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POLICY BRIEF

Policy legacies and forgotten histories: Health impacts on LGBTQ2 older adults

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Background:

Canada is experiencing population aging; in the 2016 Census 16.9% of the population was aged 65 and older and, for the first time, the share of seniors exceeded the share of children[1]. With the aging of the baby boomer generation, increasing life expectancies, and lower fertility rates, population aging is projected to continue. As a Canada's population ages, it is critically important to recognize the heterogeneity of older adults, including their diverse health needs as they age. Those aging within LGBTQ2 communities have been historically invisible within health research, policy, programs, and services.

Gaps in research and population health data have made it difficult to estimate the proportion of LGBTQ2 older adults in Canada, however it is estimated that at least 400,000 older adults are members of LGBTQ2 communities[2]. It is important to use a life course theoretical perspective when considering the health needs of older LGBTQ2 individuals, particularly when considering their unique social and historical contexts[3]. Experiences of stigma and discrimination throughout the life course of older LGBTQ2 individuals must be considered. For example, an individual born in 1944 (aged 75 in 2019) was affected by laws that criminalized homosexuality until they were 25; their sexual orientation was seen as a mental illness until they were 35; and their rights were not protected under the Canadian Charter of Rights and Freedoms until they were 51; and they had no legal rights to marriage until they were aged 61. For transgender and gender diverse older adults, their gender identity and gender expression were only added to the Canadian Human Rights Act and Criminal Code protections when they were aged 72[4]. These landmark events in Canadian history have impacted older individuals from LGBTQ2 communities differently than their younger counterparts, and disadvantages that may have arisen from these socio-political contexts may accumulate over time and become pronounced with aging or experiences of ageism[5]. As noted by the Special Senate Committee Report on Aging, ageism is pervasive in Canada and the federal government has a role in reducing ageism[6] as it is a can create barriers to social participation and prevent individuals and communities of older adults from making contributions to society[7]. The layering of stigma related to LGBTQ2 identities along with the stigma associated with aging can shape the ways in which older LGBTQ2 adults interact with health systems and providers.

Health of LGBTQ2 Older Adults:

There has been a dearth of research on health and illness in late life with respect to LGBTQ2 communities in Canada. In other jurisdictions (e.g., Australia, the United States of America) there are population health surveys that account for aging and health experiences of LGBTQ2 individuals. Recent analyses of the baseline data from the Canadian Longitudinal Study on Aging (CLSA)[1] offer insights into the health and well-being of LGBTQ2 mid-life and aging individuals. It should be noted that at baseline, participants were only asked about their sexual

[1] The Canadian Longitudinal Study on Aging (CLSA) is a large, national, long-term study that will follow approximately 50,000 men and women who are between the ages of 45 and 85 when recruited, for at least 20 years. https://www.clsa-elcv.ca

orientation (no questions on gender identity or gender expression) so these data only speak to the experiences of lesbian, gay and bisexual (LGB) participants. In the first Report on Aging and Health in Canada, emerging from the baseline data collection (conducted between 2010 and 2015) the following key findings were identified [8 (pp. 195)]:

- At baseline, 1057 participants (i.e. 2%) within the CLSA self-identified as LGB;
- LGB participants were less likely to report being married relative to heterosexual participants and more life to report being single, having never married or lived with a partner;
- A greater proportion of LGB participants reported living alone relative to heterosexual participants. For example, 46.1% of gay and bisexual males reported living alone in comparison to only 15.7% of heterosexual males; and
- LGB participants were more likely report feeling lonely at least some of the time.

Additional analyses of health disparities and health behaviours amongst LGB participants and their heterosexual counterparts are documented within a recent paper in the Canadian Journal of Public Health. After controlling for known covariates, when compared to their heterosexual counterparts' key findings included[9]:

- Lesbian and bisexual women had 1.8 greater odds of reporting an anxiety disorder;
- Lesbian and homosexual women had 1.8 greater odds of heavy drinking;
- Gay and bisexual men had 1.9 greater odds of reporting a mood disorder (e.g. depression); and
- Gay and bisexual men had 1.8 greater odds of seeing a psychologist in the last 12 months.

Several Canadian qualitative research studies have contributed to the knowledge of health and aging in LGBTQ2 populations. The findings indicate that LGBTQ2 older adults:

- View their identities as important factors to their overall care within health and social service systems[10];
- Have fears around social isolation and social supports as they age and navigate changes in their health[10];
- Have experienced and anticipate/fear stigma and discrimination from health care providers and within health care systems[11]; and
- Identify long-term care[12] and home care[13] as critical service systems where they want and expect nuanced and inclusive care, yet fear they will not have these needs met.

Recent Canadian research with transgender older adults highlighted the damaging impacts of being mis-gendered within the medical community and the particular vulnerabilities for trans- and gender diverse older adults within health care systems and settings[14].

Health care providers have also echoed the need to enhance their knowledge and training in order to provide better health care to LGBTQ2 older adults. In a recent study with health and social care professional in Ontario, participants reported the need for training and identified the gaps in their own educational training, regardless of their field[15]. On August 8th 2018,

stakeholders convened for a research-policy forum, titled: *Valuing the Perspectives of LGBT Older Adults in Canada: An evidence-based approach to Developing Inclusive Research and Policy Agendas*[16]. Education and training needs of health providers were identified as an immediate need by 70% of the respondents and who also noted that inclusive health services are typically limited to urban centres. Additionally, LGBTQ2 older adults who participated in this forum expressed fears about needing to be 're-closeted' in order to receive unbiased health services[15].

The concerns voiced by LGBTQ2 older adults were also reflected within the content of home care policy documents. A recent review of home care policy documents was conducted as part of a Technical Report submitted to the Mental Health Commission of Canada[17]. Fourteen provincial / territorial policy documents were analyzed for inclusion of the diverse needs and circumstances of various sub-groups of older adults. Of the 14 documents, only two made any explicit mention of LGBTQ2 seniors, highlighting a significant gap in the policy response to the diverse needs of older adults.

Opportunities & Recommendations:

Improving access to home and community care has been framed as a vital need given Canada's aging population. Further, as noted above, mental health disparities exist within LGBTQ2 older adults when compared to their majority peers. The bilateral agreements between the Federal government and Canadian provinces and territories presents an opportunity to respond to the unique fears and needs of LGBTQ2 older adults. A recent technical report submitted to the Mental Health Commission of Canada examined the details of bilateral agreements between the federal government and the provinces and territories[18]. The focus on education and training was consistent across agreements. Many provinces outlined their plan to use federal funding to educate and train individuals on mental health and addictions and/or palliative care. There is an opportunity to extend this training to ensure mental health services and home care services funded via the bilateral agreements align with inclusive care principles. There are also opportunities to learn from other jurisdictions; as an example, the German government recently funded a National Quality Seal, titled *The Diversity Check,* awarded to care and nursing homes that create structural, organizational, and personal conditions that integrate sexual and gender minorities[2].

While the bilateral agreements have not explicitly focused on LGBTQ2+ older adults who may have different experiences navigating home care and mental health services, there is an opportunity for the Federal government to strengthen the focus in future.

Recommendation: Federal/Provincial/Territorial Health Ministers should bring forward issues of diversity, with particular considering of the unique needs of LGBTQ2 older adults receiving home care and engaging with mental health services via the principle of shared collaboration.

[2] www.qualitaetssiegel-lebensort-vielfalt.de

The Public Health Agency of Canada (PHAC) provides health information to the public and to decision makers about the social determinants of health and health promotion within the context of aging. While gender is listed as a social determinant, inclusion of gender identity and sexual orientation are also important when considering the conditions that influence aging[19]

Recommendation: Include sexual orientation and gender identity as social determinants of health that influence the conditions that shape aging in Canada.

PHAC, Statistics Canada, and the Canadian Institute for Health Information (CIHI) have responsibilities involving health surveillance and collection of population health data in Canada. To date measures of sexual orientation and gender identity (SOGI) have not been systematically included within population health data, which contributes to the gap in knowledge and evidence around LGBTQ2 aging and health.

Recommendation: Include and report on SOGI measures and non-binary measures of sex and gender within public health surveillance systems and population health data related to the entire life span.

Recommendation: Create opportunities to disaggregate health and surveillance data whenever possible to make visible the health of sub-populations of LGBTQ2 adults across the entire life span.

PHAC has been a leader in the promotion of Age Friendly Communities (AFC); to date over 900 communities in Canada are making themselves more age-friendly. While age-friendliness may contribute to the health and well-being of older adults, individuals within LGBTQ2 communities are not well represented in age-friendly initiatives[20]. Employment and Social Development Canada (ESDC) has recently focused on LGBTQ2 older adults and the particular risks for social isolation within these communities[21]. Given the linkages between social isolation and health/illness, age-friendly communities should embed a diversity lens into future age-friendly initiatives and focus on addressing the social determinants for LGBTQ2 older adults. The ongoing support for seniors' projects that focus on LGBTQ2 health and well-being should be maintained through the New Horizons for Seniors funding mechanism.

As Canada moves forward developing a dementia strategy for Canada, the unique social and historical contexts and health needs of LGBTQ2 older adults must be considered. The April 2019 "What We Heard" report[22] noted that culturally appropriate guidelines must be developed for LGBTQ2 communities (see Section 4.2 of the report). Within the report there was a focus on increased awareness of and reduction of stigma; moving forward, it should be recognized that the stigma of dementia may also intersect with the stigma and discrimination experienced based on SOGI factors. Within this first report there is no inclusion of HIV-associated neurocognitive disorders (HAND); moving forward it is important to consider how HAND is addressed within our dementia care systems.

Recommendation: Guidelines for LGBTQ2 culturally appropriate dementia care should be developed by and with older adults from LGBTQ2 communities. International "Quality Seals" may serve as an example for such guidelines.

Ongoing investment is needed within the gerontological health research community in order to support the aging experiences of LGBTQ2 communities. The HESA study on LGBTQ2 health in Canada is an important step in addressing gaps in the research landscape. Often, older adults are excluded from investment in LGBTQ2 health, contributing to the 'invisibility' of aging LGBTQ2 communities.

Recommendation: A robust and strategic investment is made via tri-council funding agencies in gerontological health research with LGBTQ2 communities.

The recent appointment of a Minister of Seniors is a policy milestone that signals the importance of Canada's aging population. A key role of the Government is to enable information for seniors. Using a life course theoretical lens serves as a reminder of the current and historical experiences of discrimination LGBTQ2 older adults face(d). When navigating government systems, safety needs to be considered. While many older are able access online information via public libraries and public computers, they many not feel safe to do so in a public setting. Alternate ways of sharing information about LGBTQ2 health should be considered in addition to web-based resources.

Recommendation: The Minster of Seniors, the Minster of Health, and the Special Advisor to the Prime Minister on LGBTQ2 Issues should work collaboratively and with LGBTQ2 older adults and communities and to respond to the health needs of LGBTQ2 older adults in Canada

Conclusion

Current older adults who are members of LGBTQ2 communities were at the forefront of advocacy and policy change for human rights and equity in Canada. While this brief focuses on social and historical contexts and the evidence around health and illness for LGBTQ2 older adults, it is equally important to celebrate the resilience and legacies of their advocacy work. There are significant opportunities available to improve the health and aging experience for this current cohort of LGBTQ2 older adults and to set the foundation for building a more inclusive health system to serve future generations of LGBTQ2 older adults.

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