

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.

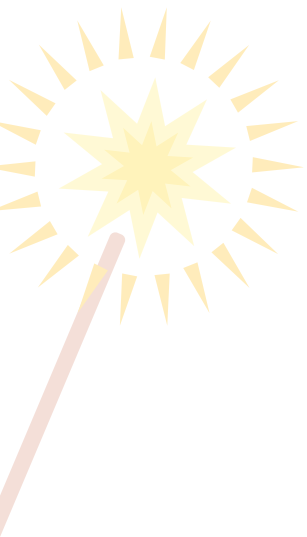
HEALTHCARE: Older lesbians advocated for improved healthcare advocacy for older lesbians, emphasizing inclusive medical practices and accessible healthcare information.

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.

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