Advancing Research on Stigma, Intersectionality and Health Across the Iridescent Life Course

Lessons Learned from the National Health, Aging, & Sexuality/Gender Study (NHAS), Aging with Pride

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SGM Health Disparities

Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results From a Population-Based Study

Karen I. Fredriksen-Goldsen, PhD, Hyun-Jun Kim, PhD, Susan E. Barkan, PhD, Anna Muraco, PhD, and Charles P. Hoy-Ellis, MSW

ABSTRACT

OBJECTIVES: We investigated health disparities among lesbian, gay, and bis... 50 years and older.

METHODS: We analyzed data from the 2003–2010 Washington State Behavior... Surveillance System (n = 96 992) on health outcomes, chronic conditions, acces... and screening by gender and sexual orientation with adjusted logistic regressions...

RESULTS: LGB older adults had higher risk of disability, poor mental health, sm... drinking than did heterosexuals. Lesbians and bisexual women had higher risk of... and obesity, and gay and bisexual men had higher risk of poor physical health and... heterosexuals. Lesbians reported a higher rate of excessive drinking than did bisexu... men reported a higher rate of diabetes and a lower rate of being tested for HIV than...

CONCLUSIONS: Tailored interventions are needed to address the health disparities... needs of LGB older adults. Research across the life course is needed to better underst... disparities by sexual orientation and age, and to assess subgroup differences within the...

Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk

Karen I. Fredriksen-Goldsen, PhD, Hyun-Jun Kim, PhD, and Susan E. Barkan, PhD

ABSTRACT

OBJECTIVES: We used population-based data to comprehensively examine disability among lesbian, gay, and bisexual adults.

METHODS: We estimated prevalence of disability and its covariates and compared by sexual orientation by utilizing data from the Washington State Behavioral Risk Factor Surveillance System (n=82531) collected in 2003, 2005, 2007, and 2009. We used multivariate logistic regression to examine the relationship between disability and sexual orientation, after we controlled for covariates of disability.

RESULTS: Findings indicated that the prevalence of disability is higher among lesbian, gay, and bisexual adults compared with their heterosexual counterparts; lesbian, gay, and bisexual adults with disabilities are significantly younger than heterosexual adults with disabilities. Higher disability prevalence among lesbians and among bisexual women and men remained significant after we controlled for covariates of disability.
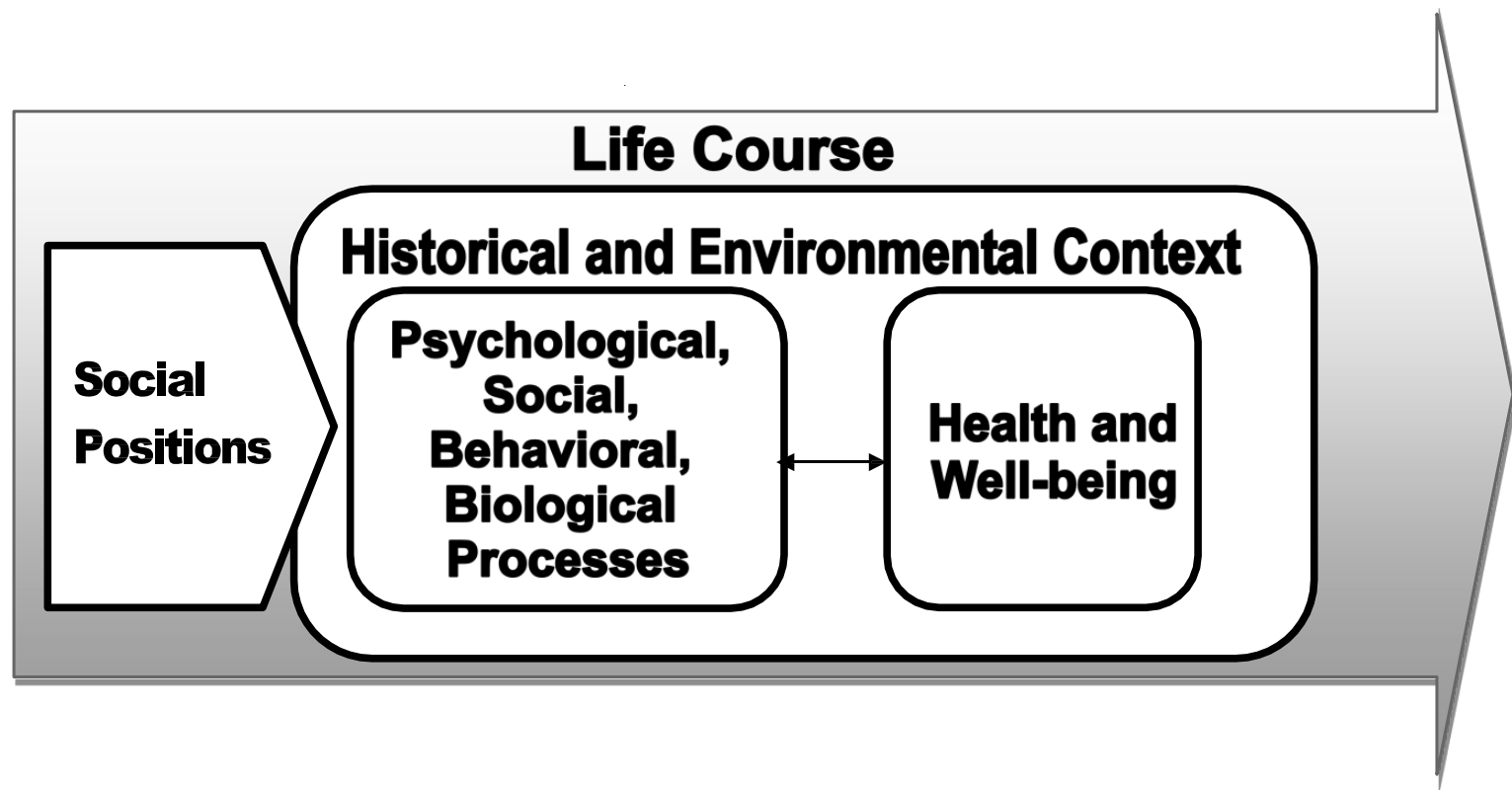
CONCLUSIONS: Higher rates of disability among lesbian, gay, and bisexual adults are of major concern. Efforts are needed to prevent, delay, and reduce disabilities as well as to improve the quality of life for lesbian, gay, and bisexual adults with disabilities. Future prevention and intervention efforts need to address the unique concerns of these groups.

Table 1. Chronic Conditions and Health Disparities by Sexual Orientation and Gender: Age 50 and Older, National Health Interview Survey, (2013-2014)

Health indicators	Women	Men
	LB vs. Heterosexual (ref) AOR[c] (95% CI)	GB vs. Heterosexual (ref) AOR[c] (95% CI)
Chronic Conditions		
Stroke	**2.12*** (1.57, 2.87)**	0.56 (0.27, 1.17)
Heart Attack	**2.28*** (1.58, 3.29)**	1.08 (0.83, 1.40)
Angina Pectoris	1.29 (0.88, 1.90)	**1.69** (1.21, 2.35)**
High Blood Pressure	0.88 (0.74, 1.04)	0.94 (0.80, 1.10)
COPD	1.08 (0.83, 1.41)	1.06 (0.71, 1.57)
Asthma	**1.28** (1.12, 1.53)**	1.06 (0.77, 1.44)
Arthritis	**1.57*** (1.32, 1.88)**	0.84 (0.71, 1.01)
Low Back/Neck Pain	**1.78*** (1.46, 2.17)**	**1.21* (1.04, 1.41)**
Diabetes	*0.77* (0.63, 0.96)*	0.85 (0.68, 1.07)
Obesity	1.18 (0.98, 1.41)	*0.67*** (0.55, 0.80)*
Cancer	1.07 (0.88, 1.30)	**1.41*** (1.17, 1.69)**
Weakened Immune System	**1.69** (1.16, 2.46)**	**3.16*** (2.25, 4.43)**
General Health, Poor	**1.75*** (1.36, 2.24)**	1.18 (0.94, 1.47)
Disability	**1.57*** (1.32, 1.87)**	**1.46*** (1.22, 1.75)**
Cognitive impairment	**1.83** (1.25, 2.68)**	1.18 (0.94, 1.47)
Limitations in ADL	*0.34*** (0.20, 0.59)*	**2.64*** (1.82, 3.82)**
Limitations in IADL	1.30 (0.93, 1.82)	**1.87** (1.31, 2.66)**
Mental Distress	**1.33** (1.08, 1.63)**	**1.64*** (1.29, 2.08)**

Fredriksen-Goldsen, K. I., Kim, H.-J., Shiu, C., & Bryan, A. E. B. (2017). Chronic health conditions and key health indicators among lesbian, gay, and bisexual older US adults, 2013 – 2014. *American Journal of Public Health, 107*(8), 1332-1338.

Figure I: Health Equity Promotion Model

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., Hoy-Ellis, C. P. & Muraco, A. (2014). The Health Equity Promotion Model: Reconceptualization of lesbian, gay, bisexual and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry, 84*(6), 653-663.

The Iridescent Life Course

- Intersectionality: sexuality, gender, and other factors

- Fluidity across identities, interact and shift over time

- Consequences of divergent representations and viewpoints about disadvantaged SGM

- Interaction with individual, interpersonal, social, and structural opportunities and barriers

- The interplay of environment, space and light, creating dynamic, fluid and diverse colors as perceived from different angles and perspectives over time

Fredriksen-Goldsen, K. I., Jen, S., & Muraco, A. (in press). Iridescent life course: Review of LGBTQ aging research and blueprint for the future. Gerontology. doi:10.1159/000493559

Aging with Pride

## National Health, Aging, and Sexuality/Gender Study

- 2,450 SGM adults (birth year ≤ 1964)
- Dual sampling frame
  - 17 organizations across all U.S. census divisions
  - Social network clustering of sub groups
- Stratification: sex, gender, age cohort, race/ethnicity, region
- Data collection
  - Survey
  - In-person interviews
- Two-step post-survey adjustment (Lee & Valliant, 2009)

Fredriksen-Goldsen, K. I. & Kim, H.-J. (2017). The science of conducting research with LGBT older adults – An introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS). *The Gerontologist, 57(S1),* S1-S14.

Table 2. Social Determinants of Health: Study Content Areas

Content area	Domains	Survey	In-person	Content area	Domains	Survey	In-person
Demographics Social Positions	Sexual orientation (Sexual identity, attraction, and behavior; romantic relationship)	√		**Social, continued**	Informal Caregiving	√	
					Social participation	√	
	Gender identity	√			Community engagement	√	
	Gender expression	√		**Behavioral**	Physical and wellness activities	√	
	Birth year	√			Tobacco use	√	
	Race/ethnicity	√			Alcohol and drug use	√	
	Socioeconomic status	√			Malnutrition	√	
Stigma	Lifetime victimization and discrimination	√			Sleep	√	
					Health care access	√	
	Microaggressions	√			Health care utilization	√	
	Day-to-day discrimination	√			Barriers to health care	√	
	Elder abuse	√			Relationship with health provider	√	
	Social and political climate on anti-discrimination	√			Health engagement/literacy	√	
	Normative/non-normative life events	√		**Biological**	Cortisol		√
	Social exclusion and inclusion	√			Cholesterol		√
Identity & Psychological	Identity appraisal	√			Hemoglobin A1c		√
	Identity management	√			C-reactive protein		√
	Identity outness	√			Blood pressure		√
	Mastery Resilience	√			Waist circumference		√
	Perceived stress	√		**Physical and mental health and well-being**	General health	√	
	Spirituality	√			Chronic conditions	√	
Social	Relationship status	√			Disability status	√	
	Social network structure	√	√		Difficulties in ADL and IADL	√	
	Social network function	√	√		Physical functioning	√	
	Social support	√	√		Cognitive functioning	√	√
	Feeling of social isolation	√			Depressive symptomatology	√	√
					Quality of life	√	

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Figure 2. Modeling Social Determinants of Health: Stigma, Social, and Behavioral Predictors of Physical Health
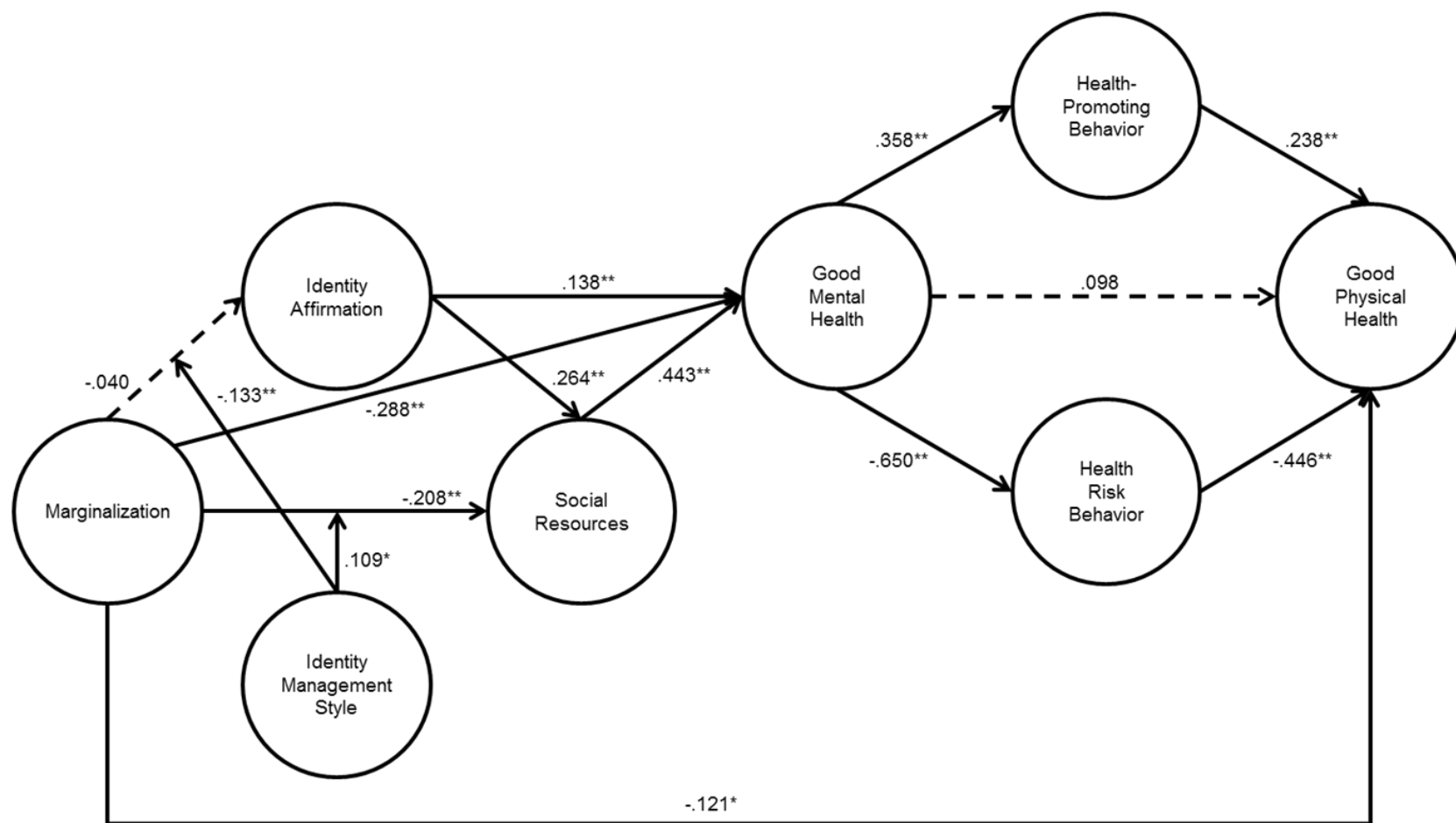
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Intersectionality

Fredriksen-Goldsen, K. I., Kim, H.-J., Shiu, C., Goldsen, J., & Emlet, C. A. (2015). Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist, 55*(1), 154-168.

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Differing Configurations of Social Determinants

By age

- The degree of lifetime SGM-related discrimination lower for older groups, and degree of internalized stigma higher, degree of identity disclosure lower

- Non-disclosure for LGBT oldest adults may reduce risk of discrimination. Yet risk of social isolation with fewer children, more likely to live alone, and rely more heavily on peer-based social relations and networks

- Even among the common correlates, the degree of influence differs by age groups. Discrimination more negative influence on older age group.

By race/ethnicity

- African Americans higher lifetime SGM-related discrimination; African Americans and Hispanics lower SES and lower identity affirmation and social support

- These disadvantages were associated with decrease in their physical and psychological HRQOL

Differing Dimensions of Stigma

Constructs of structural and interpersonal stigma

- Structural discrimination: Explicit social exclusion through institutions, policies, and norms that prevent SGM individuals from social, economic, housing, and political opportunities (e.g. employment, housing, health care)

- Victimization: Intentional physical, verbal, or psychological abuse attributed to sexual and/or gender identities (e.g. verbal and physical threat and assault, property damage, etc.)

- Day-to-day discrimination: Experiences of unfair treatment that may occur on a daily basis (Williams et al. 2013; e.g. overt and direct form of discrimination)

- Microaggressions: Subtle and less direct slights and insults toward minorities (Sue et al., 2007; e.g. micro-invalidation, micro-insult, and hostile environment).

Psychometrically distinguishable constructs

- Developed measures based on extensive literature review, focus groups, and field testing as well as advanced statistical analyses including Item Response Theory

- The results of factor analyses confirmed four separate constructs of stigma experiences

Importance of understanding lifetime and ongoing stigma experiences

- Evidence suggests stigma experiences over the life course may have a long-term effect on mental and physical health in older age (Fredriksen Goldsen et al, 2015).

- Little is known about the independent effect of ongoing stigma experiences after controlling for the effect of lifetime experiences among SGM older adults

Table 3. Associations between Stigma and General Health

	Individual effects	Hierarchical Regressions	
		Model 1	Model 2
DV: General Health			
Lifetime structural discrimination	-0.04**	-0.02	-0.01
Lifetime victimization	-0.02***	-0.02*	-0.01
Microaggressions	-0.10*	---	0.01
Day-to-day discrimination – SGM	-0.11**	---	-0.15**
Day-to-day discrimination – Other	-0.16**	---	-0.23***
R-squared, %	---	13.74***	15.76***
Change in R-squared	---	---	2.02***

Note. Adjusted model's control variables include age, income, education, and race/ethnicity; *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 4: Intersectionality Mixed Model: Effects of Day-to-day Discrimination

Variable	B (SE)
Time	-0.18 (0.25)
Race/Ethnicity (Ref: NH White)	
Black	**4.48 (2.17)***
Hispanic	**3.37 (1.65)***
Other	**0.14 (2.16)**
Birth year	-0.03 (0.05)
Men	2.27 (0.86)**
Sexual orientation (Ref: LG)	
Bisexual	1.69 (1.37)
Other	2.54 (1.57)

Variable	B (SE)
200% FPL	3.33 (0.99)**
Education (Ref: HS grad or less)	
Some college	-4.19 (1.31)**
Graduate or prof.	-4.60 (1.32)***
Depressive symptomatology	1.19 (0.08)***
Day-to-day discrimination	**2.24 (0.65)***
Discrimination (one)	**2.47 (1.08)***
Discrimination (two)	**4.01 (1.33)***
Discrimination (three)	**4.14 (1.42)***
Discrimination (four or more)	**5.16 (1.59)***
Social support	-0.40 (0.41)

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 5. SGM Midlife and Older Adults' Health and Quality of Life by Life Course Clusters

	Total M (SE)	Cluster 1: Retired Survivors M (SE)	Cluster 2: Midlife Bloomers M (SE)	Cluster 3: Beleaguered At-Risk M (SE)	Cluster 4: Visibly Resourced M (SE)
Quality of life (QOL)					
Physical	67.9 (0.7)	63.5 (1.2) [4]	68.9 (1.7) [4]	60.7 (1.7) [4]	76.4 (1.1) [1,2,3]
Psychological	66.3 (0.6)	65.6 (1.1)	67.0 (1.7)	60.4 (1.7) [4]	70.2 (0.9) [3]
Social	58.4 (0.8)	58.2 (1.4) [3]	58.3 (2.1) [3]	47.9 (1.9) [1,2,4]	65.2 (1.2) [3]
Environmental	72.8 (0.6)	72.6 (1.0) [3]	75.0 (1.5) [3]	65.3 (1.3) [1,2,4]	76.8 (0.9) [3]

Note. Bracketed numbers indicate clusters with significantly different means after adjusting for age, income, education, gender, transgender identity, and race/ethnicity.

Fredriksen-Goldsen, K. I., Bryan, A. E. B., Jen, S., Goldsen, J., & Kim, H.-J. (2017). The Unfolding of LGBT Lives: Key Events Associated with Health and Well-being in Later Life. *The Gerontologist, 57(S1),* S15-S29.

Future Directions

- Longitudinal data to assess life transitions and change in health and well-being

- Multiple time points

- High retention rates (96%, 92.5%)

- Latent profile analyses: Clustering of respondents via social positions and stigma and other life experiences

Moving the Field Forward

NHAS
- Trajectories over time, additional time points
- Biological data and physiological response to stress
- Linking with CMS administrative data

Population health: Disparities across all SGM age groups
- UW Population Health (PH 68746)

Intervention development and evaluation
- IDEA (Innovations in Dementia Empowerment and Action): Aging with Pride. Testing an Evidence-Based Intervention in a Stigmatized and Underserved Population (R01AG055488)
- Socially Isolated Older Adults Living with Dementia (5P30AG034592-07)

International collaborations
- IAGG World Congress, 17 countries, Special Issue
- Reducing health disparities for older LGBTI Australians (LP160100221)

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