

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



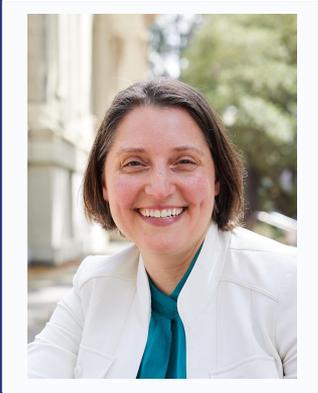
EDUCATION | Preparing the aging services workforce



POLICY | Supporting equitable aging policy analysis and advocacy



OUR PROJECT TEAM



Dr. Angie Perone



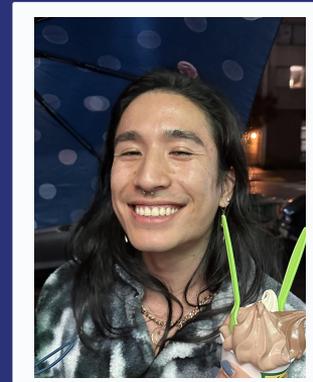
Tré Coldon



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

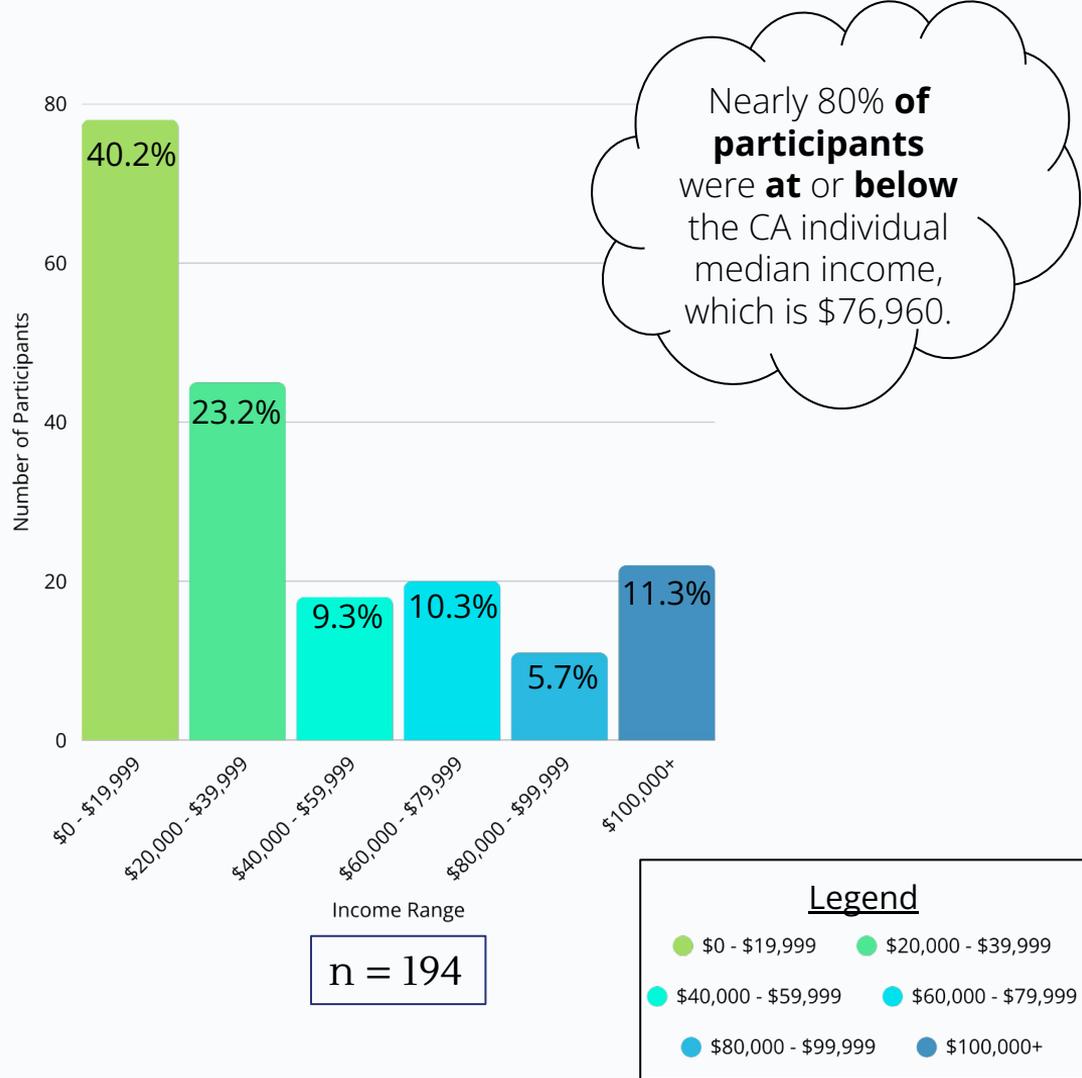
Transgender: 37 (19%) identified as transgender

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

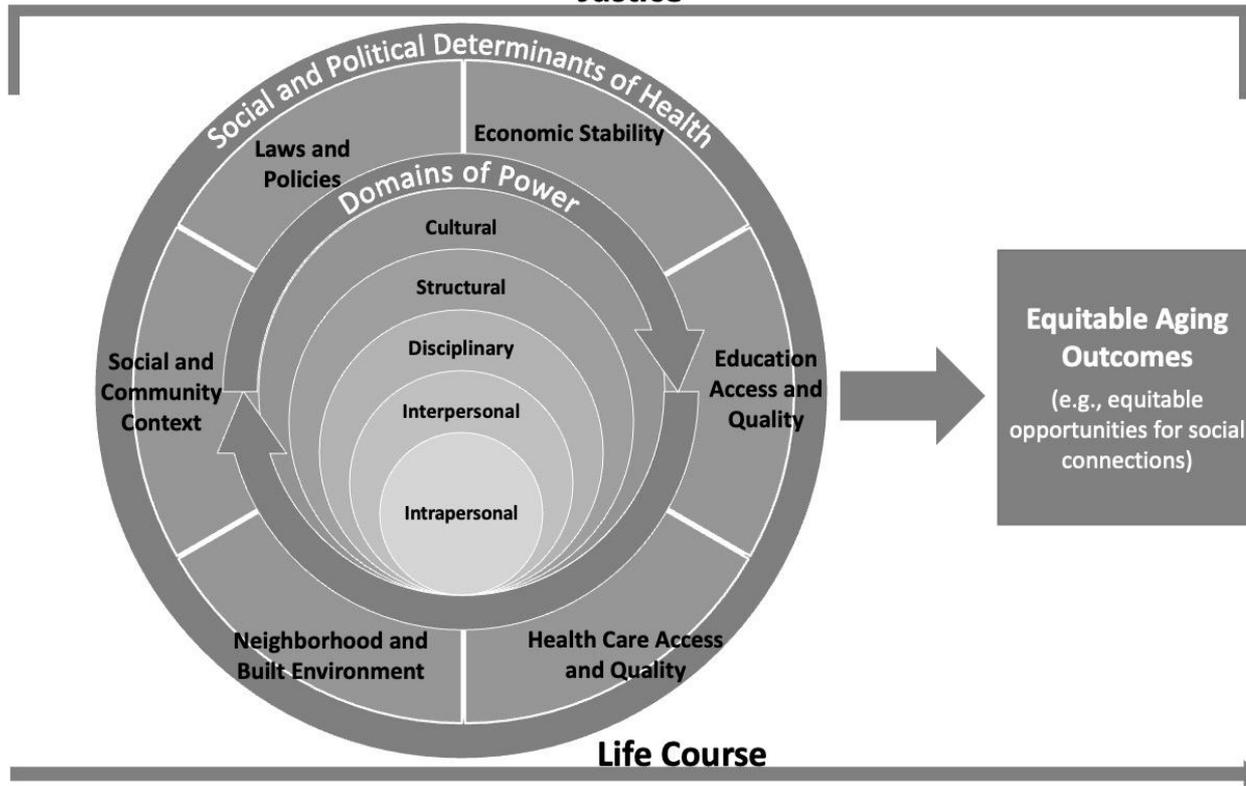
Participants can bounce off **ideas**, **diversify** opinions, and flesh out issues **comprehensively**

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**.

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