

Aging in Canada as a member of the LGBTQ2 Community: A Profile of Aging Sexual Minorities

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What is the Canadian Longitudinal Study on Aging (CLSA)?

The Canadian Longitudinal Study on Aging is the largest most comprehensive research platform and infrastructure available for aging research with longitudinal data that will span 20 years from over 50,000 Canadians over the age of 45

A research platform – infrastructure to enable state-of-the-art, interdisciplinary population-based *research* and *evidenced-based* decision-making that will lead to better health and quality of life for Canadians

The CLSA platform collects data and biospecimens from:

51,338 Canadian women and men aged 45 - 85 at baseline

Questionnaires by telephone interview (~150 min) on 21,241 participants

**Randomly selected
10 provinces**

Questionnaires by in-person interviews (~60 min) and physical assessments (~180 min) on 30,097 participants

**Randomly selected
25-50 km of 11 sites in 7 provinces**

20 year study: Follow up every 3 years, maintaining contact in between

Data Linkage with health care, mortality and disease registries

Participant Recruitment



Depth and Breadth of Baseline CLSA

PHYSICAL & COGNITIVE MEASUREMENTS

- Height & weight
- Waist and hip measurements
- Blood Pressure
- Grip strength, timed up-and-go, chair raise, 4-m walk
- Standing balance
- Vision (retinal imaging, Tonometer & visual acuity)
- Hearing (audiometer)
- Spirometry
- Body composition (DEXA)
- Bone density (DEXA)
- Aortic calcification (DEXA)
- ECG
- Carotid Plaque sweep (ultrasound)
- Carotid intima-media thickness (ultrasound)
- Cognitive assessment (30 min. battery)

HEALTH INFORMATION

- Chronic disease symptoms (**disease algorithm**)
- Medication and supplements intake
- Women's health
- Self-reported health service use
- Oral health
- Preventative health
- Administrative data linkage health services & drugs & other administrative databases

PSYCHOSOCIAL

- Social participation
- Social networks and support
- Caregiving and care receiving
- Mood, psychological distress
- Veteran's Identifier & PTSD
- Coping, adaptation
- Injuries and consumer products
- Work-to-retirement transitions
- Retirement planning
- Social inequalities
- Mobility-life space
- Transportation
- Built environments & Contextual Factors
- Air Pollution
- Income, Wealth and Assets

LIFESTYLE & SOCIODEMOGRAPHIC

- Smoking
- Alcohol consumption
- Physical activity (PASE)
- Nutrition (nutritional risk and food frequency)
- Birth location
- Ethnicity/race/gender
- Marital status
- Education

What data are available?

Data from 51,000+ participants completed baseline data collection are now available to the research community including:

- Questionnaire data from all 51,000+ participants
- Comprehensive physical assessment data and hematological biomarkers from 30,000+ participants who visited data collection sites
- Images from retinal scans, dual energy x-ray absorptiometry and carotid ultrasound

The CLSA Report on Health and Aging in Canada: Findings from Baseline Data Collection

Reporting on data collected from the CLSA's 50,000+ participants aged 45-85 at baseline 2010-2015

- This report was funded by Employment and Social Development Canada (ESDC) and the Public Health Agency of Canada (PHAC) through a grant through the Canadian Institutes of Health Research (CIHR).
- The Report presents key insights on the health and well-being of older Canadians.
- The LGB Aging research generates new knowledge on many interrelated psychological and societal factors that influence the health and well-being of senior members of the LGB community.

The Canadian Longitudinal Study on Aging (CLSA) Report on Health and Aging in Canada



**The Canadian Longitudinal Study on Aging (CLSA)
Report on Health and Aging in Canada**

Findings from Baseline Data Collection 2010-2015

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12

**Lesbian, Gay, and
Bisexual (LGB) Aging**

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Background

- Minority stress experiences adversely affect the health and well-being of lesbian, gay, bisexual, transgender, queer, and 2-spirited communities (LGBTQ2; Meyer, 2003);
- The life course theoretical perspective emphasizes historical context and experiences (Bengston, Elder, & Putney, 2005);
- LGBTQ2 older Canadians experienced socio-historical contexts that are unique from heterosexual peers and younger LGBTQ2 cohorts (Kinsman & Gentile, 2010);
- Canada's older adult population is becoming increasingly diverse (Nazeefah, 2017).

Background

- Sexual orientation and gender have been identified as social determinants of healthy aging;
- Until recently, aging LGBTQ2 individuals have been invisible within statistical portraits of Canada.

Purpose: The purpose of this analysis was to explore the characteristics, social environments, care relationships, and health characteristics of participants in the baseline CLSA who self-identified as lesbian, gay, or bisexual.

What were participants asked?

Sexual orientation:

- The CLSA asked participants if they are:
 - Heterosexual? (sexual relations with people of the opposite sex);
 - Homosexual, that is lesbian or gay? (sexual relations with people of your own sex); or
 - Bisexual? (sexual relations with people of both sexes).

Sex:

- The CLSA asked participants if they are:
 - Male; or
 - Female.

The CLSA Report: LGB Aging

Characteristics

- At baseline, 1,057 participants (i.e., 2%) within the CLSA self-identified as lesbian, gay, or bisexual.
- Relative to heterosexual participants, LGB participants were younger and reported higher levels of education.

Relationships & Social Environments

- LGB participants commonly reported residing in an urban environment and are less likely to own their homes.
- LGB participants were less likely to report being married relative to heterosexual participants and more likely to report being single, having never married or lived with a partner.

The CLSA Report: LGB Aging

Relationships & Social Environments

- **LGB participants were more likely to report feeling lonely at least some of the time.**
- **Scores from the MOS Social Support Survey (i.e., a composite measure of social support) indicated that gay and bisexual male participants reported the lowest levels of social support and lesbian and bisexual female participants reported the highest.**
- **LGB participants were active participants in their communities, yet approximately half of LGB participants also reported a desire to participate in more social, recreational, and group activities.**

The CLSA Report: LGB Aging

Relationships & Social Environments

- LGB participants were active members in their communities, and approximately half reported a desire to participate in more social, recreational, and group activities.

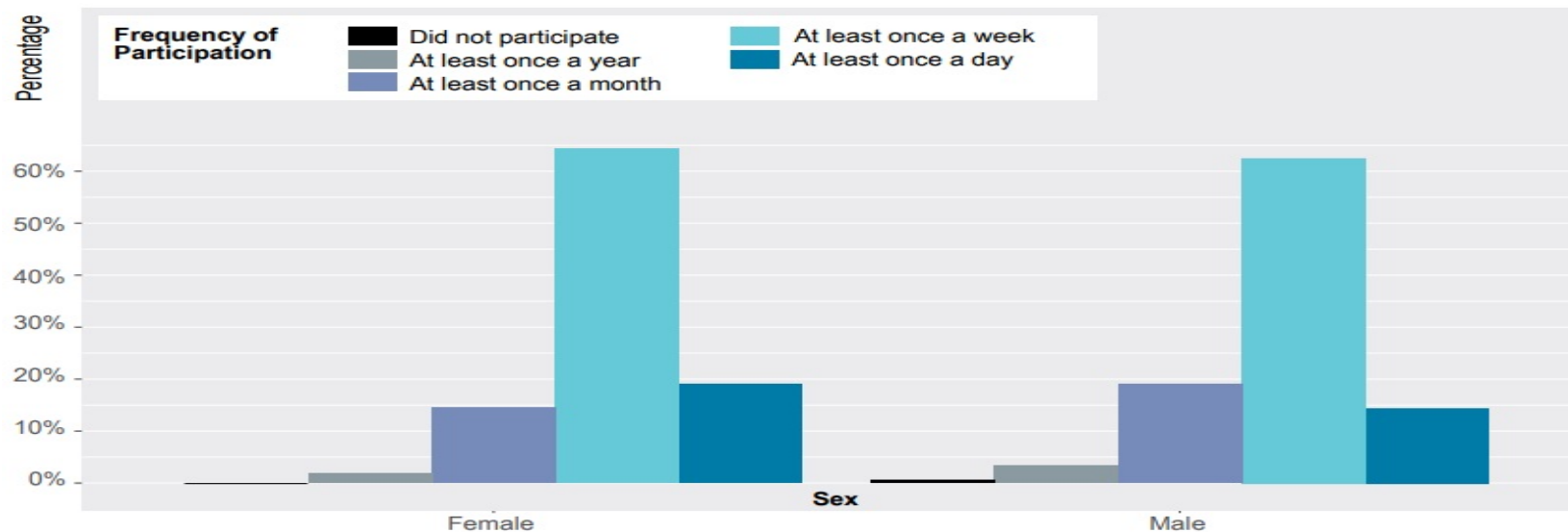


Figure 1 – Frequency of community-related activities among LGB participants by sex

The CLSA Report: LGB Aging

Caregiving and Care Receiving

- In comparison to heterosexual participants of the same sex, LGB participants were more likely to be involved in the provision of care.
- Approximately half (i.e., 49.8%) of lesbian and bisexual females and 46.4% of gay and bisexual males reported providing care in the last 12 months (compared to 48.2% of heterosexual females and 40.4% of heterosexual males).

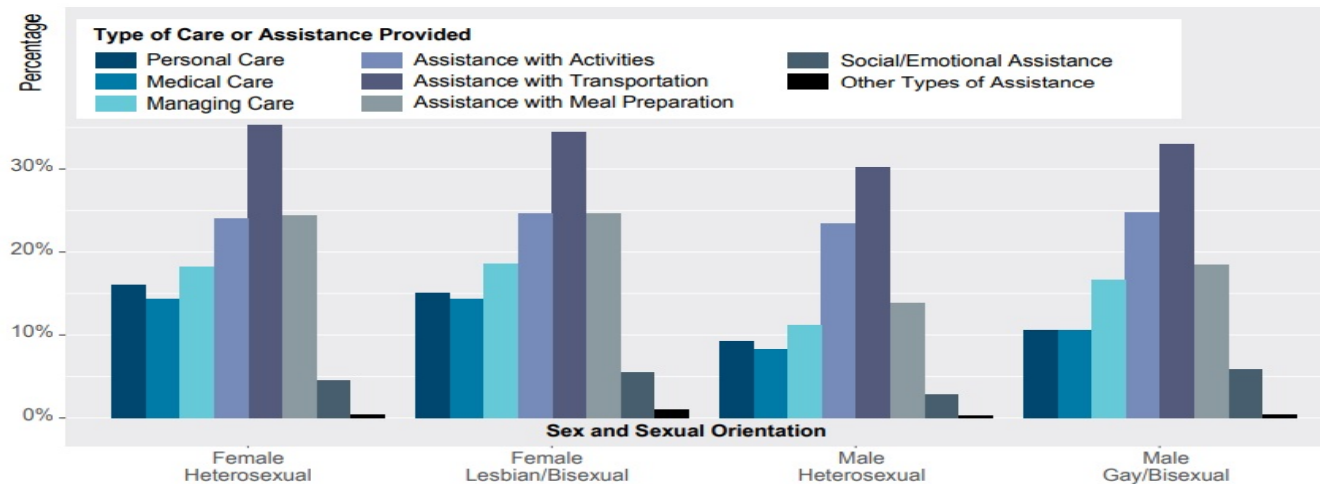


Figure 2 – Percentage of participants who provided care in the last 12 months, by sex and sexual orientation

The CLSA Report: LGB Aging

Health

- The majority of LGB participants reported at least one chronic disease (i.e., 89.5% of lesbian and bisexual females and 83.3% of gay and bisexual males).
- LGB participants tended to report high self-rated general and mental health, and tended to report their healthy aging experience as either excellent or very good.

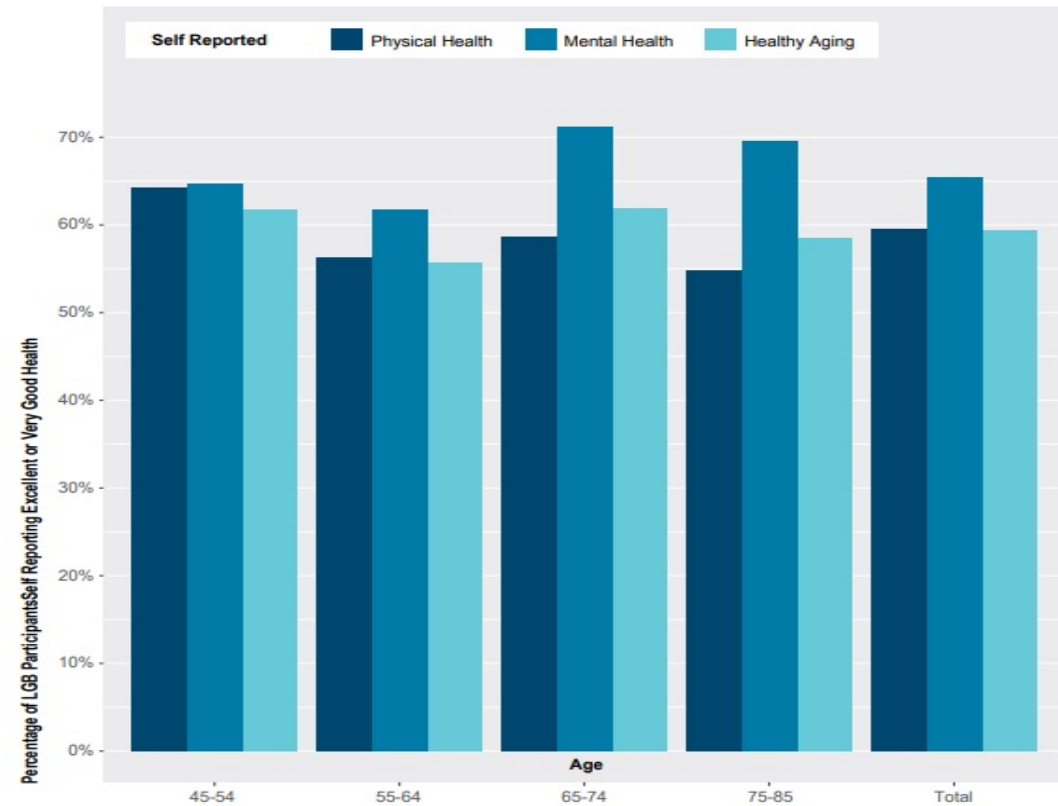


Figure 3 – Percentage LGB participants self-reporting very good or excellent health by age group

Additional analyses

Health

Compared to heterosexual peers of the same sex, sexual minority:

- **Males and females were more likely to report a mood disorder and anxiety disorder;**
- **Females were more likely to report asthma, being a former smoker, and current heavy drinking;**
- **Males were more likely to report asthma, cancer, and being a current smoker.**



Physical and mental health inequalities among aging lesbian, gay, and bisexual Canadians: cross-sectional results from the Canadian Longitudinal Study on Aging (CLSA)

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Abstract

Objective International estimates suggest the presence of health inequalities among older sexual minorities (i.e., individuals who identify as lesbian, gay, or bisexual and are 65 years old or above). In this study, we investigated the presence of health inequalities among aging lesbian and bisexual females, as well as aging gay and bisexual males in Canada.

Methods We used baseline data from the Canadian Longitudinal Study on Aging (CLSA) Tracking and Comprehensive cohorts to cross-sectionally compare self-reported physical and mental health indicators by sex and sexual orientation. Within our analysis sample of 51,208 Canadians 45 years old and over, 2% ($n = 1057$) of respondents identified as lesbian, gay, or bisexual.

Results Compared to heterosexual female peers, lesbian and bisexual females had greater odds of heavy drinking (AOR = 1.8, 95% CI = 1.3–2.4) and being a former smoker (AOR = 1.5, 95% CI = 1.2–1.9). Gay and bisexual males had greater odds of reporting a diagnosis of cancer (AOR = 1.5, 95% CI = 1.0–1.9) and currently smoking (AOR = 1.5, 95% CI = 1.1–2.0), compared to heterosexual males. Female and male sexual minorities had greater odds of reporting mood disorders (including depression) and anxiety disorders relative to heterosexual peers of the same sex.

Conclusion These findings highlight the importance of considering both sex and sexual orientation when developing approaches to support the physical and mental health of a diverse aging population in Canada.

Considerations

- 72% of LGB participants were less than 65 years of age, these baseline data are largely capturing the mid-life experience of participants;
- Gender identity was not asked, precluding any analysis of other identities within the LGBTQ2 community (e.g., trans aging);
- Northern, rural, and remote older LGB individuals are likely underrepresented in the dataset as territories were not captured;
- Factors relevant to this community include: historical and contemporary discrimination, healthcare utilization, and housing;
- Strength-based approaches would include resiliency, identity, and spirituality;
- Experiences of the oldest-old, LGBTQ2 caregivers, and LGBTQ2 persons with dementia continue to be a knowledge gap.



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