


## The webinar, “**LGBTQ+ aging in Canada: What can we learn from the CLSA?**,” will begin shortly.

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# CLSA Webinar Series



12 pm to 1 pm ET | October 29, 2019

Canada's older adult population is becoming increasingly diverse. In order to respond to the needs of diverse aging communities, we must understand their health status and its determinants. Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities consist of individuals with distinct socio-historical contexts that often involve minority stress experiences (e.g., stigma and discrimination) associated with health in older age. The presentation will describe the socio-historical context of LGBTQ+ older adults in Canada and highlight some of the findings from the Canadian Longitudinal Study on Aging (CLSA). In particular, we will present data showing health disparities among sexual minority participants in the CLSA as well as data that highlight the importance of social networks. Implications for policy and practice will be discussed.

Dr. Arne Stinchcombe is an assistant professor in the Master of Applied Gerontology program at Brock University. He has a particular focus on inclusion and diversity within older adult populations and his research seeks to promote health and well-being among older LGBTQ+ populations. Dr. Kimberley Wilson is an assistant professor in Adult Development & Aging in the Department of Family Relations and Applied Nutrition at the University of Guelph. Kim's current research is focused on understanding and accounting for diverse experiences of aging, with a particular focus on LGBTQ+ older adults.

Register online at:  
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Webinars will be broadcast using WebEx.  
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# LGBTQ+ aging in Canada: What can we learn from the CLSA?

Arne Stinchcombe, PhD

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October 29, 2019



# Funding Acknowledgment



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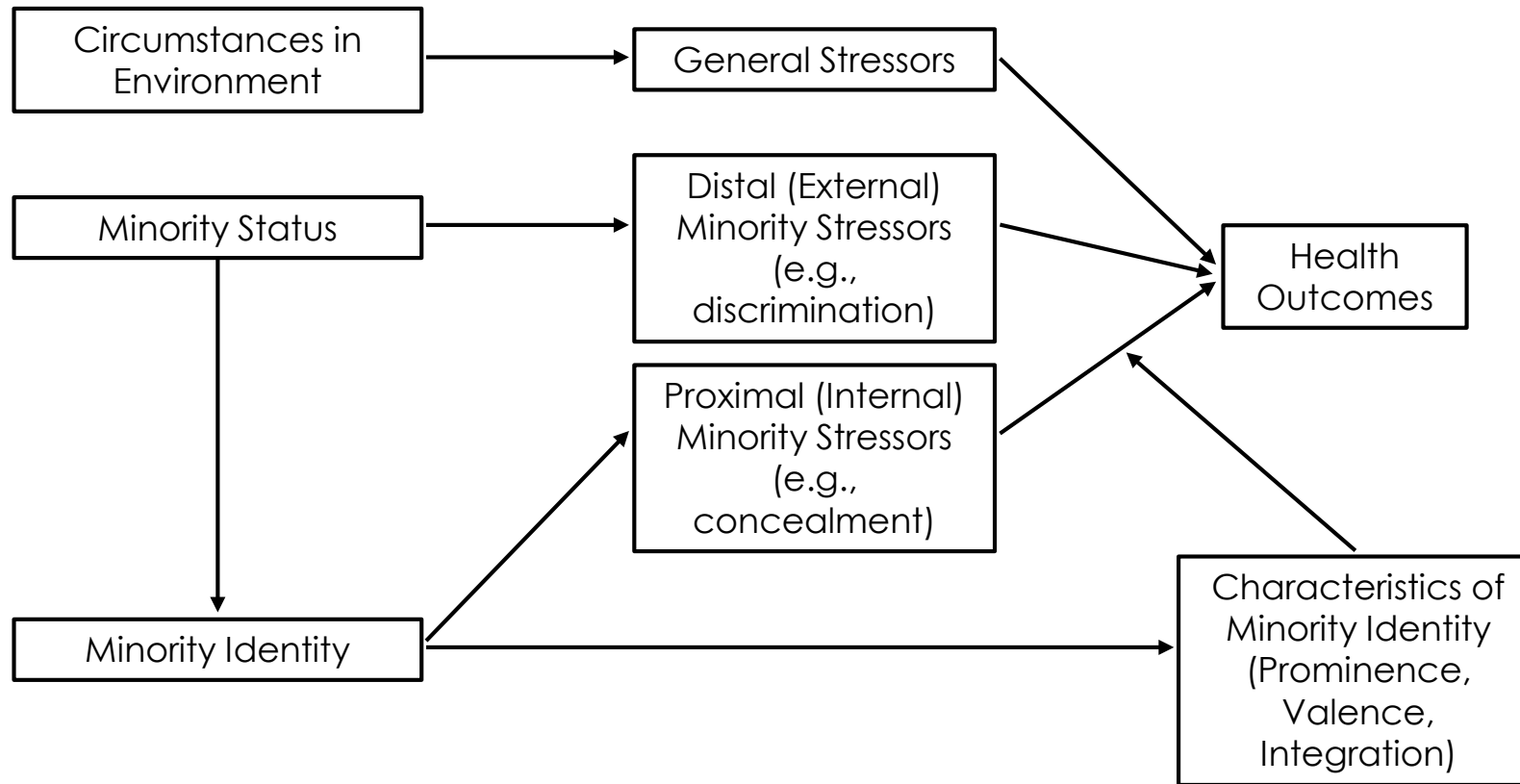
# Agenda

- Background
- About the CLSA
- Demographic data
- Health disparities
- Caregiving
- Mental health
- Considerations & conclusions

# What do we know?

- Physical and mental health disparities (Fredriksen-Goldsen et al., 2013);
- Historical and contemporary discrimination (Meyer, Schwartz, & Frost, 2008);
- Socio-historical context and cohort differences (Kinsman & Gentile, 2010);
- Strengths and resilience (Fredriksen-Goldsen et al., 2015);
- A diverse and aging population (Statistics Canada, 2016).

# Minority Stress Model (Meyer, 2007)



# Background

- LGBTQ+ older adults have unique health and psychosocial needs (Stinchcombe, Smallbone, Wilson, & Kortés-Miller, 2017);
- End-of-life concerns related to inclusion, relationships, maintaining identity, and *staying out of the closet* (Wilson, Kortés-Miller & Stinchcombe, 2018);
- Fears of formal care systems including social isolation, decreased independence, and increased vulnerability to stigma (Kortés-Miller, Boulé, Wilson & Stinchcombe, 2018);
- Care providers lack training to provide culturally sensitive care for older LGBTQ+ persons (Kortés-Miller, Wilson & Stinchcombe, 2019).



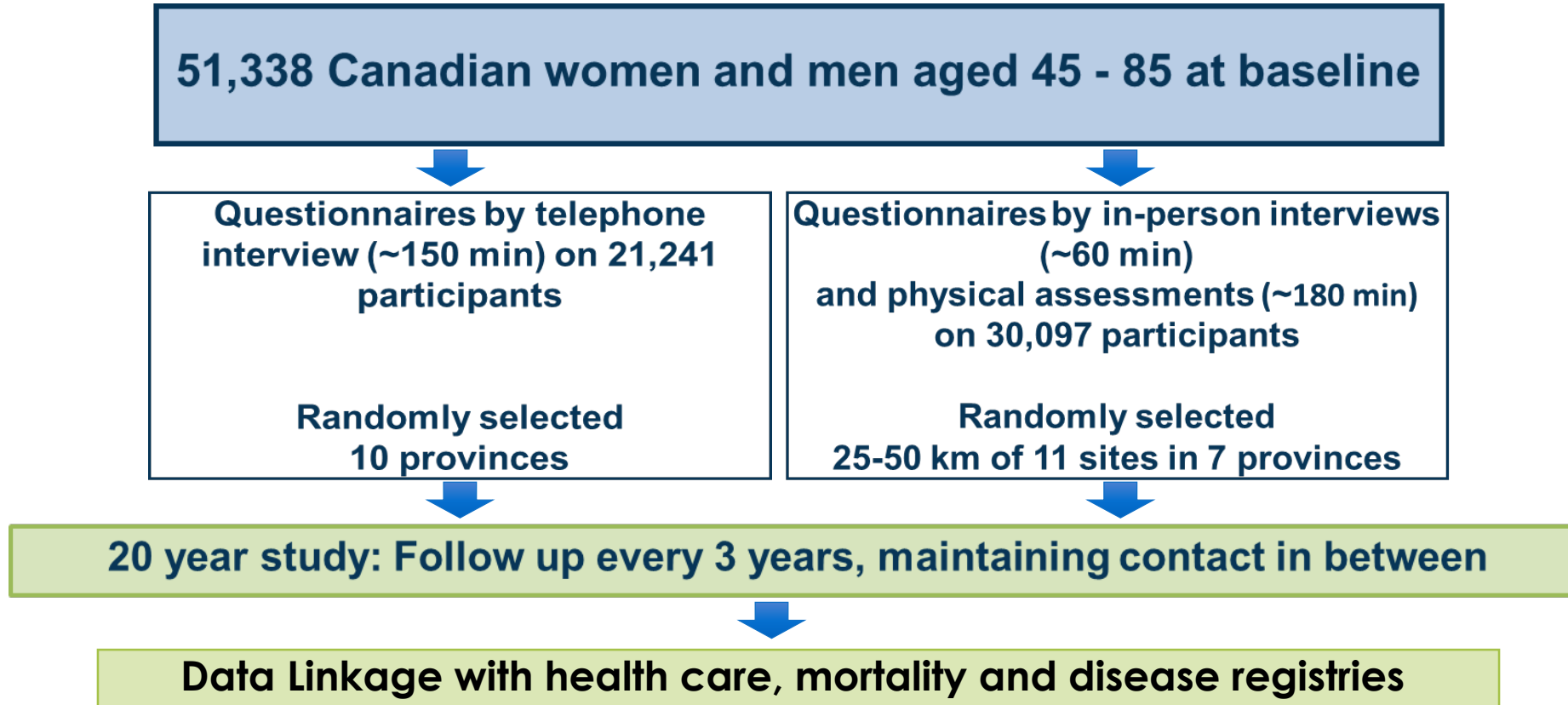
# Background

- Unique sociohistorical context;
  - Experiences with biphobia and homophobia;
  - Fear related to personal safety and discrimination with the care system.
- 
- The CLSA is a unique platform from which to examine trajectories of health in relation to age, sex/gender, sexual orientation, and psychosocial determinants.

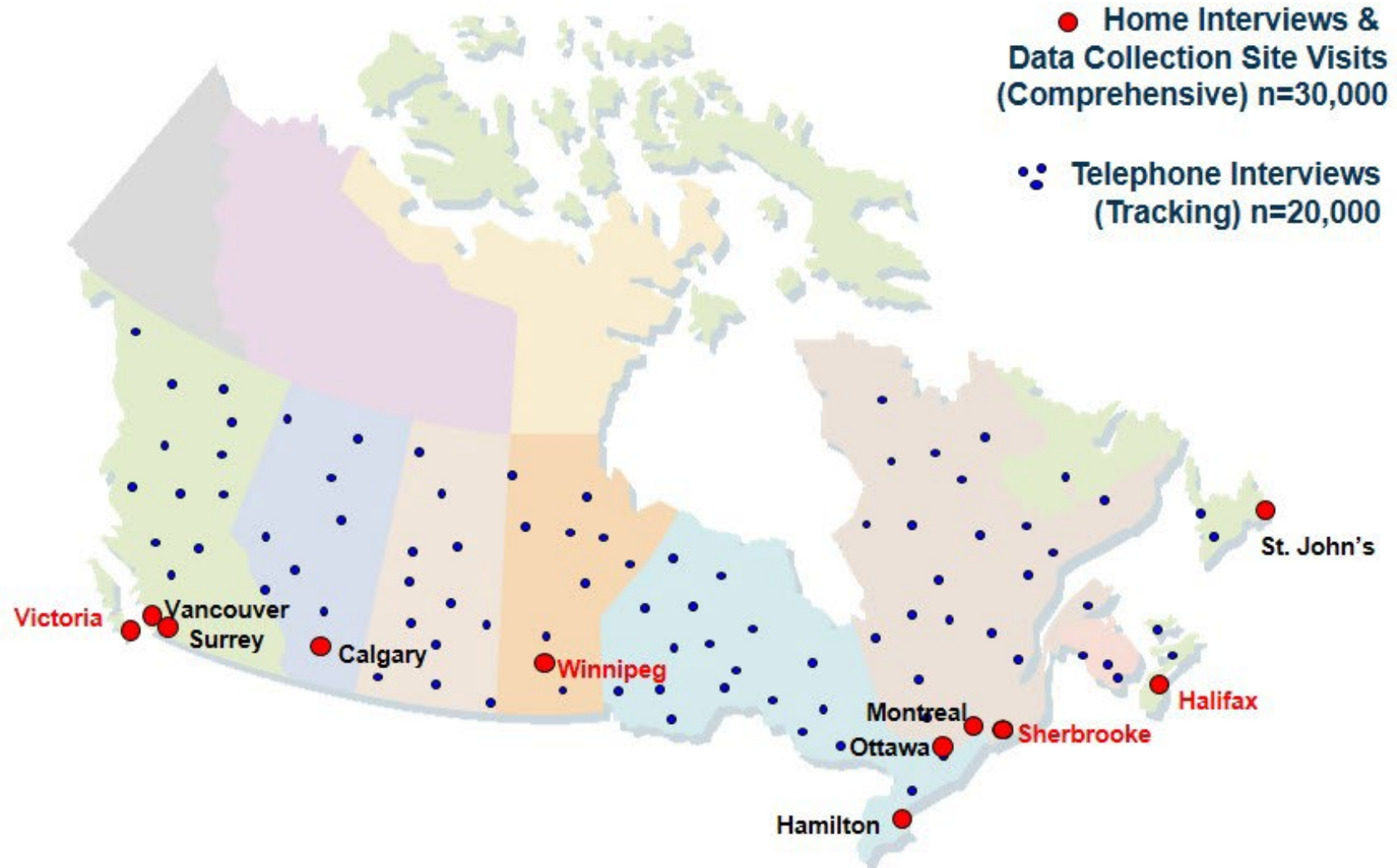
# What is the Canadian Longitudinal Study on Aging (CLSA)?

- 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:



# 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 Findings Report on Health and Aging in Canada

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 chapter 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

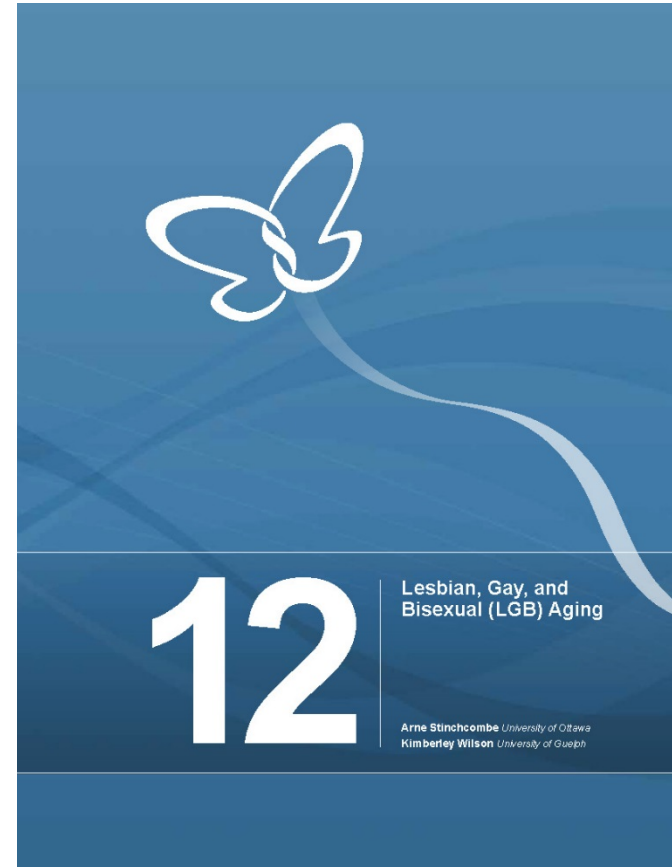


**Rapport de l'Étude longitudinale canadienne  
sur le vieillissement (ÉLCV) sur la santé et le  
vieillissement au Canada**

résultats de la collecte de données (2010-2015)



**Éditeurs**  
Paminder Raina  
Christina Wolfson  
Susan Kirkland  
Lauren Griffith



**12**

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

Arne Stinchcombe *University of Ottawa*  
Kimberley Wilson *University of Guelph*



# What were participants in the CLSA asked at baseline?

## 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/gender

The CLSA asked participants if they are:

- Male; or
- Female.

# 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.
- Differences in total household income
- Less likely to be retired

# 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.
- LGB participants were more likely to report feeling lonely at least some of the time.
- Less likely to be married and more likely to be living alone

# Relationships & Social Environments

(continued)

- 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.

# Relationships & Social Environments

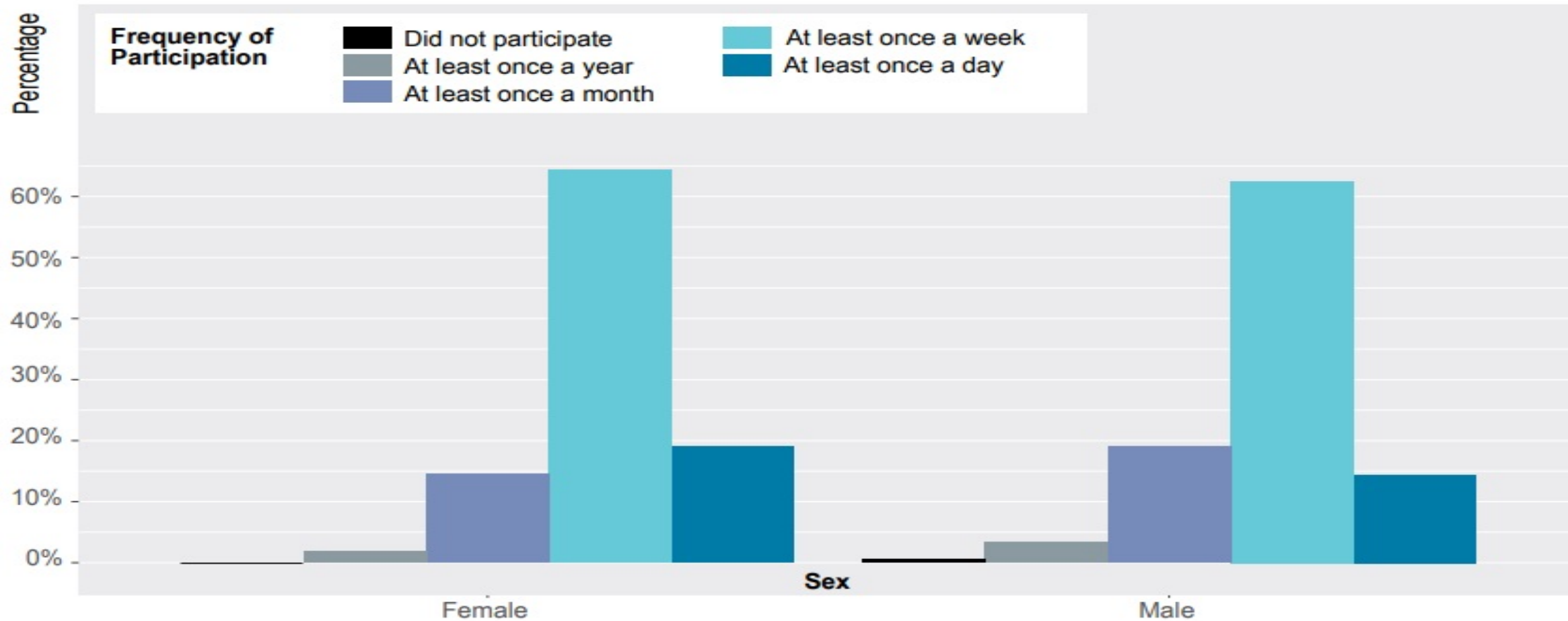


Figure 1 – Frequency of community-related activities among LGB participants by sex

# 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.

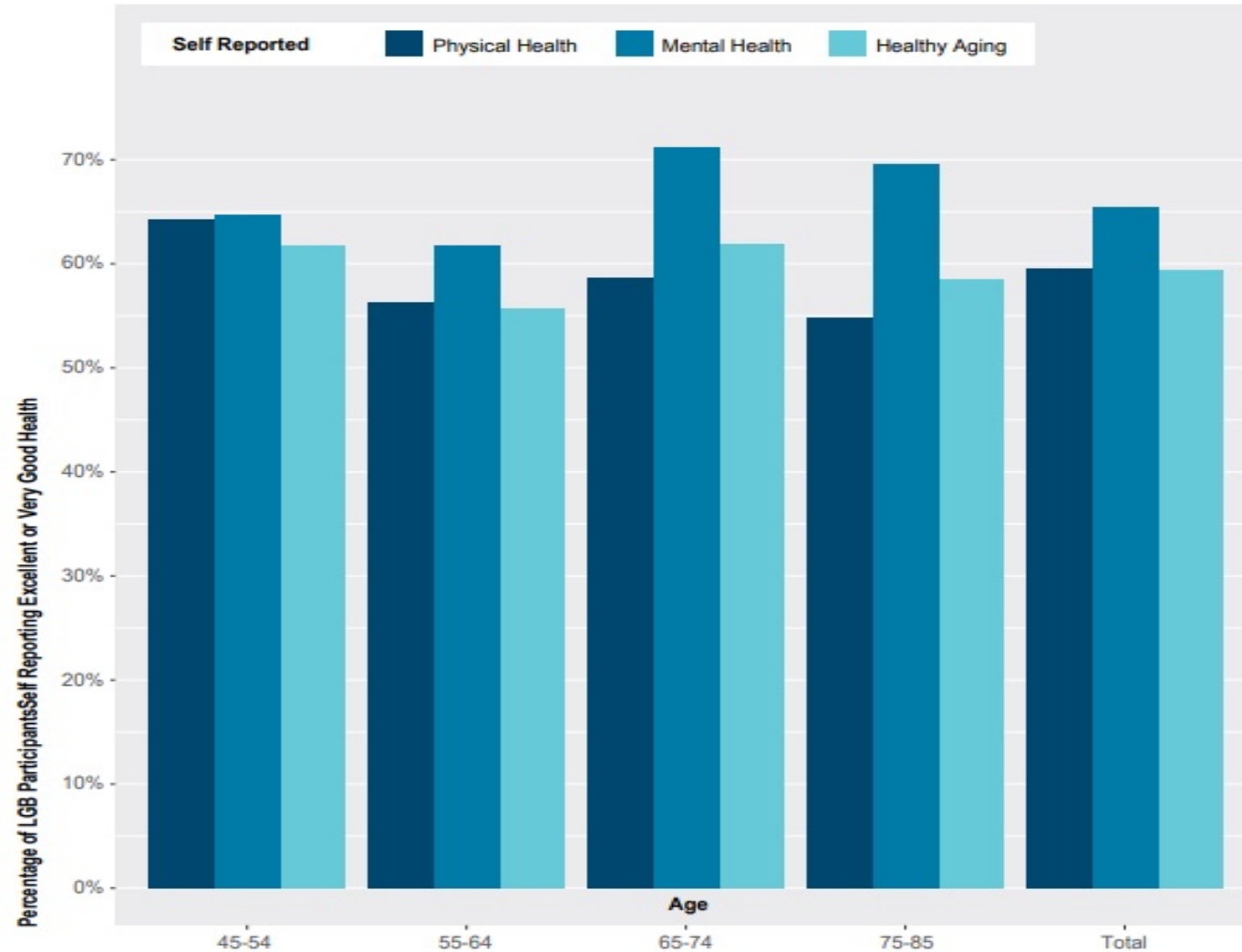
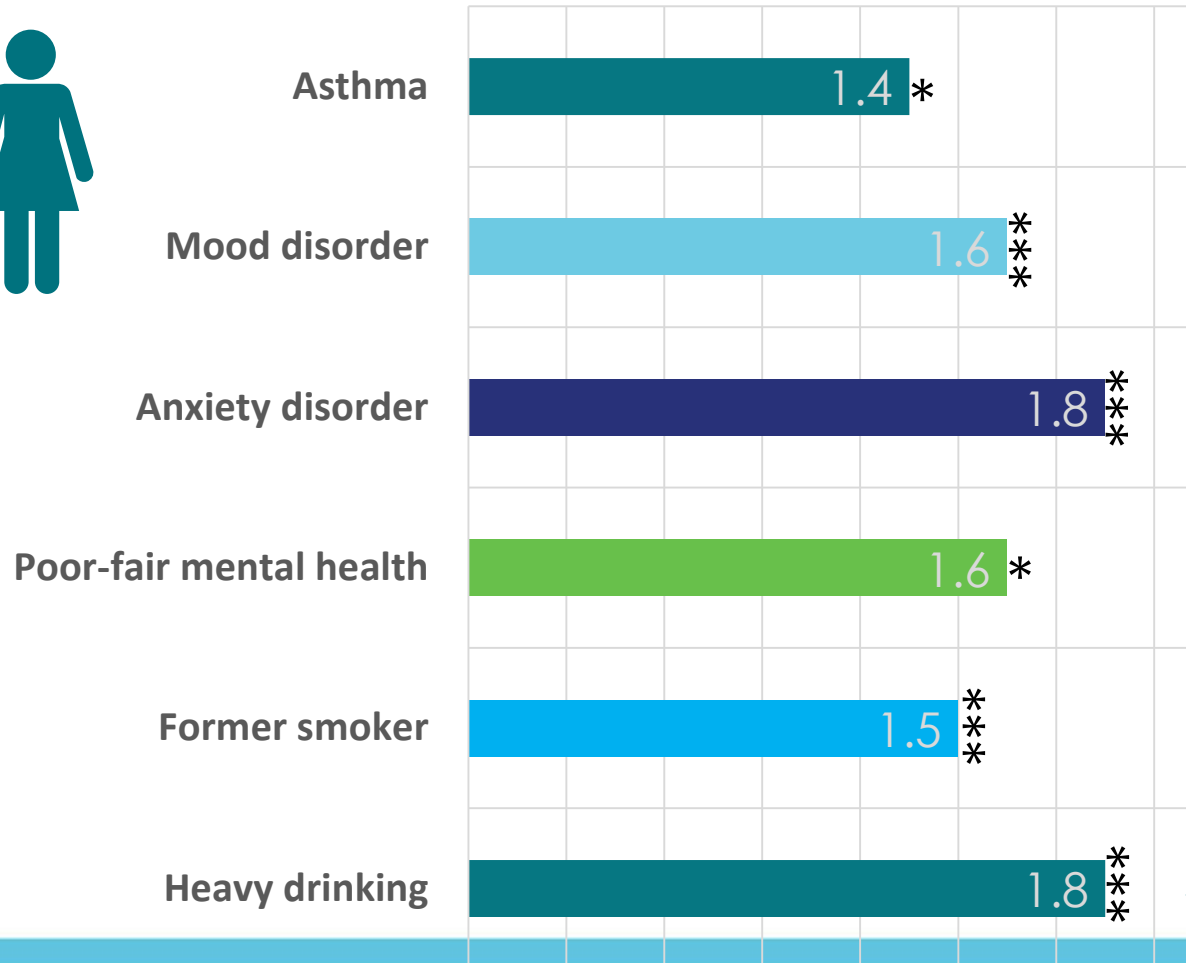
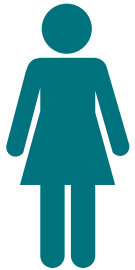


Figure 3 – Percentage LGB participants self-reporting very good or excellent health by age group

# Health disparities: Approach

- Tracking (n= 21,241) and Comprehensive (n=30,097) were pooled
- Self-report, lifetime diagnosis of chronic disease and mental illness
- Health behaviours (e.g., smoking, drinking) & Healthcare utilization (past 12-months)
- Crude logistic regression
- Adjusted logistic regression, controlling for age, income, education, and province.
- Analyses stratified by sex/gender

# Health disparities: Results (women)



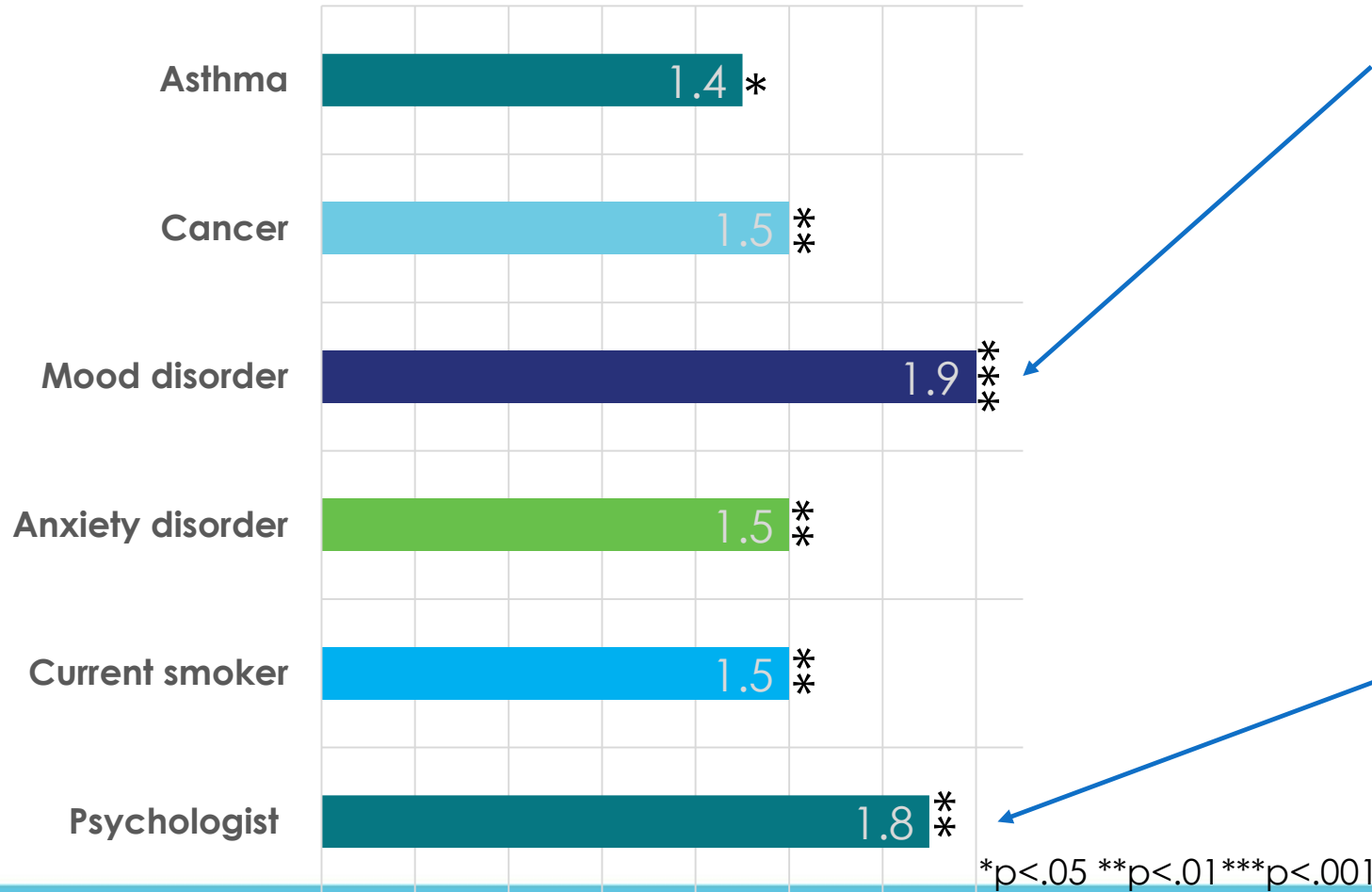
**Lesbian and bisexual women** had **1.8 greater odds** of reporting an anxiety disorder in comparison to heterosexual women, after adjustment.

In comparison to heterosexual women, **lesbian and bisexual women** had **1.8 greater odds** of heavy drinking, after adjustment.

\*p<.05 \*\*p<.01 \*\*\*p<.001



# Health disparities: Results (men)



**Gay and bisexual men** had **1.9 greater odds** of reporting a mood disorder (e.g., depression) in comparison to heterosexual men, after adjustment.

In comparison to heterosexual men, **gay and bisexual men** had **1.8 greater odds** of seeing a psychologist in the last 12 months, after adjustment.



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

Arne Stinchcombe<sup>1,2</sup> · Kimberley Wilson<sup>3</sup> · Katherine Kortess-Miller<sup>4,5</sup> · Lori Chambers<sup>6</sup> · Bruce Weaver<sup>7</sup>

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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.

### Résumé

**Objectifs** Les estimations internationales suggèrent la présence d'inégalités de santé parmi les minorités sexuelles plus âgées (c'est-à-dire, les personnes ayant 65 ans ou plus et s'identifiant comme étant lesbiennes, gays ou bisexuelles). Dans cette étude, nous avons enquêté la présence d'inégalités en matière de santé chez les femmes lesbiennes et bisexuelles vieillissantes, ainsi que chez les hommes gais et bisexuels vieillissants, au Canada.

**Méthode** Nous avons utilisé des données de base provenant des cohortes de suivi et des cohortes complètes de l'Étude longitudinale canadienne sur le vieillissement (ÉLCV) pour comparer de façon transversale les indicateurs de santé physique et mentale autodéclarés selon le sexe et l'orientation sexuelle. Dans notre échantillon d'analyse de 51 208 Canadiens âgés de 45 ans et plus, 2 % ( $n = 1057$ ) des répondants ont déclaré être lesbiennes, gays ou bisexuels.

**Résultats** Comparativement aux femmes hétérosexuelles, les femmes lesbiennes et bisexuelles étaient plus probables de consommer l'alcool de manière excessive (AOR = 1,8, IC 95% = 1,3–2,4) et d'être d'anciennes fumeuses (AOR = 1,5, IC 95% = 1,2–1,9). Les hommes gais et bisexuels avaient plus de chances de déclarer un diagnostic de cancer (AOR = 1,5, IC 95% = 1,0–1,9) et d'être fumeurs actuels (AOR = 1,5, IC 95% = 1,1–2,0), comparativement aux hommes hétérosexuels. Les

## Research Submission

### Health Behaviors and Social Determinants of Migraine in a Canadian Population-Based Sample of Adults Aged 45–85 Years: Findings From the CLSA

Nicole G. Hammond, MSc, MA; Arne Stinchcombe, PhD

**Background.**—Social determinants of health are well linked to adverse health outcomes, but less is known about how they relate to migraine. While much attention has been given to the role of modifiable lifestyle factors which may mitigate risk of migraine, the role of physical activity in headache management is not yet understood.

**Objectives.**—The purpose of this study was to explore the relationship between social determinants of health, health behaviors, and migraine prevalence in a sample of the Canadian population aged 45–85 years.

**Methods.**—In this cross-sectional analysis of baseline data from the Canadian Longitudinal Study on Aging, respondents were between 45 and 85 years of age and migraine was self-report of physician diagnosis. Analyses were stratified by sex/gender ( $n_{\text{women}} = 22,176$ ,  $n_{\text{men}} = 21,549$ ).

**Results.**—The weighted prevalence of migraine for men and women was 7.5% and 19.6%, respectively. There were relationships between social determinants of health and migraine for both men and women. Notably, higher perceived social status was associated with a 3% reduced odds of migraine among women (OR = 0.97, 95% CI: 0.95, 0.98,  $P < .001$ ). Gay and bisexual men had 50% higher odds of migraine compared to heterosexual men (OR = 1.50, 95% CI: 1.13, 1.99,  $P = .005$ ). Some forms of physical activity were associated with reduced odds of migraine for women: walking for 30 minutes but less than 1 hour (OR = 0.87, 95% CI: 0.78, 0.96,  $P = .005$ ), light sports for less than 30 minutes (OR = 0.86, 95% CI: 0.73, 1.00,  $P = .048$ ), and 1 hour but less than 2 hours (OR = 0.85, 95% CI: 0.74, 0.97,  $P = .018$ ), strenuous sports for 30 minutes but less than 1 hour (OR = 0.79, 95% CI: 0.71, 0.89,  $P < .001$ ), and 1 hour but less than 2 hours (OR = 0.82, 95% CI: 0.73, 0.92,  $P = .001$ ). Men who engaged in daily walking as a form of leisure time physical activity had higher odds of migraine: walking less than 30 minutes (OR = 1.21, 95% CI: 1.01, 1.45,  $P = .042$ ), 2 hours but less than 4 hours (OR = 1.42, 95% CI: 1.11, 1.80,  $P = .005$ ), and 4 hours or more (OR = 1.65, 95% CI: 1.18, 2.31,  $P = .004$ ).

**Conclusions.**—Social determinants of health are associated with migraine prevalence for both men and women. Physical activity is a modifiable lifestyle factor which merits further exploration as an intervention option for migraine headaches in aging samples, especially among older women. Greater odds of migraine among older men who walked for exercise may be explained by reverse causality.

**Key words:** migraine, aging, social determinants, physical activity, Canadian Longitudinal Study on Aging

# Social networks: Approach

- Pooled CLSA sample
- Variables of interest:
  - Social network size (i.e., number of friends) and last in-person contact
  - Provision of informal care & relationship to care recipient
  - Pet ownership
- Analyses adjusted for covariates, as appropriate

# Social networks: Results

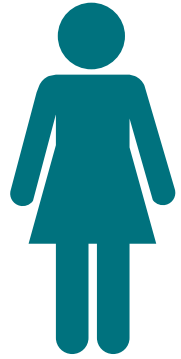


- Lesbian and bisexual women reported a mean of 1.27 children; heterosexual women reported a mean of 2.28 children ( $p < .001$ ).
- 61.80% of lesbian and bisexual women reported a household pet that provided companionship, compared to 46.43% of heterosexual ( $p < .001$ ).



- Gay and bisexual men reported a mean of 0.69 children; heterosexual men reported a mean of 2.32 ( $p = .001$ ).
- 42.49% of gay and bisexual men reported having a household pet, compared to 42.52% of heterosexual men ( $p = .988$ ).

# Caregiving: Results



49%

Heterosexual women and sexual minority women were equally as likely to be involved in the provision of care in the last 12 months.



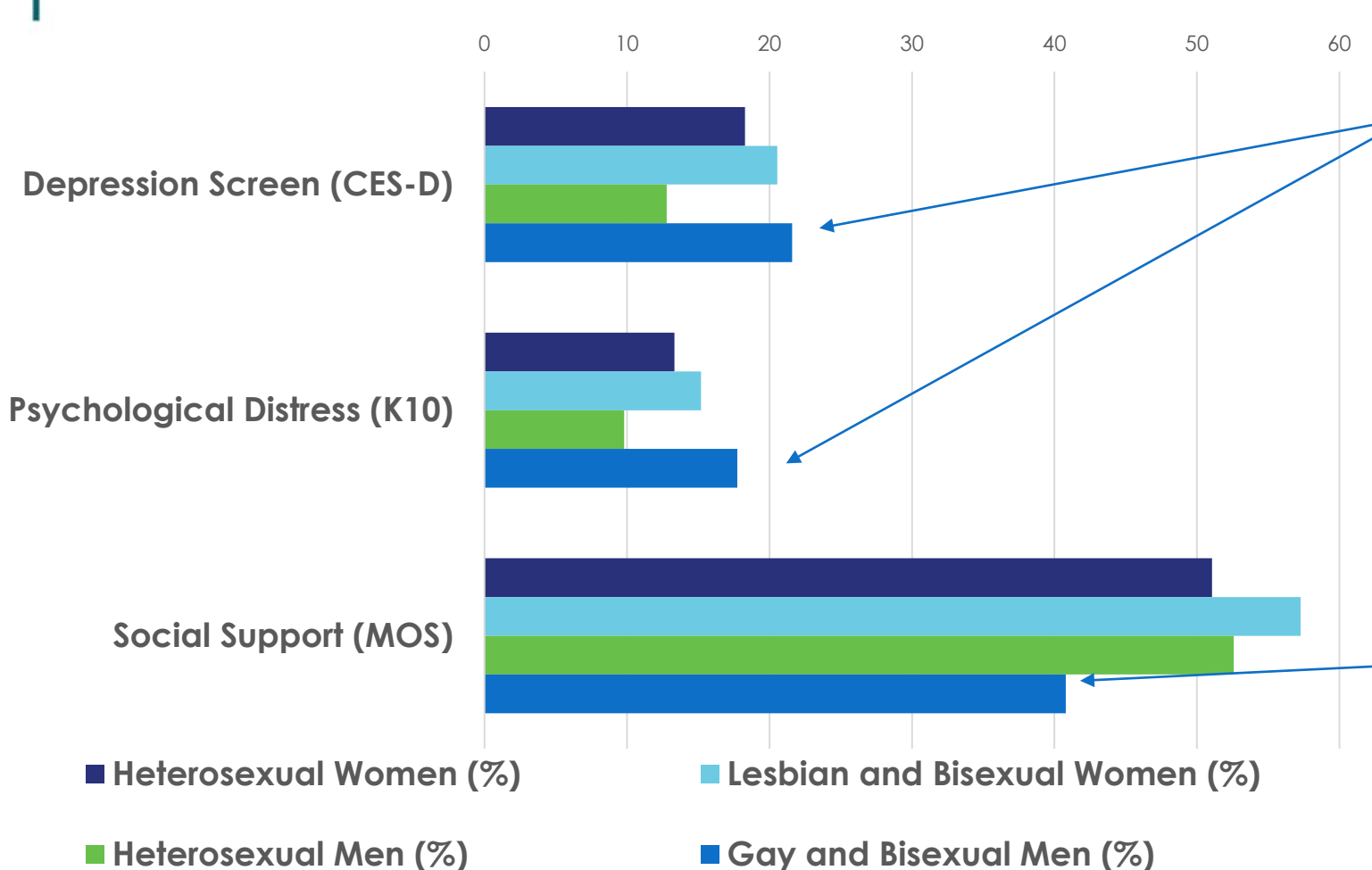
47%

Gay and bisexual men were more likely to report being involved in the provision of care in the last 12 months (47% vs. 40%).

# Mental health: Approach

- Pooled CLSA sample
- Mental health measures:
  - Depression: Centre for Epidemiologic Studies – Depression (CESD-10) scale
  - Kessler Psychological Distress Scale (K10)
- Social support
  - The Medical Outcome Study (MOS) Social Support Survey Scale (Total score)

# Mental Health & Social Support: Results



**Gay and bisexual men** had increased odds of screening positive for depression (OR=1.34) and psychological distress (OR=1.48) in comparison to heterosexual men.

**Low levels of perceived social support** were observed among gay and bisexual men.

# 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 LGBTQ+ community (e.g., transgender aging); and
- Northern, rural, and remote older LGB individuals are likely underrepresented in the dataset as territories were not captured.



# Considerations

- Importance of considering sexual orientation as a determinant of health within an aging population;
- Strengths-based approaches;
- Development of inclusive and equitable program and policy responses.

# Contact

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# Upcoming CLSA Webinar



**Using the Canadian Longitudinal Study on Aging to understand the role of mobility testing in fall risk assessment for community dwelling older adults**

**Marla Beauchamp, PhD**

**Ayse Kuspinar, PhD**

November 28, 2019 | 12 p.m. ET

**Register: [bit.ly/clsawebinars](https://bit.ly/clsawebinars)**



# Upcoming CLSA Webinar



**Factors associated with Community Ambulation in Older Adults and those with Stroke and Osteoarthritis**

**Ruth Barclay, PhD**

December 16, 2019 | 12 p.m. ET

**Register: [bit.ly/clsawebinars](https://bit.ly/clsawebinars)**



The CIHR Institute of Aging has partnered with the McMaster Institute for Research on Aging (MIRA) to host an innovative five-day training event:



A unique, interactive training program, SPA will run from June 7-12, 2020 at the Hockley Valley Resort, approximately one hour north of Toronto, Ontario.

Graduate students and postdoctoral fellows either working with or interested in learning more about research related to the area of longitudinal studies in aging are encouraged to apply. Trainees will have the opportunity to participate in advanced training that crosses disciplines and brings together trainees, researchers, and members of the public and private sector from Canada and abroad.

The program will feature internationally renowned guest speakers, and networking opportunities will be offered throughout the week. The program is expected to be launched in January 2020 on CIHR's ResearchNet. More information will be available in the coming weeks.

Hosted by



June 7-12,  
2020