According to Census data, older adults are among the fastest growing age group in the United States.¹ However, infrastructures that mitigate health and human service disparities are not adequate to protect seniors from health complications that come with aging, including decreased quality of life due to chronic conditions, disabilities and loss of independence.

LGBT older adults are:

2x more likely than their heterosexual counterparts to be single.²

2x more likely to live alone.³

4x less likely to have children,⁴ which impacts who may be able to care for them as they age.

These three factors contribute to social isolation. Social isolation is a common challenge for all older adults, and is exacerbated for LGBT older adults. It puts them at greater risk of developing health and mental health issues.

There are at least 1.5 million LGBT older adults in the United States today.⁵ Yet, many mainstream aging providers do not account for the unique realities and needs of LGBT older adults. Invisibility within the healthcare system further compounds health complications and disparities. LGBT older adults need services and programs that are affirming of their sexual orientations and gender identities.

LGBT older adults are less likely to access care until their health hits a critical point, due to a mistrust in mainstream institutions, including physical and mental health facilities. Mistrust compounded with social isolation leaves LGBT older adults with additional barriers to care.

They are half as likely to have close relatives to call for help, with 20% reporting they have no one to call in case of an emergency.⁶

Older adults who are also people of color (POC), transgender and gender non-conforming (TGNC), immigrants, do not speak English or live in rural areas experience compounded discrimination, stress, or social isolation.⁷⁸⁹¹⁰ There is limited data on these communities’ experiences. More research is needed to address the needs of individuals who have experienced discrimination around multiple marginalized identities.

A note on language: When interacting with LGBT older adults, particularly within communities of color, it is important to acknowledge that individuals may not identify as lesbian, gay, bisexual, transgender or queer. Avoid ascribing labels, particularly ones that have been used in derogative ways historically. Reflect the language that individuals use to describe themselves. “When language is used without sensitivity and is inaccurate it creates misunderstandings, mistrust and loss of credibility. Language is a social construct that traditionally has been embedded with patriarchal, sexist, racist and homophobic ideals. A common method of control against communities of color is to take away their native tongues, forcing them to assimilate to the dominant society by speaking English. The same type of oppressive behavior is used to classify gender, negating two-spirited identities.”¹¹