



LGBT OLDER ADULTS AND HEALTH DISPARITIES

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ISSUE SUMMARY

LGBT older adults experience health disparities across four general areas: access to health care; HIV/AIDS; mental health; and chronic physical conditions. Additionally, extra taxation on retiree health insurance benefits means that many LGBT elders simply cannot afford to receive retiree health insurance. This is especially problematic given that LGBT older adults face a wide range of physical health disparities that are generally unaddressed by governments or health care providers.

LGBT OLDER ADULTS FACE EXTRA BARRIERS TO ACCESSING HEALTH CARE

Overall, LGBT people have lower rates of health insurance coverage. Additionally, when employers offer health insurance to the same-sex partner of an employee or retired employee, federal law treats the value of the partner's insurance as taxable income and the LGBT retiree must pay income taxes on this benefit.¹ Employers must also pay payroll taxes on the cash value of employee domestic partner benefits. By contrast, married heterosexual couples can receive these benefits tax-free (and employers do not have to pay payroll taxes on these benefits).

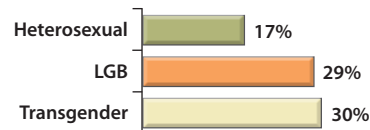
Taxation of health benefits costs the average LGBT employee with domestic partner benefits \$1,069 more per year in taxes than a married heterosexual employee with the same coverage, while employers pay \$57 million in additional payroll taxes.² Because of these inequities, many LGBT older adults simply are not offered, or cannot afford to receive, these domestic partner benefits.

Additionally, LGBT older adults are often reluctant to access health care even they do have insurance coverage. Lack of cultural competency in the health care system (see the separate issue brief on this topic: *LGBT Older Adults and Health Care Providers*) means that LGBT elders are more likely to delay getting the necessary care and prescriptions, and more likely to resort to visiting emergency

rooms for care, often due to fear of discrimination by doctors and facilities that provide preventive and non-emergency care (see *Figure 1*). Further, transgender people who are visibly gender non-conforming face particular barriers as they access health services since they cannot selectively hide or disclose their transgender status depending on the supportiveness of their health care providers.

Figure 1

LGBT adults are more likely to delay or not seek medical care.
Percentage of adults delaying or not seeking health care



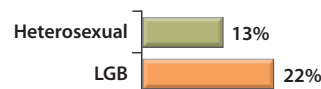
Source: Center for American Progress analysis of 2007 California Health Interview Survey data; Transgender Law Center, State of Transgender California, March 2009.

Lesbian and bisexual women are less likely to receive mammograms.
Percentage of women receiving a mammogram in past 2 years



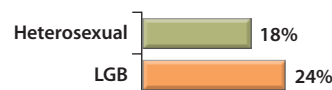
Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Center for American Progress analysis of 2007 California Health Interview Survey data.

LGBT adults are more likely to delay or not get needed prescription medicine.
Percentage of adults delaying or not getting prescriptions



Source: Center for American Progress analysis of 2007 California Health Interview Survey data.

LGBT adults are more likely to receive health care services in emergency rooms.
Percentage of adults receiving ER care



Source: Center for American Progress analysis of 2007 California Health Interview Survey data.

¹ Slightly more than half (54%) of large firms electively offer health insurance to domestic partners of LGB workers; for the overwhelming majority of these firms (88%), the cost of offering this insurance is less than 2% of total benefit costs. It is not clear how many of the employers with more expansive benefits offer health insurance benefits to retired employees, though almost one third of all large companies nationwide do so. Sources: *SpecSummary: United States Salaried: 2007-2008*, Hewitt Associates, 2007; "Benefit Programs for Domestic Partners and Same-Sex Spouses," Hewitt Associates, July 2005; Kaiser Family Foundation (31% of companies with 200 or more workers offer retiree health benefits to supplement Medicare for former employees age 65 and older).

² Lee Badgett, "Unequal Taxes on Equal Benefits: The Taxation of Domestic Partner Benefits," Center for American Progress and The Williams Institute, December 2007.

LGBT OLDER ADULTS FACE UNADDRESSED PHYSICAL AND MENTAL HEALTH DISPARITIES

Governments and service providers rarely track, and are largely unaware of, the health disparities among LGBT older adults. However, the limited available data suggest that later life carries unique health challenges for LGBT persons across HIV/AIDS, mental health and chronic physical conditions.

- HIV/AIDS:** HIV diagnoses among those over 50 are on the rise, and the proportion of people living with AIDS in that age group is now more than double that of people under age 24.³ Yet there are almost no HIV prevention programs targeted at older adults, and health care providers do not generally talk to their older patients about HIV/AIDS risks. Additionally, older adults might suffer from the long-term effects of drug treatment for HIV/AIDS, such as increased and earlier chances of cognitive decline and increased risk of developing chronic conditions such as kidney failure, severe depression, cancer and osteoporosis. Finally, the management of HIV by older people can be also more difficult due to higher levels of chronic disease and multiple medications among older age groups.
- MENTAL HEALTH:** LGBT people have high rates of stress, much of which is related to systematic discrimination. Numerous studies have shown that the LGBT population as a whole experiences higher rates of smoking, alcohol use, drug use, suicide and depression. See *Figure 2*.
- CHRONIC PHYSICAL CONDITIONS:** Studies suggest higher levels of chronic and other health problems among LGBT older adults, including asthma, diabetes, HIV/AIDS, obesity, rheumatoid arthritis and certain illnesses such as cancer.⁴ LGBT people are also more likely to delay testing and screening for certain illnesses such as heart disease and breast cancer. Left untested or undiagnosed too late, these chronic conditions can escalate to severe levels. See *Figure 3*.

POLICY SOLUTIONS

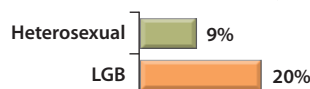
Eliminating Taxation of Retiree Health Benefits for Same-Sex Couples

Most same-sex couples cannot marry, but even where legal at the state level, the federal government does not recognize such marriages under the Defense of Marriage Act (DOMA). To eliminate unfair taxation on retiree health insurance benefits—and provide LGBT older adults with access to other critical safety net programs—Congress must repeal DOMA and states must establish marriage for all couples. However, in absence of full marriage equality, policymakers should consider the following solutions:

A solution at the federal level is to amend the Employee Retirement Income Security Act to end the taxation of benefits provided for same-sex married couples, same-sex and heterosexual domestic partners and other “non-spouse” beneficiaries (such as families of choice) under employers’ health plans. For example, the

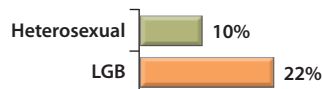
Figure 2

LGB adults are more likely to experience psychological distress. Percentage of adults experiencing psychological distress in past year



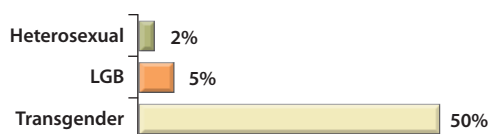
Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Center for American Progress analysis of 2007 California Health Interview Survey data.

LGB adults are more likely to need medication for emotional health issues. Percentage of adults needing medication for mental health



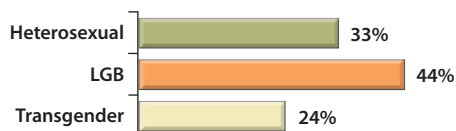
Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Center for American Progress analysis of 2007 California Health Interview Survey data.

Transgender adults are much more likely to have suicidal ideation. Percentage of adults reporting suicidal ideation



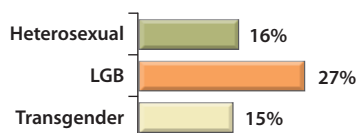
Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Figures represent the simple averages of suicide ideation rates from multiple surveys and reports, including: Movement Advancement Project, *Advancing Transgender Equality*, 2009; and Massachusetts Department of Public Health, *The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts*, 2009.

LGB adults are more likely to have problems with alcohol abuse. Percentage of adults reporting alcohol abuse



Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Figures represent the simple averages of alcohol abuse rates from multiple surveys and reports: Movement Advancement Project, *Advancing Transgender Equality* (2009) and Center for American Progress analysis of 2007 California Health Interview Survey data.

LGB adults are more likely to smoke cigarettes. Percentage of adults who smoke



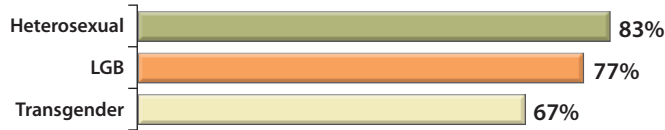
Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Figures represent the simple averages of smoking rates from multiple surveys and reports: Center for American Progress analysis of 2005 California Health Interview Survey data and Massachusetts Department of Public Health, *The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts* (2009).

³ US Centers for Disease Control, 2008.

⁴ Barker, Herdt, and de Vries (2006); M. Adelman, J. Gurevitch, B. de Vries, and J. Blando, “Openhouse: Community Building and Research in the LGBT Aging Population,” in Kimmel, Rose and David (2006), pp. 247-264; J.C. Barker, “Lesbian Aging: An Agenda for Social Research,” *Gay and Lesbian Aging: Research and Future Directions*, 2004, pp 29-72.

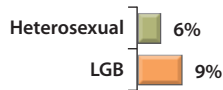
Figure 3

Heterosexual adults are more likely to report having excellent or very good overall health.



Source: Massachusetts Department of Public Health, *The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts, 2009*.

LGB adults are more likely to have cancer.
Percentage of adults ever diagnosed with cancer



Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap, 2009*. Center for American Progress analysis of 2007 California Health Interview Survey data.

Health Issues for Transgender Older adults

Very little is known about aging, disease and longevity among transgender people. For some transgender people, long-term hormone use could interact with an aging body and related health issues and medications in ways that most health care providers do not know or understand. Some clinicians are concerned about higher risk of diabetes among transgender people undergoing hormone therapy;⁵ high rates of polycystic ovarian disease⁶ and strokes among transgender men;⁷ and hypertension risk⁸ and blood clots in transgender women using progesterone and estrogen.⁹

A major health issue for transgender older adults is that Medicare generally does not cover transition-related care. This means transgender older adults who have undergone years of hormone therapy may suddenly find they cannot afford this care, despite the fact that abruptly stopping hormone treatment may be both physically and emotionally traumatic.

Human Rights Campaign, LGBT Health Coalition and Center for American Progress, in coalition with a group of more than 50 major U.S. employers, have worked to define and advocate for such a bill, currently called “The Tax Equity for Domestic Partner and Health Plan Beneficiaries Act/Tax Equity for Health Plan Beneficiaries Act (DP Tax).”

States can also eliminate the state portion of the domestic partner benefits tax. Some states (such as New York) mimic federal tax guidelines and, by default, impose an additional state tax on domestic partner benefits. Note that state solutions are only necessary in the absence of a federal solution—eliminating the federal tax would also eliminate state taxes on these benefits.

Addressing Physical and Mental Health Disparities

Advocates and policymakers should consider the following solutions:

- Ensure that new and existing federal and state studies and surveys on physical and mental health include LGBT people.
- Ensure that health care workers are trained on LGBT elder health disparities.
- Fund HIV research, prevention and treatment programs for older LGBT adults.
- Ensure that health providers and plans cover the needs of LGBT older adults. For example:
 - Advocate for Medicare and Medicaid to cover transition-related and routine care for transgender older adults (insurance carriers routinely refuse coverage for medically necessary “transgender-related services,” and such exclusions are frequently expanded to prevent transgender people from accessing even routine care).
 - Ensure coverage of procedures not normally associated with older men but common in older men with HIV/AIDS (e.g., Medicare has rejected treatment for osteoporosis in men with HIV; osteoporosis is a common side effect of many HIV medications).
 - Include coverage for mental health services (due to the stress of living under pervasive discrimination).

⁵ Dahl, Marshall; Feldman, Jamie; Goldberg, Joshua, and Jaber, Afshin, “Physical Aspects of Transgender Endocrine Therapy, Guidelines for Transgender Care,” 2006.

⁶ Moore, Wisniewski and Dobbs, “Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects,” *Journal of Clinical Endocrinology & Metabolism* 88(8), 2003.

⁷ Ibid.

⁸ Dahl, Feldman et al (2006); van Kesteren, Asscheman, Megens, Gooren, “Mortality and Morbidity in Transsexual Subjects Treated with Cross-Sex Hormones,” (1997).

⁹ Moore, Wisniewski and Dobbs, “Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects,” *Journal of Clinical Endocrinology & Metabolism* 88(8), 2003.

ABOUT THIS BRIEF

This is one of a series of issue briefs based on content from *Improving the Lives of LGBT Older Adults*, a report which provides an in-depth examination of the issues facing LGBT elders, and potential solutions for improving their lives. For more information, visit www.lgbtmap.org or www.sageusa.org.

