Assessing the Social Determinants of Health Needs of Older LGBT People in the Greater Miami Valley of Ohio
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Introduction

Approximately 2.7 million adults aged 50 and older identify as LGBT in the United States, with 1.1 million of those individuals being aged 65 and older. By 2060, the number of LGBT older adults over the age of 50 is estimated to reach over five million. The LGBT older population has been growing, yet has remained a largely underserved and under-researched segment of the population.

While older LGBT adults have many of the same risk and protective factors as the general older population, they also experience unique challenges due to the discrimination and marginalization they experience because of their sexual and gender identities. In addition to higher rates of discrimination and victimization, older LGBT people also experience a variety of physical and mental health issues at higher rates than their non-LGBT counterparts.

Local organizations are seeking to learn more about Dayton’s specific LGBT health needs in order to create programs and properly allocate funding in the future.

Methodology

Survey Design

Questionnaire development occurred through collaboration with BRAVO, PFLAG, Rainbow ElderCare, Boonshoft Pride, Wright State University Department of Social Work, Boonshoft School of Medicine, Greater Dayton LGBT center, Gatlyn Dame Group, and many individuals from the community. The questions were written mostly by a medical student and a public health epidemiologist, with input from stakeholders, existing literature, census and CDC questionnaires.

Research Participants

Individuals 21 and older in the Greater Miami Valley who identify as a member of the LGBT community were eligible to participate in the survey. Recruitment occurred at sites of organizations that helped with the design of the questionnaire. See Figure 1 for survey advertisement.

Wright State University’s Institutional Review Board (IRB) reviewed and determined that this study was exempt from IRB before data collection began. IRB exemption was obtained to ensure that the survey tool and its planned use did not violate the rights or welfare of the research subjects.

Data Collection

Data was collected through an online questionnaire using REDCap. Survey completion required one assessment and took approximately 10-15 minutes. The survey contained 100 questions on topics such as background demographics, needs assessment, healthcare, social support, and personal relationships and behaviors. All questions were optional and participants could withdraw at any time.

Results

Figures 2 through 4 provide the participants’ demographics (N=257).

Figures 6 and 7 provide the participants’ identification of LGBT-friendly establishments.

Figures 7 and 8 report the participants’ need to hide their identity.

Discussion

• Subgroups of the LGBT population have variable experiences with social determinants of health and discrimination
• All subgroups considered long-term care facilities (assisted living, nursing homes) drastically less LGBT-friendly as compared to doctor offices and hospitals
• Transgender, bisexual, and other (asexual, pansexual, queer) individuals perceived various establishments as being less LGBT-friendly and were more likely to feel the need to hide their gender and sexual identities than their gay and lesbian, and male and female counterparts.
• Transgender, genderqueer/non-binary, and other (asexual, pansexual, queer) individuals were more likely to have long-term housing plans.
• Public Health Implications: LGBT-friendliness, acceptance, and knowledge are a public health concern because without them, LGBT individuals delay, avoid, or received inadequate care, creating a large burden of disease on the community. Acknowledging that discrimination can have a large impact on the health of this population and working on ways to combat it.
• Clinical Implications: Healthcare professionals with more LGBT-specific knowledge can improve their relationships with LGBT-patients and improve their care and health overall.
• Limitations: Non-LGBT older adults were not surveyed, only allowing for comparison of subgroups; small sample size in some categories required collapsing categories to make the information easier to use; the results might not be able to be generalized to other communities with other demographic distributions.
• Recommendations: Increase education efforts on LGBT-specific issues, which should allow for more LGBT-friendliness by decreasing ignorance. Protect the current non-discrimination laws and work on passing more on the state level. Data can be used to focus on particular subgroups and assist with directed programs.

References