

Healthy Inclusive Environment and Healing Architecture

Can the implementation of telehealth support aging in place for 2SLGBTQIA+ seniors? E. Berthelet, J. Marchbank, R. deJong, G. Waunch, J. Boychuk *Gerontechnology* 25(s)

Purpose: Telehealth has emerged as a rapidly expanding, cost-effective, and accessible mode of health care delivery. Its adoption accelerated during the COVID-19 pandemic and continues to grow as health systems seek innovative ways to reach underserved populations. For 2SLGBTQIA+ seniors, who often face compounded barriers including social isolation, discrimination, and limited access to culturally affirming providers, telehealth offers unique opportunities to support aging in place. While there is existing research on the use of telehealth in the broader 2SLGBTQIA+ community [1] as well as policy analyses identifying telehealth as a promising but under-studied tool [2], there is a paucity of data specifically on telehealth use by LGBTQ seniors. This study aims to examine the feasibility and potential benefits of telehealth implementation for 2SLGBTQIA+ seniors, with a focus on how it can enhance autonomy, safety, and well-being. **Methods:** This is a feasibility study. Data collection is ongoing. A mixed-methods design will be employed. Closed-question surveys will capture demographic characteristics, health care utilization patterns, and attitudes toward telehealth. Open-ended questions will provide qualitative insights into lived experiences, perceived barriers, and preferences for telehealth delivery. Descriptive statistics will summarize quantitative findings, while thematic analysis will be applied to qualitative data. Results will be updated and presented at the meeting, with emphasis on community perspectives and practical implementation strategies. **Results and Discussion:** Existing literature demonstrates that telehealth is feasible for older adults when supported by adequate training, reliable technology access, and culturally competent providers. For 2SLGBTQIA+ seniors, telehealth may potentially reduce geographic and psychological barriers to care, mitigate fears of discrimination in mainstream health settings, and foster continuity of support networks. Studies highlight that telehealth can integrate primary care, specialist consultations, mental health services, and peer support programming, all of which are critical for reducing isolation and promoting holistic well-being. Telehealth's flexibility allows seniors to remain in their homes while accessing comprehensive care, thereby minimizing transportation challenges and reducing the need for relocation to institutional settings. This supports aging in place by enhancing autonomy, preserving community ties, and promoting dignity in later life. Importantly, telehealth platforms can be tailored to affirm diverse sexual orientations and gender identities, ensuring culturally safe care that validates lived experiences. The benefits of telehealth in this context may extend beyond clinical outcomes. By embedding community-serving spaces and wellness programming into telehealth platforms, providers can address the high prevalence of loneliness and social isolation among 2SLGBTQIA+ seniors. Telehealth thus becomes not only a medical intervention but also a structural tool for equity, belonging, and resilience. **Conclusion:** Telehealth represents a promising intervention to improve health equity for 2SLGBTQIA+ seniors. By addressing barriers to access, fostering inclusive care, and supporting aging in place, telehealth can play a pivotal role in enhancing quality of life and ensuring that seniors remain connected, affirmed, and supported within their communities.

References

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