A photograph of two women smiling and looking towards the left. The woman on the left has short, curly grey hair and is wearing a tan jacket over a mustard-colored sweater. The woman on the right has long, curly brown hair and is wearing a dark jacket with a thick orange and yellow patterned scarf. They are standing in front of a light-colored wall with a dark vertical element on the left.

DIGNITY 2024: THE EXPERIENCE OF LGBTQ+ OLDER ADULTS

August 2024

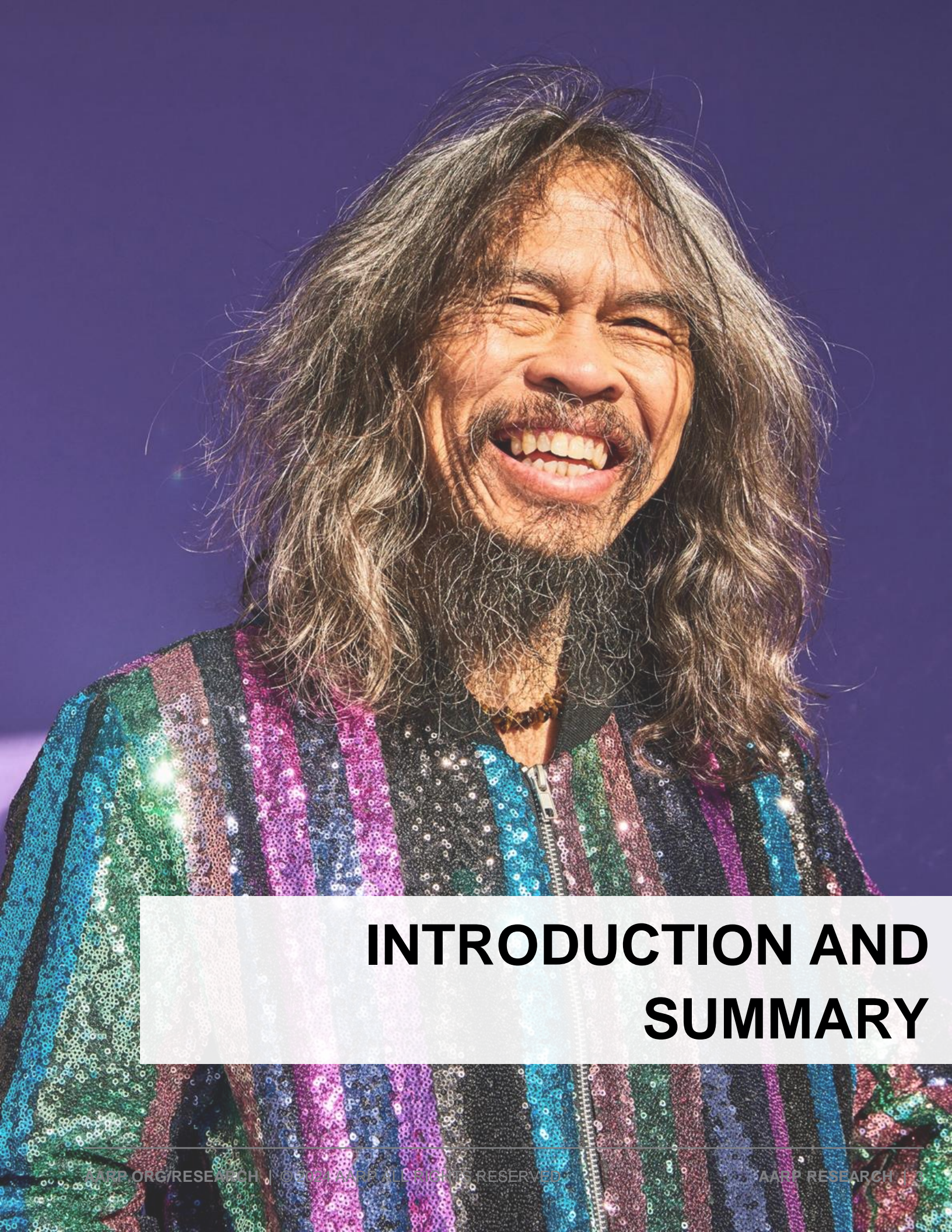
AARP.ORG/RESEARCH
© 2024 AARP ALL RIGHTS RESERVED

AARP RESEARCH

DOI: <https://doi.org/10.26419/res.00805.001>

Table of Contents

Introduction	4
Summary and findings	6
Relationships and Family	9
Health and Healthcare	21
Financial Security and Retirement	35
Implications	43
Demographics	45
Methodology	47
Contact	54



INTRODUCTION AND SUMMARY

Introduction

In 2024 a Gallup report noted that LGBTQ+ identification in the U.S. grew, with 7.6% of U.S. adults now identifying as lesbian, gay, bisexual, transgender, queer or some other sexual orientation (self-reported as queer; same-gender-loving; pansexual) besides heterosexual). The younger cohorts are more apt to self-identify, with one in five adults ages 18 to 26 identifying as LGBTQ+ compared to about 8 percent of adults ages 44 and older identifying as such. Moreover, Gallup notes that bisexual+ adults make up the largest proportion of the LGBTQ+ population - 4.4% of U.S. adults and 57.3% of LGBTQ+ adults say they are bisexual. Of note, bisexual+ is inclusive of those who also identify as pansexual.

Research consistently illustrates that lesbian, gay, bisexual, transgender, and queer (LGBTQ+) older adults have different life experiences than their heterosexual and cisgender counterparts. LGBTQ+ communities are diverse in race, ethnicity, age, socioeconomic status, ability, and in other respects. While the research exploring LGBTQ+ older adults has expanded throughout the years, there is still much to understand, including how inequality and compounded discrimination impact their quality of life across the lifespan.



Introduction

LGBTQ+ issues are both diverse and complicated. Historically LGBTQ+ people have faced discrimination in every area of their lives from employment to housing, to healthcare. Along with AARP research, scholarly research supports the notion that LGBTQ+ people sometimes create strategies to avoid discrimination such as going back into the closet to find suitable housing, or forgoing essential healthcare which could ultimately lead to negative physical and mental health outcomes¹, thereby jeopardizing their longevity. Continuing to advocate for LGBTQ+ adults and build awareness of the issues impacting these community members is key to supporting LGBTQ+ older adults.

Dignity 2024: The Experience of LGBTQ+ Adults increases our understanding of the lived experience of LGBTQ+ adults age 45-plus in the areas of health care access, caregiving, isolation, and relationships. This report builds upon what has been learned from AARP's landmark research study, *Maintaining Dignity: A Survey of LGBT Adults Age 45 and Older*, *The State of LGBTQ+ Dignity 2020: A Supplement to Maintaining Dignity Pre-Covid-19*, which was released in 2021 and *Dignity 2022: The Experience of LGBTQ+ Older Adults*.



¹Burton, C (2022). *Dignity 2022: The Experience of LGBTQ Older Adults*. AARP Research.
Hsia, C., & Parkhill, M. R. *Factors Affecting LGBTQ+ Healthcare Behaviors*.

Summary and Findings

Family structures are different for some LGBTQ+ respondents

What we have learned thus far is that older LGBTQ+ respondents are very concerned about having enough social supports as they age. Moreover, intimate partnership patterns differ by orientation and gender identity which is something that has been consistent across the Dignity Series. For example, lesbian women in the Dignity 2024 survey are significantly more likely to live with a partner (61%) and be married (49%) than gay men, bisexual individuals, or those who identify as transgender or nonbinary (TGNB). Gay men are not as likely to live with a partner, and they also are far more likely to not have any children or grandchildren. While this puts them at risk for social isolation as they age, gay men do not have feelings of isolation that are significantly different from other community members. Gay men also do not have greater levels of concern about social isolation in the future. Given that gay men are more likely to use dating apps, they may have a greater sense of connectedness within the community that allows them to feel supported regardless of partner status.

A sizable number of LGBTQ+ respondents are currently providing or have previously provided caregiving in the past

Furthermore, in Dignity 2024 when looking at the issue of caregiving in the LGBTQ+ community, nearly six in ten (58%) adults 45-plus respondents are currently or have previously provided care for a loved one. While caregiving brings a great sense of joy to many, there are also several challenges that exist for all caregivers; most often it is feeling stressed emotionally (78%). LGBTQ+ caregivers also find it difficult to do the things they need to do to take care of themselves such as getting enough rest (61%), exercising (60%), maintaining a healthy diet (50%) or going to see their own doctors (28%). Some LGBTQ+ caregivers also feel obligated to care for someone who is not accepting of their identity (14%).

Summary and Findings

While many respondents are in good health, a majority take prescription medication

While survey respondents generally report being in good health and most report having a regular health care professional that they see and report they can access health care in their communities, there seems to be some misalignment with other data. For example, more than 85% of respondents take prescription medications, 45% also report having a disability or chronic disease, and 47% report that the disability or chronic illness keeps them from fully participating in work, household, or other activities. Moreover, 88% are concerned about their brain health declining in the future. In addition, three in ten report that they have not sought medical treatment in the past when they needed it and another quarter (23%) say they have experienced a problem with the quality of care they have received.

Bisexual+ and Transgender/Nonbinary respondents have different health outcomes and experiences than gay and lesbian respondents

Again, further examination in Dignity 2024, highlights the different experiences of community members related to health and the healthcare experience- for example, one in three bisexual+ or TGNB respondents rate their physical health as fair or poor. This is significantly more than lesbian women (24%) or gay men (21%). Those who identify as TGNB are also significantly more likely (55%) than other LGBTQ+ groups to have a chronic disease or disability. Among those with a disability, bisexual+ individuals rank highest for having a physical disability (66%), despite being the youngest LGBTQ+ cohort.



1 in 3

Bisexual+ or TGNB respondents rate their physical health as fair or poor

Summary and Findings

When asked about mental health indicators (e.g., quality of life, happiness), TGNB and bisexual+ individuals also rate themselves lower than lesbian women or gay men. This is the case despite similar acknowledgment among LGBTQ+ groups of the importance of brain health and concern about brain health in the future – of which mental health is a part. Scholarly research indicates that sexual identity stress could be a factor in these disparities^{2, 3}.

LGBTQ+ respondents are concerned about the quality of healthcare

Quality of healthcare is also a concern. Three in ten respondents report instances when they did not seek medical care, and about one-quarter report ever having a problem with the quality of healthcare they received. Most often the negative experience was centered on the healthcare providers not listening to the respondent. Moreover, 38% of TGNB have had negative experiences related to their gender identity, such as being misgendered.

Most respondents however can access health care in their communities and have a regular provider that they trust

Most promising is that many respondents (86%) reported that they can access healthcare services in their community. Bisexual+:86% and TGNB respondents:81% though are less likely to have access than lesbian women or gay men (both 91%). Additionally, the majority of those who do have a regular provider tend to trust them (84%), including TGNB and bisexual+ individuals. More than 8 in 10 feel comfortable discussing medical issues with their provider, feel that the health care office is a safe space, and that their provider explains things in a way that they can understand. Respondents do not require that their provider be a part of the LGBTQ+ communities themselves, they are more concerned about the experience being affirming and inclusive. Quality of care, trust and interaction between the provider and the patient are most important to respondents.

² Chan, R. C., Operario, D., & Mak, W. W. (2020). Bisexual individuals are at greater risk of poor mental health than lesbians and gay men: The mediating role of sexual identity stress at multiple levels. *Journal of Affective Disorders*.

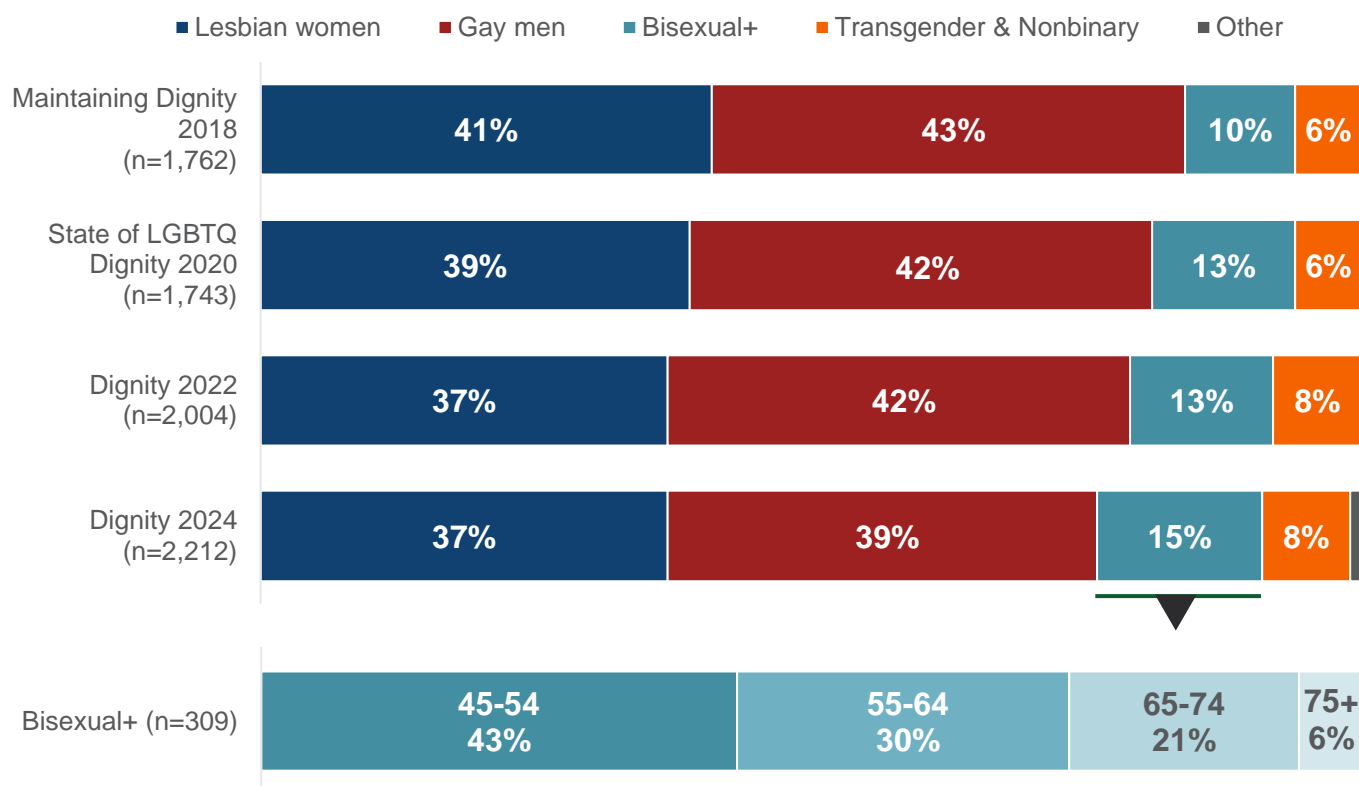
³ Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender health*, 1(1), 12-20.



RELATIONSHIPS AND FAMILY

The number of LGBTQ+ adults 45-plus who say they are bisexual is trending upward

Sexual Orientation and Gender Identity



When the first Dignity study (*Maintaining Dignity: A Survey of LGBTQ+ Adults Age 45 and Older*) was conducted in 2017, one in ten (10%) respondents described their sexual orientation as bisexual. This percentage is up significantly to one in seven (15%) in 2024 – over half (56%) are women and just under half (44%) are men. One factor possibly contributing to this increase over time is age, with younger LGBTQ+ adults 45-plus being significantly more likely than older cohorts to describe their sexual orientation as bisexual⁴. Additionally, as previously noted, pansexual individuals sometimes identify as and are classified as bisexual (denoted as bisexual+).

Q3. How would you describe your gender or gender identity? Base: All respondents (2,212)

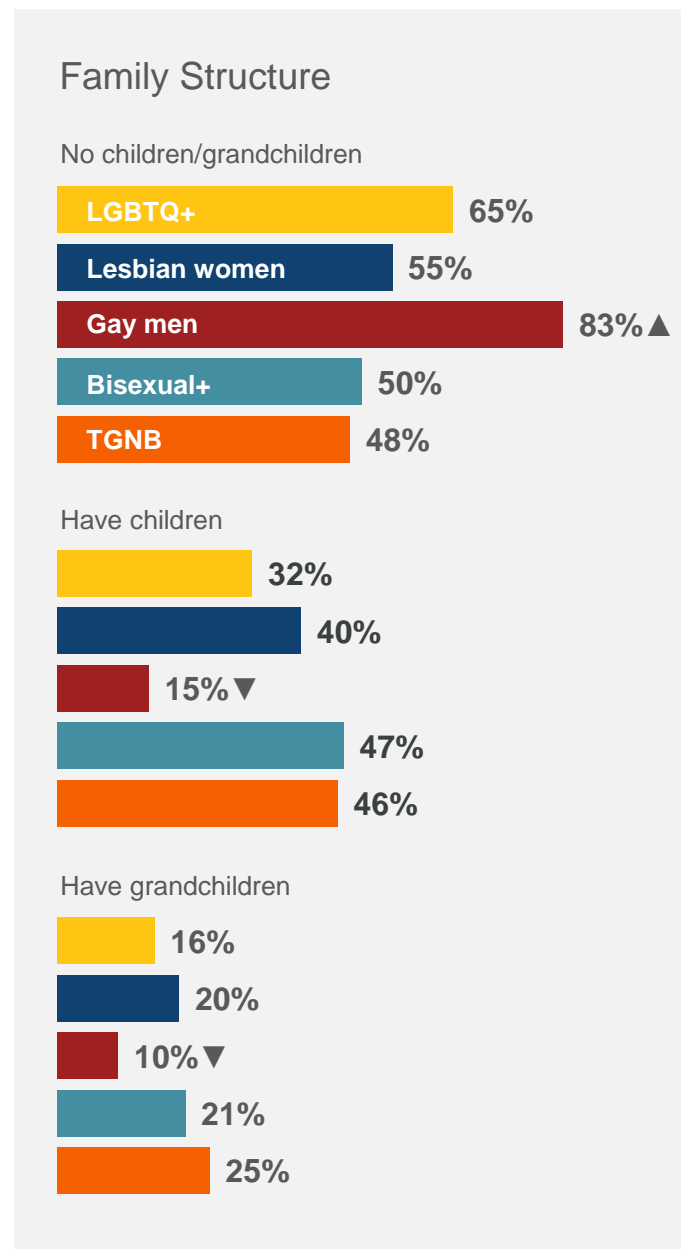
Q4. How would you describe your sexual or romantic orientation? Base: All respondents (2,212)

⁴ Gallup. March 2023. *Invisible Majority: LGBTQ+ Identification in U.S. Now at 7.6%*. <https://news.gallup.com/poll/611864/lgbtq-identification.aspx>

One-third of LGBTQ+ are parents or grandparents; this is different for gay men

Gay men have very different family structures than other LGBTQ+ groups. While 35% of all LGBTQ+ respondents have either children or grandchildren, four in five (83%) gay men have neither. Coupled with lower rates of marriage or partnership, gay men are at risk of social isolation and might lack support as they age.

A very small percentage (1%) of LGBTQ+ adults 45-plus are currently planning to expand their family. Among those planning or unsure about family expansion related to adoption, the majority name financial constraints (related to adoption, surrogacy and other types of assisted reproduction) and lack of legal protection for LGBTQ+ families as a barrier.



Q43. Do you have any children or grandchildren? Base: All respondents (n=2,212)

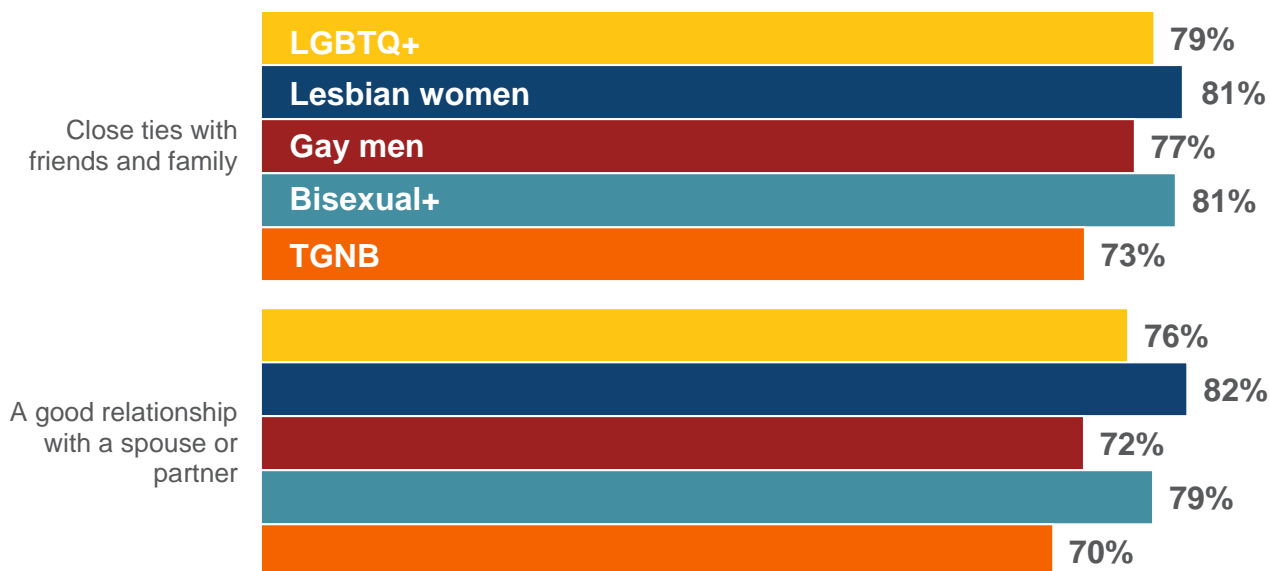
Q44. Are you actively planning to expand your family? Base: All respondents (n=2,212)

Q45. What do you see as the most pressing challenges to starting a family for individuals who identify as LGBTQ+? Base: Respondents planning to expand or unsure about expanding their family (n=113)

▲ indicates a statistically higher result than all other categories displayed. ▼ indicates a statistically lower result.

Relationships with friends, family, or a spouse/partner are important for most

Issues of Importance - Relationships
% Extremely/Very Important



Three-quarters of LGBTQ+ adults 45-plus say that close ties with friends and family (79%) and a good relationship with a spouse or partner (76%) are extremely or very important; women (82% and 81%, respectively) are more likely to find both important compared to men (77% and 73%, respectively).

Differences exist among different groups within the LGBTQ+ community, as well. Significantly more lesbian women think that close ties with friends and family are extremely or very important (81%) compared to gay men (77%) or TGNB individuals (73%). Both lesbian women (82%) and bisexual+ individuals (79%) are more likely to consider a relationship with a spouse or partner extremely or very important compared to gay men (72%) or those who identify as TGNB (70%).

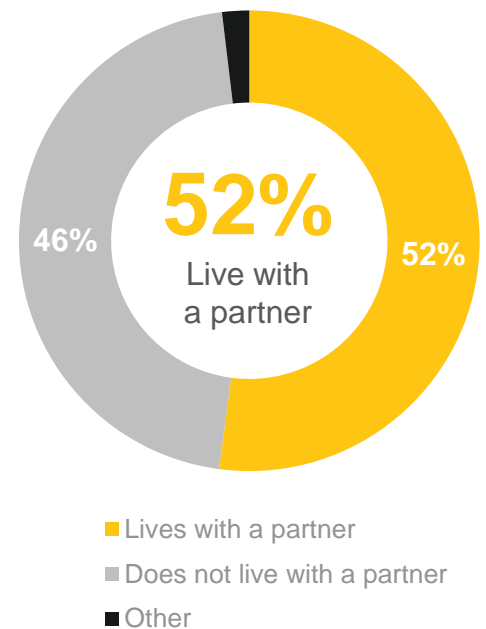
Q34. For each item, please indicate how important the item is to you personally with regard to your own quality of life. How important to you is...[ITEM] Base: All respondents (n=varies)

Over half live with a partner, and many are in emotionally satisfying relationships

When examining relationships among LGBTQ+ adults 45-plus, lesbian women are most likely to live with a partner (61%) and be married (49%) than their counterparts. Just half of other LGBTQ+ community members (gay men, bisexual+ individuals, those who identify as TGNB) live with a partner and only one-third are married.

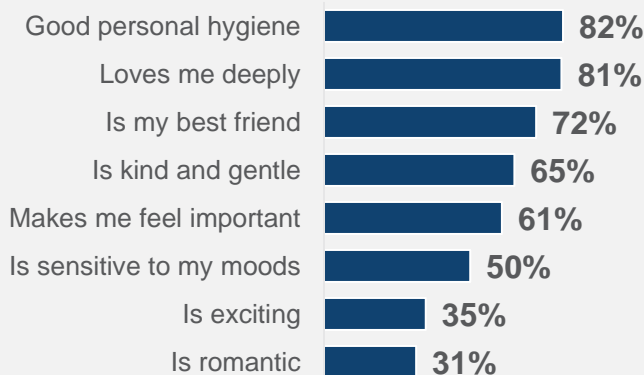
For those living with a partner, two-thirds (69%) say their relationship is extremely or very emotionally satisfying. When describing their romantic partners, LGBTQ+ report that their partners love them deeply (81%), are their best friend (72%), are kind and gentle (65%), and make them feel important (61%).

Living Situation
Among LGBTQ+ Adults 45-plus

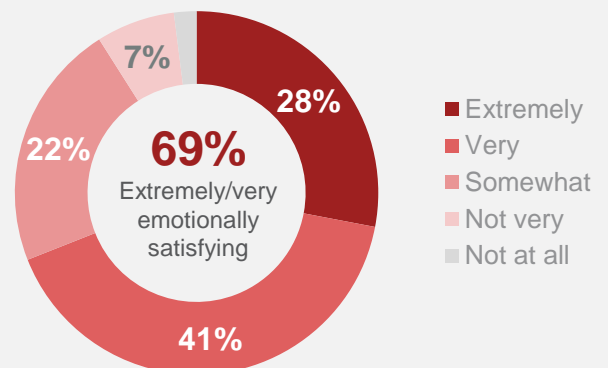


Partner Characteristics

Partner Descriptions % Applies Strongly



Emotional Satisfaction



Q35. Which of the following best describes your current relationship status? Base: All respondents (n=2,212)

Q36. Please indicate how well each of the following describes your spouse or partner. Base: Respondents who are living with a partner (n=varies)

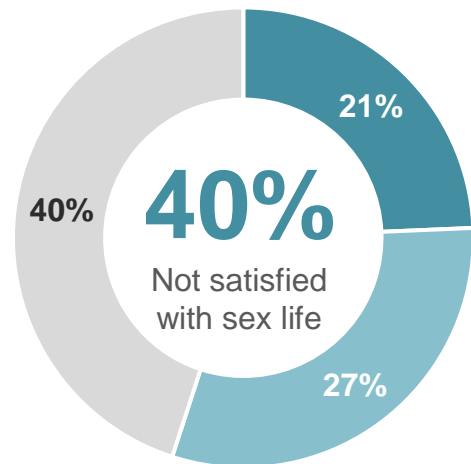
Q37. In the past 6 months, how emotionally satisfying was your relationship with your spouse or partner? Base: Respondents who are living with a partner (n=1,120)

One in five are very or extremely satisfied with their sex life; many say sexual activity affects quality of life

Four in ten (40%) respondents are not satisfied with their sex life. However, more than half (58%) say that sexual activity is important to their quality of life, and two-thirds (67%) agree that it is a critical part of a good relationship.

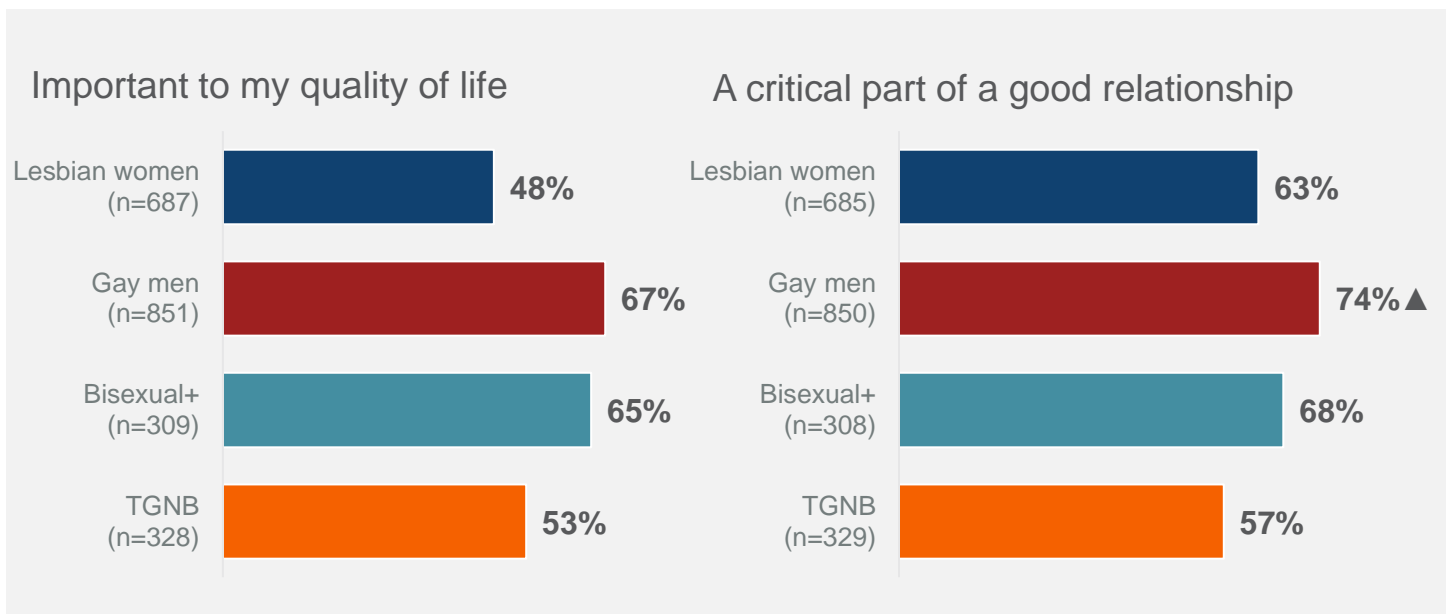
Gay men (67%) and bisexual+ individuals (65%) are more likely than those who identify as TGNB (53%) or lesbian women (48%) to feel that their quality of life is impacted by their sexual activity.

Sexual Satisfaction
Among LGBTQ+ Adults 45-plus



- Extremely/very satisfied
- Somewhat satisfied
- Not very/not at all satisfied

Sexual Activity is... % Strongly/Somewhat Agree



Q38. For each of the following statements, please indicate how much you agree or disagree. Base: All respondents

Q39. How satisfied are you with your sex life? Base: All respondents (n=2,202)

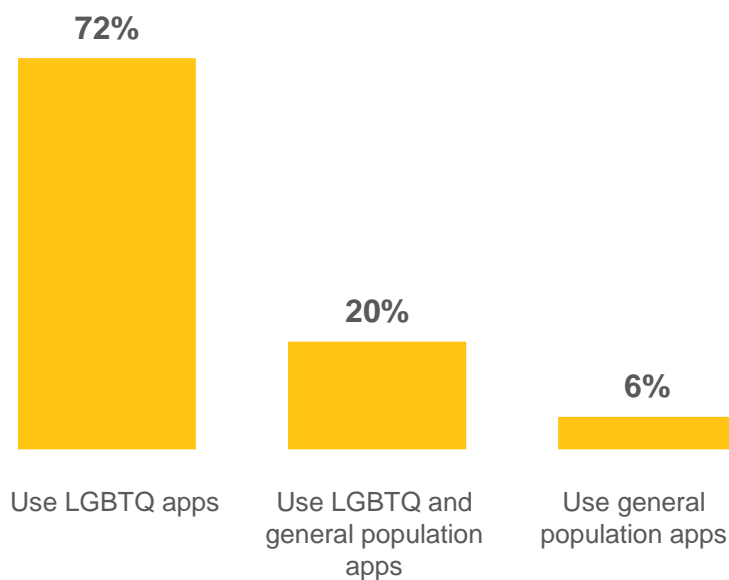
▲ indicates a statistically higher result than all other categories displayed. ▼ indicates a statistically lower result.

For those looking for romantic partners, gay men are most likely to use dating apps

Across all respondents, one in five (19%) use dating apps to find romantic or sexual partners. Gay men (30%), though, are significantly more likely to be using these apps compared to other groups. Lesbian women, by far, use these apps the least (5%). One-quarter (25%) of LGBTQ+ adults age 45-54 use dating apps, which is significantly higher than older age groups.

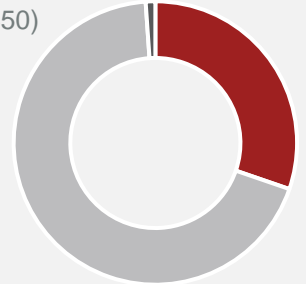
Types of Dating Apps Used Among Those Using Dating Apps

LGBTQ+ (n=429)



Gay Men (n=850)

30%
Use apps



Bisexual+
(n=308)

23%
Use apps



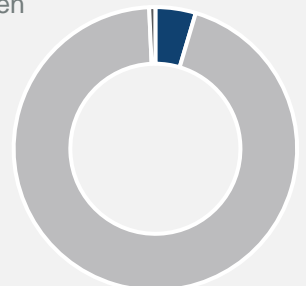
TGNB
(n=328)

20%
Use apps



Lesbian Women
(n=690)

5%
Use apps



Q41. Do you currently use dating apps to find romantic/sexual partners? Base: All respondents
Q42. How would you describe these dating apps? Base: Respondents using dating apps

“At this stage in my life, I am 53 and I have been single for the past maybe 8 years. I still have the same [attraction] to women, but the dating scene has changed quite a bit. A lot of people are doing things online now... I’m used to going to a house party and meeting someone there and it turning into something or not.”

– 53 year old, Lesbian Woman



Quotes and narratives are from AARP Qualitative in-depth interviews conducted from June 2024-July 2024. Pictures used in this report are stock images and are not actual photos of the participants.

Only half of men are using strategies for safer and improved sexual health

Across all LGBTQ+ respondents 6 in ten report not using any of the strategies listed. When looking at gay survey participants, more of them without a partner use at least one strategy (59%) for safer sexual health than those with a partner (43%), this still leaves many who are not using any of the strategies that were identified in the survey.

Regardless of partnership status, more than half (52%) of gay respondents use at least one strategy for safer sexual health with three in ten men (29%) regularly getting tested for sexually transmitted infections (STIs), which is significantly more than lesbians (5%) and TGNB individuals (17%). Only seven percent of lesbian participants are using at least one of the strategies for safe or improved sexual health.

When examining race and ethnicity, African American/Black respondents are more likely than all others to use condoms/protective barriers. Hispanic/Latino' respondents are more likely to use PrEP than African American/Blacks.



6 out of 10

LGBTQ+ adults 45-plus without a partner do not use the strategies identified in the survey for safer or improved sexual health

Strategies for Safe or Improved Sexual Health

Use 1+ Strategies



Among Men (n=1,008)

51%

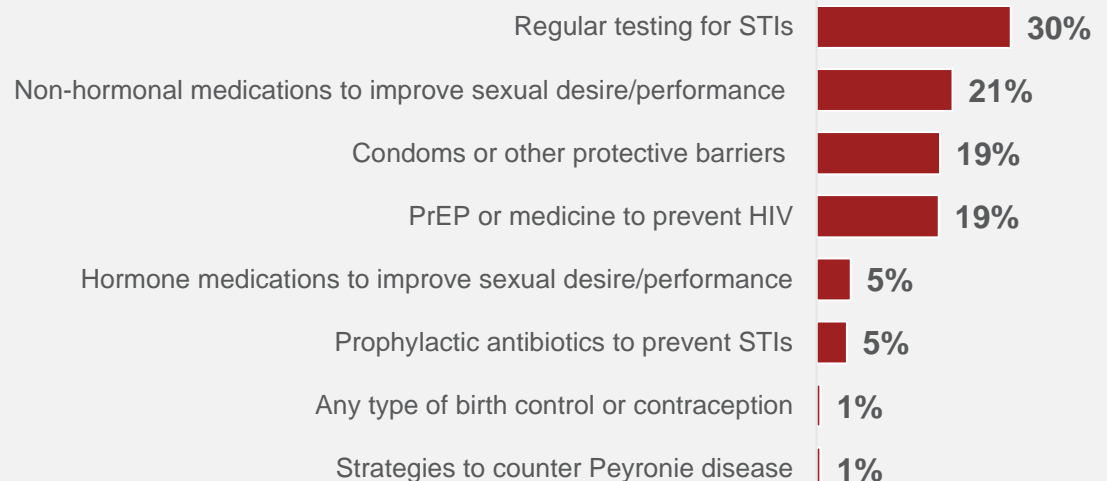
Gay men

33%

TGNB

7%

Women



Q40. Do you use any of the following strategies for safer or improved sexual health? Base: All respondents (n=varies)

Half of LGBTQ+ respondents express feelings of social isolation

Though gay men may be at risk for social isolation, they do not stand out among other community members when asked specifically about isolation and companionship. In fact, compared to the results from *Dignity 2022*, agreement with these statements is significantly less, suggesting that gay men are feeling more included than they did during the last wave. Lesbian women also seem to share this sentiment.

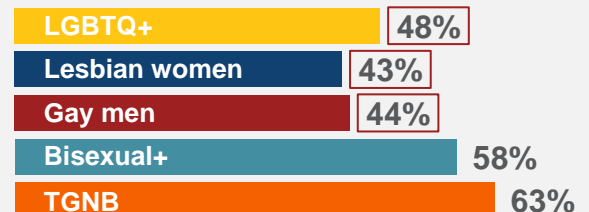
While feelings of social isolation have improved among lesbian women and gay men, they remain high among bisexual+ and TGNB respondents.

LGBTQ+ adults who live with a partner have lower rates of social isolation (38%), feeling left out (38%), or lacking companionship (23%) than those not living with a partner (59%, 57%, 71%, respectively). Given this, it is not surprising that lesbian women are least likely to say they lack companionship (39%), since they are more likely than other groups to be living with a partner.

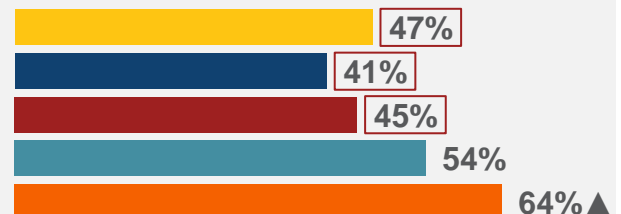


Social Isolation % Often/Sometimes

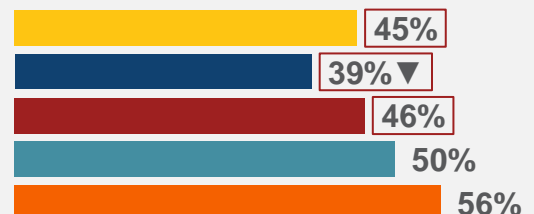
I feel isolated from others



I feel let out



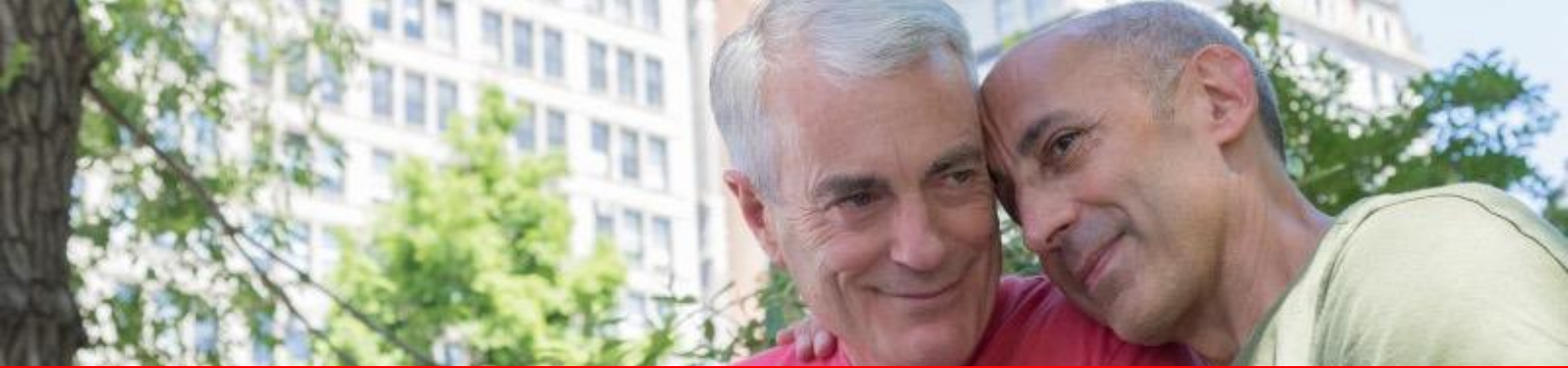
I lack companionship



□ Significantly lower result than *Dignity 2022*

Q23. In general, how often do you feel the following? Base: All respondents (n=varies)

▲ indicates a statistically higher result than all other categories displayed. ▼ indicates a statistically lower result.



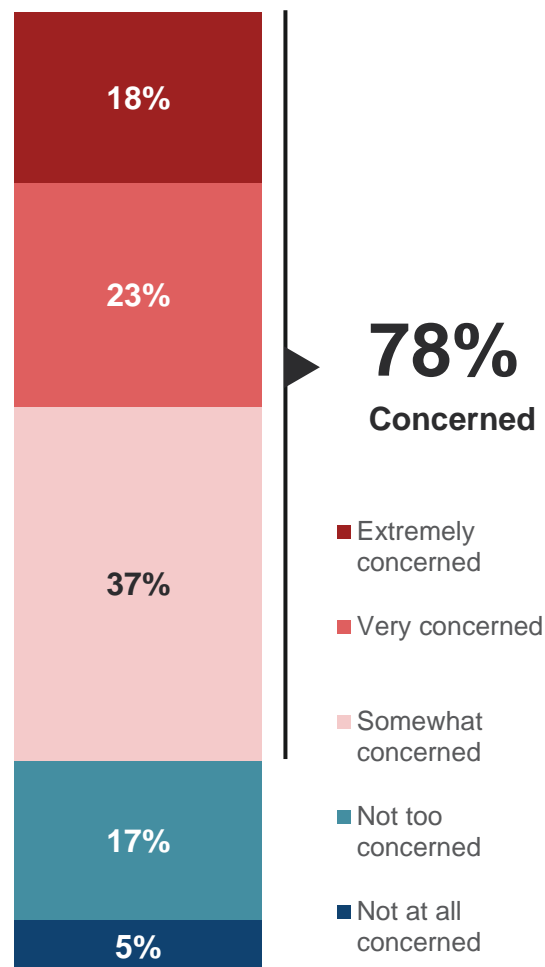
Many respondents are concerned about having enough support as they get older

Four in five (78%) respondents are at least somewhat concerned about having social support as they get older, which is a directional improvement from *Dignity 2022* (82%).


Gay men are just as likely as other community members to be concerned about having social supports in the future despite not having children or grandchildren. Women (44%) however are more likely than men (38%) to be extremely or very concerned about having adequate support as they age.

Differences also exist by race and disability status. Half (50%) of Black respondents report being extremely or very concerned compared to other races or ethnicities. LGBTQ+ respondents with a disability are also more likely to be extremely or very concerned (51%) compared to those without a disability (33%).

Concern about Family/
Social Support when Aging
Among LGBTQ+ Adults 45-plus



Q14. As you get older, how concerned are you about having adequate family and/or social supports to rely on as you age? Base: All respondents (n=2,212)



“There has been a concern about aging as a queer person...I just want security [in aging].... Without a partner to help me, that is a concern for me. I am single. I am aging. There is a concern that things go unnoticed or broken that could be helped if I had a partner. I want to laugh it off, but on the other hand it’s like wow I am at that stage in my life where I need to be thinking about these things.”

– 53 year old, Lesbian Woman



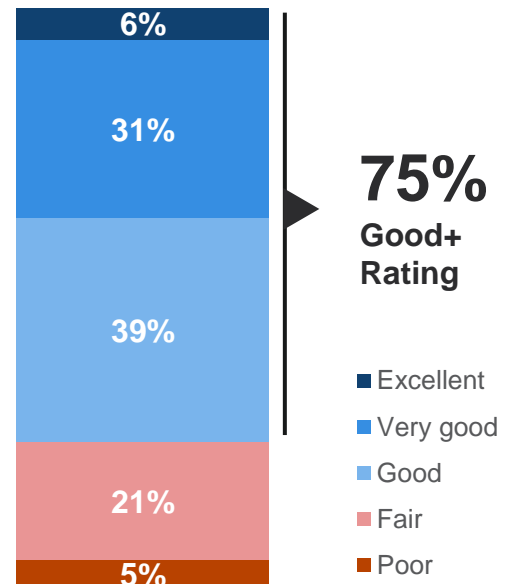
HEALTH AND HEALTHCARE

Many survey respondents rate their health as good, but some struggle with fair/poor health

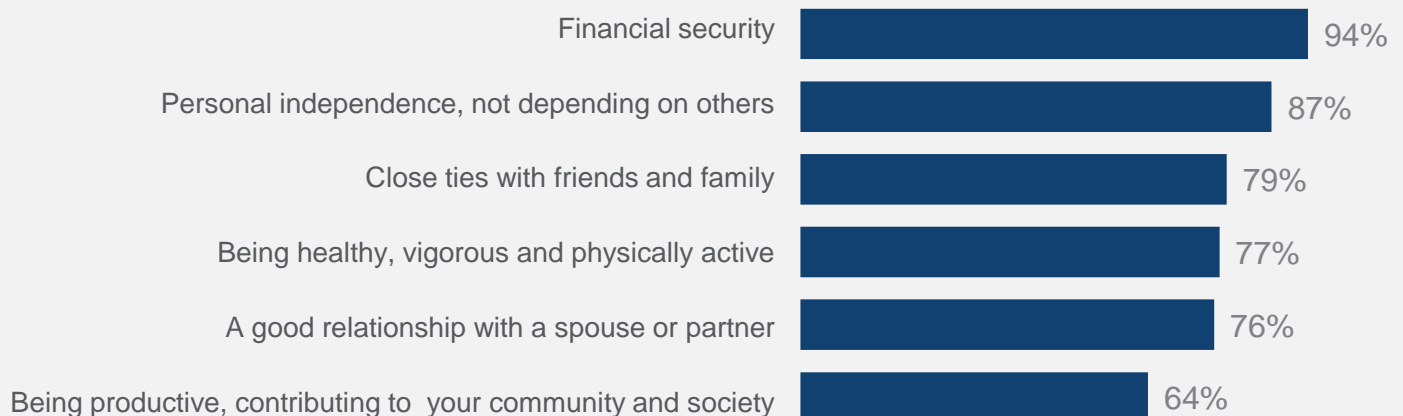
Lesbian women (78%) and gay men (80%) are more likely to rate their physical health as important to their quality of life compared to those who describe their sexual orientation as bisexual+ (72%). Given that bisexual LGBTQ+ adults tend to be younger, it aligns that all LGBTQ+ age 45-54 are less likely to find health important (71%) than those 55-plus (80%).

Subjective physical health ratings support this: Overall, 75% of LGBTQ+ respondents rate their health as good, and 25% rate it as fair or poor. However, more bisexual+ (34%) and TGNB (33%) individuals rate their health as fair or poor compared to lesbian women (24%) or gay men (21%). Asian Pacific Islanders are the least likely of the racial/ethnic groups to rate their health as fair or poor.

Physical Health Rating
Among LGBTQ+ 45-plus



Important to your quality of life



Q22. How would you rate your overall physical health? Base: (n=varies)

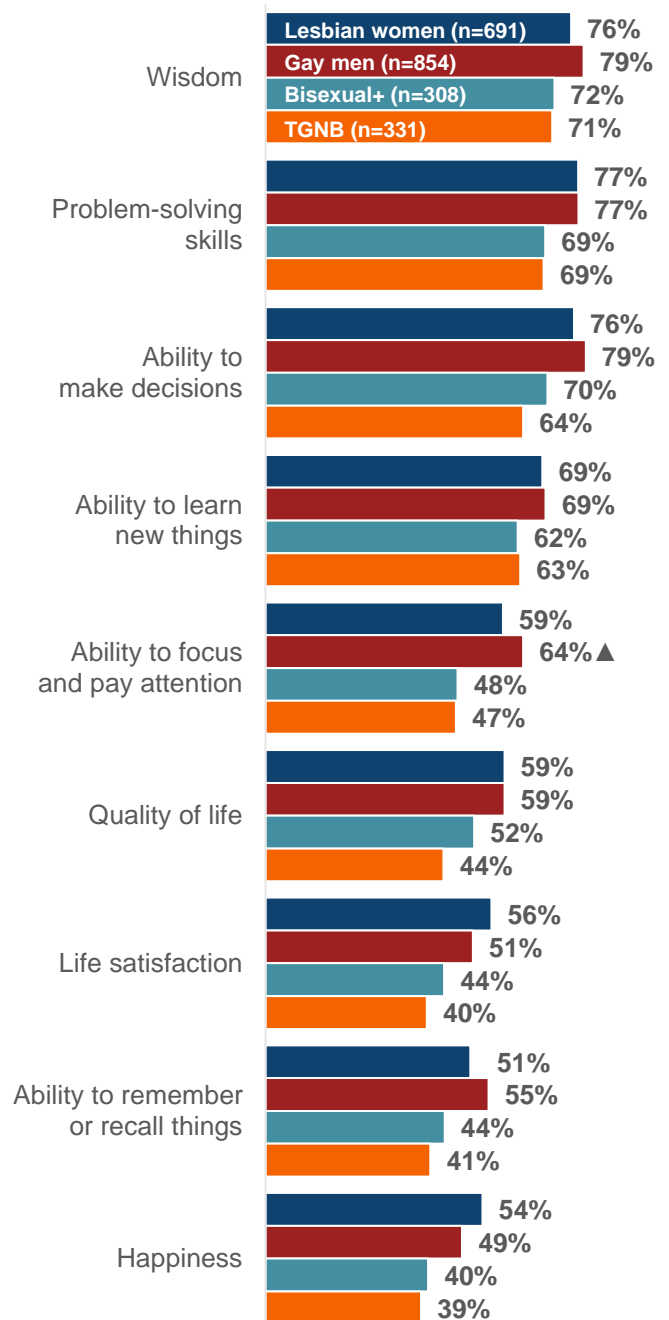
Q34. For each item, please indicate how important the item is to you personally with regard to your own quality of life. How important to you is...[ITEM]? Base: All respondents (n=varies)

Brain and mental health indicators are rated lowest among TGNB and bisexual+ adults

Three-fourths of respondents age 45-plus rate several items of **cognition** (e.g., wisdom – 76%, problem-solving skills – 75%, ability to make decisions – 75%) as excellent or very good.

However, **mental health** indicators (e.g., quality of life – 56%, life satisfaction – 51%, happiness – 48%) fall to the bottom of the list. Further, TGNB and bisexual individuals rate all of these significantly lower than lesbian women and gay men. Throughout the Dignity 2022 study, we consistently find disparities in experience between bisexual and TGNB respondents compared to gay and lesbian participants. External research from Chan and Mak 2020⁴ suggests that sexual identity stress at multiple levels contributes to some disparities including “bisexual individuals [being] at greater risk of poor mental health than lesbians and gay men” (p.292). This may hold true for TGNB adults as well as and Su⁵ et. al 2016 note several physical and mental health disparities in the TGNB community compared to gay men and lesbians.

Brain & Mental Health Indicators
% Excellent/Very Good



62%

Rate overall brain health as extremely or very good (29% good, 9% fair/poor)

Q18. How would you describe each of the following at this point in time? Base: All respondents (n=varies)

Q19. How would you rate your overall brain health? Base: All respondents (n=2,212)

▲ indicates a statistically higher result than all other categories displayed. ▼ indicates a statistically lower result.

⁴ Chan, R. C., Operario, D., & Mak, W. W. (2020). Bisexual individuals are at greater risk of poor mental health than lesbians and gay men: The mediating role of sexual identity stress at multiple levels. *Journal of Affective Disorders*, 260, 292-301.

⁵ Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender health*, 1(1), 12-20.

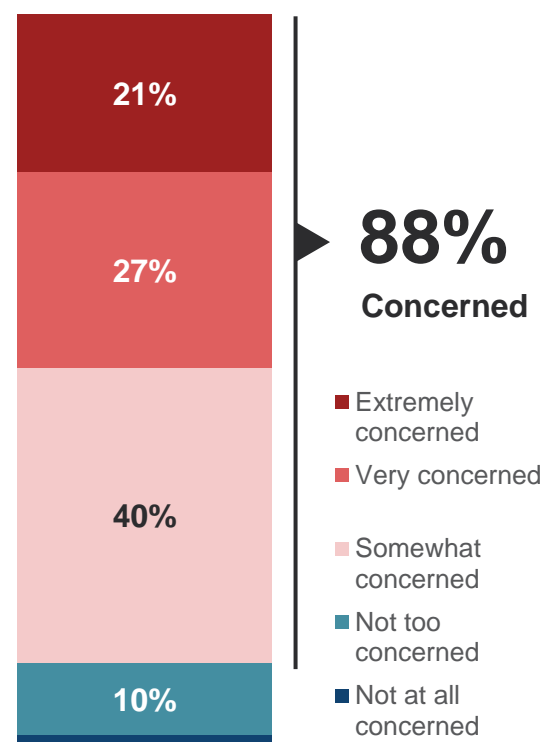


Brain health is important to all; most are concerned about future brain health decline

Despite differences in how LGBTQ+ groups rate their own cognition and mental health, nearly all respondents (98%) agree that maintaining brain health is extremely or very important. There are also similar levels of concern among LGBTQ+ groups about future brain health decline: It is at least somewhat of a concern to most (88%). Both African Americans and Hispanic/Latino respondents are more likely than their white counterparts to be more concerned about their future brain health.

98% 
Agree that maintaining
brain health is important

Concern About Future Brain Health
Among LGBTQ+ Adults 45-plus



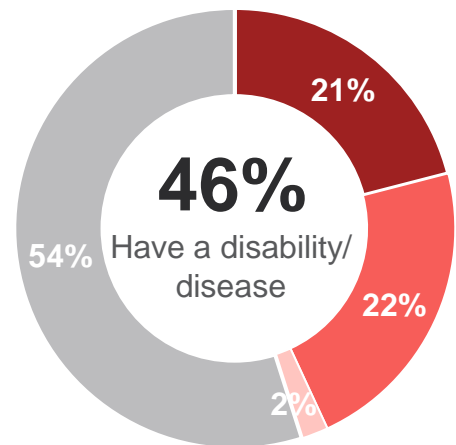
Q20. How important do you think it is to maintain your brain health? Base: All respondents (n=2,212)

Q21. How concerned are you, if at all, about your brain health declining in the future? Base: All respondents (n=2,212)

Nearly half of respondents report they have a disability or chronic disease

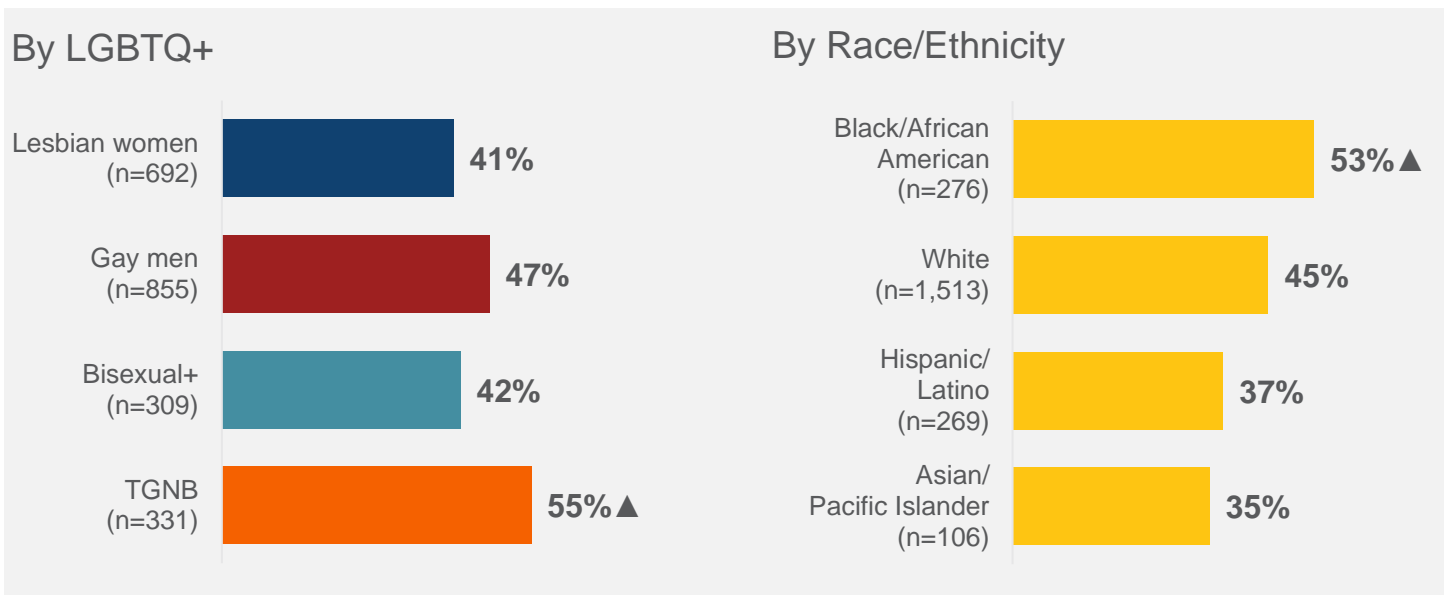
Those who identify as TGNB (55%) and those who are Black (53%) are most likely among LGBTQ+ groups to have a disability or chronic disease (55%). Among those with a disability or chronic disease, about half (47%) say it keeps them from participating fully in work, school, their household, or other activities. Gay men (33%) are least likely among LGBTQ+ community members to find that their disability or chronic disease keeps them from participating fully in activities.

Disability/Chronic Diseases
Among LGBTQ+ Adults 45-plus



- Yes - limits activity
- Yes - does not limit activity
- Yes - unsure about activity limits
- No disability/chronic disease

Disability/Chronic Diseases
Among respondents 45-plus

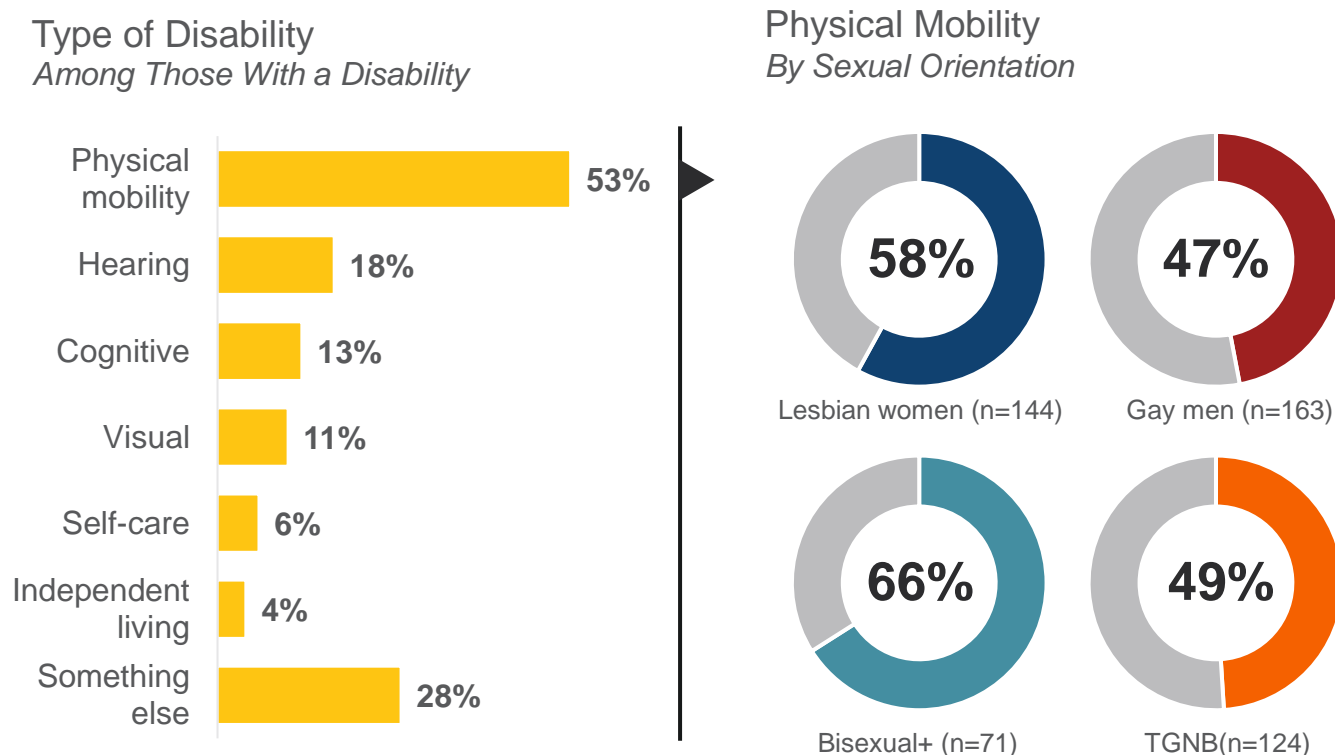


Q11. Do you have a disability or chronic disease? Base: All respondents (n=2,212)

Q13. Does any disability or chronic disease keep you from participating fully in work, school, household, or other activities? Base: Respondents who have a disability or disease

▲ indicates a statistically higher result than all other categories displayed. ▼ indicates a statistically lower result.

Physical mobility issues are the most common disability among LGBTQ+ respondents



When participants were asked if they are experiencing a disability or chronic disease, 55% of TGNB participants indicated yes, followed by gay men (47%), Bisexual+ community members (42%), and lesbians (41%). Physical mobility disabilities were most likely mentioned (12% of all participants), followed by hearing disabilities (4%). The youngest LGBTQ+ group – bisexual+ individuals – are significantly more likely to have a physical mobility disability (66%) than both TGNB individuals (49%) and gay men (47%). They also trend higher than lesbian women (58%). However, distribution of those affected by physical mobility generally increases as individuals age – up to two-thirds (67%) among respondents age 65-plus with a disability.

One-third (32%) of all respondents have required care which is significantly higher compared to *Dignity 2022* (23%). However, among those 65-plus in this study, four in ten (39%) have required care from a loved one. Moreover, among those with a disability or chronic disease, 45% have received care from a loved one.



3 out of 10

LGBTQ+ adults 45-plus have received care in the past from a loved one

Q12. What type of disability or disabilities would you say you have? Base: Respondents who have a disability or chronic disease (n=510)

Q17. As an adult age 18 or older, have you ever received caregiving from a loved one such as a relative, friend or spouse/partner? Base: All respondents (n=2,212)

Many respondents currently provide caregiving to loved ones, or have done so in the past.

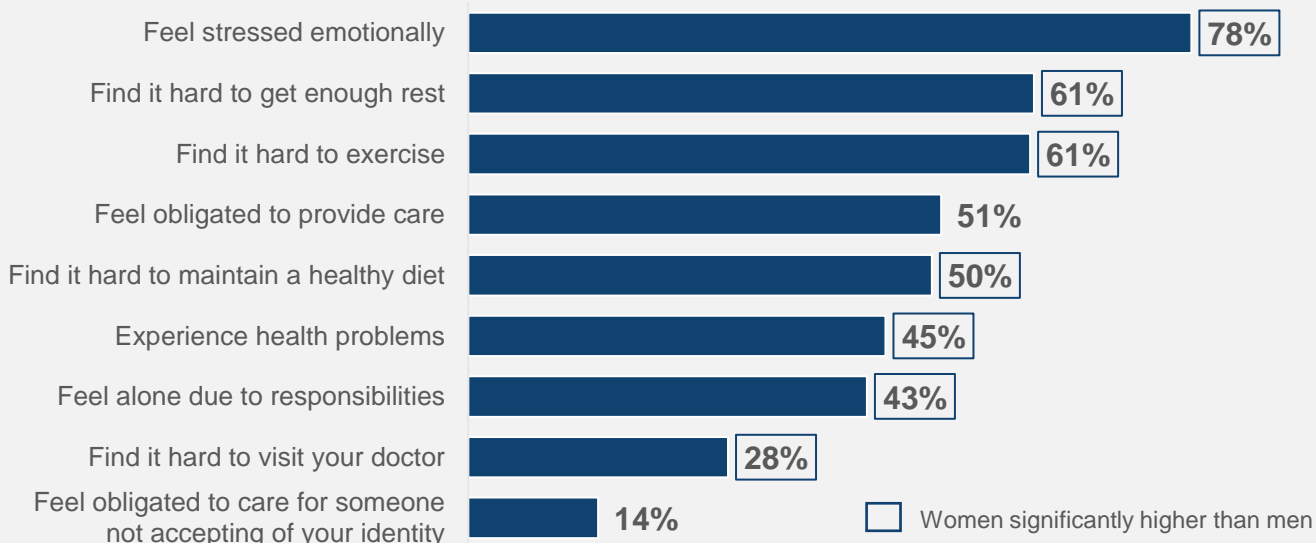
More than half of respondents have caregiving experience (58%). However, the health of many LGBTQ+ caregivers can be compromised while caring for others. For example, many respondents find it hard to get enough rest (61%) or exercise (61%), and half (50%) struggle to maintain a healthy diet. Nearly half (45%) find it hard to visit their own doctors. Additionally, 43 percent feel alone due to their caregiving responsibilities.

Women are more likely (63%) to provide care than men (54%) and to feel the emotional and physical burden of caregiving. TGNB individuals (29%) are more likely than men (11%) and women (14%) to feel they are caring for someone unaccepting of their identity.



As a caregiver, did you ever...?

Among Current and Past Caregivers, %Yes



Q15. Do you currently or have you ever provided caregiving to an adult loved one age 18 and older such as a relative, friend or spouse/partner?

Base: All respondents (n=2,212)

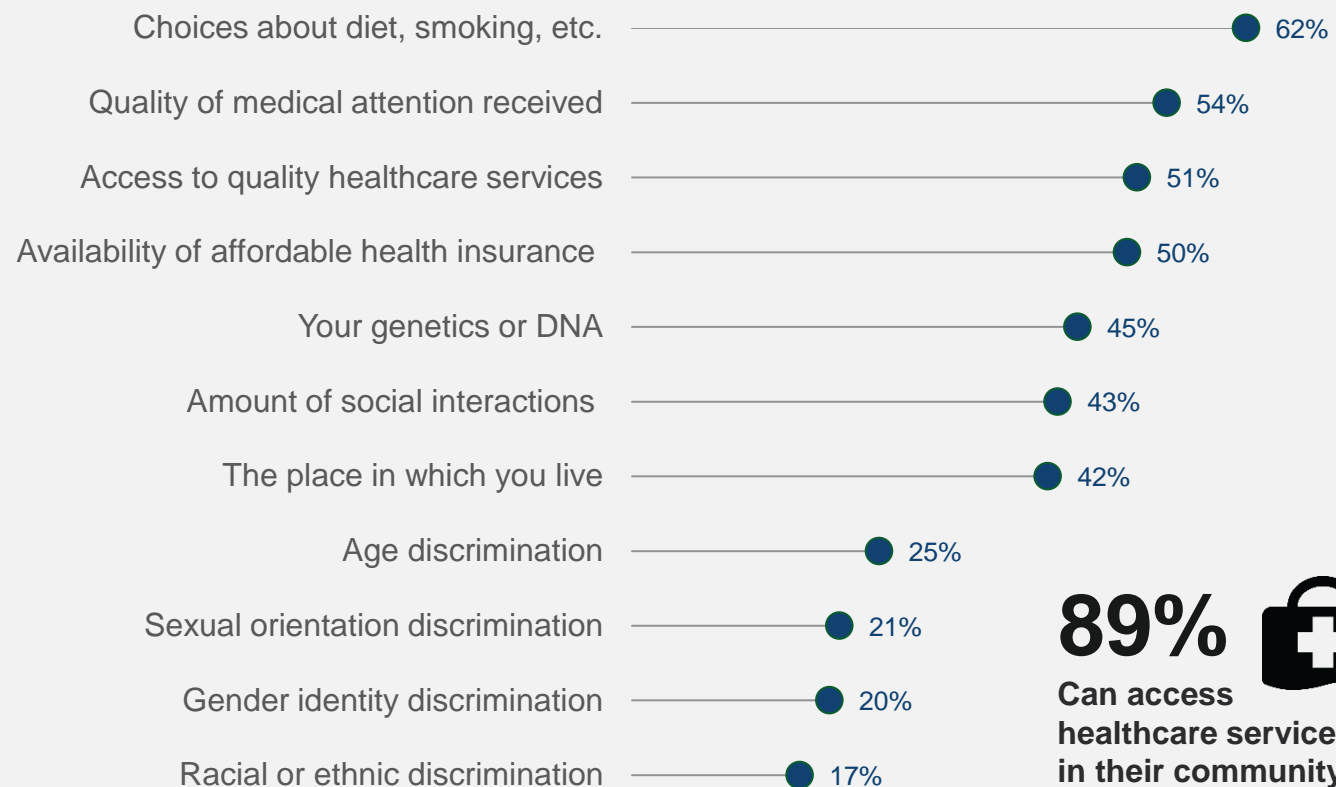
Q16. As a caregiver, do you/did you ever... Base: Respondent who are/were a caregiver (n=varies)

Half of LGBTQ+ respondents say access to quality healthcare affects their health

Though personal choices and quality medical care top the list of items that affect health, many also say that healthcare access (51%), social interactions (43%), and the place they live (42%) contribute. While most (89%) can access healthcare services, significantly fewer bisexual+ (86%) and TGNB (81%) individuals say this compared to lesbian women and gay men (both 91%).

All types of discrimination fall below other factors, but TGNB individuals are significantly more likely than other groups to say that gender identity discrimination (48%) has an effect on health.

Effect on Health – Ratings of 4 or 5 (1-5 Scale) Among LGBTQ+ Adults 45-plus



Q25. Using a scale from 1 to 5, please rate the effect each item has on your health, where 1 means it has no effect and 5 means it has a very strong effect on your health. (Percent rating of 4 or 5) Base: All respondents (n=varies)

Q30. Are you able to access healthcare services you need in your community? Base: All respondents (n=2,212)

TGNB adults experience more gender-related quality of care issues than men or women

Gender discrepancy exists for LGBTQ+ adults 45-plus who have had quality of care issues in the last year. One-third (34%) of those who identify as TGNB have experienced situations that led to reduced quality of care, compared to just one in four (28%) women and 17% of men.

Women report that their provider did not listen (60%) or that their health concerns were dismissed (64%) more than either TGNB individuals (49% and 51%, respectively) or men (43% and 40%, respectively).

TGNB individuals are more likely than men and women to have had issues related to their gender identity – such as being misgendered (38%), experiencing discrimination (25%), and not receiving culturally competent care (20%).

With respect to race and ethnicity, African American/Black LGBTQ+ are more like to say they have not received culturally competent care, while Asian Pacific Islander LGBTQ+ are more likely to say they experience not being able to get an appointment with a doctor.

23% 

**LGBTQ+ adults 45-plus
experienced quality of care
issues in the last year**

Quality of Care Concerns Among Those With Issues

Healthcare concerns were dismissed

54%

Provider did not listen

53%

Poor customer service

48%

Couldn't get an appointment

32%

Spent too much time waiting for care

31%

Problems with billing

24%

Office did not feel safe or welcoming

15%

Did not receive culturally competent care

10%

Discrimination


9%

Misgendered

7%

Q31. In the past year have you had a problem with quality of healthcare? Base: All respondents (n=2,212)

Q32. Please select the problem(s) that you experienced. Base: Respondents with quality of care issues (n=523)



“Misgendering isn't a physical pain, but it's still an emotional pain. [...] It's a little stab that I'm going to try to avoid. And if it just means I have to raise my voice, alter my phrasing, you know, just make it a little more changeable, maybe go a little softer, just try and do that kind of thing just to make it seem more feminine, so I don't experience that little pain.” – 53 year old, Transgender Woman

Quotes and narratives are from AARP Qualitative in-depth interviews conducted from June 2024-July 2024. Pictures used in this report are stock images and are not actual photos of the participants.

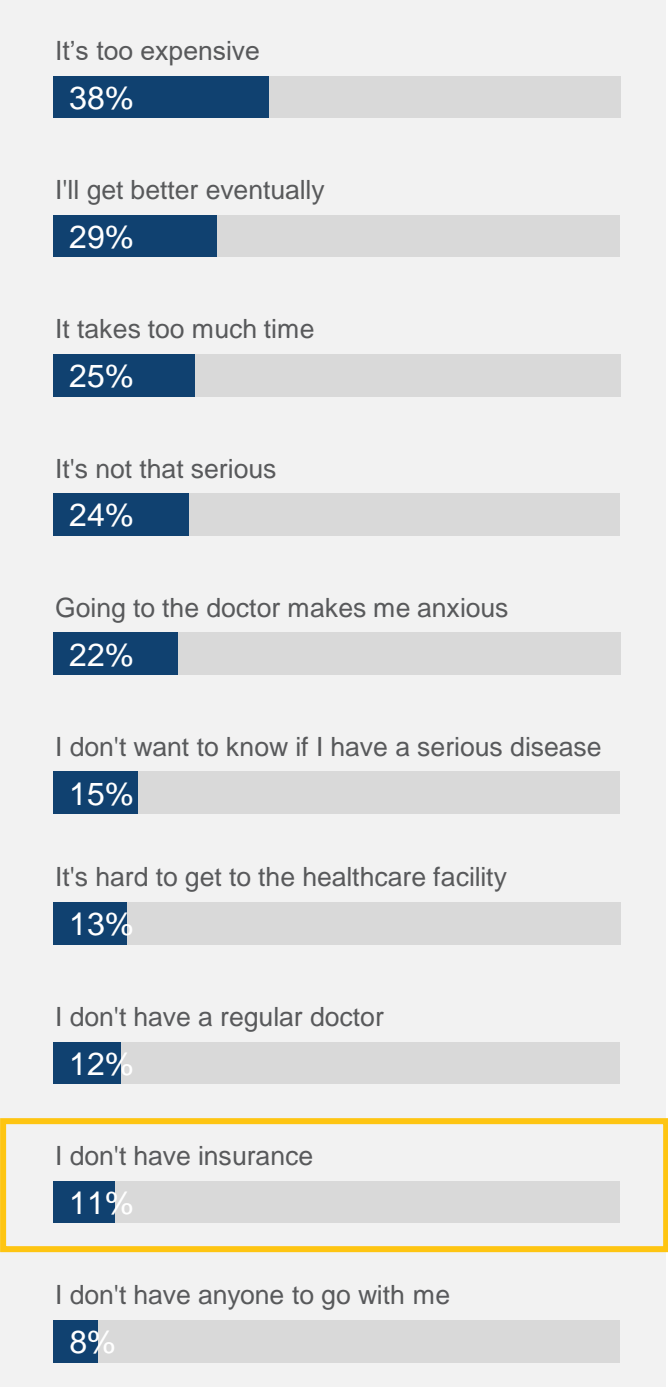
Three in ten have avoided necessary medical treatment, often due to cost

A few reasons for avoiding medical care have significant differences between genders. TGNB individuals are most likely to say that ‘going to the doctor makes me anxious’ (37%) compared to women (20%) or men (19%). Poor quality of care experiences around their gender identity may be contributing to this anxiety.

Men are most likely to say ‘it’s not that serious’ (29%) and women are most likely to say they do not have a regular doctor (16%) compared with other genders.



Reasons for Not Seeking Medical Treatment Among Those Who Have Avoided Treatment



Q28. In the past year, did you ever not seek medical treatment when you might have needed it? Base: All respondents (n=2,212)

Q29. What are some reasons why you did not seek medical treatment when you probably should have? Base: Respondents who did not seek medical treatment (n=697)



“I wish that healthcare professions would give all of their administration lessons on how to be kind and compassionate and to remind them that they're in health care, they're in a business to help people, and that's just not with their bodies. You come in there not knowing about anything. A lot of people feel ashamed about being gay anyway, and then they put you there, and it doesn't help the healing process. It doesn't help the person to open up and to feel like, oh, I can say my secret that I need to say because I feel comfortable.” – 67 year old, Gay Man

Quotes and narratives are from AARP Qualitative in-depth interviews conducted from June 2024-July 2024. Pictures used in this report are stock images and are not actual photos of the participants.

Most respondents have a regular healthcare provider and say things are explained in a way they can understand

Gay men tend to assess their provider more favorably than other LGBTQ+ adults: Nine in ten (89%) gay men trust their provider compared to eight in ten among other groups.

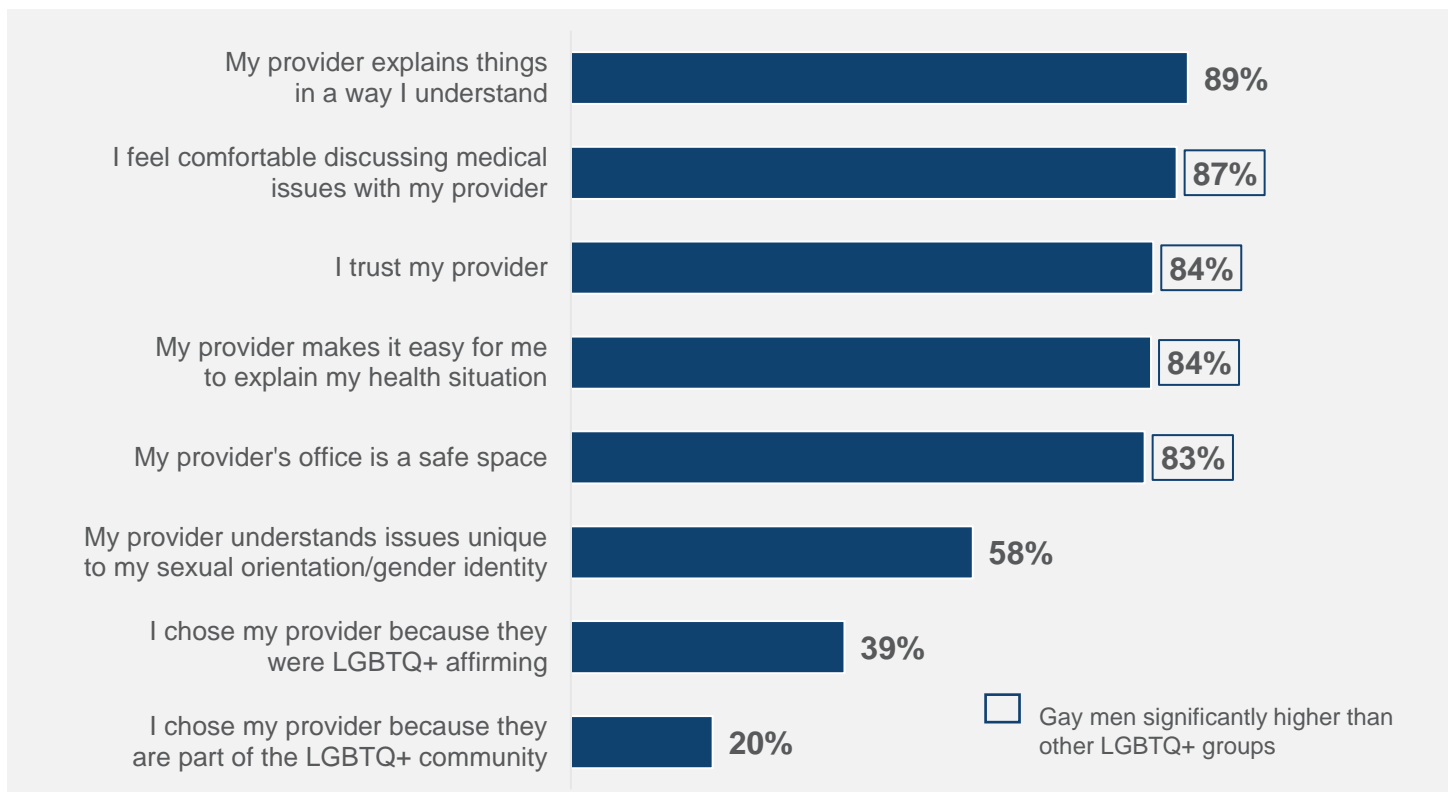
Six in ten (58%) say their provider understands issues unique to their sexual orientation or identity; gay men (68%) and TGNB individuals (67%) are more likely to agree with this than lesbian women (51%) or bisexual individuals (46%).

92% 
Have a regular doctor

85% 
Take medication regularly

82% 
Provider uses terms they understand

Healthcare Provider Assessment Among LGBTQ+ Adults 45-plus, % Strongly/Somewhat Agree



Q24. Do you take any prescription medications on a regular basis? Base: All respondents (n=2,212)

Q26. Do you have a regular doctor or health care provider? Base: All respondents (n=2,212)

Q27. How much do you agree or disagree with the following statements? (n=varies)

Q33. In the last year, how often did health providers use medical words that you did not understand? (*Percent 'rarely' or never' do not understand) Base: All respondents (n=2,212)

” “The doctor just never hesitates when talking about anything. Asking me how my husband is doing, how my kids are doing. You know, the doctor bringing up those things makes it feel like they're comfortable talking about it. My doctor is great about that. [...] He is just being friendly, just acting like it's no different.”

– 45 year old, Gay Man



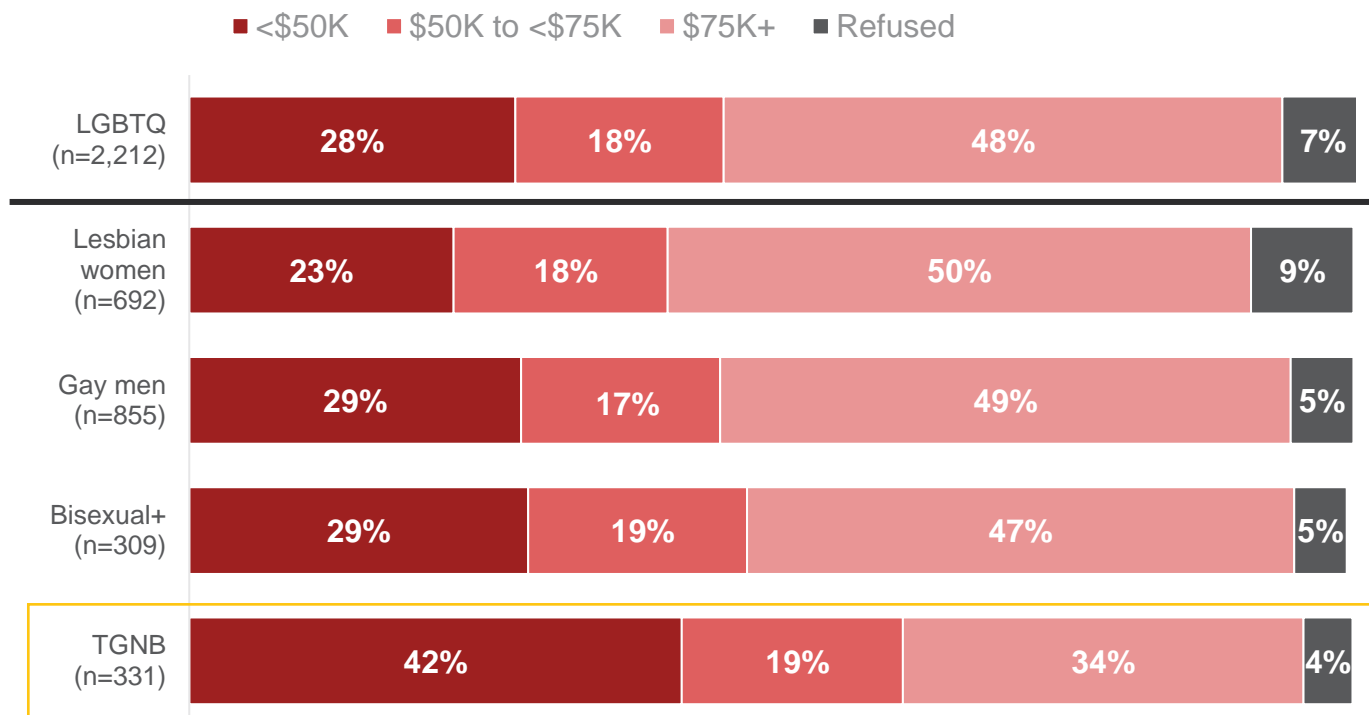
Quotes and narratives are from AARP Qualitative in-depth interviews conducted from June 2024-July 2024. Pictures used in this report are stock images and are not actual photos of the participants.



FINANCIAL SECURITY AND RETIREMENT

Income disparity exists between TGNB individuals and other LGBTQ+ respondents

2023 Household Income
By Sexual Orientation and Identity



LGBTQ+ respondents in 2024 have slightly higher income compared to those in *Dignity 2022* – fewer individuals make less than \$50K (28% in 2024 v. 34% in 2022) and more are making \$75K or more (48% in 2024 v. 42% in 2022).

There remain significant income differences for those who identify as TGNB. Compared to other groups, TGNB individuals are more likely to make less than \$50K (42%) and less likely to make \$75K or more (34%).

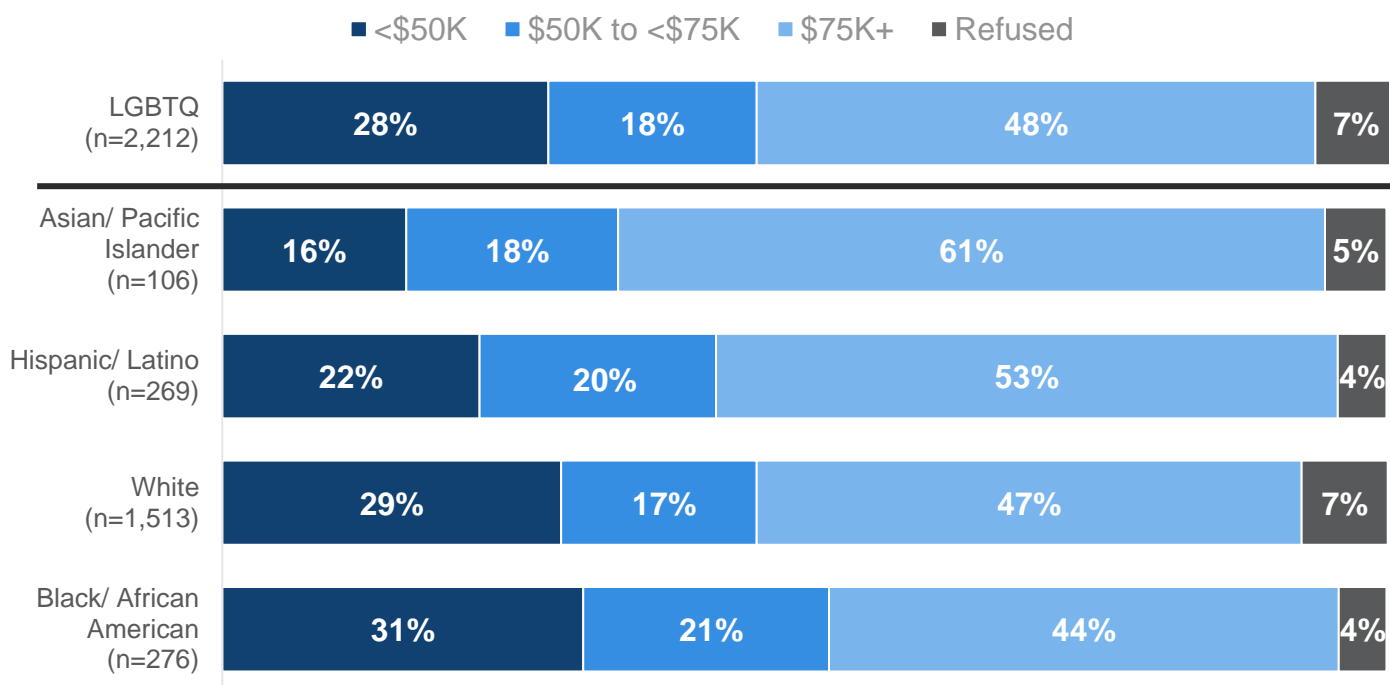
As previously discussed, fewer TGNB individuals live with a partner compared to lesbian women, which could account for part of the discrepancy in household income between those groups. However, there is not a significant difference in partner status between TGNB and gay men or bisexual+ individuals – yet there is a stark difference in household income, suggesting that other factors are playing a role in this disparity.

Q55. What income range includes your household's total income from all sources in 2023? Base: All respondents



Household income varies by race and ethnicity among LGBTQ+ respondents

2023 Household Income
By Race/Ethnicity

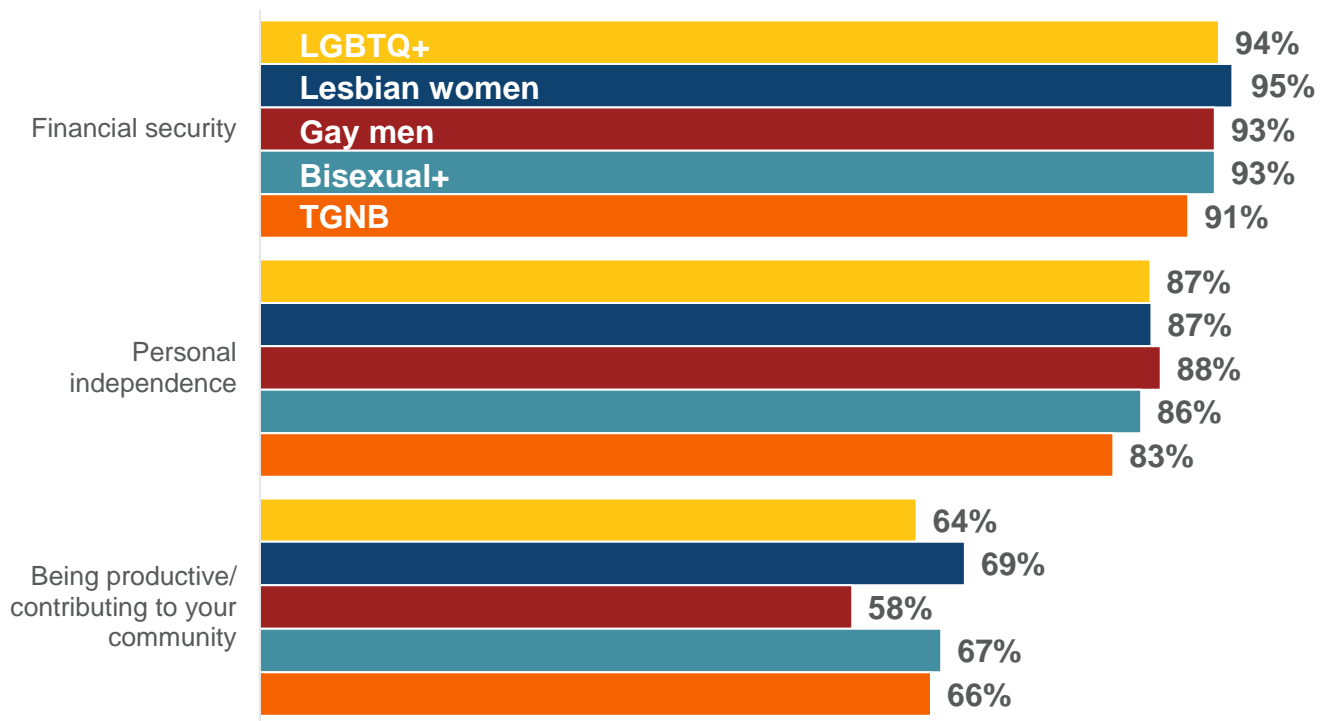


Asian/Pacific respondents have significantly higher household income than both white or African American/Black respondents. On the lower end of the spectrum, there are more African American/Black (31%) and white (29%) respondents whose households make less than \$50K than both Hispanic/Latino (22%) and Asian/Pacific Islanders (16%). Dual incomes are likely playing a part, as 65% of Asian/Pacific Islanders respondents live with a partner compared to just 43% of African American/Black respondents.

Q55. What income range includes your household's total income from all sources in 2023? Base: All respondents

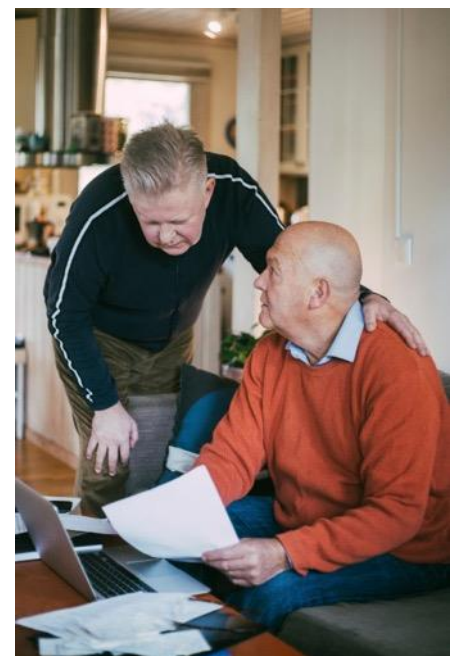
Maintaining financial security and personal independence are important for nearly all

Issues of Importance – Financial Security and Independence
% Extremely/Very Important



Financial security is extremely or very important for nearly all (94%) respondents 45-plus. Personal independence (i.e., not depending on others) follows closely behind (87%). For both, there is little variation in responses between LGBTQ+ community members.

Two-thirds (64%) of all respondents say that being productive and contributing to their community is important, though gay men are the least likely among all groups to share this sentiment (58%). Racial differences exist as well, with African American/Black respondents (74%) more likely than white respondents (61%) to feel that contributing to their community is extremely or very important.



Q34. For each item, please indicate how important the item is to you personally with regard to your own quality of life. How important to you is...[ITEM] Base: All respondents (n=varies)

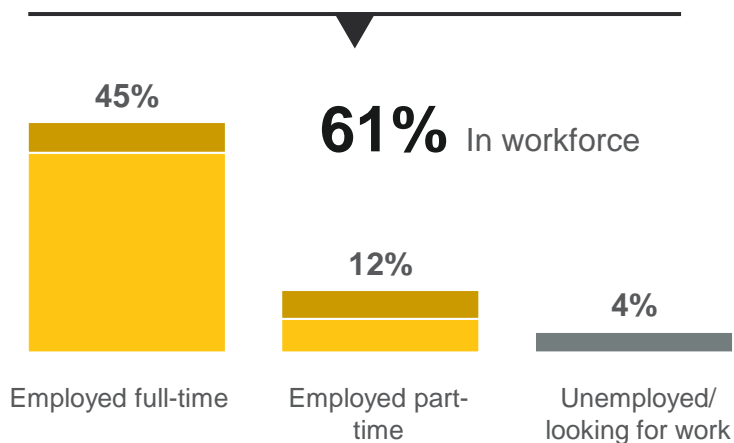
Three in five LGBTQ+ adults 45-plus are in the workforce, with little variation among groups

Employment status does not help explain the income disparity for those respondents who identify as TGNB.

While bisexual+ individuals (45%) are more likely to be employed full-time (by an employer) than lesbian women (37%) or those who identify as TGNB (36%), there is no significant difference between groups when looking at all types of work combined (i.e., full- or part-time, self-employed or not). This suggests that TGNB respondents may be employed in jobs that make less money compared to others in the community.

Employment Status – In the Workforce Among LGBTQ+ Adults 45-plus

■ Unemployed ■ Self-employed ■ Have an employer



Bisexual+ (n=309)

62%

Employed



Lesbian Women (n=692)

57%

Employed



TGNB (n=331)

56%

Employed



Gay Men (n=855)

56%

Employed



Q9. What is your current employment status? Base: All respondents (n=2,212)

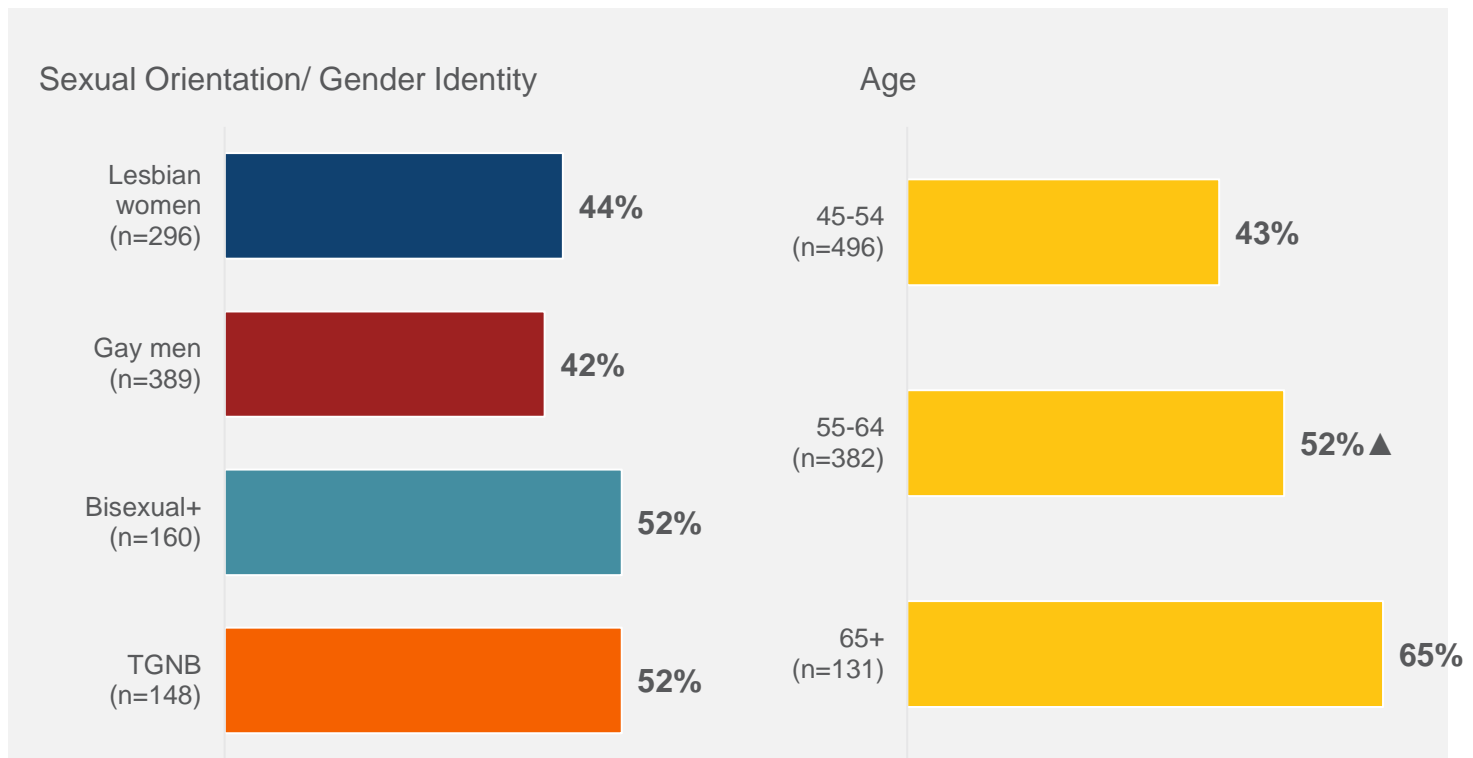
*Includes all types of employment – full- and part-time, self-employed and with an employee

Age-based discrimination is most feared among employed TGNB and bisexual+ respondents

When considering future employment prospects among those who are employed by an employer, age-based discrimination is feared by nearly half (45%) of LGBTQ+ respondents who are employed. Those who identify as TGNB or bisexual+, though, are significantly more likely (52%) than lesbian women (44%) or gay men (42%) to have these concerns.

By age, there are significant differences as well. Half (52%) of respondents age 55-64 fear future age-based discrimination in the workplace. As this cohort nears traditional retirement age, it is possible that these individuals may have already faced age-based discrimination, increasing their concern about it happening again in the future.

Fear of Age-Based Discrimination Among Those Who Have an Employer





“I was [totally] ageist when I was 25 without realizing it. But now when I hear it and I realize it, it is something you just have to accept [...] I am being stereotyped. That’s homophobia. Age-phobia... I am moving into the last age that you can check on a box and I’m just noticing different treatment.”– 67 year old, Gay Man

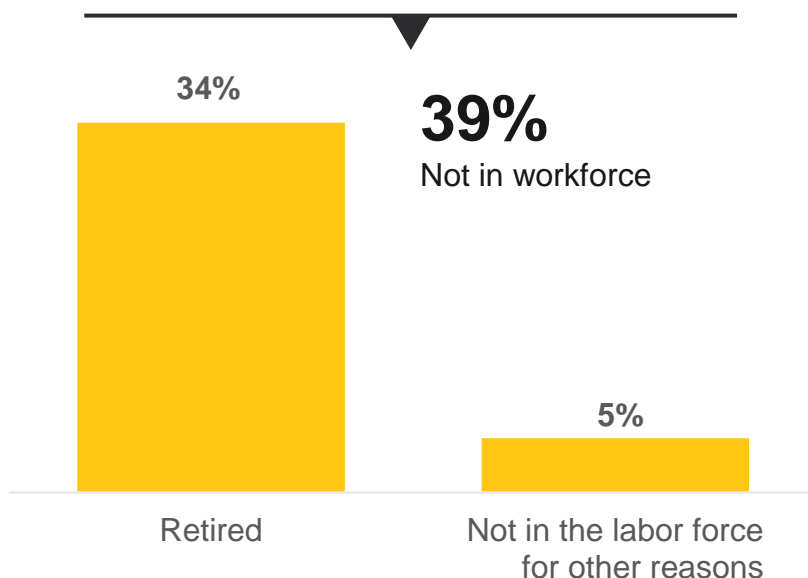
Quotes and narratives are from AARP Qualitative in-depth interviews conducted from June 2024-July 2024. Pictures used in this report are stock images and are not actual photos of the participants.

One-third of LGBTQ+ adults 45-plus are retired

Regarding retirement, gay men (37%) and lesbian women (36%) are more likely to have stopped working than bisexual individuals (24%), who skew younger.

Retirement status is significantly different across races and ethnicities. White LGBTQ+ adults 45-plus (38%) are significantly more likely to be retired than African American/Black (24%), Hispanic/Latino (24%), or Asian/Pacific Islander (21%) members of the LGBTQ+ community. Given that this differs from the pattern seen in income, generational wealth could be playing a role.

Employment Status – Not in the Workforce Among LGBTQ+ Adults 45-plus



Employment Status – Not in the Workforce

Gay Men (n=855)

37%
Retired



Lesbian Women (n=692)

36%
Retired



TGNB (n=331)

30%
Retired



Bisexual+ (n=309)

24%
Retired



Q9. What is your current employment status? Base: All respondents (n=2,212)

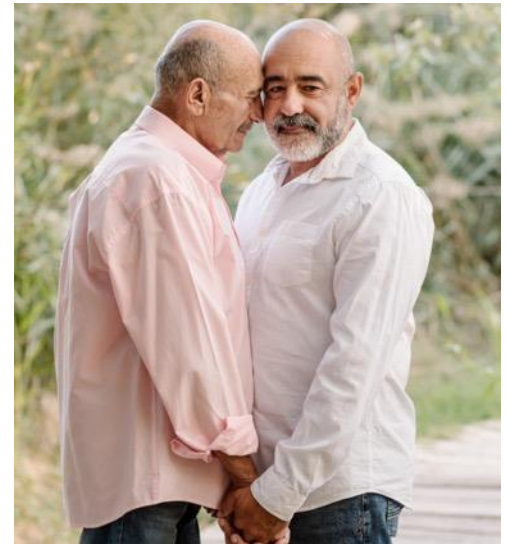


IMPLICATIONS

Implications

There are many things that are important to LGBTQ+ adults 45-plus, but nearly all agree that financial security (94%) and personal independence (87%) are extremely or very important.

Income disparity exists – particularly for those who identify as TGNB - and health could be playing a role. Both TGNB and bisexual individuals fall behind lesbian and gay men in how they rate their physical health and a variety of mental health indicators.



Focusing on health may help close the income gap. Ways to do this could include:

- Increasing access to healthcare, targeting TGNB and bisexual individuals. This should include mental health resources, telehealth options for increased reach, and better coordination of care between regular providers and specialists.
- Running campaigns to promote the importance of creating a relationship with a regular provider.
- Giving healthcare providers tools and training for increased awareness of issues – physical or mental – that impact the LGBTQ+ community, particularly TGNB and bisexual+ groups. The focus should be on ways to remove gender identity discrimination from the healthcare environment.

Beyond a focus on health, a career platform aimed at the LGBTQ+ community could offer resources, guidance, and job opportunities for those seeking ways to increase their income.

For TGNB and bisexual+ individuals, more research could be done to understand how health – all types – impacts employment opportunities that exist and which are limited by physical challenges, mental health obstacles, or gender identity discrimination.



DEMOGRAPHICS

Demographics

	Total
	<i>n</i> =2,212
Age:	
45-54	31%
55-64	31%
66-74	27%
75+	11%
Gender:	
Male	46%
Female	46%
TGNB	8%
Household income:	
<\$25,000	12%
\$25,000-\$49,999	16%
\$50,000-\$74,999	18%
\$75,000-\$99,999	16%
\$100,000+	32%
Education:	
Less than a Bachelor's degree	49%
Bachelor's degree or higher	51%
Race/ethnicity:	
White, non-HL	68%
Black/African American, non-HL	13%
Asian-Pacific Islander, non-HL	5%
Other, non-HL	2%
Hispanic/Latino	12%

	Total
	<i>n</i> =2,212
LGTBQ:	
Cisgender gay man	39%
Cisgender lesbian woman	37%
Cisgender bisexual+	15%
Transgender or Nonbinary	8%
Other	1%
Relationship status:	
Single	30%
In relationship, not living together	6%
Polyamorous	2%
Married/ engaged	40%
Living with partner/ civil union	12%
Widowed	5%
Divorced/ separated	5%
Employment status:	
Employed full-time	45%
Employed part-time	12%
Not working – retired	34%
Not working – other	9%



METHODOLOGY

Methodology

Objective: Conduct another wave of research to explore the lives and attitudes of LGBTQ+ adults 45-plus living in the United States, with a focus on relationships, family, caregiving, and finances. An additional focus on health and healthcare is new for this wave of research.

- **Methodology:** Online quantitative survey using CMI's LGBTQ+ panel
- **Qualifications:** Age 45 or older
- **Sample:** n=2,212 LGBTQ+ community members, including:
 - 1,013 cisgender gay and bisexual+ men
 - 868 cisgender lesbian and bisexual+ women
 - Oversample of transgender and nonbinary participants (331)
 - Oversamples of Asian (106), Black/African American (276), Hispanic/Latino(a/x) (269)
- **Interviewing Dates:** April 17-30, 2024
- **Language of Interview:** English
- **Weighting:** Data weighted by gender (men, women, TGNB) and race/ethnicity
- **Questionnaire length:** Approximately 10 minutes
- **Margin of error:** 2.1%

***Note:** Because the program allowed for no response, total answering is reported vs. total respondents on many of the questions.*

Methodology

This survey was conducted by Community Marketing & Insights (CMI) on behalf of AARP. The purpose of this study is to increase the understanding of the lived experience of LGBTQ+ adults age 45-plus in the areas of health care access, caregiving, isolation, and relationships. For more information about the content of this study, including the questionnaire and results, please either visit the project page located here www.aarp.org/lgbtqdignity or contact the project lead: Cassandra Cantave Burton at ccantave@aarp.org

Survey Statistics in Brief

Mode(s) of Data Collection	Online
Total number of completed surveys	±2.95% at a 95% level of confidence
Completion rate	100%
Eligibility rate	27%
Drop off rate	9%

Sample Source(s):

CMI's panel consists of online, opt-in panelists recruited through partnerships with over 300 LGBTQ publications, websites, events, organizations, apps, influencers and social media throughout the USA, Canada, UK, Germany, Australia, and beyond. These panel members are recruited by partner media in through print, digital and social media advertising. There is no incentive to join, except the overall project goal of having LGBTQ voices heard and understood.

Sampling:

All participants were current members of CMI's 50,000+ LGBTQ research panel. For this study, a random sample of LGBTQ community members over age 45 were invited to participate in the study. There was an oversample of people who identify as transgender or non-binary to assure adequate sample. For transgender and non-binary participant oversample, 775 were invited and 331 completed.

Panelists were sampled based on population characteristics and sent email invitations to participate in this specific study. Panelists who responded completed screener questions to ensure they qualified for the study (although all participants invited were known to meet the screener qualifications). Qualified panelists were then directed to the survey. This survey was only available to individuals with internet access and therefore the results may not be generalizable to those households without internet access.

Methodology

Fielding:

The study was fielded from April 17, 2024 to April 30, 2024.

CMI sent an email to the panel member's preferred email address.

A total of 5,575 invitations were distributed, 2,433 clicked to start the survey, and 2,211 completed the survey. For transgender and non-binary participant oversample, 775 were invited and 331 completed.

Cooperation Strategies:

All panelists who completed the survey were entered into a drawing to win one twenty \$100 e-card prizes.

Survey Completion and Conversion Rates:

A total of 5,575 invitations were distributed, 2,433 clicked to start the survey, and 2,211 completed the survey. All participants who were invited qualified for the research, based on prior panel knowledge.

- The eligibility rate: 100%
- The drop off rate: 9%
- The survey completion rate: 40%

Survey Outcome Metrics: Dignity 2024: The Experience of LGBTQ+ Older Adults

Number of invites sent	5,575
Number of clicked offers	2,433
Number who complete at least one screener or demographic question	2,333
Number who qualify for the survey and complete the screener	2,329
Number who start the main survey	2,329
Number who complete the survey	2,212

Methodology

Data Processing and Procedures Ensuring Data Quality:

CMI conducted a series of quality checks on the collected data. Specifically, CMI reviews all responses to assure the survey was completed in a reasonable amount of time, there was no straight lining, and basic demographics in the survey responses reasonably match panel information previously provided. These checks enable CMI to identify fraudulent and unengaged respondents and remove them from the final data.

Weighting:

In order to achieve a reasonable sample size, there was an oversample for transgender and non-binary participants. Panel weights for gender were calculated to assure a reasonable balance by gender and for consistency for previous projects. Weights for ethnicity were added for consistency to past research, and are reasonable for the population surveyed.

The following reflects the weights for survey responses

<u>Gender</u>	<u>Weighted</u>	<u>Actual</u>
Woman	46%	39.2%
Man	46%	45.8%
TGNB	8%	15%

<u>Race/Ethnicity</u>	<u>Weighted</u>
API	5%
Black	13%
Latin	12%
Other	2%
White	68%

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence, AARP strengthens communities and advocates for what matters most to the more than 100 million Americans 50-plus and their families: health security, financial stability and personal fulfillment. AARP also produces the nation's largest circulation publications: AARP The Magazine and AARP Bulletin.

To learn more, visit www.aarp.org/about-aarp/, www.aarp.org/español or follow [@AARP](#), [@AARPenEspañol](#) and [@AARPadvocates](#) on social media.

About ANR Market Research Consultants

ANR is a full-service market research firm founded in 1978. It has a full-time staff of twelve people and a part-time staff of thirty-five. As a Virginia SWaM-certified small business, ANR is managed by executives age 50-plus and also employs multiple professional staff age 50-plus. Its corporate offices, located in Richmond, Virginia, include a state-of-the-art focus group facility. ANR specializes in business and consumer research to determine attitudes and opinions, advertising effectiveness, organization image and awareness, market positioning and new product development. Its clients span a variety of industries, including state and federal government, health care, communications, finance, manufacturing, retail, travel, tourism, real estate development, and education. For more information, visit www.anr.com.

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.



Cassandra Cantave Burton

AARP Research

ccantave@aarp.org

For media inquiries, please contact media@aarp.org