

Health Disparities of LGBTQ+ Older Veterans

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History

LGBTQ+ people have served in the military throughout history despite policies that necessitated hiding their sexual orientation and gender identity

Until recently, VHA policies have historically aligned with U.S. DOD policies, whereby sexual orientation was not acknowledged nor identified by providers or in medical records, limiting health care data, and possibly quality of care to LGBTQ+ veterans.

"America's long-standing prohibition of lesbian, gay, and bisexual service members was modified in 1994 under the National Defense Authorization Act, more commonly known as "don't ask, don't tell"" (DADT; Moran, 2013).



History Continued

In 2010, don't ask, don't tell was repealed, but discharge based on sexual behavior is still possible under Article 134 of the Uniform Code of Military Justice.

In 2012, the VHA created the Office of Health Equity focusing on the health care needs of LGBTQ+ veterans and made health care for this population a systemwide priority (Lehavot & Simpson, 2012).

Fear of expulsion, discrimination, and stigma may predominate LGBTQ+ veterans' experiences in the military and VHA, explaining their reluctance to utilize VA services (Manowski, 2017).



LGBTQ+ Veterans

In 2015 military veterans over the age of 65 comprise an estimated 43% of the U.S. veteran population

- Reports from the Institute of Medicine (IOM, 2011), the Veterans Health Administration (VHA), and the Joint Commission on Veterans Affairs (2011) have identified research gaps and opportunities for improving LGBTQ+ health in aging.



Aging LGBTQ+ Veterans

This population reported significant mental and emotional burdens as a result of their experiences in the service.

Those experiences make it very difficult for some veterans to seek care in VA facilities.

Older LGBT veterans may be unwilling to disclose their sexual identity to their care providers.

The feelings of discrimination and the years of having to hide their true identities to their fellow service members and later, their fellow veterans, lead to isolation and despair.

Studies suggest forced concealment in service created undo stressors related to fear of discharge, loss of employment, and victimization.



Aging LGBTQ+ Veterans

- Higher divorce rates
- More marital and relational problems
- Difficulty maintaining parental roles
- Higher levels of family discord
- Combat exposure was linked to adjustment problems
- Military sexual trauma (MST) was linked to an overall decreased level of functioning



Disparities

- LGBTQ+ veterans experience;
 - Higher rates of sexual harassment
 - Higher rates of sexual assault
 - More vulnerability to homelessness
 - Higher rates of unemployment
 - Higher rates of discrimination
 - Higher rates of victimization



Disparities continued

Aging LGBTQ+ veterans are more likely to report;

- Poor general health

- Mental distress

- Disability, both physical and emotional

- Sleep problems

- Smoking

- Substance abuse

- Social isolation

- Lesbian veterans report higher rates of excessive alcohol intake



Disparities continued

Aging LGBTQ+ veterans also experience higher rates of chronic medical conditions such as

- Chronic low back pain

- Chronic neck pain

- Weakened immune systems

- Stroke

- Angina pectoris and heart attack

- Asthma

- Arthritis

- Cancer



Transgender Veterans

Transgender older adults were at higher risk of poor health outcomes compared to non-transgender sexual minorities.

“They were more likely to experience; poor general health, disability, and mental distress, elevated rates of victimization, discrimination, and lack of access to responsive care” (Fredriksen-Goldsen, Cook-Daniels, et al., 2014).

Community-based data have shown elevated risks of poor health among bisexual older adults when compared with lesbian and gay older adults.



Lesbian Veterans

“Lesbian and bisexual women are overrepresented in the military compared to the general population comprising approximately 43% of the military's sexual minorities” (Lehavot & Simpson, 2012; Moradi, 2009).

More likely to use tobacco and be obese and less physically active than either civilian women or straight female veterans.

More likely to be diagnosed with anxiety, depression, PTSD and substance use disorders (Blosnich, Foyes, & Shipherd, 2013; Blosnich & Silenzio, 2013).

Report a higher lifetime experience of sexual violence compared to heterosexual peers (Booth et al., 2012)

Report a greater aversion to utilizing VA care.



Gay Male Veterans

“More likely to report low income, interpersonal isolation, and housing vulnerability than either their heterosexual male military peers or civilian males, which also has negative long-term consequences as veterans age” (Blosnich, Foyne, & Shipherd, 2013; Blosnich & Silenzio, 2013).



Access to Care



Knowledge of the experiences of aging LGBTQ+ veterans is essential to provide services to this cohort.

Access to medical care and social services is paramount for aging LGBTQ+ veterans

Utilization of that care is essential to good health in this population

The majority of older LGBTQ+ veterans use community-based care



Access to Care

“Social support for the LGBTQ+ veteran population includes the relational (someone to talk with, share a meal, etc.), functional (drive to appointment, help with house care, etc.), and instrumental (housing vouchers, food stamps, health insurance) support individuals receive throughout their daily lives” (Mankowski, 2017).

Social support can be a buffer in alleviating the effects of military trauma. In the non-veteran population, social isolation has been linked to poor mental and physical health outcomes, higher levels of cognitive impairment, and premature death and disease. These outcomes are worse for aging LGBTQ+ veterans.



The Needs of VHA

Aging LGBTQ+ veterans have unique health care needs and significant health disparities compared to their military peers and civilians. It is paramount for healthcare providers to become aware of the needs and experiences of this population

Without committed, emphatic health care providers in VHA, the needs of this cohort will continue to be unmet.

Encouraging and increasing the numbers of VA health care providers committed to the physical, mental, and environmental health care needs of aging LGBTQ+ veterans

Adopt an integrative orientation at VHA that highlights the positive features of working with the aging LGBTQ+ population.



Needs continued

Provide	Provide TMS training that promotes understanding of the needs of geriatric LGBTQ+ veterans.
Promote	Promote awareness of geriatric LGBTQ+ veterans in VA facilities with signage.
Adopt	Adopt a welcoming facility program that illustrates to staff, contractors and patients that LGBTQ+ veterans are welcomed and valued.



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