

Aging with Pride and Authenticity: Challenges and Supports for Older Lesbians



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **66** older lesbians in California.

CHALLENGES

GENERAL: Older lesbians described challenges related to isolation that were compounded by limited family support and physical separation from relatives, leading to fears of aging alone.

HEALTHCARE: Older lesbians expressed concerns about financial uncertainty, rising medical costs, and insufficient advocacy within medical settings.

CAREGIVING: Older lesbians often carried heavy caregiving responsibilities, especially within the community, which they attributed to a lack of traditional family structures and reciprocal caregiving support.

HOUSING: Older lesbians reported scarce affordable housing with long waiting lists and a lack of culturally responsive options—leaving many housing insecure.

SOCIAL SERVICES: Older lesbians noted that isolation and limited intergenerational interaction contributed to loneliness and disconnection from community resources, which was further exacerbated by digital barriers.



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 you support when things aren't good.



Organizations that connect seniors with younger generations really foster mutual learning and invaluable support.



STRENGTHS & SUPPORTS

GENERAL: Strong independence, community-building skills, and resilience cultivated through lifelong experiences of self-sufficiency and advocacy provided strengths.

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

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

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

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

NEEDED SUPPORTS & SUGGESTIONS

GENERAL: Older lesbians suggested establishing community-driven and locally-supported initiatives for better integration, visibility, and acknowledgment of older lesbians' unique needs.

HOUSING: Older lesbians called for more dedicated affordable housing options for LGBTQIA+ communities to address affordability and foster communal living.

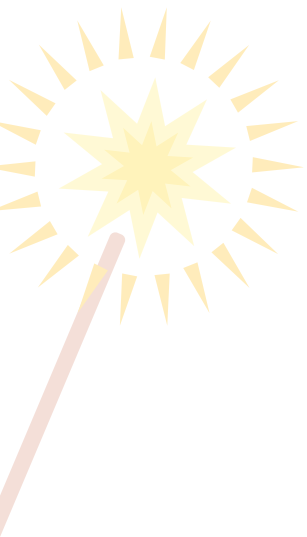
HEALTHCARE: Older lesbians advocated for improved healthcare advocacy for older lesbians, emphasizing inclusive medical practices and accessible healthcare information.

CAREGIVING: Older lesbians called for structured intergenerational caregiving models and supportive community-driven networks to share caregiving responsibilities.

SOCIAL SERVICES: Older lesbians recommended strengthening intergenerational dialogues, preserving lesbian-centered spaces, and improving outreach by proactively informing older lesbians about available resources.

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

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:



AFFORDABLE, SAFE, AND INCLUSIVE HOUSING:

LGBTQIA+ specific housing that offers affordability, safety, onsite services, and social connections.

COMPREHENSIVE HEALTHCARE ADVOCACY AND SUPPORT:

Healthcare advocates, LGBTQIA+ inclusive and comprehensive care, and accessible service directories.

COMMUNITY, VISIBILITY, AND CARE:

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

FURTHER DEMOGRAPHIC DATA: This handout highlights data from 66 older lesbians in California, with 23 participants identifying as BIPOC (35%). Thirty-four participants (over half) identified as low-income. Participant ages ranged from 45 to 90.

ACKNOWLEDGEMENTS: We sincerely appreciate the support of our funders: **The California Health Care Foundation, The SCAN Foundation, and Metta Fund.** We are also grateful to our community partners at **Openhouse, North Bay LGBTQ+ Social, LA LGBT Center, the AMAAD Center, LGBTQ Community Center of the Desert, Women's Cancer Resource Center, the Diversity Center, Black Lesbians United, Sebastopol Area Senior Center, and Bombay Beach Community Service District.**



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Aging with Pride and Authenticity: Challenges and Supports for LGBTQIA+ Older Adults Living with HIV



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **67** LGBTQIA+ older adults living with HIV.

CHALLENGES

GENERAL: Older HIV survivors described feeling marginalized, experiencing invisibility and a lack of understanding within both the broader community and the HIV/AIDS support networks.

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

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

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

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



I have damaged kidneys after being diagnosed in the early 80s. Early medication was known to harm kidneys... Doctors gaslight me [and] say 'you're old'



STRENGTHS & SUPPORTS

GENERAL: Older HIV survivors demonstrated resilience, adaptability, and leadership, providing peer support, advocacy, and mentorship while fostering intergenerational learning and community visibility.

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

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

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

SOCIAL SERVICES: Nonprofit organizations for LGBTQIA+ older adults and people living with HIV provided emotional, social, and practical support, reducing stigma and improving overall quality of life.

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.



NEEDED SUPPORTS & SUGGESTIONS

GENERAL: Older HIV survivors called for enhanced visibility, social connectivity, and community engagement through structured programs and regular outreach to isolated individuals.

HEALTHCARE: Participants wanted geriatric-specialized HIV care and culturally responsive, linguistically appropriate mental health services, particularly for underserved communities.

CAREGIVING: Participants wanted expanded availability and improved accessibility of caregiving services, including the return of peer support and buddy systems.

HOUSING: Participants advocated for more investment and development of affordable, supportive, and LGBTQ+/HIV-specific senior housing.

SOCIAL SERVICES: Participants suggested regular collaboration among HIV and senior advocacy organizations that could improve resource sharing and community integration.

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

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

RESPECTFUL AND ATTENTIVE HEALTHCARE:

Trained providers who understand the complexity of aging with HIV and acknowledge survivors as fully aware and cognizant individuals deserving respect.

ENHANCED COMMUNITY AND SOCIAL SUPPORT:

Robust networks and caregiver alliances, promoting better collaboration among HIV and aging organizations to reduce isolation and ensure comprehensive care.

AFFIRMING AND INCLUSIVE HOUSING AND CARE NETWORKS:

Programs and funding for affirming and inclusive housing that builds community, including networks of care among LGBTQIA+ communities and HIV survivors.

REDUCTION OF STIGMA AND DISCRIMINATION:

Programs and services that reduce stigma surrounding HIV and disabilities and that foster empathy and inclusion across communities.

FURTHER DEMOGRAPHIC DATA: This handout includes data from five focus groups with 40 older adults living with HIV in San Francisco and Riverside Counties. Four focus groups were conducted in English, and one was conducted in Spanish. Participants included 30 BIPOC older adults 50 to 81 years old. It also includes data from 16 older adults with HIV from other focus groups.

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Aging with Pride and Authenticity: Challenges and Supports for LGBTQIA+ Older Adults Living in Rural Communities



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **31** LGBTQIA+ older adults from rural communities.

CHALLENGES

GENERAL: Many rural older adults faced financial constraints, limited service accessibility, and restricted social networks, making daily life more difficult.

HEALTHCARE: Rural older adults had limited access to general practitioners, dentists, mental health services, and specialized care, including gender-affirming and geriatric services.

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

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

SOCIAL SERVICES: The absence of centralized information and coordination among organizations made accessing essential services more complicated.

"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."

"Our clinic here doesn't provide gender-affirming care...I struggle finding a doctor that understands my concerns and who I feel comfortable with"

STRENGTHS & SUPPORTS

We belong to [an LGBTQ-inclusive church]. 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.

GENERAL: Strong community ties played a crucial role, with residents actively connecting one another to vital resources and services.

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

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

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

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

NEEDED SUPPORTS & SUGGESTIONS

GENERAL: Establishing centralized resource hubs could facilitate better coordination and information-sharing among community services.

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

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.

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

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

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.

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

ACCESSIBLE, INCLUSIVE, AND COMPREHENSIVE HEALTHCARE:

Implement comprehensive healthcare covering physical health, mental health, dental, and vision care, with culturally responsive providers specifically trained in geriatric issues.

INCLUSIVE EDUCATION AND ACCEPTANCE:

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

INCOME SUPPORT:

Ensure everyone has sufficient financial resources to live comfortably.

SUPPORT FOR GENDER DIVERSITY:

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

FURTHER DEMOGRAPHIC DATA: This handout highlights data from 31 LGBTQIA+ older adults living in rural areas across Humboldt, Imperial, Marin, Mendocino, Riverside, San Bernardino, and Sonoma counties. Among the participants, 6 identified as BIPOC. The participants ranged from 45 to 85 years old. Rural was determined by density, population, service networks, and community partners.

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Aging with Pride and Authenticity: Challenges and Supports for LGBTQIA+ Adults 75 and Older



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults in California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **32** LGBTQIA+ older adults 75 years or older.

CHALLENGES

GENERAL: LGBTQIA+ older adults (75+) described feeling marginalized due to societal ageism, compounded by declining health, grief from losing peers, and increasing invisibility.

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.

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

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

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

“

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 & SUPPORTS

GENERAL: Strong resilience, adaptability, and accumulated knowledge allowed LGBTQIA+ older adults to mentor younger generations and engage actively in community-building.

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

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

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

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

“
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.”

NEEDED SUPPORTS & SUGGESTIONS

GENERAL: Structured intergenerational dialogues are needed to preserve history, share experiences, and foster meaningful connections between generations.

HEALTHCARE: More advocacy for universal healthcare could better ensure comprehensive, timely, and equitable care for older adults.

CAREGIVING: Participants recommended more accessible and affordable caregiving options, including transportation services, to support independent living and reduce fears of institutionalization.

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

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

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

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

PARTICIPANTS OVERWHELMINGLY EMPHASIZED THE CRITICAL IMPORTANCE OF ACCESSIBLE AND INCLUSIVE HEALTHCARE.

- Having dedicated healthcare guidance from case managers who can give personalized, attentive support that acknowledges one's history and lived experiences as LGBTQIA+.
- A healthcare system, including programs, services, and policies that ensure equal access for all, including immigrants, and affirming healthcare as a fundamental human right.
- Comprehensive "cradle-to-grave" coverage, inspired by military healthcare models, ensuring that no one is financially burdened by medical needs or left behind.

My healthcare providers and case manager are too busy. I would wish for a guru that could guide me or answer all my healthcare questions.

FURTHER DEMOGRAPHIC DATA: This handout highlights findings from one focus group of six community-dwelling older adults (75+) residing in Riverside County (ages ranged from 75-90) and 26 LGBTQIA+ older adults (75+) in focus groups with LGBTQIA+ older adults younger than 75.

ACKNOWLEDGEMENTS: We sincerely appreciate the support of our funders: **The California Health Care Foundation, The SCAN Foundation, and Metta Fund.** We are also grateful to our community partners at **Openhouse, Shanti, North Bay LGBTQ+ Social, LA LGBT Center, The Mizell Center, LKAPS, HARP-PS, LGBTQ Community Center of The Desert, Sebastopol Senior Center, Women's Cancer Resource Center, The Diversity Center, Queer Humboldt, and Black Lesbians United** for their assistance with recruitment and focus group coordination.



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Aging with Pride and Authenticity: Challenges and Supports for Black, Indigenous, and People of Color (BIPOC) LGBTQIA+ Older Adults



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **135** BIPOC LGBTQIA+ older adults.

CHALLENGES

GENERAL: BIPOC LGBTQIA+ older adults faced challenges including limited aging discussions, discrimination, economic divides, physical barriers, and difficulty accessing technology.

HEALTHCARE: Many BIPOC LGBTQIA+ older adults faced long wait times, limited healthcare access, privacy concerns with telehealth, high costs, and poor service causing delays in medications.

CAREGIVING: BIPOC LGBTQIA+ older adults faced lack of representation, family support, and accessible housing and compassionate caregiving leading to social isolation and self-care challenges.

HOUSING: Many BIPOC LGBTQIA+ older adults struggled with stable housing due to discrimination, identity concealment, rent increases, limited affordable options, and inefficient processes.

SOCIAL SERVICES: BIPOC LGBTQIA+ older adults reported transportation challenges, service access issues, and problems with case management, discrimination support, and program acceptance.

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 & SUPPORTS

My support is my art. I've been doing art all my life... That feel, it feeds me, feeds my soul.

GENERAL: BIPOC LGBTQIA+ older adults drew strength from community resources, self-advocacy, resilience, and passion for justice. Mental health services, creative expression, and spirituality offered vital emotional support.

HOUSING: BIPOC LGBTQIA+ older adults benefitted from supportive landlord relationships and improved access to affordable housing services for stability.

HEALTHCARE: BIPOC LGBTQIA+ older adults benefitted from veterans' benefits, telehealth, compassionate providers, specialized AIDS services, and improved HIV medications.

CAREGIVING: BIPOC LGBTQIA+ older adults often relied on family caregiving, connections through senior centers, faith communities, and support groups offering resources.

SOCIAL SERVICES: Supports for BIPOC LGBTQIA+ older adults included senior centers, LGBTQIA+ organizations, and increased availability of programs.

NEEDED SUPPORTS & SUGGESTIONS

GENERAL: BIPOC LGBTQIA+ older adults highlighted the need for technology, mobility and vision assistance, creative spaces for self-expression, and improved transportation options.

HEALTHCARE: BIPOC LGBTQIA+ older adults called for telehealth training, housing with emergency buttons, expanded mental health support, healthcare as a human right, and more HIV-focused groups.

CAREGIVING: BIPOC LGBTQIA+ older adults called for bereavement services for same-sex spouses, supportive faith communities, inclusive senior centers, and groups for all sexual orientations (not just heterosexual older adults).

HOUSING: BIPOC LGBTQIA+ older adults called for housing for older LGBTQIA+ individuals, improved accessibility for disabled people, and services for home upkeep.

SOCIAL SERVICES: BIPOC LGBTQIA+ older adults called for peer-run senior centers, live service reps, better support for LGBTQIA+ older adults, staff training on aging and HIV, and translators for accessibility.

"Community services-wise, 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."

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

AFFORDABLE & ACCESSIBLE HOUSING:

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

ECONOMIC JUSTICE:

Policies that reduce poverty for older adults and programs and services that support low-income communities, including lunch programs for older adults.

HEALTH AND WELL-BEING:

Funding and support for mental health, accessible medication and for older adults who are unhoused.

COMMUNITY:

Programs and services to help people feel connected, have access to joy and pleasure, and build more harmony and visibility in the LGBTQIA+ community.

FURTHER DEMOGRAPHIC DATA: This handout focuses on 3 focus groups with 24 BIPOC LGBTQIA+ older adults (6 women, 17 men, 1 non-binary/genderqueer), aged 52-76, with findings from 104 additional BIPOC participants from multiracial focus groups.

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Aging with Pride and Authenticity: Challenges and Supports for Black LGBTQIA+/Same-Gender Loving (SGL) Older Adults



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **43** Black LGBTQIA+/Same-Gender Loving older adults.

CHALLENGES

GENERAL: Black LGBTQIA+/SGL older adults faced health issues, isolation, discrimination, and economic hardships, with political uncertainty heightening concerns.

HEALTHCARE: Many Black LGBTQIA+/SGL older adults struggled to access quality healthcare due to high costs, limited insurance, and a lack of culturally responsive providers, often receiving lower-quality care.

CAREGIVING: Black LGBTQIA+/SGL older adults faced mistrust and stigma, hindering community connections and service access, and increasing feelings of invisibility.

HOUSING: Some Black LGBTQIA+/SGL older adults struggled with housing costs, fearing homelessness, moving for affordable housing, or seeking shelter where they can't live openly as LGBTQIA+.

SOCIAL SERVICES: Many Black LGBTQIA+/SGL older adults faced barriers due to bureaucracy and discrimination, and struggled to secure benefits and access culturally responsive care.



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.



STRENGTHS & SUPPORTS

I've had a lot of lifelong experiences, good and bad, and if it had not been for the good and the bad. I would not be the person that I am today.



GENERAL: Black LGBTQIA+/SGL older adults found strength in chosen family, faith, therapy with Black therapists, personal growth, and financial and legal preparedness.

HEALTHCARE: Black LGBTQIA+/SGL older adults benefitted from quality medical care, reduced financial barriers, strong doctor-patient relationships, and better healthcare access.

CAREGIVING: Black LGBTQIA+/SGL older adults relied on family, friends, and support groups for emotional and practical help, with children, pets, and deep friendships offering companionship and stability.

HOUSING: Many Black LGBTQIA+/SGL older adults found support through affordable housing programs.

SOCIAL SERVICES: Black LGBTQIA+/SGL older adults found affirming social service support through caring caseworkers, LGBTQIA+-friendly agencies, and aging-focused organizations.

NEEDED SUPPORTS & SUGGESTIONS

GENERAL: Black LGBTQIA+/SGL older adults called for targeted resources, improved financial planning, clearer service access, a resource guide, and stressed the need for Black voices in decision-making.

HEALTHCARE: Black LGBTQIA+/SGL older adults advocated for better mental healthcare and inclusion of aging and queer topics in medical curricula to improve cultural responsiveness.

CAREGIVING: Black LGBTQIA+/SGL older adults suggested more support groups and community centers to foster connection, along with practical services like companion programs to reduce loneliness.

HOUSING: Black LGBTQIA+/SGL older adults called for eliminating senior housing waitlists and advocated for communal living or co-housing as solutions.

SOCIAL SERVICES: Black LGBTQIA+/SGL older adults suggested improving social service access with information on senior programs, community advocates, and more public service announcements.

I would like to have either a club, or places that people can come and gather like this... There used to be lots of clubs that were open, people could go to and have a laugh.

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

PHYSICAL & SOCIETAL WELL-BEING:

The elimination of prejudice, trauma, and stigma that compounds health ailments.

ECONOMIC SECURITY & JUSTICE:

Policies that support programs and services for older adults by redistributing taxes including decreasing taxes for low-income older adults.

COMPREHENSIVE SUPPORT SERVICES:

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

COMMUNITY & CONNECTION:

Programs that build community by spreading love and joy and connecting generations.

My magic wand, if I had, would be to see more harmony among us as a community...the youngsters can help the older people, and the older people can help the younger people get to be old.

FURTHER DEMOGRAPHIC DATA: This handout includes data from four focus groups with 33 Black LGBTQIA+/SGL older adults (15 women, 10 men, 1 transgender man, 4 transgender women, 1 two-spirit, 2 non-binary), aged 50-74, with findings from 10 additional Black participants from multi-racial focus groups.

ACKNOWLEDGEMENTS: We sincerely appreciate the support of our funders: **The California Health Care Foundation, The SCAN Foundation, and Metta Fund.** We are also grateful to our community partners at **Openhouse, Black Lesbians United, Shanti, The Booker T. Washington Community Service Center, and The AMAAD Institute** for their assistance with recruitment and focus group coordination.

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Aging with Pride and Authenticity: Challenges and Supports for Transgender Older Adults



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults in California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **37** transgender older adults.

CHALLENGES

GENERAL:

Transgender older adults faced financial instability and discrimination from within and outside the LGBTQIA+ community.

CAREGIVING:

Transgender older adults often experienced social isolation related to a lack of spaces to build community, intergenerational connections, and same-age or similar-identified peers.

HEALTHCARE:

Transgender older adults faced challenges accessing gender-affirming care, including long wait times and poor coordination between insurance providers and care centers.

HOUSING:

Many transgender older adults struggled with affordable housing and experienced predatory scams requiring deposits for nonexistent housing.

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."

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.

STRENGTHS & SUPPORTS

GENERAL:

Transgender older adults found strength in affirming relationships and community support, offering opportunities for spiritual growth and authenticity.

HOUSING:

Many transgender older adults benefitted from communal living, which can lower rent, pool resources, and offer companionship and support from individuals across generations.

HEALTHCARE:

Many transgender older adults benefitted from supportive healthcare providers and described insurance as crucial for accessing care.

CAREGIVING:

Transgender older adults often found support in local and online community networks offering understanding, solidarity, and acceptance.

NEEDED SUPPORTS & SUGGESTIONS

GENERAL:

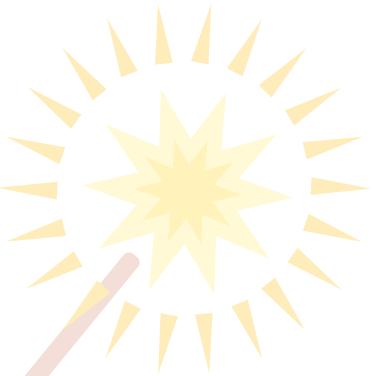
Transgender older adults called for increased funding to community organizations that have provided support to this population, as well as hiring incentives for businesses or organizations who employ people who are transgender.

HEALTHCARE:

Transgender older adults reported that they would benefit from 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.

I wish that [Nonprofit A] didn't have to work so hard to get funding. I wish there was more funding available because I wish they could have longer hours and have more employees and more opportunities for people to come in... They can't even be open every day. I feel more institutional support would be really helpful for people and more people would come out.

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:



TO BE & BE SEEN AS THEMSELVES:

To live as their authentic selves and not be misgendered.

ACCESSIBLE AND INCLUSIVE HEALTHCARE:

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

TO EXPERIENCE AND SPREAD JOY AND LOVE.

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.

FURTHER DEMOGRAPHIC DATA:

This handout includes data from transgender older adults aged 46 to 75, who identified as Latina, Native American or Indigenous, Asian, and white.

ACKNOWLEDGMENTS:

We sincerely appreciate the support of our funders: The **California Health Care Foundation**, **The SCAN Foundation**, and **Metta Fund**. We are also grateful to our community partners at **Openhouse**, the **Diversity Center**, **El/La Para TransLatinas**, the **LA LGBT Center**, **LGBTQ Community Center of the Desert**, the **Booker T. Washington Community Service Center**, and **Shanti** for their assistance with recruitment and focus group coordination.



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Aging with Pride and Authenticity: Challenges and Supports for Transgender Older Latina Immigrants



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults in California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **23** transgender older Latina immigrants.

CHALLENGES

GENERAL:

Many transgender older Latina immigrants faced significant challenges, including limited support due to immigration status and economic instability worsened by language barriers, workplace discrimination, and challenges associated with aging—especially for those in sex work—and ongoing hostility they sought to escape.

HOUSING:

Many transgender older Latina immigrants faced chronic homelessness, housing discrimination, inadequate government housing, and bureaucratic barriers to stable shelter.

HEALTHCARE:

Transgender older Latina immigrants faced healthcare barriers due to a lack of gender-affirming services, limited access, and misgendering by providers.

We came here to escape the transphobia we faced in our countries. Back there, as soon as you started working, people would call you [derogatory names]. It's the same here.

STRENGTHS & SUPPORTS

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.

GENERAL:

Transgender older Latina immigrants found support through community groups offering resources like gift cards, food, and workshops, while also relying on resilience, self-love, and self-acceptance to navigate hardships.

HOUSING:

Transgender older Latina immigrants relied on various housing programs organized by government and local agencies and community-based organizations for stable and safe shelter.

HEALTHCARE:

Transgender older Latina immigrants with healthcare insurance found support through crucial benefits, such as hormones and gender affirming surgeries.

NEEDED SUPPORTS & SUGGESTIONS

GENERAL:

Transgender older Latina immigrants called for specialized housing, streamlined services, improved legal assistance, and greater political accountability, while also emphasizing the need for education—both for agency staff on their needs and for their own personal growth.

HOUSING:

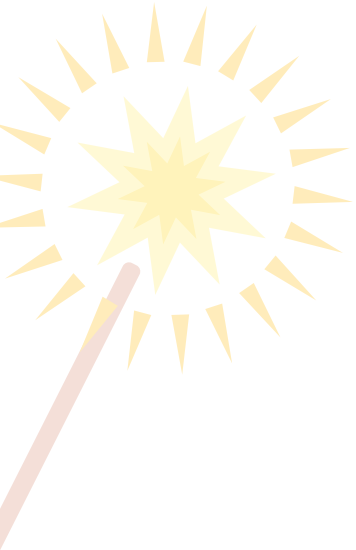
Transgender older Latina immigrants called for more accessible services to obtain housing with fewer delays and housing options that allow for dignified and comfortable living.

HEALTHCARE:

Transgender older Latina immigrants called for greater accessibility for mental and physical health services, including removing barriers to therapy and medical services and self-help groups for drug and alcohol use.

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.

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:



ECONOMIC STABILITY & SAFE HOUSING:

Housing and housing supports and job opportunities, especially for transgender people at certain points in their aging process.

EQUAL OPPORTUNITIES & ACCESS TO RESOURCES:

An equal opportunity for support regardless of immigration status.

BETTER HEALTHCARE & SOCIAL SUPPORTS:

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

A SOCIETY FREE FROM PREJUDICE AND DISCRIMINATION:

Equality for all and a society that is free from discrimination, homophobia, and hate but instead promotes empathy and respect towards all communities.

FURTHER DEMOGRAPHIC DATA:

This handout includes information from 23 transgender older Latina immigrants aged 46-65. Over 95% of participants were living below the federal poverty level.

ACKNOWLEDGMENTS:

We sincerely appreciate the support of our funders: **The California Health Care Foundation, The SCAN Foundation, and Metta Fund.** We are also grateful to our community partners at **Openhouse** and **El/La Para TransLatinas** for their assistance with recruitment and focus group coordination.



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Aging with Pride and Authenticity: Challenges and Supports for Two-Spirit, LGBTQIA+ Native American and Indigenous Older Adults



UC Berkeley's Center for the Advanced Study of Aging Services conducted **23** focus groups with **208** LGBTQIA+ older adults across California to explore the unique challenges, support systems, and aspirations of the LGBTQIA+ aging community. This handout presents findings from **23** Two-Spirit / LGBTQIA+ older adults who identify as Indigenous, Native American, or American Indian.

CHALLENGES

Social Isolation and Physical Limitations: Many older adults were homebound, disabled, or had limited mobility, relying on technology or mobility devices to stay connected.

Cultural Disconnection and Loss of Traditional Knowledge: Colonization, family shame, and disrupted upbringings have left some older adults without access to cultural teachings or identity affirmation.

Exclusion within Native and Spiritual Communities: Queer and Two-Spirit elders reported being pushed out of ceremonies or spaces, and others face rejection due to mixed heritage or not appearing "visibly Native."

Housing and Service Fragmentation: Older adults faced housing insecurity and displacement while Native agencies are sometimes in competition for scarce resources.

Health Barriers and Chronic Conditions: Many experienced difficulties accessing healthcare due to disability, distance, or chronic illnesses like diabetes.



I'm disabled and homebound pretty much... So I'm just communing, communicating through Zoom...



We are survivors... we helped to open the door for that younger generation.



STRENGTHS & SUPPORTS

Resilience and Intergenerational Leadership: Older adults viewed themselves as survivors who have endured adversity and created paths for younger generations.

Wisdom, Experience, and Cultural Knowledge: Older adults possessed deep lived experience and serve as stewards of cultural memory and tradition in Native / American Indian communities.

Community-Building and Chosen Family: Older adults created nurturing, intergenerational support systems outside of biological ties.

Mental Health and Peer Support Contributions: Older adults led or participated in community-based healing practices for trauma and PTSD, especially among veterans.

Mentorship and Activism: Older adults provided mentorship to youth and led community efforts for social justice and representation.

Engagement in Traditional and Holistic Healing: Older adults continued to practice and teach healing arts, herbal medicine, and ceremony.

NEEDED SUPPORTS & SUGGESTIONS

Safe, Affirming Community Spaces: Older adults desired dedicated gathering places for Two-Spirit and Native people, including elders, that were welcoming and not centered around nightlife.

Health Education and Wellness Programming: Older adults wanted access to culturally relevant classes on nutrition, diabetes prevention, and physical activity.

Recognition and Support for Traditional Medicine: Older adults emphasized the need for greater respect and backing for plant-based and traditional healing practices.

Affordable, Accessible Housing Options: Older adults sought stable housing that accommodates their identities and mobility needs.

Improved Collaboration Across Community Groups: Older adults called for better coordination of events and services to reduce overlap and foster inclusion.

We need a space again where we as Two-Spirit people can come together... And it doesn't have to be in a bar.

IF GIVEN A MAGIC WAND, THEY WOULD WISH FOR:

CREATE A TWO-SPIRIT CULTURAL CENTER AS A CENTRAL HUB:

Build a dedicated space for community events, cultural expression, and connection.

BUILD HEALTHIER, SELF-SUSTAINING COMMUNITIES THROUGH TRADITIONAL PRACTICES:

Reclaim traditional foods and promote health education rooted in cultural knowledge.

ENSURE VISIBILITY AND LEADERSHIP FOR ELDERS IN TWO-SPIRIT COMMUNITIES:

To be seen and valued as role models, particularly for younger generations.

FOSTER CROSS-AGENCY COLLABORATION AND RESOURCE SHARING:

Opportunities for agencies to work together rather than compete, ensuring broader and more equitable access.

FURTHER DEMOGRAPHIC DATA: This handout includes data from one talking circle with 13 Two-Spirit older adults who identify as Indigenous, Native American, or American Indian. This group was led by Bay Area American Indian Two-Spirits (BAAITS) organization who shared their data with the CASAS research team. Data from ten additional participants from the larger LGBTQIA+ aging project were included who also identified as Two-Spirit, LGBTQIA+ Indigenous, Native American, or American Indian older adults.

ACKNOWLEDGEMENTS: We sincerely appreciate the support of our funders: **The California Health Care Foundation, The SCAN Foundation, and Metta Fund.** We are also grateful to our community partners at **Openhouse** and **Bay Area American Indian Two-Spirits (BAAITS).** We also wish to thank **Shanti, LA LGBT Center, El/La Para TransLatinas, The AMAAD Institute, The Booker T. Washington Community Service Center, Women's Cancer Resource Center, The Diversity Center, and Bombay Beach Community Service District** for their assistance with recruitment and focus group coordination.



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