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Green light given to more research on health disparities in LGBT elders

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In October 2016, Dr. Eliseo J. Pérez-Stable, the Director of the National Institute on Minority Health and Health Disparities, announced a formal designation of sexual and gender minorities as a health disparity population for NIH research (goo.gl/vDJfv5). This designation has important implications for older adults who identify as sexual and gender minorities, and who have lived lives in the margins of society.

The Centers for Disease Control and Prevention (CDC) in 2014 defined health disparities as preventable differences in the burden of disease, injury and violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic and other population groups and communities (goo.gl/Ttcsd2).

Research Will Parse a Range of Disparities

In recent years, gerontological research has sought to better understand this hidden and vulnerable population through a growing body of research. Once an almost taboo research subject (stigmatized similarly to the population of interest), social scientists and policymakers are acknowledging the importance of research that will identify disparities in the quality of health and well-being among LGBT adults ages 50 and older.

We have already noted important differences not only between LGBT older adults and their heterosexual and cisgender counterparts, but also among important subgroups within the LGBT cohort. There are additional disparities among LGBT older adults, including those who are transgender, bisexual, living with HIV and of advanced age.

Researchers have identified ways in which LGBT older adults face health disparities compared to their heterosexual peers, including increased prevalence of smoking, poorer mental health and increased functional limitations. In a 2013 study, Fredriksen-Goldsen and colleagues (goo.gl/UPyiWX) found that lesbian and bisexual women ages 50 and older had greater odds of disability and poor mental health compared to their heterosexual peers. Differences also were found in health behaviors, with gay and bisexual men and lesbian and bisexual women being more likely to smoke and drink excessively than their heterosexual peers.

Recent research from larger sample sizes allows us to examine subgroup differences. This focus has identified important differences suggesting disparities and vulnerability between LGBT older adults. For example, both transgender and bisexual older adults are at elevated risk of disparities, as are those living with HIV.

In a recent analysis of data from the National Health, Aging and Sexuality/Gender study (NHAS), older adults who identified as bisexual or living with HIV infection were nearly twice as likely to live at or below 200 percent of the federal poverty level when compared to their gay or lesbian counterparts or those who were HIV-negative.

Transgender older adults were also at an elevated risk of being low income and experiencing financial barriers to healthcare. Transgender and older adults living with HIV had significantly lower levels of social support, as well as increased rates of disability and depressive symptomology (goo.gl/mhrTsm).

Other Factors Driving Disparities

Discrimination and victimization are associated with poor health and health disparities in older age. For example, an analysis of data from 2,439 LGBT older adults in 2013 by Fredriksen-Goldsen and colleagues (goo.gl/mPiznx) found lifetime victimization and discrimination independently associated with poorer general health and an increase in disability and depression. Still, subgroups of LGBT older adults do not experience discrimination uniformly. Transgender older adults and those living with HIV reported significantly increased experiences of victimization, placing them at greater risk for health disparities compared to other LGBT older adults (goo.gl/mhrTsm).

Disparities also may exist within the LGBT older adult population, not by sexual orientation or gender identity, but by age. Data from the NHAS found that LGBT adults older than age 80 have lower levels of a positive sense of sexual identity, lower levels of connectedness to the LGBT community and smaller social networks. These characteristics may put LGBT older adults of advanced age at greater risk for social isolation and loneliness than their younger counterparts.

LGBT older adults of color and those living in poverty also may be at risk for greater health disparities, and it is critical that we develop effective ways to improve the health and aging of these at-risk populations. The designation of sexual and gender minorities as a health disparity population for NIH research could not come at a more critical time, as these populations of older adults will continue to grow in the future.

Research will yield a better understanding of how health disparities play out across populations, and how they will become increasingly important. In 2016, ASA devoted its summer issue of *Generations* (Volume 40, Number 2) to the topic of LGBT aging and health. Additionally, in February 2017, a supplement of *The Gerontologist* will be focusing on the topic of health disparities and wellness among LGBT older adults. Increased attention to this marginalized population must be a continued priority of gerontological research, in order to mitigate health disparities in the future.

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