

Does Sexual Orientation Relate to Health and Well-Being? Analysis of Adults 50+ Years of Age

BACKGROUND

Over one million adults that are sixty-five and older identify as lesbian, gay, bisexual, or transgender (LGBT) and recent estimates suggest that this number could double by 2060. Research investigating the physical and mental health disparities of older adults who are LGBT is lacking. This is concerning because prior studies have suggested that LGBT older adults are more likely to engage in risky behaviors (e.g., smoking), have chronic physical health conditions (e.g., cardiovascular disease), have a mental illness (e.g., depression), experience cognitive difficulties (e.g., impaired memory), and/or use medication (e.g., psychiatric medicine). These complications may arise from minority stress (e.g. discrimination, internalized homophobia) that can further damage health outcomes. The current study addressed these issues by evaluating the relationship between self-reported health and sexual orientation using data from a nationally representative longitudinal survey.

STUDY METHOD

Measures. The study utilized data obtained from the Health and Retirement Study (HRS). Although the HRS originated in 1992, the survey did not include any questions about sexual orientation until 2016. Therefore, the data on the 3,715 participants used in this study was obtained from this wave. Of these participants, 560 were included in the 1:3 propensity-matched sample that consisted of 140 lesbian, gay, and bisexual

(LGB) and 420 matched heterosexual participants. The self-reported health measures included in this study were physical health, smoking, excessive drinking, physical activity, obesity, mental health, and cognitive health. Likert style measures were utilized to assess physical and cognitive health, where higher ratings indicated better health status. Smoking (i.e., having ever smoked or never smoked), excessive drinking (i.e., having ever felt like they needed to cut down on drinking or having never felt their drinking was excessive), physical activity (i.e., engaged in exercise or never/ hardly ever engaged in exercise), obesity (i.e., BMI over 30 or BMI under 29.9), mental health (i.e., presence or absence of depression) were dichotomized. Age, sex, and education measures were also included in this study as covariates.

Analytic method. The study sample was created by matching three heterosexual participants to each of the 140 LGB participants based on age, sex, and education. The associations between sexual orientation and the outcome variables were assessed by using logistic regression analyses. Additional sensitivity analyses using the entire unmatched sample of 3,715 participants were also conducted for comparison with the propensity-matched sample.

FINDINGS

The LGB adults were found to be more likely to experience poorer mental health than heterosexual adults. Specifically, depression rates were nearly twice as high for participants in the

LGB group. Conversely, memory differences between LGB and heterosexual adults were insignificant. In addition, although it was found that LGB adults had an increased likelihood of engaging in risky health behavior, LGB adults were 84% more likely to report being in better health than heterosexual adults.

POLICY IMPLICATIONS

The findings from this study suggest that when compared to heterosexual adults, LGB adults are more likely to experience depression, but are also more likely to have better physical health. Additional results suggest that there are no differences between these groups in relation to self-reported memory. The differences found in self-reported physical and mental health, in conjunction with comparable cognitive health, suggest that LGB adults may be more resilient than heterosexual adults as they age.

Further analyses on the risky health behaviors in the propensity-matched sample found that the LGB group was more likely to have ever smoked, while sensitivity analyses on the unmatched sample suggested that LGB adults were more likely to excessively drink and less likely to engage in moderate physical activity. However, the associations between drinking and physical activity with LGB status were no longer significant once

depression and self-reported memory were controlled for. These results suggest that risky health behaviors in adults may be better explained by the presence of depression and one's rating of their memory, rather than one's sexual orientation. Further research should investigate the relationship between stress factors and health outcomes by sexual orientation on a larger scale (e.g., between LGB generations). Policy makers should consider offering preventative health services (e.g., counseling for depression and/or alcohol use) to members of the LGB community to improve quality of life.

Original Article

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This policy brief was written by C. Slater, H. Rouse, and C. Nelson of the University of South Florida, School of Aging Studies and Florida Policy Exchange Center on Aging.

For further information contact author C. Nelson via email at cnelson13@usf.edu