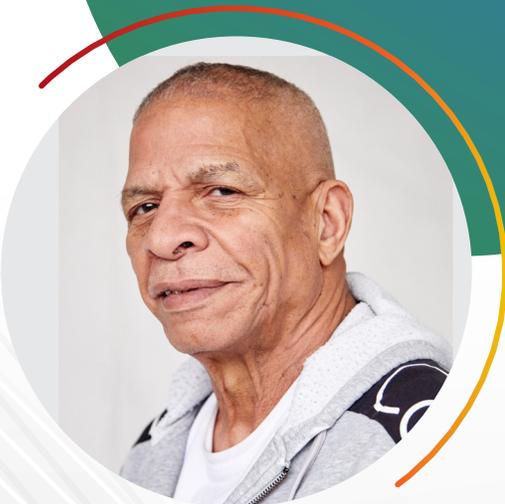


Health Equity & LGBTQ+ Older Adults of Color

ENGAGING INDIVIDUALS,
COMMUNITIES, AND
ORGANIZATIONS



Contents

- 1 Introduction
- 4 Key Terminology
- 6 The Federal Policy Landscape:
Progress Made in the Past Decade
(2013-2022)
- 8 Current Landscape
- 13 Intersectional Snapshots
- 19 Resilience, Joy & Community
- 22 Recommendations and Tips
for Implementation
- 31 Conclusion



**National Resource Center
on LGBTQ+ Aging**

The National Resource Center on LGBTQ+ Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBTQ+ Aging provides training, technical assistance and educational resources to aging providers, LGBTQ+ organizations and LGBTQ+ older adults. The center is led by SAGE, in collaboration with 24 leading organizations from around the country.

lgbtagingcenter.org

For 40-plus years, SAGE has worked tirelessly on behalf of LGBTQ+ older people. Building off the momentum of the Stonewall uprising and the emerging LGBTQ+ civil rights movement, a group of activists came together to ensure that LGBTQ+ older people could age with respect and dignity. SAGE formed a network of support for LGBTQ+ elders that's still going and growing today. SAGE is more than just an organization. It's a movement of loving, caring activists dedicated to providing advocacy, services, and support to older members of the LGBTQ+ community. LGBTQ+ elders fought—and still fight—for our rights. And we will never stop fighting for theirs.

sageusa.org



Introduction

The United States is becoming older and more diverse. Yet, how we often talk about and intervene on issues related to diversity in aging continues to fall short of our goals and best intentions.

This is especially true for LGBTQ+ older adults of color. Taking an intersectional perspective, we know LGBTQ+ older adults of color are impacted by the lack of support for diverse aging populations. LGBTQ+ older adults of color not only experience ageism as well as racism, homophobia, transphobia, ableism, classism, and other forms of marginalization – all of which impact their health, well-being, and economic security. As diverse populations continue to increase in size, much work is still needed to improve equity and the social safety net for diverse aging communities.

“Two things that are true for everybody is that we're all older today than yesterday and that we're all going to die.”

**— MARY ANNE ADAMS
Founder, ZAMI NOBLA
(National Organization
of Black Lesbians on Aging)**

WHO ARE OLDER ADULTS OF COLOR?

- According to the 2020–2023 U.S. Census report, there are 5.8+ million people aged 65 and older representing 16.8% of the total population. By 2040, 80 million or 21.6% of the population will be age 65 and older.¹
- The population of Black and African American people 65 and older is expected to almost double from 5.5 million to 9.9 million people by the year 2050.^{2,3}
- In 2019, the estimated population of American Indian and Alaska Native people aged 65 and older totaled 301,428. By 2060 this population is expected to grow to nearly 650,000 people.⁴
- In 2019, the population of Asian American people aged 65 and older was 2.5 million with a projected growth to 7.9 million by 2060.⁵
- In 2019, the population of Latino* people aged 65 and over was approximately 4.7 million people and is expected to grow to 19.9 million by 2060.⁶

*** Many people use the gender-neutral term Latinx or say Latino/a/x to be gender inclusive. In this report the NRC decided to use the term Latino because many LGBTQ+ older adults do not identify as Latinx or use it as an identity descriptor. When deciding which term to use, we recommend organizations consult with their constituents.**

There are barriers to knowing the population size of the LGBTQ+ and LGBTQ+ older adult of color communities. The lack of national census LGBTQ+ data makes it difficult to know that exact size of the LGBTQ+ population. However, it is estimated that by 2030, the number of LGBTQ+ older adults will reach 7 million.⁷

Given the overall population growth among older adults across all racial groups, the number of LGBTQ+ older adults of color will continue to grow in the coming decades.

As our population grows, our response to the needs of the diverse people who call this country home must increase. Responsiveness means change at the individual, community, organizational, local, state, and federal levels to ensure that LGBTQ+ older adults of color are treated equitably. Historical and societal mistreatment of LGBTQ+ older adults have contributed to health disparities and resulted in a lack of trust between some LGBTQ+ older adults of color and healthcare providers. Ensuring that LGBTQ+ older adults of color are treated equitably in health settings requires implementing consistent efforts to build trust and accountability between health and aging services and the populations they serve. The over-arching goal of this guide is to aid your organization in building trust and services inclusive and sensitive to the needs of LGBTQ+ elders of color.

To inform this brief, we began by reflecting on the recommendations made in the SAGE 2013 [Health Equity and LGBT Elders of Color: Recommendations for Policy and Practice](#). We also conducted focus groups and in-depth interviews with LGBTQ+ older adults of color, community workers, educators, researchers, grassroots organizers, social workers, and organizational leaders working to support and uplift LGBTQ+ older adults of color. Additionally, we analyzed current



peer-reviewed data to understand how the current social and political environment impacts LGBTQ+ older adults of color. This report provides insights and recommendations based on the experiences and needs of LGBTQ+ older adults of color, as identified through deep listening and care. It is not intended to be a comprehensive examination of all the factors contributing to adverse health outcomes for these individuals. Rather, it is intended to be a continuation of the ongoing efforts to promote equity, inclusion, and justice for LGBTQ+ older adults of color. The report aims to inspire more innovative, proactive, and compassionate approaches to addressing the challenges faced by these communities. As a part of finding common ground, we assume the good intentions of the writers and researchers, who contributed to this brief.

In this brief we strive to provide a fresh look at where we have been and where we are going by examining the following major topics:

- **Reflecting on SAGE’s 2013 [Health Equity and LGBT Elders of Color: Recommendations for Policy and Practice](#).** This landmark report led to important policy wins, and we reflect on how this information supports community action today.
- **Discussing an ever-changing social, political, and medical landscape.** The COVID-19 pandemic, anti-transgender legislation, social upheaval, and shifts in technology all impact the lives of LGBTQ+ older adults of color. An intersectional discussion of the social landscape helps tell a fuller story of how inequity compounds health disparities as well as informs the interventions needed to provide the best support for LGBTQ+ older adults of color.
- **Centering the voices and experiences of LGBTQ+ older adults of color.** The term “people of color” includes a wide range of people and experiences. Not everyone who identifies as a person of color has the same experiences. As much as possible, this report spotlights the unique experiences of Black and African American, American Indian, Alaska Native, Asian American, Pacific Islander, and Latino elders. Similarly, we will discuss how the experiences of LGBTQ+ people who are cisgender differ from those of transgender people and communities.
- **Sharing stories of success, joy, and resiliency.** Often, we hear about the negative impact that discrimination has on marginalized communities. Focusing only on experiences of discrimination does not tell the whole story about the humanity of LGBTQ+ older adults of color. Therefore, it is imperative to highlight how LGBTQ+ older adults of color thrive with their chosen families, in their relationships, and in their communities.
- **Sharing actionable tips for best practices.** What can people, communities, organizations, funders, granters, educators, healthcare providers, and policymakers do to support LGBTQ+ older adults of color? How can we ensure that support given by institutions respects the humanity, agency, and autonomy of LGBTQ+ older adults of color? The interventions and recommendations at the end of this brief seek to provide some answers to these questions and provide inspiration for action.

Key Terminology



Some terms throughout this guide may be new to some readers.

Following is a list of key terms supporting the discussions that follow.

CISGENDER* people are individuals whose gender identity and/or gender expression do align with their biological or assigned sex. If someone was assigned the sex female at birth and lives comfortably as a woman, she is likely cisgender.

HEALTH DISPARITIES as defined by the Centers for Disease Control and Prevention (CDC), are the “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnicity and other population groups, and communities.”⁸ According to the CDC, although life expectancy for older adults is increasing in the US, not all older adults are benefiting from improvements in life expectancy. Factors that prevent older adults from experiencing an increase in life expectancy include race, gender, and sexual orientation.

According to the CDC chronic diseases are “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.”⁹ The leading chronic diseases in the United States are heart disease, cancer and diabetes. Research indicates LGBTQ+ older adults have “less than ideal heart health,”¹⁰ have higher rates of cancer and diabetes compared to straight/ cisgender older adults.^{11,12}

HEALTH EQUITY is the state in which everyone has a fair and just opportunity to attain the highest level of health. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. In the context of this report, health equity requires that people look beyond individual behaviors to consider the barriers that prevent LGBTQ+ older adults of color from attaining their highest level of health. Using health equity as a lens shows us how equitable policies can positively affect personal health outcomes.¹³ Health equity helps show how individual decisions are impacted by social, historical and political factors, and health equity can be used as a tool that health professionals, organizations, and policymakers can use to create policies that incorporate historical and life-course perspectives which enhance equitable health outcomes.

HISTORICAL DISADVANTAGE refers to the current disadvantage, difficulty, barrier, or detriment that a person or group of people experience that resulted from historical patterns and experiences of structural discrimination.

INTERSECTIONALITY refers to how factors such as race, sexual orientation, sexuality, gender identity, age, and other identities work together to create interlocking systems of oppression or privilege.¹⁴ Using an intersectional framework helps us understand how focusing on only one aspect of a person’s

identity does not tell us the full story of how that person experiences health equity. To understand and make health equity recommendations, it is important to know how all these aspects of our intersecting identities combine to shape peoples' experiences.

LGBTQ+* is an acronym for lesbian, gay, bisexual transgender and queer.

LGBTQ+ OLDER ADULTS* is the preferred term for older LGBTQ+ people, the current standard age of retirement, or older. The term "older adults" may be preferable to "old," "senior," "elderly" or "aging" (terms which many don't identify with personally). Other acceptable terms are "older LGBTQ+ people" or "LGBTQ+ older people" depending on context. Typically, "older adults" is a term often used for people over the age of 65, but due to varying life expectancies and the impact of chronic health disparities and minority stress, in this report we consider an older person anyone over the age of 50+.^{15,16}

MINORITY STRESS is a model, supported by empirical evidence, which demonstrates how disadvantaged populations, due to discrimination, often experience high levels of stress. Minority stress increases the probability that these populations will have negative health outcomes.¹⁷

NONBINARY is a term used by people who experience their gender identity and/or gender expression as falling outside the binary gender categories of man and woman.

PEOPLE OF COLOR is used as an umbrella phrase to refer to nonwhite people, including Black and African American, American Indian,

and Alaska Native, Asian American and Pacific Islander, Latino, and other nonwhite people and communities. We know this term has limitations because it may flatten out significant differences between these groups.¹⁸ Throughout this report, we highlight different experiences among groups as much as possible.

QUEER* is historically a negative term, but it is now being used by some LGBTQ+ people to describe themselves. Queer is not universally accepted within LGBTQ+ communities and should be avoided unless quoting or describing someone who self-identifies as queer.

STRUCTURAL DISCRIMINATION refers to the ways in which social, economic, and political systems disadvantage certain groups and benefit others.¹⁹ It can be seen in the unequal distribution of resources, opportunities, and power among different social groups.

TRANSGENDER* is an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.

**Adapted from the SAGE National Resource Center on LGBTQ+ Aging guide, [Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies](#).*



The Federal Policy Landscape: Progress Made in the Past Decade (2013-2022)

The *2013 Health Equity and LGBT Elders of Color: Recommendations for Policy and Practice* made recommendations to promote sustainable solutions for the problems that LGBTQ+ older adults of color were facing in 2013.

Some of the 2013 recommendations focused on making amendments to the Older Americans Act (OAA) that included the following:

- To adopt an amendment to include LGBTQ+ elders as a population with the most significant economic and social need.
- Permanently establish SAGE's National Resource Center of LGBTQ+ Aging.
- Improve the quality of services and supports offered for LGBTQ+ older adults.
- Improve data collection and analysis on effectiveness of state units on aging in targeting services to LGBTQ+ older adults.

- Prioritize research and development grants for organizations working to improve LGBTQ+ health.

The 2020 reauthorization of the OAA includes new language and guidance from the Administration on Community Living (ACL) and encourages older LGBTQ+ and people living with HIV people be included in formal plans by each State Unit on Aging. The OAA Reauthorization requires the aging network to 1) engage in outreach to LGBTQ+ older adults, 2) collect data on the needs LGBTQ+ older adults, and 3) collect data on whether aging networks are meeting the needs of LGBTQ+ older adults.

THE OLDER AMERICANS ACT

The Older Americans Act (OAA) is the largest vehicle for the organization and delivery of social and nutritional services for older Americans and their caregivers. The OAA authorizes numerous services through a national network of 56 state agencies on aging, 618 area agencies on aging, nearly 20,000 service providers, 281 Tribal organizations, and 1 Native Hawaiian organization representing 400 tribes.

The OAA describes some groups as “populations of greatest social need” which means that OAA funded organizations must direct energy and resources specifically to those populations. This designation helps ensure that these groups receive focus and attention from providers.

The ACL guidance further describes populations of greatest social need as:

“Individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color, members of religious minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons, persons with disabilities, and persons who live in rural areas.”

The new and more LGBTQ+ inclusive guidance applies to all state plans which took effect on or after October 1, 2022. SAGE’s Policy team, the National Resource Center on LGBTQ+ Aging, and SAGECare all actively work with State Units on Aging and Area Agencies as well as state and local LGBTQ+ organizations to provide technical assistance, guidance, and cultural competency training to help support the new requirements and guidance. For a more detailed look at this topic see the fact sheet [Making your State Plan on Aging LGBTQ+ and HIV+ Inclusive](#).

The 2013 Health Equity and LGBT Elders of Color report recommended strengthening social security provisions to ensure same-sex couples can receive Social Security spousal, survivor, and death benefits. In 2021, these recommendations came to bear in the legal victories in *Ely v Saul* (2021) and *Thornton v Commissioner of Social Security* (2021). *Ely v Saul*, a nationwide class action lawsuit against the U.S. Social Security Administration (SSA), which held that denying same-sex couples Social Security and survivor’s benefits is unconstitutional.²⁰ *Thornton v Commissioner of Social Security* ruled that same-sex partners qualify for survivor’s benefits.²¹ In tandem, these cases strengthen *Obergefell v. Hodges* (2015) which extended marriage equality federally and are critical steps for LGBTQ+ equality.



This quick review of the past ten years shows that the collective efforts of LGBTQ+ organizations have made significant changes in federal and state policy. Changes in public policy can be a long and complicated process, but incremental policy changes are essential for lasting change.



Current Landscape

The 2013 report placed a heavy emphasis on federal policy. This report highlights how state, local community organizations, funders and healthcare providers can make innovative impacts in health equity. We are living in a vastly different world than that of 2013, and this section highlights some of the present-day context within which we are doing this work.

THE INTERSECTIONAL IMPACT OF COVID-19

The COVID-19 pandemic has had a disparate impact on people of color and LGBTQ+ people.^{22,23} The experiences of LGBTQ+ older adults of color during the COVID-19 pandemic are influenced by their intersecting identities, including their race, gender, sexual orientation, and age. Here are some of the main themes surrounding the intersectional impact of COVID-19 that surfaced in our focus groups and one-on-one interviews:

- The COVID-19 pandemic parallels lived experiences of the HIV/AIDS epidemic, including experiences of caregiving, survivor's guilt, and community grief.
- Feeling unsafe and needing safety measures that explicitly support LGBTQ+ older adults of color during the pandemic.
- Although older adults are one of the most vulnerable populations, focus groups participants expressed fear they would not be treated for severe symptoms from COVID-19 because of their race, sexual orientation and/or gender identity.
- In the early part of the pandemic, communication about disease transmission was callous and ageist. Some of the rhetoric around COVID-19 expressed the sentiment that older adults should “take one for the team,” implying that older adults are disposable when, in fact, they are not.

During the height of the COVID-19 pandemic, many multi-generational groups of LGBTQ+ people came together to provide support for one another, a dynamic captured in this quote from a focus group participant:

“I saw one relationship between an older and younger LGBTQ+ person really blossom during COVID. This intergenerational relationship has become incredibly valuable for both of them, and I don't think they would have relied on each other in the same way prior to COVID. Before COVID, they were acquaintances. But then when their lives really shifted because the pandemic, the neighborly friendliness they had before has become so important, and they are pillars in each other's lives now.”

— KATIE GARBER, Age Well Takoma

- Many interviewees described community responses of mutual support, where neighbors helped neighbors and cross-generational supports often filled the void left while in-person programs and supports were closed.

The themes and experiences shared in our focus groups and one-on-one interviews show how many LGBTQ+ older adults of color felt unsafe, lacked support, and lived with increased fear and isolation during the initial stages of the pandemic. When combined with homophobia, transphobia and racism, the pandemic has increased challenges faced by LGBTQ+ older adults of color. Yet, innovative supports provided hope as people came together often across generations to support one another.

Another emotional and psychological consequence of isolation during a time of death and disease is that many could not participate, as survivors, in traditional types of community grieving, including funerals. Gathering in person to mourn and celebrate life was not an option during the first year of the pandemic and transformed grief into an extremely isolating experience.

The COVID-19 pandemic has greatly affected LGBTQ+ older adults of color, and the full extent of this impact is still being understood. Marginalized communities have been disproportionately affected by the pandemic, experiencing grief over the loss of loved ones and disruptions to community connections. As we continue to face the challenges of the ongoing pandemic, LGBTQ+ older adults of color will need more supportive resources moving forward.

IMPACT OF THE COVID-19 PANDEMIC ON HEALTHCARE ACCESS AND DELIVERY

Telemedicine became a way to connect people to their healthcare providers during the COVID-19 pandemic. The experiences

“The issue of grief and grieving during COVID comes up a lot. There are complexities with grief. And there are going to be a lot of complications that come up because of the lack of community grieving, the lack of closure, the lack of being able to say goodbye.”

**— DAVID CAMACHO,
Assistant Professor,
School of Social Work,
University of Maryland**

of LGBTQ+ older adults of color and telemedicine still needs further research and analysis. However, from our focus groups, interviews, and research, we have identified two key factors that determine if someone can effectively use telehealth services: 1) if they have access to technology, including computers and smartphones 2) if they are comfortable using technology to access telehealth platforms.

According to our research, elders initially had difficulty adapting to digital technology. However, throughout the pandemic, LGBTQ+ older adults became more proficient with technology, and telehealth became a benefit for some. Telehealth allowed LGBTQ+ older adults of color to connect with providers who were sensitive to their needs and experiences and with whom they felt comfortable. Focus group participants noted that telehealth appointments, which take place in a more personal and less clinical setting, made it easier to build a connection and trust with

healthcare providers. Additionally, telehealth provided LGBTQ+ older adults of color in rural areas with more healthcare options.

While the focus group participants highlighted the benefits of telemedicine during the COVID-19 pandemic for LGBTQ+ older adults of color, telemedicine is not an equalizer. Providers should be aware how telemedicine may increase disparities to healthcare access for vulnerable populations with limited digital literacy or access, such as rural residents, racial/ethnic minorities, older adults, and those with low income, limited health literacy, or limited English proficiency.²⁴ In order to promote equity in healthcare delivery, providers must be proactive in their efforts. As providers consider a blend of online and in-person engagement in the future, it is essential that they prioritize issues of access and the ability to ensure that LGBTQ+ older adults of color can maintain connections with their community and healthcare providers.

THE IMPACT OF COVID-19 ON FOOD INSECURITY

The United States Department of Agriculture (USDA) defines food insecurity as a household-level condition characterized by limited or uncertain access to sufficient food, due to economic and social factors.²⁵ Some people experience food insecurity because they do not have enough money to purchase food. For others, it is the result of larger social factors. For example, many people throughout the United States live in “food deserts,” which are geographic areas where there are no convenient options to buy affordable, healthy foods, such as fresh foods and vegetables. Food deserts are most commonly located in high-poverty areas with smaller populations and in areas with high rates of vacant and abandoned homes.²⁶ There is a significant connection between the racial makeup of an area and food store availability, and predominantly Black Census areas are

“Here in Puerto Rico, we do not have access to the same food quality as in the states. There was a food shortage and still is since the hurricane, so before the pandemic, since 2017, our ports have been very limited to the type of food and the food access that we had before the hurricane, so food sustainability has been a big issue. Yes, you can find bread, but a person cannot live on bread all the time, and vegetables have been minimal to non-existent here. We have local agriculture, but all of that agriculture may not go and reach other towns within Puerto Rico (P.R). We are a small island. However, at the same time, we are big because we do not have an excellent structure for roads and bridges, so access from one town to another might be limited. Some of those roads have not been rebuilt since the hurricane of 2017. Accessing supermarkets, pharmacies, food markets, etc., has been an issue.

Working to address this problem last summer, we gave vouchers to people to go to the local pharmacies with small supermarkets within them. We realized that although money is a big issue, access to those sites was the bigger issue. We gave \$250 vouchers to over 3,000 older adults in over ten municipalities impacted by earthquakes. They could not use them because they did not have access to those pharmacies because of roads, not having cars, or being alone. We then figured out how to get them to use the vouchers. It taught us that it is not only the money but the transportation to get the food.”

—WILFRED LABIOSA, PhD, Waves Ahead Puerto Rico

most likely to be located in food deserts.²⁷ If someone living in a food desert wants to travel to purchase food, they need access to safe and reliable transportation, which is not always available or secure for LGBTQ+ older adults of color.

Food insecurity during the pandemic has uniquely impacted the health of LGBTQ+ older adults of color. For LGBTQ+ older adults of color living in rural areas, lack of transportation heightens the potential for food insecurity. Food insecurity is compounded by the impact of natural disasters and climate change, which impedes the ability to obtain goods and services. Focus group members described how older LGBTQ+ people of color were reluctant to go grocery shopping in early stages of the pandemic, not only because of fear of contracting COVID-19 but because they are at an increased risk of hate crimes. For example, anti-Asian American hate crimes have dramatically surged since the beginning of the pandemic,²⁸ and older Asian Americans have been uniquely targeted in these attacks. LGBTQ+ people of color, are at increased risk because of race, sexual orientation and gender identity.

RACIAL TENSIONS AND VIOLENCE DURING COVID-19

We do not live in a post-racial society. Everyday racism takes many forms, including microaggressions, everyday discrimination, hate crimes, and structural denials of resources. In the first year of the COVID-19 pandemic, the U.S. Department of Justice (DOJ) reported, “hate crimes in the United States rose in 2020 to highest levels in 12 years. This rise included a significant increase in the numbers in anti-Asian and anti-Black hate crimes.”²⁹ In 2021, the DOJ documents that 64.5% of hate crimes were related to race and ethnicity, 15.9% related to sexual orientation, and 3.2% related to gender identity. Some mass-shooting events are racially motivated. In 2022, the Gun Violence

Archive counted 648 mass shootings,³⁰ including the murder of 10 Black shoppers at a Buffalo, NY supermarket. Routine violence and the fear of mass shootings, create fear and anxiety about being in public, and for older LGBTQ+ people of color, the intersecting identities of race, ethnicity, sexual orientation, and gender identity can further increase their fear and vulnerability to physical violence.

A person’s race can influence their comfort level in public spaces, sense of safety while performing everyday tasks, and access to resources, which can contribute to or exacerbate health disparities. These dynamics were present before the COVID-19 pandemic, but the pandemic has exacerbated them, as well as racial tensions and violence motivated by racist ideology. Focus group participants shared that they feel unsafe and often want to be accompanied when doing everyday tasks, such as going to the grocery store or using public transportation. Focus group participants spoke about LGBTQ+ older adults of color who are non-English speakers or English language learners; completing everyday task can be a challenge. In the United States, there is an unofficial expectation that everyone should speak English, and essential information is not always provided in languages other than English. This can create challenges for LGBTQ+ older adults of color who are non-native English speakers or are learning English, as it can make them feel less safe in public spaces.

LGBTQ+ LEGISLATION: TWO STEPS FORWARD, ONE STEP BACK

LGBTQ+ organizations and allied groups pushed for passage of the federal Equality Act, which would amend the Civil Rights act and prohibit sex, sexual orientation, and gender identity discrimination in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. The Equality Act would

define and include sex, sexual orientation, and gender identity among the prohibited categories of discrimination or segregation at the federal level. LGBTQ+ older adults often say fear of discrimination and mistreatment is a significant barrier to using healthcare and aging services. The Equality Act would help lessen this fear and ensure access to care. In 2021, the US House of Representatives passed the Equality Act, which then had a hearing in the Senate. While it did not pass out of the Senate, LGBTQ+ organizations remain energized for the progress made and continue to advocate for passage of the Equality Act.

Anti-LGBTQ+ legislation continues to increase in some states. In 2022, the Human Rights Campaign reported that 23 states introduced anti-LGBTQ+ bills, with 13 states signing anti-LGBTQ+ bills into law.³¹ Many bills are rooted in homophobia, transphobia, and racism, creating a space for violence and discrimination toward LGBTQ+ communities. While much of the proposed legislation is focused on limiting access to healthcare and civil protections for transgender youth, it is crucial to remember that discriminatory legislation can cause a trauma response among LGBTQ+ older adults. Along with anti-trans and anti-LGBTQ+ bills, more attention has been given to anti-CRT (Critical Race Theory) legislation and “anti-woke” bills across state legislatures. Critics of these bills argue that they seek to deny and invalidate the discrimination faced by communities of color. The combination of anti-LGBTQ+, anti-CRT, and “anti-woke” bills are seen to limit conversations rooted in equity for racial, ethnic, and LGBTQ+ populations. Legislation of this nature erases the history of LGBTQ+ and racial minorities from the public sphere, thereby erasing the contributions and sacrifices of ancestors, trailblazers, and many older adults of color who fought for liberation and the ability for younger generations to live authentically.

In June 2022, the Supreme Court overturned *Roe v Wade* (1973) and *Planned Parenthood*

v. Casey (1992), which declared abortion a constitutional right. *Dobbs v. Jackson* (2022), allows states to roll back and restrict abortion care, which directly impacts the health and well-being of women, girls, transgender, and nonbinary people. Pregnant people of color will be disproportionately affected by the ruling and are more likely to live in “contraception deserts,” which are areas where residents have difficulty attaining free and low-cost contraceptive services.³² Because of the lack of access to reproductive healthcare services, women and pregnant people of color are more likely to have abortions.³³ Living in a contraception desert impacts the ability to get necessary prenatal healthcare. Pregnant people of color are significantly more likely to have reproductive complications, including infant and maternal mortality.³⁴ Reproductive health inequities go beyond abortion, and bodily autonomy and the right to receive medical care are core to LGBTQ+ liberation and equality.

Finally, in December 2022, President Biden signed the Respect for Marriage Act into law, requiring the US federal government and all states to recognize the validity of same-sex and interracial civil marriages. The signing of this landmark legislation not only protects same-sex couples and interracial couples; it comes at a critical time as numerous states work to pass anti-trans, anti-LGBTQ+, and anti-woke laws that harm LGBTQ+ older adults. Therefore, providers, allies, and advocates must be steadfast and diligent in their efforts to ensure that LGBTQ+ older adults of color have the same dignity, rights, and protections as all Americans.



Intersectional Snapshots

LGBTQ+ older adults of color are not a homogenous group. We can only fully understand the causes of health inequity by taking an intersectional approach that considers how structural discrimination based on race, ethnicity, gender, and sexuality impacts individuals' lived experiences.

The following snapshots provide a glimpse into the unique histories and experiences of LGBTQ+ older adults of color from an intersectional perspective. These snapshots can help us identify general trends and can be used as a tool to better understand each person's unique context and story.

BLACK AND AFRICAN AMERICAN LGBTQ+ OLDER ADULTS

Many Black and African American LGBTQ+ older adults experience oppression in multiple forms, which can create a compounding effect of stress, fear, and pain.³⁵ This snapshot focuses on the impact of living through the Jim Crow era, its legacy, and the HIV/AIDS epidemic.³⁶

The Jim Crow Era and the legacy of structural discrimination still impact Black and African American LGBTQ+ older adults today. For example, some doctors and medical professionals still believe myths that African American and Black people have a higher pain tolerance than other racial groups.³⁷ These harmful stereotypes have a historical legacy traced back to slavery.³⁸ Today, compared to their white counterparts, Black and African American older adults living in nursing homes are more often physically restrained, more likely to develop pressure sores, and less likely to be treated for pain.³⁹ Having lived through these events and because of historical

and structural discrimination, Black and African American LGBTQ+, older people are less likely to seek preventative care⁴⁰ and disclose their sexual orientation and gender identity to medical providers.⁴¹ The compounding effects of structural discrimination continue to foster a tense relationship with the U.S. healthcare system as the responses to the needs of LGBTQ+ Black, and African American people are not equitable or responsive to their needs.

Although HIV rates continue to decline for the US population at large, African American and Black older adults, comprise the largest population of older adults living with HIV/AIDS.⁴² The poor treatment and discrimination experienced by people with HIV during the height of the epidemic and negative experiences happening today have made it difficult for Black and African American LGBTQ+ older adults to trust the U.S. government and its healthcare system.⁴³



AMERICAN INDIAN AND ALASKA NATIVE LGBTQ+ OLDER ADULTS

Many American Indian and Alaska Native LGBTQ+ older adults grapple with the historical disadvantage of living under colonial systems. This snapshot focuses on the impact of settler colonialism and the systematic barriers American Indian and Alaska Native LGBTQ+ older adults face when accessing equitable health services.

American Indian and Alaska Native (AIAN) LGBTQ+ and/or Two-Spirit older adults have experienced discrimination, genocide, and settler colonialism – a type of colonialism where people Indigenous to the land are displaced by settlers who permanently form a society on that land.⁴⁴ The legacy of settler colonialism includes war and genocide, and in more contemporary times attempts to suppress Indigenous identity through the boarding school system, wherein the U.S. government established boarding schools starting in the 18th century with the primary objective of assimilating American Indian Alaska Native children.⁴⁵ American Indian and Alaska Native children were taken from their families, cut off from the cultural and linguistic practices, and forced to align with strict European gender roles.⁴⁶ These institutions forced assimilation and were the sites of violence, abuse, and oppression.⁴⁷

This means for providers today that American Indian and Alaska Native LGBTQ+ older



adults face fundamental barriers in accessing healthcare, including invisibility and lack of provider knowledge about trauma from settler colonialism.⁴⁸ Two-Spirit older adults may not seek health care because of the fear of being re-traumatized by providers who may still have negative attitudes towards American Indians and Alaska Native people. Additionally, some American Indian, Alaska Native LGBTQ+ older adults have their forms of medicine, and they may experience and understand illness and aging in ways that do not align with western healthcare delivery models. Therefore, all healthcare providers need to be knowledgeable about American Indian and Alaska Native LGBTQ+ history, trauma, and belief systems to provide sensitive care.

Two-Spirit is an umbrella term used to describe a shared experience of American Indian Alaska Native gender minorities and coined in 1990 by attendees at the Intertribal Native American/First Nations Gay and Lesbian Conference in Winnipeg, Canada.⁴⁹ Two-Spirit is a translation of the Ojibwe term *niizh manidoowag*, and is used across Indigenous cultures to describe third and fourth gender categories.⁵⁰ Two-Spirit is intended to be a fluid term. Like all umbrella terms, using Two-Spirit risks erasing unique identities⁵¹ because not all American Indian Alaska Native people who are gender minorities embrace the term Two-Spirit⁵² and prefer other terms, including words from the specific language they speak.⁵³ Providers should always listen to how people describe themselves and their identities and respectfully reflect that language.

ASIAN AMERICANS AND PACIFIC ISLANDERS (AAPI) LGBTQ+ OLDER ADULTS

Asian American and Pacific Islander LGBTQ+ older adults are an incredibly diverse group and a fast-growing sector of the older adult population. Information about Asian American and Pacific Islander LGBTQ+ older adults are often absent from discourses about LGBTQ+ aging and this snapshot focuses on how diversity within Asian American and Pacific Islander LGBTQ+ older adults shapes health equity for this population.

Asian American and Pacific Islanders are incredibly diverse in their histories, cultures, and languages spoken,⁵⁴ and a barrier for those seeking to serve Asian American and Pacific Islanders LGBTQ+ older is a lack of cultural competency among researchers and health providers.⁵⁵ Some Asian American and Pacific Islander LGBTQ+ older adults have Limited English Language Proficiency (LEP).

Furthermore, there is language diversity among Asian American and Pacific Islander LGBTQ+ adults. Each ancestral language has unique translations of the meaning of the terms in the LGBTQ+ acronym, as well as their own words to describe gender and sexual diversity.⁵⁶ Since healthcare providers might not have a working knowledge of these different words in Asian and Pacific Island languages, this is a barrier to equitable healthcare delivery to Asian American and Pacific Islander LGBTQ+ older adults. In addition to these communication challenges, because of linguistic, racial, and ethnic diversity, Asian American and Pacific Islander LGBTQ+ people contend with multiple forms of stress and trauma, including being ostracized from wider LGBTQ+ communities, which results in a conscious and unconscious bias towards Asian American and Pacific Islander LGBTQ+ people.⁵⁷

The history of legal and explicit exclusion of Asian American and Pacific Islander people in the United States has created distrust among some older adults. It has far-reaching

implications for delivering equitable healthcare.⁵⁸ For example, the Chinese Exclusion Act was the first and only U.S. law that prevented a specific racial group from immigrating to the U.S. Although this mandate ended in 1943, the consequence of harsh discrimination is that some older Chinese Americans have low trust in healthcare providers who are not Chinese American.⁵⁹ Not all older Chinese Americans have access to a clinician who shares a common identity, and distrust is an explanatory variable why older Chinese Americans experience disproportionate rates of preventable diseases compared to other aging populations.⁶⁰ Likewise, many living Japanese American older adults experienced Japanese American internment during WWII, which was the forced relocation of Japanese Americans into internment camps within the United States. This historical experience has fostered distrust in American care systems among some Japanese American communities. Additionally, older adults with Southeast Asian ancestry (Vietnamese, Cambodian, Laotian, and Hmong) tend to have low household income, educational attainment, and English proficiency.⁶¹ Southeast Asian American older adults are very likely to have immigrated in the wake of the Vietnam War and have been subject to decades of discrimination and trauma, including living in long-term resettlement camps, targeted racism, and language discrimination, which all increase vulnerability to adverse, aging-associated health outcomes.⁶²



LATINO LGBTQ+ OLDER ADULTS

Latino LGBTQ+ older adults are a population that is rapidly growing and incredibly diverse. This snapshot focuses on how historical and current interaction with and exclusion from policy systems, including immigration, family, and marriage, impact health equity for Latino LGBTQ+ older adults.

By 2060, Latino older adults will be the largest racial and ethnic group in the United States, representing more than 21% of the 65+ population.⁶³ Although Latino adults are commonly defined as having a single heritage (i.e., Hispanic, Latino, or Spanish origin), Latino older adults are incredibly diverse in national ancestry and culture. Even though the older Latino population is growing and becoming more diverse, Latino LGBTQ+ older adults experience multiple marginalization (e.g., racism, ageism, homophobia and transphobia). They may be distrustful of health practitioners and researchers in aging and health arenas.⁶⁴ Latino LGBTQ+ older adults are considered a “hard-to-reach” population,⁶⁵ sometimes enabled by historical and current interactions with the US immigration systems. Latino LGBTQ+ older adults are more likely to be foreign-born than other LGBTQ+ older adults.⁶⁶ For many older Latino LGBTQ+ immigrants, their aging experience is shaped by institutional barriers, including discrimination, residential segregation, decreased access to social services, and immigration policies.⁶⁷ For example, Latino



Many people use the gender-neutral term Latinx or say Latino/a/x to be maximally inclusive. In this report, the NRC decided to use the term Latino because many LGBTQ+ older adults do not identify as Latinx or use it to describe their identity. When deciding which term to use, we recommend organizations consult with their constituents.

LGBTQ+ older adults who are immigrants are less likely than their straight, cisgender counterparts to seek healthcare because they fear disclosing their immigration status.⁶⁸

In non-LGBTQ+ focused research on Latino older adults, high rates of family, community, and social support among Latinos are theorized to mitigate negative health outcomes related to isolation and stress in aging.⁶⁹ Yet, research specifically about Latino LGBTQ+ older adults shows mixed evidence that this population receives the same level of social support as their straight counterparts, and experience higher levels of isolation and minority related stress.⁷⁰ Latino LGBTQ+ adults are less likely to be married or cohabiting, and more likely to live alone, which may lead to negative mental health outcomes among Latino LGBTQ+ older adults.⁷¹ In the United States, marriage and cohabitation carry social as well as financial rewards. However, for many Latino LGBTQ+ older adults in same-sex marriages, they do not share in marital benefits, and experience high levels of economic stress, are less likely to own homes or reap Social Security benefits compared to older LGBTQ+ older adults.⁷² Therefore the tandem of social connection and economic wellbeing are urgent considerations for providing advocacy and services for Latino LGBTQ+ older adults.

TRANSGENDER OLDER ADULTS OF COLOR

Transgender older adults of color are persecuted for their gender, as well as experiencing routine racism and ageism. The current treatment of transgender older adults is a continuation of historical treatment and this snapshot highlights how the structural discrimination of transgender older adults of color enables inequity.

The lives of many transgender older adults of color have been shaped by persecution, violence, and racism. While incidents of extreme discrimination are not unique to transgender older adults, their experiences and needs are often assumed to be the same as their cisgender lesbian, gay, and bisexual counterparts, obscuring the specific and pressing needs of transgender older adults of color. This report provides a more in-depth examination of the historical factors and current experiences that shape the aging experiences of transgender older adults of color, as these experiences differ significantly in ways that impact policy and health equity interventions.

Although transgender people have benefited from major legal and policy victories in the past decade, transgender people live under direct threat, both in policy and through interpersonal and state-sanctioned violence. This is especially true for transgender people of color. Between 2013 and 2019, the Human Rights Campaign has tracked fatal anti-transgender violence and found that eighty percent of murders of transgender people were transgender women of color.⁷³ High rates of violence toward and the murder of transgender women of color is not a new phenomenon, but rather, is something that is getting more attention because it is now being tracked and discussed openly. Because many transgender peoples' identities are not honored during funerals or accurately recorded on death certificates, the rates of murder of transgender women are likely higher than what is currently recorded.



Since 2015, state legislatures have enacted a record number of bills which erode transgender rights.⁷⁴ However, anti-transgender targeted violence and exclusionary transphobic legislation has a long legacy in the U.S. Starting in the 1880s when so-called “masquerade laws” required that people dress in clothing that aligned with their sex assigned at birth.⁷⁵ Masquerade laws made it illegal for transgender people to express their gender in public, and were early forms of laws that advocates argue criminalized “walking while trans” — or laws that seek to limit transgender people’s right to be in public. “Walking while trans” laws are often unequally enforced, and tend to target transgender women of color, who experience high rates of gender-based and racially motivated violence.⁷⁶ For example, before New York repealed a “walking while trans” state statute in 2021, 91% of transgender people arrested under this statute were Black or Hispanic.⁷⁷ Although some states have repealed these laws, many “walking while trans” statutes are still in effect today.⁷⁸

Many transgender older adults of color do not seek or obtain medical care because of current and past experiences of discrimination in health settings.^{79,80} As we age, preventive and routine healthcare can be lifesaving, but

transgender adults aged 50 and older are significantly less likely than aging cisgender cohorts to access routine and appropriate preventative health screenings.⁸¹ It is important that medical providers build systems of gender-affirming care and normalize offering routine preventative care to transgender older adults of color. Gender-affirming preventive care has huge implications on mental health and quality of life. For transgender people, the need for safe and responsive gender-affirming care is vital for the survival of transgender people.^{82,83,84} The following are some of the key concerns related to transgender health and preventive care:

- Transgender men of color who still have ovaries, a uterus, or breasts need preventative health screenings.
- Transgender women of color need preventative health screenings for prostate cancer.
- Transgender men of color have particularly high risk of developing cervical cancer.

Because of experiences of harm and discrimination based on race and gender identity, transgender people of color often build close networks with chosen families to develop plans of safety and care. For many transgender older adults of color, the capacity to live as one's authentic self becomes less viable if they must enter long-term care

facilities or must rely on biological family who may not respect their gender identity. For transgender older adults of color, to maintain dignity in the end of life, and after death, it is imperative to have conversations regarding end of life wishes, including legal planning that ensures the gender identity of transgender older adults is recognized and respected.

Across all races, trans women over 40 are the most likely to report having received medically unsafe silicone injections. Across all racial groups, Hispanic/Latina trans women over 40 self-report the most significant use of medically unsafe silicone injections.⁸⁵

These short population profiles demonstrate why we need an intersectional lens to both understand the situation facing LGBTQ+ older adults of color, and begin to make programs, services, and policies more equitable. Just as these communities have faced different challenges, they have created diverse ways to survive and thrive. In the next section of this report, we will look at some of the ways that LGBTQ+ older adults of color advocate for their needs by organizing, protesting, sharing their stories, connecting, sharing resources, and creating spaces for LGBTQ+ older adults of color.

Many transgender older adults never had access to gender-affirming care through established medical providers, so many were forced to rely on medically unsafe gender-affirming care provided outside of the medical establishment, including gender-affirming treatments like hormone therapy and silicone injections. This means that some transgender older adults, especially trans women, received treatments from non-medically qualified providers and unhygienic conditions.⁸⁶ Although crucially important and often life-saving, injections have long-term health consequences, including affecting the systemic inflammatory response system, can cause sepsis, and in some cases, can lead to organ failure.⁸⁷ Trans women of color, especially trans women with undocumented history, are more likely to have used unsafe fillers.⁸⁸ Trans women who are also immigrants avoid mainstream and safe gender-affirming care for fear of disclosing their immigration status.

Resilience, Joy & Community



RESILIENCE

A common approach in research on LGBTQ+ older adults of color is the use of a deficit model, which focuses on negative health outcomes that are associated with minority stress.⁸⁹ However, this approach of only considering minority stress ignores the positive aspects of aging, such as resilience, joy, and community, that are experienced by LGBTQ+ older adults. Resilience is the ability to withstand or overcome significant stress or adversity. Resilience in practice may look like building social support, emotional openness, hope, optimism, and solidarity--all of which help sustain communities who are pushed to the margins because of race, sexual orientation, and gender identity.⁹⁰ Resilience is not only an individual characteristic but is cultivated in community support networks. Resilience is a way for LGBTQ+ older adults to be in joyful community, which does not depend on biological families or traditional marriage models. Resilience is a key factor that enables positive mental and physical health outcomes.⁹¹ Building and cultivating practices of resilience can be a freeing experience, and through individual and group experiences of survival LGBTQ+ older people of color resist hopelessness and embrace joy.

While we want to focus on the positives of resilience, we must recognize that people become resilient because they have been forced to live through adversity. What that means is that although resilience is a positive thing, the necessity of becoming resilient, the demands placed by surviving that adversity,

may feel like a burden. Therefore, it is critical to develop interventions that ensure a broad network of supportive services to serve LGBTQ+ older adults of color. We can both honor the resilience present in our communities, while working to remove the harms that require that resilience.

JOY

For LGBTQ+ older adults of color, joy is a critical step in resilience. Actively experiencing and engaging with the world enhances pleasure and happiness. Unfortunately, it's a common stereotype that LGBTQ+ older adults of color only experience hardship and pain, and this stereotype makes it hard to see and celebrate experiences of joy. LGBTQ+ older adults of color have communities, families, partners, hobbies, and interests and are open to exploration.

During the pandemic, many LGBTQ+ older adults of color we spoke with have connected across time and space by creating more virtual events including movie nights, ukulele classes, and social meeting groups. LGBTQ+ older adults of color come together in celebration of culture and community, sharing food, laughter, and stories. They go out to restaurants, events, clubs, and volunteer. LGBTQ+ older adults of color continue to value and engage in romantic and intimate relationships. One aspect of ageism is that people ignore and deny older adults the capacity for happiness, seeing them as only lonely and disconnected. As we age, we do not stop living our lives.

PROMISING COMMUNITY-BASED MODELS FOR ENGAGING LGBTQ+ OLDER ADULTS OF COLOR

How do providers and policy makers help to support and scale this kind of resilient community network and mutual support? Below we highlight two models that seek to do just that — take strengths found within their communities and grow them into sustainable and effective interventions.

COMMUNITY HEALTH WORKERS

by Shannon Patrick of MHP Salud

A Community Health Worker (CHW) is a trusted member of the community who empowers their peers through education and connections to health and social resources. CHWs have proven to be successful at increasing health outcomes for their communities because of their deep understanding of the cultural norms of the people they serve, as they are often members of the community themselves. CHWs educate their peers about disease and injury prevention, work to make health services more accessible, and strengthen their communities to create positive change. There are many names for CHWs, including Promotoras, social workers, health educators, outreach workers, care managers, or community health representatives.

CHWs can help strengthen outreach to communities that might distrust organizations or be misunderstood by the organizations that serve them. Through their work, CHWs can bring knowledge back to the organization about the community and how to provide culturally appropriate interventions and services. CHWs can help share knowledge with the community about the work in organizations, so community members better understand how organizations work to help. CHWs can help strengthen partnerships with other community organizations doing complementary or similar work. For CHWs to succeed in their role, it is pivotal that organizations listen deeply to the information they bring back to the organization.



Tips for CHWs:

1. **Health Education:** Discrimination can make it difficult for some communities to advocate for themselves within healthcare systems. CHWs can provide health education and information to help break cycles of disempowerment and empower community members to advocate for themselves and for each other in healthcare settings.
2. **Connection to Resources:** CHWs can assist community members in understanding the factors (such as who, where, what) and the process (how) of addressing the health disparities that they face. CHWs can help community members navigate the healthcare and social services systems and get their needs met.
3. **Care Coordination:** By listening to the unique needs of individuals and communities, CHWs can help navigate healthcare and social services systems that are responsive to the specific needs of the

people they are working with. CHWs can play a vital role in connecting individuals and communities to care that meets their needs.

4. **Building Trust:** To break cycles of discrimination and build trust in health settings, it is important to learn from mistakes and take steps to prevent them from recurring. CHWs can help to build bridges and create trust by supporting individuals and communities in navigating the healthcare system and advocating for their needs.
5. **Following up:** As members of the communities they serve, CHWs can be a

reliable and ongoing source of care and information. Their personal connections and understanding of the community can make them a valuable resource for accessing healthcare and other services.

6. **Community Engagement:** CHWs can engage with their communities by creating opportunities and spaces for people to advocate for themselves and their needs. This can include providing education and information, connecting individuals and communities to resources, and supporting them in navigating the healthcare system and other social services systems.

THE VILLAGES AT MARY'S HOUSE

by Dr. Imani Woody, President & CEO of Mary's House

Mary's House for Older Adults (MHFOA) is built on the vision that older lesbian, gay, and bisexual, transgender, queer, and same gender loving (LGBTQ+/SGL) adults can age where housing fragility, food insecurity, poor health access, discriminatory care, social isolation, loneliness, and violence are relics of the past. MHFOA is currently building its first communal, brick and mortar LGBTQ+/SGL elder affirming residence in Washington DC, with plans for culturally competent coordination and delivery of exercise, arts, yoga, massage, mental health, and other life-affirming services. MHFOA is keenly aware that these services are sorely needed for LGBTQ+/SGL elders who want to age in their homes and those who live in nursing and retirement communities. MHFOA is a welcoming venue for LGBTQ+/SGL individuals and their families of choice which aims to do the following:

1. **Social Programs:** MHFOA creates a space for members to connect with activities, conversations, and topics that interest members.



2. **Educational Programs:** Allows members to be proactive and generate new resources to support their growth.
3. **Health and Wellness Programs:** Provides physical and mental fitness activities to help members adopt healthy behaviors while surrounded by community members and health care practitioners who understand community members' specific needs.
4. **Help your golden years stay golden.** All people deserve to age with grace and dignity. Aging is a beautiful experience; ensuring that people remain connected increases positive health outcomes and helps people age with dignity.



Recommendations and Tips for Implementation

The following recommendations are based on the insights and information gathered through focus groups and research conducted for this report. These recommendations are meant to inspire critical thought and discussion—not all of them will apply to every organization but we hope they are a fruitful beginning that helps your organization become more inclusive to LGBTQ+ older adults of color.

ADOPTING AN INTERSECTIONAL FRAMEWORK

Intersectionality helps us understand how racism, ableism, homophobia, transphobia, and other forms of oppression are interconnected. Much of the research on people of color tends to treat their experiences as similar, without considering the unique historical, cultural, and structural differences that impact access and resources for marginalized groups. It is important to consider these differences to fully understand and address the challenges faced by individual communities.

Tips for adopting an intersectional framework:

- Develop an understanding on how historical disadvantage is a compounding experience for people with multiple intersecting identities, including LGBTQ+ older adults of color. An intersectional approach allows for a deeper understanding of the barriers to health equity that communities face, and can lead to the development of multi-faceted, strategic, and sustainable solutions that address multiple issues simultaneously.
- Train staff to use an intersectional framework and incorporate this perspective into strategic discussions. Many diversity, equity, and inclusion training programs cover intersectionality as a topic. It is important to ensure that staff are aware of and understand the concept of intersectionality to effectively address the needs of diverse communities.
- Utilize an intersectional framework at all stages of a project or program, including planning, implementation, and evaluation. Take the time to understand the specific barriers faced by your client population, involve them in the planning process, provide culturally appropriate materials in the appropriate languages, and gather comprehensive data and evaluations that can track differences in how diverse groups use the program. An intersectional approach can help ensure that the program is effective in meeting the needs of LGBTQ+ older adults of color.

CONSIDERATIONS WHEN ADOPTING AN INTERSECTIONAL FRAMEWORK

- Is safe, dependable, and accessible transportation available to all community members in your area, or to access your services?
- If not, this may present a barrier to accessing healthcare and other services. It is important to consider ways to address this issue, such as providing transportation options or partnering with organizations that can provide transportation assistance.
- What is the cultural climate towards LGBTQ+ older adults of color in your community? Is it welcoming and supportive, or is there discrimination and stigma present?
- Understanding the cultural climate in your community can help inform strategies for addressing the needs of LGBTQ+ older adults of color and creating a more inclusive and welcoming environment.
- Are LGBTQ+ older adults of color experiencing hate crimes in your community? If so, does this impact their safety when accessing services or completing everyday tasks like going to the grocery store, health clinic, religious centers, or community center?
- If hate crimes are a concern in your community, it is important to consider the impact on the safety and well-being of LGBTQ+ older adults of color, and to take steps to address this issue.
- Do LGBTQ+ older adults of color have access to technology that allows them to participate in online programming, stay connected, purchase groceries and medications, use telemedicine, and engage in social support activities online?
- If not, this may present a barrier to accessing these resources and participating in online activities. It is important to consider ways to address this issue, such as providing technology resources or partnering with organizations that can assist with access to technology.

DATA COLLECTION AND RESEARCH ROOTED IN CARE AND RESPECT

It is essential to ensure that data collection efforts are inclusive and welcoming to LGBTQ+ older adults of color. This may involve providing materials in multiple languages, using culturally appropriate and sensitive language, and ensuring the data collection process is accessible to all. By gathering comprehensive data on racial and ethnic identity and sexual orientation and gender identity (SOGI), organizations can better understand and address the needs of LGBTQ+ older adults of color. It is essential to recognize

that many research groups or participant pools are often not truly diverse, and this can lead to a lack of representation of LGBTQ+ older adults of color in research. Insufficient data collection can impact the accuracy and meaning of the insights gathered, so it is important to be mindful of these issues and take steps to accurately validate data and ensure that the voices and experiences of LGBTQ+ older adults of color are represented. This may involve seeking out diverse participants and using research methods that prioritize inclusivity and accessibility. It may be helpful to work with organizations or community groups that serve LGBTQ+ older adults of color to ensure that data

collection efforts are culturally appropriate and sensitive to the needs and experiences of these communities. Additionally, researchers should consider the potential impact of power dynamics on the data collection process and work to create a safe and respectful environment for all participants. By taking these steps, researchers can ensure that they are gathering accurate and representative data that can help inform strategies for addressing the needs of LGBTQ+ older adults of color and promoting health equity.

Tips for conducting research and data collection rooted in care and respect:

- Use inclusive language and materials: Make sure to use language that is inclusive and respectful of all gender identities and sexual orientations and provide materials in multiple languages if necessary.
- Seek out diverse participants: recruiting participants from a range of racial, ethnic, and socio-economic backgrounds to ensure that the data collected is representative of the LGBTQ+ older adult community.
- Work with community organizations: Partner with organizations or groups that serve LGBTQ+ older adults to ensure that the data collection process is culturally appropriate and sensitive to the needs and experiences of these communities.
- Consider power dynamics: Be mindful of power dynamics in the research process and work to create a safe and respectful environment for all participants.
- Use inclusive research methods that prioritize inclusivity and accessibility.
- Validate data: Take steps to accurately validate the data collected to ensure that it is representative of the experiences and needs of LGBTQ+ older adults.

ECONOMIC SUPPORT FOR LGBTQ+ ADULTS OF COLOR AND INVESTING IN THEIR ORGANIZATIONS

LGBTQ+ older adults of color often experience economic insecurity due to a variety of factors, including discrimination in the workplace, limited access to education and job training, and higher rates of poverty. These economic challenges can be compounded by intersecting identities, such as race, ethnicity, gender, and sexual orientation, which can create unique barriers to economic mobility and stability. The COVID-19 pandemic has further exacerbated these economic challenges, as many LGBTQ+ older adults of color have lost their jobs or experienced reduced hours and income. In addition, many LGBTQ+ older adults of color are considered “essential workers,”^{92,93} meaning that they are required to work in person and may be at higher risk for exposure to COVID-19. These economic and health risks can create significant stress and anxiety for LGBTQ+ older adults of color, who may be struggling to make ends meet and support themselves and their families. It is important for policymakers, advocates, and service providers to recognize and address these economic challenges facing LGBTQ+ older adults of color, and to provide support and resources to help them achieve financial stability and security.

Tips to invest in the economic stability of LGBTQ+ older adults of color:

- Offer health stipends or health savings accounts to LGBTQ+ older adults of color to help cover the cost of medical procedures such as preventative care, dental care, and vision care.
- Provide small stipends or cover travel expenses to help LGBTQ+ older adults of color attend programming.

- Invest in grassroots and community-based organizations and coalitions led by LGBTQ+ people of color.
- Offer job training and retraining resources and workshops specifically tailored to LGBTQ+ older adults of color.
- Encourage foundations, corporate donors, and other grantors to provide financial support directly to grassroots and community-based organizations led by LGBTQ+ people of color.
- National LGBTQ+ organizations can commit to investing in grassroots and community-based organizations through equitable subgrants to reach and support LGBTQ+ older adults of color.

UNDERSTANDING LGBTQ+ OLDER ADULTS' HISTORICAL RELATIONSHIP WITH HEALTH SYSTEMS

Providers should be aware of the historical discrimination that LGBTQ+ older adults of color have experienced in healthcare settings. This may include negative treatment based on race, denial of gender-affirming care,



and medical discrimination based on sexual orientation. It is important for providers to understand these issues and take steps to address them to provide better care and support for LGBTQ+ older adults of color. Providers should be aware of the cultural and linguistic needs of LGBTQ+ older adults of color and take steps to ensure that materials and information are provided in multiple languages and in a culturally appropriate manner. By being sensitive to the specific needs and concerns of LGBTQ+ older adults of color, providers can help to create a more welcoming and inclusive healthcare environment for LGBTQ+ older adults of color.

Tips for creating an inclusive healthcare environment:

- Ensure that materials and resources are available in multiple languages so LGBTQ+ older adults of color can access essential information and resources.
- Consider the specific needs and preferences of LGBTQ+ older adults of color when designing healthcare services and programs. This may include offering gender-affirming care and accommodations for individuals who may not feel comfortable in traditional healthcare settings.
- Develop partnerships and collaborations with community-based organizations that serve LGBTQ+ older adults of color to build trust and create a more welcoming and inclusive environment for these diverse communities.
- Use an intersectional approach to address the unique needs and experiences of LGBTQ+ older adults of color, recognizing that these individuals may face multiple forms of discrimination and marginalization.
- Advocate for policies and practices that promote health equity for LGBTQ+ older adults of color, including supporting local, state, and federal policies that prohibit discrimination in healthcare settings.

COMMUNITY-BUILDING AND SUPPORT FOR LGBTQ+ OLDER ADULTS

LGBTQ+ older adults of color often face challenges in finding supportive communities as they age. This can be particularly difficult for those who experienced rejection by their biologic families due to their LGBTQ+ identities. Without community, LGBTQ+ older adults of color may lack access to resources and support, which can negatively impact their quality of life. In addition, there may be a lack of welcoming social spaces for LGBTQ+ older adults of color to build relationships and connect with others. Community groups can provide a valuable source of support and a place for LGBTQ+ older adults of color to access healthcare and health education. It is important for organizations to work to create inclusive and welcoming spaces for LGBTQ+ older adults of color to build community and find support.

Tips for community building with LGBTQ+ older adults of color:

- Provide opportunities for LGBTQ+ older adults of color to connect with each other through social events, support groups, and other activities.
- Partner with community-based organizations that serve LGBTQ+ older adults of color to provide social and supportive services.
- Invest in creating welcoming spaces for LGBTQ+ older adults of color, such as community centers, where they can build relationships and access resources.
- Encourage the formation of LGBTQ+ older adult groups or clubs within existing community organizations.
- Advocate for policies and funding that support the creation of social and supportive spaces for LGBTQ+ older adults of color.

- Support the development of intergenerational programming, which can help to build connections and understanding between LGBTQ+ older adults of color and younger LGBTQ+ people.

ACCESS TO TECHNOLOGY, TELEHEALTH AND ONLINE COMMUNITIES

Lack of social connections and access to technology can be major barriers to health equity for LGBTQ+ older adults of color. Social isolation can be caused by a lack of connection to social networks and family, as well as a lack of access to technology for telehealth and other virtual services. Many older adults may not have the financial means to purchase recent technology, may not be trained on how to use it, and may not have access to high-speed internet, particularly in rural areas. Before implementing interventions that rely on telehealth or technology, it is important to assess whether the target populations have access to these technologies and to identify any inequities in technology use in the area.

Tips for enhancing access to technology:

- Offer training and support for those who are not familiar with telecommunication technology, or who may need additional support to use it effectively.
- Partner with local libraries or other locations that provide technology access and training, including mobile Wi-Fi hot spots.
- Advocate locally to improve access to high-speed internet. This may include pushing for the creation of new broadband infrastructure, or programs to help offset the cost of internet access.
- Consider offering telehealth or virtual services in addition to in-person services, to ensure that those who may not be able

to physically come to your organization can still access care.

- Be mindful of potential language barriers and consider offering translation services or providing materials in multiple languages to ensure that all members of your target population can access and understand the technology being offered.
- Offer Wi-Fi access at your organization's location to help clients stay connected and access virtual services.

ACCESS TO SAFE TRANSPORTATION, AFFORDABLE, AND USEFUL TRANSPORTATION

LGBTQ+ older adults of color may face challenges when it comes to accessing safe and reliable transportation options. This is particularly true for transgender and disabled older adults, as well as Asian Americans and Pacific Islanders, who may be targets of hate crimes on public transportation. Older adults who live in rural communities may have no access to transportation options, which can further contribute to social isolation and a lack of access to healthcare and other essential services. It is important for organizations to consider the unique transportation needs of LGBTQ+ older adults of color and work to address these challenges to improve access to care and support for these individuals.

Tips for increasing access to transportation:

- Plan events at locations that are easily accessible by public transportation and do not require long waits in cold or unlit areas, multiple transfers, or inaccessible transportation.
- Consider holding events in multiple locations and different neighborhoods, rather than just one location, to ensure accessibility for LGBTQ+ older adults of color.

- Provide free transit cards to participants to help them get to events.
- Arrange for accessible transportation to and from events.
- Create a buddy or carpool program to help participants attend events.
- Advocate for free, safe, and accessible transportation programs that allow LGBTQ+ older adults of color to access medical appointments, essential shopping trips, social events, and other places.

ADVOCATE FOR LGBTQ+ WELCOMING HOUSING

LGBTQ+ adults of color who are unhoused or face housing insecurity face challenges that threaten their safety and well-being. LGBTQ+ housing discrimination continues to be a major concern, as transgender people of color are particularly at risk of housing insecurity and often experience being denied access to shelters. To promote health equity and support aging well, it is essential to provide safe, community-based housing and long-term care. Housing security is a vital ingredient that can improve mental health outcomes, safety, and overall well-being of LGBTQ+ older adults of color.

Tips for advocating for LGBTQ+ welcoming housing:

- Advocate for the creation of affordable housing developments that are welcoming and inclusive of LGBTQ+ older adults of color, and that provide opportunities for social interaction as well as individual autonomy. The [SAGE National Housing Initiative](#) can be a valuable resource for developing LGBTQ+ friendly affordable housing.
- Hire Community Health Workers (CHWs) who can support individuals in finding stable housing, and who understand housing laws and discrimination in their specific community.

- Work with existing housing providers to ensure that their staff are trained in LGBTQ+ cultural humility and that their policies support LGBTQ+ residents.
- Recruit LGBTQ+ people of color to work and volunteer as Long-term Care Ombudsmen in long-term care housing communities.
- Promote participation by Long-term Care retirement, assisted living and skilled nursing communities in the SAGE and HRC Foundation [Long-Term Care Equality Index](#).
- Include topics such as structural racism, immigration, and disability justice in education and training programs.
- Provide resources, such as printed materials, in-person support, online resources, and virtual resources, which are inclusive of LGBTQ+ older adults of color.
- Ensure language access for employees and LGBTQ+ older adults of color who are English language learners or have limited English language proficiency.

STAFF EDUCATION, CULTURAL HUMILITY, AND BIAS TRAINING

LGBTQ+ older adults of color often worry about experiencing racial, sexual, and gender bias from service and healthcare providers. This can be a barrier to accessing care and can negatively affect treatment quality and accuracy. To ensure LGBTQ+ older adults are treated with dignity and respect, it is important for healthcare providers and aging services to have cultural competency training that helps providers understand and respect the unique experiences and needs of LGBTQ+ older adults of color. This can involve learning about unfamiliar cultural practices, beliefs, and values, as well as understanding the impact of intersecting identities and discrimination. LGBTQ+ older adults of color may face an intersection of ageism, racism, misogyny, homophobia, and transphobia, which can make this cultural competency even more important for them.

Tips for enhancing cultural competency:

- Make a commitment to ongoing education for caregivers, healthcare providers, and organizations, which allows for deep learning and the opportunity to make mistakes. The [SAGECare](#) training and credentialing program offers several training opportunities to increase LGBTQ+ cultural competence.
- Recognize LGBTQ+ people of color who provide primary care to LGBTQ+ families of choice as family caregivers.
- Make a commitment to training and education on the intersecting and diverse experiences of family caregivers.
- Provide training on LGBTQ+ caregivers of color through programs such as SAGECare and [The Diverse Elders Coalition](#).

SUPPORT FOR CAREGIVERS

People of color, particularly Black, American Indian, and Alaska Native individuals, are more likely to be caregivers. It is estimated that approximately 40% of caregivers are people of color.⁹⁴ LGBTQ+ adults of color who are caregivers may experience health disparities due to the intersection of their identities and caregiver stress. LGBTQ+ adults are less likely than cisgender and straight older adults to be married and more likely to not have children.⁹⁵ As a result, LGBTQ+ caregivers may be caring for members of their chosen family and community. Many LGBTQ+ older adult caregivers are caring for peers of the same age, and they may need the same services and resources that they are seeking for the loved ones they are caring for.

Tips for supporting caregivers:

- Create caregiver support groups that provide space for LGBTQ+ people of color to connect and access caregiving resources.
- Recognize LGBTQ+ people of color who provide primary care to LGBTQ+ families of choice as family caregivers.
- Make a commitment to training and education on the intersecting and diverse experiences of family caregivers.
- Provide training on LGBTQ+ caregivers of color through programs such as SAGECare and [The Diverse Elders Coalition](#).

- Many LGBTQ+ older adults of color are caring for loved ones while working outside the home. Employers can expand workplace benefits to include support for family caregivers, which can help LGBTQ+ and other employees provide care and support to their chosen families.

PROVIDING GENDER-AFFIRMING CARE FOR TRANSGENDER PEOPLE OF COLOR

Many transgender older people of color are denied routine medical care or receive insufficient attention due to their gender identity. As a result, they may be less likely to seek regular care related to aging or may not disclose their gender identity to healthcare providers. Gender-affirming medical and mental health care, which recognizes and supports people in their stated gender identity, can be a lifesaving experience for transgender older adults. It can lead to better mental health outcomes and enable them to live as their true selves as they age. However, the lack of access to gender-affirming care has profound consequences. Transgender people of color who cannot access this care often have high rates of depression and suicide. Gender-affirming care has been historically stigmatized and inaccessible, and although Section 1557 of the Affordable Care Act prohibits denial or limits to gender-affirming healthcare⁹⁶, gender-affirming care is often cost prohibitive for patients to access. Medicare approves coverage for gender affirming care on a case-to-case basis.

Tips for enhancing gender-affirming care:

- Educate all staff members on Section 1557 of the Affordable Care Act.
- Create clear policies around gender inclusive care and affirming language.
- Create care teams with mental health service providers that understand the historical experiences of transgender



older adults of color and prioritize staffing medical teams with members of the transgender community.

- Promote cross-organizational collaborations led by intergenerational transgender people of color to support and introduce policy and legislation that protects, centers, and affirms transgender people.
- Invest in educational opportunities for medical professionals to provide care outside the gender binary.
- Create space for transgender people to engage with medical professionals across all professional fields, and be respected, affirmed, and given comprehensive care.

TRAUMA-INFORMED MENTAL HEALTH SUPPORT

LGBTQ+ adults of color often experience high levels of stress due to discrimination, which can hinder their access to quality healthcare. A lack of connection with others who understand their unique experiences can further exacerbate this issue. A trauma-informed approach to care recognizes the importance of understanding a patient's complete life situation - both past and present - to provide effective and healing healthcare services. By adopting trauma-informed practices, healthcare organizations and care teams can

potentially improve mental health support for LGBTQ+ older adults of color, as well as the wellbeing of providers and staff.

Tips to implement trauma-informed care:

- Develop public awareness campaigns that look to destigmatize mental health support for LGBTQ+ older adults of color.
- Support guided approaches to mental health practices, including yoga, mindfulness, meditation, music therapy, and art therapy—spaces that allow people to reflect, center their healing, and experience joy.
- Connect LGBTQ+ older adults of color with LGBTQ+ mental health professionals of color who understand the unique experiences LGBTQ+ older adults of color.
- Train clinical and support staff on how to provide services in a trauma-informed manner.
- Shift policies away from punitive and restrictive rules, and toward a trauma-informed set of guidelines and expectations.
- Conduct an audit of your organization procedures and policies to ensure that they are trauma informed.

DEVELOP CRISIS RESPONSE PLANS THAT INCLUDE AN EQUITY LENS

The COVID-19 pandemic has had disproportionate health⁹⁷ and economic impacts⁹⁸ on people of color and is a punctuation in the ongoing violence directed toward people based on race, ethnicity, sexual orientation and gender identity. History repeats itself when we don't learn from our past. It is inevitable that another natural disaster or health crisis will impact our communities. It is important to take the lessons learned over the past few years and develop crisis plans with equity at the center.

Tips creating a crisis response plan with an equity lens:

- Develop a crisis plan which contains a list of actions to be taken before, during and after a catastrophic event. Frequently evaluate your plan to help locate issues or gaps in the plan.
- Create a list of community resources, including resources where community members can access food, water, medical supplies and shelter during a crisis. Resource lists should be routinely updated.
- Establish communication methods to ensure that all members of community can be reached and cared for during a crisis. Make sure to regularly update community members' contact and emergency contact information.
- Appoint an emergency management team of community members who regularly updates crisis plans, resource lists and community contacts.
- Continue to build relationships with non-LGBTQ+ people of color organizations who provide crisis support and encourage them to ensure LGBTQ+ equity in crisis response plans.
- Sharing is caring! Share best practices and lessons learned in your community to improve community response efforts.



Conclusion

Throughout this report, we highlighted and addressed the health equity needs of LGBTQ+ older adults of color, who are diverse in their identities and experiences.

We aimed to amplify and uplift the voices and experiences of Black, Alaska Native and American Indian, Asian American and Pacific Islander, and Latino LGBTQ+ older adults as well as transgender older adults of color, who may experience historical and ongoing collective trauma.

It is essential that LGBTQ+ older adults of color have the tools and resources they need to lead movements that directly impact them. To address the existing health inequities experienced by diverse LGBTQ+ older adults of color, we encourage each person and organization reading this report to practice active allyship and consider our role in harm and complacency surrounding the treatment of LGBTQ+ older adults of color.

As we move forward in creating long-term, sustainable solutions addressing these inequities, you are invited to join in active allyship by:

- Sharing this report with your networks to increase awareness and discussions about the experiences of LGBTQ+ older adults of color.
- Using this as a guide to spark conversation, promote and institute intersectional interventions within your sphere of influence.
- Using this as frame of reference for programming for organizations that center LGBTQ+ communities of color on the frontline of advocating for their needs.

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