

Gay Males and Electronic Health Records: Privacy Perceptions, Age, and Negotiating Stigma

Authors

Timothy Stablein, PhD, ISTS Post-Doctoral Fellow, Department of Sociology, Dartmouth College, 109 Silsby Hall Hanover, NH 03755-3547, E-mail: Timothy.P.Stablein@Dartmouth.edu

Joseph Lorenzo Hall, PhD, Postdoctoral Research Fellow, NYU Steinhardt, Media, Culture and Communication, 239 Greene St., 3rd Floor, New York, NY 10003-6674, Email: joehall@nyu.edu

Helen Nissenbaum, PhD, Professor, NYU Steinhardt, Media, Culture and Communication 239 Greene St., 3rd Floor, New York, NY 10003-6674, Email: helen.nissenbaum@nyu.edu

Denise Anthony, PhD, Department of Sociology, Dartmouth College, 109 Silsby Hall Hanover, NH 03755-3547, Email: Denise.L.Anthony@Dartmouth.edu

Acknowledgements

The Authors would like to acknowledge the support, resources and helpful discussions of NYU's Center for Health, Identity, Behavior and Prevention Studies (CHIBPS), especially Perry Halkitis and Daniel Siconolfi. This publication was made possible by Grant Number HHS 90TR0003/01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HHS.

Abstract

In this paper, we explore how perceptions of electronic health records (EHR) and patient privacy shape information exchanges and health care delivery among individuals with histories, or at risk, of experiencing stigmatizing health conditions. We conducted in-depth qualitative interviews with a purposive sample of gay males (n= 24) who received care in a large northeastern city in the United States. The sample was stratified into two age groups; young adults, ages 19-26 (n=14), and adults, over the age of 30 (n=10). We present preliminary findings from an ongoing study. By interviewing both younger and older groups, we sought to understand how different groups, with similar risks, experienced health care and the subsequent roles that health information technology (HIT), such as EHRs, played among groups more or less experienced with technology, health care settings, and delivery. Young adults also provided retrospective accounts of experiences with HIT and health care delivery when teenagers. Stigma management strategies for gay males, such as concealing information about sexuality or sexual activities from health care providers is consistent with the literature, however we find that the role of HIT alters this relationship further. Gay male recipients of health care must further negotiate the boundaries of patient/health care provider interactions in an effort to simultaneously protect perceived privacy threats offered by the use of EHRs, while they manage potential stigmas associated with being homosexual. We discuss how this process is influenced by age, experience with information technology, and associated health issues.