

Invisible and Overlooked LGBTQ Elders

JAMES TEMPLEMAN, MD, HMDC

DIVISION OF GERIATRICS, GERONTOLOGY AND PALLIATIVE CARE

UCSD



“Adding back Silver to the Rainbow”

“Aging with Pride”



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Learning Objectives

- Describe the demographics of LGBTQ elders
- Explain how historic and current discrimination affects the healthcare of older LGBTQ Adults
- Describe the healthcare needs of LGBTQ older adults, including:
 - Unique medical concerns
 - Unique mental health concerns

- Support networks, advance planning, long-term care
- List ways to offer services that are affirming, welcoming, and appropriate



<http://equalityhawaii.org/>

QUESTION

An 83-year-old man comes to the office for a routine visit. History includes advanced Parkinson disease; he needs an increasing amount of help with instrumental activities of daily living. Although he is a long-established patient, he was evasive about his social network and resources for help as his disability progressed. Now, he discloses that he is gay but asks that this information not be shared.

Which one of the following is likely to be the primary reason for this patient's reluctance to be open about his sexual orientation?

- A. Fear of losing long-term care benefits
- B. Alienation from family
- C. Fear of discrimination
- D. Loss of self-esteem

QUESTION

C. Fear of discrimination

JOHN

John is a 66 y/o male coming into Medicine For Seniors. He's a new patient.

He discusses his pain, anxiety, poor concentration and sexual dysfunction. His medical history includes anxiety/depression, chronic pain, hypertension, reflux disease. His social history includes never married, no children, lives with an individual he refers to as his roommate.



MARLENA

Marlena is an 82-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 many of us have learned about LGBTQ health-related issues during training for the healthcare profession?

For Marlena and John:

1. What kind of thoughts and feelings do you think John or Marlena might have in relation to their sexual orientation, when meeting a new doctor, or contemplating coming out to their physician?
2. What barriers might have contributed to not sharing personal information?
3. How could this information have been obtained?
4. Should the primary care provider ask them about their sexual orientation and gender identity?
5. When is the appropriate time to discuss this?

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

Inquiring into Sex in Elders in General



Elders are sexually active

- 53% seniors 65 to 74 years old
- 26% of seniors 75 to 85 years old

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 the risk for disease, options to help, etc.

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



QUESTION

A 71-year-old man comes to the office for a routine physical examination. He identifies as gay. He feels well and states that he enjoys a good quality of life.

He tends to fall asleep in his recliner at night.

He is awaiting evaluation for sleep apnea.

History: hypertension, heart failure, benign prostatic hyperplasia, chronic lower-extremity edema

- He reports that he generally stays away from salt but does not check his weight.

Medication: doxazosin, furosemide, lisinopril, finasteride

QUESTION

Which one of the following should be included during this visit?

- A. Adult sexual history
- B. Human papillomavirus (HPV) vaccine
- C. Urinalysis
- D. Prostate examination

QUESTION

Which one of the following should be included during this visit?

- A. *Adult sexual history***
- B. Human papillomavirus (HPV) vaccine
- C. Urinalysis
- D. Prostate examination

Lets take a step back...

How Many Americans Identify as LGBT?

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

	Yes (%)	No (%)	DK/Ref (%)
18 to 29	6.4	90.1	3.5
30 to 49	3.2	93.6	3.2
50 to 64	2.6	93.1	4.3
65 +	1.9	91.5	6.5

DK/Ref = Don't know or refused

Demographics of Older LGB Adults

LGB Elderly (65 and older):

- ~1 to 2.8 million (in 2000)
- ~2 to 6 million (by 2030)

Racially diverse Economically similar to heterosexuals

More likely to live in urban areas compared to heterosexuals (Cahill et al., 2000)

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”

Lesbian	76%
Gay	74%
Bisexual	16%
Transgender	39%

*Baby boomers were born 1946-1964

Still Out, Still Aging

LGBTQ Elders

LGBTQ elders who have been out are more likely to:

- Be estranged from children or grandchildren
- Be single or without children
- Have extensive 'chosen family' of support networks, which can be threatened by aging and illness

Many who have lived wholly or partially in the closet:

- Have elaborate constructs to protect their sexual orientation
- Are at risk of exposure with disability or sickness

All are at risk of discrimination in the medical community

Demographics Social System

Less likely to be partnered

- 20% of LGB are partnered vs. 50% of all elders

More likely to live alone

- 65-75% of LGB live alone vs. 36% of all elders

No reliable data on transgender adults



During much of the 20th century...

- LGBTQIA+ people needed to hide their identities to protect themselves.
- LGBTQIA+ people were labeled as mentally ill and in need of conversion.
- “Out” LGBTQIA+ people often had to move away from families.
- Sex between men was criminalized.
- Wearing clothing that did not conform to gender-based social norms was also criminalized.

Generational differences

Click on each age group to see how their generation may have been affected.

**65-74
years**

**75-84
years**

**85+
years**

Generational differences

Click on each age group to see how their generation may have been affected.

Proud: May have been “out and proud” for many years, but lived most of their lives experiencing high levels of discrimination and stigma



**65-74
years**

**75-84
years**

**85+
years**

Generational differences

Click on each age group to see how their generation may have been affected.



Generational differences

Click on each age group to see how their generation may have been affected.

65-74
years

75-84
years

85+
years



Invisible: May have concealed identity from everyone; likely came out at late age

Generational differences



Loretta
Born 1935



Joan
Born 1955

Historical milestones

Stonewall uprising launches the LGBTQIA+ rights movement (1969)

34 years

14 years

Homosexuality no longer designated as a mental illness in the DSM (1973)

38 years

18 years

Ellen comes out on TV (1997)

62 years

42 years

“Don’t Ask, Don’t Tell” military policy is repealed (2011)

76 years

56 years

Transgender identities no longer designated as a disorder in the DSM (2013)

78 years

58 years

Supreme court rules in favor of marriage equality (2015)

80 years

60 years

Generational differences

For example, the Stonewall uprisings occurred when Joan may have first become aware of her sexual orientation. The strength shown during the rights movement may have helped diminish internalized stigma.



Loretta
Born 1935



Joan
Born 1955

Historical milestones

Stonewall uprising launches the LGBTQIA+ rights movement (1969)

34 years

14 years

Homosexuality no longer designated as a mental illness in the DSM (1973)

38 years

18 years

Ellen comes out on TV (1997)

62 years

42 years

“Don’t Ask, Don’t Tell” military policy is repealed (2011)

76 years

56 years

Transgender identities no longer designated as a disorder in the DSM (2013)

78 years

58 years

Supreme court rules in favor of marriage equality (2015)

80 years

60 years

Discrimination in Healthcare

2002 survey of physicians:

- 23% believe the healthcare system somewhat or very often treats gay and lesbian people unfairly

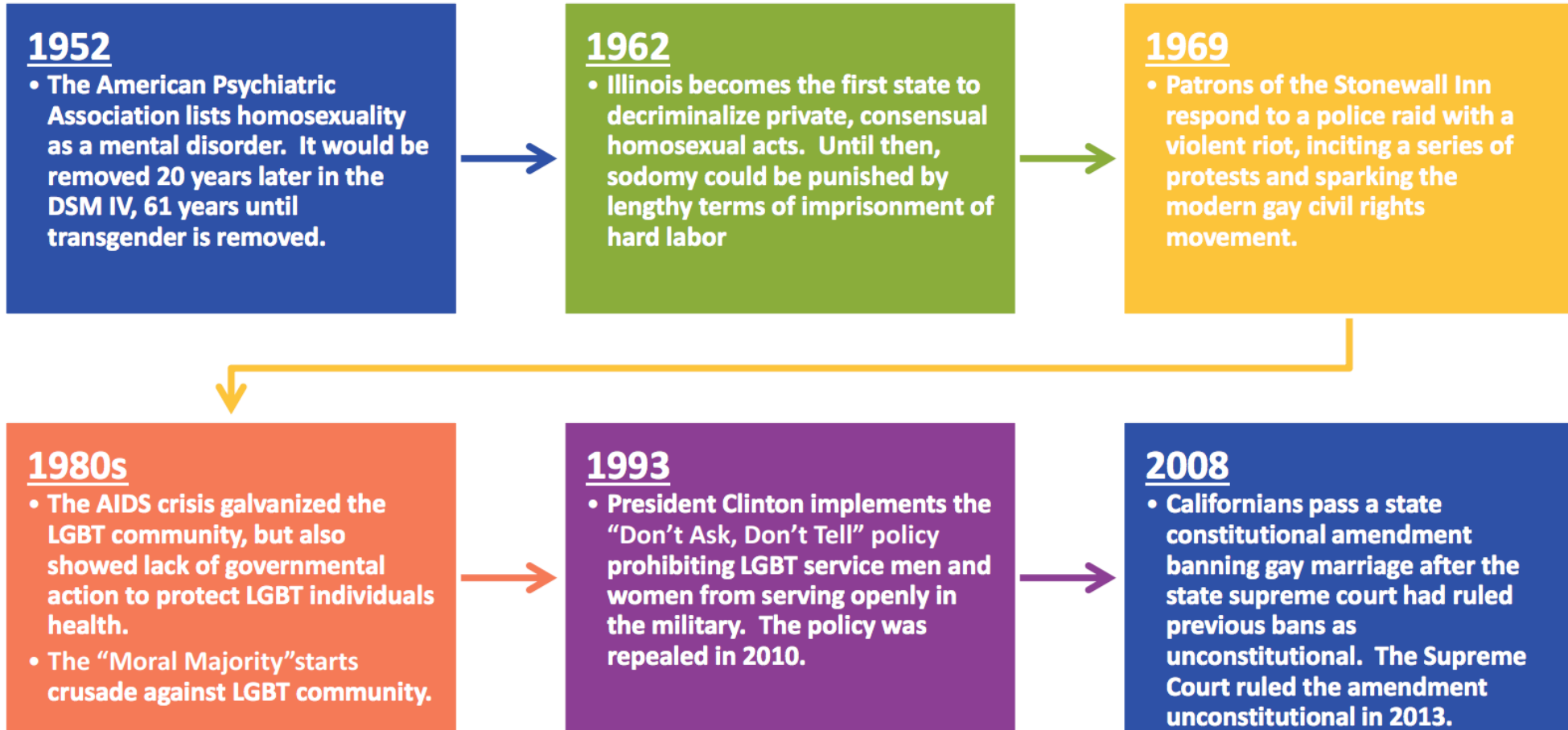
1994 NY Area Agencies on Aging survey:

- 46% reported LGBTQ elderly not welcome at senior centers

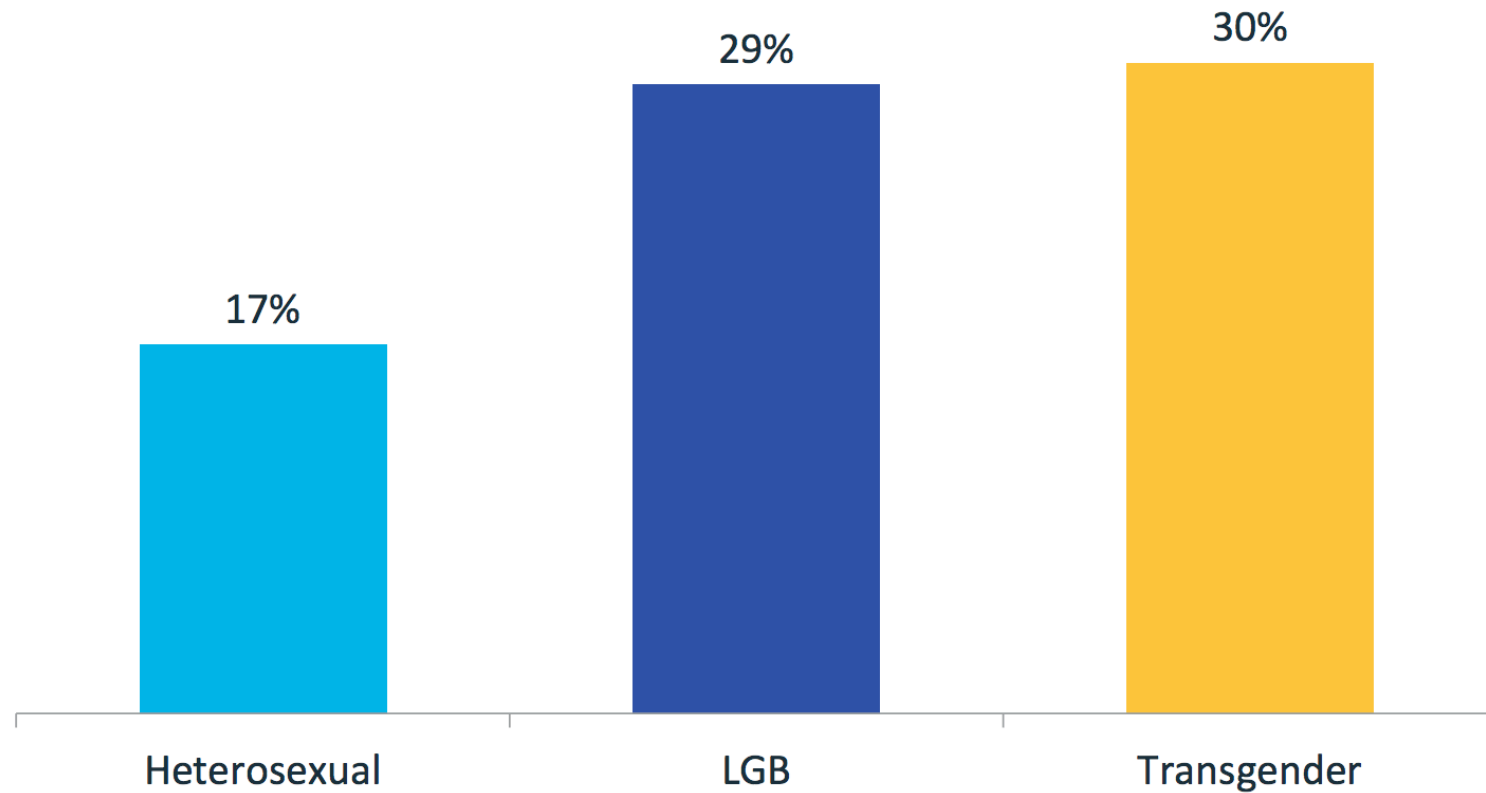
1996 NY survey of social workers:

- 52% reported intolerant or condemning attitudes among nursing home staff toward lesbians and gay men

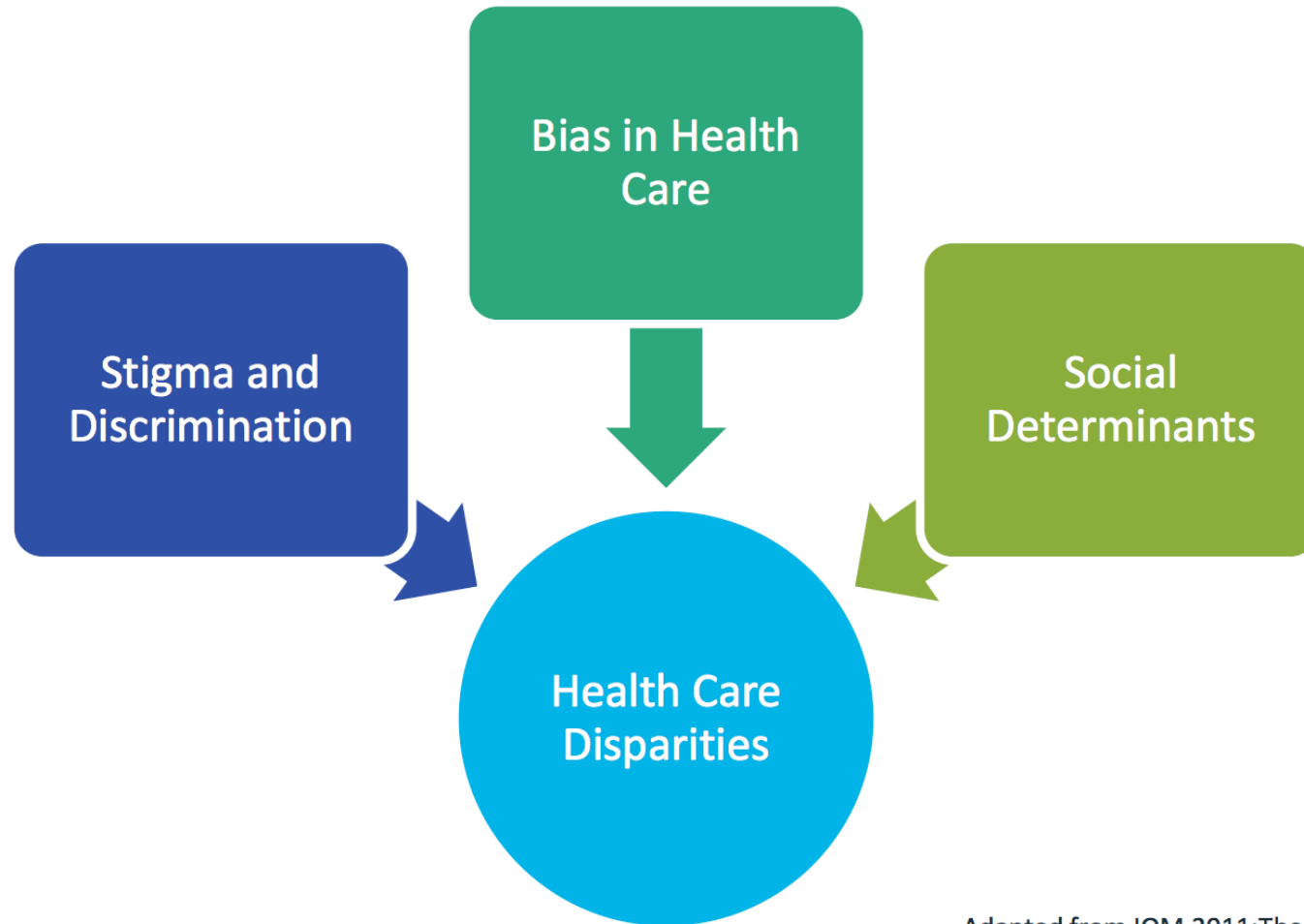
Experiences of Discrimination Over a Lifetime



LGBT People Delay or Avoid Health Care



LGBTQ Community



New Protections for LGBTQ Patients


Department of Health and Human Services in 2011 implemented regulation:

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

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



MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY JOHN D. DOE			
MEDICARE CLAIM NUMBER 123-45-6789A		SEX MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL INSURANCE (PART A)		1/1/95	
MEDICAL INSURANCE (PART B)		1/1/95	
SIGN HERE 			

Overview of Healthcare Concerns in Older LGBTQ Adults

QUESTION

A 60-year-old man comes to the office for a routine examination. He and his male partner have been together for 15 years but are not monogamous. He asks whether he should receive any cancer screening.

Which one of the following is a greater risk for this patient than for a heterosexual man?

- A. Prostate cancer
- B. Colon cancer
- C. Anal cancer
- D. Testicular cancer

QUESTION

C. Anal cancer

Healthcare Concerns in Older LGBTQ

Gay/Bisexual Men's Health	Lesbian/ Bisexual Women's Health	Transgender Health
HIV/AIDs and STIs	Access to preventive care	HIV/AIDs and STIs
Cancer risk	Cancer risk	Preventive care
Substance use	Substance use	Substance use
Mental health	Mental health	Mental health
Psychosocial concerns related to aging	Psychosocial concerns related to aging	Psychosocial concerns related to aging
	Cardiovascular disease risk	

Medical Concerns for Older Gay and Bisexual Men

Cancer:

- Anal Cancer: 43 times more common and 88 times more common in HIV+ men who have sex with men (MSM) (HPV related)
- Other cancers: liver (if hepatitis), Kaposi sarcoma (if HIV infected)
- Possibly lung cancer (due to higher smoking rates)
- Prostate cancer (same rates as in heterosexual men, but treatment may have different psychosocial effects)

Substance use:

- Smoking: Higher rates compared to general male population (32% vs. 21%)
- Alcohol: Prevalence of abuse probably similar to heterosexuals

Medical Concerns for Older Gay and Bisexual Men

Screening recommended for:

- Syphilis
- Chlamydia and gonorrhea
- Proctitis and prostatitis
- HIV
- Herpes
- HPV (anal paps)

Vaccinate for Hepatitis A and B

QUESTION

A 68-year-old woman comes to the office to establish care. She identifies as lesbian and has recently retired to the area.

History: hypertension, chronic kidney disease

She smokes tobacco.

She is moderately obese.

QUESTION

She is at increased risk for which one of the following, compared with risks for a heterosexual woman?

- A. Cervical cancer
- B. Cardiovascular disease
- C. Colon cancer
- D. Kidney cancer

QUESTION

She is at increased risk for which one of the following, compared with risks for a heterosexual woman?

- A. Cervical cancer
- B. *Cardiovascular disease***
- C. Colon cancer
- D. Kidney cancer

Medical Concerns for Older Lesbian and Bisexual Women

Receive less preventive care

Access health care services less often

Enter health care system later

Inappropriate care



Medical Concerns for Older Lesbian and Bisexual Women

Substance use

- Smoking: higher than among general female population (25% vs. 15%)
- Alcohol: higher risk of abuse compared to heterosexual women

Obesity

- Lesbians have ~2x the odds of being overweight or obese

May be at higher risk of metabolic syndrome, cardiovascular disease

Medical Concerns for Older Lesbian and Bisexual Women

Breast and Cervical Cancer Risk:

- More risk factors: obesity, smoking, alcohol use, nulliparity
- Less frequent screening for these cancers

Other cancers: may be at higher risk of lung, ovarian, due to smoking

Medical Concerns for Transgender Older Adults

Very little research

Discrimination and healthcare disparities

Uninsured are:

- More likely to use black-market hormones
- Less likely to receive preventive care
- Less likely to have mental health needs met
- Higher rates of HIV, hepatitis C, and substance abuse

Preventive care for the biologic sex

- Prostate cancer in MTF
- Gynecological cancer in FTM

For transgender care guidelines, see www.wpath.org and <http://www.vch.ca/transhealth/resources/careguidelines.html>

QUESTION

Which one of the following is more likely to be true of older adults newly diagnosed with HIV, compared with younger HIV-infected patients?

- A. Lower rate of adherence to antiretroviral treatment
- B. More robust response to antiretroviral treatment
- C. Longer interval between diagnosis of HIV and development of AIDS
- D. Full suppression of viral loads on therapy

QUESTION

Which one of the following is more likely to be true of older adults newly diagnosed with HIV, compared with younger HIV-infected patients?

- A. Lower rate of adherence to antiretroviral treatment
- B. More robust response to antiretroviral treatment
- C. Longer interval between diagnosis of HIV and development of AIDS
- D. Full suppression of viral loads on therapy**

Medical Concerns for Older LGBTQ Adults: HIV/AIDS

New cases of HIV:

- 17-25% >50 years old
- 53% in men who have sex with men

AIDS

- 15-24% new cases are in older adults
- 29% living with AIDS are >50 years old

48% of LGBTQ Elders who are HIV+ have experienced the death of a loved one

(CDC, 2008)

Medical Concerns for Older Adults with HIV/AIDS: Comorbidities

Cardiovascular disease

Metabolic Syndrome

Dyslipidemia

Osteoporosis

Diabetes

Cancer

Depression

Dementia

Sexual Health in Older LGBTQ Adults

Elderly are at risk for HIV and other STIs

- 48% of older LGB adults do not use condoms regularly, and 9% never do

Mental Health in (LGBTQ) Adults

Major depression

- Increased isolation among elders could increase risk

Generalized anxiety disorder

Bipolar disorder

Suicide

Mental Health in Older LGBTQ Adults: Suicide

Survey of 416 older LGB adults active with LGBTQ social agencies:

- 29% have rarely considered suicide
- 8% sometimes consider suicide
- 2% often consider suicide
- 12% had suicidal thoughts in the past year
- 13% reported suicide attempts, 4% occurred after age 60

Mental Health in Older LGBTQ Adults

Better mental health linked to:

- Better physical health
- Higher self-esteem
- Less loneliness
- Lower internal homophobia

Suicidal ideation linked to:

- More loneliness
- Higher internal homophobia
- Less disclosure of sexual orientation

Mental Health in Older LGBTQ Adults: Aging

Do LGBTQ cope with aging better?

- Development of adaptive skills and reconstructing of identities from coming out process
- More flexible with gender roles and therefore more independent

At the same time...

Aging is viewed negatively in gay men

- 88% of younger gay men, and 73% of older gay men felt gay society viewed aging negatively
- Only 20% of lesbians felt lesbian society viewed aging negatively
- Some younger gay men report one turns “old” at age 39 😞

LGBTQ Aging Fears

Concerns related to aging in LGBTQ seniors:

- Rejection by children and family
- Uncertain support network
- Discrimination in health care, employment, housing and longterm care

Greatest concern of aging in LGBTQ baby boomers:

- Discrimination for 32% of gay men and 26% of lesbians

Resilience among LGBTQ Older Adults

91% engage in wellness activities

89% feel good about belonging to the LGBTQ 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



TIME CHECK



Taking a History in an Older Patient: What to Avoid

Try to avoid:

- Making assumptions about the gender of the patient's partner(s) (even if married)
- Assuming that patient's sexuality is fixed, absolute, and/or lifelong
- Assuming that being gay, lesbian, or bisexual is not a difficult issue for many patients
- Forcing labels or outing a patient if they are not ready
- Assuming that all transgender patients want full reconstructive surgery or complete hormonal transformation
- Assuming that older people do not have active sex lives

Interview Strategies for Obtaining the Social/Sexual History

Key issues to remind your patient

- Confidentiality
- Why you are asking
- Acknowledge that it can be uncomfortable information to share

Some useful phrases

- Tell me more about yourself.
- Who are the important people in your life? Who do you turn to for support?
- Who do you live with?
- Are you in a relationship?
- Are you sexually active?
- Have your sexual partners been men, women, or both?
- Have you ever engaged in high-risk sexual behavior?
- Do you currently have any worries or problems related to sex?
- Are you comfortable with your sexuality?
- Do you feel you can be open about this with family, friends, or at work?

Creating a Welcoming Environment

Tips and Strategies

- Share some personal history about yourself before inquiring into the social history of your patient
- Join a referral program
- Adapt forms to be inclusive (for example spouse/partner rather than husband/wife)
- Talk with your registration staff and clinic director
- Encourage cultural competency training by your colleagues and staff
- Place an LGBTQ-friendly symbol, sticker or sign in a visible location
- Have an LGBTQ-specific magazine or newspaper in the reception area
- Have an open dialogue with patients about their life circumstances

QUESTION

An 82-year-old man comes to the office for consultation after he receives a diagnosis of stage IV adenocarcinoma of the lung. He identifies as gay.

- He lives alone in a second-floor unit of a brownstone building.
 - He is eager to maintain his independence at home for as long as possible.
- He is financially secure.
- He has a close circle of friends in his neighborhood and in church, but he has been estranged from his family for >30 years.
- He completes a physician order for life-sustaining treatment and wants to ensure that his care preferences are honored.

QUESTION

Which one of the following is most likely to ensure that his preferences are followed?

- A. Reconciling with his family
- B. Directing his provider to execute his wishes
- C. Joining a support group for older gay men
- D. Providing a close friend with a copy of the physician order

QUESTION

Which one of the following is most likely to ensure that his preferences are followed?

- A. Reconciling with his family
- B. Directing his provider to execute his wishes
- C. Joining a support group for older gay men
- D. **Providing a close friend with a copy of the physician order**

Advance Care Planning

Hospital visitation and next-of-kin status

Living will/Health Care Proxy

Wills and estates

Financial planning

Long-term care planning



Support for Older LGBTQ Adults

LGB more likely to be the caregivers (75% expect to be caregivers)

20% unsure who will take care of them

Support often from network of friends rather than family– “FAMILIES OF CHOICE”

Disenfranchised grief (inadequate social support following the death of a partner)

Discrimination in Long-Term Care Facilities

120,000 to 300,000 LGBTQ seniors living in nursing homes by 2030

Unrecognized needs

Real or anticipated fear of discrimination

- From staff
- From other residents

Fear of disclosure

Loss of friend network or chosen family

Discrimination in Long-Term Care Facilities

Survey of LGBTQ adults' perception of retirement care facilities

- 73% believe discrimination exists
- 60% believe LGBTQ do not have equal access to social and health services
- 34% believed they would have to hide their orientation

Reports of disrespect and mistreatment from staff and residents

Retreat back to invisibility and being in the closet

What Can YOU Do?

Be aware

Be open

Provide culturally competent support, counseling, referrals

Advocate

Resources

<https://thecentersd.org/>



ElderHelp of San Diego: ElderHelp provides case management and referrals to health and social services for LGBT seniors; assists with volunteer recruitment and training; provides space for free legal counseling; and develops and conducts health provider educational trainings and seminars. For more information call 619.284.9281. ElderHelp can also help you find help with your tax preparation.

Family Health Centers of San Diego: FHCS D implements an HIV/AIDS social marketing campaign targeted towards LGBT seniors to increase awareness of STD risk factors and safer sex practices, and to encourage STD testing. For more information call 619.515.2545.

Elder Law and Advocacy: Elder Law & Advocacy provides free legal assistance and counseling for LGBT seniors at several locations. For more information call 858.565.1392

Resources

The National LGBT Health Education Center <http://www.lgbthealtheducation.org/>

American Geriatrics Society. *Geriatric Review Syllabus 2020*

Senior Action in a Gay Environment (SAGE) www.sageusa.org

Gay and Lesbian Medical Association www.glma.org

American Society on Aging www.asaging.org

National Gay and Lesbian Task Force www.thetaskforce.org

THANKS!

