

Episode 227 – Dr. Kristie Seelman: Sexual Minority Older Adults: Addressing Health Disparities and Promoting Healthy Aging

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork..

[00:00:37] Hello and welcome to inSocialWork. I'm Louanne Bakk your host for this episode. The number of persons over the age of 60 that identify as lesbian gay bisexual or LGBT within the U.S. is currently one point five million. And this is expected to nearly double by 2030 and reach approximately 3 million. Despite these projections the LGB older adult population continues to face health and economic disparities due to discrimination and other factors throughout the life course LGB older adults are more likely to live in poverty and to report more physical and mental health issues than their heterosexual peers. Yet aging service providers often fail to account for the needs of the LGB aging population which can increase their risk of adverse health economic and social consequences. In this podcast Dr. Kristie Seelman discusses the unique challenges that LGB older adults face due to a lifetime of exposure to discrimination and rejection as well as the need for services that are culturally competent and account for their unique realities. Dr. Seelman describes her current research involving health challenges and coping strategies of the LGB population and motivations for advanced care and end of life planning. Findings from a recent study comparing cohort differences in mental cognitive and physical health among sexual minority older persons are also highlighted she concludes by discussing the need for social service providers to address the barriers faced by LGB older persons in order to avoid further risk of isolation and discrimination as well as the formulation of policies in programs that promote access to health care services. Dr. Kristie Seelman is an assistant professor in the school social work at the Andrew Young School of Policy Studies at Georgia State University. Dr. Seelman's research focuses on improving social welfare services in education settings for lesbian gay bisexual transgender queer and questioning people and in developing affirming policies and programs that address disparities across the life course. She was interviewed in September 27th by Dr. Louanne Bakk clinical assistant professor and director of the Institute on Innovative Aging Policy in practice here at the UB School of Social Work. We would like to mention that this episode contains some background distortions that are due to technical problems we experienced while recording. Thank you and we hope you enjoy the podcast.

[00:03:51] Well Kristie thanks so much for joining us on inSocialWork. delighted to be able to have the opportunity to talk with you today. What to do is start by asking you what led to your interests or your study in the health of LGBT older adults.

[00:04:08] Well first I want to thank you for inviting me here to talk about my research. I'm really excited to share a bit about some of the projects I have underway and the work I've done with older LGB adults. I think it might first be helpful to define some of the acronyms and terms that I might use. LGB just stands for lesbian gay and bisexual and sometimes out use the phrase sexual minority which just means the same thing. So describe a people whose orientation is something other than heterosexual or straight. I also I'm probably going to mention at some point in time something called advance care directives and just want to define that term as well. The definition of advance directives can differ somewhat by state but generally it includes both the health care power of attorney and a living will healthcare power of attorney is used to designate the person you'd like to make health care decisions for you. If you should face a situation where you can't make decisions for yourself a living will as a document where you can state your own wishes for end of life care such as whether you would ever want to have a machine help you keep breathing. Usually those two documents are included as part of advanced directives in terms of my focus and what's led me to

study. LGB older adult I think it's helpful just to know. I've been involved with advocacy and research with LGB people over the course of many years and something I've noticed in this area of work and in our community is that there's ageism just like with a lot of other people. Sometimes there's just not much attention given to older adults and I've seen that in the research that is conducted related to this population. That was something that I wanted to be able to address in the work that I'm doing at Georgia State. That was one thing that drove me in this direction. I've also had some of my MSW training in working with seniors and I over the years have volunteered in various settings working with older adults and so I often think about the faces of the people that I've worked with over time and what I think would be helpful for them in terms of the research that I do. So those are some of the things that drove me in this direction. I also think it's important to generally understand the situation by sexual minorities seniors and the type of social services they might be more likely to need.

[00:06:47] So it sounds like it is for a number of factors that led to your study of this. It was personal interactions with older adults and others included really the lack of attention on the population particularly older adults but taking it a little further to certain populations in particular the LGBT LGBT population as well. And I'm certainly sure that just from my own research and understanding that oftentimes. We don't focus a great deal of attention on the all particularly as we start looking at certain with elation. Sounds like you see that as well.

[00:07:24] Yes there tends to be more research about middle adulthood or even younger adults when it comes to sexual minority people. There's been a growth in research on older adults in the past couple of years but just until that recent time point there hasn't been much study. Older group.

[00:07:42] Could you share some background on this topic for us.

[00:07:47] Sure. As with the Population of seniors at large which is growing and projected to grow at increasing rates over the next couple of decades we see similar patterns with sexual minorities seniors. So as of 2014 estimates suggest that about one point seventy five to four million adults age 60 or older identified as LGB or transgender were expect that there's going to be a growth in the number of seniors identifying in that way and this population is going to need services as part of their aging relatively recently there's not been much research or much known about the experiences and health of sexual minorities seniors and that somewhat just due to the evidence base and that this population hasn't been studied as much. But it's also something that I think is generational. People born before 1945 who. Might now identify as lesbian gay or bisexual they may be not sharing that identity with many people. They may just not see it as central to who they are or central to the services that they need. And that's related to the time in which they grew up and we're adults. Being in a same sex relationship was considered a pathology was considered illegal. And so their relationship to this identity looks different than for example the baby boomer generation that is now approaching older adulthood and I expect that that's going to change how our knowledge about this population is communicated and what we need to know about serving older sexual minority adults. Larger percentages of older adults identify openly in this way and want to seek services that are affirming and competent related to their identity. There's going to be more demand for social services providers to be competent in reaching out to sexual minority seniors.

[00:09:53] Do we see organizations starting to be more sensitive topic in the health services that are geared towards the population.

[00:10:01] Yes I've I've definitely heard of effort services reaching out to seniors that are trying to make inroads in this way. But I think there are still a number of barriers to encouraging the population to feel safe in accessing health care and going to a local senior center and feeling like their identity is going to be affirmed. So I think there's certainly progress that's being made and

there's a national group called Saige that is leading a lot of that effort. But there are still a lot of barriers and stigma related to being sexual minority that interfere with access to care for this population.

[00:10:37] But what are some of the barriers.

[00:10:40] SOmetimes it's. Internalized attitudes so absorbing. Messages in the broader culture about sexual minority people and as part of that internalization people may anticipate that they'll face discrimination or harassment at the same time. There are external attitudes so maybe someone in their earlier adulthood did experience discrimination when trying to for example the health care and someone didn't know much about gay or lesbian bisexual identities or maybe said something that was dismissive of their needs or brushed over their concerns and that informs someone's future behavior their likelihood of seeking services as they age. So important to understand the needs of this population there is generally evidence that older LGB adults are likely to face some unique social economic and biological challenges that are related to a lifetime exposure to discrimination and violence and stigma. They're also likely to experience rejection from a family of origin or from the religious community they may have grown up with. And so those factors influence their well-being as they age and some previous research suggests that there are health disparities impacting sexual minority adults in midlife. And it's really important to be able to document whether those disparities continue into later life. We've started to see some research. In the past decade or so that really is beginning to document this more on a kind of get a better sense of OK what are some of the particular disparities as they impact gay men versus lesbians and versus bisexual men and women and how do those look different. What are the unique needs of each subgroup. And just like I mentioned that baby boomers generally are more out about their identities as this population is moving into age 70 and beyond. It's going to be really important that social workers understand what it means to be sexual minority but also what are the unique patterns and behaviors and health needs of this population so that we can best serve them and ensure that they're aging and the healthiest and most successful men are that they can.

[00:13:13] Absolutely absolutely. So I'm interested in knowing a little bit more about her research on this topic. What are you learning.

[00:13:22] Sure. I'm going to talk About Two different projects that I've been involved with. One is pretty much concluded just recently and the other is something that we have under way. The first project was mixed method's study and it was primarily qualitative and we had a sample of nine individuals who identified as lesbian gay or bisexual and they were living in the southeast US. We were interested in interviewing them about some of the health challenges that they're currently facing and how they're planning and making decisions for care that they might need as they age. This was a project I was engaged in As part of a loan repayment contract through the National Institute on Minority Health and Health Disparities. I can project I'm going to discuss just recently the Centers for Disease Control and Prevention. One of their federal surveys the Behavioral Risk Factor Surveillance System that survey started asking a question about sexual identity in one of the possible modules that different states could include. And in 2015 there were a good number of states. I believe it was about 21 states that started having that question in their yearly survey. And so with that data set I've been looking at whether there are some differences in health for older women by sexual orientation. So because this is a population based data set we can make some generalizations of whether these health patterns are occurring for the population at large. So I'm able to look at two lesbian and bisexual women of other minority identity experience differences in mental cognitive and functional health compared to heterosexual women.

[00:15:16] Very interesting. Very interesting. So what did you learn from your research.

[00:15:22] The first project we looked at. Two different. Broad topic one was how are these adults coping with some of the health challenges that they discussed. And the second was. What are some motivations they describe for engaging in advanced care and end of life planning in terms of coping. Some of the things that the group of adults describe was that they were engaging in health promoting behaviors. So some of them spoke to the importance of discontinuing substance abuse. One of our women that we interviewed folks specifically about engaging in some memory games that her doctor had recommended as a way to stay sharp in her thinking and her memory. Some of the adults spoke about changes in their diet to try to encourage health as they're getting older and so they described of a multitude of different behaviors like this that either were recommended by health providers or friends or family or or something that they just reflected on their life that they wanted to change impact their aging another coping strategy they used was about shifting their perspective of their health and their body. And several of them mentioned that as they encountered health challenges whether it was an unexpected fall or a diagnosis of cancer that it really had an impact on the way they viewed their own health and being able to see that health can change very quickly and unexpectedly and for them it was this moment of realizing just how tenuous health can be and there's a certain degree that you can control what your health looks like. And then there's. Some extent to which you need to kind of let go of this sense of having to control everything. So some of them are talking about having a optimistic perspective as much as they can about the challenges they were facing as a way to keep moving forward. So that way of reframing things was really important to the way they described coping with health issues. Another coping strategy that came up had to do with spirituality. Now we know we're sexual minority seniors. Some of them can have a history of a lot of conflict with the religion or spiritual background that they grew up with. But for some of the adults we interviewed they just mentioned how important it was to develop an affirming spiritual identity. Whether that was connected to a religious community or not. And some of them talked about engaging in meditation or prayer as a way of dealing with the health issues that were popping up as they were growing older. And then finally the other coping strategy that they talked about was accepting the end of life. Several of them were active in some community groups that specifically deal with this topic and encourage conversation about what you want to end life to look like. And these adults were saying how helpful that was to be able to have other people to talk to and also just to recognize that everybody dies and that it's something that you can talk about with other people and encourage them to reflect on what they might passed on to other friends and family lessons they've learned things like that but also how they could actively engage in planning for what the end of their life might look like. And that last coping strategy actually ties into the other major topic we were looking at with that study which was what are some of the motivations that these adults describe for engaging in advance care and end of life planning. And there were three general things that were popping up there though. One is that they generally express this sense of wanting to have agency over what the end of their life look like. So being able to have a say in. Maybe what a memorial service would be for themselves or what kind of health care they'd like to have if they're not able to make decisions for themselves as they grow older and so that sense of wanting agency or having control really motivated them to engage in advanced planning and in some ways I think that was pushing back against the sense of there are some things in our lives that they've not been able to control. But this was a moment where they could do something about what their life might look like in the future. Another motivation they talked about was learning from. Experiences of other people. So maybe they had a loved one who faced a diagnosis of Alzheimer's and they saw their health decline and the family around that person become really stressed out about how do we make decisions for our mother when we don't know what what she wouldn't want. And these adults just said seeing how other people went through such situations made them think about what they wanted for themselves and how they want to document their own plans. And then the final motivation that we identified was related to reducing conflict and confusion for their loved ones. So there was a sense that as much as possible they want the people that they care about to know their own preferences for the end of life and that was another factor that seemed to influence advance care planning for this population.

[00:21:12] The results that you just want to just to clarify those are related to the mixed methods study that you did with the nine individuals.

[00:21:19] Yes.

[00:21:20] And some of the things that you saw coming out in the interviews.

[00:21:24] Right. That's correct.

[00:21:26] The other thing is some wonderful results that you just learning more about the population. Is there anything that stood out in particular from these conversations.

[00:21:38] Well I think it was fairly unique to working with LGBT older adults. One of the things that really came out for me was that when they're thinking about engaging in advance directives oftentimes LGB adults may not have family that they grew up with that accept them and some of the adults that we interviewed for example weren't partner and may not have had children. And. Perhaps were disconnected from siblings and so they expressed a sense of there's not necessarily a clear person who would. Make decisions if they became incapacitated and couldn't make health care decisions for themselves. It was on their minds. Who is that person going to be. But also how can I. Put. What I prefer down in writing so that people around me kind of know who I want involved and what my wishes are for myself. I think that unique family pattern differs from what we see among older adults in general who. May have children or may have siblings that they're connected to that it maybe is like a very clear person who would help in any cases where the person can't make health care decisions for themselves. That was something really unique I think to the experiences for this group of sexual minority seniors. It's not even just bringing awareness to the forefront to some may not have followed until this conversation with you then taking it a step further. It really highlights that this is something that we need to be asking about.

[00:23:20] I know it talked about mixed methods study. Did you watch share somethings as well on The CDC findings.

[00:23:26] That project I've been doing some of the analysis this fall. And what I'm seeing is really kind of contributing to the literature around health disparities. The analysis I've been only looking at women 65 and older the general pattern that I'm seeing is that the sexual minority women are reporting greater health issues than the heterosexual women. This is unique because it's really drawing from a population based sample and hovering over 20 states lesbians in the sample are reporting that they have functional health in general compared to straight women and by functional health. That just means for example being able to climb stairs or perhaps whether they need assistance with doing errands or getting to the doctor things like that. The lesbians are reporting greater struggles with those types of activities than straight women. Bisexual women are reporting worse cognitive and functional health so they're having more difficulties for example with making decisions and thinking clearly about what's going on and they're also showing some of those same disparities with functional health has less painful. And then they had a category for women of other sexual orientation. So women that weren't lesbian bisexual or straight maybe they use terms such as pansexual for themselves women in the other category actually showed disparities across all three domains that I looked at functional health cognitive health as well as mental health. This subgroup was reporting greater mental distress. So there's certainly some very clear patterns of disparities occurring and what I was looking at the other thing I am doing with these data are looking at some differences among age groups. So put up a sample in looking at women in their late 60s versus those in their 70s and in their 80s or above. And one of the things that I'm seeing is that there's some patterns indicating that sexual minority women may experience accelerated aging. They're reporting

some of the aging related health problems in their late 60s in their 70s and rates and street women those patterns don't happen for women 80 and older and so aging related health concerns are popping up at earlier time points for the sexual minority women. This is just a one time survey so it's important to kind of keep that in mind. Not tracking women over time but it's contributing knowledge that could be further investigated with future research.

[00:26:22] So in other words we're seeing these come up in an earlier life therefore by the time we get to later in life we're not seeing the disparities as being as prevalent correct.

[00:26:32] Right. And that there could be a couple of reasons for that. One might be if women in their late 60s and 70s. If that's when some of these disparities are happening those women that pass away at earlier ages so they wouldn't be in a group of women aged 80 and above.

[00:26:51] That makes sense. I'm curious you thoughts on why overall we're seeing worse health among the population. I think some of it has to do with lifetime exposure to discrimination whether that's discrimination in employment where someone is.

[00:27:11] Not making the same income based on their sexual orientation as someone else. I think it can also just be related to some of the internalized anxiety or stress. Connected to sexual minority identity that this population has experienced a lot of trials and tribulations over the course of their lives and those things accumulate in our biology over time. And that that could impact what health looks like in later life. Those are some of the issues for me that potential contributors. And there's a whole field of research called minority stress that looks particularly at the way that those types of external and internal mechanisms can effect the stress levels of this population and potentially their mental and physical health.

[00:28:00] That totally makes sense to even thinking about my own research on racial and ethnic minorities in particular. So there's definitely some threads in common between people of color and sexual minority adults. What these findings mean for social work practice.

[00:28:18] Well I think one of the major takeaways is that this type of research is documenting some of the challenges that sexual minorities seniors face in terms of their house. And. This is just another indicator that social services providers. Really need to anticipate that this population not only that they are arriving in later life but also that we want to be competent and prepared for serving their needs particularly because they're facing these greater health challenges. One of the other things that I think is important for social workers is that one of my projects looked at coping strategies and coping and resilience are really important factors when it comes to understanding the health of vulnerable populations as social workers. It's important to be able to offer suggestions to develop interventions that are based on our research about resilience to better promote health for this population.

[00:29:22] Where do you think this is right now on the radar of our agencies in regards to meeting the needs of the population.

[00:29:28] To what extent is this on the radar of lesbian gay bisexual and transgender agencies in relation to serving seniors. in my experience there tends to be some programming there for seniors in this population but it's not as thorough or as financially supported as some of the programming our community has developed for younger adults. And so I think there's a major gap in terms of LGBT services related to aging when it comes to aging providers. I think this is just kind of on the cusp of getting more attention. I think more and more people are out there talking about the needs of sexual minorities when it comes to aging. So I do think there has been positive movement but there's still more to do and.

[00:30:20] I think we touched on this question for you. I'd like to reask it just to see if there's anything you'd like to add to this. What are some of the policies or statements that really do keep LGBT older adults from getting the appropriate health care.

[00:30:36] One of the major policies that impacts seniors has been addressed. So the Supreme Court decision to allow same sex marriage around the country was a really positive moment for LGBT people and it allowed same sex partners to be able to receive Social Security benefits from a partner. That wasn't the case across the country before. However there's still a lot of stigma that we've talked about in terms of receiving health care and Gerontological Services because of that fear of discrimination. In conversations with other people but also in the research is that the stigma can be particularly strong for lesbian gay and bisexual seniors of color that they often want to avoid mainstream health care or mental health care. Of concerns about whether providers will be competent not just for serving them based on race or ethnicity but also related to sexual orientation. And so there is a need for policies to encourage competency among providers but also to ensure that there is not discrimination occurring when people are trying to seek help trying to seek services. We still don't have a. National non-discrimination law related to employment and based on sexual orientation and so because that protection isn't there many sexual minority adult will potentially face lower wages in their employment or maybe difficult even finding a job that impacts their financial and social well-being. Moving into later life of course if they've had a lifetime of difficulty making ends meet that impacts their aging as well. Those would be some of the areas that I think. Have an impact on LGBT seniors getting services but also areas that could be addressed in the future. So we made some progress certainly I mean the Supreme Court decision was monumental and really trying to open up services for LGBT couples in regards to benefits and later life. But it still sounds like it is well there's still some changes or movement still need.

[00:32:57] Right. And even in the conversations I had with seniors here in the Southeast you know at that point in time we didn't have a same sex marriage in Georgia. So I often asked the interviewees if the law changes would you get married to your partner and some of them said no they don't anticipate making that decision. And so it's important to realize that even though that laws in place there can be some adults that choose not to get married. So it's not that easy fix for all past discrimination for this population. And it's really the choice as to whether or not they choose to make that decision.

[00:33:35] Right. And of course there are also adults that aren't in relationships or maybe their partner has passed away. So they're certainly going to be other concerns that they have that are beyond same sex marriage.

[00:33:47] Is there knowledge among the population that change and implications on some of our major programs like Social Security and Medicare. I'm not sure if that's something that you can answer for us or not but it's just as we're having this discussion.

[00:34:01] I haven't seen a. Representative survey of the population to see like do people generally know. I mean I can say anecdotally. I find that. Sexual Minority adults tend to know that same sex marriage is the law but sometimes straight people don't necessarily know that. I can't say for sure what level of awareness is for sexual minorities but generally I think people are aware that that's available around the country. Hopefully that word is getting out there. So we're left to see research in this area in the future the work that I'm doing is documenting. Some of the. Disparities in Health that exist. And I think it's critical to continue to document just what are the experiences among sexual minorities in seeking healthcare and seeking social services. How did they describe those interactions. And what are some of the barriers that keep them from seeking help in the first place. Those factors are really important if we want to be able to better serve this population to understand

what is their lived experience. I also think it's important to see the knowledgebase move toward interventions that are particularly meant to address some of the disparities and challenges faced by this population. I've seen less in the knowledge base that is particular to. Studies of interventions. To promote healthy aging particularly for sexual minority seniors. I think there's also a lot of opportunity to do further research on coping and resilience because. I think as social workers were perfectly positioned to be able to advocate for strategies of resilience and coping and so understanding what seems to be helpful for this population is really going to assist us in making recommendations and how we formulate our work with this population. There's also generally a need for longitudinal research like I mentioned the CDC data set that I'm using is not longitudinal so it's not tracking people over time. So some of the conclusions are related to accelerated aging are based on the one point in time data points and it would be important to have some data about following sexual minorities seniors. You know over 5 10 15 years and looking at what their health looks like over that course of time and what interventions are for what competencies among service providers seem to really make a difference for their health.

[00:36:47] Overall it sounds like we've learned some things about working with LGBT older adults. But there's still a great deal of work needed in Syria in order to address some of the disparities that we talked about. Yes.

[00:36:59] Right. Absolutely.

[00:37:01] I'm just wonder is there anything you'd like to add.

[00:37:04] I don't think so. I've really enjoyed being able to talk with you Louanne and share a little bit about the research I've been doing. I think there is a need for continued research on older adults and particularly with this LGB population.

[00:37:20] I definitely agree. Even after our conversations it's certainly might be some of the disparities that exist as well as some of the challenges. So it was such a pleasure to talk with you about this and you appreciate your time.

[00:37:34] Well thank you for having me.

[00:37:36] Thank you.

[00:37:38] You've been listening to Dr. Kristie Seelman's discussion on the challenges faced by sexual minority older adults and why it is imperative that policies and services account for their unique realities. I'm Louanne Bakk. Please join us again at inSocialWork.

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