

Background

Historical and modern discrimination have contributed to present day health disparities for LGBTQ+ older adults.¹ Resulting differences in family, community, health and wealth along with intersections between race, class and disability often place LGBTQ+ older adults in vulnerable positions easily exacerbated by the Covid-19 Pandemic.² Overt ageism written into social media and social communications increased with the Pandemic.³ Numerous factors have contributed to the growing recognition of health disparities and concern for LGBTQ+ older adults, yet little elaboration of this population's lived experience and wellbeing during the Covid-19 Pandemic is available.

Objective & Framework

Objective: Explore how New Mexican LGBTQ+ older adults' life narratives were both shaped by and formative of their experience during the pandemic with special focus on themes of *community, health, aging, end of life, grief and resilience* using multimodal, narrative methods.

Framework

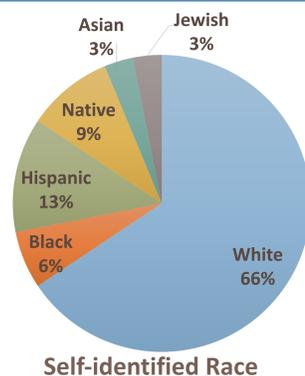
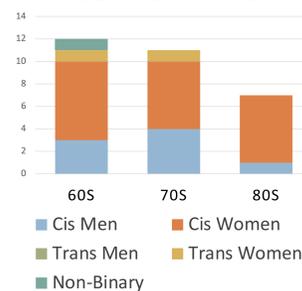
- *Narrative Competence* builds narrative knowledge to affirm and support rather than discount diverse experiences and voices.⁴
- *Intersectionality* builds on Crenshaw's framework to dismantle single-axis analysis and explore how intertwining power structures amplify inequity.⁵⁻⁶
- *Ethnography* employs thick description to build cultural knowing.
- Researcher's personal voice is integrated with creative and reflective narratives which contribute to discussions of bias, identity and connection within LGBTQ+ communities.

Methods

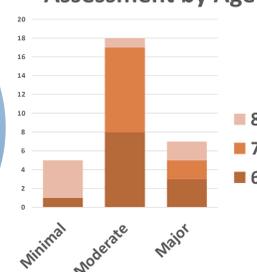
- **Data Collection:** 30 in-depth (1-4 hr) semi-structured interviews were conducted with LGBTQ+ older adults (age 60+) living in New Mexico between 2020-2022. Interviews were audio recorded and transcribed. Audio recordings were offered for participants to keep for personal use. Ethnographic participant observation was also employed.
- **Sampling** was intentional to achieve a diversity of experiences, beginning with support from key informants and community partners with subsequent snowball sampling to saturation.
- **Data analysis** employed an integrated approach using start list practices alongside iterative-inductive coding⁷ with thematic analysis.

Results: Demographics

PARTICIPANTS BY AGE AND GENDER



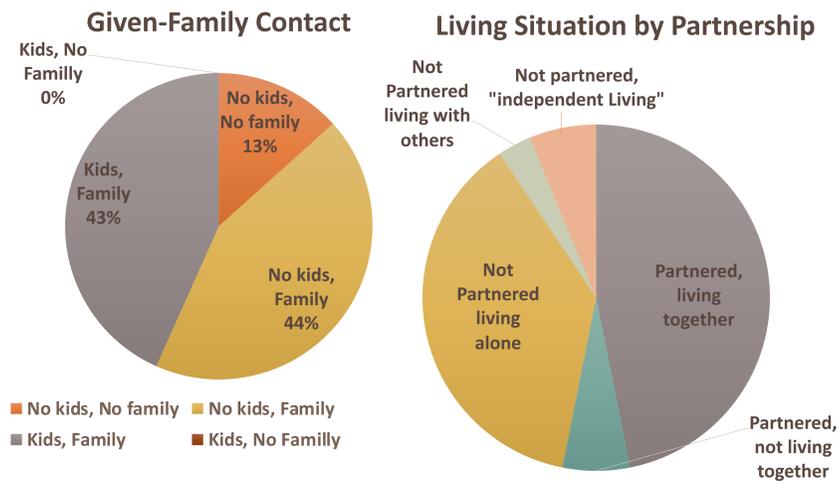
Covid Impact Assessment by Age



Self-identified Race

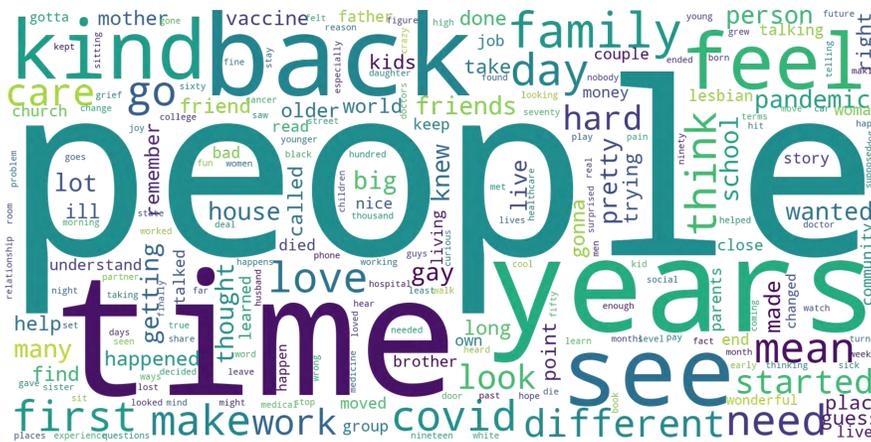
Results: Covid-19 & Community

- 73% Identified as "High Risk" for Covid-19 for reasons other than age
- Pandemic narratives and impacts tied to class, race, gender, health
- All participant narratives revealed strong connection with Chosen-Family despite isolation and variable contact with Given-Family
- "I think if you're not sort of outside of the norm you may not get the opportunity to know what it means to build your own community/family."



Results: Resilience and Grief

Isolation from friends and family, pandemic-related illness/grief, building alternative social support and planning for death and dying were already familiar aspects of personal narrative before the Covid-19 Pandemic. Most participants had built considerable **grit and resilience** through survival of historical, familial, medical, and social griefs that functioned as protective factors. Although this generation grew up with Kubler-Ross Grief Stages, discussion of grief often revealed valuable reflections on resilience, values and insight into end of life more consistent with Bonanno's Resilient Grief.⁸



WordCloud of All Interview Transcripts (excluding common fillers)

Results: Narrative

"It was like boom! You've lived with a level of injustice all your life as a woman, as a black person, as a lesbian... it's like an underlying psyche thing. But now here it is in your face, every day, all day, every kind of way, including George Floyd and all of the BLM movement. It is hard, sometimes, to separate for me what's the pandemic and what's the combination of the way I've experienced my life as a person of color and then queer. My family members were impacted health wise because the way the health system deals with people of color, with women of color." ~*Single Black Lesbian, 80*
 "My ancestors got me through this. I have a beautiful ancestor wall that I'm looking at right now.... And I wake up every morning and I have faith. And I always tell people- I could not wake up if I didn't have faith that things can get better." ~*Single Hispanic, Native Lesbian Woman, 71*
 "Leaving the house isn't healthy or safe [for me] ... and that's really probably the hardest part because I'm a social person and my social life has gotten smaller.... But I'm happy with my life. I've just come to accept it because if I don't, I'm not going to be happy.... We're living differently, like, right now, and it's made me more compassionate." ~*Single Hispanic Gay Man, 64, HIV+*
 "[She doesn't] get the opportunity to [grieve her brother]. She's been denied that opportunity both from the effects of the pandemic as well as their decision to... spread the ashes and not invite her." ~*White Trans Lesbian Couple, 62, 72*
 "We ended up teaching our straight friends. Queer couples are the ones having these conversations with people about [what to do] if one of you gets sick...[as] we learned in the AIDS crisis. That taught us, right? To be prepared... You had to be ready to take care of your partner and still stay safe. It's politics. We were on our own to figure it out. That's what [this] reminded me of. We learned how to problem solve from AIDS- to fend for ourselves and try-our best." ~*White Lesbian Couple 62, 66 (high risk)*

Discussion: Researcher's Voice "a dirt yard"

a back yard of dirt that rallies with wind to find its way nose-ward Akin to pollen or the smell of green chile in parking lots come fall—is the first sign of endings, I learned back in school. The first hip left fractured the path--has an end / -ing is a process. Not for the faint of heart. It takes guts to get old. But I've learned it takes guts to not know, to fall in love. Guts to come out before it was cool. I found nothing if not guts and courage

and grief. Seated in glory and reality of contentedness... One that sees.

To be near the truth, honest-adjacent is a fierce source of something that gets you through. They call it grit, and want to measure, and analyze, and magnify and patent and trademark to keep it brand name, when there's still, floating around, too much branded shame.

lesbian or gay or trans or queer—lives lived that attest to more than fear

Yet when asked, what surprised you most? Not a global pandemic drafting death nor the hollow of grief. Not deep isolation from family we choose nor the fear of abundance for all but you . But the loss of citizenship, as they see... the sense that ones' neighbor is part of me. The same folk who've been pushed

out for so long, to never belong—are surprised to see hatred in such a fierce throng

Their surprise lives in turmoil—the promise of never recovering from these broken times. They've survived polio and AIDS and raids and, more than less, they reinvest in each movement for change. So I give thanks for story, for rust, and for trust. I find glee, grateful for the chance to see—and be seen.

Conclusion: A Space for Story

The traditional clinical interview is not designed to facilitate storytelling of life narratives that venture outside of affluent, white, monogamous, cisgendered, heterosexual structures. For many LGBTQ+ people, survival into old age is a feat in and of itself. In addition to looking for risk factors, we must employ resilience-based models⁹ by listening to patients' stories and setting aside expectations of how grit, community and survival "should" appear. In doing so, we can affirm queer and trans patients' values and provide better historically informed and culturally connected healthcare.



Participant Hand Photographs

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