



MAINTAINING DIGNITY

Understanding and Responding to the Challenges Facing Older LGBT Americans

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The original report and related materials can be found at **www.aarp.org/dignitysurvey**.

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METHODOLOGY

Methodology

From October 27 to November 12, 2017, Community Marketing & Insights (CMI) fielded an online survey for AARP to better understand LGBT community members ages 45 and over living in the United States.

CMI's research panel of 85,000+ members was developed over a 20-year period by partnership with more than 300 LGBT media, events, organizations and social media. The panel is used for research purposes only, never marketing.

Importantly, the panel mostly includes "out" LGBT community members who interact with LGBT media and organizations. Panelists do not include LGBT community members who are more "closeted" about their sexual orientation or gender identity.

Also important, the methodology of an online survey tends to attract more educated and digitally engaged individuals than the general population. However, research participants represent people most likely reached through LGBT-specific outreach.

A random sample of panelists was recruited from CMI's proprietary LGBT research panel and invited to the online survey via email. Panelists were provided with an incentive of a chance to win one of twenty \$50 cash or gift card prizes, and they could take the survey in English or Spanish.

To gain more insight, the study intentionally oversampled LGBT community members who indicated a qualifying "gender expansive" identity. Gender expansive includes participants who identify as transgender and nonbinary, including transgender, trans woman, trans man, intersex, nonbinary, genderqueer, and gender fluid.

Sample overview

1,762 LGBT community members completed the 10-minute survey. The final sample included 627 lesbian women, 680 gay men, 162 bisexual and pansexual men and women, and 264 gender expansive community members, all age 45 or over and living in the United States. The gender expansive participants included 224 with a transgender identity and 40 with a nonbinary identity. A small number of participants (29) identified as part of the LGBT community but did not fit into the four major categories mentioned above.

For the purposes of this report, gay and bisexual men, and lesbian and bisexual women are occasionally reported together by gender. The LGB groups are all cisgender.

The data in this report is based on a sample that is representative of CMI's panel but is not meant to be generalizable to the LGBT 45+ population at large.

The survey sample was compared to the full CMI LGBT panel as well as same-sex households and total population data from various United States Census reports in order to assure demographic ratios were reasonably in balance with the overall US population ages 45 and over. No gold standard LGBT population estimate is currently available from the U.S. Census Bureau or other public data resource.

Due to the oversample of gender expansive participants, all LGBT results were weighted as following: 47% male, 47% female, and 6% gender expansive.

References for weighting and tracking assumptions: CMI reviewed a number of references to assure a reasonable sample was obtained for this study including the Community Marketing & Insights overall LGBT panel demographics; Pew Research: A Survey of LGBT Americans 2013; US Census: 2015 American Community Survey for Same-Sex Couple Households; and the US Census American Fact Finder Tool for the 2016 American Community Survey to obtain general population statistics for age 45 and over.



SUMMARY

AARP surveyed more than 1,700 LGBT adults age 45-plus in a 2018 national survey working with Community Marketing & Insights (CMI), a leader in LGBT consumer research. All originally published materials from the study are available at aarp.org/dignitysurvey.

This report summarizes and synthesizes the findings of the earlier release. The “Today” section of this report captures LGBT participants' current situation regarding social networks and supports, living arrangements, community, and healthcare. The “As They Age” section reveals their concerns and preferences around these areas as they age.

Survey findings show that while the LGBT community as a whole shares some common concerns and experiences, different cohorts within it have unique and diversified needs.

To start with, same-sex couples do not “partner” at the same rate by gender. Survey data show gay men age 45-plus are far more likely to be single and living alone compared to lesbians and are less likely to be parents. When asked about their social support network, gay men report being less connected than lesbians on every relationship type tested, including friends, partners, and neighbors. This lack of social support may put gay men at greater risk of isolation as they age and potentially influences the types of services they will need later in life.

Similarly, bisexual men and women ages 45 and older are less likely to identify publicly as bisexual and therefore can be harder to reach with general LGBT outreach compared to lesbian women, gay men, and transgender community members. This disconnect may limit their access to appropriate supportive services and needed information.

Transgender or gender expansive individuals are least likely overall to be connected to sources of social support, including family. Although more than half of transgender or gender expansive survey respondents have children or grandchildren, this group is least likely to say they consider gay or straight friends, family, or neighbors part of their personal support network, which exacerbates the level of risk implied by possible discrimination as they age from health care providers, long term care service providers, or housing facilities.

LGBT older adults are about as likely to live in suburban, rural, and small communities as large urban metropolitan areas, and while access to LGBT-dedicated services may be better in urban areas, it turns out that a community's LGBT friendliness is a much more important determinant than community size

for the social and emotional supports that enable healthy aging. The LGBT friendliness of the community seems to correlate with higher levels of support today, but as people prepare for aging, the protective factor is not as certain.

Concerns about long-term care within the LGBT community are great, particularly for gender expansive individuals. Majorities cite concerns about neglect, abuse, refused access to services, or harassment. The possibility of being forced to hide one's identity as a condition of receiving care is a concern for just under half of lesbian, gay, and bisexual respondents, and for 70% of transgender and gender expansive respondents. For black and Latino members of the LGBT community, sexual orientation or gender identity are yet another reason, in addition to race or ethnicity, to feel at risk for poor quality of care.

The data and insights in this report show the acute need for public policy protections of LGBT older adults and demonstrate the opportunity for private industry solutions that enable them to choose how they live as they age.

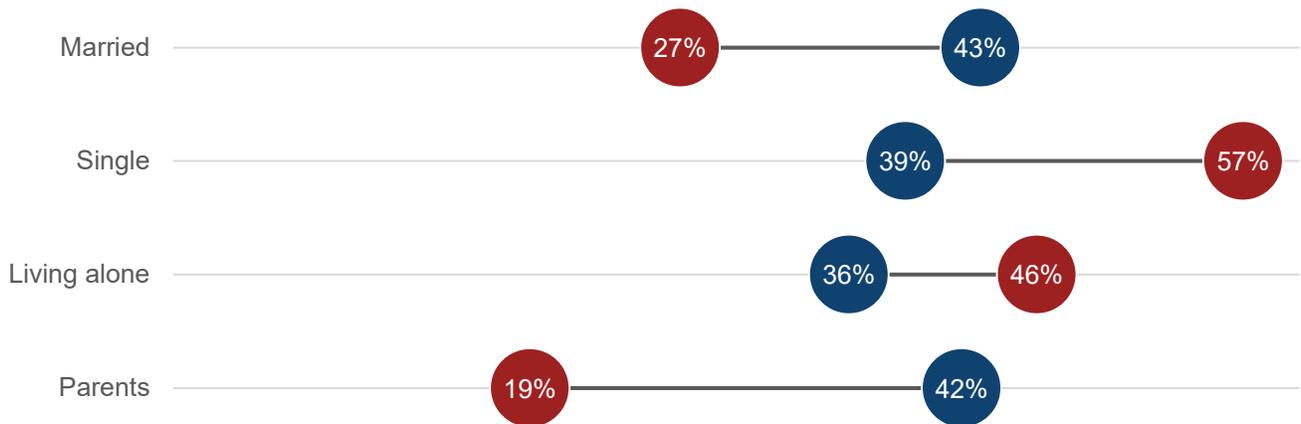


KEY FINDINGS: TODAY

Gay men may be at greater risk of being isolated than lesbian women.

Same-sex couples do not partner at the same rate by gender. Gay men who participated in the survey are far more likely to live alone, which will influence the types of services that gay men will need as they age. Further, when asked about their social support network, gay men were less connected than lesbian women on every relationship type tested: LGBT friends, straight friends, partners, and neighbors.

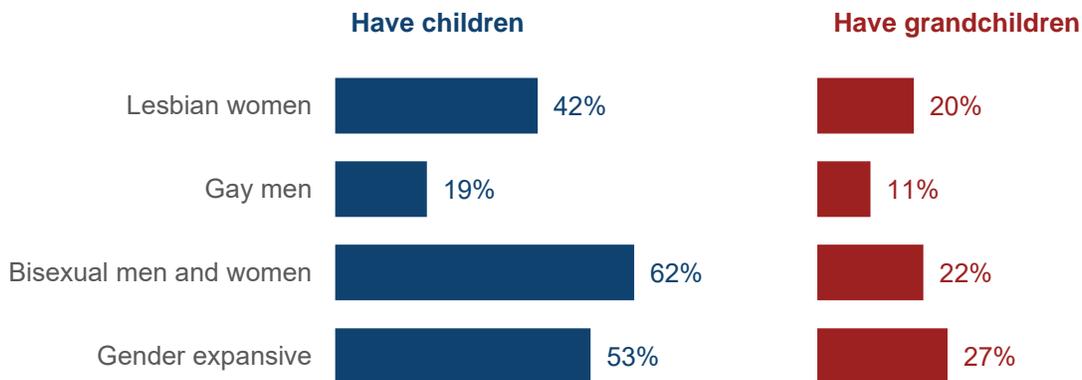
Percent of lesbian women and gay men who are...



Older LGBT community members are also parents and grandparents.

Many older LGBT survey participants have children and grandchildren, especially bisexual and gender expansive participants. For some older LGBT adults, children could be from opposite-sex relationships. Recognizing LGBT community members as parents is a recent trend, but LGBT grandparents are often overlooked. Many older LGBT community members could benefit from information, imagery, services, and products designed for older LGBT parents and grandparents.

Percent of LGBT community members who have children or grandchildren



Bisexual men and women ages 45 and older are less likely to identify publicly as bisexual and can be harder to reach with general LGBT outreach than lesbian women, gay men, and transgender community members.

Outreach to the bisexual community can be more difficult than LGT outreach. The bisexual community may not see outreach campaigns intended for gay and lesbian audiences, and bisexual people often report that LGBT outreach approaches do not always connect with them personally. Advertising and articles will often address the issues of aging from the lesbian, gay, or transgender perspective, but articles rarely address aging specifically from the bisexual perspective.

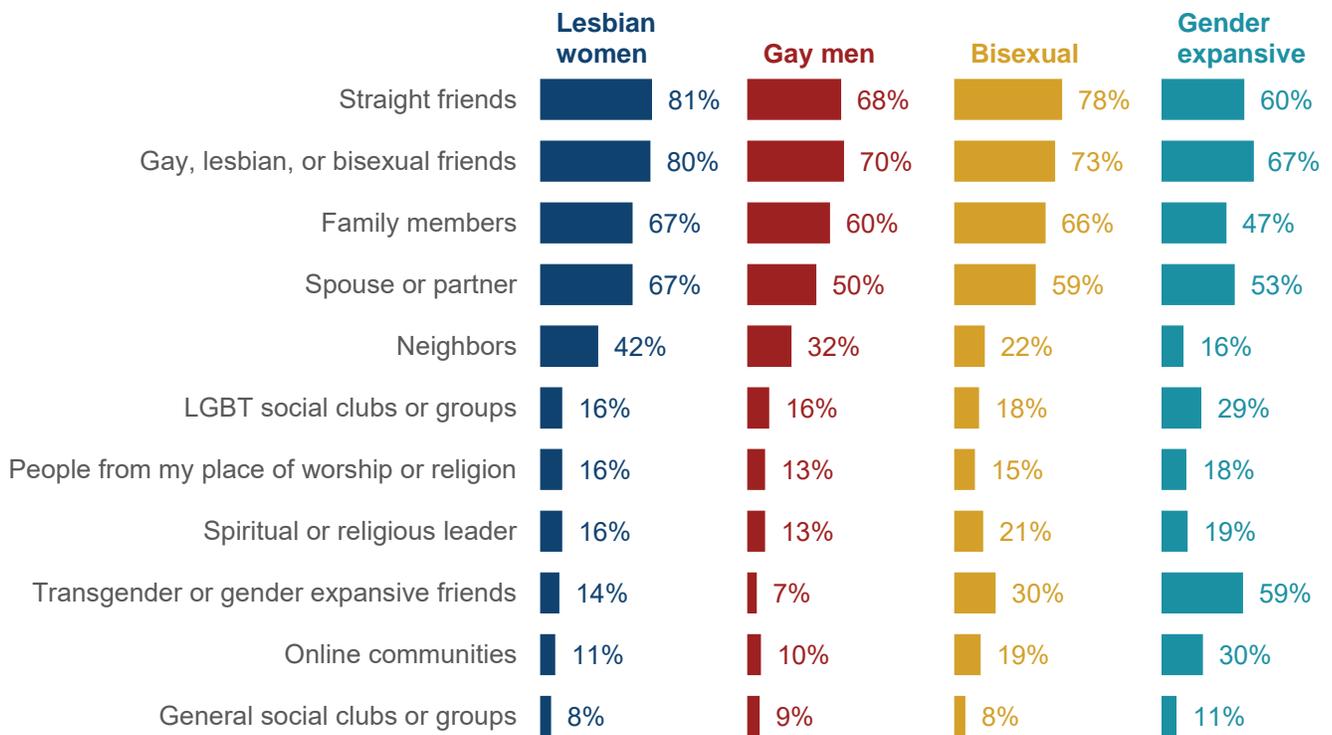


LGBT participants felt they had a broad social support network, but they had relatively weak support from their family, especially gender expansive participants.

The vast majority of LGBT participants (92%) felt that they have some social support network, comprising a high level of both LGBT and straight friends. Though family was important, support networks had fewer family members than friends, especially for gender expansive participants.

Results also show a higher level of support from online communities for gender expansive participants, the social support connection between the bisexual and gender expansive communities, and lesbian women’s higher connection with neighbors.

Percent whose support networks include...



LGBT participants live in cities, towns, suburbs, and rural areas, but they seek out LGBT-friendly local communities, even within more conservative regions of the country.

LGBT participants live in communities of all sizes, and 71% of the research participants ages 45 and older indicated that they did not live in big cities. This result underscores the importance of federal and state antidiscrimination laws that cover older LGBT Americans living outside of big cities.

However, even though many participants live in rural areas which are often considered more conservative, 83% of respondents considered their community to be at least somewhat LGBT-friendly, suggesting that LGBT people seek out affirming communities in which to settle, even if the larger surrounding area may not be.

LGBT residence and community size



Percent living in a community that is at least somewhat LGBT-friendly

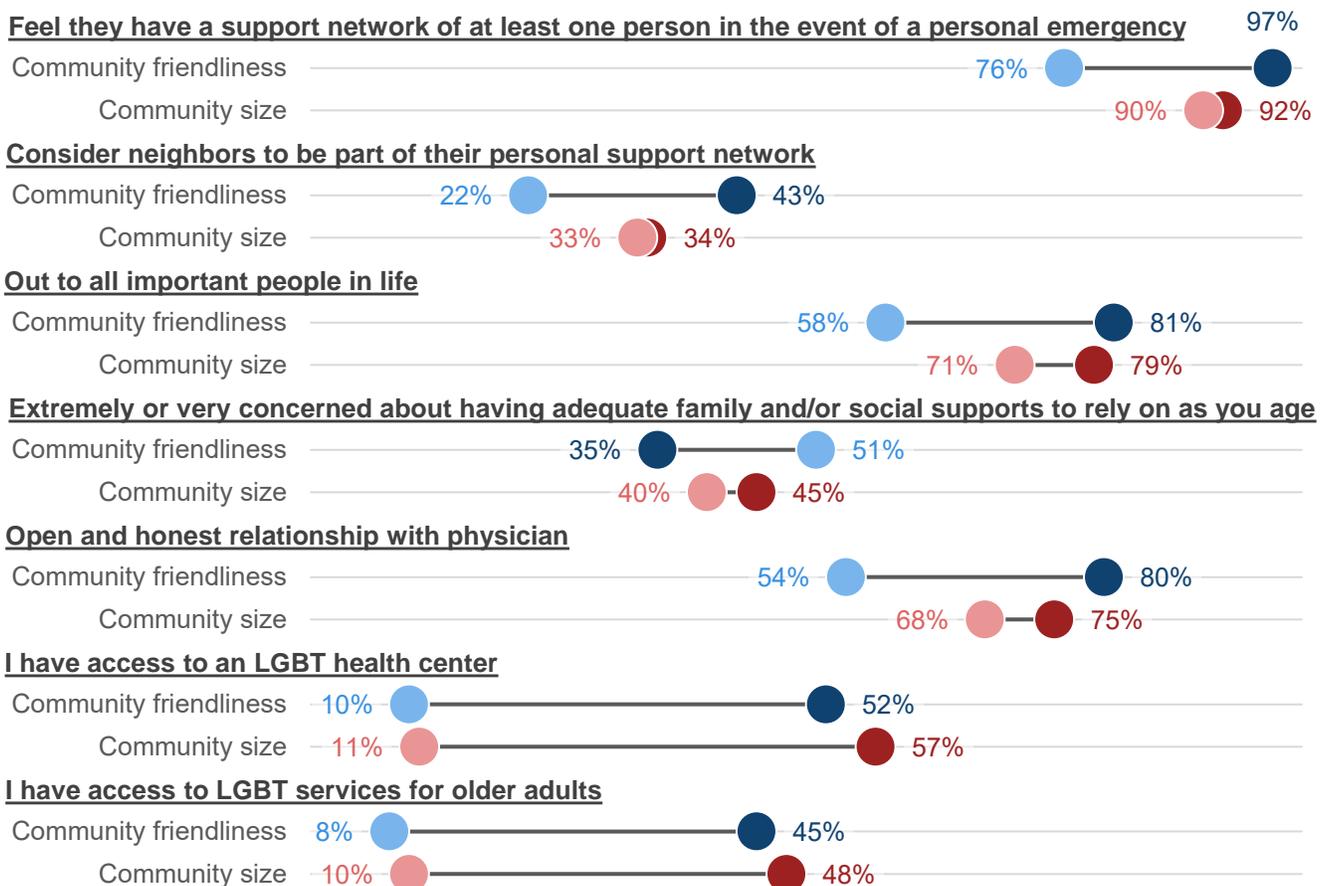


Though small communities are far less likely to provide access to LGBT-specific healthcare or services, community size is less important than a community’s perceived LGBT-friendliness in determining whether a person feels supported.

One might assume that LGBT people living in small communities (small cities, towns, and rural areas) would have the hardest time being an LGBT older adult, but survey results suggest that we cannot make that assumption universally. Many respondents have found small LGBT-friendly communities. Overall quality of life seems to depend more on the perceived LGBT-friendliness of the community than the size of the community. However, those who live in small communities were less likely to have access to LGBT-specific services such as health centers and services for older adults.

Percent of respondents who agree with the following statements, by community LGBT-friendliness and community size

● Very LGBT-friendly ● Not LGBT-friendly ● Big city ● Small community



LGBT participants are largely satisfied with their current healthcare relationships but also fear discrimination and prejudice.

LGBT survey respondents are relatively satisfied with their current healthcare. However, many also are on guard for the potential of healthcare prejudice as they age. Other research conducted by CMI has found that LGBT community members are generally satisfied with their physicians and care because, through trial and error over time, they have identified LGBT-friendly providers. Often, changing providers is a response to experiencing discrimination or unwelcoming treatment. These negative experiences in the past may explain why LGBT adults at midlife and older are both satisfied today and wary of experiencing discrimination or lack of cultural competence in the future.



84%

of LGBT participants would describe their relationship with their provider as open and honest or good, **only 6%** as negative or unsure



75%

of LGBT participants are out to their physician about their sexual orientation or gender identity



52%

have concerns about discrimination or prejudice affecting quality of care



57%

have concerns about healthcare providers not being sensitive to LGBT patient needs



KEY FINDINGS: AS THEY AGE

Looking toward the future, the biggest aging concerns in the survey related to long-term care and social supports.

In reviewing the survey, we found that LGBT participants were most likely to be concerned about having adequate support systems in place as they age, potential quality of services in long-term care facilities, and the lack of access to services specifically for older LGBT adults. In some ways their concerns are not that different from all older Americans, but they have a clear LGBT spin. LGBT participants are less likely to be able to count on their biological families and must develop chosen families to assure care. They also seem to want services that are more directly designed for the LGBT community. These factors might explain why so many are interested in LGBT-welcoming housing developments for older adults.



76%

are concerned about having adequate family and/or social supports to rely on as they age



73%

do not have access to LGBT-specific services for older adults

When thinking about long-term care facilities, percent concerned about the following



The gender expansive community faces unique challenges and even greater fear of discrimination. Very high majorities of this community are concerned about quality and access to healthcare as they age.

Survey results suggest that the gender expansive community is more likely to feel vulnerable to discrimination and unfair treatment. While many large cities have gender identity equality laws, most transgender people – 82 percent – who participated in the survey do not live in big cities, underscoring the need for protections on the state and federal level.

47% say they **can count on family members for support** (much lower than LGB)

75% are **concerned that healthcare providers are not sensitive** to their needs

46% are **very or extremely concerned about adequate social support** as they age

70% are **concerned that they will need to hide their identity** in long-term care

66% are **concerned that their healthcare will be affected** because of gender identity

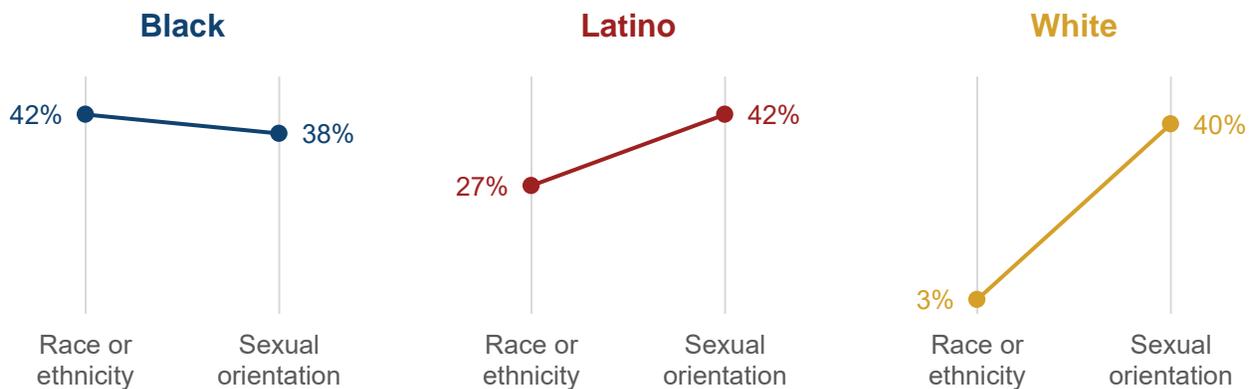
55% **fear housing discrimination**



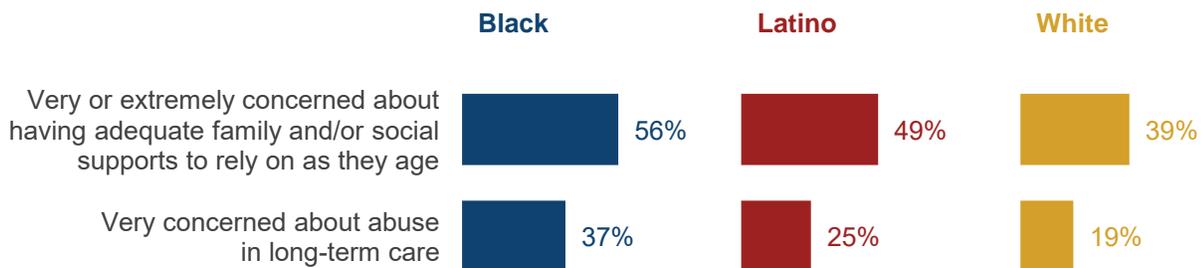
Black and Latino LGBT Americans are more concerned about multiple forms of discrimination and negative outcomes as they age.

The most striking differences by race/ethnicity among survey respondents were fears of discrimination and bad health outcomes, in particular, for the black LGBT older adult community. For LGBT people of color, concern about discrimination due to their sexual orientation or gender identity was bound up with concern about discrimination due to their race or ethnicity. Black LGBT adult respondents ages 45 and older were likely to worry about both of these aspects of their identity equally as a cause for an adverse experience with healthcare professionals. At the same time, they were most likely to worry about having a family support network to rely on as they age. In general, the survey results suggest that LGBT people of color have more reasons to be concerned about aging than their white counterparts.

Percent somewhat or very concerned that quality of care received by healthcare professionals and staff will be adversely impacted by race or ethnicity or sexual orientation



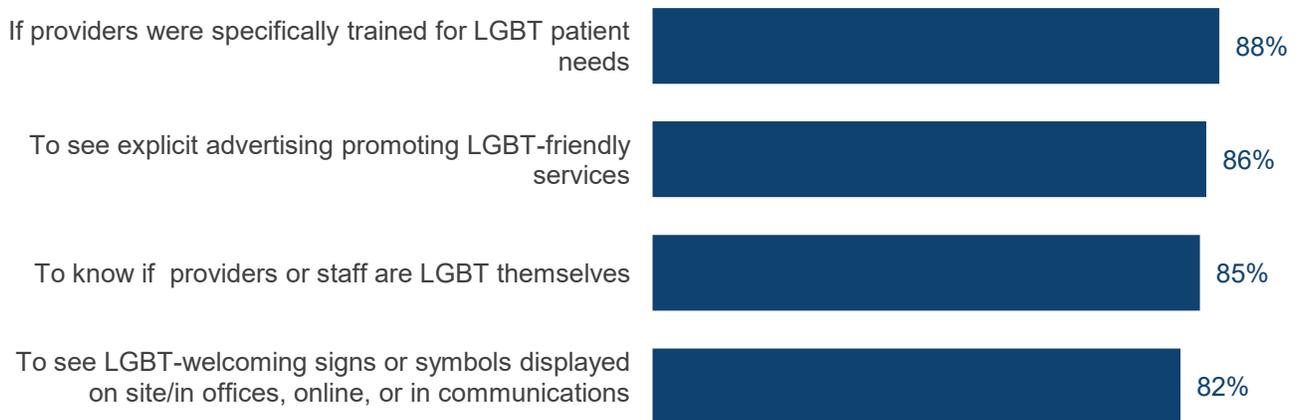
Percent who are...



Long-term care providers and facilities that intentionally affirm LGBT adults will improve patient comfort and quality of care.

Research participants were presented with four ideas on how to improve their confidence about the quality of care they would receive in long-term care facilities. Participants enthusiastically endorsed all four ideas. Of course, these recommendations are not just applicable to long-term care facilities. They are applicable to all types of for-profit businesses and nonprofit institutions.

Percent of LGBT adults who would be more comfortable...



Nine out of ten survey participants indicated interest in LGBT-welcoming housing developments for older adults.

Fewer than two-thirds of LGBT participants ages 45 and older own their homes, and more than one-third rent or live with someone else. Renting may be more common in big urban areas, but those living in self-described LGBT-unfriendly communities were seven times more likely to report recent experiences with housing discrimination because of their sexual orientation. Gender expansive participants were also significantly more likely than LGB participants to have experienced housing discrimination recently. Having to hide one's identity in later life to have access to suitable housing options is a concern for one in three LGBT respondents (34%) and more than half of the gender expansive segment (54%). When asked about LGBT-welcoming housing developments for older adults, 90% were extremely (35%), very (27%), or somewhat (28%) interested.

15%
(7.5x)

of those living in **LGBT-unfriendly communities** have recently faced housing discrimination because of their sexual orientation

VS.

2%

of those living in **very LGBT-friendly communities** have recently faced housing discrimination because of their sexual orientation

14% of **gender expansive participants** recently faced housing discrimination because of their gender identity

4% of **gay, lesbian, and bisexual participants** recently faced housing discrimination because of their sexual orientation

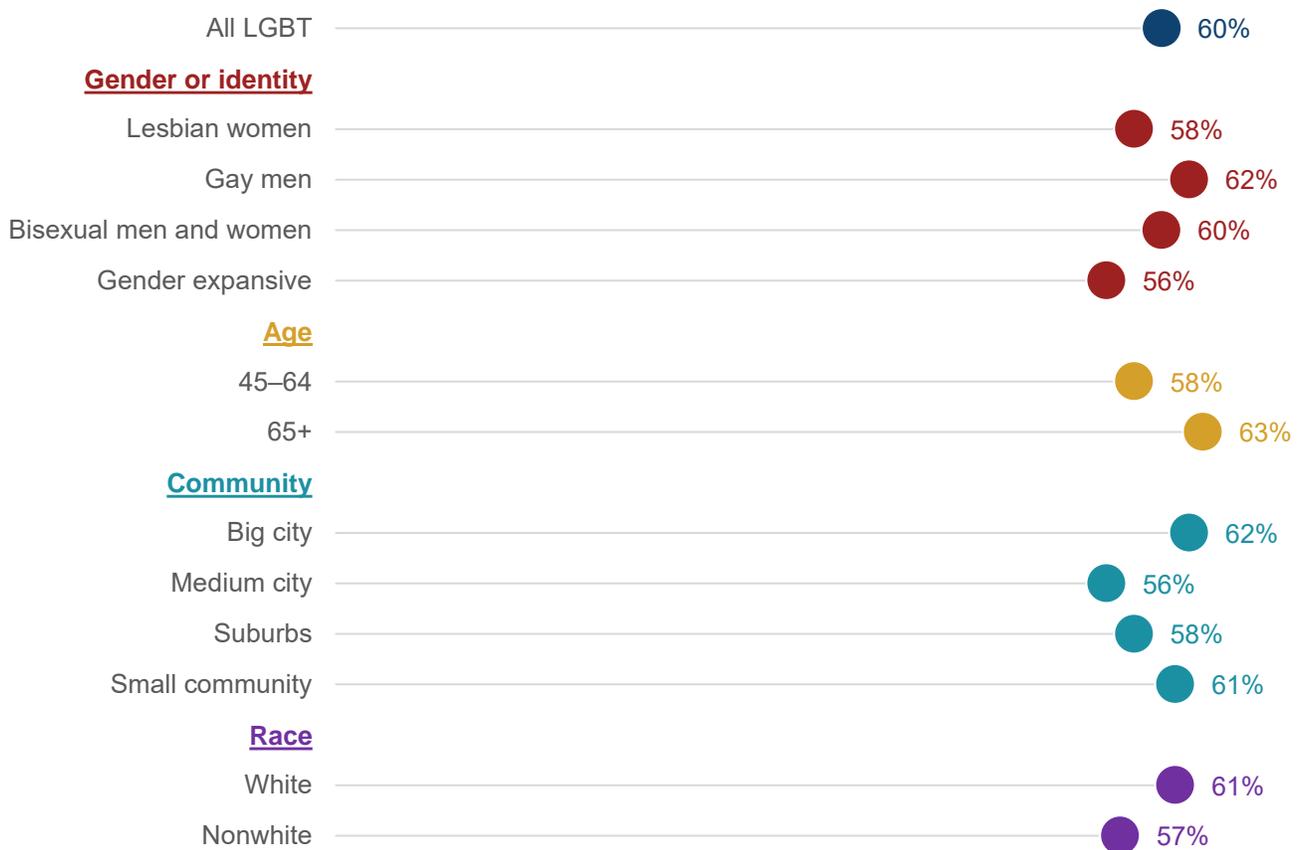


DETAILED FINDINGS: TODAY

The LGBT community is “somewhat” optimistic.

Participants were optimistic about the future for the LGBT community, but with some reservations. While most agreed that the kinds of problems people face because they are LGBT will largely be solved in the next 20 to 30 years, participants were more likely to “somewhat agree” than to “strongly agree.” The response was relatively stable across demographic groups.

Percent who somewhat or strongly agree with the statement:
“The kinds of problems people face because they are LGBT will largely be solved in the next 20 to 30 years”

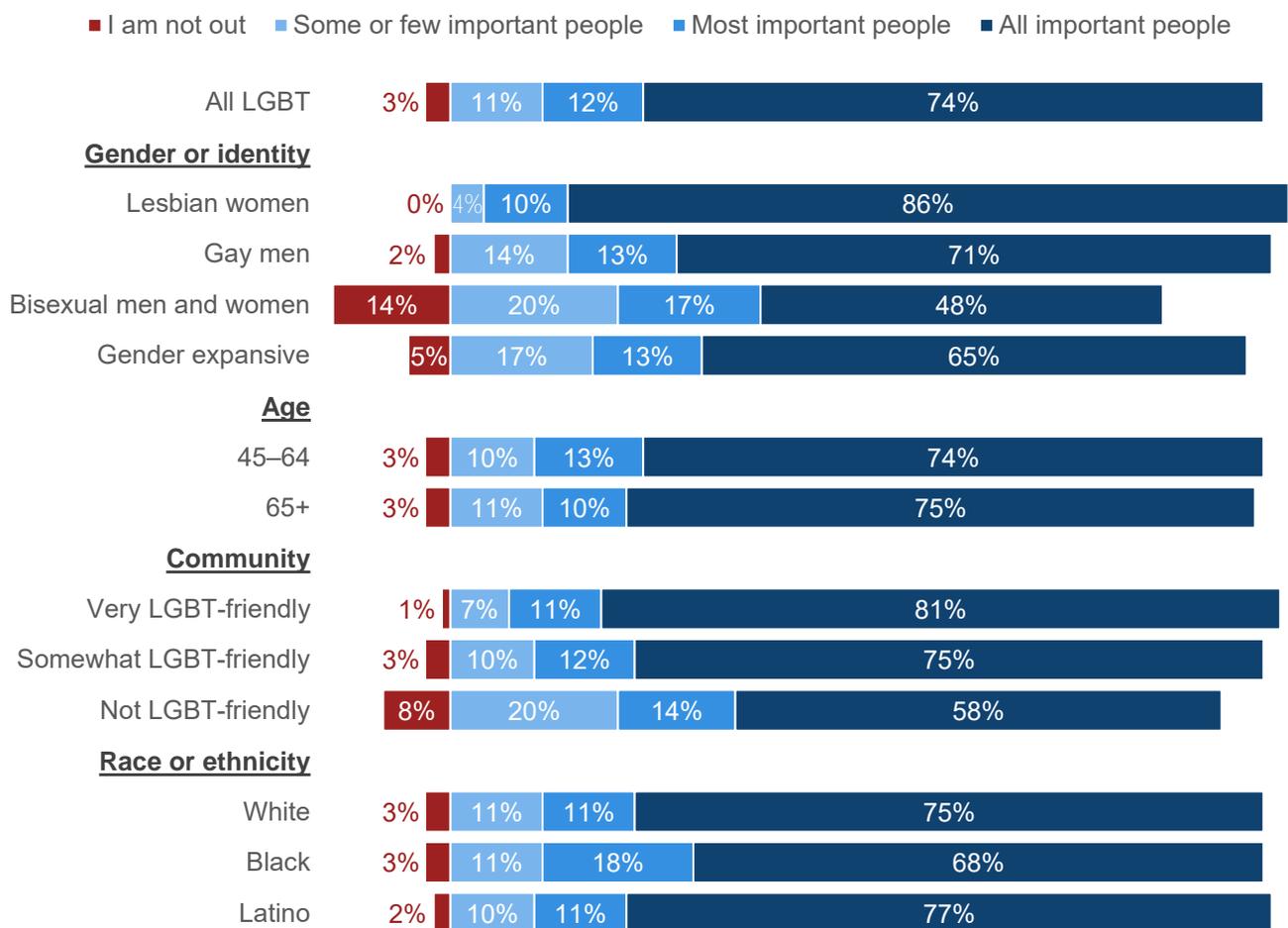


Base: All LGBT, n=1,762; gay men, n=680; lesbian women, n=627; bisexual men and women, n=162; gender expansive individuals, n=264; ages 45–64, n=1,210; ages 65+, n=552; big city, n=486; medium city, n=360; suburbs, n=452; small city, small town, rural, n=464; White, n=1,182; nonwhite, n=523.

Being “out” as LGBT

As previously mentioned, respondents were sampled from an online panel of LGBT people who are largely out and interacting within the LGBT community. However, even within the LGBT panel, not everyone was completely out to all people. Among the research participants, lesbian women were the most out, followed by gay men, gender expansive participants, followed significantly behind by bisexual men and women.

How out respondents are to important people in their lives



Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264; ages 45–64, n=1,210; ages 65+, n=552; very LGBT-friendly community, n=585; somewhat LGBT-friendly community, n=854; not LGBT-friendly community, n=251; white, n=1,182; black/African American, n=233; Latino, n=199.

The degree of community LGBT-friendliness was an important factor for how out people are. Respondents living in communities that are not LGBT-friendly were the least likely to be out to everyone important to them, and one in five were out only to some or a few important people.

Being out by race/ethnicity was almost even across groups, with some members of the African American community trending less likely to be out to everyone.

Participants were also more comfortable being out to some groups than to others. Bisexual participants were the least comfortable being out to their biological family, but the majority of LGBT parents are out to their children. Gender expansive and bisexual participants were least comfortable being out to coworkers, but gender expansive and lesbian participants were more comfortable than gay men or bisexual participants being out on social media.



Relationship status

Among the participants, relationship status differed by gender. Most of the gay men in the study defined themselves as single, while lesbian women were most likely to be married. Gender expansive and bisexual participants had partnership rates not far behind lesbian women.

Marriage has been readily adopted by the LGBT community, and few indicated a civil union or domestic partnership.

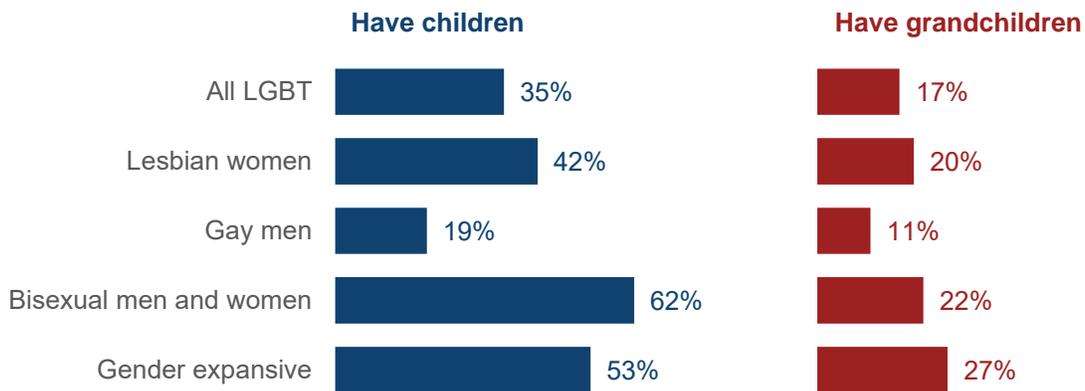
	All LGBT	Lesbian women	Gay men	Bisexual men and women	Gender expansive
Married	35%	43%	27%	39%	35%
In a relationship and living with partner	14%	14%	14%	10%	14%
Civil union or domestic partner	3%	4%	2%	3%	1%
Total partnered	52%	61%	43%	52%	50%
Single	48%	39%	57%	48%	50%

Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

Children and grandchildren

More than one-third of all LGBT survey participants have children and grandchildren. Among bisexual and gender expansive respondents, a majority are parents or grandparents.

Percent of LGBT community members who have children or grandchildren



Base: All LGBT, n=1,762; Lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

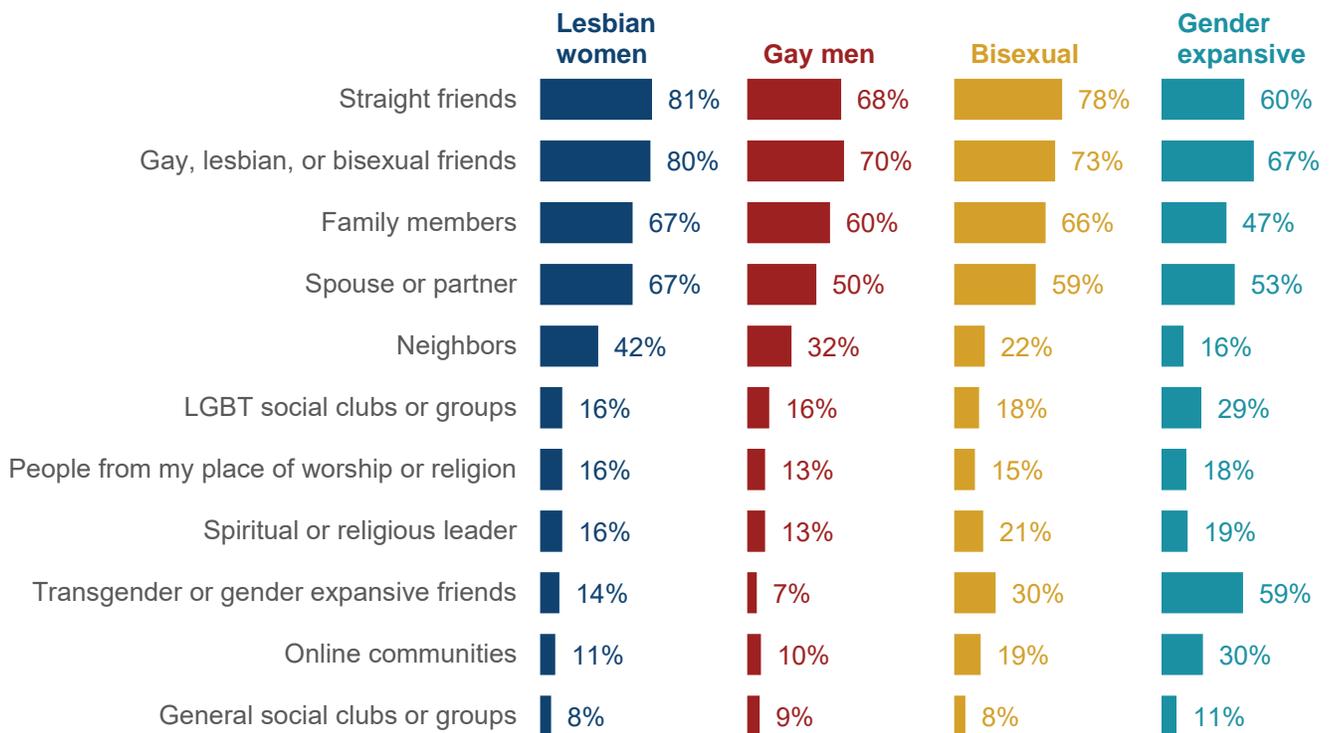


Social support networks

The vast majority of participants feel that they have some social-support network. Given the small size of the LGBT community compared to the general population, it is interesting to note that most LGBT participants said that they rely on the LGBT community as their primary support system. Furthermore, participants were much more likely to consider LGBT friends and straight friends as part of a personal support network than family members.

While LGBT social clubs or groups and online communities ranked relatively low compared to other support systems, they ranked highest for the gender expansive respondents.

Percent whose support networks include...

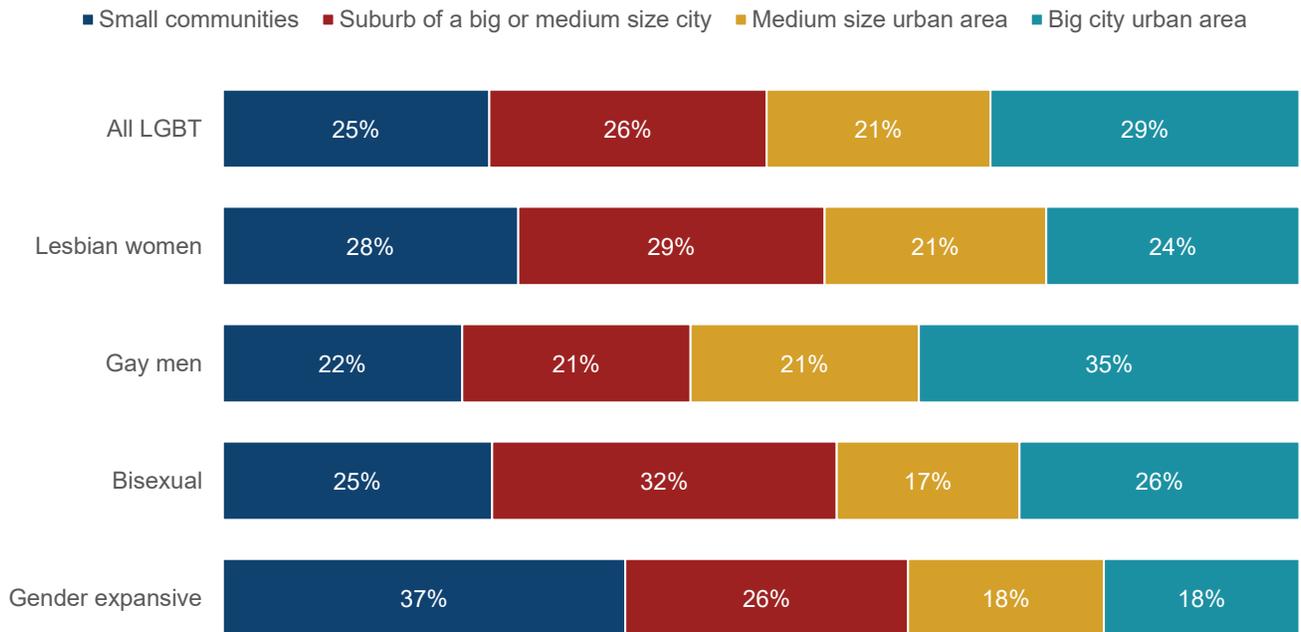


Base: All LGBT, n=1,762; lesbian women, n=609; gay men, n=632; bisexual men and women, n=154; gender expansive individuals, n=238.

Living in all types of communities

Older LGBT Americans live in communities of all sizes, including cities, towns, suburbs, and rural areas. Among total LGBT adults surveyed, 29% live in big cities, 21% in medium cities, 26% in suburbs, and 25% in small and rural communities. Gay men were more likely to live in big cities, and gender expansive individuals skewed more heavily toward small and rural communities.

LGBT residence and community size

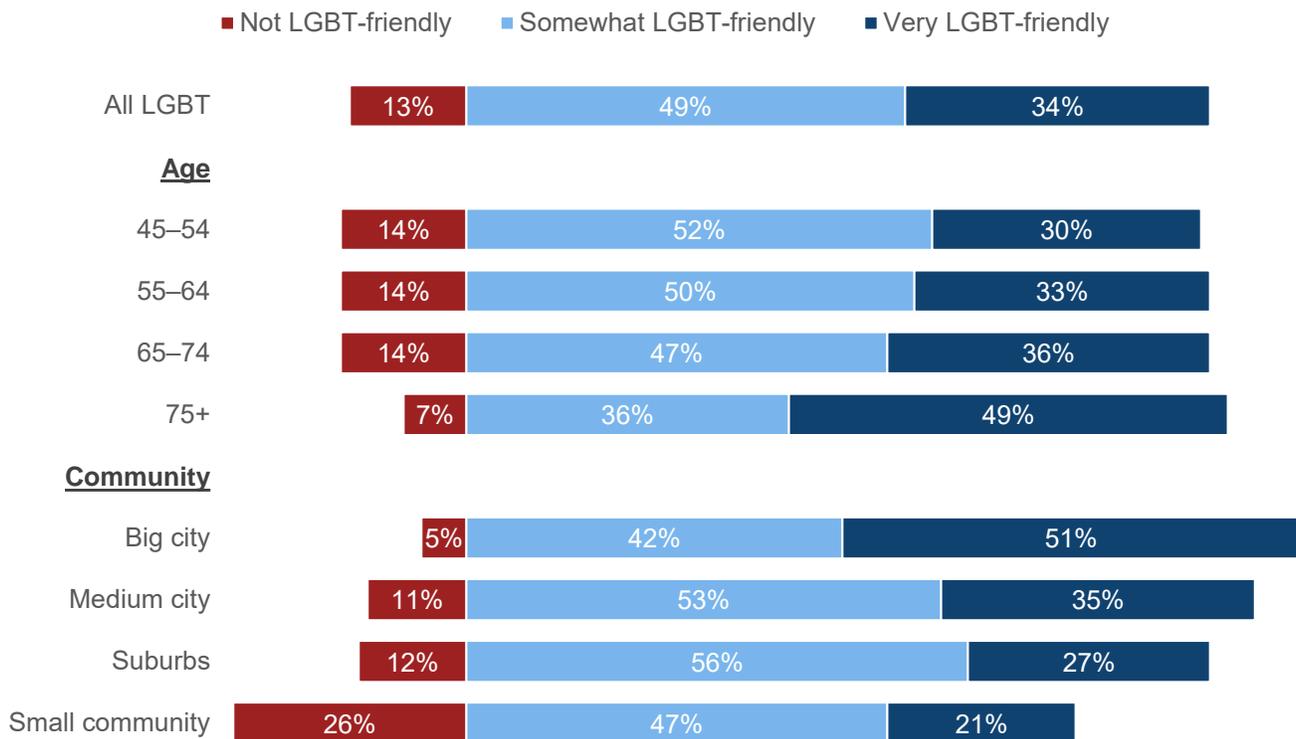


Base: All LGBT, n=1,762; Lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

Perception of community as LGBT-friendly

While the vast majority of LGBT participants felt that their communities were at least somewhat LGBT-friendly, size of community did correlate to the perception of LGBT-friendliness. Those living in smaller communities were least likely to see their community as LGBT-friendly, but a majority still felt that their community was LGBT-friendly (68%).

LGBT-friendliness of community of residence



Base: All LGBT, n=1,762; ages 45–54, n=610; ages 55–64, n=600; ages 65–74, n=422; ages 75+, n=130; big city, n=486; medium city, n=360; suburbs, n=452; small city, small town, and rural, n=464.

Access to services

LGBT community members living in small cities, small towns, and rural areas had the most limited access overall to LGBT-affirming services. Four in ten LGBT respondents in small communities were without access to any LGBT-specific community services where they live.

Access to LGBT services for older adults was particularly low in communities of all sizes and especially outside big cities.

	All LGBT	Big City	Medium City	Suburbs	Small Community
LGBT-affirming churches, synagogues, mosques, or other faith organizations	63%	79%	71%	61%	38%
LGBT establishments such as restaurants, bars, or stores	57%	77%	66%	56%	27%
LGBT cultural or social organizations or events	57%	75%	64%	55%	33%
LGBT community center	54%	78%	57%	56%	21%
LGBT professional or business organizations	43%	67%	43%	44%	14%
LGBT health center	32%	57%	25%	31%	11%
LGBT services for older adults	27%	48%	24%	22%	10%
Other types of LGBT organizations	24%	35%	24%	22%	11%
I do not have access to LGBT organizations where live	18%	5%	10%	16%	43%

Base: All LGBT, n=1,762; Big city, n=486; medium city, n=360; suburbs, n=452; small city, small town, and rural, n=464.

Communication with physician

The majority of LGBT respondents in this survey are out to their physician, but bisexual men and women were significantly less likely to say their primary care physician knows their sexual orientation.

Percent whose primary care doctor knows their...

Sexual orientation



Gender identity

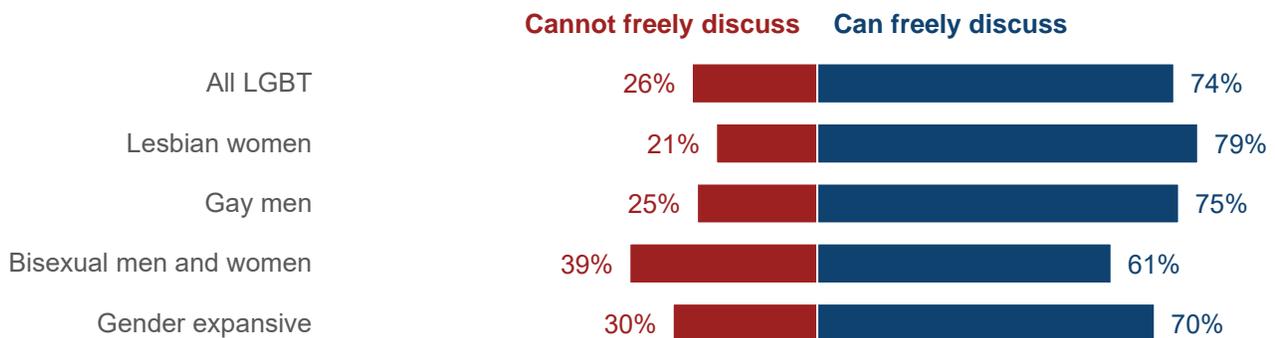


Base: Sexual orientation question to lesbian, gay, bisexual participants, n= 1,446. Gender Identity to gender expansive individuals, n=261.

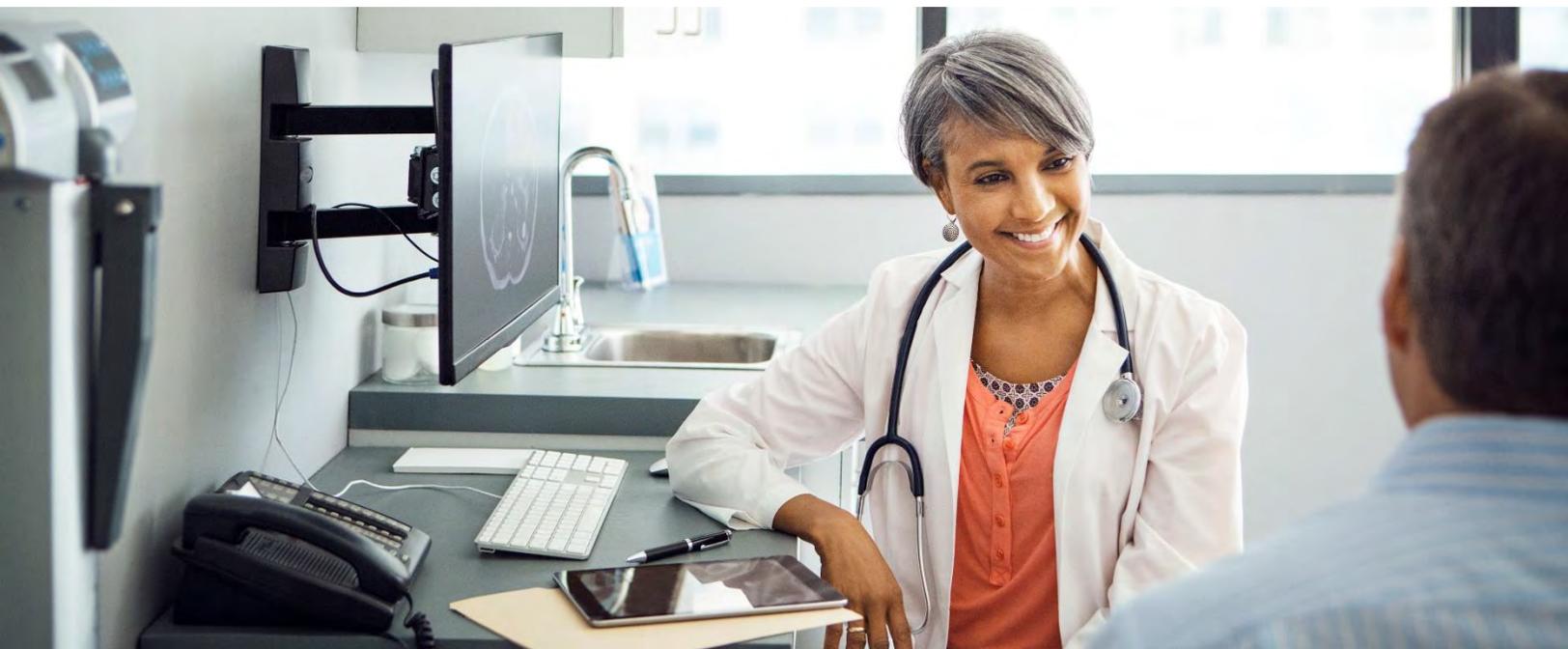
Relationship with physician

Most LGBT survey respondents have a positive relationship with their primary care doctor or physician, and few of any group said their relationship was neutral or negative. However, similar to the trend of bisexual respondents being less likely to discuss their sexual orientation with providers, they were also most likely to feel reluctant to discuss some issues for fear of being judged by their physician.

Percent who feel they **can** or **cannot** freely discuss all healthcare issues with their primary care doctor or physician



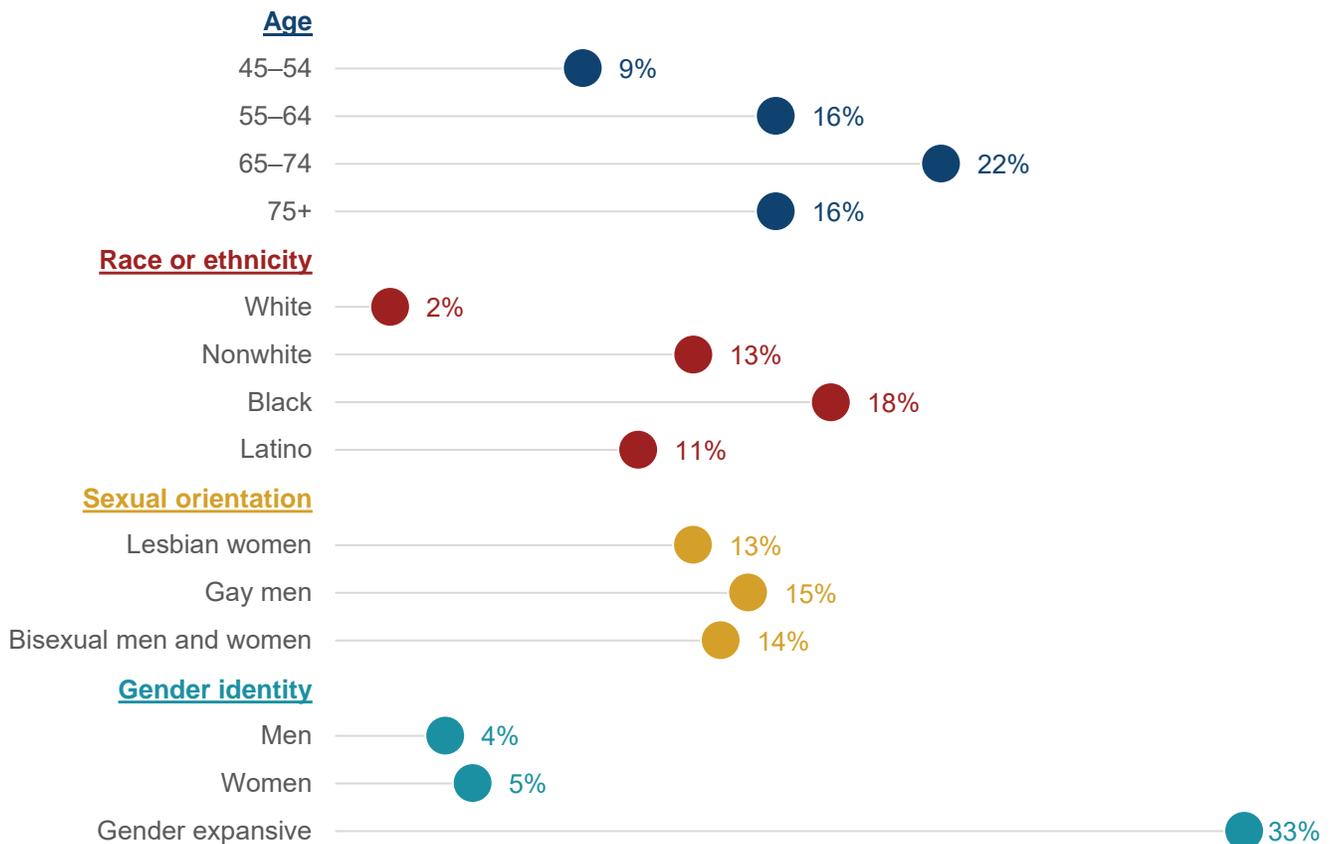
Base: All LGBT with a primary care doctor/physician, n=1,674; lesbian women, n=600; gay men, n=645; bisexual men and women, n=151; gender expansive individuals, n=249; ages 45–64, n=1,138; 65+, n=536.



Volunteering

Forty percent (40%) of survey participants said that they are active volunteers, with more volunteering in non-LGBT organizations (29%) than in LGBT organizations (18%). Survey respondents expressed some concern that volunteer opportunities may be closed to them because of their age, sexual orientation, and gender identity. One in five LGBT adults ages 65 to 74 was concerned that age would limit their opportunity to participate in volunteer activities and one in three gender expansive participants said their gender identity may keep them from being welcomed.

Percent who worry volunteer opportunities may not be open to them based on their age, race or ethnicity, sexual orientation, or gender identity



Base: All LGBT, n=1,762; ages 45–54, n=610; ages 55–64, n=600; ages 65–74, n=422; ages 75+, n=130; white, n=1,182; nonwhite, n=523; black, n=233; Latino, n=199; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264; male, n=759; female, n=739.

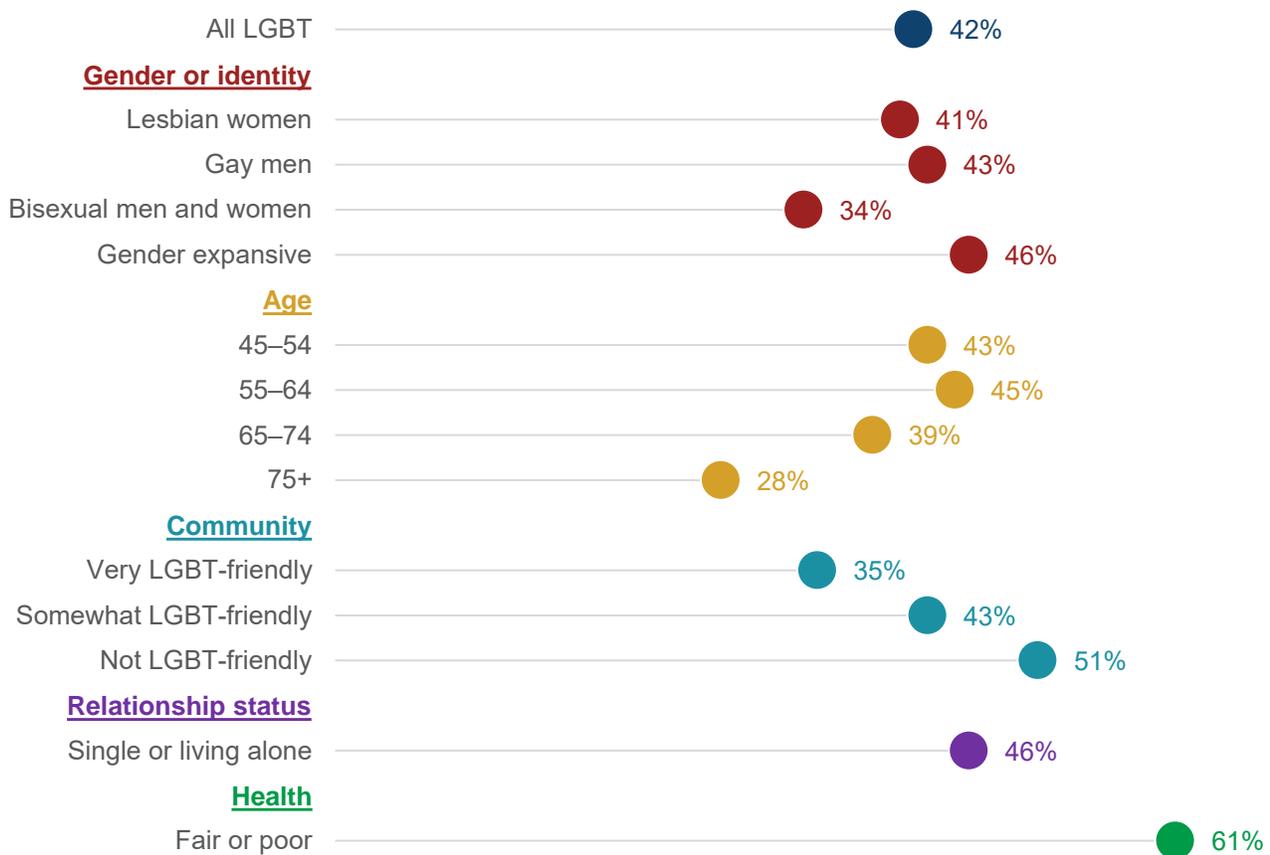


DETAILED FINDINGS: AS THEY AGE

Concern for future support

Four in ten (42%) LGBT participants were either extremely or very concerned about having adequate family and/or social supports to rely on as they age, and 76% were at least somewhat concerned. Gender expansive participants, those ages 55–64, and those living in LGBT-unfriendly communities were most likely to be concerned. LGBT adults ages 45 and older with fair and poor health had by far the highest concern of any group about having adequate family and social support to rely on as they age.

Percent who are very or extremely concerned about having adequate family and social support to rely on as they age



Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264; Ages 45–54, n=610; ages 55–64, n=600; ages 65–74, n=422; ages 75+, n=130; very LGBT-friendly community, n=585; somewhat LGBT-friendly community, n=854; not LGBT-friendly community, n=251; single/living alone, n=829; fair and poor health, n=271.

Healthcare and discrimination

Many LGBT community members expressed some concerns about discrimination in healthcare as they get older because of their sexual orientation, gender identity, age, or ethnicity. Gender expansive participants have the greatest concerns.

Percent somewhat or very concerned that the quality of healthcare received will be adversely impacted by their sexual orientation or gender identity as they age



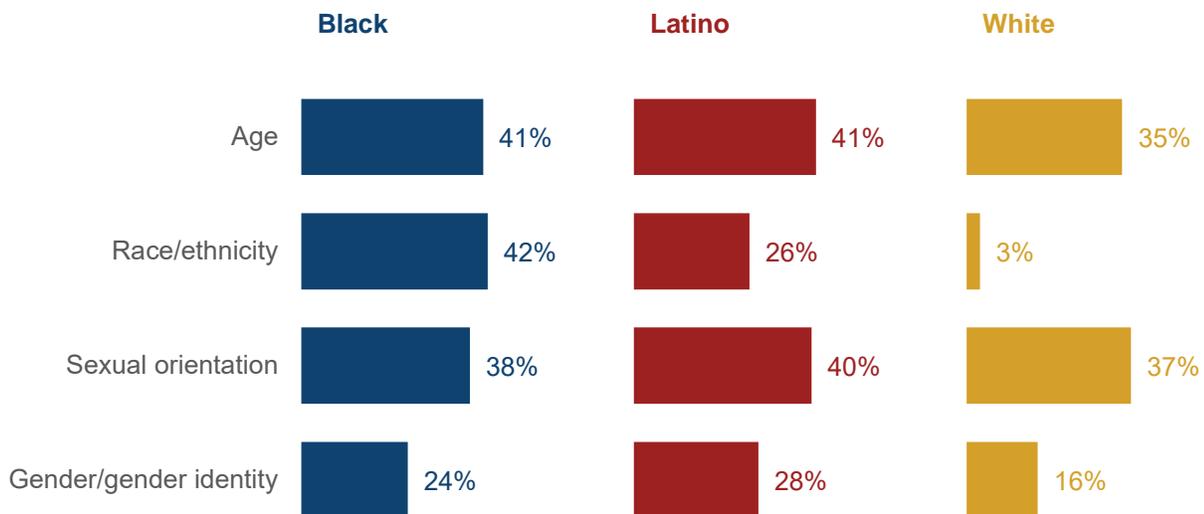
Base: Lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.



Healthcare and discrimination by ethnicity

Gay men, lesbian women, and bisexual men and women of color (black and Latino) were about as likely as white LGB respondents to be concerned that their sexual orientation and their age may have a negative impact on the quality of care they receive from healthcare providers as they age. However, black and Latino respondents were far more likely to be concerned also about their race or ethnic identities as a reason for poor quality of care, as well as gender or gender identity. Rather than one type of discrimination outranking others, black and Latino members of the LGBT community carry additional reasons to feel at risk of receiving poor healthcare.

Percent somewhat or very concerned that the quality of care they receive from healthcare professionals will be adversely affected by their age, race/ethnicity, sexual orientation, or gender/gender identity

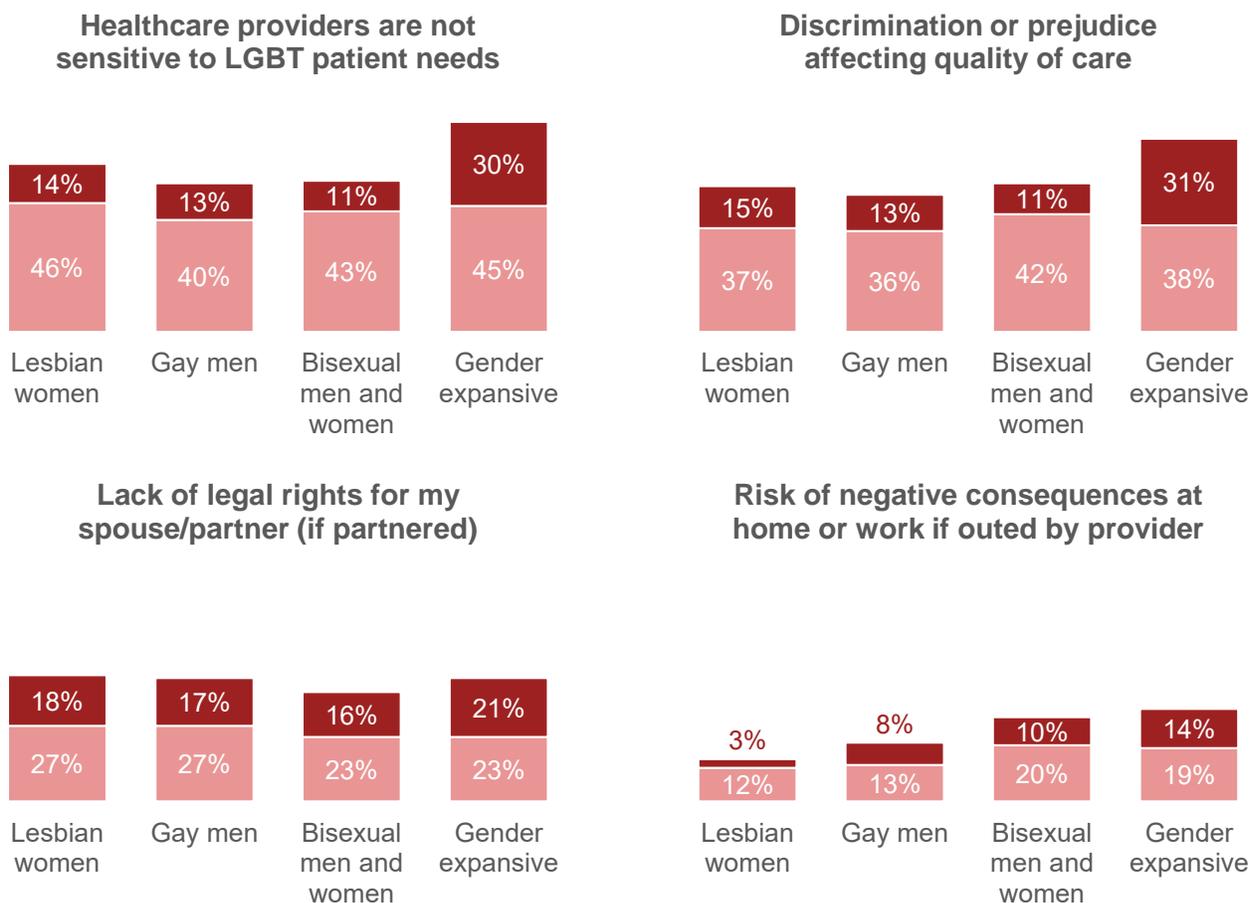


Base (All LGBT): black/African American, n=233; Latino, n=199; white, n=1,182.

Legal protections

Survey participants expressed significant concern regarding discrimination or prejudice in healthcare. Gender expansive participants were by far the most concerned, both in number and degree. The greatest concern was healthcare providers who are not sensitive to LGBT patient needs, followed by discrimination or prejudice affecting quality of care. For LGBT adults ages 45 and older who are not out with their coworkers and supervisors, 40% are concerned about the risk of facing negative consequences at home or work if they are outed by medical provider.

Percent **somewhat** or **very concerned** about the following if they or their spouse/partner ever had a health emergency requiring medical attention

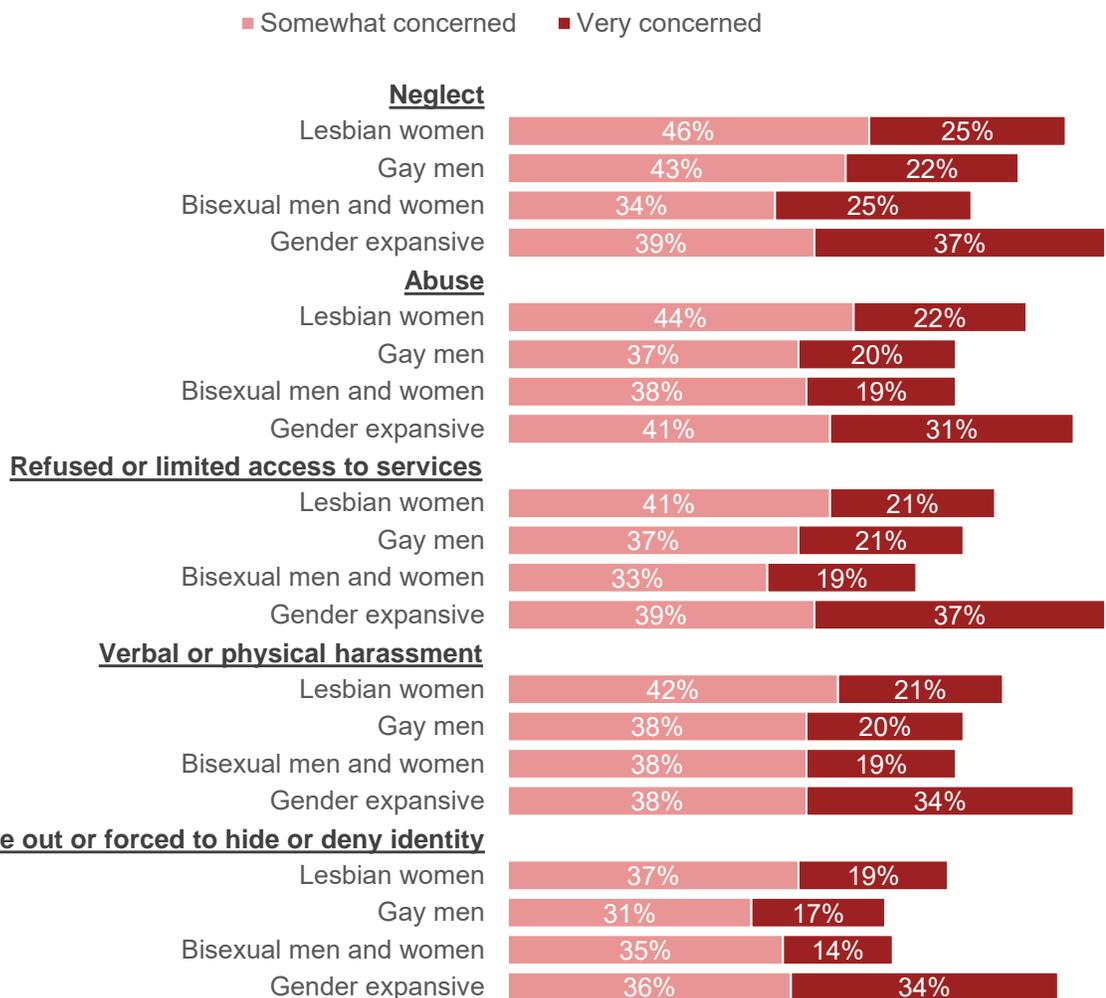


Base (All LGBT): Lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

Long-term care concerns by identity

Respondents expressed serious concerns about long-term care, especially gender expansive individuals. A majority of gender expansive respondents cited concerns about neglect, abuse, being refused access to services, or harassment. The most LGBT-specific impact is to be forced to hide one’s identity, which was a concern for about half of LGB respondents and for 70% of gender expansive respondents.

Percent somewhat or very concerned about the following if they or their spouse/partner ever needed long-term care, by gender or identity

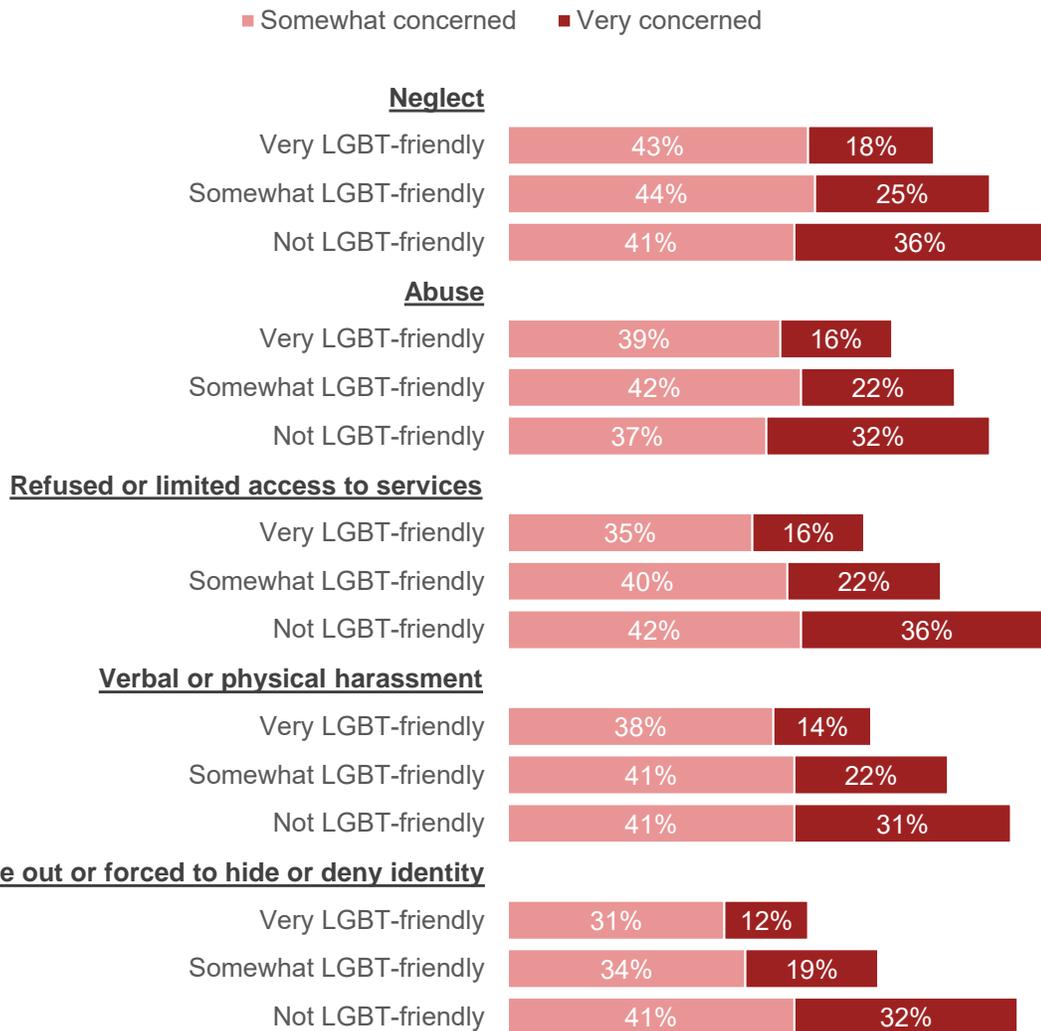


Base (All LGBT): Lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

Long-term care concerns by type of community

Large proportions of respondents living in even very LGBT-friendly communities were concerned about their quality of long-term care as an LGBT person. Those living in LGBT-unfriendly communities were even more likely to express concerns.

Percent somewhat or very concerned about the following if they or their spouse/partner ever needed long-term care, by community friendliness

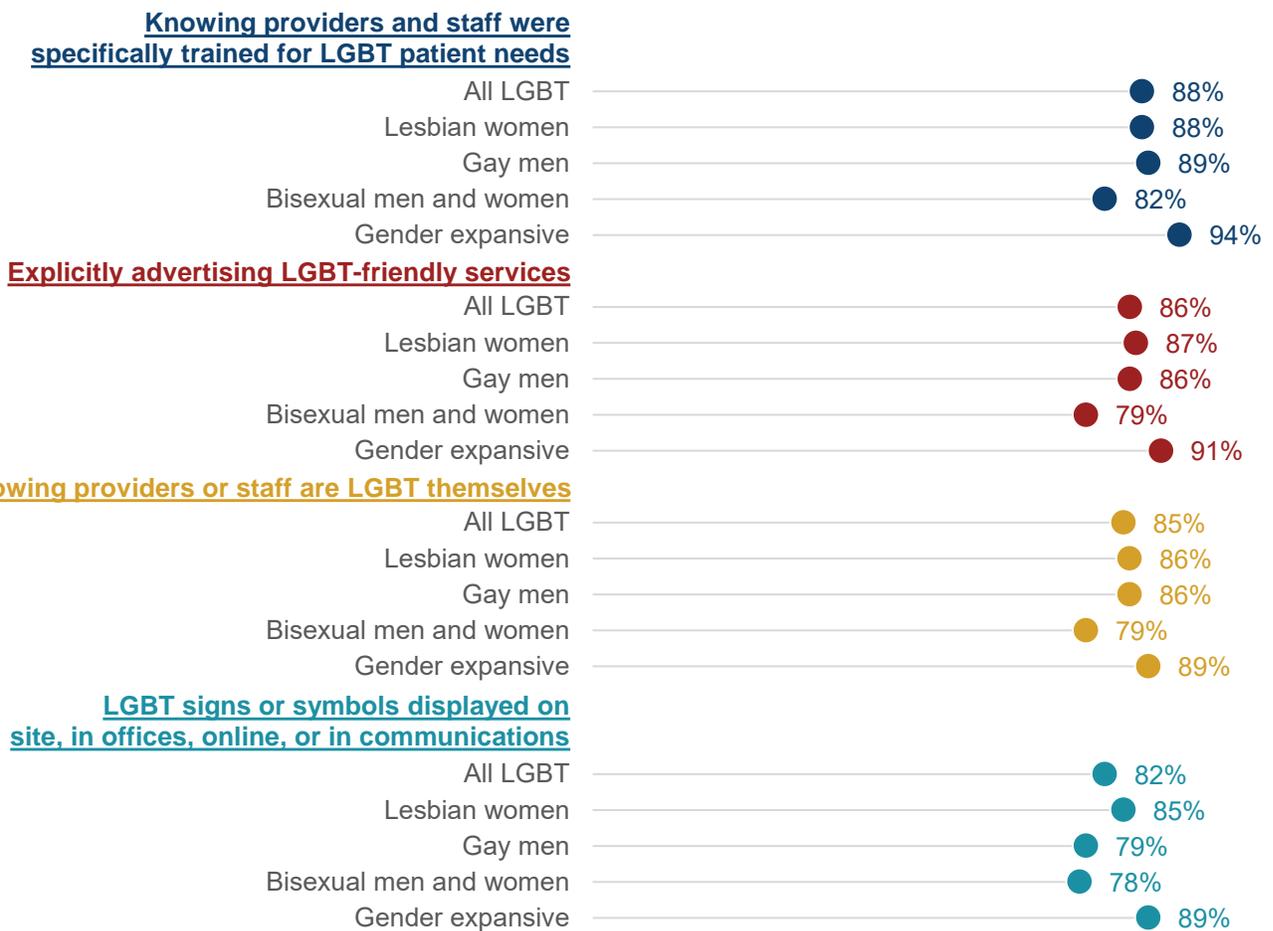


Base: Very LGBT-friendly community, n=585; somewhat LGBT-friendly community, n=854; not LGBT-friendly community, n=251.

LGBT outreach by long-term care services

Survey results show that providers of long-term care services and supports can initiate specific outreach activities to make the LGBT community feel more comfortable including training, hiring LGBT staff, investing in advertising to communicate LGBT-friendliness, and displaying LGBT-welcoming signs in facilities and online. Any of these actions help create LGBT-safe spaces within the long-term care industry and would be roundly welcomed by the LGBT community.

Percent who would be somewhat/much more comfortable if they or their spouse/partner ever needed long-term care if providers had the following



Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264.

Caregivers

More than two-thirds of LGBT respondents have been or are a caregiver to an adult loved one, and three-fourths expected to be a caregiver or need one themselves in the future. Given the reliance of the LGBT community on friends for social supports in times of need, as well as the level of concern about quality of care from long-term care providers, it follows that such a large share of respondents have provided care for a friend or loved one and expect to either give or receive care in the future.

Past caregiving	Future caregiving
68% have provided caregiving to an adult loved one such as a relative, friend, or spouse or partner	71% think it is likely they will be a caregiver to a loved one in the future
30% have received caregiving as an adult from a loved one such as a relative, friend, or spouse or partner	74% think it is likely they will need caregiving from a loved one in the future

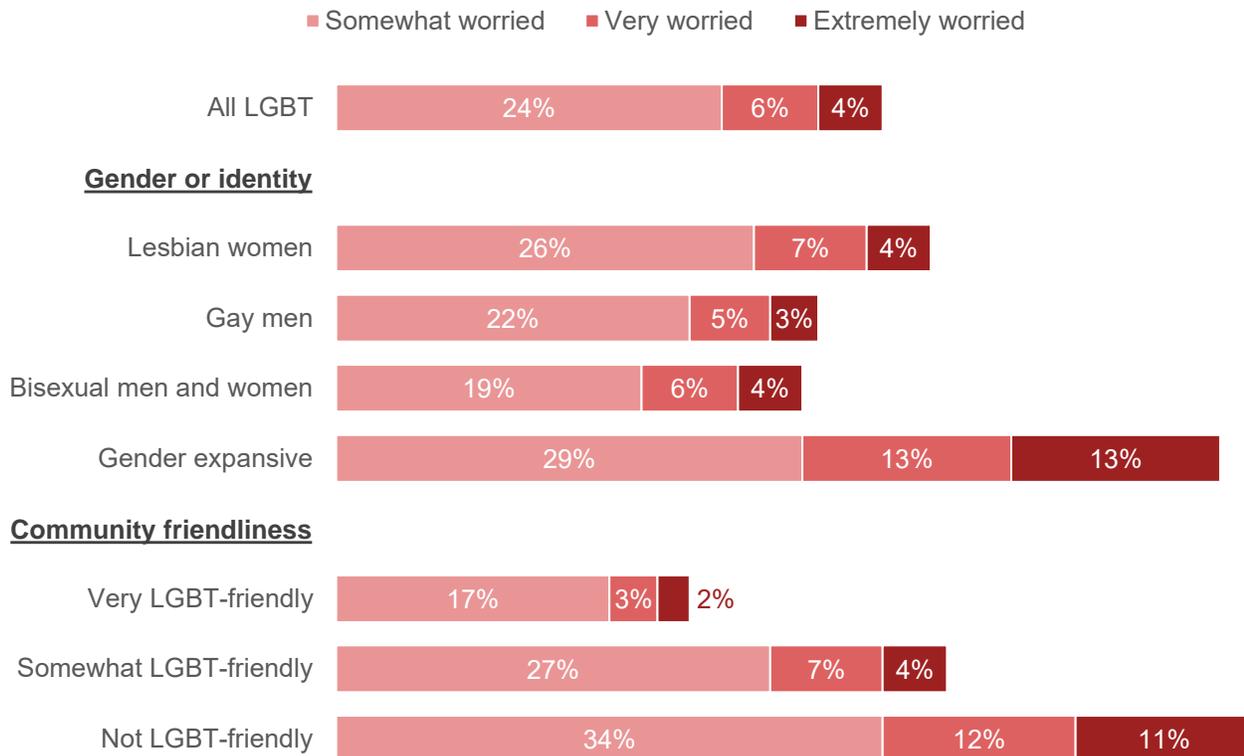
Base: All LGBT, n=1,762.



Fear of future housing discrimination

One in ten (10%) respondents were very or extremely worried about future housing discrimination as they age because of their LGBT identity, and that share rises to 34% when including somewhat worried. Gender expansive participants again indicated an even greater level of insecurity with more than half (54%) expressing concern about needing to hide their identity to access housing options for older adults.

Percent who are at least somewhat worried about having to hide their LGBT identity in order to have access to suitable housing for older adults

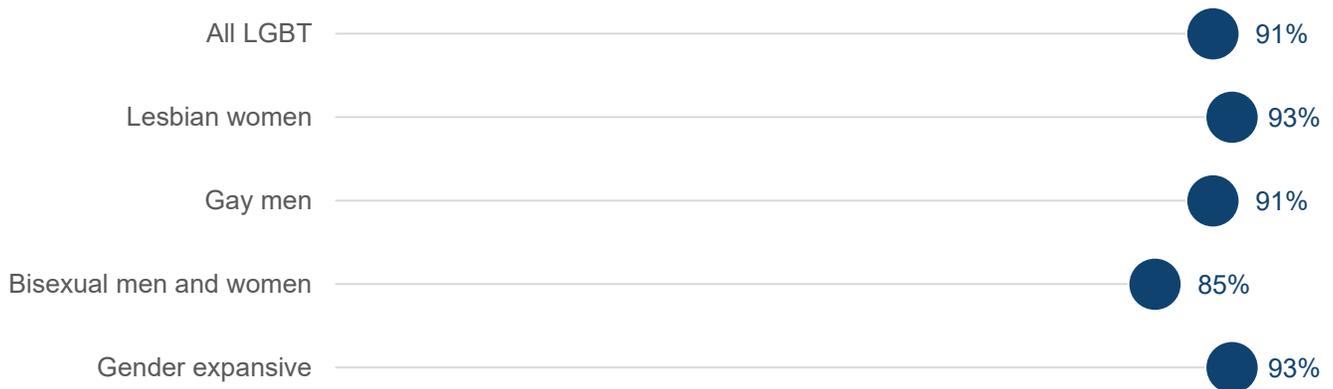


Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264; very LGBT-friendly community, n=585; somewhat LGBT-friendly community, n=854; not LGBT-friendly community, n=251.

LGBT-welcoming housing developments

Nine out of ten respondents expressed an interest in LGBT-welcoming housing developments for older adults if they could afford it. Similarly large majorities showed interest across the spectrum of sexual orientation and gender identity.

Percent somewhat, very, or extremely interested in LGBT-welcoming housing developments for older adults if they could afford them



Base: All LGBT, n=1,762; lesbian women, n=627; gay men, n=680; bisexual men and women, n=162; gender expansive individuals, n=264; ages 45–64, n=1,210; ages 65+, n=552.



APPENDIX

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

About CMI

Community Marketing & Insights (CMI) has been conducting LGBT consumer research for 25 years. Our practice includes online surveys, in-depth interviews, intercepts, focus groups (on-site and online), and advisory boards in North America, Europe, Australia and Asia. Industry leaders around the world depend on CMI's research and analysis as a basis for feasibility evaluations, positioning, economic impact, creative testing, informed forecasting, measurable marketing planning and assessment of return on investment.

Key findings have been published in the New York Times, Washington Post, Chicago Tribune, Los Angeles Times, Wall Street Journal, Forbes, USA Today, Chicago Tribune, Miami Herald, CBS News, NPR, CNN, Reuters, Associated Press, eMarketer, Mashable, and many other international, national and regional media.

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