## What do we know about the impact of COVID-19 on the health of LGBTQIA+ older adults? Results of a systematic literature review











### **Authors**

- 1, 2, 3, 4 Alexander Moreno, Ph.D.
  - <sup>1</sup> Alexane Dussault, B.Sc.
  - <sup>1</sup> Salima Belhouari, B.Sc.

### **Affiliations**

- Department of Psychology, Université de Montréal
- <sup>2</sup> Research Centre of the University Institute of Geriatrics of Montréal
- CIUSSS du Centre-Sud de-l'Île-de Montréal
- Notre-Dame Hospital, Montréal



# INTRODUCTION



On March 11, 2020, the novel **coronavirus** pandemic was declared by the World Health Organization. The severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), which causes COVID-19, has had major health effects around the world. However, the pandemic has had a disproportionate impact on minority groups, including the elderly and sexual minorities. Studies point to the increased risk of infection and serious consequences in older adults compared to younger people.

In addition, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual orientation and gender expression (LGBTQIA+) older adults present higher risks of poverty, inadequate healthcare, discrimination, and mental health problems. There is a knowledge gap regarding the intersection between diversity regarding sexual orientation, gender identity, and ageing in the context of the COVID-19 pandemic and its impact on health.

# OBJECTIVE

To provide a comprehensive description of the impact of the COVID-19 pandemic on LGBTQIA+ older adults regarding their physical and psychosocial health, including risk and protective factors.

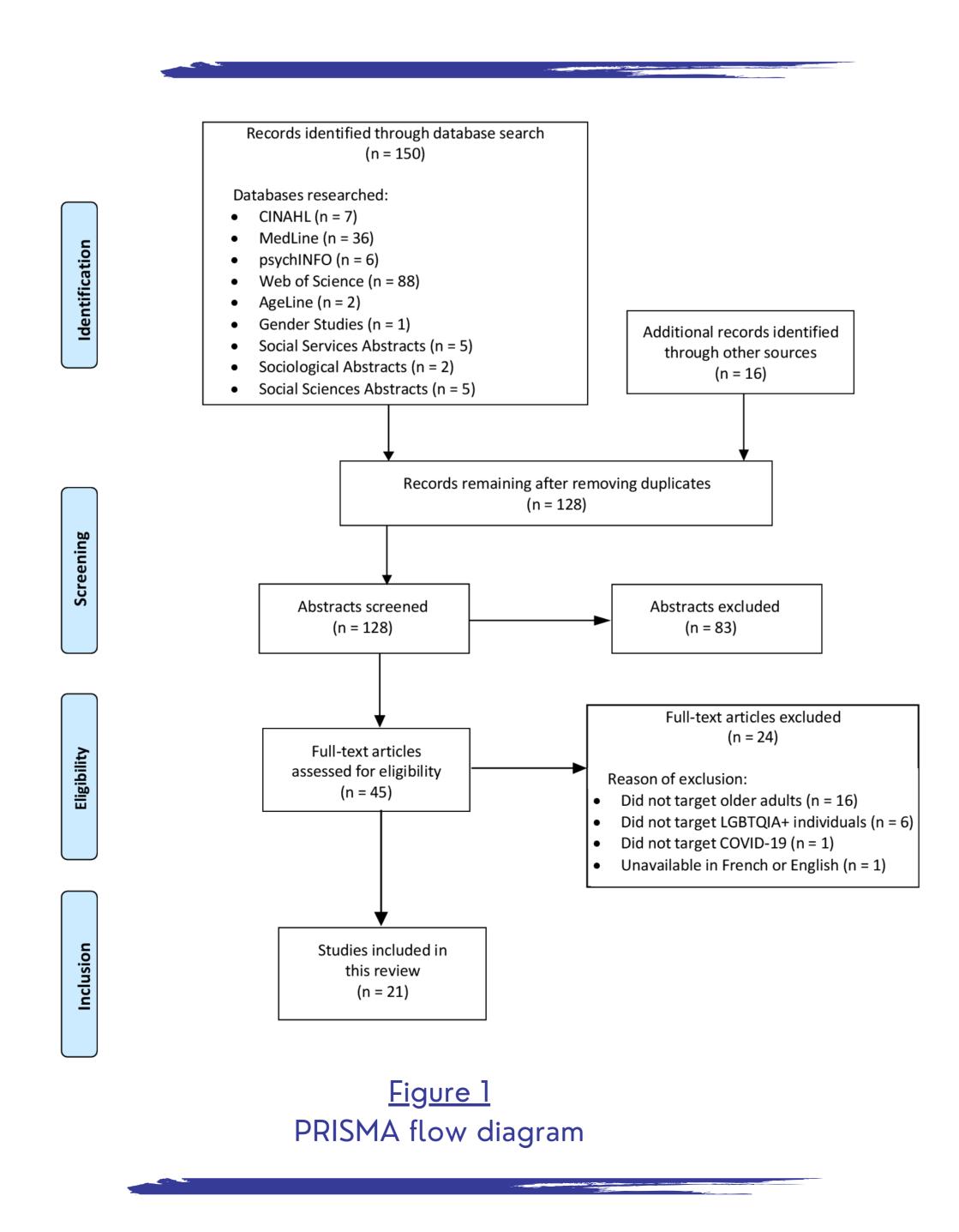
# METHODOLOGY

A systematic review of the literature was conducted by three librarians with expertise in Psychology and Geriatrics using a combination of keywords including Aging, COVID-19, and Sexual and Gender Diversity.

independent Two reviewers the records/full-text screened following the with articles inclusion criteria:

addressing Records psychosocial physical and COVID-19 impacts the LGBTQIA+ older pandemic; b) adults (age of 65 years or older); published after 2019; d) research articles, comments or letters to the editor, conference abstracts, or grey literature; and e) available in French or in English.

**COVIDENCE** software was used identify and remove duplicates. The selection process and the exclusion criteria are illustrated in <u>Figure 1</u>.



# **RESULTS**

Of the 21 records meeting inclusion criteria, only 61.9% (n=13) 1%recruited LGBTQIA+ participants. The remaining references consisted of literature reviews, fact sheets, letters to the editor, and commentaries.

Of the 13 studies, three were secondary data from larger studies including a fact sheet and secondary data from a study with older gay men.

Of the 10 remaining studies, 50% were quantitative and 50% were **qualitative**. Fifty percent (n=5) of the studies were conducted in the United States, 30% (n=3) in the United Kingdom, 10% in Canada, and 10% in India. The collective sample of the 10 studies includes 1258 LGBTQIA+ older adults. The distribution is presented in <u>Figure 2</u>.

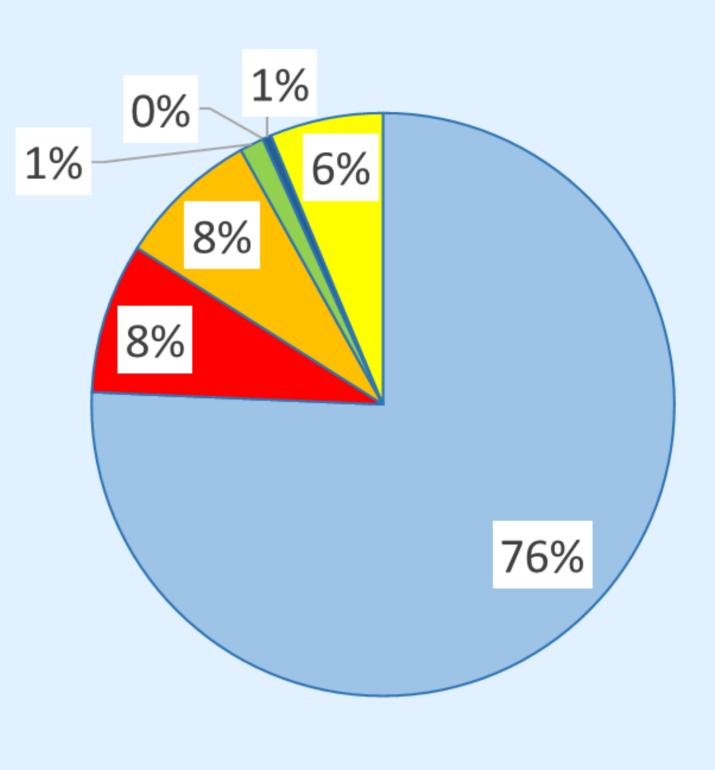


Figure 2 Total distribution of LGBTQIA+ older adults

■LG ■B ■T ■Q ■I ■A □+

# CONCLUSIONS

In terms of physical health, there have been repercussions on medical care for HIV patients, canceled **gender reaffirming** procedures, restricted access to **gender identity** clinics, fear of being discriminated against by healthcare providers, difficulty relying on technology to access care, and issues related to **intimacy**.

Diminished <u>psychosocial</u> health included recurrent **panic attacks**, **depression**, **suicidal** ideation, and social isolation.

Figure 3 Main risk and protective factors

### Personal risk factors

- Comorbidity of HIV or other chronic medical conditions.
- Preexisting mental illnesses and/or substance abuse.
- Difficulty in using or accessing technology.

Personal protective factors

Communication of one's values and

 Discrimination and feelings of marginalization.

• Having a significant other.

prosocial behaviors.

• Physical activity and exercise.

• Being open to virtual support.

• Perceived ageism.

• Having hobbies.

• Resilience.

HEALTH

### Reduction of advocacy and/or LGBTQIA+ campaigning for the community.

## **Environmental protective factors**

**Environmental risk factors** 

• Absence of family support systems.

orientation and/or gender identity.

governmental pandemic measures.

• Fear of disclosure of their sexual

• Exclusion of "chosen families" in

• Economic vulnerabilities.

- Formal institutions (activist organizations, support groups, communities).
- Informal support (e.g. chosen families, friends).
- Social and/or spiritual rituals.
- Activities in senior care centers.

## RECOMMENDATIONS



## For LGBTQIA+ older adults

- 1. To reach out to **online** LGBTQIA+ resources and organizations.
- 2. To encourage LGBTQIA+ older adults to share their resilience.

### For families and family caregivers

- 1. To ensure LGBTQIA+ care receivers complete advanced directives.
- 2.To provide resources to support caregivers emotionally and **financially**.

### For community and society

- 1. To establish more **virtual programs** in senior centers.
- 2. To offer LGBT-friendly **housing** and/or senior homes for LGBTQIA+ older people.
- 3. To provide diversity, equity, and inclusion training and LGBTQIA+-specific training for organizations.

