For every $25 annual change in LTCOP funds, there was a
and the share of residents on antipsychotics was 25.95%.
low-care needs and a lower percent of residents receiving
market characteristics. Increased LTCOP spending was as
tionship between LTCOP spending per LTC bed at the state-
15,592 US NHs (2011-2018), and the Area Health Resource
fewer residents taking antipsychotics. We conducted a sec
low-care needs who could be cared for in the community and
be associated with a lower prevalence of NH residents with
We hypothesized that increases in spending on LTCOP would
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Pooled data from the Behavioral Risk Factor Surveillance System (2014–2019) were used for 22,114 lesbian, gay, bisexual adults and adults who said that their sexual orientation was “other” or “something else” aged 50 and over, and 748,963 heterosexual older adults. Logistic regressions were used to compare prevalence of self-reported kidney disease among older adults by sexual orientation. After adjusting for age, race and ethnicity, and BMI, GB+ men had increased odds of self-reported kidney disease (AOR 1.42; 95% CI, 1.20–1.68). LGB+ women also had higher odds of self-reported kidney disease (AOR 1.29; 95% CI, 1.09–1.52). After controlling for sociodemographic factors, health behaviors, access to healthcare, and self-reported coronary heart disease, HIV, and diabetes, older gay, bisexual and other men (GB+) men (AOR 1.3; 95% CI, 1.09-1.54) were more likely than their heterosexual counterparts to report kidney disease. LGB+ men and women also reported high incidences of known risk factors for CKD. For example, both GB+ men (OR 1.39; [95% CI], 1.26-1.54) and LGB+ women (OR 1.39; [95% CI], 1.25-1.55) were more likely to be smokers and have a higher incidence of activity limitations, adverse health outcomes, and limited access to health care, housing and employment. We did not find any statistically significant differences in kidney disease between transgender and cisgender respondents. There is an increased need for screening for CKD risk factors, for preventative education and culturally responsive and affirming care, and for interventions to address social drivers of marginalization and vulnerability in older LGBT+ adults.