



LGBTQ Older Adults and COVID-19 – What Providers Need to Know

The Healthy Aging Project at GMHC

LGBTQ older adults are a high-priority population in planning for and dealing with COVID-19.

They experience high rates of health disparitiesⁱ and are often more reluctant than other older adults to reach out to healthcare providers, senior centers, and support programs.ⁱⁱ

Providers and institutions can play a vital role in helping LGBTQ older adults navigate this crisis, by taking steps to understand their unique needs. Here are some key ways to ensure LGBTQ (lesbian, gay, bisexual, transgender, and queer) older adults can receive healthcare and support in this difficult time:

Inclusive Policies

LGBTQ older adults should be specifically addressed in education and outreach. Many members of this community have long histories of being excluded and mistreated in healthcare settings,ⁱⁱⁱ so when responding to COVID-19 make sure your organization is explicitly welcoming LGBTQ older adults and working to help them overcome obstacles in seeking care and support. Use inclusive language, incorporate images of LGBTQ older adults in your materials, and collaborate with LGBTQ organizations and community networks.

Make sure that policies are inclusive of chosen family. With many facilities rapidly restricting visitor policies because of COVID-19, remember that federal law protects people's right to self-determine who their decision-makers and high-priority visitors are, regardless of legal or biological relationship.^{iv} When only a single visitor is allowed, the patient should decide who qualifies. When only medically necessary visitors are allowed, LGBTQ older adults' distinct health disparities and needs may mean that a support person is medically necessary.^v

Transgender older adults should be gendered correctly and treated with respect. Inclusive policies and providers are crucial to healthcare access for transgender older adults, and transgender people's healthcare rights are protected by federal law.^{vi} Providers and facilities should treat transgender patients respectfully and correctly by consistently using correct pronouns and chosen names, adhering to and publicizing non-discrimination policies, and assigning rooms by self-identified gender in accordance with transgender patients' self-determined needs.^{vii}

Inclusion is medically necessary. Many LGBTQ older adults, especially transgender older adults and LGBTQ older adults of color, delay and avoid needed healthcare due to past experiences of mistreatment and discrimination.^{viii} Taking steps to actively demonstrate your commitment to caring for this community can make a tremendous difference in ensuring LGBTQ older adults are able to seek care when needed. Partnering with LGBTQ health organizations and community networks is a valuable way to decrease barriers. Also consider identifying a staff member with advanced LGBTQ-competence who can serve as a liaison or ombudsperson for LGBTQ patients.



Addressing Specific Health Needs

LGBTQ older adults have higher rates of some health conditions that may put them at greater risk of developing severe cases of COVID-19. Make sure you're prepared to address these factors, including:

HIV: Some people living with HIV are immunocompromised, though not all. People with low CD4 counts may be at greater risk of severe COVID-19 illness.^{xi} Make sure older adults living with HIV have continuous access to antiretroviral medications and HIV care so that they can stay virally suppressed and maintain a healthy CD4 count.^{xii} HIV can also increase the risk of cardiovascular disease,^{xiii} kidney disease,^{xiv} and other health conditions which can impact COVID-19 severity.^{xv} As more data emerges about HIV and COVID-19, stay updated, provide accurate and stigma-free information to your staff and clients, and seek out information specific to HIV and aging from resources like AgingHIV.org

Smoking: LGBTQ people are 50% more likely to smoke than straight cisgender people,^{xvi} which can increase the likelihood of severe respiratory complications with COVID-19.^{xvii}

Help transgender older adults maintain access to hormone therapy and other transition-related healthcare. While not all transgender people take hormones, these medications are medically necessary for those who take them.^{xviii} Some transgender older adults may also have ongoing healthcare needs due to past transition-related surgeries, and some may have urgent support and mental health needs if they have recently had a transition-related surgery postponed indefinitely due to COVID-19.

Resilience and Mental Health

Recognize and support resilience. LGBTQ older adults have many strengths and accomplishments, and have often successfully weathered many challenging situations in the past.^{xix} Some of them may have wisdom to offer from their experiences with the HIV/AIDS epidemic or other difficult times of illness and fear. Recognize that their resilience is an incredibly valuable resource and help LGBTQ older adults tap into their strengths.

Prevent social isolation. LGBTQ older adults are twice as likely to live alone,^{xx} are more likely than straight cisgender older adults to rely on people of the same generation for social support,^{xxi} and are at higher risk of social isolation. Social distancing will exacerbate these issues for many LGBTQ older adults, so make sure to check in and help them stay connected with their social circles and support networks. Local and national organizations may be able to help provide support, such as SAGE's LGBT Elder Hotline (877-360-LGBT), GMHC's Hotline (800-243-7692), and some local LGBTQ community centers.

Be responsive to LGBTQ older adults' trauma. Many LGBTQ older adults have experienced trauma,^{xxii} including trauma related to healthcare discrimination, the HIV/AIDS epidemic, isolation, racism, ageism, ableism, and stigma that may be particularly activated by the current COVID-19 crisis. Utilize trauma-informed care frameworks, and work to provide LGBTQ older adults with professional and peer mental health support when needed.



Every action we take in supporting LGBTQ older adults makes a powerful difference in the midst of this public health crisis. By doing what we can to ensure that LGBTQ older adults' needs are recognized and met as we deal with COVID-19, health and human services providers can play a vital role in supporting the health and resilience of LGBTQ communities.

The Healthy Aging Project at GMHC specializes in the needs of LGBTQ older adults, and provides training, resources, and technical assistance in LGBTQ health and inclusion for organizations and providers who serve older adults. We also provide mental health and substance use screenings, with client-centered discussions and referrals as needed, for LGBTQ people over 50.

For more information or questions about this resource, contact Elana Lancaster at ElanaL@gmhc.org

ⁱ Movement Advancement Project, Center for American Progress, GLAAD, and Human Rights Campaign. June 2019. Understanding Issues Facing LGBT People in the U.S. <https://www.lgbtmap.org/understanding-issues-facing-lgbt-americans>

ⁱⁱ SAGE, & LGBT Movement Advancement Project (MAP). (2010). Improving the Lives of LGBT Older Adults. Retrieved from <https://www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults>

ⁱⁱⁱ Lambda Legal. (2010). When Health Care Isn't Caring. Retrieved from https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf

^{iv} Medicare and Medicaid Programs: Changes to the Hospital and Critical Access Hospital Conditions of Participation to Ensure Visitation Rights for All Patients, 75 Fed. Reg. 70,831 (Nov. 19, 2010) (codified in 42 CFR pts. 482 and 485 [CMS-3228-F])

^v The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. [LGBTFieldGuide.pdf](#).

^{vi} Know Your Rights: Health Care. Retrieved March 24, 2020, from <https://transequality.org/know-your-rights/health-care>

^{vii} The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. [LGBTFieldGuide.pdf](#).

^{viii} Lambda Legal. (2010). When Health Care Isn't Caring. Retrieved from https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf

^{ix} SAGE. (2018, June 7). Health Equity and LGBT Elders of Color: Recommendations for Policy and Practice. Retrieved from <https://www.sageusa.org/resource-posts/health-equity-and-lgbt-elders-of-color-recommendations-for-policy-and-practice/>

^x Seelman, K. L., Colón-Díaz, M. J., Lecroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgender Health*, 2(1), 17–28. doi: 10.1089/trgh.2016.0024

^{xi} People who are at higher risk for severe illness. (2020, March 22). Retrieved March 23, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>

^{xii} Interim Guidance for COVID-19 and Persons with HIV COVID-19 and Persons with HIV (Interim Guidance). (2020, March 20). Retrieved March 23, 2020 from <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv>

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- ^{xiv} The Kidney in HIV and Aging. (2019, July 24). Retrieved March 23, 2020 from <https://aahivm-education.org/hiv-age/chapter-8/kidney>
- ^{xv} People who are at higher risk for severe illness. (2020, March 22). Retrieved March 23, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>
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- ^{xvii} Liu, W, Tao, Z-W, Lei, W, et al. (2020). Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease. *Chinese Medical Journal*, 1. doi: 10.1097/cm9.0000000000000775
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