

Interprofessional Geriatrics Training Program

Primary Care Best Practices for
LGBTQ Older Adults



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Acknowledgements

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Learning Objectives

Upon completion of this module, learners will be able to:

1. Define foundational LGBTQ terminology
2. Discuss LGBTQ cultural and historical context and its impact on the older LGBTQ adult
3. Analyze unique/common health concerns of this population
4. Identify ways to provide culturally competent care to meet the needs and provide support to LGBTQ older adults
5. Describe strategies to create an inclusive culturally appropriate environment



Framework of Care



Framework of Care

- Intersectional patient-centered care framework that includes: (Barry & Edgman-Levitan, 2012)
 - First, do no harm
 - Harm reduction (Marlett et al., 2011)
 - Trauma-informed care (Rajja et al., 2013)
 - Low threshold care (Millson et al., 2006)
 - Evidence-based practice (Gipsett et al., 2000)

Best Practice: Recognize lived experience
Best Practice : Meet patients "where they are"



Framework of Care

Patient-centered care framework based on:

- Cultural Competence: Strategies to address disparities/inequities (Campinha-Bacote, 2002; Betancourt et al., 2003)
- Emphasis on Cultural Humility: compassionate lifelong learning (Iruvalan & Murray-Garcia, 1998)
 - Attributes were openness, self-awareness, egoless, supportive interactions, and self-reflection and -critique
 - Antecedents were diversity and power imbalance (Forenda et al., 2016)



Framework of Care

Older LGBTQ adults may be:

- Reluctant to disclose
- Slow to trust providers
- Fear poor treatment in medical settings



(Fredriksen-Goldsen et al., 2014)

Critical Consciousness

"There is a distressingly common failure to connect the idea of diversity with the underlying core concept of social justice in health care." (Kumagai & Lyson, 2009)

- Achieving cultural competence is not a static outcome... [not] in the same way as one is competent in performing a physical exam or reading an EKG
- It is not a static requirement to be checked off,... rather, it is something beyond the somewhat rigid categories of knowledge, skills, and attitudes; the continuous critical refinement and fostering of a type of thinking and knowing—a critical consciousness—of self, others, and the world. (Kumagai & Lyson, 2009)

Best Practice: Develop "cognitive disequilibrium"



Overview

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



Essential Terminology



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 <small>(APA, 2012)</small>
Gender Identity	Refers to "one's sense of oneself as male, female or transgender" <small>(APA, 2012)</small>
SOGI	Acronym indicating sexual orientation and gender identity (SOGI), primarily used in reference to demographic data collection of this information <small>(Hollenhorst et al., 2014)</small>
Best Practice : Always ask SOGI questions	
Best Practice : Ask clarifying questions when patient uses an unfamiliar term	



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 but rather other means of connecting with another person



Essential Terminology	
Term	Definition
Female	A person who self-identifies as female
Male	A person who self-identifies as male
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 <small>(merriam-webster.com, 2015)</small>
Gender Non-Conforming	A person who does not identify with the male-female binary, but rather seeks another gender option authentic for themselves <small>(University of California Berkeley Gender Equity Resource Center, 2013)</small>
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 <small>(Urban Dictionary, 2014)</small>



Essential Terminology	
Term	Definition
Sex Assigned at Birth	Gender determination assigned at birth based on external genitalia presentation, usually by a provider overseeing childbirth <small>(Hollenbach et al., 2014)</small>
Biological/Physiological Characteristics	External genitalia – vulva, vaginal opening, penis, scrotum Reproductive organs – vagina, cervix, ovaries, testis Chromosomes Hormones <small>(Hollenbach et al., 2014)</small>

Best Practice: Always ask SOGI, though older LGBTQ people may not disclose their SOGI information even when asked in a discreet, respectful manner



Essential Terminology

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

Best Practice: Respectful interaction
Best Practice: Establish common language



Assessment Question 1:

The acronym "SOGI" refers to: *(select one)*

- 1. Sexual orientation and gender identity, primarily used in reference to demographic data collection of this information
- 2. Refers to the sex of those to whom one is sexually and romantically attracted
- 3. Acronym that refers to the umbrella of lesbian, gay, bisexual, transgender, and queer communities
- 4. A person who is not interested in sexual acts of intimacy but rather other means of connecting with another person



Assessment Question 1: Answer

The acronym "SOGI" refers to: *(select one)*

- 1. Sexual orientation and gender identity, primarily used in reference to demographic data collection of this information
- 2. Refers to the sex of those to whom one is sexually and romantically attracted
- 3. Acronym that refers to the umbrella of lesbian, gay, bisexual, transgender, and queer communities
- 4. A person who is not interested in sexual acts of intimacy but rather other means of connecting with another person



LGBTQ Historical Context



LGBT Historical Context

Consider the early years when LGBTQ people lived through stigma and criminalization

Decade	Seminal Event
1940's	Kinsey Report posits homosexuality "may not be abnormal," Nazi extermination, McCarthy-era persecution, no legal protection, medical, surgical, and psychiatric "cures"
50's	
1960's	Stonewall Riots, homosexuality removed from Diagnostic Statistical
70's	Manual of Mental Disorders (DSM-II), no legal protections
1980's	AIDS epidemic, development of LGBT activism, few legal protections



LGBT Historical Context

Consider the early years when LGBTQ people 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



LGBT Historical Context

How does the lived experience of older LGBTQ people affect their engagement with health care?

- Ageist stereotypes, beliefs, and attitudes
- Microaggressions
- Provider implicit biases (Fredriksen-Golden et al., 2014)

Best Practice: Age Is More, an online, self-scoring tool to assess ageism (Age Is More, 2013)

Best Practice: 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)



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, 2002)
- 2 to 6 million LGB adults will be 65 years of age and older (Fredriksen-Goldsen & Mirano, 2010)
- Accurate data on Transgender and Gender Non-Conforming (TGNC) older adults unavailable



Assessment Question 2:

The following lived experiences of older LGBTQ people affect their engagement with health care EXCEPT: (select one)

1. Ageist stereotypes, beliefs, and attitudes
2. Microaggressions
3. Provider implicit biases
4. Wide availability of accurate TGNC data



Assessment Question 2: Answer

The following lived experiences of older LGBTQ folks affect their engagement with health care EXCEPT: (select one)

1. Ageist stereotypes, beliefs, and attitudes
2. Microaggressions
3. Provider implicit biases
4. Wide availability of accurate TGNC data



Sex and Sexuality



Sex and Sexuality

Sex positivity

- Older LGBTQ adults continue to have intimate relations into later years (Lindan 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 & Ujchiruk, 2007)

Best Practice: Ask about sexual health
Best Practice: Allow extra time



Sex and Sexuality

Sexual Health Intake

- Ask permission
- Mutual understanding of language and body parts

Best Practice: Perform Testing and Screening



Sex and Sexuality

Term	Definition	Intervention
Erectile Dysfunction	Difficulty achieving or maintaining an erect penis due to: - Atherosclerosis - Diabetes - Side effects of other medications - NOT a normal part of aging	Multiple pharmaceuticals Exercise Losing weight Reducing or stopping smoking <small>(STIDER, et al.)</small>
Dyspareunia	Pelvic and/or vaginal pain during penetrative sex due to: - Postmenopausal changes - Vaginal dryness - Fibroids - Infections/UTIs	H ₂ O soluble lubricants Estrogen cream Treatment for physical disorder Treatment for infection <small>(AAFP, 2017)</small>



Sex and Sexuality

Sample questions to ask:

- Do you have or are you 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?

Best Practice: Maintain confidentiality
Best Practice: Normalize the interview process
Best Practice: Start with gender neutral language
Best Practice: Be aware of judgement and nonverbal cues



HIV and Aging



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 such as having multiple sex partners
 - Women are 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 (U.S. Department of Health and Human Services, 2018)



HIV and Aging

Among people aged 50 and older in 2016 who had new HIV diagnoses:

- Blacks/African Americans accounted for 42%
- Whites accounted for 37%
- Hispanics/Latinos accounted for 18%
- Other races/ethnicities accounted for 4%

Best Practice: Opt-Out HIV Testing



HIV and Aging

Among people aged 50 and older in 2016 who had new HIV diagnoses:

- 49% were gay and bisexual men
- 15% were heterosexual men
- 24% were heterosexual women
- 12% were people who inject drugs (U.S. Department of Health and Human Services, 2018)

Best Practice: Opt-Out HIV Testing



HIV and Aging

- People aged 50 and older accounted for 17% (6,812) of the 39,782 new HIV diagnoses in 2016 in the United States
- People aged 50 to 54 accounted for 43% (2,959) of the new diagnoses
- From 2011 to 2015, HIV diagnoses among all people aged 50 and older decreased by 7%
- In 2016, 35% of people aged 50 and older already had late stage infection (AIDS) when they received an HIV diagnosis (declined since 2011, when 42% already had late stage infection) (U.S. Department of Health and Human Services, 2018)

Best Practice: Opt-Out HIV Testing



HIV and Aging

Prevention program and materials rarely target older adults:

- Only 15 out of 50 states had materials that targeted HIV prevention in older adults
- It is more likely that an HIV-negative older person will encounter an HIV-positive peer
- Under-reporting of HIV cases in older populations (Brest et al., 2010)
- Recommend PrEP (WHO, 2015)
 - Comorbidities
 - Renal and hepatic
 - Drug interactions

Best Practice: Prevention Education



Transgender Older Adults



Transgender 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 et al., 2014)
- Focus on primary health concerns
- Learn TGNC health care from experts, not from patients themselves

Best Practice: Team approach to care
Best Practice: Screen and treat the body parts they have
Best Practice: Self-selected gender identities



Transgender Older Adults

- Hormone replacement therapy (HRT) protocols for older 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



Transgender Older Adults

- 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, 2018)



Transgender 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 (Hardacker et al., 2018)



Transgender Older Adults

Considerations for Gender Affirming Surgery (GAS)

- 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 et al., 2018)



Transgender Older Adults

- Intimate partner violence (IPV) 54% of ALL TGNC people have experienced IPV throughout the life course (James et al., 2016)
 - Lack of sensitive support available (Moudonger & Rowk, 2018)
 - In-Power Program
- Significant substance use (alcohol, cannabis, or illicit) 40% in small study due in part to: (Gonzalez et al., 2017)
 - Isolation
 - Stigma and discrimination
 - Minority stressors
 - Physical health and chronic pain (Agosto et al., 2018)



Transgender Older Adults

- Social supports – barriers in these areas: (Boyd, 2018)
 - Aging services
 - Community support
 - Employment and housing discrimination (SAGE and NCTE, 2012)



Transgender Older Adults

Gender Pronouns (University of California Berkeley Gender Equity Resource Center, 2013)

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



Transgender Older Adults

Gender Pronouns (University of California Berkeley Gender Equity Resource Center, 2013)

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 <small>(Oxford Living Dictionaries, 2014)</small>

Best Practice: www.practicewithpronouns.com



Assessment Question 3:

Some of the skills appropriate for treating older LGBTQ adults are: *(select all that apply)*

- 1. Screen and treat the body parts they have
- 2. Gather essential information about patients and their conditions through history taking, physical examination
- 3. Focus on primary health concerns
- 4. Learn TGNC health care from patients themselves, not from experts



Assessment Question 3: Answer

Some of the skills appropriate for treating older LGBTQ adults are: *(select all that apply)*

- 1. Screen and treat the body parts they have
- 2. Gather essential information about patients and their conditions through history taking, physical examination
- 3. Focus on primary health concerns
- 4. Learn TGNC health care from patients themselves, not from experts



Barriers to Care and Inequities



Barriers to Care and Inequities

Women who have sex with women (WSW)/Lesbian identified

- Poorer overall health
- Diabetes/obesity, cardiovascular disease
- Substance use (includes smoking) (Johnson & Nemeth, 2014)
- Depression/anxiety
- Increased rates breast and lung cancer
- Increased risk cervical and ovarian cancer (Dawson et al., 2018; Ward et al., 2014)

Best Practice:
Acknowledge known barriers and address inequities to care

Best Practice: Include Social Determinants of Health (SDOH) as part of patient-centered care



Barriers to Care and Inequities

Women who have sex with women and men (WSWSM) and men who have sex with men and women (MSMSW)/Bisexual identified:

- Experience discrimination from Lesbian, Gay and heterosexual counterparts (Persson & Pflum, 2015)
- Headaches
- Osteoarthritis
- Gastro-intestinal problems
- Substance use (includes smoking) much higher use
- Depression/anxiety (Dawson et al., 2018; Ward et al., 2014)

Best Practice:
Acknowledge known barriers and address inequities to care

Best Practice: Include SDOH as part of patient-centered care



Barriers to Care and Inequities

Men who have sex with men (MSM)/Gay identified

- Sexually transmitted infections: HIV, HPV, syphilis
- Hepatitis A, B, C
- Substance use (includes smoking)
- Depression/anxiety
- Increased rates anal, lung, and liver cancer (Dawson et al., 2018; Ward et al., 2014)

Best Practice:
Acknowledge known barriers and address inequities to care

Best Practice: Include SDOH as part of patient-centered care



Assessment Question 4:

The best practices to create an inclusive culturally appropriate environment to LGBTQ older adults DO NOT include: *(select one)*

- 1. Start with gender neutral language
- 2. Be aware of judgement and nonverbal cues
- 3. Maintain confidentiality
- 4. Do not ask about sexual health



Assessment Question 4: **ANSWER**

The best practices to create an inclusive culturally appropriate environment to LGBTQ older adults DO NOT include: *(select one)*

- 1. Start with gender neutral language
- 2. Be aware of judgement and nonverbal cues
- 3. Maintain confidentiality
- 4. **Do not ask about sexual health**



Assessment Question 5:

The unique health concerns of the LGBTQ older adult population include: *(Select all that apply)*

- 1. Increased rates of breast and lung cancer in WSW
- 2. Decreased rates of anal, lung and liver cancer in MSM
- 3. Increased risk cervical and ovarian cancer in WSW
- 4. No depression identified in bisexual populations



Assessment Question 5: ANSWER

The unique health concerns of the LGBTQ older adult population include:
(Select all that apply)

- 1. Increased rates of breast and lung cancer in WSW
- 2. Decreased rates of anal, lung and liver cancer in MSM
- 3. Increased risk cervical and ovarian cancer in WSW
- 4. No depression identified in bisexual populations



Final Recommendations



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
 - Nursing Home Reform Law 1987 (Ivers, 2013)
 - Patient Visitation Mandate 2012/2013 (Wahlert & Pioner, 2013)

Best Practice:
Advance directives

Best Practice:
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)

Best Practice: 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

Best Practice : 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.)

Best Practice: Allyship at agency, institution, and system levels



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