

Housing, Health, and LGBTQIA+ Older Adults 2021



INTRODUCTION

Housing is a key social determinant of health because it affects all aspects of health and quality of life. Housing instability and homelessness cause high levels of stress and increase vulnerability to disease, violence, and injury.¹ Whether someone has stable housing directly affects their ability to safely store medication, get to appointments, eat well, and focus on self-care.² In order for older adults (people 65 years and older) to age well in their communities, they need housing that is accessible, affordable, safe, and connected to appropriate services. Accessing housing and aging in place pose several challenges for older adults, and particularly lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and all sexual and gender minority (LGBTQIA+) adults. Because of historical and current stigma, discrimination, and bias against LGBTQIA+ people, LGBTQIA+ older adults may not have equal access to the resources needed to successfully age in place.³ This publication provides health centers with promising practices for supporting LGBTQIA+ older adults with their housing and related health care needs, including screening for homelessness and housing, supporting aging in place, providing affirming referrals for housing and supportive services, and offering inclusive health care environments.

Key Terms and Definitions

Sexual orientation	How a person characterizes their emotional and physical attraction to others.
Gender identity	A person's inner sense of being a girl/woman/female, boy/man/male, another gender (e.g., bigender, nonbinary), or having no gender (e.g., agender). Gender identity is increasingly described as being on a continuum.
Sex assigned at birth	The sex (female or male) assigned to an infant, most often based on the infant's anatomical and other biological characteristics.
Lesbian	A sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.
Gay	A sexual orientation that describes people (usually men) who are primarily emotionally and physically attracted to people of the same sex and/or gender as themselves.
Bisexual	A sexual orientation that describes a person who is emotionally and/or physically attracted to people of all genders.
Transgender	An umbrella term used to describe people whose gender identity or gender expression does not align with society's expectations based on the sex they were assigned at birth.
Queer	An umbrella term for people who think of their sexual orientation or gender identity as outside of societal norms. Younger people more commonly use the term queer than older people. Older people may not feel comfortable with the term queer because historically it was used as a slur against LGBTQIA+ people.
Intersex	Describes variations in reproductive organs, genitals, and/or other primary and secondary sex characteristics that do not develop according to traditional binary expectations for females or males. Some, but not all, people with intersex variations identify as an intersex person.
Asexual	Describes a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.
Same gender loving (SGL)	An alternative to the terms gay and lesbian. SGL is more commonly used by African-American/Black communities.
Gender diverse	An umbrella term that describes the community of people who fall outside of the gender binary structure (e.g., nonbinary, genderqueer, gender fluid people).
Two Spirit	A unifying term used exclusively by Native American/First Nations people that encompasses spiritual, sexual, gender, and cultural identity, and may also relate to a person's community roles and contributions.
Straight/heterosexual	A sexual orientation that describes women who are primarily emotionally and physically attracted to men, and men who are primarily emotionally and physically attracted to women.
Cisgender	A term used to describe people whose gender identity aligns with society's expectations based on the sex they were assigned at birth.

See: [LGBTQIA+ Glossary of Terms for Health Care Teams](#)

TERMINOLOGY USAGE AMONG OLDER ADULTS

LGBTQIA+ older adults (people 65 years and older) may use terms that younger people consider outdated, for example:

- **Homosexual**, instead of gay/lesbian
- **Lifestyle**, instead of sexual orientation
- **Friend, lover, companion, or roommate** instead of partner, spouse, husband/wife
- **Transition or sex change**, instead of gender affirmation
- **Transsexual**, instead of transgender

🔑 Tip: *When caring for patients, mirror the terms your patients use to describe themselves and their partners.*

HISTORICAL CONTEXT AND HEALTH DISPARITIES

Born and raised before the LGBTQIA+ rights movement began in the U.S. in 1969, LGBTQIA+ older adults have survived many years of societal bias and discrimination. Throughout much of the 20th Century, LGBTQIA+ people were:³

- Considered mentally ill by the medical and psychiatric fields
- Rejected by families and communities
- Arrested for “degeneracy”

Hiding one's sexual orientation or gender identity, living in fear of disclosure, being estranged from family and communities, and experiencing arrest, harassment, violence, and discrimination can all have short- and long-term consequences on a person's health and well-being.^{2,5} Although most LGBTQIA+ adults have similar health needs to all older adults, they do experience greater disparities in several physical health outcomes (e.g., higher prevalence of disability, poor general health, chronic conditions) and behavioral health outcomes (e.g., mental distress, smoking, and excessive drinking).^{4,7} Figure 1 shows the pathways through which a lifetime of bias and discrimination can have a cumulative effect on the health of LGBTQIA+ older adults.

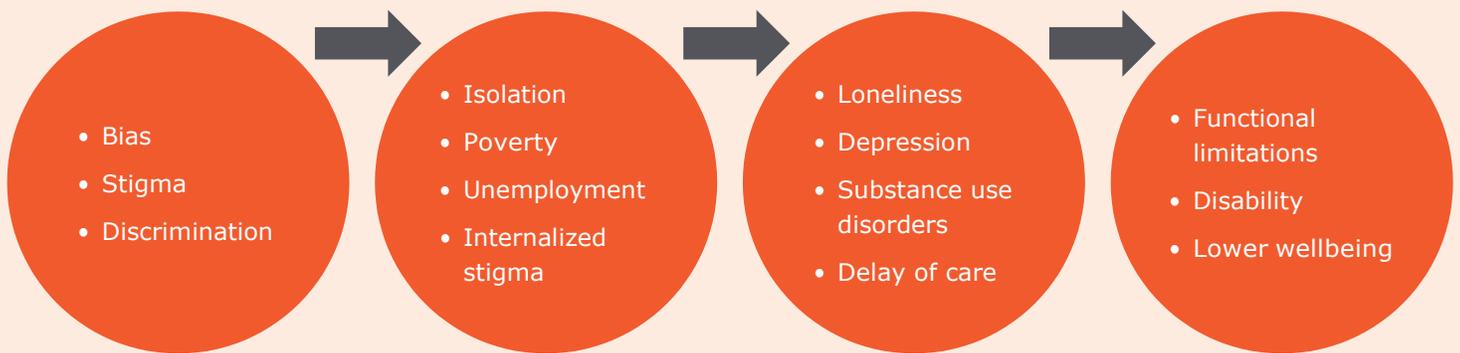


Figure 1. A model depicting how bias, stigma, and discrimination can lead to poor health outcomes.

Isolation is of particular concern for LGBTQIA+ older adults compared to heterosexual and cisgender older adults.³ The supports that older people typically depend upon to reduce loneliness, age in place, and gain access to care and services are less accessible to LGBTQIA+ adults for a variety of reasons:

✚ **Spouse/partner:** LGBTQIA+ older adults may not have a spouse or partner because of previous laws against same-sex marriage.

✚ **Children and grandchildren:** LGBTQIA+ people may not have children and grandchildren due to biological limitations and to policies restricting adoption and insemination for LGBTQIA+ people. Compared to younger LGBTQIA+ people, however, LGBTQIA+ older adults are more likely to have children and grandchildren from a previous heterosexual relationship.

✚ **Family of origin:** LGBTQIA+ people's biological family may be estranged from them due to rejection of their sexual orientation or gender identity.

✚ **Faith community:** LGBTQIA+ people may not feel accepted or safe in houses of worship due to religious beliefs about sexual behaviors and gender identities.

✚ **Social, supportive, and community services:** LGBTQIA+ older adults may not access social and supportive services, such as housing for older adults due to perceived or experienced stigma and discrimination against LGBTQIA+ people. They also may not access LGBTQIA+ community organizations because many of these agencies focus on younger people. Additionally, Black, Indigenous, Latine/x,^a and other People of Color have often felt unwelcome in LGBTQIA+ community organizations, which are often perceived as spaces for White people.

^a A person of Latin American origin or descent. Latine or Latinx may be used as a gender-inclusive alternative to Latino/Latina.



ROSA'S STORY: THE INTERSECTION OF HOUSING, AGING, AND HEALTH

The following case study illustrates several housing-related challenges that LGBTQIA+ older adults may experience as they age. Following the case study, this brief will describe general considerations and challenges that LGBTQIA+ older adults may face when accessing and maintaining housing, as well as potential strategies to overcome these challenges.

Rosa is a 78-year-old Black transgender woman and retired high school teacher. She currently lives with her dog in an apartment she rents in Detroit, Michigan. Rosa did not come out as transgender until she was in her early 50s and retired from teaching. Prior to that time, she was married to a cisgender woman and had two children. After Rosa's divorce and medical transition, her children and siblings stopped speaking to her, saying they felt betrayed and embarrassed by her. Rosa became depressed from the isolation, but soon adopted her dog and found a group of mostly LGBTQIA+ friends to help her through the difficult time.

As a former teacher, Rosa has a pension and health insurance. However, her pension is low because of early retirement, and she does not have any savings because she had to pay out of pocket for her gender-affirming surgeries. She tried to find a job to supplement her pension, but could not find one due to anti-transgender and anti-aging bias.

Over the last year, Rosa has developed balance issues and short-term memory loss. She longs to stay in her apartment, with her dog and other comforts, but fears she may not be able to take care of herself much longer. Twice she forgot to take her gender-affirming hormone medications for several days in a row, leading to irritability and depressive symptoms. Rosa's friends have offered to help, but they have their own lives and health to take care of. Rosa's landlord is also raising the rent soon, which Rosa cannot afford.

If Rosa cannot stay in her apartment, she is not sure what to do. She has heard stories from friends about transgender people being ostracized by peers and mistreated by staff in public senior housing and long-term care facilities. As a Black transgender woman, she fears both racism and transphobia from care assistants. Rosa also would grieve the loss of having her dog, who provides her with companionship and affection.

AGING IN PLACE

In the case study, Rosa wishes to age in place, but has encountered several barriers. Aging in place refers to a person making a conscious decision to stay in the home of their choice for as long as they can with the comforts that are important for them. To age in place, a person must have the ability to live independently in their home and community, with access to in-home and community-based supports and services as needed. Aging in place may offer the most affordable and health-promoting option for those able to remain in their homes. However, as in Rosa's case, mobility and cognitive barriers, as well as a lack of family caregiving supports, can hinder one's ability to live at home.

To safely age in place, the following must be considered:⁸

Mobility: Vision, balance, environmental hazards, transportation options

Chronic Disease Management: Access to community resources, healthy food, oral health services

Mental Health & Memory: Cognitive impairments, missed signs of depression, substance misuse

Social Support & Caregivers: Feelings of isolation or loneliness, social network, myths about aging

SENIOR HOUSING AND LONG-TERM CARE

Like Rosa, LGBTQIA+ people often have concerns and issues related to accessing senior housing and long-term care facilities. Many worry that they will need to go back in the closet in order to receive non-discriminatory resources and care. They also have concerns that their non-LGBTQIA+ peers will stigmatize and bully them, just as many did when they were younger.

In a 2018 national survey of LGBTQIA+ adults ages 45+ years:⁹

- **34%** were worried about discrimination in housing.
- **70%** were concerned they will need to hide their identity in long-term care.

The concerns of LGBTQIA+ older adults are supported by research. In a survey of 284 LGBTQIA+ older adults living in long-term care facilities:¹⁰

- **Only 22%** felt they could be open with staff about their sexual orientation or gender identity.
- **43%** reported mistreatment by residents or staff related to sexual orientation or gender identity

When providing referrals for senior housing and long-term care with LGBTQIA+ patients, it is important for health center providers to acknowledge patient concerns about discrimination and harassment. Health centers also need to assess whether local facilities and agencies provide affirming and inclusive care for LGBTQIA+ people, and make recommendations for helping those agencies receive LGBTQIA+ training and resources (see Resources).

HOMELESSNESS AND HOUSING INSTABILITY

Rosa is also at risk of experiencing homelessness. Older adults comprise a growing proportion of the homeless population. In 2019, over 74,400 health center patients ages 65 years and over were experiencing homelessness, which was an increase of over 10,000 people from the

year before.¹¹ LGBTQIA+ people, particularly transgender people, and LGBTQIA+ people who are Black/African American or Latine/x, have twice the risk of experiencing homelessness and housing instability in their lifetime.¹²

PROMISING PRACTICES AND STRATEGIES FOR HEALTH CENTERS

How can health centers help LGBTQIA+ older adults like Rosa who have housing needs? Below we provide promising practices for screening, response, and referral.

1. **Ask** all patients about housing status using a social determinant screening tool. One example is the [PRAPARE](#) tool from the National Association of Community Health Centers.
2. **Document** housing problems by using the relevant [ICD-10-CM Z codes](#) (see also [PRAPARE](#)'s coding recommendations)
3. **Collect** and document patient [sexual orientation and gender identity \(SOGI\)](#)
 - Although older adults are less likely to disclose their SOGI than younger adults, most older adults are comfortable sharing their SOGI in healthcare settings.¹³
 - Knowing a patient's SOGI allows for more patient-centered and culturally responsive care.¹⁴
4. **Create** a patient-centered care plan that considers the patient's housing situation (e.g., lack of refrigeration, electricity) and SOGI (e.g., caregivers who are close friends or unmarried partners; access to services that LGBTQIA+ friendly)
5. **Respond** to housing needs through referrals with local partnering agencies, such as home loan agencies, supportive housing and other affordable housing agencies, and community development organizations.
 - Talk to all referral agencies about their policies to protect and include LGBTQIA+ people. Do they use a culturally affirming approach?
 - Supportive housing in particular has a long-standing track record of providing culturally affirming and affordable rental housing for vulnerable populations that desire to age in place.

LGBTQIA+ FRIENDLY SENIOR HOUSING—A NEW MODEL FOR LIVING STIGMA FREE

To respond to the great need for affordable housing that is safe, welcoming, and free from harassment and discrimination, several cities across the U.S. now have—or are developing—“LGBTQIA+ Friendly” senior housing for LGBTQIA+ older adults and allies. An LGBTQIA+ Friendly designation from the [National LGBT Housing Initiative](#) complies with all state and federal Fair Housing regulations. The parent organization, [SAGE](#), also provides training for eldercare providers to be culturally responsive to LGBTQIA+ needs.

CREATING AGE-FRIENDLY HEALTH SYSTEMS

The Institute for Healthcare Improvement has developed a framework for becoming an “[Age-Friendly Health System](#)” that health centers can adapt. The age-friendly framework consists of four evidence-based elements of high-quality care; known as the **4Ms**. **Figure 2** shows how the 4Ms can be adapted for health centers:

Table 1. Using the 4Ms age-friendly framework in health centers

<p>What Matters Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care</p>	<ul style="list-style-type: none"> • Ask all older adults what matters most to them; document and share this information across the integrated care team • Align the patient's care plan with what matters most • Align and foster care coordination with other services the patient may be receiving • Become familiar with local community-based services and benefits for older adults
<p>Medication If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care</p>	<ul style="list-style-type: none"> • Review for high-risk medication use and document it • De-prescribe or avoid high-risk medications, and document and communicate changes
<p>Mentation Prevent, identify, treat, and manage delirium across settings of care</p>	<ul style="list-style-type: none"> • Screen for dementia/cognitive impairment and document the results • Screen for depression and document the results • Consider further evaluation and manage manifestations of dementia, educate older adults and caregivers, and/or refer out • Identify and manage factors contributing to depression and/or refer out
<p>Mobility Ensure that each older adult moves safely every day to maintain function and do what matters</p>	<ul style="list-style-type: none"> • Screen for mobility limitations and document the results • Ensure early, frequent, and safe mobility

MAKING HEALTH CARE SPACES INCLUSIVE FOR LGBTQIA+ PEOPLE

To provide services and programs that foster the health of LGBTQIA+ older adults, health centers can:

➤ Enhance resilience, social support, and community

Despite pervasive barriers, LGBTQIA+ older adults often develop resilience in the face of adversity. Over time, the LGBTQIA+ community has bonded together to fight the AIDS crisis of the 1980s and 90s, advocated for marriage equality, and provided prevention services and meals for vulnerable members of its community. In addition, many have developed a close circle of friends and partners (sometimes referred to as “chosen families”) who provide emotional and functional support.³

- Host community events in collaboration with local organizations
- Recognize LGBTQIA+ awareness days such as National Coming out Day (October 11), Transgender Day of Remembrance (November 20), and LGBT Health Week (March, weeks vary)
- Organize a group to march in the community's annual Pride parade (June)
- Invite diverse LGBTQIA+ older adults to join your health center's governing and community advisory boards
- Get involved with local issues of importance to the LGBTQIA+ community, such as advocating for LGBTQIA+ senior housing
- Develop counseling programs and social activities for LGBTQIA+ older adults to strengthen social networks

Example of Health Center Programming to Support Housing and LGBTQIA+ Older Adults

Callen-Lorde Community Health Center, New York, NY, is a federally qualified health center focused on providing judgement-free, comprehensive healthcare to the diverse community of LGBTQIA+ people, regardless of ability to pay. All Callen-Lorde patients complete an intake form that includes questions on housing along with other demographic information. To meet patient housing needs, Callen-Lorde partners with several local resources, including aging support services, housing services, and agencies that support legal rights to housing. To promote social connections among seniors, Callen-Lorde hosts a monthly “Baby Boomer Social Club” with a range of appealing activities, including painting, movies, storytelling, and resume building. The first ten participants for each social club receive snacks and a MetroCard.



✎ Conduct relevant and affirming preventive and clinical care

Sexual health: Gay/bisexual men and transgender women are at increased risk for HIV and sexually transmitted infections (STIs).¹⁵ Lesbian and bisexual women, and trans masculine people, are less likely than straight and cisgender women to have had regular Pap tests.^{16,17}

- Do not assume that older adults do not engage in sexual activity.
- Take an inclusive and sensitive sexual health history and explain why this information is relevant for their healthcare.
 - Ask questions to capture diverse sexual behaviors
 - Ask open ended questions that do not assume gender of partners or certain kinds of sexual behaviors (e.g., “Who are you having sex with?” “What kinds of sex are you engaging in?”)
 - Ask questions about body parts used during sexual activities (e.g., “Which body parts of yours touch which body parts of your partner?”)
 - Remain open and nonjudgmental
- Test for HIV and sexually transmitted infection (STI)—Follow the [Guidelines from the Centers for Disease Control and Prevention \(CDC\) for Special Populations](#)
- Consider [preexposure prophylaxis \(PrEP\)](#) for prevention of HIV among those at high risk
- Review cervical cancer risks and history of screening. Some women over age 65 may still benefit from testing.¹⁸
- Recommended resource: [Sexual Health and Older LGBTQIA+ Adults](#)

Behavioral health: LGBTQIA+ people of all ages are at higher risk for depression, smoking, and substance use disorders.¹⁹

- Screen for depression, cigarette smoking, and substance use, and offer brief interventions and referrals as appropriate.
- Recommended resource: [SBIRT with LGBT Patients: Identifying and Addressing Unhealthy Substance Use in Primary Care Setting](#)
- Acknowledge the role of stigma, discrimination, racism, housing, and other social determinants in creating or exacerbating behavioral and physical health disorders^{20,21}
- Ask about sources of functional, social, and emotional support; validate the role of unmarried partners, chosen families of friends, and pets, as sources of support²²
- Recognize that LGBTQIA+ people have other important characteristics and identities, such as race and ethnicity and linguistic, that intersect to create unique experiences relevant to health and identity
- Connect patients to supportive organizations in the community, or develop a program for these adults within your organization
- Promote positive self-perception of LGBTQIA+ identity²³
- Recommended resource: [Promoting the Behavioral Health of LGBTQ Older Adults](#)

HIV care: More than half of people living with HIV are over 50 years old.²⁴ LGBTQIA+ older adults may still experience long-term effects from the trauma of losing close friends and partners during the AIDS crisis of the 1980s and 90s.

- Assess for comorbid conditions, such as lipodystrophy, metabolic issues, cardiovascular disease, chronic kidney disease, osteoporosis, liver disease, and neurocognitive dysfunction²⁵
- Recognize that stigma related to age and HIV creates complex barriers to social and emotional support²⁶
- Provide or refer to peer support groups and trauma interventions, as needed
- Recommended resources: [HIV/STI treatment and prevention resources](#)

Gender-affirming hormones and referral to surgery: Many older transgender and gender diverse patients receive hormone therapy treatment and desire access to surgeries. Clinicians can provide hormone treatment themselves, or refer out to other providers.

- Access standard of care protocols and training for transgender health care from national and international organizations focused on gender-affirming care
- Recommended resources: [Transgender health resources](#); [WPATH Standards of Care](#); [Center of Excellence for Transgender Health](#)

Referral partners: It is important for LGBTQIA+ older adults to have access to affirming psychosocial providers and inclusive community-based support services.

- Develop a strong referral network with other providers and services that welcome and affirm LGBTQIA+ older adults
- Recommended resource: [SAGE/Advocacy and Services for LGBT Elders](#)

Advance directives: Because medical decision-making defaults to blood relatives unless the patient has completed advance care planning, LGBTQIA+ people who are estranged from their families may not have their wishes followed.

- Ensure that patients over 50 years old have completed legal advance directives such as health care proxy and power of attorney
- Recommended resource: [HRC Foundation resources](#)

Example of Health Center Services to Support LGBTQIA+ Older Adults

Fenway Health, Boston, MA is a federally qualified health center with the mission to enhance the well-being of the LGBTQIA+ community and all people in their neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. To meet the needs of LGBTQIA+ older adults, Fenway's **LGBTQIA+ Aging Project** provides several programs and services, including: (1) LGBTQIA+ Community Meal Programs across Massachusetts, consisting of weekly luncheons, monthly brunches, a monthly women's program and two monthly supper programs; (2) facilitated LGBTQIA+ bereavement support groups to discuss partner loss, challenges with estranged family members, and legal issues; and (3) seminars and trainings for community members, employers, service providers, caregivers and support networks.



✚○ **Train staff:** Staff need information and skills to ensure a safe and welcoming environment for LGBTQIA+ people.

- Train all staff on LGBTQIA+ health disparities, affirming communication, and addressing bias
- Provide mentorships, professional development, and other training options in LGBTQIA+ health care and geriatric care
- Recommended resource: [Introductory staff trainings](#)

✚○ **Create environments that communicate safety and inclusion:**

Revisions to forms, marketing materials, policies, and data collection will signal to LGBTQIA+ people that you welcome them.²⁷

- Add images of older same-sex couples and gender diverse people to websites and health educational materials
 - Review all forms, promotional materials, and website pages for inclusivity related to relationship status, gender identity, sexual orientation, and anatomy
 - Include sexual orientation, gender identity, and gender expression in non-discrimination policies and procedures
 - Recruit and retain LGBTQIA+ clinical care and staff
 - Use SOGI data to monitor and address health disparities in the LGBTQIA+ patient population: e.g., run electronic health record reports on health measures and stratify the data by sexual orientation categories, gender identity categories, and age
 - Recommended resources: [Organizational Change resources](#); [Collecting Sexual Orientation and Gender Identity Data resources](#)
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CONCLUSION

Housing affects all aspects of a person's health and well-being. Aging in place is a goal for most older adults; but, because of stigma and discriminatory policies, LGBTQIA+ older adults may lack the social and economic resources to live independently. At the same time, these adults fear stigma and harassment from peers and care providers in long-term care facilities and senior housing. Health centers have a key opportunity to provide affirming care, programs, and supportive referrals for their LGBTQIA+ older adult patients. Promising practices include screening for and documenting housing, homelessness, and sexual and gender identity; developing partnerships with housing providers and legal services; promoting the development of senior housing for LGBTQIA+ people; and creating spaces that reduce stigma for all older adults and LGBTQIA+ people.

RESOURCES

Organizations with resources, training, and technical assistance

SAGE/Advocacy and Services for LGBT Elders:

- [National LGBT Elder Housing Initiative](#)
- [Training on culturally affirming care](#)
- [Local affiliates](#) that provide social support, financing, housing, and other resources
- [Long-Term Care Equality Index \(LEI\)](#) assessment tool to help residential care communities adopt best practices and policies
- [National Resource Center on LGBT Aging](#)

Lambda Legal

- [Housing rights of LGBT seniors](#)
- [Nursing home rights](#)

National LGBTQIA+ Health Education Center: older adult resources

Corporation for Supportive Housing

National Health Care for the Homeless Council

National Center for Health in Public Housing

LGBTQIA+ Aging Project: LGBTQIA+ cultural competency training, community engagement, resources for LGBTQIA+ older adults.

National Center for Equitable Health for Elders: Training, technical assistance, and educational resources on innovative and culturally competent models of care for older adults.

Transgender Aging Network: Training, technical assistance, and projects focused on improving the lives of transgender older people and their social support networks.

Nurses' Health Education about LGBTQ Elders (HEALE) Cultural Competency Curriculum:

Continuing education training for nurses and health care professionals who serve LGBTQ older adults.

Research and Reports

Aging with Pride: National longitudinal study of LGBT adults aged 50 and older with over 50 research publications.

Williams Institute: Reports on LGBTQIA+ demographics

Community and Social Support Organizations

LGBT Elders of Color

Old Lesbians Organizing for Change

Prime Timers Worldwide

ZAMI NOBLA –National Organization of Black Lesbians on Aging



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