



When Health Care Isn't Caring: LGBT Older Adults and Older Adults Living with HIV

Results from Lambda Legal's Health Care Fairness Survey

In 2009, Lambda Legal, with the help of over 100 partner organizations, conducted a survey as part of a national Health Care Fairness Campaign. **This survey is the first to examine experiences with refusal of care and barriers to health care access among lesbian, gay, bisexual and transgender (LGBT) and HIV communities on a national scale.** The information in this report is gleaned from the completed 4,916 surveys.

This fact sheet describes the discrimination, substandard care and barriers to health care experienced by older LGBT adults and those living with HIV. Twenty-five percent of the overall survey respondents (1219 people) were age 55 or older. Of those, 72 percent (878) were between the ages of 55 and 64 while 28 percent (341) were age 65 and older.

For purposes of this report, we have defined "older adults" as survey respondents age 55 and over. Although "seniors" are commonly understood to be age 65 and older, we have included people from 55 to 64 because there is growing recognition that one important strategy for keeping seniors healthy is to increase preventive services for adults age 50 to 64 years.

Older adults confront many health risks as they age, and LGBT older adults deal with additional challenges, as they are less likely to have access to health care, aging services and family and other social support. It is estimated that by 2030, the number of U.S. adults age 65 and older will more than double to about 71 million¹ and the number of LGBT people age 65 and over will increase by 60 percent to an estimated 4.7 million.² Because of the rapidly increasing number of older people in the United States, it is critical that the health care needs of this community are effectively addressed.

1 Centers for Disease Control and Prevention, "Improving and Extending Quality of Life Among Older Americans: At A Glance 2010," <http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm> (accessed October 19, 2010).

2 Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), "SAGE's Strategic Plan 2008-2012: Rising to the Challenge on LGBT Aging."

Discrimination and Substandard Care

The results of this survey overall show that disturbing numbers of LGBT respondents as well as those living with HIV have experienced significant health care discrimination.

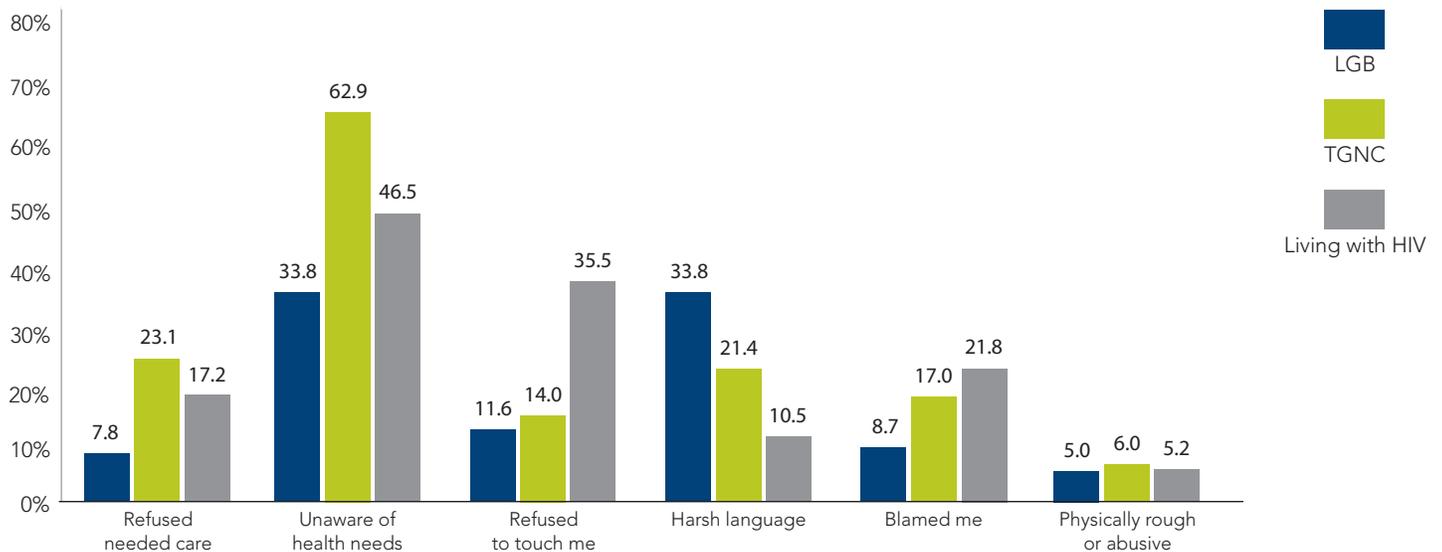
In many of the categories measured in this survey, older LGBT respondents and those living with HIV reported similar rates of discrimination compared to younger respondents.

- Almost 8 percent of older lesbian, gay or bisexual (LGB) respondents, 23 percent of older transgender or gender-nonconforming (TGNC) respondents and 17 percent of older respondents living with HIV reported that they had been refused needed care.
- Nearly 34 percent of older LGB respondents reported being treated by health care providers who were unaware of the specific needs of LGB people. Well over half (63 percent) of older TGNC respondents reported being treated by health care providers who were unaware of the specific needs of transgender people and 47 percent of older respondents living with HIV were treated by providers who were unaware of the needs of people living with HIV.

LGBT older respondents were significantly more likely to experience harsh verbal and physical treatment by health care providers and older respondents living with HIV were more likely to experience harsh physical treatment than their younger counterparts.

- LGBT older respondents were three times more likely than younger LGB respondents to say that health care professionals used harsh language toward them, with nearly 34 percent reporting this experience, compared to 11 percent of LGB respondents overall.
- Five percent of older LGB respondents reported that they experienced physically rough or abusive treatment from medical professionals, compared to 4 percent of LGB respondents overall.
- Five percent of older respondents living with HIV reported that they experienced physically rough or abusive treatment, compared to 4 percent of

Discrimination and Substandard Care: LGBT Older Adults and Adults Living with HIV



Intersection of Types of Discrimination

Even though life expectancy and overall health have improved in recent years in the United States, not all older adults are benefiting equally because of a variety of factors including economic status, gender, race, ethnicity and national origin. While the survey was designed to examine the discrimination LGBT people and people living with HIV experience in health care based on their sexual orientation (homophobia), gender identity (transphobia) and/or HIV status (HIV stigma), it is important to point out that LGBT people and people living with HIV may also experience discrimination based on a multiplicity of other factors.

Intersectionality theory makes it clear that it is impossible to separate different types of discrimination and oppression because they intersect and interact to create, sustain or deepen negative outcomes. In fact, the intersectional experience is greater than the sum of the different types of discrimination.³

The intersectionality of discrimination based on age along with homophobia, transphobia and/or stigma based on HIV status can help explain why some older LGBT respondents were more likely to experience some discrimination and barriers to care than younger respondents. Older LGBT adults have unique experiences that may not be best addressed by policies and programs designed with the incorrect assumption that all LGBT people are young or middle-aged. Similarly, programs designed for older heterosexuals may not meet

the needs of LGBT older adults. By taking the intersectionality of discrimination and oppression into account, policies and programs can more sufficiently address the particular ways in which older LGBT adults experience discrimination, and they can also better serve other LGBT people and people living with HIV who are members of multiple marginalized groups.

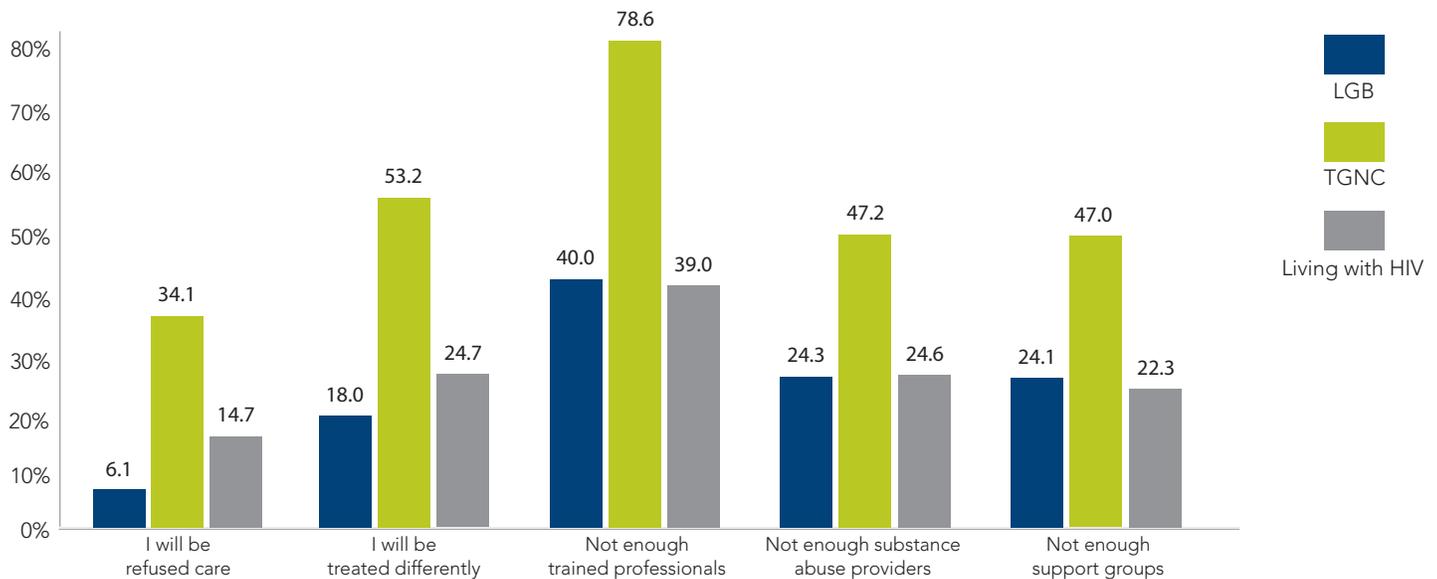
Barriers to Care

The results of this survey overall show that disturbing numbers of lesbian, gay, bisexual and transgender (LGBT) respondents as well as those living with HIV have concerns about being able to access the health care they need. **In many categories covered in this survey, older LGBT adults and older adults living with HIV were just as likely as their younger counterparts to have concerns about their ability to obtain needed health care.** These concerns are **barriers to care** and can lead to a reluctance to seek care, and as a result, poorer health outcomes.

- Six percent of older LGB respondents, 34 percent of older TGNC respondents and 15 percent of older respondents living with HIV expressed concerns that health care providers will refuse to treat them because of their sexual orientation, gender identity or HIV status.
- Forty percent of older LGB adults, 79 percent of older TGNC adults and 39 percent of older adults living with HIV fear that there are not enough health care professionals adequately trained to care for them.

³ Crenshaw, Kimberlé. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics," 1989 *University of Chicago Legal Forum* 139,140.

Fears and Concerns About Accessing Health Care: LGBT Older Adults and Older Adults Living with HIV



Key Recommendations

Health care institutions and providers should:

- Establish policies that prohibit discrimination based on sexual orientation, gender identity or expression and HIV status and provide a process for reporting and redressing discrimination.
- Mandate cultural competency training for all health care students and professionals about sexual orientation and gender identity and expression; include information about the ways older LGBT adults and adults living with HIV may experience discrimination, abuse and neglect in health care settings and provide strategies to eliminate such discrimination.
- Take into account the intersectionality of discrimination and oppression when developing policies, programs and services.
- Advocate for improved laws and accreditation standards.
- Recognize families of LGBT people, which may include “families of choice” such as friends and other loved ones in addition to partners and children, to ensure fair visitation and the respect of advance directives (e.g. power of attorney, living will and health care proxy).

Governments should:

- Include equal coverage of LGBT people and people living with HIV in all antidiscrimination and equal opportunity mandates.

- Require all health care facilities and education programs that receive government funding to develop and implement goals, policies and plans to ensure that LGBT people and people living with HIV are treated fairly and provide ongoing cultural competency training for all health care students and professionals.
- Change laws to require recognition of the families of LGBT people, including those who live within less common family structures, and require health care providers to do the same.
- Pass laws that explicitly protect LGBT people and people living with HIV from discrimination in health care settings.
- Prohibit discriminatory practices by insurance providers that deny or limit coverage of medically necessary care for LGBT people and people living with HIV, such as reproductive and transition-related health care.

Individuals and organizations should:

- Educate themselves and each other about LGBT rights and the rights of people living with HIV and educate health care providers about the needs of LGBT patients and those living with HIV.
- Advocate for improved laws and policies.
- Report unfriendly and discriminatory practices, share stories of health care discrimination and pass on referrals to providers and institutions that are sensitive to and knowledgeable about the issues that affect LGBT people and individuals living with HIV.

- Use existing mechanisms—such as advance directives and other end-of-life documents—to create as much protection as possible for individuals and their loved ones.

Demographics

Older survey respondents were more likely to be:

- White—Ninety-four percent of older respondents were white, compared to 84 percent of younger respondents. Only 9.6 percent of older adults identified as people of color, compared to 21 percent of younger respondents. Three percent of older adults identified as Latino/a, 3 percent identified as Black and .4 percent identified as Asian.
- Born in the United States—Only 4 percent of older respondents were immigrants, compared to 7 percent of younger respondents.
- Non-transgender male—Sixty-five percent of all older adults who took the survey identified as male (and neither transgender nor gender-nonconforming) while 24 percent identified as female.
- Gay—Older adults were much more likely to identify as gay (66 percent compared to 53 percent of younger adults). Only 8 percent of older respondents identified as bisexual, compared to 12 percent of younger respondents. Six percent of older adults identified as queer, compared to 19 percent of younger adults. Five percent of older respondents identified as same-gender loving.

- Transfeminine—Only 10 older respondents (.8 percent) identified as transmasculine (individuals who were assigned the sex “female” at birth, but whose gender identity is along the masculine spectrum), compared to 5 percent of younger adults. Seven percent identified as transfeminine (individuals who were assigned the sex “male” at birth, but whose gender identity is along the feminine spectrum), compared to 3 percent of younger adults.

Overall, survey respondents were somewhat more privileged than the LGBT population as a whole in terms of income level, educational level, and access to health insurance. **Because those who are affluent, educated and insured are more likely to be well-served by health care systems, this report likely understates the discrimination and barriers to health care experienced by LGBT older adults and those living with HIV.**

From *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People Living with HIV* (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report.

For the complete survey report, visit www.lambdalegal.org/health-care-report. If you feel you have been discriminated against, contact Lambda Legal's Help Desk at 866-542-8336 or send an email via our web form at www.lambdalegal.org/help/online-form.