

GEN SILENT: A FOCUS ON LGBT AGING ISSUES

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IS CAREGIVING IN YOUR FUTURE?

"There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers."

(Former First Lady Rosalynn Carter)

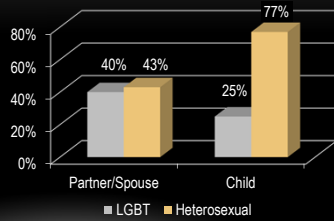
WHO WILL TAKE CARE OF YOU?

- Family and Friends provide the bulk of informal (unpaid) caregiving (Cantor & Breman, 2009).
- What happens when you don't have family and friends available to provide caregiving support?



CAREGIVERS FOR LGBT OLDER ADULTS?

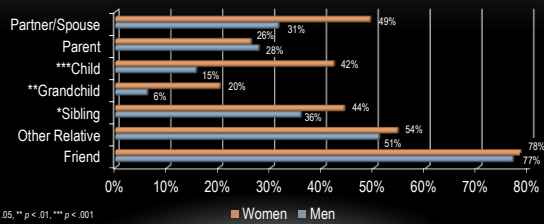
- Research finds that LGBT older adults typically do not have the robust informal social resources that characterize heterosexuals (Shippy, Cantor, & Brennan, 2004).



Sources: (Cantor, Brennan, & Shippy, 2004; Fredriksen-Goldsen et al., 2011).

FUNCTIONAL LGBT SOCIAL NETWORK MEMBERS

(I.E., WEEKLY PHONE AND/OR MONTHLY FACE-TO-FACE CONTACT)^A



^A p < .05, ^{**} p < .01, ^{***} p < .001

^A Brennan, M., Karpiak, S. E., & Seidold, L. (2011). Health and Psychosocial Needs of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults. Final Report to the Center on Halsted, Chicago, IL. New York: AIDS Community Research Initiative of America (ACRIA)

THE "FAMILY OF CHOICE" AND SOCIAL CARE

- Social networks of older LGBT adults are characterized by reliance on the "family of choice" comprising close friends and neighbors, in contrast to the biological family or "family of origin" (Cantor et al., 2004; de Vries & Hoctel, 2007).
- There may be limits in friends' ability to provide care to them over the long-term, especially if decision-making is required (Fredriksen-Goldsen et al., 2011).



- The absence of blood ties between the family of choice and the older LGBT adult can result in negative interactions with the biological family.

NEED FOR SOCIAL CARE

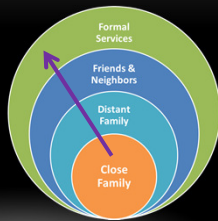
- Research suggests that the LGBT population may have different health needs when compared with heterosexuals that impact the need for social care:
 - LGBT individuals report poorer health than the general population (Wallace, Cochran, Durazo, & Ford 2011).
 - LGBT adults have higher disability rates; one study found 47% of older LGBT adults having at least one disability (Fredriksen-Goldsen et al., 2011; Wallace et al., 2011).
 - HIV infection is also a dominant health issue within the LGBT community:
 - Gay/Bisexual Men and Transgender Women represent 60% of those living with HIV but only 2-3% of the U.S. population (CDC, 2017).

COMPENSATORY SOCIAL CARE

- The *Hierarchical Compensatory Theory* of social supports (Cantor & Mayer, 1978), posits that when older people need assistance, they turn first to close family members such as spouses or children.
 - If these individuals are not available, they will then turn to more distant relatives, then friends and neighbors, and lastly to formal community-based supports.
- Formal services are increasingly accessed when informal caregivers are unable to meet the needs of the older adults (Cantor & Brennan, 2000).

HIERARCHICAL COMPENSATORY MODEL

Older LGBT adults are likely to utilize formal services given their health needs and lack of family supports as they grow older.



GEN SILENT



- Directed and produced by Stu Maddox in 2010.
- Maddox followed the lives of six LGBT older adults over the course of one year.
- The major conflict: Older LGBT adults need for social care vs. expressing their sexual and gender identities.

DISCUSSION / Q&A

- Who will you rely on for caregiving when you need it?
- Does social care among LGBT older adults foreshadow social care for ALL older adults in the future?
 - Smaller families – fewer children.
 - More children who are geographically distant and can't provide hands-on care.
 - More single or never married older adults.



Thank You!

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