Community Listening Sessions with LGBTQIA+ Adults 50 Years and Older: Summary Report

Stanford University School of Medicine

PRIDEnet

Equitas Health Institute

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Introduction

> *''... my lasting memorial is the people who hear my stories. The importance of telling our stories as elders, I think is so important. That's our legacy really.'' - Session Participant*

Thank you to the participants of these sessions for sharing their stories and experiences with us. You have paved the way for current and future generations of LGBTQIA+ people to thrive. Thank you for providing the community with tools, teachings, and examples of how to build and sustain advocacy movements that serve a diverse community. Your knowledge has and will continue to improve the health and well-being of LGBTQIA+ communities.

This report illuminates the vibrant tapestry of resilience, strength, and trailblazing advocacy that defines LGBTQIA+ older adults. We have highlighted the challenges and barriers discussed by the session participants, and illustrated the joys of aging and the unwavering advocacy that is shaping our present and future.

Part 1: Overview – What did we do and why?

PRIDEnet is a national network of individuals and organizations committed to the meaningful engagement of LGBTQIA+ people throughout the entire research process. We do this by connecting community members with ways to participate in research and creating opportunities for community input to inform all stages of the research process. PRIDEnet recognizes that the LGBTQIA+ community is not a monolith; we have different experiences, issues, concerns, strengths, and barriers. One method of community engagement that helps us understand these differences is community listening sessions. We use these sessions to listen to the opinions and experiences of LGBTQIA+ people on health issues facing their communities. We listen to possible solutions to those problems, barriers to research participation, trusted sources of health information, and methods of community building. As PRIDEnet engages with individuals and organizations that represent the diverse subcommunities under the LGBTQIA+ umbrella, we often encounter unique perspectives related to health research participation. By listening to the unique perspectives of these communities, we can create a more welcoming and affirming research environment for the most marginalized, underserved parts of LGBTQIA+ communities.

This report is based on community listening sessions with LGBTQIA+ people ages 50 years and older. It is important to acknowledge that while we had specific age requirements, we learned through these sessions that aging in the LGBTQIA+ community should not be so rigidly defined. And, while language is constantly evolving and there is no consensus within the LGBTQIA+ community about the preferred terms to describe this age group, we have used the terms LGBTQIA+ older adults and elders interchangeably to refer to this community. These sessions were completed in partnership with PRIDEnet's Community Partner Consortium member, Equitas Health Institute.

Equitas Health Institute is the education, research, and patient empowerment division of Equitas Health, a nonprofit community healthcare system serving patients in Ohio, Texas, Kentucky, and West Virginia. They develop innovative programs, tailored education solutions, and original research to support and empower people living with HIV, the LGBTQIA+ community, and Black Indigenous People of Color (BIPOC) communities. Equitas Health Institute brings together public health experts, providers, patients, and community partners to advocate for their communities and better health for all.

PRIDEnet is an *All of Us* National Community Engagement Partner, focusing on LGBTQIA+ community engagement for the National Institute of Health's *All of Us* Research Program, an ambitious effort to gather health data from one million or more people living in the United States to accelerate research that may improve health. This report will be provided to *All of Us* to improve engagement with and be more responsive to LGBTQIA+ older adults.

Equitas Health Institute is dedicated to research with the community, not merely in the community. Therefore, Equitas Health Institute will give back by sharing the results of this report with constituents, stakeholders, and others interested in the experiences of LGBTQIA+ elders.

Part 2: Methods – How did we do what we did?

PRIDEnet and Equitas Health Institute began meeting in December 2022 to determine the list of community listening session questions and focus topics, and create the necessary materials for community listening session conduction, which included: screening survey, demographic survey, post-session survey, and recruitment materials. These materials were finalized and received IRB approval in August 2023. See **Appendix A** for the final discussion questions. Online, live, community listening sessions were scheduled for September 2023. Recruitment materials were distributed *via* social media and internal mailing lists at PRIDEnet and Equitas Health Institute, as well as through our community partners.

A total of 1,596 individuals completed the screening and demographics survey and IRB-approved consent procedures. After reviewing the screening survey responses, 48 individuals were eligible to participate and invited to attend one of the scheduled sessions. A total of 38 individuals participated across all three sessions. The first session, held on September 12, 2023, had 14 participants, and was facilitated by PRIDEnet Regional Engagement Coordinator, Cassie Armea-Warren, MSc and Equitas Health Institute Research Developer, Brittany Feeling, MPH, CHES ®, CCMA, with technical support from Equitas Health Institute Research Associate, Stella Sheke, MPH, CHES ®. The second session, held on September 16, 2023, had 12 participants, and was facilitated by PRIDEnet Regional Engagement Coordinator, Cassie Armea-Warren, MSc and Equitas Health Institute Research Associate, Rachel Hetrick, MPH, with technical support from Equitas Health Institute Research Developer, Brittany Feeling, MPH, CHES ®, CCMA. The final session, held on September 21, 2023, had 12 participants, and was facilitated by PRIDEnet Regional Engagement Coordinator, Cassie Armea-Warren, MSc and Equitas Health Institute Research Developer, Brittany Feeling, MPH, CHES ®, CCMA, with technical support from Equitas Health Institute Research Associate, Stella Sheke, MPH, CHES ®. A post-session survey was also distributed to gather demographic information and quantitative and qualitative data. All sessions were audio and video recorded, professionally transcribed, and analyzed inductively for common themes, which are summarized in **Part 3** below.

One of the key challenges in conducting sessions aimed at listening to a diverse group of individuals is striking the delicate balance between fostering open sharing of diverse perspectives and experiences while ensuring a supportive and inclusive environment for everyone involved. After one session, we learned from participant feedback that some perspectives shared were offensive, which merited further discussion and action by the research team. We are thankful for the feedback on participant dialogue. It allowed us to reflect on our process and how to improve as facilitators. We sent an email acknowledging the feedback and apologizing to all session participants and encouraged session participants to complete the post-session survey, which included questions about their experience of the session. **Appendix B** contains these post-session survey questions. For the subsequent sessions, we added group agreements focused on outlining what kinds of sensitive topics and conversations might arise and how

we can be mindful while sharing authentically. **Appendix C** contains the updated group agreements. We also provided more contextual guidance when framing the questions that were more likely to initiate sensitive topics (*e.g.*, questions about affirming and/or harmful terms). In the future, we will consider if having separate focus groups based on identity might be best when asking questions about identity and language, as well as to think about the identities of the facilitator(s). We remain committed to learning, growing with the community, and being responsive to feedback.

Part 3: Participants and Key Themes– What did we find?

The sessions explored different themes related to health, research, LGBTQIA+ identity, information sharing, community building, and social support. Equitas Health Institute provides services to clients primarily in the state of Ohio, so the first session consisted only of Ohio residents. The other two sessions were open to anyone living in the US, including those living in Ohio. The Ohio-specific session participants gave similar insights to those in the two national sessions; thus, the themes below reflect all three sessions. The discussions highlighted shared experiences as well as unique viewpoints.

Post-session Survey

A brief online survey was administered *via* Qualtrics online survey software at the end of the sessions to collect demographic and quantitative data. Among all session participants, 87% completed the post-session survey. Session participant ages ranged from 50- to 76-years-old. With respect to race and/or ethnicity, 61% of individuals identified their race and/or ethnicity as White, 27% as Black, African American, or African, 9% as Hispanic, Latino/x, or Spanish, 6% as American Indian or Alaska Native, and 3% as Other/None of these fully describe me. Most session participants (89%) reported seeing a healthcare provider within the past year. See **Appendix D** for additional demographic information.

Community Health Concerns and Solutions

Session participants expressed a wide range of concerns related to health that emerge because of aging as an LGBTQIA+ person. Many expressed frustration over treatment within medical care, citing a shortage of providers to care for elders, including someone who mentioned a 5-6 month waiting list, combined with provider stigmatization or lack of knowledge on LGBTQIA+ communities.

> *“It’s not just a single issue. Many of us are facing we can't drive at night, getting quality healthcare. And not just quality, but competent healthcare at our age as we have some new young people entering the medical field that may or may not be open to treating our community or speaking with our community. Especially myself, knowing I'm a trans woman and knowing that there are over 500 bills or close to 500 bills against the trans community alone, it makes it very difficult to seek out healthcare or going to get a hearing test or getting your eyes checked. There's so many different issues. And as well, many of us are on a fixed income."*

> *“I think one of the problems that I'm experiencing and worried is going to get worse is just a shortage of people who are trained with dealing with transgender and non-binary people as we get older. I mean, people dealing with trans and non-binary people period. It's hard to find people. But especially folks who have any training around, like, geriatrics or things like that, it's really hard to find.”*

Many voiced concerns about the affordability of care, gaps in financial coverage for people that are not in emergency situations or have needs not covered by healthcare, and navigating the healthcare system.

"If you're in an extreme situation or you need severe help, there's a lot of that. But if you just need a little help or you're experiencing long COVID, which is, you know, it's not that you're dying, but it is a struggle, there's little voice for that. You know, the middle- of-the-road people, the people who are not homeless, or in full addiction or, you know what I mean? There's just — they're not so bad that they need emergency services but still need some help, there seems to be no spot for them."

"Information is like a desert out there. Nobody answers the phone anymore. I have very good insurance, but I don't know how to get the things I need from the insurance company. There is no agency that has a real person at the end of the phone for guidance, to help connect me to the services I'm entitled to at my age. It would be nice to actually be able to talk to people instead of robots."

The need for home care (*e.g.*, support with daily tasks like cleaning and getting groceries) was a concern raised by many session participants. As this individual explains, many LGBTQIA+ older adults are relying on informal care because this type of care might not be covered or there could be a waitlist causing delays in access.

"...unless you have access to informal care, a lot of older adults are not getting home care or they're on a waiting list, et cetera. So, people might have access to healthcare, but perhaps not necessarily access to formal or informal home care."

Sub-theme: Specific Health Concerns

Housing, mental health, loneliness, substance use, sexual health, and COVID-19 were discussed as specific health needs by session participants.

Many raised the need for affordable and supportive housing to combat loneliness, as well as to bring services to where elders are already located, especially within rural areas. One person talked about fears of having to go back into the closet, and many discussed the desire for housing dedicated to LGBTQIA+ community members.

"… my concern is I live alone. And who's going to take care of me? That's the aging dilemma. I would like to stay in my house or look into co-housing or something like that. There's no senior gay anything in this area. So it's — I'd say that's more of an issue for me in participating in tonight to see, you know, make sure that is part of the study."

"I would say many of us who are living with HIV from back in the day are living on disability and subsidy, and finding housing is a real issue. And getting quality housing because right now, I'll just say, I'm having to move from my place because the foundation is falling in and the landlord is not doing anything. So now I am in the process of having to move in six weeks and getting help to help clean, whatever, whatever that is needed"

Session participants frequently discussed loneliness and its correlation with mental health, particularly emphasizing how these issues can significantly affect physical well-being.

"I think one of the biggest health concerns for the older generations is loneliness. The reason I consider that a health concern is because it leads to other health issues."

One individual shared a specific example of something they felt was an unrecognized mental health issue among LGBTQIA+ elders that should be brought to light.

> *“I’m experiencing and starting to recover from hoarding because of the isolation of HIV and being a trans person who lives alone. I'm starting my recovery process. I’ve been through EMDR [eye movement desensitization and reprocessing] therapies and stuff, and this is the first time I've acknowledged this in a group like this is that I’ve really struggled with hoarding, and now I’m finally seeing my way out… And it’s not uncommon… they're doing studies in Europe on the HIV positive community and hoarding and realizing that older adults, especially those living with HIV, are experiencing hoarding on such a different level of being isolated and the trauma of being isolated and feeling isolated and alone.”*

Substance use and sexual health emerged as concerns for several session participants: crystal meth and opiates were specific examples given. Regarding sexual health, many discussed feeling excluded from sexual health campaigns, and one individual talked about the need for more sexual health education directed toward LGBTQIA+ older adults.

> *“People don't think of individuals in our age group as having active sex lives, but many of us do.”*

> *“I've had a knee replacement. So how can I function in a sexual situation where I don't have to be up on my knees? There's a lack of information to pass on how to have sex as you get older, I guess, or different positions. Yeah, there's toys and things like that, but that don't always work. I think that's one area where people are not very open about it, you know, and it's not anything to be embarrassed of.”*

Session participants discussed COVID-19, highlighting its impact on their social support, its prevalence, and the accessibility of information for their communities. One person expressed frustration around feeling unheard in sharing concerns with their provider about the impacts that HIV and long COVID are having on their health:

> *“It seems like no one is listening to people that are struggling with long COVID or HIV. I constantly tell my infectious disease doctor — I've had COVID twice — I have a hard time walking up the stairs to go to the train. And I don't have COPD [chronic obstructive pulmonary disease]. I don't smoke, yet it's still an issue and it just seems to fall on deaf ears.”*

Sub-theme: Aging and Living With HIV

Many session participants discussed long-term survivorship with HIV and their experience navigating healthcare and accessing resources related to aging. This individual talked about the associated challenges of navigating healthcare outside of their primary HIV doctor for emerging age-related health concerns.

> *“I do have a lot of new health conditions besides HIV. I have to go to different specialists for them, and mostly, they are not comfortable saying the word HIV or hearing the word HIV… and you feel weird going into those places because you're not seeing nothing HIV. Or your support that you're used to seeing all this time with the HIV care, you're not seeing that support you always had from your clinic… These other specialists that are coming along with the, you know, stuff that comes along with aging don't know what we’re talking about or even know how to talk about it. And their staff is even worse”*

One session participant gave a detailed account of how inadequate knowledge about HIV from a healthcare provider influenced the quality of care they received.

> *"I had to have radiation. It took a couple of weeks of going before they started the radiation because they wanted to show me everything to expect and what it's going to be like... But they waited until the day of my treatment to say to me that we need you to sign this paper saying that we did inform you that after this treatment you can't have children, and to do so may actually cause a child to be deformed, and so on and so forth. I'm like, why would you wait until the day of my treatment? And this nurse actually said, 'Why would you do that?' And I said, 'Well, what are you talking about?' 'Why would you have a child? You have HIV.' And I'm, like, this woman is totally uneducated… Like, gay people can have children, HIV positive people can have children who are healthy today. But, you know, it's the lack of education."*

Many felt that when you are living with HIV, especially for those who have been living with HIV for 20 to 30 years, your body ages faster, and as a result, they need access to resources for which they do not yet qualify based on age criteria. There is a body of research that supports their statements.[1] Several session participants suggested lowering the age requirements by 10 years.

> *"I think it doesn't help either that those of us who are HIV positive, we age at an even faster rate than everyone else. You know, that most people who are HIV positive have diseases or symptoms or problems of people 10 years their senior, and that's a complicated problem, you know, because, yes, you're right there. People don't recognize aging in the community, but people like myself who are HIV positive, we are aging even faster than you are. And, you know, because I'm 64, and I've already had problems that 74-year-olds and 75-year-olds have had. So, yes, it is a problem, and yes, we do need to open the discussion."*

Health Research Attitudes and Experiences

Many session participants expressed positive feelings about engaging in health research, noting the following benefits: gaining new perspectives, increasing representation of their community, and contributing to knowledge that will help future generations of LGBQTIA+ people.

> *"I almost think like participating in research is one of the elements of resilience for me. It helps me feel like I'm contributing to knowledge about trans and queer people, which I hope means that in the end there'll be greater human rights for queer and trans people.''*

One person framed participating in research as a political act to fight the erasure of LGBTQIA+ people.

> *"...our lives are political… there is a huge group of states that are trying to erase us whether it's in books or it's in medical or just our existence… So the best thing for them is that we're not part of any study, you know? And, so, we have to fight to be part of everything. Always. And we have to recognize that we exist. We're not special, but we deserve our own identity at every point and demand it because there are people trying to kill us or kill the fact that we exist…"*

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[1] Gross AM, et al. Methylome-wide analysis of chronic HIV infection reveals five-year increase in biological age and epigenetic targeting of HLA. Molecular Cell. 2016;62(2):157-168. doi:10.1016/j.molcel.2016.03.019., Rickabaugh TM, et al. Acceleration of age-associated methylation patterns in HIV-1-infected adults. PLoS One. 2015;10(3):e0119201. doi:10.1371/journal.pone.0119201., Guaraldi G, et al. Premature age-related comorbidities among HIV-infected persons compared with the general population. Clin Infect Dis. 2011;53(11):1120-1126. doi:10.1093/cid/cir627.

Many also shared a desire for more comprehensive research studies that prioritize diversity, as well as the stories and experiences of LGBTQIA+ older adults.

> *"... I would really like to see a study with older LGBTQ+ folks that has lots of participants. I just read The Trevor Project mental health survey that came out, and they had like 28,000 participants. It would be fabulous if they really wanted to hear from older adults that they surveyed all of us. And I know you can't have everybody, but to have numbers that are much larger than some of the studies that I've seen that just have a handful of people."*

Session participants raised concerns about engaging in health research, focusing on issues such as confidentiality, equitable presentation and distribution of findings, and transparency and clarity of findings. They desired transparency on research frameworks to address hesitations that are based on historical injustices experienced by marginalized communities.

> *"I have a friend who just won't participate in anything related to LGBTQ health because he's so afraid of confidentiality… there's histories of people being harmed by research efforts, not just with their confidential information being shared. So, I think those are histories that we need to continue to reckon."*

There was disappointment expressed by some session participants regarding the scarcity of information or opportunities for involvement in research, as well as instances where they were deemed ineligible due to age or pre-existing health conditions.

> *"I've been kicked out of various studies because I have a liver enzyme problem, which I don't know what that means, but because that enzyme was off, I couldn't be in a study. So it's random things that studies control for, or you have to be in a certain level of health where someone who is very ill might want to be in isn't going to want to be in that study because they're ill and they have other underlying health problems and they don't want to be in the study versus someone who is 'healthy' but isn't going to get involved because, why would I want to be in a medical study?''*

Sub-theme: Language & Terminology

Regarding LGBTQIA+ identity terminology, session participants had mixed reactions and opinions. Some people expressed generational differences; some felt offended by terms used by younger generations while others felt rendered invisible because terms they use have fallen out of use and are now considered offensive.

> *"I said the generation thing because personally, and I'm not speaking for anybody else, but personally, I will have a tolerance for certain words. You can reference me as 'gay'. But if you call me 'queer' or 'fag', that's me personally, that is very troublesome for me. But 'gay', okay, I'm okay. That's my comfort. And I don't want you referencing me with the other words."*

> *"And I'm going to tell you, if you call me a 'tranny', depending upon how it's coming across, I'm not offended by that term. If I know it's coming across as derogatory, that can be upsetting, and then I'm going to educate you… I tell people all the time I am not transgender. I am a transsexual woman. I am not transgender. And I emphasize that all the time with people. I differentiate from that umbrella."*

"I will add it is fine to put transsexual by my name. Even though many say it should not be used. I don't use transgender."

"I am also transsexual, not transgender. I love 'tranny' too. Often times studies have dropped using 'transsexual' and I've been told by 'allies' and members of the trans community not to use 'transsexual.' Being as inclusive as possible with language if a challenge."

When asked about specific terms, the term "queer" elicited diverse responses. Some participants appreciated the term because they felt it effectively summarized all LGBTQIA+ people, while others felt it oversimplified and generalized a diverse group of people.

"I loathe the reduction of LGBTQ to 'trans and queer' or 'queer and trans.'"

"'Queer' is one I find offensive, due to how it was used/applied when I was growing up. The others like 'gay/fag' etc. don't bother me. There are terms for LBT+ folks that are offensive ('tranny', 'lezzie', etc.) that shouldn't be used."

"not biggest fan of 'queer' personallly but i can deal with it."

"Lets just use 'Gay' or 'Queer,' and say it means all the other letters too. There are too many letters."

Two session participants shared their thoughts and personal preferences around race and/or ethnicity identity terms, which varied by culture and generation as well.

"As a first-generation Latino trans man, what I'll add is that 'Latinx' is an unpronounceable term in the Spanish language and, therefore, within Spanish-speaking countries, the term 'Latine,' with an 'e' at the end, is becoming more popular. People can use that identifier, of course, but not as a general term for the whole Latino or Hispanic community. Pew Research did a study and found that only 25% of Hispanic Americans had ever heard of 'Latinx,' and only 3% of those use it. So, it's not used by most people from the community."

"When I was coming up, we were called 'Black.' That was it… Now there's 'African American.' I particularly don't like 'African American' because I can't think of any other nationality who has to say 'White American' or 'Chinese American.' That's something that has been used to categorize people like me."

Discussions around newer approaches to gender neutral language brought up polarizing opinions. Session participants had conflicting thoughts on explaining their gender and/or pronouns frequently. Some people expressed feeling a spectrum of confusion and exhaustion to irritation by new terms. Others felt it was important to adjust to changes that create inclusion.

"I'm from that old school… I find it a bit irritating for me to have to announce my pronouns."

"I will say it is forever evolving, and I as a trans person, I sometimes cannot keep up. And I as a trans person, as an elder in the trans community, I will also say I oftentimes slip up and use the wrong pronoun. So, I just say I'm sorry and move on. It is difficult for me sometimes to grasp the

ze, zir, zeir, zem, they, them; however, I'm getting better at it. I'm getting much, much better at it. And, so, therefore, you know, it's constantly evolving, like our English language and slang. It can change every day if not every 15 minutes. We can't always be on top of things. It's only when we see it or hear it, we become aware of it.''

Many suggested that researchers address language concerns by collaborating closely with the community being studied to determine the language that will resonate with them, as well as to use plain language without complex medical terminology. One session participant explained how they felt excluded by the language researchers used.

"… when I read those studies and what's in them, just by the wording, it feels like they're geared towards younger people as opposed to people our age or my age. And they'll say it's an open study for any age, but the way they structure their sentences and the words they use, it reads as though it's for a much younger population..."

"I think you need to make it plain. Make the language plain so everybody can understand it. If you're doing research projects, be direct and explanatory. Don't get scientific on the people who are participating or are interested in the research."

Information Sharing, Community Building, & Social Support

We asked session participants how they want to see their community represented in photos or images used in outreach materials. We also asked about the importance of community-based social support services to their aging experience, both formal (*e.g.*, LGBTQIA+ community centers, social services, health services programming) and informal (*e.g.*, chosen family, friends, neighbors). Overall social support, both formal and informal, were discussed as crucial to their overall health and well-being.

Sub-theme: Representation in Media and Outreach Materials

Session participants wanted to see realistic portrayals of themselves in photos and images. They did not like when LGBTQIA+ elders are shown as weak and frail, and on the other end of the spectrum, they did not like exaggerated portrayals of elders running marathons or being oversexualized. They wanted to see people who look like them with body changes and other features of aging that are normally hidden.

"I find it highly insulting to be shown 30-year-olds, especially in advertising. And it's done frequently. There is actually a whole type, you know, of model that dyes their hair gray and is only 35 years old, but they're in the commercials for the 60+, 65+ community… and I just find it so insulting."

Others shared it was important to ensure diverse representation in more realistic portrayals of older adults, and to push beyond stereotypical representations of LGBTQIA+ subgroups.

"I just wanted to say that it's been my observation over many, many years that Two Spirit people and non-binary Native Americans of all kinds are omitted from photo shoots of our combined community, so I would like to see that remedied."

"... I think everyone should be represented in these photos because – and that helps not only for us, but for the general public so that they get to see that you cannot just look at us and identify us. We are a rainbow of people, and that rainbow isn't just about colors because every color has a different temperature, and every color has a different purpose. So, with that being said, I feel

that all of us should be represented in photos. I know you can't get 100 people in a photo at a time, but photos should be more blended than what we see today."

Sub-theme: Community & Social Support

Session participants felt that having a community and social support is vital for LGBTQIA+ older adults as it improves health outcomes, helps them cope with difficulties, and can help guide them to good, competent healthcare providers.

> *"I believe that a big part of this [health] is the community, that I've discovered that people who participate in a community have better healthcare outcomes. I've seen it with my father, and I've seen it with my friends who went into assisted living or nursing care, that their health outcomes improved dramatically once they were in a community with others. And I think that's the important thing to remember in all this because that's what encompasses loneliness, safety, and all those other issues fall under this whole aspect of community. Because even if you're not there with people, having access to someone you can call that's part of your community helps people have better health outcomes."*

Many named community-based organizations that provide programming, resources, and services to LGBTQIA+ older adults as vital to their social support as well as hubs to find community.

> *"I will say personally, on a personal course, that since I recently moved here and really didn't know anyone or anything, it's been vital to have the LGBTQ Community Center here in [location redacted]. It has been a vital part of helping me feel connected to this community, being a recent arrival. It's been invaluable. I think those supports are really important as we get older, especially because there tends to be more loss as we age. And, so, if your main social circle has experienced loss, then having other places you can go to and turn to is really important in all of those areas you have listed there [healthcare services, social services, LGBTQIA+ community services]."*

Sub-theme: Staying Connected

Session participants shared diverse thoughts and approaches about how they stay connected to family, friends, and community. Many people discussed facing greater difficulties making friends as they age, highlighting the effort it takes to create new relationships or engage in new activities.

> *"You do wind up having to be more aggressive than you were before in developing relationships and talking to people… Usually, I'm forced to meet new people in a work situation, and now I don't have that anymore. So, yeah. I've had to get out of bed and go up to the Center and go to every senior group and every meeting and everything they offer just so I can network with people that might become my friends. And I've been relatively successful. Like you said, old friends aren't going to be old friends that you just meet, and people that are older generally don't look to making new friends because they have their old friends... It's just that we all really have to dig into something that we haven't had to use before and just become more aggressive in seeking friendship and companionship."*

While people had differing opinions about technology, many found technology to be important in staying connected. A few session participants preferred in-person interactions with others, citing a belief in the need for physical human interaction or difficulties accessing new technology.

"I'm finding that the Internet, as much as there's stuff that goes wrong in the internet, it's been an enormous source of support… And that Internet support feels just as real to the people who participate as in-person interactions can feel. As I'm getting older, I love technology… We have a significant 'Buy Nothing' group, which I know sounds ridiculous, but we're super supportive. If somebody needs food, someone will get it for them. If someone needs medicine, someone will find it. It's something that feels to me like the old-fashioned neighborhood used to, where your neighbor would go to the store for you if you were sick. But I'd like more people to have access to that, especially those who might not get that personally because they don't have any support at all from the people who love them."

"To have social support, you need actual physical interaction with people. You cannot do it digitally…That was the fun of going to someplace because you might meet new people or people different than what you thought that you would like and what have you. Now online, you know, you just sort of, like, order up a person, and they appear at your door, and that may not be the best thing for you because sometimes you need something different than what you want."

"It's hard because we don't know technology. Technology is always advancing. I'm just getting used to Zoom, and now they're changing things on Zoom that I got used to doing. Okay? That's like a young generational do Zoom support groups."

Major changes such as COVID-19, retirement, or living away from family and friends affected the session participants' ability to stay connected to their community and support systems.

"... I retired, so I lost all my support at work, the people that I worked with. I worked at a job for many, many years, and I had a lot of support on a lot of levels from work. And I was out at work. And not that being out is a problem for me personally now, but I lost that support, so I don't have that. The other one was COVID for three years, being stuck in the house. And, so, those things all affected my social network. I retired about six years ago. So, it's sort of a double whammy. How do I maintain? I'm working on it. I haven't really maintained them. It's harder than it used to be. There used to be natural ways it worked, and now I have to be more creative, but I haven't really been very good at it."

Some felt there needs to be more informed and tailored programming for LGBTQIA+ elders. Others shared that even when information or services pertaining to their community is available, it is not reaching the people who need it the most.

"But what I don't see is that same service on the South side or the West side, which are the majority Black and Latino areas of [location redacted]. They're just not there. The Center even has certain programs just for people of color, and I see so few people that actually join… I don't think the awareness is there. I don't think the information is circulated as well as it needs to be. I don't know the answer to it, but I just don't see the outreach into the Black community being very effective, very robust. I'm not saying it's from a lack of trying. I just think that's what's missing. There could be a greater connection between older gay people of color. But it's not there right now, and I don't really know the answer."

"... being able to have things that are geared towards us that aren't condescending, that don't make us sound like we're in second grade or treat us like we're second graders, or we're in a group outing. It's, like, you know, I can still write my own checks. I don't need to be treated like

that. But to encourage them to have those activities that we would be interested in whether it's bowling, playing cards, movie nights, or things like that..."

Many talked about a desire to stay connected through intergenerational spaces or activities, highlighting how rewarding those experiences have been.

"The best of which [community programming] was the intergenerational group they had where we just had people who were over 60 and under 30 in a group talk about their lives. That was probably one of the most rewarding things I've participated in in my entire life."

"There is a group … that matches older gay men with younger gay men platonically just in friendships... I think that's a great idea. Like, you know, just in general in life, that people with more energy are matched with seniors that have less energy and you, you know, talk and cohabitate – not maybe cohabitate, but do things together. And it keeps you lively and stuff."

LGBTQIA+ Identity: Experiences of Aging in Social Environments

Many session participants talked about feeling marginalized within the broader LGBTQIA+ community due to their age and experiencing pressure to conceal signs of aging. Some stated that aging needs to be normalized and discussed more in the LGBTQIA+ community in a positive and affirming way. They felt that normalizing aging could help LGBTQIA+ people learn what to expect as they age and allow information to be shared with those who need it.

"I think there's an expectation that we're just going to go off into a corner and just, you know, just kind of do it [age] and not bother anybody. But, you know, I've always been out, and I'm not about to go back in the closet as an older gay man. That's just not going to happen. And, you know, I'm aging out loud, you know? It's just like I'm not going to hide this. You're going to see this happen. And I think the more that we are able to talk about that, the better off we're going to be because, you know, there's all this mystery about it. I'm finding out half the things that they said about aging just aren't true just in terms of — well, some of them are. Let me put it that way. But still, it's just being able to talk about aging and it being an affirming and positive conversation as opposed to it being a negative or something that people have to whisper about."

Some session participants with other marginalized identities described the contrasting experience of feeling revered and respected for their age in those specific communities, while facing a sense of insignificance in the broader LGBTQIA+ community.

"... it's important for us to normalize aging in the community because when I look at my Blackness, my gayness, and aging, I find that attitudes about aging in the Black community and the gay community are two very different things. In the gay community, it's like, oh, you're aging, and you're, I don't want to say washed up, but they pretty much kind of treat me like I'm irrelevant. But in the Black community, I'm revered. I'm an elder. I'm seen as wise. I don't think I'm all that wise, but I'll let them think that. It's a very different experience. So, there's a – I don't want to say it's a conflict, but I can guarantee you that I'm going to pay more attention to where I'm getting revered than where I'm getting ostracized."

Fears & Concerns About Aging

Session participants shared their fears and concerns around aging as an LGBTQIA+ person. Many of the fears and concerns centered around the quality of life when aging as well as death.

"The biggest concerns that I actually have, we haven't really discussed here at all, is longevity and quality of life because we are living longer. Look at all the long-term survivors of HIV and AIDS. They weren't supposed to be around now. But yet, they now have to look at possibly living to 80, 90, or longer, and what's their quality of life going to be like?"

One individual reflected on their concerns regarding sexuality as they age, particularly in relationship to physical limitations, body changes, and self-image.

"Like with me now, I have to have a stimulator on my back to control my bladder and wear adult diapers and stuff like that. You don't feel sexy anymore. What if that person sees me taking off this diaper and stuff is not sexy…even for older people that you can't get these sexy little cutie underwears no more, you know? And that takes your image. You know, that takes away how you feel sexually, how you present to your partner, you know. How you feel with your partner, too… There's a lot with sexuality as we get older and things that come along with sexuality. You know, back symptoms, all that, you know, heart issues, the stamina… you know, functioning and not functioning and how you get around all that."

The current political climate of increasing anti-LGBTQIA+ legislation and policy was a source of fear and concern for many session participants. Fears included needing to go back into the closet and losing the ability to make your own choices or protect yourself.

"I think one of the major concerns is our safety. The awareness that we have to go back into the closet, especially in this environment. And getting older, there's nobody really to protect us or our ability to protect ourselves."

"What are we going to do as we lose our ability to function easily? How do we find access to medical care? How do we find access to community?... And also, am I going to choose to end my life on my own schedule? That was a thing for him [participant's dad]. He was very active in end-of-life issues surrounding the choice to die. And I'm curious about how that intersects with QUILTBAG [Queer/Questioning, Undecided, Intersex, Lesbian, Transgender/Transsexual, Bisexuals, Allied/Asexual, Gay/Genderqueer] people. Like, we are — we're increasingly losing politically our ability to make choices for ourselves, right, women, everybody is losing that choice. I would like to know how that is intersecting with people, gay, lesbian, the QUILTBAGS — sorry for using that term — how that's intersecting with end-of-life choices and the choices that we can make."

Advocacy

Session participants showed resilience through advocating for themselves, speaking up against injustices, and being proactive in their healthcare. One individual talked about how having to advocate for themselves their whole life has been a skill that has kept them going through difficult times. Others talked about speaking up for themselves and others and bringing issues to leadership, policy makers, and city councils. There was a shared belief that taking a stand against injustice now would support their peers and future generations.

"One of the things I tell people is I was born Black in the '50s, grew up during the civil rights era, came out when I was 22. So, I know how to advocate for myself… I'm not afraid to speak up. I'm

not afraid to advocate for myself, and I'm certainly not afraid to advocate for other people. And I think that's really going to be key. I think having that skill and being able to be comfortable in doing that has really allowed me to be resilient and keep moving forward and not get too caught up in the stuff that's going on around me."

"... making sure that we are not only advocating for ourselves with our healthcare providers, but advocating for ourselves with policymakers at the state and the federal level, and this is what I do. I will go to City Council, I will go to County Board of Supervisors, and I will speak my mind about how we are omitted through invisibility by language that's in the policy. If we're not there in the language and the policy, we have been excluded by omission… Also, clinical trials…make sure that you participate in those clinical trials, research, and share those resources with your networks. Say that we need to get these numbers up because it not only benefits us, it benefits future LGBTQ generations.''

In the post-session survey, we asked session participants about one thing they would like to share to help someone in the LGBTQIA+ community dealing with or who will deal with aging. Responses were insightful and bold. Many emphasized finding and creating support networks. Below, we have highlighted a few quotes from participant's direct responses:

"I try to release my previous, no-longer-true definitions of myself, and try to embrace the changes coming. I try to be open to myself and to my joy as I am today, with no undue attachment to the past nor fruitless worries about my future."

"Use the skills we developed over the years being queer to overcome difficulties encountered while aging."

"Assist your body and mind with nutrition, exercise and remember to also consider how similar people living around the globe have much less. Keep striving for progression as opposed to perfection."

"Find an older mentor."

"find you community soon and stick together as best you can, as you will need to share resources later in life."

"We are here for you. Others were here for us."

The Joy of Aging

Session participants spoke with pride about the positive aspects of aging. Many expressed a sense of purpose derived from their current actions, which they believe will benefit future generations of LGBTQIA+ individuals.

"...I think by being an elder and by helping pave the way in some small manner and blending my footsteps with those who came before, I hope I have paved the way enough and continue to pave a way to make a difference so that people can see themselves in me and want to continue the dream to establish places for themselves that are about them, for them, and they can make decisions for them and about themselves without being controlled by the narrative of religion

telling them it's a sin to be who they are and going through years of trauma and religious abuse."

Mentoring young people provided a sense of pride and responsibility for many of the session participants as they age in the LGBTQIA+ community.

> *"I feel that as a more mature person in the community, I feel it's our obligation and responsibility to interact with the younger generations and teach them lessons that we have learned. I joke with the younger people in the choir. I call them — I tell them I'm their fairy trans mother. And I think it's our duty to pass the wisdom that we have on to the next generation."*

A couple of session participants talked about the joy that comes from witnessing and experiencing the progress that has been made throughout their lifetime.

> *"The thing I enjoy the most about being an elder is seeing all the progress we've made. I mean, it's just phenomenal. I mean, it's just – particularly doing a coming out group talking to people about the challenges people face now, and you have to be really careful not to tell them they're not challenges because there still are challenges, definitely for them, but things have come so far, at least in this country, in most places. And it's just so exciting and rewarding, and it's all for everybody who was out. As I keep reminding the people in the coming out group, it's because everybody's been out along the way that's made all the difference."*

Some voiced joy coming from becoming more comfortable living in their truth.

> *"... the fact is that when you get old, we can be old and we can be whatever the hell we want. And that's sort of my philosophy."*

Many emphasized the importance of their unique perspective as LGBTQIA+ elders, highlighting the wealth of experiences they have witnessed and lived through, which others may not fully grasp.

> *"I was one of those first lesbian social workers in the first AIDS unit [location redacted]. I could tell you stories that would make your hair fall out if it hasn't already. I've been there for major historical things in my life. I came out in the '70s, and I've seen some shit and experienced a lot."*

> *"… there are things that we've learned growing up and interacting with the world that are actually pluses for us, and I think we need to be able to use those. And they're very valuable resources for us to be able to understand different things that are going on that other people may not understand because we have seen a lot, and we've experienced a lot of changes in our lives. At least I have anyway. I don't want to speak for anybody else. But that's one of the gifts of being at this stage of life."*

Part 4: Recommendations – What are the key take-aways?

1. To ensure LGBTQIA+ older adults are better represented in community health research, involve them from the outset, such as during the design phase, and maintain their engagement throughout the process, including the dissemination of findings.

2. Recruitment and outreach with LGBTQIA+ older adults should include realistic visual images and highlight the diversity within the community. Representation should not be overly sexualized,

but it should also not be void of sexuality. Assets should have larger print paper options in addition to digital, and information about eligibility and the research goal should be clearly shared from the beginning. LGBTQIA+ older adults are pioneers for LGBTQIA+ rights and advocacy, and many view participation in research as a way to create visibility and positively impact future generations. A compelling approach for outreach and communications messaging for this community could highlight the parallel of research participation and advocacy.

3. Community engagement, communications, and research initiatives involving LGBTQIA+ older adults should acknowledge the complexity of language within this community. Familiarize yourself with the terminology and discourse on language specific to the LGBTQIA+ older adult community you are partnering with, as these can vary based on cultural, regional, and generational factors. Some newer terms may be deemed offensive or interpreted as exclusionary due to generational differences, while some older terms now considered insensitive may be their language of choice. Additionally, there might be a learning curve for certain terms within the community.

4. Community organizations and health professionals should provide social services, community engagement programming, and resources tailored for the LGBTQIA+ older adult community. In addition to emergency and essential services, consider also offering services that center social support through socialization, community building, and well-being. Specific recommendations include:
    a. Offer a mixture of in-person and online activities.
    b. Allocate more resources and efforts into improving outreach to LGBTQIA+ aging adults of color as well as those in rural areas.
    c. Do not make assumptions about older adults' ability and interest in using technology. While technology is a barrier for many older adults, there are many who actively use technology, especially to build community and stay connected to their friends and support networks. It is important to offer training and technical support, but do not assume that digital options should not be included or considered.
    d. Offer activities and programming informed by the needs of LGBTQIA+ older adults in your community. Examples of topics of interest include intergenerational groups, mentorship opportunities, and offering programming on topics such as combating loneliness or isolation, building and maintaining relationships, sexuality and sexual health for older adults, transitions (*e.g.*, moving, retirement), and memory loss.

5. Healthcare providers and community organizations should better educate themselves on HIV, with a particular focus on the health impacts of long-term HIV survivorship in the LGBTQIA+ older adult community. Participants of these sessions and research have shown that living with HIV ages the body. With this in mind, healthcare and social service providers should consider providing this community with access to services and resources that have age-based eligibility criteria even when they do not meet the minimum age requirement.

6. Healthcare providers, community organizations, and research endeavors should recognize the compounded barriers LGBTQIA+ older adults may face when seeking care, which can also be barriers for research participation. This includes having to go back into the closet, lack of social support systems and community building opportunities, assumptions on gender and how it impacts relevant health screenings, a lack of access to LGBTQIA+-inclusive providers, health insurance, living on a fixed income, having access to basic home care needs, and acquiring more

specialists that focus on different aspects of their health. It is important to offer LGBTQIA+ older adults coordinated care for referrals to affirming specialists and logistical support navigating care and insurance, as well as resource referrals for housing, home care, and social support.

7. Future studies should continue to delve into understanding the barriers encountered by LGBTQIA+ older adults within healthcare, mental health, housing, and home care. Research should examine the impacts of ageism within the LGBTQIA+ community. Additionally, research efforts should highlight the resilience and positive contributions of this community. Promising avenues for further investigation include the joys of aging highlighted by session participants in this report.

Part 5: Next Steps – What does PRIDEnet plan to do next?

1. PRIDEnet will continue to expand our community engagement network by building relationships and partnerships with organizations serving and/or advocating for the LGBTQIA+ aging and elder community.

2. PRIDEnet will continue to recruit people who identify as LGBTQIA+ older adults to serve as PRIDEnet Participant Advisory Committee members and PRIDEnet Ambassadors, enhancing our ability to refine our messaging, outreach, and research dissemination activities in real time.

3. PRIDEnet will use insights provided from the session participants to inform our outreach, engagement, and communications activities. For example, we will continue to develop LGBTQIA+ older adult-inclusive programming (*e.g.*, online panels and discussions about health and research highlighting LGBTQIA+ older adult voices). We will use more visuals that include a diverse range of LGBTQIA+ older adults on our materials and consider the framing of research participation as a form of community advocacy.

4. PRIDEnet will continue to engage with people who identify as LGBTQIA+ older adults throughout the research process. We will use community feedback to ensure that the research participation experience is affirming, meaningful, and meets community priorities.

5. PRIDEnet will continue to share research findings back with the community, including disseminating this report to the LGBTQIA+ older adults who were participants of these community listening sessions. PRIDEnet will collaborate with our Community Partner Consortium members and organizations focused on engaging LGBTQIA+ older adults to share this report with their networks.

6. PRIDEnet will use the results of these community listening sessions to educate health researchers, healthcare providers, and other organizations within the *All of Us* Consortium on the lived experiences of LGBTQIA+ older adults to increase their cultural competency, humility, and sensitivity to the unique issues that members of the LGBTQIA+ aging community face in medical and health research settings. We hope that researchers in our network will be inspired to further explore the research topics that sessions participants identified as a priority to them.

Appendix A: Final Discussion Questions

The following questions were created by PRIDEnet in collaboration with Equitas Health Institute and approved by WCG Institutional Review Board in August 2023.

1. What do you think are the most significant health concerns in your community?
    a. What are the most important things that should be done, in general, to improve health for your community?
2. How do you cope/show resilience when dealing with difficulties (*e.g.*, stigma)?
3. What do you see as the benefits and/or concerns for your community around participating in health research?
4. How do you like to see your community represented in photos and/or images?
5. What does social support mean to you?
    a. How would you describe the social support you have?
    b. What role does social support play in aging for you? Where do you go to for tangible support to complete routine activities, such as going to the doctor or getting meals prepared?
    c. Where do you go to for emotional support?
    d. Where do you go for help during a crisis?
6. How important is community-based social support (*e.g.*, healthcare services, social services, LGBTQIA+ community services) to your aging experience?
    a. What community resources have you utilized in your aging experience?
    b. How have community resources impacted you?
    c. How would you describe the kind of support you receive from your community?
    d. How would you describe the quality of support that you receive from your community?
7. How would you describe your aging experience as a member of the LGBTQIA+ community?
    a. What do you enjoy about being an LGBTQIA+ elder?
    b. What concerns do you have about aging as an LGBTQIA+ person?
8. How do certain aspects of your identity as an aging LGBTQIA+ person affect other aspects of your identity or identities? (*e.g.*, being Black and queer)?
9. If you identify with the LGBTQIA+ community, are there any other aspects of your identity that you feel make it harder for you as a member of the LGBTQIA+ community?
10. What terms used to describe your sexual orientation, romantic orientation, and/or other (i.e., gender) orientation feel harmful when used by others?
11. Are there any emerging or evolving terms within the LGBTQIA+ community that you believe researchers should be aware of or consider incorporating into their studies?
    a. Are there any specific terms or phrases that you find offensive or exclusionary when used in the context of discussing LGBTQIA+ issues?
12. How has your personal social support or social network changed as you have gotten older?
    a. What has helped you maintain social support networks or relationships as you've aged?
13. Have you faced challenges maintaining social support networks or relationships as your aged?
14. How has your involvement in your healthcare changed as you'd gotten older?
15. How important are personal social networks or support persons to your aging experience?
    a. How would you describe your personal social network or support persons?
    b. What kind of people make up your personal social support network and what do they do for you?
16. What is your more trusted source of health information?
    a. Where do you go to for healthcare advice or information?

17. What words or terms do you use to describe your (current) sexual orientation, romantic orientation, and/or other (*i.e.*, gender) orientation?

Appendix B: Session Evaluation Questions

The following questions were developed for the post-session survey to evaluate participants' experience of the session. The questions were developed by PRIDEnet in collaboration with Equitas Health Institute and approved by WCG Institutional Review Board in August 2023.

1. The following question asks about your experience in the Community Listening Session with LGBTQIA+ elders. Please rate your agreement with the following statements on a scale from strongly disagree to strongly agree.

Table 1: Post -session Survey Question Rating Session Experience

Statement	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
I felt appreciated and heard by the facilitators in this research environment.					
The facilitators respected my identity.					
Other participants respected by identity.					

2. Please use this space to leave any comments or concerns you have in regard to the session.

Appendix C: Group Agreements

The following are group agreements created by PRIDEnet in collaboration with Equitas Health Institute and approved by WCG Institutional Review Board in August 2023.

- Please share from your lived experience.
- Respect that the lived experiences and/or opinions of other participants might be different from yours. All our lived experiences are valid, and all responses are valid—there are no right or wrong answers. You are encouraged to share respectfully if your opinion or experience is different than someone else's, but our goal is to have a dialogue and not a debate. A dialogue is about exchanging ideas to learn from one another. A debate is about staking out a position and trying to convince everyone else that you are right, and they are wrong.
- We want this to be an open discussion and would like to hear from everyone. If you notice that you have responded a lot or first, consider allowing fellow participants to have time to express.
- Language is constantly changing, and many slurs have been reclaimed. We want this discussion to feel supportive, safe, and authentic for as many people as possible. So, while we acknowledge

that this is a grey area, please refrain from using slurs, profanity, and what would generally be considered harmful language so we can have a fruitful and welcoming discussion.

- Be aware that the subjects discussed here include topics that may be considered “too much information” in other contexts, but are entirely appropriate here. Discussing the full spectrum of health can include talking about bowel movements or sexual function, for example.
- Please be mindful that some people find talking about sex as an LGBTQIA+ person affirming, and others may find discussing sex in any way to be repulsive. Please be mindful of this spectrum when sharing.
- If someone shares a personal and/or sensitive experience within the group, please keep that information private and avoid sharing with others outside this session.
- We will not use names or any identifying information tied to anyone’s responses when we report back on this session. When the final report is ready, we will send you a copy of the report to your email address.
- Please turn on your camera if you are able to. This helps to build more trust among participants.
- Any other group agreements to add?
- Do you have any questions about anything that I’ve discussed so far?

Appendix D: Post-session Survey Results – Demographics

The following tables are self-reported responses to demographic questions from session participants in the post-session survey.

Table 2: Age Demographics (N = 33)

Session participants could select a number from 0-100 from a dropdown menu. The table below shows the ages selected and the percentage and count selected.

Age	% (count)
50	3% (1)
53	6% (2)
55	3% (1)
56	15% (5)
57	6% (2)
58	6% (2)
59	3% (1)
60	3% (1)
61	6% (2)
62	12% (4)
64	12% (4)

Age	% (count)
65	3% (1)
66	6% (2)
69	2% (2)
73	3% (1)
75	3% (1)
76	3% (1)

Table 3: Race and/or Ethnicity Demographics (N = 33)

What categories describe you? (Check all that apply.)	% (count)
American Indian or Alaska Native (For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)	6% (2)
Asian (For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)	0% (0)
Black, African American or African (For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)	27% (9)
Hispanic, Latino/x or Spanish (For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)	9% (3)
Middle Eastern or North African (For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)	0% (0)
Native Hawaiian or other Pacific Islander (For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)	0% (0)

What categories describe you? (Check all that apply.)	**% (count)**
White (For example: English, European, French, German, Irish, Italian, Polish, etc.)	61% (20)
Other/None of these fully describe me. (please specify)	3% (1)
Other/None of these fully describe me. (please specify)	cajun
Decline to answer	0% (0)

Table 4: Sexual Orientation Demographics (N = 33)

What is your current sexual orientation? (Check all that apply.)	**% (count)**
Allosexual	3% (1)
Asexual	0% (0)
Bisexual	15% (5)
Gay	55% (18)
Lesbian	15% (5)
Pansexual	9% (3)
Queer	0% (0)
Questioning or Unsure	3% (1)
Same-gender Loving	0% (0)
Straight/Heterosexual	3% (1)

What is your current sexual orientation? (Check all that apply.)	% (count)
Two-spirit	3% (1)
Another Sexual Orientation (please specify)	3% (1)
Another Sexual Orientation (please specify)	Butch
No sexual orientation or label (*e.g.*, I use "aromantic" to describe my entire identity)	0% (0)
Decline to answer	0% (0)

Table 5: Gender Identity Demographics (N = 33)

What is your current gender identity? (Check all that apply.)	% (count)
Agender	0% (0)
Cisgender man	30% (10)
Cisgender woman	15% (5)
Genderfluid	0% (0)
Gender non-conforming	0% (0)
Genderqueer	0% (0)
Man	39% (13)
Non-binary	3% (1)
Questioning of Unsure	0% (0)
Transgender Man	3% (1)

What is your current gender identity? (Check all that apply.)	**% (count)**
Transgender Woman	6% (2)
Two-spirit	6% (2)
Woman	6% (2)
Another gender identity (please specify)	6% (2)
Another gender identity (please specify)	transsexual man
Another gender identity (please specify)	Gay
Decline to answer	3% (1)

Table 6: Intersex Demographics (N = 33)

Do you identify as an intersex person or a person with innate variations in sex characteristics?	**% (count)**
Yes	9% (3)
No	76% (25)
Unsure	9% (3)
Decline to answer	0% (0)
Left Blank/Did Not Answer	6% (2)

Table 7: Geographic Area Demographics (N = 33)

How would you describe the area you live in?	**% (count)**
Urban area (50,000 people or more)	79% (26)
Urban cluster (at least 2,500 people and fewer than 50,000 people)	12% (4)
Rural (fewer than 2,500 people)	0% (0)

How would you describe the area you live in?	% (count)
Another geographic area, please state:	0% (0)
Unsure/I don't know	3% (1)
Decline to answer	0% (0)
Left Blank/Did Not Answer	6% (2)

Table 8: Health Insurance Demographics (N = 33)

Do you have health insurance?	% (count)
No	6% (2)
Yes	85% (28)
Unsure	0% (0)
Decline to answer	3% (1)
Left Blank/Did Not Answer	6% (2)

Table 9: Healthcare Provider Visit In Last Year (N = 33)

Have you seen a healthcare provider in the last 12 months?	% (count)
No	6% (2)
Yes	88% (29)
Unsure	0% (0)
Decline to answer	0% (0)
Left Blank/Did Not Answer	6% (2)