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## **LGBT seniors face harder old age, national study finds**

Aging and health issues facing lesbian, gay, bisexual and transgender baby boomers have been largely ignored by services, policies and research. These seniors face higher rates of disability, physical and mental distress and a lack of access to services, according to the first study on aging and health in these communities.

The [study](#), released Nov. 16 and led by Karen Fredriksen-Goldsen and colleagues at the University of Washington's [School of Social Work](#), indicates that prevention and intervention strategies must be developed to address the unique needs of these seniors, whose numbers are expected to double to more than 4 million by 2030.

“The higher rates of aging and health disparities among lesbian, gay, bisexual, and transgender older adults is a major concern for public health,” said [Fredriksen-Goldsen](#), a UW professor of social work and director of UW's Institute for Multigenerational Health. “The health disparities reflect the historical and social context of their lives, and the serious adversity they have encountered can jeopardize their health and willingness to seek services in old age.”

She presented some of the study's key findings last week during a [congressional briefing](#).

The study highlights how these adults have unique circumstances, such as fear of discrimination and often the lack of children to help them. Senior housing, transportation, legal services, support groups and social events were the most commonly cited services needed in the LGBT community, according to the study.

Fredriksen-Goldsen and her co-authors surveyed 2,560 lesbian, gay, bisexual and transgender adults aged 50-95 across the United States. The researchers found that the study participants had greater rates of disability, depression and loneliness and increased likeliness to smoke and binge-drink compared with heterosexuals of similar ages.

Those seniors are also at greater risk for social isolation, which is “linked to poor mental and physical health, cognitive impairment, chronic illness and premature death,” Fredriksen-

Goldsen said. Study participants were more likely to live alone and less likely to be partnered or married than heterosexuals, which may result in less social support and financial security as they age.

Histories of victimization and discrimination because of sexual orientation or gender identity also contribute to poor health. The study showed that 80 percent had been victimized at least once during their lifetimes, including verbal and physical assaults, threats of physical violence and being “outed,” and damaged property. Twenty-one percent of respondents said they were denied a job promotion because of their perceived sexual orientation or gender identity. Nearly four out of 10 had considered suicide at some point.

Twenty-one percent of those surveyed did not tell their doctors about their sexual orientation or gender identity out of fear of receiving inferior health care or being turned away for services, which 13 percent of respondents had endured. As one respondent, a 67-year-old gay man, put it, “I was advised by my primary care doctor to not get my HIV tested there, but rather do it anonymously, because he knew they were discriminating.”

Lack of openness about sexuality “prevents discussions about sexual health, risk of breast or prostate cancer, hepatitis, HIV risk, hormone therapy or other risk factors,” Fredriksen-Goldsen said.

The good news? “LGBT older adults are resilient and living their lives and building their communities,” Fredriksen-Goldsen said. Of the study’s respondents, 91 percent reported using wellness activities such as meditation and 82 percent said they regularly exercised. Nearly all – 90 percent – felt good about belonging to their communities. And 38 percent stated that they attended spiritual or religious services, indicating a promising social outlet.

Social connections are key, the study noted because, unlike their heterosexual counterparts, most lesbian, gay, bisexual and transgender seniors rely heavily on partners and friends of similar age to provide assistance as they age. While social ties are critical, there may be limits to the ability of those older adults to “provide care over the long-term, especially if decision-making is required for the older adult receiving care,” Fredriksen-Goldsen said.

The study was funded by the National Institutes of Health and the National Institute on Aging.

Other co-authors at the UW School of Social Work are Hyun-Jun Kim, research associate; Charles Emlet, professor; Elena Erosheva, associate professor; Charles Hoy-Ellis, graduate student, and Jayn Goldsen, project manager. Anna Muraco, assistant professor of

sociology at Loyola Marymount University in California, and Heidi Petry, professor of nursing at Zurich University in Switzerland, also are co-authors.

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