

Supporting Person-Centered Diagnosis of Lesbian, Gay, Bisexual, Transgender, and Queer Older Adults

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National Academies of Sciences | Engineering | Medicine

July 21, 2022
Irvine, CA

Aging with Pride *

National Health, Aging, and Sexuality/Gender Study

Presenters and authors have no relevant commercial relationships to disclose.

This work was supported by the National Institute on Aging of the National Institutes of Health [grant numbers R01AG026526, R01AG055488, PI, Fredriksen Goldsen], which was not involved in any phases of this study. The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Chronic Conditions and Health Disparities by Sexual Orientation and Gender: Age 50 and Older, National Health Interview Survey, (2013-2014)



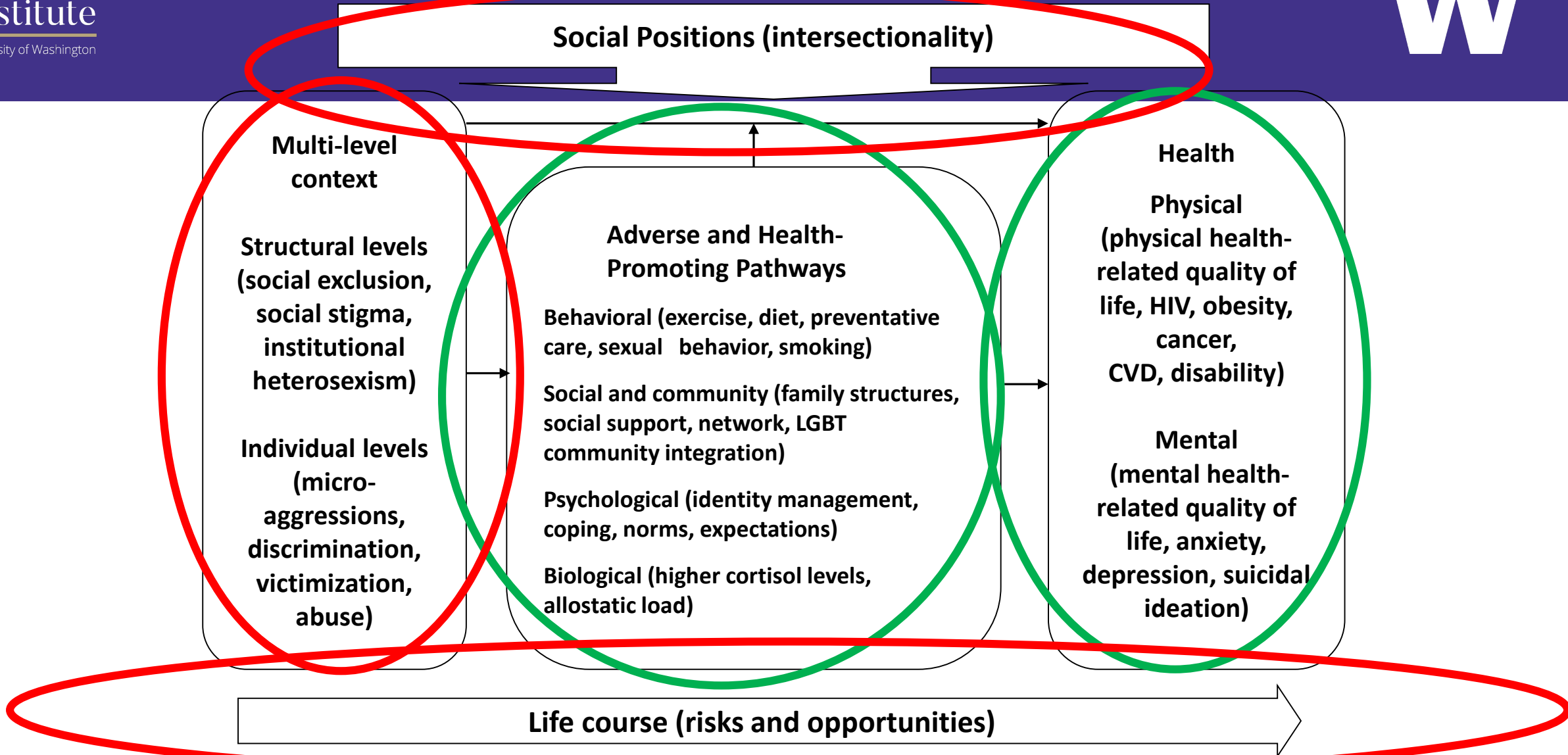
| Health indicators Chronic Conditions | Women | Men |
|--------------------------------------|--|--|
| | LB vs. Heterosexual (ref) AOR ^c (95% CI) | GB vs. Heterosexual (ref) AOR ^c (95% CI) |
| Stroke | 2.12*** (1.57, 2.87) | 0.56 (0.27, 1.17) |
| Heart Attack | 2.28*** (1.58, 3.29) | 1.08 (0.83, 1.40) |
| Angina Pectoris | 1.29 (0.88, 1.90) | 1.69** (1.21, 2.35) |
| High Blood Pressure | 0.88 (0.74, 1.04) | 0.94 (0.80, 1.10) |
| COPD | 1.08 (0.83, 1.41) | 1.06 (0.71, 1.57) |
| Asthma | 1.28** (1.12, 1.53) | 1.06 (0.77, 1.44) |
| Arthritis | 1.57*** (1.32, 1.88) | 0.84 (0.71, 1.01) |
| Low Back/Neck Pain | 1.78*** (1.46, 2.17) | 1.21* (1.04, 1.41) |

Chronic Conditions and Health Disparities by Sexual Orientation and Gender: Age 50 and Older, National Health Interview Survey, (2013-2014)



| Health indicators Chronic Conditions | Women | Men |
|--------------------------------------|--|--|
| | LB vs. Heterosexual (ref) AOR ^c (95% CI) | GB vs. Heterosexual (ref) AOR ^c (95% CI) |
| Diabetes | 0.77* (0.63, 0.96) | 0.85 (0.68, 1.07) |
| Obesity | 1.18 (0.98, 1.41) | 0.67*** (0.55, 0.80) |
| Cancer | 1.07 (0.88, 1.30) | 1.41*** (1.17, 1.69) |
| Weakened Immune System | 1.69** (1.16, 2.46) | 3.16*** (2.25, 4.43) |
| General Health, Poor | 1.75*** (1.36, 2.24) | 1.18 (0.94, 1.47) |
| Disability | 1.57*** (1.32, 1.87) | 1.46*** (1.22, 1.75) |
| Cognitive impairment | 1.83** (1.25, 2.68) | 1.18 (0.94, 1.47) |
| Limitations in ADL | 0.34*** (0.20, 0.59) | 2.64*** (1.82, 3.82) |
| Limitations in IADL | 1.30 (0.93, 1.82) | 1.87** (1.31, 2.66) |
| Mental Distress | 1.33** (1.08, 1.63) | 1.64*** (1.29, 2.08) |

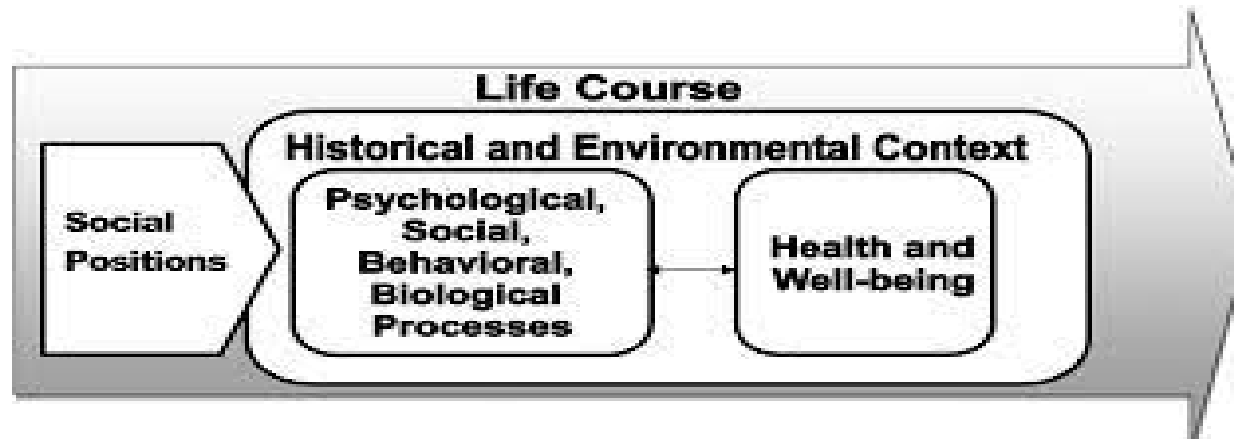
Health Equity Promotion Model (HEPM)



Systems thinking for diagnostic excellence equity



“...helps protect against oversimplification of such complexity [of many diagnostic activities] and brings together useful tools for explicating mental models of complex problems” (p. 1,955)



Historical Contexts

✓ Sickness

Involuntary commitment, “treatment”

✓ Perversion

Criminal arrests, public knowledge

13 Nabbed In Crackdown On Morals Offenders Here

By CHUCK HENDRICK
Tribune Staff Writer

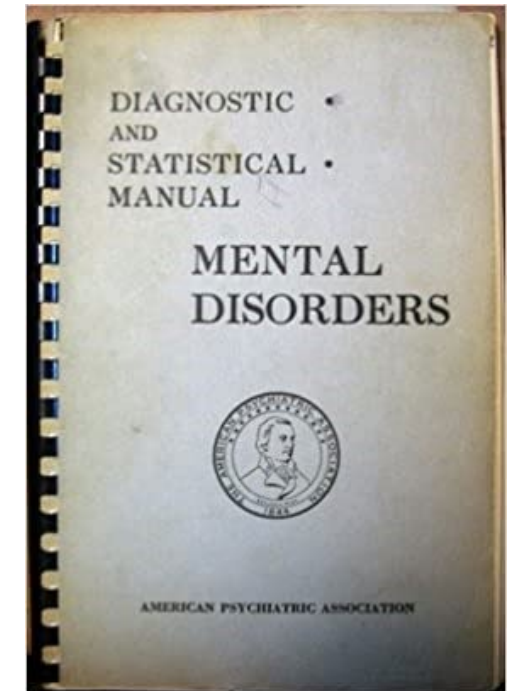
City vice squadsmen, led by Captain Howell Rye, last night fired what the officers termed the “opening shot” in a war against sex perverts in Tampa, arresting 13 women in two Grand Central Ave. taverns.

Hit first in the raid, employing some eight detectives and uniformed policemen, was Jimmie White's Tavern, at 1725 Grand Central.

The tavern, crowded with

Reals that “my orders came from the top,” and “we’re going to put a stop to this activity once and for all.”

During the raid, in which the detectives relied on the dress and appearance of the women in the bar in determining whom to arrest, the officers questioned two bartenders who were wearing men's clothing and, to all appearances, were men. However, they were carrying police identification cards showing them to be employed as female waitresses. They were



- **Discrimination, victimization** ^{2, 3}
- **Anticipated rejection**
- **Long-term concealment** ⁴
- **Internalized heterosexism** ^{4, 5}

→ **Chronic health conditions, depression, disability**



1. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence [Review]. *Psychological Bulletin*, 129(5), 674 - 697. <https://doi.org/10.1037/0033-2909.129.5.674>
2. Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H.-J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., Goldsen, J., & Muraco, A. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54(3), 488 – 500. <https://doi.org/10.1093/geront/gnt021>
3. Fredriksen-Goldsen, K. I., Emlet, C. A., Kim, H.-J., Muraco, A., Erosheva, E. A., Goldsen, J., & Hoy-Ellis, C. P. (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, 53(4), 664 - 675. <https://doi.org/10.1093/geront/gns123>
4. Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2016). Lesbian, gay, & bisexual older adults: Linking internal minority stressors, chronic health conditions, and depression. *Aging and Mental Health*, 20(11), 1119-1130. <https://doi.org/10.1080/13607863.2016.1168362>
5. Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2017). Depression among transgender older adults: General and minority stress. *American Journal of Community Psychology*, 59(3-4), 295-305. <https://doi.org/doi:10.1002/ajcp.12138>

Explicit Bias [health disparities]



- Lifetime victimization ≥ 3 times: 67% ¹
- Primary health care: 13% denied outright or received inferior care ¹
- “Sensitivity to variation in the involvement of family or other caregivers is important” (p. 919) ²



1. Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., & Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*

2. Cassel, C., & Fulmer, T. (2022). Achieving diagnostic excellence for older patients. *JAMA*, 327(10), 919-920.

LGBT older adults in long-term care facilities: Stories from the field (n = 790)



| Experiences Related to Resident's Real or Perceived Sexual Orientation and/or Gender Identity | <i>n</i> | % |
|---|------------|------------|
| Verbal or Physical Harassment From Other Residents | 200 | 23 |
| Refused Admission or Re-admission, Attempted or Abrupt Discharge | 169 | 20 |
| Verbal or Physical Harassment From Staff | 116 | 14 |
| Staff Refused to Accept Medical Power of Attorney from Resident's Spouse or Partner | 97 | 11 |
| Restriction of Visitors | 93 | 11 |
| Staff Refused to Refer to Transgender Resident by Preferred Name or Pronoun | 80 | 9 |
| Staff Refused to Provide Basic Services or Care | 51 | 6 |
| Staff Denied Medical Treatment | 47 | 6 |
| Total | 853 | 100 |

Implicit Bias [communication barrier]



- **LGBTQ > 20% Not out to physician** ¹
- **TGNC: Need to educate physicians** ²
- **“Sensitivity to variation in the involvement of family or other caregivers is important”** (p. 919) ³
- **Families of choice, “logical kin”**



1. Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., & Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*
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3. Cassel, C., & Fulmer, T. (2022). Achieving diagnostic excellence for older patients. *JAMA*, 327(10), 919-920.

Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias



“CHJ, in her late fifties and in a long-standing same-sex relationship, had scheduled an appointment with an ob-gyn for bleeding likely related to previously diagnosed uterine fibroids. Her prior ob-gyn had recently retired, and all of her patients had been transferred to the care of another doctor. **CHJ was somewhat reluctant to be seen by a new ob-gyn but overcame her trepidation because her prior doctor had highly recommended him.** She undressed, donned the requisite gown, and positioned herself on the examining table and in the stirrups with the help of a medical assistant.

The doctor entered the room and briefly introduced himself. As CHJ was being examined, the **physician** looked up and **asked if she was sexually active. CHJ responded yes** and started to feel discomfited, wondering where this line of questioning was going. The physician said, ‘Change to your fibroid is large. **Haven’t you experienced quite a bit of pain during sexual intercourse with your husband?**’ CHJ tensed and simply replied, ‘**No, I haven’t experienced any pain”**’ (p. S40)

Utilization of recommended preventive health screenings between transgender and cisgender older adults

| | Cisgender (ref) | Transgender | | |
|--|--------------------|--------------------|--------------------|-----------------------|
| | % | % | OR [CI] | AOR ^a [CI] |
| Mammogram (Every 2 year, 50-75) | 88.89 ^b | 37.70 | .08** (.04, .13) | .08** (.04, .16) |
| Pap Smear (Every 3 year, 50-64) | 82.13 ^b | 21.50 | .06** (.03, .10) | .05** (.03, .09) |
| Osteoporosis test (At least one, 65+) | 85.10 ^b | 30.77 | .08** (.04, .13.6) | .08** (.04, .16) |
| PSA test (Every year, 50-74) | 74.22 ^c | 39.08 ^d | .22** (.14, .35) | .31** (.19, .51) |

Note. ref = reference group; OR = odds ratio; AOR = adjusted odds ratio;

CI = confidence interval; * $p < 0.05$; ** $p < 0.01$

a. Estimates were adjusted for age, race/ethnicity, education, and poverty.

b: Estimations come from sexual minority women.

c: Estimations come from sexual minority men.

d: Estimations come from transgender women.

Hoy-Ellis, C. P., Fredriksen-Goldsen, K. I., & Kim, H.-J. (2022). Utilization of recommended preventive health screenings between transgender and cisgender older adults in sexual and gender minority communities. *Journal of Aging and Health*, 0(0), 1-14. <https://doi.org/https://doi.org/10.1177/08982643211068557>

How does your positionality bias your epistemology?

| Medical Model | Social Model |
|--|---|
| Physician-centered | Person-centered |
| Objective | Subjective |
| Female/Male {Intersex} | Woman/Man/TGNC |
| Body/Mind dualism | Holism |
| Biomedical focus | Psychosocial focus |
| Medical knowledge exclusionary | Knowledge NOT exclusionary |
| Desired outcome: Happy, healthy patient | Desired outcome: Happy, healthy person |



Half empty or half full?



alzheimer's  association®

LGBT caregiver monthly support



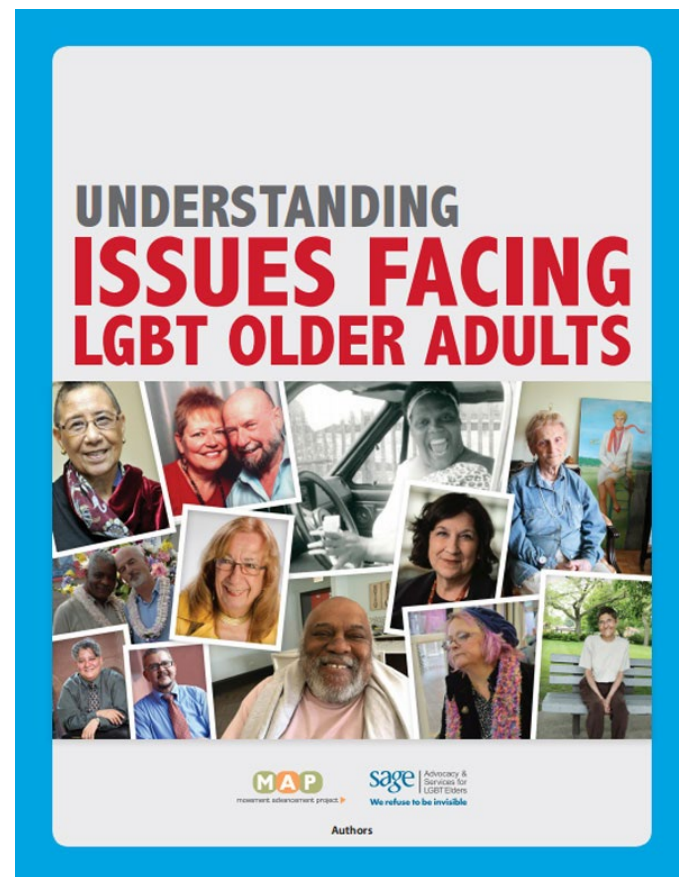
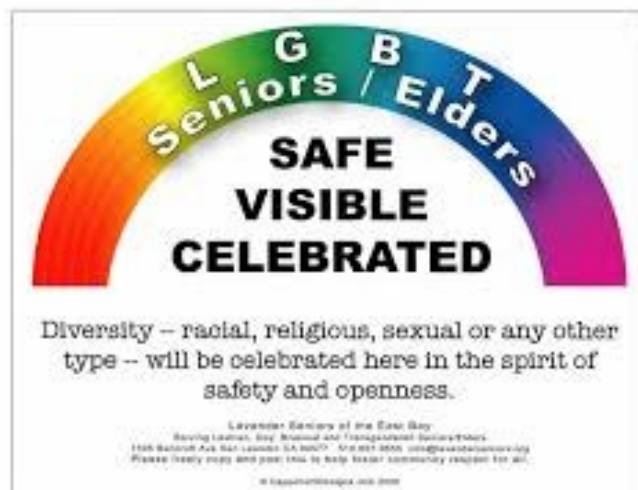
UNITED WE PRIDE

GAY & GREY

LEAD THE WAY

AARP

HOME
MEMBER BENEFITS
HEALTH
MONEY
WORK & RETIREMENT
PERSONAL GROWTH
POLITICS & SOCIETY
RELATIONSHIPS
Love & Sex



For more information

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RESEARCH PRIORITIES

Health, Longevity, Sexuality
and Gender Research



- ▶ Aging with Pride (NHAS)
- ▶ Global PRIDE Study
- ▶ Wellness with Pride
- ▶ WA State Equity & Health Study
- ▶ Oregon LGBTQ+ Older Adult

Intervention Research with
Underserved Communities



- ▶ AgeIDEA (Innovations in Dementia,
Empowerment, and Action)
- ▶ IDEA Café
- ▶ IDEA Café for Care Partners

Translational Practice,
Education, and Training



- ▶ AgePRIDE
- ▶ Legacy Letters
- ▶ Safe Home
- ▶ Innovations in Aging & Multigen
Practice