

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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