

# Closing the Gap

The Health Disparities of  
Older LGBTI People in  
the Americas





# Closing the Gap

## The Health Disparities of Older LGBTI People in the Americas

Washington D.C., 2023

## *Closing the Gap: The Health Disparities of Older LGBTI People in the Americas*

ISBN: 978-92-75-12661-5 (PDF)

ISBN: 978-92-75-12662-2 (Print version)

© Pan American Health Organization, 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license (CC BY-NC-SA 3.0 IGO).



Under the terms of this license, this work may be copied, redistributed, and adapted for non-commercial purposes, provided the new work is issued using the same or equivalent Creative Commons license and it is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that the Pan American Health Organization (PAHO) endorses any specific organization, product, or service. Use of the PAHO logo is not permitted.

**Adaptations:** If this work is adapted, the following disclaimer should be added along with the suggested citation: “This is an adaptation of an original work by the Pan American Health Organization (PAHO). Views and opinions expressed in the adaptation are the sole responsibility of the author(s) of the adaptation and are not endorsed by PAHO.”

**Translations:** If this work is translated, the following disclaimer should be added along with the suggested citation: “This translation was not created by the Pan American Health Organization (PAHO). PAHO is not responsible for the content or accuracy of this translation.”

**Suggested citation:** Pan American Health Organization. *Closing the Gap: The Health Disparities of Older LGBTI People in the Americas*. Washington, D.C.: PAHO; 2023. Available from: <https://doi.org/10.37774/9789275126615>.

**Cataloguing-in-Publication (CIP) data:** Available at <http://iris.paho.org>.

**Sales, rights, and licensing:** To purchase PAHO publications, email: [sales@paho.org](mailto:sales@paho.org). To submit requests for commercial use and queries on rights and licensing, visit: <https://www.paho.org/en/publications/permissions-and-licensing>.

**Third-party materials:** If material that is attributed to a third party, such as tables, figures, or images, is reused from this work, it is the user’s responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned material or component from this work rests solely with the user.

**General disclaimers:** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of PAHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by PAHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall PAHO be liable for damages arising from its use.

# Contents

<b>Acknowledgments</b> .....	<b>iv</b>
<b>Abbreviations and acronyms</b> .....	<b>v</b>
<b>Introduction</b> .....	<b>1</b>
<b>The specifics of HIV/AIDS</b> .....	<b>4</b>
<b>Older transgender people and health disparities</b> .....	<b>4</b>
<b>Other health care issues and impediments</b> .....	<b>5</b>
<b>Increased poverty levels and its effect on health</b> .....	<b>7</b>
<b>Long-term care facilities (LTCF)</b> .....	<b>7</b>
<b>Conclusion and next steps</b> .....	<b>8</b>
<b>References</b> .....	<b>9</b>

## Acknowledgments

This report was developed by the Healthy Life Course Unit of the Department of Family, Health Promotion and Life Course of the Pan American Health Organization (PAHO). It was drafted by Martin Krajcik.

This publication is part of a series of publications entitled The Decade of Healthy Aging in the Americas: Situation and Challenges, and is the result of an interagency effort, coordinated and edited by Patricia Morsch, Enrique Vega, and Pablo Villalobos, under the supervision of Luis Andrés de Francisco Serpa and Marcos Espinal from PAHO.

The purpose of the series is to provide continuous updates on the different areas of action of the Decade of Healthy Aging (2021–2030) in the Region, as well as on other related aspects.

The collaboration of the experts from PAHO, the United Nations, the Inter-American System, and the academic world who participated in the initiative and formulated essential feedback and recommendations for the project to see the light is appreciated.

## Abbreviations and acronyms

LGBTI	lesbian, gay, bisexual, transgender, and intersex
LTCF	long-term care facilities
OAS	Organization of American States
OHCHR	Office of the High Commissioner for Human Rights
STI	sexually transmitted infection
USA	United States of America

## Introduction

As a result of societal stigma, discrimination, and denial of their civil and human rights, lesbian, gay, bisexual, transgender, and intersex (LGBTI) (1) people face a number of health disparities in many countries of the Americas. Older LGBTI people may face discrimination and multiple forms of oppression as a result of how societies respond to their sexual orientations and gender identities. This discrimination often intersects with other identities and realities, which have their own accompanying biases, such as health, ability, socioeconomic status, and race. Due to the historical devaluation of their identities, as well as ageism, they have been rendered invisible in research, policy, and practice. In this report, evidence will be presented to support these claims.

These disparities among older LGBTI individuals have been associated with a lifetime of humiliation, discrimination, violence, victimization, and increased poverty rates. These specific populations also experience an absence of LGBTI-inclusive and culturally competent health practitioners, as well as low rates of health insurance coverage, where applicable (2). As societies age, it is critical to address the specific disparities that older LGBTI people face and devise solutions for closing the gap in accessing health care and social services. Enhancing the health care of LGBTI persons benefits their general well-being, lowers the need for care, can reduce costs, increases longevity as well as quality of life, and reduces the spread of disease (3).

The purpose of this report is to look at the intersections of being older LGBTI people and their health care disparities and to highlight aspects of health care systems that need to be improved in terms of access to care for LGBTI older adults. The information in this report is based on current research and consultation with members of community organizations at the local and national levels in the following countries and territories of the Americas: Argentina, Bolivia (Plurinational State of), Canada, Costa Rica, Mexico, Peru, Puerto Rico, and the United States of America. Data for this report were gathered from a variety of groups and organizations that serve older LGBTI people, as well as research articles and publications from the aforementioned countries.

The selection of countries was made based on the availability of data on older LGBTI populations, although data for some of the countries mentioned in this report were not fully available. Gaps in research and population health data have made estimating the proportion of LGBTI older adults in the Americas difficult (4). In Canada, for example, it is estimated that at least 400 000 older adults belong to LGBTI communities (5). In the USA, the percentage of older LGBTI people in



society decreases with age: 2.6% for people aged 50 to 64 years, and 1.9% for those aged 65 years and older.

Existing studies on LGBTI older people provide invaluable information on the lived experiences of these communities and demonstrate that they face unique challenges in aging that their heterosexual, cisgender peers do not. As a result of this gap, very few studies on older people and aging include a focus on sexual orientation or gender identity. It can be deduced that those who live to be 80 years old and over are this cohort's surviving pioneers; however, little is known of their experiences and quality of life (6,7).

Due to the intersecting gaps and discriminatory realities mentioned above, which have rendered them invisible, it is possible to assume that the abuse and mistreatment of older LGBTI adults remain one of the least recognized forms of violence in the world. They frequently have to "remain in the closet" (concealing their sexual orientation and/or gender identity). They have high rates of anxiety and depression, are denied access to care, and are excluded from their own communities (8). Furthermore, they are subjected to assault, poverty, homelessness, neglect, and the debilitating effects of social isolation. They ultimately die younger than their heterosexual contemporaries. According to an Office of the High Commissioner for Human Rights (OHCHR) press release, the COVID-19 pandemic appears to have highlighted and amplified the suffering of older LGBTI individuals (9).

We live in a heteronormative and cis-normative world, which complicates even more the situation of LGBTI older people, who face unique challenges when it comes to accessing health care and social services. However, it is important to note that the recognition of the rights and freedoms of LGBTI older people in the Americas has improved in recent decades. For example, the Organization of American States (OAS) established the Inter-American Convention for the Protection of the Human Rights of Older Persons. Its mission is to promote, protect, and ensure the recognition, full enjoyment, and exercise of all human rights and fundamental freedoms of older adults under equal conditions, in order to contribute to their full inclusion, integration, and participation in society. In Article 5 of the Convention, "Equality and non-discrimination based on age," and Article 9, "Right to security and a life free from violence of any kind," both mention and advocate for the inclusion of sexual orientation and gender identity as protected grounds. Only eight out of the 35 countries of the Americas signed the Convention (as of November 2021) (10).

Despite the great diversity of systems and approaches to social and health services that can be found in the Americas, it can be seen that in some countries there is more sensitive medical and social coverage for LGBTI older adults. In Bolivia (Plurinational State of), it was reported that less than 30% of interviewees had access to regular health care (11). In some countries, being an older person provides them with protection, but they must conceal their sexual orientation to avoid discrimination. According to an investigation conducted in Argentina (based on focus groups that were carried out with 10 older gay men and 10 older lesbians), the subjects had to hide their sexual orientation when seeking or receiving health care services. This necessity was a protective factor against stress associated with the fear of becoming visible (in the context of their sexual orientation and/or gender identity) and consequent rejection (12).

An AARP publication indicates that 78% of LGBTI older people distrust health care systems. Additionally, older LGBTI people who have faced discrimination in the past are often hesitant to disclose their sexual orientation to health care providers; therefore, they must “return to the closet” to obtain the services they need (13).

Older LGBTI individuals in the USA may be less inclined to go to the doctor or seek help because they fear prejudice or have experienced discrimination. Health care practitioners and other professionals who work with older adults lack specialized cultural competency training when it comes to interacting with LGBTI older adults. This has a detrimental effect on efforts to create safer and more inclusive environments for older LGBTI individuals. In SAGE USA’s poll, 40% of LGBTI older respondents in their sixties and seventies said their health care practitioner was unaware of their sexual orientation. In the same poll, Hispanic LGBTI older respondents were the most concerned that if they were open about their sexual orientation, their quality of health care would suffer (34% of Hispanic respondents, compared to 23% of African American and 16% of White respondents) (14).

A survey from the Argentine Federation of Municipalities on older LGBTI people in their communities found that 100% of professionals providing services to older people did not receive information on cultural competency in the area of diversity and gender identity. Sixty-seven percent of respondents are aware of older LGBTI people in their communities but are unaware of their health care access needs and living arrangements (15).

As well as the discrimination and prejudice noted above, LGBTI older adults also face a similar fate when it involves the workplace, when looking for housing, or when accessing social support such as long-term care (16).

## The specifics of HIV/AIDS

HIV/AIDS is one of the most significant health disparities confronting LGBTI older persons. For example, one-quarter of the 1.1 million Americans living with HIV are aged over 50 years. The HIV pandemic has had a significant impact, although there are no HIV prevalence data for older LGBTI people at national or international levels (17).

According to Mano Diversa, a Bolivian LGBTI diversity organization, it is estimated that there are 89 000 older adults who have diverse sexual orientations and gender identities. According to this group's data, six out of ten people report that they have had some symptoms of sexually transmitted infections (STIs) and one in every three people know they have HIV; furthermore, seven out of ten people report that they do not have health insurance, where applicable (18).

In the USA, the HIV epidemic has had a profound impact on the LGBTI population and continues to have a long-term physical, emotional, and psychological impact on the older generation (19, 20). While no US data on HIV prevalence for older LGBTI adults are available related to that country (21), researchers discovered that 9% of a surveyed, non-probability sampling of US-based LGBT older adults had HIV (22).

To conclude, older LGBTI people have higher rates of HIV infection than non-LGBTI older adults. Due to HIV/AIDS infection, they also have deteriorating physical and mental health, and in some cases disabilities, a higher likelihood of experiencing stressors, as well as barriers to care (23).

## Older transgender people and health disparities

Trans women usually do not live to an old age. This tragedy is a result of the violence they constantly face in their lives, which puts them at risk of serious physical and mental health problems (24). In this regard, the Inter-American Commission on Human Rights estimated transgender people's life expectancy to be 30 to 35 years (25). Between 2008 and 2017, 78% of the 2609 documented murders of trans and gender diverse people worldwide occurred in Latin America and the Caribbean (26).

Although more research is needed in the area of aging, health, and longevity among transgender people, everything appears to indicate that public health inequalities exist, particularly in the areas of mental health, sexual health, and access to health care (27). Data are lacking on trans aging; thus, one can only provide information about younger adult trans people. It is anticipated that older trans people will have similar or worse experiences as their younger counterparts. In primary health care in Canada, for example, nearly 38% of trans people felt that their health care practitioners lacked knowledge about how to provide care based on their self-perceived gender identities, which translated into delaying or not seeking medical attention (28). In a similar vein, less than 10% of medical students in Canada feel prepared to serve trans patients.

Transgender people in Mexico reported high rates of discrimination from family, friends, and neighbors (30%), as well as violence (24%), sexual harassment (34%), and threats/insults (50%). More than 58% reported suicidal ideation and more than 55% attempted suicide (29). In countries where there is no legislation protecting trans people, they must access services using the gender that appears on their identification, exposing themselves to humiliation and mistreatment. Additionally, older transgender persons may also encounter a refusal to place themselves in the section of a long-term care facility that corresponds to their gender identity, or may encounter a refusal to accept a trans person's pronoun or wardrobe preferences (28).

## Other health care issues and impediments

### Increased substance use: alcohol and (other) drug usage

According to studies, LGBTI older adults are more likely than non-LGBTI older adults to engage in health-harming behaviors such as smoking, binge drinking, and risky sexual activity (30).

More than one-fifth of LGBTI people in Canada use substances to cope with traumatic events in their lives, and two-thirds of LGBTI people report regularly consuming more than five alcoholic beverages in two hours; in addition, sexual orientation has been linked to a nearly five-fold increase in the risk of fatal drug overdose (28).

### Social isolation and the lack of support networks

One of the main concerns of LGBTI older people is social isolation and loneliness. In the USA, loneliness and social isolation can have a

detrimental effect on one's health. According to a United States study of older LGBTI persons, 59% report a lack of companionship, 53% report feeling disconnected from others, and 53% report feeling left out (21).

Social isolation has a negative impact on older LGBTI people, which raises concerns about premature mortality—many have no partner or family connections to help them and are at a higher risk of negative physical effects, as well as mental health consequences, such as depression. LGBTI people are less likely to be in intimate relationships in comparison to cisgender heterosexuals. They then must seek help from LGBTI aging organizations, community support, and individuals whom they can rely on (3). For example, in an Argentine survey, only 20% of older LGBTI adults maintain contact with their relatives (31); in Canada, this cohort of LGBTI people feel isolated in over 50% of cases (32). Many LGBTI elders lack the support networks on which other older adults rely on during times of crisis. According to a report from Costa Rica, a survey found that 20 out of 45 of these LGBTI people lacked family support, expressed concern about their future aging as a result of discrimination, and concluded that there was a lack of awareness of the existence and needs of the older LGBTI people (11).

In Bolivia (Plurinational State of), 60% of older LGBTI people reported being evicted from their homes at some point by their traditional families, and over 40% reported ongoing discrimination by their families of origin because of their sexual orientation and/or gender identity (11). In Mexico, LGBTI older adults live largely alone and have few or no family or community support networks (33).

Loneliness has been linked to health, social, and personal issues. Some examples are substance use (including alcohol); antisocial behavior; impaired decision-making ability; various mental health problems, such as anxiety, stress, and depression; various physical health problems such as weight gain or loss; poor nutrition; cardiovascular diseases and strokes; increased cognitive impairment and dementia; memory loss and impaired learning ability; as well as suicide (22).

Simultaneously, LGBTI older adults have created and continue to construct vibrant interpersonal connections and important social relationships. In terms of care, many LGBTI older individuals have developed “chosen families” (versus “given families”—those in which they are born or raised). These newer familial models also provide much needed care and support during the aging process.

## Increased poverty levels and its effect on health

Older LGBTI people often live in poverty and lack financial security. These facts imply that this cohort is less healthy due to a lack of access to quality health care, regardless of whether the criterion is the frequency of acute or chronic diseases, mental health, or premature mortality (11). Same-sex couples also have a higher poverty rate compared to heterosexual, married couples. Older lesbian couples, in particular, are 10%–20% less likely than different-sex couples to have retirement income or interest and dividend income and are much more likely to receive public assistance (3).

According to a Gallup survey conducted in 2014, approximately 3.4% of Mexican adults are LGBTI, representing nearly 9 million people, 1 million of whom are older adults, and 433 000 of whom are impoverished (34). In the USA, almost half of bisexual men (47%) and women (48%) and half of transgender older adults (48%) live at or below the federal poverty level, as do nearly one-third of older LGBTI people (35).

Due to the increased poverty rates, LGBTI older adults are also more likely to rely on government assistance. In a nationally representative survey conducted by the Center for American Progress, 22.7% of older LGBTI respondents reported receiving Supplemental Nutrition Assistance Program (SNAP) benefits for themselves or their families. They also make use of housing assistance (6.3%) (35).

## Long-term care facilities (LTCF)

LGBTI older people who lack traditional support systems rely on LTCF or other institutions that provide care. In Canada and the USA between 18% and 33% of persons over the age of 85 live in group-housing facilities such as retirement homes, assisted living facilities, and nursing homes. However, there is a scarcity of data on the perspectives and experiences of LGBTI older persons in these contexts (36).

LGBTI older adults living in LTCF and assisted-living facilities may also face institutional neglect and abuse, as well as prejudice and violence from other residents, patients, and staff. In Costa Rica, more than one in four workers with older people (26%) consider homosexuality to be a mental illness, and 35% report that their centers would not accept an older LGBTI person (37).

## Conclusion and next steps

This report has looked at how LGBTI ageing intersects with access to health care in some countries in the Americas. The available data have been examined, which revealed the existing gaps that LGBTI older people face. According to the tenets of the Decade of Healthy Ageing 2020–2030 campaign, the authors use the phrase, “We are living longer lives, but are we healthier?” (38). This quote confirms our own conclusion that through the findings of this report on the health disparities of older LGBTI people, what must be done to ensure that this cohort ages in a healthy manner? It is important and necessary to prioritize discussions, dialogues, and actions in regard to LGBTI aging in the Americas.

To be successful in addressing the health disparities mentioned in this report, it is necessary to take several steps such as conducting research across the Americas, focusing on LGBTI aging and health. To make the disparities of older LGBTI people visible, it will be necessary to have official statistics data, including information about intersections between age, sexual orientation, gender identity, and health. Furthermore, we must translate and transform the collected data into better actions, policies, programs, and services through a collaboration between governments, civil society, philanthropic organizations, international agencies, the media, and the privatesector—across the Americas—to invest in LGBTI older adults and improve their access to equal and equitable health care. Providing training and practices for professionals who work with older LGBTI persons- the medical professionals, government, and others- on how to create safer and welcoming settings for older LGBTI people, wherever they are. Additionally, it is vital to explore how to address reparation for this long-suffering population, incorporating their voices as a strategy for eradicating their invisibility while also participating in creating practices and public awareness campaigns that promote respect, visibility, and well-being. By following the above recommendations, the goal of closing the gaps in health care for older LGBTI people can be reached.



## References

1. OutRight Action International. Gender Justice and Freedom of Opinion and Expression for LGBTI Persons. New York: Outright International; 2021 [cited 2021 Nov 23]. Available from: <https://www.ohchr.org/sites/default/files/2021-11/OutRight-Action-International.pdf>
2. Streeeter C, Braedley S, Jansen I, Krajcik M. “It’s got to be about safety”: Public services that work for LGBTQ2+ older adults and LGBTQ2+ workers in Canada. 2020 [cited 2021 Nov 23]. Available from: <https://carleton.ca/carework/wp-content/uploads/ReportPublic-Services-for-LGBTQ2-Older-Adults-6.0.pdf>
3. Movement Advancement Project [Internet]. Boulder, CO: MAP; 2010 [cited 2021 Nov 23]. Press release. MAP and SAGE Release “Improving the Lives of LGBT Older Adults” at National “Aging in America” Conference. Available from: <https://www.lgbtmap.org/map-and-sage-release-improving-the-lives-of-lgbt-older-adults-at-national-aging-in-america-conference>
4. Fredriksen-Goldsen KI. Resilience and disparities among lesbian, gay, bisexual, and transgender older adults. Public Policy Aging Rep. 2011 Jun 1 [cited 2021 Nov 23];21(3):3-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706747/>
5. Wilson K, Stinchcombe A. For the House of Commons Standing Committee on Health (HESA) POLICY BRIEF. Policy legacies and forgotten histories: Health impacts on LGBTQ2 older adults Background. 2019. Available from: <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10449325/br-external/WilsonKimberley-e.pdf>
6. Gates GJ. How many people are lesbian, gay, bisexual, and transgender? 2011 April [cited 2021 Nov 23]. In: UCLA School of Law Williams Institute [Internet]. Los Angeles, CA: Williams Institute; 2021. Available from: <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10449325/br-external/WilsonKimberley-e.pdf>
7. Fredriksen Goldsen K, Kim H-J, Jung H, Goldsen J. The evolution of ageing with pride—national health, ageing, and sexuality/gender study: Illuminating the iridescent life course of LGBTQ adults aged 80 years and older in the United States. Int J Aging Hum Dev. 2019 Apr 8 [cited 23 November 2021];88(4):380–404. Available from: <https://pubmed.ncbi.nlm.nih.gov/30961355/>
8. Organización para la Cooperación y el Desarrollo Económicos [Internet]. Mexico City: OCDE; 2019 [cited 2021 Nov 23]. Inclusión de la comunidad LGBTI - OECD. Available from: <https://www.oecd.org/centrodemexico/lgbti.htm>



9. Office of the High Commissioner on Human Rights [Internet]. Geneva: OHCHR; 2020 May 14 [cited 2021 Nov 23]. COVID-19: The suffering and resilience of LGBT persons must be visible and inform the actions of States. Available from: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?LangID=E&NewsID=25884>
10. Organization of American States. Department of International Law (DIL): Inter-American Treaties. Washington, DC: OAS; 2009 Aug [cited 2021 Nov 23]; Available from: [https://www.oas.org/en/sla/dil/inter\\_american\\_treaties\\_A-70\\_human\\_rights\\_older\\_persons\\_signatories.asp](https://www.oas.org/en/sla/dil/inter_american_treaties_A-70_human_rights_older_persons_signatories.asp)
11. Adams M. LGBT older adults in Latin America, An emerging movement: A personal reflection on life course and leadership. *Revista: Harvard Review of Latin America* [Internet]. 2019 Dec 7 [cited 2021 Nov 23];18(2). Available from: <https://revista.drclas.harvard.edu/lgbt-older-adults-in-latin-america/>
12. Iacub R, Arias CJ, Mansinho M, Winzeler M, Vazquez Jofre R. Sociocultural changes and the construction of identity in lesbian and gay elderly people in Argentina. *Int J Aging Hum Dev*. 2019 Mar 19 [2021 Nov 23];88(4):341-57. Available from: <https://pubmed.ncbi.nlm.nih.gov/30887816/>
13. AARP. Prepare to care: A planning guide for caregivers in the LGBT community [Internet]. Washington, DC: AARP; n.d. [no date] [cited 2021 Dec 16]. Available from: <https://local-aarp-american-towns.com.netdna-ssl.com/img/prcaregiving/prepare-to-care-guide-lgbt-aarp.pdf>
14. Movement Advancement Project; SAGE; Center for American Progress. LGBT Older Adults: Facts at a Glance [Internet]. Boulder, CO: MAP; 2010 Sep [cited 2021 Nov 23]. Available from: <https://www.lgbtmap.org/file/lgbt-older-adults-facts-at-a-glance.pdf>
15. Crisálida; Matria; Central Espacio de Ideas. Informe de la encuesta a la Red Federal de Concejalas de la Federación Argentina de Municipios (FAM) sobre la situación de las personas mayores LGBTI+ en Comunas y Municipios de Argentina. [Internet]. [Crisalidatucuman.org](http://www.crisalidatucuman.org). 2021 [cited 2021 Nov 23]. Available from: <http://www.crisalidatucuman.org/wp-content/uploads/2021/02/Informe-Concejalas.pdf>
16. Redden M, Gahagan J, Kia H, Humble ÁM, Stinchcombe A, Manning E, et al. Housing as a determinant of health for older LGBT Canadians: Focus group findings from a national housing study. *Hous Soc*. 2021;1-25.
17. Movement Advancement Project. Improving the lives of LGBT older adults [Internet]. Movement Advancement Project. Boulder, CO: MAP; 2010 [cited 2021 Nov 23]. Available from: <https://www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults>

18. Opinión Bolivia [Internet]. La Paz: Opinión Bolivia; 2018 Aug 7 [cited 2021 Nov 23]. El trabajo sexual marcó la vida de los adultos mayores trans. Available from: <https://www.opinion.com.bo/articulo/cochabamba/trabajo-sexual-marc-oacute-vida-adultos-mayores-trans/20180817194200623157.html>
19. Friend RA. Older lesbian and gay people: A theory of successful ageing. *J Homosex*. 1991;20(3-4):99-118.
20. Emler CA, Fredriksen-Goldsen KI, Kim H, Hoy-Ellis C. The relationship between sexual minority stigma and sexual health risk behaviors among HIV-positive older gay and bisexual men. *J Appl Gerontol*. 2017 Aug;36(8):931-952. Available from: <https://doi.org/10.1177/0733464815591210>
21. Fredriksen-Goldsen KI, Kim H-J, Emler CA, Muraco A, Erosheva EA, Hoy-Ellis CP, et al. The Ageing and Health Report: Disparities and resilience among lesbian, gay, bisexual, and transgender adults [Internet]. Seattle, WA: Institute for Multigenerational Health; 2011. Available from: [https://www.lgbtagingcenter.org/resources/pdfs/LGBT%20Ageing%20and%20Health%20Report\\_final.pdf](https://www.lgbtagingcenter.org/resources/pdfs/LGBT%20Ageing%20and%20Health%20Report_final.pdf)
22. Choi SK, Meyer IH. LGBT Aging: A review of research findings, needs, and policy implications [Internet]. Los Angeles, CA: Williams Institute; 2016. Available from: <https://williamsinstitute.law.ucla.edu/publications/lgbt-aging/>
23. Emler CA, Fredriksen-Goldsen KI, Kim H-J, Jung H. Accounting for HIV health disparities: Risk and protective factors among older gay and bisexual men. *J Ageing Health*. 2020;32(7-8):677-87.
24. Centro de Documentación y Situación Trans de América Latina y el Caribe. “Paren de matarnos!” Informe regional 2019-2020 [Internet]. 2021 [cited 2021 Dec 16]. Available from: <http://attna.org.ar/wp-content/uploads/2021/01/PAREN-DE-MATARNOS-INFORME-REGIONAL-2019-2020.pdf>
25. Organization of American States [Internet]. Washington, DC: OAS; 2009 Aug [cited 2021 Nov 23]. On the International Transgender Day of Remembrance, IACHR urges States to increase the life expectancy of trans persons in the Americas. Available from: [https://www.oas.org/en/iachr/media\\_center/PReleases/2015/137.asp](https://www.oas.org/en/iachr/media_center/PReleases/2015/137.asp)
26. Lanham M, Ridgeway K, Dayton R, Castillo BM, Brennan C, Davis DA, et al. “We’re going to leave you for last, because of how you are”: Transgender women’s experiences of gender-based violence in health care, education, and police encounters in Latin America and the Caribbean. *Violence and Gend*. 2019 Mar [cited 23 November 2021];6(1):37-46. Available from: [https://www.oas.org/en/iachr/media\\_center/PReleases/2015/137.asp](https://www.oas.org/en/iachr/media_center/PReleases/2015/137.asp)

27. Pega F, Veale JF. The case for the World Health Organization's commission on social determinants of health to address gender identity. *Am J Public Health*. 2015 Mar [cited 2021 Nov 23];105(3):e58-62. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4330845/>
28. Community-Based Research Centre. *Frontiers of Queer & Trans Health Advocacy*. Vancouver: CBRC; 2017 [cited 23 November 2021]. Available from: [https://www.cbrc.net/frontiers\\_of\\_queer\\_trans\\_health\\_advocacy](https://www.cbrc.net/frontiers_of_queer_trans_health_advocacy)
29. Henry RS, Hoetger C, Rabinovitch AE, Aguayo Arelis A, Rabago Barajas BV, Perrin PB. Discrimination, mental health, and suicidal ideation among sexual minority adults in Latin America: Considering the roles of social support and religiosity. *Trauma Care*. 2021 Sep 25 [cited 23 November 2021];1(3):143-61. Available from: <https://www.mdpi.com/2673-866X/1/3/13>
30. Van Sluytman LG. Substance use in LGBT older adults. 2012 Aug [cited 2021 Nov 23]. In: National Resource Center on LGBTQ+ Aging [Internet]. [Washington, DC]; c2012. Available from: <https://www.lgbtagingcenter.org/resources/resource.cfm?r=538>
31. Crisálida, Matria y Central ASPO y personas mayores LGBT+. CRISÁLIDA. [Crisalidatucuman.org](http://www.crisalidatucuman.org). 2020 [cited 23 November 2021]. Available from: <http://www.crisalidatucuman.org/2020/11/07/encuesta-a-personas-mayores-lgbt/>
32. Government of Canada. Employment and Social Development Canada. Social isolation of seniors: A focus on LGBTQ seniors in Canada: Ottawa: Government of Canada [Internet]. 2014 [cited 2021 Nov 23]. Available from: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>
33. Careaga Pérez G. Derechos LGBT ante COVID-19. 2020 Jun [cited 2021 Nov 23]. In: Confabulario, suplemento cultural de El Universal. Mexico City: El Universal; 2020. Available from: <https://www.crisalidatucuman.org/wp-content/uploads/2021/08/Encuesta-LGBTV2021-1.pdf>
34. Pafundi M. Un hogar para adultos mayores LGBT+: "Ya no queremos ser invisibles". 2019 Dec 5 [cited 2021 Nov 23]. In: Presentes [Internet]. [Buenos Aires]: Agencia Presentes; 2019. Available from: <https://agenciapresentes.org/2019/12/05/un-hogar-para-adultos-mayores-lgbt-ya-no-queremos-ser-invisibles/>
35. Movement Advancement Project; SAGE; Center for American Progress. *LGBT older people & COVID-19: Addressing higher risk, social isolation, and discrimination*. Boulder, CO: MAP; 2020 May [cited 2021 Nov 23]. Available from: <https://www.lgbtmap.org/file/2020%20LGBTQ%20Older%20Adults%20COVID.pdf>

36. Sussman T, Brotman S, MacIntosh H, Chamberland L, MacDonnell J, Daley A, et al. Supporting lesbian, gay, bisexual, & transgender inclusivity in long-term care homes: A Canadian perspective. *Can J Ageing*. 2018;37(2):121-32.
37. Dotta Brenes A. La invisibilización como forma de discriminación múltiple: Personas adultas mayores LGBT en Costa Rica. *Revista Costarricense de Trabajo Social*. 2017 Jun [cited 2021 Nov 23];0(32). Available from: <https://revista.trabajosocial.or.cr/index.php/revista/article/view/337/470>
38. Pan American Health Organization [Internet]. Washington, DC: 2021 [cited 2021 Nov 23]. The Decade of Healthy Aging in the Americas (2021-2030). Available from: <https://www.paho.org/en/decade-healthy-aging-americas-2021-2030>

*Closing the Gap: The Health Disparities of Older LGBTI People in the Americas* is part of the publication series titled 'The Decade of Healthy Aging in the Americas: Situation and Challenges'. In order to outline the current knowledge available on the situation of health and well-being of older persons in the Americas at the beginning of the United Nations Decade of Healthy Aging (2021–2030), this document presents data and existing evidence on different forms of discrimination and mistreatment that older people face due to their sexual orientation and gender identities, which ultimately increase health disparities.

Previous studies on LGBTI older people offer valuable information on the lived experiences of these communities and demonstrate that they face unique challenges with aging, emphasizing the difficulties related to access to care. Very few studies on older people and aging include a focus on sexual orientation or gender identity; however, it is possible to point out that HIV/AIDS is one of the most significant health disparities confronting LGBTI older persons, followed by physical and mental health problems, substance use, social isolation, poverty, and the lack of access to quality health care, including long-term care facilities or other institutions. Closing the gap in access and quality of health and care services is an imperative to increase longevity, health status, and quality of life of LGBTI older people.