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RESEARCH PARTNERSHIP (LGBTQ-ARP)

# LGBTQ Older Adult Survey

Funded by the *San Francisco Department  
of Disability and Aging Services,*  
*Horizons Foundation* and the  
*Bob Ross Foundation*





# San Francisco LGBTQ Older Adult Survey

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## Executive Summary

In February 2021, the San Francisco LGBTQ Aging Research Partnership<sup>1</sup>, a group of concerned community leaders and advocates, and Health Management Associates developed and implemented the LGBTQ+ Older Adult Survey to gather input from LGBTQ+ older adults across San Francisco about how their physical and emotional health had changed during COVID and the stay-at-home mandate, and what services they were able to receive and which services they needed but were unable to access. The goal of the survey was to provide the community, the city and foundations with information to best allocate resources to address any unmet needs. The survey was funded by the San Francisco Department of Disability and Aging Services, Horizons Foundation and the Bob Ross Foundation.

The survey went live in March 2021, one year from the beginning of the stay-at-home mandate, and was available in both English and Spanish. The survey gathered input from 500 LGBTQ older adults 50 years old or older, about how their physical and mental health had changed, and how they were doing through a period of upheaval and isolation. In early April 2021, when vaccines had rolled out across the country, and most older adults were eligible for the vaccine, a follow up survey was conducted to ask how people were doing and what was changing. Over 100 of the original 500 older adults also responded to this survey. This report provides key findings from both surveys.

This executive summary provides an overview of the high-level findings related to mental health, physical health, use of services, unmet needs and gaps in services, adaptations that older adults made during the pandemic, and findings from the follow-up survey.

## Mental Health Findings

### Depression

During the pandemic both the severity of depression and the number of older adults self-reporting depression increased significantly.

- During COVID, the percent of older adults with self-reported symptoms of depression increased to 13.5%, almost three times more than pre-COVID.
- POC respondents and respondents with a disability had the highest percentages of people with possible depression, both during and prior to COVID and the stay at home mandate. More than one in four TGNC respondents and respondents who live alone may have had depression during COVID.
- Nearly 8% of respondents said they had seriously thought about committing suicide in the past 12 months.


### Stress

Stress was higher during the pandemic.

- Overall, scores on a modified version of the Perceived Stress Scale are somewhat higher during COVID (suggesting higher levels of stress).

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- Stress scores both before and during COVID-19 are higher among POC respondents, TGNC respondents, and respondents with a disability than for white respondents, non-TGNC respondents and respondents without a disability.

### **Loneliness and Isolation**

Loneliness and isolation increased dramatically during the pandemic.

- During COVID, nearly 65% of older adults reported they felt lonelier than before the pandemic began in March of 2021. Over 80% said they felt isolated from others, with almost 40% said they *often* felt isolated. Notably, 20% of older adults scored the highest score possible on the Loneliness Scale, suggesting high degrees of loneliness.
- People who live alone report higher levels of loneliness during COVID-19 than people who do not live alone.
- During the pandemic 11% of older adults reported they had three or more days with no contact with another person, compared to less than 4% before the pandemic.
- When asked who they turn to for emotional support, the majority of respondents said a close friend or their partner or spouse. However, 12% of older adults said “no one”. Cisgender men were most likely to say they had no one to turn to for emotional support.
- On a positive note, 83% of older adults said they are using virtual communications more now than in the past.

### **Post-Traumatic Stress**

About 2/3 of older adults said that symptoms of PTSD were worse during the pandemic.

- Over 43% of older adults said yes to three or more questions about post-traumatic stress, the threshold that could indicate the presence of PTSD. POC respondents and respondents with a disability had the highest percentages of people with PTSD symptoms, at 52.3% and 52%, respectively. HIV+ respondents had the next highest percentage of people with PTSD symptoms, at just over 50%.
- When asked if these issues had gotten worse, stayed the same, or gotten better during the COVID-19 pandemic, 66% of all older adults said their symptoms of PTSD had gotten worse during the pandemic.

### **Memory Problems and Cognitive Functioning**

A significant number of older adults (between 25% and 40%, depending on the question) said they were having more memory problems during the pandemic than in the past.

- Over 40% said they were having more difficulty with memory since the beginning of the COVID-19 pandemic. Of those who said they are having more difficulty with memory, almost 1/3 (31%) said this difficulty with memory is a severe or moderate problem for them.
- Over 24% of older adults said that they are having trouble learning new things since COVID-19 began, with 47% of those saying this is a moderate or severe problem.
- Almost 25% of older adults said they have experienced changes in their ability to think and reason since the pandemic, with almost 45% of those saying this is a moderate or severe problem.



## Physical Health

Changes in health behaviors during the pandemic were dramatic, with older adults eating more, sleeping more, drinking more, and exercising less.

- Only a small percentage of older adults (7%) said their health was excellent. About 1/3 said their health was very good and another 1/3 said their health was good. About 1/5 said their health was fair, and a small percentage said poor. About 1/3 said their health was somewhat worse now than a year ago, with another 4% saying it was much worse. About half of older adults (53%) said their health had not changed in the past year.
- During the pandemic:
  - 43% said they were eating more
  - 36% said they were sleeping more.
  - 16% were drinking alcohol more than usual.
  - 14% were using marijuana more than usual.
  - 65% say they were exercising less than usual, but 16% said they were exercising more than usual.
- Over 17% of people said these changes were problematic.

## Use of Mental Health Services

About 1/3 of older adults received telehealth services for mental health during the pandemic. About 1/3 of these say they would like to continue using telehealth even after the pandemic.

- About 37% of older adults had ever received mental health services via telehealth. Respondents who were younger were statistically significantly more likely to have received mental health services via telehealth either before or during COVID-19, as were POC respondents.
- During COVID-19, 29% of older adults said they wanted to receive mental health services via appointments over the phone or video (telehealth) and were able to get them. Another 14% said they wanted these telehealth services but could not get them.
- Of those who were receiving telehealth services at the time of the survey, about 35% said they were very likely to continue using them even when other options are available. Another 40% were somewhat likely. About 1/4 of respondents were somewhat or very unlikely to continue to use telehealth services once other options are available.
- More than half of older adults (54%) said they would use telehealth services if they were available and affordable. Another 1/3 said they were not sure. Only 14% said they would not.

## Service Gaps

In many cases, most older adults were able to access services they needed. However, the highest unmet need was for mental health services.

- Between 83% and 97% of respondents (depending on the service) were able to get a service if they needed it.
  - Nearly 90% of older adults said they needed and received medical care during the pandemic or didn't need medical care during the pandemic.

- Nearly 97% of older adults either did not need help with getting medications or received the help they needed.
- Over 90% received the help they needed economically or with technology, or they did not need help with these.
- Mental health counseling was the highest unmet need at almost 17% of all respondents.
- POC respondents reported higher levels of unmet needs for counseling, medical care, technology and medication assistance than any other group.
- HIV + respondents reported the highest need for economic help.
- People with disabilities reported the highest need for assistance with chores.

## Adaptations and Activities

Older adults did a lot to adapt to COVID and to try to stay connected.

- The most common activity to stay connected was phone calls, with 87% of older adults saying they have phone contact with people. About 85% said they text, with 82% saying they connect via email. About 75% report connecting by video chat. Only about half (52%) say they attended live virtual events.
- 80% of older adults could note something positive that came out of the pandemic for them:
  - spending more time with loved ones and strengthening ties with family and friends
  - picking up a new hobby or rediscovering an old one
  - having time to be more creative
  - having time to reflect on their life and focus on things that really matter to them

## Follow Up Survey


### Changes Since the Vaccine

The vast majority (68%) of adults said they are feeling better now that the vaccine is rolling out. Respondents noted feeling more optimistic, safer, relieved, and less stressed. They also reported feeling more comfortable being out in public, seeing friends and family, using public transportation, and doing things like shopping for groceries.

### Social Supports, Post COVID-19

Older adults were mixed in their beliefs about what would be available to them after the pandemic. About half of older adults thought some social supports would still be available, but that other supports might not be available.

- Half of respondents said they thought they would be able to regain some of their social supports once the pandemic is over, and 44% said they would be able to regain all of their social supports. But 6% said they would be able to regain very few or none of their social supports.

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- Some supports that may have disappeared include friends that have moved away during the pandemic, regular hangouts that may not survive the pandemic (bars, clubs, and coffee shops, in particular), or organized social groups that may not return.
  - Many older adults expressed a fear of ever returning to indoor activities and large crowds, because of the rise in COVID-19 variants and fear of COVID-19 exposure despite being vaccinated.
  - Several respondents had concerns that the "simple casual interactions" that they enjoyed prior to COVID-19 would never resume - the interactions on the street, in markets, in coffee shops - and that this was an important social support for them.

### **Takeaways from the Pandemic**

Older adults reported many “takeaways” from the pandemic, including a desire for deeper connections with family and friends, a commitment to living more authentically, and a desire to enjoy life more and have more appreciation for everyday joys. Many also expressed a reinforced awareness of the importance of disease prevention and caution.

## **Conclusions**

Most survey participants are managing in this stressful time of the pandemic and the imposed social isolation of stay-at-home orders, despite the fact that so many live alone and have chronic health conditions that put them at high risk for infection and death from COVID 19.

Most survey respondents were able to access the services they needed but many were unable to access mental health services. Mental health issues increased, such as depression and PTSD, and feelings of loneliness and isolation increased. One of the greatest unmet needs during COVID-19 was counseling services, with slightly more than one in four POC seniors, HIV+ respondents and people with disabilities report being unable to access these services. This is a significant and concerning gap in LGBTQ senior services.

As life continues to be disrupted and to evolve with the vaccine rolling out and public life opening up again, many people have expressed a complex set of emotions: fears about going out into public again combined with a deep longing to have connection, and worries that opportunities for connection will no longer exist as they have in the past. There may be opportunities for organizations to help fill these gaps and help ensure that opportunities for connection and support are available.



## Introduction

In February 2021, the San Francisco LGBTQ Aging Research Partnership<sup>2</sup>, a group of concerned community leaders and advocates, and Health Management Associates developed and implemented the LGBTQ+ Older Adult Survey to gather input from LGBTQ+ older adults across San Francisco about how their physical and emotional health had changed during COVID and the stay-at-home mandate, and what services they were able to receive and which services they needed but were unable to access. The goal of the survey was to provide the community, the city and foundations with information to best allocate resources to address any unmet needs. The survey was funded by the San Francisco Department of Disability and Aging Services, Horizons Foundation and the Bob Ross Foundation.

In March of 2020, in response to COVID -19, the city mandated that people stay in their homes. All senior services, such as senior centers, senior programs and congregate meal sites transitioned from in-person to phone and internet services. As more time passed, most people experienced changes, disruptions and challenges and many experienced losses, illness and isolation. There was a growing recognition among LGBTQ community leaders that this crisis

*Nearly 54% of respondents said their lives had been disrupted “very much” by COVID-19.*

could be especially acute for LGBTQ older adults who are more likely to live alone than their heterosexual cisgender peers. While the city has long established partnerships with community nonprofits that have successfully provided quality services to LGBTQ older adults, it was anticipated that there could be gaps in services for LGBTQ+ older adults, and that identifying and addressing these gaps would be important.

The on-line survey went live in March 2021, one year from the beginning of the stay-at-home mandate, and was available in both English and Spanish. The option to complete the survey by phone with a staff member from Openhouse was also available. Information about the survey was shared with more than a dozen LGBTQ organizations and networks across the city. The survey gathered input from 500 LGBTQ older adults 50 years old or older about how their physical and mental health had changed, and how they were doing through a period of upheaval and isolation. Individuals were able to self-identify in terms of sexual orientation, gender identity, race and ethnicity. We explored differences between racial and ethnic groups, between cisgender respondents and transgender and/or gender nonconforming respondents, and between individuals living with a disability and those who do not have a disability, in order to assess unmet needs and understand how the experiences of different groups vary. Different communities within the LGBT community face different stressors and have different needs, making these kinds of nuanced exploration critical. Due to the small numbers of respondents, we were not able to examine differences between respondents who identified within different racial and ethnic groups. However, we were able to explore differences between respondents

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who identified as a person of color and respondents who identified as white, as well as differences related to gender identity, disability status, age, and other factors.

In early April 2021, when vaccines had rolled out across the country, and most older adults were eligible for the vaccine, a follow up survey was conducted to ask how people were doing and what was changing. Over 100 of the original 500 older adults also responded to this survey. This report provides key findings from both surveys.

## Section 1: Mental Health

One goal of this survey was to get a sense for how LGBTQ older adults were faring through the pandemic in terms of their mental health. To assess this, the survey included a number of items to measure self-reported levels of depression, stress, loneliness, post-traumatic stress disorder and cognitive functioning.<sup>3</sup>

### Key Findings

#### DEPRESSION

To assess levels of depression, the survey included the Patient Health Questionnaire-2 (PHQ-2), which is intended to be a screener for depression. The PHQ-2 asks how much a person has been bothered over the last two weeks by having little interest or pleasure in doing things, and feeling down, depressed, or hopeless. A total score of three or greater suggests a major depressive disorder is likely. To explore whether older adults thought things had changed for them in terms of depression since the beginning of the pandemic, this question was asked in the context of the two weeks immediately before taking the survey and again for a two-week period prior to COVID-19.<sup>4</sup>

During the pandemic both the severity of depression and the number of older adults self-reporting depression increased significantly ( $p=.00$ ). The number of older adults with depression increased to 13.5%, almost three times more than pre-COVID. Table 1 provides more details about PHQ-2 scores and the changes from prior to COVID-19 to March of 2021.

*During the pandemic, 13.5% of older adults self-reported depression, compared with 5% pre-pandemic.*

Table 1: PHQ-2 Scores During COVID-19 and Pre-COVID-19

PHQ-2 Score	Prior to COVID-19		During COVID-19		Change in Percent
	Frequency	Percent	Frequency	Percent	
0	268	51.64	147	28.46	-23.18
1	73	14.07	89	17.12	3.05
2	135	26.01	168	32.31	6.3
3	18	3.47	45	8.65	5.18
4	18	3.47	31	5.96	2.49
5	2	0.39	23	4.42	4.03
6	5	0.96	16	3.08	2.12
<b>Total</b>	<b>519</b>	<b>100.00</b>	<b>519</b>	<b>100.00</b>	

<sup>3</sup> A limitation of these data is that they are all self-reports. This survey was not intended to be a clinical assessment of mental health needs or cognitive functioning and the results should not be interpreted as such. Rather, these data reflect self-reports of individuals on their own mental health and cognitive functioning.

<sup>4</sup> While retrospective self-reports can have varying degrees of accuracy, the self-perception of how things have changed is useful information for understanding whether a respondent perceives that they are feeling better or worse than in the past (in this case prior to the pandemic).



*Across all groups there was a 2 to 3 times increase in the percentage of older adults that reported depressive symptoms during COVID.*

POC<sup>5</sup> respondents and respondents with a disability had the highest percentages of people in the high PHQ-2 category (i.e., suggesting depression) both during and prior to COVID and the stay at home mandate. Transgender and gender non-conforming (TGNC)<sup>6</sup> respondents also had high percentages. Table 2 provides more details about PHQ-2 scores for different groups of respondents. POC respondents (33.3%), and respondents with a disability (30.2%) had the highest percentages of people self-reporting high level of depressive symptoms. During COVID more than one in four TGNC respondents and respondents who live alone had scores on the PHQ-2 that suggest depression.

Table 2: Percent of Older Adults with PHQ-2 Scores of Three or Higher

	PHQ-2 of Three or Higher	
	Pre-COVID-19	During COVID-19
POC Respondents	15.9%	33.3%
Respondents with a Disability	15.1%	30.2%
TGNC Respondents	13.0%	25.9%
Respondents who Live Alone	12.1%	25.4%
Cisgender Male Respondents	9.3%	24.6%
All Respondents	10.2%	23.6%
Cisgender Respondents	9.8%	23.0%
White Respondents	8.3%	20.4%
Respondents who live with someone	6.3%	19.8%
Cisgender Female Respondents	7.1%	15.8%
Respondents without a Disability	3.9%	15.8%

In addition to this measure of depression, respondents were asked if they had seriously thought about committing suicide in the past 12 months. Nearly 8% of respondents said yes.

<sup>5</sup>Individuals were able to self-identify in terms of their race and ethnicity. Throughout this report we use the term Person of Color (or People of Color) and POC to include all respondents who self-identified as American Indian or Alaska Native; Black or African American; Latino or Hispanic; Asian; Native Hawaiian or Other Pacific Islander; Other Race; Multi-Racial.

<sup>6</sup>Individuals were able to self-identify in terms of their gender identity. We use the term Transgender or Gender Non-conforming to include all respondents who identified as: transgender/trans; trans man/trans male; trans woman/trans female; genderqueer/gender non-conforming; non-binary; two spirit; intersex, or another self-description that indicated they were transgender or gender non-conforming.



## STRESS

To assess perceived stress, the survey used a modified version of the Perceived Stress Scale, using four of the questions instead of all ten questions.<sup>7</sup> The survey included the following questions.

### In the past month, how often have you...

1. Felt that you were unable to control the important things in your life?
2. Felt confident about your ability to handle your personal problems?
3. Felt that things were going your way?
4. Felt difficulties were piling up so high that you could not overcome them

Using scoring that is in alignment with the full scale, responses were scored from zero to 11 (with 11 being the highest level of stress) and respondents were categorized into high perceived stress, moderate perceived stress, and low perceived stress.

*POC respondents, respondents with a disability and TGNC respondents reported the highest levels of stress both prior to and during COVID.*

## Key Findings

Overall, scores are somewhat higher during COVID (suggesting higher levels of stress), with a mean score for all four questions of 7.7, compared to a mean score of 6.7 prior to COVID-19. Among POC respondents, scores are even higher than the overall mean at 8.7 during COVID and 7.5 prior to COVID-19. Among TGNC and respondents with a disability, scores are similar to those of POC respondents, with mean scores of 8.6-8.7.

Table 3: Mean Scores for Perceived Stress

	Pre-COVID-19	During COVID-19
POC Respondents	7.5	8.7
Respondents with a Disability	7.7	8.6
TGNC Respondents	7.5	8.6
Respondents who are HIV+	6.9	7.9
Respondents who Live Alone	7.1	7.9
All Respondents	6.7	7.7
Cisgender Male Respondents	6.5	7.6
Cisgender Respondents	6.6	7.5
Respondents who are HIV-	6.5	7.5
Respondents who live with someone	6.3	7.4
Cisgender Female Respondents	6.7	7.4
White Respondents	6.4	7.3
Respondents without a Disability	5.8	6.8

<sup>7</sup> Because the survey included only four of the questions rather than the full scale, the internal validity of the scale is reduced. However, it was not feasible to include the full scale due to survey length, and the inclusion of only the four questions was appropriate for the purposes of the survey, one of which was to gain a general sense of mental health.



When we look at levels of perceived stress by category (high, moderate and low), respondents with a disability and TGNC respondents had the highest percentages of older adults reporting high stress during COVID. Prior to COVID-19, the groups with the highest percentages of older adults reporting high stress were individuals with a disability, individuals who live alone and POC respondents. People who live with someone and people without a disability have the lowest percentages of people in the high stress category.

*Table 4: Percent of Older Adults with Different Levels of Perceived Stress*

	Low Stress		Moderate Stress		High Stress	
	Pre-COVID-19	During COVID	Pre-COVID-19	During COVID	Pre-COVID-19	During COVID
Respondents with a Disability	23.5%	16%	53.3%	52.4%	23.1%	31.6%
TGNC Respondents	22.2%	16.7%	62.9%	55.6%	14.8%	27.8%
Respondents who are HIV+	33.6%	21.5%	49.0%	51.0%	17.5%	27.5%
POC Respondents	21.9%	14.4%	61.6%	58.3%	17.4%	27.3%
Respondents who Live Alone	30.0%	22.1%	52.1%	52.1%	17.9%	25.8%
All Respondents	32.8%	24.2%	52.1%	54.9%	15.1%	20.9%
Cisgender Respondents	34.1%	25.2%	50.9%	55.0%	14.9%	19.8%
Cisgender Male Respondents	36.2%	25.8%	48.3%	54.5%	15.6%	19.8%
White Respondents	36.4%	27.4%	49.2%	53.8%	14.3%	18.8%
Respondents who are HIV-	33.9%	26.7%	53.3%	56.5%	12.8%	16.8%
Cisgender Female Respondents	30.7%	25.2%	59.8%	58.3%	9.5%	16.5%
Respondents who live with someone	36.9%	27.2%	53.4%	58.5%	9.7%	14.2%
Respondents without a Disability	42.7%	32.3%	50.9%	57.4%	6.5%	10.4%



## LONELINESS AND ISOLATION

To assess loneliness and isolation, the survey included the three-item version of the UCLA Loneliness Scale, along with several other questions. The Loneliness Scale asks respondents

*The number of people who had no contact with others three or more days in the past week nearly tripled during COVID-19.*

how often they feel they lack companionship, feel left out, and feel isolated from others. Higher scores reflect feeling those things more often.<sup>8</sup> The survey also asked whether people felt more or less lonely now than before the pandemic, and about frequency of contact with others through phone, video, or in-person.

### Key Findings

Nearly 65% of older adults reported they feel lonelier now than before the pandemic began in March of 2021. Over 80% said they feel isolated from others, with almost 40% said they *often* felt isolated. Notably, 20% of older adults scored the highest score possible on the Loneliness Scale, suggesting high degrees of loneliness.

*One in five of all older adults had the highest possible score on the Loneliness Scale.*

Table 5: Percent of Older Adults Who Report Being Lonely

Loneliness Category	Frequency	Percent
No	187	35.3%
Yes	343	64.7%
<b>Total</b>	<b>530</b>	<b>100.0%</b>

As might be expected, people who live alone report higher levels of loneliness during COVID-19 than people who do not live alone. This difference is statistically significant. When asked if they felt lonelier now than before the coronavirus pandemic, 68% said they are lonelier now. Only 4% said they were less lonely, and 28% said there was no change.

During the pandemic 11% of older adults reported they went three or more days with no contact with another person, compared to less than 4% before the pandemic. This is a statistically significant increase ( $p < .01$ ).

*12% of older adults said they have no one to turn to for emotional support.*

On a positive note, 83% of older adults said they are using virtual communications more now than in the past. As might be expected, the younger respondents were more likely to say they are using virtual communications more now than were

<sup>8</sup> Responses are coded as follows: Hardly ever = 1; Some of the time = 2; Often = 3. The scores for each individual question can be added together to give you a possible range of scores from 3 to 9. Researchers typically group respondents who score 3 – 5 as “not lonely” and people with the score 6 – 9 as “lonely”.



older respondents. For example, 94% of respondents age 54 or younger said they are using virtual communications more now. That percentage drops to about 82% for respondents age 65 or older.

When asked who they turn to for emotional support, the majority of respondents said a close friend or their partner or spouse. However, 12% of older adults said “no one”. Cisgender men were most likely to say they had no one to turn to for emotional support.



## POST-TRAUMATIC STRESS

Our survey incorporated a modified version of the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), which is a 5-item screen designed to identify individuals with probable PTSD. Research on this scale suggests that individuals who answer “yes” to three or more questions may have PTSD.

Because this survey was self-administered rather than administered by a clinician, results could vary, so these data should be used with caution.

### Key Findings

*When asked if these issues had gotten worse, stayed the same, or gotten better during the COVID-19 pandemic, 66% of older adults said their symptoms of PTSD had gotten worse during the pandemic.*

In this survey, over 43% of older adults said yes to three or more questions, the threshold that could indicate the presence of PTSD.<sup>9</sup> POC respondents and respondents with a disability had the highest percentages of people with PTSD symptoms, at 52.3% and 52%, respectively. HIV+ respondents had the next highest percentage of people with PTSD symptoms, at just over 50%<sup>10</sup>. These high levels of PTSD for these groups of older adults are not surprising, given the historical and current trauma and racism faced by POC, the historical trauma of the AIDS epidemic that can be a trigger for those who are living with HIV, and the historical and current challenges that individuals with a disability can face. When asked if these issues had gotten worse, stayed the same, or gotten better during the COVID-19 pandemic, 66% of all older adults said their symptoms of PTSD had gotten worse during the pandemic.

Table 6: Percent of Older Adults with Self-Reported PTSD Symptoms

	Self-Reported PTSD Symptoms: Yes to 3 or more questions
POC Respondents	52.3%
Respondents with a Disability	52.0%
HIV+ Respondents	50.3%
TGNC Respondents	46.3%
All Respondents	43.2%
Cisgender Respondents	42.2%
Male Respondents	42.2%
White Respondents	40.2%
Female Respondents	38.6%
HIV- Respondents	38.3%
Respondents without a Disability	35.5%

<sup>9</sup> For comparison, about 6-7% of the general population in the US has symptoms of PTSD. Many studies document higher rates of PTSD among individuals who are Latinx or Black/African American, compared with whites, and there is evidence of higher rates of PTSD among individuals who are HIV+. Some studies note higher rates of PTSD among LGBTQ individuals as well.

<sup>10</sup> All of these differences were statistically significant.





## Section 1a: Memory Problems and Cognitive Functioning

In addition to questions about mental health, respondents were asked whether they were having more difficulty during COVID-19 with memory, learning new things, and their ability to think and reason. As with the mental health questions, these data are self-reports and not clinical assessments.

### Key Findings

When asked about memory problems, over 40% said they are having more difficulty with memory since the beginning of the COVID-19 pandemic. Of those who said they are having more difficulty with memory, almost 1/3 (31%) said this difficulty with memory is a severe or moderate problem for them. Over 24% of older adults said that they are having trouble learning new things since COVID-19 began, with 47% of those saying this is a moderate or severe problem. Almost 25% of older adults said they have experienced changes in their ability to think and reason since the pandemic, with almost 45% of those saying this is a moderate or severe problem.

There was a moderate, positive (0.46) correlation between these self-reports of cognitive difficulties and self-reported depression, indicating some relationship between being depressed and having cognitive difficulties during COVID-19. Additionally, there was a moderate (0.46) correlation between cognitive impairment and depression.



## Section 2: Physical Health

Respondents were asked about their physical health in general, both now and a year ago (prior to the COVID-19 pandemic). They were also asked about changes in a number of health behaviors since the beginning of COVID-19, as well as their ability to perform some basic activities of daily living.

### Key Findings

#### GENERAL HEALTH

Only a small percentage of older adults (7%) said their health was excellent. About 1/3 said their health was very good and another 1/3 said their health was good. About 1/5 said their health was fair, and a small percentage said poor.

Table 7: Self-Reports of General Health

Self-Report of General Health	Number	Percent
Excellent	36	7%
Very Good	170	32%
Good	187	36%
Fair	114	22%
Poor	17	3%
<b>Total</b>	<b>530</b>	<b>100%</b>

About half of older adults (53%) said their health had not changed in the past year. About 1/3 said their health was somewhat worse now than a year ago, with another 4% saying it was much worse.

Table 8: Status of Health Now Versus One Year Ago (Self-Reports)

	Number	Percent
Much better now than one year ago	13	2%
Somewhat better now than one year ago	47	9%
About the same	276	53%
Somewhat worse now than one year ago	168	32%
Much worse now than one year ago	20	4%
No response	6	
<b>Total</b>	<b>530</b>	<b>100%</b>

## HEALTH AND RISK BEHAVIORS

In terms of health and risk behaviors during the COVID-19 pandemic, respondents were asked: “Since the COVID-19 pandemic started, have you done the following more than usual, less than usual, or has there been no change?” Almost 43% said they are eating more, 36% said they are sleeping more, and almost 16% are drinking alcohol more than usual. About 14% are using marijuana more than usual. Interestingly, about 16% said they are exercising more than usual, but 65% say they are exercising less than usual. All of these behavior changes are associated with negative impacts on long term health, including decrease in endurance, muscle mass, and range of motion, and can exacerbate chronic illnesses. When asked if they thought any of these changes were problematic, 17.6% said yes.

*During COVID-19,  
1/2 of older adults ate more,  
1/3 slept more, and 2/3  
exercised less.*

Table 9: Changes in Health Behaviors During COVID-19

	More than usual	Less than usual	No change	Not Applicable
Eating	42.6%	15.9%	40.2%	1.3%
Sleeping	36.4%	20.6%	41.3%	1.7%
Drinking alcohol	15.7%	16.2%	32.3%	35.9%
Engaging in physical activity	15.5%	65.1%	17.6%	1.9%
Using marijuana/cannabis (joint, blunt, bong, etc.)	14.0%	3.2%	22.1%	60.8%
Smoking cigarettes or using other tobacco products	3.4%	0.4%	7.9%	88.3%
Vaping	2.5%	0.9%	6.6%	90.0%
Using other recreational drugs (cocaine, heroin, methamphetamine, GHB, etc.)	1.5%	0.8%	4.7%	93.0%



### ACTIVITIES OF DAILY LIVING

Almost 44% of older adults said they are limited a lot in their ability to do vigorous activities. About 1/4 said they were limited a lot in their ability to walk more than a mile. As might be expected, the percentage of older adults who said they were quite limited in different activities grew smaller as the activities grew less strenuous. However, between 6% and 15% of respondents reported difficulties with everyday tasks such as bending or kneeling, carrying groceries, climbing a flight of stairs, and walking a block.

Table 10: Limits in Ability to Engage in Activities

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	43.6%	36.1%	20.4%
Walking more than a mile	24.3%	24.9%	50.8%
Climbing several flights of stairs	21.7%	31.4%	46.9%
Walking several blocks	18.0%	14.8%	67.2%
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	15.6%	29.0%	55.5%
Bending, kneeling, or stopping	15.3%	3/9.0%	45.7%
Lifting or carrying groceries	10.8%	26.45	62.9%
Climbing one flight of stairs	8.5%	20.2%	71.4%
Walking one block	6.3%	14.2%	79.5%
Bathing or dressing yourself	1.3%	12.5%	86.2%

To further explore these data, the degree of difficulty that older adults said they had with bathing and dressing, bending, walking one block, and climbing one flight of stairs was analyzed in combination. Individuals who said they had a disability were statistically significantly more likely to have a little or a lot of difficulty with these activities, relative to people without a disability. Similarly, POC respondents were statistically significantly more likely to have a little or a lot of difficulty with these activities, relative to white respondents<sup>11</sup>. There was not a strong correlation between age and reported difficulty with these tasks.

<sup>11</sup> POC respondents were also more likely to have a disability than white respondents.





## Section 3: Use of Mental Health Services

Older adults were asked if they had used mental health services and, if so, whether any of these services had been via telehealth (phone or video). For those who had used telehealth services, additional questions were asked regarding satisfaction with these services and interest in continuing services via telehealth even after the pandemic. For those who had not used telehealth services, questions were asked about barriers or reasons for not using these services.

### Key Findings

**About 37% of older adults have ever received mental health services via telehealth.**

(About 21% of older adults received telehealth services during COVID-19, but not before the pandemic, 3% received these services before COVID-19 but not during, and 13% received them both before and during COVID-19.) Overall, 63% of older adults had not received mental health services via telehealth. Respondents who were younger were statistically significantly more likely to have received mental health services via telehealth either before or during COVID-19, as were POC respondents<sup>12</sup>.

**During COVID-19, 29% of older adults said they wanted to receive mental health services via appointments over the phone or video (telehealth) and were able to get them.** Another 14% said they wanted these telehealth services but could not get them. 58% said they did not want these services.

Of those who were receiving telehealth services at the time of the survey, about 35% said they were very likely to continue using them even when other options are available. Another 40% were somewhat likely. About 1/4 of respondents were somewhat or very unlikely to continue to use telehealth services once other options are available.

*75% of older adults who received mental health services via telehealth during COVID-19 are somewhat likely or likely to use them in the future.*

When asked specifically about cost, more than half of older adults (54%) said they would use telehealth services if they were available and affordable. Another 1/3 said they were not sure. Only 14% said they would not.

Use of tele-services for physical and mental health needs and for social interaction, whether phone or video based, has become more common for survey respondents, and many expressed a comfort with the technology that developed over the course of the last 14 months. While many noted that they miss in person interaction (whether for medical needs or for social support), they also noted the benefits of tele-services, such as not needing to travel to appointments.

*Benefits of telehealth for older adults include not needing to travel to appointments.*

<sup>12</sup> POC respondents were slightly younger than white respondents, which may explain this finding, at least in part.

## Section 4: Service Gaps

The survey asked about services needed by respondents during COVID-19, including services like help with shopping, help getting medications, economic assistance, and other supports.

### Key Findings

Responses varied greatly by type of support, but the vast majority of older adults (between 83% and 97% of respondents, depending on the service) were able to get a service if they needed it. For example, nearly 90% of older adults said they needed and received medical care during the pandemic or didn't need medical care during the pandemic. Nearly 97% of older adults either did not need help with getting medications or received the help they needed. Over 90% received the help they needed economically or with technology, or they did not need help with these.

However, between 3% and 17% of older adults said they could not get the help they needed, depending on the service. Mental health counseling was the highest unmet need at almost 17% of all respondents. This is slightly higher than responses to another survey question asking specifically about "telehealth" mental health services, in which 14% of survey participants reported they were unable to access needed telehealth counseling services. It may be

*During the pandemic, 17% of older adults reported an unmet mental health need.*

that barriers to receiving telehealth services prevented most of the respondents from getting the mental health care they needed.

Ten percent of respondents said they needed medical care but couldn't get it. Given that 98% of the respondents reported having health insurance, other barriers such as inability to have in person appointments and challenges with technology may have prevented this 10% from getting medical care during COVID-19.

*Counseling services was the greatest unmet need.*

Table 11: Access to Services during COVID-19

	Received or didn't need this help	Received this help	Didn't need this help	Needed this help but couldn't get it
Help with medications	96.5%	33.8%	62.7%	3.4%
Economic help	91.2%	19.1%	72.1%	8.8%
Technology help	90.9%	25.1%	65.8%	9.0%
Medical care	89.8%	47.5%	42.3%	10.2%
Chores	86.2%	16.0%	70.2%	13.7%
Counseling	83.3%	30.1%	53.2%	16.7%

When asked about being able to get services and supports needed, across all groups, during COVID-19, counseling services was the greatest unmet need with slightly more than one in four



*“I’m not sure how to call or who to call. I am not good with the internet or Zoom.”*

POC older adults, HIV+ older adults and older adults with disabilities unable to access these services.

POC respondents reported higher levels of unmet needs for counseling, medical care, technology and medication assistance than any other group. HIV + respondents reported the

highest need for economic help. People with disabilities reported the highest need for assistance with chores.

*Table 12: Percent of Older Adults who Could Not Get the Help they Needed During COVID-19*

	All Respondents	POC Respondents	TGNC Respondents	Respondents with Disabilities	Respondents who are HIV+
Counseling	16.7%	25.8%	18.5%	22.2%	22.8%
Chores	13.7%	18.2%	16.7%	24.0%	17.5%
Medical care	10.2%	12.4%	11.3%	11.3%	9.5%
Technology help	9.0%	17.4%	13.0%	11.6%	12.2%
Economic help	8.8%	12.9%	9.4%	12.5%	13.4%
Help with medications	3.4%	6.8%	1.9%	4.9%	4.7%

Respondents were asked to provide some information about what they thought the reasons were behind the difficulties in getting help. Common responses were that they didn’t know where to look for help or how to find help and that the systems are too complicated. Others noted that there are long waiting lists for economic and housing help, and that some services (i.e., counseling) are simply unaffordable for them, even with insurance. It is note-worthy that of the 66 people who provided a written response about why they couldn’t access services, 16 (24%) mentioned cost as a barrier. Others noted that some services were not available during COVID-19, such as house cleaning, and other services don’t work well for them (i.e., physical health care by telehealth). Many people noted that they have challenges with technology or are not comfortable using technology for some services.



## Section 5: Adaptations and Activities

Respondents were asked about activities they have engaged in to connect with people during the coronavirus pandemic, and whether anything positive had come out of the pandemic for them.

### Key Findings

The most common activity was phone calls, with 87% of older adults saying they have phone contact with people. About 85% said they text, with 82% saying they connect via email. About 75% report connecting by video chat. Only about half (52%) say they attended live virtual events.

Respondents were asked “What organizations or groups have helped you connect with others during the COVID-19 pandemic (like community organizations, faith-based organizations, or social groups)?” Common responses included: AA, AIDS Health Project, a church, synagogue or other faith-based group, Community Living Campaign, Curry Senior Center, Facebook groups, On Lok, Openhouse, San Francisco AIDS Foundation, and Shanti. However, 71 respondents (about 13%) said “none” or “no” or left this blank. (Those who did not respond could be people who did not need services or that simply did not need help connecting with services.)



Table 13: Adaptations and Activities

Type of Activity	Number of Respondents	Percent of Respondents
Telephone Calls	461	87%
Text Messages	449	85%
Email Exchanges	437	82%
Video Chats	396	75%
Live Virtual Events	277	52%
Letter Exchanges	114	22%
Virtual or Remote Volunteering	77	15%

*I have connected with friends who had been out of regular contact to give and receive support and companionship.*

Respondents were asked if anything has changed for the positive since the beginning of the pandemic. Just over 20% of the people who responded to this question said no. Among the 80% of older adults who said something positive came out of the pandemic for them, responses were most often related to spending more time with loved ones and strengthening ties with family and friends,

picking up a new hobby, or rediscovering an old one. Others have said they are feeling more creative or have used the extra time they have to reflect on their life and focus on things that really matter to them.

*I value relationships more. I have more appreciation for life.*



## Section 6: Follow Up Survey

A follow up survey was administered in April 2021, to find out how life was changing for respondents, if at all, since the vaccine began to roll out, and how they were feeling about the future. The follow up survey was sent to all older adults who agreed to be contacted again for additional data collection (over 400 people). A total of 107 people responded to the follow up survey.

Of these 107, 94% had been vaccinated as of April 21, the closing date of the survey. Three people said they wanted to be vaccinated but had been unable to get vaccinated. Two people said they did not want the vaccine.

### Key Findings

#### CHANGES SINCE THE VACCINE

*I feel optimistic...  
ready to get out again.*

Respondents were asked if things were changing in terms of their mood and level of stress now that the vaccine is rolling out. The vast majority (68%) said they are feeling better now that the vaccine is rolling out. Respondents noted feeling more optimistic, safer, relieved, and less stressed. They also reported feeling more comfortable being out in public, seeing friends and family, using public transportation, and doing things like shopping for groceries.

Almost one-quarter of older adults (25 people or 24%) said they had experienced no change since the vaccine started rolling out. Three respondents (2.8%) said they are feeling more worried since the vaccine started rolling out because people are no longer social distancing and they are fearful of COVID-19 exposure. Five respondents (4.7%) noted a mixed reaction, feeling some optimism, but also worrying about post-vaccine exposure, or about going back to work and being out in public.

#### SOCIAL SUPPORTS, POST COVID-19

Respondents were asked if they felt they would be able to regain the social supports they had before COVID-19. This could be informal things like being able to see friends and family again, or more formal supports like being able to get help they used to receive from an organization. Overall, the responses were positive and optimistic. Half said they would be able to regain some of their social supports, and 44% said they would be able to regain all of their social supports. But 6% said they would be able to regain very few or none of their social supports.

*I do not know if or when  
organizational activities will  
resume. I do not know when  
friends will feel safe enough to  
engage again.*





Table 14: Perceptions of Availability of Supports after the Pandemic

	Number	Percent
I will be able to regain some of my social supports.	53	50%
I will be able to regain all or most of my social supports.	47	44%
I will not be able to regain any (or very few) of my social supports.	6	6%

*Some beloved community spots didn't make it through COVID. I will miss them.*


When asked about specific social supports that respondents thought may have gone away during the pandemic, common responses were that friends had moved away during the pandemic, or that their regular hangouts may not survive the pandemic (bars, clubs, and coffee shops, in particular). Some expressed worries that theatres and live music venues would not survive and reopen. Many older adults expressed a fear of ever returning to indoor activities and large crowds, because of the rise in COVID-19 variants and fear of COVID-19 exposure despite being vaccinated. Several older adults specifically mentioned a concern that organized 50+ social groups would not resume. Others worried their gym would not reopen. Several respondents had concerns that the "simple casual interactions" that they enjoyed prior to COVID-19 would never resume - the interactions on the street, in markets, in coffee shops - and that this was an important social support for them.

#### TAKEAWAYS FROM THE PANDEMIC

Respondents were asked if they have any personal takeaways or insights from living through shelter in place orders and the pandemic that would make them choose to live their life differently going forward. Several overarching themes emerged from the 91 responses.

First, many older adults said that living through COVID-19 and the stay at home orders made them have a deep desire to increase their social connections and make new friends. Others noted a desire to maintain and/or deepen their existing friendships. Many respondents noted that some of their relationships had deepened through the pandemic - with neighbors, with their "COVID-19 pod", with partners and spouses, and with other family members and that they want to continue to have these deeper relationships. Others said that the pandemic made them much more aware of disease prevention in general, with some noting that they may continue to wear a mask in public because they have appreciated not getting colds and the flu. Several older adults noted that they have learned how to use and enjoy Zoom during the pandemic and intend to continue to use it to stay connected with people and activities. A few said that they have picked up new hobbies or re-engaged with old hobbies and plan to continue that after the pandemic.

Several respondents commented that living through the pandemic had made them realize they want to live their life more intentionally and authentically. Many respondents said the pandemic gave them much more appreciation for life, for the "small things", for all that we had prior to the



pandemic, and that they plan to live with more appreciation in the future and not "take things for granted".

While living through the pandemic has been extremely difficult for many older adults, these "takeaways" suggest a strength and resiliency among older adults, and a desire to keep and build upon the lessons learned through the pandemic.

## Conclusions

Most survey participants are managing in this stressful time of the pandemic and the imposed social isolation of stay-at-home orders, despite the fact that so many live alone and have chronic health conditions that put them at high risk for infection and death from COVID 19.

Most survey respondents were able to access the services they needed but many were unable to access mental health services. Mental health issues, such as depression and PTSD, spiked and feelings of loneliness and isolation increased. One of the greatest unmet needs during COVID-19 was counseling services, with slightly more than one in four POC seniors, HIV+ respondents and people with disabilities report being unable to access these services. This is a significant and concerning gap in LGBTQ senior services.

As life continues to be disrupted and to evolve with the vaccine rolling out and public life opening up again, many people have expressed a complex set of emotions: fears about going out into public again combined with a deep longing to have connection, and worries that opportunities for connection will no longer exist as they have in the past. There may be opportunities for organizations to help fill these gaps and help ensure that opportunities for connection and support are available.



## Acknowledgements

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We wish to thank Dr. Marci Eads, our consultant from Health Management Associates. Thank you for your passion and commitment to our project and our community.

We are grateful to Daniel Redman for his leadership in creating a collaborative space during the pandemic where former members of the San Francisco LGBT Aging Policy Task Force could come together with LGBTQ senior serving providers to identify challenges the community was experiencing and to present solutions to those challenges.

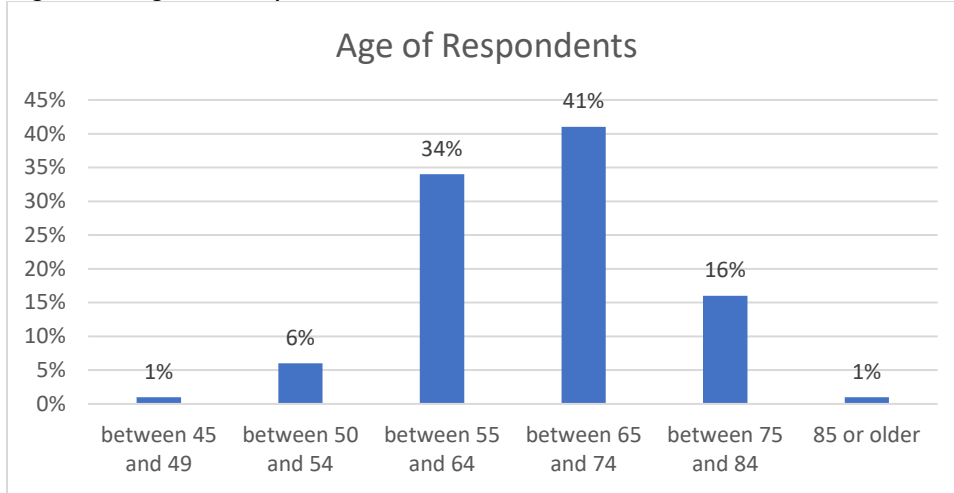


# Appendix A: Demographics of the Sample

## AGE

Over 40% of respondents were between the ages of 65 and 74. About 1/3 were between 55 and 64. Another 16% were 75 or older. Just 6% were between 50 and 54, and 1% of respondents were between 45 and 49 years of age, or above 85 years of age.

Figure 1: Age of Respondents



## RACE/ETHNICITY

Nearly 3/4 of our sample identified as white. Over 8% identified as Latino, Latinx, or Hispanic. About 5% identified as Asian, and almost 5% identified as Black or African American. A smaller percentage of respondents identified as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, multi-racial, or another race (which they could choose to write in). Less than 1% did not answer. While it is important to explore differences between racial and ethnic groups in order to assess unmet needs and understand how the experiences of different groups of people vary, due to the small numbers of respondents, in most cases we examined differences between only white and POC respondents. In some cases, additional analyses could be conducted in the future to explore variations between groups or within a specific group of respondents, such as Latinx respondents.

Table 15: Race/Ethnicity of Respondents

	Percent
White	72.0%
Latino, Latinx, or Hispanic	8.1%
Asian	5.0%
Black or African American	4.6%
Multi-Racial	3.3%
American Indian or Alaska Native	2.8%
Other Race	1.8%
Native Hawaiian or Other Pacific Islander	1.7%
Don't Know	0.7%



## GENDER IDENTITY

The ability to self-identify one’s gender identity is critical. Therefore, the survey provided many options, including an option to write in one’s identity in one’s own words. In order to ensure that it was possible to analyze the responses and make sure all voices and experiences were highlighted, it was necessary to create a dichotomous variable for gender identity that grouped respondents into a cisgender grouping and a Transgender or Gender Nonconforming grouping. Any respondent who said they were Transgender/Trans, Trans man/Trans male, Trans woman/Trans female, Genderqueer/Gender non-conforming, Non-binary (not exclusively male or female), Two Spirit, Intersex or another identity of their own description (that was not cisgender) was grouped into the category of Transgender or Gender Nonconforming (TGNC). A total of 10% of respondents fell into that grouping of TGNC.

*Table 16: Gender Identity of Respondents*

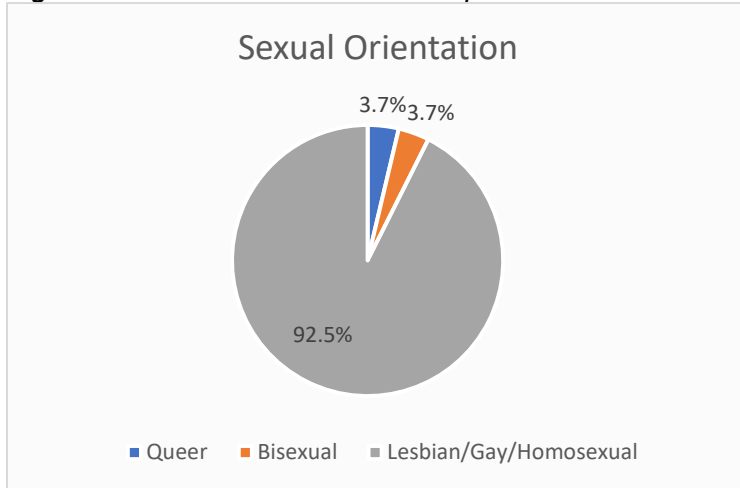
<b>Gender Identity</b>	<b>Percent</b>
Man/Male	59.0%
Woman/Female	23.7%
Genderqueer/Gender non-conforming	3.8%
Other	3.2%
Two Spirit	2.6%
Non-binary (not exclusively male or female)	1.9%
Transgender/Trans	1.7%
Trans woman/Trans female	1.5%
Trans man/Trans male	1.4%
I am not sure about my gender/gender identity	0.3%
I do not have a gender/gender identity	0.3%
Prefer not to answer	0.3%
Intersex	0.2%



### SEXUAL ORIENTATION

Over 92% of the sample identified as lesbian/gay/homosexual. Almost 4% identified as bisexual, and almost 4% as queer.

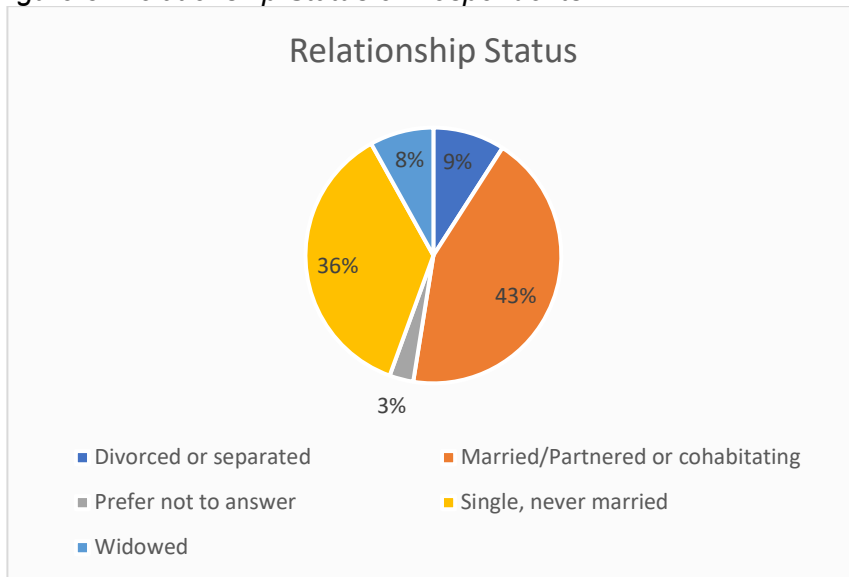
Figure 2: Sexual Orientation of Respondents



### RELATIONSHIP STATUS

Just over 1/3 (36%) of the sample was single/never married, and 43% were married/partnered or cohabitating. About 9% were divorced or separated, and 8% were widowed.

Figure 3: Relationship Status of Respondents







### EMPLOYMENT STATUS

Nearly half (44%) of respondents were retired at the time of the survey. About 1/5 were employed full-time and another 15% employed part-time, with 7% saying they were seeking employment, and 12% were disabled.

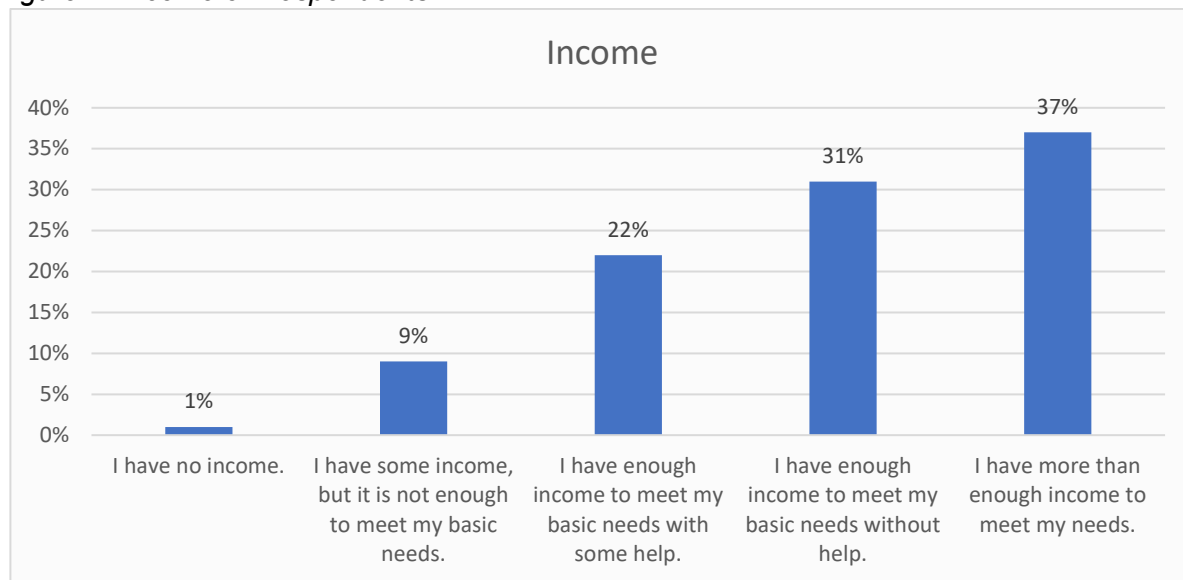
Table 17: Employment Status of Respondents

	Percent
Retired	44%
Employed Full-Time	20%
Employed Part-Time	15%
Disabled	12%
Seeking Opportunities	7%
Prefer not to answer	2%

### INCOME

Over two-thirds of respondents (68%) said they have enough or more than enough income to meet their needs. Nearly 1/4 (22%) said they are able to meet their basic needs with some help. About 9% said they have some income, but it is not enough to meet their basic needs, and 1% said they have no income.

Figure 4: Income of Respondents





#### OTHER CHARACTERISTICS OF THE SAMPLE

Almost half (46%) of respondents said they live alone. Half of male respondents live alone, while only 44% of female respondents live alone, and 37% of TGNC respondents. Only 21% of respondents said they have children, including just under 15% of male respondents, 18% of TGNC respondents, and over 32% of female respondents. Nearly 1/4 (22%) of respondents said they provide care to a friend or family member.

In terms of health, 43% of respondents said they have a disability, and 57% said they have a health condition that puts them at greater risk related to COVID-19. The vast majority of respondents (85%) said they take medications. About 2/3 of respondents (66%) were HIV-negative, 11% were HIV-positive, and another 18% were HIV-positive and undetectable. Nearly all respondents (98%) said they have health insurance.

#### ZIP CODE

Respondents came from all over the San Francisco area. There were respondents from 126 ZIP Codes, including respondents from 114 ZIP Codes not included in the table below, each with fewer than 10 respondents.

Table 18: ZIP Code of Respondents

	Number of Respondents	Percent of Respondents
<b>94114</b>	82	16%
<b>94102</b>	43	9%
<b>94110</b>	36	7%
<b>94131</b>	30	6%
<b>94103</b>	28	6%
<b>94109</b>	25	5%
<b>94117</b>	24	5%
<b>94115</b>	13	3%
<b>94112</b>	11	2%