Risks and Resilience:
LGBT Older Adults in San Francisco

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Lesbian, Gay, Bisexual and Transgender Aging Policy Task Force
San Francisco, CA    January 8, 2013

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Making it Possible

Caring and Aging with Pride

- Lesbian, Gay, Bisexual and Transgender Aging Policy Task Force
- Task Force Research Team
- University of Washington Research Team
- Openhouse and New Leaf
Increasing Diversity of Older Adults

- By 2030 more than 4 million older adults will be LGBT.
- Up to 12.4% of those 60 and older living in San Francisco identify as LGBT (Jensen, 2012).
- Most LGBT older adults remain invisible in society.
Closing the Gap

- NIH and CDC identify sexual orientation as one of the most pronounced gaps in health disparities research
- Examined population-based data
- Surveys distributed through aging agencies
- 2,560 LGBT older adults, age 50 to 95

Caring and Aging with Pride investigated risk and protective factors to better understand disparities
Health Disparities

LGB older adults in general:
- Higher rates of disability
- More mental distress
- Men more likely to live alone
  (Fredriksen-Goldsen et al., 2011)

“LGBT” is often used in research and services yet they are distinct groups with specific needs
Health Disparities

LGB older adults in California:

- Higher rates of disability and poor general health
- More psychological distress
- Men more likely to live alone

(Wallace et al., 2012)

Those living alone are at risk of social isolation which is linked to poor health and premature death
San Francisco Participants

- 295 LGBT participants:
  - Age: 42% 60-69; 39% 70 and older
  - Gender: 70% male, 30% female
  - Transgender: 3%
  - Non-Hispanic White: 85%
  - Living in poverty: 41%
  - More likely to live alone, less likely to be partnered, less likely to own home, less likely to have children
Mental Health

- Most are satisfied with their lives
- Higher rates of depression, mental distress, and anxiety
- More likely to contemplate suicide

- Mental health is inextricably intertwined with physical health and overall quality of life
Resilience

- Most engage in wellness activities and moderate physical activities
- One in three attend spiritual or religious activities
- Disclosure of sexual and gender identity
- Recognize societal contributions: many LGBT older adults served in the military
Risks

- 88% victimized at least once
- 76% victimized 3 or more times
- More likely to report having experienced victimization and job related discrimination

► Victimization and discrimination are linked with poor health outcomes

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Lack of Access

- 13% denied healthcare or perceive inferior care
- 14% do not disclose sexual or gender identity to their physician. Bisexuals less likely to disclose

The American Medical Association warns physicians’ failure to recognize, and patients’ reluctance to disclose, can lead to failure to diagnosis serious medical problems.
Services and Programs

- 30% service users
- Housing, transportation, delivered meals, social events
- Rely heavily on friends and partners
- One-third no will or durable power of attorney for healthcare

► Many services fail to take into account the unique needs facing LGBT older adults and their caregivers
Limitations

- Connected to service agencies
- Self-report
- Communities of color, bisexuals, and transgender older adults underrepresented

- Majority of findings converge across various sources
Key Findings

- At-risk yet resilient
- Disparities in health
- Impact of adverse life experiences
- Obstacles to care and services

► Background characteristics, risk factors, and protective factors predict LGBT older adult health and well-being
Moving Forward

- Identification of social/health service gaps and needs
- Housing
- Discrimination
- Elder abuse/Adult Protective Services
For full report

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Available at www.CaringAndAging.org