

Health Education About LGBT Elders (HEALE)

Module 8: Primary Care Best Practices for LGBTQ Older Adults

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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

Pre-Assessment: Indicate True or False for each statement			
Number	Statement	True	False
1.	Intersectional patient-centered care essential to working with LGBTQ elders includes recognizing lived experience and excludes evidence based care.		
2.	Cultural humility, compassionate lifelong learning, asks health care providers to be self-aware, egoless and self-reflective.		
3.	SOGI is the acronym that refers to sexual orientation and gender identity questions asked primarily for data collection.		

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)
 - Emphasis on Cultural Humility: compassionate lifelong learning (Tervalon, M., & Murray-Garcia, J., 1998)
 - 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

Term	Definition
LGBTQ	Acronym that refers to the umbrella of lesbian, gay, bisexual, transgender and queer communities
Sexual Orientation	Refers to the sex of those to whom one is sexually and romantically attracted (APA, 2011)
Gender Identity	Refers to “one’s sense of oneself as male, female or transgender” (APA, 2011)
SOGI	Acronym indicating sexual orientation and gender identity, primarily used in reference to demographic data collection of this information (Hollenbach, Eckstrand, & Dreger, 2014)

BP: Always ask SOGI questions

BP: Ask clarifying questions when patient uses an unfamiliar term

I - Essential Terminology

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

I - Essential Terminology

Term	Definition
Female	A person whose self-identifies as female
Male	A person whose self-identifies as male
Cisgender	<ol style="list-style-type: none">1. A person whose gender identity is congruent to their sex assigned at birth2. 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

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

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

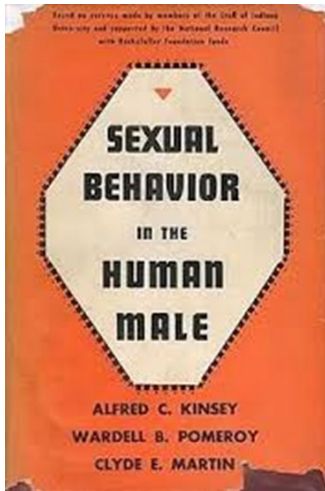
BP: Respectful interaction when asking SOGI

BP: Establish common language

II - LGBT Historical Context

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

Decade	Seminal Event
1940's 50's	Kinsey Report posits homosexuality “may not be abnormal”, Nazi extermination, McCarthy ERA persecution, no legal protection, medical, surgical and psychiatric “cures”
1960's 70's	Stonewall Riots, homosexuality removed from DSM-II, no legal protections
1980's	AIDS epidemic, development of LGBT activism, few legal protections



II - LGBT Historical Context

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

Decade	Seminal Event
1990's	Don't Ask Don't Tell, Defense of Marriage Act
2000's	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
Current	Legal protections, especially for TGNC communities are being rolled back



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)

II - LGBT Historical Context

- 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

III - Sex and Sexuality

- 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

Term	Definition	Intervention
Erectile Dysfunction	Difficulty achieving or maintaining an erect penis due to: <ul style="list-style-type: none">- Atherosclerosis- Diabetes- Side effects of other medications- NOT a normal part of aging	Multiple pharmaceuticals Exercise Losing weight Reduce or stop smoking (NIDDK, n.d.)
Dyspareunia	Pelvic and/or vaginal pain during penetrative sex due to: <ul style="list-style-type: none">- Post-menopausal changes- Vaginal dryness- Fibroids- Infections/UTIs	H ₂ O soluble lubricants Estrogen cream Treatment for physical disorder Treatment for infection (AAFP, 2017)

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 illicit) 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)

Female-Preferred	Male-Preferred	Gender Neutral	Gender Neutral	No Pronoun
She	He	Zie Hie Xie	They	Use Name
Her	Him	Zir Hir Xir	Them	Use Name
Her	Him	Zir Hir Xir	Them	Use Name
Hers	His	Zirs Hirs Xirs	Theirs	Use Name

Term	Definition
Misgender	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 (Oxford Online Dictionaries, 2014)

BP: 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)

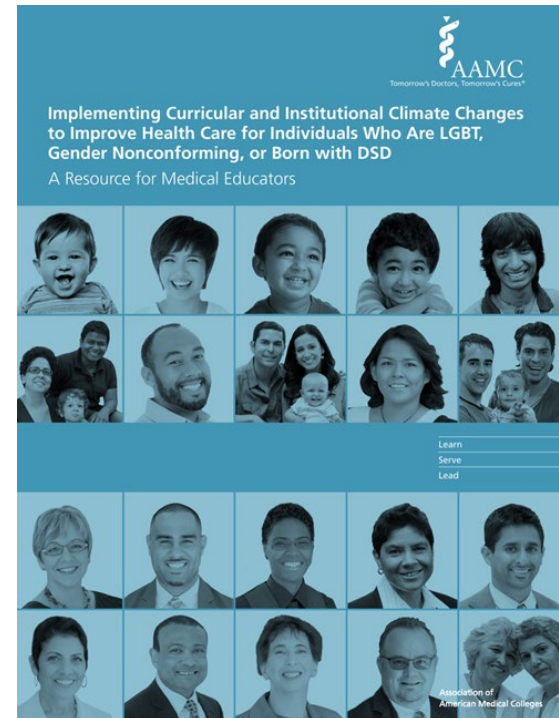


BP: Support intentional inclusion of sexual and gender minority (SGM) communities in research

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

Post-Assessment

- Please complete the 15 question True/False Post-Assessment

Primary Care Best Practices for LGBTQ Older Adults

Pre-Assessment: Indicate True or False for each statement			
Number	Statement	True	False
1.	Intersectional patient-centered care essential to working with LGBTQ elders includes recognizing lived experience and excludes evidence based care.		
2.	Cultural humility, compassionate lifelong learning, asks health care providers to be self-aware, egoless and self-reflective.		
3.	SOGI is the acronym that refers to sexual orientation and gender identity questions asked primarily for data collection.		

Complete Evaluation

- Please complete your evaluation to be awarded continuing education



Thanks and Questions

“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 --



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