

# TOPICS

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## Gay and Gray: LGBT Older Adults in Long Term Care

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Many older adults may not want to move out of their homes to care settings; they are hesitant to face loss and change. They may minimize health issues because they fear financial worries and being forced to leave their homes. In addition to these worries, the LGBT older adults (Lesbian, Gay, Bisexual, Transgender) featured in this article have other layers of concern, not necessarily stated to their health care providers, which causes them to refuse access medical care and services.

- Carol is a 72-year-old woman with multiple physical health issues. She realizes she needs more care than she can get at home from Susan, her longtime housemate. Susan was recently diagnosed with early stage Alzheimer's disease and is not able to keep track of medications, appointments, and the home care chores she needs to do. A home care social worker suggests an apartment at a local assisted living setting. Carol and Susan take the information from her but don't act on it. After another health crisis for Carol, the social worker brings up assisted living again. Both Carol and Susan state firmly that they will not move to a care setting.

**Question:** Why don't Carol and Susan want to move to assisted living?

**Carol:** "I need more help than Susan can give me. And I want her to feel safe. But after 43 years as partners we don't want to have to pretend to be roommates at this time of our lives."

- A hospital social worker meets with John, an 86-year-old who has been in the hospital after a fall. He was badly bruised, had pneumonia, was dehydrated, and had recently lost weight. The social worker suggested short term rehab to recover and to gain strength. She was concerned because John lives alone on a farm outside of the local community. John refused loudly and clearly. He only wanted to go home.

**Question:** Why won't John go to short term rehab?

**John:** "I don't want to go to the nursing home. I don't want the staff and other people to make fun of me."

- Janie had a bad cold in November. In February she is still coughing at night and when she speaks. She is a 74-year-old part-time adjunct faculty at a small state university and lectures are a significant part of her work. Friends keep nagging her to see a doctor. After several falls and an emergency room visit, her friends push her to think about moving to assisted living. Janie brushes them off and says everyone has colds at this time of year.

**Question:** Why does Janie avoid seeking medical care?

**Janie:** "I just don't have the energy to explain my life choices to a medical professional who is probably judging me, anyway. And moving to that

assisted living home in town, no way. Too many people gossip.”

- Patricia, an 82-year-old woman, was in an automobile accident. She is in the local hospital now. As part of her discharge plan, the physician recommended short term rehab at a local skilled nursing setting for care and physical therapy. Patricia is adamant that she does not want to go to rehab. She is becoming anxious and defensive in her interactions with the social work staff. This is beginning to have an impact on her recovery. She has lost weight and is experiencing increased pain.

**Question:** Why is Patricia anxious and defensive in her interactions?

**Patricia:** “What will happen when I move to the nursing home and all my paperwork says my legal name is Dan? Who will be my roommate? And will they help me with makeup and wearing the clothes I like to wear?”

### **Negative Views of Long Term Care**

For Carol and Susan as a lesbian couple, for John as a gay man, for Janie who identifies herself as bisexual, and for Patricia as a transgender woman, their fears are real. In addition, research into the lives of LGBT older adults supports their concerns.

The multi-agency report, *LGBT Older Adults in Long Term Care Facilities: Stories from the Field*, includes interviews with LGBT older adults about their views of long term care. Results show that most did not have a positive view of how they might experience care in a facility. Their beliefs in long term care show:

- 89% felt staff would discriminate against them
- 81% felt their peers would discriminate
- 77% believed their peer would isolate them
- 53% felt staff would abuse them if they knew about they identified as LGBT

While their beliefs may not reflect the actual care in many long-term care settings, it is important to remember that these are individuals who came of

age in a time well before gay marriage was made the law and celebrities spoke out about their lives and were visible in the media.

### **U.S. History of Prejudice Against Homosexuals**

Individuals who grew up in the 1930s, 40s and 50s are aware of social prejudices and discriminatory policies that were in place. In 1935 the first “successful” electroshock therapy for homosexuality was reported in the mainstream media. The U.S. military banned gays and lesbians from serving in the Armed Forces and gave dishonorable discharges or medical (mental illness) discharges to gay personnel. In 1952, the American Psychological Association included homosexuality in their list of psychological disorders. In 1954, gay men and lesbians were banned from federal employment.

The June 1969 “Stonewall Rebellion” is seen as the beginning of the gay rights movement and the start of pride celebrations. Changes began to happen slowly after that. In 1975 the federal government ended its ban on employment of gay men and lesbians. But it was not until 1994 that the American Medical Association removed sexual orientation and related disorders from its official list of disorders. Until the mid-1970s, it was legal to discriminate against homosexuals in employment, housing, and public/

### **LGBT Elders Experience Health Disparities**

Like other groups of disadvantaged older adults, LGBT elders experience more illness, disability, and premature death than their heterosexual and cisgender peers, and, often, are afraid to access services because of fear of discriminatory treatment.

### **Unique Health Needs**

LGBT adults face unique risks and needs as they age:

- Lesbian older women have higher rates of obesity and cardiovascular disease than heterosexual women. They also are more likely to serve as family caregivers and do more caregiving in the family. Compared to older heterosexual women, older lesbians are at greater risk of living in poverty.

- Older gay men often find their support networks reduced. They often live alone with all the risks of isolation as they age. Many had friends and lovers who died during the AIDS epidemic. In addition, medical providers are now looking at the impact of living for years with HIV and the long-term impacts of HIV medications.
- Isolation and lack of supportive friends can also be a risk factor for older adults who identify as bisexual. They often feel left out of the LGBT community and equally not understood by the heterosexual community. They also are more fearful about accessing health care and may wait to do so until a crisis.

### **Transgender Older Adults**

While smaller in numbers than the LGB communities, the community of individuals who identify as transgender is more diverse and complex. Through the years these individuals have experienced victimization and have not been understood. Many transgender older adults have hidden their gender identity and are fearful of being “outed.” Even within the LGBT community there is often a lack of understanding of transgender individuals.

- Research on aging and the health needs of transgender individuals has been limited. Perhaps the title of a 2014 study describes the issues many transgender older adults face; *Physical and mental health of transgender older adults: An at risk and underserved population.*
- Because of their fears or the expense of having sex confirmation surgery older transgender adults may be living physically as the gender assigned on their birth certificate and not the gender they know themselves to be. They may not have made changes on health forms or legal documents and identification. As they enter long term care they and their paperwork may be confusing for caregivers to understand.

In spite of the risks and barriers faced by the LGBT community they are a resilient group of older adults. They have faced discrimination through their lives and arrived in their later years with coping skills. Many report participating in the community and in wellness programs and physical activities. They also

report that they often participate in spiritual or religious programs and services.

While most caregiving is done in families of origin, the LGBT community relies on constructed families: groups of friends who have supported each other for many years and continue to be supportive of each other as they age.

There are also LGBT older adults who have been active through the years in civil rights and equality and are willing to be resources for long term care providers and for research efforts.

### **Person-Centered Care**

Even with the risks and barriers for LGBT older adults, long term care settings can offer an open and welcoming service to them. Person-centered care has become one of the important features of long term care and older adult services. Care settings can offer training for staff so that they understand the issues LGBT older adults face and they know that everyone is welcome and all will be treated with respect and dignity.

So what suggestions would each of the individuals in the case studies have in order to make LTC more person-centered for them?

- Carol and Susan suggest that care settings include them in anniversary celebrations. “If there are anniversary parties for all the married couples why not include us, too?”
- John thinks it would be helpful if a nursing home had the local LGBT magazine available along with other local newsletters. He also thinks the nursing home could use photos of lesbian or gay couples in their marketing materials.
- Janie wants health and long-term care providers to check the language on their forms. Too often, she feels, the options for intimate partners were limited. She also thinks it would be great to see a rainbow flag in front of the rehab center to celebrate gay pride month in June.
- Patricia wants to be recognized as the woman she knew herself to be. She asks that staff use her preferred name and use the pronouns “she” and “her” when referring to her. She also asks

for help with her makeup and she wants to get her hair done at the in-house salon.

- Each of these changes are simple but can have a powerful impact. They demonstrate that each of these LGBT older adults want the same things as everyone else in the facility – to be included, respected and feel cared for.

### **Best Practices your organization can adopt to foster a welcoming services**

- Provide and honor active inclusion programs and events, and holidays within your organization for your residents/clients/ participants, and staff.
- Post anti-discrimination statements in your office or include them in your materials including staff recruitment materials.
- Train staff on LGBT issues and sensitivity
- Hang rainbows signs, decals, flags or inclusive signs in public areas.
- Advertise or list your organization in publications known to the LGBT community.
- Include articles about LGBT topics or clients in newsletters and on your website.

### **References and Resources**

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4. *LGBT Sensitive Intake, Creating an LGBT Welcoming Service, Planning and LGBT Older Adults* Three fact sheets produced by Training to Serve, [www.trainingtoserve.org](http://www.trainingtoserve.org)