AGING IN THE LGBTQ+ COMMUNITY:

A VIBRANT, EMPOWERED, AND THRIVING POPULATION

Equitas Health Institute

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EXECUTIVE SUMMARY

The lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) community experiences significant health disparities. These disparities may be more pronounced for older LGBTQ+ elders and may significantly impact stressors attributed to normal aging, increasing their risk for various health-related problems. Health disparities experienced by the LGBTQ+ community are even more evident for LGBTQ+ elders of color. Resilience, defined as, behavioral, functional, social and cultural resources and capacities utilized under adverse circumstance (Fredriksen-Goldsen, 2007), is often understudied in these communities as LGBTQ+ communities are often perceived from the lens of weakness. Negative experiences and lack of access to culturally affirming and informed care result in multiple disparities among LGBTQ+ older adults.

Nevertheless, negative healthcare experiences and other factors have enabled LGBTQ+ elders to build strength and resilience. With the help of the LGBTQ+ community, LGBTQ+ elders have expanded their social networks, provided caregiving support for their loved ones, and successfully aged in place. However, actively caring for the LGBTQ+ older adult population can be challenging. Thus, it requires caregivers and healthcare professionals to expand their knowledge about the health issues of their LGBTQ+ elders, explore their own biases, provide an inclusive environment, and promote healthy aging.

NOTE: Studies from peer-reviewed articles often limit the scope of sexual orientations and gender identities as recruitment study subjects and/or allow self-identification beyond "other" for additional identities outside of "lesbian, gay, bisexual, and transgender". Only when applicable is the application of subject labels not inclusive of varied identities used to reflect the study designs, collection frames, and reported protocols. Elsewhere in the report, inclusive language is used. In addition, the research used for this report does not encompass all identities (including asexual, pansexual) under the LGBTQ+ umbrella.

INTRODUCTION

This report provides an overview of the older lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) population, relying on previous research that approached the study of LGBTQ+ older adults from various perspectives. This report aims to shed light on the experiences of older LGBTQ+ people, a population that is largely invisible and often understudied. The LGBTQ+ older adult (also known as an elder) population is unique and is comprised of diverse individuals due in part to sexual orientation and gender identity. In addition, intersectional attributes such as race, ethnicity, and socioeconomic status bring different perspectives and experiences to this population. It is important to understand these intersections as they are distinct and valuable aspects of the LGBTQ+ community that can result in a strong sense of pride and resiliency. Resilience can be described as the ability to withstand life's challenges.

This report will explore the unique experiences of LGBTQ+ elders aged 50 and older, including the challenges they experience navigating the healthcare system and their achievements since the pre-Stonewall era. The report will discuss how negative experiences have made LGBTQ+ elders strong and resilient in the face of adversity and the role of social and community support. The report will then examine the state of health disparities, such as healthcare access, HIV, cancer, chronic health, mental health, and other issues that disproportionately affect this community. Finally, the report will look into social movements and policy issues that have influenced the livelihood of LGBTQ+ elders and conclude with what it means to age successfully as an LGBTQ+ person.

Although definitions vary widely, LGBT older adults can be defined as the population of older adults aged 50 and above who identify as LGBTQ+. With no accurate census count of LGBT people, researchers used various methods to estimate the population size. According to Fredriksen-Goldsen et al. (2014), there are over 2.4 million LGBT older adults over 50 in the United States, with the expectation that this number will increase to 5 million by 2030 (Fredriksen-Goldsen et al., 2014). However, the LGBTQ+ population has continued to be underserved and understudied for decades, making them invisible. According to Kimmel et al. (2006), there are two sets of LGBTQ+ elders: elders known as the silent generation and elders known as baby boomers. LGBTQ+ elders of the silent generation came of age when attraction to the same sex was highly criminalized. Thus, fear of abuse and discrimination forced these elders to conceal their sexuality. On the other hand, baby boomer LGBTQ+ elders came of age during a significant cultural shift and were able to experience the visibility that came with the gay rights movement ((Kimmel et al., 2006; Jenkins et al., 2014). This visibility has contributed largely to the achievement of the LGBTQ+ community today.

Coming out can be a developmental milestone associated with improved psychological well-being. LGBTQ+ elders have built strength and resilience, which may come from belonging to the LGBTQ+ community (cite). However, being a part of this community can also result in unique challenges. These challenges range from homelessness, chronic health issues, poverty, and poor physical and mental health (Emlet, 2016). Among other health disparities, sexual health and prevention is ignored in the older LGBTQ+ population. As a result, older gay/same-gender loving men and transgender women are considered at-risk groups for contracting HIV, and long-term survivors of HIV are continuing to age (CDC, 2022). Further, LGBTQ+ elders are less likely to access senior centers, meal programs, medical care, and vital services (SAGE, 2021). This

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lack of access to social services results from decades of experiencing discrimination and harassment, which created the perception that these environments are not welcoming to the LGBTQ+ community (SAGE, 2021).

Several studies documenting LGBTQ+ disparities found that discrepancies in health exist in this population more frequently than in the general population (Mccrone, 2018; Bogart et al., 2014; Fredriksen-Goldsen et al., 2015). To understand the health disparities among LGBTQ+ elders, it is imperative to identify the risks accompanying them. As defined by the Centers for Disease Control and Prevention (2020), a health disparity is a particular form of health difference experienced by socially disadvantaged people that have historically been associated with discrimination or exclusion. Health disparities experienced by LGBTQ+ elders subsequently impact their health, making this group more susceptible to adverse health outcomes. For LGBTQ+ elders, the limitations that come with aging are accompanied by additional stressors which significantly impact their overall well-being. Despite the adversity that historically marginalized this group, LGBTQ+ older adults are satisfied with their lives and aging successfully. (Goldsen, 2014).

COMMUNITIES OF FOCUS

LGBTQ+ Elders of Color

Elders of color face distinct challenges not shared by their white counterparts. Even within the LGBTQ+ community, being an elder of color and LGBTQ+ comes with compounding prejudices and discrimination. LGBTQ+ elders of color experience health disparities connected to intersecting structural factors that impact their well-being. Van & Torress (2014) reported in their findings that research on LGBT health issues rarely highlights the intersections of race, class, gender, and sexual orientation in LGBT elders of color. Indeed, studies frequently highlight the importance of including elders of color but rarely address their needs directly (Kum, 2017; Van & Torress, 2014). Due to limited studies on the specific experiences and significance of intersectionality among LGBTQ+ seniors of color, they remain mainly invisible and face particular obstacles that are not well understood (Kum, 2017).

According to Kim et al. (2017), LGBTQ+ elders of color may be subjected to persistent negative experiences due to multiple marginalized social positions. For LGBTQ+ elders of color, holding numerous marginalized social statuses may increase their risk of social isolation and loneliness. Double marginalization can also create difficulties in accessing health-promoting resources, such as socioeconomic and social resources (Kim et al., 2017). As LGBTQ+ people of color age, they contend with many problems, including age-based discrimination and ageism. Due to a history of racism and heterosexism, LGBTQ+ elders of color have to confront heterosexism, ageism, and ethnocentrism, even within the LGBTQ+ community (Van & Torres, 2014).

Compared to other LGBTQ+ elders, elders of color are more vulnerable to health disparities and are not given attention in public policy discussions on aging (SAGE, 2013). Likewise, many LGBTQ+ elders of color retire without the essential support for healthy aging, increasing their financial insecurity. For example, inequalities such as employment discrimination which has long been embedded in communities of color, have shaped the long-term economic instability of many LGBTQ+ people of color, making them more vulnerable to an array of health problems as they age (SAGE, 2013). Therefore, a sense of urgency is required in health care, legal and social services, and public policy to elucidate the challenges experienced by marginalized populations. Furthermore, it is crucial to stress diversity as the LGBTQ+ population comprises multiple communities. It is also essential to explore and create a range of services to address the different needs of this population (Van & Torres, 2014).

Sage (2017) reported that LGBT elders of color experience increased disparities across multiple well-being measures, including economic security, physical and mental health outcomes, and discrimination. This difference in well-being is particularly evident for African American LGBT elders as they often report higher levels of LGBT-related discrimination in their lifetime compared to non-Black elders. Similarly, Hispanic and African American elders also reported lower levels of social support, household income, and educational attainment and higher levels of identity stigma (Sage, 2017).

Race and ethnicity were reported to be key health factors, particularly for Hispanics and African Americans (Ng et al., 2014). Similarly, race and ethnicity frequently cross as social stratification factors influencing optimal health (Cronin & King, 2010). For LGBT elders of color, racial and ethnic identities affect and inform sexuality and gender experiences. In their research, Kim and Fredriksen-Goldsen (2016) discovered that LGBT Hispanics have a higher risk of poor mental health than their

non-Hispanic white colleagues due to a higher chance of day-to-day lifetime prejudice and discrimination. Despite the challenges, LGBTQ+ elders of color continue to push back against the discrimination and obstacles they have faced. The resilience and strength of these elders have paved the way for the marked progress of LGBTQ+ rights today. Kum (2017) suggests that LGBT elders of color develop resilience from overcoming earlier challenges, such as racism and homophobia, which strengthens this population to cope better with aging.

Transgender/Non-binary/Gender Nonconforming/Gender Diverse Elders

Note: The research and data on this population used in the below section may not be up to date with currently accepted, affirming language and terminology.

Transgender is an umbrella term for individuals with a gender identity that differs from the sex assigned at birth (America Psychological Association (APA), 2015). People of trans experience may or may not have a binary identity, namely self-identifying as male, female, non-binary, gender non-conforming, and other identities. Although the prevalence of transgender individuals varies among studies, findings from the Williams Institute (2022) report that over 1.3 million adults and 300,000 youth in the United States identify as transgender. The CDC's Behavioral Risk Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS) were used to collect this data (Williams Institute, 2022).

While LGBTQ+ elders encounter multitudes of barriers to healthy aging, little is known about transgender elders' needs and concerns. Most studies addressing this population's needs are focused on HIV and STI prevention (Reisner et al., 2016). In addition, there is limited research on the effect of gender-affirming care in older transgender populations regarding hormone replacement therapy (HRT) and gender confirmation surgeries (IOM, 2010). Nonetheless, results from the 2015 Transgender Survey provide a detailed look at trans people's experiences in various aspects of life (education, health, employment, housing, and family). People with trans experience in this survey revealed troubling patterns of abuse, discrimination, harassment, and violence at alarmingly high rates. Trans and non-binary folks in this survey reported startling differences when accessing basic needs such as health care, housing, employment, family, and community support compared to the general population (James et al., 2016). For example;

- One-third **(33%)** of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender.
- More than half **(55%)** of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.
- Thirty-nine percent **(39%)** of respondents experienced serious psychological distress.
- Forty percent **(40%)** have attempted suicide in their lifetime, nearly 9 times the rate in the U.S. population **(4.6%)**.
- Nearly one-quarter **(23%)** of respondents experienced some form of housing discrimination in the past year.

This survey does not focus solely on LGBTQ+ elders; rather, it reports on the experiences of all trans people (James et al., 2016). A new survey, conducted in 2022, is currently underway.

COMMUNITIES OF FOCUS

Transgender people experience perceived challenges to successful aging at the individual, community, and institutional levels (Adan et al., 2021). While some of these concerns, such as fear of mistreatment, are common and well-founded among elders, transgender elders' concerns are heightened by stigma, which is exacerbated by being both transgender and of mature age. Trans elders remain a vulnerable group within the LGBTQ+ community. Trans seniors have grown up in a society where being authentic meant facing harassment, discrimination, and prejudice. Mistreatment experienced by trans elders leads to profound health inequities and financial insecurity (Adan et al., 2021).

Despite the adversity faced by this population, transgender and gender non-conforming older adults remain strong, resilient, and vibrant role models for the younger LGBTQ+ community. In addition, the recent development of gender-affirming care and other medical procedures has boosted self-acceptance and offered some protection against stigma and discrimination against transgender people (Crosby & Hill, 2016). Although not thoroughly examined, gender-affirming care has been linked to favorable mental health outcomes in transgender people, including enhanced resilience, improved mental health, and positive emotional impact (Crosby & Hill, 2016). Trans elders have persevered through adversity and been a vital part of the movement for equality for LGBTQ+ people nationwide (Sage, 2022).

Gay/Same-Gender Loving Elders

The population of self-identifying older gay and same-gender loving men is growing. As the senior gay population grows in size and visibility, so will the need for an evidence-based understanding of the issues unique to this population. For example, studies on LGBT people report that same-gender loving individuals (gays and lesbians) experience poorer health outcomes than their heterosexual counterparts (Fredriksen-Goldsen et al., 2012; Institute of Medicine [IOM], 2011; Mayer et al., 2008). However, in research, LGBTQ+ people are often looped together as a monolith, making it difficult to find information specific to gay and same-gender loving individuals. This lack of clear delineation makes it challenging to provide accurate information on the demographics and needs of this population, particularly older gay and same-gender-loving men.

Gay and same-gender-loving people have faced enormous stigma and discrimination throughout their lives. For example, within the healthcare system, LGBT seniors are frequently less likely to use healthcare or social services, particularly those linked to non-emergency preventative care, due to perceived barriers connected to sexual orientation, such as a health facility not being LGBT-friendly or a provider lacking sensitivity (Fredriksen-Goldsen et al., 2011). According to Fredriksen-Goldsen et al. 2013, health disparities are a reality for same-gender-loving people. Indeed, prejudice and stigma in healthcare were recurring subjects in the discussions of barriers faced by both lesbians and gays in this study. Nevertheless, this population has survived drastic changes in societal, legal, and medical attitudes (Butler, 2004; Van Wagenen, Driskell, & Bradford, 2013). These changes include the American Psychological Association's declassification of same-sex

attraction as a mental illness, the recent repeals of discriminatory federal policies (e.g., "Don't Ask, Don't Tell," the Defense of Marriage Act), and legislation (Human Rights Campaign, 2014). The majority of long-term survivors of the HIV/AIDS epidemic consist of gay and bisexual mature adults, which has contributed to shaping and strengthening this population (Rosenfeld, Bartlam, & Smith, 2012).

While many aspects of aging appear universal, studies on gay and same-gender loving men have revealed several distinct positive and negative impacts of aging. Gay and same-gender loving men often encounter active discrimination based on their sexual orientation and gender identity, making the stigma of aging more challenging. Nevertheless, aging for some gay and same-gender loving men comes with positive changes, including greater self-acceptance, more freedom to engage in same-sex relationships, and finding supportive and rewarding friendships throughout the gay community. Community and social support, particularly from families of choice, is strongly linked to experiences of positive mental health for older LGBTQ+ people. Likewise, resilience has helped same-gender loving men promote and protect their health in the presence of adversity (Handlovsky et al., 2018).

Lesbian/Same-gender Loving Elders

Lesbian-identified individuals face several challenges to equitable healthcare services, including a lack of quality care and discriminatory healthcare settings. These challenges impact their well-being, perhaps contributing to disparities in health and health care (Johnson & Nemeth, 2014). Lesbians and other same-gender-loving individuals often encounter healthcare providers who are insensitive, discriminatory, biased, lack specific knowledge, or are not attuned to the needs of this population. Healthcare systems also systematically discriminate against same-gender loving women, such as not having policies inclusive for women who identify as something other than heterosexual. Compared with heterosexual women, lesbians more often underutilize routine health screenings, increasing the chance of severe medical conditions going undetected (Agenor et al., 2014). Findings from Fredriksen-Goldsen et al. (2013) suggest that some health disparities in LGB people at a young age continue in later life, such as the increased likelihood of disability, poor mental health, and smoking. For lesbians and bisexual women, the likelihood of excessive drinking and obesity was higher when compared to their heterosexual peers.

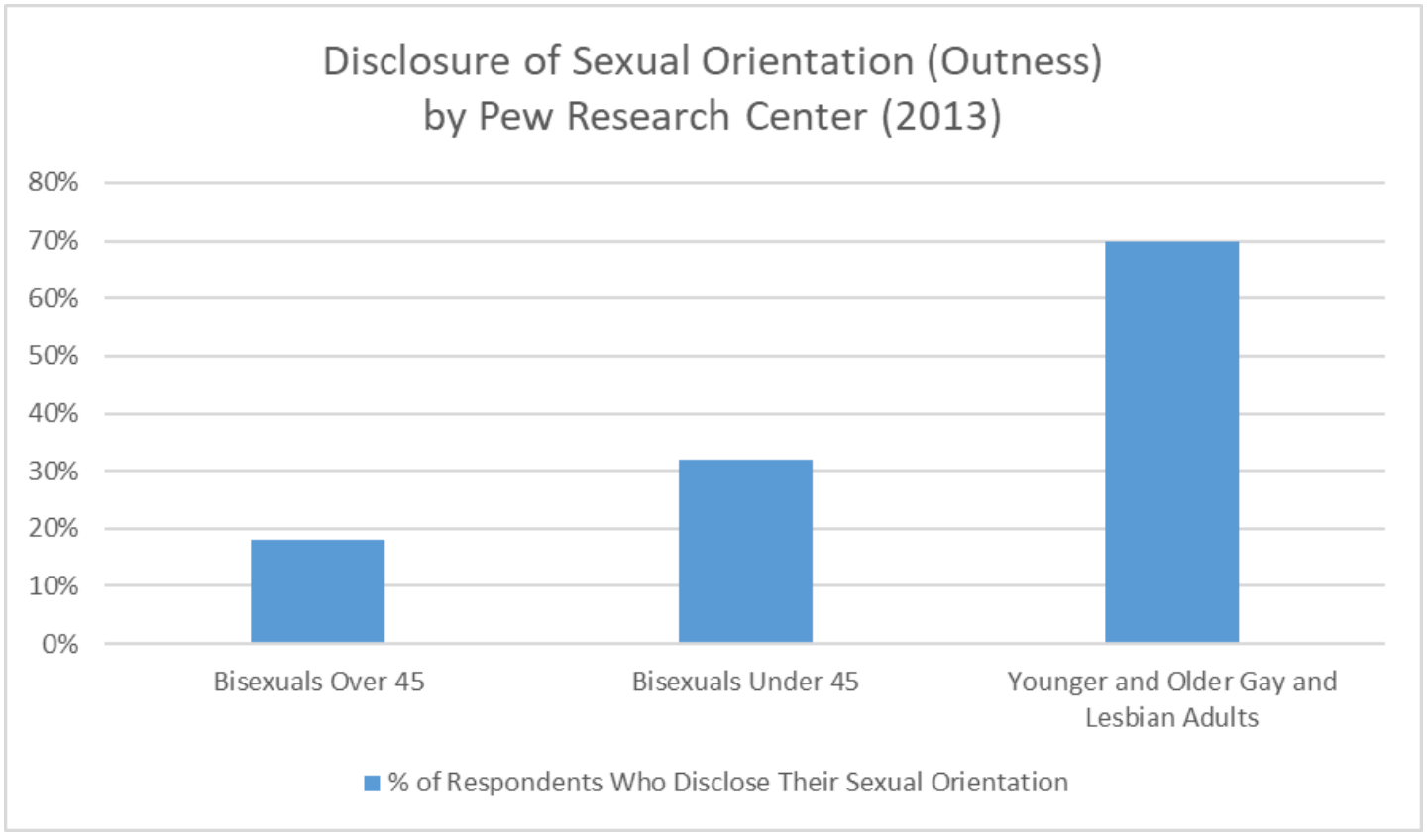
Consequently, other health inequities, such as increased cardiovascular disease (CVD) risks, were higher in this population. Despite the lack of clear delineation between lesbians and bisexual women in this study, such health disparities are likely to harm the quality of life for this population (Fredriksen-Goldsen et al., 2013). Increased risks of disability and poor mental health among older LGB individuals may be linked to experiences of stigma and victimization, especially given the tremendous impact that events at a given stage can have on subsequent stages. In addition, the social circumstances in which they have lived may

have subjected older LGB persons to various forms of victimization and discrimination based on sexual orientation, disability, age, gender, and race/ethnicity (Fredriksen-Goldsen et al., 2013).

Despite the inequities faced by mature lesbians, this population continues to thrive through community and social support. Lesbian elders continue to be a visible force in the women's movement to challenge racism, classism, sexism, heterosexism, and homophobia. For example, Zami Nobla and Old Lesbians Organizing for Change (OLOC) are two international communities of mature lesbians that work to confront ageism in their communities. These organizations are committed to empowering mature lesbians through education, advocacy, and community action research (NOBLA, 2022; OLOC, 2022).

Bisexual Elders

Research finds that bisexual elders face unique challenges in aging compared to their gay and lesbian counterparts. While bisexual people make up over half of the LGB community, older LGBTQ+ individuals are less likely to identify or be out as bisexual than younger age groups. (MAP & SAGE, 2014). According to Pew Research Center, a 2013 survey of LGB adults found that 18% of bisexual respondents over the age of 45 were out to the most important people in their lives, compared to 32% of bisexual respondents under the age of 45. Additionally, among both younger and older gay and lesbian adults surveyed, around 70% reported that they were out about their sexual orientation to important people in their lives compared to the bisexual adults surveyed (Pew Research Center, 2013).



COMMUNITIES OF FOCUS

Reasons for older bisexual adults not being out include discrimination and the stigma they face from both the LGBTQ+ and non-LGBTQ+ communities. Research on attitudes towards bisexual individuals shows that monosexual individuals—heterosexual, gay men, lesbians, and same-gender-loving folks—hold negative beliefs towards bisexuals (Doan Van et al., 2019). These negative beliefs, or bi-negativity, include the belief that bisexuals are merely confused or that bisexuality does not exist, also known as bisexual erasure or bisexual invisibility, and that bisexuals are promiscuous and do not make trustworthy partners (Doan Van et al., 2019). Not being out about their bisexual identity contributes to social isolation and negative impacts on physical and mental health for bisexual elders (MAP & SAGE, 2014).

Additionally, older bisexual adults are often not represented in research studies. Rather, bisexuals are grouped with heterosexuals, gay men, or lesbians based on their last or current partners instead of their sexual identity (Hillman, 2017). This lack of representation contributes to the issue of bisexual invisibility. Bisexuals face greater adverse health outcomes compared to other sexual minority groups. It has been reported that bisexual older adults experience disproportionately high rates of health conditions, including lower physical functioning such as walking and reaching, bodily pain, and moderate to severe depression. These poor health outcomes can be linked to minority stress, especially bisexual-specific minority stress, due to discrimination and stigma (Doan Van et al., 2019). Addressing discrimination that bisexual elders face can help combat the negative health outcomes of this population. Bisexual elders need to be in spaces affirming their identity, including LGBTQ+ spaces (MAP, 2017).

LGBTQ+ ELDERS AND AGEISM

LGBTQ+ elders experience homophobia in the mainstream aging community, and ageism in the LGBTQ+ community, which can be particularly harmful as LGBTQ+ culture tends to idolize youths over adults, both within the community and the mainstream society (Abatiell & Adams, 2011). According to Allen et al. (2022), ageism is defined as a social construct of old age accompanied by prejudice, stereotyping, or discrimination of individuals based on age. However, the aging process is part of a life course that should be accompanied by pensions and health and social services. The LGBTQ+ mature population experiences ageism in several social settings, creating isolation from the younger LGBTQ+ community. In particular, an online survey documenting the experiences of older lesbian-identified folks over the age of 51 reports that this group experiences ageism in various social settings ranging from housing, healthcare, and employment to events and social gatherings (Averett et al., 2013).

Similarly, the MetLife study on aging among lesbians, bisexual and gay Baby Boomers reported that LGBT baby boomers expressed concerns about aging. More than **27%** of these elders reported concerns about discrimination as they age. Many elders in this study were also concerned about their financial security as they approached retirement age. For women, their greatest fear as they age is outliving their income. Men's greatest fear is becoming dependent on family members and/or friends when they get sick or disabled (MetLife, 2010). In addition to financial insecurity and dependency, the report from this study also showed the lack of trust LGB elders have in the healthcare system. LGB elders in this study reported a lack of confidence that a healthcare professional would treat them with dignity and respect (MetLife, 2010). Fears of insensitive and discriminatory treatment by healthcare professionals are especially prevalent among lesbians, with **12%** stating that they have no confidence that they will be treated respectfully (MetLife, 2010).

LGBTQ+ ELDERS AND AGEISM

With many LGBTQ+ programs catered to younger adults, LGBTQ+ elders often feel neglected and isolated from the larger LGBTQ+ community. Isolation and neglect can create difficulty for LGBTQ+ elders relating to their younger peers, as they often have different experiences. This generational divide is a salient issue in the LGBTQ+ community and can negatively impact older LGBTQ+ individuals (Hoy-Ellis et al., 2016). Additionally, several eras of social and political changes that entail minority stress, psychosocial stressors, and resilience can significantly impact these elders. For many LGBTQ+ individuals, intersecting racial or socio-economic identities can lead to new or worsened symptoms of mental health illnesses. Consistent rejection, trauma, identity disclosure, substance use, and inadequate mental health care can also exacerbate mental health conditions (NAMI, 2022).

LGBTQ+ elders are at increased risk for isolation. Compared to non-LGBTQ+ older adults, elders over fifty are more likely to be single, childless, and live alone. Due to this, LGBTQ+ older adults are more likely to experience negative consequences of isolation, including negative mental and physical health outcomes. In addition, research suggests that social isolation can contribute to depression, delayed care, poor nutrition, and poverty, leaving elders at risk of abuse, neglect, and exploitation (Portz et al., 2014). Many LGBTQ+ elders have thrived despite a lifetime of discrimination. LGBT elders are both resilient and at risk for an array of health conditions, including:

- Higher rates of disability,
- Depression,
- Cardiovascular diseases and
- Social isolation

Critical life events, including coming out, work, and relationships, shape LGBTQ+ adult lives and are strongly associated with overall health and quality of life. Negative healthcare experiences shape this community; as a result, they report high levels of agency and resilience around their health, particularly regarding knowledge and control over their HIV status. Further, over 40% of LGBTQ+ elders from the MetLife study shared how being a sexual and gender minority helped them prepare for aging. These elders developed positive character traits, greater resilience, and better support networks (MetLife, 2010).

MENTAL HEALTH

For those who identify as LGBTQ+, it is essential to recognize how the experience of being a sexual or gender minority relates to mental health. According to the National Aliance on Mental Illness, many large-scale mental health studies do not include LGBTQ+ identities; this exclusion makes it challenging to analyze mental health illnesses among the LGBTQ+ population (NAMI, 2022). Nonetheless, there is growing evidence from various sources that people in this community are at a higher risk for various mental health disorders. For example, Yarns et al. (2016) discovered that several mental health issues, such as anxiety disorders and depression, are more common in LGBTQ+ people than non-LGBTQ+ people. Similarly, according to the American Psychiatric Association's (2021) report on LGB experience and mental health, LGB adults are 2.5 times more likely than heterosexual peers to develop a mental health issue. Furthermore, similar to the studies above, recent research documenting mental health disorders in LGBTQ+ people indicated a discrepancy in mental health conditions among transgender people. In this study, transgender people were four times more likely than their cisgender counterparts to suffer from a mental illness (NAMI, 2022).

Living in a heterosexist world can increase the risk of mental health conditions for people who identify as LGBTQ+ (Gendron et al., 2016). This is because heterosexism (the ideological system that denies, denigrates, and stigmatizes any non-heterosexual behavior) is one of the most daunting stressors LGBTQ+ people face. Hoy-Ellis et al. (2016) suggests that LGBTQ+ older adults have higher levels of psychological distress when compared to older adults in the general population. Correspondingly, this population experiences multiple barriers to accessing equitable and culturally competent mental health and aging services, resulting from their distinct histories and particular social contexts (Hoy-Ellis et al., 2016).

Minority Stress

Minority populations experience high levels of stress in their daily lives. Meyer (1995) defines minority stress as the relationship between minority status, dominant values, and reluctant conflict with the social environment that minority populations experience. The theory of minority stress suggests constant exposure to prejudice and discrimination can result in high-stress levels that often lead to psychological, physical, and behavioral health morbidity (Goldhammer et al., 2019). Minority stress and prejudice against the LGBTQ+ community are strong predictors of poor physical impairment, which is even more profound for the aging population (Fredriksen-Goldsen et al., 2019). Likewise, ongoing and traumatic micro-aggressions, including stereotyping and micro-invalidation, are stronger predictors of quality of life than lifetime discrimination and victimization (Fredriksen-Goldsen et al., 2019). Indeed, numerous studies have shown that long-term exposure to high levels of prejudice, stigma, and discrimination can cause responses including anxiety and hypertension, eventually leading to poor mental and physical health (Fredriksen-Goldsen, 2013; Meyer, 2003).

What is concerning about minority stress is that it stacks onto the various stressors one already experiences through the life course, but pointedly adds an additional layer of unique stressors due to a minoritized LGBT identity, potentially amplifying the negative health outcomes of LGBT elders. Wight et al. (2012) have underscored the problem that minority stress has within the context of aging, particularly amongst gay men. Looking at responses to a nationwide survey in the mid-2000s, Wight et al. saw that midlife gay men experienced harmful effects to their mental health due to aging related stressors, particularly related to concerns with independence and financial resources, as well as minority stress from gay-related stigma (Wight et al, 2012).

LGBTQ+ elders are particularly vulnerable to minority stress, having grown up in an era when sexual and gender minority statuses were highly stigmatized. Minority stress is sometimes linked to inequality. Inequality creates a stressful social environment for minority populations, altering aging trajectories and increasing significant health risks. For example, chronic minority stress (CMS), resulting from inequalities experienced by LGBTQ+ folks, can significantly impact LGBTQ+ elders' physical well-being and mental health (Goldsen et al., 2019). Further, lifetime exposure to social inequality, in conjunction with known health disparities, is typified by a gradual decline in cognitive abilities for LGBTQ+ elders (Corriero & Nielson, 2020).

Prejudice and discrimination

Prejudice and discrimination against LGBTQ+ folks have developed to encompass micro-aggressions. Micro-aggressions have been described as verbal, behavioral, or environmental indignities. These indignities can be intentional, subtle, blatant, or unintentional and can communicate hostile, derogatory, or harmful slights toward LGBT folks (Weber et al., 2017). Micro-aggression can take three forms. Sue et al. (2008), and Weber et al. (2017), highlighted three prominent categories of micro-aggressions that LGBT folks often experience; micro-invalidations, micro-insults, and micro-assaults. These three categories of micro-aggressions negate the thoughts and feelings of sexual and gender minorities and can vary based on the context in which they are used. Micro-aggressions are particularly damaging when individuals who identify as LGBTQ+ have already internalized negative

beliefs about their identity. Similarly, having multiple marginalized identities can worsen micro-aggressions. For example, Weber et al. (2017) highlighted the intersections of race, sexuality, and micro-aggression and their impact on LGBT people of color. The study found that LGBT people of color experienced micro-aggressions directed at their intersecting identities, causing more harm to their physical and mental health.

Substance Use

Substance use is highly prevalent in the LGBTQ+ community, with transgender folks accounting for higher smoking rates when compared to other groups in the LGBTQ+ community. From alcohol abuse and tobacco use to hard drugs like heroin, opioids, and methamphetamines, many LGBTQ+ folks experience substance uses disorders at an elevated rate (Schuler et al., 2018). With more substance use studies focused on younger LGBTQ+ folks in research, it is essential to note that substance use disparities are also prevalent in older LGBTQ+ adults (Schuler et al., 2018). This increase is partly attributed to the aging baby boomer population, who has had earlier exposure to drugs, alcohol, and tobacco at a young age. Exposure to substances at a young age is reported to be a risk factor for substance use later in life, particularly in people with mental illness (Chhatre et al., 2017). In addition, early substance exposure can lead to dependency for LGBTQ+ folks and serve as a coping mechanism for uncomfortable feelings related to sexual orientation, gender identity, and general societal pressure to conform (Han et al., 2020). Likewise, targeted marketing by tobacco and alcohol companies increases LGBTQ+ substance use. These companies' prey on LGBTQ+ folks and exploit their vulnerability. For example, tobacco companies use aggressive tactics like Project SCUM (Subculture Urban Marketing) to target the LGBTQ+ community. These companies promote smoking in the LGBTQ+ community and normalize it as part of LGBTQ+ life. Tobacco marketing, sponsorship, and high visibility in LGBTQ+ spaces are still prevalent today (The Truth Initiative, 2021).

Substance abuse among older adults is a serious health issue, and its magnitude will grow with the aging of the baby boomer population. In 2012, SAGE estimated that over four million seniors would require substance abuse treatment by 2020, and members of the LGBT community would undoubtedly make up a portion of this number (SAGE, 2012). Findings from the Aging and Health Report on health disparities and resilience among LGBT older adults indicate that:

- 10% of older LGBT folks were binge drinkers (5 or more drinks for men on a single occasion and four or more for women), and
- 12% used non-prescribed drugs.

In addition, this study found that chronic pain is common in old age and contributes to the nonprescription use of pain medications. Furthermore, given the cumulative effect of aging, race, gender, and sexual orientation on substance use, special attention should be given to elders within the LGBT community (Fredriksen-Goldsen et al., 2011).

MENTAL HEALTH

Depression and Suicide

A national comorbidity survey analyzing the risk of psychiatric disorders in same-sex partners found an elevated risk of anxiety, mood, substance use, and suicidal thoughts (Jesup & Dibble, 2012). Furthermore, the prevalence of current depression among LGBT elders was reported to be 2 to 3 times higher than the estimated prevalence among elders in general (Goldhammer et al., 2019). Likewise, LGBTQ+ elders are also more likely to have a higher risk for suicidal ideation and attempts than non-LGBTQ+ peers. In a large sample of LGBT elders, about 39% reported considering suicide at least once in their lifetime; this prevalence is even higher for LGBT elders with chronic health issues such as HIV (Goldhammer et al., 2019). With these findings, continuing research with a wide range of data on LGBTQ+ elders and mental health is essential to understanding the behavioral health needs of LGBTQ+ elders and their utilization of care.

Mental Health Services

Access to mental health resources is lacking in the older LGBTQ+ population. With most mental health funding mainly allocated to younger LGBTQ+ folks, aging and mental health services that target older LGBTQ+ people are insufficient. Available mental health services are often located in inaccessible areas, creating limited access for LGBTQ+ elders who are geographically distant or have other mobility limitations (Hoy-Ellis., 2016). Mental health care providers who are unfamiliar with the distinct histories and circumstances of LGBTQ+ communities may be unaware of the specific needs of LGBTQ+ elders, such as LGBTQ+ specific social supports to reduce isolation and the importance of LGBTQ+ cultural competency training for mental health providers who treat these older adults. Providers may believe that treating everyone equally provides adequate access and services for LGBTQ older adults and see no need to allocate resources specifically for LGBTQ older adults (Hoy-Ellis., 2016). Fortunately, SAGE (Services and Advocacy for GLBT Elders) is aware of the needs of this population and provides resources to address the unique issues around the lack of access to mental health and aging services for LGBTQ+ elders (SAGE, 2022).

CHRONIC HEALTH CONDITIONS

Cancer

As LGBTQ+ people age, many questions remain regarding the health of this community, particularly whether health disparities observed in the general LGBTQ+ population persist or diminish with age. Data on health disparities are often documented for younger LGBTQ+ folks, leaving LGBTQ+ elders at a disadvantage (Fredriksen-Goldsen et al., 2017). Nevertheless, recent literature derived from population-based studies suggests that LGBTQ+ elders have elevated rates of some chronic health conditions relative to heterosexual adults. These chronic health conditions include cancer, arthritis, hepatitis, and lung disease. Compared to their heterosexual counterparts, LGBTQ+ folks experience greater functional limitations as they get older and are more likely to engage in substance use, excessive drinking, and smoking. These differences in health behaviors increase their risk for chronic health conditions like cancer (Fredriksen-Goldsen et al., 2017).

Cancer is the second leading cause of death worldwide, and members of the LGBTQ+ community are disproportionately impacted by this disease (National LGBT Cancer Network, 2021a). Studies have shown that LGBTQ+ folks are at risk for cancer, including breast, anal, cervical, lung and prostate cancer. According to a national survey of LGBT older adults conducted in 2011, 19% of respondents reported having had at least one type of cancer (NCOA, 2022). LGBTQ+ people face many barriers to cancer care, including decreased access to cancer prevention and screenings. Relative to their heterosexual counterparts, LGBTQ+ folks diagnosed with cancer experience disparities in cancer survivorship, poorer quality of life, and cancer outcomes. Data on cancer screening for LGBTQ+ folks have been inconsistent. For example, some studies found lower mammography screening rates in lesbians /same gender loving and bisexual women, while others found that this group was more likely to have a mammography. Similarly, other studies found no difference based on sexual orientation (Charkhchi et al., 2019). Furthermore, several findings imply that national cancer registries and surveys of cancer incidence exclude data on sexual orientation and gender identity, leaving LGBTQ+ folks ignored in cancer research (National LGBT Cancer Network, 2021b).

In older LGBTQ+ people, some cancers are diagnosed at higher rates than in the general aging population, owing to higher rates of smoking, substance use, obesity, and lower cancer screening rates (Koshy & Smita, 2019). Barriers occur at every stage of cancer care for older LGBTQ+ people, including acceptance of cancer screening, treatment discussions, support during treatment, utilization of long-term care services, and participation in cancer and survivorship support groups. Likewise, the invisibility of LGBTQ+ identities in cancer care may contribute to a lack of understanding of the specific needs of this population, leading cancer care providers to believe that existing heteronormative social supports are sufficient to meet the needs of LGBTQ+ cancer patients (Koshy & Smita, 2019).

Despite the LGBTQ+ community suffering from cancer-related disparities, including low screening rates and higher incidence and mortality from certain cancers, research evaluating cancer-specific needs, mortality, and survivorship in the LGBTQ+ community remains understudied (Cathcart-Rake & Elizabeth, 2018). The exact number of LGBTQ+ folks living with cancer is unknown. However, Margolies and Brown (2018) suggest that multiplying the number of new cancer cases by the estimated percentage of LGBT people in the United States will result in 84,000 new cases and 30,000 deaths as of 2017.

CHRONIC HEALTH CONDITIONS

According to studies revealing inequities in cancer-related care for the LGBTQ+ community, certain behaviors displayed by healthcare practitioners correlate to poor cancer screening rates among LGBTQ+ people. A national assessment of provider attitudes, knowledge, and institutional practices on LGBTQ+ cancer and care, for example, revealed that providers were insensitive and culturally incompetent when it came to cancer treatment for LGBTQ people (Cavallo, 2020).

Cancer Screening in the LGBTQ+ Community

Cancer screening is a medical technique aimed at detecting certain types of cancer that may be identified before they cause symptoms. In many cases, this crucial step supports clinicians in discovering cancer at an early stage, when abnormal tissue is discovered and may be easier to treat. The LGBTQ+ population experiences low cancer screening rates compared to the general population (Haviland et al., 2020). Inadequate screening activity for LGBTQ+ people is exacerbated by a variety of factors including;

- Lack of education on the importance of screening
- Inadequate patient provider communication
- Lack of knowledge about LGBTQ-specific cancer screening guidelines.

Unfortunately, there are no LGBTQ+ specific cancer screening guidelines. Instead, the American Cancer Society (ACS) and the U.S Preventative Task Force 2021 (USPSTF) provided national cancer screening recommendations for all people.

Note: The official recommendations for cancer screenings can be found at the American Cancer Society https://www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html or the US Preventive Service Task Force https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations. Trans and non-binary specific guidelines for breast cancer screening can be found at the Equitas health Institute page https://equitashealthinstitute.com/breast-chest-health-guide/.

Screening recommendations for anal cancer remains controversial as this cancer remains a rare diagnosis, accounting for 2.7% of all cancers in the United States. Nonetheless, anal cancer has seen a steady increase in incidence and death in the U.S, particularly amongst adults over the age of 50 (Domogauer et al., 2022). Unfortunately, there are no national screening guidelines for anal cancer. Instead, people who are concerned about anal cancer should consult with a healthcare provider.

According to the National LGBT Cancer Network (2021) there are about 16.9 million cancer survivors in the United States, and this number is anticipated to increase by 31.4% (22.2 million) by 2030 (NLCN, 2021). With a growing number of early detection methods and promising cancer treatments, LGBTQ+ people with cancer continue to flourish and survive cancer. Regular screening, early detection, and lifestyle changes can help at-risk persons, survivors, and cancer patients avoid and improve health outcomes and quality of life. Providing an affirmative environment for LGBTQ+ people and gathering sexual orientation and gender identity data in cancer research can help foster literature on this population. Further, proper cancer screening guidelines should also be established for members of this population.

CHRONIC HEALTH CONDITIONS

Cardiovascular Health

Cardiovascular disease (CVD), also known as the disease of the heart and blood vessels, is the leading cause of death and disability worldwide and a significant public health issue. Indeed, by 2035, the prevalence of CVD in the United States is expected to rise to 45 percent (Caceres & Hughes, 2018). CVD has been highlighted as an area in need of further investigation within LGBTQ+ minority research. Several modifiable risk factors for CVD are more prevalent among sexual minorities. A recent systematic study by Caceres & Hughes (2018) found that sexual minorities have a higher CVD risk than heterosexual peers due to higher rates of poor mental health, tobacco use, alcohol, and high obesity rates, particularly among sexual minority women. These co-morbidities can increase the risk for cardiovascular disease by affecting the heart muscles and damaging cells that line the blood vessels (Caceres & Hughes, 2018). Furthermore, several studies have found that sexual minorities are **2 to 3 times more likely** than heterosexuals to experience psychological stress. Stressful life experiences are thought to increase the risk of cardiovascular disease among sexual minorities. Stress increases cortisol levels, and cortisol levels are linked to heart exhaustion and recovery levels (Caceres & Hughes, 2018).

Despite mounting evidence of cardiovascular health inequalities among LGBTQ+ adults and a lack of understanding regarding SGM health issues among physicians, attempts to address these issues remain limited. Few studies have investigated cardiologists' or other clinicians' knowledge of LGBTQ+ cardiovascular health concerns. As a result, there are no proper clinical guidelines that explain optimal strategies for managing and lowering CVD risk in LGBTQ+ people. Moreover, the development of culturally tailored, evidence-based treatments to improve the cardiovascular health of LGBTQ+ populations is hampered by these knowledge gaps (Caceres & Streed, 2021).

CHRONIC HEALTH CONDITIONS

Other Chronic Health Issues

Other prevalent chronic health conditions within the LGBTQ+ community include arthritis, diabetes, and hypertension. These chronic health conditions are unique and have different risk factors for each subgroup within the LGBTQ+ population. With the exception of HIV/AIDS, sexual identity is frequently overlooked as a factor in chronic illness. This may be due to the chronic disease being widely understood from a scientific perspective, as prolonged physical conditions typically affect individuals biologically (Fish, 2006).

A 2013 National Health Interview Survey (NHIS) examining chronic health conditions in LGBT people reported hypertension and arthritis as the most prevalent chronic conditions for this population (National Center for Health Statistics, 2013; Ward et al., 2015). In this survey, arthritis was more likely to be found among gay/lesbian adults than among straight adults. While this survey is specific to LGBTQ+ adults and not elders, it is important to note that chronic health conditions continue into old age. Therefore, LGBTQ+ folks with a chronic health issue as an adult is likely to experience same health condition as they age. In addition to hypertension and arthritis, diabetes was also reported to be prevalent among the LGBTQ+ population. This health condition is consistent with poorer health outcomes, a reality especially important for LGBTQ+ elders. LGBT people are more likely to be overweight, smoke, consume alcohol, and use substances, which can increase the chances of developing diabetes as well as intensify health complications at its onset (Fenway Institute, 2019).

Although many chronic health conditions are linked to aging, there is compelling evidence that LGBTQ+ people are at a higher risk due to a number of factors, including lifestyle choices (excessive drinking, tobacco use), increased barriers to health care, and a lack of insurance (Fredriksen-Goldsen., 2017). Findings indicate that providing inclusive and appropriate healthcare and early detection and treatment for LGBTQ+ populations with chronic health conditions can significantly improve health outcomes. However, LGBTQ+ individuals who experience discrimination or a lack of understanding from healthcare providers may hesitate to seek a diagnosis until the disease has progressed (Fredriksen-Goldsen., 2017).

SEXUALITY AND SEXUAL HEALTH

Sexuality and sexual health represent lifelong needs that cut across age, race, sexual orientation, and gender identity. When viewed affirmatively, sexual health requires a positive and respectful approach to sexuality and sexual relationships; and the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence. In the past decade, discussions on sexual health have become more prominent. These discussions have led to an increase in the number of people advocating for and promoting sexual health, with the premise that it has the potential for disease control and prevention. However, despite the increasing attention to sexuality and sexual health, significant gaps exist in the literature regarding LGBT elders' sexuality and sexual health (Hillman Jennifer, 2017). Available data on LGBTQ+ elders' sexuality and sexual health mainly focus on a subset of the population, including gay and lesbian elders. Therefore, it does not accurately measure sexuality in the overall LGBTQ+ population. In addition, most of the information on sexual health focuses mainly on sexual activity rather than sexual health and satisfaction measures in the general LGBT population (Hillman Jennifer, 2017). Likewise, the discrepancies in self-identification and age cohorts make it challenging to obtain and document information on sexual health specific to this population. Furthermore, most findings on LGBTQ+ elders' sexuality and sexual health are generated from samples of predominantly white and educated participants, making it difficult to accurately measure sexuality and health in the larger LGBT population (Averett, Yoon, & Jenkins, 2013).

There is a lack of proper documentation on the sexual health and needs of LGBTQ+ elders compared to their heterosexual peers (Waite et al., 2009). For older bisexual men in particular, data on their sexual activity is even more limited as they are often invisible in research and mainly identify as gay or straight, depending on the gender of their last partner (Hillman Jenifer, 2017). While many LGBTQ+ elders remain sexually active as they age, many health professionals assume otherwise and thus, overlook them in sexual health discussions. This neglect, coupled with negative health care experiences, influences LGBT elders' decisions whether or not to provide information regarding their sexual and behavioral health to a healthcare provider (Lindau et al., 2007). For example, Gelo (2008) and MetLife (2010) reported that one out of four LGBT elders discloses their sexual orientation to a healthcare professional. In the same study, one out of five LGBT baby boomers reported having little or no confidence that a health care provider will treat them with dignity and respect. Similarly, LGBT elders withhold sexual identity from healthcare providers, resulting in inefficient or injurious health care. For LGBTQ+ elders, the comfort of disclosing their sexual orientation and identity is highly dependent on the era in which they came of age. For instance, individuals born during the pre-Stonewall era are less likely to disclose their sexual orientation/identity than those born during the post-Stonewall era (MetLife, 2010).

Research has consistently shown that sexuality remains important to older adults. Sexual activity during late adulthood is associated with several positive outcomes, including increased quality of life (Ports et al., 2014). However, the importance of sexuality for older people is often overlooked and therefore creates ageist stereotypes of older people as sexless and undesirable (Bauer & Fetherstonhaugh, 2016). Sustained sexual activity into old age presents its own set of challenges, including the risk of contracting sexually transmitted infections. Older adults are more likely to be unaware of sexually transmitted infections (STIs) and the Human Immunodeficiency

SEXUALITY AND SEXUAL HEALTH

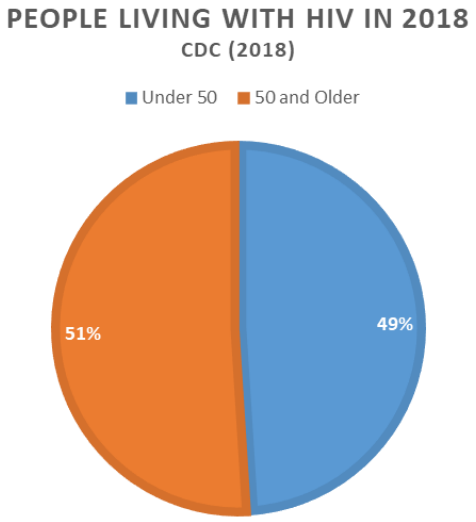
Virus (HIV). Furthermore, they are less likely to engage in safe sex, making them especially vulnerable to STI's. Indeed, the number of HIV-positive older adults has increased over the last decade. According to the CDC (2019), a significant percentage of new HIV cases are among adults in their 50s and beyond. In 2018, adults over age of 50 accounted for approximately 17 percent of all new HIV infections in the United States (APA, 2022; CDC, 2019). Despite considered an at-risk group for STI transmissions, LGBTQ+ elders are often exempted from discussions about sexual health (Bauer & Fetherstonhaugh, 2016). Additional findings from Taylor and King's study indicated that STI prevalence in the LGBTQ+ community often intersects with cultural factors such as age, social-economic status, race, and ethnicity. Therefore, individuals who are LGBTQ+ and racial/ethnic minority group members such as Black and Hispanic are at a greater risk of contracting sexually transmitted infections. This is even more so for those with a lower socioeconomic status (Taylor & King, 2021). While sexually transmitted infections are not exclusive to the LGBTQ+ population, it is a great health concern for this community.

Barriers to seeking and receiving advice for sexual health later in life clearly exist and are frequently tied to cultural and social factors (Ezhova et al., 2020). Health care providers are reluctant to initiate sexual health conversations or provide proper recommendations for older people (Ezhova et al., 2020). Thus, more effort is required to normalize sex in older age. This will necessitate a shift in societal and cultural standards, particularly those that label older people as asexual and sex as unnatural in old age. Efforts should be undertaken to combat the stigma associated with sexuality among mature people, regardless of sexual orientation. In addition to normalizing sex, there is a need to normalize the diversity of sexual expression and desire in later life (Fileborn et al., 2017).

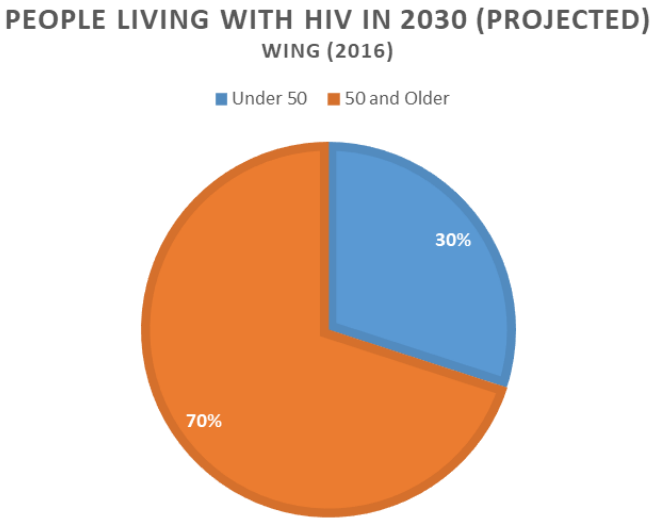
By including a discussion on sexual history in more general healthcare discussions, Ezhova et al. (2020) suggests that sexual health conversations can be normalized in healthcare settings. This could be accomplished by developing sample questions with a clear structure for initiating and responding to sexual health discussions (Fileborn et al., 2018). Healthcare workers must understand how to bring up the subject of sex and sexual health with mature individuals on a regular basis. Conversations about sexual health can be advantageous to some patients since it demonstrates that their doctor is receptive to questions about sexual health concerns (Ezhova et al., 2020).

AGING WITH HIV

The HIV/AIDS epidemic has made a significant impact on the lives of LGBTQ+ elders. The epidemic was first recognized in the United States in the early 1980s, during the time today's elders were younger adults (Wing, 2016). Throughout the decades, elders have lost friends and loved ones from the virus, fought against discrimination and neglect from the government, and have been living with the virus themselves (Vance, et al., 2011). Fortunately, due to the success of anti-retroviral therapy (ART), HIV, once considered a death sentence, is now well treatable and manageable, and people are living longer with the virus. According to the Centers for Disease Control and Prevention (CDC), in 2018, 51% of people living with HIV were over the age of fifty (CDC, 2022).



The percentage of people living with HIV over the age of fifty is expected to increase to 70% by 2030 (Wing, 2016).



In 2019, the CDC found that for every 100 people living with HIV aged fifty-five and older

- 95 were aware of their positive HIV status
- 67 were virally suppressed
- Both stats are higher than the general HIV+ population (CDC, 2022)

Older adults living with HIV encompass two groups: those who were diagnosed with the virus at a younger age and have survived to an older age due to advances in treatment, and those who contracted HIV at an older age (Escota et al., 2018). In 2018, 17% of newly diagnosed individuals were aged fifty and older. The number of newly diagnosed people aged fifty and older has decreased since the beginning of the epidemic, however this is still a population at risk for contracting the virus, with older men who have sex with men (MSM) and transgender women being the most at risk within the aging population (CDC, 2022). Vance et al (2011) even suggests that older adults may be more vulnerable to contracting the virus through sexual activity due to biological changes in older age such as thinner mucosal membranes that can tear easily during sexual intercourse (Vance et al, 2011). Factors that

AGING WITH HIV

contribute to the risk of HIV in the LGBTQ+ elder population include a lack of sexual health education and prevention for this population. Older adults have the same HIV risk factors as younger adults; however, doctors are less likely to speak to their patients about sexual behavior and drug use (CDC, 2022). Screening for HIV is also often overlooked for older patients as well, even though these patients remain sexually active at an older age (Wing, 2016). Due to this, older adults are less likely to be screened for HIV compared to younger adults (National Institute on Aging, 2017)

The CDC recommends that all sexually active people regardless of age should be tested for HIV at least once. Those who are considered high risk for contracting HIV, including men who have sex with men, those who have a partner who is living with HIV, and those who have tested positive for an STI should be tested every three to six months, regardless of age (CDC, 2022). Other STI screenings should take place among the older sexually active population as well because having another STI can increase the risk of contracting HIV. Prevention including behavioral methods and pre-exposure prophylaxis medication (PrEP) should also be discussed with older adults that are high risk for HIV (CDC, 2022; Wing, 2016) There are also opportunities for research in the aging HIV-positive population. There are significant gaps in HIV research especially on older women and transgender people living with HIV (Bland & Crowley, 2021).

While people are living longer and healthier lives with HIV, it does not come without challenges. Older adults living with HIV experience more comorbidities than younger people living with the virus. Such comorbidities include; cardiovascular disease (CVD), osteoporosis, malignancy, frailty, chronic liver disease and chronic kidney disease (Wing, 2016). Older people living with HIV also experience oral health problems including tooth, receding gums and deterioration of the jawbone (Bland & Crowley, 2021). Along with these comorbidities, there is a potential for accelerated aging among people living with HIV (Wing, 2016). Some signs of HIV can also be mistaken as other diseases and what may seem like normal aches and pains of aging. People diagnosed with HIV in older ages are more likely to have been living with the virus longer and be diagnosed at a later stage which can make managing the virus more difficult (National Institute on Aging, 2017). Older adults also are more likely to be on multiple types of medication which can cause issues with drug interactions and drug adherence, and potential toxicity (Wing, 2016).

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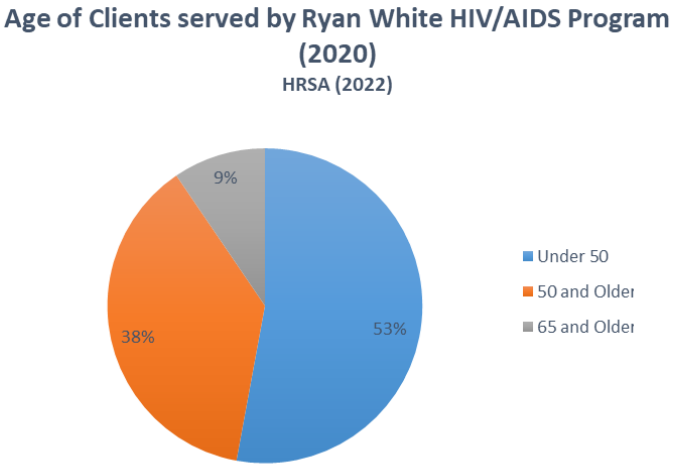
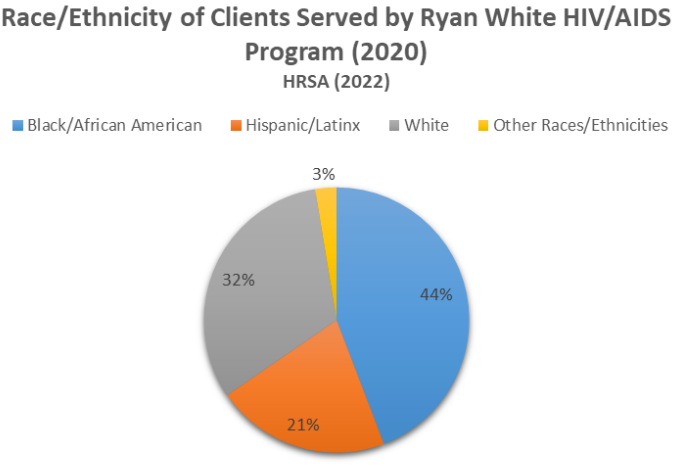
Fortunately, the number of HIV-positive people dying from AIDS-related illness and complications has been decreasing and life expectancy of HIV-positive people is now comparable to HIV-negative people (Escota et al., 2017). HIV-related causes of death do still occur; however, it is mainly in patients who receive HIV care late or receive ineffective treatment due to non-adherence, comorbidities and drug resistance. Access to care also plays a role in treatment and HIV related deaths (Wing, 2016). Early detection of HIV and initiation of ART are essential for long term survivorship. ART is a much safer HIV treatment compared to earlier medication used to treat the virus (Escota, 2017). Adherence to medication, attending regular medical appointments, and keeping viral loads down to achieve viral suppression allow older adults to live longer and healthier lives while positive. Health promoting behaviors such as quitting smoking and remaining physically active in older age has also been proven to increase quality of life with HIV (Wing, 2016).

There are also programs that serve the HIV-positive population. The Ryan White HIV/AIDS Program (RWHAP) is a program that helps low-income people living with HIV. The program allows people living with HIV to receive medical care, medications and support services to help HIV-positive patients remain in care. In March 2022, the Health Resources and Services Administration (HRSA), published a report about clients aged fifty and older being served by the Ryan White HIV/AIDS Program in 2020. According to this report, in 2020, 47.9% of clients served by the Ryan White HIV/AIDS Program were aged fifty years and older, with 9.5% aged 65 years and older.



Additionally, 44.2% of clients over fifty years of age self-identified as Black/African-American, and 21.2% of clients self-identified as Hispanic/Latino, compared to 32% of clients self-identifying as White. All key populations in the report showed an overall increase in viral suppression in 2020 compared to 2010, with an increase from 77.6% to 92.9% (HRSA, 2022).



Supporting the aging HIV-positive population also can include allocating more funding to programs that give benefits to the aging HIV-positive community (Bland & Crowley, 2021).

AGING WITH HIV

For long term survivors as well as newly diagnosed elders, HIV takes a mental and emotional toll as well. Older adults living with HIV are vulnerable to experiencing mental health challenges (Vance, 2011). Substance use remains an issue in the aging HIV positive population as well (Bland & Crowley, 2021). Long-term survivors of HIV have also likely experienced multiple HIV-related stressors, including poor physical and mental health, isolation, loss of partners and friends, stigma, loss of community, and unemployment (Wing, 2016). Additionally, long-term survivors of HIV who were diagnosed when people were dying from the virus may not have planned for their future and currently struggle with financial instability (Bland & Crowley, 2021). Just as there are behaviors that can be performed to improve physical health among the aging HIV-positive community, there are factors that can improve the mental and emotional wellbeing of long-term survivors.

Studies of long-term survivors of HIV have found that coping mechanisms, independence, and resilience may improve the quality of life during aging (Escota, 2017). In 2019, the CDC did find that older age groups experienced less HIV-related stigma compared to younger age groups, which certainly has a positive effect on mental and emotional wellbeing (CDC, 2022). Having a good social support system is another way to help older HIV-positive adults cope and thrive while living with the virus. Older adults living with HIV may feel excluded from community-based programs, so it is important to expand opportunities to allow elders to form social connections with other positive people and discuss issues like stigma and trauma (Bland & Crowley, 2021).

HEALTHCARE ENGAGEMENT

Along with the general aging population, as LGBTQ+ folks age, the need for health care services increases. Research has shown that older adults within the LGBTQ+ community are more likely to be engaged in healthcare compared to younger age groups in the LGBTQ+ population. In addition, research shows that LGBTQ+ elders are aging well (Fredriksen-Goldsen et al, 2014). Lesbian, gay, and bisexual older adults are more likely to have received flu shots, HIV screening and counseling services, compared to heterosexual older adults (Fredriksen-Goldsen, Jen & Muraco, 2019). However, there are many barriers that greatly affect LGBTQ+ elders from seeking and receiving quality healthcare. Although few studies have been done on the utilization of health care in older LGBTQ+ persons, the California Health Interview Study found that LGBT adults were more likely than heterosexual adults to delay or not seek out medical care (MAP & SAGE, 2010).

Past negative experiences within the healthcare system can be a barrier to care for members of the aging LGBTQ+ population. Elders are likely to have experienced a lifetime of discrimination and stigma, which can lead to mistrust in the healthcare industry. Even when this population does receive care, older LGBTQ+ adults may be reluctant to disclose their sexual orientation or gender identity due to fear of discrimination or bias from the provider. Disclosing an LGBTQ+ identity status can feel vulnerable to this population. Fredriksen-Goldsen et al (2014) states specifically that older transgender adults feel internalized stigma which can influence their health and healthcare engagement. However, non-disclosure of sexual orientation or gender identity can lead to negative health outcomes, and can prevent discussions on breast cancer, sexual health, hormone therapy, hepatitis, and HIV risk (Fredriksen-Goldsen, 2011). Financial instability can also have an effect on elders obtaining medical care. Additionally, according

HEALTHCARE ENGAGEMENT

to Shiu et al. (2017), mental health status can also influence healthcare engagement in the older LGBTQ+ population. A 2017 study found a correlation of depressed LGBT adults to low engagement in healthcare (Shiu et al., 2017).

Studies have found that there is a lack of culturally competent and culturally humble care for LGBTQ+ older adults. The American Geriatrics Society states that there is evidence that LGBT older adults face discrimination in healthcare settings (American Geriatrics Society Ethics Committee, 2015). There is limited training on LGBTQ+ aging issues in aging network organizations (Portz et al., 2014). This suggests that providers may not have the knowledge and training necessary to work with LGBTQ+ elders and be aware of health needs specific to this population (IOM, 2010). Additionally, providers may not know that their patients are LGBTQ+ identified if they do not disclose this information.

The American Geriatrics Society acknowledges that steps need to be taken to end discrimination towards older LGBT patients in healthcare settings (American Geriatrics Society Ethics Committee, 2015). When applying cultural competence and humility, it is important to create policies and procedures that are considerate of the needs and preferences of the groups being served that have been historically marginalized (Portz et al., 2014). Therefore, health care providers need to be trained to work with the elder population in a manner that includes not assuming their older patients are heterosexual or cisgender. This can include providing medical forms that are inclusive of sexual orientation, gender identity and relationship status (IOM, 2010). In addition, stigma reduction strategies should be implemented for health care professionals to reduce stigma and discrimination in healthcare settings for older LGBTQ+ patients (Fredriksen-Goldsen, 2014).

SOCIAL MOVEMENTS

While the United States in more recent years has recognized LGBTQ+ protections both within the workforce and general population, LGBTQ+ folks in the past have experienced a much different treatment. Notably, LGBTQ+ elders experienced several distinct periods where their humanity, safety, and protections were explicitly targeted or greatly impacted. While not all LGBTQ+ elders may have been directly impacted by or have experienced some of these events, their histories can contribute to anxiety among elders living true to their identity. The following sections detail a few, non-exhaustive, list of major events that have impacted folks within the past hundred years in the U.S. These events and potential experiences within them could help educate others about the various experiences LGBTQ+ seniors may have had. Similarly, LGBTQ+ elders should be given a platform to discuss their experiences and provide context for many of the negative connotations associated with LGBTQ+ identity in the past.

Lavender Scare

While people in the United States may be familiar with the Red Scare that occurred during the Cold War era and its effect on politics and Hollywood, the Lavender Scare is one that tends not to get the same amount of weight in the conversation. The Lavender Scare happened around the same time as the Red Scare, throughout the 1940s through 1960s, that mainly targeted gay men and women in both governmental jobs and the Armed Forces. The concern at this time was that because gay men and women were not allowed to be publicly out, they were considered security risks and prone to either blackmail or subversion of national security interests (Adkins, 2016). Gay identity at the time was viewed throughout the lens as a "moral perversion," often with laws specifically targeting gay men more often than lesbians for homosexuality and acts of same-sex desire (Adkins, 2016). In putting a spotlight on gay men and women as "deviants" and putting up the perception as homosexuality as a concern to national security interest, Yung (2019) states that such acts moved what were once private sexual identities and communities into a more public sphere. This was often associated with raids of businesses, homes, and offices of people who were thought to be gay (Yung, 2019).

Eisenhower's Executive Order and its evolution into Don't Ask, Don't Tell

In 1952, President Eisenhower signed Executive Order 10450, which barred gay men, lesbians and bisexual people from working for the U.S. government. This Executive Order led to targeting of people presumed to engage in "homosexual activity" and thousands of people losing their jobs. The federal government did not hire openly gay employees until 1977 (Cantwell et al., 2017).

Don't Ask, Don't Tell (DADT) was enacted in 1994, and was a federal policy that forced gay, lesbian and bisexual military service members to hide their sexual identities. It lasted for 17 years, and along with forcing gay, lesbian, and bisexual service members into the closet, it sent a message that discrimination towards such members was acceptable. The reasoning behind the policy was the false notion that LGBTQ+ individuals serving in the military would undermine the ability of people to fulfill their duties. Being open about same gender loving identities could result in being discharged. In 2011, DADT was repealed, and service members previously discharged due to their LGBTQ+ status were offered re-enrollment (HRC, 2022).

SOCIAL MOVEMENTS

HIV/AIDS Criminalization and Discrimination

Within the United States, HIV/AIDS stigma and discrimination have had a tumultuous history when it comes to legal and social complications. As of 2022, 35 U.S. states still have laws that criminalize HIV exposure, despite knowledge of the virus, as well as major advances in prevention and treatment in the past forty years of the HIV/AIDS epidemic (CDC, 2022b). While the framing of these policies and laws may be done in an attempt to set up legal protections for community members, these laws tend to affect people living with HIV in overbearing, demeaning, and negative ways. In a substantive review overlooking legal policy of HIV-criminalization laws, Lehman et al. (2014) found that in most cases, the laws affecting people living with HIV often did not account for transmission risk or whether or not factors such as protected sex or antivirals were used. Additionally, recent reviews of empirical studies looking at HIV exposure as a criminal action have shown that such laws do not seem to influence or make an impactful change towards changes in sexual risk-taking among people regardless of their HIV status (Harsono et al, 2017). So, while these laws have been enacted to attempt to change human behaviors and lessen transmissions rates, what actually results is more punitive and outdated frameworks, as compared to a systematic and proactive health effort to treat HIV/AIDS.

SOCIAL MOVEMENTS

ACT UP and Queer Liberation

ACT UP, the AIDS Coalition to Unleash Power, is a non-partisan, diverse group formed in the 1980s to fight the AIDS crisis. It was formed in response to the government essentially ignoring the AIDS crisis as well as the complacency of the medical establishment during the 1980s. ACT UP also fought against stigma and discrimination faced by people living with HIV/AIDS. ACT UP worked through direct action, meeting with government officials, distributing medical information, protesting and demonstrating (ACT UP NY, 2022). Through ACT UP's advocacy and direct action, prices of HIV medication were lowered, the FDA approval process for HIV medicine was transformed and patients with AIDS were included in new drug trials. In addition, ACT UP helped lower HIV/AIDS stigma and provided education on HIV prevention (Abbott & Digital Public Library of America, 2022).

Another challenge in working towards treating people affected by HIV/AIDS throughout its early years and upwards into the 1990s, was a focus by government officials at the time (and directed health officials). Government and health officials were limiting what could be talked about in terms of sex education and where federal funds could go in relation to public health efforts. Additionally, there was a hyperfocus of moving from a proactive conversation around sex and sexual health towards a stark and narrow focus of abstinence-only education and training (Padamsee, 2020). With turning towards abstinence only education, training across sections of government and health began to become more intentionally vague and the information surrounding HIV/AIDS at the time was obscured, often to detrimental results. At the grassroots level, there is evidence even during the early years of HIV/AIDS in the United States, that a focus on and conversations about sex and sex practices through a sex positive lens has potential to reduce transmission rates (Padamsee, 2020).

While there is more hope for people living with HIV/AIDS in terms of survival rates and treatment options, there is still a variety of concerns members of this community may have. Misinformation or lack of knowledge of the health and transmission routes for HIV/AIDS is a concern, as well as an overall lack of proactive public health efforts. Lastly, one of the biggest challenges that can be seen is the evolving nature of the U.S Government's involvement in HIV/AIDS policies and research, which are often seen flip-flopping between the varying governmental administrations that occur over the years (Padamsee, 2020).

POLICY ISSUES

Disclaimer: The following sections should be used for informational purposes only and should not be taken for legal advice. For legal and policy questions, please refer to the resources section at the end of this document.

Housing Discrimination

Throughout the lifespan, LGBTQ+ members have historically faced a multitude of issues regarding housing. These issues have included experiences of homelessness, stigma and overt discrimination in housing applications, employment (which subsequently provides access to affording forms of housing), and a stark lack of legal protections or non-federal policies that would protect LGBTQ+ members in each of these areas (Romero et al., 2020). Reviews of literature on LGBT homelessness conducted by Fraser et al. (2019) have yielded several common themes across various research studies. These themes included (typically) younger LGBT members facing homelessness due to complications in family relations, as well as seeing overlapping stigmas of identity (e.g., LGBT identity and homelessness) which result in negative physical and mental health outcomes. Notably, these health outcomes as reported by Fraser et al. suggest that those attempting to secure housing face an uphill battle fighting against discrimination of multiple marginalized identities. Ultimately, there is a prevalent challenge in establishing one's right to find safe, accessible, and healthy housing that provides a form of stability for such LGBT members.

When LGBTQ+ folks can secure housing and other forms of stable living, social forms of discrimination and harassment then becomes another concern when dealing with housing discrimination. The Williams Institute (2020) reports that this occurs across a variety of spaces, ranging from homeless shelters that folks may use at any age, upwards towards the end of the lifespan in more communal and assisted living spaces. This discrimination, most notably, does not come from just other residents and social service users, but also has been seen to occur from the very staff members who are working both shelters and senior living spaces (Romero et al., 2020; Hovey, 2009). SAGE and the Human Rights Campaign Foundation has a Long-Term Care Equality Index (LEI) project for LGBTQ+ elders in long-term housing. This program provides social support and culturally competent inclusive care for LGBTQ+ elders and has proven to be effective in addressing LGBTQ+ health needs. This is done by promoting equitable and inclusive care for LGBTQ+ older adults in long-term residential care and senior housing (HRC & SAGE, 2022).

While looking at forms of discrimination in both housing policy and everyday life, LGBTQ+ identities are not the only ones that are affected. Race is another category that is important to be cognizant when looking at forms of discrimination and harm, especially when both identities are marginalized. In 2016, Mallory and Sears did a systematic review of discrimination complaints filed to state enforcement agencies between the years 2008-2014. In their report, they found that for every 100,000 people of color, there were about 5 cases on average of housing discrimination that were reported. When looking at sexual orientation and gender identity, this number was about 3 per 100,000 members. It is important for practitioners and community members to keep in mind intersectional approaches, realizing that these overlapping identities may further complicate one's ability to search for housing, maintain a consistent living environment free of discrimination, and to accrue the funds necessary to be taken care of in the later parts of their lifespan.

POLICY ISSUES

Biden Executive Orders

In January of 2021, President Joe Biden signed Executive Order 13988, titled ***"Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation."*** This Executive Order directed federal agencies to review their own policies and initiatives. The Order guided them to follow up on *Bostock v. Clayton County*, a 2020 Supreme Court decision which ruled that sexual orientation and gender identity were protected categories that fell under sex discrimination laws. These rules affected the Fair Housing Act and set up protections for a large number of housing units (U.S Department of Housing and Urban Development, 2022) that were of previous concern to LGBTQ+ community members who faced rampant discrimination.

On June 15, 2022, President Biden signed an Executive Order advancing protections and support to LGBTQ+ elders. This Executive Order includes direction for the U.S. Department of Health and Human Services (HHS) to publish a "Bill of Rights for LGBTQI+ Older Adults," as well as new guidance on nondiscrimination protections for older LGBTQ+ adults in long-term care facilities. Additionally, this Executive Order also charges HHS to include LGBTQ+ individuals to the definition of populations of "greatest social need" under the Older Americans Act (OAA). The Older Americans Act is the largest vehicle for funding and delivering services to older people in the United States. The Executive Order builds on the Ruthie and Connie LGBTQ+ Elder Americans Act, named after lesbian activists Ruthie Berman and Connie Kurtz and endorsed by SAGE, which proposes increased federal support to LGBTQ+ elders through the OAA (SAGE, 2022). Biden's Executive Order is an important and necessary step forward to protect and support the aging LGBTQ+ community. Likewise, in December 2022, President Joe Biden signed the "Respect for Marriage Act," a crucial step toward equality for same-sex loving people. This bill provides federal protection to same-sex loving people and marks a milestone in the decades-long campaign for marriage equality (The White House, 2022).

While more policies are being issued federally, these protections do not always translate to prevent discrimination from still occurring, keep people in housing, and face difficulty because the policies take time to be implemented. Research from across a variety of disciplines over the past 20 years has shown that for LGBT elders, discrimination has been occurring at an alarming rate and is a prevalent worry. Previous reports from the Williams Institute have found that LGBT elders faced dismissals in obtaining housing, were being charged higher rates compared to heterosexual renters/buyers, and experienced forms of discriminations based off other forms of social identity (Choi & Meyer, 2016). Another report from the Williams Institute has shown that in national surveys over the course of three years, LGBT members repeatedly showed higher chances of experiencing homelessness compared to cisgender and heterosexual folks (Wilson et al., 2020). Ultimately, housing discrimination as exemplified here looks more broadly at overt forms of discrimination and issues regarding policy that is affecting how people engage in processes related to securing housing (such as attempting to find housing, employment, etc.).

POLICY ISSUES

Caregiving

There are a few different kinds of caregivers when it comes to LGBTQ+ aging. SAGE (2015) lists three of the most prominent ones as;

- LGBT older adults caring for other LGBT older adults,
- Caregivers who happen to be LGBT, and
- Non-LGBT members caring for LGBT older adults.

These roles are nuanced and vary in the context in which they provide care. Currently, LGBTQ+ adults who are caregivers to an aging friend experience similar levels of stress and depressive symptoms as folks who provide care to long-term partners (Shui et al., 2016). Part of this may result from the less common instance of friends providing care for others, whose work may not be seen as legitimized compared to those providing care for partners. Additionally, these kinds of caregivers may not receive the same forms of social support that is given by family members, medical professionals, or other close members in their social networks. Many LGBTQ+ elders have families of choice, consisting of people who are not biologically related, such as partners and friends. Families of choice provide social support, promote resilience, and can establish deep emotional bonds. Unfortunately, families of choice have limited rights. First, without a legally recognized relationship, chosen families cannot make medical decisions or have the legal recognition to take time away from work to care for one another. Second, chosen families and friend networks often age simultaneously and may not be in the physical or mental condition to care for one another adequately. Moreover, power of attorney defaults to blood relatives unless the patient has completed advance care planning (Goldhammer et al., 2019).

For LGBTQ+ elders, concerns regarding bullying and harassment are still ever present. Fredriksen-Goldsen et al. (2011) has showcased in previous works that 64% percent of LGBT elders faced repeated forms of victimization, with LGBT elders reporting verbal insults as the most common form of victimization at around 68% and threats of physical violence as the second most around 43%. When such forms of harassment and harm are so close to home, caregiving in senior living spaces, especially more communal ones, can become tense and fraught with additional worries. LGBTQ+ elders who worry about their sexual orientation and gender identity (SOGI) status may attempt to conceal aspects of their identity, wrestling with the tension of attempting to shield aspects of their identity for protection and the inauthentic feelings one may feel because of it (White & Gendron, 2016). Knowing this, scholars such as Bonifas (2016) and White and Gendron (2016) have argued for solutions that include addressing community harm utilizing the community in shaping policy, allowing room for both staff members and communal residents to shape the environment that LGBT elders live in. Bonifas (2006) has also suggested that while these forms of intervention may be a step forward, there should also be a robust form of training given to both community members living in these shared spaces and staff who provide such caregiving, to help solidify the policy so it can affect practices (Bonifas, 2016; White & Gendron, 2016).

STRENGTH AND RESILIENCE

Despite tremendous challenges endured throughout life, including legal discrimination, neglect and isolation, elders have shown to develop strength and resilience notwithstanding those circumstances. Fredriksen-Goldsen (2007) defines resilience as "behavioral, functional, social and cultural resources and capacities utilized under adverse circumstances" (Fredriksen-Goldsen, 2007). While resilience can be focused on at an individual or communal level, Meyer (2015) makes an important distinction about these two groups, stating that, "not everyone has the same opportunity for resilience when the underlying social structures are unequal." Attempts to prioritize individual resilience can have harmful societal effects. Kwate & Meyer (2010) demonstrated this very effect. When individual resilience is idealized, groups who are socially disadvantaged face increased stress surrounding it rather than it being decreased. When communal level interventions are involved as comparison, such as affirming identities and providing social resources, Fredriksen-Goldsen et al. (2017) found amongst a study of over 2,000 LGBTQIA+ elders that these buffered out against previous marginalization experiences and resulted in resilient pathways that increased mental health outcomes amongst LGBTQIA+ elders.

Historically, research on the LGBTQ+ community has been done through a deficits-based approach. Considering the role of resiliency, there is a shift in which researchers are suggesting studying this community through a strengths-based approach and an intersectional lens. Edwards et al. (2023) conducted a study which measured resilience in the LGBTQ+ community through this intersectional, strengths-based approach. This study analyzed responses to questions from the 2018 Annual Questionnaire of The PRIDE Study, a longitudinal study on LGBTQ+ health. The questions were analyzed with the acknowledgment of the shared role of the investigator and participants. The study proposed a model of resources that support resilience in the LGBTQ+ community, which consists of social resources, affective generative resources and introspective resources. Social resources refer to social and relational connections that are important to participants. Affective generative resources refer to activities and resources that contribute to joy and wellbeing. Finally, introspective resources refer to internal processes of self-exploration, endurance through negative experiences and growth related to sexual and gender minority (SGM) identity and other social identities. These resources are theorized to overlap and interact within each other across the life course (Edwards et al, 2023).

STRENGTH AND RESILIENCE

Not all research on resiliency focuses on traumatic experiences and forms of harm. Fredriksen-Goldsen et al. (2011) conducted a national survey of over 2,500 LGBT older adults between the ages of 50 to 95 and found that many LGBT elders engage in resiliency-promoting behaviors. In this survey, 91% of the elders said they were regularly engaging in wellness activities in their life and 89% felt positive about their belonging in the LGBT community at large. While there is numerous research that shows that LGBT elders are fostering forms of resilience in their later life, these cases tended to result from previous experiences with discrimination or tragic loss. Two forms of buffers that vastly helped LGBT elders is having forms of social support, be it through caregivers or chosen families, as well as having policy protections in which spelled out rights that may not have been previous there or stated (Fredriksen-Goldsen et al. (2017).

A majority of LGBTQ+ folks show remarkable perseverance in the face of adversity. LGBTQ+ elders have reported how surviving in a discriminatory environment has bolstered strength and resilience, especially for elders that participated in activism for social justice. Resilience in the LGBTQ+ community has promoted successful aging and improved behavioral health as this population ages. For example, findings from a study on LGBT older veterans reported less alcohol use, less minority stress and depression in comparison to younger LGBT veterans (Goldhammer et al., 2019). Similarly, other studies found increased rates of social and emotional support, as well as lower internalized stigma and positive perception of sexual orientation among LGBT elders; which in turn, improved overall well-being (Goldhammer et al., 2019).

SUCCESSFUL AGING

Successful aging refers to the capacity to thrive in older age (Van Wagenen et al, 2013). This involves managing challenges that come with aging with good functional, physical, and cognitive capacity, as well as having an active involvement in psychosocial life (Pereira & Banjeree, 2021). Successful aging is often viewed from a heteronormative and cisnormative lens, with little to no attention paid to LGBTQ+ elders who go through the same process (Fabbre et al., 2015). Within the LGBTQ+ community, successful aging can include the absence of social exclusion and marginalization across the life course. Despite coming of age during a time when living as their true selves made them a target for discrimination and harm, the nuances that accompany being a sexual and/or gender minority individual has positively shaped LGBTQ+ elders to successfully age in place. Factors that improve quality of life as an indicator of successful aging for LGBTQ+ older adults include having a positive sense of sexual identity, identity disclosure, social resources, health promoting behaviors, and socioeconomic resources (Fredriksen-Goldsen, 2014).

While the LGBTQ+ community continues to face challenges related to health disparities, access to care and political climate in the U.S., elders are able to live more openly and comfortably compared to previous decades, and these elders continue to exercise strength and resilience. Essentially, facing hardships earlier in life due to LGBTQ+ and intersecting identities can prepare older LGBTQ+ folks to face aging-related challenges (Fredriksen-Goldsen, 2014). Resilience is important to aid in successful aging and can be found in the LGBTQ+ community in a variety of ways, including building support networks with close friends and partners, as well as providing caregiving support for friends and loved ones (Hash & Rogers, 2013; SAGE, 2017b). There is evidence that having this social support can improve mental health outcomes, with decreased anxiety, depression and internalized homophobia. Additionally, resilience gives LGBTQ+ elders specific skills to adapt to aging, such as advocacy skills, coping skills, self-reliance, adaptability and stress management (Hash & Rogers, 2013).

Competent healthcare, economic security, social connections, and family support are among the cornerstones for successful aging in the LGBTQ+ community (Heron Greensmith., 2017). However, these are the areas LGBTQ+ elders report the most disparities, when compared to non-LGBTQ+ elders. To understand LGBTQ+ health needs, care for LGBTQ+ elders must shift away from risk and deficit-focused approaches and toward resilience and strength-based approaches. Grigorovich et al. (2016) discovered that LGBTQ+ elders are more positively responsive to decision-making processes, as well as care that is respectful and attentive to their needs.

As the U.S. population continues to age, the elder LGBTQ+ population will continue to grow. Successful aging for this population is dependent on targeted health-promoting prevention and intervention efforts to address cancer, chronic health, sexual health, HIV, and mental health disparities. Additionally, policy issues that affect housing and caregiving for LGBTQ+ elders will have a direct effect on successful aging for this population. While LGBTQ+ elders have endured tremendous challenges throughout their lives, they are a strong, resilient group of people with a powerful history that has paved the way for the LGBTQ+ community to grow and thrive. LGBTQ+ elders deserve recognition and to have their needs met to age with pride.

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APPENDIX: LGBTQ+ AGING RESOURCES

AIDS Community Research Initiative of America (ACRIA): ACRIA's Center on HIV & Aging examines and seeks to address the unique needs and challenges that older adults of diverse populations living with HIV encounter as they age. https://www.thebody.com/author/aids-community-research-initiative-of-america

Fenway Institute's LGBTQIA+ Aging Project: The LGBTQIA+ Aging Project helps ensure LGBTIA+ elders have equal access to life-sustaining benefits, safeguards, services, and institutions. This project provides education, technical support (the Open-Door Task Force), advocacy, community and policymaker education, and social activities for LGBTQIA+ elders, caregivers, and friends. The aging project became part of the Fenway Institute in 2013, assisting in the strengthening of training, outreach, and educational efforts for LGBTQIA+ elders. Fenway Institute's LGBTQIA+ Aging Project provides services to LGBTQ+ elders in Boston Massachusetts. It provides information and resources of interest to elders and the LGBTQIA+ community at large outside of the region. https://fenwayhealth.org/the-fenway-institute/lgbtqia-aging-project/

Lambda Legal: Lambda Legal provides LGBT elders with legal services and referrals (e.g., estate, inheritance, and medical decision-making documents), as well as litigation and advocacy in disability rights, Social Security benefits, Medicare/Medicaid benefits, inheritance rights, and nursing home regulations. https://www.lambdalegal.org/

Long-Term Care Equality Index 2021: The Long-Term Care Equality Index (LEI) is a program launched by SAGE and the Human Rights Campaign Foundation (HRCF). The LEI aims to create a network of Long-Term Care Centers (LTCCs) across the country that provides a welcoming home for older LGBTQ+ people. https://thelei.org/the-lei

National Center for Transgender Equality (NCTE): NCTE is a social justice organization dedicated to achieving transgender equality through advocacy, collaboration, and empowerment. NCTE advocates for the federal Administration on Aging to collect data on transgender elders and consider that transgender elders face particular hurdles. https://transequality.org/

Old and Bold Services for All: A program launched by SAGE to ensure that LGBTQ+ HIV–positive older adults have access to welcoming aging services and support nationwide. This program provides congregate meals, senior center programs, chore and transportation assistance, and various other services and supports. https://www.sageusa.org/resource-posts/what-is-old-bold-services-for-all/

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Old Lesbians Organizing for Change (OLOC): OLOC is a national network of Old Lesbians over the age of 60 dedicated to improving the lives of Old Lesbians and combating ageism via education and public dialogue. Long-term projects include gathering the narratives of lesbians aged 70 and up and memorializing deceased lesbian friends and mentors. https://oloc.org/

SAGE National LGBTQ+ Elder Hotline: LGBTQ+ older people who want to talk with friendly responders who are ready to listen. The hotline is available 24 hours a day, seven days a week, in English and Spanish, with translation in 180 languages. SAGE hotline responders are;

- Are certified in crisis response
- Respond to questions factually and confidentially.
- Provide assistance without passing judgment.
- Inform people about available community resources such as healthcare, transportation, counseling, legal services, and emotional support programs.

https://www.sageusa.org/what-we-do/sage-national-lgbt-elder-hotline/

SAGE National Resource Center on LGBTQ+ Aging: The country's first and only technical assistance resource center focused on improving the quality of services and supports offered to LGBTQ+ older adults, their families, and caregivers. https://lgbtagingcenter.org/resources/

The LGBTQ Caregiver Center: This developing virtual resource hub aims to raise awareness of the specific needs, challenges, and experiences of LGBTQ Caregivers and those who care for them. The LGBTQ+ caregiver center provides advocacy, education, and resources to empower LGBTQ Caregivers and improve the overall health and well-being of LGBTQ+ people. https://lgbtqcaregivers.org

The Williams Institute: The Williams Institute is the leading research center on sexual orientation and gender identity legislation and policy. The Williams Institute guarantees that legislation, regulations, and judicial decisions affecting the LGBT population are based on facts rather than preconceptions. https://williamsinstitute.law.ucla.edu/

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Transgender Aging Network: The Transgender Aging Network (TAN) improves the lives of current and future trans and allied elders by promoting communication and enhancing the work of researchers, service providers, educators, and advocates. TAN raises awareness of trans aging issues and realities by advocating for policy changes and providing communication channels for trans elders to give and receive support and information. https://forge-forward.org/resource/transgender-aging-network/

ZAMI NOBLA (National Organization of Black Lesbians on Aging): A membership-based organization dedicated to establishing a foundation of power for Black lesbians over 40 living anywhere in the country, their service focuses on advocacy and community action research. https://www.zaminobla.org/

Equitas Health: A regional nonprofit community healthcare system that provides outpatient healthcare services to the LGBTQ+ community. Equitas Health offers primary care and mental health services to LGBTQ+ populations, individuals living with HIV, and those seeking a welcoming healthcare home. https://equitashealth.com/. Services provided include;

- HIV health and housing support
- HIV/STI testing and PrEP care
- Primary care
- Dental
- Gender affirming care
- Mental health counselling
- Survivor support
- Recovery and addiction

NOTE: This list is not intended to be exhaustive and may not include all organizations, resources, and services available to the older LGBTQ+ community.