower incomes and education, and those with military service also report lower levels of support.

Almost half
of LGBTQ older adult participants engage in
spiritual or religious activities

Religious or spiritual activity

Religious and spiritual activities often have social aspects, while 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). Almost half (48%) of the LGBTQ older adult participants report engaging in religious or spiritual activities within the past 30 days. Preliminary findings suggest that women, bisexuals, and transgender participants have higher rates of participation in religious and spiritual activities.

Access to Aging and Health Services

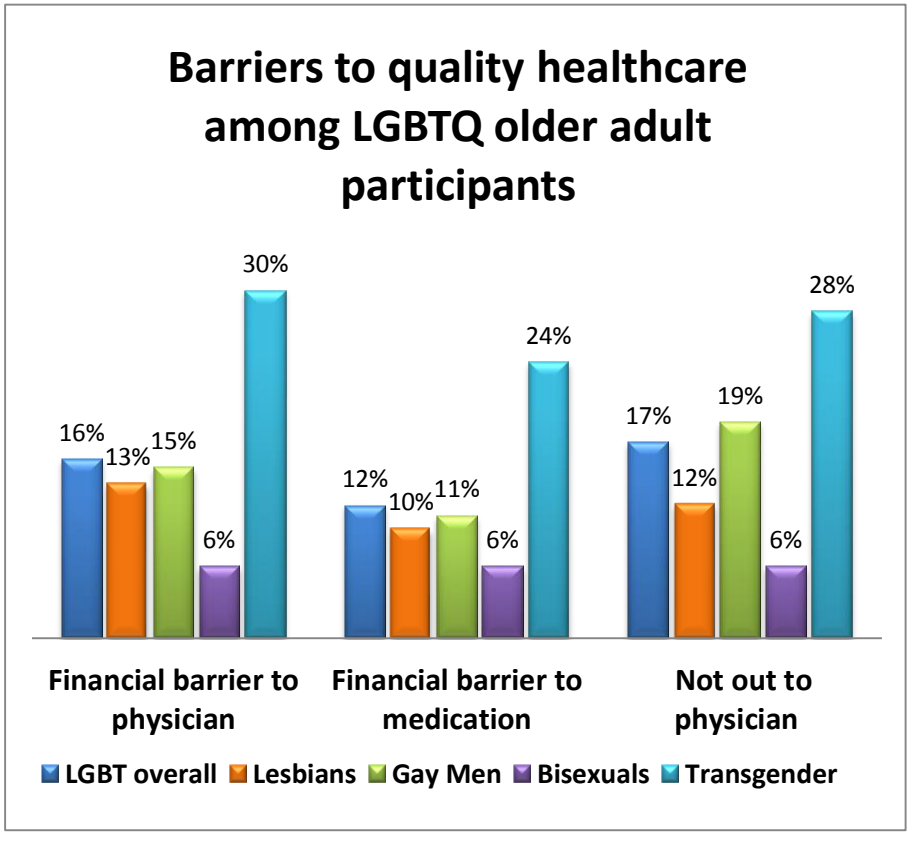
Access to high-quality aging services and healthcare are crucial to good health and aging well. Conversely, barriers to care can negatively impact both individual- and community-level health. Several key findings emerge for the LGBTQ older adult survey participants in Seattle/King County:

- 16% of LGBTQ older adult participants have experienced inferior care and/or were denied care.
- 15% fear accessing healthcare services *outside* the LGBTQ communities.
- 30% did not have routine annual checkup in the past year.
- Only 21% of the participants are currently utilizing services.
- More than one in five participants visited the emergency room in the past year.

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

Financial barriers to physicians and medications

In general there are financial costs associated with accessing healthcare even if one has insurance, such as deductibles and co-pays, as well as 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 96% of the LGBTQ older adult participants have healthcare insurance, largely due to enrollment in Medicare, 10% perceive financial barriers to seeing a physician. Transgender participants report high rates of perceived financial barriers to seeing a physician and obtaining medication. Perceived financial barriers to seeing a physician and obtaining medication are also observed among people with lower income and education levels, and those with military service. It is important to note that only 14% of those who have served in the military are accessing Veteran's insurance benefits.



The Affordable Care Act may benefit LGBTQ communities in

a variety of ways since it requires the development of a culturally competent and diverse health care workforce that has expertise in providing care to underserved populations such as the LGBTQ 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 likely be helpful.

29%

of transgender older adult participants

fear accessing healthcare services outside the LGBTQ community

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 LGBTQ older adult participants have not disclosed their sexual orientation and/or gender identity to their primary physician.

Provision of healthcare services

Just as concealing sexual orientation and/or gender identity can pose significant risks to quality care, disclosing such identities can also result in negative consequences. Overall, 16% of LGBTQ older adult participants have been denied services or perceive they have been provided with inferior services due to their actual or perceived sexual orientation and/or gender identity. Transgender participants have high rates of being denied care or being provided with inferior care.

Healthcare provider

Having a regular healthcare provider contributes 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). More than 90% of the LGBTQ older adult participants have one person they consider to be their regular healthcare provider. Racial and ethnic minorities were significantly less likely to have a regular healthcare provider, although it is important to note that 80% of participants of color have a regular healthcare provider.

Recently my new doctor asked about my marital status at 82 and I told him I was gay and in a 45 year relationship. He ordered a HIV test – I was furious but took it.

82-year-old gay man participant

Routine checkup

Having a routine annual checkup is also 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). Seventy percent of LGBTQ

older adult participants report having a routine physical checkup within the past year, leaving 30% without such preventive care.

Emergency room use

For those who experience barriers to care, the emergency room may be the only place to obtain needed medical treatment. About 21% of LGBTQ participants have gone to an emergency room for treatment in the past 12 months. Lower income is associated with greater likelihood of financial barriers to medical care as one might expect, and LGBTQ older adult participants with lower incomes (32%) are slightly more likely to use an emergency room compared to those with higher incomes (18%).

Service use

Although many of the participants are connected via mailing lists to agencies serving older adults, only about 21% of the participants are currently utilizing services. Being afraid to access aging and healthcare services, whether it is inside or outside of one's community, can also pose barriers to care. About 16% of LGBTQ older adult participants fear accessing services *outside* the LGBTQ communities and rates are higher among transgender participants (29%). Elevated rates of fear accessing health services *inside* the LGBTQ communities are observed for the older adult participants with lower income levels.

Summary of Key Findings and Recommendations

Key Findings

While most of the LGBTQ older adult *Aging with Pride* participants in Seattle/King County are resilient and report positive physical and mental health, there are serious social and health disparities.

- LGBTQ older adults are at elevated risk of disability, poor health, and mental distress.
- The survey participants experience high rates of victimization and discrimination over their lifetime and bias in their everyday lives. Over two-thirds (68%) have experienced three or more incidents of victimization and discrimination.
- Most LGBTQ older adult participants feel good about belonging to the LGBTQ communities and are satisfied with their lives.
- Despite the fact that the vast majority of participants completed college, many are poor. Nearly one-quarter are living below 200% of the federal poverty level.
- Over 45% live alone and are at high risk of social isolation. More than half of the participants feel they lack companionship, feel isolated from others, or feel left out. About one in three have difficulty identifying someone in their lives to provide assistance if needed.
- Compared to their heterosexual peers, the participants are less likely to be partnered or married and have fewer children and other cross-generational ties. They rely heavily on peers for support; yet, many of their peers face their own aging and health challenges.
- One in five survey participants have served in the military. Only 14% of those that served in the military are accessing Veteran's insurance benefits; yet, they are more likely to report poor general health, financial barriers to care and obtaining medication.
- LGBTQ older adults at elevated risk with many unmet aging and health needs include transgender older adults, those living in poverty, those with lower education, those living with HIV, LGBTQ veterans, LGBTQ older adults of color, and the oldest participants.
- Most aging and health and human services providers do not have adequate training to effectively serve LGBTQ older adults; of the participants, 16% have been denied services or were provided with inferior services due to their actual or perceived sexual orientation and/or gender identity.
- LGBTQ older adult participants are not able to obtain culturally relevant and appropriate services; one in six fear obtaining services outside the LGBTQ communities. LGBTQ communities, as well as the larger community, are inadequately prepared to support LGBTQ older adults.

Despite the challenging historical context of their lives, LGBTQ older adults have built their communities and developed unique systems of support. About 95% feel good about belonging to their communities and most are satisfied with their lives. The majority participate regularly in physical activity and nearly half attend religious or spiritual activities.

Although the LGBTQ communities have become more inclusive of its diverse population, few programs are prepared to provide support or address the unique aging and health and human service challenges of LGBTQ older adults. By understanding the distinct factors that characterize the needs of LGBTQ older adults we can move forward in changing public policies and programs to serve these communities.

Recommendations

Addressing the aging and health challenges of LGBTQ older adults in Seattle/King County requires a comprehensive approach to transform services, practice and policy. It is critical to ensure that multiple identities by age, sexual orientation, gender identity, race and ethnicity, ability, and socio-economic status are considered as they intersect with aging and health needs, risks and resilience, and barriers to services among LGBTQ older adults, their families, and caregivers. Based on the findings in this report, we identify the following Priority Recommendations:

Priority Recommendations

Develop, implement and evaluate an evidence-based cultural capacity training program for aging and health and human service professionals addressing unique risks, challenges and strengths of LGBTQ older adults, families and caregivers. This training will be framed within an equity and intersectional framework (including age, gender, gender identity, race, ethnicity, culture, socio-economic status, geographic location, and ability) to ensure attention to diverse communities of LGBTQ older adults.

Develop, pilot test and evaluate a tailored and evidence-based LGBTQ older adult peer and cross-generational support program to provide engagement, functional assistance, and support as well as one-stop information, resource and referral for LGBTQ older adults, families, caregivers, and providers in aging, health and human services.

Methodology

Aging with Pride utilized a cross-sectional survey design and collaborated with agencies and diverse communities across the nation to better understand the risk and protective factors impacting LGBTQ older adults and caregivers. The data in this report is specific to Seattle/King County in Washington State. The self-administered questionnaire consisted of several sections including: background characteristics, physical and mental health, healthcare access, victimization and discrimination, resilience, caregiving, and service use. 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. In addition, surveys were distributed directly within communities and diverse social networks. All study procedures were reviewed and approved by the University of Washington Institutional Review Board.

Data during the first stage were gathered during 2010 and 2014. In The 2010 the national sample was 2,560. Of these participants 152 were residing in Seattle/King County. In 2014, 2,450 surveys were obtained from across the nation, with 111 living in Seattle/King County. For this report we are using the data collected from 203 participants in Seattle/King County, who did not overlap during the two data collection periods. In May 2015 *Aging with Pride* hosted Aging the LGBTQ Way Town Hall in Seattle to gather input directly from members of the community which had more than 100 attendees.

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 aging and 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. We stratified participants into three age groups: those 50 to 59, 60 to 69, and 70 and older. 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. The research design and sampling procedures used in this component of the study limit the generalizability of the findings so the research findings reported here reflect the study participants. Self-report data are based on participants' perceptions and interpretations rather than behaviors, and do not replace objective measures of the variables under study.

Limitations

While this report highlights important findings regarding the aging and health of LGBTQ older adults in Seattle/King County, the limitations of the research must be considered. The Behavioral Risk Factor Surveillance System in Washington State (BRFSS-WA) relies on a telephone survey with English- and Spanish-speaking callers and does not reach those without a landline or who speak another language. A limitation is the potential for underreporting those who identify as LGBTQ. In addition, the population-based survey is designed to obtain information about the general population and does not gather specific information that may be unique to LGBTQ older adults and their caregivers.

The findings from this project may also have limitations. Most participants were recruited via mailing lists from agencies serving LGBTQ older adults, so service users are likely over-

represented. In general, service users are more likely to have more aging and health needs compared with non-service users. Due to relatively small sample sizes of bisexuals and transgender participants as well as specific racial and ethnic minority communities, the findings are presented as preliminary, suggesting areas in need of additional attention.

While it is important to consider the limitations and biases associated with these different research methods, the vast majority of findings converge and are relatively consistent across both sources of information.

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Tables

Table 1. ***LGBT Older Adult Participants Living in Seattle/King County: Socio-Demographic and Background Characteristics (N = 203)***

	%
Sexual orientation	
Lesbians	41.4
Gay men	45.8
Bisexuals	7.9
Other	4.9
Transgender	11.4
Age, mean (SD)	62.1
50-59	41.1
60-69	42.6
70 and older	16.3
Gender	
Men	49.8
Women	46.7
Other	3.5
Race and ethnicity	
White (Non-Hispanic)	83.3
People of color	16.7
Hispanic	3.9
African American	4.4
Multiracial/other	8.4
Household income	
Less than $24,999	27.0
$25,000 - 49,999	19.5
$50,000 - $74,999	20.0
$75,000 or more	33.5
Below 200% federal poverty level	23.7
Health insurance	96.1

	%
Education	
High school or less	5.9
Some college	17.82
4 years of college or more	76.24
Employed	60.1
Reasons not employed	
Retired	69.9
Ill or disabled	21.7
Unable to find work/other	9.6
Military service	21.2
Partnered or married	52.2
Death of same-sex partner or spouse	17.8
Children	27.1
Housing	
Own home	70.3
Rent	20.8
Other	8.9
Household size, mean (SD)	1.7
Living alone	45.2
Pet(s)	52.8

Table 2. ***Victimization and Discrimination: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Victimization/Discrimination										Internal stigma[a]
	Three times or more[a]	Verbally insulted	Physically threatened	Physical assault	Property damage	Hassled by police	Not promoted	Fired from job	Denied housing	Threat of being outed	
	%	%	%	%	%	%	%	%	%	%	M (SE)
Total	68.2	66.7	39.8	17.8	20.4	19.4	20.8	11.9	8.9	18.5	1.4 (.04)
Sexual orientation/ Gender identity	**	†	**	**	**	**	**				†
Lesbians	55.0	62.2	22.7	9.3	13.3	9.3	13.3	13.3	8.0	14.7	1.1 (.05)
Gay men	74.6	67.1	45.5	20.5	23.9	23.0	21.6	9.2	8.0	18.4	1.4 (.08)
Bisexuals	57.1	53.9	41.7	7.7	0.0	7.7	0.0	7.7	15.4	7.7	1.1 (.14)
Transgender	94.1	87.0	69.6	43.5	45.5	43.5	52.2	21.7	13.0	36.4	1.4 (.25)
Background Characteristics											
Age		**			*					*	
50-59	73.3	78.3	43.9	21.7	28.9	20.5	25.3	13.4	8.4	26.8	1.3 (.08)
60-69	63.6	63.1	36.5	16.5	14.3	20.2	17.7	12.9	11.8	11.9	1.2 (.05)
70 and older	61.9	48.5	39.4	12.1	15.2	15.2	18.2	6.1	3.0	15.2	1.5 (.14)
Gender	*		**	*		**					*
Women	57.5	60.6	25.3	9.5	14.8	9.5	16.8	14.7	7.4	14.8	1.2 (.06)
Men	75.7	70.0	50.5	23.0	23.0	25.3	21.0	8.1	9.0	20.2	1.4 (.07)
Race and ethnicity				†							
People of color	70.0	72.7	45.5	27.3	18.8	18.2	27.3	9.1	15.2	28.1	1.38 (.07)
White (Non-Hispanic)	67.4	65.5	38.7	16.0	20.7	19.6	19.5	12.5	7.7	16.7	1.38 (.03)
200% poverty level			†	**		†	†				
Below	75.7	63.0	51.1	32.6	26.7	30.4	30.4	13.3	15.2	22.7	1.44 (.08)
Above	65.5	68.7	36.4	13.3	18.5	16.7	17.2	11.3	7.3	17.2	1.36 (.04)
Education							**				
Some college or less	70.0	61.7	42.6	21.3	12.8	17.0	34.0	10.6	10.6	14.9	1.4 (.08)
4 years of college or more	66.7	68.0	38.6	16.9	22.2	20.3	16.2	11.8	8.4	19.1	1.4 (.04)
Military service							**				
Yes	73.5	59.5	42.9	16.7	26.2	19.1	33.3	16.7	14.3	21.4	1.5 (.08)
No	66.1	68.6	39.0	18.1	18.9	19.5	17.5	10.7	7.5	17.7	1.3 (.05)

a. Item available only in 2010
† < 0.1; * < 0.05; ** < 0.01

Table 3: ***Other Forms of Bias: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Treated with less respect[a]	Poorer services[a]	Unfriendly environments[a]	Media stereotypes[a]	Use of derogatory terms[a]	Offensive remarks[a]
	%	%	%	%	%	%
Total	45.9	24.8	26.6	67.9	26.6	21.0
Sexual orientation/ Gender identity						
Lesbians	47.4	28.9	26.3	65.8	18.4	15.8
Gay men	44.6	23.2	28.6	66.1	32.1	21.4
Bisexuals	28.6	14.3	14.3	71.4	14.3	14.3
Transgender	62.5	25.0	25.0	87.5	37.5	50.0
Background Characteristics						
Age						
50-59	48.8	23.3	25.6	72.1	27.9	18.6
60-69	43.8	27.1	27.1	64.6	22.9	20.8
70 and older	45.0	20.0	25.0	65.0	30.0	25.0
Gender					†	
Women	50.0	27.1	22.9	66.7	16.7	14.6
Men	42.6	22.9	29.5	67.2	32.8	24.6
Race and ethnicity	†	*				
People of color	63.6	45.5	36.4	59.1	18.2	31.8
White (Non-Hispanic)	41.6	19.6	23.6	69.7	28.1	17.9
200% poverty level			†			
Below	57.9	36.8	42.1	78.9	36.8	21.1
Above	43.8	22.5	22.5	65.2	24.7	21.4
Education						
Some college or less	42.9	21.4	25.0	57.1	32.1	17.9
4 years of college or more	46.9	25.3	26.5	71.1	24.1	21.7
Military service					†	**
Yes	42.1	21.1	21.1	52.6	42.1	47.4
No	46.7	25.0	27.2	70.7	22.8	15.2

a. Item available only in 2014
† < 0.1; * < 0.05; ** < 0.01

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

	Identity disclosure[a]	Specific disclosure[b]			Community belonging[b]	Social support	Religious or spiritual activities
		Family	Friend	Neighbor			
	M (SE)	%	%	%	%	M (SE)	%
Total	8.6 (.16)	89.4	94.5	73.4	94.6	2.8 (.07)	47.5
Sexual orientation/ Gender identity	†	*	**	**		*	**
Lesbians	9.1 (.23)	96.7	100.0	82.5	96.7	3.1 (.11)	48.0
Gay men	8.6 (.22)	85.1	95.4	75.0	93.9	2.8 (.12)	36.4
Bisexuals	7.3 (.29)	100.0	100.0	66.7	85.7	2.7 (.26)	81.8
Transgender	8.4 (56)	76.5	68.8	37.5	94.1	2.4 (.16)	69.6
Background Characteristics							
Age		*					
50-59	8.4 (.30)	92.0	94.5	74.7	93.2	2.8 (.10)	51.2
60-69	9.0 (.22)	90.9	94.3	74.5	96.3	2.8 (.12)	48.8
70 and older	8.3 (.35)	71.4	90.0	66.7	95.2	2.9 (.18)	33.3
Gender		*		*		†	**
Women	8.6 (.26)	94.5	95.8	78.6	97.3	3.0 (.09)	56.8
Men	8.6 (.22)	82.4	91.7	70.0	91.7	2.7 (.11)	36.7
Race and ethnicity						*	
People of color	8.4 (.44)	95.0	90.3	76.5	94.8	2.4 (.18)	57.6
White (Non-Hispanic)	8.7 (.18)	87.9	89.2	72.4	94.7	2.9 (.08)	45.5
200% poverty level				*		**	
Below	8.2 (.46)	83.8	93.9	57.6	91.4	2.4 (.14)	47.7
Above	8.7 (.18)	9.3	93.8	77.9	95.6	2.9 (.08)	48.3
Education			†	†		*	
Some college or less	8.8 (.29)	80.0	85.7	59.3	89.3	2.6 (.15)	38.3
4 years of college or more	8.6 (.20)	90.8	95.7	76.5	95.8	2.9 (.08)	50.0
Military service		*				*	†
Yes	8.5 (.35)	76.5	90.9	70.9	100.0	2.5 (.16)	34.9
No	8.7 (.18)	92.4	94.7	73.5	93.2	2.9 (.08)	51.0

a. Item available only in 2014
b. Item available only in 2010
† < 0.1; * < 0.05; ** < 0.01

Table 5. ***Access to Services: Comparisons by Sexual Orientation, Gender Identity, and Background Characteristics***

	Financial barriers to seeing doctor[a]	Financial barriers to medication[a]	Not out to primary physician[a]	Fear accessing services[a]		Inferior healthcare	Healthcare provider[a]	Routine checkup	Emergency room use[a]
				Inside	Outside				
	%	%	%	%	%	%	%	%	%
Total	9.9	6.6	13.7	4.7	15.4	16.4	92.1	70.2	21.2
Sexual orientation/ Gender identity	*	†				**			
Lesbians	6.7	5.0	10.3	3.3	8.3	12.2	90.0	70.7	23.3
Gay men	7.7	4.5	12.5	4.6	18.5	12.5	94.0	70.5	19.4
Bisexuals	0.0	0.0	14.3	14.3	14.3	7.7	85.7	66.8	14.3
Transgender	35.3	23.5	29.4	5.8	29.4	52.2	94.1	69.6	23.5
Background Characteristics									
Age									
50-59	14.7	9.3	13.9	4.1	14.9	20.5	90.7	67.1	16.0
60-69	5.5	3.6	15.1	5.6	14.8	16.7	90.9	68.2	25.5
70 and older	4.8	4.8	14.3	4.8	19.1	6.1	100.0	81.8	28.6
Gender					†				
Women	8.2	6.9	11.3	2.7	9.6	16.0	91.8	74.5	20.6
Men	8.1	5.4	15.5	7.0	19.4	13.0	91.9	67.0	20.3
Race and ethnicity							*		
People of color	20.0	5.0	11.1	5.3	10.3	18.8	80.0	66.7	25.0
White (Non-Hispanic)	8.3	6.8	14.7	4.6	16.0	16.0	93.9	70.8	20.5
200% poverty level	*	*		*	*	*			†
Below	18.9	13.5	15.2	11.4	28.6	28.3	89.2	63.8	32.4
Above	6.2	3.5	14.3	2.6	11.5	13.3	92.9	71.1	17.7
Education		†							
Some college or less	16.7	13.3	11.1	7.1	10.7	12.8	90.0	68.8	26.7
4 years of college or more	7.5	4.2	15.3	4.2	16.7	17.7	92.5	70.4	20.0
Military service	†								
Yes	17.7	11.8	12.1	6.1	24.2	21.4	94.1	72.1	23.6
No	7.6	5.1	14.9	4.3	12.8	15.1	91.5	69.6	20.3

a. Item available only in 2010
† < 0.1; * < 0.05; ** < 0.01

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Findings from *Aging with Pride*

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National Health, Aging, and Sexuality Study

Caring and Aging with Pride
OVER TIME

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