The LGBT community has stepped up in the past to address coming out, AIDS, and civil rights. The next wave has to be aging.

UNKNOWN 63 YEAR OLD GAY MAN
Learning Objectives

1. Review unique health and psychological issues of the LGBT older adult
2. Discuss long-term care and the LGBT older adult
Introduction to LGBT Older Adults

- LGBT older adults are an underserved community
- Generally, they will not reach out to services
- Some will go back in the closet to get services
- Health care professionals may need to reach out to them and become more educated about their needs
What Was it Like to Be LGBT 40 or 50 Years Ago?

- Many LGBT elders came of age during a period of time and history when they were labeled criminals, sinners, or mentally ill.
- Many of their lives were disrupted by fear and stigma.
- Some were disconnected from their families of origin.
- Their lifetime earnings and retirement savings may have been disrupted.
What Was it Like to BGBT 40 or 50 Years Ago?

- Some faced decades of discrimination, which may have contributed to greater risk of physical and mental illnesses and other issues such as depression, disability, chronic illnesses, poverty, social isolation, poor nutrition and premature mortality.

- The oldest of this group, would have seen in 1952, the creation of an official diagnosis that listed homosexuality as a sociopathic personality disturbance.
Some History Revisited

- Senator McCarthy included gay men and lesbians on his blacklist.
- As adults, this cohort witnessed routine harassment by authorities (Stonewall Rebellion, 1969).
- In 1973, the APA removed homosexuality from the DSM.
What Has That Led To?

- Some LGBT older adults may be at risk for poorer health outcomes
- Unfortunately, they are less likely to access aging network services, and providers, senior centers, meal programs and other programs
- Many fear discrimination or harassment if their sexual orientations or gender identities become known
Does the Health Care Community Discriminate?

- Over 50% of LGBT people in some studies indicate that they experienced:
  - Being refused needed care
  - Health care professionals refusing to touch them or using excessive precautions
  - Health care professionals using harsh or abusing language
  - LGBT people being blamed for their health status
  - Health care professionals being physically rough or abusive
Why LGBT People May be Reluctant and Underserved

- LGBT people have an increased risk for numerous health and psychological problems, yet they remain medically underserved.
- A high percentage of this population postpone medical care when they are sick or injured due to discrimination.
- 1 in 5 LGBT people withhold information about their sexual practices from their doctor or other healthcare professional.
Why LGBT People May be Reluctant and Underserved

- Some physicians who specialize in treating LGBT patients say discrimination is often unintentional.
- Others are knowingly biased and LGBT patients have been “scolded” by them.
- Some doctors and healthcare professionals talk to LGBTs about “how to not be gay.”
- 1 in 5 delayed care due to a bad experience.
Forms of Bias and Discrimination

- Inappropriate comments by health care staff about a patient’s sexual orientation or gender identity
- Refusal to treat individuals because of their LGBT status
- Some physicians do not think they have LGBT patients and do not take steps to make such individuals feel welcome
Learning Objective 1

REVIEW UNIQUE HEALTH AND PSYCHOLOGICAL ISSUES OF THE LGB T OLDER ADULT
Health Disparities Among LGBT Seniors

- High blood pressure
- High Cholesterol
- Diabetes
- Heart disease
- HIV/AIDS
- Cancer
- Obesity

- Substance use (tobacco, alcohol and drugs)
- STDs
- Negative health outcomes due to long term hormone use
- Higher rates of disability
Health Disparities Among LGBT Seniors

- Hepatitis
- Asthma
- Arthritis
- Osteoporosis
- Fair or poor self-assessed health

- Abnormal liver function
- Long-term effects of gender reassignment surgeries
- High risk for stroke
- Arteriosclerosis
- Bulimia
A Note on Health Disparities

- Earlier life experiences such as discrimination, exclusion, avoiding health care professionals and services, as well as social and psychological factors may lead to poorer health outcomes compared to heterosexuals.

- Stress, violence, drug abuse, alcohol and tobacco consumption, lack of family of origin, hormone therapy and sex change operations (as they were called in the past) are also associated with poorer outcomes.
LGBT Older Adults & Risk for Mental Illness

- Depression
- Major depression
- Anxiety
- Panic disorder
- Generalized anxiety disorder
- Substance use disorders
- Obsessive-compulsive disorder
- Phobic disorders
- Suicidal thoughts and actions
- Self-harm
- PTSD
Mental Health Issues

- Dealing with the many challenges they faced in the past and currently, such as stigma and discrimination, have taxed the mental health of LGBT elders.

- Despite this, many LGBT elders are well adjusted and mentally healthy.

- Mood and Anxiety Disorders: related to no having a domestic partner, recent history of antigay threats or violence, not identifying as gay, and feeling alienated from the gay community.
Many LGBT elders develop resilience to minority stress.

Many still report feeling lonely, have considered suicide and wish they were heterosexual.

Also knowing people who were HIV positive or had died from AIDS is associated with mood and anxiety disorders.

Older transgender adults have particularly high rates of depression.
Suicide & Suicidal Behavior

- Men die by suicide at a rate 5 times that of women
- Lifetime risk for suicide is highest for gay and bisexual men
Transgender Specific Mental Health Status

- Lifetime prevalence of depression is 52% for older LGBTs and 55% for younger people.
- 36% report depression over 2 or more life stages with depression being the highest during early adolescence.
LG BT Physical Health Status

- LGBT adults rate their physical health more poorly than heterosexual adults.
- There are higher rates of polycystic ovarian disease in transgender men, with implications for risk of endometrial cancer.
- Prostate cancer is an issue over the age of 60 for men.
- Breast cancer is the most prevalent form of cancer in later life.
Lesbians have a higher risk for certain types of cancers and have a higher rate (14%) compared to heterosexual women (11%).

Bisexuals seem to run a higher risk as well (18%).

Bisexuals also have a higher risk for developing breast cancer.

Cervical cancer is the highest among bisexual women and lesbians.
Cardiovascular Disease

- Lesbians run the highest risk for cardiovascular disease due to smoking, drinking alcohol and obesity.
- Transgender adults may have higher rates of diabetes, ovarian cancer and stroke.
- Male-to-female transgender adults using estrogen have an increased risk for venous thromboembolism.
- This risk is increased by smoking, age, and inactive lifestyles.
Transgender Adults

- There is evidence associated with poor hormone therapies and negative health outcomes: osteoporosis, cardiovascular disease, and poor oral health

- In many studies, older LG BTs have higher blood pressure, higher cholesterol and higher risk for heart attack
Why are LGBT People at a Higher Risk?

- Many of these disorders are related to the social stigma, discrimination, prejudice, and violence, not only from society at large, but also from family, friends, peers, co-workers and classmates.

- LGBT people are more than twice as likely to experience childhood maltreatment, interpersonal violence, and personal loss and twice as likely to develop PTSD.
Why are LGBT People at a Higher Risk?

- Stigma
- Marginalized
- Harassment
- Hate crimes
- Victimization
- Concealing their orientation
- Modifying their behavior or appearance
- Discrimination
- Family rejection
- Unprotected sex
- Childhood physical abuse
- Substance abuse
- Intimate partner violence
- Poverty
Challenges to Health Care Professionals

- Understand the wider context of these people’s lives
- Understanding and appreciating their fears and apprehension about care and services
- Find a fit between the individual and services needed
- Try to achieve higher satisfaction with services and improved outcomes for the individual
Some researchers argue that LGBTs are just as well adjusted as heterosexuals.

In fact, they may adjust to aging better because they have resolved major life crises, such as coming out as gay or lesbian and adopting less rigid gender roles.

Crisis competence comes from dealing with family disruption, intense feelings and isolation, and alienation.

These may buffer the person against later crises.
Protective Factors

- LGBT people have positive aspects which may protect them from negative health and psychological issues:
  - Strong character traits
  - Resilience
  - Better support networks
  - Their very identity as an LGBT acts as a protective factor
Protective Factors

- Being LGBT has prepared them for aging
- They feel they have more personal and interpersonal strengths (being more accepting of others, being more resilient, having greater self-reliance, and overcoming adversity)
DISCUSS LONG-TERM CARE AND THE LG BT OLDER ADULT
Person-Centered Care for LGBT Seniors

- An environment that acknowledges and respects difference and which enable the person to live as they wish becomes critical in the support of the health and social care needs of LGBT seniors.
- Person-centered care places the individual at the center of the care arrangement.
- Person-centered care is also about purpose and meaning.
Aspects of LGBT Person-Centered Care

- No objection from staff about a resident’s sexuality
- Allowing them to share their history
- Their wish to have care by men or women, especially for more intimate aspects of care
- Do not assume every resident is heterosexual
- Residents develop trust and relationships with staff
- Acceptance of their gender identity
- Provide consistency
- Respect LGBT seniors
Questions

- How will being LGBT shape the way our employees respond to the needs of LGBT residents?
- LGBT people do not form one, homogenous group
- Do our employees think in terms of sexual labels?
- Will LGBT residents stay in the closet because of our staff?
- Who will the LGBT resident share a room with?
Questions

- Should LGBT employees care for LGBT residents?
- If we do not know if our residents are LGBT, how can we deliver adequate services, address emotional, social and cultural needs, acknowledge and respect their partners and close friends, and safeguard them from isolation from the wider residential community?
- We rarely try to identify LGBT seniors
Do LGBT Seniors want to Live in LGBT Facilities?

- Many LGBT people would want to live in exclusively LGBT facilities.
- Some are concerned that LGBT exclusivity would be counterproductive.
- It may sound appealing, but it would isolate gay older people from the community rather than integrating them into a society where homophobia is not tolerated.
What do LGBT Seniors Worry about Concerning Long-Term Care?

- Staff not talking directly to them
- Fear of not receiving care
- Staff determining mealtimes, socialization patterns, and other activities
- Fear of being neglected or abused
- Feeling physically vulnerable
- Being separated from their emotional supports
What do LGBT Seniors Worry about Concerning Long-Term Care?

- Feeling a higher risk for maltreatment and ostracism from health care professionals as well as residents.
- The fear that their sexual orientation would result in less than equal care.
- The fear of dealing with roommates and others who do not like gay people.
- The fear of having to be careful not to offend others for being gay and therefore hiding their lives.
What do LGBT Seniors Worry about Concerning Long-Term Care?

- There is less anxiety about anti-gay physicians and more about direct care staff who provide daily physical care and ADLs.
- LGBT people also express psychosocial concerns and worries.
- Loneliness, isolation, loss, grief following their partner’s death.
What Might Transgender Seniors be Concerned About in LTC?

- They worry about privacy issues, especially about their bodies, whether or not they have had surgery.
- What will this mean when they are in nursing home and have multiple caregivers providing intimate care?
- They worry about being exposed and receiving care that is biased and discriminating.
Special Issues

- Proving hormone therapy (transition-related health care)
  - Physicians have found this to be medically necessary
  - Sex reassignment surgery has also been shown to be a therapeutic form of treatment for many patients

- Respecting transgender senior’s choice to dress the way they wish
- Respecting choice of visitors
- Employees refusing to provide care
- LGBT residents requesting other care staff
Special Issues

- Accepting a medical power of attorney
- Accepting to use the resident's preferred name and/or pronoun
- Avoiding wrongful transfer or discharge
- Refusing admission
- Monitor for staff discrimination and act accordingly
- Roommate selection and acceptance
- Identifying LGBT seniors upon admission
Special Issues

- Monitor for social isolation, depression and anxiety, poor nutrition and other signs of distress
- Train staff to provide personal care (bathing) to transgender residents
- Monitor for staff who try to convert LGBTs back to heterosexuals
- Sometimes facilities err not because they are hostile, but because they don’t know how to deal with these issues
Quality of Care

- Less than half of LGBTs believe they will receive quality care and respect later in life.
- They feel they will be discriminated against and providers of care will be biased.
- What will happen when the apparent mismatch between genital anatomy and gender of presentation become a care issue?
Quality of Care

- Will staff be confused or hostile?
- Will residents fully disclose?
- Will we be able to deliver sensitive health services at all levels?
- Will we involve families of choice in decisions and legal directives?
- Will LGBT residents room with heterosexual residents?
- What will families think about this?