

Addressing

the Health Needs of LGBT Elders

COLIN PEKRUHN, M.P.P., *Grantmakers In Health*

While most grantmakers are aware of the pressure that will be placed on the health care system beginning in 2030, when one-fifth of the U.S. population will be over the age of 65, many are unaware of the unique issues and challenges facing the lesbian, gay, bisexual, and transgender (LGBT) community. Currently an estimated two million people over the age of 50 self-identify as being LGBT, a number that is expected to grow significantly by 2030 and is likely an underestimate given the significant stigma of coming out for that generation.

Overall, LGBT older adults face significant health issues, including mental and physical health disparities, stress from victimization and discrimination, and lack of access to supportive aging and health services (Adams 2013; Easterling 2013; Fredriksen-Goldsen 2013).

- **Physical and Mental Health** – LGBT older adults are at higher risk for a number of negative health outcomes. LGBT older adults experience higher levels of depression, anxiety, and suicidal ideation. Compared to their heterosexual counterparts, they also have higher rates of disability. LGBT older adults, especially ages 50 to 64, have high rates of smoking and excessive drinking. Lesbian and bisexual older women have a higher risk of cardiovascular disease and obesity, while older gay and bisexual men are more likely to be in poor physical health than their heterosexual counterparts (Fredriksen-Goldsen et al. 2011).
- **Discrimination and Victimization** – LGBT older adults face profound discrimination and victimization. About two-thirds of them report having been victimized three or more times in their lives, ranging from 19 percent being physically assaulted to 68 percent experiencing verbal assaults. Many LGBT older adults avoid seeking medical care, fearing provider stigmatization and discrimination (Adams 2013). Of those who do attempt to seek medical care and treatment, 13 percent report being denied health care or receiving inferior care, and that number increases to 19 percent for those with HIV. Over one-fifth of LGBT older adults report that they do not disclose their sexual orientation or gender identity to physicians, which has been shown to hinder the diagnosis of serious medical conditions. For older LGBT adults, who are more likely to be managing multiple chronic diseases and prone to acute illnesses, missed or delayed diagnoses can result in serious negative health outcomes (Fredriksen-Goldsen et al. 2011).

Isolation, finding friend support, caregiving, and health issues are the biggest issues old gay people face. Who will be there for us, who will help us without judgment?

– 66-year-old lesbian

Source: Fredriksen-Goldsen et al. 2011

- **Caregiving** – LGBT older adults face significant caregiving challenges. They are significantly more likely to lack family supports, in part due to the fact that they are less likely to be married or partnered than heterosexuals of the same age (Fredriksen-Goldsen et al. 2013). As a result, many LGBT older adults rely more heavily on friends and partners. These friends and spouses are typically older adults themselves, who lack the capacity to provide care that a younger family member might have. LGBT older adults also often do not have the same rights and level of access to caregiver supports as would heterosexual spouses or blood relations (Adams 2013). This situation is further complicated by the fact that one-third of LGBT older adults do not have a will or durable power of attorney for health care, all of which can lead to serious complications when it comes to long-term care and medical decisionmaking (Fredriksen-Goldsen 2013).

GRANTMAKER ACTIVITIES

Despite significant needs and inequalities, the LGBT older adult population is rarely, if ever, addressed in services, policies, or research. To change that situation, a number of health funders are focused on making a difference for LGBT older adults.

- **Supporting Research** – To remedy significant information gaps about the health issues and challenges facing LGBT older adults, The John A. Hartford Foundation provided pilot funding to Care and Aging with Pride (CAP). Housed at the University of Washington, CAP is the first national project to study and examine health and wellness among LGBT older adults and their caregivers. CAP's state-level population-based study of LGBT older adults in 2009 was one of the first of its kind. The study used the Washington

State Behavioral Health Risk Factor Surveillance Survey, one of the first to include questions about sexual orientation, to aggregate data from 2003 to 2010. The project followed up by engaging with agencies and organizations across the country to conduct a nationwide community survey of 2,560 LGBT older adults, examining the risk and protective factors that influence health and aging in these communities. Both studies form a large portion of the evidence base concerning the health and wellness of LGBT elders (Fredriksen-Goldsen 2013.)

Entering its next phase, CAP will use funding from the National Institute on Aging and the National Institutes of Health to conduct the National Health, Aging, and Sexuality Study, the first longitudinal study of LGBT older adults. It will include a demographically diverse sample from both the Baby Boom Generation (born 1943-64) and the Silent Generation (born 1925-42), and will compare the two cohorts, document health trajectories over time, and identify potentially modifiable factors (Fredriksen-Goldsen 2013).

- **Funding Targeted Health Services and Cultural Competency Training** – Given the significant disparities and challenges that affect the health and well-being of LGBT older adults, funders have supported and strengthened organizations that understand this population’s needs and provide culturally sensitive services and supports. The Atlantic Philanthropies, The Harry and Jeanette Weinberg Foundation, MetLife Foundation, The New York Community Trust, The Fan Fox and Leslie R. Samuels Foundation, and The John A. Hartford Foundation all support the work of the largest and oldest LGBT aging organization in the country, Services and Advocacy for GLBT Elders (SAGE). For 35 years, SAGE has provided services and information from its New York City and 26 affiliate sites, conducted policy advocacy and analysis, and provided cultural competency training (Adams 2013).

Health and health care have become interwoven into SAGE’s work. Over the years, the organization has focused on overcoming barriers to care, seeking to be a “bridge to care” between providers and LGBT elders. For example, the Ask the Docs program provides cultural competency training to geriatric fellows and monthly health education workshops to LGBT older adults. The program’s first year of evaluation shows that participants are especially likely to discuss health issues, such as depression, memory loss, and diabetes, with physicians (Adams 2013).

Through its grants and partnerships with health funders, SAGE has developed a number of additional programs focused on health support and prevention. SAGE Positive provides health screening, counseling, and support for LGBT older adults with HIV/AIDS, focusing on comorbidities and medication management. SAGECAP provides support to caregivers and helps prepare the LGBT community across the life course for their future needs and care as they age. SAGE Story is a digital storytelling project

that focuses on constituent education by sharing stories of LGBT elders who have overcome health disparities. Each program addresses the critical health needs of LGBT older adults that have been identified through research and the organization’s extensive work with the community (Adams 2013).

- **Promoting Advocacy and Public Policy Change** – LGBT older adults are one of several elder populations traditionally underserved and under-represented in the policymaking process. To help address the needs and concerns of diverse elder populations, The Atlantic Philanthropies and Arcus Foundation support the Diverse Elders Coalition (DEC), a collaborative of five national organizations that advocates for policies and programs to improve aging for LGBT and ethnically and racially diverse people (DEC 2014). A significant focus of the DEC’s recent work is opportunities in the Affordable Care Act (ACA) to address the health care needs of diverse elders. Seeing that the 2013 National Prevention Strategy specifically addressed health disparities for diverse elder populations was a significant victory for the DEC. The DEC is also heavily involved in efforts to educate LGBT older adults about the ACA and how it affects them (Adams 2013; Easterling 2013).

TAKEAWAYS FOR HEALTH FUNDERS

There are a number of opportunities for funders to significantly improve the health and well-being of LGBT elders. Potential strategies include the following:

- **Policy** – Support policies that provide LGBT spousal benefits in the wake of the reversal of the Defense of Marriage Act; improve access to and quality of Medicaid long-term care and services benefits; and because LGBT elders are more likely to be poor and face health disparities, strengthen the federal and state health safety net (Adams 2013).
- **Advocacy and Voice** – Foster and support coalitions like the DEC to give the LGBT community, LGBT elders in particular, a voice (Easterling 2013).
- **Research** – Support research to understand the health disparities affecting the health of LGBT elders, and the role of particular social determinants. Explore strategies and care models that can be adopted and adapted to meeting the unique needs of LGBT elders (Adams 2013; Fredriksen-Goldsen 2013).
- **Cultural Competency and Education** – Support improving the cultural competency of providers at all levels who come into contact with LGBT elders. Support educating and informing LGBT adults about the health care system, planning for their elder years, and overcoming barriers to accessing care and services (Adams 2013).

SOURCES

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