Caring for LGBT Older Adults

The National LGBT Health Education Center
Learning Modules
www.lgbthealtheducation.org/training/learning-modules/
Learning Objectives

At the end of this learning module, learners will be able to:

1. Explain how social and historical factors have affected the health of older LGBT adults
2. Describe the medical and behavioral health care needs and concerns specific to LGBT older adults
3. Identify the enabling services, outreach, and community support needs of LGBT older adults
4. List ways to offer services that are affirming, welcoming, and appropriate
# How Many Americans Identify as LGBT?

**Do you personally identify as lesbian, gay, bisexual, or transgender?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>DK/Ref (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 29</td>
<td>6.4</td>
<td>90.1</td>
<td>3.5</td>
</tr>
<tr>
<td>30 to 49</td>
<td>3.2</td>
<td>93.6</td>
<td>3.2</td>
</tr>
<tr>
<td>50 to 64</td>
<td>2.6</td>
<td>93.1</td>
<td>4.3</td>
</tr>
<tr>
<td>65+</td>
<td>1.9</td>
<td>91.5</td>
<td>6.5</td>
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</tbody>
</table>

DK/Ref = Don’t know or refused

Gates and Newport, 2012
As Baby Boomers* Age, Increasing Numbers of Older People will Openly Identify as LGBT

The MetLife Study of LGBT Baby Boomers, 2010: Percentage of respondents who are completely or mostly “out”

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>76%</td>
</tr>
<tr>
<td>Gay</td>
<td>74%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>16%</td>
</tr>
<tr>
<td>Transgender</td>
<td>39%</td>
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</tbody>
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*Baby boomers were born 1946-1964
Medicare Offers Benefits, Joint Placement to LGBT Seniors

- In September 2013, HHS announced that legally married same-sex couples on Medicare will be eligible for equal benefits and joint placement in nursing homes around the country.
- Additionally, Medicare now applies equally to all married couples, regardless of where the couple resides.
Marlena: Case Scenario

- Marlena is a 75-year-old woman who just had a hip fracture repair and is recuperating at a rehab facility.
- She is listed as “single” on the registration sheet. In the room with her is another woman of similar age. Marlena introduces her to you as her “friend” Nancy, and is vague about the details of their relationship.
- You later find out that they live together and have been partners for 30 years.

How could this information have been obtained sooner?
What barriers might have contributed to her not sharing this information?
Experiences of Discrimination Over a Lifetime

1952
- The American Psychiatric Association lists homosexuality as a mental disorder. It would be removed 20 years later in the DSM IV, 61 years until transgender is removed.

1962
- Illinois becomes the first state to decriminalize private, consensual homosexual acts. Until then, sodomy could be punished by lengthy terms of imprisonment of hard labor.

1969
- Patrons of the Stonewall Inn respond to a police raid with a violent riot, inciting a series of protests and sparking the modern gay civil rights movement.

1980s
- The AIDS crisis galvanized the LGBT community, but also showed lack of governmental action to protect LGBT individuals health.
- The “Moral Majority” starts crusade against LGBT community.

1993
- President Clinton implements the “Don’t Ask, Don’t Tell” policy prohibiting LGBT service men and women from serving openly in the military. The policy was repealed in 2010.

2008
- Californians pass a state constitutional amendment banning gay marriage after the state supreme court had ruled previous bans as unconstitutional. The Supreme Court ruled the amendment unconstitutional in 2013.
LGBT People Delay or Avoid Health Care

Heterosexual: 17%
LGB: 29%
Transgender: 30%

Grant et al, 2011
Marlena

Should Marlena’s primary care provider ask her about her sexual orientation and gender identity?
Benefits of Inquiring into Sexual Orientation and Gender Identity

- Provide appropriate care
- Identify potential challenges to support systems and offer resources
- Develop better patient-doctor relationship by understanding and appreciating patients’ lives
- Through data collection, develop better understanding of the unique health risks for older LGBT patients
How to Ask

- On registration forms (either at the time of registration or on a patient portal)
- During the visit / social history
  - *Tell me more about yourself.*
  - *Who are the important people in your life? Who do you turn for support?*
  - *Who do you live with?*
  - *Are you in a relationship?*
- Just asking the questions can help people feel more comfortable, even if they are not ready to disclose information
Coming Out / Disclosure

- Many have lived wholly or partially in the closet
  - Have constructed narratives to protect their sexual orientation
  - Fear exposure with disability or sickness
- Coming out can happen at any age
  - Can be stressful
  - Providers should offer support and acceptance

Bennet, 2008
Marlena

What health issues and risks specific to LGBT populations should Marlena’s providers be aware of?
Health Disparities & LGBT Elders

Bias in Health Care

Stigma and Discrimination

Social Determinants

Health Care Disparities

Adapted from IOM 2011: The Health of Lesbian, Gay, Bisexual and Transgender People
Older Lesbians: Health Concerns

- Receive Pap tests less frequently
  - Due to perception that not at risk both on the part of the patient and provider; but 70% have had sex with men; and HPV transmitted women to women
- Lower rates of mammograms
  - Avoidance of clinical care among lesbian and bisexual women at issue for both low pap and mammography
- Higher rates of smoking, obesity, alcohol use
Older Gay Men: Health Concerns

- Higher risk for STIs and HIV/AIDS
  - Annual screening is recommended
- Hepatitis A & B is also a concern
  - Vaccination is recommended
  - Screen for Hepatitis C especially among HIV +
- Higher rates of smoking and alcohol use
  - Discuss tobacco and substance use as part of routine history and screening
- Higher risk for anal HPV and cancer
  - 43 times more common among gay/bisexual men and 88 times more common when coupled with HIV infection

CDC, 2014
Older Transgender Adults: Health Concerns

- Less likely to receive preventive care:
  - Examples: Breast cancer screening and cervical cancer screening needed in Trans Men (female to male transgender); prostate screening needed in Trans Women (male to female transgender)
  - Underscores why it is important to learn about both gender identity, sex assigned at birth, and current anatomy.

- Long-term effects of hormone therapy should be monitored

- Higher risk for HIV in trans women, and risk of STI’s based on behavior

- 12% of trans women and 1% of trans men transition after age 55

Cahill et al, 2000
HIV/AIDS in Older Adults

- Incidence among older people is low, but still happens. According to the CDC:
  - People over 50 account for 17% of new HIV cases; 24% of new AIDS cases
- Increasing prevalence of HIV in older adults who are living longer on ART.
- Comorbidities more common in older patients
- 48% of LGBT Elders who are HIV+ have experienced the death of a loved one

Appelbaum, 2008
Focused Prevention With Older Adults

HIV AFFECTS US ALL
EVEN THOSE OF US OVER 50!
KNOW YOUR HIV STATUS. GET TESTED.
Taking a Sexual History

- Ask about sexual history (majority of seniors are sexually active):
  - Are you sexually active?
  - Do you have sex with men, women or both?

- Ask about condom use

- Ask about sexual function, satisfaction

- Remind patients of why you are asking help them to understand their risk for disease, options to help, etc.

- Universal screening for HIV & test those at high risk. Screening for STI’s based on history
Marlena

What are some of the behavioral health, social support, long-term care, and end-of-life challenges Marlena faces as she ages?

What are some areas of resilience?
Behavioral and Psychosocial Health of Older LGBT Adults

- One-third reported depression
- Almost two-thirds have been victimized three or more times
- Half reported loneliness
Isolation and Lack of Support

- Compared to the general population, LGBT older adults are:
  - Significantly more likely to be isolated
  - Half as likely to have a significant other
  - Half as likely to have close relatives to call for help
  - Four times more likely to have no children to help them
  - 49% of gays and lesbians over 50 years live alone compared to 33% of heterosexuals over 50
Non-traditional Sources of Support

- Some rely on “families of choice” – close circle of friends
  - In a study of elderly LGBT in California, 2/3 could easily recognize friends they could rely on for care before families
- Some rely on extensive networks of friends
- Some rely on combination of biological family and chosen family
Accessing Services

- Several studies show that LGBT older adults access essential services less frequently than the general aging population. These include:
  - visiting nurses
  - food stamps
  - senior centers
  - meal plans

Hash, 2006; Brotman et al
Issues in Long-Term Care

- Challenges with some staff members and fellow patients
- Denial of visits from family of choice
- Refusal to allow same-sex partners to room together
- Refusal to involve family of choice in medical decision-making
- Refusal to respect gender identity of transgender patients

Johnson et al, 2005; LGBT MAP
Financial Challenges

- Higher poverty in lesbian couples
- Lack of benefits for spouses in unmarried couples

Goldberg, NG., The Williams Institute, 2009
Resilience among LGBT Older Adults

- 91% engage in wellness activities
- 89% feel good about belonging to the LGBT community
- 71% percent reported having a person in their life to love and make them feel wanted
- 83% have people with whom to do something enjoyable
What are some of the strategies Marlena’s providers can use to overcome barriers?

What resources are available?
Communication Recommendations

- Remain open, non-judgmental
- Avoid assumptions:
  - The gender of the patient’s partner(s)
  - That a patient’s sexual orientation will remain the same throughout their lifetime
  - Labels or outing a patient if they are not ready
  - That all transgender patients want full reconstructive surgery or complete hormonal transformation
Organizational Recommendations

- Adapt forms to be inclusive (for example spouse/partner rather than husband/wife)
- Include sexual orientation and gender identity and expression in all non-discrimination policies
- Implement LGBT cultural competency training for all staff
- Have an LGBT-specific magazines or newspapers in the reception area
- Include images of older same-sex couples in your organization’s literature, web material
- Hire LGBT staff and make sure benefits packages are inclusive of same-sex couples
- Have LGBT resources and referrals on-hand
- Provide gender neutral single-stall bathrooms
Encourage Advance Planning

- Living will
  - Provides instruction if person is incapacitated
- Health care power of attorney/proxy
  - Allows the individual to designate a surrogate decision maker
- Often combined into an “Advance Directive”
- Very important for same-sex couples, especially those who are unable to marry
- Advance Directives Resources:
  http://www.hrc.org/resources/entry/protecting-your-visitation-decision-making-rights
New Protections for LGBT Patients

- Department of Health and Human Services in 2011 implemented regulation that all Medicare/Medicaid facilities (most hospitals in the country) must allow patients to decide who has visitation rights and who can make medical decisions for them, regardless of sexual orientation, gender identity or family makeup.
Summary of Supportive Strategies

- Recognize risks and barriers, as well as areas of resilience for older LGBT patients
- Offer support; link patients to behavioral health care and community supports as needed
- Recognize and understand dynamics of chosen families
- Encourage patients to complete advance directives
- Understand and honor visitation rights and advance directives
- Find and refer to appropriate local and national programs
Offering Resources

Model Outreach Program: SAGE (Services and Advocacy for GLBT Elders), full time LGBT Senior Center in NYC, opened 2012
SAGE Offers …

- Nutrition, fitness programs
- Daily hot meals
- Education by health care providers
- Onsite screenings, vaccinations
- Community support groups – cancer, HIV
- Linkage to health and long-term care
- Other tools and programs to empower LGBT older adults to age in place, in health, and with social support
SAGE Affiliates with Health & Wellness Programming

Learn more: sageusa.org/advocacy/sagenet
The National Resource Center on LGBT Aging

- A Project of SAGE, in partnership with 14 national organizations
- Provides clearinghouse information for service providers, LGBT organizations, and older adults (www.lgbtagingcenter.org)
- Trains service providers on culturally competent care
LGBT Aging Project

- Program and Services Offered
  - LGBT Community Meal Program
  - Bereavement Support Groups
  - Caregiver Support Groups
  - Healthy Aging Seminars
  - Community Education Seminars
  - Cultural Competency Trainings and Seminars for Outside Organizations

- www.lgbtagingproject.org
Additional Resources

  - Social services and support groups
  - Provides educational training to long-term care providers and geriatric health providers
- Social organizations
- LGBT facilities
  - Chelsea Jewish Nursing Home
  - Rainbow Vision New Mexico
  - Gay and Lesbian Elder Housing: LA
- LGBT geriatric care manager strategies
  - [http://works.bepress.com/kimberlyacquaviva/6/](http://works.bepress.com/kimberlyacquaviva/6/)
Additional Resources

- Gay and Lesbian Medical Association
  - www.glma.org
- American Society on Aging
  - www.asaging.org
- National Gay and Lesbian Task Force
  - www.thetaskforce.org
- Improving the Lives of LGBT Older Adults, March 2010
Be Aware

Be Open

Be Knowledgeable
Cultural, Clinical Competence
Quality Senior Care

Photo courtesy of: LGBT Aging Project
Thanks to Contributors

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