



Equitable Aging for LGBTQ+ Populations:

Strategies to Reduce Health Disparities and Improve Cognitive Outcomes



HEALTHCARE **DIVE**

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As the baby boomer generation ages into retirement and beyond, the demographic landscape of the United States is undergoing a seismic shift. An estimated 58 million Americans are currently age 65 or older, and that number is forecast to climb to 73 million by 2030.¹ This means that growing numbers of people in every demographic group, including minority communities, are experiencing the health conditions that are more common in older adults.

Age is the greatest risk for developing many health conditions — including cancer, cardiovascular disease, and hypertension — but there's a particularly strong association between increasing age and the prevalence of neurodegenerative diseases like Alzheimer's and other dementias. After age 65, the risk of Alzheimer's doubles every five years, affecting more than one-third of all people by age 85.²

Every demographic group shares the experience of growing older, but aging lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people confront unique challenges that affect their physical, mental, and cognitive health. There are probably at least 10 million LGBTQ+ adults over the age of 50 in the U.S., a number that is projected to increase beyond 12 million by 2030.³ This population exhibits health disparities when compared to heterosexual and cisgender peers, including a higher prevalence of diabetes⁴ and high blood pressure,⁵ each of which can increase the risk of developing dementia.



65

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At the same time, members of this community encounter difficulties accessing care and support. LGBTQ+ individuals in this age group are more likely to live alone than cisgender and heterosexual adults, are less likely to live with biological family members, and are more likely to experience poverty. All of these factors make early diagnosis (of dementia, cognitive decline, and other conditions) less likely. In addition, many LGBTQ+ people have encountered social stigma and discrimination in the past. Remembering this history can make it harder for them to trust institutions and providers enough to seek out care, even when they need it very much.

This creates a lose-lose situation: on the one hand, LGBTQ+ people have relatively high risks of experiencing cognitive impairment or developing dementia in their lifetimes, but on the other, they tend to have less access to preventive care, early diagnosis, and ongoing treatments and interventions that can improve quality of life.

Healthcare providers, assisted living facilities, and others responsible for delivering elder care can help by empowering LGBTQ+ people to access care and services, make positive lifestyle changes, and focus on their overall health. They can achieve this by providing compassionate, person-centered care that's sensitive to the unique needs, personal histories, and lived experiences of all people. All care providers have a responsibility to treat every patient or client with respect, and to create welcoming, inclusive spaces and communities, so that all people — including LGBTQ+ elders—can achieve the best possible health outcomes.

“As someone who works closely with aging service providers, I’ve seen firsthand how SAGECare training transforms care. It gives healthcare teams the tools to create safer, more affirming environments for LGBTQ+ older adults — something every provider should be doing.”

Karen Cushing
Business Development Manager for SAGECare

When eldercare providers are aware of someone's LGBTQ+ identity, they can offer that person the highest-quality care. However, many older LGBTQ+ adults are reluctant to disclose their sexual orientation and/or gender identity, often because they've experienced discrimination in the past. It is of vital importance to create inclusive, welcoming spaces where people feel comfortable enough to share this information, and doing so should be an organization-wide priority. Two common misperceptions — that LGBTQ+ is just about sexuality and that elders are not sexual beings — lead care providers to think that LGBTQ+ identities no longer matter late in life. In fact, being LGBTQ+ is as much about family and community as it is about sexuality — if not more so — and without understanding these critical aspects of identity, it is impossible to know an individual well enough to attend to their unique needs and concerns.

In the remainder of this playbook, we'll explain why members of the LGBTQ+ community continue to face unique risks and challenges, and we'll explore what eldercare providers can do to help close those gaps.⁶ We'll focus in particular on how employee training can improve care providers' expertise and elevate the standard of care that a facility delivers.

An estimated **10 million** LGBTQ+ people are over 50.

34% live alone.⁷

40% report that their support networks have become smaller over time.⁸



Health Disparities Among LGBTQ+ Adults

The LGBTQ+ community is diverse, experiencing many of the same health challenges as the general population. Like all of us, LGBTQ+ older adults possess a mix of different traits and identities that shape their individual health risks and circumstances. However, LGBTQ+ people also share vulnerabilities that can exacerbate the impact of age-related issues like cognitive decline and dementia.

Throughout their lives, many LGBTQ+ people have experienced discrimination and stigmatization. Homosexuality remained a diagnosable psychiatric disorder until 1973, and even today, far too many LGBTQ+ people experience hate crimes, social exclusion and ostracism. Because of this long history of marginalization and trauma, including by healthcare providers, many LGBTQ+ older adults are reluctant to seek care or treatment from mainstream institutions. Many hesitate to share information about their sexual orientation or gender identity with healthcare professionals. They may omit sharing their sexual orientation or gender identity unless the clinician opens the topic in a receptive way.





Unshared information can result in missed preventive or screening appointments, leaving LGBTQ+ people with higher rates of undiagnosed conditions and untreated diseases. Many conditions are also diagnosed more frequently in this population, and a significant number of them are correlated with an increased prevalence of cognitive impairment. These include:

Depression

LGBTQ+ adults are three times as likely to experience a mental health disorder as individuals who identify as straight, and depression rates are significantly higher among transgender people.⁹ Individuals with a history of clinically significant depression have a lifetime risk of developing dementia that is approximately 1.5 times higher than the general population risk.¹⁰

Obesity and cardiovascular disease

Both are more prevalent among LGBTQ+ people than the overall population, and both come with elevated dementia risks.¹¹

HIV/AIDS

Although HIV can and does impact members of all socioeconomic groups and people of all sexual orientations and gender identities, the majority of new HIV diagnoses are among men who have sex with men. Over half (57%) of people living with HIV in the U.S. are gay or bisexual men.¹² In addition, growing numbers of people — including LGBTQ+ people — are aging with HIV. According to the most recent data from the Centers for Disease Control and Prevention (CDC), of the nearly 1.1 million people living with diagnosed HIV in the United States, approximately 54% are age 50 or older.¹³ HIV-positive individuals have a much higher risk of developing dementia than HIV-negative individuals, even when taking effective antiretroviral therapy (ART). As many as 50% of people living with HIV will eventually be diagnosed with some form of cognitive impairment, though the milder forms of HIV-associated neurocognitive disorders (HAND) are more prevalent than severe ones.¹⁴

In addition, many LGBTQ+ older adults have fewer social and community supports than heterosexual, cisgender people. They are more likely to live alone, defer essential care, and perceive themselves as self-reliant. They also tend to access essential services – such as food assistance, community centers, and meal plans – less frequently than the general population. Many are fiercely protective of their home as a safe space, making them more reluctant to receive in-home services such as visiting nurse care.

They are also less likely to have children of their own than the general population. This can increase the risk of social isolation. At the same time, LGBTQ+ people without children are often relied upon as caregivers for their aging parents, other family members, and close friends.

All of these factors come together to place an exceptional burden on the older LGBTQ+ population, making its members especially vulnerable to age-related cognitive concerns. The combination of delayed preventive screening, social isolation, and caregiver stress can lead to greater risks of dementia and cognitive issues among LGBTQ+ people. Increasing social connections and offering interventions that promote early detection and diagnosis can improve outcomes and quality of life.



How Eldercare Providers Can Help: A Roadmap for Change

Eldercare providers and assisted living facilities have a critical role to play in helping our society overcome these challenges. By creating welcoming environments and delivering culturally competent care, they can make their services more accessible to LGBTQ+ people, improving health equity and outcomes as a result.

Providers have a responsibility to deliver care that meets high quality standards in both technical and interpersonal dimensions. From a technical perspective, care quality comes down to offering medical treatments that are accurate and effective, maximizing their benefits while minimizing the risks associated with them. The interpersonal dimension of care quality refers to having interactions with providers that meet patients' expectations for open communication and for being treated with respect and empathy.



Creating Welcoming and Inclusive Environments

Because early dementia diagnosis is extremely important for improving outcomes, it's vital to create an interpersonal environment in which LGBTQ+ people feel safe enough to share their symptoms and concerns with care providers. Many older adults, regardless of sexual orientation or gender identity, worry about the prospect of an Alzheimer's diagnosis. Those anxieties can be even more pressing for LGBTQ+ people who feel isolated, lack financial resources, or don't have plans for care and support as they age.

"LGBTQ+ older adults often rely on families of choice and tend to have fewer connections to their biological families," explains Sadiya Abjani, Director of Learning and Instructional Design at SAGE. "About half of the community is aging in isolation. Who will be there to see the subjective markers of cognitive decline? Things like forgetting their keys, experiencing mood and personality changes, struggling in conversation. If they feel vulnerable going into care spaces that have not traditionally been welcoming to the LGBTQ+ community, early diagnosis becomes a huge challenge."

Healthcare providers should try to ensure that older adults — including LGBTQ+ people — aren't afraid of talking about cognitive issues in their offices and facilities. Achieving this requires sending signals, both subtle and overt, that you and your organization are inclusive and welcoming of all people, including LGBTQ+ ones.

One way to do this is to use LGBTQ+-affirming language. Don't hesitate to include words like gay, lesbian, bisexual and transgender in conversations. Using appropriate and respectful terms is one of the easiest ways to communicate that you and your team are happy to work with LGBTQ+ people. Another is to depict LGBTQ+ people and families on your website and in your marketing materials. This indicates that LGBTQ+ people are already accessing your services, and that your organization recognizes them and their families.

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Sadiya Abjani

Director of Learning and Instructional Design, SAGE



Building Community

Many LGBTQ+ community centers and organizations are more attentive to younger adults than they are to older community members. And older adult community centers tend to focus more on heterosexual and cisgender people than LGBTQ+ adults. Both types of organizations can serve as a bridge to early diagnosis and treatment of dementia in LGBTQ+ people, but only if they're aware of the issue and consciously working toward a solution. To achieve this, outreach is important, as are inclusive LGBTQ+ aging services.

“What are LGBTQ+ community organizations doing to meet the needs of older community members?” Abjani asks. “And what are community centers for older adults doing to reach out to the LGBTQ+ community? If there were more community-building, and more connection, early diagnosis would be at least a little bit easier. And that can make a world of difference.”

Such community-based programs can also promote programs that offer social and economic supports to LGBTQ+ adults, including resources that promote financial literacy, help people find employment or volunteer opportunities, and assist them in securing housing. The programs can also help connect people with specialized services, such as mental and behavioral health and suicide prevention resources.



Developing Policies and Standards of Care

Healthcare providers and assisted living facilities should create standards of care that are explicitly tailored to the unique needs of transgender, gender-expansive, and LGB people. This will prepare care providers to handle situations that can arise as cognitive decline and dementia progress.

“There have been many cases where, for instance, a woman has been married to a man for most of her life, but as she’s experiencing cognitive decline, she starts showing that she’s romantically attracted to another woman,” Abjani says. “There isn’t anything wrong with this, as long as both people involved are cognitively able to make decisions for themselves and consent. But it raises existential questions: Are we trying to honor and care for the individual that they were before the disease came into play, or the person they are becoming? Because there’s no going back, and they may be someone vastly different from who they were.”

It’s also important to train all employees in your facility to use LGBTQ+-specific language, engage in LGBTQ+-specific outreach and be LGBTQ+-culturally competent.

“Individuals who feel comfortable and safe while they’re accessing care may retain their cognitive capabilities longer,” says Abjani. “Positive interactions and strong communities can slow the progression of dementia and cognitive decline.”

Finally, organizations could gather data so that they can monitor the impact their policies and programs are having on the populations they serve. By including sexual orientation and gender identity (SOGI) questions in intake interviews — and doing so in ways that incorporate appropriate language and signal acceptance—facilities give people a safe, optional opportunity to share information that will help teams provide person-centered care. This also helps the facility measure the level of care access and quality that it delivers to different populations.

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What to Look for in a Training Program

Many training programs focus on legal risk management, but far fewer address cultural competency. Those are the ones that can help team members understand the concrete steps they can take to improve the quality of the care they provide. The program should be easy to use with content that's structured, accessible, and clear. It should be based on real-world data and research.

The training should emphasize:

- **Inclusive communication practices:** Care providers should use open-ended questions (“Tell me about the important people in your life”) rather than making assumptions about families and relationships (“Are you married?”). They should use individuals’ preferred pronouns, even if these change as dementia progresses.
- **Historical and social context:** By understanding the stigma, discrimination, and historical trauma that the LGBTQ+ community has faced, care providers can more effectively establish rapport with clients and patients.

- **Family dynamics:** Many LGBTQ+ elders lack traditional family support networks, instead relying on “chosen families” for care. The training should include strategies to advocate for the rights of LGBTQ+ adults in care settings and mediate conflicts if biological families are unsupportive.
- **Identity expression and dementia:** Dementia may lead individuals to rediscover previously suppressed aspects of their identity. Care providers should be prepared to support these expressions without surprise or judgment.
- **Creating welcoming spaces and policies:** Physical environments can be made more welcoming and inclusive by making all-gender restrooms available. Likewise, organizations should have anti-discrimination policies in place that explicitly protect LGBTQ+ patients and clients.

Look for training that offers credentialing too. Credentialing demonstrates an organization’s progress and interest in adhering to best practices. If ongoing recertification is required, this will ensure that skills and competencies are retained over time and among incoming colleagues.

Conclusion

The demographic wave is barely upon us. As the number of older adults continues to increase in the U.S., it is important to remember that LGBTQ+ elders are members of this group. LGBTQ+ older adults experience the same age-related health conditions as the general population, but they may have higher risks because they encountered stigma and discrimination in the past, and may have lacked access to preventive care.

Healthcare providers, assisted living facilities and others tasked with caring for elders in our communities will need to address the longstanding health disparities that LGBTQ+ people have faced by delivering compassionate, respectful, person-centered care. By committing to provide culturally competent care, eldercare professionals have the opportunity to meaningfully improve people's lives and health outcomes.

The right leadership and staff training programs can equip your team with the skills and knowledge they need to provide exceptional services to LGBTQ+ older adults.

SAGE (established in 1978) developed the first cultural competency training program for care providers working with older LGBTQ+ adults more than a decade ago.

Today, SAGECare, the training and consulting division of SAGE, offers a broad array of training programs, which can be individual on-demand, virtual, or in-person. This training is structured around the lived experiences and stories of LGBTQ+ people, making it relatable and appropriate for educating employees of all levels. Through completion of SAGECare training, an organization can obtain a SAGECare Credential, awarded by the country's largest and oldest organization dedicated to improving LGBTQ+ people's lives.

Schedule a Discovery Chat to learn
more about SAGECare's training.



Resources

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- 6 Examples of eldercare providers include primary care physicians (including geriatricians), mental health professionals, clinicians, care managers and others whose involvement spans the entirety of the healthcare field—from care networks and insurance to pharmaceutical companies and long-term care providers. Relevant fields also include child and family services, counseling, gerontology, human services, nursing, psychology, rehabilitation, public health, sociology, social work, marriage and family therapy, occupational therapy, physical therapy, recreational therapy, respiratory therapy, and speech and language therapy.
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Join the Movement Toward Equitable Healthcare. Person-Centered Care is Better Care.

LGBTQ+ older adults face unique challenges in healthcare — whether it's an elevated risk of certain chronic conditions, clinical providers who have never learned their sexual orientation, or the accumulated stress of a lifetime of discrimination. SAGECare helps healthcare networks, associations, insurance companies, and health systems deliver the culturally competent, person-centered care this population deserves. To learn more:

[Download our Resource Guide](#)

About SAGE and SAGECare

SAGE (1978) is the nation's oldest and largest organization dedicated to improving the lives of LGBTQ+ older adults. For nearly 50 years, SAGE has been a trusted advocate, policy leader, and community builder working to ensure that LGBTQ+ elders can age with the dignity and respect they deserve. Through national advocacy, local services, and community education, SAGE addresses the unique barriers faced by LGBTQ+ older adults—many of whom experience higher rates of isolation, health disparities, and discrimination in healthcare settings.

SAGECare, a social enterprise training and consulting division of SAGE, brings this mission directly to healthcare organizations. It provides LGBTQ+ competency training and credentialing tailored to the needs of healthcare systems, health networks, insurance companies, and long-term care providers. With a focus on person-centered care, SAGECare equips healthcare professionals to deliver services that are culturally competent, inclusive, and affirming — enhancing patient outcomes and staff satisfaction.

Why It Matters for Healthcare

LGBTQ+ elders are less likely to seek care due to a history of mistreatment and bias. By partnering with SAGECare, healthcare organizations can:

- Build trust with LGBTQ+ patients and communities
- Meet DEI goals with nationally recognized credentialing
- Improve patient satisfaction and care outcomes
- Demonstrate leadership in inclusive, person-centered care

Whether you're a hospital network, an insurance provider, gerontologist, or a long-term care organization, SAGECare can help you ensure that every older adult receives the care and respect they deserve.

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