RESEARCH THAT MATTERS

LGBT ADULTS AGED 50 AND OLDER IN THE US During the COVID-19 Pandemic

JANUARY 2023

Lauren J.A. Bouton
Amanda M. Brush
Ilan H. Meyer

UCLA School of Law Williams Institute

TABLE OF CONTENTS

EXECUTIVE SUMMARY

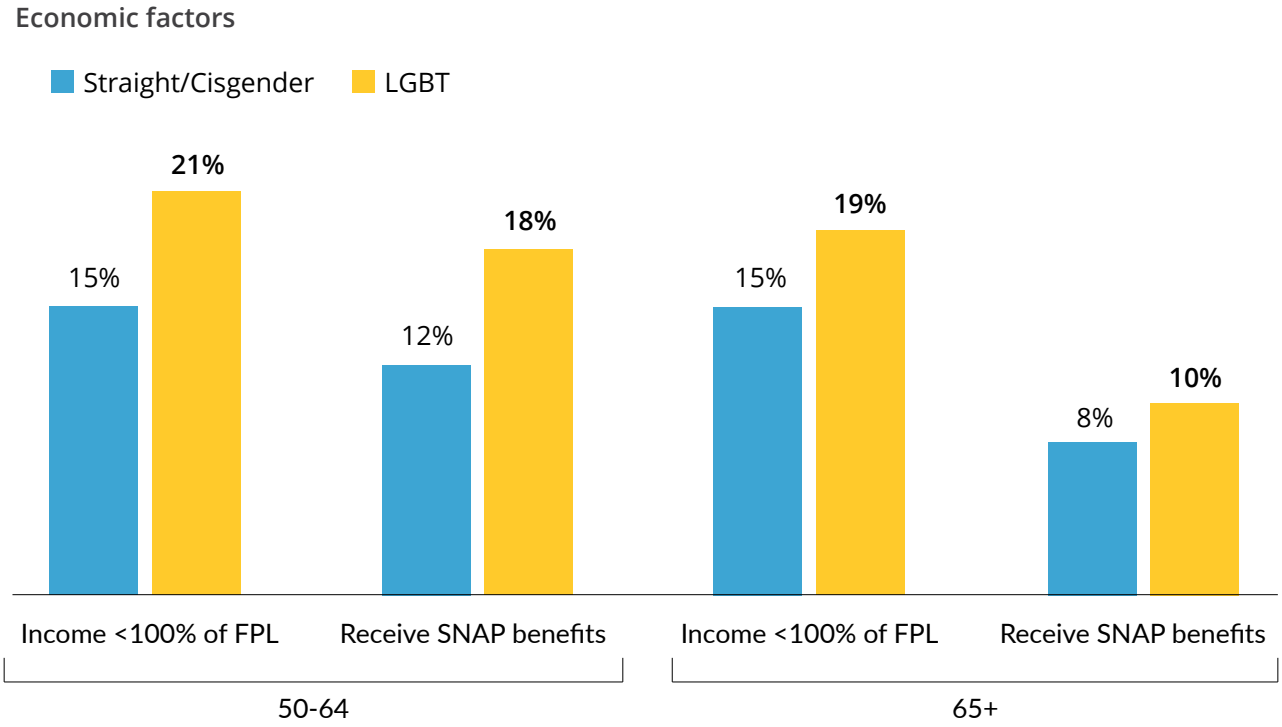
LGBT older adults, defined in this study as those over 50 years old, face significant and unique challenges to health and well-being as they age. They are more likely than their straight/cisgender peers to experience social and economic barriers that prevent healthy aging. Research has shown that the COVID-19 pandemic has increased economic and social instability for LGBT people of all ages. However, precarity is not new for LGBT older adults and COVID-19 may be viewed as part of a continuum of disruptive events that impact the aging experiences of LGBT older adults.

Using data from the U.S. Census Household Pulse Survey (HPS) collected July 21, 2021 to August 8, 2022, we explore the demographics, health, and economic experiences of older LGBT adults during the COVID-19 pandemic as compared with straight/cisgender older adults. This analysis used the first U.S. Census Bureau data that has included questions about sexual orientation and gender identity (SOGI), which gives researchers an opportunity to use a nationally representative sample to describe the health and well-being of LGBT and straight/cisgender older adults. The analytic sample was limited to 533,179 survey respondents who were over age 50 and could be classified as LGBT or non-LGBT based on their responses to the survey questions.

KEY FINDINGS

Demographic Characteristics

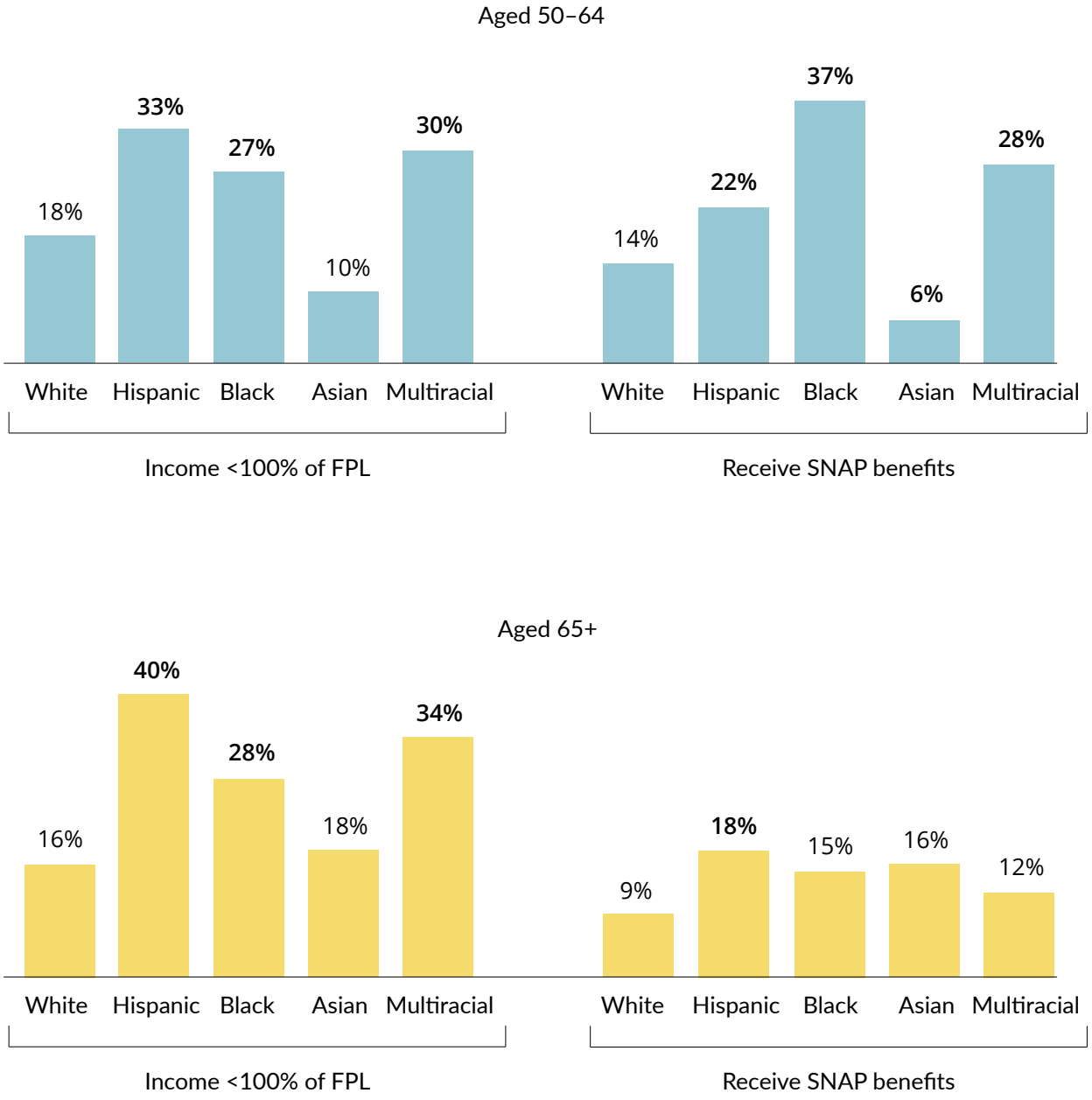
- More people aged 50–64 identified as LGBT than those aged 65 years and older (4.4% vs. 2.4%, respectively).
- In both 50–64 and 65+ age cohorts, more men than women identified as LGBT; the opposite is true for younger LGBT adults.
- In both the age cohorts, more LGBT than straight/cisgender adults obtained higher levels of education (50–64 cohort: 67% vs. 59%; 65+ cohort: 71% vs. 57%, respectively), and more LGBT adults lived alone (50–64 cohort: 18% vs. 8%; 65+ cohort: 25% vs. 15%, respectively).
- Although far more LGBT people had never been married (50–64 cohort: 36% vs. 8%; 65+ cohort: 29% vs. 4%, respectively), LGBT and straight/cisgender people had similar rates of divorce/separation in both cohorts (50–64 cohort: 20% vs. 21%; 65+ cohort: 21% vs. 17%, respectively).



Source: U.S. Census Household Pulse Survey (July 2021–August 2022)

Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people.

- Overall, LGBT people showed more economic insecurity compared to straight/cisgender people. In both cohorts, more LGBT than straight/cisgender people received SNAP benefits and had household incomes that fell below 100% of the federal poverty level.
- Not only did LGBT people have lower incomes and were more food insecure than straight/cisgender people, they also more frequently depended on alternative forms of income and assistance to support themselves, such as relying on credit cards or loans, savings or retirement accounts, borrowing money from friends and family, and government nutrition and rental assistance to supplement their incomes.
- Additionally in both cohorts, more LGBT people than straight/cisgender people rented their homes instead of owned them (50–64 cohort: 31% vs. 21%; 65+ cohort: 21% vs. 13%, respectively).



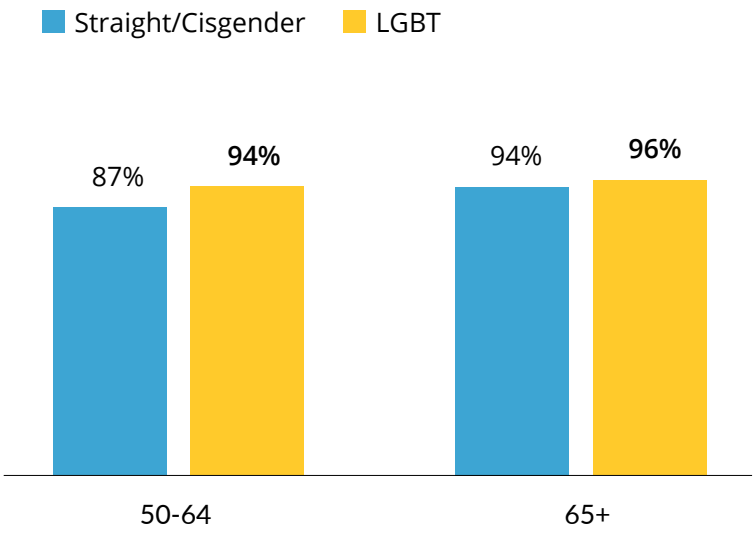
Source: U.S. Census Household Pulse Survey (July 2021–August 2022)
Note: Bolded values indicate that race/ethnicity is statistically different from White.

Among LGBT people there was pronounced economic disparity by race/ethnicity. In both cohorts, more Black, Hispanic, and Multiracial LGBT adults had household incomes that fell below the federal poverty level compared to White and Asian LGBT adults. Among those aged 50–64, exponentially more Black LGBT people were receiving SNAP benefits, while few Asian LGBT people were. In the 65+ cohort more Hispanic than White LGBT people were receiving SNAP benefits.

- Additionally, compared to White LGBT people, more Black LGBT adults from both cohorts reported not having enough food to eat (50–64 cohort: 9% vs. 15%; 65+ cohort: 3% vs. 14%), renting rather than owning their homes (50–64 cohort: 24% vs. 53%; 65+ cohort: 18% vs. 51%), and having trouble paying household expenses (50–64 cohort: 28% vs. 46%; 65+ cohort: 18% vs. 41%).
- Compared to White LGBT people, more Hispanic LGBT adults from both cohorts reported not having enough food to eat (50–64 cohort: 9% vs. 21%; 65+ cohort: 3% vs. 14%), renting rather than owning their homes (50–64 cohort: 24% vs. 46%; 65+ cohort: 18% vs. 39%), having trouble paying household expenses (50–64 cohort: 28% vs. 47%; 65+ cohort: 18% vs. 40%), and keeping the temperature of their homes at unsafe levels (50–64 cohort: 20% vs 33%; 65+ cohort: 14% vs. 27%).
- In both cohorts, compared to White LGBT adults, Multiracial LGBT adults reported keeping the temperature of their homes at an unsafe level (50–64 cohort: 20% vs. 31%; 65+ cohort: 14% vs. 33%, respectively).
- Additionally, among those 65 years of age and older, the proportion of Black and Hispanic LGBT people who reported living in poverty, being food insecure, having trouble paying bills, expenses, and rent were about twice that of White LGBT people.

Health and Well-Being

Received a COVID-19 vaccine

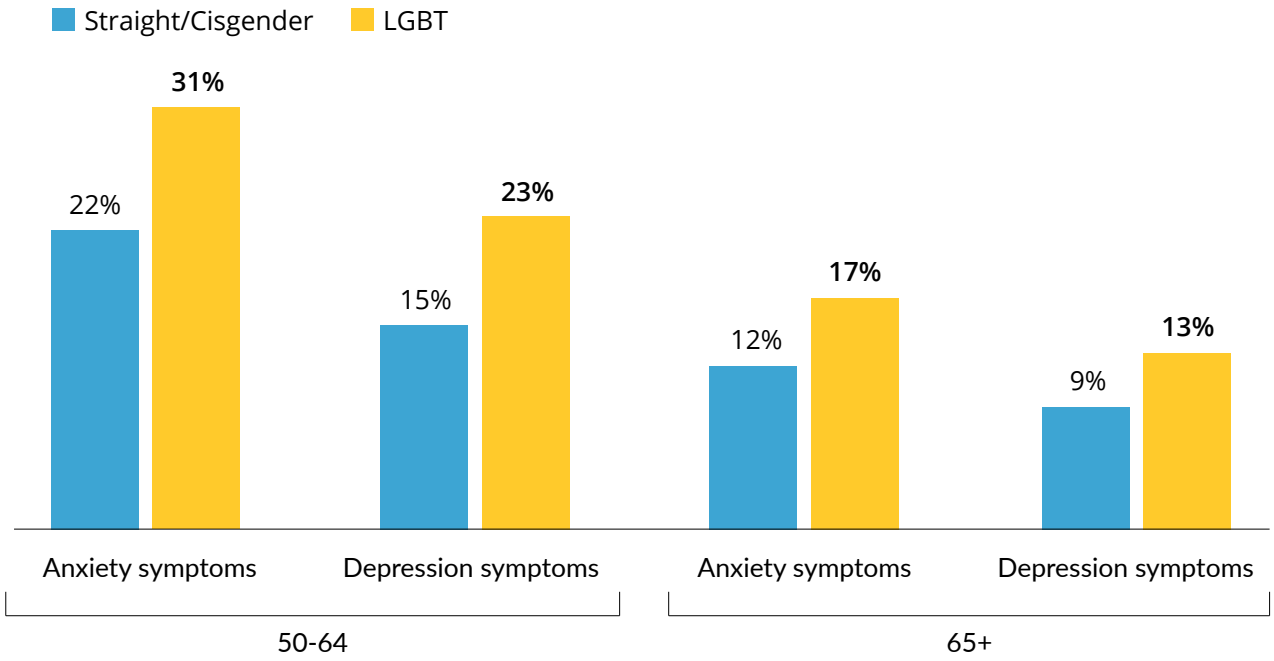


Source: U.S. Census Household Pulse Survey (July 2021–October 2021)
Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people.

- In both age cohorts, almost all LGBT people had received a COVID-19 vaccine and this proportion was slightly higher than among the straight/cisgender cohorts.
- Additionally, in both age cohorts, White and Asian LGBT adults showed the highest rates of COVID-19 vaccination.

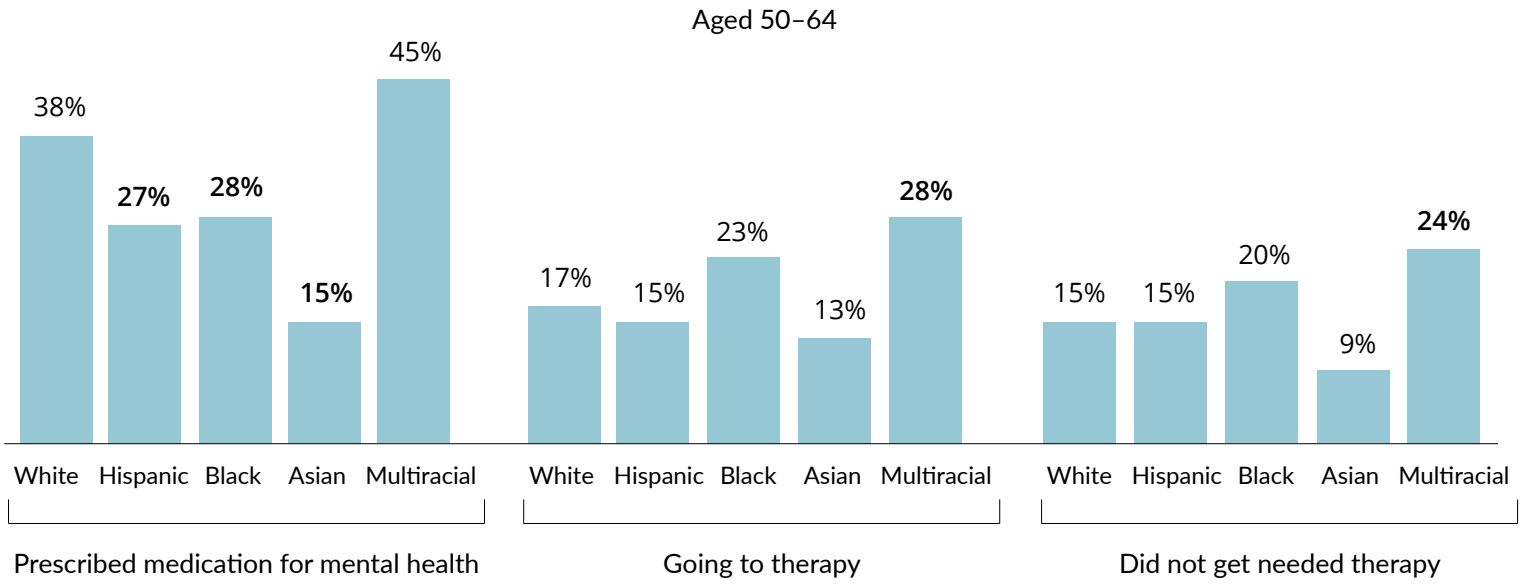
- Among those who had *not* received the vaccine, more LGBT than straight/cisgender adults in both cohorts said they planned to get the vaccine (50-64 cohort: 23% vs.; 65+ cohort: 21% vs. 15%, respectively).
- Similar proportions of LGBT and straight/cisgender people in both cohorts had tested positive or been diagnosed with COVID-19 (50–64 cohort: 38% vs. 41%; 65+ cohort: 25% vs. 28%, respectively).
- Among the 50–64 cohort, 50% of Asian, 46% of Hispanic, 43% of Multiracial, 36% of White, and 30% of Black LGBT adults said they had COVID-19.
- Among the 65+ cohort, 45% of Hispanic, 36% of Asian, 23% of Multiracial, 22% of White, and 14% of White LGBT adults said they had COVID-19.

Mental Health



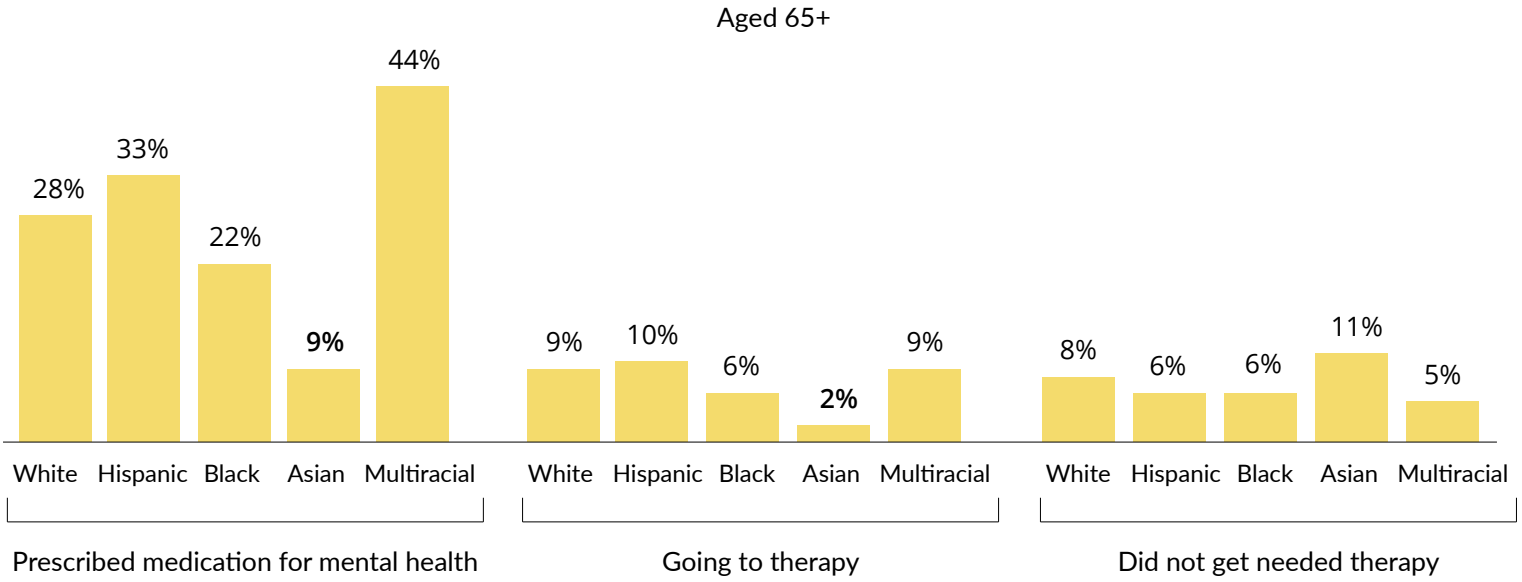
Source: U.S. Census Household Pulse Survey (July 2021–August 2022)
Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people.

- In both cohorts, more LGBT than straight/cisgender people reported experiencing anxiety and depression symptoms.
- In addition, more LGBT than straight/cisgender people in both cohorts were prescribed medication for their mental health (50–64 cohort: 35% vs. 23%; 65+ cohort: 29% vs. 20%, respectively), were going to therapy (50–64 cohort: 18% vs. 8%; 65+ cohort: 9% vs. 5%, respectively), and reported needing help from a mental health professional but not getting it (50–64 cohort: 16% vs. 8%; 65+ cohort: 7% vs. 4%, respectively).
- Compared to White LGBT people, more Multiracial LGBT people were experiencing anxiety and depression symptoms in the 50–64 cohort (Anxiety symptoms: 30% vs. 40%; Depression symptoms: 22% vs. 31%, respectively), and more Multiracial LGBT people were experiencing depression symptoms in the 65+ cohort (12% vs. 36%, respectively).



Source: U.S. Census Household Pulse Survey (July 2021–August 2022)
Note: Bolded values indicate that race/ethnicity is statistically different from White.

- Compared to White and Multiracial LGBT people in the 50–64 cohort, fewer Hispanic, Black, and Asian LGBT people were prescribed medication; more Multiracial LGBT people were going to therapy compared to White and Hispanic LGBT people, and more Multiracial LGBT people needed therapy but did not get it compared to White and Asian LGBT people.



Source: U.S. Census Household Pulse Survey (July 2021–August 2022)
Note: Bolded values indicate that race/ethnicity is statistically different from White and Black.

- Compared to White and Black LGBT people in the 65+ cohort, fewer Asian LGBT people were prescribed medication or were going to therapy.

INTRODUCTION

The American population is getting older. By 2050, the over-65 population is estimated to reach 85.7 million, or 22% of the US population.[1] Without an adequate social safety net, many older adults in the United States are vulnerable to poor social and economic outcomes. For example, over 15 million, or 1 in 3 older adults, live below the federal poverty level[2] and this number is expected to grow as the size of the aging populations increases. Researchers estimated that there are 2.7 million LGBT older adults in the United States,[3] and that population is likely to double by 2030.[4] The growing aging LGBT population is a microcosm of dramatic demographic change within the United States population.

Compared to straight/cisgender older adults, LGBT older adults face unique challenges as they age. LGBT older adults are twice as likely to be single and three to four times less likely to have children compared to straight/cisgender older adults.[5] Because many LGBT older adults live alone, this puts them at a severe risk for social isolation.[6] Many LGBT older adults eschew living in retirement and long-term care housing because of widespread homophobia and transphobia in eldercare settings.[7] LGBT older adults are more likely than their straight/cisgender counterparts to contend with economic insecurity, which impacts the ability to age comfortably.[8] For older adults in general, the COVID-19 pandemic has increased isolation[9] and decreased economic stability.[10] However, little is known about the pandemic experience of LGBT older adults.[11] Since isolation and economic instability are issues that LGBT older adults were contending with prior to the pandemic, it is likely

---

[1] Vespa, J., Medina, L., & Armstrong, D.M. (2018). Demographic turning point for the United States: Population projections for 2020 to 2060. US Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf

[2] National Council on Aging (2022, July 15). *Get the facts of economic security for seniors.* Economic Security for Advocates. https://ncoa.org/article/get-the-facts-on-economic-security-for-seniors

[3] Burton, C.W., Lee, J.A., Waalen, A., & Gibbs, L.M. (2020). "'Things are different now but": Older LGBT adults' experiences and unmet needs in health care." *Journal of Transcultural Nursing*. 31:5. 492-501. https://doi.org/10.1177/1043659619895099

[4] Fredriksen-Goldsen, K. (2014). Promoting health equity among LGBT mid-life and older adults. *Generations*, *38*(4), 86–92. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431582/

[5] Movement Advancement Project (MAP) & Service and Advocacy of LGBT Older Adults (SAGE) (2010). *Improving the Lives of LGBT Older Adults*. https://www.lgbtmap.org/policy-and-issue-analysis/improving-the-lives-of-lgbt-older-adults

[6] Fredriksen-Goldsen, K.I., & Espinoza, R. (2014). Time for transformation: public policy must change to achieve health equity of LGBT older adults. *Generations*. 38(4): 97-106. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4425261/

[7] Fasullo, K., McIntosh, E., Buchholz, S.W., Ruppar, T., & Ailey, S. (2022). LGBTQ older adults in long-term care settings: An integrative review to inform best practices. *Clinical Gerontologist*. 45(5). https://www.tandfonline.com/doi/full/10.1080/07317115.2021.1947428

[8] Emlet, C. A. (2016). Social, economic, and health disparities among LGBT older adults. *Generations*. 40(2): 16-22. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373809/

[9] MacLeod, S., Tkatch, R., Kraemer, S., Fellows, A., McGinn, M., Schaeffer, J., & Yeh, C.S. (2021). COVID-19 era social isolation among older adults. *Geriatrics*. 6(2). https://doi.org/10.3389/fpubh.2022.840940

[10] Bailey, N. & Harrington, A. (2022, April 27). The Economic impact of the pandemic on older adults. *Generations.* https://generations.asaging.org/economic-impact-pandemic-older-adults

[11] Jen, S., Stewart, D., & Woody, I. (2020). Serving LGBTQ+/SGL elders during the novel corona virus (COVID-19) pandemic: Striving for justice, recognizing resilience. *Journal of Gerontological Social Work*. 63(6-7): 607-610. https://www.tandfonline.com/doi/full/10.1080/01634372.2020.1793255

that COVID-19 has exasperated these issues for LGBT older adults. Therefore, COVID-19, may be viewed as a part of a continuum of disruptive events that continue to impact the aging experiences of LGBT older adults.

Using data from the U.S. Census Household Pulse Survey (HPS), in this report we explore the demographics and health experiences of older LGBT adults during the COVID-19 pandemic as compared with straight/cisgender older adults. This is the first time the U.S. Census Bureau has included questions about sexual orientation and gender identity (SOGI), which gives researchers an opportunity to use a nationally representative sample to describe the health and well-being of LGBT older adults.

CHALLENGES TO HEALTHY AGING FOR LGBT OLDER ADULTS

Older LGBT adults came of age when discrimination against LGBT people was commonplace and legally codified throughout the U.S. In addition, many older LGBT adults have experienced minority stressors related to societal prejudice and stigma,[12] including sexual and gender-based victimization,[13,14] and discrimination in employment, housing and healthcare delivery.[15] Because of discriminatory experiences, many LGBT older experience a "compression of morbidity,"[16] or the onset of functional limitations at an earlier age.[17] Moreover, many LGBT older adults experience adverse social and economic conditions over a lifetime, making them more vulnerable to negative health outcomes such as substance abuse, depression, anxiety, and chronic disease, such as arthritis, HIV, high blood pressure, chronic lung disease, and diabetes compared to non-LGBT older adults.[18, 19, 20]

---

[12] Meyer, I.H. (2003). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health*, 93(2): 262-265. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.93.2.262?role=tab

[13] Meanley, S.P., Plankey, M.W., Matthews, D.D., Hawk, M.E., Egan, J.E., Teplin, L.A., Shoptaw, S.S., Surkan, P.J., & Stall, R.D. (2021). Lifetime prevalence of sociodemographic correlates of multifactorial discrimination among middle-aged and older adult men who have sex with men." *Journal of Homosexuality*.68(10): 1591-1608. https://www.tandfonline.com/doi/full/10.1080/00918369.2019.1702353

[14] Meyer, I.H., Wilson, B.D.M., & O'Neil, K. (2021). LGBTQ people in the US: select findings from the Generations and TransPop Studies." *The Williams Institute*. https://williamsinstitute.law.ucla.edu/publications/generations-transpop-toplines/

[15] Movement Advancement Project & Service and Advocacy for LGBT Elders. ND. *Understanding Issues Facing LGBT Older Adults* https://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf

[16] House, J.S., Lantz, P.M., & Herd, P. (2005). Continuity and change in the social stratification of aging and health over the life course: Evidence from a nationally representative longitudinal study from 1986 to 2001/2002 (Americans' Changing Lives Study). *The Journal of Gerontology: Series B*. 60(2): S15-S26. https://doi.org/10.1093/geronb/60.Special_Issue_2.S15

[17] Fredriksen-Goldsen, K.I., & Kim, H.J. (2017). The science of conducting research with LGBT older adults--An introduction to aging with pride: National health, aging, and sexuality/gender study (NHAS)." *The Gerontologist*. 57: S1-S14. https://doi.org/10.1093/geront/gnw212

[18] Fredriksen-Goldsen, K.I., Kim, H.J., Muraco, A. & Mincer, S. (2009). Chronically ill midlife and older lesbians, gay men, bisexuals, and their informal caregivers: The impact of social context. *Sexuality Research & Social Policy*. 6(4): 52-64. https://doi.10.1525/srsp.2009.6.4.52

[19] Choi, S.K., & Meyer, I.H. (2016). LGBT aging: A review of research findings, needs, and policy implications. Williams Institute. https://williamsinstitute.law.ucla.edu/publications/lgbt-aging/

[20] Fredricksen-Goldsen, K. I., Emlet, C.A., Kim, H.J., Muraco, A., Erosheva, E.A., Goldsen, J. & Hoy-Ellis, C.P. (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*. 53(4) 664-675. https://doi.org/10.1093/geront/gns123

The "compression of morbidity" experienced by many LGBT older adults may lead to a faster onset of aging compared to straight/cisgender adults. To better understand the impact of discrimination and disadvantage on aging, it is important to start studying LGBT aging at an earlier age (e.g., starting at 50 rather than 65+). Because LGBT older adults are more likely than straight/cisgender older adults to be living with a chronic health condition they often need more age-related support.[21] However, compared with straight/cisgender adults, LGBT older adults are less likely to be married, more likely to live alone, and to report social isolation.[22] Additionally, many LGBT older adults lack social resources, such as access to LGBT-friendly senior services, which creates a social care deficit.[23] In a particularly stark example of the consequences of social isolation, nearly a quarter of LGBT older adults report that they have no one to call in case of emergency. [24] Thus, LGBT people are more likely than straight/cisgender people to experience social isolation because they do not have biological family members, especially children, who often are called on to provide care and support to older adults.

LGBT older adults are also less likely than straight/cisgender older adults to have supportive relationships with families of origin who can provide age-related informal caregiving and social support.[25] Instead, LGBT older adults may rely on chosen families to provide age-related support. And while the support of chosen families enables strong community ties and resilience, LGBT older adults are also overrepresented among caregivers in families of choice, and experience disproportionately high levels of physical and mental health stress compared to straight/cisgender aging caregivers.[26] Also, institutional regulations commonly fail to recognize the legitimacy of non-biologic caregiving relationships, making it challenging to both the caregiver and the recipient of care .[27]

Older LGBT adults require attention that caters to both their needs as senior citizens and as members of the LGBT community. LGBT older adults often need increased healthcare attention as they age, but are likely to have experienced discrimination and trauma throughout their lifetimes in healthcare

[21] Brennan-Ing, M., Seidel, L., Larson, B. & Karpiak, S.E. (2014). Social care networks among older LGBT adults: Challenges for the future. *Journal of Homosexuality*. 61: 21-52. https://www.tandfonline.com/doi/abs/10.1080/00918369.2013.835235

[22] The Fenway Institute. (2020). *Coronavirus, COVID-19, and Considerations for People Living with HIV and LGBTQIA+ People.* https://fenwayhealth.org/wp-content/uploads/C19MC-9_COVID-19and-LGBTQIA-and-People-Living-with-HIV-Brief_final2_links.pdf

[23] Ibid.

[24] Movement Advancement Project & Service and Advocacy for LGBT Elders (MAP, SAGE). (2020). *LGBT Older People and COVID-19: Addressing Higher Risk, Social Isolation, and Discrimination.* https://www.lgbtagingcenter.org/resources/resource.cfm?r=1022

[25] Breder, K. & Bockting, W. (2021). Social networks of LGBT older adults. *American Sociological Association.* https://psycnet.apa.org/doiLanding?doi=10.1037%2Fsgd0000552

[26] Boehmer, U., Clark, M.A., Lord, E.M., & Fredman, L. (2019). Caregiving status and health of heterosexual, sexual minority, and transgender adults: Results from select US regions in the Behavioral Risk Factor Surveillance System 2015 and 2016. *Gerontologist*. 59:4, 760-769. https://doi.org/10.1093/geront/gny109

[27] Barrett, N., & Wholihab, D. (2016). Providing palliative care to LGBTQ patients. *Nursing Clinics of North America*. 51(3): 501-511. https://doi.org/10.1016/j.cnur.2016.05.001

settings.[28] For those who do seek aging-related services and care, many LGBT older adults routinely receive poor treatment or are denied age-related resources.[29]

Many LGBT older adults do not disclose their sexual orientation and gender identity for fear of stigma, sometimes stemming from trauma and experiences of ostracization in medical systems as in the height of the HIV/AIDS epidemic during the late 1980s and early 1990s.[30] LGBT people also have overlapping experiences of sexism, homophobia, and/or transphobia in medical settings.[31] For transgender older adults, many have endured a near absence of routinized gender-affirming care, including lack of access and interacting with discriminatory medical providers, throughout their lifetimes.[32, 33] Because of prejudice and discrimination over the life course, current estimates show that 40% of cisgender LGB and 46% of transgender older adults do not disclose their sexual orientation and gender identity to physicians because they fear disclosure will compromise their level and quality of care.[34]

DIVERSITY AMONG LGBT OLDER ADULTS

LGBT older adults are a diverse group facing distinct challenges in regard to sexual orientation and gender identity and along other axes of inequality and dimensions of identity.[35] For example, older lesbians are discriminated against because of their age, gender, and sexual orientation,[36] and gay men are more likely than other groups to live with post-traumatic stress stemming from experiences during the HIV/AIDS epidemic.[37] Bisexual women and men receive minimal attention in aging research and remain an invisible population, in part because bisexual adults are less likely than other LGBT adults to be out as bisexual. [38] The scant existing data about bisexual adults shows that 47% of bisexual

[28] Burton, C. W., Lee, J.A., Waalen, A. & Gibbs, L.M. (2020). "Things are different now but": Older LGBT adults' experiences and unmet needs in health care. *Journal of Transcultural Nursing*. 31:5. 492-501. https://doi.org/10.1177/1043659619895099

[29] SAGE, AARP New York, & AARP Foundation. (2021). *Disrupting disparities: Solutions for LGBTQ New Yorkers 50+*. https://www.sageusa.org/resource-posts/disrupting-disparities-solutions-for-lgbtq-new-yorkers-50/

[30] Kia, H., Salway, T., Lacombe-Duncan, A., Ferlatte, O. & Ross, L.E. (2022). 'You could tell i said the wrong things': Constructions of sexual identity among older gay men in healthcare settings. *Qualitative Health Research*. 32(2):255-266. https://journals.sagepub.com/doi/10.1177/10497323211050373

[31] Bulter, S. S. (2018). Older lesbians receiving home care: Formal and informal dimensions of caregiving. *Journal of Women and Aging*. 30(2):91-100. https://doi.org/10.1080/08952841.2017.1290977

[32] Cai, X., Hughto, J., Reiser, S., Pachankis, J.E., & Levy, B.R. (2019). Benefit of gender-affirming medical treatment for transgender elders: Later in life alignment of body and mind. *LGBT Health*. 6(1): 34-39. https://doi.10.1089/lgbt.2017.0262

[33] Hoy-Ellis, C. P., Fredriksen-Goldsen, K.I., & Kim, H.J. Utilization of recommended preventative health screenings between transgender and cisgender older adults in sexual and gender minority communities. *Journal of Aging and Health*. 0(0): 1-14. https://doi.org/10.1177/08982643211068557

[34] Espinoza, R. (2014). Out and visible: The experiences and attitudes of lesbian, gay, bisexual, and transgender older adults, ages 45-75. SAGE. https://www.sageusa.org/resource-posts/out-visible-the-experiences-and-attitudes-of-lesbian-gay-bisexual-and-transgender-older-adults-ages-45-75-by-the-numbers-full-report/

[35] Haber, D. (2009). Gay aging. *Gerontology and Geriatrics Education.* 30(3), 267-280. https://www.tandfonline.com/doi/abs/10.1080/02701960903133554

[36] Averett, P, Pylant, J., Craft, K. & Ricks, I. (2020). 'I would do it again': Past and present experiences of older lesbians." *Journal of Women & Aging*. 32(3): 314-328. https://doi.10.1080/08952841.2018.1549435

[37] See Kia et al. 2022

[38] Movement Advancement Project. September 2017. *A Closer Look: Bisexual Older Adults*. https://www.lgbtmap.org/bisexual-older-adults

men and 48% of bisexual women aged 65 and older live at or below the 200% federal poverty level.[39] Transgender people are some of the most marginalized populations in the U.S.[40] They experience discrimination and abuse by caregivers and face significant challenges in living their authentic gender identity as they age.[41] Although LGBT people have many shared experiences, they also have unique life histories which require more research to develop information and interventions that promote healthy aging for each group under the rainbow.

LGBT older adults of color are often overlooked in research about LGBT aging, and they face unique issues of being multiply marginalized as they age. [42,43] Experiencing a lifetime of the overlapping cumulative effects of systemic racism and homophobia, together increases the risk for mental and physical health issues, through general stress mechanisms, as well as social and economic insecurity, among LGBT older adults of color.[44,45] Like sexual orientation and gender identity, race and ethnicity are not a monolith. For example, older Black gay men are more likely to have been living with HIV for multiple decades but receive subpar care and experience worse economic conditions in comparison to their White gay male counterparts.[46,47,48] Conversely, Black lesbians not only experience homophobia, racism, and ageism, but they also contend with sexism. The compounding effects of overlapping oppressions results in a lack of access to gerontological healthcare and exasperates health challenges for older Black lesbians. [49,50]

---

[39] Ibid.

[40] Hoy-Ellis, C. P., Fredriksen-Goldsen, K.I., & Kim, H.J. Utilization of recommended preventative health screenings between transgender and cisgender older adults in sexual and gender minority communities. *Journal of Aging and Health*. 0(0): 1-14. https://doi.org/10.1177/08982643211068557

[41] See Barrett and Wholihab, 2016

[42] Barnett, A. P., del Río-González, A.M., Parchem, B., Pinho, V., Aguayo-Romero, R., Nakamura, N., Calabrese, S.K., Poppen, P.J., & Zea, M.C. (2019). Content analysis of psychological research with lesbian, gay, bisexual, and transgender people of color in the United States: 1969-2018. *American Psychologist*. 74(8): 898-911. https://doi.org/10.1037/amp0000562

[43] Kum, S. (2017). Gay, grey, black, and blue: An examination of some the challenges faced by older LGBTQ people of color. *Journal of Gay & Lesbian Mental Health*. 21(3): 228-239.https://www.tandfonline.com/doi/full/10.1080/19359705.2017.1320742

[44] Brown, A. L., Matthews, D. D., Meanley, S., Brennan-Ing, M., Haberlen, S., D'Souza, G., Ware, D., Egan, J., Shoptaw, S., Teplin, L. A., Friedman, M. R., & Plankey, M. (2022). The effect of discrimination and resilience on depressive symptoms among middle-aged and older men who have sex with men. *Stigma and Health*, *7*(1), 113–121. https://doi.org/10.1037/sah0000327

[45] Kim, H. J., Jen, S., & Fredriksen-Goldsen, K. I. (2017). Race/Ethnicity and Health-Related Quality of Life Among LGBT Older Adults. *The Gerontologist*, *57*(suppl 1), S30–S39. https://doi.org/10.1093/geront/gnw172

[46] Grill, K. B., Wang, J., Scott, R. K., Benator, D., D'Angelo, L. J., Lyon, M. E., & Palliative Care Consortium (2021). What do adults with HIV Want? End-of-life care goals, values and beliefs by gender, race, sexual orientation. *The American Journal of Hospice & Palliative Care*, *38*(6), 610–617. https://doi.org/10.1177/1049909120988282

[47] Haile, R., Padilla, M. B., & Parker, E. A. (2011). 'Stuck in the quagmire of an HIV ghetto': The meaning of stigma in the lives of older black gay and bisexual men living with HIV in New York City. *Culture, Health & Sexuality*, *13*(4), 429–442. https://doi.org/10.1080/13691058.2010.537769

[48] Ibid.

[49] Seelman, K. L., Adams, M. A., & Poteat, T. (2017). Interventions for healthy aging among mature black lesbians: Recommendations gathered through community-based research. *Journal of Women & Aging*, *29*(6), 530–542. https://doi.org/10.1080/08952841.2016.1256733

[50] Woody, I. (2015). Lift every voice: Voices of african american lesbian elders. *Journal of Lesbian Studies*. 19(1): 50-58. https://www.tandfonline.com/doi/abs/10.1080/10894160.2015.972755

RESULTS

DEMOGRAPHIC CHARACTERISTICS

Table 1 shows that more people aged 50–64 identified as lesbian, gay, bisexual, or transgender (LGBT), than those 65 years of age and older. Of the LGBT people (N = 23,812), 95% were LGB and 5% were transgender, of them 72% identified as transgender and 28% were classified as transgender based on their response to sex assigned-at-birth and current gender questions.

Table 1. LGBT status by age group in the U.S. Census Household Pulse Survey

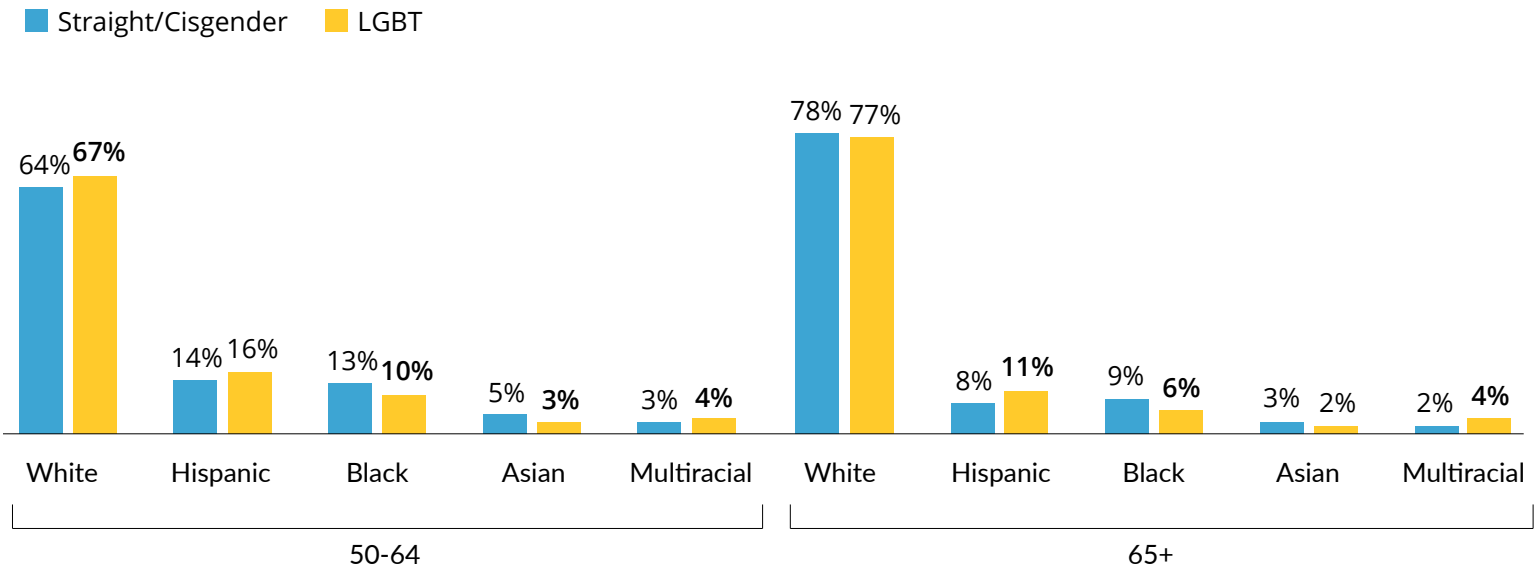
SOGI	AGED 50–64 (N = 271,951)		AGED 65+ (N = 261,228)	
	%	95% CI	%	95% CI
Straight/Cisgender	95.6	95.4, 95.7	97.6	97.5, 97.7
LGBT	4.4	4.29, 4.58	2.4	2.3, 2.5

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: SOGI = Sexual Orientation and Gender Identity; LGBT = Lesbian, Gay, Bisexual, or Transgender; CI = Confidence Interval

Demographic characteristics are shown for the 50–64 age cohort in Table 2 and the 65 and older cohort in Table 3. In both cohorts, more men identified as LGBT than women and fewer Black respondents identified as LGBT compared with their proportion in the straight/cisgender population. In the 50–64 age cohort, fewer Asian respondents were LGBT and slightly more White and Multiracial respondents were LGBT than their proportion in the straight/cisgender population. In the 65 and older cohort, slightly more Hispanic and Multiracial respondents were LGBT than in the straight/cisgender population (Figure 1).

Figure 1. LGBT adults aged 50–64 and 65 and older, by race/ethnicity

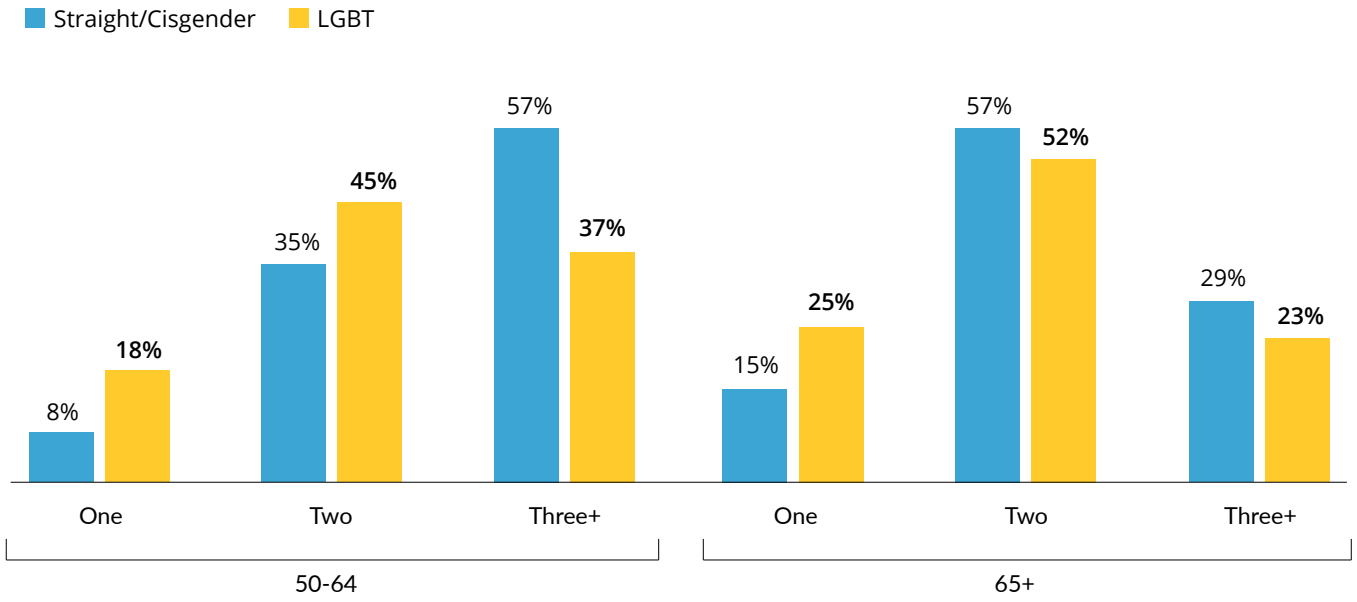


Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people.

In both age cohorts, more LGBT than straight/cisgender people obtained higher levels of education and lived alone (Figure 2). More LGBT people had never been married, and in the 50-64 cohort LGBT and cis/straight people had similar rates of divorce/separation, however slightly more LGBT people had been divorced in the 65 and older cohort (Figure 3).

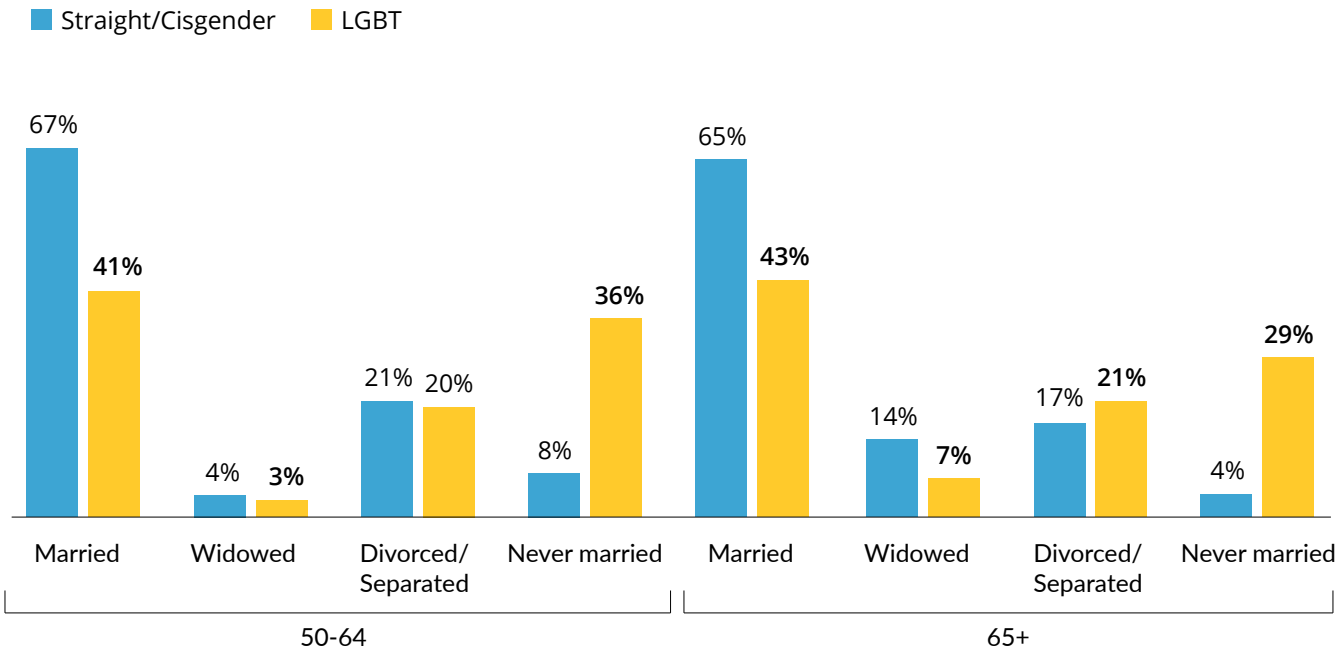
Figure 2. Household size among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people

Figure 3. Marital status among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people

Table 2. Demographic characteristics of adults aged 50–64, by sexual and gender identity

DEMOGRAPHICS	STRAIGHT/CISGENDER (N = 256,741)		LGBT (N = 15,210)		
	%	95% CI	%	95% CI	X^2
Gender					4.1*
Male	48.6	48.2, 49.0	58.1	56.5, 59.7	
Female	51.4	51.0, 51.8	37.7	36.2, 39.2	
Transgender	0.0		3.2	2.4, 4.3	
None of these	0.0		1.0	0.8, 1.3	
Race/Ethnicity[1]					768.7*
White	64.4	64.0, 64.8	67.1	65.3, 68.8	
Hispanic	14.0	13.7, 14.4	15.6	14.1, 17.3	
Black	13.2	12.9, 13.5	9.8	8.7, 11.1	
Asian	4.9	4.8, 5.1	3.3	2.7, 4.1	
Multiracial	3.4	3.2, 3.5	4.1	3.6, 4.8	
Education					997.1*
High school or less	41.0	40.6, 41.4	33.3	31.4, 35.3	
Some college or more	59.0	58.6, 59.4	66.7	64.7, 68.6	
Marital Status					3.7*
Married	67.1	66.8, 67.5	40.9	39.3, 42.5	
Widowed	3.8	3.6, 3.9	2.8	2.3, 3.4	
Divorced/Separated	20.8	20.5, 21.1	20.2	18.8, 21.7	
Never married	8.3	8.1, 8.5	36.1	34.5, 37.8	
Household size[2]					7,663.7*
One	8.4	8.3, 8.6	17.5	16.5, 18.4	
Two	35.1	34.7, 35.4	45.3	43.7, 47.0	
3 +	56.5	56.1, 56.9	37.2	35.5, 39.0	

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

[1] Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[2] People who reported households of 10 people or more were excluded from analyses, see Methods section.

*$p < .05$

Table 3. Demographic characteristics of adults aged 65 and older, by sexual and gender identity

DEMOGRAPHICS	STRAIGHT/ CISGENDER (N = 252,626)		LGBT (N = 8,602)		
	%	95% CI	%	95% CI	X^2
Gender					4.1*
Male	45.8	45.4, 46.2	55.4	53.0, 57.7	
Female	54.2	53.8, 54.6	40.4	38.1, 42.7	
Transgender	0.0		3.5	2.6, 4.8	
None of these	0.0		0.7	0.5, 1.1	
Race/Ethnicity[1]					617.7*
White	77.7	77.3, 78.1	77.3	74.7, 79.7	
Hispanic	8.4	8.0, 8.7	10.5	8.8, 12.5	
Black	8.5	8.2, 8.7	5.8	4.6, 7.3	
Asian	3.1	3.0, 3.3	2.4	1.8, 3.2	
Multiracial	2.3	2.2, 2.5	4.0	2.6, 6.2	
Education					1,828.0*
High school or less	42.8	42.4, 43.3	28.7	25.9, 31.6	
Some college or more	57.2	56.7, 57.6	71.3	68.4, 74.1	
Marital Status					3.31*
Married	64.9	64.5, 65.3	42.5	40.3, 44.8	
Widowed	14.0	13.7, 14.3	7.4	6.5, 8.6	
Divorced/Separated	17.2	16.9, 17.5	21.2	19.2, 23.3	
Never married	3.9	3.8, 4.1	28.9	26.6, 31.2	
Household size[2]					1,835.7*
One	14.9	14.7, 15.1	24.9	23.2, 26.7	
Two	56.5	56.1, 56.9	52.4	50.1, 54.8	
3 +	28.7	28.2, 29.1	22.6	20.1, 25.3	

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

[1] Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[2] People who reported households of 10 people or more were excluded from analyses, see Methods section.

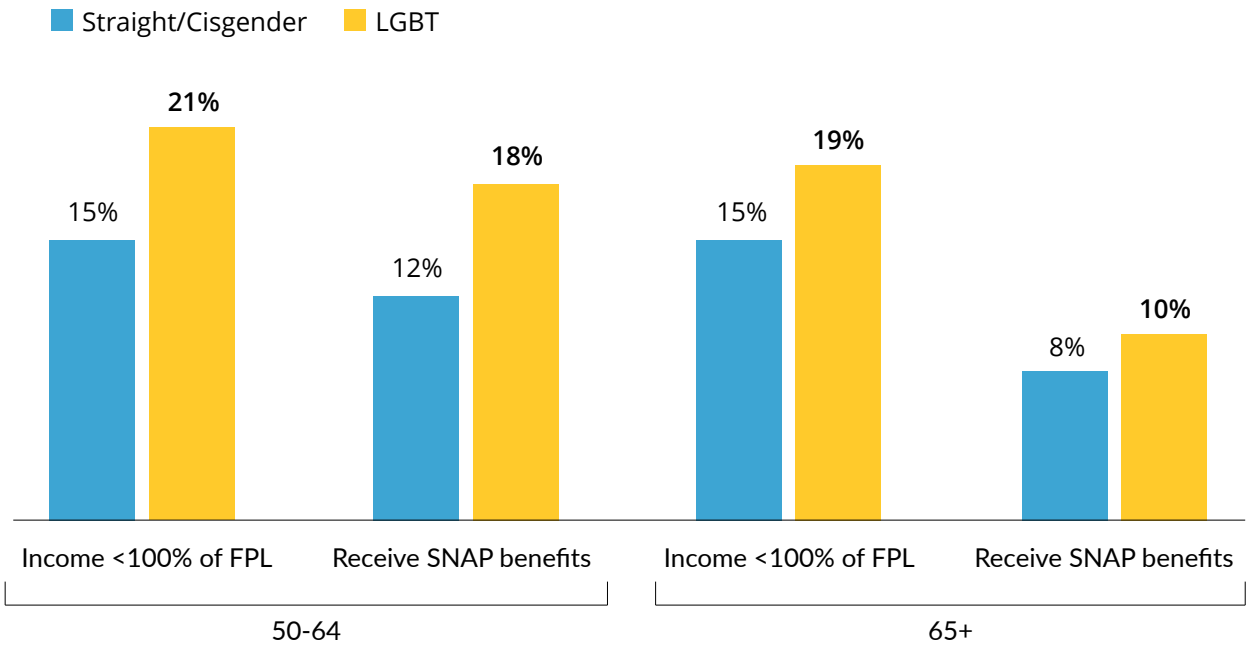
*$p < .05$

ECONOMIC FACTORS

Tables 4 and 6 show economic factors comparing LGBT and straight/cisgender people aged 50– 64 and 65 and older respectively. Overall, LGBT people showed more economic insecurity compared to straight/cisgender people. They had lower incomes (Figure 4), were more food insecure (Figure 4), and depended on alternative forms of income and assistance to support themselves. For example, more LGBT than straight/cisgender older people reported relying on credit cards or loans, savings or retirement accounts, borrowing money from friends and family, and government nutrition and rental assistance to supplement their incomes.

Tables 5 and 7 show economic conditions among LGBT people in the two age cohorts by race/ethnicity. Economic disparity was consistently evident among Black and Hispanic LGBT people compared to White LGBT people. Across cohorts, Black and Hispanic LGBT people had lower incomes (Figures 5 and 6), were more food insecure (Figures 5 and 6), and depended on alternative forms of income and assistance to support themselves compared to White LGBT people. In the 50–64 age cohort, Multiracial LGBT people had similar outcomes to Black and Hispanic LGBT people and Asian LGBT had similar outcomes to White LGBT people.

Figure 4. Economic factors and SNAP benefit receipt among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bolded values indicate LGBT people are statistically different from straight/cisgender people.

LGBT Adults Aged 50–64

Table 4 shows factors associated with economic security by sexual orientation and gender identity among people 50–64 years old. Compared to straight/cisgender people, more LGBT people had incomes in the lowest income ranges and fewer had incomes in the highest ranges. Likewise, more LGBT than straight/cisgender people had household incomes that fell below the federal poverty

level and more rented their homes instead of owning them. Fewer LGBT than straight/cisgender people reported relying on regular income sources like those before the pandemic to meet their daily spending needs, and instead they relied on credit cards or loans, savings, or retirement, borrowing money from friends and family, and government nutrition and rental assistance to supplement their incomes more than straight/cisgender people. Compared to straight/cisgender people, slightly more LGBT people had trouble paying their energy bill, kept their home at unhealthy or dangerous temperatures, sometimes or often did not have enough food to eat, received SAP benefits, and received free food in the last seven days.

Table 4. Economic factors of adults aged 50–64, by sexual and gender identity

ECONOMIC FACTORS	STRAIGHT/ CISGENDER (N = 256,741)		LGBT (N = 15,210)		
	%	95% CI	%	95% CI	X^2
Household Income					1,336.3*
<25K–34K	23.0	22.6, 23.4	30.6	28.8, 32.4	
35K–74K	27.2	26.8, 27.6	25.5	24.1, 27.1	
75K–149K	30.7	30.3, 31.1	26.9	25.5, 28.4	
150K–200K+	19.1	18.9, 19.4	17.0	16.0, 18.0	
Poverty [1]					
Income <100% of FPL	15.4	15.0, 15.7	21.0	19.4, 22.8	1,000.0*
Current Housing					2,474.7*
Own (Paid in Full)	28.0	27.6, 28.3	25.0	23.6, 26.5	
Own (Mortgage/loan)	50.1	49.6, 50.5	42.9	41.2, 44.5	
Rent	20.6	20.2, 21.0	30.5	28.8, 32.3	
Reside without payment of rent	1.3	1.2, 1.5	1.5	1.2, 2.0	
Income sources used to meet spending needs in the last 7 days					
Regular income sources like those before pandemic	77.3	77.0, 77.7	73.1	71.4, 74.8	404.1*
Credit cards or loans	28.9	28.5, 29.2	32.4	30.9, 34.0	249.2*
Savings/selling assets/retirement	22.9	22.6, 23.3	25.2	23.8, 26.6	9.9*
Borrowing from friends or family	9.4	9.1, 9.6	12.2	11.0, 13.5	378.4*
Stimulus payment	8.6	8.4, 8.9	9.9	8.8, 11.1	81.7*
Supplemental Nutrition Assistance Program (SNAP)	6.2	6.0, 6.4	10.2	9.2, 11.4	1,100.9*
Unemployment insurance	3.2	3.0, 3.4	4.0	3.3, 4.9	92.7*
Child tax credit payment	4.3	4.1, 4.4	2.2	1.8, 2.6	450.6*
School meal debit/EBT	2.8	2.6, 3.0	3.5	2.8, 4.2	59.7
Money saved from deferred/forgiven payments	1.7	1.6, 1.8	2.3	1.8, 2.9	100.3*
Government rental assistance	1.0	0.9, 1.1	2.3	1.7, 3.0	685.3*
Other	5.5	5.3, 5.7	6.1	5.3, 7.1	34.4
In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?					50.4
Somewhat/Very difficult	31.7	31.3, 32.1	33.3	31.6, 35.1	

ECONOMIC FACTORS	STRAIGHT/ CISGENDER (N = 256,741)		LGBT (N = 15,210)		
	%	95% CI	%	95% CI	X^2
Is this household currently caught up on rent payments?					124.8
No	17.4	16.6, 18.3	15.5	13.1, 18.2	
How confident are you that your household will be able to pay your next rent or mortgage payment on time? [2]					87.6
Not highly confident (Moderately, Slightly, Not at all confident)	34.6	34.0, 35.2	36.9	34.6, 39.2	
In the last 12 months, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?					175.2*
1 month or more	30.7	30.3, 31.1	33.8	32.0, 35.5	
In the last 12 months, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?					171.6*
1 month or more	19.9	19.5, 20.2	22.5	21.0, 24.0	
Getting enough food can also be a problem for some people. In the last 7 days, which of these statements best describes the food eaten in your household?					230.6*
Sometimes/often not enough to eat	9.1	8.9, 9.4	11.3	10.1, 12.6	
During the last 7 days, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that helps with free food?					126.8*
Yes	5.9	5.7, 6.2	7.3	6.3, 8.4	
Do you or does anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?					1,330.8*
Yes	12.0	11.7, 12.3	17.9	16.5, 19.5	

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

[1] Household income below 100% FPL = Combined household income is at or below 100% of the 2021 FPL and is dependent on the respondent's age and HH size, and number of children.[51]

[2] Weeks 34–45 (question was removed starting in week 46) *Straight/Cisgender: N = 213,228; LGBT: N = 12,700*

*$p < .05$

Table 5 shows factors associated with economic security by race/ethnicity among LGBT people between 50–64 years of age. More Hispanic, Black, and Multiracial LGBT adults had incomes in the lowest range compared to White and Asian LGBT adults and fewer Hispanic and Black LGBT adults had incomes in the highest range compared to White and Asian LGBT adults. Likewise, more Black, Hispanic, and Multiracial LGBT adults had household incomes below the federal poverty level compared to White and Asian LGBT adults (Figure 5). Approximately half of Black and Hispanic LGBT adults rent rather than own their homes compared to a quarter of White and Asian adults.

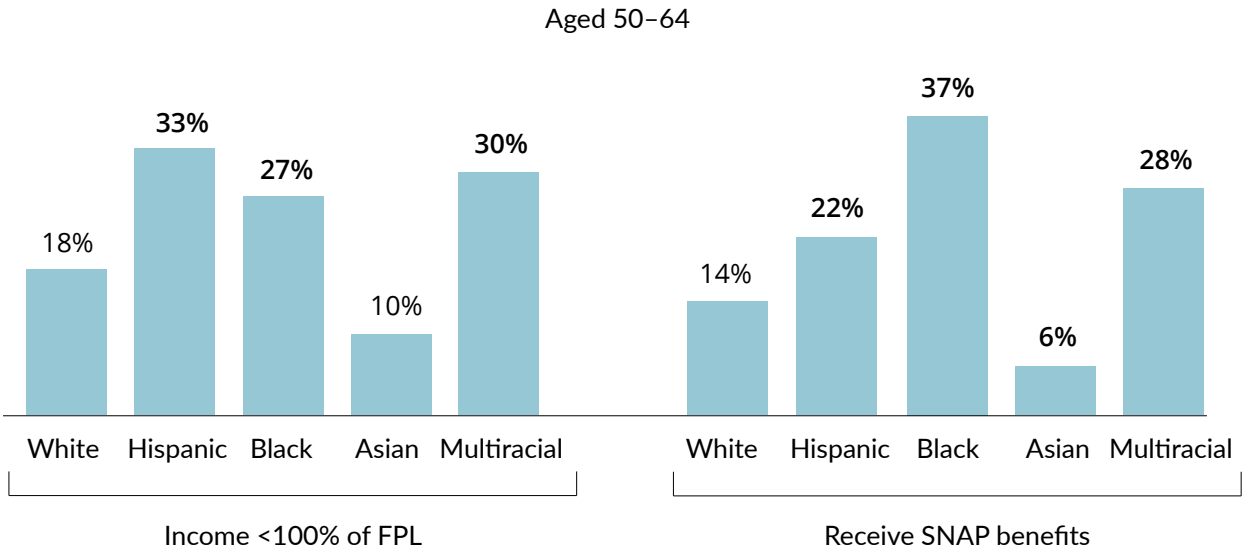
[51] U.S. Census Bureau. (2021). *Poverty thresholds by size of family and number of children.* https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

More White LGBT people reported using the same incomes sources they used before the pandemic to meet their spending needs compared to all other racial groups, though similar proportions report relying on credit cards or loans and savings or retirement to supplement their incomes. More Black, Hispanic, and Multiracial LGBT people report relying on borrowed money from friends and family, and more Hispanic, Asian, and Multiracial LGBT people report relying on stimulus payments compared to White LGBT people. More Black LGBT people than Hispanic, Asian, or White LGBT people relied on SNAP benefits, and more Black than White LGBT people relied on unemployment insurance. Compared to White LGBT people, more Black and Multiracial LGBT people relied on government rental assistance.

With regard to bills and expenses, more Black, Hispanic, and Multiracial LGBT adults had trouble paying household expenses and had to sacrifice basic necessities in order to pay their energy bill compared to White and Asian LGBT people. More Black LGBT people were not caught up on rent compared to all other racial groups, and more Black, Hispanic, and Multiracial LGBT adults were not confident they would be able to pay their rent/mortgage on time compared to White LGBT people. More Hispanic and Multiracial LGBT kept the temperature of their homes at an unsafe or unhealthy level compared to White, Black, and Asian LGBT people.

In terms of food insecurity, more Hispanic, Black, and Multiracial LGBT adults reported not having enough food to eat compared to White and Asian LGBT adults. More Hispanic and Black LGBT adults received free food within the last 7 days and more received SNAP benefits compared to White and Asian LGBT adults. More Black LGBT adults received SNAP benefits compared to all other groups.

Figure 5. Economic status among adults aged 50–64, by race/ethnicity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022
Note: Bolded values indicate that race/ethnicity is statistically different from White.

Table 5. Economic factors of LGBT adults aged 50–64, by race/ethnicity

ECONOMIC FACTORS	WHITE (N = 11,792)	HISPANIC (N = 1,485)	BLACK| (N = 889)	ASIAN (N = 452)	MULTIRACIAL (N = 592)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Household Income						3.6*
<25K–34K	26.5 (24.8, 28.3)	43.0 (36.8, 49.5)	41.0 (33.7, 48.7)	16.9 (11.2, 24.8)	39.0 (31.7, 46.8)	
35K–74K	24.9 (23.4, 26.5)	26.7 (22.1, 31.9)	30.5 (23.8, 38.1)	25.2 (17.6, 34.7)	20.9 (15.6, 27.4)	
75K–149K	28.7 (27.1, 30.2)	21.8 (17.7, 26.6)	19.7 (14.9, 25.5)	36.9 (27.6, 47.3)	26 (20.4, 32.5)	
150K-200K+	19.9 (18.7, 21.1)	8.5 (6.6, 10.7)	8.8 (6.4, 12.1)	21.0 (15.6, 27.7)	14.1 (8.6, 22.4)	
Poverty [1]						2.3*
Income <100% of FPL	17.6 (16.0, 19.2)	33.2 (27.0, 40.1)	27.1 (20.6, 34.7)	9.6 (5.4, 16.5)	29.6 (23.1, 37.2)	
Current Housing						5.6*
Own (Paid in Full)	27.6 (26.0, 29.3)	18 (14.4, 22.3)	15.5 (11.6, 20.3)	31.3 (22.2, 42.1)	25.1 (18.9, 32.5)	
Own (Mortgage/loan)	47 (45.3, 48.8)	34.1 (29.0, 39.6)	29.2 (22.9, 36.5)	43.9 (35.1, 53.1)	35.9 (29.2, 43.2)	
Rent	23.9 (22.4, 25.5)	46.2 (40.2, 52.4)	53.2 (45.9, 60.4)	24.6 (17.6, 33.3)	38.1 (30.8, 46.0)	
Reside without payment of rent	1.5 (1.1, 2.2)	1.6 (0.9, 3.1)	2.1 (1.1, 3.7)	0.2 (0.1, 0.7)	0.9 (0.3, 2.5)	
Income sources used to meet spending needs in the last 7 days						
Regular income sources like those before pandemic	78.5 (76.8, 80.1)	55.8 (49.8, 61.7)	64.2 (57.0, 70.8)	69.4 (56.9, 79.7)	70.1 (63.0, 76.3)	3.5*
Credit cards or loans	31.7 (30.1, 33.2)	35.1 (29.7, 40.9)	30.6 (25.1, 36.7)	41.8 (32.8, 51.5)	32.9 (26.2, 40.4)	2,032.0
Savings/selling assets/ retirement	25.7 (24.2, 27.2)	24.5 (20.2, 29.4)	21 (16.1, 26.8)	28.0 (20.6, 36.8)	26.7 (21.0, 33.2)	1,209.2
Borrowing from friends or family	9.3 (8.2, 10.4)	19.6 (15.0, 25.1)	18.4 (13.3, 24.9)	14.4 (7.8, 25.1)	18.1 (12.6, 25.2)	1.7*
Stimulus payment	7.8 (6.9, 8.9)	15.7 (11.6, 21.0)	11.9 (8.2, 17.1)	15.4 (9.4, 24.2)	14.9 (10.1, 21.5)	1.1*
Supplemental Nutrition Assistance Program (SNAP)	8.6 (7.5, 9.8)	10.1 (7.5, 13.4)	20.5 (15.3, 26.8)	4.3 (1.7, 10.3)	18.1 (13.0, 24.7)	1.7*
Unemployment insurance	3.2 (2.7, 3.9)	5.3 (3.3, 8.2)	8.6 (4.6, 15.6)	3.6 (1.3, 9.6)	2.9 (1.5, 5.6)	7,036.4*

ECONOMIC FACTORS	WHITE (N = 11,792)	HISPANIC (N = 1,485)	BLACK| (N = 889)	ASIAN (N = 452)	MULTIRACIAL (N = 592)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Income sources used to meet spending needs in the last 7 days						
Child tax credit payment	2.1 (1.7, 2.6)	1.8 (1.0, 3.0)	2.4 (1.3, 4.3)	3.8 (1.7, 8.1)	1.8 (0.9, 3.4)	539.5
School meal debit/EBT	2.8 (2.2, 3.7)	4.8 (2.9, 8.0)	5.3 (3.4, 8.1)	2.7 (0.9, 8.0)	5 (2.7, 9.1)	2,817.2
Money saved from deferred/forgiven payments	1.9 (1.6, 2.4)	2.2 (1.3, 3.6)	2.2 (1.3, 3.8)	8.3 (2.1, 27.0)	4.6 (2.2, 9.3)	6,207.2*
Government rental assistance	1.3 (0.9, 1.8)	3.6 (1.6, 7.7)	6.9 (3.9, 11.9)	1.9 (0.3, 10.7)	3.4 (1.9, 6.1)	1.3*
Other	5.7 (4.8, 6.6)	6.2 (3.5, 10.7)	6.3 (3.8, 10.1)	9 (4.3, 17.8)	11.3 (7.4, 16.8)	2,541.2
In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?						3.1*
Somewhat/Very difficult	28.1 (26.4, 29.8)	47.3 (41.1, 53.5)	45.7 (38.9, 52.7)	25 (16.4, 36.2)	44.8 (37.7, 52.2)	
Is this household currently caught up on rent payments?						2.2*
No	11.5 (9.2, 14.2)	15.7 (10.5, 23.0)	26.5 (18.3, 36.9)	21 (9.5, 40.0)	17.7 (9.8, 29.9)	
How confident are you that your household will be able to pay your next rent or mortgage payment on time? [2]						
Not highly confident (Moderately, Slightly, Not at all confident)	29.7 (27.5, 31.9)	56.1 (48.9, 63.0)	52.8 (43.8, 61.6)	37.8 (27.2, 49.6)	46.1 (36.5, 56.0)	4.9*
In the last 12 months, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?						
1 month or more	28.6 (26.9, 30.4)	50.8 (44.8, 56.8)	43.6 (36.5, 51.0)	23.2 (16.9, 30.9)	44.6 (37.2, 52.1)	3.4*
In the last 12 months, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?						
1 month or more	20.1 (18.6, 21.6)	32.6 (26.8, 39.0)	21.1 (16.4, 26.7)	22 (15.6, 30.1)	30.6 (24.2, 37.9)	1.2*
Getting enough food can also be a problem for some people. In the last 7 days, which of these statements best describes the food eaten in your household?						3.8*
Sometimes/often not enough to eat	8.6 (7.5, 9.9)	20.7 (15.9, 26.5)	15 (11.2, 19.9)	6.3 (3.4, 11.2)	16.5 (11.4, 23.2)	
During the last 7 days, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that helps with free food?						2.7*
Yes	4.7 (4.1, 5.5)	11.7 (8.3, 16.2)	17.4 (11.7, 25.1)	3.9 (1.2, 11.4)	12.2 (8.0, 18.3)	

ECONOMIC FACTORS	WHITE (N = 11,792)	HISPANIC (N = 1,485)	BLACK| (N = 889)	ASIAN (N = 452)	MULTIRACIAL (N = 592)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Do you or does anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?						3.8*
Yes	14.3 (12.9, 15.8)	21.7 (16.8, 27.6)	37.4 (30.6, 44.8)	5.7 (2.9, 10.8)	27.6 (21.6, 34.7)	

Source: U.S. Census Household Pulse Survey (Weeks 34 – 48), July 2021 - August 2022

Notes:

Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[1] Household income below 100% FPL = Combined household income is at or below 100% of the 2021 FPL and is dependent on the respondent's age and HH size, and number of children.[52]

[2] Weeks 34-45 (question was removed starting in week 46) *White: N = 9,849*; *Hispanic: N = 1,247*; *Black = 744*; *Asian: N = 367*; *Multiracial: N = 493*.

*$p < .05$

LGBT Adults Aged 65 and Older

Table 6 shows factors associated with economic security by sexual orientation and gender identity among people 65 years of age and older. For this age group, LGBT people and straight/cisgender people showed similar proportions in each of the income ranges, however more LGBT people had household incomes that fell below the federal poverty level (Figure 4). Like the 50–64 age group, compared to straight/cisgender people, more LGBT people rented rather than owned their homes, relied on credit cards or loans, borrowing money from friends and family, and government nutrition and rental assistance to supplement their incomes. Additionally, more LGBT people 65 and older, relied on a stimulus payment and unemployment insurance compared to straight/cisgender people 65 and older. Approximately, 75%–80% of LGBT and straight/cisgender people reported relying on regular income sources like those before the pandemic to meet their daily spending needs. Compared to straight/cisgender people, slightly more LGBT people were not caught up on their rent, kept their home at unhealthy or dangerous temperatures, and received government nutritional assistance (SNAP benefits).

[52] U.S. Census Bureau. (2021). *Poverty thresholds by size of family and number of children.* https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

Table 6. Economic factors of adults age 65+, by sexual and gender identity

ECONOMIC FACTORS	STRAIGHT/CISGENDER (N = 252,626)		LGBT (N = 8,602)		
	%	95% CI	%	95% CI	X^2
Household Income					177.2*
<25K–34K	27.0	26.6, 27.5	29.5	27.2, 32.0	
35K–74K	35.0	34.6, 35.5	31.4	29.3, 33.6	
75K–149K	27.0	26.7, 27.4	26.7	25.0, 28.5	
150K-200K+	10.9	10.7, 11.1	12.3	11.1, 13.7	
Poverty [1]					
Income <100% of FPL	15.2	14.8, 15.6	19.3	17.0, 21.8	293.0*
Current Housing					1,334.4*
Own (Paid in Full)	48.4	48.0, 48.9	41.0	38.6, 43.4	
Own (Mortgage/loan)	37.0	36.6, 37.5	36.3	34.0, 38.5	
Rent	13.3	13.0, 13.6	21.3	19.1, 23.7	
Reside without payment of rent	1.2	1.1, 1.3	1.5	1.0, 2.2	
Income sources used to meet spending needs in the last 7 days					
Regular income sources like those before pandemic	78.3	77.9, 78.7	76.9	74.5, 79.1	27.4
Credit cards or loans	22.7	22.4, 23.0	25.8	23.7, 28.0	124.9*
Savings/selling assets/retirement	21.1	20.8, 21.4	22.9	21.0, 24.9	44.2
Borrowing from friends or family	3.7	3.5, 3.9	5.4	4.1, 7.1	6.5*
Stimulus payment	7.7	7.4, 7.9	9.4	7.8, 11.3	94.8*
Supplemental Nutrition Assistance Program (SNAP)	3.7	3.5, 3.9	6.2	4.7, 8.1	403.3*
Unemployment insurance	1.6	1.5, 1.7	2.5	1.8, 3.5	117.5*
Child tax credit payment	1.2	1.0, 1.3	1.3	0.6, 2.6	2.1
School meal debit/EBT	1.1	1.0, 1.2	1.1	0.7, 1.7	0.3
Money saved from deferred/forgiven payments	1.0	0.9, 1.1	1.3	0.8, 2.1	22.4
Government rental assistance	0.6	0.6, 0.7	1.9	1.0, 3.4	506.6*
Other	7.5	7.2, 7.8	7.1	6.0, 8.4	4.5
In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?					79.9*
Somewhat/Very difficult	19.8	19.4, 20.1	22.1	19.9, 24.6	
Is this household currently caught up on rent payments?					1,302.2*
No	8.0	7.1, 9.0	14.1	9.2, 20.8	
How confident are you that your household will be able to pay your next rent or mortgage payment on time? [2]					59.0
Not highly confident (Moderately, Slightly, Not at all confident)	24.5	23.8, 25.1	22.2	19.3, 25.3	
In the last 12 months, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?					41.7
1 month or more	15.9	15.6, 16.3	17.5	15.8, 19.5	

ECONOMIC FACTORS	STRAIGHT/CISGENDER (N = 252,626)		LGBT (N = 8,602)		
	%	95% CI	%	95% CI	X^2
In the last 12 months, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?					132.6*
1 month or more	13.7	13.4, 14.0	16.4	14.5, 18.4	
Getting enough food can also be a problem for some people. In the last 7 days, which of these statements best describes the food eaten in your household?					108.5
Sometimes/often not enough to eat	3.9	3.7, 4.1	5.3	4.1, 6.7	
During the last 7 days, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that helps with free food?					
Yes	4.6	4.4, 4.8	5.8	4.7, 7.2	77.4*
Do you or does anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?					202.5*
Yes	7.6	7.3, 7.9	10.1	8.5, 12.0	

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

[1] Household income below 100% FPL = Combined household income is at or below 100% of the 2021 FPL and is dependent on the respondent's age and HH size, and number of children.[53]

[2] Weeks 34–45 (question was removed starting in week 46) *Straight/Cisgender: N = 208,892; LGBT: N = 7,048*

* $p < .05$

Table 7 shows factors associated with economic security among LGBT people 65 years of age or older by race/ethnicity. More Hispanic, Black, and Multiracial LGBT adults had incomes in the lowest range compared to White and Asian LGBT adults and fewer Black LGBT adults had incomes in the highest range compared to White and Asian LGBT adults. Likewise, more Hispanic, Black, and Multiracial LGBT adults had household incomes below the federal poverty level compared to White LGBT adults. Also, Black and Hispanic LGBT adults had the highest proportion of renting rather than owning their homes.

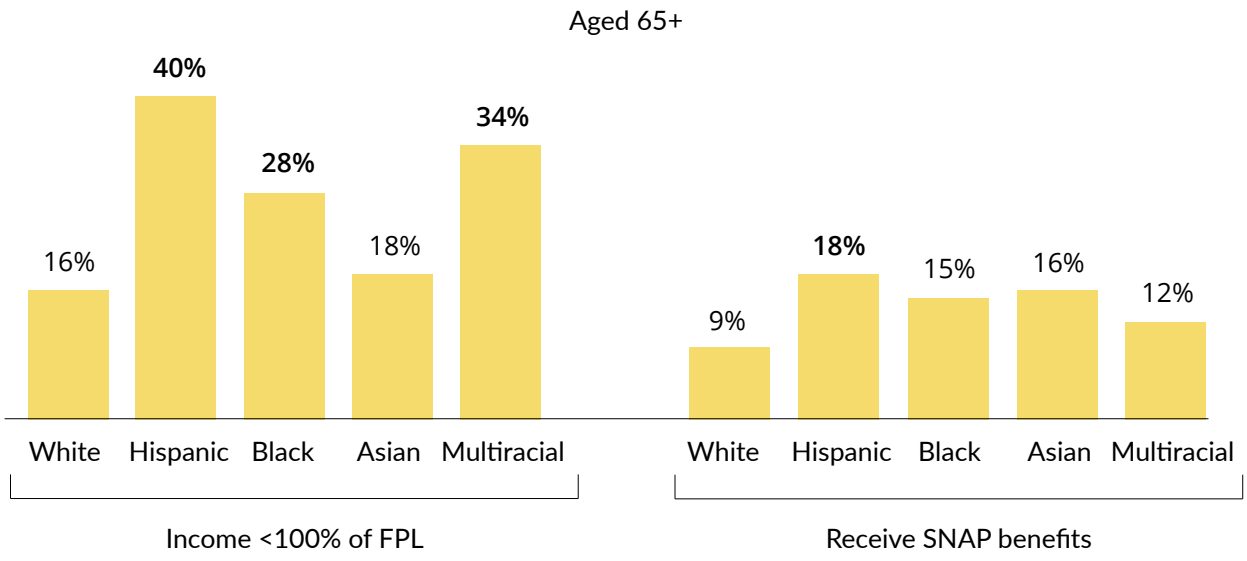
Far fewer Hispanic and Black LGBT people aged 65 and older reported using regular incomes sources like those before the pandemic to meet their spending needs compared to White, Asian, and Multiracial LGBT people. There were no statistically significant differences across the groups in relying on credit cards or loans and savings or retirement to supplement their income. More Black LGBT people reported relying on borrowed money from friends and family, and more Hispanic LGBT people reported relying on stimulus payments compared to White LGBT people. More Black and Hispanic LGBT people than White LGBT people relied on SNAP benefits, and more Hispanic than White LGBT people relied on unemployment insurance. More Asian LGBT people relied on savings from deferred or forgiven loan payments. Compared to Hispanic LGBT people, more Black LGBT people relied on government rental assistance.

[53] U.S. Census Bureau. (2021). *Poverty thresholds by size of family and number of children.* https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

With regard to bills and expenses, more Black and Hispanic LGBT adults had trouble paying household expenses compared to White and Asian LGBT people. More Black, Hispanic, and Multiracial LGBT adults had to sacrifice basic necessities in order to pay their energy bill compared to White LGBT people. Compared to White LGBT people, more Black and Hispanic LGBT people were not caught up on rent, and more Black, Hispanic, and Asian LGBT adults were not confident they'd be able to pay their rent/mortgage on time. Also, compared to White LGBT adults, more Hispanic and Multiracial LGBT people kept the temperature of their homes at an unsafe or unhealthy levels.

More Hispanic and Black LGBT adults reported not having enough food to eat, more Hispanic, Black, and Multiracial LGBT adults received free food within the last 7 days, and more Hispanic LGBT adults receive SNAP benefits compared to White LGBT people.

Figure 6. Economic status among adults aged 65 and older, by race/ethnicity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022
Note: Bolded values indicate that race/ethnicity is statistically different from White.

Table 7. Economic factors of LGBT adults aged 65 and older, by race/ethnicity

ECONOMIC FACTORS	WHITE (N = 7,405)	HISPANIC (N = 484)	BLACK (N = 320)	ASIAN (N = 167)	MULTIRACIAL/ OTHER (N = 226)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Household Income						3.9*
<25K–34K	26.1 (23.8, 28.5)	50.1 (39.9, 60.3)	43.8 (32.5, 55.8)	24.1 (13.7, 38.7)	40.7 (26.5, 56.7)	
35K–74K	31.8 (29.6, 34.2)	25.0 (18.2, 33.2)	39.6 (28.5, 51.9)	26.8 (17.6, 38.7)	30.2 (17.6, 46.8)	
75K–149K	29.2 (27.3, 31.2)	15.4 (10.8, 21.5)	12.4 (8.1, 18.4)	28.2 (18.1, 41.1)	16.0 (9.0, 26.6)	
150K-200K+	12.9 (11.5, 14.4)	9.5 (6.1, 14.6)	4.2 (2.4, 7.2)	20.8 (11.8, 34.2)	13.1 (7.1, 22.8)	
Poverty [1]						
Income <100% of FPL	15.9 (13.7, 18.3)	39.8 (29.1, 51.4)	28.4 (18.2, 41.4)	17.7 (8.4, 33.5)	33.9 (20.1, 51.1)	3.6*
Current Housing						6.2*
Own (Paid in Full)	42.6 (40.3, 44.9)	29.3 (22.4, 37.4)	27.3 (17.5, 39.9)	47.5 (34.9, 60.4)	51.7 (28.8, 73.9)	
Own (Mortgage/loan)	38.8 (36.5, 41.2)	28.4 (21.4, 36.6)	20.1 (13.8, 28.3)	31.4 (21.0, 43.9)	29.4 (15.2, 49.2)	
Rent	17.5 (15.7, 19.5)	38.5 (27.9, 50.4)	51.4 (38.2, 64.4)	19.6 (9.9, 35.2)	14.9 (7.8, 26.4)	
Reside without payment of rent	1.1 (0.8, 1.6)	3.8 (1.1, 11.8)	1.2 (0.4, 3.4)	1.5 (0.3, 8.5)	4.0 (1.4, 11.3)	
Income sources used to meet spending needs in the last 7 days						
Regular income sources like those before pandemic	81.0 (79.1, 82.9)	57.5 (46.8, 67.6)	58.9 (44.3, 72.1)	75.0 (53.7, 88.5)	73.2 (54.3, 86.2)	3.9*
Credit cards or loans	25.6 (23.6, 27.8)	24.7 (16.9, 34.5)	26.8 (15.2, 42.8)	24.0 (14.2, 37.5)	31.9 (17.0, 51.7)	913.2
Savings/selling assets/ retirement	23.2 (21.3, 25.2)	23.9 (16.6, 33.0)	14.4 (8.8, 22.8)	22.7 (13.7, 35.3)	27.2 (14.4, 45.5)	2, 764.0
Borrowing from friends or family	2.8 (2.2, 3.6)	9.5 (4.9, 17.5)	25.3 (12.8, 43.7)	7.6 (2.8, 19.3)	14.3 (5.5, 32.5)	6.2*
Stimulus payment	7.6 (6.1, 9.5)	20.2 (12.6, 30.6)	15.3 (7.9, 27.4)	6.6 (2.7, 15.4)	8.5 (4.0, 17.2)	1.9*
Supplemental Nutrition Assistance Program (SNAP)	4.4 (3.2, 6.1)	16.0 (8.3, 28.5)	13.2 (6.4, 25.4)	7.6 (3.0, 18.1)	4.8 (1.8, 12.5)	2.6*
Unemployment insurance	1.8 (1.4, 2.4)	6.9 (2.7, 16.6)	3.9 (1.5, 9.9)	1.0 (0.1, 6.6)	4.0 (1.2, 12.5)	1.1*

ECONOMIC FACTORS	WHITE (N = 7,405)	HISPANIC (N = 484)	BLACK (N = 320)	ASIAN (N = 167)	MULTIRACIAL/ OTHER (N = 226)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Income sources used to meet spending needs in the last 7 days						
Child tax credit payment	1.1 (0.4, 2.7)	1.1 (0.3, 3.8)	0.7 (0.2, 2.2)	0	7.1 (1.5, 27.8)	1.2*
School meal debit/EBT	0.9 (0.5, 1.5)	2.4 (1.0, 5.4)	1.5 (0.3, 8.0)	0.4 (0.1, 2.7)	2.2 (0.5, 9.6)	2, 536.2
Money saved from deferred/forgiven payments	0.9 (0.6, 1.4)	2.5 (1.1, 5.5)	0.3 (0.1, 1.2)	12.0 (2.2, 45.5)	0.8 (0.2, 3.8)	2.2*
Government rental assistance	1.5 (0.6, 3.4)	0.7 (0.3, 1.6)	9.2 (3.3, 23.1)	0.8 (0.2, 3.4)	2.7 (0.8, 8.8)	1.8*
Other	6.6 (5.5, 7.7)	10.6 (5.8, 18.6)	10.1 (4.1, 23.0)	3.5 (1.3, 9.3)	6.9 (3.4, 13.5)	3, 395.3
In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?						4.0*
Somewhat/Very difficult	18.4 (16.4, 20.6)	39.8 (29.9, 50.6)	41.4 (28.7, 55.4)	8.1 (3.5, 17.7)	29.8 (15.9, 48.6)	
Is this household currently caught up on rent payments?						8.7*
No	6.9 (4.5, 10.5)	32.2 (14.1, 58.0)	26.4 (11.1, 50.6)	11.9 (3.4, 34.6)	12.3 (4.0, 31.6)	
How confident are you that your household will be able to pay your next rent or mortgage payment on time? [2]						5.4*
Not highly confident (Moderately, Slightly, Not at all confident)	17.7 (15.1, 20.6)	33.8 (22.0, 48.1)	53.4 (38.3, 67.9)	43.6 (24.7, 64.7)	27.7 (15.2, 44.9)	
In the last 12 months, how many months did your household reduce or forego expenses for basic household necessities, such as medicine or food, in order to pay an energy bill?						3.3*
1 month or more	14.6 (13.0, 16.3)	29.2 (20.5, 39.7)	28.2 (18.2, 40.9)	10.2 (4.5, 21.8)	43.9 (28.9, 60.1)	
In the last 12 months, how many months did your household keep your home at a temperature that you felt was unsafe or unhealthy?						1.6*
1 month or more	14.3 (12.5, 16.3)	26.7 (18.7, 36.6)	20.7 (11.8, 33.8)	14.3 (7.4, 25.7)	32.7 (19.1, 50.0)	
Getting enough food can also be a problem for some people. In the last 7 days, which of these statements best describes the food eaten in your household?						5.2*
Sometimes/often not enough to eat	3.4 (2.7, 4.3)	14.1 (7.5, 24.8)	14.0 (6.8, 26.6)	8.5 (2.7, 23.8)	5.1 (2.1, 11.9)	

ECONOMIC FACTORS	WHITE (N = 7,405)	HISPANIC (N = 484)	BLACK (N = 320)	ASIAN (N = 167)	MULTIRACIAL/ OTHER (N = 226)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
During the last 7 days, did you or anyone in your household get free groceries from a food pantry, food bank, church, or other place that helps with free food?						3.7*
Yes	3.5 (2.8, 4.5)	13.3 (7.5, 22.3)	17.8 (9.8, 30.3)	9.0 (3.8, 19.9)	14.9 (5.9, 32.7)	
Do you or does anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) or the Food Stamp Program?						1.1*
Yes	8.6 (6.9, 10.6)	18.4 (11.8, 27.5)	15.3 (9.7, 23.2)	16 .0 (7.3, 31.5)	11.7 (4.2, 28.7)	

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes: Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/ Pacific Islander or American Indian/Alaskan Native.

[1] Household income below 100% FPL = Combined household income is at or below 100% of the 2021 FPL and is dependent on the respondent's age and HH size, and number of children.[54]

[2] Weeks 34–45 (question was removed starting in week 46) *White: N = 6, 067*; *Hispanic: N = 1, 247*; *Black = 744*; *Asian: N = 367*; *Multiracial: N = 493*.

*$p < .05$

HEALTH AND WELL-BEING

Health factors associated with the COVID-19 pandemic were measured using COVID-19 vaccination status, vaccination intention, and COVID-19 diagnoses. Mental health and well-being were assessed by measuring prescription medication use and participation in therapy to address mental health needs, in addition to self-reported anxiety and depression symptoms.

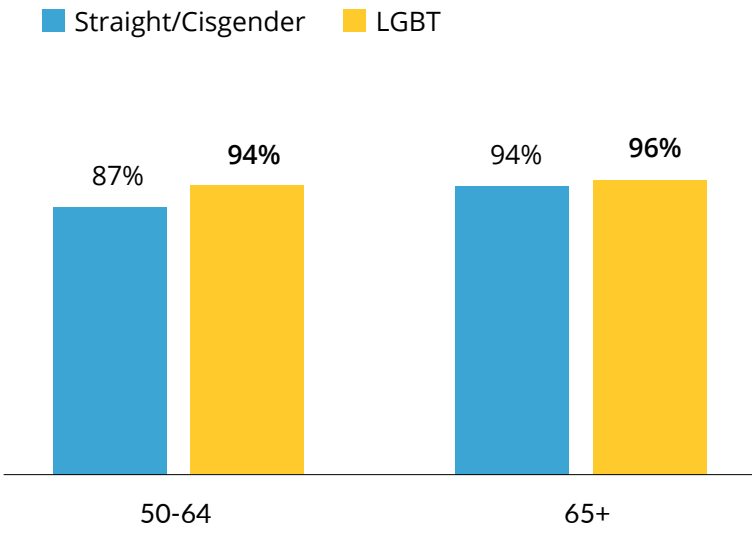
COVID-19

Table 4 shows COVID-19 data for respondents aged 50–64 years old and Table 5 shows the same results for the LGBT respondents stratified by race/ethnicity. Tables 6 and 7 show the same results for the people in 65 and older cohort.

In both age cohorts, almost all LGBT people had received the COVID-19 vaccine which was slightly more than straight/cisgender people (Figure 7), but similar proportions of LGBT and straight/ cisgender people had tested positive or been diagnosed with COVID-19 (Aged 50–64: 38% vs. 41%; Aged 65 and older: 25% vs. 28%, respectively).

[54] U.S. Census Bureau. (2021). *Poverty thresholds by size of family and number of children.* https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

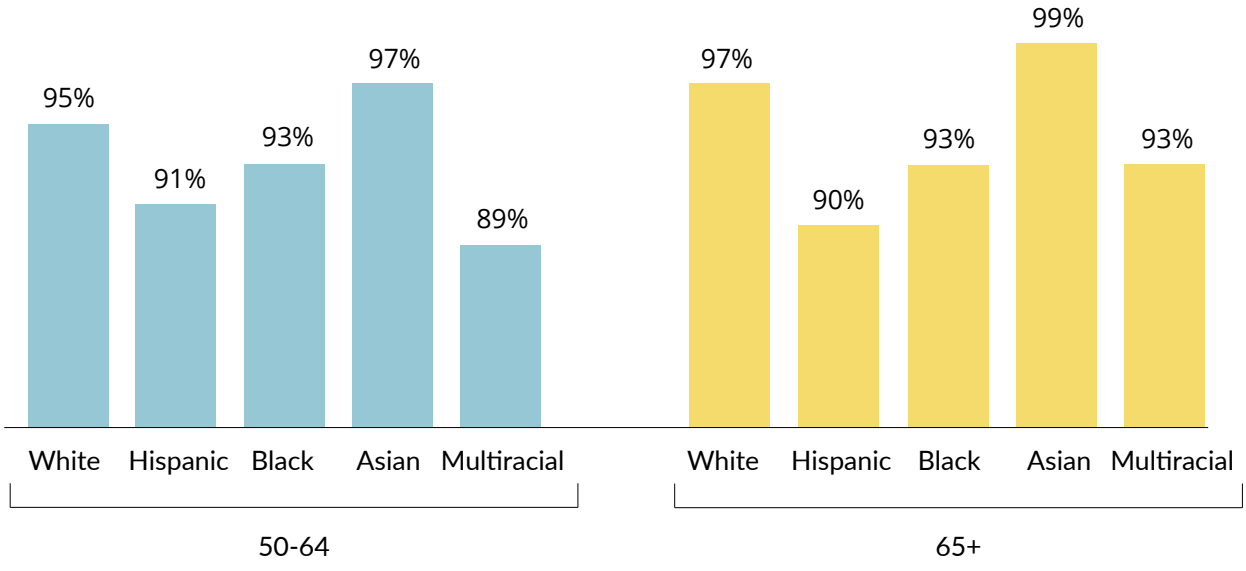
Figure 7. Received a COVID-19 vaccine among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–39), July 2021–October 2021
Note: Bold values indicate LGBT people are significantly different from straight/cisgender people.

When looking at race/ethnicity, White and Asian LGBT people in both age cohorts showed the highest rates of COVID-19 vaccination (Figure 8). White and Black LGBT people had the lowest prevalence of COVID-19 diagnosis in the 50–64-years-old cohort and White, Black, and Multiracial LGBT people had the lowest prevalence of COVID-19 diagnosis in the 65 and older cohort (Tables 5 and 7).

Figure 8. Received a COVID-19 vaccine among LGBT adults aged 50–64 and 65 and older, by race/ethnicity



Source: U.S. Census Household Pulse Survey (Weeks 34–39), July 2021–October 2022

Table 8 shows factors associated with the COVID-19 pandemic among people between the ages of 50–64. More LGBT than straight/cisgender people received the COVID-19 vaccine, but among those who *had* received the vaccine a similar proportion of LGBT and straight/cisgender people received all or planned to receive all required doses. Among those who had *not* received the vaccine, more LGBT people "probably or definitely" planned to get it compared to straight/cisgender people. Additionally, about 40% of LGBT and straight/cisgender people had tested positive for COVID-19 or been diagnosed by a healthcare provider.

LGBT adults aged 50–64

Table 8. COVID-19 factors among adults aged 50–64, by sexual and gender identity

COVID-19 FACTORS	STRAIGHT/CISGENDER (N = 103,242)		LGBT (N = 6,077)		
	%	95% CI	%	95% CI	X^2
Received a COVID-19 vaccine?[1]	87.3	87.0, 87.6	93.8	92.7, 94.6	1,558.0*
(Among those who have received vaccine) Did you receive (or do you plan to receive) all doses?[1]					
Yes, received all / plan to receive all required doses	99.4	99.3, 99.5	99.3	98.0, 99.8	27.3
(Among those who have not received vaccine) Now that vaccines to prevent COVID-19 are available to most adults in the U.S., will you...[1]					1,783.2*
Probably / Definitely get a vaccine	12.4	11.5, 13.3	23.1	15.7, 32.6	
Be unsure about getting a vaccine	15.7	14.8, 16.8	17.3	11.3, 25.5	
Probably / Definitely NOT get a vaccine	71.9	70.8, 73.1	59.7	50.3, 68.4	
Tested positive for or had COVID-19 [2]	41.2	40.3, 42.2	38.1	33.8, 42.5	128.3

Source: U.S. Census Household Pulse Survey (Weeks 34–39 and 46–48), July 2021–August 2022

Notes:

[1] Weeks 34–39 only (before number of doses question was changed).

[2] Weeks 46–48 only (when question was updated to include at home testing) *Straight/Cisgender: N = 43,513; LGBT: N = 2,510.*

*$p < .05$

Table 9 shows factors associated with the Covid-19 pandemic by race/ethnicity among LGBT people between the ages of 50–64. White and Asian LGBT people showed the highest rates of vaccination (97% and 95%) and LGBT people who identify as Hispanic and Multiracial/Other showed the lowest rates of vaccination against COVID-19 (91% and 89%). Similar proportions had received all or planned to receive all required doses. Among those who had not received the vaccine, similar proportions across racial groups 'probably or definitely' planned to get it. About 50% of Asian, 46% of Hispanic, 43% of Multiracial/Other, 36% of White, and 30% of Black LGBT people had tested positive or been diagnosed with COVID-19 by a healthcare provider, though these differences were not statistically different.

Table 9. COVID-19 factors among LGBT adults aged 50–64, by race/ethnicity

COVID-19 FACTORS	WHITE (N = 4,732)	HISPANIC (N = 585)	BLACK (N = 342)	ASIAN (N = 172)	MULTIRACIAL (N = 246)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Received a COVID-19 vaccine?[1]	94.7 (93.6, 95.6)	90.9 (86.6, 94.0)	92.9 (88.9, 95.5)	96.8 (92.2, 98.7)	89.4 (83.0,93.6)	4,917.7*
(Among those who have received vaccine) Did you receive (or do you plan to receive) all doses?[1]						8,087.8
Yes, received all / plan to receive all required doses	99.7 (99.1, 99.9)	97.5 (85.3, 99.6)	99.3 (95.4, 99.9)	99.1 (94.1, 99.9)	100.0	
(Among those who have not received vaccine) Now that vaccines to prevent COVID-19 are available to most adults in the U.S., will you...[1]						5.4
Probably / Definitely get a vaccine	17.8 (10.9, 27.9)	31.8 (12.3, 60.7)	26.9 (10.5, 53.7)	29.4 (7.4, 68.5)	30.1 (12.0, 57.6)	
Be unsure about getting a vaccine	19.1 (11.9, 29.3)	10.2 (2.7, 32.1)	30.4 (10.9, 61.0)	0.00	3.20 (0.9, 10.9)	
Probably / Definitely NOT get a vaccine	63.0 (52.2, 72.7)	58.0 (32.9, 79.5)	42.6 (22.5, 65.6)	70.6 (31.5, 92.6)	66.7 (39.6, 85.9)	
Tested positive for or had COVID-19[2]	36.2 (31.6, 40.9)	46.2 (32.4, 60.7)	30.4 (18.0, 46.5)	49.8 (32.3, 67.4)	43.0 (27.7, 59.7)	1.0

Source: U.S. Census Household Pulse Survey (Weeks 34–39 and 46–48), July 2021–August 2022

Notes: Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[1] Weeks 34–39 only (before number of doses question was changed).

[2] Weeks 46–48 only (when question was updated to include at home testing) *White: N = 1,943; Hispanic: N = 238; Black = 145; Asian: N = 85; Multiracial: N = 99.*

*$p < .05$

LGBT adults aged 65 and older

Table 10 shows factors associated with the COVID-19 pandemic among people 65 years of age or older. Slightly more LGBT than straight/cisgender people received the COVID-19 vaccine, and a similar proportion of LGBT and straight/cisgender people received all or planned to receive all required doses. Among those who had *not* received the vaccine, a similar proportion of LGBT and straight/cisgender people 'probably or definitely' planned to receive it. Additionally, about 25–30% of LGBT and straight/cisgender people had tested positive or been diagnosed with COVID-19, among those aged 65 and older.

Table 10. COVID-19 factors among adults aged 65 and older, by sexual and gender identity

COVID-19 FACTORS	STRAIGHT/CISGENDER (N = 98,389)		LGBT (N = 3,261)		
	%	95% CI	%	95% CI	X^2
Received a COVID-19 vaccine? [1]	94.2	94.0,94.4	95.9	94.7,96.9	124.3*
(Among those who have received vaccine) Did you receive (or do you plan to receive) all doses?[1]					7.0
Yes, received all / plan to receive all required doses	99.6	99.5, 99.7	99.7	99.4, 99.9	
(Among those who have not received vaccine) Now that vaccines to prevent COVID-19 are available to most adults in the U.S., will you...[1]					408.2
Probably / Definitely get a vaccine	15.2	13.5, 17.0	21.1	12.9, 32.6	
Be unsure about getting a vaccine	13.3	11.8, 14.8	9.4	4.9, 17.3	
Probably / Definitely NOT get a vaccine	71.6	69.5, 73.6	69.5	57.0, 79.6	
Tested positive for or had COVID-19 [2]	27.8	26.9, 28.8	24.5	19.9, 29.7	100.4

Source: U.S. Census Household Pulse Survey (Weeks 34 –39 and 46–48), July 2021–August 2022

Notes:

[1] Weeks 34–39 only (before number of doses question was changed).

[2] Weeks 46–48 only (when question was updated to include at home testing) *Straight/Cisgender: N = 43,734; LGBT: N = 1,554.*

*$p < .05$

Table 11 shows factors associated with the COVID-19 pandemic by race/ethnicity among LGBT people 65 years of age or older. LGBT people who identify as Asian and White showed the highest rates of vaccination against COVID-19, especially compared to Hispanic LGBT people. Slightly fewer Hispanic, Black, and Multiracial/Other LGBT people received all or planned to receive all required doses of the vaccine compared to White and Asian LGBT people. Among those who had not received the vaccine, more Hispanic, Black, and Asian LGBT people 'probably or definitely' did not plan to get the vaccine compared to White LGBT people. About 45% of Hispanic, 36% of Asian, 23% of Multiracial/Other, 22% of White, and 14% of Black LGBT people had tested positive or been diagnosed with COVID-19 by a healthcare provider

Table 11. COVID-19 factors among LGBT adults aged 65 and older, by race/ethnicity

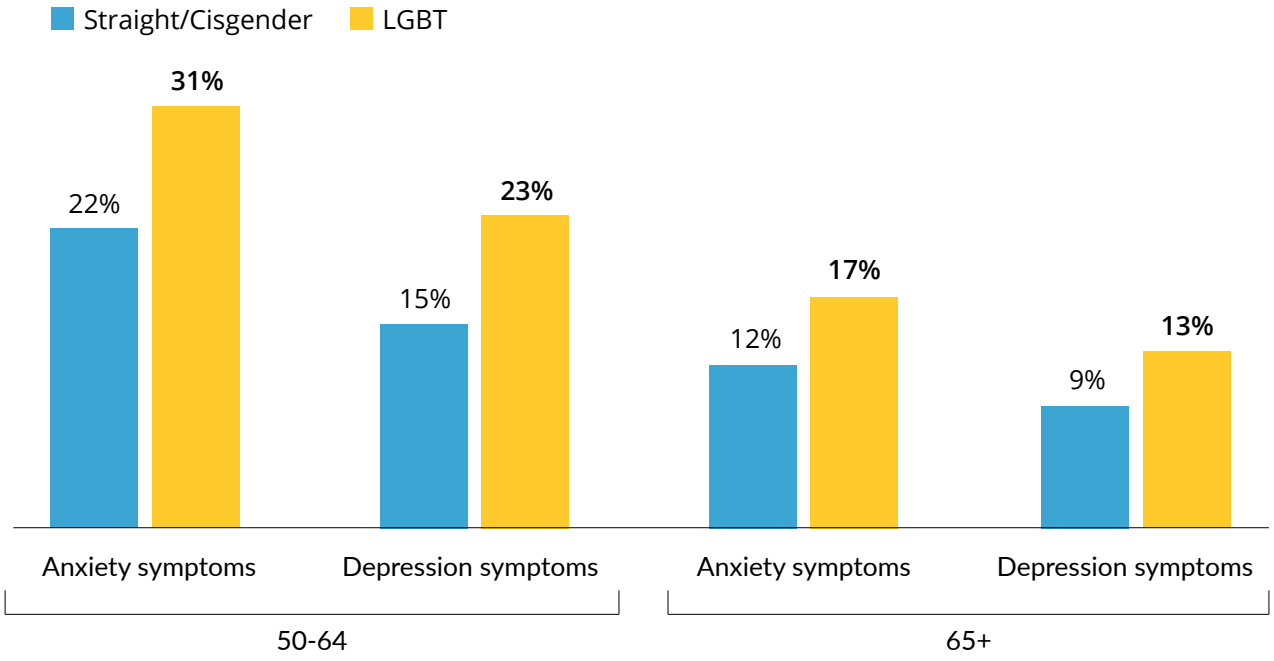
COVID-19 FACTORS	WHITE (N = 2,793)	HISPANIC (N = 189)	BLACK (N = 129)	ASIAN (N = 59)	MULTIRACIAL (N = 91)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Received a COVID-19 vaccine? [1]	97.1 (96.2, 97.8)	89.7 (80.4, 94.9)	92.8 (84.2, 96.9)	98.9 (95.0, 99.7)	92.5 (80.6, 97.3)	1.6*
(Among those who have received vaccine) Did you receive (or do you plan to receive) all doses? [1]						9,548.3*
Yes, received all / plan to receive all required doses	99.9 (99.8, 100.0)	98.9 (96.7, 99.6)	97.7 (86.5, 99.7)	100.0	99.7 (97.8, 100.0)	
(Among those who have not received vaccine) Now that vaccines to prevent COVID-19 are available to most adults in the U.S., will you...[1]						1.7
Probably / Definitely get a vaccine	30.7 (18.8, 45.8)	4.2 (0.8, 19.0)	8.5 (1.8, 32.2)	0.0	13.3 (2.0, 53.0)	
Be unsure about getting a vaccine	15.5 (8.2, 27.4)	1.2 (0.2, 7.7)	0.0	0.0	0.0	
Probably / Definitely NOT get a vaccine	53.9 (39.5, 67.6)	94.7 (80.1, 98.7)	91.5 (67.8, 98.2)	100.0	86.7 (47.0, 98.0)	
Tested positive for or had COVID-19 [2]	21.8 (18.1, 26.0)	45.0 (24.5, 67.4)	14.1 (6.0, 29.8)	35.7 (14.9, 63.7)	22.8 (10.9, 41.5)	13.8*

Source: Census Household U.S. Census Household Pulse Survey (Weeks 34–39 and 46–48), July 2021–August 2022
Notes: Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/ Pacific Islander or American Indian/Alaskan Native.
[1] Weeks 34–39 only (before number of doses question was changed).
[2] Weeks 46–48 only (when question was updated to include at home testing) *White: N = 1,338; Hispanic: N = 92; Black = 58; Asian: N = 28; Multiracial: N = 38.*
*$p < .05$

Mental Health and Well-Being

In both cohorts (Table 12 and 14), more LGBT than straight/cisgender people reported experiencing anxiety and depression symptoms (Figure 9) and more LGBT than straight/cisgender people were taking a prescription medication for their mental health, were receiving therapy from a mental health professional, and reported needing help from a mental health professional but not getting it (Figure 10).

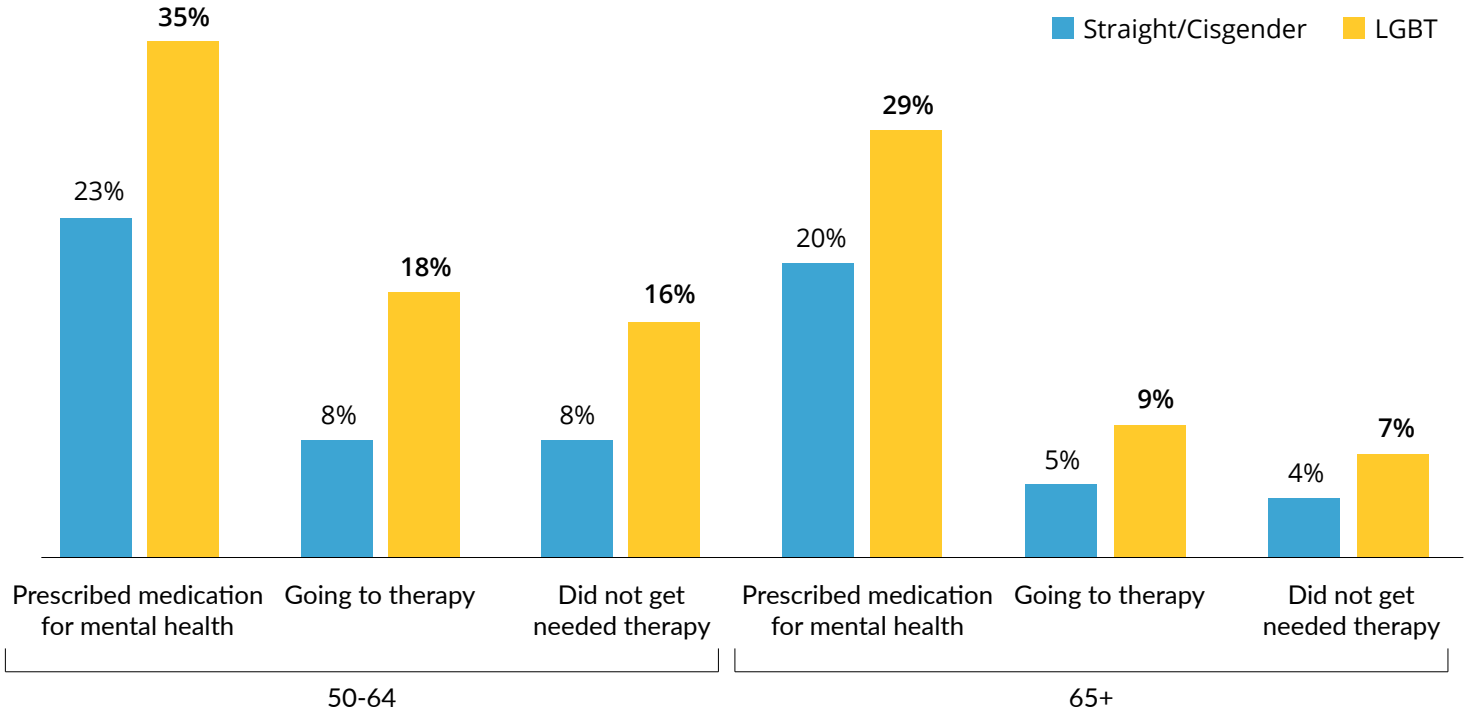
Figure 9. Anxiety and depression symptoms among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bold numbers indicate LGBT people are statistically different from straight/cisgender people.

Figure 10. Medication and therapy use for mental health among adults aged 50–64 and 65 and older, by sexual and gender identity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–May 2022

Note: Bold numbers indicate LGBT people are statistically different from straight/cisgender people.

LGBT adults aged 50–64

Table 12. Mental health factors among adults aged 50–64, by sexual and gender identity

MENTAL HEALTH FACTORS	STRAIGHT/CISGENDER (N = 213,228)		LGBT (N = 12,700)		
	%	95% CI	%	95% CI	X^2
Felt nervous, anxious, or on edge more than half the days/Nearly every day[1] (past 2 weeks)	21.9	21.6, 22.2	30.6	29.1, 32.2	1,794.6*
Felt down, depressed, or hopeless more than half the days/Nearly every day[1] (past 2 weeks)	15.1	14.8, 15.4	22.9	21.4, 24.4	1,911.2*
Took prescription medication to help with emotions or with concentration, behavior, or mental health[2] (past 4 weeks)	22.9	22.5, 23.2	35.3	33.7, 36.9	3,313.1*
Received counseling or therapy from a mental health professional including counseling or therapy online or by phone[2] (past 4 weeks)	8.3	8.1, 8.5	17.5	16.2, 18.9	4,121.0*
Did not get needed counseling or therapy from a mental health professional for any reason[2] (past 4 weeks)	8.2	8.0, 8.4	15.7	14.5, 17.1	2, 832.1*

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

[1] Weeks 34–48: *Straight/Cisgender: N = 256,741; LGBT: N = 15,210*

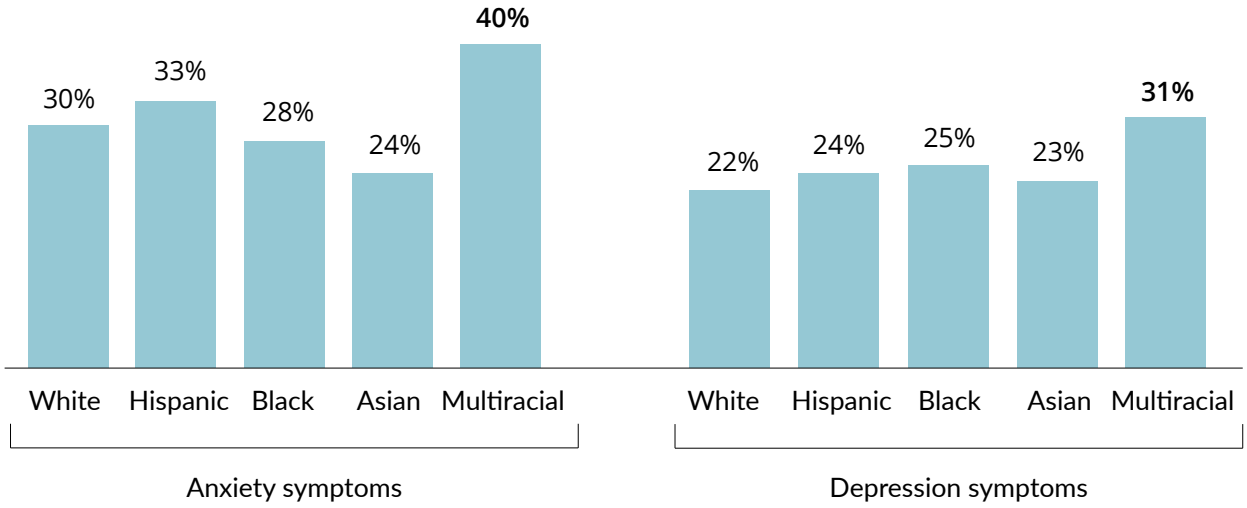
[2] Weeks 34–45 only (before questions were removed).

*$p < .05$

Table 13 shows factors associated with mental health by race/ethnicity among LGBT people 50–64 years of age. A similar proportion of White, Hispanic, Black, and Asian LGBT adults reported anxiety and depression symptoms, but a higher proportion of Multiracial LGBT adults reported experiencing anxiety and depression symptoms compared to White LGBT adults (Figure 11).

More White and Multiracial LGBT people were taking prescription medications for their mental health compared to Hispanic, Black, and Asian LGBT people. More Multiracial LGBT people were receiving therapy from a mental health professional compared to White or Hispanic LGBT people and more Multiracial than White or Asian LGBT people needed therapy from a mental health professional but did not get it.

Figure 11. Anxiety and depression symptoms among LGBT adults aged 50–64, by race/ethnicity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bold numbers indicate that race/ethnicity is statistically different from White.

Table 13. Mental health factors among LGBT adults aged 50–64, by race/ethnicity

MENTAL HEALTH FACTORS	WHITE (N = 9,849)	HISPANIC (N = 1,247)	BLACK (N = 744)	ASIAN (N = 367)	MULTIRACIAL (N = 493)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Felt nervous, anxious, or on edge more than half the days/ Nearly every day[1] (past 2 weeks)	30.2 (28.6, 31.9)	32.5 (27.4, 38.0)	28.2 (21.7, 35.8)	24.4 (15.3, 36.5)	40.2 (33.5, 47.4)	2,875.8
Felt down, depressed, or hopeless more than half the days/Nearly every day[1] (past 2 weeks)	21.9 (20.4, 23.4)	24.3 (19.6, 29.6)	24.5 (18.5, 31.7)	22.5 (13.5, 35.1)	31.1 (24.6, 38.4)	2,267.9
Took prescription medication to help with emotions or with concentration, behavior, or mental health[2] (past 4 weeks)	38.4 (36.6, 40.2)	26.7 (22.4, 31.5)	27.5 (21.2, 34.8)	14.6 (8.4, 24.2)	44.5 (36.7, 52.6)	10.8*
Received counseling or therapy from a mental health professional including counseling or therapy online or by phone[2] (past 4 weeks)	16.8 (15.6,18.1)	14.6 (11.6, 18.3)	23.4 (16.4, 32.1)	12.9 (7.0, 22.5)	27.8 (21.2, 35.6)	6,558.6*

MENTAL HEALTH FACTORS	WHITE (N = 9,849)	HISPANIC (N = 1,247)	BLACK (N = 744)	ASIAN (N = 367)	MULTIRACIAL (N = 493)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Did not get needed counseling or therapy from a mental health professional for any reason[2] (past 4 weeks)	15.1 (13.8, 16.5)	14.9 (11.1, 19.8)	20.0 (14.7, 26.4)	8.9 (4.6,16.5)	24.0 (17.8, 31.4)	4,557.7*

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes: Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[1] Weeks 34–48: *White: N = 11,792; Hispanic: N = 1,485; Black = 889; Asian: N = 452; Multiracial: N = 592*

[2] Weeks 34–45 only (before questions were removed).

* *p< .05*

LGBT adults aged 65 and older

Table 14. Mental health factors among adults aged 65 and older, by sexual and gender identity

MENTAL HEALTH FACTORS	STRAIGHT/ CISGENDER (N = 208,892)	LGBT (N = 7,048)	
	% (95% CI)	% (95% CI)	X^2
Felt nervous, anxious, or on edge more than half the days/Nearly every day[1] (past 2 weeks)	12.2 (11.9, 12.5)	16.8 (15.1, 18.6)	441.3*
Felt down, depressed, or hopeless more than half the days/Nearly every day[1] (past 2 weeks)	8.5 (8.3, 8.8)	13.0 (10.9, 15.4)	562.4*
Took prescription medication to help with emotions or with concentration, behavior, or mental health[2] (past 4 weeks)	20.3 (20.0, 20.7)	28.8 (26.2, 31.5)	912.1*
Received counseling or therapy from a mental health professional including counseling or therapy online or by phone[2] (past 4 weeks)	4.6 (4.4, 4.8)	8.5 (7.4, 9.8)	746.7*
Did not get needed counseling or therapy from a mental health professional for any reason[2] (past 4 weeks)	3.8 (3.6, 3.9)	7.3 (5.9, 8.9)	701.7*

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

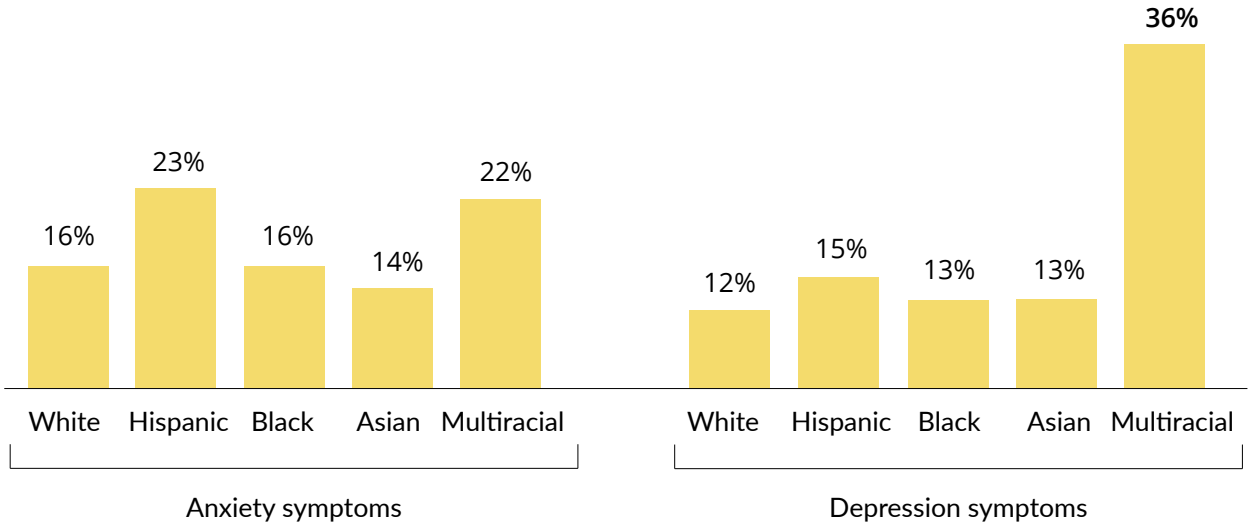
[1] Weeks 34–48: *Straight/Cisgender: N = 252,626; LGBT: N = 8,602*

[2] Weeks 34–45 only (before questions were removed).

* *p< .05*

Table 15 shows factors associated with mental health by race/ethnicity among LGBT people 65 years of age or older. There were no significant differences in the proportion of White, Hispanic, Black, and Asian LGBT adults who reported anxiety and depression symptoms, however a higher proportion of Multiracial LGBT adults reported experiencing depression compared to White LGBT adults (Figure 12). Fewer Asian LGBT people were taking prescription medications for their mental health compared to White and Hispanic LGBT people. Multiracial LGBT people reported the highest rate of prescription medication use. More White, Hispanic, and Black LGBT people were receiving therapy from a mental health professional compared to Asian LGBT people. Similar proportions of people in each race/ethnic group reported they needed therapy from a mental health professional but did not get it.

Figure 12. Anxiety and depression symptoms among LGBT adults aged 65 and older, by race/ethnicity



Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Note: Bold numbers indicate that race/ethnicity is statistically different from White.

Table 15. Mental health factors among LGBT adults aged 65 and older, by race/ethnicity

MENTAL HEALTH FACTORS	WHITE (N = 6,067)	HISPANIC (N = 392)	BLACK (N = 262)	ASIAN (N = 139)	MULTIRACIAL (N = 188)	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	X^2
Felt nervous, anxious, or on edge more than half the days/Nearly every day[1] (past 2 weeks)	15.9 (14.2, 17.7)	23.3 (16.3, 32.3)	15.5 (8.2, 27.5)	14.2 (6.8, 27.1)	22.3 (10.9, 40.3)	4,282.1
Felt down, depressed, or hopeless more than half the days/Nearly every day[1] (past 2 weeks)	11.7 (10.1, 13.5)	14.6 (8.6, 23.5)	12.6 (5.8, 25.2)	12.9 (5.9, 25.8)	35.5 (13.6, 65.9)	1.9*
Took prescription medication to help with emotions or with concentration, behavior, or mental health[2] (past 4 weeks)	28.4 (26.3,30.6)	32.9 (22.9,44.8)	22.3 (12.0,37.7)	9.2 (3.7,21.1)	43.6 (19.4,71.3)	1.1
Received counseling or therapy from a mental health professional including counseling or therapy online or by phone[2] (past 4 weeks)	8.7 (7.6,10.1)	9.6 (4.7,18.7)	6.1 (3.1,11.7)	1.5 (0.6,4.2)	9.0 (4.1,18.9)	1,897.5
Did not get needed counseling or therapy from a mental health professional for any reason[2] (past 4 weeks)	7.5 (5.9,9.4)	6.4 (3.9,10.5)	5.9 (2.6,12.9)	10.6 (3.0,31.0)	5.4 (2.5,11.4)	837.2

Source: U.S. Census Household Pulse Survey (Weeks 34–48), July 2021–August 2022

Notes:

Multiracial group includes people who identify in more than one race category or identified as Native Hawaiian/Pacific Islander or American Indian/Alaskan Native.

[1] Weeks 34–48: *White: N = 7,405; Hispanic: N = 484; Black = 320; Asian: N = 167; Multiracial: N = 226*

[2] Weeks 34–45 only (before questions were removed).

*$p < .05$

CONCLUSIONS

This report uses data from the Census Household Pulse Survey, collected between July 2021 and August 2022 during the COVID-19 pandemic, to build a demographic profile of LGBT older adults. COVID-19 continues to disrupt lives in the U.S. and worldwide, but disruption is not a new experience for LGBT aging populations. LGBT older adults have experienced systemic discrimination as well as economic and social precarity over a lifetime.

The report shows that most LGBT and straight/cisgender adults have been vaccinated for COVID-19, but White and Asian LGBT adults had higher vaccination rates than Hispanic, Black, and Multiracial LGBT adults. In terms of COVID-19 disease, 38% of LGBT adults aged 50–64 have tested positive for or had COVID-19 with somewhat higher rates of COVID disease among Hispanic and Asian older adults. Among Hispanic LGBT adults aged 50–64, 46% tested positive or had COVID-19; and among Asian adults aged 50–64, 50% tested positive for or had COVID-19 compared with 36% of White and 30% of Black LGBT adults. The finding regarding COVID-19 disease among Hispanic people is similar to other reported national studies but some other studies reported that Black adults had higher disease prevalence than White adults.[55,56]

In line with previous research about mental health among LGBT older adults, we show that compared to straight/cisgender older adults, LGBT older adults report high frequency of anxiety and depression symptoms. Treatment rates were also higher among LGBT people. Among LGBT adults aged 65 and older, 9% received therapy, as opposed to 5% of their straight/cisgender peers. The difference was greater among those aged 50–64, where 18% of LGBT adults were going to therapy and 8% of straight/cisgender adults were. In general, more of LGBT than straight/cisgender older adults utilize mental health services: 29% of LGBT adults aged 65 and older, compared with 20% of straight/cisgender adults aged 65 and older, take prescription medication for their mental health. At the same time, there continues to be unmet needs in the LGBT population. For example, 7% of LGBT adults aged 65 and older as opposed to 4% of straight/cisgender adults of the same age, and among those 50–64 years old, 16% LGBT adults compared to 8% of straight/cisgender adults reported needing help but not getting mental health services. This may reflect challenges that LGBT people encounter in finding adequate culturally appropriate care as evidence suggests that LGBT people prefer mental health treatment from LGBT sources that may be hard to access.[57]

In line with previous research about economic deficits experienced by older LGBT adults, this analysis

[55] National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. (2022, December 28). *Risk for COVID-19 infection, hospitalization, and death by race/ethnicity*. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[56] Hill, L. & Artiga, S. (2022, August 22). *COVID-19 cases and deaths by race/ethnicity: Current data and changes over time*. Kaiser Family Foundation. August 22, 2022. https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/

[57] Martos, A. J., Wilson, P. A., Gordon, A. R., Lightfoot, M., & Meyer, I. H. (2018). Like finding a unicorn: Healthcare preferences among lesbian, gay, and bisexual people in the United States. *Social science & medicine (1982)*, *208*, 126–133. https://doi.org/10.1016/j.socscimed.2018.05.020

shows that LGBT older adults experience more economic insecurity,[58] have lower incomes, are more food insecure, and are more dependent on alternative forms of income and assistance to support themselves than straight/cisgender older adults. For example, 21% of LGBT people aged 50–64, and 19% of LGBT people aged 65 and older had household incomes below the federal poverty level compared with 15% of straight/cisgender adults in both cohorts. This report also shows significant economic disparity, by race/ethnicity, within the LGBT population. Among LGBT adults aged 50–64, 33% of Hispanic, 27% of Black, and 30% of Multiracial had incomes below the federal poverty level, as compared with 18% of White and 10% of Asian LGBT adults. Among those 65 and older, Black and Hispanic LGBT people's proportions of poverty, renting versus owning, trouble paying bills and expenses, and being food insecure were twice that of White and Asian LGBT people in the same age cohort.

The study comes with some limitations. For one, we used a dataset collected for general proposes and were therefore restricted to data that is applicable to both straight/cisgender and LGBT populations. In the future, it would be helpful to know more about issues specific to LGBT populations, such as to what extent LGBT older adults utilize resilience resources within the LGBT community, what needs they have that are unmet, and what is the role of families of choice in supporting older LGBT adults. In addition, the data we used comes from the U.S. Census Bureau as a part of their Experimental Data Series.[59] We continue to learn about the Household Pulse Survey methods and its strengths and limitations in studying the characteristics and experiences of transgender people in the U.S., as described in the Methods section below.[60] We also need to learn more about reporting of sexual orientation and gender identity among older LGBT adults. It is well established that younger age cohorts of Americans report more LGBT status than older cohorts,[61] but it is not entirely clear if that reflects the true demographic picture or if there is greater reluctance among older adults to report an LGBT status.

MORE RESEARCH ON LGBT AGING IS NEEDED

Resilience in LGBT Aging

Research about LGBT older adults, including this report, tend to emphasize risks and challenges in aging experiences, but resiliency plays an important role in the ability of older LGBT adults to manage and survive discrimination experienced over a lifetime.[62] Resiliency is a lifelong process where

---

[58] Wilson, B.D.M., Bouton, L., & Mallory, C. (2021). *Racial Differences Among LGBT Adults in the U.S.* Los Angeles, CA: The Williams Institute, UCLA School of Law.

[59] United States Census Bureau. (2021). *Measuring Household Experiences during the Coronavirus Pandemic.* https://www.census.gov/data/experimental-data-products/household-pulse-survey.html.

[60] United States Census Bureau. (2021). *Source of the Data and Accuracy of the Estimates for the Household Pulse Survey – Phase 3.2*. https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3-2_Source_and_Accuracy_Week39.pdf; Jesdale, B.M. (2021). *Counting Gender Minority Populations in the Household Pulse Survey (The AGENID=2 Memo).* National LGBT Cancer Network. https://cancer-network.org/wp-content/uploads/2021/10/Counting-GM-People-in-Pulse-Data.pdf

[61] Jones, J.M. (2022, February 17). *LGBT identification in the U.S. ticks up to 7.1%.* Gallup. https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx.

[62] Laganá, L., Balian, O. A., Nakhla, M. Z., Zizumbo, J., & Greenberg, S. (2021). A preliminary model of health regarding sexual and ethnic minority older adults. *Culture, Health & Sexuality*, *23*(3), 333–348. https://doi.org/10.1080/13691058.2019.1710566

people successfully adapt to difficult life experiences and circumstances,[63] and there is evidence to support that social cohesion and community interaction significantly enhance the lives of older LGBT adults.[64] For example, some LGBT older adults report that participating in social activism in the wake of discriminatory treatment bolstered their resilience.[65] Beyond the individual level, there is evidence to support that the deep emotional bonds formed by chosen families not only provides social support but also fosters resiliency among LGBT older adults.[66] Research indicates that LGBT older adults who participate in the community benefit from the experiences that aging and maturation provide and they fare better, and experience fewer mental and physical stressors than younger LGBT cohorts.[67, 68, 69]

While it is important that research continues to understand the challenges to healthy living, it is also important that researchers understand the ways that some LGBT older people are not only surviving but thriving. For example, this report provides some indication that some LGBT older adults are engaging with preventative and therapeutic mental health treatments, which may enable healthier and happier aging. This report also shows that LGBT older adults have higher vaccination rates compared to straight/cisgender older adults. Given these touchpoints, it behooves researchers to further investigate how and why some LGBT older adults are thriving.

Diversity in LGBT Communities

Research does not typically sufficiently consider diversity of experience among LGBT older adults, and data from the large, pooled Household Pulse Survey gives an important opportunity for researchers to understand the experiences of LGBT older adults of color. This report replicates previous findings about economic disparity relative to White LGBT people. Given the very uneven economic conditions, especially for Black and Hispanic LGBT older adults, it is imperative that researchers investigate how discrimination based on race/ethnicity, sexual orientation and gender identity intersect, and what implications multiple marginalization have on diverse aging populations.

---

[63] Herrman, H., Stewart, D. E., Diaz-Granados, N., Berger, E. L., Jackson, B., & Yuen, T. (2011). What is resilience?. *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie*, *56*(5), 258–265. https://doi.org/10.1177/070674371105600504

[64] Fredriksen-Goldsen K. I. (2011). Resilience and disparities among lesbian, gay, bisexual, and transgender older adults. *The Public Policy and Aging Report*, *21*(3), 3–7. https://doi.org/10.1093/ppar/21.3.3

[65] Boggs, J. M., Dickman Portz, J., King, D. K., Wright, L. A., Helander, K., Retrum, J. H., & Gozansky, W. S. (2017). Perspectives of LGBTQ older adults on aging in place: A qualitative investigation. *Journal of Homosexuality*, *64*(11), 1539–1560. https://doi.org/10.1080/00918369.2016.1247539

[66] Goldhammer, H., Krinsky, L., & Keuroghlian, A. S. (2019). Meeting the behavioral health needs of LGBT older adults. *Journal of the American Geriatrics Society*, *67*(8), 1565–1570. https://doi.org/10.1111/jgs.15974

[67] Monin, J. K., Mota, N., Levy, B., Pachankis, J., & Pietrzak, R. H. (2017). Older age associated with mental health resiliency in sexual minority us veterans. *The American Journal of Geriatric Psychiatry : Official Journal of The American Association for Geriatric Psychiatry*, *25*(1), 81–90. https://doi.org/10.1016/j.jagp.2016.09.006

[68] Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H. J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., Goldsen, J., & Muraco, A. (2014). Physical and mental health of transgender older adults: an at-risk and underserved population. *The Gerontologist*, *54*(3), 488–500. https://doi.org/10.1093/geront/gnt021

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

Compared to Black and White LGBT older adults, there is even less research and information about American Indian/Alaska Native (AI/AN), Asian American and Pacific Islander, and Latinx LGBT older adults.[70, 71] The research that does exist shows that the aging experiences of LGBT older adults are significantly shaped by the experience of being racialized. For example, many AI/AN LGBT and Two Spirit older adults are survivors of systematic abuse, and as children, were uniquely targeted in the U.S. boarding school system because of their sexual orientation and gender identity.[72] These patterns of historical trauma have a profound effect, and AI/AN LGBT and Two Spirit older adults who experienced childhood abuse are likely to report poor health, as well as physical and mental impairment.[73] Asian Americans and Pacific Islanders are one of the fastest growing groups among U.S. aging populations,[74] but few data sources are available to understand Asian American and Pacific Islander LGBT older adults.[75] Asian American and Pacific Islander LGBT older adults are incredibly diverse in terms of languages spoken, and each language has a unique translation of *LGBT*.[76] Since most research about LGBT aging in the U.S. is conducted in English there is limited understanding about Asian American and Pacific Islander LGBT older adults. Research that addresses these gaps in our knowledge is challenging in population studies because of the low base rate of racial/ethnic minorities in the U.S. population, however more efforts to collect and analyze such data is important to our understanding of diversity in LGBT communities.

[70] Wilson, B.D.M., Bouton, L., & Mallory, C. (2021). *American Indian and Alaska Native LGBT Adults in the U.S.* Los Angeles, CA: The Williams Institute, UCLA School of Law.

[71] Choi, S.K., Wilson, B.D.M., Bouton, L. & Mallory, C. (2021). *LGBT Asian American Pacific Islander Adults in the US: LGBT Well-Being at the Intersection of Race*. Williams Institute: Los Angeles, CA.

[72] Harley, D.A. & Alston, R.J. (2016). American Indian, Alaska Native, and Canadian aboriginal two-spirit/LGBT elderly. *The Handbook of LGBT Elders.* D.A. Harley & P.B. Teaster (eds). London: Springer. https://doi.org/10.1007/978-3-319-03623-6_7

[73] National Center on Elder Abuse. (2021, June). *A Spotlight on two spirit elders and elder justice facts*. https://www.lgbtagingcenter.org/resources/pdfs/NCEA_TwoSpirit_FactSheet.pdf

[74] Diverse Elders Coalition. ND. *Asian American, Pacific Islander, and Native Hawaiian elders*. https://diverseelders.org/who-we-are/diverse-elders/aapi-elders/

[75] Harley, D.A. & Alston, R.J. (2016). American Indian, Alaska Native, and Canadian aboriginal two-spirit/LGBT elderly. *The Handbook of LGBT Elders.* D.A. Harley & P.B. Teaster (eds). London: Springer. https://doi.org/10.1007/978-3-319-03623-6_7

[76] Parton, M. (2015, December 11). *LGBT glossary bridges linguistic gap across cultures*. Oakland North. https://oaklandnorth.net/2015/12/11/languages/

METHODS

This study analyzed repeated cross-sectional data collected between July 21, 2021 and August 8, 2022[77] by the U.S. Census Bureau on the Household Pulse Phase 3.5 Survey[78] (weeks 34–48). The Household Pulse Survey is a 20-minute online survey that was developed to assess the impact of COVID-19 on employment, food and housing security, and the physical and mental wellbeing of the U.S. population. Households were enumerated via the Census Bureau's Master Address File (MAF); email addresses and cell phone numbers were appended to create a contact sampling frame for the survey. Group quarters such as homeless shelters, nursing homes, and college dormitories were not sampled. Online surveys were conducted in English and Spanish with 971,836 U.S. adults ages 18 and up. The response rate for weeks 34-48 ranged from 4.4% to 7.9%.[79]

A question about sexual orientation identity ("Which of the following best represents how you think of yourself?") was added to the Household Pulse Survey starting in week 34 and was used to classify respondents as lesbian, gay, or bisexual (LGB) and straight based on their selection of these response options (gay or lesbian; straight, that is not gay or lesbian; bisexual). Respondents who selected "something else" as their sexual identity were excluded from analysis based on prior research indicating that this group is heterogeneous, and without a follow-up write-in, cannot be classified as sexual minority or as straight.[80]

Questions about sex assigned at birth ("What sex were you assigned at birth, on your original birth certificate?") and current gender identity ("Do you currently describe yourself as male, female or transgender?") were also added to the Household Pulse Survey starting in week 34 and were used to classify respondents as transgender and cisgender. Respondents were classified as transgender if their gender identity (male, female) was different than their sex assigned at birth (male, female) or if transgender was their current gender identity. Respondents whose gender identity (male or female) matched their sex assigned at birth (male or female) were classified as cisgender.

Respondents who were transgender and/or LGB were classified as LGBT while respondents who were cisgender and straight were classified as straight/cisgender.

In classifying transgender and cisgender respondents we had to remove some respondents from analysis. Preliminary analysis showed potential bias in respondents who reported household size

---

[77] United States Census Bureau. (2022). *Household Pulse Survey Public Use File (PUF).* https://www.census.gov/programs-surveys/household-pulse-survey/datasets.html

[78] United States Census Bureau. (2022*). Household Pulse Survey Technical Documentation*. https://www.census.gov/programs-surveys/household-pulse-survey/technical-documentation.html#phase3.5

[79] United States Census Bureau. (2022*). Source of the Data Accuracy or the Estimates for the Household Pulse Survey – Phase 3.5*. https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3-5_Source_and_Accuracy_Week48.pdf

[80] Sexual Orientation Data. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/nchs/data/nhis/qualityso2013508.pdf. Accessed February 23, 2022; Eliason, M. J., Radix, A., McElroy, J. A., Garbers, S., & Haynes, S. G. (2016). The "something else" of sexual orientation: Measuring sexual identities of older lesbian and bisexual women using National Health Interview survey questions. *Women's Health Issues: Official publication of the Jacobs Institute of Women's Health*, 26 Suppl 1, S71–S80.

of 10 or more members, and they were excluded from analysis (n = 2,966 of the total sample). This means that our results are generalizable to U.S. households with fewer than 10 people. We took this step because our analyses showed that transgender individuals with households of 10 or more members were overrepresented in the sample (18.7% weighted) relative to cisgender households, both among cisgender LGB (1.9% weighted) and in the larger analytic sample (1.0% weighted), and in the U.S. population as a whole (1.2% live in households of 7 or more.)[81] Respondents who identified as both transgender and living in households of 10 or more people were also disproportionately older (54.4% 65+ weighted), living in households with 200K+ household income (14.8% weighted), and Hispanic (62.6%) as compared to cisgender respondents living in 10+ households in Pulse (21.1%s, 6.1%, and 17.3%, respectively, weighted) and transgender respondents in other population-based datasets (e.g., BRFSS and TransPop[82]). This suggests potential bias due to mischievous[83] or inattentive[84] responders. Additionally, we did not use imputed sex in classifying respondents' sex and gender so people with missing information on sex and gender were excluded from analysis. This was because analyses by Jesdale indicated imputed sex probably led to bias in classification of transgender people.[85] For example, the demographic characteristics of those classified as transgender based on imputed sex look more like those of cisgender respondents than to those of transgender respondents who answered the sex assigned at birth question.[86]

The analytic sample was limited to 533,179 survey respondents who were over age 50 and could be classified as LGBT or non-LGBT based on the criteria described above. Descriptive analyses were conducted using Stata v17 statistical software. Confidence intervals (95% CI) were included to communicate the degree of uncertainty around an estimate due to sampling error. Non-overlapping confidence intervals were deemed indicative of statistically significant differences in two proportions at an alpha of 0.05. All analyses were weighted to represent adults ages 50 and older living in U.S. households of less than 10 members using person-level weights provided by the Census Bureau. All sample sizes (n) are unweighted.

---

[81] U.S. Census Bureau. (2021, November). *Historical Households Tables*; Table HH-4. Households by size: 1960 to Present. https://www.census.gov/data/tables/time-series/demo/families/households.html

[82] Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies.* Los Angeles: The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/generations-transpop-toplines/

[83] Cimpian, J. R. & Timmer, J. D. (2019). Large-scale estimates of LGBQ-heterosexual disparities in the presence of potentially mischievous responders: A preregistered replication and comparison of methods. AERA Open, 5(4), 1-35. https://doi.org/10.1177/2332858419888892

[84] Alvarez, R., Atkeson, L., Levin, I., & Li, Y. (2019). Paying attention to inattentive survey respondents. *Political Analysis*, *27*(2), 145-162. https://doi.10.1017/pan.2018.57

[85] Jesdale, B.M. (2021). *Counting Gender Minority Populations in the Household Pulse Survey (The AGENID=2 Memo).* National LGBT Cancer Network. https://cancer-network.org/wpontent/uploads/2021/10/Counting-GM-People-in-Pulse-Data.pdf U.S. Census Bureau. (2021, November). *Historical Households Tables; Table HH-4. Households by size: 1960 to Present*. https://www.census.gov/data/tables/time-series/demo/families/households.html

[86] Jesdale, B.M. (2021). *Counting Gender Minority Populations in the Household Pulse Survey (The AGENID=2 Memo*). National LGBT Cancer Network. https://cancer-network.org/wp-content/uploads/2021/10/Counting-GM-People-in-Pulse-Data.pdf

AUTHORS

Lauren J.A. Bouton, M.A., is the Peter J. Cooper Policy Fellow and a Research Data Analyst at the Williams Institute.

Amanda M. Brush, Ph.D., is a ACLS Leading Edge Postdoctoral Fellow at Service and Advocacy for LGBTQ+ Elders (SAGE)

Ilan H. Meyer, Ph.D., is a Distinguished Senior Scholar of Public Policy at the Williams Institute at the UCLA School of Law.

ACKNOWLEDGMENTS

The authors thank Kristen Schilt and Kerith Conron for their review and comments on an earlier draft of this report.

SUGGESTED CITATION

Bouton, L.J.A., Brush, A.M., & Meyer, I.H. (2022). *LGBT Adults Aged 50 and Older in the U.S During the COVID-19 Pandemic*. Los Angeles, CA: The Williams Institute, UCLA School of Law.