

Does Sexual Orientation Influence Trajectories of Change in Health? A 20-Year Follow-Up Study

BACKGROUND

By 2060, the subpopulation of 2.7 million lesbian, gay, bisexual, and transgender (LGBT) older adults living across the United States is projected to double. However, research pertaining to the health outcomes of this population is lacking. This is of significant concern because this demographic is especially vulnerable under the minority stress theory, which illustrates how added stressors (e.g., discrimination and risky behavior) can lead to higher rates of chronic conditions and functional limitations. Moreover, the influence of social bonds and emotional states (i.e., feeling good or bad) further compounds health quality. The goal of this current study is to investigate the relationship between physical, social, and mental well-being on sexual orientation.

STUDY METHOD

Measures. Participant data was gathered from the MIDUS survey (N=504). This study used a series of three waves from this survey that were across the timespan of twenty years (i.e., 1995-1996; 2004-2006; 2013-2014). Health was assessed in this study by assessing chronic conditions and functional limitations. Chronic conditions were examined by calculating the sum of 30 different conditions. Functional limitations were analyzed through the Medical Outcomes Study survey, which assessed participants' ability to complete activities of daily living and instrumental activities of daily living. There were three variables that were included in this study as potential

moderators. These include positive affect, negative affect, and social support. Positive and negative affect were assessed using a Likert-style scale that asked participants to rate different aspects of their well-being on a scale of 1 (i.e., all the time) to 5 (i.e., not at all). Similarly, the degree of social support was assessed with a Likert-style scale that asked participants to rate both how much their friends and how much their families supported them. This scale was from 1 (i.e., a lot) through 4 (i.e., not at all). With the demographic variables collected in this study, including age, gender, education, and race, this study asked participants to report their sexual orientation of either lesbian, gay, bisexual, or straight.

Analytic method. The study sample was created by matching two heterosexual participants to each of the 168 LGB participants based on age, sex, and education. Longitudinal analyses were used to assess the associations between sexual orientation and the two health outcomes. The moderator variables were added to the analyses to test for any significant interactions that would indicate a moderating effect.

FINDINGS

Those who were LGB were significantly more likely to have a chronic condition at baseline when compared to the participants who were heterosexual. Specifically, LGB adults were 48% more likely to have a chronic condition. However, while LGB participants were at risk for developing an additional chronic condition over a ten-year

period, they did so less rapidly when compared to their heterosexual counterparts. Results from the moderation analyses on the relationship between chronic conditions and sexual orientation found that only social support from friends was significant. In particular, these findings suggest that the more support LGB adults receive from friends, the more likely they are to have chronic conditions and/or develop chronic conditions over time. Negative and positive affect were not found to moderate this relationship.

Additionally, when compared to heterosexual participants, LGB participants were significantly more likely to have a functional limitation at baseline. Longitudinal analyses found that participants who were LGB did not acquire functional limitations at a faster rate when compared to their heterosexual counterparts. The results from the moderation analyses on the relationship between functional limitations and sexual orientation found that positive affect was significant. Specifically, participants who were LGB who had lower positive affect were found to have greater functional limitations and were more likely to see more limitations over time. Social support and negative affect were not found to moderate this relationship.

POLICY IMPLICATIONS

The current study represents one of the first longitudinal analyses investigating the health disparities among LGB adults. The findings suggest

a growing resilience over time for older LGB adults facing minority stressors. One example of this is seen in the gap between the progression of chronic conditions between LGB and heterosexual adults, as this was found to shrink over time. Additionally, higher social support was found to be related to higher rates of chronic conditions for LGB adults. This suggests that LGB adults with fewer friends gain more resilience over time because they rely on themselves to manage the negative effects of minority stress. Increased knowledge on LGB resilience and promoting beneficial mental health practices early may result in better health outcomes for older LGB adults. Policy makers should further examine the role of resilience in LGB adults to assess trajectory of health disparities and determine underlying mechanisms promoting resilience.

Original Article

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