Addressing the Wellness of LGBT Older Adults

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• The ECCAC Wellness Program:
  • Provides culturally competent prevention and support services to the diverse LGBTQ Community.
  • Reduced disparities in access to services due to stigma, discrimination, and lack of knowledge of mental health, substance abuse, and suicide prevention services.
  • Help make the public behavioral health system more culturally competent and consumer and family driven for LGBTQ community in Santa Clara County.
LGBTQ Definitions

- **LGBT**: Lesbian, Gay, Bisexual, Transgender
- **Gay**: Men attracted to men. Colloquially used as an umbrella term to include all LGBTIQ people.
- **Lesbian**: Similarly, a woman attracted to a woman.
- **Bisexual (also Bi)**: A person who is attracted to two sexes or two genders, but not necessarily simultaneously or equally.
- **Transgender**: Transgender (sometimes shortened to trans) people are those whose psychological self ("gender identity") differs from the social expectations for the physical sex they were born with.
- **Cisgender**: A person who by nature or by choice conforms to gender/sex based expectations of society (also referred to as “Gender Normative”).
LGBTQ Definitions

- **Sex**: A medical term designating a certain combination of chromosomes, external gender organs, secondary sex characteristics and hormonal balances. Common terms are “male,” “female” and "intersex.”

- **Gender**: A socially constructed system of classification that ascribes qualities of masculinity and femininity to people.

- **Gender Identity**: Individual’s internal sense of gender, which may or may not be the same as one’s assigned gender. Since gender identity is internal it isn’t necessarily visible to others.

- **Gender Expression**: The way in which a person expresses their gender identity through clothing, behavior, posture, mannerisms, speech patterns, activities and more.
Queer

- An umbrella term to refer to all LGBTIQ people
- A political statement, as well as a sexual orientation, which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid.
- A simple label to explain a complex set of sexual behaviors and desires. For example, a person who is attracted to multiple genders may identify as queer.

*Many older LGBT people feel the word has been hatefully used against them for too long and are reluctant to embrace it.*
Barriers to Successful Aging

All older people face considerable challenges as they age. Unequal treatment of LGBT older adults can make it harder for them to achieve "successful aging" (a term used to describe life satisfaction and a sense of well-being in the face of growing older).

The Barriers to “Successful Aging”:

• The effects of social stigma and prejudice, past and present.
• Reliance on informal families of choice for social connections, care and support at a time when government & other institutions largely define family based on marriage and biological kin.
• Inequitable laws and programs that fail to address, or create extra barriers to, social acceptance, security, and better health and well-being for LGBT adults.
Higher Levels of Distress

• LGBTQ older adults reported evidence of higher levels of depression and psychological distress among midlife and older lesbians and gay men
  • *Lesbian women* are *1.35 times at greater risk* of experiencing psychological distress compared to heterosexual women.
  • *Gay and Bisexual men* are *1.5 times at greater risk*.

*Researchers note that LGBT people are subjected to chronic stress related to their stigmatization and experiences of discrimination and violence over their lifetime.*
This phenomena is known as minority stress, and has been found to increase feelings of loneliness in LGB older adults.
Isolation from Programs for Older Adults

• As openly LGBT older adults seek services from health services providers, they interact with staff and clients who may harbor prejudices, or are unused to working with LGBT persons.

  • LGBT adults are only 20% as likely as their heterosexual peers to access needed services such as senior centers, housing assistance, meal programs, and other entitlements.

• In a 1994 survey, 46% of Area Agencies on Aging surveyed said that LGBT people would not be welcome at their senior centers if their sexual orientation were known.

  • 96% did not offer services specifically for gay and lesbian older adults and did not target outreach to them.
“More than one-third of LGBTQ survey respondents ages 65 and older and/or their families need senior services but have a hard time accessing them” (Santa Clara County Public Health, 2013)
Isolation from LGBTQ Communities

• The LGBT community is not a uniform community, and contains smaller communities that are often more relevant to a person’s sense of self than their sexual orientation & gender identity.

• For older LGBT adults,
  • 44% of older gay men felt ignored because of their age.
  • 42% said the LGBT movement does not do enough to engage older LGBT people in social activities.

• Similarly, older gay men felt marginalized from the gay community as they aged; they perceived their aging to diminish their social support dramatically.
  • Older lesbians tended to have networks that were more resilient and showed less fluctuation in response to changes with aging.
Gay men are more likely to struggle with the physical changes of aging because, as a group, some older gay men may confront a loss of social valuation as physical and sexual changes affect what has been a source of self-esteem.
LGBT older adults less likely to rely on spouses, and children.

- Denied legal marriage except in a handful of states that acted only very recently on the issue, most LGB adults over age 60 are single.

- In a 2006 study among those age 65 and older in the San Francisco Bay Area, almost three-quarters of gay men and almost half of lesbians reported their relationship status as single.

For transgender people, medical providers for many years required candidates for sex reassignment surgery to divorce their spouses, move to a new place and construct a false personal history consistent with their new gender expression.
LGBT older adults rely less on parents, siblings, and in-laws.

- Lack of acceptance by their biological families has estranged many LGBT adults from their surviving parents, siblings, aunts, uncles, and so on.

- Some LGBT adults have attempted to maintain these relationships by staying deeply closeted.

- This source of self-isolation reduces family support in an important aspect of the LGBT older adult’s identity and practical effects to their mental, physical, and emotional well-being.
LGBT older adults rely most on friends, “families of choice.”

- Because of the lack of kin-based social support, friendships become crucial social connections for many LGBT older adults.
- In a 1999 study:
  - Two-thirds of older gay men and lesbians identify a family of choice.
  - A third described their friends as equivalent to family.
  - Others viewed their friends as family by default (“They’re all I have left”).

  One woman said, “We need each other in a way that heterosexuals don’t. We’ve led a life of nobody being there.”
• There is limited government and social support for families of choice.
  • Families of choice provide a partial, but not complete, solution to the social support needs of LGBT older adults.
  • They are not recognized as legitimate (and/or preferred) providers of care by all civil and social institutions and the law.
• Families of choice are also less likely to be intergenerational when it comes to caregiving.
  • Friends of LGBT older people are more likely to be roughly the same age, and, as a result, may not necessarily be capable of providing long-term, extended care because they are facing health challenges of their own.
Effects of Social Isolation

- When an individual is socially isolated, he or she is living without a robust convoy.
- Individuals who are frequently lonely suffer higher rates of morbidity, mortality, infection, depression and cognitive decline.
- Older adults who feel most isolated report 65% more depressive symptoms than those who feel least isolated.

The most isolated also are three times less likely than their least-isolated peers to report very good or excellent health.
What can we do?

• **Social spaces** for older adults to meet, talk, and build a community network.
  - Set up program times, locations, and logistical details to best support the needs of LGBTQ older adults.

• **Education and entertainment** programs that are relevant for older LGBTQ generations.

• **Volunteer opportunities** for older adults to genuinely interact between generations to foster increased a sense of self (and social) value.

• **Outreach and awareness** for the rights of LGBTQ persons and older adults to advocate for their needs in mental health and healthcare systems.
Q&A
References

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