Specific Health Needs for LGBTQ Seniors

An overview of the challenges faced by LGBTQ older adults and some important considerations in the management of their healthcare.

UNIVERSITY OF TORONTO

Objectives

- Unique Needs of LGBT Older Adults
- Intimacy and Sexual Needs of LGBTQ Older Adults
- Important Considerations in Management of Sexual Needs
- Unique Health Issues Affecting LGBTQ Older Adults
- Unique Social Challenges Affecting LGBTQ Older Adults
- Support Resources for LGBTQ Older Adults

UNIVERSITY OF TORONTO

Unique needs of LGBTQ older adults

INTRODUCTION

Canada has had a history of prejudice and negative attitudes against individuals who identify as LGBT. For instance, homosexuality was not decriminalized in Canada until 1969, and it was treated as a mental disorder until 1973 (14). LGBT seniors grew up in a time when same-sex relationships were stigmatized and criminalized, and non-disclosure reigned. As Canada's 65+ population continues to grow, this review is intended to reveal some of the hardships and unique needs facing Canadian LGBT seniors today.

A BRIEF OVERVIEW

Historical prejudice faced by today's LGBT seniors has disrupted many aspects of their lives, including (but not limited to) their identity, family dynamics, social security, the way they access healthcare and opportunities to earn a living.

Experiences of discrimination and being raised in a time where being LGBT was criminalized have caused LGBT seniors to become remarkably **resilient**, building their communities, coping and thriving with their experiences.

LGBT elders are more likely to be **single, childless and/or estranged** from biological families compared to their heterosexuals (3, 6). Thus, it is important to acknowledge and respect the role of chosen families in healthcare decision-making & caregiving.

The **fear of discrimination and social isolation** forces many LGBT seniors to remain closeted or even create elaborate constructs to hide their sexuality (10). While 44% of LGBT seniors were completely out, over 50% ranged from being "mostly out" to not being out at all (15).

20% of LGBT seniors reported that their greatest fear of aging was "**being or dying alone**" (15). Yet, many hesitate to receive care or live in nursing homes for fear of not being treated with dignity and respect (1,10). This distrust contributes to delayed care and health disparities (1, 4).

Recognize that seniors maybe LGBTQ-identified and may be sexually active

Intimacy and sexual expression are core tenets of the human experience. It is important to realize that older adults, both heterosexual and queer-identified, continue to have intimacy and sexual needs. Interestingly, when it comes to older adults, intimacy and sexual needs are often overlooked, while sexual expression is considered "sexually inappropriate behaviour" (18). It is important to realize that even in palliative care and end-of-life care settings; sexuality remains an important aspect of life (22).

53%

of seniors between the ages of 65 – 74 are sexually active (17)

26%

of seniors between the ages of 75 – 84 are sexually active (17)

Some barriers to sexual expression in older adults include (12, 18):

- Previous experiences of discrimination
- A lack of adequate privacy
- Family disapproval
- Negative attitudes by healthcare staff

These factors often prevent homosexual and queer-identified older adults from sexually expressing themselves and may also cause them to hide their sexual identity.

Important considerations in healthcare management of LGBTQ older adults.

SEXUAL HEALTH

Intimacy and sexual needs cannot be overlooked in older adult populations. In many cases, healthcare providers do not test older adults for sexually transmitted diseases/infections due to personal discomfort and/or misconceptions that they are no longer sexually active (19). Furthermore, negative experiences in the past and a fear of discrimination make many LGBT older adults hesitant to discuss sexual health with their healthcare providers safe sex (1, 4, 5, 19). Consequently, there tends to be a lack of conversation around practicing safe sex.

92% of seniors do NOT use a condom.

48% of LGB seniors do NOT use condoms regularly (17).

Consequently, HIV/AIDS **disproportionately** affects older adults and LGBT seniors:

Gay and Bisexual men are 44 times more likely to contract HIV compared to their heterosexual counterparts (20).

Older adults account for 10% of reported HIV cases (21)

Some common changes associated with sexuality in older adults (17):

In MEN: erectile dysfunction, climaxing too quickly, anxiety about performance and an inability to climax

In WOMEN: difficulty with lubrication, lack of interest and pain

Medical conditions that influence sexual function (22):

- **Diabetes and cardiovascular conditions** (i.e. hypertension) can diminish sexual response in both men and women.
- **Neurological conditions**, like stroke, MS and AD can also alter sexual performance
- **Cancer and cancer treatment** is often association with decreased sexual competence

Unique health issues affecting LGBTQ older adults

HEALTH CONCERNS AND DISPARITIES

PHYSICAL HEALTH

- Lesbian and bisexual women are twice as likely to be **overweight or obese**, and they may also be at a higher risk for **metabolic syndrome** and **cardiovascular diseases** (9).
- Gay and bisexual men are more likely to report **hypertension, diabetes ad poorer health status** than heterosexual men (8). LGBT older adults also report higher rates of **physical disability** (3, 8)

SUBSTANCE ABUSE

- Higher rates of **smoking** reported in older gay and bisexual men compared to the general male population (32% vs 21%).
- Compared to heterosexual women, older lesbian and bisexual women have higher rates of **smoking** (25% vs 15%) and higher risk of **alcohol abuse** (9)

CANCER

- **Anal cancer and prostate cancer** are reported more commonly in gay/bisexual men
- **Breast and cervical cancer** is reported more frequently in lesbian/bisexual women due to non-routine screening (10)

MENTAL HEALTH

- LGBT older adults report greater levels of **mental distress** due to stigma and discrimination (3).
- Increased isolation and mistreatment of LGBT seniors leads to greater risk of **major depression and generalized anxiety disorder** (9).
- The American Geriatrics Society found that 39% of LGBT older adults **seriously contemplated suicide** at some point, compared to 1.6% in the general population (3, 11).

TRANSGENDER HEALTH

- Transgender seniors tend to have higher rates of disability, depression and loneliness compared to non-transgender older adults (3)
- They are less likely to receive preventative care and have their mental health needs met (9)
- They have specific medical needs, but due to stigma and fear of discrimination, they are forced to hide their gender

LACK OF LGBT SENIORS' HEALTH RESEARCH

- The term "LGBT" is commonly used in research, but it is important to realize that lesbian, gay, bisexual and transgender individuals are distinct, with unique needs, challenges and disparities.
- **0.1%** of publications in the MedLine database address LGBT health issues. (24)
- The absolute number of total publications on LGBT health in the PubMed database is less than **0.3%.** (23)

Unique social challenges faced by LGBTQ older adults.

ASSISTED LIVING AND END-OF-LIFE CARE

A lifetime of systemic discrimination and isolation makes the process of transitioning from independent to assisted living especially risky and vulnerable for LGBT seniors. Many LGBT seniors have fears of utilizing long-term care (LTC) services that are not queer and/or trans competent.

There is evidence to suggest that LGBT seniors faces discrimination and negative attitudes from LTC staff and other residents:

In some situations, complex legal arrangements have to be made to allow families of choice to make decisions regarding medications and end-of-life care. This works to further deprive LGBT seniors of high quality care in their later years. (6) These forms of real and anticipated fears of discrimination promote non-disclosure and further contribute to the social isolation of the individual (10).

*A survey found that only **22%** of seniors felt comfortable sharing their sexual and/or gender identity with staff at LTC facilities (12). While **89%** of LGBT seniors believed staff would discriminate based on their identities, and **43%** reported mistreatment (12).*

Some negative experiences include:

- *Refusing visits from same-sex partners (11, 13)*
- *Not calling a transgender individual by their preferred pronoun (11-13)*

FAMILY DYNAMICS

A **lack of acceptance** from biological parents, children and relatives, alienates many LGBT seniors from their immediate families. Some continue to stay closeted out of fear of isolation and discrimination (6). Current and past social and legal constraints have impeded family formation for LGBT seniors.

It is reported that LGBT seniors are significantly **less likely to partnered or have children**, compared to heterosexuals, thereby resulting in less financial security and social support as they age. (3, 6)

A combination of the aforementioned factors causes LGBT seniors to rely on **chosen family**—close friends or peers considered "family" even though they are not biologically related. As such it is important to legally recognize these individuals as substitute decision makers, especially in end-of-life care (4-6, 8).

CHALLENGES WITHIN THE HEALTHCARE SYSTEM

Older LGBT individuals report distrust and fear of discrimination by healthcare providers (HCPs). As a direct consequence, many seniors **hide their gender/sexual identities** from HCPs, avoid routine screenings and physical examinations. This non-disclosure and delaying of medical attention causes many LGBT seniors to have undetected and/or advanced conditions like cancers, cardiovascular diseases etc (1, 4)

There is a culture of **"Don't ask-Don't tell"** that exists. According to a study conducted by McGill University, many seniors would not disclose information to their healthcare providers about sexual and/or gender identity, unless specifically asked (5). Many also reported that coming out was a private matter not to something to be shared in order to ensure safety and avoid rejection or disapproval.

Over 13% of LGBT older adults reported being denied healthcare or receiving inferior care due to prejudice and/or lack of knowledge about LGBT issues (3).

Over 50% of LGBT seniors did not have confidence that they will be treated with dignity and respect in a healthcare setting (1, 10)

The need for Queer and Trans competent care

CULTURAL COMPETENCE IN HEALTHCARE SETTINGS

It is important to realize that many LGBT patients are presented with **hetero-normative and cis-normative dialogue** when interacting with their HCPs. This inconsideration further contributes to distrust and viewing of the healthcare system in a negative light (1). HCPs should be careful **not to assume gender or sexual identity**, and should strive to ask more open-ended and inclusive questions. Healthcare providers of all ranks must strive to regain trust and credibility while working with LGBT seniors.

Recommendations for delivering queer and trans competent care:

** adapted from the 2006 Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients, published by the Gay and Lesbian Medical Association (16)*

- The **creation, implementation and evaluation of policies** that outline equal treatment of LGBT individuals (of all ages). These policies should be made available to staff, patients and families (11)
- **Continuing education programs** for HCPs that help them deliver culturally competent care, understand the profound implications of bias and prejudice in healthcare delivery and the importance of building trust and close working relationships with individuals who identify as LGBTQ.
- **Moving away from heteronormative and/or cisnormative assumptions** in everyday dialogue:
    - Ask about “relationship status” instead of “marital status” to be inclusive of same-sex relationships not recognized by the law in most states.
    - Ask about sexual orientation identity (bisexual, lesbian-gay, and heterosexual). Consider using the term homosexual with older adults, as LGBTs older than the Baby Boomer cohort may feel more at ease with this term.
    - Ask if current/past sexual partners are female, male, or both.
    - Ask if a patient prefers to be called "he" or "she" and when asking about gender identity, offer options of female, male, and transgender. Within the transgender choices on forms, offer selections for female-to-male transgender and male-to-female transgender.
    - All questions should include "don't know," "not sure," and "other" options to encourage discussion of matters not easily captured by predetermined categories.

Local, provincial and national support resources for LGBTQ seniors

Toronto Senior Pride Network
Works to expand services and programs for LGBT adults (over 50) in Toronto and all across the province.

Senior People's Resources in Toronto (SPRINT)
Works to provide practical and affordable services to help older adults (55+) in Toronto and across the province.

Rainbow Health Ontario
Works to improve access to resources for LGBT individuals and also provide training for HCPs.

Canadian Rainbow Health Coalition (CRHC)
A national organization working to address health and wellness issues for people who have sexual and emotional relationships with people of the same gender, or a gender identity that does not conform to the identity assigned to them at birth.

Parents and Friends of Gays and Lesbians (PFLAG)
Canada's only national organization that helps those struggling with sexual orientation and gender identity. PFLAG Canada supports, educates and provides resources to parents, families, friends and colleagues with questions or concerns, 24/7.

References:

References

1) Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults: A Scoping Review Arne Stinchcombe, Jeffrey Smallbone, Kimberley Wilson and Katherine Kortes-Miller

2) Identifying barriers, developing solutions: Addressing the health and social needs of gay, lesbian, bisexual and transgender older adults who reside in long-term care homes Tamara Sussman, Molly Churchill, Shari Brotman, Line Chamberland, Andrea Daley, Jean Dumas, Judith MacDonnell, Heather MacIntosh, Bill Ryan, Mickael Chacha Enriquez, Diane Heffernan, Alexandra Henriques, & Sarah Singh

3) The Aging and Health Report Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Karen I. Fredriksen-Goldsen
Hyun-Jun Kim, Charles A. Emlet, Anna Muraco Elena A. Erosheva, Charles P. Hoy-Ellis, Jayn Goldsen, Heidi Petry, PhD

4) https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/08/SPN_4panelBrochure_English.pdf

5) http://lgbtqpn.ca/wp-content/uploads/woocommerce_uploads/2014/08/Executive_Summary.pdf

6) Improving the Lives of LGBT Older Adults. http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf

7) https://www.emich.edu/equality/research/mihalko.pdf

8) https://issuu.com/lgbtagingcenter/docs/understanding_issues_facing_lgbt_ol

9) Caring for the Older LGBT Adult: The Fenway Guide to LGBT Health. Mark J Simone, Johnathan Applebaum.
http://lgbthealtheducation.org/wp-content/uploads/Module-6-Caring-for-Older-LGBT-Adults.pdf

10) LGBT Aging: Addressing Disparities and Health Care Needs. Mark Simone-Sidmore.

11) American Geriatrics Society Care of Lesbian, Gay, Bisexual, and Transgender Older Adults Position Statement American Geriatrics Society Ethics Committee.
http://assets.hrc.org/files/documents/AGS_Position_Statement_on_Care_of_Older_LGBT_Adults.pdf?_ga=2.171293536.1390608815.1498676088-168094695.1498676088

12) National Senior Citizens Law Center. LGBT older adults in long-term care facilities: Stories from the field, 2011 [on-line]. Available at http:// www.lgbtagingcenter.org/resources/resource.cfm?r=54 Accessed July 28, 2014.

13) Fairchild SK, Carrino GE, Ramirez M. Social workers' perceptions of staff attitudes toward resident sexuality in a random sample of New York state nursing homes: A pilot study. J Gerontol Soc Work 1996;26:153–169.

14) http://qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf

15) https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-out-aging-lesbian-gay-retirement.pdf

16) http://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

17) A Study of Sexuality and Health among Older Adults in the United States Stacy Tessler Lindau, M.D., M.A.P.P., L. Philip Schumm, M.A., Edward O. Laumann, Ph.D., Wendy Levinson, M.D., Colm A. O'Muircheartaigh, Ph.D., and Linda J. Waite, Ph.D.

18) Sexuality and Reproduction: Sexuality in Older Adults. Mary McDonald.

19) HIV and Aging: Key Facts. http://www.sageusa.org/issues/hiv.cfm

20) Improving the Lives of Transgender Older Adults

21) Calvet, Helene M and Bolan, Gail. STDs in Older Adults: the Need for Increased Awareness. Clinical Geriatrics. 2000

22) Sexuality and aging: a focus on lesbian, gay, bisexual, and transgender (LGBT) needs in palliative and end of life care. Tomas L Griebling.

23) Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press, 2011.

24) Boehner U. Twenty years of public health research: Inclusions of lesbian, gay, bisexual and transgender populations. Am J Public Health 2002;92:1125–1130.

Prepared By Yesh Rai and Thiru Yogaparan
Last updated in 2018