SPRING LGBTQ+ AGING INTERVIEWS 2022
Executive Summary

Rainbow Health staff held three community conversations with LGBTQ and/or PLWH (People Living with HIV) aging groups that were identified as having gaps in service: Caregivers, BIPOC, and Solo Seniors. Rainbow Health investigated that way the three LGBTQ+ aging communities have been impacted by the COVID-19 pandemic, how they connect with their community, and what resources are missing for support.

Key Findings

Desire for physical space that centers LGBTQ senior participation

Balance of in-person and online events
Methodology

As Rainbow Health Minnesota prepares to offer more aging-specific services, staff wanted to be sure that programming and recommendations would be relevant to as many community members as possible. Rainbow Health looked at previous research on the aging needs and experiences of LGBTQ people and/or PLWH (the 2022 LGBTQ Aging Needs Assessment, the 2020 LGBTQ Dementia Interview Project, the 2020 Transgender Aging Project, and the Minnesota Board on Aging’s Issues Briefs) that showed that Caregivers, BIPOC, and Solo Seniors had specific gaps in services and decided to center these three focus groups specifically on those segments of the broader LGBTQ+ community.

In Spring 2022, twenty-six members of the aging LGBTQ+ community gathered in three separate focus groups to hold a conversation facilitated by Maren Levad, Dylan Flunker, and Laura Farlow about aging concerns in their community. The focus groups were held via Zoom with transcript and recording capability. After the conversation, attendees received a $50 Visa Gift Card to show appreciation for their participation. The following summary report is divided by the community type. Each focus group was asked the same four questions to guide the conversation:

1. **Thinking about your experience both before and after the pandemic, how did you connect with your community?**
2. **Think of a program you’ve been to that made you feel welcome and supported as your whole self. What elements made it feel that way?**
3. **How has the way that you connect with your community changed as you’ve aged?**
4. **If you could tell people in power one thing about being a member of your community, what would you want them to know?**

Physical and emotional accessibility of programs—transportation services, trauma support, and other supports to create welcoming environments and events

Explicit invitations and targeted programs to overcome the sense of being forgotten or excluded from the broader community

Encourage and support diverse, judgment-free conversations around aging and world events
Caregiver Discussion

Prior to the pandemic, members of this community experienced connection through in-person events and gathered primarily based on word-of-mouth. Since the start of the pandemic, virtual connection has increased in importance. The use of messaging applications and social media has become essential to the communication of the caregiver community. As community members have aged, there has been less connection to others due to the pandemic, changing interests, and the emotional and scheduling demands of caregiving; but those relationships that do emerge are more meaningful and supportive.

It is important for future programming efforts to decrease the isolation caregivers feel, while also acknowledge the important work caregivers are doing. The conversation with caregivers also highlighted the broad definition of “caregiver” that is used throughout the LGBTQ community – caregivers provide support to family members, friends and neighbors, as well as the HIV community at-large and strangers they may connect with on the internet who are struggling.

KEY QUOTES

“If I were to...go out and if my heart space was open to meeting someone to date, I don’t even think I would have the energy for it... But then, even if something showed up, I’m gone all the time taking care of my dad. I have nothing to give another person.”

“Long term survivors are kind of like trauma survivors...at any kind of incident...the body remembers.”

“When I was younger and I was working...I was interacting with more people and interacting with more LGBT people, the population of the world was larger. Now [that I’m a caregiver] it’s smaller.”

“When I was younger, it was always your looks...now looks are just...you have to be beautiful on the inside in order to be beautiful on the outside. And so that’s the difference for me. And now I understand what it’s like to be lonely.”

“Those of us living with HIV and AIDS...appreciate a caring conversation. And that is sometimes the most important because this can be a very alienating process, because a lot of is so bureaucratic.”

“No matter where we’re getting it, the more of us that are connected, the stronger we are.”

“It’s really hard. It’s lonely. You’re on duty 24/7. Whether your person is in a care facility or not, I’m always a phone call away. And it’s a challenge...”

“The key thing would be that we do matter...we shouldn’t be forgotten.”
BIPOC Discussion

The pandemic created a more structured, home-bound lifestyle for BIPOC community members, especially those who were at higher-risk of infection or adverse health conditions. Connection focused more on telephone conversations rather than traveling and participating in events. Many cited the fact that their imagined futures had been delayed or derailed in ways they could not ever have imagined.

In terms of future programming, the discussion centered around the simple ways programs can make a space feel welcoming: things like facial expressions, being greeted at the door, body language, and basic introductions. All those efforts went a long way to making people feel welcome. However, this group also noted a general sense of exclusion from the broader LGBTQ and aging communities. This was especially true for those who identified as BIPOC and transgender. They noted a long history of being ignored and excluded, and thereby wanted to see more explicit invitations and efforts being made to make LGBTQ spaces inclusive to all. Finally, participants stressed the value of respect; that respect should be freely given to all.

KEY QUOTES

“[It is important] to include us because there’s a lot of the trans community... we supposed to be one, LGBTQ you know, and we [trans folk] feel like we’re out in the cold.”

“The biggest thing, respect, because I think that it’s something--and it’s very, very, frightening to say--but it’s something that will have to be fought for and protested for.”

“It’s a much more regimented life than I had planned to live at this age, that I blame on the pandemic...Yeah of course as you grow older there, there’s some regiment but it was definitely not at this heightened level.”

“I was to live in the big dream, and great ambitions of doing a lot of adventures and exploring new things...I have never witnessed what the pandemic brought which is like, I felt like we came to a standstill.”

“If I get smiles I tend to feel welcome. If people willingly kind of walk up to me just to say hi, or just to want to know my name, or a little bit about me.”
Solo Seniors Discussion

Solo Seniors were deeply affected by the changes brought on by COVID, and those challenges have been compounded by their own aging journey. There was a sense of loss that permeated our conversation: programs that had paused or gone away, loss of employment or volunteer work, lack of LGBTQ friendly gathering spaces, and the loss of friends and family (through moving away or death.) Solo Seniors did rely heavily on online programs during the pandemic but found the level of community engagement was not the same as before. Members of this group who have had the most difficulty making connections are those who are uncoupled and those who are transplants from another region.

The discussion revealed that through this loss and the challenging times present across the globe right now, Solo Seniors want a physical space that is welcoming and inclusive to LGBTQ folks which allows for space to have open discussions about the world and their lives. One issue in finding this space is a general feeling of disconnect with the younger generation of LGBTQ community and the disinterest in meeting at loud bars as they age.

Another major issue future programming must take into account is the decreased mobility and sense of safety that some Solo Seniors expressed. As members have aged, mobility and transportation have influenced the groups they are able to access. In addition, members may be in high-risk health groups and leaving their home still feels too high a risk for non-medical needs.

In conclusion, Solo Seniors seek representation to assist with aging, increased accessibility to programs, and inclusion of all. It is important that there are safe, respectful places for anyone in the LGBTQ community to gather.

KEY QUOTES

“It’s been a real challenge in Covid to stay connected, because most people do not want to. We used to gather almost every month for some event, maybe a speaker, maybe some activity. And it was a real challenge to continue to connect.”

“I feel lonely as a single, you know, I think most people are coupled here, you know heterosexual and LGBTQ, and I think they take that for granted. I have to negotiate everything on my own, my health, you know, taking care of my cats. And it’s really a challenge.”

“Aging changes everything. Health problems, COVID. Transportation, it’s hardly worth figuring out all the problems.”

“I think many of us are ill prepared for the future. We’re ill prepared for where we’re going to live as we age.”

“As a member of the emerging population of people living with HIV AIDS, I am in desperate need of representation of an advocate.”

“I need safety...It may look different at different times. I may need a ride. I may need a case manager to speak for me on a particularly difficult subject I... may need more food. I may need help with rent. It’s just safety in general.”