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Health Inequities Rob Women and LGBTQIA+ People of Retirement Security

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Women and LGBTQIA+ people are at greater risk of economic insecurity throughout their lives—especially women and LGBTQIA+ people facing multiple forms of discrimination. After a lifetime of disparities at every turn—whether at school, at work, providing care for loved ones, or facing inequitable access to health care and inadequate investments in their well-being—**older women** and **LGBTQ+ people** are less likely to have accumulated the savings and benefits they need for a secure and dignified retirement. Indeed, many simply cannot afford to retire.

Understanding the multiple, overlapping factors that hinder women and LGBTQIA+ people from achieving a secure retirement is key to designing solutions to the retirement crisis they face. This fact sheet focuses on the impact of health and health care on retirement security.

Higher health care costs

- Women enter retirement after decades of higher health care costs. From their 20s through their 40s, women face higher health care costs than men. While this is [partially attributable to the high cost of pregnancy and delivery-related care](#), it is also due to discrimination women have faced and continue to face in the health insurance system. For example, [recent data shows](#) that women pay more than men for health care throughout their lives even when pregnancy and delivery-related costs are not factored in.
- Women use more health care services than men, and some of those—like mental health care, [menopause care](#), or care for chronic conditions women are especially likely to face—are [less likely to be fully covered by insurance](#). [Women](#), particularly [Black](#) and [Native](#) women, and [LGBT people](#), experience high rates of chronic conditions. The risk, and [cost burden](#), of chronic conditions only increases with age. For example, [menopause increases the risk](#) of cardiovascular disease, osteoporosis, and diabetes, and [older LGBTQ adults are at greater risk](#) of heart disease and cancers than their non-LGBTQ peers. Women and LGBTQIA+ people carry the burden of chronic conditions and associated high health care costs—as well as health care costs that are the result of continuing discrimination in the health care system – into retirement, which undermines their financial security.

Discrimination in health care service delivery

- Women also face discrimination when seeking health care services, which contributes to long-lasting harm. Dismissive and discriminatory attitudes from providers towards [women](#), [women of color](#), [disabled individuals](#), and [LGBTQ people](#), can also lead to higher health care costs over a lifetime. Discrimination from providers may prevent women, particularly [Black women](#), and [LGBTQIA+ individuals](#) from promptly seeking necessary care due to fear of further mistreatment, humiliation, or harassment. Patients may also have to report the same problem at several appointments to be taken seriously; change providers, possibly going out-of-network, to receive culturally competent care; or undergo more extensive, more expensive treatment due to delayed care. These problems can persist into retirement, making individuals more reluctant to seek the health care they need or adding unnecessary and additional costs, harming their overall health and financial security in retirement.
- Indeed, discrimination itself takes a toll on people's health over their lifetime. Historically disadvantaged women, [particularly Black women](#), experience “weathering”—the adverse physiological effects of gender and racial discrimination and socioeconomic disadvantage. Black women and women experiencing individual or neighborhood poverty, lack of education, or neighborhood segregation, suffer chronic stress that wears down their bodies on a cellular level, leading to worse health. For Black women, [the results](#) include higher pregnancy-related mortality and morbidity and greater likelihood of chronic conditions.

“Unfortunately, due to the stress of working and taking care of everyone else over myself, I’ve experienced a major health challenge.... I was going to doctor’s appointments while still going to work, not missing any time, which was so unhealthy—and then it turned out I had to get surgery. I think I’m smart enough now to know that if I don’t take care of me first, nothing else will be taken care of. I get it now, but it took that serious situation for me to fully understand.”

—TINEAKA, MOTHER AND GRANDMOTHER, AGE 49

Economic insecurity

- Women and LGBTQIA+ individuals face economic barriers that impact their health throughout their lives. Economic inequities, such as [pay discrimination](#), [overrepresentation in low-paid jobs](#), [jobs with few or no benefits](#), and disproportionate responsibility for [unpaid caregiving](#), reduce lifetime earnings, thereby undermining the ability of women and LGBTQIA+ people to address their health needs throughout their lives and especially in retirement.
- These lost lifetime earnings and benefits deprive women and LGBTQIA+ people of opportunities to address active health concerns and to focus on their health and wellbeing, compounding existing health disparities that can have long lasting effects and impact their retirement.

Women and LGBTQIA+ people are likely to experience gender-based violence over their lifetime, which can lead to poorer health. Intimate partner violence (IPV)—which includes contact sexual violence, physical violence, and/or stalking by an intimate partner—impacts nearly half of all women, with more than 50% of lesbian and 60% of bisexual women having experienced IPV. IPV injures mental and physical well-being and is associated with a greater risk of developing chronic conditions. These forms of gender-based violence also contribute to greater health care needs and poorer health during retirement.

Health and retirement

- A lifetime of high health care costs, under-addressed health needs, and poorer health jeopardizes the retirement security of women and LGBTQIA+ people.
- Because women and LGBTQIA+ people have less retirement income and [fewer retirement savings](#), high health care costs during retirement are especially likely to strain their resources. Indeed, a [higher percentage of older women, particularly women of color](#), report difficulties paying for medical bills and affording medication than older men. And [LGBT adults over the age of 65](#) are more likely than their non-LGBT counterparts to report needing but not being able to afford health care.
- For some women and LGBTQIA+ individuals, the high cost of health care means working into old age, delaying retirement altogether, and/or accumulating medical debt. Women and Black people are [among the most likely to carry medical debt](#), which can [devastate savings](#) and [lead to worse health due to delay and denials of care](#).
- A lack of in-home care can also jeopardize the independence and overall well-being of older women and LGBTQIA+ people during retirement. Without care supports, conditions that limit daily activities can lead to [isolation, loneliness, and poorer health](#). Medicare and most private health insurance plans rarely cover long-term home-based care, and Medicaid does not guarantee coverage of paid caregiving and home- and community-based services. As a result, many older women in need of care may be forced to enter nursing facilities, in which women of color receive [lower quality of care](#).



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Because of inequities in health and health care, and other interconnected and compounding disparities throughout their lives, older women and LGBTQIA+ people experience significant economic and health insecurity. Older women are substantially more likely than older men to have incomes below the poverty line—and poverty rates are especially high for many older women of color and older LGBT people.

But it doesn't have to be this way. We can change our systems and policies to ensure that all women and LGBTQIA+ people, especially those facing multiple forms of discrimination, can live with dignity and security in retirement. Designing policy solutions that address the multiple, intersecting inequities in their lives is the only way forward out of the retirement crisis.