Health Education About LGBT Elders (HEALE) Module 8: Primary Care Best Practices for LGBTQ Older Adults

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(she/her/hers, respectful)

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Disclaimer

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Conflict of Interest

• This 1 hour CME/CNE/CE program is being presented without bias and without commercial support

• Presenters have no conflicts of interest to disclose
Pre-Assessment

• Please complete the 15 question True/False Pre-Assessment

Primary Care Best Practices for LGBTQ Older Adults

<table>
<thead>
<tr>
<th>Number</th>
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<th>True</th>
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<td>SOGI is the acronym that refers to sexual orientation and gender identity questions asked primarily for data collection.</td>
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Session Objectives

- Upon completion of this module, learners will be able to:
  - Define foundational terminology
  - Explain necessity of cultural humility in working with LGBTQ older adults
  - Demonstrate skills appropriate for older LGBTQ adults
  - Plan methods to incorporate best practices

BP: Best Practices are shown in blue highlighted boxes
Framework of Care

• Intersectional patient-centered care framework (Barry, M. J., & Edgman-Levitan, S., 2012) that includes:
  • First, do not harm
  • Harm reduction (Marlatt, G. A., Larimer, M. E., & Witkiewitz, K., Eds., 2011)
  • Trauma-informed care (Raja, S. et.al., 2015)
  • Low threshold care (Millson, P. et. al., 2006)
  • Evidence-based practice (Guyatt, G. H., et. al., 2000)

BP: Recognize lived experience
BP: Meet patients “where they are”
Frameworks of Care

- Patient-centered care framework based on:
  - Cultural Competence: Strategies to address disparities/inequities ((Campinha-Bacote, 2002, Betancourt, et.al., 2016)
    - Attributes were openness, self-awareness, egoless, supportive interactions, and self-reflection and critique
    - Antecedents were diversity and power imbalance (Foronda, C. et. al., 2016)

- Older LGBTQ adults may be:
  - Reluctant to disclose
  - Slow to trust providers
  - Fear poor treatment in medical settings (Fredriksen-Goldsen, K. I., et. al., 2014)
Overview

I - Essential Terminology
II - LGBT Historical Context
III - Sex and Sexuality
IV - HIV and Aging
V - Transgender Older Adults
VI - Barriers to Care & Inequities
## I - Essential Terminology

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>LGBTQ</td>
<td>Acronym that refers to the umbrella of lesbian, gay, bisexual, transgender and queer communities</td>
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<tr>
<td>Sexual Orientation</td>
<td>Refers to the sex of those to whom one is sexually and romantically attracted (APA, 2011)</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Refers to “one’s sense of oneself as male, female or transgender” (APA, 2011)</td>
</tr>
<tr>
<td>SOGI</td>
<td>Acronym indicating sexual orientation and gender identity, primarily used in reference to demographic data collection of this information (Hollenbach, Eckstrand, &amp; Dreger, 2014)</td>
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BP: Always ask SOGI questions
BP: Ask clarifying questions when patient uses an unfamiliar term
# I - Essential Terminology

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<td>Lesbian</td>
<td>A female identified person who is emotionally, intellectually, romantically, spiritually attracted to another female-identified person</td>
</tr>
<tr>
<td>Gay</td>
<td>A male identified person who is emotionally, intellectually, romantically, spiritually attracted to another male-identified person</td>
</tr>
<tr>
<td>Bisexual</td>
<td>A person who has the potential for a relationship with either male/female people</td>
</tr>
<tr>
<td>Pansexual</td>
<td>A person who has the potential for a relationship with all genders</td>
</tr>
<tr>
<td>Asexual</td>
<td>A person who is not interested in sexual acts of intimacy rather other means of connecting with another person</td>
</tr>
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## I - Essential Terminology

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<thead>
<tr>
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<tr>
<td>Female</td>
<td>A person whose self-identifies as female</td>
</tr>
<tr>
<td>Male</td>
<td>A person whose self-identifies as male</td>
</tr>
</tbody>
</table>
| Cisgender          | 1. A person whose gender identity is congruent to their sex assigned at birth  
                       2. Academic comparative term with TGNC people                            |
| Transgender        | A person whose gender identity is different from the sex they were assigned at birth (Merriam-Webster Online Dictionary, 2015) |
| Gender Non-Conforming | A person who does not identify with the male-female binary, rather, seeks another gender option authentic for themselves (Gender Equity Resource Center, 2014) |
| Gender Queer       | commonly used to describe a person who feels that his/her gender identity does not fit into the socially constructed "norms" associated with his/her biological sex (Urban Dictionary, 2004) |
## I - Essential Terminology

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<td>Sex Assigned at Birth</td>
<td>Gender determination assigned at birth based on external genitalia presentation, usually by a provider overseeing childbirth</td>
</tr>
<tr>
<td></td>
<td>(Hollenbach, Eckstrand, &amp; Dreger, 2014)</td>
</tr>
<tr>
<td>Biological/Physiological Characteristics</td>
<td>External Genitalia – vulva, vaginal opening, penis, scrotum</td>
</tr>
<tr>
<td></td>
<td>Reproductive organs – vagina, cervix, ovaries, testis</td>
</tr>
<tr>
<td></td>
<td>Chromosomes</td>
</tr>
<tr>
<td></td>
<td>Hormones</td>
</tr>
<tr>
<td></td>
<td>(Hollenbach, Eckstrand, &amp; Dreger, 2014)</td>
</tr>
</tbody>
</table>

**BP:** Always ask SOGI, though older LGBTQ folks may not disclose their SOGI information even when we ask in a discreet respectful manner.
I - Essential Terminology

- Introductions – model behavior
- Develop trust
- Collect SOGI data – Forms/EHRs
- Ask about chosen family
- Allow ample time for older adults

**BP:** Introduce self with name and pronouns
**BP:** Respectful interaction when asking SOGI
**BP:** Establish common language
II - LGBT Historical Context

- Consider the early years that LGBTQ people have lived through stigma and criminalization

<table>
<thead>
<tr>
<th>Decade</th>
<th>Seminal Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940’s</td>
<td>Kinsey Report posits homosexuality “may not be abnormal”, Nazi extermination, McCarthy ERA persecution, no legal protection, medical, surgical and psychiatric “cures”</td>
</tr>
<tr>
<td>50’s</td>
<td></td>
</tr>
<tr>
<td>1960’s</td>
<td>Stonewall Riots, homosexuality removed from DSM-II, no legal protections</td>
</tr>
<tr>
<td>70’s</td>
<td></td>
</tr>
<tr>
<td>1980’s</td>
<td>AIDS epidemic, development of LGBT activism, few legal protections</td>
</tr>
</tbody>
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II - LGBT Historical Context

- Consider the early years that LGBTQ people have lived through stigma and criminalization

<table>
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<tr>
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<th>Seminal Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990’s</td>
<td>Don’t Ask Don’t Tell, Defense of Marriage Act</td>
</tr>
<tr>
<td>2000’s</td>
<td>Legal protections increase Non-discrimination laws enacted in some states Hate Crimes expanded to include attacks based on sexual orientation and gender identity Domestic Partnerships, Civil Unions and Same-Sex Marriage allowed on state by state basis</td>
</tr>
<tr>
<td>Current</td>
<td>Legal protections, especially for TGNC communities are being rolled back</td>
</tr>
</tbody>
</table>
II - LGBT Historical Context

• How does the lived experience of older LGBTQ folks affect their engagement with healthcare?
  • Ageist stereotypes, beliefs and attitudes
  • Microaggressions
  • Provider implicit biases (Fredriksen-Goldsen, K. I., et. al., 2014)

**BP:** Age Is More, an online, self-scoring tool to assess ageism (Age is More, 2013)

**BP:** Implicit Association Test, a self-administered, web-based assessment of implicit attitudes toward different cultural groups by characteristics such as sexual orientation, skin color, age, gender, and ability (Project Implicit, 2011)
By the year 2030, the number of adults 65 and older will increase dramatically, representing almost 20% of the population (U.S. Census Bureau, 2005).

2 to 6 million LGB adults will be 65 years of age and older (Fredriksen-Goldsen & Muraco, 2010).

Accurate data on TGNC older adults unavailable.
• Sex positivity
  • Older LGBTQ adults continue to have intimate relations into later years (Lindau et. al., 2007)
  • There is evidence that positive sexual health protects against those stresses that arise from chronic illness thereby improving health outcomes (Bodenmann, 2005)
  • Research supports the view that a gay couple’s sexual health sex life, is a function of the quality of their overall relationship and is correlated with positive sexual satisfaction (Sprecher & Cate, 2004; Berg & Upchurch, 2007)

BP: Ask about sexual health
BP: Allow extra time
### III - Sex and Sexuality

- Sexual Health Intake
  - Ask permission
  - Mutual understanding of language and body parts

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile Dysfunction</td>
<td>Difficulty achieving or maintaining an erect penis due to:</td>
<td>Multiple pharmaceuticals</td>
</tr>
<tr>
<td></td>
<td>- Atherosclerosis</td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>- Diabetes</td>
<td>Losing weight</td>
</tr>
<tr>
<td></td>
<td>- Side effects of other medications</td>
<td>Reduce or stop smoking</td>
</tr>
<tr>
<td></td>
<td>- NOT a normal part of aging</td>
<td>(NIDDK, n.d.)</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>Pelvic and/or vaginal pain during penetrative sex due to:</td>
<td>H$_2$O soluble lubricants</td>
</tr>
<tr>
<td></td>
<td>- Post-menopausal changes</td>
<td>Estrogen cream</td>
</tr>
<tr>
<td></td>
<td>- Vaginal dryness</td>
<td>Treatment for physical disorder</td>
</tr>
<tr>
<td></td>
<td>- Fibroids</td>
<td>Treatment for infection</td>
</tr>
<tr>
<td></td>
<td>- Infections/UTIs</td>
<td>(AAFP, 2017)</td>
</tr>
</tbody>
</table>

**BP:** Perform Testing and Screening
III - Sex and Sexuality

- Sample questions to ask:
  - Do you have or are currently having sex with men, women, both, or other genders?
  - When was the last time you were physical/sexual with a partner?
  - How would you describe your overall satisfaction with your sex life?
  - Has your satisfaction changed over time?

BP: Maintain confidentiality
BP: Normalize the interview process
BP: Start with gender neutral language
BP: Be aware of judgement and non-verbal cues
IV - HIV and Aging

• Among people aged 55 and older who received an HIV diagnosis in 2015, 50% had HIV 4.5 years before diagnosis—the longest diagnosis delay for any age group.

• Older people may have many of the same HIV risk factors as younger people, including a lack of knowledge about HIV prevention and sexual risk including having multiple sex partners.
  • Women less likely to use a condom and to practice safer sex.
  • Age-related thinning and dryness of vaginal tissue may raise older women’s risk for HIV infection.
  • Older people are less likely than younger people to discuss their sexual or drug use behaviors with their doctors.
  • Doctors are less likely to ask their older patients about these issues.

• Stigma is a particular concern among older people because they may already face isolation due to illness or loss of family and friends. (CDC Fact Sheet, 2018)
IV - HIV and Aging

• Among people aged 50 and older, in 2016 of new HIV diagnoses:
  • Blacks/African Americans accounted for 42%
  • Whites accounted for 37%
  • Hispanics/Latinos accounted for 18%
  • Other races/ethnicities accounted for 4%

• Among people aged 50 and older, in 2016 of new HIV diagnoses:
  • 49% were among gay and bisexual men
  • 15% were among heterosexual men
  • 24% were among heterosexual women
  • 12% were among people who inject drugs (HHS, 2018)

BP: Opt-Out HIV Testing for 65+
V - Trans Older Adults

• Recommended best practice is to lay the foundation for inclusion and equality, starting with:
  • Understand terminology and develop gender inclusive language appropriate for people who identify as TGNC
  • “Gather essential information about patients and their conditions through history taking, physical examination…” (Hollenbach, Eckstrand, & Dreger, 2014)
  • Focus on primary health concerns
  • Learn TGNC health care from experts, not from patients themselves

BP: Team approach to care
BP: Screen and treat the body parts they have
BP: Respect self-selected gender identities
V - Trans Older Adults

• Hormone replacement therapy (HRT) protocols for older transgender and gender nonconforming (TGNC) people are based on existing standards of care.

• Medical management of HRT is well within the scope of primary care and often is a minor addition to the TGNC individual’s clinical care.

• Practice recommendations include;
  • Assessment, risk, benefit, and treatment
  • Utilization of shared clinical decision-making with patients and use of informed consent models
  • Utilization of a biopsychosocial approach that examines the impact of life course events, experiences, and HRT intervention on the dimensions of successful aging

• Few long-term health conditions pose an absolute contraindication to initiation of HRT, and hormone treatment modalities are well-tolerated by older TGNC adults when combined with medical management of multiple chronic conditions of aging. (Houlberg, 2019)
V - Trans Older Adults

• Considerations for Gender Affirming Surgery (GAS)
  • Insurance barriers to GAS
  • Multiple chronic conditions of older transgender individuals compared to their cisgender counterparts
  • Physical preoperative contraindications prior to top surgery, including breast augmentation or mastectomy, and bottom surgery, including vaginoplasty, phalloplasty, and metoidioplasty.
  • Potential ramifications of long-term hormone use combined with chronic health conditions of aging create a unique set of health issues for TGNC individuals considering GAS in their later years.
  • Most TGNC persons are likely to meet GAS criteria provided that any serious medical issues are well-managed. (Hardacker, Chyten-Brennan & Komar, 2019)
V - Trans Older Adults

• Intimate Partner Violence (IPV) 54% of ALL TGNC people have experienced IPV throughout the lifecourse (James et. al., 2016)
  • Lack of sensitive support available (Messinger & Roark, 2019)
  • inPower Program

• Significant substance use (alcohol, cannabis or illicits) 40% in small study (Gonzalez, Gallego & Bockting, 2017) due in part to:
  • Isolation
  • Stigma and Discrimination
  • Minority stressors
  • Physical Health and chronic pain (Agosto, Reitz, Ducheny & Moaton, 2019)

• Social Supports – barriers (Boyd, 2019) in these areas:
  • Aging services
  • Community support
  • Employment and housing discrimination (SAGE, 2012)
# V - Trans Older Adults

- **Gender Pronouns** *(Gender Equity Resource Center, 2014)*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Preferred</th>
<th>Male-Preferred</th>
<th>Gender Neutral</th>
<th>Gender Neutral</th>
<th>No Pronoun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>She</td>
<td>He</td>
<td>Zie Hie Xie</td>
<td>They</td>
<td>Use Name</td>
</tr>
<tr>
<td></td>
<td>Her</td>
<td>Him</td>
<td>Zir Hir Xir</td>
<td>Them</td>
<td>Use Name</td>
</tr>
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<tr>
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<tr>
<td>Misgender</td>
<td>To refer to (someone, especially a transgender person) using a word, especially a pronoun or form of address, which does not correctly reflect the gender with which they identify <em>(Oxford Online Dictionaries, 2014)</em></td>
</tr>
</tbody>
</table>

**BP:** [www.practicewithpronouns.com](http://www.practicewithpronouns.com)
VI - Barriers to Care & Inequities

- WSW/Lesbian Identified
  - Poorer overall health
  - Diabetes/obesity, cardiovascular disease
  - Substance Use (include Smoking) (Johnson & Nemeth, 2014)
  - Depression/anxiety
  - Increased rates breast and lung cancer
  - Increased risk cervical and ovarian cancer (Dawson, Kates, & Damico, 2018; CDC, 2014)

**BP:** Acknowledge known barriers and address inequities to care

**BP:** Include SDOH as part of patient-centered care
VI - Barriers to Care & Inequities

- WSWSM/MSMSW/Bisexual Identified
  - Experience discrimination from LB and heterosexual counterparts (Persson & Pfaus, 2015)
  - Headaches
  - Osteoarthritis
  - Gastro-intestinal problems
  - Substance Use (include Smoking) much higher use
  - Depression/anxiety (Dawson, Kates, & Damico, 2018; CDC, 2014)

BP: Acknowledge known barriers and address inequities to care
BP: Include SDOH as part of patient-centered care
VI - Barriers to Care & Inequities

- MSM/Gay Identified
  - Sexually transmitted infections: HIV, HPV, syphilis
  - Hepatitis A, B, C
  - Substance Use (include Smoking)
  - Depression/anxiety
  - Increased rates anal, lung and liver cancer (Dawson, Kates & Damico, 2018; CDC, 2014)

BP: Acknowledge known barriers and address inequities to care
BP: Include SDOH as part of patient-centered care
Final Recommendations

- Financial and Legal Protections
  - Social Security and Supplemental Security Income (SSI) (Butler, 2004)
  - Health Insurance (Patient Protection and the Affordable Care Act, Private, Medicare, Medicaid)
  - State inheritance laws
  - Non-discrimination laws, particularly in housing and LTC apply state by state
    - Nursing Home Reform Law 1987 (Ivers, 2015)
    - Patient Visitation Mandate 2012/2013 (Wahlert & Fiester, 2013)

BP: Advance Directives
BP: Culturally competent aging services access
Final Recommendations

• Research
  • There is limited public health infrastructure for funding and supporting research on LGBT health
  • Intentional inclusion in research opportunities
  • Consult Sexual and Gender Minority Research Office of the National Institute of Health (SGMRO)

BP: Support intentional inclusion of sexual and gender minority (SGM) communities in research
Final Recommendations

• Health Education
  • A median of 6 (up from 2.5) hours of training is provided to undergraduate medical students regarding LGBT issues in the 4 year program
  • Nursing programs are not required to provide any training on LGBT issues

(Hollenbach, Eckstrand & Dreger, 2014)

**BP:** Advocate for increased health education about LGBTQ older adults in geriatric curricula across multidisciplinary health care professions
Final Recommendations

• Advocacy – Policy
• Social Supports
  • 2x as likely to live alone
  • 2x as likely to be single
  • 3 – 4x less likely to have children
  • Many are estranged from their biological families
    (SAGE, n.d.)

**BP:** Allyship at agency, institution and system levels
Primary Care Best Practices for LGBTQ Older Adults

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Complete Evaluation

• Please complete your evaluation to be awarded continuing education
“When I dare to be powerful, to use my strength in the service of my vision, then it becomes less and less important whether I am afraid.”

-- Audre Lorde --
References


References


References


• Guyatt, G. H., Meade, M. O., Jaeschke, R. Z., Cook, D. J., & Haynes, R. B. (2000). Practitioners of evidence based care: Not all clinicians need to appraise evidence from scratch but all need some skills.

References

• Hollenbach, A. D., Eckstrand, K. L. and Dreger, A. (eds.). 2014. Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators. Washington, DC: American Association of Medical Colleges.


• Ivers, T. C. (2015). Legal Developments and Practical Considerations: Improving the Quality of Care for Older LGBT Adults in the Long Term Care Setting.


References


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References


