

# LGBTQ+ OLDER ADULTS IN SANTA CLARA COUNTY

2021



Karen Fredriksen Goldsen, PhD



## TABLE OF CONTENTS

Acknowledgments .....	3
Executive Summary .....	4
Introduction .....	10
Background Characteristics .....	11
Access to Aging and Health Services .....	14
Health and Well-being .....	18
Impact of COVID-19 .....	23
Discrimination and Victimization .....	28
Housing and Economic Indicators .....	31
Social Support, Resilience and Resources .....	35
Action Plan and Recommendations .....	40
References .....	43
Appendices .....	44
Methodology	
Selected Key Terms	



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Most importantly, I am grateful to the more than 3,000 LGBTQ+ older adult participants in Santa Clara County who made this project possible through their engagement and for their time and commitment in providing the information necessary to create a healthier and more vibrant future for our communities now and moving forward.

Sincerely,



Karen Fredriksen Goldsen, PhD  
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# EXECUTIVE SUMMARY

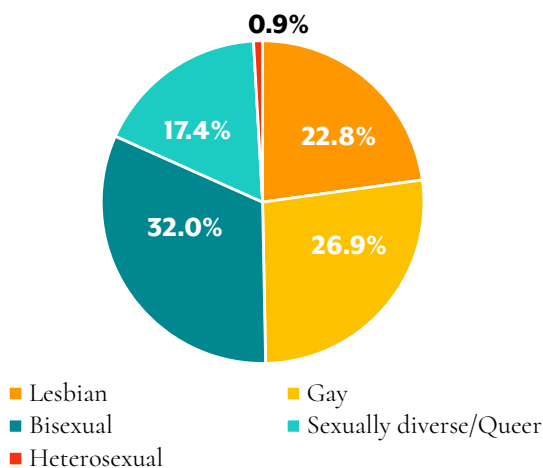
Santa Clara County, with an estimated 1.9 million residents, is the 6th most populated county in the State of California.<sup>1</sup> Both in the size of the population and its diversity, the County is growing rapidly including a growing and diverse aging population. More than 1 in 10 (13.9%) individuals living in Santa Clara County are 65 years or older.<sup>1</sup> Despite the growing aging population within Santa Clara County, the unique health experiences and outcomes of LGBTQ+ older adults within Santa Clara County have not been well evaluated.

The LGBTQ+ Older Adults in Santa Clara County Project is sponsored by the County of Santa Clara Office of LGBTQ Affairs, in collaboration with more than 20 other local community organizations, agencies, and government offices. The project is designed to better understand the aging, health, well-being, impacts of COVID-19, strengths, and resilience, and experiences of diverse subgroups of LGBTQ+ adults, age 50 and older, and living and/or working in Santa Clara County. To meet these goals, a community-based survey was designed and implemented to identify unmet needs and inform future priorities, programs, and policies.

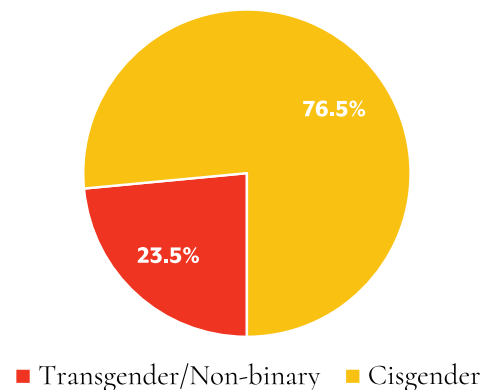
A total of 3,218 people participated in the LGBTQ+ Older Adults in Santa Clara County Project, representing demographic diversity by:

- Sexual identity, including lesbians (22.8%), gay men (26.9%), bisexuals (32.0%), sexually diverse/queer (17.4%), and heterosexual (0.9%) older adults.
- Gender identity and expression, with about one-quarter of the older adult participants identifying as transgender, gender non-binary, gender non-conforming, or gender diverse (23.5%).
- Age, including those ages 50-59 (45.7%), ages 60-69 (41.6%), and 70 and older (12.7%). The youngest participant was 50 and the oldest was 106 years old.
- Race and ethnicity, including more than half (55.2%) were Black, Indigenous, People of Color (BIPOC) including Hispanic/Latinx/o/a/e (26.8%), Black/African American (21.5%), Asian/Pacific Islander (3.6%), multiracial/other (1.9%), and American Indian/Alaskan Native (1.4%).
- Income, with close to two-thirds of participants living in poverty (a one-person household with an annual household income of \$25,520 or less; a two-person household with an annual income of \$34,480 or less; \$8,960 is added for each additional person/household<sup>2</sup>).

**SEXUAL IDENTITY OF LGBTQ+ OLDER ADULT PARTICIPANTS**



**TRANSGENDER AND CISGENDER OLDER ADULT PARTICIPANTS**



While LGBTQ+ older adults in Santa Clara County displayed resilience and many strengths, they are an at-risk and underserved community.

### Key well-being and health findings

- Three-quarters are satisfied with their lives.
- More than half have a disability.
- In the past 30 days, two-thirds exercised or engaged in physical activity.
- More than one-third reported serious thoughts about suicide or self-harm.
- Half reported having insufficient food, cleanliness, and/or safety for the last 5-7 days.
- One in ten used substances other than those required for medical reasons.
- One-quarter experienced confusion or memory loss in the past 12 months.

### Services, programs, and activities needed

- Top 5 potential activities, programs, and services of most interest: Access to free movies or other entertainment (24.6%), safe walking spaces (24.6%), social and group activities (23.1%), LGBTQ+ specific activities, services, and programs (21.3%), and support with technology (16.8%).
- Activities, services, and programs needed but did not use in the past 12 months because they were perceived as not LGBTQ+ or culturally inclusive included social and group activities (18.6%), safe walking spaces (17.7%), support with technology (16.8%), medication support/finding pharmacy (16.8%), and free access to movies or entertainment (16.5%).
- One out of four were not out to providers.
- One-fifth did not have health insurance; those with a high school education or less and those living with HIV were least likely.
- About half of the participants had no will or power of attorney.

### Impact of COVID-19

- One-fifth reported they had COVID-19 with bisexual women, transgender participants, and lesbians having

the highest rates. Almost all (96%) reported lingering physical and/or mental health effects.

- One-quarter had not received the COVID-19 vaccine, with half of the sexually diverse/queer participants and transgender participants, about one-third of Black/African American, Hispanic/Latinx/o/a/e, and 70 and older participants.
- Most common challenges regarding the COVID-19 vaccine: could not find where to get the vaccine, unable to complete registration, no computer or smartphone to register, no transportation to get the vaccine, and felt they were not eligible.
- Those living in West County (Cupertino, Los Gatos, Saratoga, Monte Sereno, Campbell, Holy City, Redwood Estates) had the lowest rate of vaccination (56.6%).
- One-third reported that since the pandemic they had fewer financial resources; less housing stability; more tobacco, alcohol, or other substance use; and more loneliness. One-fifth lost their job as a result of COVID-19.

### Discrimination, bias, and abuse

- Four out of ten had been treated unfairly, with less respect, or discriminated against in the past 24 months due to being perceived as LGBTQ+. Most common among bisexual men, Black/African American, those living in poverty, and with HIV/AIDS.
- Most common experiences of discrimination or bias: accessing medical or health services, aging services, and other social services.
- One in five treated unfairly, experienced discrimination or bias due to age, race or skin color, or gender.
- Approximately one in six experienced elder abuse: physically hurt, controlling or harassing behavior, verbal abuse, or threatening behavior. Most did not report. Those in Sunnyvale/Santa Clara were more likely to experience abuse compared to other regions of Santa Clara County.
- Those experiencing abuse: five most common perpetrators include spouse/partner, ex-spouse/ex-partner, child or step-child, friend, and strangers.

*“I am an old-fashioned passable transgender fighting age - time to unveil my identity. Afraid of old age and how the world has been changed.”*

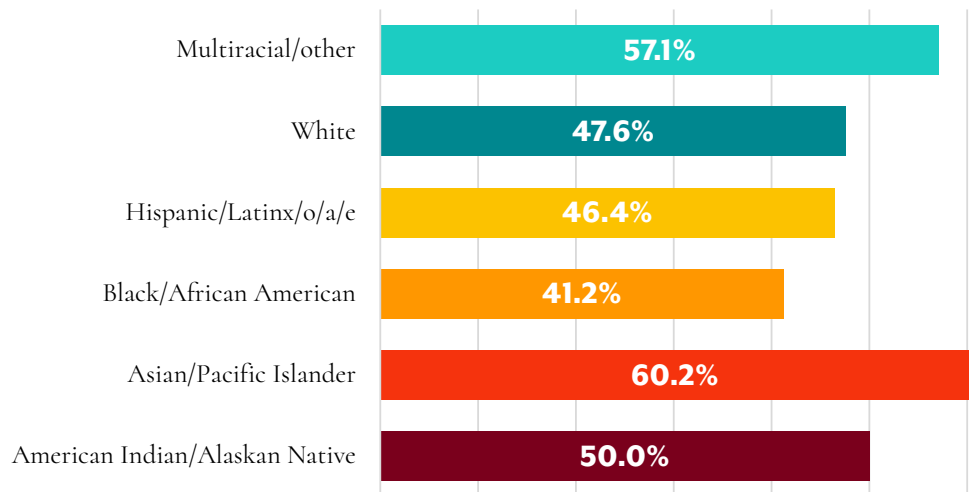
### Housing and economic needs

- More than 80% of participants reported interest in LGBTQ+ focused housing with the highest rates among bisexual, transgender, Black/African American, Hispanic/Latinx/o/a/e participants, those living in poverty, lower level of education, and living with HIV/AIDS.
- One-half reported they are not confident they will be able to continue living in their current housing.
- Two-thirds lived in poverty. Many cannot pay their bills and have limited discretionary financial resources.
- Top 5 reasons reported indicating a need to move: economic reasons, health reasons, different needs related to aging such as safety, lack of stability in housing situation, and unsafe environment being LGBTQ+.
- One in six sexually diverse/queer participants owned a home compared to more than half among all participants.
- Nearly 7.6% reported living in transitional housing or unstable housing; 0.2% were unhoused or homeless.

### Social support, resilience, and resources

- More than half felt they received the social and emotional support they need.
- One in ten has no current support. Almost two-thirds of participants lacked companionship, felt left out, and/or felt isolated.
- More than half reported resilience, such as bouncing back quickly after hard times.
- More than 80% were comfortable using the internet.
- Almost one-fifth reported living alone, with gay men, sexually diverse/queer, American Indian/Alaskan Native, and 70 and older participants most likely.
- High rates of volunteering and other social engagement activities, illustrating how the community is an important resource to Santa Clara County.

**LGBTQ+ OLDER ADULT PARTICIPANTS EXPERIENCING HOUSING INSECURITY BY RACE/ETHNICITY**



### RECOMMENDATIONS

This 2021 survey was a landmark effort and foundational for the LGBTQ+ Older Adults in Santa Clara County Project to gather direct input from the community about their experiences, strengths, and barriers. However, it is one step in an ongoing process. Operationalizing the data and responding to the findings through action within existing and future programming and policy is pivotal to developing the most responsive and supportive resources for LGBTQ+ older adults in Santa Clara County to thrive. The recommendations below are presented to help inform this work moving forward.

#### Priority I:

As a first step to address the challenges and service and policy needs revealed in this report, it will be imperative that an Action Taskforce be formed for follow-up. Suggested representation within the Action Taskforce includes Santa Clara County government, aging-related community-based organizations and service providers (including Sourcewise, the designated Area Agency on Aging), LGBTQ+ organizations and advocacy groups, older adult community members, and other key stakeholders.

#### Priority II:

As a second step it is critical that the Action Taskforce develop a workplan that establishes actionable priorities that are both implementable and measurable. Similar to the format of the California Governor’s Master Plan on Aging, it will be important that the workplan sets specific goals and targets, with each goal having a strategy, and each strategy linked to initiatives.



Additional recommendations are outlined from each report section for the Action Taskforce to consider, with the main priority identified and additional priority areas to consider as it moves work forward to address the identified needs of LGBTQ+ older adults in Santa Clara County.

### Supporting health and well-being

#### Priority:

- Expand culturally relevant training programs for front-line aging, health care, and housing providers to increase knowledge and skills using evidence-based best practices to provide culturally inclusive care to address the needs of LGBTQ+ older adults across communities and regions.

#### Additional recommendations:

- Ensure the availability of LGBTQ+ tailored health and wellness resources and materials across Santa Clara County, including addressing the distinct needs of LGBTQ+ subgroups such as specific age groups (50-59, 60-69, 70 and older); transgender and sexual and gender diverse people; BIPOC communities; and those living in poverty.
- Train aging, health and wellness case managers to support LGBTQ+ older adults by attending medical and social service appointments with them and to model for providers the use of inclusive communication skills for discussing sexual orientation, gender identities and expressions, and pronouns, including theirs. It will be imperative the case manager training includes how to assist LGBTQ+ older adults in

disclosing their identities to providers.

- Expand suicide prevention programs addressing both common risk factors, e.g., depression, as well as distinct LGBTQ+ risk factors, e.g., sexual and gender-based discrimination and abuse. Work to educate providers, community leaders, and the public about suicide risk and prevention strategies tailored for the LGBTQ+ community, addressing groups at elevated risk.
- Ensure LGBTQ+ older adults have access to nutritious, no-cost food and are included in meal/grocery program targets, and that food pantries are located in safe environments, including within LGBTQ+ organizations and communities.

### COVID-19

#### Priority:

- Prioritize COVID-19 prevention and aid for LGBTQ+ older adults, including vaccine awareness, outreach, and support. Such efforts need to expand access to Black/African American and Hispanic/Latinx/o/a/e communities, and those with a high school education or less. Vaccine support must include knowing where to get vaccines, how to register, and how to access transportation when needed.

#### Additional recommendation:

- Advocate for digital inclusion for all older adults by working with the Digital Inclusion Workgroup to offer resources, and pledge connection, devices, and training for LGBTQ+ older adults.



## Enhancing access to aging and health services

### *Priority:*

- Dedicate ongoing funding to provide tailored social activities, services, and programs for LGBTQ+ older adults, which were identified as the primary needs in the community. Considerations include continuing the LGBTQ+ Seniors Initiative Pilot Program, and examining if it would be advantageous to model it aligned with national trends of funding an LGBTQ+ focused senior center that also collaborates with other local senior centers on programming and services to reduce social isolation and promote engagement and wellness.

### *Additional recommendations:*

- Consistent with the Governor's plan and the California Department of Aging's Hubs and Spokes Initiative, develop a comprehensive website for public information and assistance on aging and disability services, as well as enhance phone line access for individuals unable to secure virtual access, for older adults in Santa Clara County, including links to specific resources for LGBTQ+ older adults.
- Expand educational campaigns across Santa Clara County to promote prevention and early detection in LGBTQ+ communities, with tailored outreach to older adults, including mammogram outreach, and HIV, mental health, and behavioral health initiatives.
- Develop a county plan to address LGBTQ+ health care access and behavioral health issues through affordable patient-centered, coordinated, and comprehensive care, including mental health, substance and tobacco use, and stress-related physical health challenges.
- Work with the Santa Clara County Bar Association or other similar entities to develop and implement low or no-cost legal support for LGBTQ+ older adults, including assistance with wills, power of attorney, and end of life planning.
- Expand the Healthy Brain Initiative to build and raise awareness among LGBTQ+ older adults of brain health and cognitive decline risk reduction education.
- Social engagement is needed to potentially protect against the early onset of dementia. Promote Dementia Friends within the LGBTQ+ community and offer evidence-based programs designed to address the distinct need of LGBTQ+ older adults and their caregivers, such as Innovations in Dementia Empowerment and Action (IDEA). Promote the

availability of support for day-to-day household activities due to memory loss.

- Promote the use of brief screenings for cognitive impairment to be routinely performed by primary care physicians.

## Reducing discrimination, bias, and abuse

### *Priority:*

- Strengthen staffing at Adult Protective Services, specifically in the area of investigation, enforcement, and the supports needed for alternative care for LGBTQ+ older adults experiencing abuse. Education and training centered on LGBTQ+ competency are also needed for Adult Protective Services workers so abuse can be reported in a safe manner and place.

### *Additional recommendations:*

- Education and public forums are needed and should be held widely across all communities to focus on explicit and implicit bias, protection covered by anti-discrimination and hate crime laws, and ways to report. Transgender older adults, LGBTQ+ older adults of color, in particular, Black/African American and American Indian/Alaskan Native communities, lesbians, and bisexual women are at elevated risk of bias. Attention to the rising number of hate crimes directed toward Asian/Pacific Islanders is needed.
- Know Your Rights campaigns for LGBTQ+ older adults and awareness trainings and campaigns around elder justice for LGBTQ+ communities and LGBTQ+ organizations are also needed.
- Enforcement, education, and training of anti-discrimination laws are needed within specific settings including aging and social services, medical and health services, skilled nursing facilities, senior centers, and public places.

## Strengthening housing and economic stability

### *Priority:*

- Create a Workgroup, consistent with national trends, to prioritize the development of LGBTQ+ older adult focused affordable housing. Housing initiatives should prioritize accessibility to those who have heightened risks of housing insecurity; ensure more ADA-accessible units than required by law due to high rates of disability in these communities; include LGBTQ+ specific programming and resources for unmet service needs including basic needs and promote connectivity and reduce social isolation.



### *Additional recommendations:*

- Enhance the support necessary for LGBTQ+ individuals to retain their existing housing and prioritize the needs and experiences of LGBTQ+ communities in homelessness prevention, transitional housing, and related service efforts. Ensure that all public dollars for housing support, including homeless prevention, shelters, and transitional housing require adherence to anti-discrimination laws and explicitly address the needs of LGBTQ+ older adults. Priority should be provided to, and investments made in, those organizations and agencies that can uphold the public good, including anti-discriminatory and hate crime laws.
- Recognize the documented economic disparities that LGBTQ+ older adults face in Santa Clara County and include the LGBTQ+ communities in County efforts to assess and diminish such disparities and all types of discrimination that result in limited opportunities for economic advancement.
- Expand opportunities for senior employment and training programs for LGBTQ+ older adults, working in coordination with Santa Clara County's Department of Employment and Benefit Services.

### **Building upon the social support, resilience, resources of the community**

#### *Priority:*

- Support an existing community-based organization to develop an LGBTQ+ Community Volunteer Registry to identify community members who are available and able to perform services to benefit the well-being of older adults, e.g., providing short term caregiving for older adults recovering from a medical procedure, installing grab bars and building ramps for older adults with mobility issues, and social visits and companionship.

#### *Additional recommendations:*

- Publicly recognize and celebrate the important contributions of LGBTQ+ older adults and their communities and enhance LGBTQ+ individual and community resilience by expanding engagement opportunities to reduce social isolation, confront racial, ethnic, and age inequities, and build bridges across generations. Investigate engagement and cross-generational program models, such as Legacy Letters, that can be implemented across Santa Clara County.
- Increase outreach and support for unpaid and paid caregivers in LGBTQ+ communities by supporting In-Home Supportive Services (IHSS) to recruit LGBTQ+

supportive caregivers to be matched with LGBTQ+ older adults needing care.

- Build upon and strengthen efficacy in LGBTQ+ communities by expanding government, university and community-based partnerships to design, implement, and evaluate evidence-based programs tailored to address the distinct needs of LGBTQ+ older adults and their families.

### **Data collection and measuring progress toward goals**

#### *Priority:*

- Design and implement metrics to measure progress toward meeting the goals, targets, and initiatives identified to address these priorities and others established by the Action Taskforce to address the needs of LGBTQ+ older adults.

#### *Additional recommendation:*

- Incorporate questions on sex, gender, gender identity and expression, sexual orientation, and behavior in Santa Clara County data collection efforts and reports that are developed to reflect the profile, needs, and experiences of those living in the County, including public health and aging-related reports. Ensure data fields are aligned with national best practices and are inclusive of communities who are intersex, transgender, gender non-binary, and/or sexual minorities. Data collection should be required across all programs/ services, and centralized, where feasible.
- Provide training for those collecting data so that staff is comfortable asking sexuality and gender-related questions and can respond appropriately to explain terms and to understand why the questions are being asked.

Addressing the aging, health and social needs of LGBTQ+ older adults is critical as it illuminates the strengths, resilience, and cumulative risks facing the growing aging population in Santa Clara County. Moving forward, a comprehensive plan is needed to transform programs, services, and policies to better address the growing and intersecting needs of LGBTQ+ older adults, their families, and communities. By working together to take action, we can ensure LGBTQ+ older adults thrive in Santa Clara County.



## INTRODUCTION

Santa Clara County, located on the southern coast of San Francisco Bay, is comprised of 15 cities and towns and multiple unincorporated communities and is a flourishing and diverse area. An estimated 1.9 million people live there, making it the 6th most populated county California.<sup>1</sup> By 2030, the population is anticipated to reach an estimated 2.2 million people.<sup>2</sup> San Jose is the largest city in Santa Clara County, third largest city in California, and tenth largest in the U.S.

Overall, Santa Clara County has one of the highest median family incomes in the country with an estimated median household income of \$124,055 with 6.1% living in poverty.<sup>1</sup> San Jose metro area has the 3rd highest GDP per capita in the world with the highest percentage of homes valued at \$1 million or more in the U.S.<sup>3</sup>

Home to Silicon Valley, Santa Clara County is known for its level of innovation, with abundant startups and technology companies, including Google, Apple, and Facebook. More than a quarter of the jobs in the San Francisco Bay Area exist in Santa Clara County.<sup>4</sup> In addition, it is home to several well-known academic institutions, including Stanford University, Santa Clara University, and San José State University. Among persons 25 years and older in the County, 52.4% have a bachelor's degree or higher.<sup>1</sup>

The racial and ethnic composition includes White (52.4%), Asian (39.0%), Hispanic or Latinx/o/a/e (25%), Black or African American (2.8%), American Indian/Alaska Native (1.2%), Native Hawaiian/Other Pacific Islander (0.5%), and 4.2% identifying as multiracial.<sup>1</sup>

Santa Clara County has a diverse aging population with more than half a million individuals 40-59 years of age, 298,845 60-74 years of age, and 135,619 75 and older.<sup>2</sup> It is estimated that the population of older adults has increased by 12% in the last 5 years.<sup>2</sup> By 2060, it is projected that older adults will comprise 26% of the County's population.<sup>2</sup> Almost one-fifth (19%) of the aging individuals are considered low-income, a number that has grown over the last two decades.<sup>2</sup>

In the broader Bay Area, it is estimated there are more than 60,000 LGBTQ+ adults, which represents an estimated 4% of the adult population.<sup>2</sup> This is expected to double by 2030.<sup>2</sup> In California from 2015-2018, it was estimated that 361,000 LGBTQ+ adults had fair or poor health.<sup>5</sup> Hundreds of thousands of LGBTQ+ adults in the State of California did not have health insurance, could not afford medical care, lived with HIV and other chronic diseases, lived alone, engaged in high-risk health behaviors, and had a history of suicidal ideation.<sup>5</sup> LGBTQ+ adults may also have a higher burden of other social determinants of health. For example, data suggest that same-sex couples are more likely to live in poverty than different-sex couples.<sup>6</sup>

Both age and being LGBTQ+ are risk factors that may affect access to, and utilization of, health services due to perceived and explicit experiences of discrimination and bias.<sup>7</sup> Older individuals have a unique disease burden, including age-related illnesses and chronic diseases.<sup>7</sup> LGBTQ+ individuals also have unique health needs, including those related to sexual and mental health.<sup>7</sup> Furthermore, the COVID-19 pandemic is hypothesized to have changed the public health needs of older LGBTQ+ adults. For example, older adults and those with preexisting conditions, such as HIV/AIDS, are considered vulnerable populations for COVID-19 and were particularly encouraged to receive a vaccine during the early rollout.<sup>8</sup> In addition, the COVID-19 pandemic has had far-reaching impacts on other social determinants of health that uniquely impact older LGBTQ+ adults, including social support, living arrangements, employment, and income.<sup>5</sup>

Despite the growing aging population within Santa Clara County, the unique experiences of LGBTQ+ older adults have not been well evaluated. The LGBTQ+ Older Adults in Santa Clara County Project was designed to better understand the aging, health, well-being, impacts of COVID-19, and strengths of diverse subgroups of LGBTQ+ adults, age 50 and older, and living and/or working in Santa Clara County. A community-based survey was designed and implemented to identify unmet needs and inform future priorities, programs, and policies.



# BACKGROUND CHARACTERISTICS

## KEY FINDINGS

- A total of 3,218 participated in the LGBTQ+ Older Adults in Santa Clara County Project, representing demographic diversity.
- Diverse sexualities included lesbians (22.8%), gay men (26.9%) followed by bisexuals (32.0%), sexually diverse/queer (17.2%), and heterosexual (0.9%).
- About one-quarter self-identified as transgender, gender non-binary, gender non-conforming, or gender diverse (23.5%).
- Participant ages included 50-59 (45.7%), followed by 60-69 years old (41.6%) and 70 years of age and older (12.7%).

- More than half (55.3%) were Black, Indigenous, People of Color (BIPOC) including Black/African American (21.5%), Hispanic/Latinx/o/a/e (26.8%), Asian/Pacific Islander (3.6%), multiracial/other (1.9%), and American Indian/Alaskan Native (1.4%).
- About two-thirds of participants lived in poverty (a one-person household with an annual household income of \$25,520 or less; a two-person household with an annual income of \$34,480 or less; \$8,960 is added for each additional person/household<sup>10</sup>).

## Sexual identity

The majority of participants self-identified as lesbian or gay (49.7% total: lesbian 22.8% and gay 26.9%), followed by bisexual women and men (32.0% total: bisexual women 16.7% and bisexual men 15.3%), sexually diverse/queer adults (17.4%), and 0.9% heterosexual.

## Gender identity

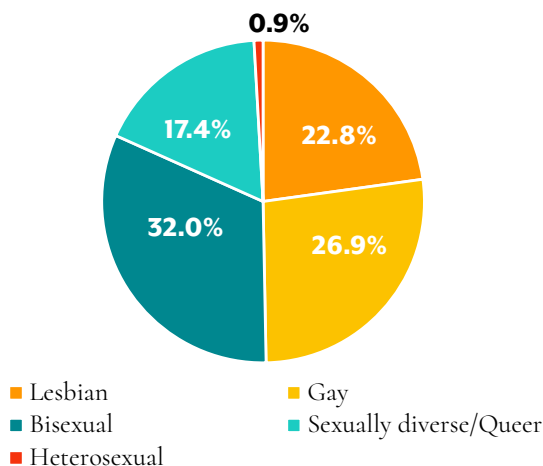
Close to half of participants self-identified as men (50.0%) followed by women (48.0%) and gender non-binary/gender non-conforming/gender diverse (2.1%). Almost

one-quarter (22.1%) self-identified as being transgender or having a transgender history. Participants who either identified as transgender or gender non-binary/gender non-conforming or gender diverse were combined to represent almost one-quarter (23.5%) of participants.

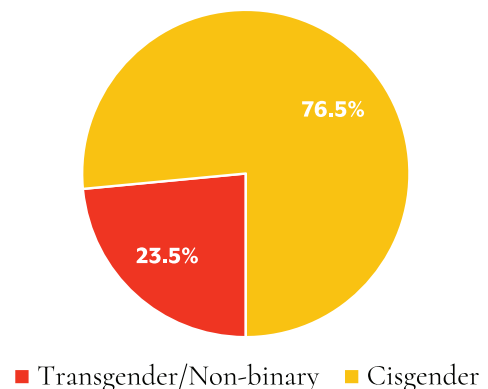
## Race and ethnicity

Less than half of the participants were White (44.8%) followed by Hispanic/Latinx/o/a/e (26.8%), Black/African American (21.5%), Asian/Pacific Islander (3.6%), multiracial/other (1.9%), and American Indian/Alaskan Native (1.4%). Among those who identified as Native American, one-third (33.3%) identified as Two-Spirit.

**SEXUAL IDENTITY OF LGBTQ+ OLDER ADULT PARTICIPANTS**



**TRANSGENDER AND CISGENDER OLDER ADULT PARTICIPANTS**





**Age**

Almost half of the participants (45.7%) were 50-59 years of age, followed by 41.6% who were 60-69 years old, and 12.7% who were 70 years and older. The oldest participant was 106.

**Country of origin and language spoken**

Four percent (4.0%) were born outside the United States. The majority (96.4%) spoke English at home with about 4% speaking a language other than English.

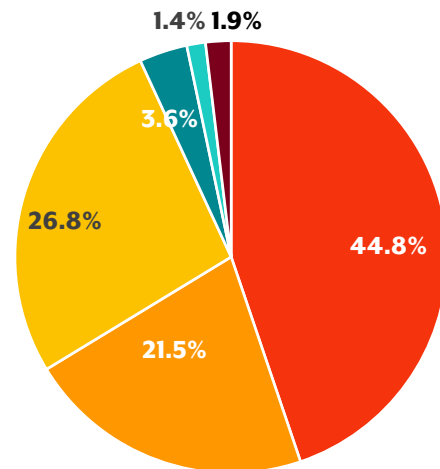
**Education level**

The majority (66.2%) had an education level of some college or more while 33.8% had a high school education or less.

**Poverty and income**

Two-thirds (66.5%) lived in poverty (a one-person household with an annual household income of \$25,520 or less; a two-person household with an annual income of \$34,480 or less; \$8,960 is added for each additional person/household<sup>10</sup>). About one-quarter earned less than \$25,000 per year (26.8%); 21.5% earned \$25,000-\$35,999; 23.0% earned \$35,000-\$49,999; 11.8% earned \$50,000-\$74,999; 3.8% earned \$75,000-\$99,999; and 13.1% earned \$100,000 or more. There was no significant difference in poverty level depending on region.

**RACE/ETHNICITY OF LGBTQ+ OLDER ADULT PARTICIPANTS**

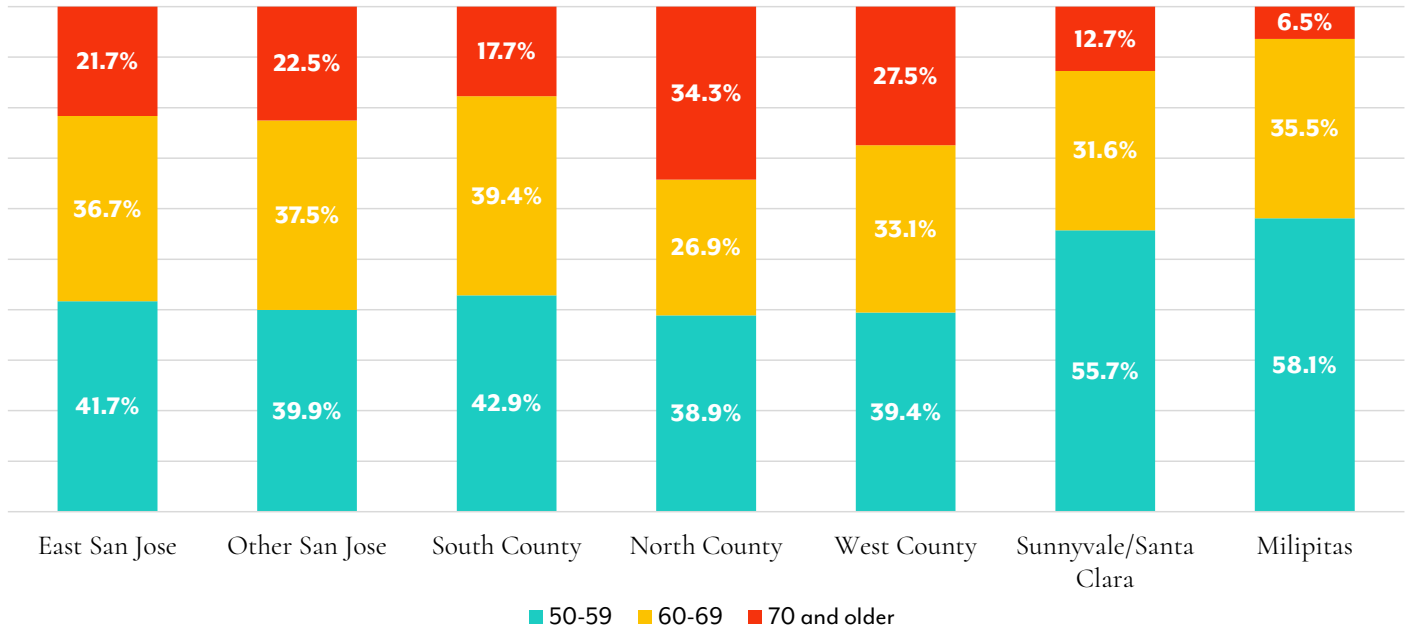


- White
- Black/African American
- Hispanic/Latinx/o/a/e
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial/other

*“I am not shy about who I am, but I have things relatively easy because most people don’t perceive me as bisexual. Weird old hippie, maybe, but most people don’t have a problem with that.”*



## AGE AND REGIONS OF LGBTQ+ OLDER ADULT PARTICIPANTS



See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region.

### Employment

More than one-third (37.2%) were not employed on a full-time or part-time basis. Among those, most often they reported being retired (43.2%) followed by being ill or disabled (20.5%), losing their job due to COVID-19 (20.0%), being unable to work (17.9%), or doing something else (2.8%).

### Military service

One-tenth (8.9%) had served in the military and one in three (32.5%) had one or more of their family members who served in the military.

### Regions

The majority of participants in Santa Clara County lived in San Jose (52.5%), Santa Clara (10.1%), Mountain View (7.1%), Sunnyvale (6.5%), Palo Alto (6.2%), Campbell (4.1%), and Milpitas (1.0%) with the balance of the Santa Clara County participants (13.4%) living in Los Altos /Los Altos Hills (1.1%), Los Gatos (1.1%), Morgan Hill (1.0%), Gilroy (0.9%), Saratoga (0.7%), Cupertino (0.6%), Coyote (0.3%), San Martin (0.3%), Holy City (0.2%), and Redwood Estates (0.1%).

For the purposes of this analysis, regions were grouped based on close geographic proximity in the following categories:

- San Jose – East (4.3%; zip codes 95111, 95112, 95116, 95121, 95122, 95127, 95133, 95148, 95140)
- San Jose – North, East, South, and Central (46.1%)
- South County (12.5%; Morgan Hill, Gilroy, San Martin, Coyote)
- North County (7.7%; Mountain View, Palo Alto, Los Altos, Los Altos Hills)
- West County (10.1%; Cupertino, Los Gatos, Saratoga, Monte Sereno, Campbell, Holy City, Redwood Estates)
- Sunnyvale and Santa Clara (16.2%)
- Milpitas (2.2%)





## ACCESS TO AGING AND HEALTH SERVICES

### KEY FINDINGS

- Top 5 activities, programs, and services of interest to LGBTQ+ older adults included free access to movies or other entertainment (24.6%), safe walking spaces (24.6%), social and group activities (23.1%), LGBTQ+ specific activities/services/programs (21.3%), and support with technology (16.8%).
- Activities, services, and programs needed but did not use in the past 12 months because they were perceived

as not LGBTQ+ inclusive included social and group activities (18.6%), safe walking spaces (17.7%), support with technology (16.8%), medication support/finding pharmacy (16.8%), and free access to movies or entertainment (16.5%).

- One out of four were not out to providers.
- One-fifth did not have health insurance.
- Half reported not having a will or power of attorney.

Access to aging and health services includes not only access to medical care but also other activities, services, and programs that promote psychosocial, emotional, mental, and physical well-being.

#### Activities, programs, and services of interest

The top five potential activities, programs, and services of interest to LGBTQ+ older adults included free access to movies or other entertainment (24.6%), safe walking spaces (24.6%), social and group activities (23.1%), LGBTQ+ specific activities/services/programs (21.3%), and support with technology (16.8%). These five top activities and services were endorsed by all sexual identity subgroups at similar ranks. Transgender older adults were more likely than cisgender participants to identify support with technology as being of interest (21.5% vs. 15.5%).

When participants were asked in an open-ended question about activities they needed most, their most common responses centered around the need for fitness/exercise opportunities to remain healthy, entertainment to maintain a positive mood, and socializing opportunities to mitigate feelings of loneliness.

#### TOP 5 ACTIVITIES THAT WERE NOT LGBTQ+ OR CULTURALLY FRIENDLY

*Social and group activities*

*Safe walking spaces*

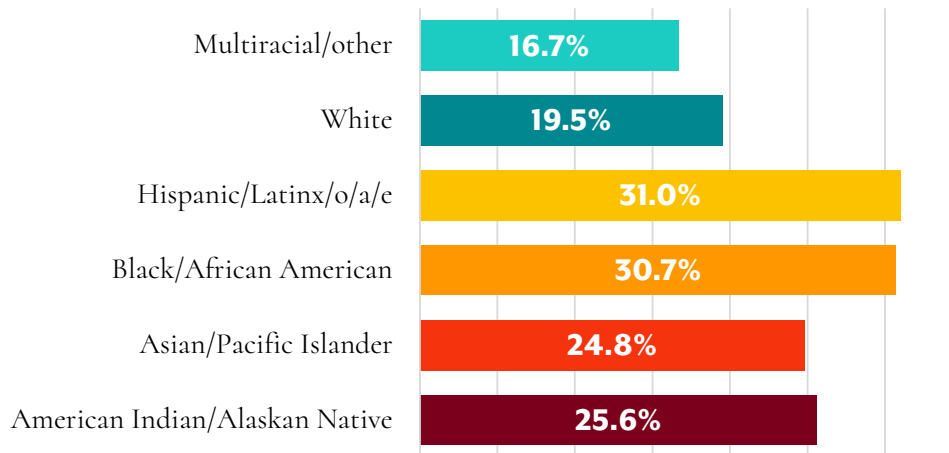
*Support with technology*

*Medical support/finding pharmacy*

*Free access to movies or entertainment*

*“It would be nice if there were some services for lower-middle-class LGBTQ+ folks. In Santa Clara County it is the ‘Have and the have not’ with no in-between. There is simply no ‘community’ for those of us who were here before the ‘Silicon Valley elite’ but we have no desire to leave as we both were born and raised here.”*

## LGBTQ+ OLDER ADULT PARTICIPANTS “NOT OUT” TO HEALTHCARE PROVIDERS BY RACE/ETHNICITY



### Key barriers to activities, programs, and services

The top 5 activities, services, and programs that older adults needed but did not use in the past 12 months due to the perception they were not LGBTQ+ inclusive included social and group activities (18.6%), safe walking spaces (17.7%), support with technology (16.8%), medication support/ finding pharmacy (16.8%), and free access to movies or entertainment (16.5%). In addition, 15.6% of respondents reported that alcohol/substance use programs were not LGBTQ+ friendly.

Some services and activities were needed but not used because LGBTQ+ older adults participants were unaware they existed. These included free access to movies and entertainment (28.5%), safe walking spaces (25.9%), social and group activities (24.9%), support with technology (24.7%), and LGBTQ+ specific services (24.3%).

Although needed, participants did not use some services and activities because they perceived they would not qualify for them including home-delivered meals (19.9%), door-to-door transportation (19.1%), medication support/finding pharmacy (18.8%), free access to movies/entertainment (18.8%), and in-home care (18.6%).

Other services and activities that were not used, but needed, because they were perceived to be too expensive included health promotion/exercise classes (15.0%), mental health services/support groups (14.5%), legal services or resources (14.3%), health services (14.1%), and in-home care (13.9%).

### Nondisclosure of one’s sexual and gender identity

Another barrier to receiving needed services is the nondisclosure of one’s sexual and/or gender identity. The American Medical Association, for example, stated that physicians’ failure to recognize, and patients’ reluctance to disclose, can lead to failure to diagnose serious medical problems. One-quarter (25.4%) of the LGBTQ+ older adult participants were not out to healthcare providers, which can have adverse health consequences, and almost a quarter (24.3%), did not feel safe around providers. In addition, approximately a quarter was not out among co-workers (26.3%), in faith communities (26.1%), or in assisted living or nursing homes (24.0%).

### **ONE-QUARTER** of participants were not out to healthcare providers

Bisexual older men were the most likely to report being out to healthcare providers (33.0%) followed by bisexual older women (28.8%), sexually diverse/queer older adults (26.5%), lesbian (23.9%), and gay male older adults (20.1%). Among transgender older adults, 30.5% reported being very out to healthcare providers while 41.7% of cisgender participants were not.

### Health insurance

The majority (79.1%) of LGBTQ+ older adult participants had health insurance, but one-fifth (20.9%) did not. Bisexual men were the most likely to be uninsured (32.1%) followed by bisexual women (28.5%), lesbians (22.7%), gay men (18.1%), and sexually diverse/queer adults (6.5%). Cisgender participants were more likely to be uninsured (25.9%) than transgender participants (4.2%).



### **Future planning**

About half of LGBTQ+ older adult participants have completed a will (49.1%) or power of attorney (53.8%). No notable differences in whether they had legal documents depending on sexual or gender identity.

*“It is very difficult for transgender folks to gain access to quality health care - even if you can afford it.”*

## Key Differences of LGBTQ+ Subgroups (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

### *Not out to healthcare providers (25.4%):*

---

American Indian/Alaskan Native (25.6%)  
Asian/Pacific Islander (24.8%)  
Black/African American (30.7%)  
Hispanic/Latinx/o/a/e (31.0%)  
White (19.5%)  
Multiracial/other (16.7%)

---

Living in poverty (29.2%)  
Not living in poverty (18.0%)

---

High school education or less (29.0%)  
Some college education or more (23.3%)

---

With HIV/AIDS (29.5%)  
Without HIV/AIDS (22.0%)

---

### *Uninsured (20.9%):*

---

American Indian/Alaskan Native (12.2%)  
Asian/Pacific Islander (15.0%)  
Black/African American (26.8%)  
Hispanic/Latinx/o/a/e (29.5%)  
White (13.9%)  
Multiracial/other (19.6%)

---

Age 50-59 years (22.1%)  
Age 60-69 years (23.9%)  
70 years or older (6.5%)

---

Living in poverty (27.9%)  
Not living in poverty (7.9%)

---

High school education or less (40.5%)  
Some college education or more (10.9%)

---

With HIV/AIDS (43.8%)  
Without HIV/AIDS (4.1%)

---

### *Services not accessed due to not being LGBTQ+ friendly (2.1%):*

---

American Indian/Alaskan Native (23.8%)  
Asian/Pacific Islander (8.3%)  
Black/African American (0.8%)  
Hispanic/Latinx/o/a/e (1.4%)  
White (1.6%)  
Multiracial/other (6.9%)

---

High school education or less (3.2%)  
Some college education or more (1.2%)

---

**Participants with HIV/AIDS were  
40% LESS LIKELY to have health  
insurance than HIV negative participants**

*“I could really use some support groups for LGBTQ mental health and also social groups to find friends my age. I’m too old and don’t enjoy loud clubs but have no gay friends I can just call up to chat or hang out. I’m really lonely.”*





## HEALTH AND WELL-BEING

### KEY FINDINGS

- LGBTQ+ older adults had relatively high rates of poor physical and mental health, with more than half reporting a disability.
- Almost two-thirds (63.0%) had exercised or engaged in physical activity in the past month.
- More than one-third had seriously thought about suicide

- or self-harm in the past 12 months, with transgender participants twice as likely as cisgender participants.
- Only about half had their basic needs met (sufficient food, cleanliness, safety) during the last 5-7 days.
- One in ten used substances other than those required for medical reasons.

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Although extensive research has been conducted to understand the health status of residents, limited information is available on the health and well-being of LGBTQ+ older adults in Santa Clara County.

#### Physical health

Overall, 7.2% of participants reported frequent poor physical health in the last month. Sexually diverse/queer participants were most likely to report this (25.1%) followed by comparable rates (2.9% to 6.0%) among other sexual identity groups. Transgender participants were more likely to report this than cisgender participants (20.4% vs. 6.2%).


**2 OUT OF 3** participants exercised in the last 30 days

More than half (51.7%) have a disability. Sexually diverse/queer participants were most likely (58.8%) followed by

bisexual men (51.9%), lesbians (51.5%), bisexual women (51.0%), and gay men (48.9%). Transgender participants were more likely to have a disability compared to cisgender participants (59.7% vs. 50.0%). Bisexual women (60.7%) and bisexual men (60.4%) were most likely to have HIV/AIDS followed by lesbians (49.4%), gay men (43.3%), and sexually diverse/queer participants (4.3%). Cisgender participants were more likely to have HIV/AIDS (53.8%) compared to transgender participants (4.8%).

#### Mental health

Overall, 7.7% of participants reported frequent mental distress in the last month. Sexually diverse/queer participants were most likely to report this (23.8%) followed by comparable rates (3.5% to 7.4%) among other sexual identity groups. Transgender participants were more likely to report this finding than cisgender participants (20.9% vs. 6.5%).



*“Hard to find mental health resources that truly understand crossdressing, transexual, questioning and two-spirited. I have had bad information from mental health providers in the past”*



More than one-third (38.1%) had seriously thought about suicide or self-harm in the past 12 months. Bisexual women (56.1%) were the most likely group followed by bisexual men (47.9%), sexually diverse/queer adults (44.2%), lesbians (36.6%), and gay men (21.2%). While 58.6% of transgender participants considered suicide or self-harm, one-quarter (25.6%) of cisgender participants had.

One-quarter (25.8%) experienced confusion or memory loss in the past 12 months. Of those reporting confusion or memory loss, 64.7% always, usually, or sometimes had to give up day-to-day household activities/chores. Sexually diverse/queer participants (47.3%) were most likely than other sexual identity groups. Transgender participants were more likely (53.9%) compared to cisgender participants (17.2%).

**Basic needs**

In the past week, 54.9% of participants reported that their basic needs were met (including food, cleanliness, and safety) for 5-7 days. Bisexual men and women and sexually

diverse/queer older adults were most likely to report that their basic needs were met for 5-7 days in the past week. Transgender participants were less likely (41.8%) to report having sufficient food, cleanliness, and safety for 5-7 days of the past week as compared to cisgender participants (58.9%). In addition, participants had trouble sleeping (27%), eating (23.6%), and dental problems (6.2%) over the last 30 days. Lesbians (31.6%) and gay men (36.2%) were more likely than other groups to have trouble sleeping, and gay men (8.5%) were most likely to have dental health issues.

**BEHAVIORAL HEALTH**

**Exercise**

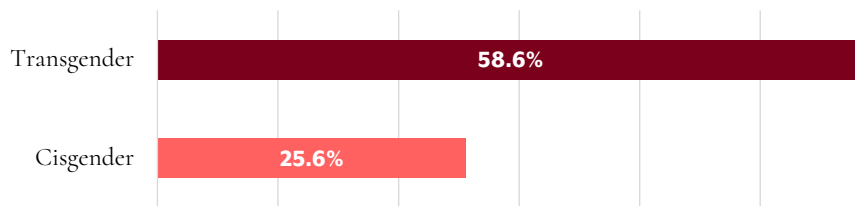
In the past 30 days, almost two-thirds (63.0%) exercised or engaged in physical activity outside of work. Gay men were most likely to have exercised (68.6%) followed by sexually diverse/queer adults (65.6%), lesbians (63.3%), bisexual women (55.9%), and bisexual men (54.6%). No differences were observed based on gender identity.

**Alcohol and substance use**

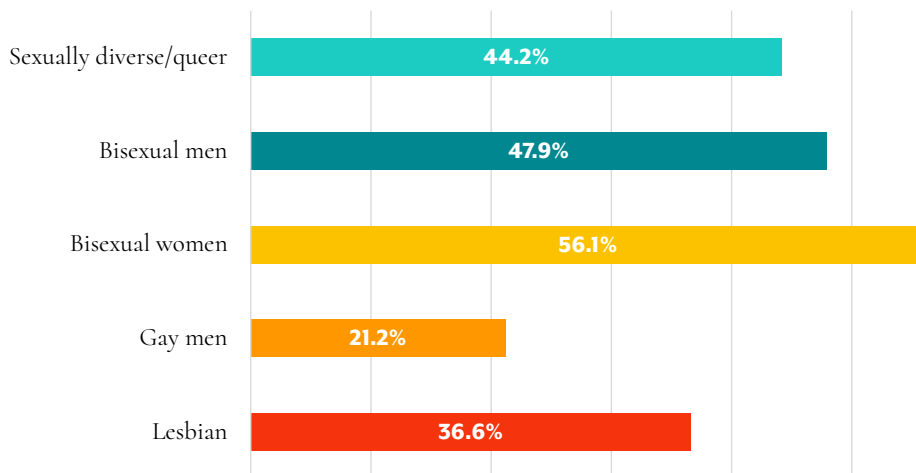
When asked about the largest number of drinks participants had consumed on any one occasion in the past 30 days, 38.9% reported no drinks, while 42.4% reported 1 to 3 drinks, 17.5% reported 4 to 7 drinks, and 1.2% reported 8 drinks or more. Bisexual men were most likely to report heavy drinking (4 or more drinks on any one occasion) (23.6%) followed by gay men (21.8%), bisexual women (20.2%), lesbians (17.4%), and sexually diverse/queer adults (10.0%). Cisgender participants were more likely (22.5% vs. 5.6%) to report heavy drinking compared to transgender older adults.

Overall, 10.9% used substances other than those required for medical reasons during the past 12 months. The majority (83.9%) of participants reported that they did not currently use marijuana. Among those, participants did so for medical reasons (6.4%), non-medical reasons (5.9%), or both medical and non-medical reasons (3.8%).

**GENDER IDENTITY AND THOUGHTS OF SUICIDE/SELF-HARM OVER PAST 12 MONTHS AMONG LGBTQ+ OLDER ADULT PARTICIPANTS**



**SEXUAL IDENTITY AND THOUGHTS OF SUICIDE/SELF-HARM OVER PAST 12 MONTHS AMONG LGBTQ+ OLDER ADULT PARTICIPANTS**



Of those who use illicit substances, they reported overusing substances on average 3 times in the last 12 months.

Sexually diverse/queer participants were most likely (17.7%) to report illicit substance use followed by lesbians (11.0%), gay men (9.5%), bisexual women (8.5%), and bisexual men (4.1%). Transgender participants were more likely (25.8%) to report illicit substance use compared to 6.1% of cisgender participants.



**Key Differences of LGBTQ+ Subgroups** (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).  
 (See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

*Frequent poor physical health past 30 days (7.2%):*

- American Indian/Alaskan Native (33.3%)
- Asian/Pacific Islander (19.1%)
- Black/African American (2.8%)
- Hispanic/Latinx/o/a/e (4.3%)
- White (7.9%)
- Multiracial/other (37.5%)

- With HIV/AIDS (1.7%)
- Without HIV/AIDS (16.1%)

*Frequent mental distress past 30 days (7.7%):*

- American Indian/Alaskan Native (37.0%)
- Asian/Pacific Islander (23.3%)
- Black/African American (2.3%)
- Hispanic/Latinx/o/a/e (2.9%)
- White (10.2%)
- Multiracial/other (20.0%)

- Age 50-59 years (10.5%)
- Age 60-69 years (4.9%)
- 70 years or older (10.5%)

- With HIV/AIDS (2.2%)
- Without HIV/AIDS (16.9%)

**Participants living in poverty  
 WERE FOUR TIMES MORE LIKELY  
 to have HIV/AIDS**

*Reported disability (51.7%):*

---

American Indian/Alaskan Native (78.6%)  
Asian/Pacific Islander (57.4%)  
Black/African American (52.0%)  
Hispanic/Latinx/o/a/e (51.1%)  
White (55.4%)  
Multiracial/other (74.1%)

---

San Jose - East (46.7%)  
San Jose - North, South, West, Central (48.1%)  
North County (48.2%)  
Sunnyvale/Santa Clara (53.5%)  
Other regions (43.4% to 40.9%)

*Living with HIV/AIDS (43.2%):*

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American Indian/Alaskan Native (32.4%)  
Asian/Pacific Islander (11.1%)  
Black/African American (59.4%)  
Hispanic/Latinx/o/a/e (56.9%)  
White (32.5%)  
Multiracial/other (7.7%)

---

Age 50-59 years (41.5%)  
Age 60-69 years (52.0%)  
70 years or older (20.4%)

---

Living in poverty (59.7%)  
Not living in poverty (14.1%)

---

High school education or less (84.6%)  
Some college education or more (23.5%)

---

*Exercised past 30 days (63.0%):*

---

American Indian/Alaskan Native (15.8%)  
Asian/Pacific Islander (23.3%)  
Black/African American (48.7%)  
Hispanic/Latinx/o/a/e (45.2%)  
White (29.1%)  
Multiracial/other (16.4%)

---

Living in poverty (56.5%)  
Not living in poverty (74.4%)

---

High school education or less (57.2%)  
Some college education or more (65.8%)

---

With HIV/AIDS (51.8%)  
Without HIV/AIDS (69.5%)

---

San Jose - East (64.9%)  
San Jose - North, South, West, Central (69.7%)  
South County (71.3%)  
North County (71.4%)  
West County (65.4%)  
Sunnyvale/Santa Clara (79.5%)  
Milpitas (53.6%)

---

*Thoughts of suicide/self-harm past 12 months (38.1%):*

---

American Indian/Alaskan Native (46.3%)  
Asian/Pacific Islander (27.1%)  
Black/African American (46.9%)  
Hispanic/Latinx/o/a/e (46.7%)  
White (32.6%)  
Multiracial/other (32.7%)

---

Age 50-59 years (43.3%)  
Age 60-69 years (35.8%)  
70 years or older (31.2%)

---

Living in poverty (54.1%)  
Not living in poverty (22.0%)

---

High school education or less (69.8%)  
Some college education or more (32.7%)

---

**MORE THAN ONE-THIRD** *had seriously thought about suicide or self-harm in the past 12 months*

*“I would like to get back to pre-COVID marijuana use. It increased greatly during peak year and I have found it difficult to slow back down.”*

***Experienced confusion or memory loss (25.8%):***

American Indian/Alaskan Native (54.8%)  
 Asian/Pacific Islander (37.7%)  
 Black/African American (22.3%)  
 Hispanic/Latinx/o/a/e (23.8%)  
 White (25.6%)  
 Multiracial/other (45.5%)

Age 50-59 years (27.8)  
 Age 60-69 years (22.4%)  
 70 years or older (30.2%)

High school education or less (15.9%)  
 Some college education or more (30.3%)

With HIV/AIDS (4.1%)  
 Without HIV/AIDS (39.5%)

***Basic needs met less than 5-7 days, past week (54.9%):***

American Indian/Alaskan Native (59.0%)  
 Asian/Pacific Islander (47.6%)  
 Black/African American (49.5%)  
 Hispanic/Latinx/o/a/e (49.9%)  
 White (40.2%)  
 Multiracial/other (36.4%)

Age 50-59 years (50.9%)  
 Age 60-69 years (42.7%)  
 70 years or older (31.4%)

Living in poverty (54.1%)  
 Not living in poverty (28.5%)

High school education or less (55.4%)  
 Some college education or more (37.8%)

San Jose – East (21.8%)  
 San Jose – North, South, West, Central (22.7%)  
 South County (28.5%)  
 North County (25.7%)  
 West County (29.5%)  
 Sunnyvale/Santa Clara (45.9%)  
 Milpitas (39.3%)

***Reported heavy drinking (18.7%):***

American Indian/Alaskan Native (15.0%)  
 Asian/Pacific Islander (7.5%)  
 Black/African American (21.8%)  
 Hispanic/Latinx/o/a/e (20.1%)  
 White (17.8%)  
 Multiracial/other (21.8%)

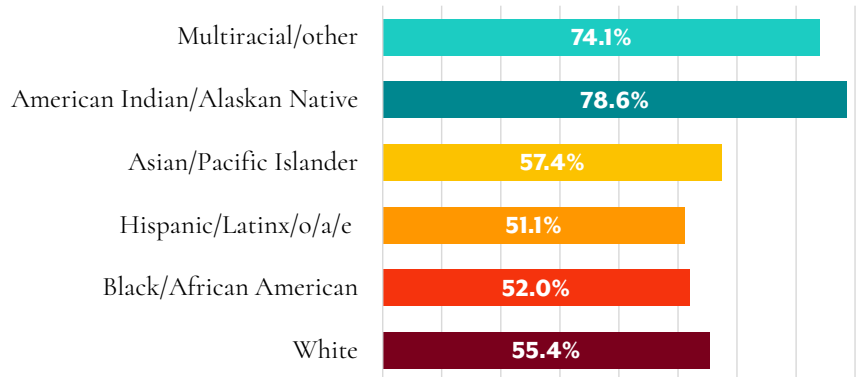
Age 50-59 years (19.7%)  
 Age 60-69 years (18.3%)  
 70 years or older (6.6%)

Living in poverty (20.5%)  
 Not living in poverty (13.0)

High school education or less (27.6%)  
 Some college education or more (12.9%)

With HIV/AIDS (32.2%)  
 Without HIV/AIDS (7.1%)

**LGBTQ+ OLDER ADULT PARTICIPANTS LIVING WITH A DISABILITY BY RACE/ETHNICITY**



*“Finding good medical care has always been a struggle and going to SF is not really an option but there are no LGBT providers in the south bay.”*



# IMPACT OF COVID-19

## KEY FINDINGS

- One-fifth of LGBTQ+ older adults had COVID-19, with bisexual women, lesbians, those living in poverty, age 50-59, those with a high school education or less, and living with HIV/AIDS having the highest rates.
- One-quarter had not received the COVID-19 vaccine, with half of the sexually diverse/queer and transgender participants, one-third of Black/African American, and almost 30% of Hispanic/Latinx/o/a/e participants.

- One-fifth lost a job due to COVID-19.
- Since the COVID-19 pandemic began, many experienced less financial and housing stability, higher use of tobacco, alcohol, or other substance use, and feeling lonelier.
- One in six were treated with less respect since the pandemic began, with sexually diverse/queer participants twice as likely and transgender participants four times more likely.

The COVID-19 pandemic has had significant and far-reaching impacts on the health and well-being of Americans, particularly among those from marginalized communities. However, the impact of the COVID-19 pandemic on LGBTQ+ older adults is not well-understood to date.

### Personal experiences of COVID-19

One-fifth (21.2%) of LGBTQ+ older adults reported they had COVID-19. The majority (95.9%) of those had lingering physical and/or mental health effects. Bisexual women had a higher rate (25.7%), followed by lesbians (24.3%), bisexual men (20.5%), sexually diverse/queer adults (17.3%), and gay men (17.3%). Transgender participants were more likely than cisgender older adults (25.2% vs. 19.9%) to have had COVID-19.

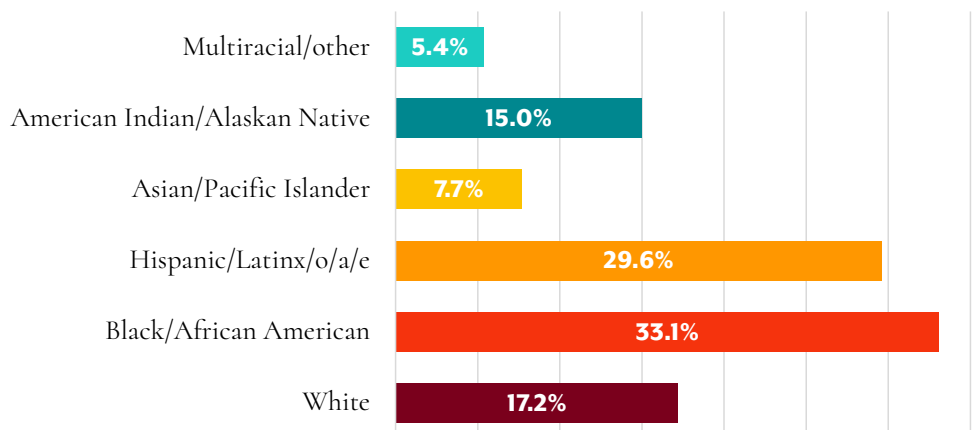
Almost one-fifth (19.7%) had worked as an essential worker since the coronavirus pandemic began, while one-fifth (20.0%) lost their job due to COVID-19. Bisexual women (25.4%) were the most likely to lose their job as a result of COVID-19 followed by sexually diverse/queer adults (25.0%),

bisexual men (24.3%), lesbians (16.8%), and gay men (12.9%). Transgender participants were more likely than cisgender participants to have lost their job as a result of COVID-19 (26.5% vs. 16.2%).

### COVID-19 and others

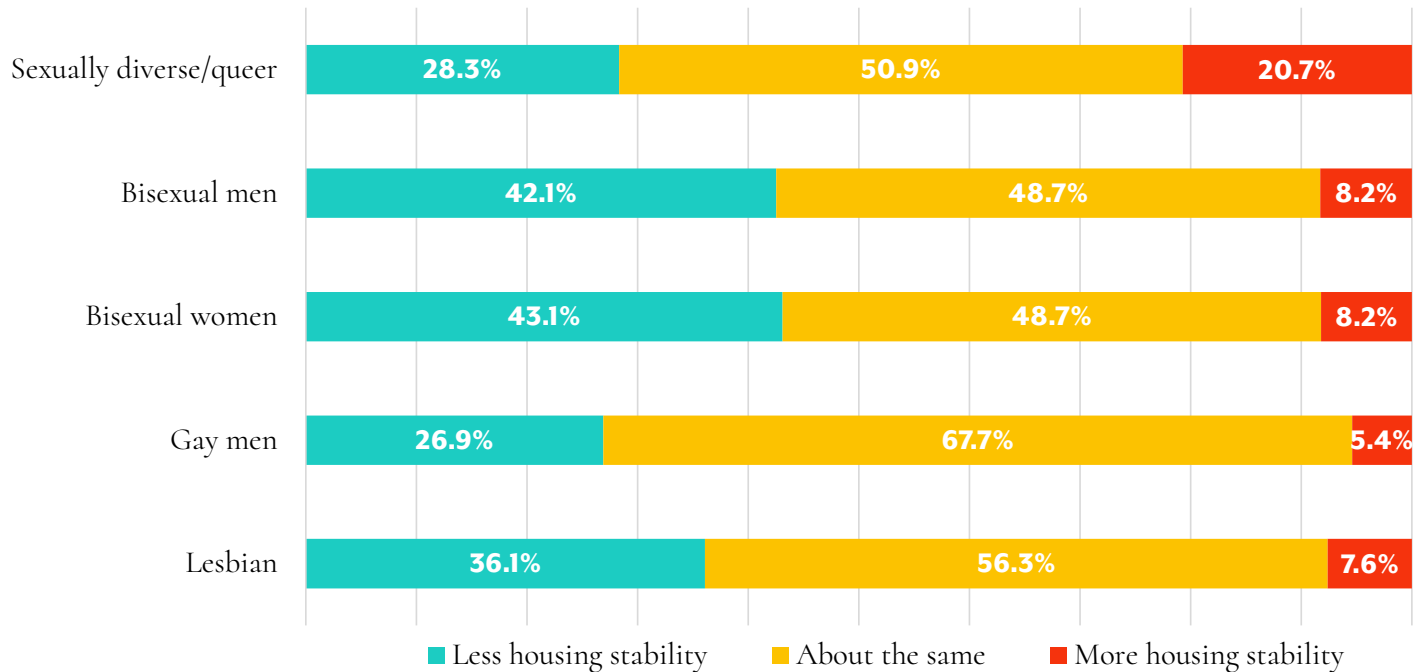
Almost two-thirds (64.1%) of LGBTQ+ older adult participants knew someone who had been diagnosed with COVID-19. Among those, almost one-third (31.3%) knew someone who died of COVID-19. Sexually diverse/queer participants were also the most likely sexual identity group to know someone who died of COVID-19 (47.8%)

### LGBTQ+ OLDER ADULT PARTICIPANTS NOT YET VACCINATED FOR COVID-19 BY RACE/ETHNICITY





## SEXUAL IDENTITY AND HOUSING STABILITY OF LGBTQ+ OLDER ADULT PARTICIPANTS SINCE PANDEMIC BEGAN



followed by bisexual women (29.8%), lesbians (29.7%), bisexual men (24.0%), and gay men (22.6%). Transgender participants were markedly more likely to know someone who died of COVID-19 (61.9% vs. 19.9%).

**ONE-QUARTER OF ALL PARTICIPANTS and HALF OF TRANSGENDER PARTICIPANTS did not receive the COVID-19 vaccine**

### COVID-19 vaccine

One-quarter of LGBTQ+ older adult participants (23.8%) had not received the COVID-19 vaccine. Almost half of the sexually diverse/queer participants (48.3%) followed by bisexual men (29.8%), bisexual women (23.5%), lesbians (16.8%), and gay men (12.5%). More than half (53.7%) of transgender participants had not received the COVID-19 vaccine compared to 14.9% of cisgender participants.

When asked about challenges regarding obtaining the COVID-19 vaccine, the five most common reasons included they could not find where to get a vaccine (15.1%), were unable to complete registration (12.7%), did not have a computer or smartphone to register for the vaccine (11.8%), did not have transportation (10.8%) and perceived they were not eligible (7.9%).

While transgender participants were more likely to know where to get a vaccine compared to cisgender participants (20.4% vs. 13.4%), they were also more likely to perceive they were not eligible (17.1% vs. 4.9%).

Based on open-ended responses, some LGBTQ+ older adult participants expressed why they did not receive the vaccine such as they were unable or unwilling to leave their home, they did not plan to get a vaccine, and they did not know what information to believe.

*“Interesting to think about my relationship to COVID-19. For me it has been a valuable time of introspection and personal growth, as I made powerful discoveries about myself.”*

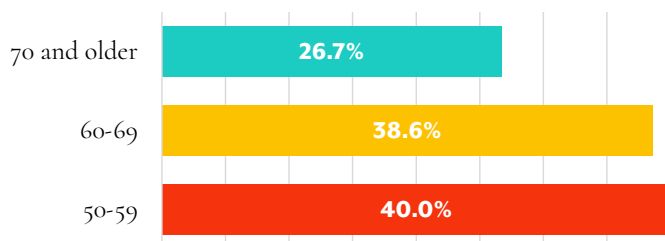


### Changes since COVID-19

One-third (32.2%) of the LGBTQ+ older adult participants needed more activities, programs, and services since the pandemic began. For example, almost one-third (32.4%) needed more healthcare services. Almost one-third (30.7%) reported more tobacco, alcohol, or other substance use.

More than one-third also had fewer financial resources (37.8%) and less housing stability (34.2%) since the pandemic began. Bisexual women were the most likely to experience less housing stability (43.1%) followed by bisexual men (42.1%), lesbians (36.1%), sexually diverse/queer adults (28.3%), and gay men (26.9%). Transgender participants were more likely to report improved housing stability (20.3% vs 6.7%) compared to cisgender participants.

**FEWER FINANCIAL RESOURCES SINCE PANDEMIC BEGAN OF LGBTQ+ OLDER ADULT PARTICIPANTS BY AGE**



More than one-third (38.6%) received less social support since the pandemic began, with about one-quarter (26.5%) having worse relationships inside the home and 1 in 4 (38.9%) experiencing more loneliness. Bisexual men were the most likely to report feeling lonelier (45.9%) followed by lesbians (40.2%), bisexual women (39.8%), gay men (38.2%), and sexually diverse/queer participants (32.8%). Transgender participants were less likely to report increased feelings of loneliness (28.7% vs. 42.0%).

**ABOUT ONE-THIRD** of participants with HIV/AIDS had COVID-19 compared to one in ten among HIV negative participants

Approximately one in six (16.4%) were treated with less respect since the pandemic began. Sexually diverse/queer participants (30.3%) were most likely to be treated with less respect followed by bisexual women (15.9%), lesbians (15.1%), bisexual men (14.6%), and gay men (8.2%). Transgender participants were markedly more likely to be treated with less respect than cisgender participants since the pandemic began (39.7% vs. 8.9%).

**Key Differences of LGBTQ+ Subgroups** (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).  
 (See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

***Not vaccinated (23.8%):***

---

American Indian/Alaskan Native (15.0%)

Asian/Pacific Islander (7.7%)

Black/African American (33.1%)

Hispanic/Latinx/o/a/e (29.6%)

White (17.2%)

Multiracial/other (5.4%)

---

Age 50-59 years (23.2%)

Age 60-69 years (21.4%)

70 years or older (34.2%)

---

High school education or less (3.7%)

Some college education or more (33.5%)

---

With HIV/AIDS (0.4%)

Without HIV/AIDS (42.8%)

---

San Jose - East (37.5%)

San Jose - North, South, West, Central (38.5%)

South County (41.1%)

North County (39.0%)

West County (43.4%)

Sunnyvale/Santa Clara (30.3%)

Milpitas (51.8%)

---

***Fewer financial resources since pandemic (37.8%):***

---

American Indian/Alaskan Native (55.0%)

Asian/Pacific Islander (26.9%)

Black/African American (41.1%)

Hispanic/Latinx/o/a/e (42.1%)

White (34.1%)

Multiracial/other (34.6%)

---

Age 50-59 years (40.0%)

Age 60-69 years (38.6%)

70 years or older (26.7%)

---

Living in poverty (44.6%)

Not living in poverty (24.9%)

---

High school education or less (50.9%)

Some college education or more (30.9%)

---

With HIV/AIDS (45.8%)

Without HIV/AIDS (30.4%)

---

***Less housing stability since pandemic (34.2%):***

---

American Indian/Alaskan Native (38.9%)

Asian/Pacific Islander (12.6%)

Black/African American (42.9%)

Hispanic/Latinx/o/a/e (40.6%)

White (28.5%)

Multiracial/other (21.4%)

---

Age 50-59 years (37.0%)

Age 60-69 years (34.3%)

70 years or older (24.4%)

---

Living in poverty (43.7%)

Not living in poverty (16.7%)

---

High school education or less (50.1%)

Some college education or more (26.3%)

---

**MORE THAN ONE-QUARTER** of Asian/  
*Pacific Islanders felt they were treated with  
 less respect since the pandemic began*

*Treated with less respect since pandemic (16.4%):*

American Indian/Alaskan Native (28.6%)  
 Asian/Pacific Islander (27.8%)  
 Black/African American (14.5%)  
 Hispanic/Latinx/o/a/e (15.9%)  
 White (15.0%)  
 Multiracial/other (28.6%)

Age 50-59 years (18.5%)  
 Age 60-69 years (13.6%)  
 70 years or older (18.0%)

Living in poverty (16.6%)  
 Not living in poverty (14.0%)

High school education or less (15.4%)  
 Some college education or more (16.1%)

With HIV/AIDS (2.2%)  
 Without HIV/AIDS (23.0%)

*More tobacco, alcohol, substance use since pandemic (30.7%):*

American Indian/Alaskan Native (5.1%)  
 Asian/Pacific Islander (4.0%)  
 Black/African American (41.6%)  
 Hispanic/Latinx/o/a/e (35.8%)  
 White (24.8%)  
 Multiracial/other (19.2%)

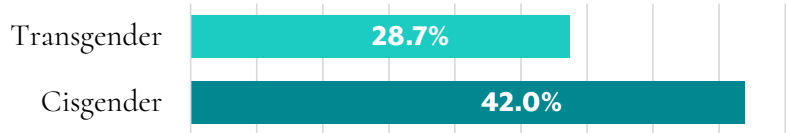
Age 50-59 years (31.4%)  
 Age 60-69 years (32.9%)  
 70 years or older (20.3%)

Living in poverty (35.0%)  
 Not living in poverty (22.2%)

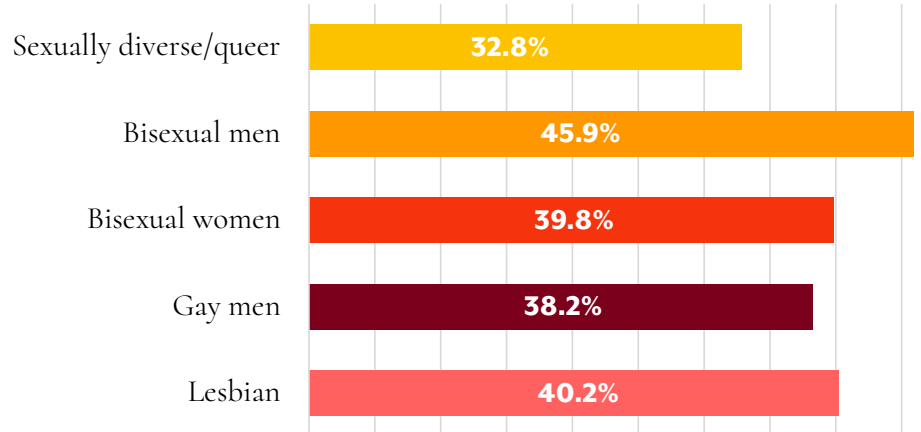
High school education or less (38.9%)  
 Some college education or more (26.0%)

With HIV/AIDS (45.6%)  
 Without HIV/AIDS (20.8%)

**GENDER IDENTITY & MORE LONELINESS IN LGBTQ+ OLDER ADULT PARTICIPANTS SINCE PANDEMIC**



**SEXUAL IDENTITY & MORE LONELINESS IN LGBTQ+ OLDER ADULT PARTICIPANTS SINCE PANDEMIC**



*Increased loneliness since pandemic (38.9%):*

American Indian/Alaskan Native (38.1%)  
 Asian/Pacific Islander (28.9%)  
 Black/African American (44.3%)  
 Hispanic/Latinx/o/a/e (40.6%)  
 White (36.7%)  
 Multiracial/other (28.6%)

Age 50-59 years (37.8%)  
 Age 60-69 years (41.9%)  
 70 years or older (33.1%)

Living in poverty (41.4%)  
 Not living in poverty (34.7%)

High school education or less (44.6%)  
 Some college education or more (36.2%)

With HIV/AIDS (48.1%)  
 Without HIV/AIDS (33.1%)

*“COVID has altered my ability to grieve the loss of my wife. It has been difficult.”*

# DISCRIMINATION AND VICTIMIZATION

## KEY FINDINGS

- Four out of ten LGBTQ+ older adult participants reported they had been treated unfairly, with less respect, or discriminated against within the last 24 months due to being perceived as LGBTQ+.
- The discrimination and bias most often occurred when accessing medical or health services, aging services, other social services, accessing LGBTQ+ specific services, and in public places.
- One in six participants reported experiencing elder abuse of some kind (e.g., verbal, physical, neglect).
- Less than one in ten participants who experienced elder abuse of some type reported it.
- Common perpetrators of abuse were spouse/partner (28.3%), ex-spouse/ex-partner (28.1%), child or step-child (20.6%), friend (16.7%), strangers (13.3%), and another legal or biological family member (11.8%).

Discrimination and victimization have been found to be associated with adverse physical and mental health among many communities experiencing health disparities, including LGBTQ+ older adults.

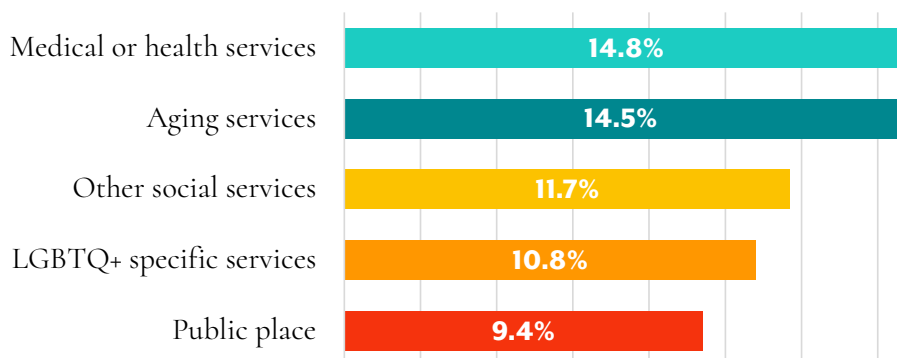
**94% OF PARTICIPANTS WHO EXPERIENCED ABUSE *did not report it***

### Discrimination and bias

Forty percent (40.9%) of LGBTQ+ older adult participants had been treated unfairly, with less respect, or discriminated against within the last 24 months due to being perceived as LGBTQ+. Among sexual identity groups, bisexual men (54.7%) were most likely to report bias experiences followed by bisexual women (43.3%), lesbians (42.2%), sexually diverse/queer (35.7%), and gay men (35.1%). Transgender older adults were more likely to experience discrimination and bias compared to cisgender participants (45.4% vs. 39.6%).

Among those who experienced discrimination and bias, they most often report such treatment when accessing medical or health services (14.8%), aging services (14.5%), other social services (11.7%), LGBTQ+ specific services (10.8%), and in public places (9.4%). Sexually diverse/queer participants were most likely to experience this occurring in public places (12.4%) followed by gay men (11.9%), lesbians (9.3%), bisexual men (6.9%), and bisexual women (3.6%). Transgender participants were also more likely to experience bias and discrimination in public places (14.7% vs. 7.6%) compared to cisgender participants. In addition, many LGBTQ+ older adult participants experienced

### TOP 5 SETTINGS FOR EXPERIENCING DISCRIMINATION DUE TO BEING PERCEIVED AS LGBTQ+ AMONG OLDER ADULT PARTICIPANTS







discrimination and bias based on their perceived age (19.6%), race or skin color (18.0%), gender (17.3%), ancestry or national origin (14.8%), and disability (6.9%).

*The most common reason for not reporting abuse* **WAS DISTRUSTING AUTHORITIES TO BE IMPARTIAL TO LGBTQ+ INDIVIDUALS**

**Elder abuse**

Approximately 1 in 6 (15.5%) experienced abuse of some kind. Types of abuse included controlling/harassing behavior (39.6%), physical (36.4%), verbal (33.4%), touched/grabbed/groped (20.1%), being left without basic needs met (16.5%), and being forced/ tricked to give someone resources (10.7%). Among those who experienced abuse,

the common perpetrators of abuse were spouse/partner (28.3%), ex-spouse/ex-partner (28.1%), child or step-child (20.6%), friend (16.7%), strangers (13.3%), and another legal or biological family member (11.8%). Sexually diverse/queer participants (30.8%) were most likely to experience abuse followed by lesbians (12.8%), gay men (12.3%), bisexual women (10.7%), and bisexual men (6.7%). Transgender participants were more likely (34.7%) compared to cisgender participants (9.5%).

Among those who experienced abuse, 94.7% did not report it. The most common reasons were distrusting the authorities to be impartial to LGBTQ+ individuals (25.3%), shame (18.1%), reporting required disclosure of sexual or gender identity (13.7%), not knowing how to report it (16.1%), immigration status (7.9%), and for other reasons (13.7%).

*“I was born in San Jose when Queer was a prosecuted offense. Hatred abounded in the ‘60s. Police were especially callous. Too bad that still holds true today. When I graduated high school being a ‘homosexual’ was a mental illness. I hate to say it but police still hold to old values. I am still vigilant as ever to watch for hateful people.”*

**Key Differences of LGBTQ+ Subgroups** (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).  
 (See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

**FOUR OUT OF TEN PARTICIPANTS**  
*have been treated unfairly, with less respect,  
 or discriminated against within the last 24  
 months due to being perceived as LGBTQ+*

*Treated unfairly/with less respect in past 24 months due to being perceived as LGBTQ+ (40.9%):*

- American Indian/Alaskan Native (31.4%)
- Asian/Pacific Islander (18.7%)
- Black/African American (55.8%)
- Hispanic/Latinx/o/a/e (49.3%)
- White (30.7%)
- Multiracial/other (24.6%)

- Living in poverty (46.6%)
- Not living in poverty (29.7%)

- With HIV/AIDS (46.5%)
- Without HIV/AIDS (38.0%)

*Experienced elder abuse (15.5%):*

- American Indian/Alaskan Native (56.1%)
- Asian/Pacific Islander (36.0%)
- Black/African American (4.9%)
- Hispanic/Latinx/o/a/e (9.2%)
- White (20.7%)
- Multiracial/other (44.6%)

- Age 50-59 (20.9%)
- Age 60-69 years (11.1%)
- 70 years or older (10.7%)

- High school education or less (20.6%)
- Some college education or more (12.8%)

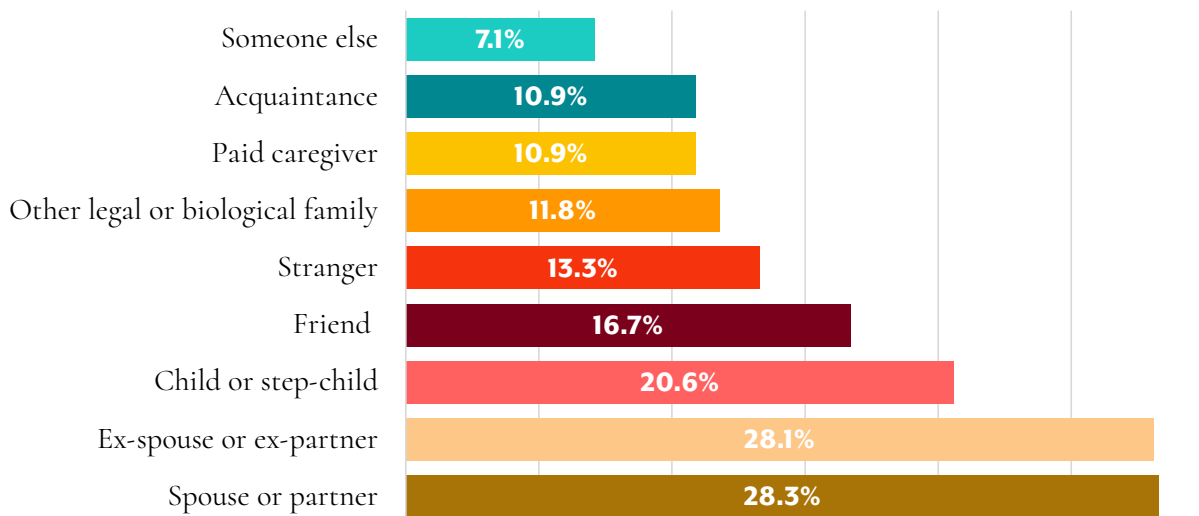
- With HIV/AIDS (4.5%)
- Without HIV/AIDS (18.8%)

- Sunnyvale/Santa Clara (31.3%)
- Other regions (7.7% to 10.5%)

*Reported elder abuse (5.3%):*

- High school education or less (8.3%)
- Some college education or more (2.0%)

**PERPETRATORS OF ABUSE TOWARD  
 LGBTQ+ OLDER ADULT PARTICIPANTS**





## HOUSING AND ECONOMIC INDICATORS

### KEY FINDINGS

- More than 80% of participants were interested in LGBTQ+ focused senior housing in Santa Clara County, with the highest rates among bisexual, transgender, Black/African American participants, and those living in poverty, lower level of education, and living with HIV/AIDS.
- Almost one-half of the participants are not confident they will be able to continue living in their current housing, with 1 in 10 due to being LGBTQ+.
- Bisexual women (81.6%) and men (81.5%) were the most likely to live in poverty.
- Close to one-quarter had difficulty paying bills.
- One in six sexually diverse/queer participants owned a home compared to more than half among all participants.

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The lack of stable and secure housing is not only a marker for general health and well-being but also impacts physical (e.g., cleanliness) and mental health (e.g., substance use, depression).

**MORE THAN 80% OF PARTICIPANTS**  
*were interested in LGBTQ+ focused senior housing in Santa Clara County*

### Interest in Santa Clara County LGBTQ+ focused senior housing

The majority (80.5%) of participants were interested in LGBTQ+ focused senior housing in Santa Clara County. Bisexual women (93.4%) and bisexual men (92.1%) were most interested in this housing followed by lesbians (82.6%), sexually diverse/queer adults (73.8%), and gay men (71.4%). Transgender participants were more likely (89.2% vs. 78.1%) than cisgender participants to be interested in LGBTQ+ focused senior housing in Santa Clara County.

*“We are aging out of Silicon Valley, which has always been a young person’s place. As we’ve aged, we have perceived a lack of respect from younger people in public places. Our home is worth approximately twice what we paid for it, but unless we downsized severely into a much lower quality (e.g., not as safe) area of Santa Clara County, we can’t afford to move anywhere locally. We need to move out of the area to be able to afford a home more suitable for our physical needs as we age. This makes us very sad, because we truly love living in Sunnyvale, but we can’t afford to move into a more suitable dwelling.”*





size followed by lesbians (3.3 people) and gay men (2.8 people). Transgender participants had a larger mean household size (4.0 vs. 3.2 people) compared to cisgender participants.

### Housing type and ownership

Most often, LGBTQ+ older adult participants lived in a house, apartment, condominium, or townhouse (52.3%) followed by senior housing/age-restricted community (27.1%), nursing home/other health care facility (7.5%), assisted living facility (7.3%),

residential hotel/SRO (5.6%), or were unhoused (0.3%). Gay men were most likely to live in a house, apartment, or condominium/townhome (66.3%) followed by lesbians (54.0%), bisexual women (50.1%), bisexual men (44.2%), and sexually diverse/queer participants (36.8%). Bisexual men were most likely to live in a senior housing/age-restricted community (35.4%) followed by bisexual women (31.7%), lesbians (28.8%), gay men (23.3%), and sexually diverse/queer participants (20.3%). Transgender participants were less likely to live in a house, apartment, or condo/townhome (29.5% vs. 59.3%), but more likely to live in an assisted living facility (19.0% vs. 3.6%) or age-restricted health facility (18.6% vs. 4.1%).

Over half (56.9%) owned a home (mortgage paid or paying off the mortgage), 25.0% rented, 7.3% lived rent-free with a relative or friend, and 5.6% lived in a nursing home/other health care facility. An additional 5.8% were in transitional housing, and 0.2% were unhoused or homeless. Gay men were the most likely to own a home (65.2%) followed by lesbians (61.4%), bisexual men (58.1%), bisexual women (56.3%), and sexually diverse/queer participants (16.8%). Transgender participants were less likely than cisgender participants (45.8% vs. 61.3%) to own a home.

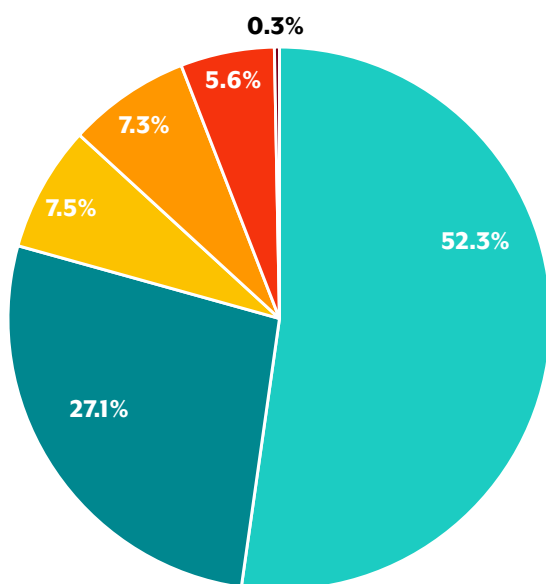
### Housing insecurity

Almost one-half (45.6%) were not confident they will be able to continue living in their current housing. Sexually diverse/queer participants were the least confident (32.7%) compared to other groups. Only one-quarter of transgender older adults felt confident compared to half of the cisgender participants (25.0% vs. 51.8%).

### Household size

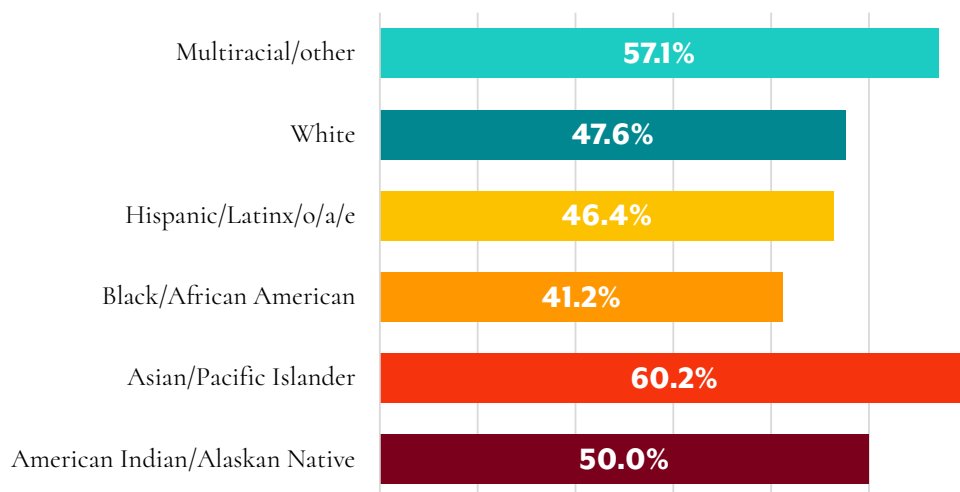
The mean household size among LGBTQ+ older adult participants was 3.3 individuals (standard deviation: 1.8 people). No notable differences in household size based on sexual or gender identity. Bisexual men (3.6 people), bisexual women (3.6 people), and sexually diverse/queer adults (3.6 people) had the largest mean household

### CURRENT TYPE OF HOUSING AMONG LGBTQ+ OLDER ADULT PARTICIPANTS



- House, apartment, or condominium/townhome
- Senior housing or age-restricted community
- Nursing home or other health care facility
- Assisted living facility
- Residential hotel/single room occupancy
- Unhoused, without stable housing

## LGBTQ+ OLDER ADULT PARTICIPANTS EXPERIENCING HOUSING INSECURITY BY RACE/ETHNICITY



Among participants who were not confident about the stability of their current housing, the top 5 reasons they might have to move were: economic (24.7%), health (19.8%), different needs related to aging, such as safety (16.2%), lack of stability in my housing situation (14.2%), and an unsafe environment as a result of being LGBTQ+ (12.0%).

### Economic indicators

Two-thirds (66.5%) lived in poverty (one-person household with an annual household income of \$25,520 or less; a two-

person household with an annual income of \$34,480 or less; \$8,960 is added for each additional person/household<sup>10</sup>). About one-quarter earned less than \$25,000 per year (26.8%); 21.5% earned \$25,000-\$35,999; 23.0% earned \$35,000-\$49,999; 11.8% earned \$50,000-\$74,999; 3.8% earned \$75,000-\$99,999; and 13.1% earned \$100,000 or more.

Almost 1 in 20 (5.0%) of participants had difficulty paying bills. Twenty percent (20.3%) had enough money to pay bills but only by cutting back, 32.7% had enough to pay bills with little spare money, and 42.0% report

that after paying bills they had some money for non-essential items.

Sexually diverse/queer participants were most likely to report difficulty paying bills (8.1%) followed by lesbians (6.8%), bisexual women (4.0%), gay men (2.4%), and bisexual men (1.1%). Transgender participants were more likely (13.1% vs. 2.3%) compared to cisgender participants.

## Key Differences of LGBTQ+ Subgroups (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).

(See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

### Interested in LGBTQ+ focused housing in Santa Clara County (80.5%):

- American Indian/Alaskan Native (68.4%)
- Asian/Pacific Islander (43.8%)
- Black/African American (96.1%)
- Hispanic/Latinx/o/a/e (92.5%)
- White (70.4%)
- Multiracial/other (38.6%)

- Age 50-59 years (82.3%)
- Age 60-69 years (82.6%)
- 70 years or older (67.3%)

- Living in poverty (92.9%)
- Not living in poverty (57.6%)

- High school education or less (98.9%)
- Some college education or more (73.4%)

- With HIV/AIDS (96.7%)
- Without HIV/AIDS (69.4%)

**ONLY ONE-QUARTER** of transgender participants felt confident they will be able to continue living in their current housing compared to half of the cisgender participants



*Difficulty paying bills (5.0%):*

---

American Indian/Alaskan Native (33.3%)  
Asian/Pacific Islander (10.7%)  
Black/African American (2.2%)  
Hispanic/Latinx/o/a/e (4.0%)  
White (5.3%)  
Multiracial/other (14.0%)

---

Age 50-59 years (6.0%)  
Age 60-69 years (4.9%)  
70 years or older (1.9%)

---

Living in poverty (6.3%)  
Not living in poverty (1.9%)

---

High school education or less (9.6%)  
Some college education or more (2.4%)

---

San Jose - East (5.6%)  
San Jose - North, South, West, Central (4.1%)  
South County (5.0%)  
North County (3.9%)  
West County (1.6%)  
Sunnyvale/Santa Clara (8.3%)  
Milpitas (0.0%)

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*Renters (25.0%):*

---

American Indian/Alaskan Native (52.4%)  
Asian/Pacific Islander (23.2%)  
Black/African American (25.9%)  
Hispanic/Latinx/o/a/e (25.8%)  
White (24.5%)  
Multiracial/other (25.9%)

---

Age 50-59 years (26.2%)  
Age 60-69 years (26.5%)  
70 years or older (18.7%)

---

Living in poverty (28.5%)  
Not living in poverty (20.1%)

---

High school education or less (32.4%)  
Some college education or more (22.0%)

---

With HIV/AIDS (32.8%)  
Without HIV/AIDS (20.1%)

---

*Housing insecurity (45.6%):*

---

American Indian/Alaskan Native (50.0%)  
Asian/Pacific Islander (60.2%)  
Black/African American (41.2%)  
Hispanic/Latinx/o/a/e (46.4%)  
White (47.6%)  
Multiracial/other (57.1%)

---

Age 50-59 years (48.8%)  
Age 60-69 years (46.3%)  
70 years or older (31.8%)

---

Living in poverty (50.1%)  
Not living in poverty (40.1%)

---

High school education or less (67.4%)  
Some college education or more (35.8%)

---

With HIV/AIDS (65.8%)  
Without HIV/AIDS (29.5%)

---

San Jose - East (25.0%)  
San Jose - North, South, West, Central (29.1%)  
South County (30.3%)  
North County (24.1%)  
West County (20.4%)  
Sunnyvale/Santa Clara (39.8%)  
Milpitas (16.1%)

*“Housing for seniors in the LGBTQ+ community is becoming more difficult since most landlords are actively practicing age discrimination and there is absolutely NO help from cities or counties to enforce the current tenant laws. We’re just a rent increase or eviction away from being homeless.”*

# SOCIAL SUPPORT, RESILIENCE, AND RESOURCES

## KEY FINDINGS

- Almost three-quarters felt satisfied with their lives.
- More than half received the social and emotional support they need.
- Almost two-thirds lacked companionship, felt left out, and felt isolated.
- Almost one-fifth live alone, with gay men having the highest rates.
- More than 80% were comfortable using the internet.

Despite adversity, LGBTQ+ older adults have connected, built relationships, and developed their communities. Social support, resilience, and access to resources for social engagement are all important predictors of mental and physical health. Social support, in particular, has been shown to be protective of a variety of life stressors and trauma.

social and emotional support they need. The majority of participants have 1 or 2 sources of support (77.8%) followed by no current support (11.3%), and three or more sources of support (10.9%). Lesbians were the most likely (66.2%) followed by bisexual women (60.5%), bisexual men (55.7%), gay men (49.3%), and sexually diverse/queer participants (46.2%). Transgender participants were less likely than cisgender participants to have the social and emotional support they need (48.7% vs. 60.4%), and more likely to report having no current sources of support (15.7% vs. 9.7%). Among the LGBTQ+ older adult participants, 42.4% were very out to their chosen family and 38.5% to biological or legal family.

**THREE-QUARTERS OF LGBTQ+ OLDER ADULT PARTICIPANTS**  
*felt satisfied with their lives*

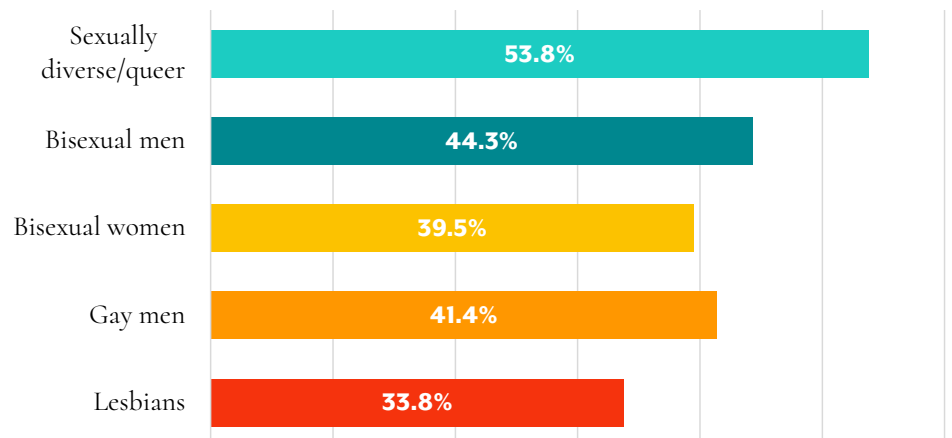
### Life satisfaction

Almost three-quarters (73.1%) felt satisfied with their lives. Gay men were most likely to report feeling satisfied with their lives (79.8%) followed by lesbians (75.5%), bisexual women (70.1%), bisexual men (68.8%), and sexually diverse/queer adults (67.3%). Transgender participants were less likely to feel satisfied with their life than cisgender participants (62.4% vs. 76.5%).

### Social support and network

More than half (57.7%) of participants reported receiving the

## SEXUAL IDENTITY OF LGBTQ+ OLDER ADULT PARTICIPANTS NOT RECEIVING SOCIAL OR EMOTIONAL SUPPORT NEEDED





### Social isolation

Almost two-thirds lacked companionship (63.3%), felt left out (61.6%), or felt isolated (64.3%). Bisexual men were most likely to lack companionship, feel left out, and feel isolated. Transgender participants were less likely to lack companionship (46.4% vs 33.7%) or feel left out (58.2% vs. 62.7%) compared to cisgender participants.

### Relationship status and living arrangement

Three-quarters (76.4%) of participants are in a legally recognized marriage, 6.5% in a partnership (non-married), and 2.7% in a registered domestic partnership. Only 10.5% were single (2.2% divorced or separated, and 1.1% widowed). Among those in a relationship, the mean length of the relationship was 23.1 years (standard deviation: 10.2 years). Bisexual men were the most likely group to be married/partnered (90.8%) followed by bisexual women (90.3%), lesbians (83.2%), gay men

(65.6%), and sexually diverse/ queer participants (62.6%). Transgender participants were less likely to be single than cisgender participants (5.9% vs. 11.9%).

**MORE THAN HALF** *received the social and emotional support they needed while 11% have no sources of support*

The most common living arrangement was with a spouse or partner (34.7%) followed by another legal or biological family member (23.1%), with friends (21.9%), living alone (17.1%), with intergenerational family or friends (7.0%), and with others (1.5%). Gay men were the most likely to live alone (22.1%) followed by sexually diverse/queer adults (21.5%), lesbians (17.1%), bisexual women (11.5%), and bisexual men (9.0%).

*“I am fortunate and blessed to have remained employed during COVID and to still retire as I planned. I have health insurance and a home. I am active in my church, have some wonderful friends and family. I’m very grateful.”*

## Caregiving and care receiving

During the past 24 months, 26.1% received unpaid care or assistance and 51.0% provided unpaid care or assistance. There were no notable differences regarding sexual or gender identity. Sexually diverse/queer participants were most likely to provide unpaid caregiving (45.6%) compared to 18% to 23% among other sexual identity groups. Bisexual women (54.0%) and bisexual men (53.2%) were most likely to receive unpaid care followed by sexually diverse/queer adults (52.6%), lesbians (51.8%), and gay men (44.8%). Transgender participants were much more likely than cisgender participants to provide unpaid caregiving (61.9% vs. 47.6%) and receive unpaid assistance (59.9% vs. 15.6%).

**PARTICIPANTS AGE 50-59** were most likely to receive unpaid care or assistance

## Resilience

Many LGBTQ+ older adult participants have a strong perception of their resilience, including overcoming difficult times with little trouble (59.5%), bouncing back quickly after hard times (49.9%), and snapping back when something bad happens (40.0%). When asked about “bouncing back after hard times,” gay men were most likely to agree (58.3%) followed by sexually diverse/queer participants (51.7%), lesbians (49.1%), bisexual men (43.9%), and bisexual women (40.2%).

When asked whether you “usually come through difficult times with little trouble”, bisexual men were notably more likely to agree (56.4%) compared to comparable percentages among other groups (range from 35% to 42%). Transgender participants were more likely to agree to this statement compared to cisgender participants (45.4% vs. 37.0%).

## Social engagement

Overall, the LGBTQ+ older adult participants had relatively high levels of social engagement. For example, over half most often used email or sent texts (54.7%) followed by talking on the phone (45.2%). Close to one-quarter (23.7%) volunteered, attended religious services or spiritual activities (23.6%), and/or attended club meetings or group activities (21.8%) most days or every day.

Across these engagement indicators, bisexual women were most likely to have the highest scores in the top 25% (31.1%) followed by sexually diverse/queer participants (29.8%), bisexual men (29.7%), gay men (25.6%), and lesbians (23.2%). No differences were observed based on gender identity.

The growing use of the internet has enabled many to keep socially engaged. The vast majority of participants reported they were comfortable using the internet (82.8%). Gay men (88.7%) and lesbians (88.4%) felt most comfortable followed by bisexual men (87.5%), bisexual women (84.9%), and sexually diverse/queer adults (70.2%). Transgender participants were less likely (69.5% vs. 88.4%) to report they were comfortable using the internet.

## Key Differences of LGBTQ+ Subgroups (Race/Ethnicity, Age, Poverty, Education, HIV/AIDS, and Regions).

(See Regions in *Background Characteristics* on page 13 for a detailed overview of what locations are included in each region).

The percentages below indicate the proportion within that specific subgroup who answered affirmatively to the question. Only significant differences from the overall sample are reported.

### Life satisfaction (73.1%):

American Indian/Alaskan Native (65.0%)  
Asian/Pacific Islander (80.6%)  
Black/African American (69.0%)  
Hispanic/Latinx/o/a/e (69.9%)  
White (77.3%)  
Multiracial/other (73.2%)

Age 50-59 years (73.6%)  
Age 60-69 years (71.2%)  
70 years or older (77.8%)

Living in poverty (68.0%)  
Not living in poverty (83.3%)

High school education or less (69.8%)  
Some college education or more (75.5%)



*Have social and emotional support needed (57.7%):*

---

American Indian/Alaskan Native (57.9%)  
Asian/Pacific Islander (52.9%)  
Black/African American (45.8%)  
Hispanic/Latinx/o/a/e (41.8%)  
White (38.8%)  
Multiracial/other (54.4%)

---

Age 50-59 years (56.3%)  
Age 60-69 years (61.5%)  
70 years or older (50.1%)

---

High school education or less (67.7%)  
Some college education or more (52.8%)

---

With HIV/AIDS (66.6%)  
Without HIV/AIDS (50.5%)

---

*Live alone (17.1%):*

---

American Indian/Alaskan Native (31.0%)  
Asian/Pacific Islander (25.9%)  
Black/African American (11.2%)  
Hispanic/Latinx/o/a/e (11.2%)  
White (22.5%)  
Multiracial/other (24.1%)

---

Age 50-59 years (15.5%)  
Age 60-69 years (14.6%)  
70 years or older (31.8%)

---

Living in poverty (12.7%)  
Not living in poverty (25.4%)

---

High school education or less (8.7%)  
Some college education or more (21.3%)

---

With HIV/AIDS (3.0%)  
Without HIV/AIDS (27.6%)

---

*Felt left out (61.6%):*

---

Age 50-59 years (64.9%)  
Age 60-69 years (60.7%)  
70 years or older (52.4%)

---

Living in poverty (65.5%)  
Not living in poverty (55.6%)

---

High school education or less (68.5%)  
Some college education or more (58.4%)

---

With HIV/AIDS (70.9%)  
Without HIV/AIDS (55.6%)

---

San Jose - East (54.4%)  
San Jose - North, South, West, Central (50.6%)  
South County (50.0%)  
North County (65.4%)  
West County (46.2%)  
Sunnyvale/Santa Clara (55.9%)  
Milpitas (71.4%)

---

**ONE-THIRD** of Asian/Pacific Islander participants were not comfortable using the internet

*Receive unpaid care or assistance (26.1%):*

---

American Indian/Alaskan Native (50%)  
Asian/Pacific Islander (29.4%)  
Black/African American (20.6%)  
Hispanic/Latinx/o/a/e (25.0%)  
White (26.9%)  
Multiracial/other (36.4%)

---

Age 50-59 years (29.6%)  
Age 60-69 years (21.8%)  
70 years or older (27.3%)

---

*“Loneliness and isolation form the basis of my greatest needs. I have no one to talk to, go to a meal with, see a movie with, or take a walk with. I have not spoken to a person other than a drug store clerk for two years. I receive no mail other than bills and spam.”*



High school education or less (18.2%)  
Some college education or more (29.1%)

---

With HIV/AIDS (96.8%)  
Without HIV/AIDS (61.0%)

---

***Provide unpaid care or assistance (51.0%):***

---

American Indian/Alaskan Native (68.4%)  
Asian/Pacific Islander (53.9%)  
Black/African American (48.7%)  
Hispanic/Latinx/o/a/e (50.6%)  
White (51.8%)  
Multiracial/other (51.8%)

---

Age 50-59 years (54.2%)  
Age 60-69 years (50.3%)  
70 years or older (41.8%)

---

Living in poverty (45.6%)  
Not living in poverty (55.8%)

---

High school education or less (53.2%)  
Some college education or more (41.0%)

---

***Socially engaged (27.1%):***

---

American Indian/Alaskan Native (24.4%)  
Asian/Pacific Islander (16.7%)  
Black/African American (29.4%)  
Hispanic/Latinx/o/a/e (28.7%)  
White (25.2%)  
Multiracial/other (21.8%)

---

Age 50-59 years (27.9%)  
Age 60-69 years (26.3%)  
70 years or older (27.2%)

---

Living in poverty (26.7%)  
Not living in poverty (27.0%)

---

***Comfortable using internet (82.8%):***

---

American Indian/Alaskan Native (71.4%)  
Asian/Pacific Islander (63.0%)  
Black/African American (94.1%)  
Hispanic/Latinx/o/a/e (94.0%)  
White (86.9%)  
Multiracial/other (70.7%)

---

Age 50-59 years (80.8%)  
Age 60-69 years (85.6%)  
70 years or older (80.8%)

---

Living in poverty (88.8%)  
Not living in poverty (91.5%)

---

High school education or less (85.3%)  
Some college education or more (91.2%)

---

With HIV/AIDS (96.0%)  
Without HIV/AIDS (84.8%)

---

San Jose - East (86.7%)  
San Jose - North, South, West, Central (89.1%)  
South County (85.7%)  
North County (83.5%)  
West County (86.6%)  
Sunnyvale/Santa Clara (79.4%)  
Milpitas (87.1%)

---

**ONE-QUARTER OF PARTICIPANTS**  
*received unpaid care or assistance*  
**while HALF OF PARTICIPANTS**  
*provided unpaid care or assistance*

*“Prior to the pandemic, I was enrolled in a local fitness class. I live in Morgan Hill, and did not feel comfortable being out to that group, which was on the conservative side. If I were younger, I might have come out, but I felt uncomfortable about being gay, older, and single.”*



## ACTION PLAN AND RECOMMENDATIONS

This 2021 survey was a landmark effort and foundational for the LGBTQ+ Older Adults in Santa Clara County Project to gather direct input from the community about their experiences, strengths, and barriers. However, it is one step in an ongoing process. Operationalizing the data and responding to the findings through action within existing and future programming and policy is pivotal to developing the most responsive and supportive resources for LGBTQ+ older adults in Santa Clara County to thrive. The recommendations below are presented to help inform this work moving forward.

### **Priority I:**

As a first step to address the challenges and service and policy needs revealed in this report, it will be imperative that an Action Taskforce be formed for follow-up. Suggested representation within the Action Taskforce includes Santa Clara County government, aging-related community-based organizations and service providers (including Sourcewise, the designated Area Agency on Aging), LGBTQ+ organizations and advocacy groups, older adult community members, and other key stakeholders.

### **Priority II:**

As a second step it is critical that the Action Taskforce develop a workplan that establishes actionable priorities that are both implementable and measurable. Similar to the format of the California Governor's Master Plan on Aging, it will be important that the workplan sets specific goals and targets, with each goal having a strategy, and each strategy linked to initiatives.

Additional recommendations are outlined from each report section for the Action Taskforce to consider, with the main priority identified and additional priority areas to consider as it moves work forward to address the identified needs of LGBTQ+ older adults in Santa Clara County.

### **Supporting health and well-being**

#### *Priority:*

- Expand culturally relevant training programs for front-line aging, health care, and housing providers to increase knowledge and skills using evidence-based best practices to provide culturally inclusive care to address the needs of LGBTQ+ older adults across communities and regions.

#### *Additional recommendations:*

- Ensure the availability of LGBTQ+ tailored health and wellness resources and materials across Santa Clara County, including addressing the distinct needs of LGBTQ+ subgroups such as specific age groups (50-59, 60-69, 70 and older); transgender and sexual and gender diverse people; BIPOC communities; and those living in poverty.
- Train aging, health and wellness case managers to support LGBTQ+ older adults by attending medical and social service appointments with them and to model for providers the use of inclusive communication skills for discussing sexual orientation, gender identities and expressions, and pronouns, including theirs. It will be imperative the case manager training includes how to assist LGBTQ+ older adults in disclosing their identities to providers.
- Expand suicide prevention programs addressing both common risk factors, e.g., depression, as well as distinct LGBTQ+ risk factors, e.g., sexual and gender-based discrimination and abuse. Work to educate providers, community leaders, and the public about suicide risk and prevention strategies tailored for the LGBTQ+ community, addressing groups at elevated risk.
- Ensure LGBTQ+ older adults have access to nutritious, no-cost food and are included in meal/grocery program targets, and that food pantries are located in safe environments, including within LGBTQ+ organizations and communities.

## COVID-19

### *Priority:*

- Prioritize COVID-19 prevention and aid for LGBTQ+ older adults, including vaccine awareness, outreach, and support. Such efforts need to expand access to Black/African American and Hispanic/Latinx/o/a/e communities, and those with a high school education or less. Vaccine support must include knowing where to get vaccines, how to register, and how to access transportation when needed.

### *Additional recommendation:*

- Advocate for digital inclusion for all older adults by working with the Digital Inclusion Workgroup to offer resources, and pledge connection, devices, and training for LGBTQ+ older adults.

## Enhancing access to aging and health services

### *Priority:*

- Dedicate ongoing funding to provide tailored social activities, services, and programs for LGBTQ+ older adults, which were identified as the primary needs in the community. Considerations include continuing the LGBTQ+ Seniors Initiative Pilot Program, and examining if it would be advantageous to model it aligned with national trends of funding an LGBTQ+ focused senior center that also collaborates with other local senior centers on programming and services to reduce social isolation and promote engagement and wellness.

### *Additional recommendations:*

- Consistent with the Governor's plan and the California Department of Aging's Hubs and Spokes Initiative, develop a comprehensive website for public information and assistance on aging and disability services, as well as enhance phone line access for individuals unable to secure virtual access, for older adults in Santa Clara County, including links to specific resources for LGBTQ+ older adults.
- Expand educational campaigns across Santa Clara County to promote prevention and early detection in LGBTQ+ communities, with tailored outreach to older adults, including mammogram outreach, and HIV, mental health, and behavioral health initiatives.
- Develop a county plan to address LGBTQ+ health care access and behavioral health issues through affordable patient-centered, coordinated, and comprehensive care, including mental health, substance and tobacco use, and stress-related physical health challenges.

- Work with the Santa Clara County Bar Association or other similar entities to develop and implement low or no-cost legal support for LGBTQ+ older adults, including assistance with wills, power of attorney, and end of life planning.
- Expand the Healthy Brain Initiative to build and raise awareness among LGBTQ+ older adults of brain health and cognitive decline risk reduction education.
- Social engagement is needed to potentially protect against the early onset of dementia. Promote Dementia Friends within the LGBTQ+ community and offer evidence-based programs designed to address the distinct need of LGBTQ+ older adults and their caregivers, such as Innovations in Dementia Empowerment and Action (IDEA). Promote the availability of support for day-to-day household activities due to memory loss.
- Promote the use of brief screenings for cognitive impairment to be routinely performed by primary care physicians.

## Reducing discrimination, bias, and abuse

### *Priority:*

- Strengthen staffing at Adult Protective Services, specifically in the area of investigation, enforcement, and the supports needed for alternative care for LGBTQ+ older adults experiencing abuse. Education and training centered on LGBTQ+ competency are also needed for Adult Protective Services workers so abuse can be reported in a safe manner and place.

### *Additional recommendations:*

- Education and public forums are needed and should be held widely across all communities to focus on explicit and implicit bias, protection covered by anti-discrimination and hate crime laws, and ways to report. Transgender older adults, LGBTQ+ older adults of color, in particular, Black/African American and American Indian/Alaskan Native communities, lesbians, and bisexual women are at elevated risk of bias. Attention to the rising number of hate crimes directed toward Asian/Pacific Islanders is needed.
- Know Your Rights campaigns for LGBTQ+ older adults and awareness trainings and campaigns around elder justice for LGBTQ+ communities and LGBTQ+ organizations are also needed.
- Enforcement, education, and training of anti-discrimination laws are needed within specific settings including aging and social services, medical and health services, skilled nursing facilities, senior centers, and public places.

## **Strengthening housing and economic stability**

### **Priority:**

- Create a Workgroup, consistent with national trends, to prioritize the development of LGBTQ+ older adult focused affordable housing. Housing initiatives should prioritize accessibility to those who have heightened risks of housing insecurity; ensure more ADA-accessible units than required by law due to high rates of disability in these communities; include LGBTQ+ specific programming and resources for unmet service needs including basic needs and promote connectivity and reduce social isolation.

### **Additional recommendations:**

- Support LGBTQ+ individuals in retaining their existing housing and prioritize the needs and experiences of LGBTQ+ communities in homelessness prevention, transitional housing, and related service efforts. Ensure that all public dollars for housing support, including homeless prevention, shelters, and transitional housing adhere to anti-discrimination laws and address the needs of LGBTQ+ older adults. Priority should be provided to, and investments made in, organizations and agencies that uphold the public good, including anti-discriminatory and hate crime laws.
- Recognize the documented economic disparities that LGBTQ+ older adults face in Santa Clara County and include the LGBTQ+ communities in County efforts to assess and diminish such disparities and all types of discrimination that result in limited opportunities for economic advancement.
- Expand opportunities for senior employment and training programs for LGBTQ+ older adults, working in coordination with Santa Clara County's Department of Employment and Benefit Services.

## **Building upon the social support, resilience, resources of the community**

### **Priority:**

- Support an existing community-based organization to develop an LGBTQ+ Community Volunteer Registry to identify community members who are available and able to perform services to benefit the well-being of older adults, e.g., providing short term caregiving for older adults recovering from a medical procedure, installing grab bars and building ramps for older adults with mobility issues, and social visits and companionship.

### **Additional recommendations:**

- Publicly recognize and celebrate the important contributions of LGBTQ+ older adults and their communities and enhance LGBTQ+ individual and community resilience by expanding

engagement opportunities to reduce social isolation, confront racial, ethnic, and age inequities, and build bridges across generations. Investigate engagement and cross-generational program models, such as Legacy Letters, that can be implemented across Santa Clara County.

- Increase outreach and support for unpaid and paid caregivers in LGBTQ+ communities by supporting In-Home Supportive Services (IHSS) to recruit LGBTQ+ supportive caregivers to be matched with LGBTQ+ older adults needing care.
- Build upon and strengthen efficacy in LGBTQ+ communities by expanding government, university and community-based partnerships to design, implement, and evaluate evidence-based programs tailored to address the distinct needs of LGBTQ+ older adults and their families.

## **Data collection and measuring progress toward goals**

### **Priority:**

- Design and implement metrics to measure progress toward meeting the goals, targets, and initiatives identified to address these priorities and others established by the Action Taskforce to address the needs of LGBTQ+ older adults.

### **Additional recommendation:**

- Incorporate questions on sex, gender, gender identity and expression, sexual orientation, and behavior in Santa Clara County data collection efforts and reports that are developed to reflect the profile, needs, and experiences of those living in the County, including public health and aging-related reports. Ensure data fields are aligned with national best practices and are inclusive of communities who are intersex, transgender, gender non-binary, and/or sexual minorities. Data collection should be required across all programs/services, and centralized, where feasible.
- Provide training for those collecting data so that staff is comfortable asking sexuality and gender-related questions and can respond appropriately to explain terms and to understand why the questions are being asked.

Addressing the aging, health and social needs of LGBTQ+ older adults is critical as it illuminates the strengths, resilience, and cumulative risks facing the growing aging population in Santa Clara County. Moving forward, a comprehensive plan is needed to transform programs, services, and policies to better address the growing and intersecting needs of LGBTQ+ older adults, their families, and communities. By working together to take action, we can ensure LGBTQ+ older adults thrive in Santa Clara County.



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*“Unlike many of my fellow LGBTQ+ colleagues, I have experienced very few acts of discrimination. I’ve been out at work and to friends/family for 20+ years.”*





## APPENDICES

### METHODOLOGY

The goal of the LGBTQ+ Older Adults in Santa Clara County Project is to identify service needs and gaps in resources in the LGBTQ+ community and inform future priorities, programs, and policy. Respondents of the self-administered anonymous survey were part of the LGBTQ+ communities (lesbian, gay, bisexual, transgender, queer, questioning, Two-Spirit, gender nonbinary, sexual or gender diverse, or those who have been in a relationship with someone of the same gender or sex), aged 50 years and older, living or working in Santa Clara County, California. Surveys, available online, paper, and via phone in English, Spanish, Chinese, Tagalog, and Vietnamese were distributed over three months from June 23, 2021, to September 23, 2021.

Survey respondents were recruited through email lists from Santa Clara County's community agencies and organizations serving the LGBTQ+ communities; 325,000 postcards with project website link and QR code were mailed to households with adults aged 50 and older living in Santa Clara County; postcards with project website link and QR code were distributed to community organizations and events such as Silicon Valley Pride; targeted Facebook ads were utilized, and individuals were asked to spread the word about the survey. The project website was available in all five languages and included a link to the survey, Social Media Toolkit, and resources.

The total number of respondents who met the inclusion criteria was 3,218. Almost all (3,201) completed online surveys; seven hard copy surveys were completed and ten were phone surveys. The majority were completed in English (3,152) in addition to 55 in Chinese, five in Spanish, four in Tagalog, and two in Vietnamese. Those who completed surveys in a language other than English used the online mode except for one hard copy survey in Spanish.

As an expression of gratitude, \$200 gift cards were awarded to five randomly selected respondents who submitted their survey and participation form.

All study procedures were reviewed and approved by the Pearl IRB, an independent institutional review board, fully accredited by the Association for the Accreditation of Human Research Protection Program Inc. ([www.PearlIRB.com](http://www.PearlIRB.com)).

The project is sponsored by the County of Santa Clara Office of LGBTQ Affairs, in collaboration with more than 20 local community organizations, agencies, and government offices including AARP California; African American Community Service Agency; Avenidas Rainbow Collective; BAYMEC Community Foundation; Billy DeFrank LGBTQ+ Community Center; City of San José – Parks, Recreation and Neighborhood Services; County of Santa Clara Department of Aging and Adult Services; Gilroy Senior Center; Indian Health Center of Santa Clara Valley; LGBTQ Wellness; Office of Supervisor Mike Wasserman District 1; Office of Supervisor Cindy Chavez District 2; Office of Supervisor Otto Lee District 3; Office of Supervisor Susan Ellenberg District 4; Office of Supervisor Joe Simitian District 5; PACE Clinic; Santa Clara Family HealthPlan; Saratoga Area Senior Coordinating Council; Santa Clara County Public Health Department; Santa Clara County Getting to Zero; Santa Clara County Senior Care Commission; Sourcewise; The Health Trust; and The Q Corner, a program of the County of Santa Clara Behavioral Health Services Department.

For data analysis, descriptive statistics (i.e., frequencies, means, and ranges) of aging, health, and service needs among LGBTQ+ adults were initially estimated. Next, key differences by sexual and gender identity, race/ethnicity, age, poverty, education, HIV/AIDS, and region were examined via ANOVA and chi-squared tests, as appropriate. Self-report data are based on participants' perceptions of their experiences. Our goal was to obtain a demographically diverse sample and ensure participation of those hard to reach and often under-represented (e.g., transgender older adults). The sampling procedures limit the generalizability of the findings.

## SELECTED KEY TERMS IN ALPHABETICAL ORDER

**Activities, programs, and services of interest.** Potential activities, programs, and services for older adults that participants were interested in, either virtually or in person.

**Activities, programs, and services wanted or needed.** Activities, programs, and services participants may have wanted or needed but did not use in the past 12 months. Participants selected the primary reason(s) for not using the needed services (not LGBTQ or culturally friendly, due to COVID-19, not aware it exists, may not qualify, too expensive).

**Basic needs.** How often, during the past week, participants had sufficient food, cleanliness, and safety dichotomized (less than 1 day, 1-2 days, 3-4 days, 5-7 days); sleeping trouble during the past 30 days (including oversleeping or not sleeping enough); diet (including overeating or not eating enough); and dental problems.

**Cognitive decline.** Participants who experienced confusion or memory loss that transpired more often or deteriorated within the past 12 months, and how often they gave up day-to-day household activities or chores such as cooking, cleaning, taking medications, driving, or paying bills (always, usually, sometimes, rarely, never).

**Country of origin.** Participants indicated if they were born in the United States.

**COVID-19.** Participants were asked about COVID-19, including questions about having COVID-19 (dichotomized into yes (yes and probably yes (I think so)) and no (no, probably no, not sure); lingering physical and/or mental health effects; diagnosis of others in and/or not in the household); death of others; essential work by participants and/or someone in the household; challenges regarding vaccine; receipt of vaccine and if no, why. Participants were also asked about changes since the coronavirus pandemic began such as in their needs for activities or services; housing stability; treatment from others; social support received; health care needs; tobacco, alcohol, substance, or marijuana use; loneliness; quality of relationship outside and in the household; and financial resources.

**Disability.** Endorsement of one or more of the following: trouble seeing (even when wearing glasses or contact lenses); trouble hearing (even with a hearing aid); difficulty

remembering; substantially limited physical activities (such as walking, climbing stairs, reaching, lifting, carrying).

**Disclosure.** To what extent participants would disclose being LGBTQ+ (not out, somewhat out, very out) to six categories (healthcare and providers; chosen family; biological or legal family; assisted living, nursing home; co-workers; faith community).

**Discrimination and bias.** Reason(s), if any, for being treated unfairly, with less respect than others are treated, or discriminated against in the past 12 months (gender; race or skin color; ancestry or national origin; age; HIV status; disability; speaking a language other than English; immigration status; poverty; some other reason).

**Discrimination and bias due to being perceived as LGBTQ+.** How often participants had been treated unfairly, with less respect than others are treated, or discriminated against due to being perceived as LGBTQ+ in the past 24 months (never, rarely, sometimes, often). Those who answered rarely, sometimes or often selected the setting(s) this occurred in the past 24 months (medical or health services; aging services; other social services (not aging-related); LGBTQ+ specific services; job or place of employment; faith, spiritual, or religious setting; housing that you rent; assisted living, nursing home, or other health care facility; applying for housing; applying for a housing loan; transitional housing; public place (such as a store, sidewalk, public transportation); interaction with police; COVID-19 related services, including receiving the vaccine; other).

**Education.** Determined by the highest level of education completed: high school/GED or less vs. some college or more.

**Elder abuse.** Any of the following experienced in the past 12 months: physically hurt, pushed, punched, or assaulted in any way or physically threatened by someone; felt that someone was controlling or harassing; verbally abused or threatened by someone; touched, grabbed, or groped without consent or forced to perform sexual acts; left without basic needs (such as food, water, medications) by someone who was supposed to take care of them; felt forced or tricked to give someone money or property. Those who experienced elder abuse indicated by whom the event occurred (spouse or partner; ex-spouse or ex-partner; child or step-child; friend; another legal or biological family

member; paid caregiver; acquaintance; stranger; someone else) and if they reported it. If they did not report it, the participant indicated the primary reason.

**Employment.** Participants were asked if they were employed: full-time or part-time vs. not employed. If not employed, participants chose the main reason(s) (retired; ill or disabled; unable to find work; lost job as a result of COVID-19; doing something else).

**Exercise/physical activity.** During the past 30 days, if participants participated in any physical activities or exercise other than their regular job (if working) such as running, gardening, or walking.

**Financial status.** Participants selected one of the following regarding their current financial status: I have difficulty paying bills no matter what I do; I have enough money to pay bills, but only because I cut back on things; I have enough money to pay bills, but little spare money to buy extra or non-essential items; After paying bills, I have enough for extra or non-essential items.

**Frequent activity limitations.** Number of days during the past 30 days when poor physical or mental health kept participants from doing their usual activities, such as self-care, work, or recreation. Dichotomized into 15 days or more vs. less than 15 days.

**Frequent mental distress.** Number of days during the past 30 days when mental health (including stress, depression, and problems with emotions) was not good. Dichotomized into 15 days or more vs. less than 15 days.

**Frequent poor physical health.** Number of days during the past 30 days when physical health (including illness and injury) was not good. Dichotomized into 15 days or more vs. less than 15 days.

**Gender.** Current gender was selected from the following categories: woman; man; gender non-binary, gender non-conforming, or gender diverse; not listed above.

**Health insurance.** Yes or no to having health insurance.

**Heavy drinking.** During the past 30 days, having four or more alcoholic beverages on any one occasion.<sup>9</sup>

**Housing (current).** Participants selected from rent; own, rent-free; nursing home or other health care facility; transitional housing; unstable housing; unhoused or homeless; other.

**Housing (current type).** Participants selected from house, apartment, or condominium/townhouse; senior housing or age-restricted community; assisted living facility; nursing home or other health care facility; residential hotel/SRO (single room occupancy); unhoused, without stable housing or homeless.

**Housing insecurity.** Indication of participants' level of confidence in continuing to live in their current housing for as long as they would like. Answers were dichotomized to "confident" (very or somewhat) vs. "not confident" (a little or not at all). Those who were not confident selected from the following primary reason(s) that best described why they might move: health; economic, including high costs or risk of foreclosure; lack of stability in my housing situation; different needs as I age such as safety/grab bars or elevators; unsafe environment as a result of being perceived as LGBTQ+; want to move in with my family or friends; rising crime rate in my neighborhood; friends moving elsewhere; need or want to move out of Santa Clara County; COVID-19 risk; other reason.

**Income (household).** Participants chose their annual household income before taxes in 2020 from categories that were dichotomized into less than \$25,000 per year; \$25,000-\$35,999; \$35,000-\$49,999; \$50,000-\$74,999; \$75,000-\$99,999; and \$100,000 or more.

**Informal care receiving.** Participants indicated if, in the past 24 months, they received unpaid care or assistance from a friend or family member due to a health problem or disability.

**Informal caregiving.** Participants indicated if, in the past 24 months, they provided unpaid care or assistance to a friend or family member who had a health problem or disability.

**Internet.** Indication of feeling comfortable using the internet dichotomized into feeling comfortable using internet vs. not comfortable/need assistance/no device/too expensive.

**Language spoken.** Participants indicated the primary language spoken at home.

**Life satisfaction.** Frequency (never, almost never, sometimes, fairly often, very often) participants felt satisfied with their life.

**Marijuana use.** Consumption of marijuana and if for medical reasons, non-medical reasons, or both.

**Military service.** Participants were asked if they or any family members had ever been in the military.

**Poverty.** Annual household income in 2020 was factored with household size to determine whether participants lived in poverty (at or below 200% of the federal poverty guidelines). For example, a one-person household with an annual household income of \$25,520 or less; a two-person household with an annual income of \$34,480 or less; \$8,960 is added for each additional person/household.<sup>10</sup>

**Race and ethnicity.** Race and ethnicity were classified as Hispanic/Latinx/o/a/e (Hispanic or Latino/a/x or Spanish origin), non-Hispanic White, Black/African American, Asian/Pacific Islander (Asian or Native Hawaiian or other Pacific Islander), American Indian/Alaskan Native, or multiracial/other.

**Regions.** Seven regions of Santa Clara County were reported based on participants' zip codes:

- San Jose – East (zip codes 95111, 95112, 95116, 95121, 95122, 95127, 95133, 95148, 95140)
- San Jose –North, South, West, and Central (all other San Jose zip codes)
- South County (Morgan Hill, Gilroy, San Martin, Coyote)
- North County (Mountain View, Palo Alto, Los Altos, Los Altos Hills)
- West County (Cupertino, Los Gatos, Saratoga, Monte Sereno, Campbell, Holy City, Redwood Estates)
- Sunnyvale/Santa Clara
- Milpitas

**Relationship status.** Current relationship status from the following: married, legally recognized; partnered, not married; registered domestic partnership; single; divorced/separated; widowed; other.

**Resilience.** Assessed with mean scores of three items (“I tend to bounce back quickly after hard times”; “It is hard for me to snap back when some-thing bad happens”; “I usually come through diffi-cult times with little trouble”) on a 4-point scale (1 = strongly disagree to 4 = strongly agree). Items were dichotomized to indicate agreement or disagreement.<sup>11</sup>

**Safety.** To what extent participants would feel safe (not safe, somewhat safe, very safe) to six categories (healthcare and providers; chosen family; biological or legal family; assisted living, nursing home; co-workers; faith community).

**Sexual identity.** Sexual identity was selected from the following: gay or lesbian; bisexual; pansexual; queer; sexually diverse; asexual; heterosexual or straight; questioning; not

listed above. Pansexual, queer, sexually diverse, asexual, questioning, and not listed above were collapsed into sexually diverse/queer.

**Social and emotional support.** “How often do you feel you receive the social and emotional support you need?” Answers were dichotomized to indicate “always or usually” vs. “never, rarely, or sometimes.”<sup>12</sup>

**Social engagement.** Frequency (never, rarely, some days, most days, every day) participants engaged in nine activities in person or virtually in the past month including talk on the phone; talk via video chat (Zoom, Skype, etc.); attend events (show, auction etc.); use email or send texts; socialize with friends or family; attend spiritual or religious activities; attend club meetings or group activities; connect with my community; and volunteer. Participants who were in the top quartile were those who had a cumulative score that was higher than 75% of participants.

**Social isolation.** Frequency (sometimes, fairly often, very often vs. never, almost never) participants lacked companionship, felt left out, and felt isolated.

**Social network.** Sources participants turned to for support, encouragement, or short term help (such as to run an errand or get a ride) from the following categories: spouse or partner; ex-spouse or ex-partner; close friend or other family of choice; children or step-children; another legal or biological family member; neighbor; faith, spiritual, or religious community; privately paid caregiver; social service provider, service agency, or organization; therapist or support group; other. Frequencies of 0, 1, 2 or 3 or more. For summary score dichotomized into 0 - 2 vs. 3 or more.

**Suicide or self-harm.** In the past 12 months if participants seriously thought about suicide or self-harm.

**Tobacco use.** Current use of tobacco (smoking, e-cigarettes/vape, chew, etc.).

**Transgender.** Participants selected Yes, No, or I'm not sure to question, “Are you transgender or do you have a transgender history?”

**Substance use.** Use of substances other than those required for medical reasons during the past 12 months and the number of times substances have been overused in the past 12 months.





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