



SURVEY

Of LGBTQ Older Adults — Support & Program Experiences

REPORT

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— ACKNOWLEDGEMENTS —

My journey in the development of Planning Ahead For LGBTQ Seniors (PALS) began with an on-line search on LGBT assisted living that introduced me to Joy Silver, whose expertise in senior living and personal support has been providing me invaluable guidance. She introduced me to Brian de Vries, PhD, with whom I am still partnering. His research provided the data support for the needs of LGBT people and with whom I share many happy times of collaboration. Thanks go out to the members of our first organizational meetings to develop a structure and to plan our first Planning Ahead Workshop: Peter Tognalli, Bill Brindamour, Richard Gollance, LCS, Mike Grogan, Mitch Karasov, Esq., Attorney at Law, and of course, Brian de Vries. Thanks go to Mitch Karasov for sponsoring the Planning Ahead Workshop.

My heartfelt appreciation goes to the people who gave their time on the Steering Committee through the years and at present: Perry Wiggins, Rob Weiser, Thom Bettinger, Lorraine Carlson, Donald Beck, Ruth Debra, Bob Jaworski, Michael Rittersbacher, Dennis Lee, Kelly Watson. I am grateful for Vic Ide's development and maintenance of our website. Marc Champion, joined our team recently as part of a master's program, created and presented three workshops on estate planning documents. We are grateful for assisted living residences in Palm Springs that provided space and refreshments for several years at the start of our seminars: Hallmark, Brookdale (now Pacifica), Windsor Court, and Stonewall Gardens. I am also grateful for Candice Nichols, Programs Director at The LGBTQ Center of the Desert for room space and The Center's continued partnership that serves the needs of LGBTQ seniors and future seniors. My gratitude goes to Michael Hancock of Oakwood Financial Services for his sponsorship of ASL for one year. Finally, I am sincerely grateful for so many people who have been inspired by our encouragement to plan ahead and have helped create a community that cares.

— Richard Bass, Founder of PALS

I express my gratitude to Richard Bass — for his vision, his “let's do it” attitude, his generativity and desire to help and make a difference, and for his friendship. Richard offered comments and insights throughout the report, but especially in the introduction.

I am also grateful to Lorraine Carlson — for always being willing to step forward, for caring deeply about others, our community, and justice, and for her friendship. Lorraine assisted in the survey construction and painstakingly went through the report, making it both more readable and visually appealing.

I am also grateful to Thom Bettinger — for his calm thoughtfulness, his creative contributions and his comforting style, and for his friendship. Thom also assisted in the survey development and offered comments throughout.

The PALS steering committee comprises compassionate, caring individuals who are committed to making a difference in our communities; I am lucky to know them and to work with them. All are true pals.

Thanks to the 130 community members who took the time to complete our survey — your contributions are pivotal and greatly appreciated.

Notwithstanding these important contributions to this study and the report, errors in the text and analysis lie with me. I have made every effort to ensure the accuracy and comprehensiveness of this survey and the report and have done so in good faith and with an open heart.

— Brian de Vries, Ph.D., Author

— KEY FINDINGS —

Gender Differences:

Amidst the many common challenges and opportunities of aging, this survey found many and significant differences in the social worlds of women and men.

Men, for example, were:

- more likely to be single and live alone (and living alone related to a host of social needs);
- less likely to receive the support they need; and
- more likely to have no one on whom to turn for support.

Women, for example, were:

- more likely to be partnered and live with another person and more likely to be widowed/separated (and being widowed/separated related to a host of social needs); and
- more likely to turn to family for support.

Resources:

This sample of respondents also had personal and professional resources upon which they could draw.

For example, respondents, overall:

- rated their health as “good” to “very good,”
- reported incomes that “met their needs,”
- were well-educated, most with college or professional degrees.

So, too, were there social resources identified by respondents, including:

- friends were the primary sources of support to one another, though this frequency of support decreases with intensity of needs,
- neighbors appear to play a particular role in offering short-term support,
- formal caregivers and social services have their strongest presence in anticipated long-term support.

PALS:

Most of the respondents (men more than women) had heard about, and have very favorable impressions of PALS, including their gratitude for the programs offered and the opportunities to connect with others. Most respondents had no strong preference about future seminar attendance—online or face-to-face, though a greater proportion of men preferred the latter.

Future PALS Planning Information:

Friendships and learning about long-term care options, policies, and legal documents were among the topics most highly rated by participants, congruent with the goals of PALS.

Respondents chose to attend seminars for reasons of information acquisition/preparing for later life and for social reasons (i.e., meeting people and being part of a community).

Effect of COVID-19 Pandemic and Mitigation:

Respondents identified the social (missing socializing, isolation and loneliness) and emotional (depression, anxiety, frustration, challenges, boredom) tolls of the pandemic and stay-at-home orders.

Importantly, respondents also noted their contentment, how they have been reaching out to others, including virtually, and taking the opportunity to reflect on their lives.

— INTRODUCTION —

PALS (Planning Ahead for LGBTQ Seniors) is a volunteer community service that encourages LGBTQ adults to plan ahead prior to a health issue. PALS does so both through education (no cost seminars, workshops and cafés) and creating community (convening people with similar interests and goals), knowing that planning and aging necessarily involves connections to other experiences, values and people.

The origins of PALS lie in the thoughts and efforts of Richard Bass. Richard, having retired to the desert from LA, saw a need for affirmative, focused and safe housing for older LGBTQ persons in Palm Springs. In 2013, no such dedicated LGBTQ senior housing existed in the desert; Richard took this as a challenge and sought to find financing and build such a facility. He envisioned this as a community project and sought out many in the LGBTQ aging field knowing that research was essential to both direct these efforts and to provide evidence to funders that such efforts were warranted. Through a mutual colleague, Richard was introduced to Brian de Vries, a Professor of Gerontology and then part-time resident of Palm Springs. As the starting point of their association, they conducted several focus groups to learn what older LGBTQ persons sought, feared and hoped for in senior housing—and later life.

The first focus group, in June 2013, comprised 13 gay men over the age of 50 and provided such direction—and more. It became clear through the extensive and often animated discussion not only what these gay men wanted in housing, but that they were searching for information about aging and later life and seeking community. The conversations frequently turned to a focus on planning ahead for care. Even as the majority of participants had made plans for end of life, few had made plans for care and they were struck by this awareness. They asked for information and resources—and to meet again.

Two more focus groups were held later that same summer and into the autumn, similarly comprising gay men ranging in ages from 40 to 80, introducing new participants to the process. As before, the groups initially focused their discussions on assisted living, but interest

quickly turned to concerns about, and what was needed to effectively prepare for, later life. Many participants commented that they did not have a group of people “like this [focus] group” with whom they could speak about these issues. They appreciated the opportunity to think and talk about these often-neglected issues, acquiring new information and learning of the experiences (and recommendations) of others, and beginning to form a community in the process.

In response to the themes and outcomes of these focus groups, Richard convened a group of interested individuals in two informal workshops to further assess the extent to which individuals were planning ahead and to identify educational needs (i.e., the topics of future workshops). Follow up meetings with several of these workshop participants led to the formation of an ad hoc committee which met through the winter of 2014 to discuss future workshop issues and topics and to expand the reach of these workshops to include a wider desert audience.

In March, 2014, a seminar was held, organized by this ad hoc committee: “Planning Ahead Panel for LGBTQ Persons.” Moderated by Brian and introduced by Richard, this panel included a psychologist, a geriatric social worker and a lawyer. Thirty-one people attended, confirming LGBTQ community interest, asked questions of the panel and engaged in conversations with fellow attendees following the event.

Over the spring and summer of 2014, the committee continued to meet and coalesced as an informal steering committee of a group which they named, Planning Ahead for LGBTQ Seniors (PALS). Under this new rubric, the committee developed and delivered a series of six monthly seminars (October through April, excepting December)—the first series in what would become an annual pattern. Each seminar was held on a Saturday morning in the common area/function rooms of one of the Assisted Living facilities of Palm Springs. These spaces were offered to PALS without charge upon hearing of the program and in support of its goals; it also served to introduce these facilities to the LGBTQ residents of the desert. The hosting duties rotated across the (then) three assisted living facilities in Palm Springs.

The topics of the seminars were, in chronological order: “Own Your Future: Essential Conversations You Must Have Now;” “Legal Conversations;” “When Home Alone Is No Longer An Option: Everything You Need To Know About Long Term Care and Costs But Were Afraid To Ask;” “Everything Financial: Strategies To Finance Long Term Care;” “Community Resources For Older Adults In The Coachella Valley;” and “Early Memory Loss And Dementia.” Attendance for these seminars ranged from 20 to 29 of mostly older gay men. To help encourage action based on what was presented, a workshop was held the Saturday morning following each seminar. During these workshops, participants had the opportunity to meet with the presenter one-on-one and complete forms that were discussed at the presentation the week before and/or address related issues of planning ahead. Between 10 and 12 persons regularly attended these workshops.

The success of these seminars and workshops led to their adaptation and presentation the following year (2015), along with the workshops on subsequent weeks. An addition to the seminar schedule was a presentation focusing specifically on end of life, both how it might be addressed in a culture that often denies death and constructive actions to assist in preparation. As before, these seminars took place in Assisted Living facilities in Palm Springs, now including Stonewall Gardens, the LGBTQ Assisted Living that opened in the Fall of 2014. A slightly greater number of persons attended these seminars and workshops than in the previous year.

Added to the seminars and workshops the following year were Death Cafés, building upon the expressed interest in the death seminar of the year before. Death Cafés (www.deathcafe.com) are informal meetings where individuals get together to explicitly talk about death—their hopes, fears, plans—and to do so over coffee and cake (which was whimsically offered as either Angel Food or Devil Food cakes). A goal of the Death Café is to normalize the discussion of death and bring it out of the shadows and into the public domain. Several such cafés were offered over the 2015-2016 season, and into the summer, with building interest and attendance. The Cafés were offered again at Assisted Living facilities and also in gathering rooms of the mortuaries near Palm Springs (furthering the goal of demystifying the domain of death).

These offerings formed the pattern replicated in the subsequent years; a series (often of six, sometimes more) seminars on a variety of topics, along with what has become a monthly Death Café. Additional topics were added or substituted as the series matured: topics included: “What Caregiving Can Teach Us About Living and Loving;” “Friendships in Later Life;” “Giving the Ultimate Gift: Donating Your Body to Science;” “Why Should I Care? I’ll Be Dead Anyway: Planning for Your Digital and Online Legacy;” “Living Well Through Assistive Technology;” and “California End of Life Option Act.” In addition, several special events were hosted or cohosted by PALS including a screening of a documentary on Death with Dignity, as well as several social events at local restaurants and bars. These latter programs attracted as many as 80 people.

In response to the pandemic and associated mitigation, stay-at-home orders, the PALS CAFÉ was created in May 2020. The PALS CAFÉ has become a weekly friendly, open zoom discussion group providing social engagement opportunities for those participating, which averages 16-20 participants, many of whom regularly attend.

Together, PALS seminars, workshops, cafés, and social events were provided to: inform LGBTQ older population of the desert; assist in preparing for both later life and end of life; and offer venues to introduce people of similar interests—the seeds of community creation. Given the far-reaching effects of the COVID-19 pandemic, the PALS Steering Committee felt it was an appropriate time to take stock and reach out to the community, realizing that the typical pattern and venue of program delivery would have to adapt. It was clear that people were becoming familiar with PALS and its programs and the Committee wanted to know more about the PALS community and interests to better align what we do and hear what might be preferred directions. It is with this history and in this context that we undertook the first comprehensive survey of PALS.

— METHOD —

On May 26, 2020 a MailChimp blast was sent to the 428 subscribers of the PALS email distribution list, of which approximately 80% were men. The email briefly reviewed the mission of PALS and included an invitation to complete the survey to assist in the consideration of future programs and learn more about those on this list and their interests. The email contained a link to the online survey which comprised 30 questions, most of which were closed-ended questions. The survey took approximately 10 minutes to complete (based on pilot testing) and included demographic information about participants, experiences of social support, experiences with and knowledge about PALS (including seminars, Death Café's, and social gatherings), and suggestions for the future of PALS. Two reminder emails were sent on June 2 and again on July 26. In response to these requests, 92 respondents completed the survey.

Recognizing the gender limitations of the original PALS email list, a second distribution list, comprising lesbian women who live in the desert, was engaged and a request for respondents was distributed on July 30. This yielded an additional 38 respondents when the survey closed on August 6. The analyses reported below are based on this total sample of 130 respondents. When analyses revealed significant differences, mean or percent differences are reported in text; all statistical tests of these differences are reported in endnotes identified numerically at the relevant points in text.

Survey Respondents:

Our sample comprised 70 respondents who identified as male (54.3% of the sample) and 60 who identified as woman (47.7%), four of whom also identified as transwomen. Overlaying these numbers, 70 respondents identified as gay (54.3%), 55 as lesbian (41.9%), four as fluid (3.1%) and one respondent (woman) as bisexual. The majority of respondents were White (76%); 12.4% identified as Black or African American; 3.9% as Hispanic, Latino or Spanish origin; 2.3% identified as American Indian or Alaskan Native; single respondents identified as Asian, Native Hawaiian or Pacific Islander or Middle Eastern, North African. Just over three percent identified as “some other race, ethnicity or origin,” most of whom identified as Jewish.

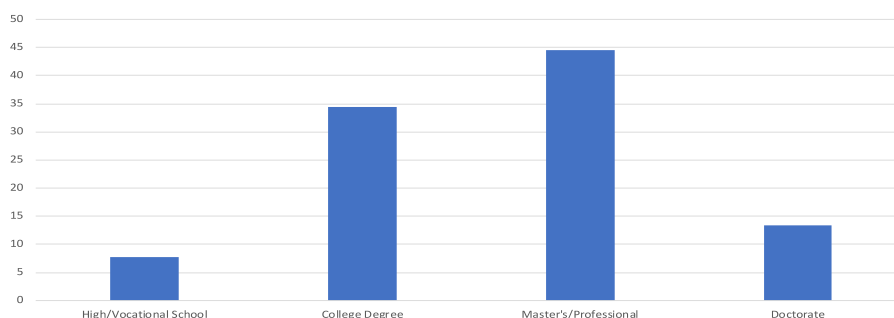
The sample of women was more ethnically and racially diverse than was the sample of men¹. Ninety-four percent of the sample of men identified as White in contrast to 54.3% of the women.

Respondents ranged in ages from 51 to 88 with a mean age of 70.5 years. The median age was 71 and this was used to create two age groups for subsequent analyses: those whose age was less than 72 and those who were age 72 and older. Men were older than women on average, with respective means of 72.9 and 67.7 years².

Typical of most community samples of LGBTQ persons, education levels were high, as can be seen in Figure 1. Education levels did not differ by either gender or age (using the median-split age variable).

Figure 1.

Highest Level of Education

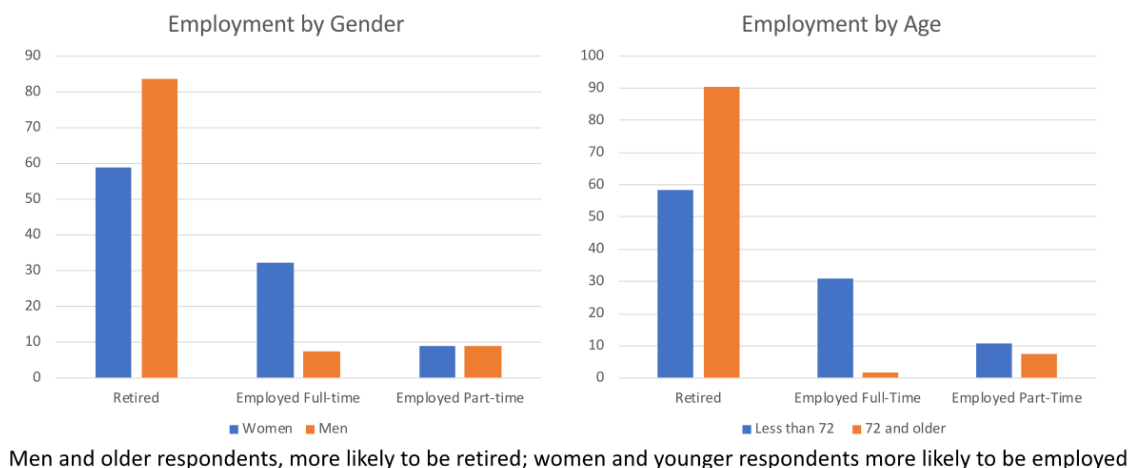


Almost three-quarters of the sample reported that they were retired (72.9%); 18.9% were employed full-time and 8.9% were employed part-time with the remainder either seeking employment or reporting another status (i.e., disabled). Employment status differed by both age and gender: younger respondents (30.8%)³, and women (32.1%)⁴, were significantly more likely to be employed full-time than were older (1.9%) and men (7.4%) respondents;

conversely, men were significantly more likely to be retired. These percentages are reflected in Figure 2.

Figure 2.

Employment by Gender and Age Groups (percent)

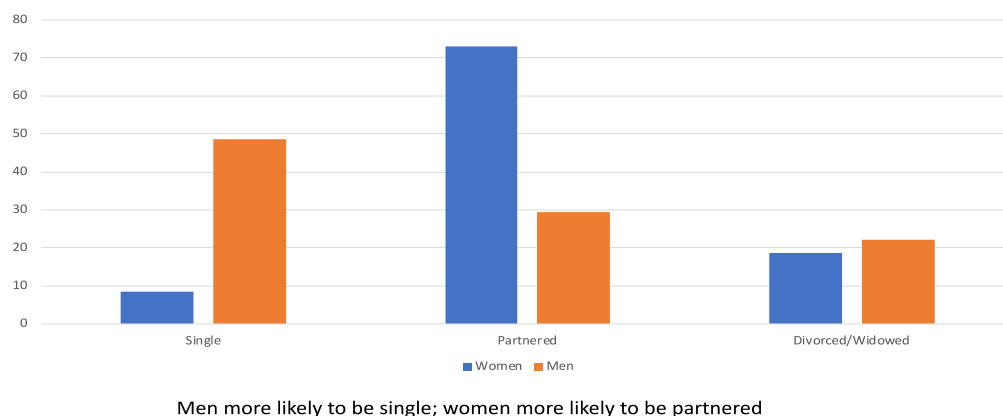


Almost 88% of respondents lived in the desert full-time; about 2% each had short-term (3 months or less; 6 months or less) residency in the desert and just over 9% visit frequently. These percentages did not differ by gender or age.

Respondents were asked about their relationship status. Just under 30% of respondents indicated that they are single, never formally partnered; approximately 38% of respondents indicated that they are in a formal partnership and almost 11% replied that they are in an informal partnership. Just over 10% of respondents said that they were divorced or separated and almost the same percentage reported that they were widowed. These percentages did not differ by age but, as has been reported in many other surveys of the older LGBTQ population, there were significant gender differences in these percentages⁵. These are presented in Figure 3. Interestingly, almost half (48.5%) of the men compared with 8.5% of women are single, never partnered. By contrast, 72.9% of the women and 29.4% of the men reported being partnered.

Figure 3.

Relationship Status by Gender (percent)

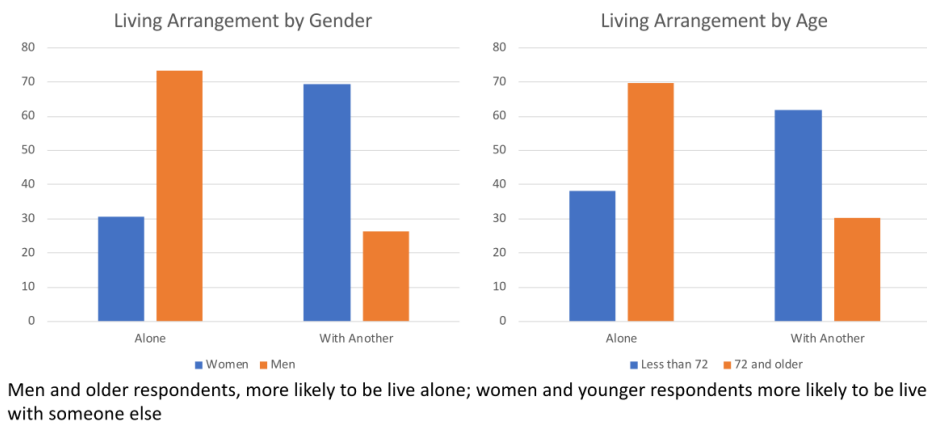


Consistent with the analyses above, 53.5% of respondents live alone, 41.1% live with their partner/spouse, 3.2 live with biological family or in some other arrangement, and 2.3% live with a roommate. Age and gender were factors in understanding living arrangements, however.

As presented in the Figure 4 below, men (73.5%) were more likely to live alone than were women (30.5%) who were more likely to live with someone else (69.5%, most often their spouse or partner) than were men (26.5%)⁶. When considering age, significant differences also emerged⁷. Older respondents (69.8%) were more likely to live alone than were younger respondents (38.2%) who were more than two times more likely (61.8%) to live with someone, most often a partner, than were older respondents (30.2%).

Figure 4.

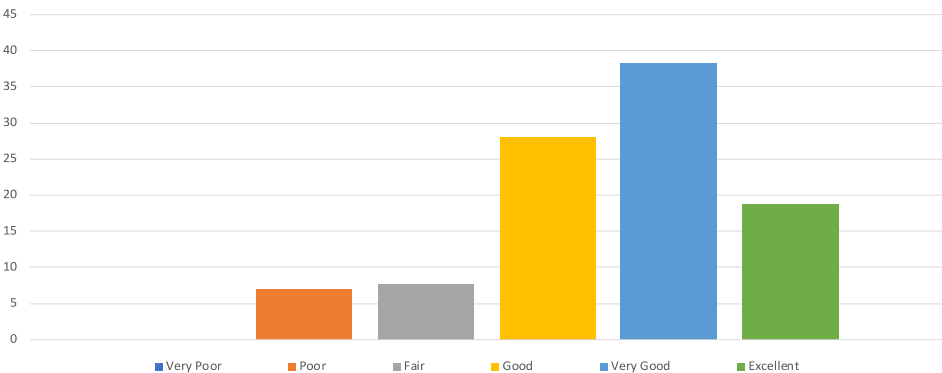
Living Arrangement by Gender and Age Groups (percent)



Respondents were asked to rate their health using a 6-point scale from 1 (very poor) to 6 (excellent)— higher scores represent greater self-perceived health. The mean perceived health score was 4.53, midway between good and very good; the scores ranged from 2 (poor) to 6 (excellent). Health scores did not significantly differ by gender, age, relationship status, or living arrangement. These responses are arrayed in Figure 5.

Figure 5.

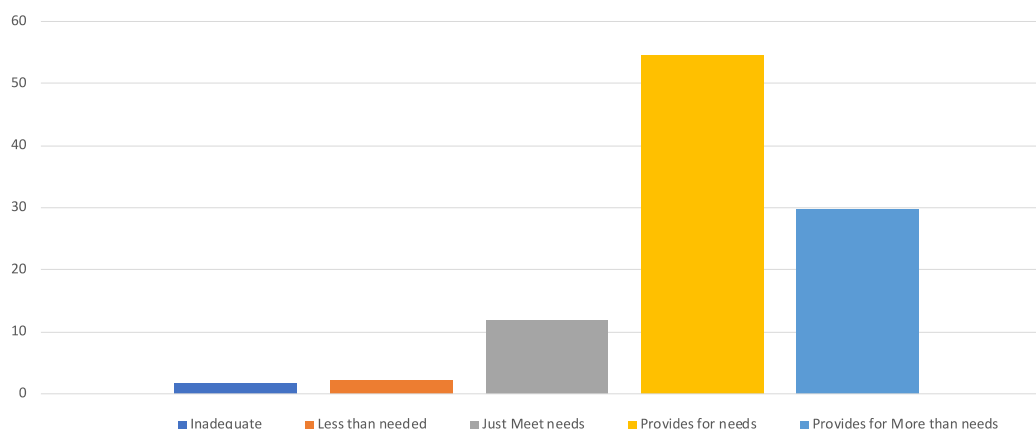
Mean Ratings of Self-Perceived Health (scale from 1-6; Mean = 4.5)



A final demographic question inquired about income adequacy. Specifically, respondents were asked if, “in general” they found their total household income to be: (1) inadequate and they struggle most months; (2) less than needed, but they get by; (3) just meet their needs; (4) provides for what they need; or (5) provides for more than what they need. Treating this as a 5-point scale, respondents felt that their income was, on average, providing for their needs (M = 4). This mean did not significantly differ by gender, age, relationship status, or living arrangement. Figure 6 presents the distribution of responses.

Figure 6.

Income Adequacy Ratings (percentage endorsed; scale from 1-5, Mean = 4.1)



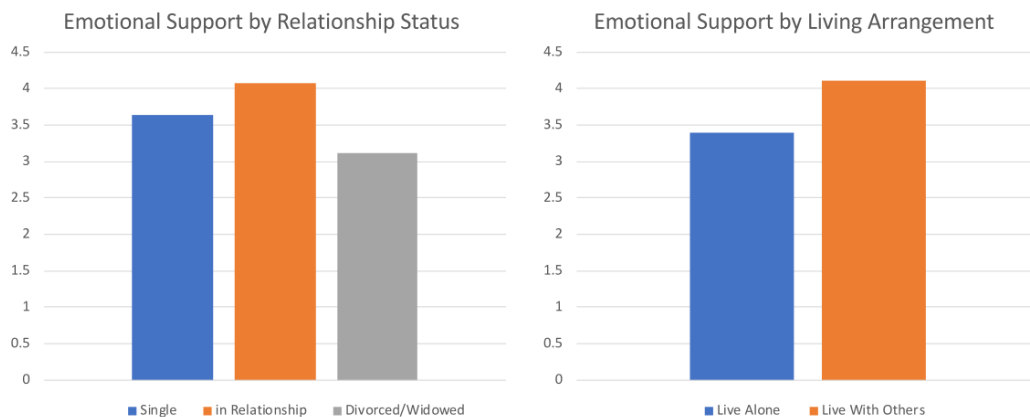
In summary, a “typical” PALS respondent is a gay man, about 72 years old, with a professional degree and retired; his retirement income meets his needs. He is a life-long single, lives alone, currently a desert-dweller, who rates his health as “very good.” A “typical” female PALS survey respondent is a lesbian, about 68 years old, with a professional degree and is retired. She is more likely to be employed than are men in the sample, with income that meets her needs, and in “very good” health. She is mostly likely to be partnered or widowed, living with another person, and currently living in one of the desert cities and rates her health as “very good.”

— SEEKING SUPPORT—

A series of four questions were posed about access to and sources of support of varying kinds. The first question about emotional support was posed in a 5-point Likert format asking respondents “how often [they] receive the emotional support [they] need.” Responses ranged from 1 (never) to 5 (always). The mean response was 3.75, over halfway between “sometimes” receiving the emotional support needed and “always”. This mean significantly differed by gender; men were less likely to receive the support they need ($M = 3.49$) than were women ($M = 4.07$)⁸. Receipt of emotional support did not differ by age, but significantly differed by both relationship status⁹ and by living arrangement¹⁰, as displayed in Figure 7 (when statistically controlling for gender). Those respondents who were widowed or divorced/separated ($M = 3.1$) were less likely to receive sought emotional support than were those who either single ($M = 3.6$) or in a relationship ($M = 4.1$). Similarly, those who lived alone (3.4) were less likely to receive the emotional support they sought then compared to those who lived with someone else ($M = 4.1$).

Figure 7.

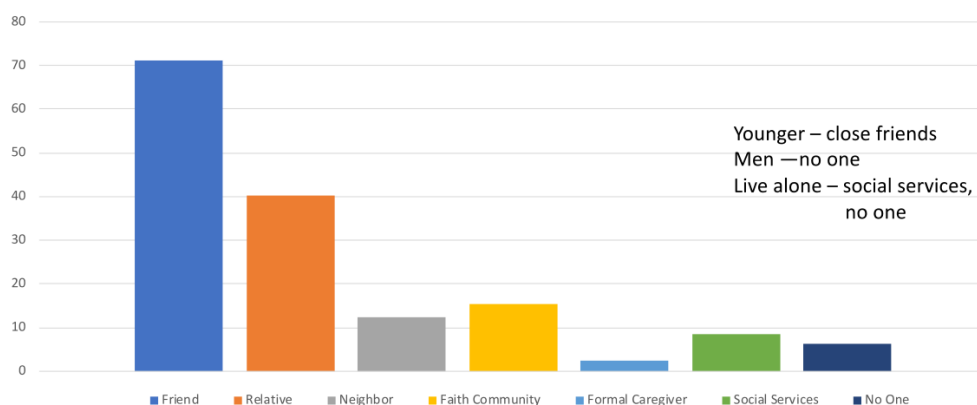
Mean Ratings of Frequency of Receipt of Emotional Support (scale 1-5; overall mean = 3.75)



Next, three separate questions were posed as to whom respondents turned for support and assistance: emotional, short-term help and long-term help. In addition to spouse or partner, sources of support included close friend(s), other legal or biological relative(s), neighbor(s), faith or spiritual or religious communities, formal caregivers (employed by respondents), and social service providers, agencies or organizations. The percentages of respondents who endorsed each of these options (and multiple responses were possible) are arrayed in Figure 8. Spouses/partners were excluded from the general analyses given that the opportunity to call upon partners is restricted to those in a partnership. In separate analyses, 79.4% partners called upon their partners for emotional support; 87.3% called upon their partners for short-term support and 85.7% for long-term support.

Figure 8.

To Whom Respondents Turn for Emotional Support (percent)



Friends (71.3%) were the primary provider of emotional support to respondents, followed by close relatives (40.3%); other sources were all endorsed by less than 20% of respondents. There were very few differences in these percentages by the primary demographic measures, as examined above: gender, age, living arrangement and relationship status.

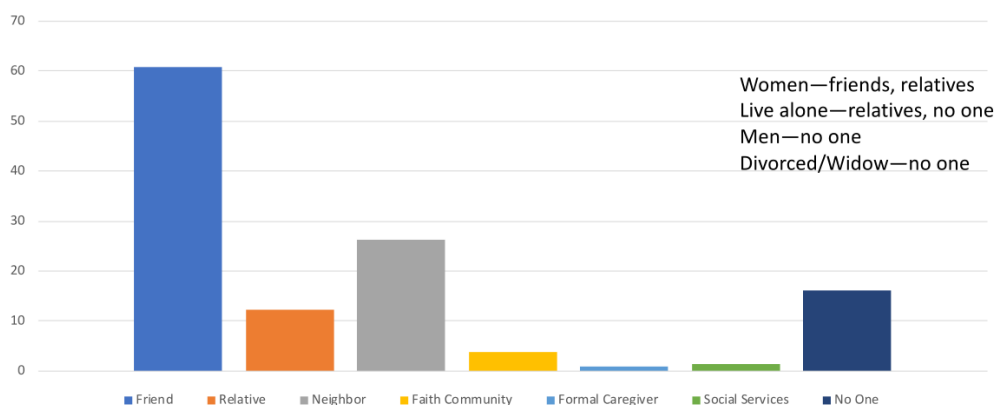
Of the comparisons made, the significant follow-up differences include:

- Younger respondents (i.e., those less than age 72) were more likely to turn to close friends than were older respondents (i.e., those age 72 and older) with respective percentages of 79.7% and 63%¹¹.
- Men were more likely to report that they had no one to whom to turn for emotional support than were women, with respective percentages of 10% and 1.7%¹².
- Those who live alone were more likely to turn to social services for emotional support than were those who lived with someone else with respective means of 13.2% and 3.4%¹³. Similarly, those who live alone (11.8%) were likely to have no one to whom to turn to than were those respondents who lived with someone else (0%)¹⁴.
- A couple of participants identified (in a write-in response) other sources of support. In both of these cases, a therapist was listed.

The second support question focused on short-term assistance (e.g., run an errand or get a ride). Respondents were again asked to who they would turn for such support with the same distribution of potential sources. The percentages of respondents who identified a particular source of short-term support (again, multiple responses were possible) is shown in Figure 9.

Figure 9.

To Whom Respondents Turn for Short-Term Help (frequency)



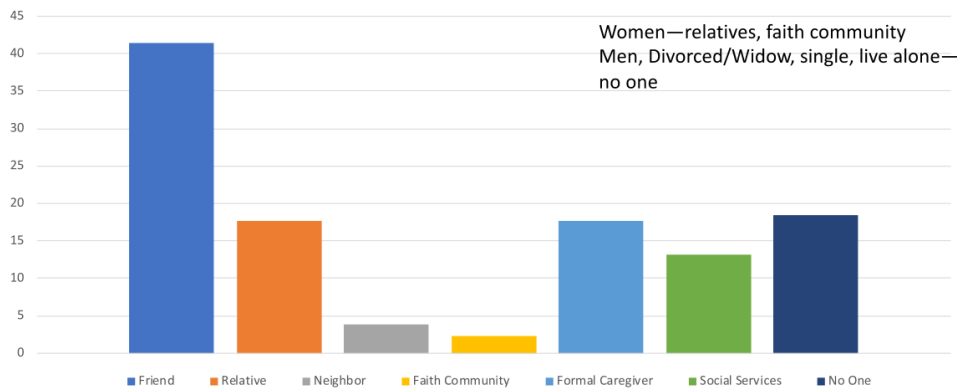
As illustrated in the above graph, friends play a central role (over half of respondents identified friends). In this instance, they are followed by neighbors (26.2%) and by no one to whom they felt they could turn for short-term assistance—16.2%. A few demographic differences were noted in these percentages; these are described below:

- Women were somewhat more likely than men to call upon friends for short-term help with respective percentages of 71.7% and 51.4%, respectively¹⁵. Women (18.3%) were also somewhat more likely to call upon other relatives for short-term help than were men (7.1%)¹⁶.
- Those who live alone (18.6%) were also somewhat more likely to call upon other relatives for short-term help than were men (7.2%)¹⁷.
- Over one quarter (27.1%) of men reported that they had no one on whom to call for short-term help, compared with 3.3% of women¹⁸. Similarly, 29% of those who live alone reported that they had no one on whom to call for short-term help, compared with 1.7% of those who live with someone else¹⁹.
- Finally, those who were divorced or widowed (37%) and those who were single (26.3%) were more likely to say that they had no one on whom to call than were those who were in a relationship (1.6%)²⁰.

The third support question focused on long-term assistance, defined as someone “who would look after you if you’ve had an accident or when you are released from the hospital”. The same distribution of potential support sources was offered, and respondents could select multiple responses. Figure 10 presents the array of responses.

Figure 10.

To Whom Respondents Turn for Long-Term Help (frequency)



The prominence of friends (41.5%) is again noted, though this is followed by the percentage of those who could identify no one (18.5%) followed in equal proportions by relatives (17.7%) and formal, paid caregivers (17.7%). Social service providers, agency or organization were identified by (13.1%). Demographic differences were again few and are listed below:

- Women were much more likely to call upon a relative for long-term support than were men; percentages were 33.3% and 4.3%, respectively²¹.
- Women were also more likely to call upon their community of faith, but numbers were too small to consider this finding reliable.
- The group differences among those who reported that they had no one on whom to call for long-term support were especially evocative.
 - Men were far more likely than were women to report that they had no one on whom to call for long-term support with respective percentages of 30% and 5%²².
 - In comparable proportions, those who live alone (29%) were also more likely to note that they had no one on whom to call than were those who live with someone else (5.1%)²³.
 - Relationship status also was associated with the frequency with which respondents reported having no one on whom to call; those who were divorced

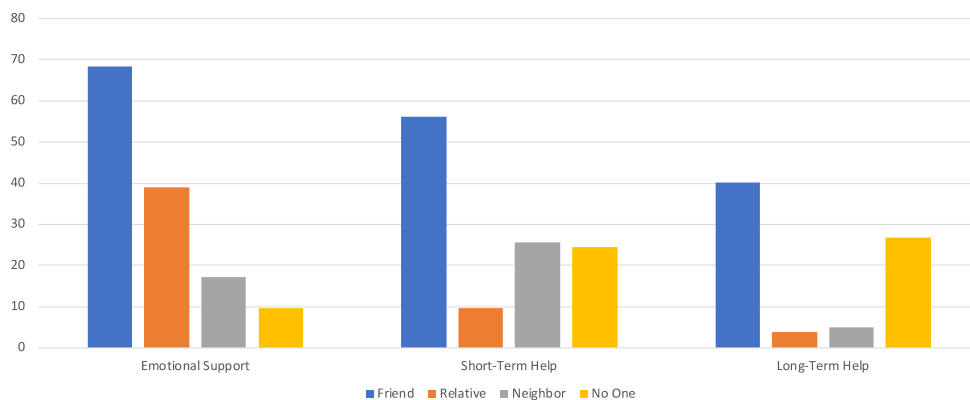
or widowed (37%) and those who were single (31.6%) were more likely to have no one on whom to call than were those in a relationship (3.2%)²⁴.

Summary Support Services:

In consideration of exclusively individual (i.e., not organizational) sources of support, the prominent role of friends is apparent (see Figure 11). Across all types of support sought, friends were primary. Close relatives were considered sources of emotional support, much less so for either short-term or long-term support. Interestingly, neighbors appear to play a particular role in short-term support; and sadly, the absence of sources of support (i.e., identifying “no one”) appears to increase with support demands.

Figure 11.

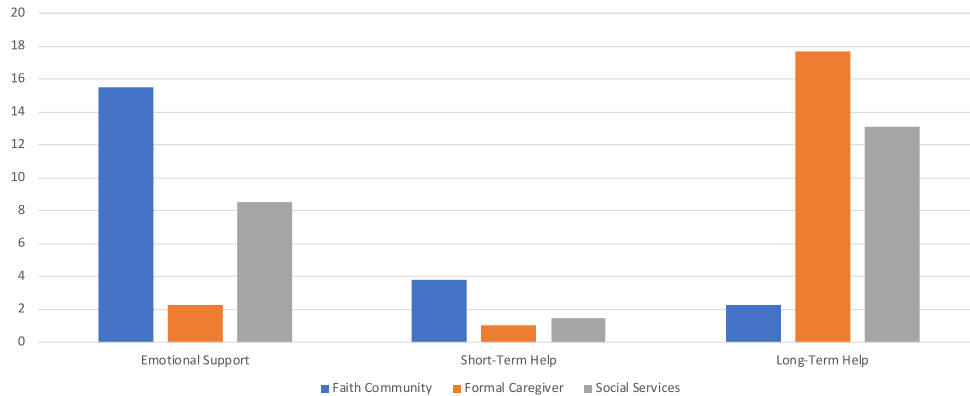
Comparing Individual Sources of Support: Friend, Relative, Neighbor, and No One



A comparable analysis of organizational/agency support, across the types of support, is presented in Figure 12. Given that these percentages are substantially lower than those reflecting individual sources of support, the analysis reveals a paucity of organizational/agency support for short-term help.

Figure 12.

Comparing Organizational Sources of Support: Faith Communities, Formal Caregivers, Social Services



— EXPERIENCE WITH AND KNOWLEDGE ABOUT PALS —

The majority of respondents (61.5%) had attended at least one PALS seminar. Attendees were: more likely to be men (80%) as compared with women (40%)²⁵, older (74.1%) as compared with younger respondents (49.3%), and those who live alone (71%) as compared with those who live with someone else (49.2%). Given the strong association [collinearity] between gender and age and living arrangements, when all were included in a regression analysis, gender (in this case, men) was the only significant predictor; thus, only the statistical analysis reflecting gender is presented here—and below.

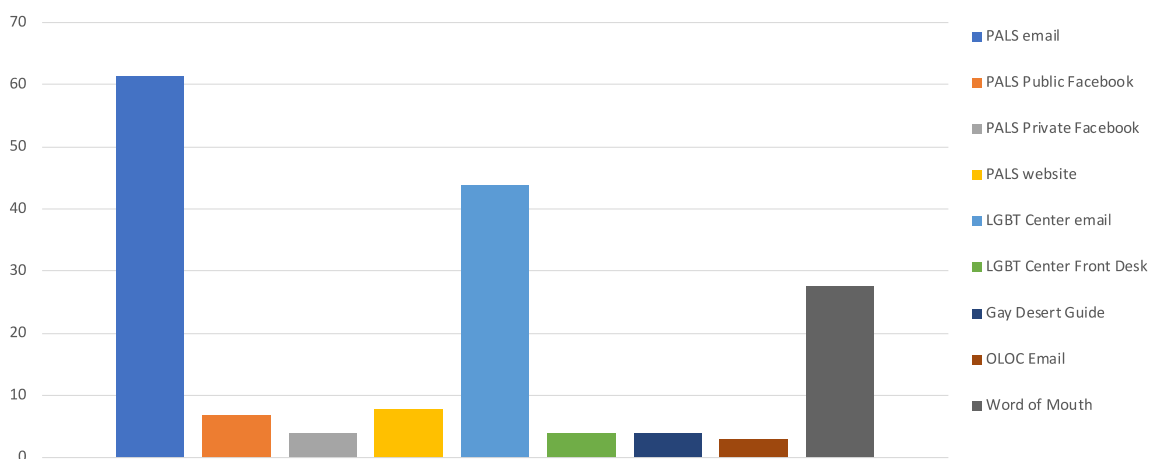
A majority of respondents (62.3%) noted that they would attend at least one PALS seminar in the upcoming year—either virtually or in-person. Over 30% (33.1%) replied that they did not know if they would attend this coming year and only 4.6% replied that they would not. These percentages differed by gender (and not by the demographic variables noted above): men (71.4%) were more likely to report that they would attend at least one PALS seminar in the upcoming year than were women (51.7%)²⁶.

Participants were asked about preferences for attendance: in person, online/zoom, or no preference. Over one-quarter of participants preferred online attendance (28.3%) and a comparable proportion preferred in-person (26.8%); the majority of respondents reported that they had no preference (44.9%). Those who preferred to attend in person were disproportionately men: 43.5% of men and 6.9% of women preferred to meet in person whereas 44.8% of women and 14.5% of men preferred to meet online²⁷.

Respondents were asked how they heard or learned about PALS programing. A series of options were provided, and respondents could choose more than one. As noted in the figure below, the three more frequently mentioned sources of knowledge of PALS programing were the PALS email blasts (73.2%), the LGBTQ Center of the Desert email blast (45.1%), and word of mouth (24.4%).

Figure 13.

How did you hear/learn about PALS?



Cell sizes precluded most follow-up analyses on these sources of information—other than the PALS email LGBTQ Center email options and word of mouth. Men were more likely to have heard about PALS from the PALS email list than were women; 74.3% and 46.7%,

respectively²⁸. Those in a relationship (38.1%) and those who are divorced or widowed (29.6%) were more likely to hear about PALS through word of mouth than were those who are single (10.5%)²⁹.

Seminar Topics of Interest:

Respondents were provided a list of 12 topics that had been the focus of PALS seminars over the past two years. They were asked to indicate those topics that were of interest to them, checking all that apply. The six topics that were most frequently endorsed appear in Figure 14. As above, demographic differences were tested and there were age and gender differences on several topics, as noted on Figures 14 and 15 and further described below.

Figure 14.

PALS Seminar Topics of Interest (1/2)

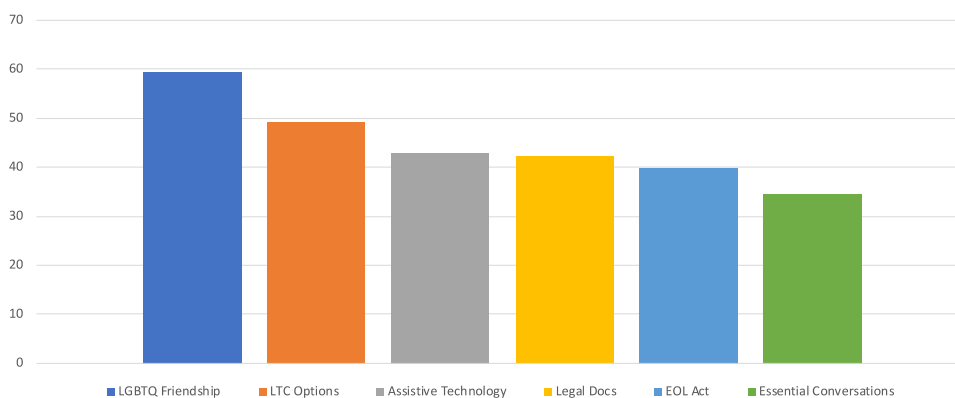
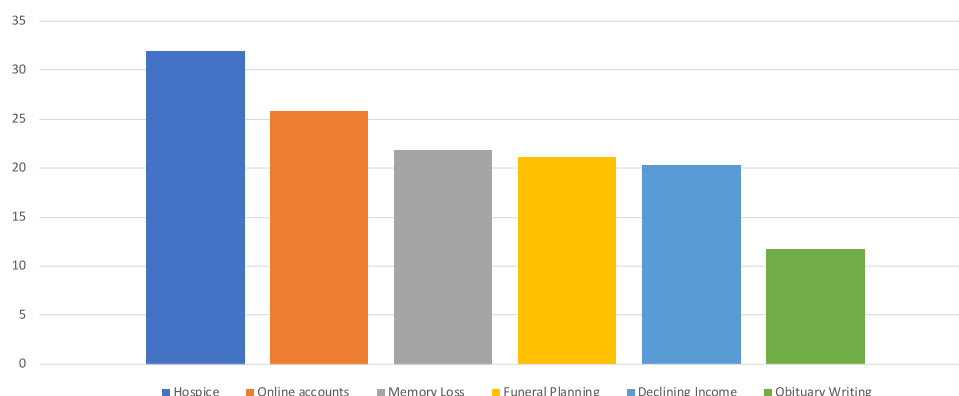


Figure 15.

PALS Seminar Topics of Interest (2/2)



Gender differences were noted on three topics:

- Men (70%) were more likely than were women (46.6%) to list LGBTQ friendships as a topic of interest³⁰;
- Men (42.9%) were more likely than were women (19%) to list Hospice as a topic of interest³¹;
- Men (47.1%) were somewhat more likely than were women (31%) to list the End of Life Options Act as a topic of interest³².

Age group differences were noted on four topics:

- Older respondents (61.1%) were more likely than were younger respondents (38.8%) to list Long-Term Care Options as a topic of interest³³;
- Older respondents (53.7%) were more likely than were younger respondents (34.3%) to list Assistive Technology as a topic of interest³⁴;
- Older respondents (51.9%) were more likely than were younger respondents (26.9%) to list the End of Life Options Act as a topic of interest³⁵;
- Older respondents (48.1%) were more likely than were younger respondents (19.4%) to list Hospice as a topic of interest³⁶.

An option of “other” was also included in the topic of interest question with space available for respondents to enter text. Several suggestions replicated topics already covered (i.e., “gatherings to socialize,” “living trust and wills” (part of the legal documents seminar)); unique suggestions are arrayed below on Table 1.

Table 1

Other Suggested Topics included (in direct quotes):

Giving back, by participating in research as an LGBTQQ individual. Volunteering - e.g. to call folks to do periodic check in, etc.
How to develop friendships later in life in a unique community as we find here in Palm Springs
Socialization in a time of compromise
Creating a circle of trust
Planning and executing downsizing
How to find purpose and meaning in life as we age
Dealing with friends getting older and getting illnesses
Evaluation of existing senior living centers
Body and organ donation
Salon discussion around books, films, current events
Benefits of being old; staying vibrant in old age
Beyond End of Life Option Act... Choosing Death with Dignity in general, whether or not it meets the legal criteria, & resources for making such a choice.
Dealing with challenging family members of your life partner when your partner becomes ill and in need of care.
Living in a World after COVID-19
I have outlived two executors for my will. I do not have a friend or relative I want to act as executor. I need a professional executor. I hope you can help me find one that is open to gay issues.

Participants were asked about the reasons why they choose to attend PALS seminars, Death Cafés and social events. Seven options were provided, and respondents were asked to

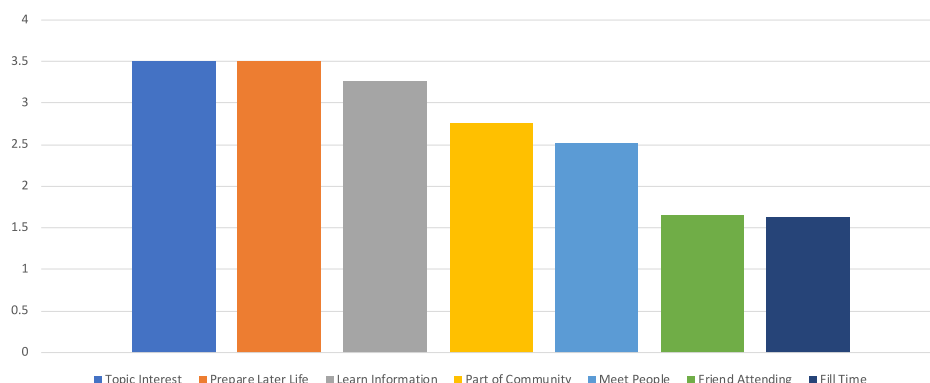
indicate the extent of their interest in attending on 4-point scales with response values ranging from 1 (not important) to 4 (very important).

Reasons for Seminar Attendance:

As shown in the Figure 16, mean ratings ranged from about 1.5 (attending a seminar because a friend was doing so or to fill time) to 3.5 (attending a seminar because of interest in the topic or to be better prepared for later life). The three main reasons were information-related; that is, interest in the topic, being prepared for later life and learning new information. The next two reasons were social — feeling part of a community and meeting new people. The last two reasons focused on having extra time to spend and spending it at a seminar.

Figure 16.

Mean Rating of Reasons for Seminar Attendance



Gender differences were found on three of these reasons:

- Men rated “to learn information” higher than did women, with respective means of 3.4 and 3.0, respectively³⁷;
- Men also rated “to fill time” higher than did women, with respective means of 1.8 and 1.4³⁸;
- In contrast, women rated “accompanying a friend” higher than did men, with respective means of 1.8 and 1.5³⁹.

Those who lived with someone else (1.9) were more likely to rate “accompanying a friend” higher than were those who were alone (1.5)⁴⁰, with a similar pattern among those who are in a relationship (1.7) or divorced or widowed (1.7) relative to those who are single (1.4)⁴¹.

Death Cafés:

After providing a definition of the name Death Café (“small, facilitated discussion groups focusing on death and dying”), two questions were posed. The first asked if they have attended a Death Café; the second asked about attending possible future Cafés—with options including in-person, online (virtually), no preference, or not planning on attending.

Just over one-third of respondents reported having attended a Death Café (34.1%); 63.5% had not and 2.4% of respondents did not recall if they had participated. Men (47.8%) and older respondents (46.2%) were more likely to report that they have attended a Death Café than women (18.6%)⁴² and younger respondents (25.4%)⁴³, respectively.

In response to the second question regarding future attendance, over one-third of respondents (36.7%) expressed no preference, 22.7% preferred in-person attendance and a slightly smaller proportion (19.5%) preferred online attendance. Twenty-one percent reported that they do not plan on attending.

Gender and living arrangement were the only two demographic variables on which significant differences were detected:

- Men (37.7%) preferred in-person attendance more than did women (5.1%) while women (28.8%) preferred online attendance more than did men (11.6%)⁴⁴.
- Those who lived alone (32.4%) preferred in-person attendance more than did those who lived with someone else (10.3%) who similarly (27.6%) preferred online attendance more than did those who live alone (13.2%)⁴⁵.

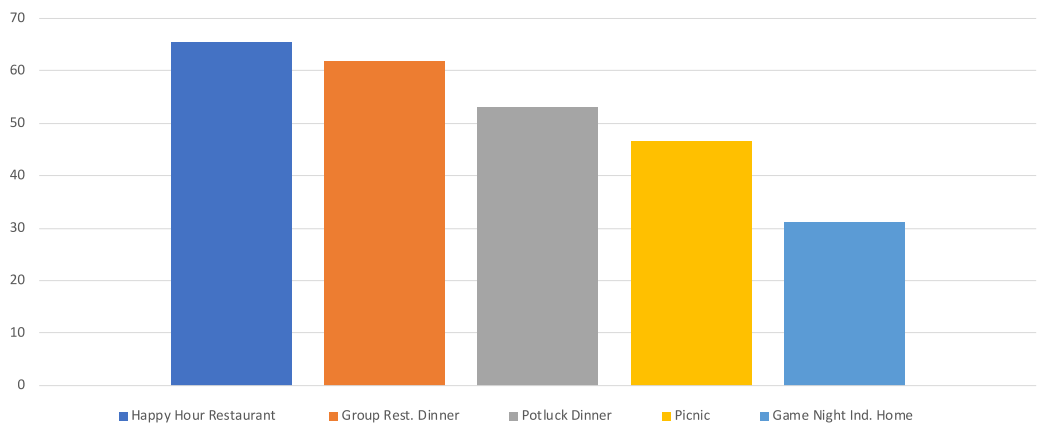
PALS Social Gatherings:

Respondents were asked three questions about PALS’ social gatherings: if they had attended a previous social gathering, their interest in attending a future such event, and their interest in attending any of a variety of social gatherings examples. Just over one-quarter of respondents had attended a previous social gathering (26.4%); 64.3% had not and 9.3% did not recall having attended. About half of respondents (48.8%) expressed interest in attending a social gathering; over one-third were unsure (37.8%) and 13.4% reported that they were not interested. There were no significant differences among the demographic variables on either of these two items.

Respondents were asked of their interest in attending any of a list of possible future events, with multiple responses possible. The list of items, along with the percentage of respondents who expressed an interest, is presented in Figure 17.

Figure 17.

Percent Interest in Attending Specific Future Social Gatherings



Responses ranged from over 65% interest for a “happy hour” at a local restaurant or bar to 31.1% interest in a game night at an individual’s home. There were few differences by the demographic variables assessed. Men (62.9%) were more interested in a potluck dinner than

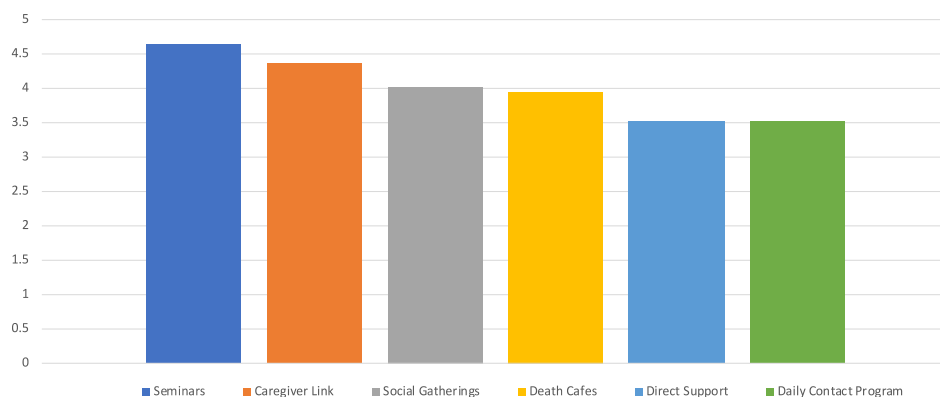
were women respondents (40.4%)⁴⁶. Those who live alone were more likely than were those who live with someone else to prefer picnics; the respective percentages were 55.9 and 36.2⁴⁷. Other options suggested included theater event, cabaret, jazz singer or club night, and a dance.

— PALS FUTURE DIRECTIONS —

Finally, a series of questions were asked about the future direction of PALS. Using a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), respondents were asked to rate each of 6 possible future directions for PALS. Mean ratings for each of the items are presented in Figure 18.

Figure 18.

Future Directions PALS: Mean Ratings of Agreement (Likert Scales 1-5)



The responses reflect significant agreement with the current offerings of PALS (seminars were rated 4.6; Social Gathering were rated 4.0; Death Cafés were rated 3.95), as well as interest in directions not yet undertaken by PALS. These include linking caregivers with those who require care (4.4), as well as direct support (or “hands on” support, 3.52) and daily contact programs (3.51). There were several demographic differences:

- Seminars. There was a gender difference with men rating seminars (4.81) more highly than did women (4.23)⁴⁸.
- Direct Support. Age group difference were noted on this proposed PALS activity, with older persons (3.72) expressing greater agreement than younger persons (3.33)⁴⁹. Similarly, those who live alone (3.72) rated Direct Support more highly than did those who live with someone else (3.36)⁵⁰. And those who are divorced or widowed (3.96) rated this proposal more highly than did those who are single (3.56) and those who are in a relationship (3.36)⁵¹.
- Daily Contact Program. Age group differences were noted on this proposal with older persons (3.68) expressing greater agreement than younger persons (3.39)⁵².

We also included an open-ended question asking respondents to provide any additional comments on their experience and/or suggestions of ways in which we might enhance PALS. Just under one-third of respondents (40); all of whom had previously attended at least one PALS event) provided such comments. These narrative comments were grouped together and are presented below in descending order of prevalence on Table 2.

Table 2

Theme	Percent of Responses	Exemplary Quotes
Appreciation	38	<ul style="list-style-type: none"> • Thank you for all that PALS does in the desert community, LOVE YOU All • Love you guys. Thank you for being there at this end-time of my life. • I appreciate the professionalism and quality information PALS provides. • Thanks for the opportunities you provide our community
Accolades	23	<ul style="list-style-type: none"> • I think [PALS] is a wonderful organization and encourage it to continue • Glad you are in the community

Future Directions for PALS	12	<ul style="list-style-type: none"> • I'd suggest that PALS encourage participants to organize to form small groups to address issues of interest rather than being passive consumers of information and activities planned by the PALS Steering Committee. • I would like to see some further effort in helping to develop friendships among those who attend--maybe more than socializing after the workshops.
General	12	<ul style="list-style-type: none"> • Hate the name: Death Café • I have been to, I think, 3 PALS workshops. Each provided me with info that I was interested in/looking for. My problem is that I am extremely shy so, the idea of doing dinners for example, makes me very uneasy. One would think that being an adult would make me more at ease but.....meeting people is a huge challenge for me especially since my husband had passed away.
Assisted in Respondent Planning	10	<ul style="list-style-type: none"> • PALS has helped me in a lot of situation and planning of the future of my life. • thank you. This PALS group has helped prepare me more than I can say!
Social/Friendship	5	<ul style="list-style-type: none"> • I like that PALS has brought me in contact with some really great people. I like that it is community-based and generated--i.e., not a formal organization. • I miss my PALS groups, and the interactions

Among those who had participated in at least one PALS event, there was widespread gratitude for the programs offered and for those offering the programs. Appreciation was most often expressed, followed by accolades for the work PALS does; together, these comprise more than half of all responses. About one quarter of respondents offered some comment about programs and directions for the future of PALS as well as general observations, often personal experiences. Along such lines, the latter two categories of comments concerned how PALS had assisted the respondent in their future planning and the social connections, and friendships, that had developed as a consequence of PALS participation.

— EFFECTS OF PANDEMIC/STAY AT HOME ORDERS —

A final open-ended question asked respondents to consider, if any, the effects of the COVID-19 mitigation efforts, and particularly the stay-at-home orders, have had on them. Given that this survey was conducted in the midst of the pandemic, it was thought prudent to learn about the

context created by the pandemic on the experiences of respondents. One hundred respondents (77%) offered some comment in response to this question. These comments ranged from just a couple of words (e.g., “feeling depressed” or “overeating”) to responses of several sentence. A descriptive thematic analysis was conducted on these (blinded) responses; a total of 11 themes emerged, as exemplified in Table 3 and arrayed in descending order of prevalence.

Table 3

Theme	Exemplary Quote
Miss Socializing (and social activities, routine)	“I miss my gay social groups and volunteer work” “I miss getting together with friends and acquaintances”
Isolation and Loneliness	“The pandemic has left me feeling more alone and isolated than ever before”
Depression/Anxiety	“feeling depressed” “I have been feeling more anxious ... depressed sometimes”
Status Quo (“nothing changed”)	“Since I live alone, not much change...” “No major effect, as I have lived alone most of my adult life”
Time for Reflection, Introspection	“I have learned to appreciate the quiet...” “A chance to look at my life, past, present, and future”
Friendship and Support	“I have been reaching out to others, including family, more often by zoom or Facetime”
Changes in Health	“damaged my health since the gym is closed” “Cooked more, ate more”
Frustration and Challenges	“I am tired of waiting in lines to get into the store” “more responsibilities”
Contentment	“I have enjoyed my time alone” “I have always been a loner and find being alone comforting”
Boredom	“I’m so bored, I can’t wait until it is safe to leave the house.”
Virtual Engagement	“Thanks to Zoom, I don’t feel isolated” “It also opened me up to the world online and video contacts”

The prevalence of these themes and the extent to which they varied by the demographic variables are explored on Figures 19 and 20.

Figure 19.

Effects of Pandemic and Stay-at-Home Orders: Top Five (thematic analysis—percent) (1/2)

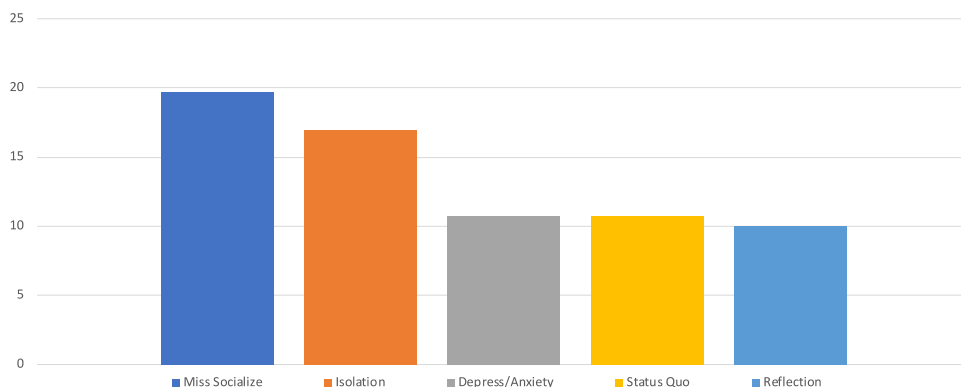
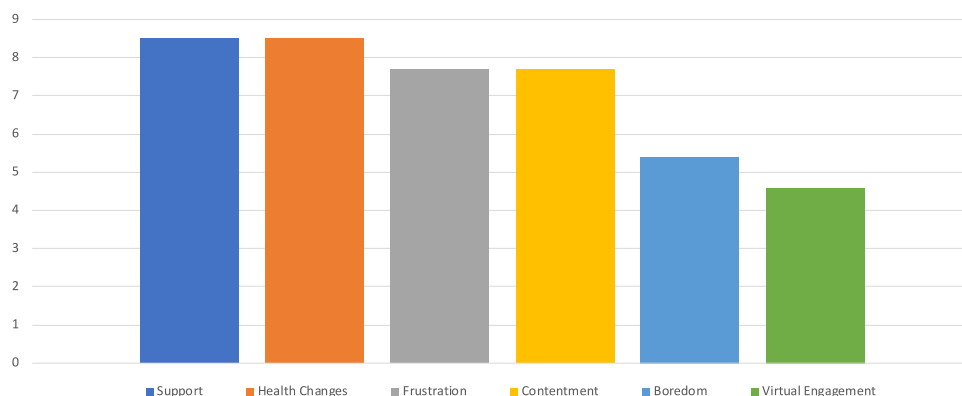


Figure 20.

Effects of Pandemic and Stay-at-Home Orders: Remaining Topics (thematic analysis—percent) (2/2)



The two most frequently mentioned themes, endorsed by just over 19% and 17% of respondents, respectively, were ones representing missing the socializing and engagement that preceded the pandemic (e.g., *“I miss getting together with friends and acquaintances”*) and feeling isolated and alone (e.g., *“The pandemic has left me feeling more alone and isolated than ever before”*). The closely associated feelings of depression and anxiety (e.g.,

“some depression and anxiety”) were mentioned by almost 11% of respondents followed in equal proportion by reports of “status quo” or little having changed (*“Since I have lived alone, not much change”*). Making use of this time alone as a time for reflection and retrospection (e.g., “A chance to look at my life, past, present, and future”) was endorsed by 10% of respondents.

The remaining categories were all endorsed by fewer than 10% of the sample, including commenting on support needs and deep friendship connections (8.5%; e.g., *“I have been reaching out to others, including family, more often...”*) and changes in health (some positive, e.g., *“cooking more”*; many negative, e.g., *“overeating”*) also endorsed by 8.5% of respondents. The contrasting categories of frustration (e.g., *“I’m tired of waiting in lines to get into stores”*) and contentment (e.g., *“I became a homebody and appreciate my alone time more”*) were also equally endorsed by 7.7% of respondents each. Boredom (e.g., *“bored to death”*) and virtual engagement (mostly zoom; e.g., *“now I’m everywhere! Grateful for this zoom app”*) were the two remaining categories with respective percentages of 5.4% and 4.6%.

These themes were treated as independent variables and subjected to the same comparative analyses (using demographic variables) as above. Differences were noted on several of the measures, though cell sizes are often small and unequal and so these differences should be interpreted with caution (particularly those which are marginally non-significant, which are listed below [with asterisks*] given the exploratory nature of these analyses). They are:

- **Isolation:** those who were divorced or widowed (33.3%) were more likely to mention this than were those who were single (13.2%) or partnered (12.7%)⁵³.
- **Reflection:** younger respondents (15.9%) were more likely to mention this than were women (3.7%)⁵⁴.
 - * Reflection: men (14.3%) were more likely to mention this than were women (5%)⁵⁵.
- **Health changes:** men (12.9%) were more likely to mention this than were women (3.3%)⁵⁶; those who were divorced or widowed (22.2%) were more likely to mention this than were those who were single (7.9%) or partnered (3.2%)⁵⁷.
 - * those who live alone (11.6%) were more likely to mention this than were those who lived with others (3.4%)⁵⁸.

- * **Boredom:** men (8.6%) were somewhat more likely to mention this than were women (1.7%)⁵⁹.

Overlaying these themes are a couple of LGBTQ-relevant (or specific) contexts — both direct and indirect and mentioned exclusively by gay men in the sample. Within a more direct context, a couple of respondents made reference to the HIV pandemic; comments included:

“Surprised on how the LGBTQQ community is handling it after knowing what the AIDS epidemic felt like. Feels like we didn’t learn anything by isolating ourselves from others.”

Another respondent, referencing the AIDS-crisis, noted *“I have lived in isolated conditions that some would consider much worse than now 30 years ago.”* Finally, and presumably again in reference to experiences during the HIV-pandemic, another respondent replied, *“My personal life experiences taught me that I am stronger mentally than I ever thought I could be.”*

More indirect comments were related to living alone (as the example above) wherein several respondents spoke of their more isolated histories (more common among gay men) and its (moderating effect) on their COVID-pandemic experiences. These comments included: *“No major effect, as I have lived alone most of my adult life”* and *“I have always been a loner and find being alone comforting.”* These latter comments are not LGBTQ-exclusive, though the preponderance of samples reporting that gay men are much more likely to live alone than others—within LGBTQ and general populations—suggest an LGBTQ context to this.

— DISCUSSION —

Revealed in the above analyses are key demographic characteristics of those who have expressed an interest in, or attend an event coordinated by, PALS. As such, it may not be a representative sample of LGBTQ Desert residents and there are important indicators of this lack of representation (i.e., few bisexual persons, few transgender persons, limited ethnic/ racial diversity—especially among gay men); nonetheless, these data offer an important perspective on members the LGBTQ community in the Coachella Valley.

Perhaps most compelling among the demographic data is the high proportion of persons who are single. Among our participants, just under one-third of persons (30%) reported that they are single (never married); among the US general older population (65 and older), about 5.5% are single (2017 Profile of Older Americans; <https://acl.gov/sites/default/files/aging%20and%20disability%20in%20america/2017olderamericansprofile.pdf>).

The differences are even more dramatic when gender is considered. For example, among the older population in general, 6% of women are single (never married); in our sample, it is 8.5% of the lesbian sample. For men in the older population in general, 5% are single; in our sample, 48.5% of gay men are single. Corresponding to these differences are the living arrangements of these older women and men. Just over one-third (34%) of older women in the general population live alone comparable with the percentage seen in our data (30.5% of lesbians). By contrast, in the general population, 20% of older men live alone; among our sample, almost three-quarters of gay men (73.5%) live alone.

These percentages represent more than simple relationship and living arrangement descriptions: these percentages also implicate gender roles (beyond the scope of this report) as well as social support availability with myriad further repercussions including healthcare access, physical and emotional well-being, emergency contacts and more. It is, therefore, sadly not surprising, that gender differences in the receipt of needed support were noted.

Along these lines, gay men were less likely than were lesbians to report that they receive the support they needed. And, gay men were much more likely to report than were lesbians that they had no one on whom to call for emotional, short-term and long-term support or help. For gay men, this ranged from 10% reporting that they had no one on whom to call for emotional support to 30% for long-term help. For lesbians, the comparable ranges were from 1.7% to 5%. Similar data exist characterizing those who are older (relative to younger older adults) as well as those who are widowed or separated (i.e., more likely to report having no one on whom to call for support).

These findings reflecting vulnerabilities particularly around support are thankfully tempered by a sample reporting good to very good health—and with incomes that currently meet their

needs. Both of these factors mediate support needs (i.e., fewer reasons to call for support and more resources to enlist support). Among the sources of support identified by the respondents of this sample, friends figure prominently, and neighbors have a role often inadequately considered in research, policy and programs.

This is encouraging to note—with an important caveat. Friends, neighbors and the community appear to stand ready to support in many circumstances, though the likelihood of calling upon friends diminishes as needs for support increase (i.e., friends are called upon for long-term support in smaller proportions than for short-term support). Moreover, friends and neighbors are less formal sources of support than family who are much more likely called upon for support by the general older population. This suggests that the paths to seeking the support of friends and neighbors are less clearly defined just as the nature of their support is more ambiguous. Research supports these more equivocal roles suggesting opportunities to develop the venues that allow older persons, especially LGBTQ older persons, to avail themselves of such support and develop the language to engage each other in discussions of their support needs.

Since its inception — and by design — PALS has offered such opportunities. Older gay men who live alone are the most common PALS attendees, a response to both the background research leading to the formation of PALS and its now successful 7-year history with “word of mouth” being one of the top three reasons survey respondents reported having heard about PALS. It is therefore both telling and informative to note the topics of greatest interest to participants: friendship, options for long-term care, use of assistive technology to age in place, legal documents needed to prepare for end of life, and the conversations needed to prepare for later/end of life. Other suggested topics included developing friendship and support and care; staying vibrant and engaged and finding meaning in life, and concrete ways to prepare for end of life. These are all responsive to the demographic and social realities described above.

Similarly instructive are the reasons why participants report attending PALS seminars and related events. Primary among these reasons are educational (interest in topic, preparing to

later life, learning information), social and interpersonal (being part of a community, meeting people), and having something to do, with another person.

Future recommended directions include continuing to offer what PALS is known for—seminars, death cafés, social events (in that order). But there were also high ratings for linking caregivers with those who need care, as well as developing direct support services, and daily contact programs. These, too, reflect the ongoing need in our community, particularly given the demographics noted above (i.e., these were preferred more strongly by older persons, those who live alone, and those who are widowed/divorced). PALS is an unincorporated community service and several of these direct service recommendations lie outside the scope of its mission, purpose and resources but provide valuable information for community-planners and other organizations.

The survey highlighted some of the demographic and social realities of older Coachella Valley LGBTQ persons—and how PALS is fulfilling its mission to address their educational and community needs. Respondents were asked to provide comments on their PALS experience and/or suggestions of ways in which PALS might be enhanced. These comments reinforce the statement above and how PALS is addressing a need; the largest two categories of responses, comprising more than half of all responses, were expressions of gratitude and praise for the work of PALS, its founder and steering committee members. Respondents also noted how PALS had assisted in their preparations and in reaching out to others.

Finally, it is important to highlight that this survey, and these analyses, took place in the context of the COVID-19 pandemic. This context was elaborated upon by over three-quarters of participants in an open-ended question at the conclusion of the survey. Respondents honestly shared their experiences commenting on the social (missing socializing, isolation and loneliness) and emotional (depression, anxiety, frustration, challenges, boredom) tolls of the pandemic and stay-at-home orders. They spoke of the changes in their health and exercise patterns—or how nothing has changed for them. Importantly, respondents also noted their contentment, how they have been reaching out to others, including virtually, and taking the opportunity to reflect on their lives.

There are unique challenges faced by the LGBTQ aging population, only some of which are represented here. So, too, is there a pattern of resilience and competence, also represented by these data. A complete appreciation of the aging experiences of LGBTQ persons lies at the intersection of these challenges and resilience. PALS addresses both through education and creating community.

Endnotes:

The specific tests of significance of comparisons reported in the text, by page number.

Page 10:

¹ $\chi^2(7) = 33.233, p < .001;$

² $t(117) = 3.639, p < .001.$

³ $\chi^2(2) = 12.797, p < .005.$

⁴ $\chi^2(2) = 18.139, p < .001.$

Page 11:

⁵ $\chi^2(2) = 29.152, p < .001.$

Page 12:

⁶ $\chi^2(2) = 23.505, p < .001.$

⁷ $\chi^2(2) = 11.899, p < .001$

Page 15:

⁸ $F(2, 127) = 12.168, p < .001.$

⁹ $F(2, 123) = 7.913, p < .001.$

¹⁰ $F(1, 124) = 13.335, p < .001.$

Page 17:

¹¹ $\chi^2(1) = 4.248, p < .05.$

¹² $\chi^2(1) = 3.796, p = .05.$

¹³ $\chi^2(1) = 3.871, p < .05.$

¹⁴ $\chi^2(1) = 7.408, p < .001.$

Page 18:

¹⁵ $\chi^2(1) = 5.551, p < .05.$

¹⁶ $\chi^2(1) = 3.749, p = .05.$

¹⁷ $\chi^2(1) = 3.778, p = .05.$

¹⁸ $\chi^2(1) = 13.522, p < .001.$

¹⁹ $\chi^2(1) = 17.272, p < .001.$

²⁰ $\chi^2(2) = 21.188, p < .001.$

Page 19:

²¹ $\chi^2(1) = 18.720, p < .001.$

²² $\chi^2(1) = 13.414, p < .001.$

²³ $\chi^2(1) = 12.326, p < .001.$

Page 20:

²⁴ $\chi^2(2) = 20.064, p < .001.$

Page 21:

²⁵ $\chi^2(1) = 25.593, p < .001.$

²⁶ $\chi^2(2) = 6.977, p < .05.$

Page 22:

²⁷ $\chi^2(2) = 26.255, p < .001.$

Page 23:

²⁸ $\chi^2(1) = 10.412, p < .001.$

²⁹ $\chi^2(2) = 8.950, p < .01$

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³⁰ $\chi^2(1) = 7.230, p < .01.$

³¹ $\chi^2(1) = 8.316, p < .01$

³² $\chi^2(1) = 3.434, p = .06.$

³³ $\chi^2(1) = 5.954, p < .01.$

³⁴ $\chi^2(1) = 4.580, p < .05.$

³⁵ $\chi^2(1) = 7.922, p < .005.$

³⁶ $\chi^2(1) = 11.311, p < .001.$

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³⁷ $F(1, 125) = 6.396, p < .01.$

³⁸ $F(1, 125) = 5.764, p < .01.$

³⁹ $F(1, 125) = 4.903, p < .05.$

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⁴⁰ $F(1, 122) = 7.839, p < .01.$

⁴¹ $F(1, 121) = 3.133, p < .05.$

⁴² $X^2(2) = 11.929, p < .01.$

⁴³ $X^2(2) = 6.799, p < .05.$

⁴⁴ $X^2(3) = 22.212, p < .001.$

⁴⁵ $X^2(3) = 15.969, p < .001.$

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⁴⁶ $X^2(1) = 5.425, p < .05.$

⁴⁷ $X^2(1) = 4.100, p < .05.$

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⁴⁸ $F(1, 123) = 10.673, p < .001.$

⁴⁹ $F(1, 119) = 5.733, p < .05.$

⁵⁰ $F(1, 123) = 4.849, p < .05.$

⁵¹ $F(2, 122) = 3.967, p < .05.$

⁵² $F(1, 117) = 4.422, p < .05.$

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⁵³ $X^2(2) = 6.271, p < .05.$

⁵⁴ $X^2(1) = 4.800, p < .05.$

⁵⁵ $X^2(1) = 3.095, p = .07.$

⁵⁶ $X^2(1) = 3.783, p = .05.$

⁵⁷ $X^2(2) = 8.763, p < .01.$

⁵⁸ $X^2(1) = 2.972, p = .08.$

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⁵⁹ $X^2(1) = 3.023, p = .08.$