

Aging Successfully: Needs and Interests of Older LGBTQI Adults in Pima County, Arizona November 2021

By

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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>

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%.¹ 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).² Using U.S. Census data and LGBTQI population studies,^{3,4,5} it is estimated that, of the approximately 340,000 older 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.⁶

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.”⁷

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>

4Cs Identifying need for special support during COVID-19

- Conditions**: Underlying Health Conditions. Identify the health conditions that put people at greater risk of hospitalization and severe COVID-19 illness.
- Concerns**: Mental Health Concerns. Screen clients for anxiety, depression and history of mental illness.
- Cognition**: Cognitive Function. Understand whether people are experiencing cognitive decline. Even mild levels may require additional support.
- Connections**: Connections. Learn whether someone feels alone, lonely or isolated. Learn whether they have regular contact with others.

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.

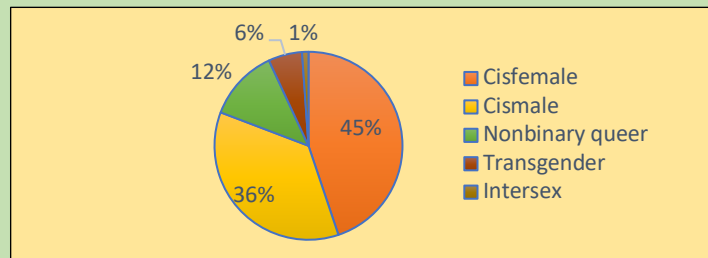
Ages

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

50 – 65 yrs. old	41.1% (190)
66 – 79 yrs. old	50.9% (235)
80 – 84 yrs. old	6.3% (29)
85 yrs. and above	1.7% (8)

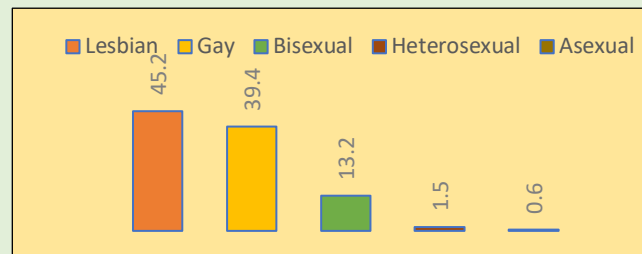
Gender identity

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%).



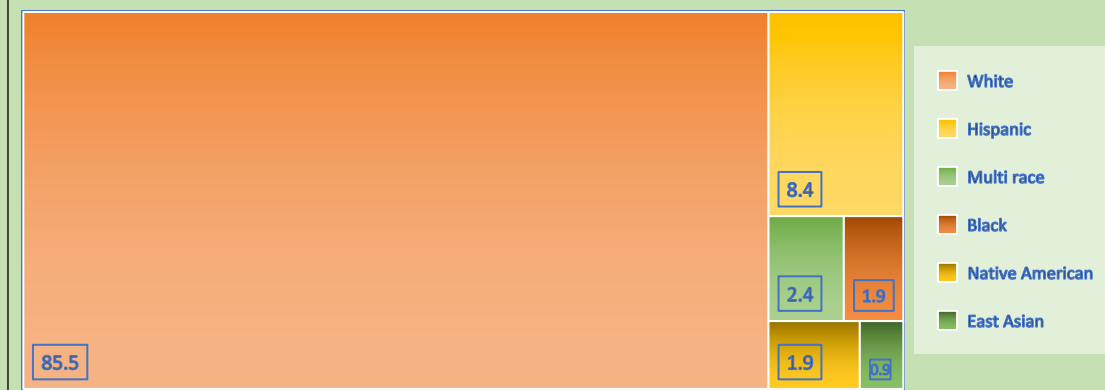
Sexual orientation

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.

Retired and not working for pay	57.4% (265)
Working, full or part time	33.1% (153)
Unemployed (disabled, can't find work)	9.3% (43)

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:

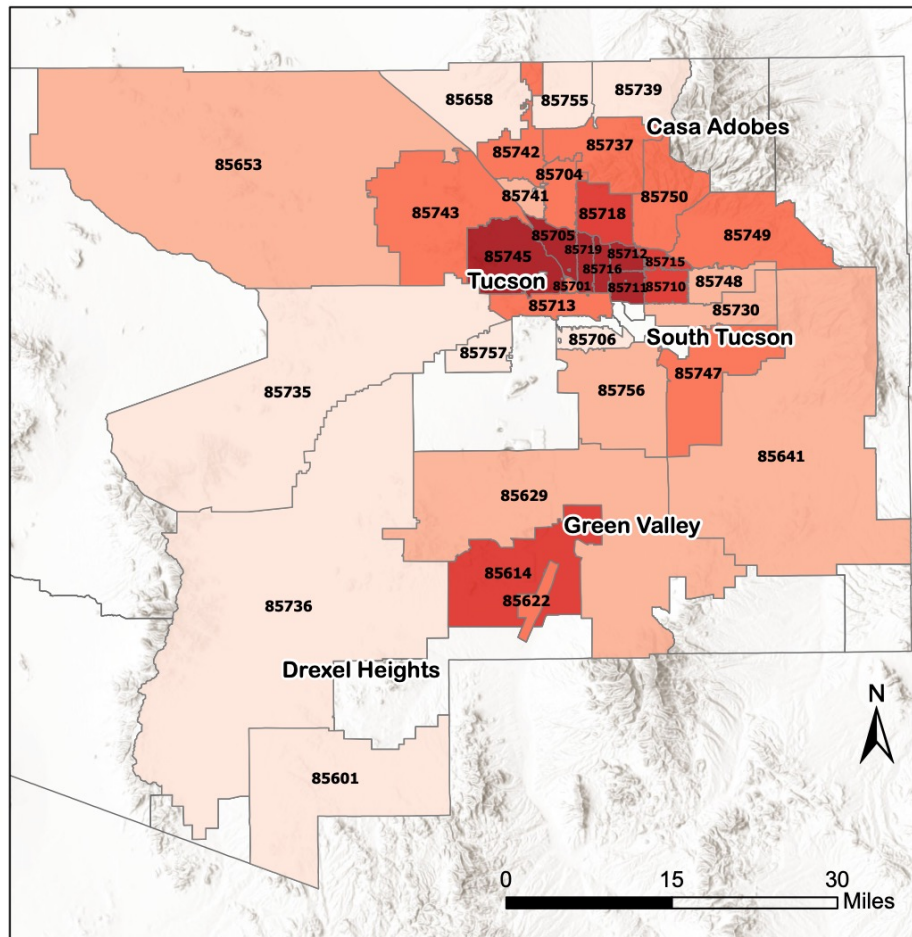
“It was the post office. We were renewing the passport of our teenage son. All three of us were there with all documentation (marriage, birth certificate with both parents, etc.). But it was patently clear that this postal worker did not support us and tried to confuse the process (so that we would hold 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”

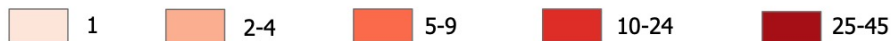
Zip Codes

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.

Pima County Zip Codes of Study Participants



Number of Participants



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.

Owns a house, condo, apartment, trailer	81.4% (376)
Rents a house, condo, apartment, trailer	17% (79)
Lives in an independent living or retirement community	1.5% (7)

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).

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)

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.

	Never	Sometimes	Often	Can't recall
Food didn't last, can't buy more	92.9% (n=429)	5.8% (n=27)	0.6% (n=3)	1.1% (n=5)
Could not afford balanced meals	92.0% (n=425)	5.4% (n=25)	1.7% (n=8)	0.9% (n=4)

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).⁸

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 do 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.

	As much or almost as much as I would like	Some, but I would like more	Less or much less than I would like
I have people in my life who really care about me	75.9% (351)	13.6% (63)	17.5% (81)
I can talk with people in my life about problems I have	72.7% (336)	14.9% (69)	20.1% (93)
I receive invitations to do things or go out with others	60.3% (279)	16.5% (76)	26.7% (123)
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)	76.8% (355)	10.6% (49)	16.4% (76)



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.

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

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 $p \leq .05$ level; meaning that they were not random findings.

Vulnerability Indicator	N (%)
Housing Insecure Group (≥ 1 indicator)	11.5% (53)
I have unstable housing	3.7% (17)
I have special needs (e.g., for ramps, wheelchair access, no stairs) not available where I live now.	2.2% (10)
The place I live is not safe (e.g., black mold, pests, broken stairs, plumbing issues, lack of heat or A/C).	1.5% (7)
Where I live, people have harassed or bullied me because I am LGBTQI+ and/or a person of color.	1.52% (7)
The neighborhood where I live is not safe (e.g., crime, run-down buildings).	0.9% (4)
Food Insecure (≥ 1 indicator)	8.7% (40)
In last 30 days, the food I purchased or received did not last, and there wasn't enough money to get more	
Sometimes true	5.8% (27)
Often true	0.6% (3)
Could not afford balanced meals (i.e., balanced of vegetables, protein, fats, and carbohydrates).	
Sometimes true	5.4% (25)
Often true	1.7% (8)
Skipped meals or cut the size of meals because there was not enough money for food	3.5% (16)
Economic Insecure (≥ 1 indicator)	24.7% (114)*
Amount of emergency financial costs that could be easily afforded	
\$0- I would ask for financial help	4.8% (22)
Between \$0-\$250	8.2% (38)
Between \$251-\$500	7.6% (35)
I usually don't have enough income to cover my monthly living expenses	4.8% (22)
Unemployed (disability, COVID, unable to find work)	9.3% (43)
Health Insecure (physical and mental) (≥ 1 indicator)	39.4% (182)**
Perception of physical health	
Fair	16.0% (74)
Poor	3.9% (18)
During the past 4 weeks, how much did pain interfere with normal work and activities? (SF12)	
Quite a bit to Extremely	14.7% (68)
Need to see a mental health professional currently	7.8% (36)
Felt down-hearted and blue a good bit of the time, most of the time or all the time	16.7% (77)
Physical or emotional health interfered with social activities (good bit of time to all the time)	13.9% (64)

Section III Special Section

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

A Matched Study Among 126 Survey Participants, Pima County Aging Successful Survey, Arizona 2021.

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 matched⁹ 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

"Personnel continually misgender me and call me by my dead name. I was physically in the office when both my name and gender were changed in their system 6 YEARS ago!!" (Provider was a local behavioral health provider).

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%; $p \leq 0.05$).¹⁰

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.

	TNB	CIS-LBG
Experienced discrimination		
Yes	19% (n=8)	3.5% (n=3)
No	76.2% (n=32)	90.5% (n=76)
Prefer not to say	4.8% (n=2)	3.6% (n=3)
No response		2.4% (n=2)
General Physical Health		
Excellent	26.2% (n=11)	9.5% (n=8)
Very Good	31% (n=13)	31% (n=26)
Good	16.7% (n=7)	36.9% (n=31)
Fair	21.4% (n=9)	17.9% (n=15)
Poor	4.8% (n=2)	4.8% (n=4)
Funds for an Emergency		
\$0.00	7.1% (n=3)	4.8% (n=4)
\$1.00 – 250.	21.4% (n=9)	4.8% (n=4)
\$251. – 500.	9.5% (n=4)	7.1% (n=6)
\$501. – 1,000.	11.9% (n=5)	6% (n=5)
More than \$1,000	50.1% (n=21)	76.2% (64)

"The police arrested me after I was attacked in a hate crime and treated me as a man continually denying my legal gender designation and traumatizing me worth arrest and detention and criminal charges."

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.

Age in place (stay at home)	71.4% (330)
Live with family members (chosen or biological family)	40.3% (20)
Live with friends collectively in a community	14.3% (66)
Live in a senior living community (not necessarily LGBTQI only)	5% (23)

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 LGBTQ 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,¹¹ AARP¹², NHCOA¹³) 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,^{14, 15} health and mental health status (SF-12; Ware et al, 1996)¹⁶, housing safety and security (HUD, 2020)¹⁷, and food security and sufficiency (USDA, 1999).¹⁸

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



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- 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>
- ⁷ Fredriksen-Goldsen et al., 2019. *Aging with Pride: National Health, Aging, and Sexuality/Gender Study*. At: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6779303>
- ⁸ 2019 Pima Co. Average Household Income <https://datausa.io/profile/geo/pima-county-az>
- 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.
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