

LGBTQIA+ Health in Aging Adults

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Noelle Marie Javier and Roy Noy

The lesbian, gay, bisexual, transgender, and queer(LGBTQ +) community is a marginalized minority group who continues to face and experience significant discrimination, prejudice, stigma, oppression, and abuse in various societal domains including health care. The older adult LGBTQ + community is an especially vulnerable group as they have unique minority stressors attributed to intersectional identities of age, ableism, ethnicity, and employment, among other factors. It is critical for health care providers to recognize and mitigate disproportionate care by engaging in strategies that promote inclusion and affirmation of their sexual orientation and gender identity. The biopsychosocial, cultural, and spiritual framework is a useful tool to care for this community in a holistic and compassionate way.

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Maile Young Karris, Megan Lau, and Jill Blumenthal

Sexual health is an important but often overlooked health concern of LGBTQ + older adults. Multiple factors influence sexual health including intersecting identities; adverse life events; coping mechanisms; and psychological, social, and physical health domains. Thus, the use of a culturally competent and comprehensive person-centered approach to sexual health is warranted. In this review, we discuss approaches to engaging LGBTQ + older adults to ensure they are able to achieve their sexual health priorities and prevent new human immunodeficiency virus infections. We also discuss doxycycline postexposure prophylaxis to prevent other sexually transmitted infections and the impact of chemsex.

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Michael Danielewicz

Older gay and bisexual men constitute diverse, sizable, and potentially vulnerable populations. They have and continue to face discrimination and stigma in multiple settings, including health care. Older gay and bisexual men report worse health, higher rates of alcohol and tobacco use, and higher HIV rates compared with their heterosexual counterparts. They have unique needs and experiences in multiple realms of health care including mental health, sexual health, and cancer screenings. Geriatric medicine physicians and providers can educate themselves on these unique needs and risks and take steps to provide inclusive, affirming care.

Medical Issues Affecting Older Lesbian and Bisexual Women

251

Angela D. Primbas and Al Ogawa

Lesbian and bisexual (LB) women are a growing and understudied population in the United States. LB women have unique histories and health experiences and encounter numerous resource and health care disparities that impact healthy aging. Despite LB population growth, little research has investigated the experiences of LB women separately from the broader lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity (LGBTQ+) community. The research that does exist largely focuses on the experiences of younger LB women. Nonetheless, there are unique care considerations providers can enact to improve clinical care and address lifetimes of disparities and discrimination.

Gender-Affirming Care for Older Transgender and Gender Diverse Adults

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Asa E. Radix, Loren Schechter, Alexander B. Harris, and Zil Goldstein

In the United States, it is estimated that 0.3% of Americans aged 65 and older, or almost 172,000 individuals, identify as transgender. Aging comes with a unique set of challenges and experiences for this population, including health care disparities, mental health concerns, and social isolation. It is crucial for clinicians to use a patient-centered and trauma-informed care approach to address their specific needs and provide evidence-based quality health care, including preventive screenings, mental health support, and advocating for legal protections.

Primary Care and Health Care of Transgender and Gender-Diverse Older Adults

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Wendy J. Chen and Asa E. Radix

Clinicians working with older transgender and gender-diverse (TGD) individuals need to acquire the necessary knowledge and skills to provide care that is high quality and culturally appropriate. This includes supporting patients in their exploration of gender and attainment of gender-affirming medical interventions. Clinicians should strive to create environments that are inclusive and safe, and that will facilitate health care access and build constructive provider-patient relationships. Clinicians should be aware of best practices, including that age-appropriate health screenings should be anatomy based, and ensure that TGD older adults on gender-affirming hormone therapy (GAHT) receive ongoing laboratory monitoring and physical assessments, including serum hormone levels and biomarkers. Older TGD adults underutilize advance care planning, and need individualized assessments that consider their unique family structures, social support, and financial situation. End-of-life care services should ensure that TGD individuals are treated with dignity and respect.

Human Immunodeficiency Virus in Older Adults

285

Matthew L. Russell and Amy Justice

As people with HIV live longer, they can experience increased incidence and earlier onset of chronic conditions and geriatric syndromes. Older people are also at substantially increased risk of delayed diagnosis and treatment for HIV. Increasing provider awareness of this is pivotal in

ensuring adequate consideration of HIV testing and earlier screening for chronic conditions. In addition, evaluating patients for common geriatric syndromes such as polypharmacy, frailty, falls, and cognitive impairment should be contextualized based on how they present.

Mental Health for LGBTQIA+ Older Adults **299**

Rohin A. Aggarwal, Cynthia D. Fields, and Maria H. van Zuielen

LGBTQIA+ older adults share a unique set of risk factors that impact mental health. This article provides an overview of the minority stress and allostatic load models and how they can lead to worse physical and mental health outcomes. The article also describes unique epidemiologic and psychosocial context for various aspects of mental health among LGBTQIA+ older adults. Within each section are suggestions for health care providers when addressing these mental health issues and caring for LGBTQIA+ older adults in all settings.

Psychosocial and Financial Issues Affecting LGBTQ+ Older Adults **309**

Vinita Gidvani Shastri and Erica Joy Erney

Isolation, financial insecurity, incomplete advance care planning, and lack of safe/affordable/inclusive long-term care are challenges magnified in gender and sexual minorities. LGBTQIA+ older adults are disproportionately more likely to live alone and experience financial poverty and social isolation. LGBTQIA+ adults suffering from cognitive impairment are an especially defenseless population due to their lack of social connection and potential lack of financial resources and advance care planning.

Postacute Care and Long-term Care for LGBTQ+ Older Adults **321**

Jennifer L. Carnahan and Andrew C. Pickett

LGBTQ+ older adults have a high likelihood of accessing nursing home care. This is due to several factors: limitations performing activities of daily living and instrumental activities of daily living, restricted support networks, social isolation, delay seeking assistance, limited economic resources, and dementia. Nursing home residents fear going in the closet, which can have adverse health effects. Cultivating an inclusive nursing home culture, including administration, staff, and residents, can help older LGBTQ+ adults adjust and thrive in long-term care.

End-Of-Life and Palliative Care for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, or Another Diverse Gender Identity Older Adults **333**

Evie Kalmar and Jeffrey Mariano

Palliative care focuses on improving the quality of life for people with serious illnesses and their loved ones. This article introduces considerations including barriers to care, intersectionality, minority stress, microaggressions, and social safety that may impact the experience and openness of people to receive this care. The authors outline tools to address these challenges including trauma-informed care and how to recognize bias and earn trust. The authors conclude by offering a model for incorporating

these assessments and tools with sample scripts to provide patient-centered and holistic palliative care.

Home-Based Care for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, or another diverse gender identity Older Adults

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Mariah L. Robertson

The home-based medicine ecosystem is rapidly expanding. With this expansion, it is increasingly important to understand the unique needs of homebound older adults. There is likely significant intersectionality across the lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity (LGBTQ+) older adult population and the homebound population. This article begins to outline some strategies and approaches to entering the home of LGBTQ+ older adults in inclusive and trauma-informed ways and encourages home-based care teams, organizations, and health systems to utilize existing resources created by the LGBTQ+ aging community to provide universal skills training for the workforce.

Federal and State Policy Issues Affecting Lesbian, Gay, Bisexual, Transgender, and Queer Older Adults

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Sean R. Cahill

Anti-lesbian, gay, bisexual, transgender, and queer (LGBTQ) + discrimination is widespread, harming the health of LGBTQ + people and constituting a barrier to care. This contributes to higher rates of poverty among LGBTQ + people, especially among people of color, and lower insurance coverage rates. The Affordable Care Act's expansion of insurance access has reduced uninsurance rates among LGBT people and people living with human immunodeficiency virus (HIV). Systemic improvements in culturally responsive health care have occurred over the past decade, including increased collection and use of sexual orientation and gender identity data to improve quality of care. As older LGBTQ + people enter elder service systems, reforms are needed to ensure equitable access.