

Healthy Longevity Among the LGBTQIA+ Population: From Neglect to Meeting Their Needs

Здоровое долголетие представителей сообщества ЛГБТКИА+: от игнорирования к удовлетворению потребностей

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Commentary

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ABSTRACT

The world is facing rapid population aging. This is associated with an increase in the number of older people from the lesbian, gay, bisexual, trans, queer, intersex, or asexual (LGBTQIA+) community. This population faces unique challenges, including ageism, sexual identity stigma, and self-stigma. The older LGBTQIA+ population are neglected by, and invisible to, healthcare interventions, research, and policy changes. In light of the paradigm shift in healthcare towards a rights-based approach, healthy aging has become an important construct. Healthy aging, according to the World Health Organization (WHO), is a “continuous process of optimizing opportunities to maintain and improve physical and mental health, autonomy, and quality of life throughout the life course”. This commentary highlights the unique vulnerabilities of the aging LGBTQIA+ population, advocates the inclusion of their voices at all levels of the healthcare system, and discusses the way forward to enable their ‘healthy aging’.

АННОТАЦИЯ

Население мира стремительно стареет. В связи с этим увеличивается число пожилых представителей сообщества ЛГБТКИА+ (лесбиянки, геи, бисексуалы, трансгендеры, квиры, интерсексуалы, асексуалы). Они сталкиваются с уникальными проблемами, в числе которых дискриминация по возрастному признаку, стигматизация сексуальной идентичности и самостигматизация. Общество игнорирует пожилых представителей ЛГБТКИА+, их интересы не учитываются при внедрении и модернизации программ здравоохранения, при проведении исследований. В свете повышения внимания к вопросам защиты прав человека важной концепцией стало здоровое старение. Согласно определению Всемирной организации здравоохранения, здоровое старение — это непрерывный процесс расширения возможностей для поддержания и улучшения физического и психического здоровья, независимости и качества жизни людей на протяжении всей жизни. В этом документе подчеркивается уязвимость пожилых представителей сообщества ЛГБТКИА+, делается акцент на важности учета их мнения на всех уровнях принятия решений в системе здравоохранения и обсуждается дальнейший путь обеспечения здорового старения этой популяции.

Keywords: longevity; healthy ageing; LGBTQIA+; sexual minorities; human rights

Ключевые слова: долголетие; здоровое старение; ЛГБТКИА+; сексуальные меньшинства; права человека

Due to the increasing world population and average life expectancy, one in five people will be over 65 years old by 2050 [1]. This will create a growing and unprecedented demographic milestone not only for older people in general [1], but for older people who identify themselves as part of the LGBTQIA+ community. Increased visibility of older LGBTQIA+ people also poses important challenges in terms of promoting and achieving their healthy longevity. Despite being a diverse group, many older LGBTQIA+ people are exposed to discrimination based on both their age (ageism) and sexual orientation and/or gender identity (homophobia, biphobia, transphobia), with a resultant traumatic impact on their physical and mental health [2].

Although political and social advances in many Western countries have legitimized LGBTQIA+ people's rights in the recent decades, the historical circumstances in which they lived when they were younger cannot be neglected. LGBTQIA+ people were invisible, excluded, perceived as mentally ill, and discriminated against. This created a huge gap in scientific research and social and political legitimization measures, making it impossible to describe their specific needs in a timely and detailed manner. This formal and informal neglect forced older LGBTQIA+ people to deal with rejection, sexual stigma, discrimination, and stress associated with their sexual minority or gender minority status, leading to social isolation and poor well-being [3]. As recent research indicates, older LGBTQIA+ people consistently experience worse mental and physical health outcomes when compared to older heterosexual and cisgender people [4]. In particular, older LGBTQIA+ people suffer more from the signs of depression, anxiety, and loneliness, and demonstrate a higher risk of suicide [4]. These outcomes are generally worsened by a lack of social, emotional, or family support, and exposure to discrimination throughout their lives.

In light of this extensive historical neglect, it is very difficult to create formal and informal environments intended to promote the healthy longevity of older LGBTQIA+ people. Clearly, there is a need for a paradigm shift, challenging invisibility and stigma, and advocating that healthy longevity is possible for LGBTQIA+ people. That includes adoption of discrimination-free healthcare perspectives and adjusted interventions (health/social/policy) to meet their needs. Health inequalities, social stigma and accelerated ageism often impair successful aging

in this community. Healthcare professionals need to be sympathetic to these factors to allow for the meaningful care of the LGBTQIA+ population. This shift is critical given that psychological and social resilience resources cannot always offset the impact of the disadvantages, especially in circumstances of increased adversity as in the case of the COVID-19 pandemic [5, 6].

In order to meet the specific needs of older LGBTQIA+ people, the impact of healthcare access, social isolation, loneliness, well-being, health behaviors, quality of life, HIV/AIDS-related conditions, independence and autonomy, loss of decision making, life course trajectories, lifelong trauma, the impact of sexual stigma discrimination, spirituality, religion and religiosity, cultural/affirmative competence, and the COVID-19 pandemic on older LGBTQIA+ people may need to be defined. Examining different generations in the context of various cultural perspectives and global initiatives, alongside adopting intersectional approaches and longitudinal, population, qualitative and innovative study designs, also seems necessary [7].

Advancing research data in the abovementioned areas will allow interventions to be guided in a manner adjusted to the unique needs of older LGBTQIA+ people through (a) critical models of healthy longevity that challenge heteronormativity, heterosexism, homophobia, biphobia, and transphobia, and allow barriers to access to formal and informal care from psychosocial support structures to be overcome; (b) the creation of affirmatively positioned theoretical models to accommodate intersectional and multilevel resilience-based views aimed at the explicit validation of older people's LGBTQIA+ identities; (c) promoting visibility that prevents older LGBTQIA+ people from returning to the closet at this stage of life, giving them voice and dignity; (d) developing appropriate infrastructure where their needs, values, and wishes are respected; and (e) providing formal education and training opportunities for professionals working with older people on LGBTQIA+ issues and healthy and dignified longevity [7].

Although the combined effects of ageism and sexual stigma can affect the well-being of older LGBTQIA+ people, there are other factors mediating their healthy longevity. Some examples of these factors include resilience, a positive sense and acceptance of their LGBTQIA+ identity, regular access to sources of social and emotional support from their families of choice, disclosure of sexual orientation and/or gender identity,

and positive levels of self-esteem, self-efficacy and hope [8]. Thus, it is clear that the ability to transform adverse experiences into opportunities for personal growth and resilience may allow life trajectories, as based on a valid and legitimate meaning of their marginalized status despite having outlived decades of sexuality-related stigma, to be redefined.

The physical and mental health needs of older LGBTQIA+ people also define what can be considered important for a legitimate understanding of their healthy longevity. For example, older LGBTQIA+ people with dementia (usually institutionalized) end up losing their sense of identity, directly experiencing barriers and negative attitudes from professionals and often-absent family members that prevent their holistic inclusion in society and that act as barriers to receiving competent care [9]. Similar problems are attributable to physical health issues such as HIV/AIDS because older HIV-positive LGBTQIA+ people systematically demonstrate worse physical and mental health outcomes that are aggravated by a lack of social support, poverty, and increased lifelong experiences of victimization [10].

Thus, above all, the healthy longevity of older LGBTQIA+ people should be understood as a right to visibility. An explicit challenge of such 'double stigmatization' (due to gender and sexual identity as well as ageism) should be taken into account for any healthcare or policy interventions meant for them. Inclusion of the voices of the older LGBTQIA+ population is necessary to the creation of a safe environment for their healthy ageing. The concept of healthy ageing does not focus exclusively on a period when an individual turns older but covers the changes in lifestyle and influence of environmental factors throughout a lifetime. The creation of conditions for healthy longevity of older LGBTQIA+ people requires the replacement of models that neglect sexual and gender minorities with multi-level resilience models that challenge the multiple stigmatizations associated with the occurrence of health inequalities. Following this attitude, we will be contributing to the better quality of life of LGBTQIA+ people worldwide.

Despite the risks and vulnerabilities that LGBTQIA+ people continue to experience, they still can enjoy healthy longevity if society stops neglecting their unique needs and challenges and begins to reinforce the adoption of health-based behaviors that fight social stigma and ageism. This will improve the 'positive' visibility of their

identities and affirmative social connections. Social networking and social cohesion are powerful tools that knit a community together, and the LGBTQIA+ population is no exception in this regard. Healthy longevity for older LGBTQIA+ people should be considered a global challenge, prioritizing trust, intersectionality, recognition of their unique and heterogeneous life paths, and assessment of the impact of social disadvantages. The rights of the older LGBTQIA+ population need to be reflected in national and global conventions, which, in turn, will influence public perceptions and policies.

To conclude, we all need to attempt to mitigate, reduce or even eliminate negligent and discriminatory attitudes and practices that perpetuate sexual stigma and impede access to dignified and healthy longevity of older LGBTQIA+ people. This will have a significant impact on improving the quality of life of millions of older LGBTQIA+ people worldwide, and reduce the barriers and costs associated with structural disparities in caring for older LGBTQIA+ populations and, indeed, older populations in general.

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