

# 2012 Twin Cities LGBT aging needs assessment survey report



Advancing social justice  
for LGBT communities  
in the Upper Midwest

LIVE UNITED



## **PFund Foundation**

PFund Foundation is a 501(c)3 community-based foundation advancing social justice for lesbian, gay, bisexual, transgender and allied communities in the Upper Midwest.

### **VISION**

PFund Foundation (Philanthrofund) is a catalyst in building communities in Minnesota and the Upper Midwest where lesbian, gay, bisexual and transgender people are celebrated and live free from discrimination, violence, invisibility and isolation.

### **MISSION**

PFund is a vital resource and community builder for lesbian, gay, bisexual, transgender and allied communities by providing grants and scholarships, developing leaders, and inspiring giving.

To achieve our mission, we provide hands-on assistance to organizations to help them be successful, fund systems change work at the intersection of our identities — orientation, gender, race, ethnicity and faith — and convene and report on issues of importance for our communities. PFund is a vibrant community foundation thanks to the support of thousands of individual donors and hundreds of volunteers.

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### **Greater Twin Cities United Way**

Greater Twin Cities United Way and its partners provide access to health care for low-income uninsured people; help youth and their families learn healthy behaviors that prevent future problems; and provide support to thousands of older adults and people living with disabilities so they can remain independent. We support the independence of seniors and caregivers through 43 community partner programs throughout the region as well as systems change and collaborative initiatives in aging services. Through the Arise Project in the LGBT community, we are igniting action and focusing on improving the lives of homeless youth. Learn more about how we are creating pathways out of poverty in the areas of basic needs, education and health at [www.unitedwaytwincities.org](http://www.unitedwaytwincities.org).

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A PDF version of this report is available online at [www.PFundOnline.org](http://www.PFundOnline.org).

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Barn Dance Social Club

Gay and Lesbian Elders Active in Minnesota

GLBT Generations

GLBT Northsiders

Indigenous People's Task Force

MN Boyz

MN Transgender Health Coalition

North Suburban GLBT Folks and Friends

Old Lesbians Organizing for Change

Out in the Valley

Out to Brunch

OutFront MN

Prime Timers

Quatrefoil Library

Quorum

Rainbow Health Initiative

Shades of Yellow

Shir Tikvah Synagogue

Training to Serve

Two-Spirit List Serve of Minneapolis

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## foreword

Lesbian, gay, bisexual, and transgender (LGBT) adults currently age 65 and older were coming into adulthood at a very different time in the U.S. than today's young adults. These LGBT older adults often faced seemingly insurmountable obstacles. They are also the individuals who now face growing issues, concerns and needs as they age.

Many LGBT older adults still do not access the supportive services or benefits available to them, out of concern for discrimination or lack of provider cultural sensitivity. Many are low-income older adults who do not have affordable care to meet daily needs. There remains work to do before LGBT older adults have access to the same safety, security and benefits as their peers.

This report shares the findings from a needs assessment that sought to learn more about LGBT individuals as they age. Comparisons in this report have been made to previous studies conducted both locally and nationally which describe the experiences of LGBT older adults and non-LGBT older adults.

Compared to the general population, LGBT older adults are more likely to live alone and serve as a caregiver. They are less likely to have a caregiver or have children. Given what we know about how these factors impact people, LGBT older adults are more at risk for social isolation and nursing home placement.

While this study broadly reached the LGBT population in the Twin Cities, further work needs to be done to identify aging issues, concerns and needs relevant to the diversity of LGBT communities that experience additional barriers to services. These issues include individuals representing the diversity of communities of color, socioeconomic status, and education attainment.



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## executive summary

A 2002 Twin Cities lesbian, gay, bisexual, and transgender (LGBT) aging needs assessment showed an alarming lack of confidence on the part of the LGBT community in the readiness of aging service providers to work with LGBT clients. Over the past 10 years, there has been tremendous change both nationally and regionally in the visibility and social acceptance of some LGBT people. The purpose of this study was to gather data from LGBT older adults on perceived needs and compare the results with local and national studies.

Three researchers conducted this survey, with support from Greater Twin Cities United Way and PFund Foundation. This study partially replicated the 2002 needs assessment, as well as recent national studies, including: *Still Out, Still Aging*, MetLife's 2010 LGBT baby boomer study; and *Aging and Health Report: Disparities and Resilience Among LGBT Adults*. The resulting 45-question survey included 28 demographic and background items, and 17 items related to aging, including questions focusing on service preferences, confidence in service providers, family and community connections, and caregiving.

Through outreach by 21 LGBT community partners, 792 individuals responded to the survey, either online or by paper. Of those, 495 met the inclusion criteria of geographic region and age and are included in the results. With the exception of being

slightly more educated, the participants matched the demographic profile of older Minnesotans within the general population.

In comparison to the general population, the LGBT older adults who participated in the study were nearly twice as likely to be a caregiver. However, they were more likely to live alone, less likely to have a caregiver, and less likely to have children. Positively, they were nearly twice as likely to volunteer and more likely to have completed a health-care directive.

Compared to the 2002 needs assessment, the participants were nearly twice as likely to believe they would receive sensitive care if their sexual orientation were known. This is certainly an improvement, but even today, less than one in five people believe they would receive sensitive care. Sensitivity training was a strong mitigating factor. Significantly more LGBT older adults are inclined to use services if they know staff members have received LGBT sensitivity training.

The key findings from the report show that more work needs to be done. They point to opportunities for growth and change that will ensure LGBT individuals have quality support services and care as they age. The findings can be used to engage the community in a dialogue on how to effectively serve LGBT older adults. The full report is online at [www.PFundOnline.org](http://www.PFundOnline.org).

## introduction

Minnesota and the Twin Cities are aging rapidly. By 2020, there will be more people age 65 and older than children enrolled in kindergarten through high school.<sup>1</sup> This demographic shift presents the region with a wide range of opportunities and challenges and has prompted many communities to begin to plan for the graying of their residents. Findings from the Communities for a Lifetime Survey<sup>2</sup> show that 84% of Twin Cities Metro Area communities have begun to prepare for the aging population. Along with the dramatic increase in number of older Minnesotans, we need to prepare for a more diverse older population.<sup>3</sup> Included in this diversity is an estimated three to eight percent of the older population that is LGBT.<sup>4</sup> Based on this estimate and U.S. Census data,<sup>5</sup> approximately 10,500 to 28,000 of the greater Twin Cities Metro Area<sup>6</sup> adults age 65 and older are LGBT. 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 2030<sup>7</sup> initiative places the state ahead of many others in preparing for the coming "Age Wave." However, it is difficult to plan for communities that are invisible and hard to reach. The community of LGBT older adults is one of those constituent groups for which almost no Minnesota data exist.

LGBT elders are, for the most part, invisible. This stems from the lack of government, academic research, and senior service providers to ask questions about sexual orientation or gender identity. Lack of information about LGBT elders makes it difficult to identify and plan for their needs.

The previous Twin Cities LGBT aging needs assessment was done in 2002 and showed an alarming lack of confidence on the part of the LGBT community in aging service provider readiness to work with LGBT clients. Only 10% of respondents believed they would receive sensitive care if their LGBT status were known.<sup>8</sup> Similarly, a 2007 survey of Twin Cities Metro Area service providers found a lack of confidence in their ability to work with gay and lesbian clients.<sup>9</sup>

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

The purposes of this study were to:

1. Gather data from the lesbian, gay, bisexual, and transgender (LGBT) community about the needs of LGBT older adults,
2. Raise the visibility of aging within the LGBT community,
3. Stimulate individual LGBT 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.
5. Understand how to support the independence and help build pathways out of poverty for LGBT older adults

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

## methods

This study partially replicated a needs assessment conducted 10 years ago with LGBT older adults.<sup>8</sup> Questions were developed using the 2002 survey as well as recent studies, including: MetLife's *Still Out, Still Aging*<sup>10</sup>; *Aging and Health Report*<sup>11</sup>; and *Survey of Older Minnesotans*.<sup>12</sup> The resulting 45-question survey (Appendix A) included 28 demographic and background questions, and 17 questions related to aging, including questions focusing on service preferences, confidence in service providers, family and community connections, and caregiving.

In all, 21 LGBT community partners distributed the study to their networks (partners included 20 LGBT organizations and one LGBT aging advocate; see acknowledgments at the front of this report). Participants were invited to participate in an online

survey. To support participation by individuals without computer access, the electronic survey distribution was supplemented with limited distribution of a paper version. Four community partners requested paper surveys for distribution to constituents without Internet access. A total of 198 paper surveys, including a stamped and addressed return envelope, were mailed by these partners. Upon return, completed paper survey responses were entered into the online database.

Initially, community partners were asked to forward the survey link three times to their constituents during a four-week survey period, from mid-February to mid-March 2012. Five potential partners noted that they could not make multiple contacts. These organizations forwarded the invitations at least once during the four-week survey period.

Three main types of analyses were conducted on the data: descriptive statistics were calculated (such as count (N), mean (M), standard deviation (SD) and percentage (%)), non-parametric statistics (i.e., chi-square analyses) and tests to determine statistical significance (i.e., results are either significantly greater than or less than what is expected by chance).<sup>13</sup>

## results

A total of 792 people responded to the 2012 LGBT aging survey. The age range of respondents was 18-85 years old. Of those, 242 (31%) were younger than age 48 and thus were excluded for the purposes of this report. Of the remaining 551 respondents, 56 participants were excluded if they reported a ZIP code outside of the 13-county Twin Cities metro area, or if they reported they were both gender normative and heterosexual. The results are based on 495 completed surveys that met the inclusion criteria.

Because the survey was distributed by community partners via electronic mailing lists that included overlapping entries (i.e., names could appear on more than one list), it is not possible to calculate an overall response rate. Thirty-six of the 198 paper surveys distributed by community partners were returned prior to the close of the survey for an 18% response rate.

## demographics

### age

Thirty percent (147) of respondents were ages 48–54; 46% (225) were ages 55–64; 20% (101) were ages 65–74; and 4% (22) were age 75 or older (see Table 1).

### gender and gender identification

Gender identity refers to a person's internal sense of their gender. Ninety percent were gender normative (women (50% / 247); men (40% / 199)) and 10% were transgender (women (6% / 31); men (3% / 16); other gender <1% / 2)). Gender normative individuals are assigned a gender at birth and identify as that assigned gender. Transgender individuals are assigned a gender at birth but identify themselves with a different gender from the one assigned.

### sexual orientation

Sexual orientation refers to the attraction of an individual to a gender. Forty-seven percent (231) identified lesbian; 39% (191) gay man; 5% (26) bisexual woman; 4% (19) bisexual man; 5% (26) queer or other sexual orientation; and <1% (2) heterosexual. Respondents selecting queer or other sexual orientation were invited to provide a description. These included: bi-gender, gay, gay female, gay queer, homosexual, queer, tranny, third and fourth gender, two spirit, and transgender bi. No attempt was made to assign these self-descriptions to a lesbian, gay man, bisexual, or heterosexual identity.

### race and ethnicity

The majority of respondents identified as white non-Latino (93% / 410). African Americans were the next largest group of respondents (4% / 17) followed by those who selected Other Not Listed (2% / 7), Latino (<1% / <5), Native American (<1% / <5), and Asian Pacific Islander (<1% / <5). The sample closely paralleled the general population of older adults in the Twin Cities metro area.<sup>3</sup>

## retired

As would be expected, the rate of retirement increased with age. Seventy-seven percent (88) of respondents age 65 and older were retired. Twenty-nine percent (137) of the overall sample were retired. This was considerably lower than the 47% retirement rate reported by the *Survey of Older Minnesotans* for Twin Cities Metro residents age 50 and older.<sup>12</sup>

## household income

About 49% (214) reported an annual household income between \$40,000 and \$99,000. Slightly more

than a quarter (117) reported household incomes of \$100,000 and above. Seven percent of households reported income under \$20,000.

According to the 2010 Census, the median household income in the Twin Cities metro area for householders age 45 to 64 is \$75,756 and \$39,057 for householders age 65 and older.<sup>5</sup> In the current sample, household income was requested by category. The median household income for those age 48 to 64 was between \$60,000 and \$79,999 and between \$40,000 and \$59,999 for respondents age 65 and older. Approximately 24% of respondents had an income at or below 200% of poverty.

TABLE 1 DEMOGRAPHICS

	N	%
<b>age</b>		
48 - 54 years	147	30
55 - 64 years	225	46
65 - 74 years	101	20
>74 years	22	4
<b>Total</b>	<b>495</b>	<b>100</b>
<b>gender id</b>		
Trans woman	31	6
Trans man	16	3
Transgender other	2	<1
Gender normative woman	247	50
Gender normative man	199	40
<b>Total</b>	<b>495</b>	<b>100</b>
<b>sexual orientation</b>		
Gay man	191	39
Lesbian	231	47
Bi woman	26	5
Bi man	19	4
Queer / Other	26	5
Heterosexual	2	<1
<b>Total</b>	<b>495</b>	<b>100</b>
<b>race/ethnicity</b>		
African American	17	4
Asian / Pacific Islander	<5	<1
Latino	<5	<1
Native American	<5	<1
White, non-Latino	410	93
Other not listed	7	2
<b>Total</b>	<b>440</b>	<b>100</b>

	N	%
<b>retired</b>		
<b>Total</b>	<b>137</b>	<b>29</b>
<b>annual household income</b>		
< \$20,000	33	7
\$20,000 - \$39,999	76	17
\$40,000 - \$59,999	87	20
\$60,000 - \$79,999	77	18
\$80,000 - \$99,999	50	11
\$100,000 and over	117	27
<b>Total</b>	<b>440</b>	<b>100</b>
<b>education</b>		
< High school	2	<1
High school diploma / GED	37	8
Some college	53	11
BA / BS degree	137	29
Advanced degree	250	52
<b>Total</b>	<b>479</b>	<b>100</b>
<b>relationship status</b>		
Single	186	39
Partnered / Married	283	60
Widowed	7	1
<b>Total</b>	<b>476</b>	<b>100</b>



## education

Almost 92% (440) reported having at least some post-secondary education. More than half (250) reported an advanced degree, while less than 1% (2) were without a high school diploma. The education attainment of the sample is higher than that reported by the *Survey of Older Minnesotans* for the Twin Cities metro area, which reported that 5% of respondents had less than a high school diploma and 71% had some post-secondary education.<sup>12</sup>

## relationship status

Sixty percent (283) reported being partnered or married, 39% (186) single, and 1% (7) widowed. The *Survey of Older Minnesotans* reported 66% of individuals age 50 and older residing in the Twin Cities metro to be married and 34% not married.<sup>12</sup>

## well-being

### health

The majority of respondents in all categories of age, gender identity and sexual orientation rated their health to be good. Forty-four percent rated their health excellent (33% / 159) or good (11% / 53), with 55% (261) indicating their health was fair. Only 6 respondents (1%) indicated poor health. This is far below the 23% reported by the *Aging and Health* study.<sup>11</sup>

In the current study, 12% of the baby boomer age cohort (age 48 to 64) reported health as fair or poor and 88% reported excellent or good health. These numbers closely track the *Minnesota Baby Boomer Survey*: 11% reporting fair or poor health and 87% reporting excellent, very good or good health.<sup>14</sup>

### income

Ninety-two percent (413) reported their income covered or more than covered their living expenses. All respondents age 75 years older (20) reported income that covered or exceeded their expenses. Eight percent (35) reported their income did not cover living expenses. Of these 35 individuals, the highest rates

were among queer or other sexual orientations (27% / 4), which is significantly greater than what would have been expected by chance.

In the current study, 8% of the baby boomer age cohort (age 48 to 64) reported income that did not cover living expenses, which is the same rate reported in the *Minnesota Baby Boomer Survey*.<sup>14</sup>

## volunteerism

Two-thirds (313) reported being volunteers. In comparison, according to the Corporation for National and Community Service, 39.6% of older Minnesotans volunteer.<sup>15</sup>

In excess of 60% of all age groups volunteered, with a relatively higher rate among those ages 48 to 54 (71% / 98). Bisexual women (96% / 23) reported the highest rate of volunteering when looking at the variables of age, gender identities and sexual orientations. Only 4% of bisexual women were not volunteering, which is less than could be expected by chance.

## health coverage

Ninety-five percent (472) reported having one or more types of health coverage. The majority (57% / 281) had an employer-based plan, followed by Medicare (26% / 128), private policies (15% / 75), long-term care (12% / 58), and Medicare supplement (10% / 48). All other coverage types were held by less than 10% of respondents. Four percent (19) reported having Medicaid (MA or Medical Assistance). Five percent (23) reported having no health insurance. Of those without insurance, all but two were under age 65.

## health-care directive

Two-thirds reported having a health-care directive, which is similar to rates reported in recent LGBT national surveys.<sup>10, 11</sup> In comparison, the *Survey of Older Minnesotans* found that only 40% of metro area older adults had a health-care directive.<sup>14</sup>

The rate of having a health-care directive increased with age. Respondents age 75 and older had the highest rate (90% / 18) across all age groups, gender identities, and sexual orientations. The proportion of those ages 48 to 54 who did not have a health-care directive (44%) was significantly greater than what would be expected by chance, while the proportion of those age 65 and older who did not have a health-care directive (15%) was significantly less than what would be expected by chance.

### **openness about LGBT status**

More than half (248) reported being 100% or completely out to the people in their lives. This ranged from 59% (84) for the 48-to-54-year-old age group to 33% (7) for those age 75 older. Only 6 people (<2%) reported not being out at all.

Thirty-two percent (12) of bisexuals reported being 100% out, compared to 58% (102) of gay men and 54% (122) of lesbians. The MetLife baby boomer study found a similar trend, with gay men (38%) and lesbians (30%) reporting the highest rates of being completely out, followed by transgender (28%) and bisexual (12%) individuals.<sup>10</sup>

### **harassment, abuse or violence**

Half of respondents (226) reported personally experiencing harassment, abuse or violence because of their sexual orientation. Thirty percent (11) 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 (82% / 363) and gender identity (60% / 263).

### **factors that influence LGBT aging**

Forty-five percent (221) responded to the following question: “In what ways do other aspects of people’s lives (such as race, ethnicity, level of education, financial means) influence LGBT aging?” Recognizing

that individuals are more than their LGBT identities, the assessment sought to understand how, for example, an individual’s gender, race or income might impact their experience of discrimination or access to services. The aspects considered were:

- >> financial resources, including income
- >> level of education
- >> gender identity
- >> access to privilege
- >> race and ethnicity
- >> religion/faith

Data suggest that LGBT older adults who have greater financial resources, higher education and are white

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**“... I SUSPECT THAT IF A GAY PERSON  
HAS ENOUGH MONEY AND PRESTIGE  
S/HE CAN BUY THE AGING SERVICES  
NEEDED. BUT, NO AMOUNT OF MONEY  
OR PRESTIGE CAN BUY RESPECT.”**

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have increased access and privilege to aging services than their counterparts who are low-income, have less education and are LGBT people of color. The most common theme revolved around financial resources; that is, a belief that financial resources might help one gain access to LGBT welcoming services, housing and health care. However, as one respondent noted, “I suspect that if a gay person has enough money and prestige s/he can buy the aging services needed. But, no amount of money or prestige can buy respect.” Many reported a lack of support from faith communities, a support that some heterosexual elders might expect to rely on for both fellowship and substantive resources to sustain them in the community.

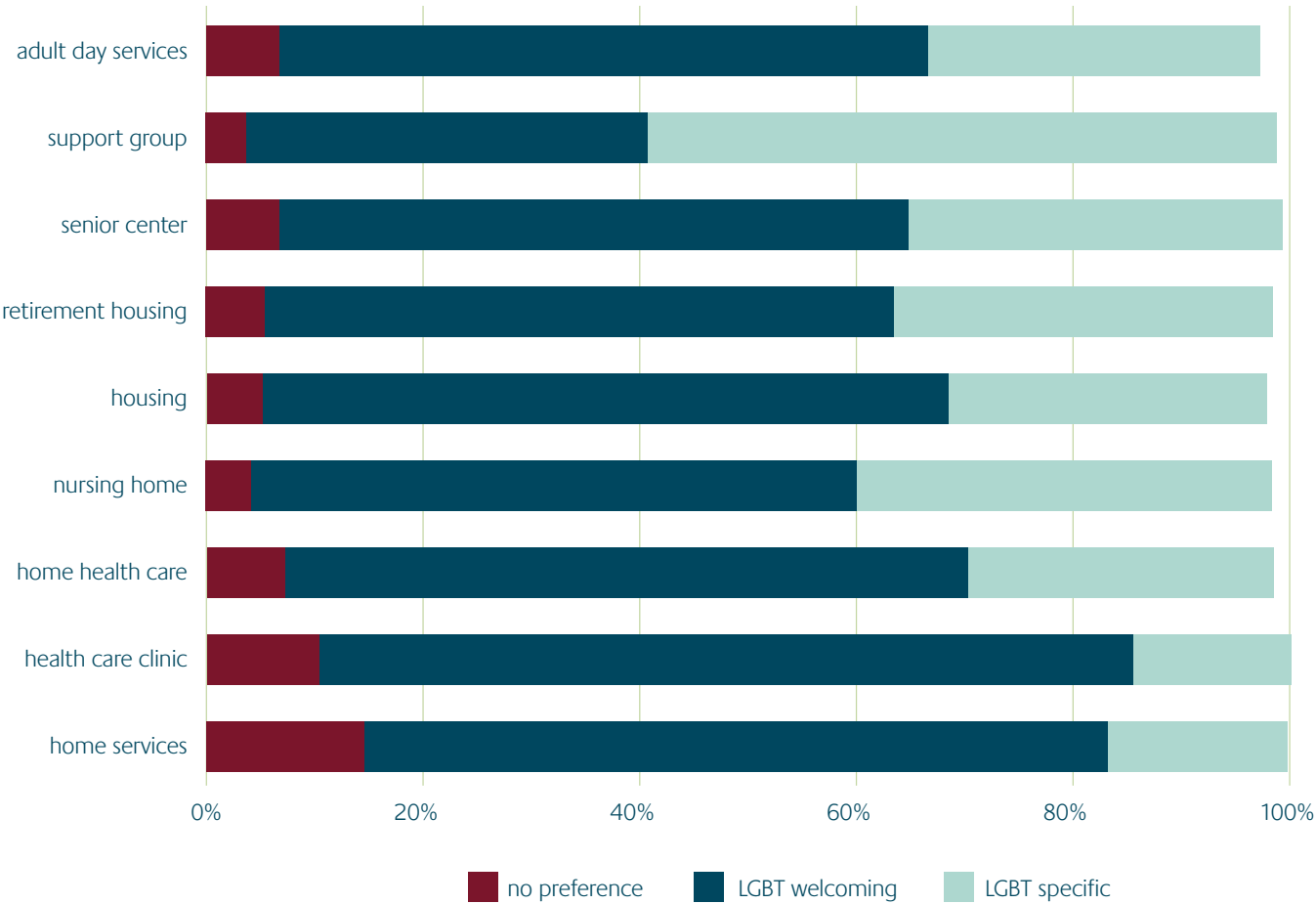
Several people mentioned more than one aspect and reflected on the intersection of multiple facets that influence LGBT aging (e.g., higher education leading to greater financial resources; women earning less than men and therefore having fewer assets to draw on in retirement; an LGBT elder noting the extreme isolation of being the only resident of color in a nursing home; failure to recognize LGBT families leading to financial ruin for surviving partners; community involvement and volunteering helping to build a strong network of personal support and resources to help you remain in the community; aging without the support of children and extended family means exhausting personal financial resources and may lead to institutionalization; and a respondent noting that years of mental illness have left few resources to plan for retirement).

services

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) LGBT specific services, b) services that served the entire community, but were LGBT 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 LGBT welcoming. These included health-care clinics (75% / 335), home services (69% / 306), housing (65% / 282), home health care (64% / 281), adult day services (62% / 267), retirement housing (59% / 259), senior centers (58% / 259), and nursing homes (57% / 249 ). However, when asked about support groups, 59% (259) of respondents expressed a preference for support groups that are specifically designed for the LGBT community.

SERVICE PREFERENCES

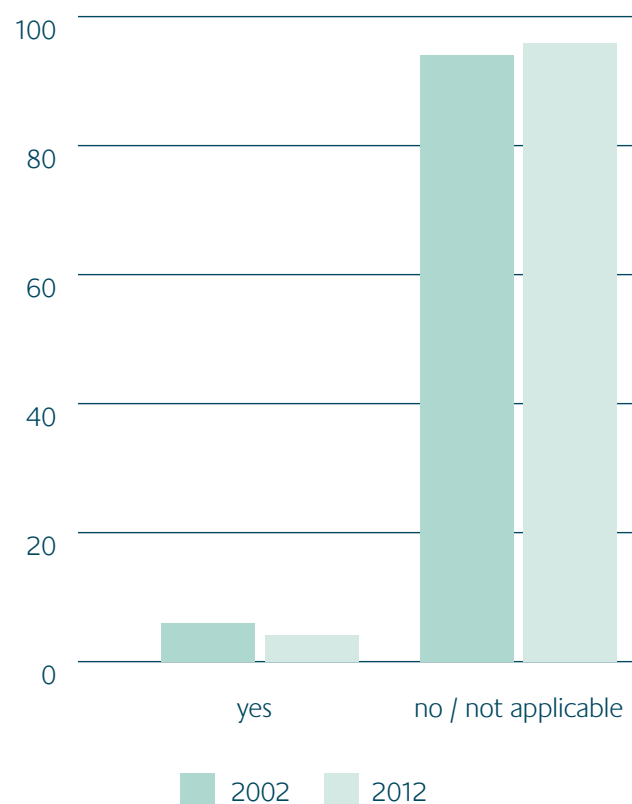


A closer look at support-group preferences showed transgender men (82% / 13) had the highest rate of preference for LGBT-specific support groups. This contrasts with 68% (15) bisexual women who indicated they preferred support groups that served the entire community, but that are LGBT welcoming, which is significantly greater than what would be expected by chance.

### senior service discrimination

Only 4% (22) reported that they or a friend had experienced discrimination due to sexual orientation or gender identity when accessing senior services or senior housing. Forty-five percent (213) reported they had not experienced discrimination. Slightly more than half (241) indicated the question did not apply to them, presumably because they had not accessed senior services or housing. This is consistent with the 2002 needs assessment, which showed slightly over 6% of respondents reported experiencing discrimination.<sup>8</sup>

#### SENIOR SERVICE DISCRIMINATION

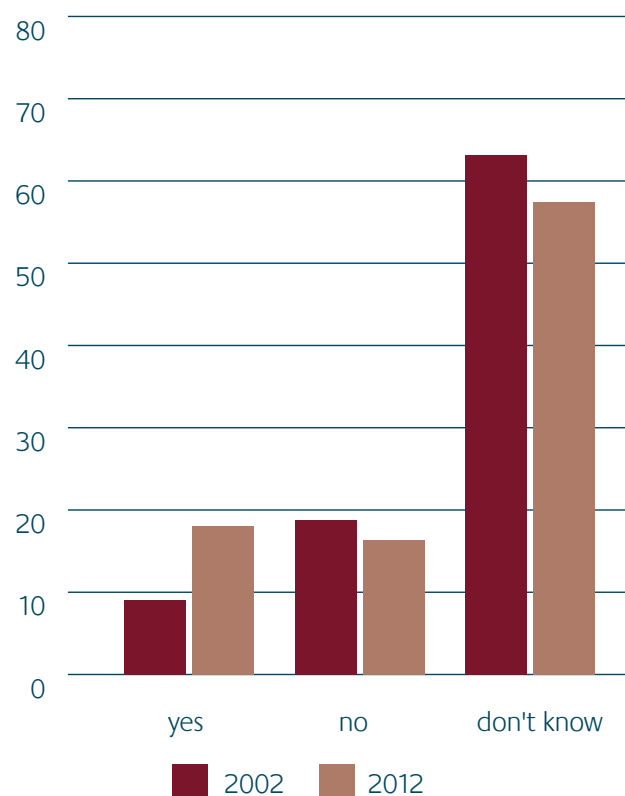


### confidence in service providers

Although 45% of respondents reported that they had not experienced discrimination when accessing senior services, only 18% (89) were confident they would receive sensitive services. This is twice the rate found in the 2002 study (9%),<sup>8</sup> but still less than one in five respondents. Those age 75 and older reported the highest rate of confidence in receiving sensitive care (45% / 9), which is significantly different than what would be expected by chance.

Sixteen percent (81) were not confident they would receive sensitive care if their LGBT status were known to the provider and 57% (284) indicated they did not know. This lack of confidence may reflect the high rates of personal experience and/or knowledge of harassment, abuse or violence due to sexual orientation and gender identity reported earlier in this report.

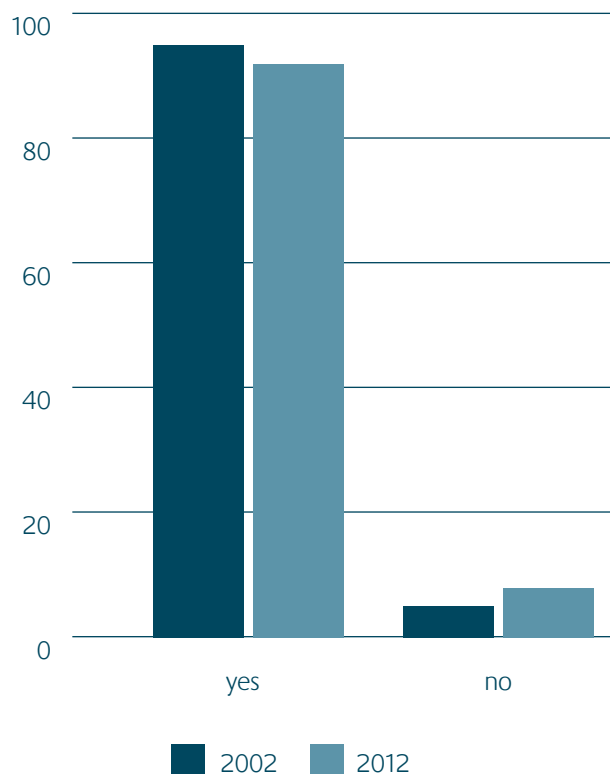
#### CONFIDENCE IN SERVICE PROVIDERS



## confidence in service provider training

An overwhelming majority of respondents (92% / 417) indicated they would be more inclined to use senior service providers where staff participated in LGBT sensitivity training. This is consistent with the 2002 needs assessment, which found a majority of respondents (95%) would be more inclined to use senior service providers where staff participated in LGBT sensitivity training.<sup>8</sup>

### CONFIDENCE IN SERVICE PROVIDER TRAINING



## confidence in end of life care

While 59% (267) had some confidence in being treated with dignity and respect by health-care professionals at end of life, only 15% (70) reported total confidence. Ten percent (45) reported no confidence.

## family, friends and caregiving

### close friends

The majority of respondents reported having enough close friends (65% / 296). However, this means fully one-third do not feel they have enough close friends. Results were similar for all age groups.

### living arrangement

Slightly over half (51%) lived in a household with a partner or spouse, 39% (189) lived alone, and 10% (47) had some other living arrangement, including living with roommates or other relatives (not a partner or spouse) or in a group setting. The *Survey of Older Minnesotans* found Twin Cities metro residents age 50 and older were more often living with a spouse (65%) and less frequently living alone (25%).<sup>12</sup> However, 10% of both groups reported living with someone other than a spouse.

In the current study, about half (94) of gay men lived alone, which is significantly greater than what would be expected by chance. Further, only 31% (74) of gay men lived with a significant other/partner or spouse, which is also significantly less than what would be expected by chance.

### caregiver

Twenty-two percent (101) were currently providing care, and there was little difference in the rate of caregiving across age groups. In comparison, the *Survey of Older Minnesotans* found that 12.5% of metro-area older adults are caregivers.<sup>12</sup> The elevated rate of caregiving compared to the larger population is consistent with findings of the MetLife baby boomer study<sup>10</sup> and the *Aging and Health Report*.<sup>11</sup>

Caregiving was significantly related to gender. Two-thirds of caregivers were women, and bisexual women had the highest rate of caregiving (50% / 11), which is significantly greater than what would be expected by chance. Higher rates of caregiving among women is consistent with national data<sup>16</sup> as well as the Twin Cities metro area.<sup>12</sup>



Forty-one percent (41) of caregiving respondents reported caring for a parent or parent-in-law, followed by 31% (31) caring for a friend or neighbor, and 19% (19) caring for a spouse or partner.

### **chosen family**

Three-quarters (340) 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. However, only 50% (8) of bisexual men reported forming families of choice, which is significantly less than what would be expected by chance.

### **children**

Thirty-five percent (170) reported having children. This is fairly consistent with the 2002 LGBT aging study, in which 41% of respondents reported having children.<sup>8</sup> In comparison, the *Survey of Older Minnesotans* found that 84.5% of metro area older adults had children.<sup>12</sup>

The percentage of those age 65 and older who had children was 48% (57), which is significantly greater than what would be expected by chance. This dropped to 31% (113) for respondents under age 65. Bisexual men (78% / 14), transgender women (69% / 18), and bisexual women (67% / 16) reported the highest rates of having children, when looking at the variables of age, gender identity, and sexual orientation. Each of those percentages is greater than what would be expected by chance. The percentage of gay men who had children (23% / 43) and gender normative men who had children (27% / 53) is significantly less than what would be expected by chance.

### **acceptance by family of origin**

Almost two-thirds (63% / 280) reported their family of origin to be extremely or very accepting of their life as an LGBT person. However, 10% reported their families to be not at all accepting or not very accepting.

### **available caregiver**

Seventy-eight percent (357) of respondents reported having someone to take care of them if they were sick or unable to care for themselves. In comparison, the *Survey of Older Minnesotans* found that 89.5% of Twin Cities metro area older adults could identify an available caregiver.<sup>12</sup>

Twenty-seven percent of gay men indicated they did not have an available caregiver for them, which is significantly less than what would be expected by chance.

## **discussion and recommendations**

This study was conducted as a 10-year follow up to the 2002 LGBT aging needs assessment survey.<sup>8</sup> In 2002, advocates in the Twin Cities developed a survey to learn more about LGBT older adults and explore their experiences and preferences regarding accessing and using housing and social services. Ten local LGBT organizations partnered to distribute a paper survey to the community. This study provided compelling evidence that much work was needed to support LGBT older adults. Perhaps the most revealing finding was the profound lack of confidence on the part of the LGBT community members that they would receive sensitive senior housing and social services if their LGBT status were known to the provider. Further, community members were overwhelmingly interested in accessing services from providers that had received LGBT sensitivity training.

Those results led to a collaborative research project with the Metropolitan Area Agency on Aging, to assess local senior service providers for readiness to work with lesbian and gay older adults<sup>9</sup> and subsequent development of a local senior service provider cultural competency training program, called Training to Serve.<sup>17</sup> The 2002 survey results also informed plans for Spirit on Lake, an LGBT-welcoming senior housing development scheduled to break ground in 2012 in Minneapolis’ Powderhorn Park neighborhood.<sup>18</sup>

The 2012 study provides an opportunity for the community to assess how far it has come in the last decade in addressing the needs of LGBT older adults.

As was found in the 2002 survey and in numerous regional and national studies,<sup>19</sup> there continues to be a lack of confidence in receiving sensitive care if your status as an LGBT person is known to the provider. The percentage of LGBT community members that are confident they would receive sensitive care if their sexual orientation or gender identity were known doubled since the 2002 survey (18% compared to 9%). However, this is still less than one in five people. Also, as was found in 2002, the overwhelming majority (92% compared to 95%) is inclined to use services if they know staff members have received LGBT sensitivity training.

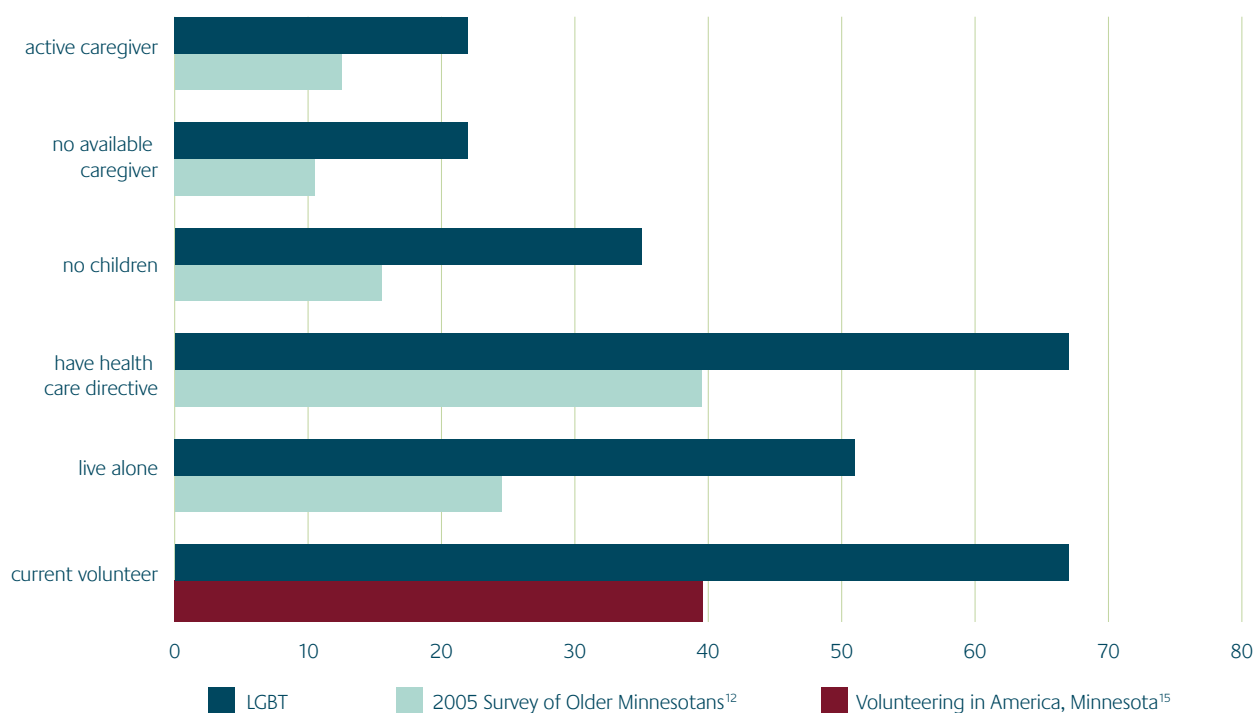
The 2012 study is also an opportunity to reflect on the compelling evidence of recent national studies on the state of LGBT aging.<sup>10,11</sup> The 2011 *Aging and Health Report*<sup>11</sup> notes the significant health disparities of LGBT older adults in comparison to their peers. These disparities include: higher rates of disability; mental distress; smoking; excessive drinking; cardiovascular disease; obesity; and overall poorer health. These health disparities, and the recurrent reports of lack of confidence on the part of the LGBT community in receiving high-quality sensitive services, highlight the need to offer services that are sensitive to the needs

and experiences of LGBT people. They also indicate the necessity to reach out to those LGBT elders who are isolated and have not accessed services out of fear of discrimination.

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

## SURVEY PROFILE





Although there are many differences, a significant similarity between the LGBT individuals and the general population is that diversity of income, race and ethnicity, gender, and other factors influence the experience of aging.

While this study provides insight into the lives of LGBT older adults, there are potential limitations to consider. Data collection occurred primarily via an online survey. Even though paper surveys were available on request, they represent only 7% of the surveys included in the data set. This may have resulted in a sample that tended to be more affluent and educated than the broader Twin Cities area. Further, participants were obtained through networks of social and advocacy organizations. One could infer that these individuals are by the nature of their relationship with these organizations more socially engaged or connected. Social engagement affects a wide array of health and life indicators. Lastly, because the Twin Cities population of older adults is overwhelmingly white, this type of broad community survey did not generate a large enough sample to develop an accurate picture of additional racial and ethnic populations in the Twin Cities. It also did not generate adequate data to draw conclusions about smaller segments of the LGBT community (e.g., heterosexual, transgender, and non-LGB identified individuals).

This study provided a high-level snapshot of LGBT older adults. There is much that it tells us, but there is still more to learn. **Some questions for future research include:**

1. What is the state of financial stability and what role does income security (such as Social Security) play in the lives of LGBT older adults?
2. When LGBT older adults use mainstream aging services, what are their experiences, and how can this information be used to create more welcoming and supportive services?
3. How are the experiences of LGBT older adults not reached by this survey method (including those living in nursing homes, low-income, or communities of color) different or similar to the sample? And how do these multiple experiences intersect to affect the LGBT aging experience?
4. Are the perceptions of LGBT older adults who have used senior services different from the perceptions of LGBT older adults who have not accessed services?
5. Are the strategies used by LGBT older adults for successful aging different from those of the mainstream population?

6. What is the nature of the caregiving relationship in LGBT aging, how are caregivers defined (e.g., families of choice), and how do their roles compare to their heterosexual and gender normative peers?

Gathering data is an important step in responding to needs of individuals or groups. However, data are not enough. How can the current study results be used to make the experience of aging better for LGBT community members? **Some immediate opportunities include:**

1. Results show a persistent lack of confidence on the part of the LGBT community that they will receive sensitive services if their sexual orientation or gender identity is known. Close the gap between service provider readiness to work with LGBT clients and the community's readiness to access those services.
  - a) Continue to encourage service providers to participate in cultural competency training and to ask themselves: "Are we making the LGBT community aware of our services?" and "Are our services genuinely welcoming to LGBT older adults?"
  - b) Encourage individual LGBT community members to think about and prepare for aging by becoming informed consumers of aging services and health care. Offer education and resources about available aging policies, programs, and services, and their rights to access those resources, including how to effectively advocate for themselves and others.
  - c) Leverage information and assistance programs and private geriatric care management agencies to assist LGBT older adults and their families to identify welcoming services.
2. Results show an elevated rate of LGBT individuals serving as caregivers, as well as caring for individuals to whom they are not legally related. Develop partnerships with the caregiver support services networks to ensure providers understand the dynamics of LGBT caregiving and how existing policies affect LGBT families.
3. Results show a high rate of volunteerism. Explore options to harness this resource to enhance the LGBT aging experience.
4. Results show the non-heteronormative family structures of the LGBT community (e.g., low rates of parenting, high rates of living alone, and families of choice). As the state continues to prepare for the coming swell of a more diverse older population, continue to educate policy makers, administrators and service providers about LGBT aging needs and experiences. Encourage them to advocate for policies and services that are inclusive and supportive of LGBT older adults.
5. Qualitative results suggest a mitigating factor of income on the quality of and access to services. LGBT and mainstream aging service providers should target LGBT older adults with lower income and help them in developing strategies to support their independence.

The current study sheds light on the poorly documented and underserved population of LGBT older adults. Although it raises many questions, it also points to opportunities for immediate action to create tangible positive outcomes in the lives of LGBT older adults.

## notes

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13. Three main types of analysis were conducted on the data. First, descriptive statistics, such as count (N), mean (M), standard deviation (SD) and percentage (%). Second, non-parametric statistics were calculated with designated variables. Specifically, chi-square tests were used. Third, after the omnibus tests (chi-square analyses) were conducted, post-hoc follow-up tests were conducted using standardized residual values. In essence, the standardized residual values help identify if certain proportions within a chi-square table are statistically significant (i.e., results are either significantly greater than or less than what is expected by chance).
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## appendix A: 2012 Twin Cities LGBT Aging Needs Assessment Survey

1. What is your age (in years)? \_\_\_\_\_
2. Is the gender you are now different than the gender that you were assigned at birth?  
☐ Yes    ☐ No
3. What is the gender you are now living as?  
☐ Female  
☐ Male  
☐ Other (please specify) \_\_\_\_\_
4. Which of the following best describes your sexual orientation?  

<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Not sure
<input type="checkbox"/> Gay man	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Bisexual	
5. This survey is being distributed through a number of LGBT community organizations. Please mark ALL organizations from which you receive emails:  
(list omitted)
6. What is your current living arrangement? (select all that apply)  

<input type="checkbox"/> Alone	<input type="checkbox"/> With roommate(s)
<input type="checkbox"/> With significant other/partner/spouse	<input type="checkbox"/> Group setting
<input type="checkbox"/> With other family members	<input type="checkbox"/> Other (please specify) _____
7. How would you rate your health?  

<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
<input type="checkbox"/> Good	<input type="checkbox"/> Very Poor
<input type="checkbox"/> Fair	
8. What type of health care coverage do you have? (select all that apply)  

<input type="checkbox"/> Medicare	<input type="checkbox"/> Long-term care insurance
<input type="checkbox"/> Medicare supplement (Medigap)	<input type="checkbox"/> VA benefits
<input type="checkbox"/> Medicaid (MA or Medical Assistance)	<input type="checkbox"/> Do not have insurance
<input type="checkbox"/> Employer-based coverage	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Private policy	

**9. What is your current relationship status?**

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

**10. 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)

**11. Do you have children?** ☐ Yes ☐ No If yes, how many children? \_\_\_\_\_

**12. Do you consider yourself retired?** ☐ Yes ☐ No

**13. Do you currently volunteer your time?** ☐ Yes ☐ No

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

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

**15. Which person / groups in the list are you guarded with about your sexual orientation / gender identity (those to whom you are not completely out)? (check all that apply)**

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

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

Service	Mark an "X" in only one column for each service		
	Specifically designed for the LGBT community	Serve the entire community, but are LGBT welcoming	No preference
Home services (meal delivery, transportation, chore, etc.)			
Healthcare clinic			
Home health care			
Nursing home			
Housing			
Retirement housing			
Community senior center			
Support group			
Adult day services			

17. What is most important to you for selecting services when you are old? Rank the following in order of importance from 1 to 5. 1 equals MOST important.

- ☐ Affordable
- ☐ Conveniently located
- ☐ High quality
- ☐ LGBT welcoming/sensitive
- ☐ Specifically targeted to LGBT people

18. Have you filled out a Minnesota's 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

19. Have you heard of the Senior LinkAge Line®? ☐ Yes   ☐ No

20. Have you heard of MinnesotaHelp.info? ☐ Yes   ☐ No

21. 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

22. Would you be more inclined to use existing senior services if you knew the staff members received LGBT sensitivity training? ☐ Yes   ☐ No

23. How much confidence do you have that you will be treated with dignity and respect as an LGBT person by your health care professionals at the end of your life?

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

24. Please briefly describe what signals to you that a service provider is LGBT welcoming?

25. Do you feel you have enough close friends? ☐ Yes ☐ No

26. In general, how accepting is your family of origin of your life as an LGBT person?

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

27. 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

28. If yes, for whom are you providing care? (Select all that apply)

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

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

☐ Yes ☐ No

30. Who is the first person you would contact in the event of a crisis? (select only 1)

- ☐ Partner
- ☐ Spouse
- ☐ 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

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

☐ Yes ☐ No

32. If yes, who would you consider your primary caregiver?

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

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

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

34. What is your Zip Code ? \_\_\_\_\_

35. Have you or a friend experienced discrimination due to sexual orientation or gender identity when accessing senior services or senior housing? ☐ Yes ☐ No ☐ Does not apply

36. Have you experienced harassment, abuse, or violence because of your sexual orientation?

- ☐ Yes ☐ No

37. Have you experienced harassment, abuse, or violence because of your gender identity?

- ☐ Yes ☐ No

38. Do you know someone other than yourself who has experienced harassment, abuse, or violence because of their sexual orientation? ☐ Yes ☐ No

39. Do you know someone other than yourself who has experienced harassment, abuse, or violence because of their gender identity? ☐ Yes ☐ No

40. What is your our current household annual income?

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

41. 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

42. How many people, including yourself, live in your household? (please provide a number) \_\_\_\_\_

43. What type of housing is your permanent home (the place you live the greatest amount of time during the year)?

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

44. In what ways do other aspects of people's lives (such as race, ethnicity, level of education, financial means) influence LGBT aging?

45. Are there any other comments or insights you would like to share about LGBT aging?



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