

# EXECUTIVE SUMMARY



## LGBTQ+

# Older Adult Survey Report

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Karen Fredriksen Goldsen,  
Hyun-Jun Kim, Hailey H. Jung,  
Adam Davis, Charles A. Emlet

## EXECUTIVE SUMMARY

The state of Oregon is experiencing steady growth among the older adult population, with increasing diversity by race and ethnicity, as well as by sexual orientation, gender identity, and gender expression.<sup>1</sup> Yet to date, LGBTQ+ older adults remain a largely invisible population, with little knowledge of their unique challenges, needs and resources. The Oregon Department of Human Services's (ODHS) State Plan on Aging recognizes the importance of improving outreach and developing and supporting services and programs to promote the well-being of disadvantaged populations.<sup>2</sup> This study was commissioned by the ODHS Office of Aging and People with Disabilities and conducted in collaboration with community-based agencies to examine statewide Oregon Behavioral Risk Factor Surveillance System (OR-BRFSS) data and to administer a community-based survey to understand the risks, needs and strengths of demographically diverse LGBTQ+ Oregonians aged 55 and older, including those not represented in previous studies.

### KEY FINDINGS

Based on estimates from the OR-BRFSS, approximately 3.4% of Oregonians aged 55 and older identify as lesbian, gay, or bisexual (LGB) which includes 3.2% of women and 3.8% of men. This is higher than the national estimate of 1.3% – 2% for this age group.<sup>3</sup> The findings presented here are for LGB populations only since the sample size of transgender older adults in OR-BRFSS is too small for data analysis. LGB older adults in Oregon are a demographically diverse population, and compared to their heterosexual counterparts are more likely to be:

- Younger (65.7 vs. 67.4 years old)
- People of color (10.7% vs. 8.1%)
- Living at or below 200% of the Federal Poverty Level (FPL; 42.5% vs. 36.6%), despite higher levels of education and comparable employment rates, which is likely due, at least in part, to lack of economic opportunities and discrimination they have faced
- Less likely married/partnered (48.3% vs. 62.2%)
- More likely to live alone (36.9% vs. 28.5%)
- Health disparate, experiencing heightened risk of poor physical and mental health, disabilities, and comorbidities
- More likely to experience financial barriers to medical care (10.5% vs. 7.2%)





## ***Access to Services***

Based on the community survey, which was completed by 1,402 demographically diverse LGBTQ+ adults aged 55 and older, we found that the services and programs needed most are:

- Medical and health services
- Social support programs
- Mental health/substance use treatments
- Food assistance
- Medication assistance
- Transportation

More than half of the survey participants have service needs that are not met. The most common challenges they experience in accessing services include:

- Difficulty in applying or fear of not meeting qualifications
- High costs
- Services experienced or perceived as not being LGBTQ+ inclusive
- Lack of availability and difficulty locating and accessing services

Unmet legal planning needs are particularly high among those with lower incomes and Hispanic, Black/African American, Asian and Pacific Islander, and Native American/Alaska Native participants. Most do not have last wills, testaments, or powers of attorney for health care and have not completed documents for end-of-life care planning.

## ***Adverse Experiences***

Nearly 60% of Oregon's LGBTQ+ older adult participants have experienced discrimination within the last year. Most experienced discrimination due to the perception of the following:

- Sexual orientation or gender identity or expression (56%), age (42%), and gender (30%)
- Risks of discrimination are notably high among Black/African Americans (91%), Asian and Pacific Islanders (94%), and Native American/Alaska Natives (86%)

More than one in five (21%) participants do not disclose their sexual or gender identity to healthcare, aging, or other service providers. The American Medical Association has stated that healthcare providers' failure to ask, and healthcare consumers' failure to disclose, can have adverse health consequences.<sup>4</sup>

Nearly a quarter (24%) of LGBTQ+ older adult participants have experienced elder abuse in the past year. More than three-quarters (76%) did not report the experience to the authorities.



The most common barriers to reporting abuse are:

- Distrust of authorities' fair treatment of LGBTQ+ people (26%)
- Feeling ashamed because of the experience (20%)
- Lack of knowledge on how to report (16%)
- Fear of having to disclose their identity (16%)

Oregon has the 9th highest rate of suicide mortality in the nation.<sup>5</sup> More than a fifth (21%) of the LGBTQ+ older adult participants have experienced suicidal ideation in the past year, which is significantly higher than in the general population.<sup>6</sup> Those at greatest elevated risk of suicidal ideation are:

- Black/African Americans, Asian and Pacific Islanders, Native American/Alaska Natives
- Those aged 55-64, those with lower incomes, those living in frontier areas, and gay men

Transgender, queer, and sexually diverse participants and those living with HIV are at heightened risk of poor general health. LGBTQ+ older adult participants reported high rates of smoking and excessive drinking, especially among gay men, those aged 55-64, those with lower income, Black/African Americans, Asian and Pacific Islanders, Native American/Alaska Natives, and those living in urban areas.


### ***Economic and Housing Stability***

One-third of LGBTQ+ older adult participants have difficulty paying bills or buying nutritious meals due to financial instability, with elevated risks among those who are younger, people of color, those living with HIV, and those living in frontier areas.

Economic concerns and social exclusion impact LGBTQ+ older adults' ability to live in safe and supportive environments,<sup>7,8</sup> significantly increasing the risk for social isolation and its negative health and mental health consequences.<sup>9</sup>

Nearly two-thirds (64%) of participants are not confident that they will be able to continue living in their current housing. The most frequently reported reasons include:

- Concerns about their health (38%)
- Risk of foreclosure or eviction (36%)
- Aging related needs (29%)
- Unsafe housing or environment (11%); rising crime rate in their current neighborhood (9%)
- Desire to move with family or friends (11%)



Housing instability is more likely among gay men; those younger; those who earn lower incomes; those residing in urban areas; and Black/African Americans, Asian and Pacific Islanders, and Native American/Alaska Natives.

### ***Impacts of COVID-19***

COVID-19 has disproportionately impacted marginalized communities across the U.S.

- Many LGBTQ+ older adult participants adapt well and demonstrate resilience in the face of the pandemic; almost all (95%) received a vaccine, and more than half (52%) learned how to use a new technology device.
- More than 25% of LGBTQ+ older adult participants know someone who has died of COVID-19.
- The vast majority are worried about their health, the health of family members, and losing social connections.
- Transgender adults, Hispanics, Native American/Alaska Natives, and those in frontier areas are most likely to report concerns about losing social connections.
- Since the COVID-19 pandemic, participants report decrease in use of many needed services, including social support programs (45%) and adult day programs (41%).

### ***Social Resources and Resilience***

LGBTQ+ older adult participants demonstrate a unique ability to “bounce back.”

- More than 70% of LGBTQ+ older adult participants have three or more people they can count on for social and emotional support.
- More than 40% attend faith, spiritual, or religious services.
- The majority are actively engaged in LGBTQ+ communities through helping others (79%); receiving help (62%); and being involved in advocacy activities (60%).
- A high level of resilience exists among LGBTQ+ participants, with those aged 75 and older reporting the highest resilience.
- Despite close relationships and communities, nearly 20% report lack of social support, which is highest among Black/African Americans (27%), Asian and Pacific Islanders (23%), and Native American/Alaska Natives (24%).
- Lack of high-speed internet access and the need for technical assistance is greater among participants with lower incomes and Black/African Americans, Asian and Pacific Islanders, and Native American/Alaska Natives.



## CONCLUSION: LEAVE NO ONE BEHIND

LGBTQ+ older adults in Oregon are an underserved yet resilient population. These study results shed new light on the diversity and cumulative risks facing this aging population. A comprehensive approach is paramount to transforming public policies, services, education, and research to address the growing population of LGBTQ+ older adults.

Moving forward, it will be critical to further extend the initial work and advocacy of LGBTQ+ organizations to promote partnerships between these communities, aging agencies, and state and local policy makers to develop a comprehensive approach to addressing aging and health needs of LGBTQ+ older adults. This survey has set a standard for state agencies to listen to the voices of experience in the community and to work together to identify challenges and strengths in order to develop impactful strategies, programs, services, and resources to meet those needs. As these partnerships are developed, it is critical that they represent the diversity of these communities, both by demographic and background characteristics as well as by geographic regions. As illustrated in the findings in this report, there are elevated needs across these communities as well as pockets of risk within specific subpopulations that need to be addressed, including by sexual orientation and identity, gender, gender identity and expression, race/ethnicity, age, HIV status, geographic region, and socioeconomic status.



To reduce and prevent social isolation it is also imperative to target services to LGBTQ+ older adults living alone without adequate services or support. In addition, technology support is necessary to provide virtual access and devices to reduce social isolation, support connectivity, and ensure that no one is left behind as more services and supports are offered remotely.

It will be crucial to identify culturally inclusive programs, services, and policies that have been successful in meeting the needs of LGBTQ+ older adults in other areas across the nation. Leveraging such lessons learned will help support the development of models and programs that can be implemented in urban, rural, and urban communities in Oregon where LGBTQ+ inclusive services are needed. Many participants, for example, report feeling unwelcome and unsafe in accessing aging, health, and human services, and many have experienced overt discrimination and bias within the last year. To reduce such barriers to care, cultural inclusivity training for aging, healthcare, and human service providers and legal professionals is vital. It will also be important to replicate and administer the survey over time to monitor changes and evaluate progress in reducing aging, health, economic, and social disparities.

It is critical to prioritize the needs of older adults in LGBTQ+ organizations and communities and to participate in local, state, and federal planning processes to secure resources for much-needed service development, including housing, transportation, and support programs. It is fundamental that policymakers and key stakeholders initiate and support programs policies and research initiatives to better address the needs of underserved LGBTQ+ older adults and their families.







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The Goldsen Institute  
1414 NE 42 Street, Ste. 203 • Seattle, WA 98105  
[GoldsenInstitute.org](http://GoldsenInstitute.org) • [GoldsenInstitute@uw.edu](mailto:GoldsenInstitute@uw.edu)

ODHS Aging and People with Disabilities  
500 Summer Street NE, E-10 • Salem, Oregon 97301  
[SUA.Email@dhsosha.state.or.us](mailto:SUA.Email@dhsosha.state.or.us)