Digital Ageing

The Impacts of Technology and COVID-19 on Older 2SLGBTQ+ Adults' Friendships, Relationships, and Communities

Community Report

August 2024

SHAG
SEXUAL HEALTH AND GENDER RESEARCH LAB

The SHaG Lab

The SHaG (Sexual Health and Gender) Lab is situated within the Division of Health Promotion in the Department of Health and Human Performance in the Faculty of Health at Dalhousie University. The goals of the SHaG Lab are to advance our understanding of gender and sexual health, to impact health policies and outcomes, and to provide a research training environment for students.

Digital Ageing

This report is part of a larger research project, titled “Digital Ageing”, that aimed to investigate the social health and technological needs of older 2SLGBTQ+ adults.

Principal Investigator
- Matthew Numer, PhD

Co-Principal Investigators
- Marion Brown, PhD
- Christopher Dietzel, PhD
- Dave Holmes, PhD
- Becky Spencer, PhD

Researchers
- Beatrice Devlin
- Laura Colford
- Brittany O’Shea
- Samantha McCready

Funding Acknowledgment
- Funding received from the Social Sciences and Humanities Research Council of Canada (SSHRC), Insight Development Grant Award #184600

Community Acknowledgement
- Special thank you to our community partners, including the Elderberries, the Enchanté Network, Gay & Grey Montréal, le Centre de Solidarité Lesbienne, and New Horizons for 2SLGBTQ+ Older Adults

About this Community Report

Authors
- Christopher Dietzel, PhD
- Laura Colford
- Beatrice Devlin
- Matthew Numer, PhD

Design
- Laura Colford
- Christopher Dietzel, PhD

Suggested Citation
Dietzel, C., Colford, L., Devlin, B., & Numer, M. (2024). *Digital ageing: Community report*. The SHAG Lab, Dalhousie University.

Table of Contents

Key Terms

Ageism: Stereotyping, prejudice, and/or discrimination based on age**.**

COVID-19: An infectious respiratory illness caused by the SARS-CoV-2 virus. The World Health Organization (WHO) declared COVID-19 a pandemic in March 2020.

Digital Divide: The disparities in digital literacy and internet access that exist between different populations.

Digital Platforms: Online websites and applications, such as social media sites, online forums, messaging apps, dating apps, and video conferencing tools.

2SLGBTQ+ : Acronym that refers to people who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer, and/or other sexual or gender minority identities. As such, this is an umbrella term that aims to include a wide range of individuals and identities. The 2SLGBTQ+ population is recognized as a historically marginalized and equity-deserving group.

We want to acknowledge that, despite our efforts to diversify our sample, there was no known representation from Indigenous Peoples in our study. As such, while we do not believe that any Two-Spirit (2S) individuals participated, we have chosen to include them in the acronym and place them first as a recognition of their status as First Nations Peoples.

Older Adults: We use the term “older adults” to refer to people aged 50 and above.

Social Health: The quality and quantity of relationships that provide genuine human connection. Social health is part of a comprehensive approach to an individual’s well-being, which also includes emotional, mental, physical, and sexual health.

Social Isolation: A lack of social belonging and/or an insufficient amount of engagement with other people. This may include isolation from a partner, family, friends, peers, and/or members of a community.

Socio-Sexual: The interactions that people have with others, which may include social and/or sexual elements. We use this idea of “socio-sexual” to examine how people’s relationships and people’s needs are fluid, contextual, and dependent on who they are connecting with and how they are connecting.

Background and Context

This community report is an overview of our Digital Ageing project, which explored how digital platforms and the COVID-19 pandemic have helped and/or hindered older 2SLGBTQ+ adults' socio-sexual interactions.

Older 2SLGBTQ+ Adults and Digital Platforms

Digital platforms are tools for communication and social engagement, and they are essential for promoting people's social health in today's digitally-connected world. This is especially true for older 2SLGBTQ+ adults, who often face unique challenges in maintaining social connections because of social isolation, discrimination, and other factors. Older 2SLGBTQ+ adults are particularly vulnerable to social isolation due to homophobia, transphobia, and rejection from family, friends, and community. This population is more likely to be single, childless, and living alone, which increases their risk of social, mental, and physical health problems. Digital platforms can help mitigate social isolation by providing immediate access to supportive communities. Digital platforms can also help older 2SLGBTQ+ adults explore new connections, build meaningful interactions, and develop a sense of belonging.

Limited Research on Older 2SLGBTQ+ Adults

There is little research on older 2SLGBTQ+ adults' use of digital platforms, especially during the COVID-19 pandemic. Much of the current research focuses primarily on risks and harms related to technology, rather than the benefits of technology. Despite this, studies have shown that older 2SLGBTQ+ adults use digital platforms for maintaining social connections, seeking romantic and sexual partners, engaging in virtual programs, and accessing health information. We explored this topic to fill a gap in the research surrounding older 2SLGBTQ+ adults and their experiences using digital platforms to maintain social connections.

Influence of the COVID-19 Pandemic

People around the world experienced social isolation because of the COVID-19 pandemic. As a result, people turned to digital platforms to address their social needs, which helped reduce isolation and provided a means for social support. During this time, many community services and activities moved online to ensure that people could still get access. Offering online resources is popular and useful, including because it helps ensure people with mobility issues or who live in rural areas can still get access.

Barriers to Digital Inclusion

Older 2SLGBTQ+ adults face significant barriers in using digital platforms, such as low digital literacy and accessibility issues. Ageism and stereotypes, along with physical and cognitive impairments, are factors that make it challenging for them to navigate digital platforms, which are often designed for younger users. This digital divide limits their access to the positive impacts of digital platforms.

Project Objectives

Our project, titled Digital Ageing, aimed to achieve the following four objectives:

1. Explore how older 2SLGBTQ+ adults develop and maintain friendships, relationships, and community through their use of digital platforms.
2. Investigate how the COVID-19 pandemic impacted older 2SLGBTQ+ adults' friendships, relationships, and communities and their use of digital platforms.
3. Examine the challenges, barriers, risks, and harm that older 2SLGBTQ+ adults experience through their use of digital platforms, including those related to the COVID-19 pandemic.
4. Explore how community organizations can better serve the socio-sexual needs of older 2SLGBTQ+ adults.

Research Process

Our Digital Ageing project included two phases. Each phase allowed us to examine different aspects of older 2SLGBTQ+ adults' social health and technological needs.

Phase 1: Scoping Review

We began this project by conducting a scoping review, which is a systematic approach to identify and synthesize academic research on a certain topic. Specifically, we searched seven research databases to survey existing literature and examine what was known about how older 2SLGBTQ+ adults used digital platforms for social purposes during the COVID-19 pandemic. The scoping review was conducted in December of 2022 and yielded seven relevant studies.

We found that older 2SLGBTQ+ adults were resilient and adapted to pandemic-related challenges by using digital platforms to build and maintain social connections. Based on our analysis of the literature, we offered recommendations for how the technological and social needs of older 2SLGBTQ+ adults can be better addressed, such as taking an intersectional approach, reducing inequities with technology access, and offering resources and supports that help older 2SLGBTQ+ adults use digital platforms.

The scoping review is published in the *International Journal of Health, Wellness, and Society*. The citation for the publication is provided in the bibliography.

Phase 2: Focus Groups

We held four focus groups in May–August 2023 to examine how older 2SLGBTQ+ adults use digital platforms for friendships, relationships, and community.

In the focus groups, participants discussed how they use technology to stay socially connected and what challenges they face in today's digital world.

This report summarizes the findings from our analysis of the focus group data.

Participants

Participants were aged 50 or older, identified as 2SLGBTQ+, and resided in Atlantic Canada, Québec, or Ontario, and spoke either English or French.

We chose a wide age range and diverse locations to capture a variety of experiences among older 2SLGBTQ+ adults, which could include preparing for retirement to being in long-term care. We included English and French-speaking participants from Atlantic Canada, Québec, and Ontario to further encourage a diversity of experience and capture potential differences reflected in older 2SLGBTQ+ adults who speak both of Canada's official languages.

A total of 23 older 2SLGBTQ+ adults participated in 4 focus groups. Participants were asked to complete a demographic questionnaire, and their responses were not required. This means that the demographic information we have is based on available responses.

Participants were aged 58 to 78, with an average age of 68. Most participants were white, cisgender, and identified as gay or lesbian. While all participants had access to at least some form of technology, such as a telephone or computer, there was a range of levels of technology use and comfort as well as how they used digital platforms in their everyday lives. Participants spent between 1 to 30 hours per week using technology, and they used technology for an average of 11.5 hours per week. When asked to rate their overall health on a scale from 1 to 5, with 1 being poor and 5 being excellent, participants rated their health at an average of 2.3 out of 5.

Detailed demographic information can be found on the next page.

Demographic Information

Category	Sub-Category	Frequency	Percentage
Sex Assigned at Birth	Female Male	10 13	43% 57%
Gender	Cisgender Man Cisgender Woman Other Prefer Not to Respond	11 9 1 2	48% 395 4% 7%
Sexuality	Gay Lesbian Bisexual Queer Other	13 7 1 1 1	57% 30% 4% 4% 4%
Relationship Status	Single Married Separated Other No Response	9 3 1 2 8	60% 20% 6.7% 13.3% -
Race	White Other No Response	19 2 2	90.5% 9.5% -
Language	French English	5 18	22% 78%
Residence	Urban Rural	14 9	60% 40%

Data Collection

There were 23 older 2SLGBTQ+ adults who participated in 4 focus groups. Each focus group had 3–9 participants and lasted 45-90 minutes. Each focus group was audio-recorded and transcribed verbatim. The transcriptions were anonymized.

The focus groups were held in both urban and rural areas, and they were conducted online, in person, or using a hybrid approach. Specifically, 1 focus group was held in person without technology, 1 was held in person with some people joining via Zoom, 1 was held entirely on Zoom, and 1 was held using both Zoom and phone calls.

The focus groups were conducted in both of Canada's official languages, including 3 in English and 1 in French.

There was a diversity of 2SLGBTQ+ identities across the focus groups. Specifically, 1 focus group was held with lesbian women, 1 focus group was held with gay and queer men, and 2 focus groups were held with participants of mixed genders and sexual orientations.

Participants were asked about the digital platforms they use, what they use them for, and the benefits and challenges they face when using technology, including during the COVID-19 pandemic. Participants were also asked about how community organizations could better serve the technological and social health needs of older 2SLGBTQ+ adults.

Data Analysis

Health Equity Promotion Model

We used the Health Equity Promotion Model (Fredriksen-Goldsen et al., 2014) to examine 2SLGBTQ+ people's health and consider different factors that can impact their health. This model aims to promote health equity among 2SLGBTQ+ people.

We used the model to look at 2SLGBTQ+ people's health at four different levels:

- Individual level, which includes factors like age, gender, and health behaviours.
- Interpersonal level, which considers relationships with family, friends, partners, and other people.
- Community level, which examines the support and resources available in the local community.
- Societal level, which thinks about societal attitudes, institutions, and policies.

In our study, we added a fifth level – technology – so that we could investigate how digital platforms affect the health of older 2SLGBTQ+ adults.

Thematic Analysis

We used a process called inductive thematic analysis (Marshall & Rossman, 2014) to analyze our data. This included reading the transcripts from the focus groups and identifying prominent and common themes. The themes were then organized in mind maps (Wheeldon & Ahlberg, 2017) to see how they were connected. We had several meetings to discuss our analysis, review themes, and verify that the themes accurately represented the data. Lastly, we summarized our results in a report.

Our analysis of the data revealed three broad themes:

1 The COVID-19 Pandemic and Evolving Community Landscapes

2 Benefits and Challenges with the Digital Age

3 Physical and Mental Health Concerns with Technology

Themes from Focus Groups

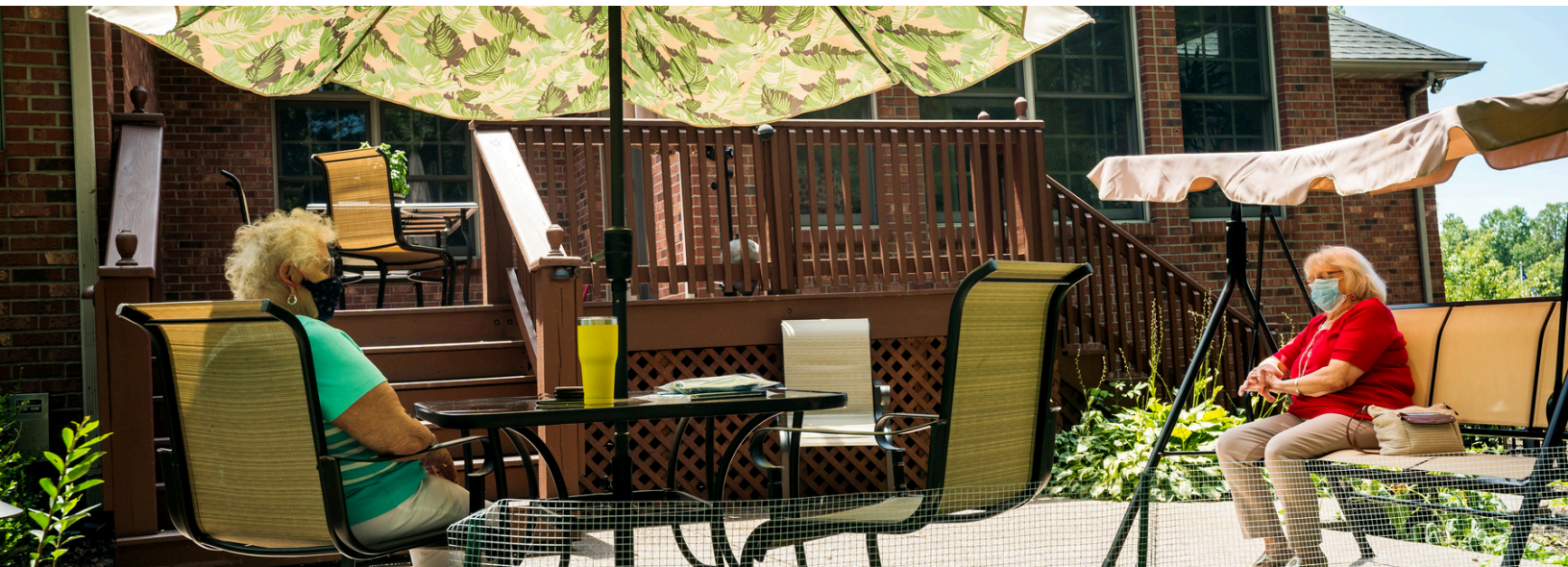
1.The COVID-19 Pandemic and Evolving Community Landscapes

Participants said the COVID-19 pandemic changed older 2SLGBTQ+ adults' social habits and forced them to use technology more because of lockdowns, social distancing, and fears about transmitting the virus. Participants talked about the challenge between needing to protect themselves and wanting social connections. Despite this tension, participants reported relying on technology to keep in touch with friends, family, and members of their communities.

Comparing the COVID-19 pandemic and the AIDS epidemic

Participants drew similarities between the COVID-19 pandemic and the AIDS epidemic of the 1980s, saying how difficult it was to meet people and how they were concerned about spreading a virus they knew little about. Participants also said that these issues reduced feelings of belonging and community among 2SLGBTQ+ people, which made it hard to maintain social connections.

> *"Everybody has gone back to isolation, away from each other. Everybody was afraid to have sex with each other and hang out with each other—they didn't know how there was contact, how would you catch it and stuff, so it was quite similar. But I don't believe that COVID did as much damage as AIDS did for our sense of community … This time, everything's gone to technology, so everything's dwindled off now. The sense of community has collapsed, everything's online. I'll meet you on Grindr or whatever it is."*



Feeling Invisible because of COVID-19 and Technology

Participants said that they felt socially excluded because of the COVID-19 pandemic and the pressure to use technology. Not all older 2SLGBTQ+ adults feel comfortable with technology, and having to rely on digital platforms made it difficult for some people to stay in touch. In fact, one participant said that this combination pushed their community further into isolation.

> *"What limited networks we had, what limited availability we had to be visible, for example Pride march and stuff like that, during the pandemic that was all gone. We lost that interaction and that visibility. The fragile networks we had were crushed, so we lost what sense of community we had even more."*

As the pandemic forced organizations to cancel in-person events and people began connecting online, older 2SLGBTQ+ adults lost opportunities to network and be visible in their local communities. This pushed some older 2SLGBTQ+ adults into the margins by rendering them silent and invisible. Not only were participants worried about losing social connections, but they were also concerned about losing some rights.

> *"If public perception shifts against queer people because we're invisible, and more so because of COVID, then you know that's a bad trend, that's going down a slippery slope of losing our rights and losing our sense of community, which is pretty squashed anyway."*

2. Benefits and Challenges with the Digital Age

Participants talked about the positive aspects of technology, like how digital platforms helped them stay in touch with friends and family. Many participants said that this made them happy and improved their quality of life. Some participants also appreciated that technology helped them be lifelong learners.

Despite the benefits, there were many things that older 2SLGBTQ+ adults in our study did not like about technology. Notably, participants found communicating online impersonal, and some even said that it "crippled" their social interactions.

Constant Connectivity

One problem that participants had with technology was the pressure to be constantly connected. They said that people nowadays are rarely without a cell phone or a computer. Participants emphasized that technology contributed to an expectation that people are always available and should respond immediately.

> *"There's now an expectation ... that you are just going to be doing things back-to-back online and it's impacting a lot of my friends who are my age."*

> *"They send you an email or they send you a text, and they expect an immediate reply. No understanding that you might have a life outside of that and that you might require time to get back to them."*

Feeling Left Behind

Participants were frustrated with the constant evolution of technology, including program updates and new features on digital platforms. For some, this made them feel like they were always playing catch-up and could never get ahead.

> *"I find that with the pace of technology nowadays, it's really easy to get left behind. I feel that I'm being left behind despite the fact that I try to be as current as possible".*

Another concern among participants was that each device works slightly differently, which means that people are not just learning how to use one device, but how to use many devices. This can be confusing, especially since technology is constantly changing.

Although many participants shared these frustrations with technology, a participant encouraged people not to make assumptions older 2SLGBTQ+ adults, noting that "there's a huge range of comfort levels in terms of the technology with our age group" and that some people have more skills and experience than others.

Lack of Accessibility

Several participants talked about how inaccessible technology can be. This included frustrations with using technology as well as how much technology costs and what technology they have access to. Participants said that these differences among older 2SLGBTQ+ adults can worsen inequities and can fuel the digital divide.

> *"Technology has its advantages, but the disadvantage is the range of people we can reach. A lot of people don't have Web resources, they don't necessarily have a computer capable of doing what needs to be done other than e-mail, and that's where I got the impression that there were two classes of seniors. There were the tech-savvy "connected" seniors, and then there were the non-tech-savvy 'disconnected' seniors."*

Overall, participants emphasized that it is important to recognize the differences in older 2SLGBTQ+ adults' comfort with technology, their technological skills and abilities, and the technology that they have access to. Participants said that improved accessibility and resources would help them address the digital divide.

3. Physical and Mental Health Concerns with Technology

Physical Health Concerns

Participants explained that using digital platforms affected their physical health. Specifically, they said that technology can make them more sedentary and discourage them from doing physical activity since communicating and interacting with people online does not require them to move. This lack of physical movement had negative consequences on participants' bodies.

> *"The biggest drawback of all this technology has been it allows me to be very still, physically still, which as I get older it just takes a bigger and bigger toll on everything"*

> *"It's a lot of screens and a lot of sitting. My neck is a gigantic mess now, more so than it was a year ago, I've got stenosis. Everything seized up because I'd been staring at screens [...] I can't sleep so I'll play on my phone [which] just perpetuates that. I've gained twenty pounds [...] in the year that I sat here and everything has stiffened up and tightened up. "*

For these older 2SLGBTQ+ adults, using digital platforms had negative physical consequences, such as muscle stiffness, pain, sleep disturbances, and weight gain.

Mental Health Concerns

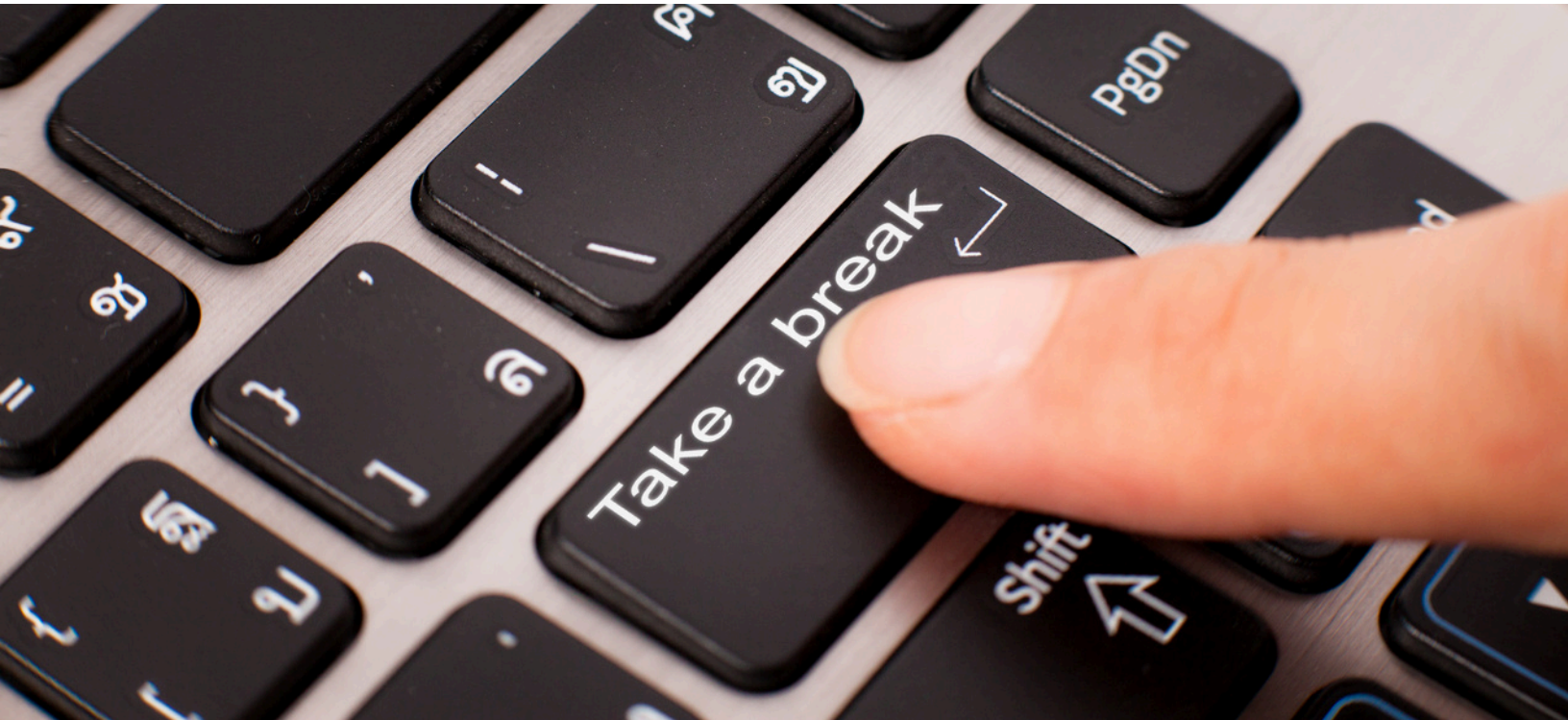
In addition to affecting their physical health, participants said that technology could have a negative impact on their mental health.

For example, one participant said that they sometimes felt depressed when using digital platforms. Another participant similarly explained that older 2SLGBTQ+ adults' emotional and mental well-being can suffer because of technology. Some participants were also worried about losing relationships because of technology.

> *"I'm afraid of technology because it can slowly isolate us [...] I think we end up lacking affection, we become dis-socialised. What I've noticed the most over the last five years is that you end up becoming less social."*

One participant suggested that older 2SLGBTQ+ adults "find the right balance" with technology because if they use digital platforms too much, they could develop an unhealthy dependence on technology and become socially isolated from people.

Overall, participants recognized that older 2SLGBTQ+ adults should not socially isolate themselves when relying on technology for connection because of potential negative impacts on their mental, physical, and social health.



Recommendations

Social connections are important for older 2SLGBTQ+ adults' health and well-being, and in today's digital age, those connections can be created and maintained using technology. Based on the findings of our research, we offer recommendations that can be used by health service providers, health promoters, and any organizations working with or engaged with older 2SLGBTQ+ adults to promote digital literacy and social connections among this population.

These recommendations include strategies for:

- Promoting digital literacy among older 2SLGBTQ+ adults
- Incorporate technology into community programming to offer a wider variety of options for participation and engagement
- Addressing physical and mental health concerns associated with technology and promoting healthy usage of digital platforms
- Advocating for more inclusive virtual spaces for older 2SLGBTQ+ adults
- Removing barriers to technology use by creating and enacting policies, resources, and other supports that make technology more accessible and equitable

On the following pages, we detail suggestions for how service providers, policymakers, government agencies, healthcare workers, community organizations, and others can help support the health and well-being of older 2SLGBTQ+ adults.

Take a Strengths-Based Approach

During the COVID-19 pandemic, participants embraced technology because it helped them stay connected. This openness challenges the stereotype that older adults resist technology, and it reflects a willingness to learn and adapt. Older 2SLGBTQ+ adults' resilience, shaped by stigma and barriers that they have faced throughout their lifetimes, including during the AIDS epidemic, has empowered them to overcome many challenges. They drew on past experiences to face the pandemic and changes in technology with confidence and determination.

Instead of applying a deficits-based approach when working with this population, which may wrongfully focus on a lack of capacity, we recommend taking a strengths-based approach. This means recognizing the strengths and abilities of older 2SLGBTQ+ adults, helping them overcome barriers, and empowering them in their use of technology. Older 2SLGBTQ+ adults can—and want to—adapt to platforms so that they can foster and maintain social connections in an increasingly digital world.

Offer Tailored Learning Programs

Participants expressed a need for personalized training so they could better learn how to use technology. We recommend that health service providers, health promoters, and community organizations working with this population should prioritize offering tailored programs, resources, and information that address the social health and technological needs of older 2SLGBTQ+ adults in their communities. Providing training programs that emphasize digital literacy and foster comfort and skills with technology can help older 2SLGBTQ+ adults develop a sense of agency and belonging as they pursue social connections via digital platforms.

Create Dedicated Virtual Spaces for Older 2SLGBTQ+ Adults

Community organizations can create virtual spaces that are specifically dedicated to older 2SLGBTQ+ adults, such as online community centres and online support groups. These types of virtual spaces can provide older 2SLGBTQ+ adults with opportunities for social interaction, peer support, and engaging activities, thereby reducing feelings of loneliness and fostering a sense of belonging within the community.

Offer Opportunities to Connect Both In-Person and Online

Although technology can help older 2SLGBTQ+ adults maintain social connections, several participants in our study said they appreciated having options and did not want to rely solely on technology to communicate and gather. We suggest offering both in-person and online options for community events and activities. When possible, programming could also be made hybrid to offer more choice and flexibility. Integrating technology into community programming can remove physical barriers and facilitate access, including for older 2SLGBTQ+ adults with mobility challenges or who live in remote areas. Overall, organizations that work with this population can foster inclusive environments, address people's diverse needs and preferences, and facilitate participation and engagement when they offer a variety of opportunities for older 2SLGBTQ+ adults to connect.

Create Opportunities for Intergenerational Learning

Participants in our study said they wanted to have intergenerational exchanges with younger 2SLGBTQ+ people. Connecting across generations can foster mutually beneficial interactions where younger people can share their digital expertise while they learn about 2SLGBTQ+ history and culture from older adults.

Additionally, intergenerational programs can:

- Enhance older 2SLGBTQ+ adults' skills by offering personalized support
- Challenge ageist beliefs where older adults are often seen as lacking knowledge, having limited skills, or being technologically adverse
- Facilitate and strengthen community connections with interactions between younger and older 2SLGBTQ+ people

Promote Safe and Healthy Technology Use

Participants expressed concerns about their physical and mental health because of challenges that arose when using technology. For example, some older 2SLGBTQ+ adults in our study talked about stiffness, joint pain, and poor sleep, while others said they experienced depression, mood changes, and poor mental health. These health problems were especially common during the COVID-19 pandemic.

Health promoting strategies for this population can include providing educational resources, support from service providers, and tailored interventions that help older 2SLGBTQ+ adults make informed decisions about how to manage their health when using technology. Additionally, they should apply a broad understanding of "health" to recognize the different dimensions of health, including physical, mental, and social health.

Here are some practical guidelines that health promoters, health service providers, and community organizations can offer to help older 2SLGBTQ+ adults make decisions about their health and use of technology:

- Establish boundaries of when to use technology
- Set limits for screen time
- Recognize when technology has an impact on mood or motivation
- Find a balance between online and offline activities
- Practice good ergonomics
- Pay attention to posture
- Move and stretch regularly
- Instead of messaging or using video, have a phone call and walk during the call
- Increase font size and contrast to make things easier to read online
- Use blue light filters when available
- Reduce eye strain with the 20-20-20 rule: every 20 minutes, take a 20-second break and look at something 20 feet away

Address Barriers to Digital Inclusion

Older 2SLGBTQ+ adults face many barriers that make it hard for them to engage with technology, such as limited internet access and lack of personal devices. To improve their experiences and meet their social and technological needs, it is important to address and remove barriers, ensuring they are not excluded from technology.

Community organizations — as well as government agencies and other institutions — should address these barriers by implementing policies and implementing interventions that ensure equitable access to technology. For example, subsidies could be made available to provide older 2SLGBTQ+ adults with reliable home internet and personal devices. Improving mobile cellular coverage can help bridge the digital divide between urban and rural or remote areas. These are a few of many examples of how barriers to digital inclusion should be addressed to make it easier for older 2SLGBTQ+ adults and other populations to connect in an increasingly digital world.

Advocate for Safe and Inclusive Digital Spaces

Online and in person, older 2SLGBTQ+ adults face stigma and barriers when using technology. Organizations can help address these challenges by launching media campaigns that promote inclusivity and denounce identity-based discrimination like ageism, homophobia, and transphobia. Campaigns can help educate the public, raise awareness about the challenges older 2SLGBTQ+ adults face, and promote a more welcoming digital environment.

Advocate for User-Friendly Digital Platforms

Many digital platforms have software designs that are not accessible to older users and/or those with cognitive and physical challenges, like vision loss, hearing loss, or low manual dexterity. Organizations engaged with older 2SLGBTQ+ adults, government agencies and other institutions can collaborate with software developers to advocate for and create more inclusive and accessible software and technology that meet the needs of older 2SLGBTQ+ adults.

Conclusion

This Digital Ageing project addresses an important gap by examining how older 2SLGBTQ+ adults use digital platforms to build and maintain friendships, relationships, and community connections. It shed light on the challenges they face and the ways they use technology to stay socially connected in today's digital world. Findings from this report can help support the social health and technological needs of older 2SLGBTQ+ adults, health service providers, health promoters, community organizations, policymakers, and others who work with this population.

More Information

For more information on the Digital Ageing project, visit our website at: shaglab.ca/projects/queering-digital-connections-impacts-of-technology-and-covid-19-on-older-2slgbtq-adults

Funding for this project was provided by Social Sciences and Humanities Research Council of Canada (SSHRC), Insight Development Grant Award #184600.

SSHRC CRSH

Connect with the SHaG Lab

The SHaG Lab is situated within the Division of Health Promotion in the Department of Health and Human Performance in the Faculty of Health at Dalhousie University.

- Website: shaglab.ca
- Facebook: facebook.com/DalSHAGLab
- Instagram: @dalshaglab
- Twitter/X: @dalshaglab

SHAG
SEXUAL HEALTH AND GENDER RESEARCH LAB

DALHOUSIE UNIVERSITY

Bibliography

Arksey, H., & O'Malley, L. 2005. "Scoping Studies: Towards a Methodological Framework." *International Journal of Social Research Methodology* 8 (1): 19–32.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Dietzel, C., Bello, B., O'Shea, B., Cullum, J., & Numer, M. (in press). Old bonds never break: A scoping review of older LGBTQ+ adults' use of online technologies for social connections during the COVID-19 pandemic. International Journal of Health, Wellness and Society.

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., Hoy-Ellis, C. P., & Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry, 84*(6), 653–663.

Fredriksen-Goldsen, K. I., & Kim, H. J. (2017). The science of conducting research with LGBT older adults-an introduction to aging with pride: National health, aging, and sexuality/gender study (NHAS). The Gerontologist, 57(suppl_1), S1-S14.

Gates, T. G., Hughes, M., Thepsourinthone, J., & Dune, T. (2022). Internet use among lesbian, gay, bisexual, transgender, intersex, and queer+ older adults during COVID-19. Quality in Ageing and Older Adults, 23(2), 63–67.

Marmo, S., Pardasani, M., & Vincent, D. (2021). Senior centers and LGBTQ participants: Engaging older adults virtually in a pandemic. Journal of Gerontological Social Work, 1–21.

Marshall, C., & Rossman, G. B. (2014). Designing qualitative research. Sage publications.

Peters, Micah D., Craig M. Godfrey, H. Khalil, P. McInerney, D. Parker, and C. B. Soares. 2015. "Guidance for Conducting Systematic Scoping Reviews." JBI Evidence Implementation 13 (3): 141–146.

Westwood, S., Hafford-Letchfield, T., & Toze, M. (2021). Physical and mental well-being, risk and protective factors among older lesbians /gay women in the United Kingdom during the initial COVID-19 2020 lockdown. Journal of Women & Aging, 34(4), 501–522.

Wheeldon, J., Ahlberg, M. (2017). Mind Maps in Qualitative Research. In: Liamputtong, P. (eds) *Handbook of Research Methods in Health Social Sciences*. Springer.