

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 424  
(A-24)

Introduced by: Senior Physicians Section

Subject: LGBTQ+ Senior Health

Referred to: Reference Committee D

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1 Whereas, an estimated 2.7 million older Americans who identify as part of the LGBTQ+  
2 community face unique and challenging health issues due to a combination of factors including  
3 discrimination, social stigma, and lack of culturally competent healthcare<sup>1</sup>; and  
4

5 Whereas, LGBTQ+ seniors are more likely than other seniors to report poor general health,  
6 mental health issues, social isolation and higher rates of multiple chronic co-morbidities<sup>2</sup>; and  
7

8 Whereas, subsets of this community, in particular transgender seniors, face even higher rates  
9 when compared to their LGBTQ+ cohorts<sup>3</sup>; and  
10

11 Whereas, addressing the unique health needs of LGBTQ+ seniors require a comprehensive  
12 approach that recognizes and respects their diverse identities and experiences; therefore be it  
13

14 RESOLVED, that our American Medical Association create and disseminate educational  
15 initiatives to increase awareness and understanding of senior LGBTQ+ health aging issues  
16 among the general public, healthcare professionals, and policy makers (Directive to Take  
17 Action); and be it further  
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19 RESOLVED, that our AMA develop and promote cultural competency training for clinicians in  
20 caring for senior LGBTQ+ individuals (Directive to Take Action); and be it further  
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22 RESOLVED, that our AMA develop and promote policies and practices for implementation  
23 within all healthcare settings that are inclusive and affirming for LGBTQ+ seniors (Directive to  
24 Take Action); and be it further  
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26 RESOLVED, that our AMA advocate for increased funding and resources for research into  
27 health issues of LGBTQ+ seniors. (Directive to Take Action)  
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Fiscal Note: \$122,712: Contract with third parties to develop educational content and training  
for physicians

Received: 5/2/2024

1. Movement Advancement Project and SAGE. May 2017. "Understanding Issues Facing LGBT Older Adults." <https://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adults>. Accessed 19 February 2024.
2. Fredriksen Goldsen, K., Kim, H.-J., Jung, H. H., Davis, A. & Emler, C.A. (2021). Oregon LGBTQ+ Older Adult Survey Report. Seattle, WA: Goldsen Institute.
3. Adan, M., Scribani, M., Tallman, N., Wolf-Gould, C., Campo-Engelstein, L., Gadomski, A. Worry and Wisdom: A Qualitative Study of Transgender Elders' Perspectives on Aging. *Transgend Health*. 2021 Dec 2;6(6):332-342. doi: 10.1089/trgh.2020.0098. PMID: 34993305; PMCID: PMC8664103.

REFERENCES

**RELEVANT AMA POLICY**

**H-160.991 Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations**

Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people. [CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep.8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01 I-18]

**H-295.878 Eliminating Health Disparities - Promoting Awareness and Education of Sexual Orientation and Gender Identity Health Issues in Medical Education**

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues related to sexual orientation and gender identity; and (3) encourages medical education accreditation bodies to both continue to encourage and periodically reassess education on health issues related to sexual orientation and gender identity in the basic science, clinical care, and cultural competency curricula in undergraduate and graduate medical education.

[Res. 323, A-05; Modified in lieu of Res. 906, I-10; Reaffirmation A-11; Reaffirmation A-12; Reaffirmation A-16; Modified: Res. 16, A-18; Modified: Res. 302, I-19]

**D-315.974 Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms**

Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues and appropriate medical and community based organizations to distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation," to our membership.

[Res. 014, A-18]

**G-635.125 AMA Membership Demographics**

1. Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.

2. Our AMA will immediately release to each state medical and specialty society, on request, the names, category and demographics of all AMA members of that state and specialty.

3. Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues to expand demographics collected about our members to include both sexual orientation and gender identity information, which may be given voluntarily by members and will be handled in a confidential manner.

[BOT Rep. 26, A-10; Reaffirmed: CCB/CLRPD Rep. 3, A-12; Appended: Res. 603, A-17]