

**Title:** A silver lining: How COVID-19 presents an opportunity to improve care for older lesbian, gay, and bisexual adults

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Long histories of discrimination have left many older sexual minority adults (including those who identify as lesbian, gay, or bisexual) wary of going to a doctor. These concerns are even greater since the COVID-19 pandemic began. A recent study makes recommendations on how to improve the care provided to older sexual minority adults at this critical time.

The study, based on a review of articles, reports, and commentaries, looked at what is known about culturally competent care for older sexual minority adults. Culturally competent care generally includes a provider's awareness, skills, attitudes, and understanding of their patients' culture. It may also include 'cultural humility, providers going beyond providing care to try to understand patients' daily experiences.

Despite recent steps toward preventing discrimination, the study found there is limited research on how best to provide culturally competent care to older sexual minority adults. Most recent studies are limited by having a small number of participants or by inadequate follow up with participants. Advocacy organizations filled an important gap in knowledge by providing lessons learned based on their experience providing care to older lesbian, gay, and bisexual adults.

The study highlighted several ways to address the culturally competent care of older sexual minority adults, for example:

- Educating staff and hiring staff who identify as sexual minorities themselves.
- Creating a welcoming physical environment by using diverse signs and symbols (e.g., rainbow flag) and using inclusive language (e.g., spouse rather than husband or wife).

The authors created a roadmap to build on current practices and suggest ways providers can better address the unique needs of older sexual minority adults. For example, organizations can provide more time for those identifying as sexual minority to mentor their junior colleagues and help avoid staff burnout. Further, especially as telehealth options expand in the context of COVID-19, integrating familiar signs and symbols into virtual platforms can further contribute to a welcoming space.

The COVID-19 pandemic has disproportionately impacted older adults. Structural barriers, like limited legal rights that only allow will planning and durable power of attorney for biological family members, as well as biological factors, like higher obesity rates, likely present additional risks for older sexual minority adults in particular. Here, a silver lining of the pandemic may be for researchers, policy makers, and advocates to collaborate and revolutionize the provision of culturally competent care for older sexual minority adults, sooner rather than later.

Domain	Actions Needed
Education & Staffing	Include more robust evaluation methods (e.g., use of validated measures and longer-term follow up) and go beyond provider knowledge to include empathy training.
	Review existing materials to consider how they could be adapted and improved.
	Provide institutional support for LGB*-identified staff (e.g., time for mentoring).
Physical Environment	<p>Include visual clues and non-discrimination policies that incorporate a range of identities (e.g., racial/ethnic minority gay couples).</p> <p>Synthesize and relay (in large font, on non-glossy paper) policies relevant to older LGB patients.</p> <p>Consider ways to translate these visual cues in virtual environments with the expansion of telehealth visits.</p>
Inclusive Language & Communication	Develop tools (e.g., scripts) for providers that use inclusive language and in multiple languages.
Subgroup Differences	Create easy-to-access guidelines that summarize where subgroup differences matter in research [e.g., (dis)aggregation of data] and in clinical care (e.g., screening for different health concerns for within and across LGB patients).
Policy	Ensure that advocacy organizations, providers, and patients themselves can inform federal, state, and local policy efforts to address the unique needs of older LGB patients.
Research	Ensure that validated sexual orientation-based questions are used on federal, state, and local surveys, with continued attention to if and how validated questions need to be adapted for different LGBT literacy levels and languages.
	Develop guidance to analyze data more accurately and systematically discuss when best to aggregate or disaggregate based on a range of subgroup characteristics.

### Author Bios:

**Sarah MacCarthy, ScD** (sarahm@rand.org), focuses on health services research among lesbian, gay, bisexual and transgender adults. She has published more than 40 articles in peer-reviewed publications in this area. Her scientific research interests include access to care among vulnerable populations, with special attention to the role of LGBT adults.

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