

Minnesota 2022 LGBTQ Aging NEEDS ASSESSMENT REPORT



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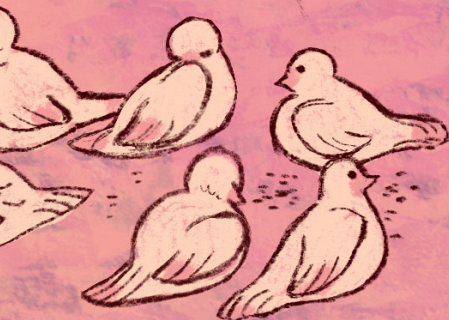
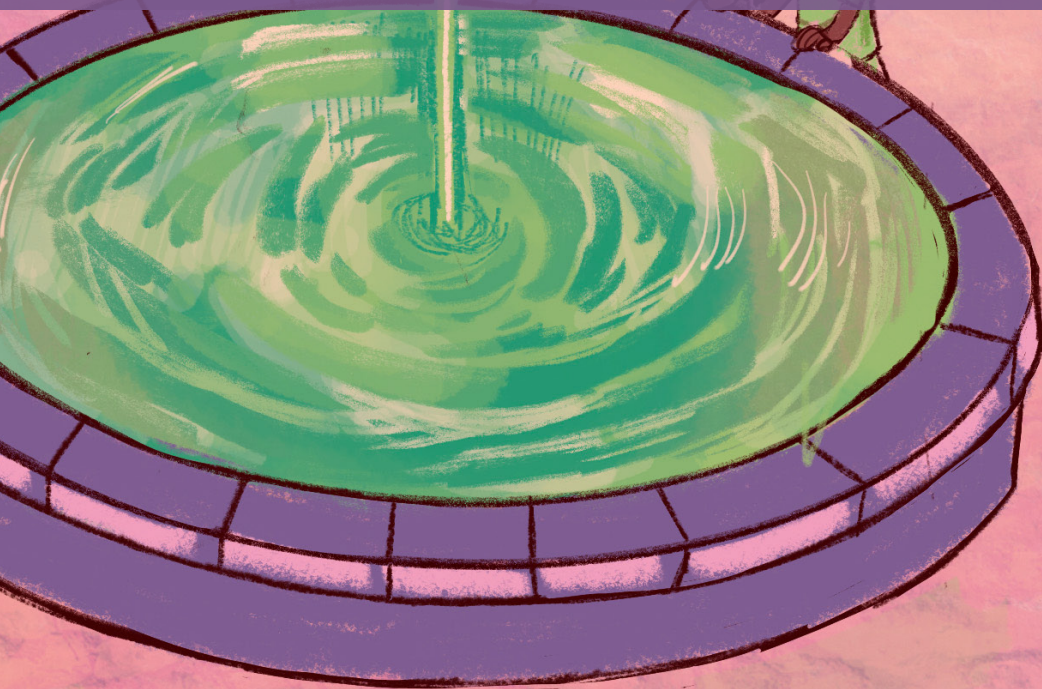

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FOREWORD

We've come a long way, but have much further to go.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults were coming into adulthood at a very different time in the U.S. than today's young adults. To gain insight into these experiences, a partnership between Rainbow Health and the University of Minnesota completed research for the 2022 LGBTQ aging needs assessment. This report shares the findings from this assessment, which sought to learn more about LGBTQ individuals as they age.

Many LGBTQ older adults limit access to supportive services or benefits available to them, out of concern for discrimination or lack of provider cultural sensitivity. Half of the survey respondents reported personally experiencing harassment, abuse or violence because of their sexual orientation, and the majority of respondents (75%) reported knowing someone who had.

Compared to the general population, LGBTQ older adults are more likely to live alone and serve as a caregiver. They are less likely to feel they have enough close friends, to have a caregiver, or have children. Given what we know about how these factors impact aging, LGBTQ older adults are more at risk for social isolation and nursing home placement. There remains work to do before LGBTQ older adults have access to the same safety, security and benefits as their peers.

This report continued the research completed in 2002 and 2012, and shows how societal changes and community work have affected the concerns and perceptions of the aging LGBTQ community. In one of the most striking changes from the 2012 needs assessment, 85% were confident that they would receive sensitive services from a provider if their LGBTQ status were known (11% were not sure and 4% not confident). By contrast in 2012 only 18% and in 2002 only 9% were confident they would receive sensitive services.

While this study broadly reached the LGBTQ population in Minnesota, it was completed online during the COVID-19 pandemic. This limited the amount of outreach that was able to be done in communities that experience additional barriers to services including communities of color, rural residents, those with differing socioeconomic status and/or education attainment. Additional work must be done to better understand the needs and concerns of these communities. Finally, it remains critical to fully understand the experience of LGBTQ aging that the State of Minnesota itself support data collection regarding sex, sexual orientation, and gender identity.



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EXECUTIVE SUMMARY

In 2002 and 2012, Twin Cities lesbian, gay, bisexual, transgender and queer (LGBTQ) aging needs assessments provided insights into aging within these communities. Another decade later a partnership between Rainbow Health and the University of Minnesota Geriatrics Workforce Enhancement Program (GWEP) replicated these monumental studies into this *Minnesota 2022 LGBTQ Aging Needs Assessment*.

Ten researchers from the partner organizations conducted this survey with support from the Minnesota Department of Human Services and U.S. Department of Health Resources and Services Administration. This study closely replicated the 2012 needs assessment as well as utilized general population comparative data from a number of sources.

It would be remiss if the COVID-19 pandemic were not taken into consideration. In 2012, other influences may have shaped results. At that time, Minnesota faced a proposed constitutional amendment to define marriage between one man and one woman. While this proposal was ultimately defeated, it likely impacted some results. The research team attempted to frame activities prior to the pandemic by utilizing modified questions. While this does not completely eliminate influence, it helps if also considering the pandemic when reviewing results.

With outreach help from community partners, 485 individuals responded to the survey, either online or by paper. Of those, 354 met the inclusion criteria of geographic region (Minnesota-based zip code) and age (50 years old and older) and are included in the results.

Like the 2012 study, LGBTQ older adults who participated in the study were more likely to be a caregiver than compared to the general population. At the same time they were less likely to have a caregiver and less likely to have children. Half of the participants experienced some form of discrimination and even more knew someone who experienced discrimination due to their sexual orientation or gender identity. Positively, study participants were more likely to have completed a health care directive and more likely to volunteer than the general population.

Possibly one of the most striking changes in the last decade is that 85% were confident that they would receive sensitive services while in 2012 only 18% and 2002 only 9% expressed the same confidence. In addition, overall respondents continue to desire LGBTQ welcoming senior services rather than LGBTQ segregated services.

The findings from this study show that significant change has occurred over the last decade, but there is more that must be done and recommendations are presented at the end of this report. The full report is online at www.rainbowhealth.org.



INTRODUCTION

Minnesota is aging rapidly. By 2030, there will be more people age 65 and older than children aged 0 to 14 in Minnesota.¹ This demographic shift presents the region with a wide range of opportunities and challenges and has prompted many communities to think innovatively. Findings from the Communities for a Lifetime Survey² show that 84% of Twin Cities Metro Area communities have begun to prepare for the aging population. Along with the dramatic increase in the number of older Minnesotans, we need to prepare for a more diverse older population.³ Adults 50 and older who identify as LGBTQ will double in population size within the next decade.⁴ Currently, state gathered data⁵ indicates that 15,300 to 41,000 of the greater Twin Cities Metro Area⁶ adults age 65 and older are LGBTQ. These individuals will no doubt continue to use the infrastructure of home and community-based services designed to support independence, as well as institutionally-based services (e.g., nursing homes, assisted living, etc.).

Minnesota's Aging 2030⁷ initiative places the state ahead of many others in preparing for the coming demographic shift. However, it is difficult to plan for communities that are invisible and hard to reach. The community of LGBTQ older adults is one of those constituent groups for which little Minnesota data exists.

LGBTQ elders are, for the most part, invisible. This stems from the lack of data obtained by government, academic research, and senior service providers which typically omit questions about sexual orientation or gender identity. Lack of information about LGBTQ older adults makes it difficult to identify and plan for their needs.

Over the past 10 years, there has been tremendous change both nationally and regionally in the visibility and social acceptance of some LGBTQ people. As we look at the region's fast-growing older population, it is time to revisit LGBTQ aging and find out what LGBTQ older adults are experiencing.

INTRODUCTION

The purposes of this study were to:

- 1.** Gather data directly from lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults about their experiences aging,
- 2.** Raise the visibility of aging within the LGBTQ community,
- 3.** Stimulate individual LGBTQ community members to think about and prepare for aging, and
- 4.** Inform policy makers and service providers as they prepare for the coming swell of older adults.

This report is intended to be read by many different people concerned with issues surrounding LGBTQ aging. It presents data obtained through a survey. Differences or comparisons that are statistically significant are noted in the report.

A note before we begin: The researchers acknowledge that there are numerous ways to describe communities that represent the diversity of sex, sexual orientation, and gender identity. Utilizing LGBTQ is our attempt to align with common language older communities use to describe themselves.



METHODS

This study replicated a study completed in 2012 with LGBT older adults in the Twin Cities Metropolitan Region and expanded it statewide. Questions were developed using the 2002 and 2012 survey as well as recent studies, including: MetLife's Still Out, Still Aging¹⁰; Aging and Health Report¹¹; and Survey of Older Minnesotans.¹² Questions were not significantly modified with the exception of updating new language. For example, the former study utilized LGBT whereas the current study utilizes LGBTQ. The resulting 46-question survey (Appendix A) included questions focusing on demographics, service preferences, confidence in service providers, family and community connections, and caregiving. Overall the survey included a balance of 23 demographic questions and 23 questions related to health and aging.

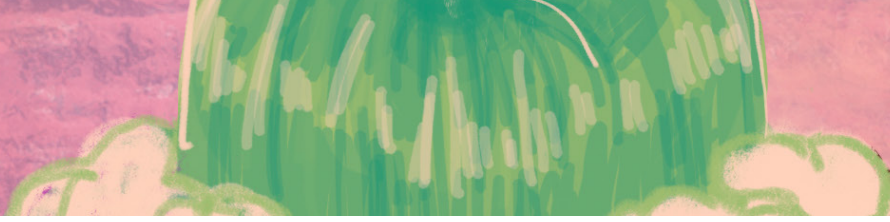
The University of Minnesota Institutional Review Board provided approval for the study.

A major consideration during this survey was the impact of the COVID-19 pandemic. Questions about volunteering, working, and other activities were asked within the context of pre-pandemic levels.

The survey was distributed primarily through electronic means from Rainbow Health and the University of Minnesota including email lists and social media posts. Additionally, community partners circulated the survey via their channels. Similarly to the 2012 study, paper surveys were made available upon request. Only one paper survey was requested and submitted. Upon submission staff at Rainbow Health entered the responses into the online survey.

Data collection occurred between March and June of 2021. Initially the data collection was going to end in May, but it was extended to coincide with Twin Cities Pride activities.

Descriptive statistics were the primary data analysis tool. Other statistical analyses included non-parametric statistics (i.e., Chi-square) and tests to determine statistical significance. In addition, qualitative responses were analyzed using content analysis techniques.

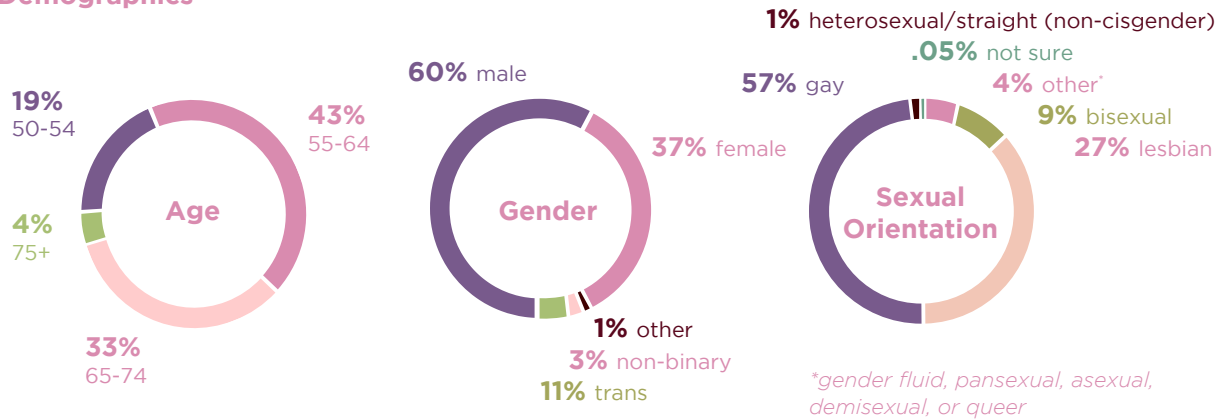


RESULTS

485 individuals responded to the survey, either online or by paper. Of those, 354 met the inclusion criteria of geographic region (Minnesota-based zip code) and age (50 years old and older) and are included in the results.

Due to utilizing convenience sampling (including snowball sampling) techniques through electronic means of community organizations that could include overlapping entries of clients, it was not possible to calculate an overall response rate.

Demographics



Age

Nineteen percent (67) of respondents were ages 50-54; 43% (152) were ages 55-64; 33% (118) were ages 65-74; and 4% (17) were age 75 or older.

Gender and Gender Identification

Gender identity refers to a person's internal sense of their gender. Ninety-seven percent identified with a binary gender (Female (37%/130); male (60%/212). Three percent (10) identified as non-binary/third gender. One percent (2) identified as

other. Eleven percent (40) identified as transgender.

Sexual Orientation

Twenty-seven percent (97) identified lesbian; 57% (204) gay man; 9% (32) as bisexual; 1% (4) heterosexual/straight (non-cisgender); .05% (2) identified as not sure; 4% (15) as other. Respondents selecting other were invited to provide a description. These included: gender fluid, pansexual (3), demisexual, asexual, and queer.



Race and Ethnicity

The majority of respondents identified as white non-Latino (94%/331). African Americans and Latinos were the next largest group of respondents (2%/8 and 2%/7) followed by those who selected Other Not Listed (1%/5), Native American (1%/4), and Asian Pacific Islander (<1%/<5). The sample closely paralleled the general population of older adults in Minnesota.

Retired

As would be expected, the rate of retirement increased with age. Seventy-nine percent (107) of respondents aged 65 and older were retired. Forty-four percent (155) of the overall sample were retired. This value was lower than the rate in the *2015 Survey of Older Minnesotans*, where 47.2% of adults 50 and older in Minnesota were retired.¹²

Household Income

Over 46% (162) reported an annual household income between \$40,000 and \$99,000. Seventeen percent (63) reported household incomes of \$100,000 and above. Thirty-four percent of households reported income under \$40,000.

According to the 2020 Census, the median household income in Minnesota for householders age 45 to 64 is \$79,406 and \$57,630 for householders age 65 and older.

Compared to the information from the 2010 Census, the average household income for adults 65 and older is rising.

Education

Eighty-six percent (306) reported having at least some post-secondary education. Nearly half (171) reported an advanced degree, while less than 1% (3) were without a high school diploma. The educational attainment of the sample is higher than that reported by the *2015 Survey of Older Minnesotans*, which reported that 4.1% of Minnesotan respondents had less than a high school diploma and 72.2% had post-secondary education.¹²

Relationship Status

42% (148) reported being not partnered/single; 39% (137) reported being legally married; 16% (57) reported being partnered; 3% (11) reported being widowed. The *2015 Survey of Older Minnesotans* reported 66% of individuals age 50 and older residing in Minnesota to be married and 34% not married, unchanged from the previous survey years.¹² It is important to remember that same-sex couples were only able to legally marry in 2013.

Health

Twenty percent (71) rated their health excellent; 58% (204) as good; 20% (69) as fair; 2% (3) as poor. This level of rating health as excellent is



lower than the percent found in the *2015 Survey of Older Minnesotans*. In that survey, 29.7% of adults reported excellent health status.¹²

Income

Fifty-six percent of respondents reported their income covers more than their basic living expenses. Thirty-five percent reported it covered their basic living expenses. Eight percent reported it did not cover their basic living expenses. In the *2015 Survey of Older Minnesotans*, 7.8% of Twin Cities Metro age 50 and older reported not having enough money to buy food at times.¹²

Volunteerism

Sixty-one percent (217) reported being volunteers prior to the COVID-19 pandemic. In comparison, according to the U.S. Census Bureau, 36.8% of older Minnesotans volunteer. (source: <https://www.mncompass.org/chart/k182/volunteerism#7-13262-g>)

Health Coverage

Ninety-six percent (350) reported having one or more types of health coverage. This included: Medicare (40%/142), Medicare supplement (Medigap) (23%/81), Medicaid (MA or Medical Assistance) (12%/42), employer-based coverage (45%/160), private policy (8%/27), long-term care insurance (8%/28), and VA benefits (2%/8). One

percent (4) reported having no health insurance. Of those without insurance, all were 51-56 years old.

Health Care Directive

Sixty-six percent (232) reported having a health-care directive. Current information on the number of people with a health-care directive in Minnesotans is not available. The previous *Survey of Older Minnesotans* found that only 40% of metro area older adults had a health-care directive.¹²

Openness About LGBTQ Status

More than half (244) reported being 100% or completely out to the people in their lives. Only one person reported not being out at all. When broken out by quartiles 100% openness was consistent except for the oldest age group (50-57 years old 70%; 58-65 years old 71%; 66-73 years old 68%; 74-85 years old 9%).

Thirty percent of bisexuals (12), 71% of lesbians (71), and 74% of gay men (148) reported being 100% out. Sixty-eight percent of transgender people reported being 100% out. The *AARP Maintaining Dignity* study found a similar trend, with lesbians (86%) and gay men (71%) reporting the highest rates of being out to all important people in their lives, followed by gender expansive (65%) and bisexual (48%) individuals.¹³



Harassment, Abuse, or Violence

Half of respondents (181) reported personally experiencing harassment, abuse or violence because of their sexual orientation. Fifty-three percent (18) of transgender men, transgender women, and those selecting other gender reported harassment, abuse, or violence because of their gender identity.

The majority of respondents reported knowing someone who had experienced harassment, abuse, or violence because of their sexual orientation (75%) and gender identity (63%).

Service Preferences

Respondents were asked to indicate their preferences for accessing nine categories of senior services.

For each category, they could choose whether they preferred a) LGBTQ specific services, b) services that served the entire community, but were LGBTQ welcoming, or c) no preference. In eight of the nine service categories, a majority indicated a preference for accessing services that served the entire community, but were LGBTQ welcoming. However, when asked about support groups, 66% (228) of respondents expressed a preference for support groups that are specifically designed for the LGBTQ community.

Senior Service Discrimination

Nine percent (14) reported that they experienced discrimination due to sexual orientation and 3% due to gender identity when accessing senior services or senior

SERVICE	SERVICE PREFERENCES		
	LGBTQ ONLY	LGBTQ WELCOMING	NO PREFERENCE
HOME SERVICES	17.8%	73.6%	8.6%
HEALTHCARE CLINIC	20.3%	73.3%	6.4%
HOME HEALTH CARE	35.2%	60.5%	4.4%
NURSING HOME	42.9%	53.5%	3.5%
HOUSING	23%	71.7%	5.2%
RETIREMENT HOUSING	34%	62.8%	3.2%
SENIOR CENTER	35.8%	61.3%	2.9%
SUPPORT GROUP	66.3%	29.7%	4.1%
ADULT DAY SERVICES	36.8%	58.5%	4.7%

Confidence in Receiving Sensitive Services



housing. In contrast, 26% (80) know of someone that experienced discrimination due to sexual orientation and 19% (51) due to gender identity.

Confidence in Service Providers

In one of the most striking changes from the 2012 needs assessment, 85% (151) were confident that they would receive sensitive services (11% were not sure and 4% not confident). By contrast in 2012 only 18% (89) were confident they would receive sensitive services. The 2012 rate was twice the rate found in the 2002 study (9%).

Confidence in Service Provider Training

An overwhelming majority of respondents (92%/327) indicated they would be more inclined to use senior service providers where staff participated in LGBTQ sensitivity training.

Close Friends

The majority of respondents reported having enough close friends (60%/210). However, this

means more than one-third do not feel they have enough close friends. Results were similar for all age groups. This percentage of contact with close friends is lower than the 91.7% who reported satisfaction with the amount of contact with friends in the *2015 Survey of Older Minnesotans* for Twin Cities Metro adults.¹²

Living Arrangement

Slightly over half (52%) lived in a household with a partner or spouse, 38% (134) lived alone, and around 15% (66) had some other living arrangement, including living with roommates or other relatives (not a partner or spouse). Over half (58%) lived in a house, 37% lived in an apartment or condominium, and less than 1% lived in assisted living or a nursing home.

In the current study, 42% gay men, 27% of lesbians and 37% of bisexual older adults lived alone. In the *2015 Survey of Older Minnesotans* Twin Cities metro ages 50+ adults, 28.9% live alone, 38.5% live with only spouses and 38.5% live with other people (no spouse).¹²

Caregiver

Twenty-three percent (83) were currently providing care. Nineteen percent of gay men, 28% of lesbians and less than 1% of bisexual older adults were currently providing care. Fourteen were caring for a partner/spouse/significant other, seven for a child, forty-one for a parent or parent-in-law, one for a grandchild, six for a sibling or other relative, and nineteen for a friend or neighbor. This population provides care at a higher rate than other Twin Cities Metro adults. The *2015 Survey of Older Minnesotans* found that only 14.5% of Twin Cities metro 50 and older were currently providing care to someone else.¹²

Confidence in End-of-Life Care

Fifty-seven percent (203) had some confidence in being treated with dignity and respect by health-care professionals at end of life, only 28% (98) reported total confidence. Four percent (13) reported no confidence. Ten percent were not sure.

Chosen Family

Seventy percent (249) reported having a chosen family, defined as a group of people to whom you are emotionally close and consider “family,” even though you are not biologically or legally related. Rates were fairly similar for age and gender identity groups.

Children

Thirty percent (104) reported having children. This is fairly consistent with the 2012 LGBT aging study with 35% and the 2002 LGBT aging study with 41% of respondents reported having children⁸. In comparison, the *2015 Survey of Older Minnesotans* found that 84.5% of metro area older adults had children.¹² In the *2015 Survey of Older Minnesotans*, 80.8% of Twin Cities metro ages 50+ adults reported having living children.¹²

Ninety percent (318) responded that their families were somewhat, very or extremely accepting of their life as an LGBTQ person.

Available Caregiver

Seventy-two percent (254) of respondents reported having someone to take care of them if they were sick or unable to care for themselves. Thirty-three percent of gay men and 27% of bisexual older adults do not have someone that would take care of them if they were sick or unable to care for themselves. In comparison, The *2015 Survey of Older Minnesotans* found that 90.9% of adults 50 and older in the Twin Cities metro area had someone who would take care of them if they were sick or disabled¹².

DISCUSSION & RECOMMENDATIONS

This study was conducted as a follow up to the 2002 and 2012 LGBTQ aging needs assessment surveys.⁸ In 2002, advocates in the Twin Cities developed a survey to learn more about LGBTQ older adults and explore their experiences and preferences regarding accessing and using housing and social services. In 2012, this survey was repeated to assess where improvements had been made, and where work was still to be done. These studies provided compelling evidence that much work was needed to support LGBTQ older adults. Perhaps the most revealing finding was the profound lack of confidence on the part of the LGBTQ community members that they would receive sensitive senior housing and social services if their LGBTQ status were known to the provider. Further, community members were overwhelmingly interested in accessing services from providers that had received LGBTQ sensitivity training.

The 2002 results led to a collaborative research project with the Metropolitan Area Agency on Aging (now Trellis), to assess local senior service providers for readiness to work with lesbian and gay older adults⁹ and subsequent development of a local senior service provider cultural competency training program, called Training to Serve.¹⁷

The 2022 study provides an opportunity for the community

to assess how far it has come in the last two decades in addressing the needs of LGBTQ older adults, and where work is still required.

The most significant change is the increased confidence in receiving sensitive care if your status as an LGBTQ person is known to the provider. The 2022 report shows that 85% of respondents said they were confident that they would receive sensitive care, a number in stark contrast to the 18% in 2012 and the 9% in 2002. This is a major shift, but it is important to note that even with receiving sensitive care, a significant number prefer LGBTQ-only services. Further, even if there is confidence about treatment today, 50% of respondents report having personally experienced harassment or abuse due to their sexual orientation, 53% of transgender respondents have personally experienced harassment or abuse due to their gender identity, and 75% know of someone who has experienced this due to their sexual orientation. When working with LGBTQ older adults, trauma informed care and an understanding of the community's history is important to providing sensitive, person-centered care.

The 2022 study is also an opportunity to recognize the needs of Solo Seniors, those seniors that live alone or lack family or close friends. Of the respondents, 40% state they do not have enough close friends, which is lower than the 91.7% who reported satisfaction with the amount of contact with friends in the *2015 Survey of Older Minnesotans* for Twin Cities Metro adults.¹² It should be noted that gay men (42%) and bisexuals (37%) are most likely to be living alone and it is this same group that do not have someone to act as a caregiver should they require one (38% and 37% respectively). More work needs to be done to ensure this community stays connected, through LGBTQ-

friendly programs that combat isolation, and increase the safety net for those who are living alone or who need more support.

The recent assessment was designed to support comparison with the general population. This comparison shows that there are substantial differences in the experiences of LGBTQ older adults and the general population.

As a final snapshot, LGBTQ older adults are:

1. Nearly twice as likely to be caregivers.
2. Less likely to have a caregiver.
3. Half as likely to have children.
4. More likely to live alone.
5. More likely to have completed a health-care directive.
6. Nearly twice as likely to volunteer.

Finally, while the data in the 2022 report provide critical insights into the experiences of many LGBTQ older adults, this survey was conducted against the backdrop of a global pandemic disproportionately affecting older people, resulting in a comparatively limited pool of participants. It is one snapshot in time and not able to track specific trends. The likely sources of data would be those

generated by surveys or other research driven by government (state, counties) and other non-profits. The experiences, perspectives, and needs of LGBTQ older adults must be included in the design of research initiatives and service development and delivery.

The research team's method was to report data on Minnesota's LGBTQ older adult community in aggregate rather than individual communities in this report. For readers who would like more information about aging within individual LGBTQ communities or a deeper dive into particular concerns, you may be interested in other projects and resources such as Minnesota's Transgender Aging Project (2017), the National Resource Center on LGBTQ+ Aging (www.lgbtagingcenter.org), or AARP's The State of LGBTQ Dignity 2020.

Recommendations

1. Aging providers should be trained to provide trauma-informed care, as well as have a basic understanding of the LGBTQ community history
2. More programs and services should target Solo LGBTQ Seniors to reduce isolation, decrease the risk of depression, and manage health conditions
3. Providers should offer more options for LGBTQ caregivers to connect and reduce burnout
4. The State of Minnesota must collect data regarding Sexual Orientation and Gender Identity (SOGI) among older populations, to better identify both needs and appropriate resources to serve these individuals.

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17. AARP Public Policy Institute. (2011). Valuing the invaluable: 2011 update. Economic value of family caregiving in 2009. Washington, DC: Author.
18. Training To Serve assists providers of aging services with training and resources to ensure GLBT people receive welcoming, respectful, competent care. It grew from a collaboration of the Metropolitan Area Agency on Aging, GLBT Generations, University of Minnesota researchers, and other community supporters. www.trainingtoserve.org
19. Spirit on Lake is a project of the Powderhorn Residents Group Inc. and Everwood Development LLC. www.spiritonlake.org
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APPENDIX A: MINNESOTA 2021 LGBTQ AGING NEEDS ASSESSMENT

Q1 What is your age (in years)?

Q2 What is your zip code?

(this helps us look at rural/urban differences, not to find you)

Q3 What is the gender you are now living as?

- Male
- Female
- Non-binary / third gender
- Other (please specify)

Q4 Is the gender you are now different than the gender that you were assigned at birth?

- Yes
- No

Q5 Which of the following best describes your sexual orientation?

- Heterosexual/Straight
- Gay man
- Lesbian
- Bisexual
- Not sure
- Decline to answer
- Other (please specify)

Q6 Are you currently engaged with any LGBTQ groups or organizations?

(please name up to 3)

- Group 1
- Group 2
- Group 3

Q7 How would you rate your health?

- Excellent
- Good
- Fair
- Poor
- Very poor

Q8 What type of health care coverage do you have? *(select all that apply)*

- Medicare
- Medicare supplement (Medigap)
- Medicaid (MA or Medical Assistance)
- Employer-based coverage
- Private policy
- Long-term care insurance
- VA benefits
- Do not have insurance
- Other (please specify)

Q9 What is your current relationship status?

- Not partnered/single
- Partnered
- Legally married
- Widowed

Q10 What is your highest level of education?

- Not finished high school
- GED or high school diploma
- Associate degree (AA, AS, etc.)
- Bachelor's degree (BA, BS, etc.)
- Master's degree (MA, MS, etc.)
- Professional degree (JD, MD, etc.)
- Doctoral degree (PhD, EdD, etc.)
- Other (please specify)

Q11 Do you have living children?

- Yes, if yes, how many?
- No

Q12 Do you consider yourself retired?

- Yes
- No

Q13 Prior to COVID-19, were you volunteering your time?

- Yes
- No

Q14 In general, what percentage of the people in your life are you out to?

- 0%
- 25%
- 50%
- 75%
- 100%
- Not sure

Q15 Which person/groups in the list are you guarded with about your sexual orientation/gender identity *(those to whom you are not completely out)?*

(select all that apply)

- Parents
- Siblings
- Other family members
- Closest friends
- Acquaintances
- Co-Workers
- Supervisors/bosses
- Health care providers
- School mates
- Teachers
- Neighbors
- Everyone
- No one
- Other (please specify)

Q16 What would your preference be for the following services for yourself when you are old?

	Specifically designed for LGBTQ community	Serve the entire community, but are LGBTQ welcoming	No preference
home services			
healthcare clinic			
home health care			
nursing home			
housing			
retirement housing			
senior center			
support group			
adult day services			

Q17 If you could no longer live independently for health reasons, what do you think you would most likely do?

- Stay in your home, with an agency providing care
- Stay in your home, with family or friends providing care
- Share a residence with a child or other family member
- Share a residence with a friend
- Move to assisted living
- Move to a nursing home
- Something else

Q18 Have you filled out a Minnesota Health Care Directive, where you give instructions for your health care so that treatment decisions can be made according to your wishes when you cannot speak for yourself? This is also known as a living will or power of attorney for health care.

- Yes
- No

Q19 Have you heard of the Senior LinkAge Line?

- Yes
- No

Q20 Have you heard of MinnesotaHelp.info?

- Yes
- No

Q21 Do you feel that senior service providers would be sensitive to you if your sexual orientation and/or gender identity were known?

- Yes
- No
- Does not apply

Q22 Would you be more inclined to use existing senior services if you know the staff members received LGBTQ sensitivity training?

- Yes
- No

Q23 How much confidence do you have that you will be treated with dignity and respect as an LGBTQ person by your health care professional at the end of your life?

- No confidence
- Some confidence
- Total confidence
- Not sure

Q24 Please briefly describe what signals to you that a service provider is LGBTQ welcoming.

Q25 Have you experienced discrimination due to sexual orientation or gender identity when accessing senior services or senior housing?

(select all that apply)

- Yes, due to sexual orientation
- Yes, due to gender identity
- No
- Does not apply

Q26 Do you know someone other than yourself who has experienced discrimination due to sexual orientation or gender identity when accessing senior services or senior housing? *(select all that apply)*

- Yes, due to sexual orientation
- Yes, due to gender identity
- No
- Does not apply

Q27 Do you feel you have enough close friends?

- Yes
- No

Q28 Prior to COVID-19, were you generally satisfied with the amount of contact you have with your family/friends/chose family?

- Yes
- No

Q29 In general, how accepting is your family of origin of you life as an LGBTQ person?

- Not at all accepting
- Not very accepting
- Somewhat accepting
- Very accepting
- Extremely accepting

Q30 Which of the following things do you worry about?

(select all that apply)

- Your own health
- Problems with children or grandchildren
- Feeling safe
- Income or money matters
- Getting older and needing someone to take care of you
- Being cheated or defrauded
- Being able to pay for your prescription drugs
- Getting good health care
- Your spouse's or partner's health
- Family
- Other (please specify)

Q31 Are you currently caring for or giving assistance to someone because of their injury, disability, medical condition, or inability to care for themselves?

- Yes
- No

Q32 If yes, for whom are you providing care?

- Partner / Spouse / Significant Other
- Child or child-in-law
- Parent or parent-in-law
- Grandchild
- Brother / sister or other relative
- Friend or neighbor
- Service provider
- Other (please specify)

Q33 Do you have a chosen family? By chosen family, we mean a group of people to whom you are emotional close and consider “family” even though you are not biologically or legally related.

- Yes
- No

Q34 Who is the first person you would contact in the event of a crisis?

(select only one)

- Partner / Spouse / Significant Other
- Child or child-in-law
- Parent or parent-in-law
- Grandchild
- Brother / sister or other relative
- Friend or neighbor
- Service provider
- Other (please specify)
- I have no one to contact

Q35 Is there someone you feel you can tell just about anything to, someone you can count on for understanding and advice?

- Yes
- No

Q36 Do you have someone who would take care of you if you were sick or unable to care for yourself?

- Yes
- No

Q37 If yes, who would you consider your primary caregiver?

- Partner / Spouse / Significant Other
- Child or child-in-law
- Parent or parent-in-law
- Grandchild
- Brother / sister or other relative
- Friend or neighbor
- Public provider
- Private provider
- Other (please specify)
-

Q38 Which of the following best represents your race or ethnic group?

(select all that apply)

- African American
- Asian / Pacific Islander
- Latino
- Native American
- White, non-Latino
- Other not listed (please specify)

Q39 Outside of senior services, have you experienced harassment, abuse or violence because of your sexual orientation or gender identity?

(select all that apply)

- Yes, due to sexual orientation
- Yes, due to gender identity
- No

Q40 Outside of senior services, do you know of someone other than yourself who has experienced harassment, abuse or violence because of your sexual orientation or gender identity? *(select all that apply)*

- Yes, due to sexual orientation
- Yes, due to gender identity
- No

Q41 What is your current individual annual income?

- Under \$13,000
- \$13,000 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 and over

Q42 How would you describe your income?

- Does not cover my basic living expenses
- Covers my basic living expenses
- Covers more than my basic living expenses

Q43 How many people, including yourself, live in your household?

Q44 What is your current living arrangement? *(select all that apply)*

- Alone
- With significant other/partner/spouse
- With other family members
- With roommate(s)
- Group setting
- Other (please specify)

Q45 What type of housing is your permanent home *(the place you live the greatest about of time during the year)?*

- Apartment
- Assisted living facility
- Condo
- House
- Mobile home
- Nursing home
- Other (please specify)

Q46 What comments or insights can you share about LGBTQ aging?