

## **HLD 17 Project: Intersectionality of Age and LGBTQI Health**

For our project, we strove to examine the intersection of age and LGBTQI health. We partnered with Equality Maine's Network for Older Adults (formerly SAGEMaine) and developed a survey that was distributed to over 100 members of the network, via email, social networking, and regular mail. The survey inquired about respondents' experiences with regard to their sexual health and their interactions with healthcare providers. 80 individuals completed the survey, and our results point to 3 main themes.

The first theme was that even though most respondents spoke positively about their healthcare providers, very few of the respondents recall being asked questions about their sexual health. To provide competent care for an individual's sexual health, providers must inquire about several components of an individual's sexual activity, such as whether they are having sex, and if so with whom and with how many, and what sorts of things they are doing to protect themselves against sexually transmitted infections. At the very least, patients should be asked if they have questions or concerns about their sexual health, as experience and research tells us, many patients will not bring these issues up unless they are directly asked.

47% of the respondents stated that their provider has never asked them any questions about their sexual health. Of those who were asked questions, most were only asked if they had been a victim of sexual, physical or emotional abuse. Only 5 (6%) of the respondents were asked how they protect themselves against STIs, and just over 25% were asked more than 1 question about their sexual health, with the second most popular question being if the individual has sex at all. Among the optional free responses, 32.5% indicated lack of satisfaction with the degree of care they receive for their sexual health.

The second major theme was how several participants felt that by not being asked questions about their sexual health, they experienced inadequate healthcare due to inaccurate diagnoses. One female participant was in a long term monogamous relationship with another woman, and when she presented to an emergency room with abdominal pain, was told she likely was pregnant, despite no one asking her if she was even in a sexual relationship whereby she could become pregnant. The patient was ultimately diagnosed with a ruptured ovarian cyst. Other patients reported not being offered appropriate STI screening possibly because of lack of knowledge of the healthcare provider about the patient's sexual activity.

The third and final theme we discovered was that many patients feel a sense of invisibility when healthcare providers do not inquire about their sexual activity and orientation. LGBTQI people have long been marginalized in media and public representation, leading many to feel a sense of invisibility. This is particularly true of older LGBTQI individuals, who often grew up having to hide

their sexuality and continue to feel isolated from the larger LGBTQI community because of their age. One survey respondent stated, “[My sexual health] never comes up. [Healthcare providers] never ask. My invisibility as a queer woman apparently carries through to medical settings as well”. Another stated “I have been asked to provide pronouns on paperwork, which have then not been honored in-person”.

In conclusion, we found that among a sample of older LGBTQI adults, sexual health history taking was largely inadequate when compared to commonly recommended standards, and patients feel this inadequacy acutely, leading to ostracization and potential medical errors. We plan to share this information with Equality Maine and recommend further initiatives and resources to help more providers in Maine provide quality sexual healthcare for older LGBTQI people.