

Aging with **Pride** and **Authenticity**



Center for the Advanced
Study of Aging Services
Berkeley | School of Social Welfare

Challenges and
Supports for
Underrepresented
LGBTQIA+
Older Adults





WHO WE ARE

The UC Berkeley Center for the Advanced Study of Aging Services (CASAS) uses **research, education, and policy** to explore the broader environmental, cultural, and social drivers that have the greatest impact on aging and aging services.





OUR WORK



RESEARCH | Rigorous, multidisciplinary aging research



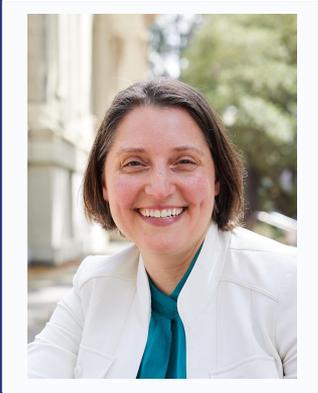
EDUCATION | Preparing the aging services workforce



POLICY | Supporting equitable aging policy analysis and advocacy



OUR PROJECT TEAM



Dr. Angie Perone



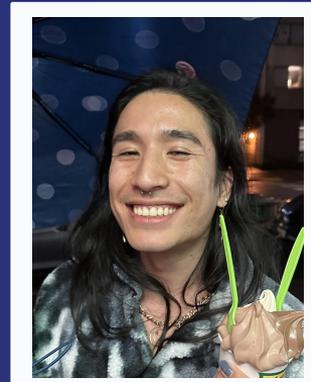
Tré Coldon



Ashlee Osborne



Alec Paget



Michael Solorio



Leyi (Joy) Zhou

Focus Group Community Partners

openhouse

Openhouse



Aging and HIV
Institute



Bay Area
American Indian
Two Spirits
(BAAITS)



Black Lesbians
United (BLU)



Bombay Beach
Community
Service District



Booker T.
Washington
Community Center



LA LGBT Center



El/La Para
TransLatinas



HIV+ Aging
Research Project



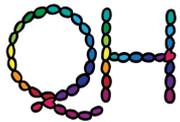
Let's Kick A.S.S.
AIDS Survivor
Syndrome



LGBTQ+ Community
Center of the Desert



North Bay LGBTQ+
Families



Queer
Humboldt



Sebastopol
Area Senior
Center



Shanti



THE AMAAD INSTITUTE
Arming Minorities Against Addiction & Disease



diversity center
santa cruz county



Women's Cancer
Resource Center





OUR FUNDERS



CASAS would also like to thank the following funders for supporting this work and making this project possible.

California Health Care Foundation (CHCF)

The SCAN Foundation

Metta Fund



BACKGROUND

1

STATEWIDE SURVEY

In early 2024, California's Department of Aging funded the **first** statewide survey to study the **health, wellbeing,** and **service** needs of **mid-life** and **older** LGBTQIA+ Californians

2

FOCUS GROUPS

Building off this survey, we conducted focus groups in mid- to late-2024 with **underrepresented** LGBTQIA+ older adults who are **hardest-to-reach** and often excluded from **research, services,** and **policy,** including low-income, minoritized, and geographically isolated individuals.



ABOUT THE SURVEY

- **Disparities:** People of color and transgender and gender expansive people reported poorer health outcomes, more financial insecurity, poor social and economic wellbeing, and more barriers to accessing services.
 - **Discrimination:** People of color and transgender and gender expansive people reported higher rates of discrimination, trauma, and discomfort disclosing sexual or transgender and gender expansive identity
 - **Community:** Over 60% of transgender participants reported excellent, very good, or good relationships.
-



FOCUS GROUP PROJECT AIMS

Elevate voices of hard-to-reach and often underserved communities

Gather in-depth knowledge about challenges, needs, and supports

Illuminate creative surviving and thriving strategies that can be incorporated into social services and supports

Identify recommendations for policies, funding, programs, and services

FOCUS GROUP DETAILS



Focus Groups: 23 total (208 participants) (2 hours each). Each focus group was between 4 and 13 people in size, with an **average of 9** per group.

Eligibility: 50+ years-old and LGBTQIA+ in California (some a few years younger)

Timeline: June through October 2024

Gift Card: \$50 gift card for focus group participants

Format: Focus groups were **in-person** ($n=20$) and **virtual** ($n=3$), depending on what worked **best** for the community partners and community participants.

Language: Focus groups were conducted in **English** ($n=19$) or **Spanish** ($n=4$).

PARTICIPANT DETAILS



208 participants from 16 counties in California

Race: 135 (65%) identified as BIPOC

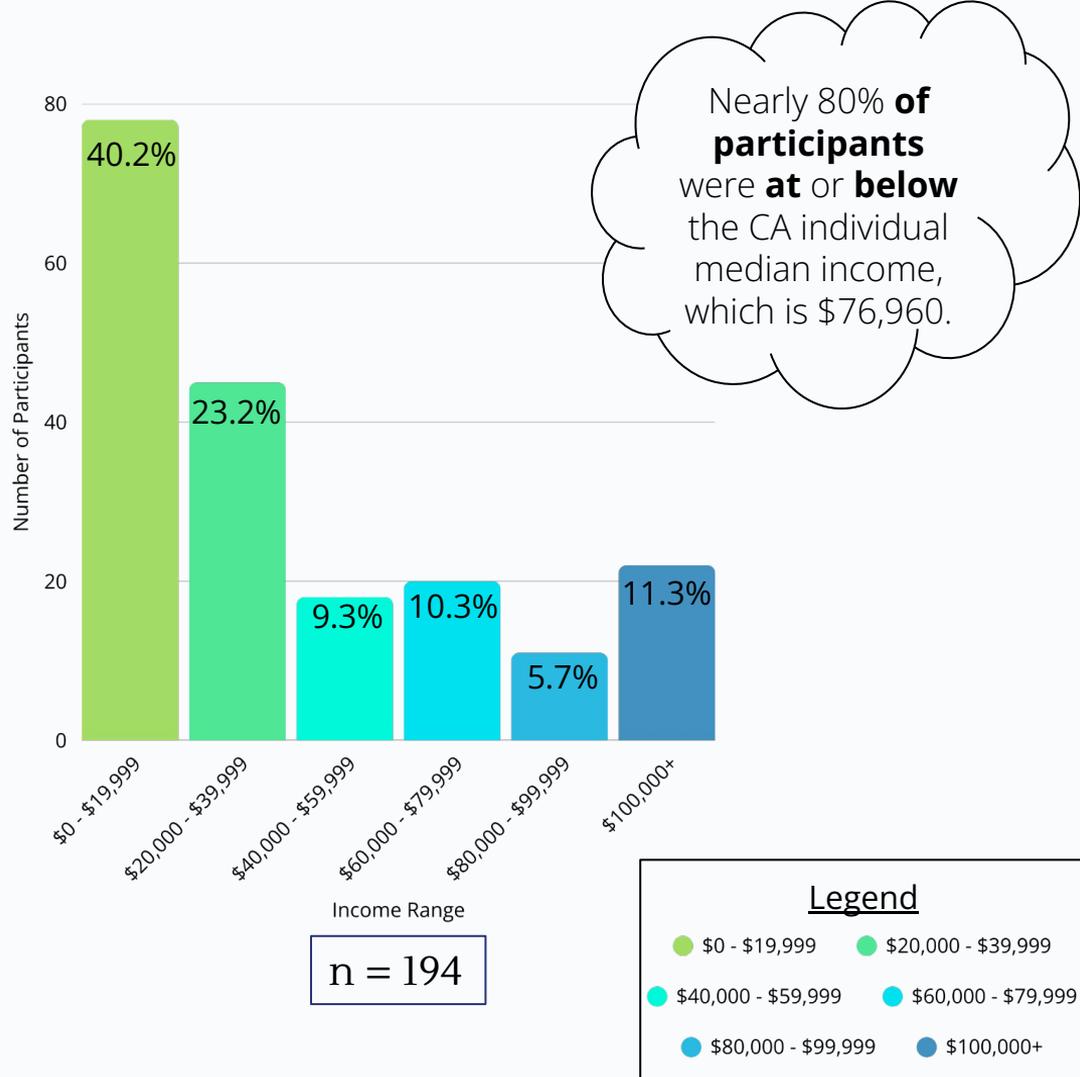
Transgender: 37 (19%) identified as transgender

Disability / SSI: 59 (30%) received SSI in the past 12 months due to disability

HIV: 67 (34%) are persons living with HIV (most are HIV long-term survivors-HLTS)

Age: Age range: 45-90 (median age=64)

INCOME DETAILS



16 COUNTIES INCLUDED



FOCUS GROUP METHOD

Benefits of Focus Groups

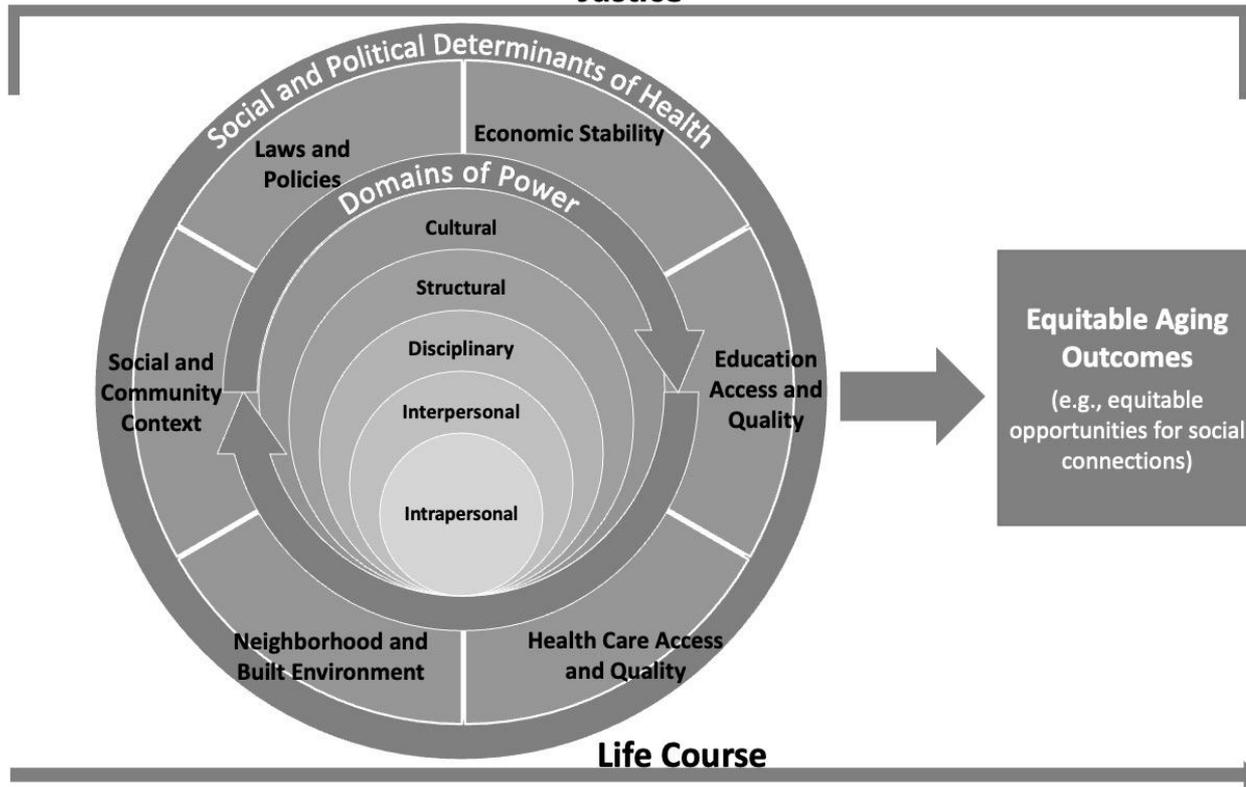
Participants can bounce off **ideas**, **diversify** opinions, and flesh out issues **comprehensively**

Intersectionality

Used **intersectionality** approaches to **foreground** conversations organized around **intersecting** positionalities (race, gender, age, sexual orientation, gender identity, etc)

*** For more details on data collection and analysis techniques, please refer to appendix slides ***

Justice



EQUITABLE AGING IN HEALTH CONCEPTUAL FRAMEWORK

Ebony: "I live in subsidized housing because that's all I can afford. It constantly leaks and gets moldy and that affects my asthma. It's hard to breathe sometimes. It was hard to recover at home after my surgery."

Perone, A.K., Urrutia, L., Zhou, L., Yaisikana, M., Mendez Campos, B. (2025). The Equitable Aging in Health Conceptual Framework: International interventions infusing power and justice to address social isolation and loneliness among older adults. *Frontiers in Public Health*. <https://doi.org/10.3389/fpubh.2025.1426015>.



Link to Article

NINE CORE COMMUNITIES



With many intersections among them

**Older
Lesbians**

**HIV+
Long-Term
Survivors**

Rural

75+

BIPOC

**Black
Same-Gender
Loving (SGL)**

Transgender

**Transgender
Latina
Immigrants**

Indigenous

RESEARCH QUESTIONS & FOCUS AREAS

1

What **challenges** do underrepresented **LGBTQIA+ older Californians** face?

2

What **supports** help with these challenges? What **surviving and thriving** strategies do LGBTQIA+ older Californians employ to address these challenges?

3

How can **policies, programs, and services** better serve underrepresented and hard-to-reach LGBTQIA+ older Californians?

Challenges and Supports: Older Lesbians



CHALLENGES

Financial insecurity and **isolation** compounded by **limited family support** and **physical separation** from relatives increased **fears of aging alone**.

“Being an older adult lesbian living alone, it’s lonely and you don’t have someone to come home to and talk about your day or give support when things aren’t good.”

STRENGTHS

Strong **independence**, **community-building** skills, and **resilience** cultivated through lifelong experiences of **supporting others** and **advocacy** provided strengths.

“During the AIDS epidemic, we had a crisis. There was a stated need. Nobody was going to come and save anybody, so we did it ourselves. I think it speaks to the strength of women in the community. What we need to establish now is that we’re in a freaking crisis.”

SUGGESTIONS

- Acknowledge older lesbians’ **unique strengths and needs**.
- Facilitate **networks of support**.

“Creating local support networks for emergencies, caregiving, or companionship could ensure that no one has to face aging alone.”

Participant Spotlight: Susan

Housing, Employment, and Economic Security

“Since COVID, the increase in my rent has been \$130 every year, where it was \$25 before that.... If Social Security went away, I would go away. This is why I’m still working at 70 because if I did not have this job, I would have to move out of where I live, period. I don’t have a partner. I don’t have two incomes. This is it. That’s why I’m working at 70, folks.... I need to get into affordable housing, but I’ve got too many assets—a 401k that’s got \$60,000 knocks me out of a bunch of stuff.”

Caregiving

“We always say, ‘Well, you have your kids. If you’re a lesbian, you have kids. You’re so lucky.’ But we don’t want to be a burden on our kids any more than anybody else does. There’s an older lesbian group in town that is asking how can we support one another? How can we be there for each other? Because we don’t make as much as men, and if we’re single women, it’s not easy.”

Challenges and Supports: HIV+ Long-Term Survivors



CHALLENGES

Invisibility and a **lack of understanding** among the broader community, HIV/AIDS support networks, and healthcare providers presented common challenges.

“The big difference is that in the normal world, you age, and we know what that’s like, and you retire and you go to...your family. That track for us was completely and totally interrupted by taking most of our friends away back in the ‘80s, so we don’t have those people around to help with aging.”

STRENGTHS

Resilience, adaptability, and **leadership** through peer support, **advocacy,** and mentorship provided strengths.

“It’s showing the world that I’m resilient. I’m still here. I’m thriving. I’m healthy. I have a doctor who supports me 150%, and that makes a huge difference.”

SUGGESTIONS

- Connectivity, community engagement, and **outreach** to isolated individuals.
- Culturally responsive services that acknowledge the **long-term impact of HIV.**

“We need real, on-the-ground outreach consistently— find those who pulled away and get them back into supportive spaces.”

Participant Spotlight: Truman

Employment, and Economic Security

“I was going to the University of Chicago, and I was being encouraged to go into the graduate program in human development. I got an HIV positive test in 1987, and I progressed to full blown AIDS. Any plans for the future just disappeared.... I got the long-term disability, which ended when I turned 65, and at the time I thought I'm not going to make it to 35. So I didn't worry about that. I just turned 65 this last July, and I just lost half of that income so that -- that's been a major adjustment.”

Support

“I feel like I have been so blessed by services of all kinds that I have received in California, in particular. I got a housing subsidy from [Organization A]. And I get Meals on Wheels delivered. My basic needs are being met at a subsistence level, but my emotional needs are not. Isolation became a huge defining factor in my life because I stopped working, and I think isolation is probably one of the biggest health complications among gay, LGBTQ or not, as we get older.”

Challenges and Supports: Rural Communities



CHALLENGES

Financial constraints, limited **service accessibility**, and **restricted** social networks created challenges for many living in rural communities.

“Food, housing, being able to pay for medical care, and even if you do have something like Medicare, finding a doctor or dentist — we can’t get them.”

STRENGTHS

Despite these challenges, **strong community ties** played a crucial role, with residents **actively connecting** one another to vital **resources** and **services**.

“We belong to the Unitarian Universalist Fellowship... people there have become our very best friends, and you feel comfortable... it’s more than just socializing, it’s about healthcare and resources too.”

SUGGESTIONS

- Establish **centralized and mobile resource hubs** to coordinate and **information-sharing** among community services.
- Build on **strengths of rural communities** where LGBTQIA+ aging communities may be open to diverse support groups due to sheer lack of numbers

“Having a center with open hours... would be such a big thing. Just knowing you could go somewhere for support or resources would make an enormous difference.”

Participant Spotlight: Wolfer

Disability and Aging Supports

“I have a lot of disabilities from when I was in the service. I recently got a scooter, and I now have to figure out how to go up and down the stairs a bit better and afford it. One of the things I stress is people with disabilities...because it is not seen, and age and disability go together.”

Community

“I’m actually really proud of what has been accomplished up here. We went from zero Pride Events to several... It has taken off and it has been beautiful. But we do not have a community center here. Therefore, we do not have any community resources that are tangible for people to come to, or look on a site and say, 'Oh, where can I go... to just sit and be myself?' Because we are unique in being rural, we don't have that here. It would be good to have something that's central and little ones that go out on a spread-out scale.”

Challenges and Supports: 75+



CHALLENGES

Experiences of **ageism** and **invisibility** were compounded by **declining health, grief** from losing peers.

“The hardest thing about being my age is being my age. I have things I can’t do anymore, things I can’t do well, and most of my friends have died.”

STRENGTHS

Strong **resilience, adaptability**, and **accumulated knowledge** allowed many 75+ older adults to **mentor** younger generations and actively engage in **community-building**.

“I’m in a good community. I’m grateful for that. I think back to the early ‘80’s when something like this would never have taken place. It’s a sign of hope for the future.”

SUGGESTIONS

- Support **intergenerational dialogues** to build community and combat invisibility.
- Incorporate **historical knowledge** about LGBTQIA+ aging into programs and services (e.g., AIDS epidemic, estrangement from families of origin, creative community building and activism).

“I would like to see more intergenerational LGBTQ+ groups where we come together and share our experiences and questions.”

Participant Spotlight: Franklin

Health and Independence

“I have quite a few friends who are my age and even younger who are having a lot of health challenges. This stage in life is taken up with dealing with those issues and people who are dying as well. It’s a different focus in life than when I was younger.... I’m always afraid that what happens if I lose my independence at home and there’s a decision made to put me into an institution.... I’ve seen firsthand about what happens in nursing homes if you were a gay person or a lesbian. I don’t think I would accept that well at all, and I would probably want to end my life.”

Invisibility

“There are multiple challenges at this stage. I feel a little bit more invisible in my own community and in the community at large. In the LGBT community, especially the gay community, it’s always been a lot of emphasis placed on youth. I don’t have that anymore. You become invisible.”

Challenges and Supports: **BIPOC**



CHALLENGES

Challenges included **limited aging discussions**, **discrimination**, economic divides, physical barriers, and difficulty **accessing technology**.

“How do I, as an older black lesbian, think about entering the world with other people after being socially isolated? What kind of group does that look like and where is it offered, so I can feel okay about being truthful?”

STRENGTHS

Strengths often came from **community resources**, self-advocacy, **resilience**, passion for **justice**, mental health services, creative expression, and **spirituality**.

***“My support is my art. I’ve been doing art all my life...
That feel, it feeds me, feeds my soul.”***

SUGGESTIONS

- Provide resources for **digital and tech literacy** as well as tech accessibility.
- Develop **arts-based programming** with creative spaces for self-expression.

***“There needs to be community senior centers that are peer-run.”
“I would like to see more studios for creativity--it’s stress relief, therapy, and life-affirming.”***

Participant Spotlight: Renfrew

Discrimination, Aging, and Case Management

“It’s hard to find case management...and an organization that will help me with discrimination I’ve experienced....I think [a provider] needs to be more engaged with what your civil rights are. I’m in my mid-50s and have a disability....I am an immigrant. I went an entire year without medication. Now, I qualify as a senior for services at the LGBT community organization where I live.”

Community and Connection

“The LGBT center has a lot of stuff. A food delivery service, a program for the homeless. Mental healthcare. Activities. And staff who can troubleshoot for you.... But there’s still a lot of work to be done. There’s still a lot of people agencies are not reaching.”

Challenges and Supports: Black Same-Gender Loving (SGL)



CHALLENGES

Challenges included **health** issues, **isolation**, **discrimination**, and **economic hardships**, with **political uncertainty** heightening concerns.

“As an older lesbian who has a partner that passed four years ago, I find myself feeling more frightened of the future, being alone and being ill. That is one of the things that I am very concerned about.”

STRENGTHS

Strengths often came from **chosen family**, **faith**, **therapy** with Black therapists.

“I didn’t have the support at first from family, but finding a church home, unity, fellowship...some of the things that we heard and were taught, I had never heard before...that has definitely helped along with a partner that reads and prays.”

SUGGESTIONS

- Create **targeted resources** with clear language about accessing services.
- Incorporate more **Black voices** in **decision-making**.
- Support **co-housing** with legal supports.

“Co-housing is really great in principle, especially because you’re sharing the resources and responsibilities, but it requires stuff to work it all out.”

Participant Spotlight: Rhea

Culturally Responsive Healthcare

"Where do we get support for our medical services?...I'm not your typical feminine female....When it comes down to physicians, and especially being African American, there's always a drawback...because doctors don't know how to approach me."

Visibility and Community

"One of the biggest challenges is that we don't know the geographics of where the people are....The biggest disparity in our community is silence....You are so embarrassed now that you're not living the life you lived at 20 and 30 and 40. Now that you're in your elderly stage, you don't want anybody not to see you in your shining glory, but it's now in your shining glory that we need your wisdom in order for us to continue to process as a community. Whatever you used in your 20s and 30s and 40s to help you survive is what we're going to need in ours to push us forward."

Challenges and Supports: Transgender



CHALLENGES

Financial instability and **discrimination** from within and outside the LGBTQIA+ community.

“The health system for trans women is important. We sometimes face issues like STIs, COVID-19, or the need for critical surgeries. Where can we, as trans women, go for all these needs. A friend told me that she went to a hospital using a female name, but because of her appearance, she was told, “No, you are a man, and we cannot treat you as a woman.”

STRENGTHS

Affirming relationships and **community support**, offering opportunities for spiritual **growth** and **authenticity**.

“I just want to say I am happy to have found community here. I got here right when lockdown started, and at that time there was an online happy hour where I met some people, and it was awesome...That helped me a lot to just get to know people here.”

SUGGESTIONS

- **Funding** for culturally responsive **affordable housing**.
- Programs and services that support **social connection** and **community**.

“The only other support that I know of is within the recovery community where there were lots of open meetings with genderqueer gay people.... A lot of us have trauma in our lives... There’s so many things that we need to fix or change, but the common thread is love and inspiration.”

Participant Spotlight: Rufus

Affordable Housing and Aging

"I'm 52. I'm low-income in a rich community....So many people have had to move away because they couldn't afford to live here anymore. After I found a place to rent, then I had to move. Then I had to move again. I'm starting to think 'Am I going to have to move every two years because students will pay more in rent?' I've heard of a nonprofit program that does the matching. They vet both sides. It's not like on Craigslist. It's like a home match program."

Community and Connection

"Finding community is hard. I'm 52. I see a lot of comradery in a social group for people who are 60+. I want to be a part of that group, but I'm a little too young. It's been harder to connect with people in their 40s and 50s.... I have enjoyed intergenerational groups. I met one of my best friends who at the time was 75 and amazing. I love the intergenerational, but I wish there were more folks my age that were genderqueer and trans."

Challenges and Supports: Transgender Latina Immigrants



CHALLENGES

Intersecting barriers related to **immigration status**, economic instability, language barriers, **workplace discrimination**, and aging—especially for those in sex work—and **ongoing hostility** they sought to escape.

“We came here to escape the transphobia we faced in our countries. Back there, as soon as you started working, people would call you ‘faggot’. It’s the same here.”

STRENGTHS

Community groups offering resources like gift cards, food, and workshops to learn and connect.

“Moving to San Francisco makes me feel safe. I’ve been here for approximately 14 months. As a trans girl, I feel welcome by the community. I feel the groups protect me more.”

SUGGESTIONS

- **Specialized housing** with streamlined and culturally responsive services, including **mental health** support and **legal assistance**.
- **Education** for **agency staff** and community members.

“I think, as trans girls, we constantly need help because of the bombardment we receive from all sides, including discrimination and all. I believe that [a] program would be very important for us - a program to help us with our mental health.”

Participant Spotlight: Olga

Affordable and Dignified Housing

“I’ve been fighting the same challenges for almost 20 years. I am homeless, and I have a very severe chronic illness. I live in a shelter. I get food in places where they help homeless people. But there are all sorts of problems related to discrimination against our community. We are human beings. I fight with organizations so that we can get benefits, have a dignified and healthy life as adults, and dignified housing—a place we call home.”

Community, Connection, and Discrimination

“Discrimination in our community is our harsh reality. We are a family. As trans people, we have experienced too much discrimination. People in our own community are against us. We are here to help each other so that we can move forward.”

Challenges and Supports: Indigenous



CHALLENGES

Faced limited support due to **social isolation**, cultural **disconnection**, **displacement** and housing **fragmentation**, and healthcare access **limitations**.

“I was with Indian Health Services for 30 years and in the Commission Corps and always being in this community, but being closeted for decades was just horrible.”

STRENGTHS

Found support through **survivorship mindsets**, leveraging lived experiences, fostering **tight-knit communities**, and prioritizing **mentorship** to youth for social justice and representation.

“My community is resilient, and many of us are survivors.”

SUGGESTIONS

- Safe, affirming **community spaces** for Two-Spirit Native American / Indigenous older adults to gather.
- **Affordable** and more **accessible housing** options that are **sensitive** to indigenous communities.
- Culturally **relevant health education** focused on diabetes prevention and other health conditions significantly impacting Indigenous communities.

“Funding...and having space...We need a space again where we as Two-Spirit people can come together and just have fun.”

Participant Spotlight: Myra

Disability and Connection

“I'm 73... I'm disabled and homebound pretty much. So I can't get out to powwows, ...to the Indian centers or things like that. I'm just communing, communicating through zoom and computer and phone and stuff like that because I can't physically go to a lot of the events, but I want to be as involved as I can and contribute as much as I can to share my experiences and talents and wisdom with the younger people.”

Building Community and Visibility

“I just feel really good about the community that I've created out here. Being very isolated in X County, which is very white, middle class. But I go out. I'm very out...I go around in my mobility scooter. I have a hat and a visor with a rainbow on it. I have two beaded rosettes on either side. I wear my regalia, beadwork and stuff. And I'm really out there and I go out and I try to find other people of color, especially native people, and connect with them. I have rainbow stickers all over my scooter, so I'm out there for other gay people too. And I think it's really important to be visible and reach out. And so I do that as much as I can.”

KEY TAKEAWAYS

1

LGBTQIA+ older adults represent **diverse communities** with **diverse** senior living and care needs.

2

Intersections of discrimination across one's life require **targeted programs**, services, and **policies** around disability, caregiving, social connection, mental health, and housing.

3

The **desire for social connection** is strong, especially **intergenerationally**. LGBTQIA+ older adults want to feel **visible**.

Experiences of invisibility look **different** among diverse LGBTQIA+ aging communities, which can shape targeted outreach, programs, and supports.

4

Targeted services, programs, and policies should build on **strengths** among LGBTQIA+ older adults, including **community, historical knowledge, mentorship, and resilience**.

More Information

Visit our website to view
and download the
materials or email us for
more information.



Articles, Papers, and Reports



One-Page Handouts



Video Series



PowerPoint Slides



Website: <https://casas.berkeley.edu>



Email: casas.aging@berkeley.edu

APPENDIX

*A Deeper Dive Into the
Methods and Findings*





OUR COMMUNITY PARTNERS

openhouse

Openhouse



Aging and
HIV Institute



Bay Area American
Indian Two Spirits
(BAAITS)



Black Lesbians
United (BLU)

CASAS is extremely grateful to our community partners
who made this project possible.

Here at CASAS, we **deeply** value the relationships we have with our neighboring
communities and believe that **collaboration** is one of the most important
components in creating, making, and sustaining **change**.

OUR COMMUNITY PARTNERS



**Bombay Beach
Community
Service District**



**Booker T. Washington
Community Service
Center**



**LA LGBT
Center**



**El/La Para
TransLatinas**



**HIV+ Aging Research
Project - Palm Springs**



**Let's Kick A.S.S.
AIDS Survivor Syndrome**



**LGBTQ+
Community Center
of the Desert**



**North Bay
LGBTQI+
Families**



OUR COMMUNITY PARTNERS



Queer Humboldt



Sebastopol Area
Senior Center



Shanti



The AMAAD Institute



The Diversity
Center



Women's Cancer
Resource Center

FOCUS GROUP COMPONENTS

Benefits of Focus Groups

- Beneficial for exploring **complex phenomena** and **needs** among minoritized communities
- **Group-engaged** discussions with commonalities amongst participants
- Participants can bounce off **ideas**, **diversify** opinions, and flesh out issues **comprehensively**

What is Intersectionality?

- Builds off **intersectionality methodological frameworks**
- Uses **intra**-categorical and **inter**-categorical approaches to **foreground** conversations organized around **intersecting** positionalities

Inter- vs. Intra- categorical Focus Groups

- **Inter:** Foregrounds the complexity of experience **between** groups

Example: Of the 23 focus groups, 20 were **inter**-categorical for transgender older adults and included both transgender and cisgender older adults.

- **Intra:** Foregrounds the complexity of experience **within** a particular social position or group

Example: Of the 23 focus groups, 3 were **intra**-categorical for transgender older adults and only included transgender older adults. Participants were diverse in age, race, and sexual orientation.

DATA ANALYSIS



Thematic Coding

Involves **inductive** and **deductive** approaches

—

Team-based Model

Multiple coders in Dedoose software program allowed for increased **identification** of themes, patterns, etc.

Open Coding

Developed a **codebook** informed by prior literature and theoretical research

—

*Equitable Aging in Health
Conceptual Framework*

OLDER LESBIANS: CHALLENGES

HOUSING

Reported **scarce affordable housing** with long waiting lists and a **lack of culturally responsive options**--leaving many housing insecure.

CAREGIVING

Often carried **heavy** caregiving responsibilities, especially within the community, which they attributed to a **lack of traditional family structures** and **reciprocal caregiving support**.

HEALTHCARE

Expressed concerns about **financial** uncertainty, **rising medical costs**, and **insufficient advocacy** within medical settings.

SOCIAL SERVICES

Isolation and **limited intergenerational interaction** contributed to **loneliness** and **disconnection** from community resources, which was further exacerbated by **digital barriers**.

TESTIMONIALS

"Finding a **queer community**. I've never seen this many people in my life. **I'm glad to know you're alive somewhere**. That's the biggest part... **Invisibility**. As far as I'm concerned, I am a **lone ranger**. All by myself. There's nothing happening in my neck of the woods. **Nothing.**"

- Margaret, FG 19



OLDER LESBIANS: STRENGTHS

HOUSING

Community efforts helped **advocate** for **housing inclusivity** and **affordability**, aiming to meet **unique** community needs despite limited options.

CAREGIVING

Grassroots support networks, especially among other older lesbians, provided essential caregiving services within the community.

HEALTHCARE

Community-driven healthcare advocacy initiatives **enhanced access** and **awareness** about available healthcare resources.

SOCIAL SERVICES

Local **support groups**, **meetup** activities, and **intergenerational programs** offered crucial avenues for emotional and social connection.

TESTIMONIALS

“What I did to not feel isolated, to not feel totally disconnected from everything is I joined a meetup group and it was a group of women... It allowed me to **get out** and just **be around other people...** I just know where people are and **I accept them where they are.**” - Carolyn, FG 14

“When I came west, I was out, and it was a **freedom** that I realized how important it is to **pass it on**, and to be around young people, and **tell them it's okay...** Being a part of the gay community... I've been able to pass a lot of information and help in a lot of ways. My **strength** is just the **knowledge** that I've learned over a period of time.” - Marie, FG 2



OLDER LESBIANS: SUGGESTIONS

HOUSING

Increased **dedicated affordable housing options** for LGBTQ+ communities could help address affordability and **foster communal living**.

CAREGIVING

Structured **intergenerational caregiving models** and **supportive** community-driven **networks** could help **share** caregiving responsibilities.

HEALTHCARE

Improved **healthcare advocacy** for older lesbians is needed, emphasizing **inclusive medical practices** and **accessible** healthcare information.

SOCIAL SERVICES

Recommended strengthening **intergenerational dialogues**, preserving **lesbian-centered spaces**, and improving outreach by proactively **informing older lesbians** about available resources.

TESTIMONIALS

“Some people are renting, and rent continues to go up, and you have no control over it. Finding somebody, whether it's a geriatric specialist, whether it's a social worker, a financial planner, somebody who can **help younger people look at the aging process** when they're in the **prime of their life**, so that you're not playing **catch up**, you're **not looking for a doctor**, you're not trying to find finances. **You're not relying on a healthcare system that wasn't really designed for you**. I think that's really, really important.” - *Susie, FG 19*



OLDER LESBIANS: "I WISH FOR..."

AFFORDABLE, SAFE, AND INCLUSIVE HOUSING

LGBTQIA+-specific housing should offer **affordability**, **safety**, onsite **services**, and **social** connections.

COMPREHENSIVE HEALTHCARE ADVOCACY AND SUPPORT

Older lesbians need **healthcare advocates**, LGBTQIA+-inclusive **health care**, and accessible **service directories**.

COMMUNITY, VISIBILITY, AND CARE

Intentional communities and dedicated spaces can **prevent isolation** and **homelessness** among older lesbians.

TESTIMONIALS

"I would like to see a **curriculum** in **medical school** that is **specific** to **aging** and **queer communities**, but I might be just willing to start with healthcare for queer communities, but the two together is really, really underserved... I find healthcare workers that are compassionate and interested, but almost all the time, they themselves will say, **"Yes, I had to take it upon myself,"** or, **"This is my area of interest,"** ... It starts there, especially as it relates to healthcare. You rely so much on your healthcare providers. If you don't want me to go to **WebMD to self-diagnose myself**, then you have to be able to **diagnose** and **treat me.**"

- Margaret, FG 19



OLDER LESBIANS: ADDITIONAL QUOTES

“This is why I’m still working at 70 because if I did not have this job, I would have to move out of where I live, period. **If Social Security went away, I would go away.**

The positive things I’m seeing with the [new] pharmacy, and the different things, and the first-time homeowners, gives me a **little bit of hope** that maybe there’s something I can find to do this.

I don’t have a partner, I don’t have two incomes. **This is it.** That’s why I’m working at 70, folks.”

– *Sweetcheek, FG 12*

“...What I would like to see is for unhoused people. It doesn't have to necessarily be lesbians. Although I think with lesbians, it's like a lot of my friends, they were poets, artists, whatever. They'd never paid into Social Security. They are getting to be our age and **they're struggling.** I have nothing. We need to have **housing.** We just have to **take care of each other.** Also, if you're in that circle, you can have someone **check on you** to make sure that **you're doing okay.** If you need someone to go to the store for you, if you need whatever.”

– *Carole, FG 14*

HIV+ SURVIVORS: CHALLENGES

HOUSING

Severe shortage of **affordable** and **supportive housing** specifically tailored for LGBTQIA+ and HIV-positive older adults **exacerbated vulnerabilities**.

CAREGIVING

Significant challenges existed in **accessing consistent caregiving** and supportive services due to **inadequate availability** and resources.

HEALTHCARE

Healthcare providers frequently attributed all health issues to aging, **overlooking HIV-specific conditions**, resulting in **medical neglect** and **frustration**.

SOCIAL SERVICES

Language barriers, particularly for Spanish-speaking individuals, severely restricted access to **essential social** and **mental health** services.

TESTIMONIALS

"When I got my HIV diagnosis, I **didn't know** about any of those services or **where to find them**. I completely ignored we had help available. We had to look for it, and I had no idea. I think my therapy started **five** or **six years later**. It took me **that** long to go to therapy." - *Micaele, FG 5*

"The adjustment with aging is truly difficult because **in your heart** you are **still 30**, but **your body is not**. Even your sex drive might still be 25, but your body is not. That is, at times, **almost shocking**." - *Balthazar, FG 22*



HIV+ SURVIVORS: STRENGTHS

HOUSING

Programs like **HOPWA** ensured **stable housing**, while advocacy efforts expanded access to **safe, supportive**, and **affirming housing** for vulnerable individuals.

CAREGIVING

Peer-driven caregiving networks provided essential **emotional** and practical **support**, fostering mutual aid, strengthening **social bonds**, and **reducing isolation** among aging HIV survivors.

HEALTHCARE

Specialized providers addressed complex health needs, ensuring **HIV-related concerns** weren't dismissed and **empowering individuals** through peer health navigation.

SOCIAL SERVICES

Non-profit organizations for LGBTQIA+ older adults and people living with HIV provided **emotional, social**, and **practical** support, **reducing stigma** and improving overall quality of life.

TESTIMONIALS

"**I value life more.** I really do. When I was in my 20s and before that, I was in alcohol and drugs to the early '90s off and on. I did a lot of, but I never could hold onto them. I pulled the rug under myself through drinking mainly, but drugs too. I have a **12-step community** and I go there often on Zoom or in person. Also, **resilience.** I've been positive for several decades and I received a lot of flack from family, friends, and people in general having HIV since the '80s. It teaches you to be **resilient** and to be **candid.**" - Steven, FG 22



HIV+ SURVIVORS: SUGGESTIONS

HOUSING

More **investment** and development of **affordable, supportive, and LGBTQ+** and **HIV-specific senior housing** is needed.

CAREGIVING

Expanded availability and improved **accessibility** of caregiving services, including the return of **peer support** and **buddy systems**.

HEALTHCARE

Older adult-centric HIV care and **culturally responsive**, linguistically appropriate **mental health** services, particularly for underserved communities.

SOCIAL SERVICES

Regular **collaboration** among **HIV** and **senior advocacy organizations** that could improve resource sharing and community integration.

TESTIMONIALS

"As good as the networking is in the Bay Area with different HIV organizations, and senior organizations, **it can be improved upon**. Some way of having a **representative** from each of the **different organizations**, whether it's the AIDS Health Project 50+, whether it's Shanti, et cetera, there are many organizations where they met once a month, a representative or two representatives from each of the different groups, and shared their **accomplishments**, shared their **funding**, shared their **past experiences, present experiences**, and **future goals**, et cetera, I think would be really helpful." - *Light, FG 1*



HIV+ SURVIVORS: “I WISH FOR...”

RESPECTFUL AND ATTENTIVE HEALTHCARE

Providers should **stop dismissing** or **gaslighting** patients, seeing them instead as fully aware and cognizant individuals **deserving respectful care**.

AFFIRMING HOUSING AND HEALTHCARE

Ensure everyone has **dignified housing** and **equal, accessible** healthcare—including geriatric support, exercise programs, and healthcare systems that facilitate **active, healthy lives**.

ENHANCED COMMUNITY AND SOCIAL SUPPORT

Create **robust networks** and **caregiver alliances**, promoting better collaboration among HIV and senior organizations to **reduce isolation** and ensure **comprehensive care**.

REDUCTION OF STIGMA AND DISCRIMINATION

Eliminate **societal divisions**, stigma surrounding HIV and disabilities, and **racial prejudice**, fostering **unity, empathy**, and **fairness** across communities.



HIV+ SURVIVORS: ADDITIONAL QUOTES

“**Mindset** and **service**. I know that of the many different organizations and people, individually, one-to-one that I support, I get as much, and sometimes even more, from that experience of supporting them.

I am really grateful for... the love that I give and receive from that experience of service...I remember when the AIDS epidemic hit, and I was a clinical counselor at the time, and I was also diagnosed very early, I realized **positive reframing** and **embracing my HIV** was an essential part of my and many of the clients' patients that I worked with, towards **feeling good about themselves**, towards **seeing a balance**, without denying the challenge, without denying the pain, and the anger, and the fear that hundreds of people were dying to my right and left.”

– *Light, FG 1*

“The big difference to me is that in the normal world, you age, and we know what that's like, and you retire and you go to whatever's going to happen with your family or old folks homes or whatever it is. **That track for us was completely and totally interrupted by taking most of our friends away** back in the '80s and all, so that **we don't have those people around** us to help with aging, just getting older.”

– *Blaze, FG 1*

RURAL COMMUNITIES: CHALLENGES

HOUSING

Housing options were **limited** and often **unaffordable**. Many shelters operated at **full capacity**, and accessible housing for individuals with disabilities remained **scarce**.

CAREGIVING

Reliable in-home care providers were difficult to find due to **high travel costs** and **long distances**, leading to **inadequate support**.

HEALTHCARE

Many rural residents had **limited access** to general practitioners, dentists, mental health services, and specialized care, including **gender-affirming** and **geriatric services**.

SOCIAL SERVICES

The **absence of centralized information** and coordination among organizations made accessing essential and affirming services more complicated.

TESTIMONIALS

"They said that to apply, I have to use the phone. I'm **not technical on phones**. I know how to put your picture, the phone ring and I get the phone ring, and that's that the thing with that. **If you would tell me to go to somenumber.com, you're going to be there all by yourself because I just don't know.** I just don't know."

- Oreo, FG 20



RURAL COMMUNITIES: STRENGTHS

HOUSING

Although limited, organizations and shelters worked to **support community housing needs** within their capacity constraints.

CAREGIVING

Some **dedicated caregivers** provided essential support despite difficult conditions, often juggling multiple clients.

HEALTHCARE

Local **providers** and **community clinics** made efforts to address rural healthcare gaps, with **telehealth** becoming an increasingly critical resource.

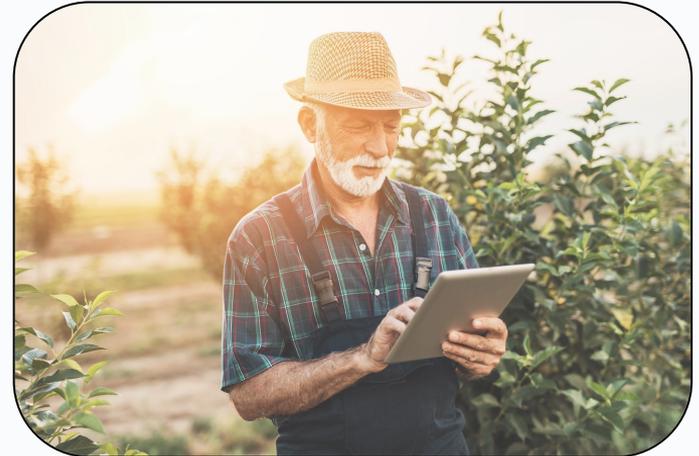
SOCIAL SERVICES

Local organizations, senior centers, faith-based organizations, and community groups offered **essential social engagement** and **emotional support**.

TESTIMONIALS

"We belong to the Humboldt Unitarian Universalist Fellowship. It's not a gay bar, it's a queer house, but it's **very open**, and a lot of people there have become our **very best friends**, and you **feel comfortable**, and **you're just the same as anyone else**, and you can get **support** and you can get ideas about **healthcare**. Anyway, it's just a good resource for anybody, community."

- Charlie, FG 18



RURAL COMMUNITIES: SUGGESTIONS

HOUSING

Increased **investment** in accessible and **affordable housing** tailored to older adults and individuals with disabilities could help address **housing shortages**.

CAREGIVING

Developing **incentives** or **subsidies** for affirming caregivers to serve rural areas could **alleviate travel costs** and improve the **consistency of care**.

HEALTHCARE

Expanding **telehealth** and **local healthcare services**, including mobile clinics and specialist consultations, particularly for mental health, geriatric, and **gender-affirming care**, could strengthen healthcare access.

SOCIAL SERVICES

Accessible **community centers** with **regular open hours** could provide centralized information, resource support, and inclusive community activities.

TESTIMONIALS

"What we've done in our community—a mobile home park for seniors—is partnered kids with seniors. They wrote letters back and forth to each other...They had an emotional connection. Even though the kids of today have a lot of different resources to come out, like we didn't have, it's still incredibly hard to come out. You still have the family to deal with. You still have your own internal homophobia. It's brutal." – *Sunshine, FG 2*

"I feel like we had just **one place** where you **could walk in** and either get a **contact** in the town or somebody you could **reach out to or talk to or resources**." – *Raven, FG 18*



RURAL COMMUNITIES: "I WISH FOR..."

INCLUSIVE EDUCATION AND ACCEPTANCE

Incorporate **LGBTQIA-focused education in schools** to address bullying and **foster acceptance** from an **early age**.

COMPREHENSIVE AND AFFIRMING HEALTHCARE

Implement **inclusive health care** covering physical health, mental health, dental, and vision care, with providers trained in **geriatric issues**.

GENDER IDENTITY NORMALIZATION

Promote **acceptance** and **normalize diverse gender identities**, creating safer communities for transgender and intersex individuals.

ECONOMIC SUPPORT

Ensure everyone has **sufficient financial resources** to live comfortably.



RURAL COMMUNITIES: ADDITIONAL QUOTES

"The thing that I come up against is I don't live in Eureka, I don't live in Arcata, I don't live in any of those bigger population areas, so **accessing** any of those things, **caregiving, social services**, et cetera, it's **over an hour drive** for me to get anywhere, and if I don't happen to be able to drive on the particular day when I might have an appointment, then **it doesn't happen**. It's such a spread-out area that I don't know how that can be helped or fixed, but **that's the reality of Humboldt County.**"

– Ruthie, FG 18

"...**We are unique in being rural**, and being in one of the best places on the planet, in my opinion, we don't have where we have all these cities next to each other and each one of them has a resource center that somebody can go to. If you have a resource center here, but you're closer to this center here, then you can go to either one. We don't have that here, and **having something that's central**, and then having these little ones that go out is the same thing just on a spread-out scale."

– Wolfer, FG 18

75 & OLDER: CHALLENGES

HOUSING

Rising **housing costs**, difficulty in maintaining homes, and **limited affordable housing options** presented significant barriers for stable living.

CAREGIVING

Fear of **institutionalization**, limited access to **reliable caregiving**, and **insufficient transportation** options posed significant **threats to independence**.

HEALTHCARE

Navigating **multiple disabilities** and **health needs** created challenges in healthcare access and **fragmented care**, leading to long wait times, poor provider communication, and **increased stress** due to **uncertainty** of care.

SOCIAL SERVICES

The **shift to digital platforms** created barriers, and limited awareness or **complexity** in **accessing support services** that left many feeling unsupported.

TESTIMONIALS

"When things go wrong, I'm **so exhausted with technology**. I don't like to ferret out the answer anymore like I used to. For example, [company A], at one point, didn't report my [lab] results as they had, so I go to [company A] and sign in there and get the results, but it was an impossible task. I couldn't figure it out. **I had to wait till I got to my doctor's office to get the results.**" - Jay, FG 10



75 & OLDER: STRENGTHS

HOUSING

Programs like **HOPWA** provided critical housing support for older adults with HIV, offering **essential assistance** during crises.

CAREGIVING

In-Home Supportive Services (IHSS) offered critical caregiving assistance and help for maintaining independence for those aging at home.

HEALTHCARE

Local **advocacy** and **inclusive community** healthcare **initiatives** helped ensure ongoing access to critical medical and emotional support.

SOCIAL SERVICES

Local **senior centers**, virtual **support groups**, and legal planning services helped **mitigate isolation**, maintain social engagement, and **secure future needs**.

TESTIMONIALS

"I'm also glad to hear of this. I never heard of HOPWA. I never heard of the in-home health services. I think it's great. **That's why I love these groups** because you always **learn something from the people** who were there who are the best **sources of information.**"

- Franklin, FG 10



75 & OLDER: SUGGESTIONS

HOUSING

Expanding **affordable** and **inclusive housing initiatives** can provide stable, safe, and supportive living environments for LGBTQIA+ adults as they age.

CAREGIVING

More **accessible** and **affordable caregiving options**, including transportation services, to support independent living and **reduce fears of institutionalization**.

HEALTHCARE

More advocacy for **affirming healthcare** could better ensure comprehensive, timely, and **equitable care** for older adults.

SOCIAL SERVICES

Expanding outreach, **simplifying** application processes, and **improving** transparency in eligibility for programs will **increase equitable access**.

TESTIMONIALS

"I would like to see groups like this where we have young people who are late teens, early 20s, where **we all come together** and tell them about our experiences, hear their questions that they have to pose to us. They **need to know our history** and the **history of our community**."

- Franklin, FG 10



75 & OLDER: "I WISH FOR..."

ACCESSIBLE HEALTHCARE

Having **dedicated healthcare guidance** from case managers who can give personalized, attentive support.

A healthcare system that ensures **equal access for all**, including **immigrants**, affirming healthcare as a **fundamental human right**.

Comprehensive **healthcare coverage**, inspired by military healthcare models, ensuring that **no one** is financially burdened by medical needs or **left behind**.

TESTIMONIAL

"If I had a magic wand, I would wake up tomorrow morning and my country would have cradle-to-grave **healthcare**—from the day you're born 'till the last breath, **we take care of each other.**" - Jeffery, FG 10



75 & OLDER: ADDITIONAL QUOTES

"**Long-term grief.** I lost so many people, and it's difficult for me sometimes to comprehend.

Then there's also the feeling that, why am I here when there were so many who had so much more to offer, so much more creative, so much more artistic than I was, than I am? **I'm not nearly as social as I once was.** Then I end up here in Palm Springs and there's also a lot of death and dying here as well.

That's the emotional challenge for me."

- Jesse, FG 10

"What I would like to say is the fact that I find myself **more excited** and **more challenged** when I'm **talking with younger people.** I wish we could do more of that, trying to **connect older with younger** because I think we have so much to **share**, so much **opportunities**, so much **resources**, so many important **opportunities** that I think young people could appreciate."

- Charlie, FG 10

BIPOC: CHALLENGES

HOUSING

Struggled with **stable housing** due to **discrimination**, identity concealment, **rent increases**, limited affordable options, and inefficient processes.

CAREGIVING

Faced **lack of representation**, family support, and accessible housing and compassionate caregiving leading to **social isolation** and **self-care** challenges.

HEALTHCARE

Faced **long wait times**, limited healthcare access, **privacy concerns** with telehealth, high costs, and **poor service** causing **delays** in **medications**.

SOCIAL SERVICES

Reported **transportation challenges**, service access issues, and problems with **case management**, discrimination support, and **program acceptance**.

TESTIMONIALS

"I think the biggest challenge being gay, is the **discrimination against us in every way** just for our being. I think the biggest challenge is changing that mindset, and making people realize that **we're not that different.**" - Bobby, FG 11

"It doesn't feel like I **connect with people that are my age**, especially younger people who are not interested in people who are already **age-defined**. That's where I feel like I am. **I'm invisible** to other people that don't see me. That bothers me a lot because I think that **I'm fine the way I am.**"
- Ms. Thing Okay, FG 22



BIPOC: STRENGTHS

HOUSING

Benefitted from **supportive landlord relationships** and improved **access to affordable housing** services for stability.

CAREGIVING

Relied on **caregiving** by friends and family, **connections** through senior centers, **faith** communities, **spirituality**, and **support groups** offering resources.

HEALTHCARE

Benefitted from **veterans' benefits**, **telehealth**, compassionate providers, specialized AIDS services, and **improved HIV medications**.

SOCIAL SERVICES

Senior centers, **LGBTQIA+ organizations**, and increased availability of programs.

TESTIMONIALS

"That's been my biggest support. Like I said, **thank God for California**. My city **allows** you and **affords** you to put your domestic partner or your life partner or **however you identify** on your medical services indefinitely and the children. Even when the children are adopted, they too will be covered. **That's the blessing.**"

- Rhea, FG 9



BIPOC: SUGGESTIONS

HOUSING

Housing for older LGBTQIA+ individuals, **improved accessibility** for disabled people, and **services** for **home upkeep**.

CAREGIVING

Bereavement services for same-sex spouses, **supportive** faith communities, **inclusive** senior centers, and groups for **all sexual orientations** (including LGBTQIA+ adults).

HEALTHCARE

Telehealth training, housing with **emergency buttons**, expanded **mental health** support, healthcare as a human right, and more **HIV-focused** groups.

SOCIAL SERVICES

Peer-run senior centers, live service reps, better support for LGBTQIA+ older adults, **staff training** on aging and HIV, and **translators** for accessibility.

TESTIMONIALS

"I would like to go and get some spiritual counseling from a religious person and be inclusive...My therapist now is white, he understands it a little bit, but he doesn't understand me totally because he's not Black. Coming from an African-American perspective, I would just like to see more spiritual people that are more inclusive." - Steven, FG 22



BIPOC: "I WISH FOR..."

ECONOMIC JUSTICE

Addressing **poverty**, creating **lunch programs** for older adults, and putting **money back** into **low-income** communities.

AFFORDABLE AND ACCESSIBLE HOUSING

Accessible, available, supportive and **affordable housing** so that **we are all housed**.

COMMUNITY

For people to feel **connected**, for people to have access to **joy** and **pleasure**, and more **harmony** and **visibility** in the LGBTQIA+ community.

HEALTH AND WELLBEING

Support for **mental health**, support for the **unhoused**, the **elimination** of **HIV**, and accessible medication.



BIPOC: ADDITIONAL QUOTES

“Am I now going to have to go into the closet to be able to be accepted in a senior center at 70? Now I'm back in the closet and not being able to be my authentic self. Things are very set up for a **heterosexual world. Where do I find my own?**

I understand, yes, in San Francisco there are things. However, if I don't live in San Francisco, **how do we make sure there's community and safety** when, as an older Black woman, I **think about my safety way more** than I ever thought about it before when I was younger? Now as an older person, **I'm paying more attention.** ‘Is this **safe?** Does this **look safe?**’”

– Blue, FG 15

“How do I, as an **older black lesbian**, think about **entering** the **world** with other people when **isolation** and **separation became very comfortable?** What kind of group does that look like and when is it offered so that people can feel okay being very truthful and talking about their hesitancy to get into a group even like this to talk?”

– Blue, FG 15

BLACK SAME-GENDER LOVING: CHALLENGES

HOUSING

Struggles with **housing costs**, fearing **homelessness**, moving for affordable housing, or **seeking shelter** where they can't live openly as LGBTQIA+.

CAREGIVING

Mistrust and **stigma**, hindering community connections service access and leading to **feelings of invisibility**.

HEALTHCARE

Struggles to **access quality healthcare** due to **high costs**, limited **insurance**, and a lack of **culturally responsive** providers, often receiving lower-quality care.

SOCIAL SERVICES

Barriers due to **bureaucracy** and **discrimination**, and struggles to **secure benefits** and access **culturally responsive** care.

TESTIMONIALS

"Finding a general practitioner that's **more than... checking the boxes.**" - FG 19

"...There are a lot of **services** that are supposed to be here for LGBTQ+ communities that **other people are taking advantage of**, and therefore it takes away from the people that it's actually supposed to be directed towards...

A lot of the community don't access it because there's a lot of heterosexuals that are actually going through these groups and things. **It poses a problem** because now we have **genders clashing.**" - Sam, FG 13



BLACK SAME-GENDER LOVING: STRENGTHS

HOUSING

Support through **affordable housing programs**, such as Section 8.

CAREGIVING

Relying on **family, friends**, and **support groups** for emotional and practical help, with children, pets, and **deep friendships** offering **companionship** and **stability**.

HEALTHCARE

Quality medical care, **reduced financial barriers**, strong **doctor-patient relationships**, and better healthcare access.

SOCIAL SERVICES

Affirming social service support through **caring caseworkers**, LGBTQIA+-friendly agencies, and **senior-focused organizations**.

TESTIMONIALS

"I'm **thankful** for my **close friends...** These are the kind of friends that when I leave them and get on the BART, they always say, "**Call me when you get home.**"

I don't have many people in my life that have that kind of connection that want to know when you get home safe... **I'm thankful for that.**"

- Elo Junior, FG 22



BLACK SAME-GENDER LOVING: SUGGESTIONS

HOUSING

Eliminating **senior housing waitlists** and advocacy for **communal living** or co-housing as solutions.

CAREGIVING

More support groups and **community centers** to foster connection, along with practical services like companion programs to **reduce loneliness**.

HEALTHCARE

Better **mental healthcare** and **inclusion of aging** and **queer topics** in **medical curricula** to improve **cultural responsiveness**.

SOCIAL SERVICES

Improved **social service access** with information on affirming senior programs, **community advocates**, and more **public service announcements**.

TESTIMONIALS

"I think one of the problems that we have in our community is, like I mentioned earlier, by having some **Meal on Wheels type of services**. It just doesn't have to be around meals. It can be around **helping you shop**, helping you **decipher financial institutions**, or **financial responsibilities**." - Mark, FG 9



BLACK SAME-GENDER LOVING: "I WISH FOR..."

ECONOMIC SECURITY AND JUSTICE

The enforcement of tax payments from big corporations, the **elimination** of **taxes** for **older adults**, the **redistribution** of **wealth**, and a **source of income** until death.

PHYSICAL AND SOCIETAL WELL-BEING

The **elimination** of **prejudice**, health ailments, **hate, trauma**, and **stigma**.

COMPREHENSIVE SUPPORT SERVICES

Free and **equitable healthcare** and housing, more **caregiving services**, and fully integrated wraparound services available through the **life course**.

COMMUNITY AND CONNECTIONS

Spreading **love**, fixing **generational gaps**, genuine **community love** and **harmony**, and more sociable older adults.



BLACK SAME-GENDER LOVING: ADDITIONAL QUOTES

“**Don't generalize my health care.** It needs to be more specific, and not thinking one, the LGBTQ community will have longevity first, health-wise, and also mental health-wise as well because there are **different opportunities** and **different tools** that people of our color, of our sexual orientation, might need that the **regular heterosexual doesn't need.**”

- Sam, FG 13

“I really feel like agencies, and organizations, businesses need to train their staff. I say that because I had an incident happen at [organization A]... **I felt overlooked.** I felt like **not only was I Black, but I was older.** When I said something to the young person, they got smart with me. What happened to customer service?”

...It just is like, **where's the education?** Educating your staff to know that aging it's not that you've been put out on the pasture to die. It's that you are actually standing on the shoulders of that person who's got gray hair or doesn't, or is older, that **you show some respect,** and that isn't that hard.”

- Alice, FG 15

TRANSGENDER: CHALLENGES

HOUSING

Affordable housing and predatory scams requiring deposits for fake homes.

CAREGIVING

Social isolation related to a **lack of spaces** to build community, **intergenerational connections**, and same-age or similar-identifying peers.

HEALTHCARE

Accessing **gender-affirming care**, including **long wait times** and **poor coordination** between insurance providers and care centers.

SOCIAL SERVICES

Affirming, accessible and **affordable** services and community programs were difficult to find and use, especially in rural areas

TESTIMONIALS

“What I want to say is, the way that Medicare Part A, Part B, Part C, Part D, the way the system-- **the system is fixed to screw us**. The system is fixed to **not give equal** and **assertive** and **quantitative health care**, because if your check is just a dollar too much, by their stipulation, you can't get medical care that **you desperately need**.” - FG 17



TRANSGENDER: STRENGTHS

HOUSING

Communal living, which lowers rent, pools resources, and offers **companionship** and **support** from younger individuals.

CAREGIVING

Support in **local** and **online community** networks offering **understanding, solidarity,** and **acceptance.**

HEALTHCARE

Supportive healthcare providers and **insurance** as crucial for accessing care.

SOCIAL SERVICES

Community programs for meals, housing, and support groups, including groups for **transgender veterans.**

TESTIMONIALS

Speaking on trans hotlines: "Trans and non-binary people [can call] for about anything. If **you're in crisis**, or if you don't know how to get started to transition, or if you just **want someone to listen to you**, they'll **just be there.** They even have on their website, 'If you don't get through to us, just try again, please, because sometimes we're on a call.' I don't know how many people are staffing it, but **they're amazing.**" - Rufus, FG

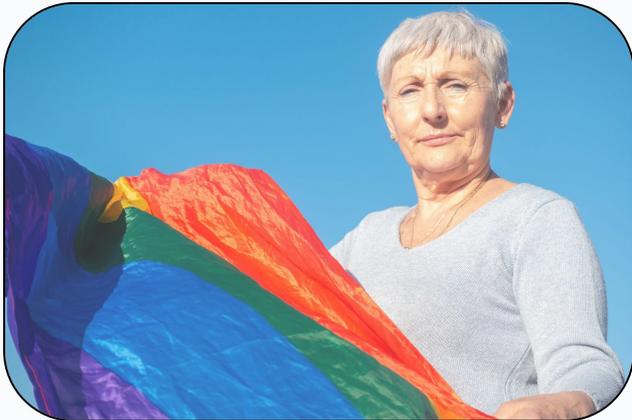
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TRANSGENDER: SUGGESTIONS

HEALTHCARE

More funding to community health organizations that have community trust and experience in providing **gender affirming care** and **government-issued insurance** to ensure coverage for this care.



TESTIMONIALS

"I wish there were **foster homes** or **places** for elderly people like us, **trans women**, because **we all go through rough times**. There are many who have already died who have not reached old age. I wish there was **more help available** to us." - *Susy, FG 7*

"I would like organizations or people like you who provide social services for our community to **get organized** and **support us** so that **we can reach politicians**. That would be helpful, and not just for transgender people like me, but for **people in general**, human beings, **living people**." - *Olga, FG 6*

TRANSGENDER: "I WISH FOR..."

VISIBILITY AND AUTHENTICITY

To live as their **authentic selves** and **not be misgendered**.

GENDER-AFFIRMING HEALTHCARE

Mandated **mental health** coverage and **gender-affirming care** for everyone.

TESTIMONIALS

"If I had a magic wand though, **I consider myself a warrior for love**. I just would tap that magic wand, and everybody I met, and just the love because **love is such a strong energy**. There's so many things that we need to fix, or that we need to change, or we need to make better, or come together on and stuff, but in the **common thread** of it all its **love**." - *Little Dear, FG 17*



TRANSGENDER: ADDITIONAL QUOTES

"This is my family right here. This is my family and I love it. The **camaraderie** and the **understanding**, and we all have had **similar experiences**... I remember when everybody was gay. Even the lesbians was gay.

Everybody was gay and then I didn't get no memo or no email telling me they would call me tranny or transgender. It's just making the most of it. I have had many good experiences, but I love my family, the **unit of family** because in **life you have blood family**, but we also have **chosen family**."

- Ms. Billy Cooper, FG 13

"I am **happy to have found community here**... There was an online homo happy hour where I met some people, and it was awesome... And there were people that would come in from the Bay Area and stuff, but it just felt like, **'Oh, this is great. I'm not alone.'**

Even since then, I've identified as genderqueer for a long time, but I was still using my birth name, and a coworker was really awesome and **supportive** and was like, **"You can do it, they had done it."** That was a really **good model** for me and I just did it, and I felt **strong enough to do it**, with the support of this coworker and with everyone who I know. **That's helped me a lot.**"

- Randi, FG 17

TRANSGENDER LATINA IMMIGRANTS: CHALLENGES

HOUSING

Chronic homelessness, housing **discrimination**, inadequate government housing, and **bureaucratic barriers** to stable shelter.

CAREGIVING

Cumulative experiences of **trauma** and **discrimination** have taken a negative health toll –requiring more caregiving support–and sooner.

HEALTHCARE

Healthcare barriers due to a **lack of gender-affirming services**, limited access, and **misgendering** by providers.

SOCIAL SERVICES

Language barriers and **exclusions for immigrants** for services and community programs

TESTIMONIALS

“Also, regarding the aid, we have to go to a shelter to get housing or any other aid that we need. I have gone to interviews. **I can see how they're looking at me.** You can tell **when people are looking at you.** Their **eyes say everything.** They see you and think, "Okay, you're a trans man, so you're actually a woman." And they don't give me the job because of that. All those things **affect our lives.**” - Rey, FG 6



TRANSGENDER LATINA IMMIGRANTS: STRENGTHS

HOUSING

Various **housing programs** organized by government and local agencies for **stable** and **safe shelter**.

CAREGIVING

Strong **community networks** built on trust, support, and a shared history and understanding of needs

HEALTHCARE

Crucial benefits, such as hormones and gender affirming surgeries, provided by **healthcare insurance**.

SOCIAL SERVICES

Bilingual and **affirming** social workers, case managers, therapists, and community program staff

TESTIMONIALS

"Moving to San Francisco makes me **feel safe**. I've been here for approximately 14 months. As a trans girl, **I feel welcome by the community**. I feel the groups **protect me more**. I have done well. I've received help from different groups in the form of stamps. Sorry, in the form of housing and vouchers to use at Target and such." - Rufus, FG 17



TRANSGENDER LATINA IMMIGRANTS: SUGGESTIONS

HOUSING

More accessible services to obtain housing with **fewer delays** and **housing options** that allow for **dignified** and **comfortable living**.

CAREGIVING

Support for **community caregiving** and comprehensive trainings for dignified care, including **pronouns**, **names**, care tasks, and interactions.

HEALTHCARE

Greater accessibility to **mental** and **physical health services**, including removing barriers to therapy and medical services and **self-help groups** for drug and alcohol use.

SOCIAL SERVICES

More funding and support for **bilingual** and **affirming** service providers, including in-person support and providers that understand the complexities of needs

TESTIMONIALS

"I heard a person say they were looking for **help** with **housing** or **food**. I don't know if there is more information for the girls to get those resources...**More information should be available for the girls** who can't do the same. They should get that **information openly** when they request it. I have noticed they don't get the information on how to get resources very openly."

- Talia, FG 7



TRANSGENDER LATINA IMMIGRANTS: "I WISH FOR..."

ECONOMIC STABILITY AND SAFE HOUSING

Housing and **housing supports available to all**, especially transgender people at certain points in their aging process, more job opportunities to live a **dignified life**, and the **elimination** of **poverty**.

BETTER HEALTHCARE AND SOCIAL SUPPORTS

Access to **free legal support**, universal access to **mental** and **physical healthcare**, and greater **government assistance** in ensuring rights.

PREJUDICE AND DISCRIMINATION-FREE SOCIETY

Equality for all and a society that is **free** from **discrimination**, **homophobia**, and **hate** and filled with **empathy** and **respect** towards all communities.

EQUAL OPPORTUNITIES AND ACCESS TO RESOURCES

An **equal opportunity** for support regardless of immigration status.



TRANSGENDER LATINA IMMIGRANTS: ADDITIONAL QUOTES

"I believe another significant challenge is the **health system for trans women**, which is very important. We sometimes face issues like STIs, COVID-19, or the need for critical surgeries. **Where can we, as trans women, go for all these needs?** I'm saying this because a friend told me that she went to a hospital using a female name, but because of her appearance, she was told, "No, you are a man, and we cannot treat you as a woman."

I believe it's a **very delicate** and **important subject**. **Our sexuality or name should be respected**. Most importantly, I believe people should understand that **we are entitled to the same health services as everyone else**— whether it's you, her, me, him, or anyone else."

- Carmela, FG 7

"I have to **prostitute myself** to **cover my expenses**. I am a 59-year-old person, so prostitution is difficult for me. I'm not 20 or 30 anymore. Sometimes, men, clients, prefer young women. I have struggled a lot.

I was in two shelters, but I left because I didn't like the environment there. Being there makes me feel bad, so **I don't feel like staying there**. Other times, thank God, I have someone to live with. I don't have a safe place to stay because **I don't know if things will go wrong tomorrow**, and I'll have to run away and go back to the shelter."

- Erika, FG 6

CONNECT WITH US!

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