Health disparities among LGBT older adults living with HIV

By Karen I. Fredriksen-Goldsen and Charles A. Emlet

More adults with HIV disease are living into old age. In 2005, the U.S. Special Committee on Aging projected that by 2015 half of all Americans living with HIV will be age 50 and older. Right now in the United States, about 15 percent of new HIV infections and 31 percent of those living with HIV are age 50 and older, according to the Centers for Disease Control 2011 data, and men who have sex with men continue to have the highest rates of both incidence and prevalence of HIV. Despite the increasing number of older adults infected with HIV, the experiences and needs of LGBT older adults living with HIV are rarely addressed in aging services, policies or research.

Caring and Aging with Pride, our 2011 study and the first national project to examine LGBT aging and health, identifies significant health disparities among LGBT older adults living with HIV. Of the 2,560 LGBT older adult participants in the project, 233 (9 percent) are living with HIV, including 14 percent of gay men and 21 percent of bisexual men. Forty-four percent of the participants living with HIV have also been diagnosed with AIDS. The likelihood of having HIV decreases with age among the LGBT older adult participants. Examination of socio-demographic characteristics indicates that participants living with HIV have higher rates of poverty and lower levels of education than those who are HIV-negative. In addition, both African American and Hispanic participants are more likely to have HIV than are Caucasian participants.

Those living with HIV face many health-related challenges. After accounting for age, income and education, compared to their HIV-negative counterparts, those living with HIV are significantly more likely to report having a disability and overall poor general health. Those living with HIV have significantly higher rates of cardiovascular disease, cancer and hepatitis. They are also more likely to report poorer overall mental health and are significantly more likely to experience depression and anxiety.

Older adult participants living with HIV are at risk socially, too, with significantly lower levels of social support, are less likely to be partnered or to have children, and are more likely to live alone. They are almost twice as likely to have experienced the death of a partner and they experience higher levels of loneliness. Regardless of socio-demographic differences, older adult participants living with HIV are also significantly more likely to have experienced victimization and employment discrimination than their HIV-negative counterparts.

Older adults living with HIV have challenges accessing healthcare, and are significantly more likely than their HIV-negative peers to have been denied healthcare, provided with inferior care and to have used emergency room services in the past year. After accounting for socio-
demographic characteristics, age, education and income appear to explain the differences in being denied or provided inferior healthcare, but not the increased use of emergency room services.

Fifty-nine percent of LGBT older participants living with HIV are sexually active. Among sexually active older LGBT participants, those who are HIV-positive are more likely than those who are HIV-negative to engage in at least one HIV risk behavior. Plus, those with HIV are more likely to smoke and to use non-prescribed drugs, compared with those who are HIV-negative.

LGBT older adults living with HIV experience extensive physical and mental health disparities, and they face higher rates of poverty and lower levels of education than those who are HIV-negative. They face disparities across a range of key indicators, including having higher rates of victimization, living alone, HIV risk behaviors, smoking and drug use, along with lower levels of social support. The health concerns impacting LGBT older adults living with HIV are pronounced and require tailored interventions. The full national report, The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults can be accessed at: CaringAndAging.org.

Karen I. Fredriksen-Goldsen, Ph.D., is professor at and director of the Institute for Multigenerational Health at the University of Washington, Seattle, Wa.

Charles A. Emlet, Ph.D., ACSW, is professor in the Social Work Program at the University of Washington, Tacoma, Wa.

This article is brought to you by the editorial board of ASA’s LGBT Aging Issues Network (LAIN).