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# Caring for Older LGBTQ+ Adults in PALTC

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# Disclosures

- Dr.Appelbaum serves as an advisor for Merck, Viiv Healthcare and Theratechnologies



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# Learning Objectives

- Describe the demographics of the LGBTQ+ community and older LGBTQ+ persons in particular
- Define LGBTQ+ terminology
- Describe a patient-centered, culturally competent approach to gathering data and examining older LGBTQ+ persons
- Articulate some of the unique medical issues of older LGBTQ+ persons and the challenges they face in PALTC
- Describe strategies to create a culturally appropriate environment for older LGBTQ+ persons in PALTC



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# Demographics

- Estimated 2.4 mil LGBTQ+ older adults (2019)
- More likely to have experienced homophobia in healthcare
  - 40% of persons 60-70 have not disclosed sexual orientation to provider
- Non-disclosure associated with lower life satisfaction, depression, suicide, substance abuse, delay in seeking medical care



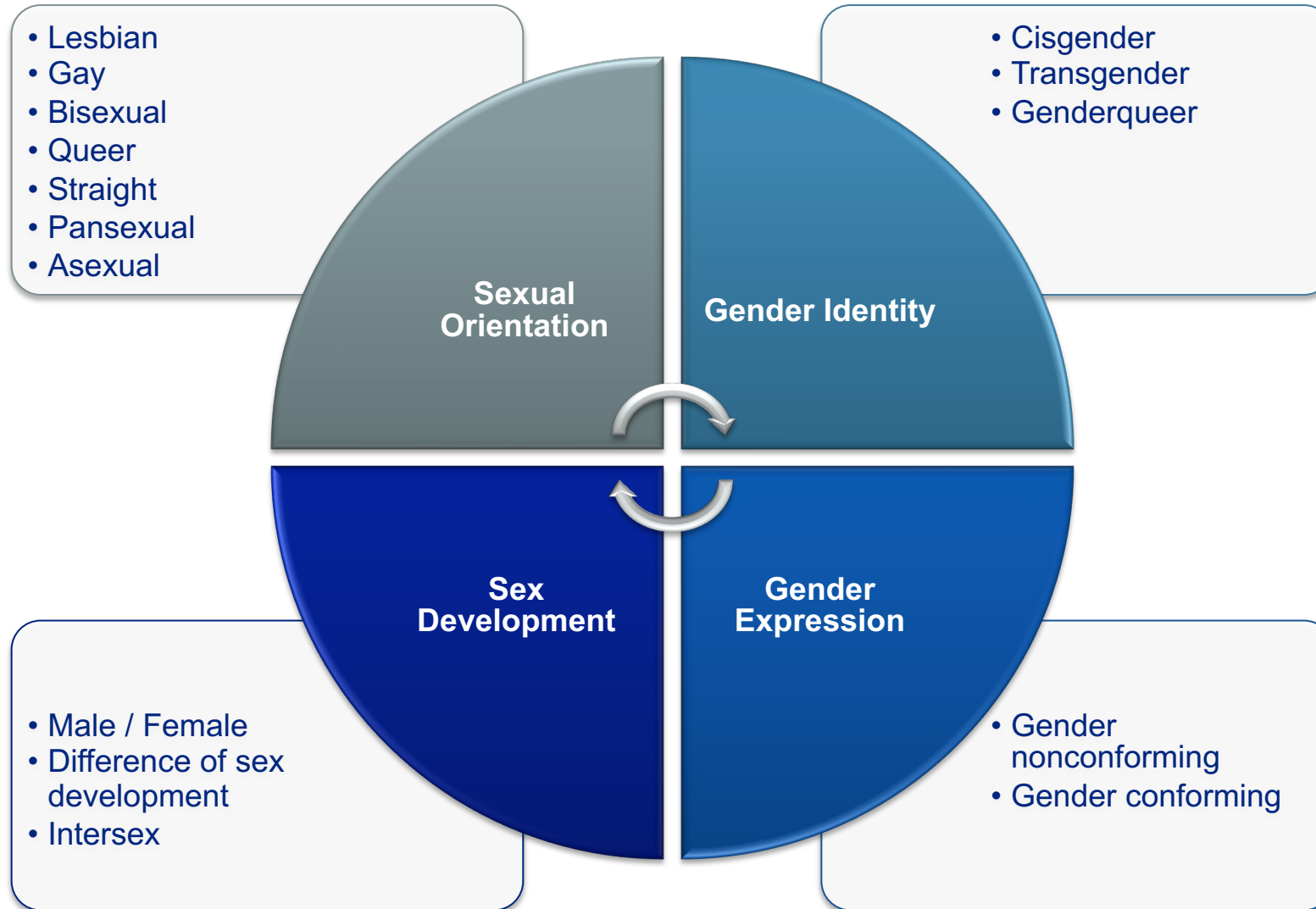
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# Terminology

- Lesbian (WSW)
- Gay(MSM)
- Bisexual
- Cisgender
- Transgender
- Queer
- Nonbinary
- Genderqueer
- Minority stress
- Internalized homophobia



# ALPHABET 101: Respect and utilize the language individuals use to describe themselves



Model developed by Kristen L. Eckstrand, MD, PhD

# Common Assumptions

## Common Assumptions

- Heterosexuality
- All patients use traditional labels
- Sexual orientation is based on appearance
- Sexual orientation is based on behavior
- Sexual behavior based on orientation
- Identity, attraction, and behavior don't change
- Gender identity = sexual orientation
- Gender identity is based on natal sex
- Gender identity depends on how far along a patient is in transitioning
- All patients are sexually active

# Demographics of Older LGBT Adults

	Yes (%)	No (%)	DK/No Answer (%)
18 - 29	6.4	90.1	3.5
30 - 49	3.2	93.6	3.2
50 - 64	2.6	93.1	4.3
65+	1.9	91.5	6.5

1 – 2.8 million older LGBT adults

Gates & Newport. Special Report: 3.4% of U.S. Adults Identify as LGBT. Gallup. October 18, 2012.  
<http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx>



# Generational Impact and Health

Trauma	Incidence/Prevalence	Resilience
<i>Emotional</i>	<ul style="list-style-type: none"> <li>63-65% of older LGBT individuals report lifetime physical violence <sup>1,2</sup></li> <li>65% of transgender individuals have experienced &gt;1 instance of emotional or psychological abuse in their lifetime<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Social support<sup>4,5</sup></li> <li>Self-reliance<sup>4</sup></li> </ul>
<i>Physical</i>	<ul style="list-style-type: none"> <li>40% of older LGBT individuals report lifetime physical violence<sup>1</sup></li> </ul>	
<i>Sexual</i>	<ul style="list-style-type: none"> <li>58% of older transgender individuals report experiencing at least one instance of forcible sex in their lifetime<sup>6</sup></li> </ul>	

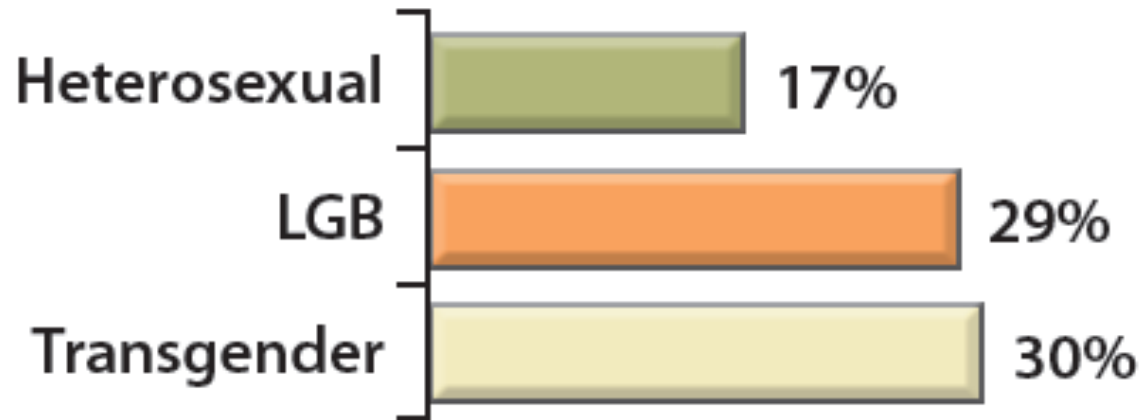
**Almost two-thirds of LGBT elders have been victimized three or more times.**

1. Fredriksen-Goldsen KI. Public Policy & Aging Report. 2011;21(3):3-7.
2. D'Augelli AR, Grossman AH. *J Interpers Violence*. 2001;16(10):1008-1027.
3. Cook-Daniels L, Munson M. *J LGBT Fam Stud*. 2010;6(2):142-177.
4. . Emlet CA, Fredriksen-Goldsen KI, Kim H-J.. *Gerontologist*. 2013;53(6):963-972.
5. Grossman AH, D'Augelli AR, Hershberger SL. *J Gerontol B Psychol Sci Soc Sci*. 2000;55(3):171-179.
6. Kenagy GP. *Health & Social Work*. 2005;30(1):19-26.

# Generational Impact and Health

LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care



**More than 20% of LGBT elders do not disclose their sexual or gender identity to their physician.**

# Impact on Health by Gender Identity

- **Very little available research**
- MTF have higher rates of HIV, hepatitis C, and substance abuse
- More likely to use non-medically prescribed hormones
- Less likely to receive preventive care or have mental health needs met
- More research required to understand impact of cross-gender hormone therapy on breasts, ovaries, cervix, uterus, and prostate



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# Approach to care of older LGBTQ+ persons

- Recognize lived experiences
- Emphasis on cultural humility
- Recognize that older LGBTQ+ persons may be reluctant to disclose, are slow to trust providers
  - Poor prior treatment
- Respectful, patient-centered interactions
- Collect SOGI information



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# Gender and Sexual History

- Preferred name and pronouns
- Who do you live with? Who are they in relationship to you?
- Who do you regard as your family? Who can you count on for help if needed?
- Have you had sex in the past year?
- What are the gender(s) of your sexual partner(s)?
- What type of sex do you have? For example...
- How often do you use condoms for sex?
- Are you taking or have you ever taken PrEP?



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# Physical Exam

- Guideline and medical condition directed
- For trans patients: obtain organ inventory
- Trauma informed care



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# Medical Needs

## Gay and Bisexual Men

- Cardiovascular disease
- Anal cancer
- Prostate cancer
- Sexually transmitted infections

## Lesbian and Bisexual Women

- Cardiovascular disease
- Cervical cancer
- Breast cancer





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# Medical Needs

Transgender Men and Women

- Continuing gender-affirming hormone therapy
- Cardiovascular disease
- Routine screening-based on organ inventory
- Sexually transmitted diseases



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# Sexual Health

- Ask about sexual health and practices
- Prevention of HIV and STIs
  - Less than 5% of all HIV tests are done on persons over age 50
- STI's are increasing in the older LGBTQ+ population



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# Polling Question 1

A 71-year-old gay man comes to the office for follow-up for hypertension. Current medications are losartan 50 mg/d and hydrochlorothiazide 25 mg/d. The hydrochlorothiazide was added recently to better control his blood pressure.

However, despite the change in drug regimen, his blood pressure today is 160/92 mmHg. On review of his social history, he reports that he smokes approximately half a pack of cigarettes daily and has 2–4 alcoholic beverages most nights.



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**Compared to his heterosexual friends, which one of the following is more likely to be present in this patient?**

- (A) Financial independence
- (B) Routine preventive health care screening
- (C) Low-risk drinking
- (D) Tobacco use





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# HIV and Aging

- More than 50% of PWH in US over age 50
  - This is expected to be more than 60% by 2030
  - 27% over age 65 in 2035
- Present to care later
  - More likely to die within a year of diagnosis
    - Diagnosis less likely to be considered
- More adherent to medication but less robust immuno-reconstitution (immunosenescence)
- ? Accelerated aging
  - Polypharmacy, frailty, multimorbidity common





## Polling Question 2

A 68-year-old man comes to the office because he feels tired and weak. History includes hyperlipidemia, coronary artery disease, type 2 diabetes mellitus, and chronic HIV infection. The diabetes is controlled by diet, and the HIV infection is well-controlled with antiretroviral medications. He notes that he has had no energy over the past 6–12 months, such that he has stopped many of the activities he enjoys, and he has lost approximately 10% of his baseline weight in the same period. He has fallen twice, with no injury. He feels frustrated and asks what he can do to improve his level of energy.

On physical examination, temporal wasting is noted. Grip strength is decreased, and gait speed is markedly reduced.



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# Regarding this patient, which of the following is likely?

- (A) He is more likely to own his home than the general population.
- (B) He is more likely to be employed than the general older population.
- (C) He is less likely to have experienced the death of a partner than the general population.
- (D) He is less likely to have experienced job discrimination in his employment due to sexual orientation than heterosexual men





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# Mental Health

- Linked with discrimination
- High rates of depression
  - Minority stress related
  - Being out in community mitigates
- Increased substance use
- Social supports
- Importance of advance care planning
  - Family of choice



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# Housing and Longterm Care

- Many states do not have antidiscrimination laws in health care settings. Some states required cultural competence trainings
  - 29 states do not have laws against discrimination in health care settings
- Increase in mistreatment
- Fear of being “outed”
- Development of LGBTQ+ housing for older adults



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## Polling Question 3

An 83-year-old man comes to the office for a routine visit. History includes advanced Parkinson's Disease, for which he needs an increasing amount of help with instrumental activities of daily living. Although he is a long-established patient, he previously was evasive about his social network and resources for help. At today's visit, he discloses that he is gay, but he asks that this information not be shared.



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**Which of the following is likely to be the primary reason for his reluctance to be open about his sexuality?**

- (A) Being married to a same-sex partner
- (B) Alienation from family
- (C) Fear of discrimination
- (D) Loss of health insurance coverage



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# Best Practices for Caring for LGBTQ+ Older Adults in PALTC

- Human Resources
- Leadership
- Forms and Policies
- Communication
- Staff Training
- Facilities





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# Human Resources

- Diverse candidates
- Hire members of the community
- Review job descriptions



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# Leadership

- Model inclusive environment
- Hold staff accountable
- Create advocacy: staff, patients, community and empower them





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# Forms and Policies

- SOGI on all forms and policies
- Update intake forms and explain confidentiality
- Normalize use of pronouns
- Update antidiscrimination policies
- Allow same sex couples to share a room
- Revise visitor and next-of-kin policies to reflect family of choice
- Allow residents to freely express themselves



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# Communication

- Don't assume heterosexuality
- Don't see LGBTQ+ people as all the same
- Ask open ended questions
- Allow residents to share as they are comfortable
- Don't ask questions unless necessary for care
- Use gender-neutral language
- Ask and answer questions in a nonjudgmental way
- Note language used by resident
- Ask what terminology resident prefers



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# Staff Training

- Embed SOGI language and training into curricula
- Require staff at all levels, including leadership and board, to participate in ongoing training
- Include LGBTQ+ persons in the training
- Acknowledge and address staff bias during training
- Ground training in history of policies and discrimination that affect LGBTQ+ older adults
- Include training specific to gender identity
- Include skill building activities



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# Facility

- Offer LGBTQ+-specific programs/social activities
- Allow staff to display signs of inclusion
- Provide a separate area for women-only accommodations
- Be cautious to draw too much attention to building
- Display signs of affirmation throughout the facility
- Offer continuum of care
- Provide consistent staff if possible.



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# Special Populations

- Older persons living with HIV
- Transgender patients
- Mental health issues
- Sexuality and PrEP





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# Silver Tsunami: the Next Wave

- **Include the community in design of geriatric HIV programs**
- **Management of multimorbidity and polypharmacy**
- **Prioritization of function and QoL**





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**For older persons living with HIV do you  
continue antiretroviral therapy in PALTC?**





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# Transgender Persons

- No data or research on TG persons in PALTC
- Stigma, discrimination concerns
- “Bathroom” issue needs policy
- What about gender-affirming hormone therapy?
  - Few contraindications
  - Well-tolerated in older LGBTQ+ persons



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# LGBTQ+ Sensitive Mental Health Treatment?

- Are these services available and is there capacity?
  - Trauma informed care
  - Minority stress
  - Stigma
  - Homophobia/transphobia



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# Sexuality

- Not really addressed in PALTC
- Acceptance of same-sex relationships
- What about use of PrEP?



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## Conclusions

- LGBTQ+ persons are an underserved and underrecognized population
- Cultural awareness and competency are needed
- We described a patient-centered approach to care
- Additional research is needed



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## Resources

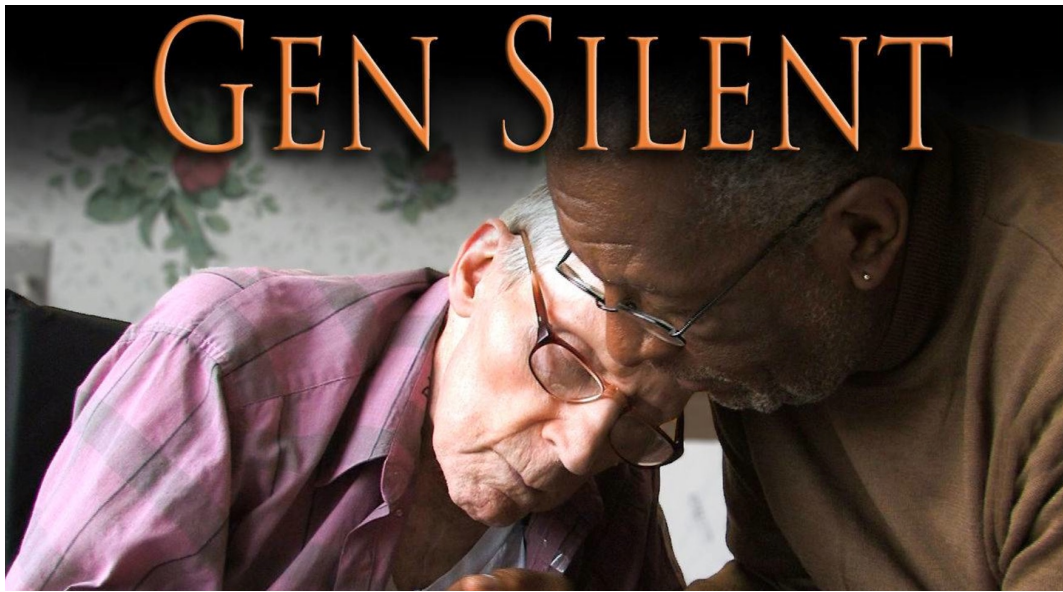
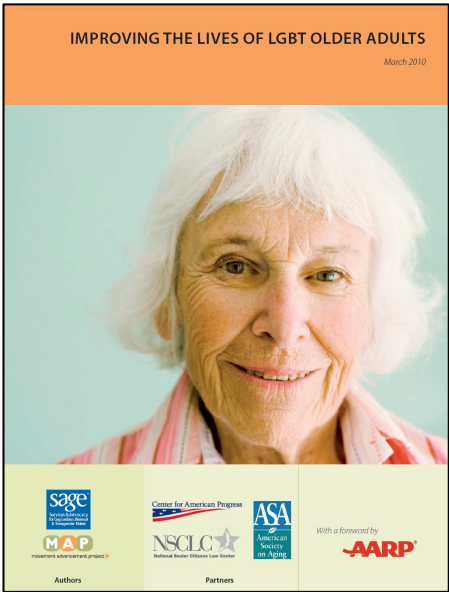
- SAGE
- National Resource Center on LGBT Aging





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# Resources



## Accord Alliance

better care. better outcomes. better lives.







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## References

- GRS 11<sup>th</sup> edition: pages 83-90
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- AAHIVM National HIV and Aging Initiative.  
[https://education.aahivm.org/product\\_bundles/2297](https://education.aahivm.org/product_bundles/2297)



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## Pearls

- LGBTQ+ persons ARE living in PALTC facilities and are likely to be increasingly visible in the future
- Cultural awareness, cultural humility and sensitivity are important for this population to feel safe from stigma and discrimination