Aging Successfully: Needs and Interests of Older LGBTQI Adults in Pima County, Arizona

November 2021

By

University of Arizona Southwest Institute for Research on Women

Beth Meyerson, Ph.D.
Research Professor and Co-Principal Investigator

Sally Dodds, Ph.D.
Affiliate Faculty and Co-Principal Investigator

and the

Aging Successfully Research Advisory Committee

November 2021

Suggested Citation: Aging Successfully: Needs and Interests of Older LGBTQI Adults in Pima County, Arizona, November 2021. By the Aging Successfully Research Advisory Committee with the University of Arizona (Meyerson, B and Dodds, S). Online: https://sirow.arizona.edu/agonccessfully
Acknowledgments

This study could not have taken place without the tremendous contributions of many individuals and organizations committed to building a stronger, more inclusive, LGBTQI+ community in Pima County. Their knowledge, expertise, and lived experiences informed, guided, and provided on-going direction throughout the project. Our deep gratitude goes to them:

**Aging Successfully Research Advisory Committee**

- FLUXX Productions, Inc.
  Dante Celiero - Director

- Pasqua Yaqui Tribe
  Jill Fabian, MSW - Program Manager

- Pima County End of Life Coalition
  Alisha Ramirez-Hall, Ph.D. Senior Research Scientist, Arizona State University

- Sex Workers Outreach Project (SWOP)
  Juliana Piccillo – Executive Director

- Pima County Health Department
  Richard May, RN, BSN - Division Manager (Ret.)

- Pima Council on Aging, Inc. (PCOA)
  Sarah Bahnson – LGBTQI+ Community Liaison
  Linda Travis, Psy.D. Clinical Psychologist

- Southern Arizona AIDS Foundation (SAAF)
  Luis Ortega, MPH – Director of Programs

- Southern Arizona Senior Pride, Inc. (SASP)
  Lavina Tomer – Executive Director
  Keith Ashley, Ph.D. – Associate Director
  Erin Russ – Coordinator, Advance Medical Care Planning Program

- University of Arizona, Southwest Institute for Research on Women (SIROW)
  Brenda Granillo, DBH, MPH – Associate Research Social Scientist
  Cassandra Everly, MPH candidate, MD Student
  Kayla Haneline, MA Cartographer

For their support with the 2020 Aging Successfully Symposium, a special thanks goes to...

**University of Arizona Institute for LGBT Studies**

- Jill Koyama, Ph.D. – Professor and Director
- Sarah Maaske, Program Coordinator
- Robin Edgell, Symposium Planner

Partial support for the Aging Successfully project came from a grant from the Jack Challem Legacy Fund, a donor-advised fund held at the Community Foundation for Southern Arizona.

Human Subjects Oversight for this survey was provided by the University of Arizona (IRB # 2102495403)
Table of Contents

How to Use the Report ........................................................................................................................................ 4

Section I Executive Summary ............................................................................................................................ 5
  A. Background
  B. Aging Successfully: Description and History of the Process
  C. Insights from the Findings
     • “At a Glance”
  D. Recommendations
  E. Assessment Limitations

Section II Summary of Findings ...................................................................................................................... 10
  F. Demographics and Characteristics
     • Sample size, ages, gender identity, sexual orientation, race/ethnicity, employment, outness and discrimination, zip codes
  G. Basic Needs
     • Housing Security and Safety
     • Food Security and Sufficiency
     • Financial Adequacy
     • Health and Mental Health
     • Social Connection, Social Support Resources, and Caregiving
  H. Vulnerabilities across Basic Need Areas

Section III Special Section – What’s Gender Identity Got to Do with Social and Health Outcomes? .. 19

Section IV Special Section - Living Preferences During Aging ........................................................................ 20
  A. Aging in place
  B. Interest in an LGBTQI specific senior living community

Section V Interests in Safe and Affirming Social Programs ........................................................................... 21
  • What Would Help You Feel More Connected?
  • What Brings You Joy?

References

Appendix
  1. Survey Methodology
  2. Survey Items
How to Use the Report

This report presents the results and recommendations from the *Aging Successfully Needs and Interests Survey of Older LGBTQI Adults*, an online survey conducted among 462 older LGBTQI adults ages 50 and older living in Pima County, Arizona during spring 2021. The survey was a collaboration between the University of Arizona and representatives of key LGBTQI- and elder-serving local community-based organizations. The report and its recommendations can help community service providers, area planning bodies, funders, and others in promoting services for older LGBTQI adults.

The report of the *Aging Successfully Survey* is intended to be a resource for those seeking to provide or enhance services for older LGBTQI adults in Pima County. All parts of the report are freely available when using the recommended citation (on report cover).

The results of the survey were reviewed by the Research Advisory Committee and the recommendations reflect Committee consensus. Findings presented here are in sections with helpful information based on raw data from the survey and related analyses. Charts, graphs, and comments from open-ended questions are used to more fully explain or illustrate a particular point. Contact Dr. Beth Meyerson if you or your organization wishes to have additional clarification or information (bmeyerson@arizona.edu). An electronic copy of the report is available here: [https://sirow.arizona.edu/agingsuccessfully](https://sirow.arizona.edu/agingsuccessfully)

Section I, the Executive Summary, presents the background, purpose, survey findings “At a Glance,” and recommendations. Details of the findings follow in Section II, Summary Findings. This section describes who the respondents were that completed the survey and the results for the priority focus areas identified by the Research Advisory Committee: Housing and Housing Security, Food Security and Sufficiency, Health/Mental Health Care, Financial Security, and Social Support.

Section III, a Special Section, compares transgender and gender non-binary respondents with cis-LGB respondents to determine the relationships among gender identity and social and health outcomes. This sub study was conducted by UA medical and public health graduate student Cassandra Everly with supervision by Dr. Beth Meyerson.

Section IV is a second Special Section focusing on questions the Committee had about respondent preferences for aging in place as well as their interests in a senior living community specifically for older LGBTQI adults. Also presented are respondent interests in an LGBTQI community center, a finding that emerged from the open-ended responses to survey questions.

Section V, the final section, presents qualitative findings about respondents’ interests and preferences for Safe and Affirming Social Programs and Activities. These are presented as themes that emerged from open-ended questions, along with quotations that help illustrate or explain the themes.

Finally, the Appendix contains the survey questions and additional information that may be helpful to readers.
Section I. Executive Summary

A. Background

Pima County, inclusive of Tucson, is a highly desirable place for older adults to live and/or retire. In its 2019 - 2024 Age-Friendly Tucson Action Plan, the City of Tucson noted that between 2010 - 2015, while the overall population of Pima County grew by 3% the number of its older people (ages 60 and above) grew by more than 5 times that rate, or 17.5%. Sexual and gender minority individuals over the age of 50 are included in these projections. These are people who identify as lesbian, gay, bisexual, transgender, non-binary, queer, intersex, or other (LGBTQI+). National surveys estimate that at least 2.7 million LGBT people ages 50 and older live in the U.S., a number projected to double by 2050 (SAGE).

Using U.S. Census data and LGBTQI population studies, it is estimated that, of the approximately 340,000 older LGBT adults ages 55 and above in Pima County, about 8,000 are LGBTQI. Of these, about 1,347 are older transgender adults.

Although many of their issues are unique, older LGBTQI adults share the same basic needs as do other older Tucsonans, such as for safe and stable housing, food security and sufficiency, health and mental health services, and financial security. For some older LGBTQI adults, these basic needs may go unmet due to complications wrought by the intersections of economic resources, gender, race/ethnicity, age, lifespan development, disability, and geographic location. Other older LGBTQI adults feel they are less affected by needs for basic resources and instead have interests in social, recreational, and leisure programs that are safe, affirming, and that provide them with a sense of connection to their own community(ies). The Aging Successfully Needs and Interests Survey was designed to probe the needs and interests of older LGBTQI adults in Pima County for both groups--those with unmet basic needs as well as those seeking programs that are prosocial, positive, and identity affirming.

Given the projected growth of older LGBTQI adults, the time is now to begin addressing important gaps in LGBTQI-relevant programs and services not otherwise addressed by the local elder services network. The Aging Successfully project was intended to be a “first step” toward this understanding by providing a ‘snapshot’ in time as a springboard for organizational services, funding and policy development. To our knowledge, Aging Successfully is the first attempt to do so in Pima County.

B. Aging Successfully: Description and History of the Process

This survey was one component of a larger project to explore the issues of older LGBTQI adults in Pima County undertaken by the University of Arizona (the Southwest Center for Research on Women, “SIROW”), the Institute for LGBT Studies, (“iLGBTS”), and representatives of key community-based organizations. A Community Research Advisory Committee comprised of community and academic representatives was empaneled to guide the project. The Committee identified priority areas for the survey, reviewed and pilot tested the draft survey (in English and Spanish), helped determine the feasibility of survey administration, and reviewed this report before distribution.

The first component of the project included a symposium of invited national and local experts in LGBTQI aging research and service delivery. This was held on January 31, 2020 at the University of Arizona and funded by the Institute for LGBT Studies. The purpose was to generate greater understanding among the 140 symposium attendees and inform the Aging Successfully assessment. Presentations covered the
national picture of older LGBTQI adults, their health and mental health issues, and the ways other communities are responding to the needs of LGBTQI older adults.

The second component of the project, this needs and interests survey, was planned to begin soon after the symposium. However, in March 2020 the Arizona Governor issued “stay at home” COVID mitigation orders, which greatly impacted the timeline for the survey. COVID-19 also interfered with the methods intended for face-to-face data collection, particularly with populations preferring listening sessions, interviews or focus groups. Despite these issues and the limitations, they might pose, the Advisory Committee decided to move forward and administer the survey online and, where possible during COVID-19, in person using print copies of the survey.

C. Insights from the Findings

The title of the project, Aging Successfully, was chosen with care. Studies about disenfranchised groups like LGBTQI people often carry a tone of oppression and pathology. Here, we seek to call attention to unmet basic needs as well as interests in affirming programs, infusing the effort with a strengths- and resilience-based perspective. The tone of the project is one of pride, positivity and hope for successful LGBTQI thriving during the period of later adult life. Today’s older LGBTQI adults are a unique and diverse group whose lifespan development has, for at least the past half-century, been witness to extraordinary social change. As noted by experts in the field of LGBTQI aging, “Despite their existing risk factors and historical trauma, our elders show strength through spiritual resilience, activism, solidarity across a wide range of identities, high rates of caregiving, and an uncanny ability to create and maintain chosen families and communities.”

The graphic “At a Glance” on the next page (p. 7) presents some of the more global, high-level, insights from the findings of the Aging Successfully Survey. Detailed results begin in Section II, p. 10.

D. Recommendations

Findings from the Aging Successfully survey suggest the following 6 key observations and recommendations:

1. **Scope of Needed Services and Programs.** Regardless of sexual orientation or gender identity, there are two broad groups of older LGBTQI adults in Pima County: one that is “doing very well” and another that can be considered to be vulnerable and at risk due to unmet basic needs. However, these groups are not completely independent. **Even those who are doing well experienced challenges to well-being because of aging as well as from an overall societal context wherein LGBTQI people are still characterized by stigma and discrimination.** Recommendation: Organizations could offer two types of programs for older LGBTQI adults. One type could focus on well-being through safe and affirming social activities and connections. The other type could focus on those with unmet basic needs (i.e., in housing, food, health and mental health, financial security) using targeted outreach, eligibility screening, and facilitated referrals to organizations equipped to respond with concrete services, and benefits and entitlements programs. [cont. p. 8]. Depending on their missions, organizations can use distinctions like these to help them choose to respond to either path, or to both, collaborating and possibly co-funding and co-locating programs with other LGBTQI-serving or older Arizonan-serving organizations.
Findings At a Glance

We are generally healthy!
- 80% said their health is good or excellent.
- Most have a primary care provider, and if needed, a mental health provider.

We are safe and secure!
- Over 90% have safe, secure housing and sufficient food.
- 71% have enough financial resources to cover monthly expenses.

We are OUT!
- The vast majority are out to family and friends about their sexual orientation and/or gender identity, and most believe that it is important to be out.

Some of us are vulnerable due to unmet basic needs...
- Have unsafe housing (11.5%), insufficient food (~9%), need health and mental health care (39%), and have few financial resources (~25%).
- Only half of us have the social support we want or need. Many have more than one of these vulnerabilities.

Those doing very well and those struggling are very interested in connecting with friends, family, peers, and the LGBTQI community. They have many suggestions for programs about this.

When matched on key vulnerability indicators, there were no differences between trans/non-binary people and cis-LGB except in experiences of discrimination.

We are very interested in housing options specifically designed for older LGBTQI adults, 73.4% are in favor.
2. **Organizational Capacity.** Although some efforts have already begun (e.g., PCOA, SASP), funding is sparse and dependent on direct contributions from donors or on very small grants from local foundations. Many organizations do not have sustaining service contracts with governmental agencies nor do they require sliding fees for services even from those with significant means. As a result, the programs for aging LGBTQI adults are themselves vulnerable: woefully under- or unfunded, unable to hire staff, and dependent on volunteers who are mostly older adults. These and other problems in capacity limit organizational ability to provide a full range of services, establish programs outside of metro Tucson, or respond to those who need accommodation due to health, transportation, or mobility and energy issues. **Recommendation:** Local foundations should invest in organizational capacity development for those serving older Pima County LGBTQI populations. Capacity development could focus on increasing and diversifying income sources, recordkeeping and service documentation for contract reimbursables, evaluation capacity to demonstrate impact, and donor cultivation and stewardship.

3. **Integrating with the Existing Elder Services System.** Because the population of older LGBTQI adults in Pima County is projected to grow in the coming decade, it is important to build on existing efforts to assure the visibility of older LGBTQI adults within the current network of coordinated programs and services for older adults. **Recommendation:** Efforts should be aligned and integrated with the larger elder services and end-of-life networks and planning councils serving aging populations. Formal collaborations with other service organizations are central to respond to unmet basic needs that create vulnerabilities in older LGBTQI populations in Pima County. Options for formal collaborations include shared funding and operational resources, uniform LGBTQI cultural competence training of provider staff and volunteers, co-location of programs and services, and so forth.

4. **Given that such a high proportion of older LGBTQI adults in Pima County are “doing very well,” an opportunity exists to promote positive norms and values in the LGBTQI communities about aging.** There are few older LGBTQI models to light the way forward during aging. **Recommendation:** New norms for older LGBTQI adults can be supported within LGBTQI communities. For older LGBTQI adults, messages and images emphasizing “thriving,” “wellbeing,” and “resilience” are necessary, as are programs that support health and social engagement despite the limits imposed by aging. For older LGBTQI adults, inclusion must also mean involving and supporting those who are living independently and those residing in retirement communities and extended care facilities.

5. **Not All Older LGBTQI Adults Are Out.** Although the vast majority of respondents were out and supported by family and friends, organizations should not assume that all older LGBTQI adults want to be out or have their needs and interests met through LGBTQI-identified providers or themed programs. In fact, having an LGBTQI-identified provider was less important than receiving non-stigmatizing, quality service. **Recommendation:** Efforts should be made to reflect sensitivity and inclusion to those who are not out with focus on caregiver support, visitation rights, powers of attorney, etc. Without such sensitivity, these older adults are at risk for even more invisibility and social isolation.
6. **The COVID-19 Pandemic is Here to Stay.** Older adults are **already the highest risk group for severe COVID-19 disease and mortality.** For them, efforts to limit or prevent viral exposure are likely to remain important considerations through the end of their lives. While the pandemic ushers in a need to plan for ongoing safety concerns for this highly vulnerable population, it can also be an opportunity to provide information and encouragement for adherence to public health guidelines such as vaccination, mask-wearing, socializing outdoors with a bubble of friends and family, etc. **Recommendation:** Results from our prior Arizona-wide survey on COVID -19-related risks and supports needed by older LGBTQI adults may found at: [https://tinyurl.com/yj6m9arw](https://tinyurl.com/yj6m9arw)

---

**E. Assessment Limitations**

COVID-19 stay-at-home orders and ongoing concerns for participant health and safety interfered with the ability to conduct face-to-face interviews, focus groups, and listening sessions. What is shared in this report is based on data collected through an online survey (Spanish and English) and by special and targeted outreach efforts using paper-based copies of the survey where feasible with prioritization for transgender and nonbinary participants as well as Latinx participants. We recognize that access to and use of technology are not universal. Therefore, the *Aging Successfully* survey should be seen as a first step toward understanding community needs and desires. Community organizations can more strategically reach out to older LGBTQI adults living in extended care facilities or nursing homes, on Tribal lands, in more rural areas, and those who are in Tucson temporarily or seasonally. See the appendix for a detailed description of the survey methods used.
Section II. Summary of Findings

A. Demographics/Characteristics (N = 462)

Sample size
More than 80% of the surveys taken were valid and complete. The final sample size was N = 462. Some analyses used fewer numbers as not everyone answered all questions.

Ages
The ages of the respondents ranged from 50 to 101 years old. The average age was 67.6 years (SD=8.7).

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 – 65 yrs. old</td>
<td>41.1%</td>
<td>190</td>
</tr>
<tr>
<td>66 – 79 yrs. old</td>
<td>50.9%</td>
<td>235</td>
</tr>
<tr>
<td>80 – 84 yrs. old</td>
<td>6.3%</td>
<td>29</td>
</tr>
<tr>
<td>85 yrs. and above</td>
<td>1.7%</td>
<td>8</td>
</tr>
</tbody>
</table>

Gender identity
Most respondents, 81%, identified themselves as cisgender. Cisgender females comprised 44.8% (n = 207) of the sample and cisgender males were 35.9% (n = 166). Those who identified as nonbinary queer were 12.3% (n = 57), transgender individuals numbered 27 (5.8%), and 5 people said they were intersex (1.1%).

Sexual orientation
Most respondents identified as lesbian (45.2%, n = 209,) or gay (39.4%, n = 182). Those who identified as bisexual were 13.2% (n = 61) of the sample. Seven people (1.5%) identified as heterosexual, and 3 as asexual (0.6%).

Race/Ethnicity
Most respondents were white (85.5%, n=395) followed by Hispanic (8.4%, n=39). There were 9 (1.9%) Black and Native American participants. Four people were East Asian (0.9%). Those who indicated they were multi race (>1) were 2.4% (n = 11). (Some reported more than one race and ethnicity).

Employment
Over half of respondents were retired and not working for pay (57.4%, n = 265). One third said they were working either full or part time, reflecting both those who were under retirement age and those working during retirement. Forty-three people (9.3%) were unemployed due to disability or inability to find work.
Outness and Discrimination

Outness, or “being out,” refers to whether a person discloses their sexual orientation or gender identity to key people and whether disclosure and identity are supported. It plays a pivotal role in needs fulfillment and in stress for some older LGBTQI adults and can help or hinder real and perceived access to service organizations, social supports, affirming community connections, and overall health and well-being.

NOTE: Main findings are reported on outness with three groups of people: family/close friends, work/volunteer acquaintances, and key professional providers. Not all respondents had every type of family member (e.g., children, living parents), or provider (e.g., religious leaders, primary care providers, attorneys). We calculated results based on the group size of those reporting having them.

a. Out about sexual orientation
Outness about sexual orientation with family/close friends was high, with an average of 83.2% of respondents who said that these people know and are supportive. Most (> 80%) said their supervisors and colleagues where they work, or volunteer know of their sexual orientation and are supportive. While most said they were out to and felt supported by their key professional providers, one in 5 people (20%) had not disclosed their sexual orientation to their primary care provider (15.1%), religious/spiritual leader (16.3%), lawyer (13.9%), or case manager (23.9%).

b. Out about gender identity (n = 56)
Gender identity outness to and support by family/close friends averaged 59.7% (of the 56 people who identified as transgender or nonbinary). More than half said their supervisors and colleagues where they work, or volunteer know of their gender identity and are supportive. While most said they were out to and felt supported by their professional providers, on average, more than 1 in 4 people (28%) had not disclosed their gender identity to their primary care provider, religious/spiritual leader (25%), lawyer (36.8%), or case manager (22.2%).

c. Importance of being out
Being out to organizations and/or service providers. Over half (60.4%, 279 people) said it was very important or extremely important that organizations and providers knew their sexual orientation and/or gender identity.

Being out as an older LGBTQI adult in general. The majority of respondents (63.2%, or 292 people) felt it was very to extremely important to be out as an older LGBTQI+ person while 38 people (8.2% of the sample) felt that being out was of low importance or not at all important. Two people in the sample indicated that they were “not out and will never be.”

Discrimination by a Pima County service provider
Twenty-two people (4.8%) said they had had experienced discrimination by a Pima County service provider in the past 2 years. Types of discrimination experienced were structural, such as inaccurate vital and medical records despite patient-provided correction, or socially expressed such as denial of surgical treatment because the patient was transgender, misgendering by providers, social discrimination by providers in the course of providing service. Verbal and physical abuse was also reported.

Some respondents said:

“It was the post office. We were renewing the passport of our teenage son. All three of us were there with all documentation (marriage, birth certificate with both parents, etc.). But it was patently clear that this postal worker did not support us and tried to confuse the process (so that we would hold responsibility for any errors in the process causing delay). We got things on track but did not express our expectations about this worker’s behavior (to her) because we felt she would have sabotaged the process after we left.”

“Mortuary requested marriage certificate which seemed unusual. Loan officer requested proof of relationship for funds received as life insurance of spouse”
Zip Codes
Survey respondents came from across Pima County as shown below. Zip code maps can help organizations determine where to locate their programs, areas where transportation is difficult, where other resources may be lacking, etc.
B. Basic Needs

Basic Needs includes Housing Security (current housing status, household members, housing safety), Food Security and Sufficiency past 30 days (food not lasting, ability to afford nutritionally balanced meals, skipping meals), Health/Mental Health Care, Financial Security (ability to meet monthly expenses, amount of emergency expenses that could be met), and Social Supports (household members, social support sufficiency). When basic needs go unmet, older LGBTQI adults are particularly at risk for many adverse conditions including mortality.

### HOUSING SECURITY AND SAFETY

1. **Current Housing** (n = 462)

Most respondents said they own their own dwelling, whether a house, condo, apartment or trailer (81.4%, n = 376). Seventeen percent (n = 79) live in a rented dwelling, a potential vulnerability risk factor to financial and housing security. Only a few 1.5% (n = 7) lived in an independent living or retirement community. While the survey was conducted during COVID-19, the majority (94%, n = 434) said COVID had not caused any housing change for them.

| Lives only with partner or spouse | 44.2% (204) |
| Lives alone (or with a pet) | 42.6% (197) |
| Lives with family or non-family | 13.2% (61) |

2. **Household Members**

While most respondents said they lived with a partner/spouse (44.2%, n = 204), nearly as many said they lived alone (42.6%, n = 197), a potential vulnerability risk factor. The rest lived with either family (6.5%, n = 30) or non-family (6.7%; n. = 31).

3. **Housing Safety and Risks** (n = 460)

Most respondents said the place they live in was safe, supported their needs, and did not pose a housing risk (419, n = 91.1%). Less than 10% (n=41), indicated they had special needs for their housing or that their home or neighborhood had issues with safety.

| The place I live in is safe, supports my needs and does not pose a housing risk | 91.1% (419) |
| I have special needs (e.g., for ramps, wheelchair access) not available where I live now | 2.2% (n = 10) |
| The place I live in is not safe (e.g., black mold, pests, plumbing, no heat or A/C) | 1.5% (n = 7) |
| People have harassed or bullied me b/c I am LGBTQI+ and/or a person of color in the place or neighborhood I live in | 1.5% (n = 7) |
| The neighborhood I live in is not safe (e.g., crime, run-down buildings) | 0.9% (n = 4) |
| Other risks | 3.4% (n = 14) |

“Major house repair work is needed that I cannot afford. Need roof replaced by 2021 summer or I will lose insurance covering my house. Hoping Habitat for Humanity can help.”

“I’ve been here 9 years. My landlord will not renew my lease because of her wanting to renovate and raise the rent to unaffordable for me.”

“With regular increases in HOA fees, and taxes, I may eventually be unable to afford living alone.”
### FOOD SECURITY (past 30 days)

- Over 92% of respondents said food security and sufficiency were not issues for them.
- A small group had problems with their food not lasting, not being able to afford nutritionally balanced meals, or having to skip or cut down meal size because of insufficient money to buy more.
- Of those who reported skipping or cutting down the size of meals because of money, 50% (8 people) said they had done so for 1-4 days in the past month and two people reported skipping meals for 11-15 days.

<table>
<thead>
<tr>
<th>Food didn’t last, can’t buy more</th>
<th>Never (n=429)</th>
<th>Sometimes (n=27)</th>
<th>Often (n=3)</th>
<th>Can’t recall (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not afford balanced meals</td>
<td>92.0% (n=425)</td>
<td>5.4% (n=25)</td>
<td>1.7% (n=8)</td>
<td>0.9% (n=4)</td>
</tr>
</tbody>
</table>

### FINANCIAL SECURITY

Financial security includes current household income and having sufficient funding to cover monthly expenses and also emergency expenses. Ability to cover monthly and emergency expenses are better indicators of a person’s wealth and financial security than household income, especially for older populations.

1. **Annual Household income** (n = 462)

In the survey, 14.1% (n = 65) had an annual household income under $19,000 and 17.7% (n = 82) had $100,000 or more annually. 55.6% of the sample had an average annual household income of $53,999; this is lower than the 2019 average household income for Pima County overall ($56,169).

2. **Ability to Cover Monthly and Emergency Expenses**

Nearly a quarter (23.8%, n = 110) of respondents said they had enough money to cover their monthly expenses, but it was very tight. Twenty-two (4.8%) said they usually don’t have enough money to cover their expenses. Most said their income was enough to cover monthly living expenses and had some left over (71%, n = 328). In the event of an emergency, 20.6% (n = 95) would not be able to cover an expense of $500.00.

| Enough income to cover monthly living expenses with some left over | 71% (328) |
| Enough income to cover monthly living expenses but it is very tight | 23.8% (110) |
| Usually don’t have enough income to cover monthly living expenses | 4.8% (22) |
| Inability to meet an emergency expense of $500.00* | 20.6% (95) |

*Some differences were found between trans/nonbinary and cis-LGB respondents with the ability to meet an emergency financial expense. See Special Section III, p. 19.

3. **Experiences of Fraud**

Being a victim of consumer fraud, whether financial or identity-based, can devastate the resources of older adults. One in five people (20.1%, or 93 people) said they experienced fraud in the prior 5 years. Most involved hacking credit card information, and most said the fraud did not affect them much because the credit card company or bank cleared up the issue. A few noted online or phone scams that cost them money or credit.
HEALTH AND MENTAL HEALTH

Health and Mental Health

As people age, their needs for physical and mental services increase, often dramatically. Despite the fact that many older people perceive and describe their current health and mental health to be quite good, their needs for services may worsen as they experience problems related to increasing age.

- **80% of the older LGBTQI adults responding to this survey said their health was good to excellent.**
- However, almost **14% (n = 64)** said their physical or emotional health had often or always interfered with their activities in the prior 4 weeks.
- More than one in five people (21%, n = 97) said they do not currently have a primary care provider.
- Transgender participants reported having need for the following health services: hormone replacement therapy, gender affirming surgery, and a provider with experience treating transgender patients.

> “I need a revision to my vaginoplasty and no longer have faith in my surgeon who I believe acted in severe negligence during my surgery. Also, I need facial feminization surgery which is not covered by insurance (yet).”

- Nearly **17% (n = 77)** of survey respondents said they often or always felt downhearted and blue in the past 4 weeks, a cardinal symptom that could indicate major depression.
- Almost 17% of survey respondents said they are currently seeing a mental health professional. However, nearly **8% (n = 36)** said they feel they need to see one now.
- Almost a **quarter of respondents (23.4%, n = 108)** said they would be interested in specialized mental health and substance use services specifically for older LGBTQI adults.

| Physical or emotional health interfered with social activities (often to always) past 4 wks. | 13.9% (64) |
| Felt downhearted and blue (often to always) past 4 wks. | 16.7% (77) |
| Need to see a mental health professional | 7.8% (36) |
| Currently seeing a mental health professional | 16.7% (77) |
| Does not have a primary care provider | 21% (97) |
| Interest in specialized LGBTQI mental health and substance use services | 23.4% (108) |
SOCIAL CONNECTION, SOCIAL SUPPORT RESOURCES, AND CAREGIVING

In the survey, social connection refers to connections with the LGBTQI community and may be thought of as a sense of belonging with like-minded peers, friendship networks, etc. Social support has to with people who can provide social resources when needed such as emotional support, help with chores or transportation, or a financial loan. Caregiving and care receiving were also assessed in the survey.

1. Connection to the LGBTQI Community
The vast majority of respondents (over 90%) indicated that it was important, very important, or extremely important to be connected to the LGBTQI+ community. Most were satisfied with their current connections to Pima County’s LGBTQI+ community, but many reflected about how their LGBTQI+ social support system changed over time.

“Absolutely (support system has changed)! No lesbian clubs of any kind. Wingspan closed!!!! :( no LGBTQA+ Community center!! No real "out" events! I don’t want to attend events for just “elders”…my community is of all ages! Also, now as a single lesbian, it’s not as simple to attend social events even if there were any.”

“I came out as bi at 19 years old. No support system at all until the gay bar of my 20s where the "b" wasn’t even in the acronym yet. My 30s were totally lost on trying to be "normal." At 44 I came out as trans and found almost zero new support system. I have realized as I have gotten older that I AM my own support system.”

2. Social Support Resources
Social support resources in terms of emotional support or tangible help are vitally important for older LGBTQI adults, especially since many people in this survey lived alone (42.6%, n = 197) (see Household Membership, p. 14). While most said they have as much, or almost as much, of the support they feel they need, about 20% - 25% feel they don’t have enough supports in the areas assessed.

<table>
<thead>
<tr>
<th></th>
<th>As much or almost as much as I would like</th>
<th>Some, but I would like more</th>
<th>Less or much less than I would like</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have people in my life who really care about me</td>
<td>75.9% (351)</td>
<td>13.6% (63)</td>
<td>17.5% (81)</td>
</tr>
<tr>
<td>I can talk with people in my life about problems I have</td>
<td>72.7% (336)</td>
<td>14.9% (69)</td>
<td>20.1% (93)</td>
</tr>
<tr>
<td>I receive invitations to do things or go out with others</td>
<td>60.3% (279)</td>
<td>16.5% (76)</td>
<td>26.7% (123)</td>
</tr>
<tr>
<td>I have people who will help me if I need them to (e.g., take me to a doctor, run an errand, or loan me money)</td>
<td>76.8% (355)</td>
<td>10.6% (49)</td>
<td>16.4% (76)</td>
</tr>
</tbody>
</table>
3. Caregiving and Care Receiving

Over 40% (n = 193) of survey respondents indicated that they provide caregiving (regularly and/or occasionally) to others, and 8% (n = 37) receive care from others. Of the 90 people reporting, caregiving was primarily for friends/chosen family (25.5%), parents (34.4%) or partner/spouse (32.2%). Nearly 40% said that providing caregiving is very to extremely stressful, and nearly the same percent said they currently need help with caregiving for themselves or others.

<table>
<thead>
<tr>
<th>Is a caregiver on a regular basis</th>
<th>20.1% (93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a caregiver occasionally</td>
<td>21.6% (100)</td>
</tr>
<tr>
<td>Is a caregiver for more than one person</td>
<td>6.5% (30)</td>
</tr>
<tr>
<td>Shares housing with person cared for</td>
<td>6.5% (30)</td>
</tr>
<tr>
<td>Receives caregiving from someone else</td>
<td>8.0% (37)</td>
</tr>
<tr>
<td>Caregiving is very or extremely stressful (N=91)</td>
<td>38.5% (35)</td>
</tr>
<tr>
<td>Need caregiving help at this time (for self or others) (N=89) *</td>
<td>37.1% (33)</td>
</tr>
</tbody>
</table>

Needs Related to Caregiving

Of the 230 people who indicated that they were a care recipient or a caregiver (part or full time), 22.6% (52 people) identified specific needs related to their care receiving or caregiving. The percentages were calculated for these 230 people.

| A ‘friendly visitor’ or phone calls from someone who supports me | 7.4% (17) |
| A little time off for myself or respite care and someone to stay with the person I care for | 4.8% (11) |
| Navigating the system for the person I care for | 3.0% (7) |
| Nursing, nursing aide or physical therapy services | 2.2% (5) |
| Help with basic household chores | 4.3% (10) |

“I lost my partner (husband) 20 years ago, he died way to early, we were together 32 years. I have never desired getting into another LTR but the extra helping hands at my age would be nice.”

“I did have professional caregivers but the agencies were unreliable, and the caregivers were lazy and undertrained.”
### Vulnerabilities Across Basic Needs Areas

Several Basic Needs vulnerabilities deserved deeper attention. To do so, indicators of vulnerability were selected from survey items and “rolled up” into each basic need area to form groupings. The table below displays the total percent of people in each grouping as well as the percent of people reporting each indicator in that grouping.

Two vulnerability groupings were reported more frequently than the others: **39.4% (182) of the sample reported health/mental health vulnerabilities** and **24.7% (114 people) reported economic insecurities**. Economic insecurity was statistically associated with being younger than 80 years of age, being Hispanic, and being transgender or nonbinary. Health insecurity was moderately associated with being transgender or nonbinary. Future studies with larger populations of transgender and nonbinary populations could clarify these associations.

People with one vulnerability often experienced others. For example, the 53 people who experienced at least one housing insecurity, also tended to experience economic insecurity and health insecurity. People with food insecurity also tended to experience health insecurity and economic insecurity. Housing insecurity was also experienced by people who were economically insecure. All these relationships (between and among insecurity groups) were found to be statistically significant at the *p*<.05 level; meaning that they were not random findings.

<table>
<thead>
<tr>
<th>Vulnerability Indicator</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing Insecure Group (&gt;1 indicator)</strong></td>
<td></td>
</tr>
<tr>
<td>I have unstable housing</td>
<td>3.7% (17)</td>
</tr>
<tr>
<td>I have special needs (e.g., for ramps, wheelchair access, no stairs) not available where I live now.</td>
<td>2.2% (10)</td>
</tr>
<tr>
<td>The place I live is not safe (e.g., black mold, pests, broken stairs, plumbing issues, lack of heat or A/C).</td>
<td>1.5% (7)</td>
</tr>
<tr>
<td>Where I live, people have harassed or bullied me because I am LGBTQI+ and/or a person of color.</td>
<td>1.52% (7)</td>
</tr>
<tr>
<td>The neighborhood where I live is not safe (e.g., crime, run-down buildings).</td>
<td>0.9% (4)</td>
</tr>
<tr>
<td><strong>Food Insecure (&gt;1 indicator)</strong></td>
<td></td>
</tr>
<tr>
<td>In last 30 days, the food I purchased or received did not last, and there wasn’t enough money to get more</td>
<td>5.8% (27)</td>
</tr>
<tr>
<td>Sometimes true</td>
<td>5.4% (25)</td>
</tr>
<tr>
<td>Often true</td>
<td>1.7% (8)</td>
</tr>
<tr>
<td>Could not afford balanced meals (i.e., balanced of vegetables, protein, fats, and carbohydrates).</td>
<td>5.4% (25)</td>
</tr>
<tr>
<td>Sometimes true</td>
<td>1.7% (8)</td>
</tr>
<tr>
<td>Often true</td>
<td>1.7% (8)</td>
</tr>
<tr>
<td>Skipped meals or cut the size of meals because there was not enough money for food</td>
<td>3.5% (16)</td>
</tr>
<tr>
<td><strong>Economic Insecure (&gt;1 indicator)</strong></td>
<td></td>
</tr>
<tr>
<td>Amount of emergency financial costs that could be easily afforded</td>
<td></td>
</tr>
<tr>
<td>$0- I would ask for financial help</td>
<td>4.8% (22)</td>
</tr>
<tr>
<td>Between $0-$250</td>
<td>8.2% (38)</td>
</tr>
<tr>
<td>Between $251-$500</td>
<td>7.6% (35)</td>
</tr>
<tr>
<td>I usually don’t have enough income to cover my monthly living expenses</td>
<td></td>
</tr>
<tr>
<td>Unemployed (disability, COVID, unable to find work)</td>
<td>4.8% (22)</td>
</tr>
<tr>
<td>9.3% (43)</td>
<td></td>
</tr>
<tr>
<td><strong>Health Insecure (physical and mental) (&gt;1 indicator)</strong></td>
<td></td>
</tr>
<tr>
<td>Perception of physical health</td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td>16.0% (74)</td>
</tr>
<tr>
<td>Poor</td>
<td>3.9% (18)</td>
</tr>
<tr>
<td>During the past 4 weeks, how much did pain interfere with normal work and activities? (SF12)</td>
<td></td>
</tr>
<tr>
<td>Quite a bit to Extremely</td>
<td>14.7% (68)</td>
</tr>
<tr>
<td>Need to see a mental health professional currently</td>
<td></td>
</tr>
<tr>
<td>7.8% (36)</td>
<td></td>
</tr>
<tr>
<td>Felt down-hearted and blue a good bit of the time, most of the time or all the time</td>
<td></td>
</tr>
<tr>
<td>16.7% (77)</td>
<td></td>
</tr>
<tr>
<td>Physical or emotional health interfered with social activities (good bit of time to all the time)</td>
<td></td>
</tr>
<tr>
<td>13.9% (64)</td>
<td></td>
</tr>
</tbody>
</table>
Section III Special Section

What’s Gender Identity Got to Do with Social and Health Outcomes?

It is well known that transgender men and women experience greater economic and health hardship than their cisgender peers. To determine whether Pima County older LGBTQI adults experienced differences in core survey areas based on gender identity, we compared survey participants who were transgender and nonbinary (TNB) with those who were cisgender (Cis-LBG). To ‘zero in’ on gender identity, we matched 42 TNB participants on a 2:1 basis with 84 Cis-LBG participants on characteristics shown to impact health and social support: age (within 3 years), race/ethnicity (White, Hispanic, White + other, Hispanic + other), and household income ($0-34,999, 35,000-74,999, 75,000+). Once matched on these characteristics, we examined possible differences in housing, food security, social supports, importance of outness, income, health limitations, current need to see a doctor for a physical condition, current need to see a mental health professional, and experiences of discrimination from any Pima County service provider in the past 2 years.

Although the percentages in the table above suggest that there are differences between TNB and Cis-LBG, no statistically significant differences were found between the two groups on any of the areas with one exception: discrimination. Twenty-two people (4.8%) in the entire sample (N=462) said they experienced discrimination by a Pima County service provider in the prior 2 years because of their gender identity or sexual orientation. TNB participants in this matched sub study more frequently reported experiencing discrimination by service providers than did Cis-LBG participants (8 people or 19% vs. 3 people or 3.5%; p<0.05).

A trend in reported health status was observed (but only marginally met the level of statistical significance): TNB participants more frequently reported excellent health (26.2%) as compared to Cis-LBG (9.5%, p=.06). Yet, more Cis-LBG participants reported good health (36.9%) compared to TNB participants (16.7%). Due to the limits on face-to-face data collection posed by COVID-19 restrictions, this survey may not fully represent the situation of larger samples of Pima County TNB and Cisgender people. A future assessment with a larger number of participants might better clarify these differences.
Section IV Special Section

Living Preferences During Aging
and
Interest in an LGBTQI Senior Living Community, and Interest in an LGBTQI Community Center

The Advisory Committee was interested in the preferences older LGBTQI adults have for their living environments as they age. While many preferences are similar to those of older adults in the general population, the Committee particularly wanted to understand how much interest respondents have for a dedicated senior community specifically for older LGBTQI adults.

### Living Preferences During Aging (N=462)

Like many in the general population, 71.4% or 339 people in this survey indicated they wanted to age in place (i.e., stay in their own homes). This was followed by preferring to live with their chosen or biological family (40.3%). About 14% (66 people) said they preferred to live with friends collectively in a community, and 5% said they prefer to live in a senior living community but not necessarily LGBTQI exclusive. Percentages in the table below do not add to 100% because people could select more than one option.

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in place (stay at home)</td>
<td>71.4%</td>
<td>330</td>
</tr>
<tr>
<td>Live with family members (chosen or biological family)</td>
<td>40.3%</td>
<td>20</td>
</tr>
<tr>
<td>Live with friends collectively in a community</td>
<td>14.3%</td>
<td>66</td>
</tr>
<tr>
<td>Live in a senior living community (not necessarily LGBTQI only)</td>
<td>5%</td>
<td>23</td>
</tr>
</tbody>
</table>

### Interest in a Dedicated LGBTQI Senior Living Community

The vast majority of respondents, 73.4% (339,) said they would be interested in a dedicated LGBTQI living community as they age.

### Interest in a LGBTQI Community Center for Older Adults

Although the survey did not ask about interest in an LGBTQI community center, many respondents commented on the importance of a dedicated community space responsive to the needs of older adults.

- "... some sort of LGBTQI+ community center or network that is outside of the bars. It seems that there are many 50+ individuals in the community who are active but there seems to be little support / network to bring folks together."
- "It would be nice to have activities and/or a central place to gather with other LGBTQI individuals who are mid-life or older (40+). The limited number of opportunities and locales are oriented toward youth or young adults and don’t fit the vibe and energy I want in my life at this point."
- "I truly wish we still had an LGBTQA+ CENTER for all ages...it’s an important social, informational, and rich place to mentor and also make friends...we can all come together with our special talents and work on queer issues and also talk/ take actions about our social issues. We have no place to gather to advance our causes and help other queers!"
- "Senior centers have a great model for creating community for elders. Partner with senior centers to offer LGBTQ times to gather for games, meals, movies, etc. Currently, the gay community doesn’t have these options available to us like the straight community has."
Section V

Interests for Social, Recreational, or Personal Wellbeing Programs

Instead of asking survey respondents to indicate their interests for potential programs and activities by “checking off” pre-defined boxes (common in surveys), Aging Successfully used two open-ended questions to allow response spontaneity. We asked: “What would help you to feel more connected with other LGBTQI+ people in the community?” We also asked: “What brings you joy and satisfaction?” Responses to both items were combined and examined for common themes. These responses and suggestions, although numerous, do not represent all of the participants because not everyone responded to the open-ended questions. However, there were so many responses they became repetitive suggesting they provide good insight into the interests people have for social programs and activities. Simply browsing through the responses can identify possibilities that organizations may incorporate into their service offerings. Organizations should check in with their participants and service communities to further explore these interests.

### WHAT WOULD HELP YOU FEEL MORE CONNECTED WITH OTHER LGBTQI PEOPLE?

1. Communication; Information & Referral Services, Newsletters, Websites. This theme highlighted the importance of communication in helping respondents feel connected:

   “Good communication is everything. I appreciate the emailed information that I frequently receive.”

   “If there were more ways to publicize different groups that might be of interest to people. It’s such word of mouth and then there are numerous lesbians who are not connected at all to any organized group.”

   “How about a list of organizations for social interaction? ... How about gay afternoon at the gym? Gay Day at the museum. Abbreviated pub crawl. Zoo day! Road trip to Oracle (not too far!)...I would love to provide rides to those that do not drive or do not have a vehicle.”

   “A better, more accessible way to find out what organizations and activities are available.”

In addition, it was suggested that communication should be done through several channels such as: a community newsletter, local newsletter or paper, more web-based info about LGBTQI+ friendly local businesses and resources, and more text messages. A few participants noted that the internet cannot be the default communication mode (for either email or web sites). People wanted information about services in the community for older LGBTQI people and even a roommate referral process and find housing to share.

2. Location and Visibility of Resources. This theme highlighted the importance of making programs and services more widely known. This included providing transportation to these events for people who live in rural communities and outside public transportation. Respondents noted a need for more activities outside of the City of Tucson, more flexible scheduling, and greater outreach to areas such as Marana, Vail and Oro Valley. Some have created their own gatherings:

   “In November, I created the “Vail LGBTQ+ Out & Proud” group on Nextdoor.com to provide a sense of community out here in the hinterlands for everyone (BUT especially for me). Within 3 days, 5 people joined & now it’s up to 35! But with Covid-19, we haven’t been able to set up a mixer.”
3. Activities, Events – Specific Suggestions. This theme yielded many suggestions for activities that might be of interest to older LGBTQI adults. The variety of interests suggests that many opportunities exist to develop social, recreational, and well-being programs and activities that are highly desirable. People also expressed interest in intergenerational activities as well as those for older LGBTQI people only. Areas of interest included:

Active and outdoor activities
Themes included active activities for walkers, hikers, bird watchers, campers or swimmers. Outings and group activities. Hobbyist groups such as gardening or traveling. These comments reflected the recognition that most of the sample was healthy and active, and wished to have an LGBTQI social opportunity related to this.

Indoor, less active activities
For others, hobbies such as art, reading, crafts, games, puzzles, photography and genealogy were mentioned. Music, in various forms, was of great interest to the respondents (listening to music, playing a musical instrument, singing and singing in a choir, and producing a jazz radio show

“I'd like more social gatherings, men, or both genders. We had a real "gung-ho" group where I moved here from. Lots of activities…. dances, parlor games at different people’s house, card nights…”

Meals, eating together
Sharing food experiences – whether in private homes or restaurants, and cooking together were interests by many. Potlucks, cooking classes or restaurant groups.

“Having been a non-cook throughout my life, I would LOVE to have cooking classes for Seniors.”

Lesbian-oriented activities
Within the older LGBTQI survey participant group, there were interests in events for specific sub populations such as for lesbians or for Hispanic LGBTQI older people. Here in Tucson, it’s nice but I would love to spend more time with Latina Lesbians. Some recognized that there were already a few activities for older lesbians, but a trend was noted by one participant:

“Since I have been in Tucson, the number of events and locations for older lesbians has decreased making it harder to develop strong relationships.”

Recovery and sober living programs
Several participants indicated a need for events that were not inclusive of alcohol or other substances. Some asked for LGBTQI focused recovery programs.

“I would really like a Drag show vegetarian eating place to go out to for fun that is alcohol FREE more alcohol free places to do things for us, to go eat, just sit down and be able to hang out, have tea, read a book, read a newspaper, look at good artwork, quiet, vegetarian food.”

Spiritual Pursuits, Church, Religion
Participants indicated that group activities could also involve spiritual events such as going to churches, synagogues, or mosques and engaging in religious celebrations.

“Attending Shabbos services with them. Having spiritually based discussions. Participating in laughter sessions.”
Theater, Movies, Lectures, etc.
Participants were greatly interested in activities involving the theater, movies, and lectures. One person said:
“Although I appreciate the options I have already, it would be great to connect with others beyond fundraising events, political campaigns, and happy hours or bars or parties - I would love more opportunities such as lectures, workshops, group day trips, etc.”

Working together on a purpose; volunteering
“Meaningful social engagement also included opportunities to contribute together to a worthwhile, time-worthy community project. People called for more and coordinated volunteer opportunities in a variety of areas.
I don’t socialize just to socialize. I like to be involved in “projects” where I work with my cohorts.”

4. Trans, Non-binary, Intersex, and Queer Issues
Transgender, nonbinary and intersex participants expressed the need for activities that reflect their nuanced diversity; versus groups for “trans/nonbinary/queer/intersex” in one category. These recommendations ranged from general social events as well as for emotional connection and support. Comments here and in the survey data reflect the need for these opportunities as well as gender identity education for the LGB population in Pima County.
“...some gay men don’t welcome me because I am heterosexual and intersex, I also don’t relate to their lifestyle, I don’t find any intersex people to talk to. Are they hidden?”

“I’ve found that a lot of older LTGTQI+ folks, especially lesbians/gay men, tend to have less of an open mind with the concept of gender fluid, non-binary, bi, and queer folks, and dismiss it as something ‘those younger kids’ are doing. I’ve been told by various lesbians that my use of the word ‘queer’ erases them, and they demand I stop using it (!) And I’ve been told by older gay men to never use the word around them. I completely understand the term can be charged, especially for those growing up with the word thrown at them in a slur, but that doesn’t mean the word is off limits--especially for those reclaiming it.”

“I have found the groups I tried out were mostly women. I have had no response from the trans group I attempted to reach through Email and it seems like the groups are more geared to younger people. The other groups I am interested in are held in the A.M. and I need to attend things in the later afternoon or evening due to my medical situation. I have Circadian Sleep Disorder due to the many surgeries that I have had.”

5. Not all older LGBTQI adults are interested in connection with other LGBTQI people
Community organizations providing services for older Pima County residents or older LGBTQI residents should be aware that not everyone wants to engage in social activities as an LGBTQI person or with just LGBTQI people.
“It is not important for me to feel connected to the LGBT community. I am an individual and I have other interests I am not just gay or lesbian I’m a Democrat I’m a human being I’m a veteran I’m a homeowner I’m a voter I’m not just an LGBTQ individual.”
“I think that as my peer group ages and people that I know start to die, I will feel much less connected to the LGBTQ community. I do get various newsletters that tell me what sort of events are going on around town and do attend some of them. I suppose that will continue to be a source of connection for me. But I am not looking forward to the friends I have had since the 70s not being around anymore.”
Appendix 1: Survey Methodology

With the guidance of the Research Advisory Committee, an anonymous online survey was administered in English and Spanish from March through June 2021. This method was chosen due to COVID-19 concerns and restrictions at the time. In May 2021, it was deemed safe enough to distribute paper surveys in venues serving BIPOC trans and nonbinary older adults and through the Southern Arizona Senior Pride office. Thirty additional surveys were completed using this recruitment method.

To generate items for the survey, several reports and needs assessment instruments focusing on older LGBTQI populations (by SAGE, AARP, NHCOA) were examined to identify how others defined domains of interest and how these were measured. The committee considered a ‘cross walk’ of items across these sources and amended the items to suit their focused goals for Pima County. Once drafted, the survey was piloted to assure question clarity and survey access. The final version contained 56 items measuring demographics, basic needs across health and mental health, housing, economics, food and social support. The survey also contained questions about outness and its perceived importance for both sexual orientation and gender identity, as well as items seeking recommendations for additional services in the community serving older LGBTQI+ populations. Several validated scales from other studies were adapted to measure outness, health and mental health status (SF-12; Ware et al, 1996), housing safety and security (HUD, 2020), and food security and sufficiency (USDA, 1999).

Several recruitment methods were used. First, partner organizations serving the LGBTQI+ community and older populations in Pima County emailed information to their members and included a link to the online survey. Information about the project with a survey link was also promoted via partner websites and on social media (Facebook, Twitter) using the advertisements (below) in English and Spanish for social amplification:

Surveys received were evaluated for completeness, with 462 (>80%) included in the analysis. Frequencies (how often people reported something) and bivariate associations (two-way relationships between responses) were used to understand the data, and composite variables of vulnerabilities across the focus areas of housing, health, economics, and food security were created to allow further understanding of need. Qualitative data (open-ended, written answers) were coded for themes and quantitated (counted) when appropriate. The Research Advisory Committee met to consider the findings and determine whether additional analysis was needed, the priority of findings, and their dissemination to their communities, partners, and the general public.

Oversight for this needs assessment was provided by the University of Arizona (IRB # 2102495403). All data were stored on the secure servers of the University of Arizona and a locked cabinet in the office of the Principal Investigator. Only authorized users had access. Statistical analysis was conducted by the Co-Principal Investigator, Dr. Beth Meyerson.
Appendix 2: Survey
Survey for Aging Successfully Pima County

Dear Colleague,

Pima County organizations and partners serving LGBTQI+ adults 50 yrs of age and older want to learn more about the community needs. This survey is part of the effort to learn about them. Findings will be used to improve community services and to advocate for policy or other changes needed in the community to help older LGBTQI+ adults thrive. The survey is being conducted by Drs. Beth Meyerson and Sally Dodds of the University of Arizona Southwest Institute for Research on Women (SIROW).

If you are interested in taking the survey, you must be 50 years of age or older, living in Pima County (at least part time) and identify as an LGBTQI+ person.

We invite you to share your experiences through this brief online survey of 56 questions. The survey requires about 30 minutes to complete. Your answers will be anonymous (we will not know who you are). Your participation is completely voluntary. You can stop the survey at any time.

Your participation may help inform future services in your community. The survey is completely anonymous. You will not be asked your name or any identifying information. Questions will ask about important life issues such as economics, health, and housing; and will seek your opinion and preferences about services and providers. You will also be asked questions about your health and mental health. While questions are not of a distressing nature, you might experience distress and wish to seek mental health support. If so, a link to crisis hotlines is https://www.azahcccs.gov/BehavioralHealth/crisis.html.

If you complete the survey, you will have an opportunity to be entered into a drawing for one of five, $100 Visa or Mastercard gift cards. Information you enter to be part of the drawing will be completely separate from the survey and your answers. Compensation for participation in a research study is considered taxable income for you. If your compensation for this research study or a combination of research studies is $600 or more in a calendar year (January to December), you will receive an IRS Form 1099 to report on your taxes. For any compensation or reimbursement you receive, we are required to obtain identifiable information such as your name, address, and Social Security number for financial compliance purposes.

The information that you provide in the study will be handled confidentially. Identifiable information will be collected only as it relates to the drawing. It will not be linked to your research data. If you do not want us to collect this information, you can still participate in this study, but you will not be able to enter the drawing for a chance to receive any payment for your participation.

For questions about this survey, please contact Dr. Beth Meyerson at bmeyerson@arizona.edu or 520-626-5908. For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at the
Pima County Aging Successfully Survey (continued)

University of Arizona, by calling 520-626-8630 or online at

If you would like assistance completing this survey, or you would like to complete it over the
phone or on Zoom, please send an email to Dr. Beth Meyerson bmeyerson@arizona.edu or call
520-626-5908 and we will arrange for this.

Consent to participate in the survey
I have read (or someone has read to me) this information, and I am aware that I am being
asked to participate in a research study. If I had questions, I had the opportunity to ask
questions and have had them answered to my satisfaction. I voluntarily agree to participate in
this study.

☐ Begin Survey

☐ Do not Begin Survey  (If selected, please return or discard this survey)

Survey Eligibility
Are you currently living in Pima County?
  ☐ Yes (continue to the next question)
  ☐ No  (if selected, you are not eligible for the survey. Please return the survey or
discard)

Do you self identify as an LGBTQI+ Person (whether you are 'out' to others or not)
  ☐ Yes (continue to the next question)
  ☐ No (if selected, you are not eligible for the survey. Please return the survey or
discard)

Were you born before 1971?
  ☐ Yes (continue to the survey, next page)
  ☐ No (if selected, you are not eligible for the survey. Please return the survey or
discard)
1. In what year were you born? ________

The next two questions ask about your sexual orientation and gender identity. You do not need to be “out” to others (others do not need to know this about you). We are interested in how you think of yourself.

2. How would you define your gender identity? (select all that apply)
   - Female
   - Male
   - Intersex
   - Nonbinary
   - Transgender
   - Queer
   - Other (please identify) ________________________________________________

3. How would you define your sexual orientation? (select all that apply)
   - Gay
   - Lesbian
   - Bisexual
   - Heterosexual
   - Asexual
   - Queer
   - Other (please identify) ________________________________________________

4. What is your Pima County zip code? _____

5. Please select the race and ethnicity that best describes you (select all that apply)
   - Hispanic/Latino(a,x,é)
   - Alaska Native
   - American Indian (Please identify your tribal affiliation)
   - Black or African American
   - East Asian (Cambodian, Chinese, Hmong, Filipino, Japanese, Korean, Laotian, Vietnamese, other)
   - South Asian (Indian or Pakistani)
   - Middle Eastern/North African
   - Native Hawaiian or other Pacific Islander
   - White
   - Other (please identify) ________________________________________________
6. For services that you use in the community, what language do you prefer be used? (select the best answer)

- English
- Spanish
- Hiaki
- O’odham or Papago-Pima
- Other (please list) ________________________________

As a reminder, this survey is anonymous. We cannot identify you with your answers. For this next question, please know that your answers will not be shared with ICE, the police, or anyone associated with immigration.

7. Are you a U.S. Citizen?

- Yes (skip to number 10)
- No
- Prefer not to say

8. Do you have a permanent residency card?

- Yes
- No
- Prefer not to say

9. Do you feel that your immigration status prevents you from seeking care or services in Pima County?

- Yes
- No
- Prefer not to say

10. What is your current relationship status? (select all that apply).

- Single
- Partnered
- Legally Married
- Widowed
- Divorced
11. How important is it that you are ‘out’ to others at this stage of your life? (That is, for people to know your sexual orientation and/or gender identity?). Select the one best answer.

- [ ] Extremely important
- [ ] Very important
- [ ] Neutral
- [ ] Low importance
- [ ] Not at all important
- [ ] I am not out and will never be

12. Please indicate who among the following people know your sexual orientation and how much each supports you.

<table>
<thead>
<tr>
<th></th>
<th>Don't Have</th>
<th>Knows and IS supportive</th>
<th>Knows and IS NOT supportive</th>
<th>Does not know/Haven't told</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild/Grandchildren</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s) if living</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family members (e.g. nieces/nephews, aunts/uncles, cousins)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse or partner's family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close friend(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work or volunteer supervisor(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work or volunteer colleague(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious/Spiritual Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyer/Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. How important is it to you that the Pima County organizations and/or service providers you use know about your sexual orientation and/or gender identity?

☐ Extremely important  
☐ Very important  
☐ Neutral  
☐ Low importance  
☐ Not at all important

*We will now ask about your employment and financial stability.*

14. Please select the option that best describes your current employment (select the best answer)

☐ Retired and do not work for pay  
☐ Retired AND working for pay  
☐ Not yet retired and employed full time at a paid position  
☐ Not yet retired and employed part time at a paid position  
☐ Not yet retired and working more than one job  
☐ Unemployed (unable to find work)  
☐ Unemployed due to COVID-19  
☐ Unemployed due to disability  
☐ Other (please indicate) ____________________________________

15. Please indicate your current total annual household income before taxes from all sources (i.e., paycheck, Social Security, pension, annuities, investment income, etc.).

☐ Less than $19,000  
☐ $20,000-$34,999  
☐ $35,000-$53,999  
☐ $54,000-$74,999  
☐ $75,000-$99,999  
☐ $100,000 or more
16. Do you currently have enough financial resources to cover your regular monthly living expenses?

- Yes, I have enough income to cover my monthly living expenses AND there is some left over.
- Yes, I have enough income to cover my monthly living expenses but it is very tight.
- No, I usually don’t have enough income to cover my monthly living expenses.

17. Please share how you meet your financial needs (select all that apply)

- I often have to go into debt to cover some of my monthly living expenses.
- I often have to rely on others for help with my monthly living expenses.
- I have to have a roommate or share expenses with someone who is not my partner/spouse in order to make ends meet.
- I am able to fully cover my financial needs myself without having to go into debt or rely on others for help.
- Other (please indicate) ________________________________________________

18. Please describe how COVID-19 has affected your financial resources.

*Please think about unplanned, emergency expenses that can happen such as a health crisis, repairs to your house or car, a veterinarian bill, family emergencies, etc.*

19. If needed, about how much emergency financial costs could you easily afford? (please select the best estimate)

- $0. I would have to ask others for financial help.
- Between $ and $250
- Between $251 and $500
- Between $501 and $1,000
- Between $1,001 and $2,000
- Between $2,001 and $5,000
- Between $5,001 and $10,000
- Above $10,000
20. In the past 5 years have you ever been a victim of identity or financial fraud? This can include identity theft, scams or fraud of any kind.

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

20a. If yes, how did this experience affect your ability to plan for expenses in later life?

A caregiver is someone who regularly cares for another person who is disabled, ill, or needs special assistance in some way. This may include help or assistance with health or mental health needs. Although some caregivers are paid professionals, we are interested in caregiving provided by friends or family members on a regular basis whether they are paid or not.

21. Are you a caregiver for another person?

- [ ] Yes (also respond to questions 22-28)
- [ ] No

22. Do you occasionally care for another person (family member or friend)? This may be once or twice a month for any type of care needed.

- [ ] Yes (skip to question 28)
- [ ] No (skip to question 29)
23. Please indicate who you care for (select all that apply)

☐ Child/children
☐ Grandchild/Grandchildren
☐ Parent(s)
☐ Partner/spouse
☐ Sibling
☐ Friend/member of my chosen family
☐ Other (please indicate) ________________________________________________

24. Do you share housing with the person you care for?

☐ Yes
☐ No

25. How important is it to you that your caregiving helpers are sensitive to the issues of older LGBTQ adults?

☐ Very important
☐ A little important
☐ Not at all important

26. How stressful is it for you to be a caregiver?

☐ Not at all stressful
☐ A little stressful
☐ Neutral
☐ Very stressful
☐ Extremely stressful

27. Do you feel you need help being a caregiver at this time?

☐ No, not at this time (skip to question 29)
☐ Yes
28. What caregiving help do you currently need? (select all that apply)

☐ Nursing or nursing aide services to help lift or provide personal care for the person I give care to
☐ Someone to help me do some basic household chores, run errands, do personal shopping, etc.
☐ A little “time off” for myself, that is respite care and someone to stay with the person I care for
☐ Some help “navigating the system” for the person I care for
☐ A “friendly visitor” or phone calls from someone who supports me
☐ Other (please indicate) ________________________________

29. Does someone currently provide care for you?

☐ Yes
☐ No (skip to question 35)

30. Who provides caregiving for you? (select all that apply)

☐ Child/children
☐ Grandchild/grandchildren
☐ Parent(s)
☐ Partner/spouse
☐ Sibling
☐ Friend/member of my chosen family
☐ Other (please indicate) ________________________________

31. Do you currently need additional caregiving support for yourself?

☐ Yes
☐ No (Skip to question 33)

32. What caregiving support do you currently need?
33. Do you share housing with the person caring for you?
   - Yes
   - No

34. How important is it that your caregivers are sensitive to the issues of older LGBTQ adults?
   - Very important
   - A little important
   - Not at all important

These next questions ask about your current housing and its safety and stability.

35. Please tell us about who you live with. (select all that apply)
   - I live alone
   - I live with a partner or spouse
   - I live with children or grandchildren
   - I live with parent(s)
   - I live with sibling(s)
   - I live with other family member(s)
   - I live with non-family member(s)
   - I live with pet(s) or companion animal(s)
   - Other (please list) ________________________________________________

36. Please tell us about where you are currently staying (select the best answer).
   - A house, condo, apartment, or trailer owned by me, my partner/spouse, or friend/family member (with or without a mortgage)
   - A house condo, apartment, or trailer rented by me, my partner/spouse, or friend/family member
   - An independent living or retirement community (own or rent)
   - An assisted living community
   - A nursing or long-term care community
   - Group home or halfway house
   - Motel, hotel, single room occupancy
   - My housing is unstable (either I live in an emergency shelter, “bunk up” with someone, live in a car, sleep on the street)
   - Other housing (please specify) _________________________________________
37. For at least the past 2 months, has your housing been stable? That is, with no risk of you suddenly having to move?
   □ Yes
   □ No

38. Please tell us more about your current housing situation (select all that apply).
   □ The place I live is safe, supports my needs, and does not pose a housing risk for me.
   □ I have special needs such as for ramps, wheelchair access, no stairs, or specialized care and these are not available where I live now.
   □ The place where I live is not safe. This might include black mold, pest infestation, second hand smoke, broken stairs, plumbing issues, lack of heat or air conditioning, etc.
   □ The neighborhood where I live is not safe. This might mean there is a lot of crime or run-down buildings in the area.
   □ In the place or neighborhood where I live, people have harassed or bullied me because I am LGBTQI+ and/or a person of color.
   □ Other risks to my housing security are (please share)
     ____________________________________________________

39. How has COVID-19 changed your housing situation? (select all that apply)
   □ No change
   □ I lost my housing because I could not pay my rent or mortgage
   □ I had to move in with others
   □ I had to move because I had COVID-19
   □ Other (please share) ________________________________________________

40. As you age, what is your preference for housing in general? (select the one best answer)
   □ To age in place (stay in my home)
   □ To live with family members (chosen family or biological family)
   □ To live with friends collectively in a community
   □ To live in a senior living community (not necessarily LGBTQ specific)
   □ Have not thought about it.
41. If it were available, would you be interested in living in a housing community for older LGBTQ adults?
   - Yes
   - No

*These next questions ask about your current nutrition and food security. Please indicate your agreement the next few statements:*

42. In the last 30 days, the food I bought or received did not last, and I did not have enough money to get more.
   - Often true
   - Sometimes true
   - Never true
   - I don't know or recall

43. *In the last 30 days, I COULD NOT afford to eat balanced meals* (That is, a meal with balanced amounts of vegetables, protein, fats, and carbohydrates).
   - Often true
   - Sometimes true
   - Never true
   - I don't know/don't recall

44. In the past 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
   - Yes
   - No (Skip to question 46)
   - I don't know/don't recall (skip to question 46)

45. In the last 30 days, how often did this happen?
   - More than 15 days in the past month
   - Between 11-14 days this past month
   - Between 5-10 days this past month
   - Between 1 and 4 days this past month
   - I do not know/don't recall
These questions ask about your physical and emotional health, and how they may affect your abilities to function in regular daily activities and social relationships.

46. Do you currently have a medical condition for which you see a doctor?
   - Yes
   - No

47. In general, how would you rate your physical health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

48. How does your physical health currently limit you in the following activities?

<table>
<thead>
<tr>
<th></th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(such as moving a table,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pushing a vacuum cleaner,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bowling, or playing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>golf)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing several</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>flights of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. During the past 4 weeks, as a result of your physical limits have you had either of the following problems with your regular daily activities or your work?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished less than you would have liked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were limited in the kind of activities or work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
50. During the past 4 weeks, how much did pain interfere with your normal work and activities (Including around the house and at work)?

☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

51. What brings you joy and satisfaction? (Please describe)

52. In the past 4 weeks, how much have you been feeling the following ways?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>All the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt calm &amp; peaceful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Had a lot of energy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Felt down-hearted and blue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
COVID-19 restrictions currently limit close social contacts.

Please think of how your physical or emotional health have interfered with even “safer” social activities such as telephone calls, Zoom calls, socially distancing while outdoors, etc.

53. During the past 4 weeks, how much of the time has your physical or emotional health interfered with your social activities?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

54. During the past 4 weeks, have you had either of the following problems with your regular daily activities or your work?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished less than you would have liked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made more mistakes than usual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

55. Do you think you need to see a doctor for a current physical health condition? (select one)

- Yes
- No
- I'm not sure
- I'd prefer not to say
- I am already seeing someone
56. Do you think you need to see a mental health professional? (select one)

- [ ] Yes
- [ ] No
- [ ] I'm not sure
- [ ] I'd prefer not to say
- [ ] I am already seeing someone

57. If it were available, would you be interested in specialized physical, mental health or substance use services for older LGBTQI+ adults?

- [ ] I would definitely be interested
- [ ] I would possibly be interested
- [ ] I would NOT be interested

58. Please explain your answer.

59. Do you identify as transgender or gender nonbinary?

- [ ] Yes
- [ ] No (Skip to question 63)
60. Please indicate who among the following people know your gender identity and how much each supports you.

<table>
<thead>
<tr>
<th></th>
<th>N/A Don't Have</th>
<th>Knows and IS supportive</th>
<th>Knows and IS NOT supportive</th>
<th>Does not know/Haven't told</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchild/Grandchildren</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s) if living</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family members (e.g. nieces/nephews, aunts/uncles, cousins)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse or partner's family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close friend(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work or volunteer supervisor(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work or volunteer colleague(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious/Spiritual Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyer/Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

61. What health services do you currently need related to your gender identity?

62. Have you been able to access the services noted above? (select one)
   - □ Yes
   - □ No
   - □ Some of them
   - □ Not applicable
63. In the past 2 years, have you experienced discrimination from any service provider in Pima County because you are a LGBTQI+ person?
   □ Yes
   □ No (skip to question 64)
   □ Prefer not to say

63a. If you are comfortable, please describe this experience (or these experiences).

These questions ask about the support you currently receive from others such as your friends and family, and your connections to the LGBTQ community.

64. What of the following social support do you currently receive?

<table>
<thead>
<tr>
<th></th>
<th>As much as I would like</th>
<th>Almost as much as I would like</th>
<th>Some, but I would like more</th>
<th>Less than I would like</th>
<th>Much less than I would like</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have people in my life who really care about me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I can talk with people in my life about issues or problems I have.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I receive invitations to do things or go out with other people.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I have people who will help me if I need them to (such as take me to a doctor, run an errand for me, or loan me money)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
65. How has your LGBTQI+ support system changed as you have gotten older?

66. How important is it for you to be connected to the LGBTQI+ community?
   - Extremely important
   - Very important
   - Important
   - A little important
   - Not at all important

67. How satisfied are you with your connections to the LGBTQI+ community?
   - Extremely satisfied
   - Very satisfied
   - Satisfied
   - A little satisfied
   - Not satisfied at all

68. If it is important to you, what would help you to feel more connected with other LGBTQI+ people in the community?
69. In the past 2 years, what services for older adults have you used in Pima County?

70. In the past 2 years, with which Pima County organizations specifically serving LGBTQI+ adults have you interacted?

71. What can community organizations do to help you thrive as an older LGBTQI+ person in Pima County?
References


2. SAGE Advocacy and Services for LGBT Elders. https://www.sageusa.org/resource-category/lgbt-aging


6. A separate and unplanned component was implementation of a statewide online survey to assess the risks and impacts of COVID-19 on older LGBTQI adults throughout Arizona, the *Aging Successfully COVID-19 Survey of Older LGBTQ Adults in Arizona* (administered between April and May, 2021). Possibly the first COVID-19 survey conducted with older LGBTQI adults in the nation, survey distribution was facilitated with the help of 10 LGBTQI-serving organizations. Results specific to Pima County were presented to the community via Zoom on October 13, 2021, and hosted by Southern Arizona Senior Pride, Inc. Information about accessing the presentation can be found at: https://tinyurl.com/yj6m9arw


9. Of the 57 people who self-identified in the overall survey as transgender or nonbinary (TNB), only 42 people completed all the TNB-specific questions and were included in the matching analysis.

10. The “p” value indicates that these differences were not just by chance.


