

Equal but Different! Improving care for older LGBT+ adults

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Keypoints:

- This article describes some of the adverse health and wellbeing outcomes experienced by Older LGBT+ people
- These outcomes are due to societal issues and the set up of health and social care.

- Change is possible through education and cultural shifts.
- Refreshing Person-Centred Care to include sexual orientation and gender identity is key.
- We propose some target areas to improve inclusivity and the lives of older LGBT+ people

Abstract

International human rights movements have improved the visibility and equality of LGBT+ communities and their members. Health outcomes for LGBT+ people remain, however, worse than for their non-LGBT+ peers. Older LGBT+ people have experienced fewer positive changes, in part due to their lived experience of discrimination and their ongoing, unintentional invisibility in medical and social care. This article highlights the impacts of societal structure, health and social care on the lives of older LGBT+ people including physical and mental health, End of Life, Dementia, Housing and Care Settings, and a focus on the experiences of trans-people. We look at the existing improvements developed by LGBT+ communities (and their allies) and propose refreshing Person-Centred Care to improve inclusivity. Finally, we provide a framework for looking at the areas in which service challenges arise and suggest ways to address these to make health and social care services more ready to meet the needs of older LGBT+ people.

Introduction

In the 20th century, legal and social movements improved the visibility and equality of LGBT+ (The acronym for lesbian, gay, bisexual and transgender*) community members in many countries. Stigma, discrimination (and their legacies) persist however, in varying degrees in different countries. International studies show that LGBT+ people have worse health outcomes than their cis-gender and heterosexual peers (cis-het). They also show that older LGBT+ people have benefitted less from changing attitudes toward sexual and gender minorities than younger LGBT+ people [1], as they are more likely to have personal histories that include lifetimes of discrimination, stigma and mistreatment including within the medical environment [2]. Medical and social care may also unintentionally exclude older members of LGBT+ communities, which is associated with negative effects on their physical and mental health [3]. This commentary aims to discuss the distinct life and health experiences of older LGBT+ communities, the impact these may have on their health and welfare, and how medical and social care practice can improve to become more inclusive, generating better outcomes for older LGBT+ communities.

Social Context

While many of the issues that older LGBT+ people face are similar to their cis-het peers, there are unique challenges associated with aging as an LGBT+ person:

- Heteronormativity within the society and ageism within their communities [4].
- Reduced access to community supports, due to living alone and being single [5].
- Strained or absent relationships with families of origin [1].
- Reliance on non-traditional sources of support with little socio-legal recognition [1].
- Reduced social support as they age, particularly for transgender older adults whose support networks include the fewest family connections [1].
- Research has consistently reported that LGBT+ older adults disproportionately live in urban centres, are single, live alone, and without children [6].

Despite all of the above challenges, LGBT+ people have demonstrated great resilience, adaptability, and creativity in establishing relationships and communities of care and action (e.g., particularly evolving from experiences during the HIV/AIDS pandemic, including a political presence [7]) and “Families of choice” (non-kin, long-term friends) to offer and receive support [4].

Impact of health and social care

Negative interactions with healthcare and social-care providers affect the way in which older LGBT people access these services [8]. In the United Kingdom and the United States of America, surveys of older LGBT+ people show:

- Concern about disclosing their orientation and/or gender identity to their healthcare providers, particularly among bisexual and gender diverse people [1].
- Experience of discrimination, hostility, or poor treatment because of their orientation [9], potentially exacerbated in LGBT+ members of racial and ethnic minority groups [1].

- Reluctance to seek formal help, from either medical or in-home services, even if affordable and available due to fear of neglect, rejection, or other humiliations [10].
- A lack of confidence that mental health, social care and support services will understand and meet their needs [5].

In response, LGBT+ groups and their allies have developed cultural competence training and education materials to both inform health care providers and improve quality of care e.g., Training to Serve.

Physical Health

Physical health behaviours and outcomes for older LGBT+ people are worse than those of their heterosexual peers [11], exacerbated by delays in seeking medical care, as noted above. These include:

- Increased likelihood of long-term illness, or limitations in activities of daily living due to poor health outcomes or illness [12];
- Worse self-rated health [3];
- Engagement in high-risk behaviours, including increased alcohol consumption and likelihood of drug use [12];
- Higher risk of cancer [13] and cardiovascular disease [14];
- Increased likelihood of living with HIV, including late-stage HIV diagnosis with a greater risk of complications [15], along with risk of “Accelerated Ageing” after HIV infection [16].

LGB older adults do engage, however, in more regular exercise than their heterosexual peers [9] and are more responsive to public health initiatives, particularly seen during COVID-19 [17].

End of Life (EOL)

Stigma, isolation, and the risks of disclosure of the nature of a relationship, sexual orientation and/or gender identity influence EOL preparations for LGBT+ older adults [8]. Care providers, social networks, and families can dismiss and trivialise their grief [18] (e.g., of “non-kin” relations). There is a hypothesis that the experience gained by LGBT+ people during the HIV/AIDS pandemic either complicates grief or provides a foundation for action/response [19].

Mental Health/Wellbeing

LGBT+ people have higher rates of mental illness and are more likely to have received a diagnosis of depression and anxiety [9] than their cis-het peers [20]. Older members of these communities are more likely to have concerns about their future mental health [9].

At the same time, LGBT+ individuals and communities show resilience and hardiness as they demonstrate crisis competence [21] and empathy/compassion drawing upon their experiences of stigma and discrimination [7].

Dementia

The experience of older LGBT+ adults with dementia has only recently been the subject of investigation; it appears that LGBT+ people have a higher incidence of risk factors (including HIV) and engage in lifestyle behaviours that increase their risk of developing dementia [22].

Dementia poses specific challenges for LGBT+ people including:

- Potential loss of LGBT+ identity, with a risk of “re-closeting”, “de-closeting”, or “de-transitioning” sometimes due to the preferences of family [8];
- Emotional strain, stigma, and social isolation [23].
- Less access to care from friends/family (i.e., based on a higher likelihood of being single/living alone) and a risk of economic insecurity [22].

The evidence around LGBT+ communities living with dementia is still quite limited, highlighting the importance of expanding research and knowledge in this area.

Experiences of Trans People

The older trans community experiences unique challenges that warrant specific attention. Many services lack the knowledge and experience to provide quality care for older trans people, leading to worse health outcomes [24]. There are reports of mis-gendering, “outing” and hostility in care environments and trans people feel unable to express their gender identity by maintaining their personal appearance [25]. Due to greater isolation, there is intensification of the risk of potential discrimination [1].

Older trans people experience:

- Poorer physical health, less physical activity, and higher rates of obesity compared to LGB individuals [26].
- Later access to hormone therapy and the recognised protective mental health benefits it confers [27].
- Complex interactions between hormone therapy and co-morbidities [27].

Additionally, within the LGBT+ community, older trans people experience the highest levels of perceived stress, discrimination and depressive symptomatology [26].

Housing and Care Settings

Research has reported that older LGBT+ people rate living in an affirming area as more important than community size [1]. The provision of either LGBT+ specific or accredited care that is respectful, safe, and recognises their lives and histories is paramount [25] [1].

Older LGBT+ people share the same concerns about moving into long-term care as their cis-het peers, but they face distinct challenges due to the operational practices of these facilities:

- Facilities appearing heteronormative and unliberated, due to the practice of “Treating everyone the same” i.e., cis-het [28], and not routinely asking questions about gender identity and sexual orientation [29], leading to assumptions that there are no older LGBT+ clients in the service [30].
- “Re-closeting”, or “de-transitioning”, due to feeling invisible, family pressure, and perceiving hostility or experiencing it directly [8] [1].
- Under-confident or inadequately trained staff who lack communication tools to discuss gender identity or sexual orientation, even if they have favourable attitudes to LGBT+ people [29] [30].
- Housing discrimination, a particular concern amongst older Black and minority ethnic LGBT+ groups [1].

What the communities are already doing

LGBT+ communities are adaptable and resilient. Whilst they experience negative outcomes due to the provision of services, LGBT+ communities (and allies) have moved towards changing and developing services to meet their needs (Table 1). There is a risk of “ghettoising” LGBT+ people into dedicated LGBT+-services, but until mainstream services become more inclusive, a mixed approach might be best.

Table 1. Examples of service development to meet the needs of older LGBT+ communities

Area		Examples
Physical health	General health	<ul style="list-style-type: none"> • Dedicated clinics for older LGBT+ individuals. E.g., CliniQ in London offer CGA for older trans individuals (https://cliniq.org.uk/). • Signposting to LGBT+ friendly or LGBT+ dedicated clinics. E.g., SAGE in USA has links to useful resources and healthcare services for older LGBT+ people (https://www.sageusa.org/). • Active participation from existing services to increase inclusivity and meet quality standards. E.g., Pride in Ageing, LGBT

		Foundation (https://lgbt.foundation/prideinaging).
	Sexual health/HIV	<ul style="list-style-type: none"> Dedicated Geriatric HIV clinics are already being established in cities around the world. E.g. London, Brighton, Madrid, New York City.
	End of life	<ul style="list-style-type: none"> NHS guide on end of life care for LGBT+ individuals (NHS National End of Life Care Programme, 2012). LGBT End-of-Life Conversations project and site (Canada; http://www.sfu.ca/lgbteol.html) PALS: Planning Ahead for LGBTQ Seniors (USA: https://palsinthedesert.com)
Mental Health	General mental health	<ul style="list-style-type: none"> Mental health charities targeted at LGBT+ older people. E.g. MindOut charity 50+ project, UK (https://mindout.org.uk/get-support/50plus-2/). Rainbow Health, MN, USA (https://rainbowhealth.org/). SAGE National LGBT Elder Hotline, USA (https://www.sageusa.org/).
	Dementia	<ul style="list-style-type: none"> Opening Doors Rainbow Memory Café (https://www.openingdoorslondon.org.uk/). ALZConnected online community has a dedicated LGBT+ forum (https://www.alzconnected.org/).
Social care/housing	Social support	<ul style="list-style-type: none"> Charities offering social groups/befriending. E.g. Opening Doors. (https://www.openingdoorslondon.org.uk/). Openhouse San Francisco (https://www.openhousesf.org/).
	Care homes	<ul style="list-style-type: none"> Active participation of care homes to increase inclusivity and achieve quality standards. E.g., Pride in Care, Opening Doors (https://www.openingdoorslondon.org.uk/). Stonewall Gardens Assisted Living(USA: http://www.stonewallgardens.com)
	Housing	<ul style="list-style-type: none"> Stonewall Housing, Older LGBT People Housing Network (https://stonewallhousing.org/). Tonic@Bankhouse – UK's first LGBT+ retirement community (https://www.tonichousing.org.uk/). Several LGBT+ retirement communities in other countries – including USA, France, Sweden.

Conclusion - What could we do to improve outcomes?

We have described some of the adverse health and wellbeing outcomes that older members of LGBT+ communities experience. We have proposed that these are not due to intrinsic characteristics of the people from these communities, but to the current societal structure and models of health and social care provision. Solutions are possible and available, but they will have repercussions on services, in terms of education,

training and resources. Change is required at an organisational level, but this is only achievable through education and changing the culture within those organisations.

We believe that health and social care workers are conscientious and motivated to help other people, but a lack of knowledge and confidence in providing care for older LGBT+ older people can lead to adverse outcomes. We propose refreshing Person-Centred Care to consider, understand and recognize the individuality of each person, including their sexual orientation and gender identity. Through this, we will uncover and connect with essential aspects of their individual experience and deliver truly inclusive and holistic care that will lead to tangible improvements to their lives. In addition to applying the overarching principle of person-centred care, we propose some specific target areas, their challenges and proposed solutions [23] to boost healthcare services' preparedness to meet the need of older LGBT+ communities (Table 2).

Table 2. Specific areas, their challenges and proposed solutions to boost health and social care services' preparedness to meet the need of older LGBT+ communities

Area	Challenge	Solution
Education	Staff unprepared and uncomfortable in dealing with older LGBT+ people	<ul style="list-style-type: none"> • Cultural competency training • Teaching on how to navigate disclosure • Training on use of LGBT+ affirming language • Behaviour change training • Sensitivity training around inclusion and diversity • LGBT+ social history, legislation and rights training • Understanding the minority stress model
	Religious objection	
	Stereotypes about LGBT+ individuals	
Inclusion	Culture of "sameness"	<ul style="list-style-type: none"> • Avoid heterosexually framed/assumed language • Sensitivity in exploring gender identity and sexual orientation • Explicit inclusion of partners and significant others in discussions
	Resilient Individuality	<ul style="list-style-type: none"> • Respect disclosure preferences • Explore intimate relationships and significant others i.e., biological/chosen families and "Person of Importance" • Signposting to advice and independent sector advisors
Visibility	Unwelcoming organisations	<ul style="list-style-type: none"> • Non-tokenistic LGBT+ kite-marking in written content and images, showing real embrace of inclusion • Non-tokenistic markers of inclusion
Unity		<ul style="list-style-type: none"> • Policies and procedures related to discrimination are clearly stated • Integrated care and liaison involving public, private and third sector groups • Engagement with community groups

Glossary of terms as a box/figure*

Bi/Bisexual	Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.
Cisgender or Cis	Someone whose gender identity is the same as the sex they were assigned at birth.
Cis-het	Someone who is cisgender and heterosexual (i.e. gender identity is the same as the sex they were assigned at birth, and who is heterosexual)
Closeted	Someone who has not disclosed their sexual orientation or gender identity (they are 'in the closet' De-closeting : disclosure of one's sexual orientation or gender identity Re-closeting : hiding one's sexual orientation or gender identity when they had previously disclosed it
Coming out	The process by which one shares one's sexual orientation or gender identity with others (to come out to friends, etc.).
Family of choice	The concept of 'families of choice' is intended to capture the commitment of chosen, rather than fixed and/or based on biological relationship, relationships and ties of intimacy, care and support.
Gay	A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity but is more commonly used to describe men.
Gender	Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.
Gender identity	A person's internal sense of being a man/male, woman/female, both, neither, or another gender.
Ghettoising	Segregation of a group of people (e.g. LGBT+ people) from others
Heterosexual/straight	Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.
HIV	Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). PrEP (pre-exposure prophylaxis) is a medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.
Homosexual	This might be considered a medical term used to describe someone who has a romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.
Homophobia	The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people.
Heteronormativity	The assumption that everyone is heterosexual.
Intersectionality	Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by a number (intersection) of discriminations and disadvantages based on characteristics including race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, and national origin.
Lesbian	Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.
LGBT+	The acronym for lesbian, gay, bisexual and transgender. In use since the 1990s, the acronym has been expanded to be more inclusive. Variations include LGBTQ (the letter Q stands for "queer" or "questioning", and LGBTQIA+ (the letter I is for "intersex", the A standing for "asexual," "aromantic," or "agender" and the sign + represents those who are part of the community, but for whom LGBTQIA does not accurately capture or reflect their identity.
Minority stress	Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation.

Mis-gendering	Referring to (someone, especially a transgender person) using a word, especially a pronoun or form of address that does not correctly reflect the gender with which they identify.
NHS	The National Health Service is the publicly funded healthcare system in England providing healthcare all legal English residents and residents from other regions of the UK, with most services free at the point of use for most people.
Orientation	Orientation is an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refers to a person's sense of identity based on their attractions, or lack thereof.
Outing	Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.
Sex	Assigned to a person based on primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.
Sexual orientation	A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.
Transgender man	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
Transgender woman	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.
Transitioning	The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.
Transphobia	The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

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