

2017

The Aging LGBTQ Population

John P. Corbett
University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>

 Part of the [Gender and Sexuality Commons](#), [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Corbett, John P., "The Aging LGBTQ Population" (2017). *Family Medicine Clerkship Student Projects*. 364.
<https://scholarworks.uvm.edu/fmclerk/364>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.



The University of Vermont
LARNER COLLEGE OF MEDICINE



diversity & inclusion
at The University of Vermont
COLLEGE OF MEDICINE

The Aging LGBTQ Population

Addressing the specific barriers of adequate healthcare specific to the older LGBTQ patients seen in primary health care settings

John Corbett, MS3

Michael Upton, MD

The Robert Larner, MD College of Medicine at the University of Vermont

Learning Objectives

- Understand the definitions and history pertinent for the care of aging LGBTQ patients
- Provide examples and explanations of how the current social milieu can lead to older LGBTQ patients having healthcare disparities.
- Understand how we as providers can foster an all inclusive space in which aging LGBTQ patients can freely discuss any aspect of their health.

A few definitions

- “A disparity is merely a metric by which we measure a particular population’s health outcomes relative to health equity – the opportunity to attain the best health possible regardless of social position or any other dimensions of diversity.”¹
- Currently, the health disparities of the aging LGBTQ population are great in number yet are almost invisible in the current dialogue surrounding LGBTQ care.
- In order to fully address these disparities, the healthcare community at large should recognize how and why these problems have arisen.

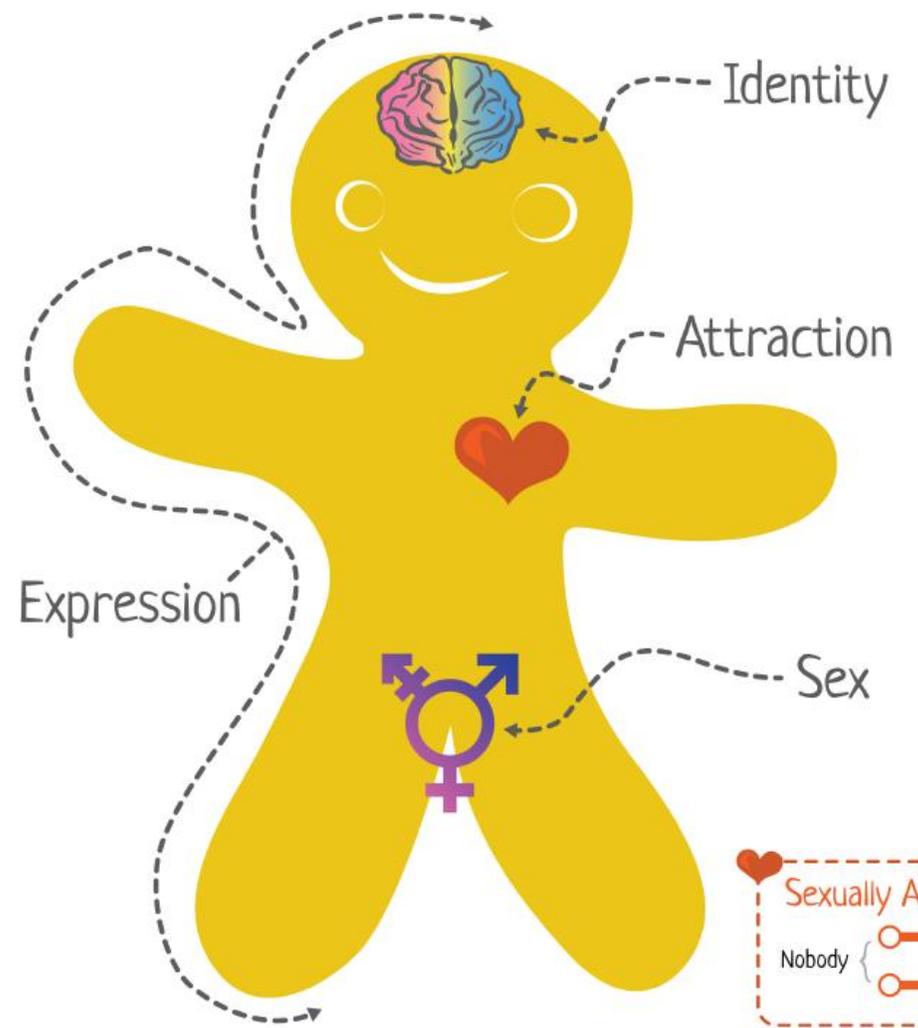
A few definitions

- LGBTQ: An acronym which means “lesbian, gay, bisexual, transgender and queer/questioning”.
- Cisgender: Someone who feels that their gender identity aligns with their sex assigned at birth.
- Transgender: Anyone who’s gender identity doesn’t fully match with their sex assigned at birth.
 - Note: Someone’s sexual orientation is in no way tied to their gender. Someone can identify as transgender and also be straight, gay, asexual, ect.

The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 (of infinite) possible plot and label combos

Gender Identity

Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

"woman" "man" "two-spirit" "genderqueer"

Gender Expression

Feminine

Masculine

The ways you present gender; through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

"butch" "femme" "androgynous" "gender neutral"

Biological Sex

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

"male" "female" "intersex" "MtF Female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

Adapted from itspronouncedmetrosexual.com

A few definitions

- Ally: a person who doesn't identify as LGBTQ but shows their support for LGBTQ people in various ways.
- Closeted: An LGBTQ individual who has decided to not fully voice their gender identity or sexual orientation.
- Questioning: Someone who is currently exploring their gender identity or sexual orientation.
- Pronouns: The third person articles of speech. For example, a trans-woman might use "She/her" pronouns while a cis-male might use "He/him" pronouns. Some people also use "They/them" or "Ze/zir".

A few definitions

- Heteronormative: “The assumption that all people either are or wish to be in sexual and intimate relationships with a person of the opposite gender.”²
- Heterosexism: Any way in which a heteronormative culture excludes and oppresses LGBTQ individuals.²
 - Of note, not all heterosexism stems from homophobia, but is still potentiated because of assumptions that society at large takes for granted.²

A historical perspective of LGBTQ civil rights

- In the first edition of the DSM (The Diagnostic and Statistical Manual of Mental Disorders), homosexuality was classified as a pathologic personality disorder and could be “treated” by physicians.¹
- This classification existed until 1973 when it was removed in a subsequent edition of the DSM.¹

A historical perspective of LGBTQ civil rights

- In 1969, police raided an NYC gay club, The Stonewall Inn, following allegations that the club was selling liquor without a license. LGBTQ clubbers and sympathizers rioted against the police until the riot police were called in to defuse the situation. As a result of the riot, many LGBTQ civil rights groups formed and initiated the push for LGBTQ equal rights.³
- Although a great deal of stigma still existed for LGBTQ people, the period following the riots created a safer space for some LGBTQ people to be “out” and have discussions about the topic.

A historical perspective of LGBTQ civil rights

- In 2015, the US Supreme Court made same-sex marriage legal nationwide, a policy change which brought up further discussions about LGBTQ topics and has facilitated the coming out process for LGBTQ patients.
- Even with this policy change, there are still barriers for both young and old LGBTQ people to discussing their gender and sexuality with others, particularly in areas where they feel that they'll be judged or discriminated against.
 - Historically, the healthcare field is one of those areas of specific concern.
 - In addition, discrimination based on sexual orientation or gender identity is still legal in a vast majority of the United States. ¹

Specific Generations of older LGBTQ people

- From history, we can extrapolate and form three different groups of LGBTQ patients.⁴
 - The Invisible Generation
 - Patients who entered adulthood surrounding WWII where gender identity and sexual orientation were mostly undiscussed in the public sphere.⁴
 - The Silenced Generation
 - Patients who entered adulthood post-WWII and pre-Stonewall riots, when being LGBTQ was both stigmatized and criminal.⁴
 - Patients from this generation are very reluctant to share their gender identity or sexual orientation with people they perceive as a possible threat. Classically, this includes health care professionals because of the DSM-I and previous discrimination.
 - The Pride Generation
 - Patients who entered adulthood around the Stonewall riots.⁴
 - This group may be more willing to disclose their sexual orientation/identity but may still experience social stigma.

What health disparities can be seen?

- A number of older LGBTQ patients do not have some of the social supports that most people have in our society.
- For one, they often do not have children to take care of them in their old age. Additionally, because they are LGBTQ, they may be not speaking with family members and lack that support as well.⁵
- Some older LGBTQ patient might not have a spouse to take care of them either, leaving their home care to other hired caregivers or from a nursing home.

What health disparities can be seen?

- Many LGBTQ people wish to not live in nursing homes even when they are unable to take care of themselves at home because of the current stigma surrounding their sexual orientation or gender identity.²
 - In 2010, a study found that 73% of older lesbian women believed that they would experience discrimination in a nursing home, either from another resident or from an employee.⁵
 - In this same study, they found that 34% of older lesbian women would hide their sexual orientation if they had to move into a residential care facility.⁵
 - Of note, this sentiment is significant because a patient may be more (or less) worried about disclosing their sexual orientation or gender identity with their primary care provider because of the healthcare's previous prejudice against LGBTQ people in the pre-liberation era.

What health disparities can be seen?

- LGBTQ older adults tend to experience significantly more mental health issues than their non-LGBTQ counterparts.¹
 - In addition, older transgender patients have more mental health issues than their non-trans LGBTQ peers.¹
 - This is most likely due to the greater amount of prejudice associated with being transgender in comparison to being lesbian, gay, bi, ect.
 - Within the LGBTQ community, there is a significant amount of ageism, resulting in a divide between the young and the old. This results in the younger generation not having positive role models to emulate and, as they age, they experience depression and stress.¹
 - Older LGBTQ people, during the periods where not being heteronormative was considered taboo, tended to internalize the stigma they experienced. From this, they began to experience cognitive distortions and shame, resulting in an increased amount of mental illness within the group.¹
 - Of note, a majority of patients with mental illness present to their primary care provider first, so it's paramount that one can recognize mental illness symptoms and refer the patient to mental health providers for further evaluation and treatment.¹

What health disparities can be seen?

- The social isolation of some LGBTQ people could, paradoxically, be a consequence of social progress within the United States.¹
 - In the past, major cities tended to form LGBTQ communities where many LGBTQ people would live in the same area. These areas include the Castro of San Francisco, Greenwich village in NYC, and Boston's South End.
 - As LGBTQ people are more socially accepted, these areas have seen a decline in communal living.
 - Smaller communities result in a greater degree of social isolation.
 - They are also aging and the ageism that exists within the community potentiates social isolation.¹

What health disparities can be seen?

- In health care research, there is a lack of studies that focus on LGBTQ people of color even though the population has been steadily increasing.⁶
 - Among Hispanic sexual minority women, there is an increased rate of diabetes and a decrease in overall state of health.⁶
 - Amongst older LGBTQ people of color, there are increased rates of disability, obesity, and HIV in comparison to older LGBTQ adults that were not of color.⁶

On the bright side...

- A majority of participants in a longitudinal study of 2,450 LGBTQ adults were found to be currently healthy and enjoying life.⁴
- In the *Aging with Pride* study done in 2009, it was found that a majority of older LGBTQ people of color were healthy as well.⁶
- Because of the adversity that many LGBTQ people experienced, many of them have formed strong interpersonal relationships with friends and peers.⁴ This acts as a protective factor against developing chronic illnesses.

Community Perspectives

- Michael Dwyer and George Valley, a married gay couple that live in the Rutland community, were interviewed in order to obtain a patient perspective on interactions with healthcare professionals, and about their lives.
- Of note, both have been together for many years in a stable relationship. In addition, they were able to obtain a civil union as well as become married when both were legal.

Community Perspectives

- Some common themes in the interviews included...
 - Being able to avoid the topic of sexuality by being involved in the church during school. Both felt that, during this period, they were not allowed to talk about being LGBTQ because of what the organization would do if it was found out.
 - Their social network of friends is mostly made of middle-aged/older married couples. They picked their friend group because of the interests and values that they all shared. Sometimes, when meeting up with gay couples, they found that all that was talked about was being LGBTQ and that got rather dull and was sometimes awkward.
 - The civil protections granted to LGBTQ people over recent years has been well received. Knowing that they can make healthcare decisions for each other in an emergency is a great comfort, especially because they don't have children.

Community Perspectives

- Some common themes in the interviews included...
 - The previous times in which they had a bad interaction with healthcare professionals were the times that the provider made rude conclusions about their health simply because they are gay.
 - This included that, when George was experiencing neuropathy, the provider commented about testing for HIV because “you were around in the 70s when all of the gays were sleeping around”.
 - A large component of these issues was not the fact of testing for HIV, rather, it was more that providers thought “Oh, because you are a gay male, you must have AIDS, which explains your symptoms.”

Community Perspectives

- Some common themes in the interviews included...
 - The best healthcare interactions have been with their primary care provider. Their provider has gotten to know them over the course of many years and gives them the same care that they would give to anyone else. Interviews aren't just focused solely on the fact that they are LGBTQ.
 - A strong emphasis on that, if a provider is able to establish a relationship with someone who is LGBTQ and conversations can be freely shared between the two, the patient can receive great quality of care.
 - That providers should be able to recognize some of the issues that an LGBTQ person might face, but also keep in mind that they want to be treated at the same way as anyone else.

Community Perspectives

- Dr. Teddi Lovko, a family care physician who works out of Rutland Regional Community Health Center, was also interviewed about the patients that she sees in the clinic.
- The emphasis of this conversation was on the different things to keep in mind when you're caring for LGBTQ patients.
- Her patient population includes a wide range of LGBTQ patients as well as geriatric patients.

Community Perspectives

- In the interview, Dr. Lovko noted that...
 - “The LGBTQ people that I see are a heterogeneous group. They all have different views about their medical needs as well as about the LGBTQ community in general.”
 - It’s great when you get to have a long relationship with your patients because they can open up about any issues that they experience, including LGBTQ related issues.
 - There are times when an LGBTQ patient will have strained relationships with friends and family. In addition, there are a minority of patients who don’t have any family connections at all because of being LGBTQ.

Community Perspectives

- In the interview, Dr. Lovko noted that...
 - One of the most important things to remember about caring for LGBTQ patients is that their needs can be slightly different than other patients. They may experience different stressors at home or at work in comparison to non-LGBTQ patients. It can be difficult to keep these things in mind when the office visits are so short, but they can make a difference when the topics are brought up.

So, what can a provider do?

- One could create a welcoming space in the office by hanging up LGBTQ-positive images, such as same sex couples with their children.⁷
 - In a society dominated by heterosexual imagery, showing some images that aren't heteronormative can be refreshing for an LGBTQ patient and help them feel at ease at their visit.
 - It also gives a closeted LGBTQ patient the opportunity to see that the providers at the clinic are allies and would be safe to talk to.

So, what can a provider do?

- When providing forms for patients to fill out when arriving, include areas where they can indicate their sexual orientation, gender identity, and pronouns.⁷
 - This creates the opportunity to non-invasively ask for this information without causing offense. Although being asked pronouns shouldn't be offensive, some patients may be insulted if you ask for pronouns.
- Learn the terminology and topics about being LGBTQ and ask non-judgmental questions of patients who could benefit from it.⁷
 - People will usually be happy to talk about this with you if you are genuinely interested in addressing their health concerns.

So, what can a provider do?

- Ensure that the providers at your practice have information about treatments associated with being LGBTQ.⁷
 - These include anal pap smears for men who have sex with men or gender transitioning hormonal therapy.
 - By having this information handy, you can help guide LGBTQ patients in what treatment options are available to them in that moment.
- Address possible stressors that an LGBTQ patient might have if it seems warranted.
 - By bringing this up and talking about it, you can help alleviate some of the stresses or point your patients to specialized services if they need it.

Future thinking

- In 2016, it was estimated that there are 2.7 million LGBTQ people living in the United States. It's projected that this number will grow to 5.4 million in 2060.⁴
- If we do not address some of the disparities that LGBTQ patients experience, these disparities will only grow exponentially.

References

1. Hoy-Ellis, Charles P., Michael Ator, Christopher Kerr, and Jessica Milford. "Innovative Approaches Address Aging and Mental Health Needs in LGBTQ Communities." *Generations (San Francisco, Calif.)* 40, no. 2 (2016): 56–62.
2. McIntyre, Marjorie, and Carol McDonald. "The Limitations of Partial Citizenship: Health Care Institutions Underpinned With Heteronormative Ideals." *Advances in Nursing Science* 35, no. 2 (2012): 127–34. doi:10.1097/ANS.0b013e31824fe6ca.
3. "1969: The Stonewall Riots Begin." *History*. Accessed September 27, 2017. <http://www.history.com/this-day-in-history/the-stonewall-riot>.
4. Fredriksen-Goldsen, Karen I. "Dismantling the Silence: LGBTQ Aging Emerging From the Margins." *The Gerontologist* 57, no. 1 (February 2017): 121–28. doi:10.1093/geront/gnw159.
5. Boggs, Jennifer M., Jennifer Dickman Portz, Diane K. King, Leslie A. Wright, Kenneth Helander, Jessica H. Retrum, and Wendolyn S. Gozansky. "Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation." *Journal of Homosexuality* 64, no. 11 (September 19, 2017): 1539–60. doi:10.1080/00918369.2016.1247539.
6. Kim, Hyun-Jun, Katherine Acey, Aundaray Guess, Sarah Jen, and Karen I. Fredriksen-Goldsen. "A Collaboration for Health and Wellness: GRIOT Circle and Caring and Aging with Pride." *Generations (San Francisco, Calif.)* 40, no. 2 (2016): 49–55.
7. Kano, Miria, Alma Rosa Silva-Bañuelos, Robert Sturm, and Cathleen E. Willging. "Stakeholders' Recommendations to Improve Patient-Centered 'LGBTQ' Primary Care in Rural and Multicultural Practices." *Journal of the American Board of Family Medicine: JABFM* 29, no. 1 (February 2016): 156–60. doi:10.3122/jabfm.2016.01.150205.
8. Glossary of Terms. *The Human Right Campaign* <https://www.hrc.org/resources/glossary-of-terms> September 2017

The genderbread person image is not copyrighted, but can be found at <http://itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/#sthash.FeqIfj6t.dpbs>