

Clinical and Community Perspectives on Improving Care for LGBTQ+ Older Adults Living with Mild Cognitive Impairment and Dementia

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Improving care for LGBTQ+ older adults living with MCI and dementia requires systematically listening to and learning from their lived experiences, and integrating those insights into all levels of clinical education, training, and practice.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) older adults experience unique challenges and needs when accessing and utilizing healthcare, especially concerning those living with mild cognitive impairment (MCI) and Alzheimer’s disease and related dementias (ADRD). - This quality improvement study examines clinical provider and community member perspectives on enhancing healthcare access, utilization, and delivery for LGBTQ+ older adults with MCI.	- Between June 2024 and April 2025, we conducted 23 semi-structured interviews with: LGBTQ+ adults aged 60+ who were diagnosed with MCI by a licensed clinician (n=8); LGBTQ+ adults aged 60+ who self-reported significant cognitive health problems (n=10); and licensed clinicians who provide care to this population (n=5). - Community members were enrolled in the study if they had a MCI diagnosis from a licensed clinician in the past five years or scored below 19 on the MoCA BLIND English (Version 8.1). - Interviews were transcribed verbatim utilizing NVivo software, and quality checked for transcription accuracy. - Data were coded using NVivo qualitative data management software and analyzed using thematic analysis.	- Interviews identify two core requirements for improving care for older LGBTQ+ adults living with MCI and ADRD. - First, clinicians and community members both emphasize the need to address structural gaps in medical education and training related to LGBTQ+ populations, particularly LGBTQ+ older adults, transgender populations, and those with cognitive impairment. - This recognition underscores the importance of integrating LGBTQ+-specific content into existing MCI, geriatric care, and ADRD training curricula and clinical education protocols. - Second, interviewees highlight the distinctive strengths and challenges shaped by common LGBTQ+ lived experiences and relationship structures, noting that these factors can be intentionally leveraged to design care plans and protocols that are more responsive and effective for this population.	- We found that clinician and community member interview respondents offered actionable recommendations for improving care for LGBTQ+ older adults living with MCI and ADRD. - Collectively, these insights point to clear pathways for developing more informed, inclusive processes and care protocols tailored to LGBTQ+ older populations, particularly those experiencing cognitive impairment.	 Georgia State University  USF Health  UNIVERSITY of SOUTH FLORIDA CONTACT Nik M. Lampe, Ph.D. Department of Behavioral Health Science & Practice College of Behavioral and Community Sciences University of South Florida Tampa, Florida, USA nlampe@usf.edu  ALZHEIMER'S ASSOCIATION AAIC>26