

# San Francisco Bay Area LGBTQ Community Needs Assessment 2018



### horizons

## **About Horizons Foundation**

Horizons Foundation is a community foundation rooted in and dedicated to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, and we exist to:

- Mobilize and increase resources to the LGBTQ movement and organizations that secure the rights, meet the needs, and celebrate the lives of LGBTQ people
- Empower individual donors and promote giving as an integral part of a healthy, compassionate community
- Steward a permanently endowed fund through which donors can make legacy gifts to ensure our community's capacity to meet the future needs of LGBTQ people

# LEARNING for ACTION About Learning for Action

JT Taylor, Allison Sponseller, Irene Farnsworth, and Jessica Xiomara García of Learning for Action wrote this report. Additional support was providing by Meg Boatwright, Amy Fourrier, and Grace Lee. These authors designed and conducted the needs assessment in close partnership with Roger Doughty and Francisco Buchting of Horizons Foundation, whose commitment to lifting up the needs of our diverse LGBTQ community made this work possible.

Established in 2000 and based in San Francisco, Learning for Action provides highly customized research, strategy, capacity building, and evaluation services that enhance the impact and sustainability of social sector organizations across the U.S. and beyond. LFA's technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. In the consulting process, we build organizational capacity, not dependence. We engage deeply with organizations as partners, facilitating processes to draw on strengths, while also providing expert guidance. LFA's high quality services are accessible to the full spectrum of social sector organizations, from grassroots community-based efforts to large-scale national and international foundations and initiatives.

# How to Cite this Report

Horizons Foundation (2018). San Francisco Bay Area LGBTQ Community Needs Assessment. San Francisco, CA. Retrieved from https://horizonsfoundation.org.

## **Foreword from Horizons Foundation**

Nearly half a million lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals live in the nine-county San Francisco Bay Area. LGBTQ people are found in every community and in every demographic group. Understanding the needs of this diverse community has been at the heart of Horizons Foundation's mission since our founding in 1980. As the first community foundation dedicated to LGBTQ causes, Horizons has provided nearly \$40 million in grants to organizations that secure the rights, meet the needs, and celebrate the lives of LGBTQ people.

Because the Bay Area has a worldwide reputation as a welcoming place, it might be assumed that LGBTQ people here are, put simply, doing fine. And it is true that many in our community are thriving. At the same time, many in the Bay Area's broad and diverse LGBTQ community face significant obstacles to participating fully and equally in society and to accessing programs and services to meet fundamental needs. Indications of those needs permeate the scores of applications for grant support that come to Horizons Foundation each year.

### Why this Assessment? Why Now?

There has been no systematic effort to assess a wide range of needs among LGBTQ people in the Bay Area in 23 years when Horizons Foundation first conducted such a study. The world has changed considerably since 1995. Because of the importance of knowing the community's needs – especially as described by diverse LGBTQ people themselves – Horizons commissioned a needs assessment and retained the highly regarded firm Learning for Action to lead the project.

Following more than a year of intensive research, compilation, and analysis, Horizons is proud to share this assessment. It testifies to a wide variety of needs among LGBTQ people in the Bay Area, ranging from mental health and medical services to civic engagement and community connection. The assessment also analyzes who in the community is most affected by certain key issues – and the patterns the data reveal. This needs assessment has many strengths and contains critical insights for nonprofit leaders, activists, donors, and foundation and corporate funders. At the same time, Horizons wants to be transparent about its limitations, some of which are discussed in the first section of the report.

## **Foreword from Horizons Foundation, continued**

### **Implications and Call to Action**

Horizons intends for this report to serve several specific, action-oriented purposes, including:

- <u>For LGBTQ nonprofits</u>: The assessment and analysis may contain information relevant to the issues and/or populations your work addresses. We hope it proves useful both for program development and for providing data to support your solicitations for needed funding support.
- <u>For LGBTQ donors</u>: Horizons hopes that this report is informative for the thousands of individual LGBTQ people whose donations to the nonprofits serving the community make their impact possible.
- <u>For foundations</u>: Especially given the low level of foundation funding for LGBTQ nonprofits in the Bay Area, Horizons intends for this report to be useful in understanding the richly diverse LGBTQ population and this population's diverse and significant needs.
- <u>For corporate funders</u>: Corporate support for the LGBTQ community and its needs is important for many organizations and the thousands whom they advocate for and serve. As with foundations, corporate partners of the LGBTQ community can use this report to inform their funding strategies and decisions.

Executing such an ambitious LGBTQ needs assessment plan would not have been possible without working in partnership with LGBTQ nonprofit representatives that served on the Needs Assessment Advisory Committee and with all of our nonprofit partner organizations which helped disseminate the survey and recruit participants across the nine-county Bay Area. Horizons is also grateful for the dedication and skill that the team at Learning for Action brought to their work in leading this project.

Horizons Foundation envisions a world in which all LGBTQ people live lives of pride, dignity, justice, and joy. The foundation's board and staff sincerely hope that the findings of this needs assessment, the conversations it spurs, and the actions it inspires, will bring that world closer to reality for every member of the community that Horizons exists to serve.

Sincerely,

Roger Doughty President

Francisco O. Buchting Vice President of Grants and Programs

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# Executive Summary

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Photo by Peter Hershey on Unsplash

## Introduction

The 2017 San Francisco Bay Area LGBTQ Community Needs Assessment was commissioned by Horizons Foundation (Horizons) and conducted by Learning for Action. This report, based on the findings from a survey of over 1,400 LGBTQ community members and nearly two dozen interviews with field experts, describes the needs and experiences of diverse LGBTQ community members across the nine-county San Francisco Bay Area in the topics of: basic needs and safety, including economic and housing security; medical and mental health care; drug and alcohol recovery; housing; legal assistance; community connection and social life; and civic engagement.

# **Key Findings of the Needs Assessment**

The needs assessment surfaced the following key findings:

**LGBTQ community members seek economic stability, safety, and equal rights.** When asked to share their biggest overall concerns right now as a member of the LGBTQ community, survey respondents most commonly named: the high cost of living and limited affordable housing opportunities in the Bay Area, being targets of violence and discrimination, and fears of losing rights and access to services, including health care, in the current national political climate. Service priorities include: employment opportunity programs; affordable and secure housing, particularly for LGBTQ older adults; and increased access to high-quality and LGBTQ-competent health care.

### There is continued need for funding and services to focus on community safety and economic safety net direct service provision for LGBTQ community members in the Bay

**Area.** LGBTQ community members across all Bay Area counties, income and education levels, racial identities, sexual orientations, gender identities, and ages report feeling unsafe in living their daily lives; have had trouble meeting basic needs such as housing, food, and medicine in the past 12 months; and have had unmet need for critical services such as health care, legal, and housing services or have had negative experiences getting such services in the past three years.

- More than one-third (36%) of respondents report feeling "unsafe more often than safe" or "unsafe most or all of the time" in at least one facet of their lives.
- More than one in five (21%) have had trouble meeting at least one basic need (for shelter, food, medicine, transportation, or gas, electric, or water in their home) because of economic hardship in the 12 months prior to answering the survey.
- About one in three (34%) respondents was not able to access at least one service they needed in the past three years, such as health care, mental or behavioral health care, or legal or housing services.

A strong majority of respondents surveyed feel it is important to have access to LGBTQ-specific services in every area included in the survey, from health care and behavioral health to drug and alcohol recovery services, legal and housing services, and social and community spaces and events, though most do not have access to LGBTQ-focused providers. A combination of strategies to expand the availability of LGBTQ-focused direct services and LGBTOcompetency training and technical assistance for mainstream providers would help address the great need for such services indicated by community members.

## **Key Findings, continued**

Within this picture of need throughout the LGBTQ community, an intersectional analysis shows that some community members are systematically more affected by a lack of safety, economic security, and access to needed services. Analysis of LGBTQ community members who experience precarity or need in two or more areas of safety, economic security, and access to services reveal that a nearly identical list of factors substantially increases risk of high need in each domain.

1. LGBTQ community members are **more likely to feel unsafe in at least two facets of life** (such as in their neighborhood, at work or school, on public transit, or interacting with law enforcement);

AND

2. LGBTQ community members are more likely to have had at least two unmet basic needs in the past year;

AND

3. LGBTQ community members are **more likely to not have been able to access at least two types of services they needed** in the past three years;

IF THEY:

- Have an income of less than \$60,000 per year;
- Do not have a Bachelor's degree or higher educational attainment;
- Are people of color;
- Are bisexual;
- Are transgender or genderqueer/non-binary (compared to cisgender LGBQ community members)
- Are younger than 25;
- Have a disability;
- Ever lived in foster care; or
- Live in Alameda (1 only), Contra Costa, Napa, Santa Clara (3 only), and Solano (1 and 2) Counties.

There is a role for funders, movement leaders, and organizations to adopt an intersectional lens and to actively oppose racism, classism, transphobia, biphobia, sexism, xenophobia, ableism, ageism, and other roots of disparities within the LGBTQ community's experiences to ensure that being bisexual, or transgender, or a person of color, or disabled, or young, or any other core aspects of identity do not make community members systematically more vulnerable, excluded, or poorly served.

## **Key Findings, continued**

Field experts also call for other ways to address these disparities and strengthen the LGBTQ community and the network of organizations serving this community in the Bay Area:

- Movement leaders must work to heal the pain of class, race, and gender identity divisions within the LGBTQ community, build relationships across identity groups, and honor the rich diversity of the community in order for the movement to advance.
- Expand and support programming that: builds community; fosters connection among and outside of the LGBTQ community; provides opportunities for community members to support each other; encourages inter-generational connections; and celebrates culture.
- Increase understanding and data about transgender and non-binary identities and people through research, funder and organizational education, and public campaigns
- Support intersectional movement building across and beyond the nine counties through investments in collaboration and partnership structures
- Expand funder support of differentiated and grassroots strategies that allow smaller and more specialized organizations and programs to provide critical and nuanced support to those whose needs are not well addressed by one-size-fits-all approaches within larger LGBTQ organizations.
- Prioritize the following policy and advocacy efforts for the Bay Area LGBTQ community:
  - o Ensure that hard-won legal protections for the LGBTQ community remain in place
  - o Justice system reform, including reforming prison, jail, and policing policies and practices
  - o Protect queer and trans immigrant communities that are currently being targeted for deportation
  - o Protect and advocate for queer- and trans-friendly health care policies and research

Horizons intends this needs assessment report to serve as a publicly-available resource for San Francisco Bay Area organizations, private and public foundations, corporate funders, government agencies, and members of the general public who make charitable gifts to organizations serving the LGBTQ community. We encourage funders, donors, service organizations, and movement organizers to consider all the findings in this needs assessment report and reflect on how they can each respond to the immediate and pressing needs of the LGBTQ community in the Bay Area within the scope of their mission and circle of influence.

# Introduction to the Needs Assessment

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Photo Credit: Horizons Foundation

## Introduction

This report provides the findings of the 2017 San Francisco Bay Area LGBTQ Community Needs Assessment, commissioned by Horizons Foundation (Horizons). It describes the needs and experiences of diverse LGBTQ community members in nine Bay Area counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Horizons Foundation engaged Learning for Action (LFA), a San Francisco-based research, evaluation, and strategy firm, to conduct this needs assessment.

## **Purpose of the Needs Assessment**

The purpose of this undertaking is to understand many of the various needs of the Bay Area's extensive, diverse, and widely dispersed LGBTQ population. Horizons and LFA, together with input from an Advisory Committee of LGBTQ organizational leaders from across the region, have worked to cover a significant number of critical needs in this needs assessment, including: basic needs and safety, including economic and housing security; medical and mental health care; drug and alcohol recovery; housing; legal assistance; community connection and social life; and civic engagement. Because of the substantial amount of information already available on HIV prevention and treatment needs, this needs assessment intentionally did not explore HIV-related needs in the community. Other topics we were unable to explore in depth through this needs assessment include incarceration, homelessness, school climate, and arts and culture.

The needs assessment examined LGBTQ community members' needs and experiences, and also probed deeply into differences in those experiences based on sexual orientation, gender identity, race, age, income, disability, geography, and other factors. Throughout – and in keeping with Horizons' grantmaking commitment – the project pays particular attention to the needs of the most marginalized segments of the LGBTQ community. It also assessed *how* people access services and resources in the Bay Area, looking for gaps between need and available services, and for the barriers keeping community members from getting what they need.

Horizons intends this needs assessment report to serve as a publicly-available resource for San Francisco Bay Area organizations, private and public foundations, corporate funders, government agencies, and members of the general public who make charitable gifts to organizations serving the LGBTQ community.

### **Research Methods**

The data for this needs assessment were obtained and analyzed through the following methods:

### **Community Survey**

This community needs assessment research used a survey to collect information directly from LGBTQ community members from nine counties across the San Francisco Bay Area. The survey asked community members to share:

- Their opinions about the most important issues they face right now;
- Their experiences trying to get help for various needs and concerns in their life;
- Their feelings of physical and emotional safety in various aspects of life;
- Their feelings of connection to the LGBTQ community; and
- Confidential personal and demographic information.

The survey was first administered in January and February of 2017 and was completed by 730 respondents in that time. To ensure adequate sample size in all Bay Area regions, the survey was re-launched after some additional outreach, and we collected additional responses in March and April of 2017. The final sample size of LGBTQ community members was 1,409. The survey was available online and on paper in both English and Spanish. Survey data were cleaned, managed, and analyzed in SPSS, a statistical analysis software package.

### **Stakeholder Interviews**

To contextualize the survey data collected from community members, and to complement these data with a field-level view from organizational leaders serving the LGBTQ community in the San Francisco Bay Area, we interviewed field leaders to gather additional insights to include in the needs assessment report. In total, 22 field leaders and experts participated in interviews that explored their perspectives on the most important service needs, policy priorities, funding initiatives, opportunities for collaboration, and other ideas for addressing the most pressing needs, challenges, and disparities the LGBTQ community is facing. The research team conducted content analysis on all qualitative data to systematically identify common themes and unique perspectives.

### **Secondary Data Review**

To inform this needs assessment's framing of issues, to ensure the needs assessment survey and interviews would focus on topics about which more information was needed, and to complement our understanding and analysis where topics could not be thoroughly explored through survey and interviews, the needs assessment team conducted a literature review of published research papers and reports pertinent to the needs of LGBTQ community members. Secondary data sources are cited throughout the report and listed in a bibliography for further reading.

### Introduction

# Strengths

A significant strength of this needs assessment is the survey sample size of 1,409 LGBTQ community members, contributing to robust and meaningful findings. By collecting survey data from such a large number of people, there were sufficient numbers of smaller subgroups within the sample (transgender women or community members in the North Bay region, for example) to enable statistically significant comparative analyses, which provided great insight into differences in experiences and needs among various segments of the LGBTQ population in the Bay Area. Even where specific groups were underrepresented (compared to their share of the general population in the region) as a proportion of survey respondents, such as African Americans, there were sufficient numbers of respondents in racial subgroups to enable us to find statistically significant differences.

The mixed-method design of the needs assessment is also a strength: rich qualitative data from interviews with field experts and organizational leaders, along with information from the literature review, complement the survey data, enable deeper insights, and help to put the survey data in context. The needs assessment was also strengthened by the participation of Needs Assessment Advisory Committee members through their input throughout the study and their role in disseminating the survey.

# Limitations

Despite the large overall sample of LGBTQ community members, some sampling limitations exist. Because the LGBTQ population is a small proportion of the general population, random sampling was not feasible. The non-probability sample that makes up the data for this report is not representative of the overall population in all dimensions. Because of resource constraints, we relied on the generosity of the organizations in Horizons Foundation's considerable network, including Advisory Committee members, to voluntarily disseminate and publicize the survey. Thus, survey participants were likely to be connected to LGBTQ services or otherwise known to these organizations, which may have reduced the survey's availability to more isolated community members (such as marginally housed and homeless community members and those in very rural areas without internet connection) and in turn the findings may understate certain needs. We were also unable to make the survey available to those who were currently incarcerated. To help fill this particular gap, we made sure to include interviewees with expertise in LGBTQ needs within the juvenile justice and criminal justice systems. Only LGBTQ community members were asked to provide responses to the survey; thus, no comparative analysis between LGBTQ and cisgender heterosexual community members was possible for this report. Finally, the survey was available only in English and Spanish, limiting our understanding about the experiences and needs of other linguistic groups in the San Francisco Bay Area.

# **Interpreting Statistical Findings in this Report**

Analysis of community survey data included statistical tests of means differences such as independent sample t-tests, ANOVAs, and Chi-square calculations. Throughout the report, statistically significant differences found by these tests are denoted by an asterisk and a footnote explaining the level of statistical significance. The lower the "p-value," the greater the statistical significance, meaning the more likely it is that the difference found by the analysis is a *true* difference and not due to a chance difference in the survey sample.

### **Acknowledgements**

We would like to extend special thanks to the individuals who served on the Needs Assessment Advisory Committee. These committee members shared their expertise and insights at critical junctures over the course of the needs assessment, and activated their considerable networks during data collection to ensure that the community member survey reached a wide, diverse audience. The Needs Assessment Advisory Committee (NAAC) members included:

Gabrielle Antolovich, President, Board of Directors Billy DeFrank LGBT Community Center, Santa Clara County	Kate Kendell, Executive Director Emeritus National Center for Lesbian Rights
Ben Barr, Director Emeritus Rainbow Community Center of Contra Costa County Susana Cáceres, Executive Director Emeritus	Jennifer Malone, Executive Director Spectrum LGBT Center, a program of The Spahr Center, Marin County
El/La Para TransLatinas	Laurin Mayeno, Co-Founder
Nikki Calma, Associate Director of HIV Prevention	Somos Familia
Asian and Pacific Islander Wellness Center	Rebecca Rolfe, Executive Director
Pablo Espinoza, Co-Director	San Francisco LGBT Center
Communities United Against Violence	Jodi Schwartz, Executive Director
Leslie Ewing, Executive Director	LYRIC Center for LGBTQQ Youth
Pacific Center	Ian Stanley, Program Director
Joe Hollendoner, CEO	LGBTQ Connection, Napa County
San Francisco AIDS Foundation	Sylvia Vargas, Manager of Community Engagement Programs
Janetta Johnson, Executive Director	OpenHouse
Transgender Gender Intersex Justice Project	

## **Acknowledgements, continued**

We would like to thank the 22 organizational and field leaders who participated in interviews to share their perspectives on the service, policy, and funding priorities to support LGBTQ communities in the Bay Area:

Leslie Ewing, Executive Director Pacific Center Theresa Sparks, Executive Director Human Rights Commission Jodi Schwartz, Executive Director LYRIC Joe Hollendoner, CEO San Francisco AIDS Foundation Kris Hayashi, Executive Director Transgender Law Center Kate Kendell, Executive Director National Center for Lesbian Rights Angela Irvine, Senior Fellow Impact Justice Susana Cáceres, Executive Director El/La Para TransLatinas Lisa Cisneros, California Rural Legal Assistance Brett Andrews, Executive Director PRC/Positive Resource Center Laurin Mayeno, Co-Founder Somos Familia

Gabrielle Antolovich, President Billy Frank LGBTQ Community Center Karyn Skultety, Executive Director **Open House** Ginna Brelsford, Co-Executive Director GSA Network Ian Stanley, Program Director LGBTO Connection Ben Barr, Director Rainbow Community Center Jennifer Malone, Executive Director Spectrum LGBTQ Center Lance Toma, Executive Director API Wellness Kimberly Aceves, Executive Director **RYSE** Center Patricia Osage, Executive Director LIFE ElderCare Cassie Blume, Director of LGBT Programs Family and Children's Services of Silicon Valley David Knego, Executive Director **Curry Senior Center** 

# Context and Trends Affecting LGBTQ Community Needs



**Demographic Shifts** 

Funding Outlook

Political Landscape

Photo Credit: Horizons Foundation

## **Setting the Context**

This needs assessment was completed in 2017, during a time when generally-rising public acceptance of LGBTQ identities and community members and a growing list of legislative and court victories on LGBTQ civil rights were becoming tempered by heightened political threats at the national level, highly visible homophobic and transphobic social and legislative backlash to some advances in civil rights and social acceptance, and continuing tepid interest among foundation funders in LGBTQ issues, especially those beyond marriage equality. Data about individual's lives and experiences, such as those forming the basis of a needs assessment like this one, cannot be interpreted in a vacuum. This section briefly discusses some key contextual factors during the moment in time when the needs assessment data were collected.

## **Sociocultural Trends**

Visibility and social acceptance of LGBTQ people has steadily climbed, and by some metrics has never been higher. Public opinion polling organizations such as the Pew Research Center and Gallup have shown that Americans' support for "same-sex marriage" and the legalization of gay and lesbian relationships has almost invariably increased each year, and has reached 62%-64% (and even higher among young people).<sup>1,2</sup> On other issues, however, such as the right to use public bathrooms that correspond with one's gender identity regardless of assignment at birth, the public is more divided, with only 45% agreeing in 2017 that transgender people should have this right.<sup>3</sup>

At the same time that we are seeing increased visibility of LGBTQ people and more accepting public discourse, we are also seeing a rise in hate speech, hate crimes,<sup>4</sup> violence against community members, especially towards transgender women of color, and support for anti-LGBTQ legislation such as North Carolina's "Bathroom Bill" (HB2) and "Religious Liberty" laws.

For immigrants, the Trump administration's campaign promises to build a border wall, repeal DACA/DAPA, and deport more undocumented immigrants have resulted not only in uncertainty about immigration policy change, but social and economic backlash in the form of anti-immigrant speech, demonstrations, and other attacks. The LGBTQ immigrant community is particularly vulnerable to the combination of xenophobic and homophobic/transphobic-based discrimination. The threat of deportation is particularly worrying for those for whom returning to their home country would mean life-threatening violence due to their sexual orientations and gender identities.

In this moment, as the Black Lives Matter movement advances the national conversation about race, there is also increasing attention being paid to racial equity by white community members and by community-based organizations and funders, the majority of which have historically had predominantly white leadership. This mainstream interest in understanding intersectionality and combatting racism and white supremacy extends to LGBTQ movement leaders and community members calling for the diversification of the LGBTQ movement and organizational leaders,<sup>5,6</sup> for the application of a racial equity lens to LGBTQ civil rights efforts,<sup>7</sup> and for the LGBTQ movement to align and work together on issues that disproportionately affect both people of color and LGBTQ people, for example with respect to criminal justice reform.<sup>8</sup> Bay Area LGBTQ Needs Assessment 2018 17

## **Demographic Shifts**

**Housing Crisis Driving Migration.** With the San Francisco- and Silicon Valley-based tech boom driving real estate and rental prices sharply upward over the past few years, the Bay Area—San Francisco in particular, and increasingly other cities such as Oakland—has experienced an affordability and housing crisis that has affected both LGBTQ residents and the institutions and spaces that welcome and nurture the LGBTQ community. In recent years, LGBTQ-focused community-based organizations that meet basic needs and advocate for civil rights, as well as businesses such as bookstores and bars that have long been a safe haven for LGBTQ community members have closed or been forced to move.<sup>11, 12, 13</sup> With that crisis comes a migration of LGBTQ community members from the longstanding geographic center of the movement—San Francisco—to other Bay Area counties. The dispersion of LGBTQ populations has meant the loss of community that provides safety and support, as well as increased difficulty accessing LGBTQ-focused services and gathering spaces.

Between 3.2% and 6.2% of the ninecounty Bay Area's total population of 7.1 million residents identify as LGBTQ.<sup>9</sup> The San Francisco-Oakland-Hayward metropolitan area is home to the highest concentration of LGBTQ people in the nation (6.2%).<sup>9</sup>

California's proportion of adults identifying as transgender—.76%—is the second highest in the country.<sup>10</sup>

**Shifting Racial Makeup.** A shift in the racial makeup of the area has also accompanied the migration of LGBTQ people across and out of the Bay Area. While most major cities—and the Bay Area region as a whole—are becoming majority-people of color, San Francisco has become more white and is projected to continue to lose diversity.<sup>14</sup> African Americans, who made up 12% of the San Francisco Bay Area in 1980, now represent only 8% region-wide, a proportion that is projected to shrink even more.<sup>14</sup> At the same time, other Bay Area counties are gaining racial and ethnic diversity. Across the nine-county region as a whole, Asian, Latino, and multi-racial residents are making up increasing shares of the population.<sup>15</sup>

**Unprecedented Numbers of LGBTQ Seniors.** The significant numbers of aging LGBTQ community members represents another demographic shift with implications for community needs and priorities. LGBTQ seniors experience typical aging-related needs in systems (such as health care and nursing homes) that are not prepared to competently and sensitively meet their needs as LGBTQ individuals. They are also particularly vulnerable to losing housing and to becoming socially isolated.<sup>16</sup>

**Evolving LGBTQ Identities.** Across the age spectrum, a growing number of community members are identifying outside the gender binary and outside the labels of "lesbian, gay, bisexual, and transgender." While this may not represent an actual shift in who community members are, it does represent an evolution in the language and terminology community members are using to describe themselves and to connect with others they relate to. This development is a welcome one for those who feel uneasy with the more limited conventional labels, but it poses some challenges for collecting accurate data about LGBTQ community members who may not identify with easy-to-analyze L,B,G, or T "boxes"—non-binary gender identities also blur the boundaries and definitions of sexual orientation labels and many community members while still providing safe spaces for marginalized members, which has often meant spaces and programs specific to a sexual orientation or gender identity.

## **Funding Outlook**

While procuring and sustaining funding for any community-based organization always poses some challenges, a few elements of the funding landscape for LGBTQ-serving organizations are particular to this moment in time. First, government contracts are a key funding source for

### Only one quarter of one percent of U.S. foundation funding supports LGBTQ issues.

many direct service organizations, often providing multi-year, stable funding that helps organizations weather the ups and downs of foundation funding. But in the current political climate, LGBTQ-specific organizations believe that national legislative decisions could lead to crippling cuts to their funding streams. Second, some LGBTQ leaders are concerned that mainstream foundations may perceive that, with progress in high-visibility issues like marriage equality and HIV, the LGBTQ community no longer needs their attention, and may be unaware of the myriad other needs and issues for which the LGBTQ community could benefit from philanthropic support. Finally, local leaders believe that the wealth of Bay Area tech companies may be an opportunity for attracting corporate foundation dollars to LGBTQ causes, though no meaningful funding relationships have yet been made between the tech sector and LGBTQ organizations. Data from Funders for LGBTQ Issues provides further context on the foundation funding environment: foundations awarded \$160.7 million for LGBTQ-focused grants in 2015, which represents on one hand a record high, but on the other hand a decrease in growth for LGBTQ funding and a reduced percentage of overall giving.<sup>17</sup> California-based organizations receive more grant dollars than anywhere else in the country—more than \$15 million in 2015.

## **Political Landscape**

When the community survey launched in late January 2017, the Trump administration was just taking office. LGBTQ community members had a heightened awareness of potential threats to civil rights and sense of safety. Recent policy advancements for the LGBTQ movement—such as President Obama's executive orders that banned conversion therapy and protected transgender students, DACA and DAPA relief affecting LGBTQ immigrants, and the Affordable Care Act, which provided many transgender Americans with transition-related care and assurances against anti-trans discrimination in healthcare for the first time and is an important safety net for previously-uninsured LGBTQ people—suddenly seemed tenuous to many community members. The Trump administration immediately appeared to be overtly anti-LGBTQ,<sup>18</sup> and anxieties were—and remain—high that hard-fought rights will be rescinded. In addition, the tone of public discourse on LGBTQ rights and people has shifted to a less tolerant one. It's important to realize that community members responding to the needs assessment survey during this time may have been doing so amidst a daily experience of feeling attacked and unsupported by our own country and government.

At the same time, policy reforms and wins at the state level in California remain promising. Even while this report was being written, several pieces of legislation supporting LGBTQ lives became law in California, including a bill to designate all single-user public restrooms as gender neutral, a bill to legally recognize a third gender, and a bill that decriminalizes HIV transmission. In other cases, California state law provides protections even in the absence of federal protections or where federal protections are repealed. For instance, a 2013 law protects transgender students in California regardless of the status of federal protections, and in October 2017 California passed a "sanctuary state" law.

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About the Community Survey

Survey Respondent Characteristics

**Basic Needs and Safety** 

Medical Health Care Needs

Mental and Emotional Health Care Needs

Drug and Alcohol Recovery Needs

Legal Assistance Needs

Housing Assistance Needs

Community Events and Social Life Needs

Civic Engagement Needs

Photo Credit: Horizons Foundation

# **About the Community Survey**

The Horizons LGBTQ Needs Assessment Community Survey included 92 questions about respondents' needs and experiences throughout their daily lives and was completed by 1409 LGBTQ community members throughout the nine-county Bay Area. The questions were designed to identify the most pressing needs facing community members, and to reveal the more nuanced needs and issues that people experience moving through the world as a member of the LGBTQ community. To achieve this, the survey asked a series of questions about different types of services commonly required by the general population, but with the understanding that LGBTQ community members would have experiences with accessing each service that may differ from the overall population.

While there are likely many issues that people in the LGBTQ community experience that were not possible to include in the survey, there are two specific issues that we intentionally excluded for specific reasons: 1) Immigration status and experiences of respondents and 2) HIV/AIDs. At the time the survey was released in January 2017, fears regarding immigration enforcement and social repercussions for immigration status were high; the intention of excluding questions about immigration status was to allow all respondents to feel safe and comfortable taking the survey. Immigrant experiences were captured through open-ended comments and are reported as applicable. We believe that HIV/AIDS is an extremely important issue, however we found that there is ample existing research and funding on HIV/AIDS in the Bay Area that can provide this perspective.

These survey data allow us to share experiences of the LGBTQ survey respondents overall and to compare the needs and experiences across various sub-groups of the LGBTQ population, but does not directly compare LGBTQ experiences with those of non-LGBTQ community members.



Photo Credit: Horizons Foundation

#### Additional survey data is available in the Appendices:

- Appendix A includes findings from select data points by gender identity and sexual orientation
- Appendix B includes findings from select data points by geographic region
- Appendices C-L include tables with all respondent data for each quantitative survey question
- Appendix M includes the comparison between survey demographic data and Bay Area Census data

# **Guide to the Survey Findings**

The icons that accompany each section description will repeat throughout the report as a visual guide to the survey findings.

### **Overall Survey Findings**



**Survey Respondent Characteristics:** Key demographic data about the people who completed the survey, including sexual orientation and gender identity.



**Basic Needs and Safety:** Respondents' struggles meeting their basic needs like food and shelter, and concerns and experiences dealing with discrimination and violence.



**Medical Health Care Needs:** Respondents' experiences accessing health care; receiving appropriate and nondiscriminatory care; and barriers that prevent respondents from receiving care.



**Mental and Emotional Health Care Needs:** Respondents' experiences accessing mental health care; receiving appropriate and nondiscriminatory care; and the barriers that prevent respondents from receiving care.



**Drug and Alcohol Recovery Needs:** Respondents' experiences accessing recovery services; receiving appropriate and nondiscriminatory care; and the barriers that prevent respondents from getting help with recovery.



**Housing Service Needs:** Respondents' experiences accessing housing services; receiving appropriate and nondiscriminatory assistance; and the barriers that prevent respondents from receiving housing services.



**Legal Assistance Needs:** Respondents' experiences accessing legal services; receiving appropriate and nondiscriminatory assistance; and the barriers that prevent respondents from receiving legal assistance.



**LGBTQ Community Events and Social Life Needs:** Social and community connection are particularly important in the LGBTQ community. This section describes respondents' social needs and experiences at community events.



**Civic Engagement Needs:** Being heard and represented politically is important to meeting the needs of the LGBTQ community. This section describes respondents' political connection and representation needs.

### **Identity-Specific Findings**



Respondents' needs and experiences varied by sexual orientation and gender identity. Appendix A describes the individual experiences of respondents by six sexual orientations and gender identities to reveal the differences in experiences based on identity.

### **Region-Specific Findings**



In the nine-county region covered by this needs assessment, respondents' experiences of connection and safety, their ability to access needed services, and their sense of civic engagement and political representation varied by region. Appendix B explores the differences and similarities in respondents' experiences based on where they live in the Bay Area.

# **Interpreting Statistical Significance**

### What is Statistical Significance?

Statistical significance is a technical term, and it means something different than the common language term of "significant." Throughout the report, statistical significance is reported in the form of p-values. The p-value tells us the chance that the differences we found could be due to random chance rather than a real difference. The smaller the p-value, the more confident we can be in drawing the conclusion that there is a true group difference, rather than one that is due to random chance that our LGBTQ survey sample had a result or characteristic that is completely different from the LGBTQ population at large. For example, a finding that bisexual people have more negative experiences with health care providers than lesbian and gay respondents with pvalue of .01 means there is a 99% chance that bisexual people really do have worse experiences and only a 1% chance that the survey found this difference because of random error in the sample (meaning, the slight chance that the people who happened to answer the survey had worse health care experiences but bisexual people overall do not).

These values are found through a variety of statistical tests, and in this report were calculated through Chi-squared, ANOVA, and independent t-tests using the statistical package SPSS.

#### **Statistical Significance in this Report**

Generally in statistics, a p-value of anything less than .05 is considered to be significant; therefore this is the lowest level of significance that is used in this report. The p-value is reported throughout the report at the following levels: p<.05. (more than a 95% chance that the difference is real), p<.01 (more than a 99% chance that the difference is real), or p<.001 (more than a 99.9% chance that the difference is real) to tell readers the level of statistical significance of the finding described.

# Survey Respondent Characteristics

County of residence

Gender identity and sexual orientation

Race and ethnicity

Age

Relationships

Income and housing

# **Distribution of Respondents in the Bay Area**

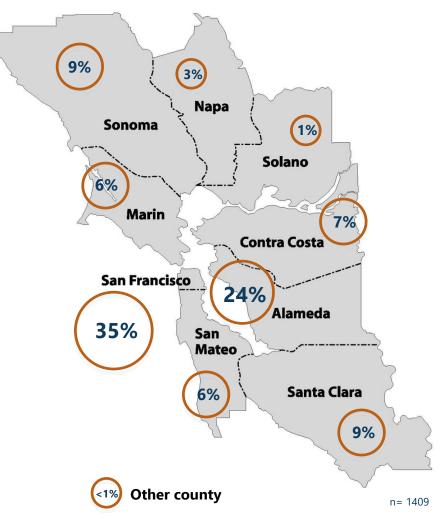
### The population sample included respondents from each of the nine counties in the Bay Area

To solicit responses from the entire nine-county region, the survey was sent to community organizations and individuals in each county. Mirroring the geographic dispersion of LGBTQ communities in the Bay Area, the largest number of respondents reside in San Francisco and Alameda counties.

For analysis purposes, respondents' home counties are often reported regionally as follows:

- North Bay: Marin, Sonoma, and Napa counties (home to 18% of survey respondents)
- Northeast Bay: Solano and Contra Costa counties (home to 8% of survey respondents)
- **Peninsula and South Bay:** San Mateo and Santa Clara (home to 15% of survey respondents)
- **East Bay:** Alameda county (home to 24% of survey respondents)
- **City and County of San Francisco** (home to 35% of survey respondents)

### Figure 1. Most respondents live in San Francisco or Alameda counties



## **Gender Identities in the Response Group**

### Gender identity in the LGBTQ community

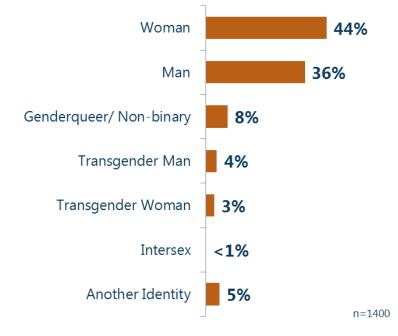
The LGBTQ community has often been pressured to choose, or been referred to by, specific terminology that does not fit their true gender identity. We recognize that asking respondents to choose specific, predetermined gender identities is limiting and for some, offensive. However, it was also important to the needs assessment team to understand how respondents' needs and experiences in the Bay Area vary by gender identity, with the understanding that some people experience more discrimination and marginalization than others based on gender. For data analysis purposes, creating a limited number of discrete categories was necessary to be able to best see the trends and themes in need based on gender.

#### Respondents' gender identities were diverse

Many respondents *did not* identify their gender identity as one of these response options, or prefer to use other terms. 75 respondents wrote in different terms: a full list of the terms used by respondents is available in the appendix. **The most common terms used that were not available in the survey categories were (in descending order):** 

- Femme
- Cisgender Man or Cisgender Woman
- Androgynous
- Demigirl
- Butch
- Trans
- Transgender non-binary
- Genderfluid

#### Figure 2. Of the options given in the survey, most respondents identified most closely with the terms "woman" or "man"



## Transgender, Genderqueer, & Non-binary Respondents

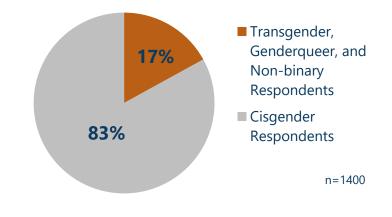
# Transgender, genderqueer, and non-binary respondents use many different terms to identify their gender

Because of the necessarily limited way the survey asked about transgender experiences and identities, not all respondents who identify as transgender, as having a transgender experience, as genderqueer/non-binary, or who otherwise do not identify as cisgender felt comfortable checking one of the boxes provided to describe their gender identity.

To have a more accurate understanding of the number of transgender, genderqueer, and nonbinary respondents for representation and data analysis purposes, all open-ended responses and quantitative responses were analyzed and combined to better understand the percentage of survey respondents who identify as transgender, genderqueer, non-binary, or otherwise noncisgender.

#### Distinguishing terminology in this report

Throughout the report, any information that refers to "transgender, genderqueer, and non-binary respondents" references those who checked response options "transgender man," "transgender woman," or "genderqueer/non-binary," or wrote in responses that indicated they identify as part of these groups. In instances when the report describes respondents who identify as a "transgender man" or a "transgender woman," these are individuals who specifically checked one of those response options. Figure 3. Transgender people, people with a transgender experience, genderqueer/non-binary people, or people who otherwise identified that they are not cis-gender



### Definition of Non-Binary Gender Identity, from the National Center for Transgender Equality

"People whose gender is not male or female use many different terms to describe themselves, with nonbinary being one of the most common. Other terms include genderqueer, agender, bigender, and more. None of these terms mean exactly the same thing – but all speak to an experience of gender that is not simply male or female."



## **Sexual Orientations in the Response Group**

### Respondents used many different terms to describe their sexual orientations

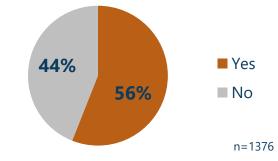
For analysis purposes, this survey asked respondents two separate questions: whether they identified with the term "queer," and which of four commonly used sexual orientations best fit their identity if they had to choose one. Compared to the overall data available on LGB-identified people in the United States, this sample appears to have a smaller percentage of Bisexual-identified people than the national average (52% nationally), and larger percentages of Gay-identified people (31% nationally) and Lesbian-identified people (compared to 17% nationally).<sup>1</sup>

However, many respondents *did not* identify their sexual orientation as one of these response options, or indicated they prefer to use other terms whenever possible. Nearly 80 respondents indicated other terms that they use to describe themselves: a full list of these terms is available in the appendix.

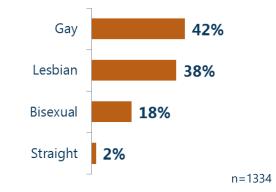
### The most common terms written in by respondents were (in descending order):

- Pansexual
- Queer (and does not use LGB terminology)
- Dyke
- Asexual
- Two-Spirit
- Transgender
- Transexual
- Fluid
- Heteroflexible

Figure 4. Over half of respondents identified with the term "queer" as *the* way or *one of the ways* they describe their sexual orientation



# Figure 5. When required to choose a sexual orientation term from this list, most respondents identified as Gay or Lesbian



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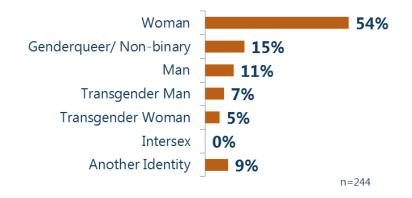
## **Bisexual Respondents and Gender Identity**

### Bisexual respondents identify predominantly as women, but span all gender identities

Of respondents who indicated that they identify as bisexual, over half identify as women. However, a combined 36% of respondents indicated that they identify as genderqueer/non-binary, transgender, or by an identity not listed, which demonstrates the diversity of gender identities among this response group. Data on how each of these gender groups responded to specific questions in the survey is available in the appendix.

Research available on bisexual Americans indicates that nationally, 33% of bisexuals identify as women, and 19% identify as men.<sup>1</sup> These data do not include analysis of the number of bisexual Americans who identify as genderqueer/non-binary, transgender, or with other identities.

# Figure 6. Over half of respondents who identify as bisexual also identify with "woman" as their gender identity.



### Literature Spotlight: Disparities and Discrimination in the Bisexual Community

*Understanding Issues Facing Bisexual Americans,* a 2014 publication on the experiences of bisexual people in the United States, describes the unique challenges and discrimination faced by bisexual individuals in the United States:

"Bisexual people often face pervasive stereotypes and myths surrounding bisexuality. For example, when people come out as bisexual, it is often assumed that they are "confused" about or hiding their "real" sexual orientation. These stereotypes and myths can lead to discrimination or even "erasure" – that is, when people assume or claim that a bisexual person is straight or gay, based on the gender of their current partner, or when someone refers to the "LGBT" or "gay" community and does not mean to include bisexual people.

LGBT Americans face higher rates of poverty, unemployment, and negative health outcomes than straight Americans, but among LGB people, bisexuals face disproportionately higher rates of these negative outcomes than lesbians and gay men. This may be because bisexual people face discrimination from within the LGBT community as well as from non-LGBT people."

## **Race and Ethnicity of Respondents**

### **Over-representation of white respondents in the community survey**

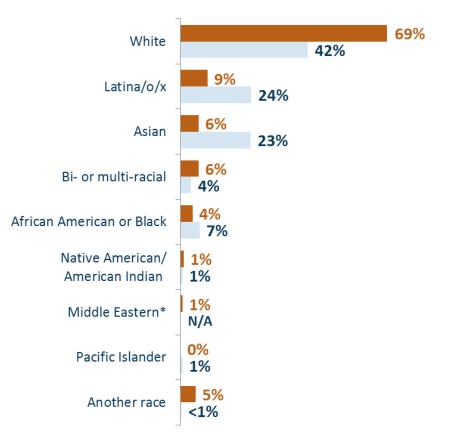
While each county in the Bay Area differs in racial and ethnic diversity, the respondent population was overall not fully representative of the diversity of the combined nine counties.<sup>2</sup> Figure 7 demonstrates the contrast between the racial breakdown of the community survey respondents with the Bay Area, based on the 2010 Bay Area Census.<sup>2</sup> A full comparison between US Census data on race for each county and survey respondents' race in each county is reported in Appendix M.

While this is a limitation of the survey sample, the large numbers of respondents mean that even where the proportion of the sample doesn't mirror the proportion of that group in the Bay Area overall, in most cases there are still sufficient numbers of specific racial groups to yield statistically significant data based on race. This is true for Latinx, Asian, African American/Black, and bi- or multi-racial respondents.

### Figure 7. The community survey response group was less diverse than the Bay Area population

Community Survey Respondents (n=1402)





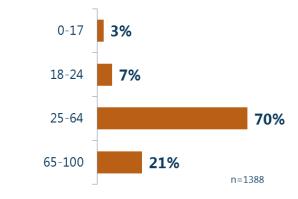


## **Age of Respondents**

#### Large over-65 respondent group

For analysis purposes, age was collapsed into categories that matched life experience; youth, young adults, adults, and older adults. The percentage of people over 65 years old in the survey response group (21%) is higher than the overall percentage of people over 65 in the Bay Area (11%) recorded in the 2010 Bay Area Census.<sup>2</sup>

Adults over 18 were the primary target of the Needs Assessment, and there was no specific outreach to minors. Therefore, there was a low number of respondents under the age of 18. Figure 8. The ages of respondents were collapsed into categories for youth, young adults, adults, and older adults



## **Respondents' Relationships and Families**

### Almost two-thirds of the respondents indicated that they are in a relationship

In addition, 26% of survey respondents are raising children, more than half of whom have at least one child under the age of 18. An additional 18% said they don't have children yet but plan to in the future.

### Figure 9. More than half of the response group was in a relationship



## **Income and Housing Status of Respondents**

### Respondents had varying income levels, and primarily own or rent their own homes

People from all income brackets were represented in the response group, including a substantial number of low-income respondents. While the distribution of incomes may seem to indicate a more affluent response group, the cost of living in the Bay Area is very high. Households making as much as \$105,350 can be considered low income for a family of four in Marin, San Francisco, and San Mateo counties.<sup>3</sup>

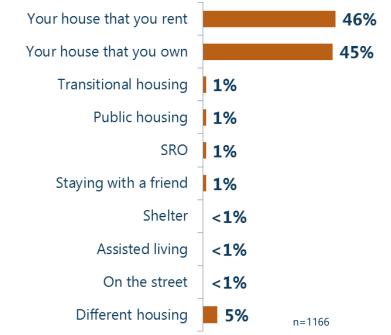
A full comparison between US Census data on income for each county and survey respondents' income in each county is reported in Appendix M.

### Figure 10. Household income ranges of respondents



### of all respondents have been **homeless** at some point in their lives (n=1162)

### Figure 11. Most respondents live in a home they rent or own





## References

- 1. Movement Advancement Project, BiNetUSA, Bisexual Resource Center. (2014) Understanding Issues Facing Bisexual Americans.
- 2. Bay Area Census. Census 2010. Retrieved from: http://www.bayareacensus.ca.gov/bayarea.htm
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Basic Needs, Community Connection, and Safety



Basic needs of respondents

Level of connection to the LGBTQ community

Discomfort being openly out

Safety concerns in the Bay Area

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## Lack of Money for Food, Medicine, Shelter, and Transit

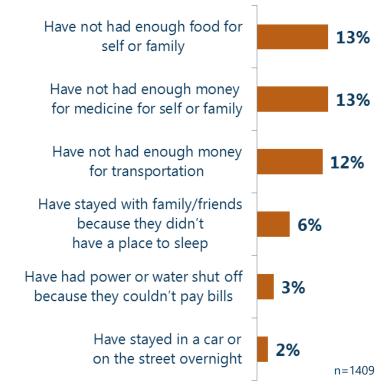
### Food insecurity was one of the top economic hardships for respondents

LGBTQ survey respondents' experience with food insecurity mirrors the overall rate of hunger in California—about 13%. In California, food insecurity is a major issue: the California Association of Food Banks reports that 1 in 8 Californians currently struggle with inconsistent access to food.<sup>1</sup> Locally, the San Francisco-Marin Food Bank found that in 2017, 23% of San Francisco residents struggle with hunger.<sup>2</sup> While respondents suffered from food insecurity across gender and sexual orientation,\* more bisexual respondents, transgender women, and genderqueer/non-binary respondents lacked money for food in the past year than respondents overall.

### Respondents of color had higher rates of housing insecurity than white respondents

In total, 8% of all respondents did not have a place to sleep for at least one night in the past year, and either stayed with friends or family (6%) or in a car or on the street (2%). Race played a role in whether or not respondents had housing insecurity: more respondents of color (6%) spent the night in a car because they did not have a place to sleep than white respondents (1%), and respondents of color stayed with friends or family (10%) more often than white respondents (4%).\*\*

### Figure 12. In the past 12 months, respondents experienced a variety of economic hardships at least one time



<sup>\*</sup>There is a statistically significant difference for those experiencing food insecurity and sexual orientation (p<.01) and gender identity (p<.001). \*\*There is a statistically significant difference between respondents of color's and white respondents' rates of spending the night in a car (p<.001) and rates of staying with friends or family (p<.001).

# **Connection and Isolation in the LGBTQ Community**

### **Connection to the LGBTQ community is** important to respondents, but some feel disconnected and isolated

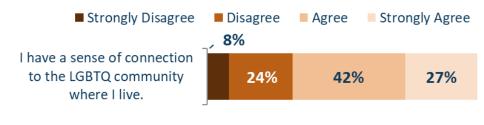
32% of respondents indicated that they do not have a connection to the LGBTQ community where they live in the Bay Area.

Respondents living outside of the San Francisco/Alameda areas reported higher rates of disconnection than those in these centers.\* Respondents making under \$60,000, African-American/black respondents, middle eastern respondents, and respondents under 24 years old also reported higher levels of disconnection than their counterparts.

In two other survey questions, respondents were asked to describe what brings them the most joy in life, as well as what fears and worries they have for themselves and their communities. In response, many respondents wrote that the connection to others in the LGBTQ community brings them joy, and respondents also wrote that isolation or losing connections to the LGBTQ community is one of their greatest worries. Respondents described feeling a loss of their LGBTQ community, and commented that the increasing cost of the Bay Area has forced LGBTO residents to leave and favorite LGBTQ-centered gathering places to close.

Comments about isolation and loneliness were also frequently centered on respondents' current experiences or future fears of aging alone without **connection to other LGBTQ people.** \*Exact data are available in the geographic-specific data available in the appendix.

### Figure 13. Most respondents felt that they have a connection to the LGBTQ community where they live



n = 1401

"I worry that as an aging lesbian, I don't have very many resources for meeting new friends, or sharing events with friends as I did when I was younger. I worry that younger queer people don't understand me or want to get to know me."

"I worry about feeling isolated and not finding LGBT people in real life (I have plenty of friends online) to date."

'[I am afraid] that I won't have a good senior social group and be isolated in a "straight" living situation."

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# **Discomfort and Fear of Being Openly Out**

## Some respondents do not feel comfortable being openly out where they live

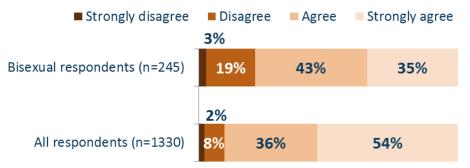
10% of all respondents are not comfortable being as openly out as they would like to be in the city where they live. Bisexual respondents were not comfortable being openly out at a higher rate (22% disagreed or strongly disagreed that they are comfortable) than respondents with other sexual orientations.\* Overall, respondents who live in San Francisco were the most comfortable being out, and respondents in Solano County were least comfortable being out. \*\*

In open-ended comments about their fears as an LGBTQ person, personal safety and fear of violence was a common theme. These data suggest that despite the Bay Area's reputation as a safe haven for LGBTQ people, there is still fear and stigma related to being out as a member of the LGBTQ community.

\*There is a statistically significant difference in comfort being openly out and sexual orientation (p<.001) and gender identity (p<.001). \*\* There is a statistically significant difference in comfort being openly out and county of residence (p<.001).

Exact data are available in the geographic-specific data available in the appendix.

Figure 14. Bisexual respondents disagreed more than the overall sample that they feel "comfortable being as openly out as I want to be in the city where I live"

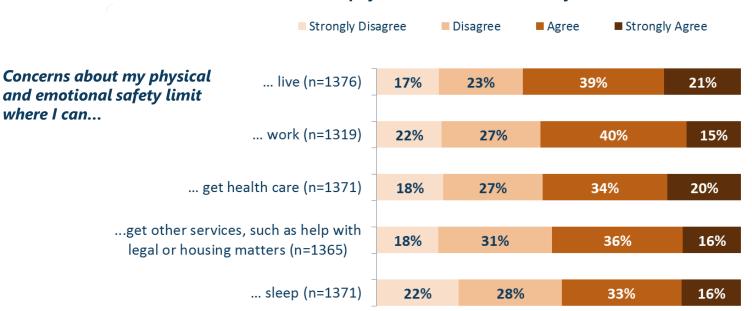


"[I am afraid] of losing LGBT rights and being discriminated against or in harm's way. [Afraid of] having to be closeted for fear of attacks."

"[I am afraid] that **if I come out I won't be accepted** by the LGBTQ+ community or by family and friends."

## **Concerns about Safety Limit Respondents' Choices**

**Respondents are most affected by concerns about safety when deciding where to live, work, and get health care** More than half of respondents indicated that concerns about their safety limit where they can live (60%), work (55%) and get health care (54%). Concerns about physical and emotional safety in particular limit the decisions that certain people can make based on their gender, sexual orientation, and age. For example, genderqueer/non-binary respondents, transgender men, and transgender women all reported higher rates of perceived limitation on where they can live because of concerns about personal safety than respondents who did not identify as transgender or genderqueer/non-binary.\* Young people (under age 25) felt particularly limited by where they can work because of concerns about their safety.\*\* Further data on the experiences of people based on their sexual orientations/gender identities and the regions they live in are available in the appendix.



## Figure 15. Respondents are limited in their choices because of concerns about physical and emotional safety\*\*\*

\*There is a statistically significant difference in limitations in where respondents feel they can live and sexual orientation

(p<.01) and transgender or genderqueer/non-binary identity (p<.001).

\*\* There is a statistically significant difference in limitations in where respondents feel they can work and how old they are (p < .01)

\*\*\*Due to rounding, each row may add to less or greater than 100%.

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## **People of Color Feel Less Safe in Public Spaces**

# Respondents of color feel less safe on public transit and feel less likely to be helped in public than white respondents

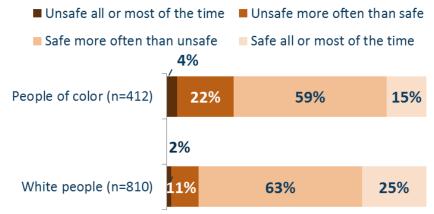
While LGBTQ respondents of all races indicated that they do not always feel safe on public transit, this was particularly true for respondents of color. Similarly, more respondents of color disagreed that someone would help them if they were in trouble in a public space than white respondents.

The 2015 San Francisco LGBTQI Violence Prevention Needs Assessment similarly indicated that fears of violence and experiences of violence for LGBTQI people of color were higher than LGBTQI white people in San Francisco. The study found that in particular, transgender people of color experienced physical violence at higher rates than white cisgender people.<sup>3</sup>

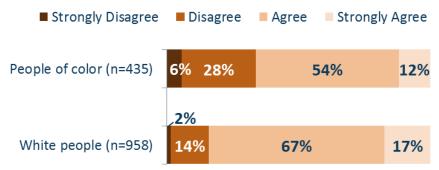
"[I am afraid for my] safety, even in San Francisco, as a gay person of color."

"[I worry for] **my black wife and how she is targeted for her race and her queer looks by police and the public** (kicked out of clubs, not treated the same as other customers, being pulled over unnecessarily, etc.)"

## Figure 16. Respondents of color felt unsafe on public transit more often than white respondents



# Figure 17. More than a third of respondents of color did not think that someone would help them if they were in trouble in a public space



<sup>\*</sup>There is a statistically significant difference in how safe respondents feel on public transit and race (p<.001).

<sup>\*\*</sup> There is a statistically significant difference in whether respondents believe that someone would help them if they were in trouble in a public space and race (p<.001)

<sup>\*\*\*</sup>Due to rounding, each row may add to less or greater than 100%.



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# Medical Service Needs

In the community survey, medical services were defined as visiting a hospital, doctor's office, or other healthcare provider to address and heal physical health issues or injuries.



Use of medical services

Unmet medical service needs

Barriers to accessing medical services

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# **Nearly All Respondents Used Medical Services**

### Lack of access to services

There was a low unmet need for medical services (1.5%). The American Care Act (ACA) remains a major milestone, providing healthcare for many who might otherwise not have coverage; 98% of all respondents had some type of healthcare.

## Despite the overall high level of services received, there were disparities in who accessed needed services. Transgender respondents,

genderqueer/non-binary respondents, and people of color were three times as likely not to have been able to access medical care when they needed it compared with the overall sample. Respondents under the age of 25 and respondents with incomes under \$40,000 per year also had higher than average unmet needs to access care.\*

## Not getting the care needed

Bisexual respondents were less likely to have their needs met while receiving medical care than gay or lesbian respondents, and lesbian respondents were less likely to have their needs met most or all of the time than gay respondents (fig. 18).

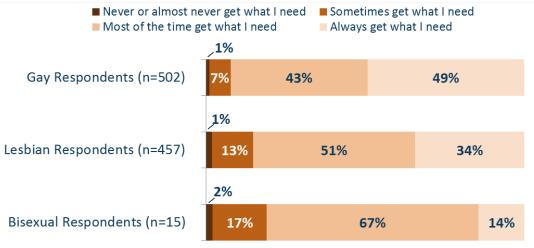
There was also a sharp contrast between the experiences of transgender and cisgender respondents. Transgender, genderqueer, and nonbinary respondents reported that they never or almost never get what they need 12% of the time, compared to 2% of cisgender respondents.\*\* 97%

of all respondents used medical care services in the past three years

needed medical care services, but *did not* access them

n=1302

## Figure 18. Bisexual respondents were less likely than gay and lesbian respondents to get what they need\*\*\*



\* There are statistically significant differences in accessing medical services based on transgender or genderqueer/non-binary identity (p<.01); race (p<.05); age (p<.01); and income (p<.01).

\*\* There are statistically significant differences in "getting what you need" from medical services based on transgender or genderqueer/non-binary identity (p<.001).

\*\*\*Due to rounding, each row may add to less or greater than 100%.

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# Access to LGBTQ-specific Care is Important, and Rare

## The importance of LGBTQ-specific clinics and medical services

The majority of survey respondents (78%) said that having access to LGBTQ-specific care was important or critical, and relatively few (19%) reported accessing LGBTQ-specific services (fig. 19). Transgender and genderqueer/non-binary respondents felt even more strongly about the importance of this care: 91% of transgender, genderqueer, and non-binary respondents said that having access to these services was important or critical.\*

### Why LGBTQ-specific care matters

In describing why having access to an LGBTQprovider or clinic was important to them, respondents cited **previous negative experiences of shaming, judgment, and getting inadequate care** from providers who were homophobic or not well informed about the health needs of LGBTQ people.

"I definitely **seek out lesbian health care providers** after being grilled about birth control years ago."

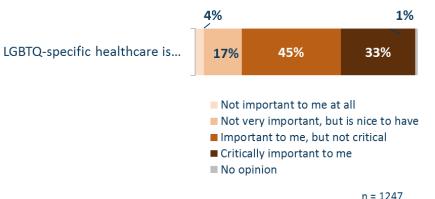
"Mainstream health service providers increasingly incorporate LGBT concerns, but it's **still important to have LGBT-centric services, for judgmentfree services.**"

\*There are statistically significant differences in the importance of LGBTQ-specific care based on transgender or genderqueer/non-binary identity (p<.001)

Figure 19. Most respondents visited non-LGBTQ focused medical practices, clinics, or programs



### Figure 20. Most respondents felt it was important or critically important to have access to LGBTQspecific medical care



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# **Experiences of Medical Provider Insensitivity**

## Insensitivity to specific gender identities and sexual orientations

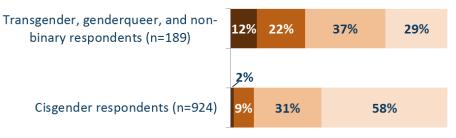
There is a striking discrepancy between how cisgender and transgender, genderqueer, and nonbinary respondents rated providers' sensitivity to their needs based on gender identity. **Transgender, genderqueer, and non-binary respondents were much more likely to have only sometimes or never had providers who were sensitive to their needs** (fig. 21).

Respondents were asked about the sexual identity (LGBQ)-sensitivity and transgender-sensitivity of their providers: nearly a quarter (22%) of all respondents reported that their providers were only sometimes or never LGBQ-sensitive (fig. 22). Respondents described negative experiences with providers who assumed they were heterosexual and lacked knowledge about LGBTQ health in openended comments.

"I only access [medical care] when I really, really need it. **It doesn't feel worth having to explain everything about being trans to a medical provider,** even when the care I'm seeking has absolutely nothing to do with being trans."

"Hospitals often do not recognize LGBTQ families of choice [regarding] visitation privileges or not having healthcare directives, or power of attorney." Figure 21. Fewer transgender, genderqueer, and nonbinary respondents had providers who were sensitive to their needs based on their gender identity/expression

- Never or almost never sensitive to my needs based on my gender identity/expression
- Sometimes sensitive to my needs based on my gender identity/expression
- Most of the time sensitive to my needs based on my gender identity/expression
- Always sensitive to my needs based on my gender identity/expression



## Figure 22. Nearly a quarter of all respondents had providers who were not sensitive to their needs as a lesbian, gay, bisexual, or queer (LGBQ-)-identified person

Never or almost never Some	etimes 📕	Most of th	e time 📃 Always
The providers were sensitive to my needs and perspective as a LGBQ-		32%	47%

identified person...

n = 1157

- \*There are statistically significant differences in respondents' experiences of provider sensitivity based on transgender or genderqueer/non-binary identity (p<.05)
- \*\*Due to rounding, each row may add to less or greater than 100%.



## Insensitivity based on Age, Race, and Ability

**Experiences of insensitivity based on ability** Over one-third of respondents (**35%**) **reported that their providers are only sometimes or never sensitive to their needs.** Respondents' commented that medical staff make assumptions about their abilities, make inappropriate remarks, or fail to provide needed care and resources. Several respondents with disabilities reported frustration that, despite vigorously advocating for themselves, they still do not receive needed treatment and care.

**Experiences of insensitivity based on race** Nearly one-third of respondents of color (30%) **reported that their providers are only sometimes or never sensitive to their needs as a person of color.** This was true across all non-white race identities.\*

Experiences of insensitivity based on age Nearly a quarter (24%) of people under 25 felt that providers were only sometimes or never sensitive to their needs based on age.\* In comments, respondents described concerns about accessing adequate medical and home care services as they age because of provider discrimination against elders, sexual orientation, and gender identity. They also described a lack of experienced providers and services targeted to the needs of LGBTQ seniors. During stakeholder interviews,

several field leaders also described a need for increased education and sensitivity, including on sexual health issues, among senior care providers and residents in care facilities.

\*There are statistically significant differences in provider sensitivity based on race (p<.05) and based on age (p<.001)

\*\*Due to rounding, each row may add to less or greater than 100%.

# Figure 23. Many respondents report that providers are frequently insensitive to their needs based on their race, age, and disability-related needs.\*\*

Never or almost never Sometimes Most of the time Always

	. –			
Sensitive to my needs and perspective based on my disability-related needs (n=467)	9%	26%	31%	34%
Sensitive to my needs and perspective as a person of color (n=340)	9%	22%	28%	41%
Sensitive to my needs and perspective based on my age (n=1185)	_ <mark>2%</mark> 12%	6 35	%	50%

"I am constantly advocating for myself and not getting all of the information that I need. **Discrimination has meant that I'm less** healthy and more disabled than before."

"Many LGBTQ seniors need health care advocates if they are not out to doctors, nurses, hospitals and/or fear repercussions or prejudice in the treatment needs they struggle to communicate."



## **Primary Barriers to Accessing Medical Services**

Despite respondents' high rate of accessing medical services in the past three years (97%), their responses to the barriers and challenges they face suggest that their access to care is inconsistent.

#### Cost and coverage

**Affordability** is a barrier to services for 38% of respondents: some respondents lack insurance, while others cannot afford increasing premiums and co-pays or costs not covered by insurance (e.g. fertility treatments). Some cannot afford to miss work to seek care; others said in comments they are afraid of losing coverage if the ACA is repealed.

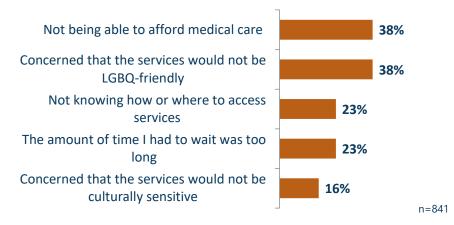
### Concern about LGBQ- and transgenderfriendliness

An equal percentage of respondents (38%) were concerned that services would not be LGBQfriendly, and 60% of transgender respondents were concerned that services would not be transgender-friendly.

## **Other common barriers**

Other common barriers included **not knowing how or where to access services, long wait times,** and **concern that services would not be culturally sensitive**. Respondents wrote comments describing barriers not included as part of the survey options, such as they were discouraged by **distrust of the medical system**, they are concerned about **body size discrimination**, and they are **frustrated with navigating the health care system**. Body size discrimination was also cited by multiple field leaders as a major barrier for LGBTQ people to accessing health care services.

## Figure 24. Most common overall barriers to accessing medical care



## Literature Spotlight: Transgender people face unique and challenging barriers to accessing medical services.

The U.S. Transgender Survey (2015)<sup>1</sup> found that nearly one-quarter (23%) of respondents did not seek health care they needed due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it. In addition, one-quarter (25%) experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender. More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.



## References

1. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Further reading of literature in the field on this topic is available in Appendix N.

# Mental Health Service Needs

In the community survey, mental health services were identified as short-term crisis intervention counseling, long-term counseling or therapy, and emotional or therapeutic support groups.

Overall use of emotional support and mental health counseling

Unmet emotional support and mental health care needs

Barriers to emotional support and mental health care

# Literature Spotlight: LGBTQ Mental Health

### Higher rates of depression, anxiety, and suicide in the LGBTQ community

The continual stress of minority status and societal discrimination deteriorates the mental health of the LGBTQ community.<sup>1</sup> As the findings of this survey demonstrate, mental health issues that result from discrimination are often exacerbated by racial, ethnic, class, and age inequality that create additional stress on individuals' mental health. Receiving poor quality mental health treatment that ignores, minimizes, or mistreats a person's mental health needs can reinforce and exacerbate mental health issues further. LGBTQ youth experience significant discrimination, harassment, and intolerance in school environments, which has short- and long-term impacts on mental health.<sup>2</sup>

Transgender people are also particularly affected by discrimination, violence and harassment, and lack of appropriate access to medical and mental health services. The 2015 U.S. Transgender Survey found that "a staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population." Suicidal ideation and attempts are also far more pervasive in the transgender community; 40% of the Transgender Survey respondents had attempted suicide in their lifetime, approximately nine times the attempted suicide rate in the U.S. population (4.6%).<sup>3</sup>

### Discrimination in the mental health profession

Seeking mental health care in the LGBTQ community is particularly challenging because of the fraught history of the community's relationship with the mental health profession. Historically, and in some instances currently, homosexuality was thought to be a mental health disorder that could be "reversed" or "corrected" through psychological treatment. Youth in particular are more likely to be forced or coerced by family, school, or faith communities to receive psychiatric treatment to repress their sexual orientation or gender identity.

The transgender community continues to be heavily impacted by discrimination in the mental health profession that include overdiagnosing mental illness in individuals who seek assistance with transgender surgeries or hormones; denial of access to surgeries or hormones without psychiatric assessment and treatment; and providers who willingly or inadvertently ignore their transgender clients' needs.<sup>4</sup>

### Lack of trained and culturally competent mental health providers

While individuals may certainly seek mental health or emotional support services to better understand their own sexual orientation and gender identity, or to help them navigate their relationships with families, workplaces, or others in reference to their orientation or identity, members of the LGBTQ community need access to these services for myriad other reasons unrelated to their sexual orientation and gender identity. Mental health service providers are often not trained in how to help LGBTQ clients specifically.<sup>4</sup> The lack of training can translate into poor care that includes issues like a provider not believing a client's specified sexual orientation, continually using the wrong pronouns with a client, and denying access to transgender health needs like hormone treatment without extensive psychological review.

**Over Half of Respondents used Mental Health Services** 

An unmet need for mental health services

The majority of respondents report accessing mental health services in the past three years. However, substantially more (13%) of respondents were not able to access emotional or mental health services when they needed them,

compared to those who could not access medical services (1.5%) when needed.

Some groups were disproportionately unable to access mental health services when they needed them\*:

- People in households making under \$60,000 per year (19% of those making under \$20,000, 18% of those making \$40-50,000, and 21% of those making \$50-60,000)
- People of color (18%)
- Transgender women (15%)
- Genderqueer/non-binary respondents (15%)

## Young people don't get what they need from the mental health care they receive

40% of respondents under 24 years old reported that they only sometimes or never get what they need from mental health services, compared to 24% overall.\*\*

Data on the use of mental health services by respondents' region of residence and sexual orientation/gender identity are available in the appendix.

57%

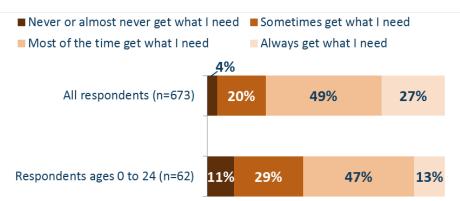
of all respondents used emotional support or mental health services in the past three years

13%

needed emotional support or mental health services, but *did not* access them

n=1245

## Figure 25. Respondents under age 25 were less likely to get what they need from mental health services



<sup>\*</sup>There are statistically significant differences in access to mental health services based on income (p<.001); race (p<.001); and gender identity (p<.001).

<sup>\*\*</sup>There is a statistically significant difference in "getting what you need" out of mental health services based on age (p<.01).

# LGBTQ-specific Mental Health is Critically Important

## The use and importance of LGBTQ-specific mental health care

Although 40% of respondents visited an LGBTQfocused practice or provider, the majority of respondents (60%) did not (see fig. 26). And yet, **88% of respondents indicated that access to LGBTQ-specific services was important or critically important to them** (fig. 27).

### LGBTQ-specific mental health care for transgender and genderqueer/non-binary respondents is critical

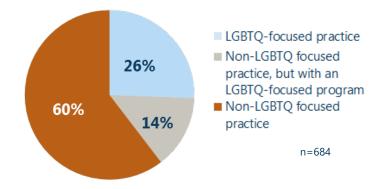
While important to most respondents, LGBTQfocused services are even more important to transgender and genderqueer/non-binary respondents: 79% of transgender men, 72% of transgender women, and 72% of genderqueer/nonbinary respondents said that LGBTQ-specific mental health services were *critically* important to them.\*

## Care is better from LGBTQ-specific providers

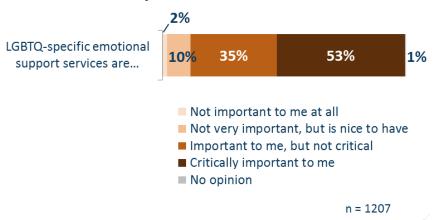
Respondents who visited LGBTQ-specific providers also said that they got what they needed from the services more often. Data also showed that those who had visited an LGBTQ-focused practice, or a practice with a specific LGBTQ program, received care that was more sensitive to their gender identity and sexual orientation. Specifically, nearly all (94%) of respondents who visited an LGBTQ-focused practice said that their provider was sensitive to their LGBQ-identity, compared with 84% at a general, non-LGBTQ focused practice.

\*There is a statistically significant difference in the importance of access to LGBTQ-specific mental health services based on gender identity (p<.001) \*\*Due to rounding, percentages may add to greater than 100%.

## Figure 26. Most respondents visited non-LGBTQ focused organizations, clinics, or practices



### Figure 27. Most respondents felt it was important or critically important to have access to LGBTQspecific medical care\*\*



## **Stories of Mental Health Service Needs**

"When I was younger and coming out, **having a lesbian therapist was crucial.** I can't emphasize this enough. I have gone into therapy several times in my adult life and would only consider counseling with a lesbian therapist."

"I searched for support groups for genderqueer folk, or even lesbians, a year or so ago, and found very little, even through [the community center in my area], and even less for low income people. Can't schlep to SF for stuff every week due to cost and fatigue."

"When I have gotten LGBTQ-specific care, I have to pay out of pocket and search the person out on my own, outside of insurance panels when I had PPOs (because they never give you info about LGBTQ specialties, and usually don't have enough providers with skills I need) and outside of [my health care provider] system now." "I think it's **hard to find LGBTQ specific counseling** and providers that take my insurance. I may have to choose between LGBTQ services, or covered services!"

"I was hurt by a former therapist who I was seeing for support for stress around my gender transition - I found out that she had been referring to me by pronouns that did not fit with my gender. This made me distrust therapists and it took me a long time to be able to return to seek therapy, even when I was very distressed and needed emotional support. **Making sure that therapists know how to be respectful of people who are trans and non-binary is so important** to avoid harm and be able to actually be supportive. "



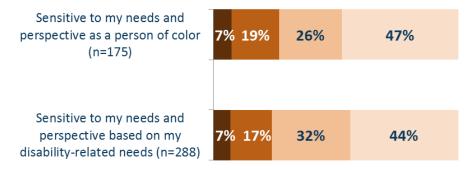
# **Experiences of Provider Insensitivity**

Experiences of insensitivity based on race One quarter of respondents of color (26%) reported that their providers are never, or only sometimes, sensitive to their needs as a person of color. In open-ended comments about their experiences receiving care, the lack of therapists of color is a significant concern for respondents.

**Experiences of insensitivity based on ability** Nearly one quarter (24%) of respondents reported that their providers are never, or only sometimes, sensitive to their disability-related needs. In open-ended comments, respondents shared some ability-related challenges they have faced, such as ASL providers not being available at clinics, and providers not being knowledgeable about physical and developmental needs related to disability.

## Figure 28. Some providers were insensitive to the needs and perspectives of respondents based on race and ability

Never or almost never Sometimes Most of the time Always



I can't find a Black lesbian therapist that takes my insurance.

Many therapists don't take new patients and others are just not welcoming for me. It's a very personal experience and I would like to have services provided by someone I consider a peer. 🖴 🍋 🌝 🞗 🔇 🏠 🌚 🖆 🜍 🖉

# **Primary Barriers to Accessing Mental Health Services**

### **Cost and coverage**

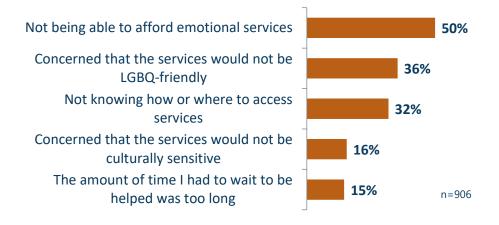
Half (50%) of all respondents cited **affordability** as a barrier to mental health services (see fig. 29). Many common types of **health insurance in the Bay Area include only limited provisions for mental health care**, which often include few to no choices that are LGBTQ-friendly or that are tailored to a client's needs. Respondents also described the low quality of their Bay Area healthcare providers' mental health services as a particular concern and barrier. Finding a provider who meets the needs of an LGBTQ client often means paying out of pocket for either the entire scope of services, or for the portion that exceeds what insurance will cover.

### Concern about LGBQ- and transgenderfriendliness

Nearly half **(49%) of transgender respondents did not seek mental health care because they were concerned that the services would not be transgender-friendly**. Over a third (36%) of all respondents were concerned that the services would not be LGBQ-friendly. Some said that concerns including not being understood, being spoken down to, or otherwise discriminated against prevented them from seeking care.

Unaware of how or where to access services Respondents wrote in open-ended comments that they often did not know where to find providers or services that "looked like them," had similar gender identities or sexual orientations, and that take their insurance.

## Figure 29. Most common overall barriers to accessing mental health care



"I cannot receive adequate care from an intern. [My healthcare system] only offers interns, overworked MAs, or groups. They cannot and will not meet the needs I have for individual and/or couples counseling services."



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- 3. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- 4. Dickey, I., Karasic, D., Sharon, N. (2017). Mental Health Considerations with transgender and gender nonconforming clients. Accessed from: http://transhealth.ucsf.edu/trans?page=guidelines-mental-health

Further reading of literature in the field on this topic is available in Appendix N.

# Drug and Alcohol Recovery Service Needs

In the community survey, drug and alcohol recovery services were defined as treatment and support services that help people manage substance abuse. It includes, but is not limited to, outpatient and residential treatment centers or programs and 12-step and other peer-led support groups.

Overall use of drug and alcohol recovery services

Unmet drug and alcohol recovery needs

Barriers to drug and alcohol recovery services

# Literature Spotlight: Substance Abuse and Treatment in the LGBTQ Community

Although data on the overall addiction rates in the LGBTQ community is slim, SAMSHA estimates that between 20-30% of the LGBTQ community experience substance abuse, in contrast to the 9% average in the overall U.S. population.<sup>1,2</sup> These differences in drug and alcohol abuse are due to the strain and trauma of daily discrimination that the LGBTQ community experiences.

### **Alcohol Use Rates**

Studies show that women who are part of the LGB community use alcohol more often and in larger quantity than straight women, and are more likely to suffer from "alcohol dependency syndrome."<sup>3</sup>

### **Illicit Drug Use Rates**

In 2015, the National Survey on Drug Use and Health found that LGB-identified adults were "more than twice as likely as heterosexual adults to have used any illicit drug in the last year."<sup>4</sup> Gay and bisexual men report higher rates or methamphetamine use compared to heterosexual men. Among men who have sex with men (MSM) in San Francisco, the STOP AIDS Project records the use of poppers, cocaine, and methamphetamine. Their records show that usage of poppers peaked in 2013, declining to 28.4% in 2016, and cocaine peaked in 2014, declining to 17.5% in 2016. However, the use of methamphetamines has increased slightly in recent years (9.5% in 2016).<sup>5</sup>

### Substance Use Among Youth

In one meta-analysis of adolescent substance abuse and sexual orientation, LGB young people were found to be 90 percent more likely to use substances than heterosexual young people. In particular, lesbian, female-identified youth used substances at four times the rate of heterosexual youth, and bisexual youth were found to use substances at 3.4x the rate of their heterosexual counterparts. <sup>6</sup>

### Availability of LGBTQ-specific Substance Treatment

There is little current data about the availability of LGBTQ-specific treatment. In 2007, SAMSHA found that very few substance use treatment programs have programs or services that are LGBTQ-specific. When SAMSHA searched its listings of substance treatment agencies and programs, only 12% (n=911) programs indicated that they offer specialized services for LGBT clients. The study went on, however, to describe how these numbers may inaccurately portray the services offered: "[A] telephone survey we [SAMSHA] conducted in 2003-2004 revealed that 70.8% of these "LGBT" programs were no different from services offered to the general population, and only 7.4% could identify a service specifically tailored to the needs of LGBT clients."<sup>7</sup>

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# **Drug and Alcohol Recovery Services not Widely Used**

Need for substance use recovery services Respondents indicated an overall rate of 10% need for services; however, secondary data suggests that this may be a more pervasive issue for the LGBTQ community (see literature spotlight). Secondary data supports the perspective voiced in the comment below that substance abuse is higher in the LGBTQ community than the general population.

Other types of recovery services needed

The survey asked specifically about drug and alcohol recovery services, and respondents wrote in open-ended comments about their **need for other types of addiction recovery services as well.** As these were not included as survey options, it is not clear how widespread the need for these services may be. Respondents named a need for the following additional types of addiction recovery services:

- Eating disorder treatment services
- Sex addiction treatment services
- Smoking cessation services
- Support services for partners of people in recovery

of all respondents used drug or alcohol recovery services in the past three years

needed drug or alcohol recovery services, but *did not* access them

n=1205

"Because of homophobia, our community seems to have a high incidence of drug and alcohol abuse. These services are crucially important for the health and well-being of our community."

# Most Recovery Services Used were not LGBTQ-focused

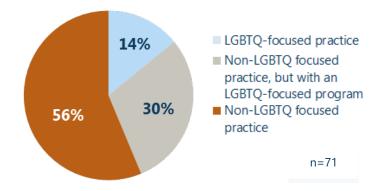
## LGBTQ-specific recovery services are important

Most survey respondents (69%) said that **having access to LGBTQ-specific recovery services was important or critical**. Nearly half (48%) of respondents were able to access LGBTQ-specific practices or general practices with a LGBTQ-focused program or provider (fig. 30). In open-ended comments, respondents described attending AA meetings for the LGBTQ community as well as services that are exclusively designed for the LGBTQ community.

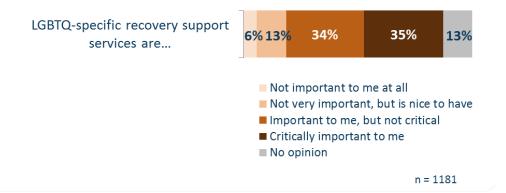
## Need for transgender-specific recovery services

Some respondents described how LGBQ-specific services didn't meet transgender people's needs, and how transgender-specific services would offer better recovery support in their open-ended comments.

"I go to AA for recovery services and get most of my needs met that way, but Santa Clara county **could really benefit from trans-specific meetings** because the Gay & Lesbian meetings are not usually as sensitive or aware of trans issues." Figure 30. Most respondents visited non-LGBTQ focused organizations, clinics, or centers



### Figure 31. Most respondents felt it was important or critically important to have access to LGBTQ-specific recovery services\*



## **Stories of Drug and Alcohol Service Needs**

"My experience in recovery support spaces is that, for the most part, as long as I'm focusing on my recovery and **not talking too much about how my [gender] identities drove me to use, I get support.**" "I'm mainly a long time 12-Stepper. **But I'm always on the look out for places that discuss addiction and sexuality**... and so far... I haven't found one. (It's either addiction OR sexuality... never both.)"

"I have always been **scared to admit I am an alcoholic and an addict,** lest that cause discrimination on the care I can get. I was a health care provider for many years (OTR), and I am aware of the negative views that many health care providers have a **strong prejudice against alcoholics and addicts.** I have only started to let that cat out of the bag since attaining 30 years of continuous sobriety." "A lot of the treatment available seems to be abstinence-based programs (such as AA) which work for some but not everyone. There is SO much evidence for harm reduction services, but they seem to be politically hard to fund. I have not personally needed these services but I've had friends, family members, and clients who could have benefitted if these services were more broadly available. **There's also a real need in SF for more substance use programs for youth, especially those that follow a harm reduction model.** " 😬 🍐 🍪 😧 👟 🔇 🖨 🍪 🌰 💱 📀

# **Primary Barriers to Accessing Recovery Services**

### **Cost and coverage**

Affordability was one of the greatest barriers to accessing recovery services for respondents. Many insurance providers provide limited access to mental health services; some local providers provide group therapy to those seeking services before they are able to access 1-1 treatment. Insurance providers may also not give clients decision-making power over which provider they would like to see, or do not give sufficient options to switch providers if there is not a client-provider connection. Because of these barriers, individuals seeking mental health services often must pay out of pocket in order to get the care they need.

## **Concern about LGBQ- and transgender-friendliness**

8% of all respondents were **concerned that services would not be LGBQ-friendly**. A quarter (26%) of transgender respondents (n=69) did not access recovery services because they were concerned that the services would not be transgender-friendly.

#### Unaware of how or where to access services

In addition to concern about cost and LGBQ- and trans-friendliness, **lack of knowledge** about the services available was one of the greatest barriers to respondents accessing recovery services.

## Figure 32. Most common overall barriers to accessing drug and alcohol recovery services



"[I'm] afraid that my substance issues would just be labeled as a side effect of being trans or that I will be taken off hormones or denied surgery or other medical care." n=901



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Further reading of literature in the field on this topic is available in Appendix N.

# Legal Services, Information, and Advocacy

In the community survey, legal services were described as getting information about or assistance with legal issues related to any aspect of your life, including, but not limited to, housing, family, employment, name and/or gender marker change, and immigration.

Overall use of legal services, information, and advocacy

Unmet legal services, information, and advocacy needs

Barriers to receiving legal services, information, and advocacy



# **Moderate Need for and Use of Legal Services**

### **Disparities in rates of unmet need**

Approximately one-third of respondents (34%) used some kind of legal assistance in the past three years, and 12% of respondents had an unmet need for legal services. **Transgender, genderqueer, and non-binary respondents** and people with **incomes below \$80,000/year were more likely to have an unmet need for services**.\*

### **Disparities in getting needs met**

Almost one quarter (24%) of respondents did *not* get what they needed from services most or all of the time. People with lower incomes were even less likely to get what they needed from legal assistance, perhaps because the cost of legal services influences the quality and frequency of the services that individuals are able to access. **People with incomes below \$60,000/year were four times more likely not to get what they needed** from services than those with higher incomes (fig. 33). People of color and transgender, genderqueer, and non-binary respondents were also less likely to get what they needed from services they needed from services they needed from services what they needed from services they needed f

"Cost has not kept me from getting service, but **cost sometimes limits what service I seek**."

"I have a concern that **free or affordable legal services would not be as good** as private attorneys with successful records." 34%

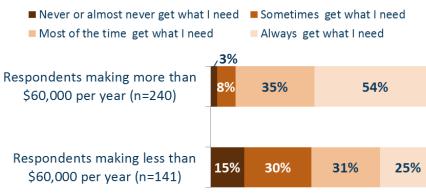
12%

of all respondents used any kind of legal assistance in the past three years

needed legal assistance but *did not* access it

n=1205

# Figure 33. Respondents making less than \$60,000 per year were less likely to get what they need from legal services



\*There are statistically significant differences in accessing legal services based on transgender, genderqueer, or non-binary identity (p<.05) and income (p<.001).

\*\* There are statistically significant differences in "getting what you need" from legal services based on income (p<.001), race (p<.01), and transgender, genderqueer, or non-binary identity (p<.001).

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# LGBTQ-specific Legal Services are Critical for Many

### Importance of LGBTQ-specific services

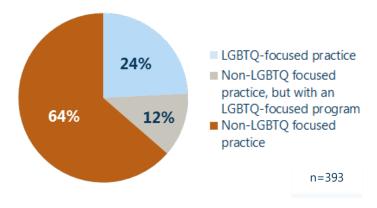
The majority of survey respondents (83%) said that **having access to LGBTQ-specific legal services was important or critical**, and over one-third (36%) reported accessing LGBTQ-specific services (figures 34 and 35).

### Why LGBTQ-specific services matter

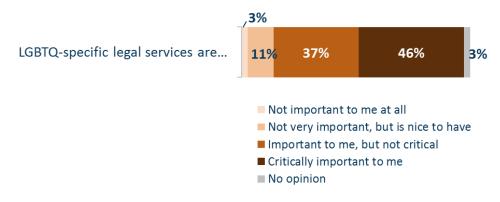
Respondents specifically cited the need for LGBTQspecific services for legal matters related to **employment** (e.g. discrimination in hiring and firing practices), **hate crimes, marriage**, **divorce/custody**, and **adoption**. For some respondents, it's important to use LGBTQ-friendly organizations for all matters in order to minimize the risk of provider discrimination. A few respondents cited the need for a **directory or similar resource that lists LGBTQ-friendly legal services**.

"I think **LGBTQ lawyers are crucial** for tenant rights, hate crimes, employer discrimination, divorce, etc."

"Finding a lesbian lawyer was very important. She understands the different perspective - does it make legal and financial sense to get married for instance." Figure 34. Most respondents visited non-LGBTQ focused legal organizations or programs



### Figure 35. Most respondents felt it was important or critically important to have access to LGBTQ-specific legal services



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# **Experiences of Insensitivity with Legal Providers**

## Insensitivity to some gender identities and sexual orientations

17% of respondents reported that legal providers were **not consistently sensitive to their needs based on their gender identity/expression** (fig. 36). Over one-third (35%) of transgender,

genderqueer, and non-binary respondents reported this type of provider insensitivity.\*

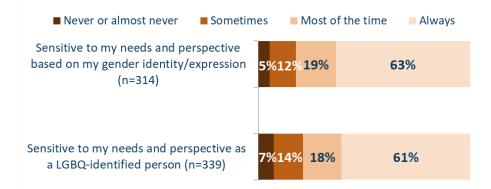
Nearly a quarter (21%) of respondents reported that their **providers were not consistently LGBQsensitive** (fig. 36). Bisexual respondents were more likely to report this type of insensitivity.\*\*

**Insensitivity based on race and ability** Approximately half of respondents of color (49%) reported that their providers were **not consistently sensitive to their needs as a person of color.** This was true across all non-white race identities. Over one-third of respondents (35%) reported that their providers weren't consistently sensitive to their disability-related needs (fig. 37).

"I had a bad experience with a lawyer handling a very painful separation from my domestic partner...There was **lots of misinformation and delays which I believe was due to homophobia and low priority case.**"

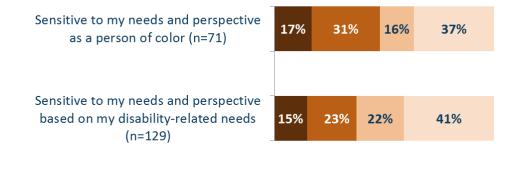
"The **court system is quite unkind to those who are not gender-normative**, as I have seen repeatedly in the past."

### Figure 36. Providers often not sensitive to diverse gender and sexual orientation identities



## Figure 37. Providers frequently not sensitive to all races and abilities

Never or almost never Sometimes Most of the time Always



\*There are statistically significant differences in respondents' experiences of provider sensitivity based on transgender or genderqueer/non-binary identity (p<.001) \*\*There are statistically significant differences in respondents' experiences of provider sensitivity based on sexual orientation (p<.05)



# **Barriers to Accessing Legal Services**

Cost and unfamiliarity with services prevent access

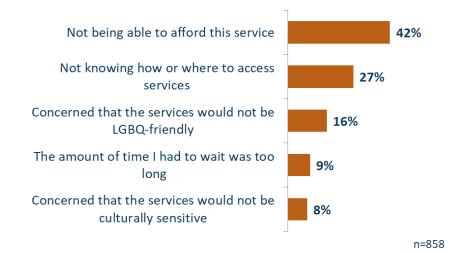
For many respondents (42%), the **high cost of legal services prevented them from accessing services at all**. For others, even those with moderate/high incomes, cost affected the quality of the services they accessed or which issues they decided to get support for. Over a quarter of respondents (27%) were prevented from accessing services because they **didn't know how or where to access them** (fig. 38).

### **Other common barriers**

Other common barriers were **concern that services would not be LGBQ-friendly, long wait time,** and **concern that services would not be culturally sensitive** (fig. 38). Respondents also discussed having concerns about poor quality services, insufficient provider expertise for issues they needed help with, inability to take time off work to seek counsel, and poor experiences with providers in the past.

"When my partner was laid off, we wanted to get help from an employment attorney. We are sure her layoff was, partially, due to discrimination against her as an older butch woman. **When I finally found some attorneys....we could not in any way afford [the fees],** especially with her out of work. So, we didn't fight it."

## Figure 38. Most common overall barriers to accessing legal services



"We had a **difficult time finding a culturally competent attorney with sufficient expertise in immigration law to take our case, at a reduced fee**. We struggle to pay even the reduced fee and are always seeking additional legal support counsel... We are in dire straits in terms of my wife's legal status and our repeated denials for adjustment of status."

# Housing Services

In the community survey, housing services were defined as support with securing a place to stay or live or keeping current housing. This includes, but is not limited to, getting tenant counseling, housing assistance, and/or using shelters.

Overall use of housing services

Unmet needs for housing services

Barriers to accessing housing services

# Literature Spotlight: Homelessness and Housing Insecurity in the LGBTQ Community

The San Francisco Bay Area has a high rate of homelessness; San Francisco and Santa Clara have higher percentages of unsheltered homeless people than any other large US city, and San Francisco has the third highest percentage of its total population that experiences homelessness in the country.<sup>1</sup>

### Homelessness in the San Francisco LGBTQ Community

LGBTQ people are typically over-represented among houseless people, and San Francisco is no exception. According to the annual San Francisco Homeless Count & Survey, 30% of the respondents they surveyed identified as LGBTQ in 2017. Of these individuals:

- 41% identified as bisexual;
- 25% identified as gay;
- 14% identified as lesbian;
- 11% identified as queer; and
- 9% identified as transgender.<sup>2</sup>

### High Need and Danger for Transgender and Gender Nonconforming People

Transgender people experience housing instability and homelessness at higher rates and face more challenges getting the services they need than cisgender people. The Report of the 2015 U.S. Transgender Survey<sup>3</sup> found that many transgender people face discrimination when seeking housing and are especially vulnerable to losing housing through evictions. Additional risk factors, including rejection from family, contribute to higher rates of housing instability and homelessness. For transgender people who experience homelessness, shelters can be very uncomfortable environments and may put them at risk of violence and harassment. The Transgender Law Center's Model Policy and Legal Guide for Homeless Shelters and Housing Programs reports that transgender nonconforming people are often harassed, threatened, and turned away from shelters because of their gender identity.<sup>4</sup> When transgender people are admitted to shelters, they are often housed according to their sex assigned at birth. The guide explains that this is a particular threat for transgender women: "transgender women are inappropriately placed in men's shelters where they often subjected to inhumane and degrading treatment and abuse, including sexual assault."<sup>4</sup>



# Large Need for Housing Services

### **Bay Area housing crunch**

Low housing supply combined with job growth have driven housing prices in the Bay Area to exorbitant levels. San Francisco, followed by San Mateo and Santa Clara Counties, has the highest per-squarefoot prices in the state, and prices are climbing in all Bay Area counties.<sup>9</sup>

### High rate of need

## In this context, many survey respondents are **struggling to find and maintain stable housing**.

Almost 10% of respondents needed housing services in the past three years. Services were more often used by people making \$60,000/year or less, but some people with higher incomes also used services. People of color were also more likely to use housing services than the overall sample.\*

As noted earlier in the report, **17% of all survey respondents have been homeless** at some point in their lives.

A full 10% of respondents had an **unmet need for housing services.** There was a greater than average unmet need among those aged 18 to 24, (see fig. 40 on page 73), gay and bisexual respondents, transgender, genderqueer, and non-binary respondents, those with incomes of \$60,000/year or less, and people of color.\*\*

\*There are statistically significant differences in access to housing services based on income (p<.001) and race (p<.001). \*\*There is a statistically significant difference in unmet need for housing services based on age (p<.001), sexual orientation (p<.05), transgender, genderqueer, and non-binary identity (p<.001), income (p<.001), and age (p<.001). 9%

of all respondents used housing services in the past three years

needed housing services, but *did not* access them

n=1198

"I am concerned about future housing, especially given the Bay Area housing market. I am worried that there won't be enough or that I will not be able to afford LGBT-specific retirement housing."

"Housing insecurity is the single greatest local issue facing every minority community in the Bay Area."

**"Friends and colleagues continue to leave the SF Bay Area because of the cost of housing.** They don't see a future for themselves in the Bay Area. We need to broaden the spectrum of housing services as well as the number of housing service providers." 😬 🍐 🚱 😢 🔇 🚷 🕋 🍪 🍘 💱 🔇

# Housing Services Fall Short of LGBTQ Needs

### Services not meeting needs

#### Many respondents do not get what they need

from housing services (fig. 39). This was especially true for transgender, genderqueer, and non-binary respondents and those who have experienced an economic hardship (e.g. not had a place to sleep for the night, not had enough food to eat).\*

### LGBTQ-specific housing needs

LGBTQ people's needs are not always met by public housing services and assistance programs. Several respondents wrote about the challenges of staying in a shelter as a LGBTQ person. Typically, shelters are designed exclusively for either women or men, which can be a major barrier for transgender, genderqueer, and non-binary people. Additionally, many older respondents are concerned about having access to senior housing that will be a welcoming place for an LGBTQ individual or couple.

"Senior housing for LGBTQ people is a very critical need -- not only for affordable housing, but for middle-income housing also."

"I have heard nothing but **bad stories about what happens to trans people in shelters**. Having heard what I've heard, I would prefer to sleep on the streets."

## Figure 39. Close to half of respondents do not get what they need from housing services

Never or almost never Sometimes Most of the time Always



\*There are statistically significant differences in getting what you need from housing based on transgender or genderqueer/non-binary identity (p<.05) and economic hardship (p<.01).

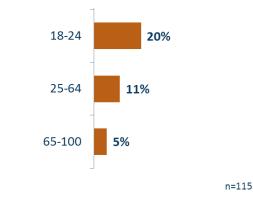
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# LGBTQ Youth have Unique Needs for Housing Services

Services not meeting youth needs LGBTQ youth have some unique needs for housing support services that are often not met. Among adults, transitional-aged youth (18-24) were much more likely to have an unmet need for housing services (fig. 40).\* They were equally likely as adults 25 and older to have a need for services that was *met*.

Many LGBTQ youth are in need of housing services because it is not safe for them to stay with their families. In a national survey of homeless youth agencies, drop-in centers, outreach, and housing programs, LGBTQ youth comprised approximately 30-45% of clients served. **Family rejection on the basis of sexual orientation and gender identity** was the most frequently cited factor contributing to LGBTQ youth homelessness, and **physical**, **emotional**, **and sexual abuse** was another common factor. **Over 40% of the agencies surveyed did not address these family-based issues** as part of their work due to lack of funding to develop such services.<sup>5</sup>

**Homeless transgender youth are an especially vulnerable population** in need of support. Transgender youth are often rejected from shelter, or subject to victimization in shelters that assign rooms, bathrooms, and showers based on birth sex.<sup>4</sup> It is critical that providers consider the needs of transgender youth when designing housing services. Figure 40. Among Adults, transitional-aged youth (18-24) had an especially high rate of unmet need for housing services



"We need to expand housing support options [for youth in San Francisco] outside of Larkin Street Youth Services and **emphasize social service workers with a history of youth or caring for youth while facing homelessness or housing security**."

# **Respondents Value LGBTQ-focused Housing Services**

### The importance of LGBTQ-specific housing services

The majority of survey respondents (79%) said that having access to LGBTQ-specific housing services was important or critical, and relatively few (17%) reported accessing LGBTQ-specific services (fig. 41). Transgender, genderqueer, and non-binary respondents felt especially strongly about the importance of specialized services.\*

#### Why LGBTQ-specific housing matters

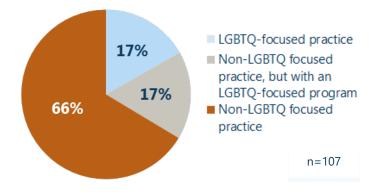
Respondents desire LGBTQ-specific housing services because they do not always feel safe and welcomed by mainstream services. Some have felt **unsafe staying in shelters as an LGBTQ person**, others asked for support finding safe and accepting housing and housemates, and several emphasized the need for more **senior housing dedicated to LGBTQ residents.** 

"It would be helpful to know how to research continuing care or assisted living facilities where LGBTQ individuals would feel comfortable."

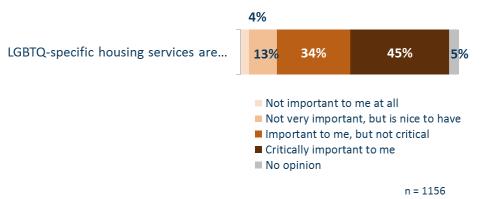
"Last year I needed a shelter to get a room but the service was not available immediately, the staff was not friendly at all, and it was **not safe for LGBT people.**"

\*There are statistically significant differences in the importance of LGBTQ-specific care based on transgender, genderqueer, or non-binary identity (p<.001).

### Figure 41. Most respondents visited non-LGBTQ focused housing support organizations



#### Figure 42. Most respondents felt it was important or critically important to have access to LGBTQ-specific housing services\*\*



\*\*Due to rounding, percentages may add to greater than 100%.

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# **Unfamiliarity with Services is Top Barrier to Access**

### **Uncertainty about service offerings**

The most common barrier to accessing housing services was **not knowing how or where to access services**. Respondents don't always know what's available to them or how to navigate the housing system, and they sometimes receive inaccurate information from providers. Inability to afford housing services and concern that services would not be LGBQ-friendly were also common barriers. (fig. 43.)

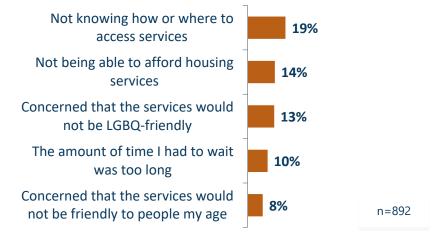
#### Wait lists

Long wait lists are a well-known barrier to accessing affordable housing in the Bay Area, and survey respondents experienced this barrier frequently. The average wait time for a voucher holder through the San Francisco Housing Authority in 2016 was 28 months, but wait times can be much longer.<sup>7</sup>

#### **Eligibility requirements**

Another frequent barrier to accessing affordable housing is **not meeting eligibility requirements.** Several respondents have incomes that are too high for them to qualify to access affordable housing, but too low to afford market-rate apartments in the area. In San Francisco, affordable housing is designated for those who earn under 60% of the Average Median Income (AMI) (as of 2017, \$48,400 for one person).<sup>8</sup> For a person earning 60-100% of the AMI range, a market-rate one-bedroom apartment would likely be prohibitively expensive.

### Figure 43. Most common overall barriers to accessing housing services



"I fall in between - **too low-income to qualify for market-rate housing** for a 1-bedroom apartment, but **too many assets to get BMR** (**below market rate**) housing, be it a rental or a purchase."

"[The affordable housing system] **feels insanely complicated**. Lotteries, lists, Internet applications, various agencies, etc..."



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- 7. San Francisco Housing Authority Waiting Lists. Retrieved October 15, 2015.
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Further reading of literature in the field on this topic is available in Appendix N.

# LGBTQ Social and Community Events

In the community survey, LGBTQ social and community events were defined as: ways to connect to the LGBTQ through events, gatherings, and other social activities. These events could include going to LGBTQ-specific social events, celebrations, religious services, talks, concerts, or other organized events in public spaces.

Overall attendance and participation in LGBTQ social and community events

Unmet needs for LGBTQ social and community events

Barriers to attending LGBTQ social and community events



# LGBTQ-specific Events and Activities are Critical

**High rate of use and need** For **96% of respondents, LGBTQ-specific activities are important or critical** (fig. 44). A large majority (86%) of respondents participated in a LGBTQ social or community event, and 11% wanted to participate in this type of opportunity but wasn't able to.\*

People with incomes below \$60,000/year had an especially high unmet need for LGBTQ-specific activities and events.\*\* Several respondents said that they cannot afford the cost of events and noted the **need for free or low-cost events.** For others, economic demands force them to work long hours and leave little time for attending community and social functions.

A quarter (25%) of respondents **sometimes or never get what they want or need out of LGBTQspecific activities** (fig. 45). People with incomes below \$60,000/year and bisexual people were particularly unlikely to get what they need out of events.\*\*\*

"[Events are] not sensitive or affirmative in allowing cost options according to income."

- \*\*There are statistically significant differences in unmet need for LGBTQ-specific events based on income (p<.01).
- \*\*\*There are statistically significant differences in "getting what you need" from LGBTQ-specific events based on income (p<.05) and sexual orientation (p<.05).

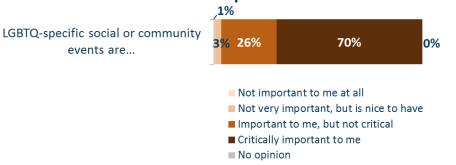
86%

of all respondents participated in some kind of social or community activity or event for the LGBTQ community in the past three years

of all respondents wanted this type of opportunity but *did not* participate in one

n=1187

### Figure 44. LGBTQ-specific events are very important to most respondents

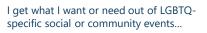


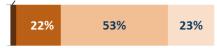
n = 1165

### Figure 45. A quarter of respondents do not consistently get what they need from LGBTQ-specific events

■ Never or almost never ■ Sometimes ■ Most of the time ■ Always

3%





<sup>\*</sup>Data on the importance of LGBTQ-specific events and activities by respondents' sexual orientation/gender identity are available in the appendix.

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based on my age (n=901)

### LGBTQ Events and Activities Aren't Inclusive for All

#### **Disability-related needs**

41% of respondents report that LGBTQ-specific events and activities are **not sensitive to their needs based on their ability** most or all of the time (fig. 46). Some respondents said that they are prevented from attending events that are not accessible for those with physical limitations. Others wrote about experiencing ableist comments or a general feeling of ableism in LGBTQ culture.

### Events not always inclusive of people of color

Over a third of respondents (38%) said that LGBTQspecific events **lack sensitivity to them as a person of color** (fig. 46). Some respondents characterized LGBTQ events as "too white" and called for **more representation and leadership among people of color**. Some noted racism in the LGBTQ community as an overarching concern and barrier to attending events.

#### **Events target certain age groups**

Many respondents are frustrated that LGBTQ community events are geared toward people in their 20's and 30's. **Older people often felt unwelcome and ignored** in these environments, or they had difficulty findings events that met their needs, which may include building friendships or finding romantic partners. **Youth under 21 also are excluded from many LGBTQ events** and lack opportunities designed for them.

#### Figure 46. For Many Respondents, LGBTQ Events and Activities are not Sensitive to Needs Based on Ability, Race, and Age

Never or almost never
Sometimes
Most of the time
Always Sensitive to my needs and perspective based on my disability-related needs 12% 29% 29% 31% (n=339) Sensitive to my needs and perspective as a 7% 31% 30% 32% person of color (n=256) .3% Sensitive to my needs and perspective 21% 36% 40%

> "[I have] concerns about encountering **ableist and ageist insensitivity**, misunderstanding, prejudice, and discrimination."

"Some events skew younger, and people of color are not as well represented - although, that is changing. I would like to see more events that focus less on alcohol consumption, too."

## **Experiences of Insensitivity at Events and Activities**

### **Events are not inclusive of all gender identities**

Many respondents expressed that LGBTQ-specific events and activities are not always sensitive to their gender identity. This was especially true for transgender, genderqueer, and non-binary respondents (fig. 47).\* Many people wrote that there are ample activities and spaces for cis gay men **but limited spaces for women and transgender, genderqueer, and non-binary people**.

Several respondents expressed interest in opportunities only for women, as well as lesbianonly events and spaces. Some lesbian-identified transgender respondents, however, reported feeling excluded from events, including lesbian events that are not inclusive of their gender identity.

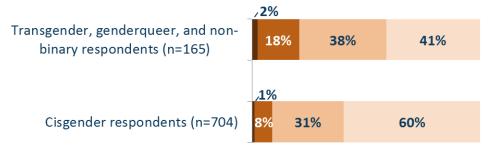
### **Events are not inclusive of all sexual** orientations

9% of respondents reported that events are **not** sensitive to their needs based on their identity as a LGBQ person always or most of the time, and **bisexual respondents were twice as likely to say that events were sensitive to their needs only sometimes or never** (fig. 48). Respondents wrote that they have encountered biphobia in LGBTQ circles, and that many events are not designed with bisexual people in mind. Several lesbian women also wrote that events are not welcoming and inclusive of them and their interests and needs.

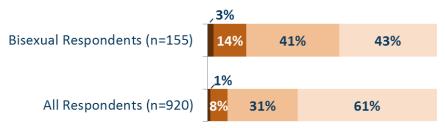
\*There are statistically significant differences in respondents' experiences of event sensitivity based on transgender, genderqueer, or non-binary identity (p<.001).

#### Figure 47. Events Lack Sensitivity for Transgender, Genderqueer, and Non-binary Respondents

- Never or almost never sensitive to my needs based on my gender identity
- Sometimes sensitive to my needs based on my gender identity
- Most of the time sensitive to my needs based on my gender identity
- Always sensitive to my needs based on my gender identity



### Figure 48. Bisexual Respondents' Social Needs are more often Unmet



"**Events are rarely bisexual friendly**. In fact, I've actually been forbidden to join one lesbian/gay group as a bisexual."

# **Top Barriers to Attending LGBTQ Events and Activities**

Limited access to LGBTQ-specific activities Over half of respondents (55%) don't know where to find LGBTQ-specific activities or events. Many people living outside of major city centers (especially San Francisco, Oakland, and San Jose) said that they don't know of spaces or events for LGBTQ people in their communities. A related challenge, difficulty getting to events, was reported by over a quarter of respondents (26%). Respondents from North Bay, South Bay, Northeast Bay, and the eastern part of Alameda County described the challenge of traveling long distances to reach LGBTQ-specific activities.

#### Some events not inclusive of all identities

Over a third of respondents (34%) didn't attend events out of **concern that events would not be LGBQfriendly** (fig. 49). In addition, 41% of transgender respondents didn't participate in events because they **feared events would not be transgender-friendly** (n=167). (See previous page for examples of feeling excluded from LGBTQ-specific events.)

#### Cost can be prohibitive

Some events can be too expensive for many respondents (fig. 49), and some people are unable to attend events because they are working long hours to meet their economic demands.

#### **Other common barriers**

Other common barriers included concern that events would not be culturally sensitive (fig. 49), a disinterest in events that emphasize alcohol, physical and mental health limitations (e.g. depression, social anxiety), not having anyone to attend with, scheduling conflicts, and child care needs.

### Figure 49. Most common overall barriers to attending LGBTQ-specific activities and events



"**These events just don't exist** in Sonoma County. There are one or two LGBT-friendly nights at bars locally, but for those who would like to stay sober, there isn't anything."

"It's challenging to find events that are **inclusive of my child, are affordable and close-by**."

# Civic Engagement Needs



Political Connection and Representation

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# Low-Income and Black Respondents Less Connected

know how

### Low income LGBTQ citizens need more ways to provide civic input

Lower income respondents indicated that they have less understanding than higher income respondents of how to provide input into laws, policies, and decisions.\* Of those who earn less than \$40,000, **those with the least earning power also had the least understanding about how to provide input into laws, policies, and decisions:** 

- 55% of those earning less than \$20,000
- 44% of those earning less than \$30,000
- 34% of those earning less than \$50,000 to provide input

African American respondents felt less connected, represented, and supported

In each category of civic engagement measured, **African American respondents' experiences differed starkly** from the overall LGBTQ respondents:\*\*

- 50% (compared to 18% overall) do not feel that they have an elected official who has their best interests at heart;
- 43% (compared to 28%) do not know ways to provide input into local laws, policies, and decisions;
- 43% (compared to 20% overall) do not know of an LGBTQ organization that speaks up for the issues that affect them; and
- 38% (compared to 13% overall) do not feel that the laws and policies in the city where they live support LGBTQ people.

A substantial portion of *all* respondents indicated some degree of civic disconnection or lack of representation

28%

of respondents do not know **ways** to provide input into local laws, policies, and decisions. (n=1159)

20%

of respondents do not know of at least one **LGBTQ organization or group of advocates that speaks up for the issues that personally affect them.** (n=1148)

18%

of respondents do not think they have at least **one elected official who has their best interests at heart.** (n=1153)

13%

of respondents do not feel that the **laws and policies in the city** where they live support LGBTQ people. (n=1154)

\*There are statistically significant differences in respondents' understandings of how to provide civic input based on income level (p<.001). \*\*There are statistically significant differences in respondents' feelings about elected officials' interests (p<.001), understandings of how to provide civic input (p<.01), knowledge of LGBTQ organizations who speak up on relevant issues (p<.01), and feelings about LGBTQ-supportive laws and policies (p<.001) based on race.

# 

Freedom Award

**Priorities** fo

Service priorities

Policy priorities

Main drivers of disparities

Strategies for addressing disparities

Suggested initiatives to address priority needs

Untapped opportunities for collaboration

Photo Credit: Horizons Foundation

## **About the Field Expert Interviews**

To complement and contextualize the survey data from LGBTQ community members, the needs assessment also included interviews with 22 field experts comprising a cross-section of nonprofit leaders and service providers throughout the nine Bay Area counties. Taken together, the field experts provide multiple perspectives on service and policy needs and opportunities and on funding interests, needs, and opportunities, as those who serve and advocate for the LGBTQ community, and from county-specific, regional, statewide and/or national lenses.

The Horizons Bay Area LGBTQ Needs Assessment interviews gathered field expert perspectives on:

- The most important service needs of the LGBTQ community;
- The most important policy and advocacy issues relevant to the LGBTQ community;
- Solutions for addressing needs;
- Ideas to address issues related to racism and other power differentials within the LGBTQ community; and
- Untapped opportunities for collaboration within the Bay Area LGBTQ community.

The field perspectives section of this needs assessment includes prominent findings regarding priority service and policy advocacy needs from the field expert interviews. Where applicable, this section also includes input shared by Needs Assessment Advisory Committee members about key developments and concerns affecting LGBTQ communities.

# **Key Takeaways**

Field expert interviews surfaced the following priority service and policy needs for the Bay Area LGBTQ community:

- · Greater economic security and basic needs services and resources, especially for those most vulnerable
- More LGBTQ-competent providers and services
- · Programming to build community and foster connection
- · Ensuring that the hard-won legal protections and policy wins for the LGBTQ community remain in place
- Justice system reform, including reforming prison, jail, and policing policies and practices
- Protecting queer immigrant communities
- · Protecting and advocating for queer-friendly health care policies

# **Service Priorities for the LGBTQ Community**

As the survey findings show, many people in the LGBTQ community are facing a host of challenges, including the high cost of living, limited affordable housing opportunities, violence and discrimination, and fears of losing rights and services in the current political climate. Survey respondents shared that their biggest fears or worries for themselves as members of the LGBTQ community are concerned about losing access to healthcare and marriage rights, economic security, especially about losing housing and managing the high cost of living, and personal safety and health issues. Field experts reflected on the survey findings and shared additional insights into the most important service needs for the LGBTQ community in the Bay Area. Field experts reported the following top service priorities:

#### 1. Greater economic security and basic needs services and resources, especially for those most vulnerable

Field experts noted that striking income inequality, high cost of living, limited job opportunities, and lack of affordable housing, create an array of service needs for the LGBTQ community. Field experts shared that the most affected and in greatest need members of the LGBTQ community include youth, particularly transition age youth (TAY), transgender individuals, older adults, and people of color, though acknowledged that affordable housing, greater economic security, and quality health care are top priorities for many in the LGBTQ community. Economic security and basic need service priorities include:

- **Employment opportunity programs and services:** Some members of the LGBTQ community, including transgender, and gender nonconforming individuals and people of color lack employment, training, and opportunities for professional development and education to strengthen their skills and help them attain employment.
- Increased access to quality health services: The types of health needs vary across the diverse LGBTQ community. However, it is clear from field experts that areas of particular need include mental health services, HIV services for older adults, culturally competent health care, trauma-informed health care, and medical coverage that covers the diverse needs of transgender individuals, multilingual communities, and people of color. In the context of the current threats to health care access, field experts and NAAC members worry that these populations will suffer most from any reductions in health care.
- Housing supports for all and for aging and older adults in particular: Affordable and secure housing is a priority need for many living in Bay Area counties and many members of the LGBTQ community are at risk of homelessness or have needed to move to other counties given the high cost of living, where they then face greater isolation. Aging and older adults face particular need for affordable housing and lack needed resources and supports as they age. Economic hardship leaves seniors in a vulnerable place with some needing to hide their gender identity so as not to lose housing or be mistreated in their place of residence.

"The homeless issue isn't getting better, especially for trans women of color. I see it and watch it daily around **how folks are not able to find housing and they end up homeless and that spirals into substance use and sex work**."

"Housing is a big fear for a lot of our [older] clients. We know they tend to go back into the closet when trying to keep their current housing and in finding new housing – **they hide that they are gay because they're worried about losing their place**."

# **Service Priorities for the LGBTQ Community**

#### 2. LGBTQ-competent providers and services

To better serve members of the LGBTQ community it is imperative that organizations and their programs have staff that are culturally competent and that agencies provide programs that are culturally appropriate. Field experts noted a continued need for LGBTQ-competent providers and programs throughout the Bay Area, and a more acute need for cultural competency in rural and suburban areas outside of San Francisco. Providing culturally competent services might entail programming that is more holistic, and thereby means that organizations serve less clients in much deeper ways through high touch, long term, direct services.

One field expert noted that they would like to see funders and providers understand that providing this more intensive level of care and support is what it takes to ensure that communities that have been historically marginalized and face so many intersections of oppression have the resources to feel safe, be healthy, and thrive, and that it should be considered part of what it means to provide culturally-competent care to the LGBTQ community. Some field experts also shared that there is a need for increased population-specific services to exist in order to meet the needs of specific groups within the LGBTQ community such as youth, monolingual Spanish-speakers, immigrants—especially transgender immigrants, older adults living with HIV, and African Americans and other people of color.

#### 3. Programming to build community and foster connection

Field experts also recognized the importance of prioritizing services outside of the safety net including programming that: builds community; fosters connection among and outside of the LGBTQ community; provides opportunities for peers to support each other; encourages intergenerational connections; and celebrates culture. These types of services and resources are easier to access in the San Francisco/Oakland area, but more difficult to find and participate in the seven other Bay Area counties. "A typical funder wants big numbers, big change, but there are basic needs to be met, and we can't give a flashy proposal that says all these people will get jobs. **But what does it take to support folks with many needs and that experience trauma on a daily basis?**"

I think one of the biggest needs is **visible LGBTQ competent providers**. [...] Some people will not go to a LGBTQ organization. So they need to go to a place that is LGBTQ competent. But we also need more resources and to offer more services through existing LGBTQ organizations.

"It is more important than ever before for trans people and others being targeted to be connected to a community infrastructure that can offer resources and support. And also just to make sure they are ok. **There is a lot of isolation in the community, so being connected to community infrastructure or network is lifesaving for many trans people.** It's often like community spaces are seen as more social, and they are, **but also they provide a really critical way for communities that are particularly isolated and targeted and vulnerable to access support and be connected to other people who can support them**."

# **Policy Priorities for the LGBTQ Community**

Given the current political climate, there are many important policies, programs, and government funding sources to protect and advocate for. Field experts identified the following policy and advocacy priorities for the Bay Area LGBTQ community:

"Maintaining protections, making sure they don't lose what protections they have now. We have a married couple who comes here and they are afraid everything they gained by getting married they will lose. People fear that they will lose access to things like employment, housing."

#### 1. Justice system reform, including reforming prison, jail, and policing policies and practices

From changing conditions in jails and prisons to de-criminalization of HIV, field experts stressed the importance of prioritizing justice system reform. LGBTQ youth and adults are more vulnerable in the justice system, and many problems in the justice system disproportionately affect LGBTQ people, especially of color. The justice system reform priorities noted by interviewees include both priorities that more directly affect the LGBTQ community and wider intersectional reforms. Priority reforms include:

- **Transgender- and non-binary-inclusive policies:** Field experts expressed concern about the conditions that transgender and individuals who identify as non-binary face in jails and prisons and highlighted the need for identity-friendly jail and prison housing, policies that allow transgender individuals access to name and gender changes, and acceptance of the non-binary gender marker.
- LGBTQ-friendlier policing practices: There are opportunities for policy wins in California to address police violence and opportunities for policing entities to earn greater trust among LGBTQ communities.
- Protections for queer youth, particularly homeless queer youth: One field expert noted that 20% of youth in the California juvenile justice system are LGBQ and/or gender nonconforming/transgender 12-13% of boys and 50% of girls—and that 90% of those are youth of color. It is important to ensure that juvenile justice systems are affirming of LGBTQ youth. Furthermore, queer youth are more likely to be homeless and thereby come more in contact with police. Another field expert declared the importance of ending detention for minors.
- Strengthened hate crime and domestic violence policies and enforcement: Homophobia and transphobia continue to put LGBTQ communities at risk for violence and penalties for perpetrators are not as strong as needed to help curve prevention. Moreover, law enforcement lack needed training to support LGBTQ victims of domestic violence. With great distrust of the police, victims of these crimes are often reluctant to report their experiences of violence to police.
- Decriminalization of HIV transmission: The criminalization of HIV established in the 1980s and 90s, making it a felony to not disclose an HIV-positive status to consensual sex partners, regardless of transmission risk, has disproportionately affected men of color and transgender women of color, who are then especially vulnerable to mistreatment and violence while incarcerated. As this report was going to print, SB 239 was signed into law in California, eliminating this HIV-specific law and treating HIV the same as other communicable diseases.

# **Policy Priorities for the LGBTQ Community**

### 2. Ensure that the hard-won legal protections and policy wins for the LGBTQ community remain in place

Field experts urged that maintaining protections that the LGBTQ community has worked hard to achieve is a major policy and advocacy priority, particularly in the face of the current administration. Field experts and Advisory Committee members shared a variety of pertinent protections including: protections for transgender students in schools; marriage rights; executive orders to ban conversion therapy; California's Proposition 47, which reduced penalties for some crimes; sanctuary cities, DACA and DAPA relief; private insurers cover transgender healthcare; the Affordable Care Act.

#### 3. Protect LGBTQ immigrant communities

As a leader sanctuary region, ensuring that the Bay Area maintains its status as such and that queer immigrants and refugees are protected and have the legal supports needed was an important policy priority articulated by many field experts. They would like to see broadened understanding and acceptance of sanctuary cities, additional policies that prioritize and protect transgender immigrants given that they are targeted for mass deportations, that DACA and DAPA remain in place, and a decrease in anti-immigrant rhetoric and policies.

### 4. Protect and advocate for queer- and trans-friendly health care policies and research

As the Affordable Care Act continues to be threatened, field experts urge continued advocacy to ensure members of the LGBTQ community have the access to health care and coverage they need, including access to mental health services. Other field experts noted health policy advocacy and funding priorities should include advocating for biomedical research and government funding, especially for STI prevention and for transgender-specific health care. "In this climate, **making sure that counties remain protective of queer asylees** is a huge institutional priority for us."

"Trans immigrants are targeted in mass deportations, which focus on people with criminal history, and trans people are more likely to have criminal backgrounds. **Then, when trans immigrants end up in detention, they face harassment, and then when they are returned to their home country, face violence, murder** – reasons they fled to begin with."

"As health care as we know it gets dismantled, the queer community has to be visible and part of the conversation to make sure whatever rises up will serve queer people well."

"As more federal and state dollars start to get moved around because of who is in office, attacks on communities of color are happening. We see dwindling services because of who is in office. There is no focus on trans undocumented people of color, and its going to get harder to secure services and funding for more specific communities."

### **Stories of Service & Policy Priorities**

"In terms of housing, we need people at the table - what kind of systems are we setting up to help people navigate the options that do exist? [...] What more can the LGBTQ community do? Housing navigation isn't as sexy as funding the actual housing, but it's really key. What can we do upstream, to help people who are at threat for losing housing? Respite is a model. I think it's a complicated problem. Can we as an LGBTQ community come together? This is the social justice that's coming at us. What can we do to organize around this? The model of how the community came together around the AIDS crisis is worth looking at. How can we mentor and support across the community? That's a lost tradition to some extent."

"But there are so many needs for trans and genderqueer communities. **Unemployment is another huge concern for trans and genderqueer**. This community isn't very comfortable with genderqueer people. Unemployment is a huge issue. There are no services addressing that." "Protecting the most vulnerable – youth and older adults, who are very isolated, come from a generation that was closeted, they may have come out when younger but **as they go into assisted living they have to go back into the closet to protect themselves**."

Better transportation subsidies for them to get where they need to go without harassment from MUNI and BART cops. We hear that youth are pulled off buses or MUNI trains or followed by cops. We work primarily with youth of color, so they stand out – they have colorful hair, short hair, they are queer – they stand out. In our programs, we'll sometimes call them a rideshare to get to a summit or a conference when they don't feel comfortable with public transit or can't afford it. We can only do that for so many youth.

# **Strategies to Address Priority Needs**

Field experts shared an array of suggestions for addressing priority service and policy needs, including:

### **Housing supports**

Field experts agreed that housing is a key priority for the LGBTQ community and suggested that housing needs be addressed by:

- Expanding rent control;
- Increasing affordable housing for transitional age youth and seniors;
- Providing homeless supports for LGBTQ youth;
- Funding public education campaigns that make people aware of the housing issues experienced by the LGBTQ community; and
- Providing access to LGBTQ-friendly housing.

### **Increase funding**

Additional funding is an expected strategy for addressing priority needs and field experts shared ideas for focusing that funding, including:

- For smaller, community-led grassroots initiatives and homegrown models;
- For transgender-led and -focused organizations;
- For transportation, including subsidies public transportation and services like Lyft to help people access services and avoid harassment from MUNI and BART police officers, for example;
- For community building efforts, cultural events, and arts programming;
- For general operations;
- To develop community leadership;
- To meet basic needs;
- To support collaboration among service providers; and
- To support research.

### Health and wellness supports

Field experts also had helpful ideas for supporting the overall health and wellness of LGBTQ people:

- Build the culturally competency of programs and providers;
- Offer more mental health services;
- Offer appropriate health care services depending on specific group needs;
- Provide services that address trauma; and
- Address stigma and discrimination of transgender individuals.

"It is impossible to deliver seamless services to youth and seniors without people having secure housing."

"For the aging population, we need to make sure there is access to affordable housing. Housing is clearly a crisis in San Francisco, and we need programs that keep people in place and are affordable. For people of color and gender nonconforming/transgender individuals, at the root of so much of it is trauma. We need to offer services that try to heal people's trauma and help them overcome the trauma in their life and its affects they are experiencing. **So many services are developed from a deficit model; we need to turn it around to focus on strengths, and also connect it to the roots of trauma."** 

"[There is a need for] funding for rural and suburban areas. Funders think about huge population centers, and everyone else is left out. I have trouble sharing the struggles of people here and have funders be interested. People feel like we're close to San Francisco, so we're fine. But if you don't have transportation or money, you can't get to San Francisco. We're an hour away."

## **Strategies to Address Priority Needs**

### Fund community-building efforts

Field experts noted that the LGBTQ community is divided along class, race and gender identity and that it is critical to address healing the pain within the LGBTQ community, to work to build relationships across identity groups, and to honor the rich diversity of the community in order for the movement to advance. Others suggested the importance of creating spaces for community members to hold events, to get together, and gather, particularly in regions beyond San Francisco. One field expert noted that there are a dearth of safe spaces where youth can be after hours and insufficient youth-friendly groups. For some organizations, funding for the arts has facilitated performing arts programming, which one interviewee shared has helped bring youth together in the South Bay where opportunities are few and far between. Community building initiatives may also include regular connection and networking opportunities as a way to bring community leaders, the general public, and funders together with members of the LGBTQ community.

### Support movement building across and beyond the nine counties

Given the outward migration from San Francisco and Oakland and growing LGBTQ queer diaspora outside the nine counties, field leaders suggest that funders can support a greater number of LGBTQ community members and increase their impact by funding LGBTQ-focused work outside the immediate Bay Area. Funders can help add to the potential pool of institutions focusing on the LGBTQ community and also help to bring new donors to these areas with growing LGBTQ communities. Another funding need is to support the connection of emerging nonprofits and leaders in the more rural and conservative counties with experienced Bay Area organizations. This effort would help emerging organizations learn from the struggles and successes of established veterans in building an LGBTQ movement. "Social programming, a place to meet with their peers with similar background that they don't have access to regularly, and mental healthoriented support groups, group therapy. **They want to be with their peers, have lot of things they want to work through but there is not a lot of that available.** Some groups have to split into two because so many people come. We can't accommodate new people for the men's groups. There is not enough spaces to meet with peers."

"There is an opportunity for connecting emerging LGBTQ leaders and organizations with the abundant organizations and agencies [...] in the Bay Area. **Connecting them for networking and learning opportunities – all the great work developed in the Bay Area could filter out and be used in areas like Stockton, which has growing queer communities**. Such networks would allow for all learning in the Bay Area to help these counties and their new emerging groups, create partnerships, learn from challenges older organizations faced, and would support the growth of queer communities outside of nine counties."

# **Main Drivers of Disparities**

The dimensions of structural precarity that affect the general population apply to the LGBTQ community. In the survey data, notable disparities in respondents' experiences and needs included people of color having a higher rate of unmet need for medical, mental health, drug/alcohol recovery, and housing support services than white respondents. In addition, transgender and genderqueer/non-binary respondents were more likely to have unmet service needs and also tended to have less positive experiences with services and providers than cisgender respondents. People with lower incomes also had higher rates of unmet need and faced more barriers to accessing services. Field experts were asked to share what they thought were main drivers of these types of disparities in the LGBTQ community, which we describe in the following section.

### Systemic racism and lack of culturally competent providers and services

The realities of racism are not vestiges of the past – social entities, mechanisms, processes, and structures continue racist beliefs and behaviors that affect many within the LGBTQ community. Some note that so long as an equity frame is not adopted by institutions and that the intersection of identities is not addressed, including by funders, disparities will continue to be perpetuated. Field experts see opportunities for organizations and foundations to align programming, staffing, and leadership with the needs of specific groups. Furthermore, social sector organizations can work to ensure that their leadership and staff better reflect the communities they serve. Some field experts urge funders and service providers to understand that not all members of the LGBTQ community are similarly oppressed. Field experts also acknowledge that there are too few LGBTQ-led nonprofits with a focus on serving people of color, making it even more important to ensure that services and providers are culturally competent. "Other than a history of colonialism and white supremacy, we are still dealing with individuals and institutions that have not adopted an equity framework to invest our energy to address intersections of all identities."

"There is still an issue around queer people of color and white queer people – **still trying to figure out how to address racism within the LGBTQ community**. I feel like we should be able to do better."

"With [the] shrinking African American population in San Francisco, I think we as an LGBT community **struggle with engaging people of color into services and making sure that services are culturally competent.**"

"Mental health services are lacking and not many therapists speak Spanish that also have experience with the LGBTQ community. **There is** stigma around mental health so therapists need to be really educated. We see lots of depression, suicidal thoughts, and it's hard to find therapists that really understand."

# **Main Drivers of Disparities**

### Lack of understanding of and awareness about transgender and non-binary people

According to field experts, transgender and non-binary people are more likely to face prejudice, discrimination, harassment, and violence if their gender presentation does not align with binary gender norms. Furthermore, being gender nonconforming is highly predictive of becoming justice-involved and having negative experiences in the justice system. Lack of awareness by enough funders, service providers, and agencies about these communities makes it challenging to deliver the types of services and resources most needed by them. Moreover, lack of awareness, and its impact on the experiences of transgender, non-binary, and genderqueer people, also contributes to further marginalization that makes people feel unwelcome and misunderstood, and worsens disparities.

Though the visibility of transgender people has risen substantially, the evolving language for naming gender identities outside the binary remains more unfamiliar to those both within and outside the LGBTQ community. Field experts note that non-binary, gender nonconforming, genderqueer, and other people outside binary gender norms do not have a letter directly represented under the LGBTQ umbrella label, which can signal both a lack of belonging to non-binary people and maintain the status of non-binary gender identities as unfamiliar or unworthy of naming to the wider community and public, leaving non-binary people wondering where they fit in and organizations unprepared to welcome them.

Additionally, smaller organizations that provide tailored services to specific groups such as transgender individuals and/or those with nonbinary identities, or that address intersectional identities, tend to have fewer resources for outreach and marketing about their services, do not have the capacity to reach a large number of clients, or are out of reach to communities living outside of San Francisco and Oakland. As one field expert noted, "needing to travel long distances for services creates disparities." "One of the most scariest stats I have come across is the [far lower] **average life span of transgender women of color. Why don't they get to be elders?** Funders and city agencies go about business as usual, **why is that number not getting higher?**"

"I think what is true is that the LGBTO community is largely created around identity. What happens when people begin to identify as non-binary, that rubs against the way the community has been organized and services have been developed. There is a good tension created by people saying identifies can be beyond those very specific four letters. It's a learning curve for those who see the world in a binary way. But also, a lot of time and attention has gone into training people to be trans inclusive, but not much has happened to help organizations be inclusive of non-binary folks. The more we ask people how they identify beyond binary, we'll have more data and be able to evolve our services accordingly."

# **Strategies for Addressing Disparities**

To directly address disparities experienced by members of the LGBTQ community, field experts provided specific suggestions for addressing disparities, summarized below.

### Fund and work to address the intersections of identities and to implement an equity framework

Though there is still discomfort among some funders in openly tackling racism within the LGBTQ community, there is growing awareness of the need to do so, and growing intention to think about and discuss race and intersectionality. Field experts suggest that funders take a more active stance by implementing an equity framework in their grantmaking and fund programs that serve populations not traditionally focused on, recruit more LGBTQ-identified and/or people of color to positions of leadership at foundations, and support organizations to increase board and staff members who are LGBTQ people and people of color. Field experts noted the importance of: talking directly about race; the need for funders to be mindful of not perpetuating structural racism through their funding practices; for funders to engage in efforts to address racism within LGBTQ community; stay in conversation with direct service providers to better understand the conditions of different LGBTQ communities, particularly outside of San Francisco; and to set a bolder vision for addressing the needs of people at the margins.

#### Funder support of differentiated and grassroots strategies

Field experts would like to see funders move away from a one-size-fits-all approach to funding for the LGBTQ community and apply an intersectional and equity-focused analysis as a way to ensure support for all community members. For example, a field expert shared that HIV prevention strategies must be differentiated for different segments of the

"Organizations like ours, which work to develop community leadership, don't fit funding criteria. We have few staff, mostly volunteers, doing community change, and we don't get access to funders. **Shifting their funding paradigm is important**."

"I'm starting to see smaller LGBT centers open in other areas, like the one that just opened in Oakland – it gives me hope. And funders supporting smaller, grassroots, people of colorled organizations – **it is even more important to support those organizations, in order to support people who have to move out to the further reaches of the Bay Area**. It is important for their accessibility and visibility and safety in having a presence there."

"There is a tendency to stay comfortable, and there is all of this movement work at this time that is about addressing anti-black racism. It's important to look at intersectionality and understand economic and racial disparity. Now is the time to address and adjust their giving."

community, taking different forms for prevention with youth versus transgender women verses Latino gay men, for example. Others suggested that funders learn more about organizations that are doing more grassroots work, particularly those that do not tend to fit typical funding criteria, and about the importance of their work for the most marginalized members of the LGBTQ community. These small organizations may not serve large numbers of people, but provide critical and nuanced support to individuals who experience trauma on a daily basis, as well as the holistic, long term, high touch direct services that city agencies or larger nonprofits cannot sustain. Funder support of such grassroots organizations, then, makes a big difference in reaching the most vulnerable LGBTQ community members.

# **Strategies for Addressing Disparities**

### **Cultural competency training**

A challenge that funders and providers grapple with is the tension between creating stand alone agencies or programs that focus on specific identities and improving the cultural competency of existing providers as a way to address disparities. Field experts noted the importance of both, and even as services that focus on the needs of specific groups become more available, increasing the cultural competency of providers and funders to ensure access to high quality care and services can help minimize the experiences of disparities by those most marginalized in the LGBTQ community, especially those who may not be able to access LGBTQ-specific services or feel safe doing so.

#### Increase awareness and information about transgender and nonbinary identities

Field experts named several strategies for addressing the disparities faced by transgender and non-binary individuals in the LGBTQ community, largely focusing on educating people about these identities. They advocated for: more data collection and sharing; supporting service providers and staff in practicing non-judgment and in learning to be cognizant of language and speech habits; and offering training to increase cultural competency. One field expert suggested giving small nonprofits outreach dollars to increase awareness of their services and their work to a broader audience. Another field expert noted the importance of supporting robust data collection about these segments of the LGBTQ community. There is already a lot of public data collected on schools, health care, and employment; however, trans and nonbinary people continue to be largely invisible in these data.

"We need to get rid of invisibility that exists from a statistical point of view. We need to place state level pressure to implement policies that push for these changes. When will [trans and non-binary identities] be [recognized] in the census?"

"It is the job of white queers to unlearn that racism that was spoon fed to all of us from before we were cognizant. Calling out racism when we see it, attempting to reach people that don't get it right, help people start their journeys. Things are getting better, young people of color who are queer are identifying earlier and more likely to be in leadership. There is a pipeline coming up that will help that. Racism is not unique to the queer community, but it is manifest in the queer community in the same way it manifests everywhere. We've been the beneficiaries of folks who are willing to unlearn homophobia and if we aren't willing to do the same [for people of color], we are bankrupt morally."

"I would love to see the Board of Supervisors receive real training around trans cultural competency. We are there advocating for funding for legal services and they ask why do we need a lawyer to do immigration cases for trans Latinas. **People don't have a context for being all of these identities – people, cisgender and white folks who hold lots of privilege – question our funding asks. It is their responsibility to be educated.** It takes a lot of work to support those needs. What does it take to give these services to support marginalized communities?"

# **Untapped Opportunities for Collaboration**

This section provides a summary of opportunities for collaboration among Bay Area community based organizations, funders, academic institutions, and public agencies serving the LGBTQ community.

#### Increased investment in and improved collaboration by LGBTQ organizations

Field experts noted that LGBTQ organizations can collaborate more with other nonprofits serving similar populations, such as youthserving organizations, within and across counties and program areas. They acknowledge that sustaining effective collaborative partnerships can be challenging and some field experts recommend that collaborative efforts be supported by funding the time of designated staff to lead collaborative work or by providing grants that encourage organizations to collaborate. Doing so could diminish barriers to collaboration and the dispel the narrative that they are competing for funds. Other field experts encourage organizations to collaborate across program areas with organizations that do more focused programming, such as mental health, to connect clients to services that they might not be able to provide, meet critical needs, and to break down silos, especially in areas outside of San Francisco and Oakland. Suggestions also included encouragement to funders to do more outreach and convene organizations to discuss and plan for intentional collaboration. One field expert noted that improved collaboration could help build service provider capacity to better understand the experiences of people of color, the greater discrimination they experience, and a deeper understanding of the root causes of inequity. Another suggested that organizations can bring specialized programs that serve specific LGBTQ populations to places where LGBTQ community members are already congregating. For example, bring LGBTQ programming to senior facilities.

#### **Collaboration around specific and pertinent issues**

Opportunities to collaborate abound and field experts would like to see increased collaboration of LGBTQ organizations with efforts to address intersectional issues. One field expert highlighted the importance of collaborating around issues that do not tend to be seen as "queer issues," such as bail reform. Others suggested that funders that fund LGBTQ organizations partner with educational institutions to fund research on non-binary gender identity to raise awareness and educate the public. Additional opportunities include collaboration to grow community mobilization to support policy advocacy efforts.

"More and more senior centers that don't have LGBT programs but have physical space, they could host groups and social programming by having more mobile LGBT programs come out. Like there isn't anything LGBT specific in the Richmond, or Dogpatch. Because they are seniors, they can't travel. **So the best collaboration is bringing in LGBT programming to local centers**." "There aren't resources there to foster collaborations across the youth organizations. **We** feel like we're competing for funds, so we don't collaborate."



These appendices provide more detailed information about the data collected by the community member survey for this needs assessment. A. Identity-specific findings

B. Region-specific findings

C. Survey respondent characteristics

D. Safety and community connection

E. Basic needs

F. Medical health care needs

G. Mental and emotional health care needs

H Drug and alcohol recovery needs

I. Legal assistance needs

J. Housing assistance needs

K. Community events and social life needs

L. Civic engagement needs

M. Survey respondent characteristics compared to US Census data

N. Resources for further reading

O. Data collection instruments





About Identity-Specific Needs

Lesbian Respondents' Experiences and Needs

Gay Respondents' Experiences and Needs

**Bisexual Respondents' Experiences and Needs** 

Transgender Women Respondents' Experiences and Needs

Transgender Men Respondents' Experiences and Needs

Genderqueer/Non-binary Respondents' Experiences and Needs

Photo Credit: Horizons Foundation

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# **Identity-Specific Needs**

### Why highlight respondents based on sexual orientation and gender identity?

While the LGBTQ community is often considered as a united group, the experiences of lesbian, gay, bisexual, transgender, and non-binary people are not homogenous. LGBTQ peoples' needs and experiences vary based on their sexual orientation and gender identity. Differing access to resources, experiences of discrimination—including from within the LGBTQ community itself, and identityspecific needs are important to understand as they relate to each individual group of respondents.

For this purpose, the following section will examine the basic needs, the concerns about safety, the unmet needs for specific services, and the experiences receiving or trying to receive services of respondents grouped by their sexual orientation or gender identity. These data points were selected because of they tell the story of the essential aspects of a respondent's life: their ability to take care of themselves and their families, their fear and concern for their wellbeing, and their experiences in the world getting their needs met.

**Identity groups highlighted in this section** The data are reported for the following selfidentified groups:

- Lesbian people
- Gay people
- Bisexual people
- Transgender women
- Transgender men
- Genderqueer/non-binary people



**Photo description:** A colorful image of a group of smiling young people standing and kneeling on a sidewalk outside a building. One person holds a rainbow LGBT pride flag, and another holds the pink, blue, and white transgender pride flag. **Photo Credit:** Horizons Foundation, 2017.



# **Statistical Significance of Gender Identity**

The statistical tests conducted on the needs reported in this section revealed a statistically significant relationship to gender identity in many cases. The p-values for the relationships found to be statistically significant are reported in the following tables; p-values that did not show significance (greater than .05) are not reported. A significant p-value means that the gender identity of the respondent made a difference in their reported level of need.

Basic Need Variable	p-value
Not had a place to sleep for a night, and stayed in a car or on the street	<.001
Not had a place to sleep for a night, and stayed with friends or family	<.001
Not had enough food to eat or money to buy food for you or your family	<.001
Not had money to buy medicine you or your family needed	<.001
Not had enough money for transportation you needed	<.001
Had power or water shut off because you did not have enough money to pay the bills	<.01

#### Figure 50. Statistical Significance of Basic Needs based on Gender Identity

#### Figure 51. Statistical Significance of Safety Concerns based on Gender Identity

Safety Variable	p-value
Interacting with law enforcement	<.001
In your neighborhood	<.001
Where you work	<.01
With the person you date or are in a relationship with	<.001
At your school	<.01
On public transportation	<.001



# **Statistical Significance of Gender Identity**

The statistical tests conducted on the needs reported in this section revealed a statistically significant relationship to gender identity in many cases. The p-values for the relationships found to be statistically significant are reported in the following tables; p-values that did not show significance (greater than .05) are not reported. A significant p-value means that the gender identity of the respondent made a difference in their reported level of need.

#### Figure 52. Statistical Significance of Unmet Needs based on Gender Identity

Variable	p-value
Unmet Need for Legal Services	<.01
Unmet Need for Housing Services	<.001

### Figure 53. Statistical Significance of Provider Sensitivity to Perspectives based on Gender Identity based on Gender Identity in each Service Area

Service Area Variable	p-value
Medical Health Services	<.001
Mental Health Services	<.01
Drug and Alcohol Recovery Services	<.05
Legal Assistance Services	<.01
Housing Assistance Services	<.05
Social and Community Events	<.001

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# **Statistical Significance of Sexual Orientation**

The statistical tests conducted on the needs reported in this section revealed a statistically significant relationship to sexual orientation in many cases. The p-values for the relationships found to be statistically significant are reported in the following tables; p-values that did not show significance (greater than .05) are not reported. A significant p-value means that the sexual orientation of the respondent made a difference in their reported level of need.

Porie Nood Veriable	
Basic Need Variable	p-value
Not had a place to sleep for a night, and stayed in a car or on the street	<.001
Not had a place to sleep for a night, and stayed with friends or family	<.01
Not had enough food to eat or money to buy food for you or your family	<.01
Not had money to buy medicine you or your family needed	<.001
Not had enough money for transportation you needed	<.001

#### Figure 54. Statistical Significance of Basic Needs based on Sexual Orientation

#### Figure 55. Statistical Significance of Safety Concerns based on Sexual Orientation

Safety Variable	p-value
Interacting with law enforcement	<.001
In my neighborhood	<.01
Where I work	<.001
With the person or people I am dating or in a relationship with	<.05
On public transportation	<.05



# **Statistical Significance of Sexual Orientation**

The statistical tests conducted on the needs reported in this section revealed a statistically significant relationship to sexual orientation in many cases. The p-values for the relationships found to be statistically significant are reported in the following tables; p-values that did not show significance (greater than .05) are not reported. A significant p-value means that the sexual orientation of the respondent made a difference in their reported level of need.

#### Figure 56. Statistical Significance of Unmet Needs based on Sexual Orientation

Variable	p-value
Unmet Need for Mental Health	<.01
Unmet Need for Drug and Alcohol Recovery Services	<.01
Unmet Need for Legal Services	<.01
Unmet Need for Housing Services	<.01
Unmet Need for Social and Community Events	<.001

### Figure 57. Statistical Significance of Provider Sensitivity to Perspectives based on LGBQ-Identity based on Sexual Orientation in each Service Area

Service Area Variable	p-value
Medical Health Services	<.001
Mental Health Services	<.01
Housing Assistance Services	<.05
Social and Community Events	<.001

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### Lesbian Respondents: Basic Needs

#### Lesbian respondents' primary basic needs included lack of money to buy medicine, food insecurity, and lack of money to pay for transit

Lesbian respondents indicated that they struggle with economic issues including hunger and the inability to pay for medicine or transportation. The number of lesbian respondents who experience unmet basic needs was *lower* in nearly every category measured than the averages across all LGBTQ respondents; the percentage of lesbian respondents who stayed in a car or on the street was the same as the average of all LGBTQ respondents.

Secondary research also tells us that lesbian women have significant disparate impacts on numerous indicators of health, opportunity, and well-being. Further reading on the disparities for lesbian women is available in additional resources about the LGBTQ community in Appendix N. Of their basic needs that went unmet, lesbian respondents experienced high rates of food insecurity, and inability to pay for medicine or transit

11%

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=505)

9%

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=505)

9%

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=505)

3%

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=505)

2%

Had my power shut off because I **did not have enough money to pay the bills** (n=505)

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Did not have a place to sleep for the night, and **stayed in a car or on the street** at least one time in the past year (n=505) ) 🖉 🕲 😢 😫 😭 🚳 🔯 🧐

# Lesbian Respondents: Concerns about Safety

### **Concerns about safety affected lesbian respondents throughout their daily lives**

In each category of safety measured, at least a few lesbian respondents indicated that they do not feel safe. The most common instances in which lesbian respondents did not feel safe were interacting with law enforcement officials, such as police or ICE, and on public transportation.

"I do **not feel safe as a dyke in the Castro -I've been assaulted** in a gay club, as have at least 2 other of my dyke friends that I know of."

"Sometimes I fear for my safety as a butch woman."

"[I am afraid] for my **physical safety because of my femme presentation** being seen as an object of pleasure for others." Lesbian respondents indicate that they feel unsafe the most often interacting with law enforcement and on public transit

24%

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=474)

14%

Feel unsafe all of the time, or more often than safe, **on public transit** (n=420)

**6%** 

Feel unsafe all of the time, or more often than safe, **at my school** (n=101)

5%

Feel unsafe all of the time, or more often than safe, **where I work** (n=430)

4%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=503)

1%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=416)

### **Lesbian Respondents: Access and Barriers to Services**

Unable to access services or events they need Lesbian respondents experienced unmet need for services in each area surveyed, and of all the service areas, have the largest unmet need for mental health services and legal assistance services.



**11%** did not get their **mental health service** needs met (n=453)



**11%** did not get their **legal assistance service** needs met (n=433)

**8%** did not get their **social and community events** needs met (n=425)

6%

1%



2% did not get their drug and alcohol recovery service needs met (n=435)

did not get their **medical service** needs met (n=473) "Baby boomers are aging. Lesbians are less likely to have children and other family in the area or available in any way to assist us. **We are at risk for being very isolated**. The idea of needing to be in a senior facility of any kind is very scary, especially if there is no specific LGBT visibility."

"I had to rely on minimal courthouse-based aid for **lesbian divorce with kids, which was slow and quite inadequate.** Trying to get legal advice through Legal Aid or elsewhere without funds **meant waiting months if you were lucky,** especially for "just" a divorce." ien Deenendente Demiene end Drevider heerenditivit

### Lesbian Respondents: Barriers and Provider Insensitivity

### Lesbian respondents experienced provider insensitivity to their sexual orientation

Whether receiving services or attending events, lesbian respondents reported experiencing some level of provider or event insensitivity to their perspective as a LGBQ-identified person. In particular, lesbian respondents indicated that **drug and alcohol services are not sensitive to their LGBQ-orientation** (33%), more than in any other service area.

### Top concerns that prevented lesbian respondents from seeking or accessing services were consistent across service areas

The top three barriers that lesbian respondents indicated prevent them from receiving services were consistent across every service category: concern about the LGBQ-friendliness of the service, the affordability of the service, and not knowing how or where to access the service. The top barriers for LGBTQ social and community events also included concern about the age-friendliness of the event, in addition to not being able to afford the event or not knowing how or where to access events.

### Medical Health Care

### **Provider Sensitivity to LGBQ-perspectives**

**24%** of lesbian respondents (n=438) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Medical Care** (n=274)

- 1. Concerned that the services would not be LGBQfriendly (37%)
- 2. Not being able to afford the service (35%)
- 3. The amount of time I had to wait to be helped was too long (24%)

### Mental Health Care

#### **Provider Sensitivity to LGBQ-perspectives**

**9%** of lesbian respondents (n=244) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

### **Top 3 Barriers to Accessing Mental Health Care** (n=308)

- 1. Not being able to afford the service (51%)
- 2. Concerned that the services would not be LGBQ-friendly (33%)
- 3. Not knowing how or where to access the service (26%)

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### Lesbian Respondents: Barriers and Provider Insensitivity

#### Drug and Alcohol Recovery Services

#### **Provider Sensitivity to LGBQ-perspectives**

**33%** of lesbian respondents (n=18) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### Top 3 Barriers to Accessing Recovery Services (n=311)

- 1. Concerned that the services would not be LGBQfriendly (6%)
- 2. Not being able to afford the service (6%)
- 3. Not knowing how or where to access the service (6%)

### 1

#### Legal Assistance Services

#### **Provider Sensitivity to LGBQ-perspectives**

**20%** of lesbian respondents (n=132) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Legal Assistance Services** (n=293)

- 1. Not being able to afford the service (45%)
- 2. Not knowing how or where to access the service (25%)
- 3. Concerned that the services would not be LGBQfriendly (17%)

### Housing Services

#### **Provider Sensitivity to LGBQ-perspectives**

**17%** of lesbian respondents (n=24) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Housing Services** (n=307)

- 1. Not knowing how or where to access the service (15%)
- 2. Concerned that the services would not be LGBQfriendly (11%)
- 3. Not being able to afford the service (10%)



#### Social and Community Events

#### **Provider Sensitivity to LGBQ-perspectives**

**8%** of lesbian respondents (n=370) said that LGBTQ events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Attending Social and Community Events** (n=259)

- 1. Not knowing how or where to access these events (51%)
- 2. Concerned that the event would not be friendly to people my age (35%)
- 3. Not being able to afford to participate (24%)



### **Gay Respondents: Basic Needs**

#### Gay respondents experienced high rates of food insecurity and inability to pay for medicine or transit

Gay respondents indicated that they **struggle with a variety of basic needs, including food insecurity, lack of money to buy medicine, and lack of money to pay for transportation.** Gay respondents indicated that they experience unmet needs at similar or lower rates when compared with all LGBTQ respondents. For example, gay respondents suffer from hunger and lack of money for medicine at similar rates to the averages of all LGBTQ respondents: 12% of gay respondents did not have enough food to eat at least one time in the last year, compared to 13% overall, and 11% did not have enough money to buy medicine, compared to 13% overall. Gay respondents experienced high rates of food insecurity, and inability to pay for medicine or transit

12%

10%

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=563)

**11%** Did **not** me or m past year

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=563)

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=563)

# **6%**

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=563)

3%

2%

Had my power shut off because I **did not have enough money to pay the bills** (n=563)

Did not have a place to sleep for the night, and **stayed in a car or on the street** *at least one time in the past year* (n=563) 🕒 🙆 😢 🔍 🔇 🖨 🍪 🍘 🕎 🔇

## **Gay Respondents: Concerns about Safety**

**Concerns about safety affected gay respondents throughout their daily lives** In each category of safety measured, some gay respondents indicated that they do not feel safe. The most **common instances in which gay respondents did not feel safe were interacting with law enforcement officials, such as police or ICE, and on public transportation.** 

"[I am afraid of] **the rise in violence in our neighborhoods** including in and around the Castro. Brutal attacks for cell phones, backpacks, wallets."

"During school I feel unable to be myself: at **risk of bullying,** and being un-included."

"[I am afraid] that **someone will harass my husband, my friends, or me** as we live as out gay persons." Gay respondents indicated that they feel unsafe the most often interacting with law enforcement and on public transit

22%

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=526)

15%

Feel unsafe all of the time, or more often than safe, **on public transit** (n=509)

7%

Feel unsafe all of the time, or more often than safe, **at my school** (n=117)

5%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=561)

**3%** 

Feel unsafe all of the time, or more often than safe, **where I work** (n=430)

2%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=447)



### **Gay Respondents: Access and Barriers to Services**

Unable to access services or events they need Gay respondents experienced unmet need for services in each area surveyed, and of all the service areas, have the **largest unmet need for mental** health services.



**12%** did not get their **mental health service** needs met (n=497)

**11%** did not get their **social and community events** needs met (n=478)

**10%** did not get their **housing service** needs met (n=481)



**10%** did not get their **legal assistance service** needs met (n=484)

> did not get their **drug and alcohol recovery service** needs met (n=485)



4%

1%

did not get their **medical service** needs met (n=521)

"Would like very much to see additional programs in **support of gay seniors**, group settings, outings, etc....specifically for those whom live alone without any social networking for peer groups."

"The system is set up to support 'families' purchasing a home. **Single, older, immigrant, gay individuals (who are not well off) have little left for them in terms of support and options.**" **Gay Respondents: Barriers and Provider Insensitivity** 

### Gay respondents experienced provider insensitivity to their sexual orientation

Whether receiving services or attending events, gay respondents reported experiencing some level of provider or event insensitivity to their perspective as a LGBQ-identified person. In particular, gay respondents indicated that **legal services are not sensitive to their LGBQ-related needs and perspective** (40%), more than in any other service area.

Top concerns that prevented gay respondents from seeking or accessing services were consistent across service areas

The most common three barriers that gay respondents indicated prevent them from receiving services were consistent across every service category: **concern about the LGBQ-friendliness of the service, the affordability of the service, and not knowing how or where to access the service.** 

The top barriers for LGBTQ social and community events also included concern about the agefriendliness of the event and not having a way to get to the event, in addition to not being able to afford the event.

#### Medical Health Care

#### **Provider Sensitivity to LGBQ-perspectives**

**11%** of gay respondents (n=478) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Medical Care** (n=319)

- 1. Concerned that the services would not be LGBQ-friendly (35%)
- 2. Not being able to afford the service (33%)
- 3. Not knowing how or where to access the service (23%)

#### Mental Health Care

#### **Provider Sensitivity to LGBQ-perspectives**

**12%** of gay respondents (n=231) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

### **Top 3 Barriers to Accessing Mental Health Care** (n=319)

- 1. Not being able to afford the service (39%)
- 2. Concerned that the services would not be LGBQfriendly (31%)
- 3. Not knowing how or where to access the service (23%)

## **Gay Respondents: Barriers and Provider Insensitivity**

#### Drug and Alcohol Recovery Services

#### **Provider Sensitivity to LGBQ-perspectives**

**21%** of gay respondents (n=28) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### Top 3 Barriers to Accessing Recovery Services (n=360)

- 1. Concerned that the services would not be LGBQfriendly (10%)
- 2. Not being able to afford the service (9%)
- 3. Not knowing how or where to access the service (7%)

### Housing Services

#### **Provider Sensitivity to LGBQ-perspectives**

**40%** of gay respondents (n=45) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Housing Services** (n=357)

- 1. Not knowing how or where to access the service (18%)
- 2. Not being able to afford the service (17%)
- 3. Concerned that the services would not be LGBQfriendly (15%)

### 1

#### Legal Assistance Services

#### **Provider Sensitivity to LGBQ-perspectives**

**17%** of gay respondents (n=154) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

### **Top 3 Barriers to Accessing Legal Assistance Services** (n=335)

- 1. Not being able to afford the service (41%)
- 2. Not knowing how or where to access the service (27%)
- 3. Concerned that the services would not be LGBQfriendly (16%)



#### Social and Community Events

#### **Provider Sensitivity to LGBQ-perspectives**

**6%** of gay respondents (n=384) said that LGBTQ events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Attending Social and Community Events** (n=293)

- 1. Concerned that the event would not be friendly to people my age (33%)
- 2. Not being able to afford to participate (27%)
- 3. Not having a way to get there (20%)

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### **Bisexual Respondents: Basic Needs**

#### Many bisexual respondents lacked money to buy medicine, pay for food, or pay for medicine

Bisexual respondents indicated that they struggle with a variety of basic needs, with particularly high rates of food insecurity (22%, compared to the 13% average across all LGBTQ respondents) and inability to pay for medicine (19% compared to the 13% average across all LGBTQ respondents). The percentage of bisexual respondents who did not have a place to sleep for the night and stayed with friends or family was also high (10% compared with the 6% average across all LGBTQ respondents). Bisexual respondents experienced high rates of food insecurity and inability to pay for medicine or transit

22%

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=563)

**19%** 

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=246)

**15%** Did not hat transporta in the past

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=563)

# 10%

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=246)

# 4%

2%

Had my power shut off because I **did not have enough money to pay the bills** (n=563)

Did not have a place to sleep for the night, and **stayed in a car or on the street** *at least one time in the past year* (n=246)



### **Bisexual Respondents: Basic Needs by Gender**

# Basic needs varied among bisexual respondents based on their gender identities.

In the table below, the two groups with the highest rates of need are bolded. Transgender bisexual women were the most likely to be food insecure and most likely not to have enough money for transportation, while transgender bisexual men and those who identify with another identity not listed had the highest rates of homelessness on at least one night. Few people of any gender identity struggled to pay basic utility bills.

At least one time in the last year, I did not have	Transgender Man (n=17)	Transgender Woman (n=13)	Genderqueer/ Nonbinary (n=36)	Man (n=25-26)**	Woman (n=-131)	Another Identity (n=21)
A place to sleep for the night, and stayed in a car or on the street	6%	0%	3%	0%	2%	0%
A place to sleep for the night, and stayed with family or friends	18%	8%	8%	12%	8%	19%
Enough food to eat, or money to buy food	18%	<b>46</b> %	20%	8%	18%	19%
Enough money to buy medicine	35%	23%	33%	19%	15%	30%
Enough money for transportation I needed	24%	39%	22%	8%	11%	24%
Enough money to pay utility bills	6%	0%	6%	0%	3%	5%

#### Figure 58. Bisexual Respondents' Basic Needs by Gender Identity\*

\*There were no responses to these questions from intersex respondents.

\*\*Response rates among this group for the listed items varied, as shown here

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## **Bisexual Respondents: Concerns about Safety**

### **Concerns about safety affected bisexual respondents throughout their daily lives**

In each category of safety measured, at least a few respondents indicated that they do not feel safe. The most common instances in which bisexual respondents did not feel safe were interacting with law enforcement officials, such as police or ICE, and on public transportation.

"Depending on where I am, I have some concerns for my safety as an 'out' bisexual man."

"[There has been a] **loss of physical safety in public spaces,** for myself and for others in this [bisexual] community."

"Safety - I live in an area where it **is common** for people to express anti-LGBT+ opinions." Bisexual respondents indicate that they feel unsafe the most often interacting with law enforcement and on public transit

**42%** 

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=239)

21%

Feel unsafe all of the time, or more often than safe, **on public transit** (n=215)

10%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=246)

9%

Feel unsafe all of the time, or more often than safe, **at my school** (n=88)

7%

Feel unsafe all of the time, or more often than safe, **where I work** (n=206)

3%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=206)



### **Bisexual Respondents: Safety Concerns by Gender**

# Access to services varied among bisexual respondents based on their gender identities.

Overall, those who identified as genderqueer/ nonbinary had higher rates of concern about their safety in everyday settings compared to bisexual respondents with other gender identities. Each bisexual respondent gender group demonstrated high need in at least one area. In the table below, the two groups with the highest rates of need are bolded.

I feel unsafe "all of the time" or "more often than safe…"	Transgender Man (n=9-17)**	Transgender Woman (n=2-13)**	Genderqueer/ Nonbinary (n=14-36)**	Man (n=8-26)**	Woman (n=47-131)**	Another Identity (n=6-21)**
In my neighborhood	24%	15%	8%	12%	8%	10%
With the people I date or am in a relationship with	0%	0%	7%	5%	2%	0%
Where I work	21%	10%	9%	18%	3%	0%
At my school	11%	0%	14%	13%	9%	0%
On public transit	14%	25%	30%	9%	21%	29%
Interacting with the police or law enforcement	50%	36%	60%	20%	38%	55%

#### Figure 59. Bisexual Respondents' Concerns about Safety by Gender Identity\*

\*There were no responses to these questions from intersex respondents.

\*\*Response rates among this group for the listed items varied, as shown here

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### **Bisexual Respondents: Access and Barriers to Services**

Unable to access needed services or events Bisexual respondents experienced unmet need for services in each area surveyed, and of all the service areas, have the largest unmet need for mental health services and legal assistance services. They also have a high unmet need for social opportunities.



did not get their **mental health service** needs met (n=215)



18% did not get their social and community
 events needs met (n=200)



**17%** did not get their **legal assistance service** needs met (n=206)

**14%** did not get their **housing service** needs met (n=202)

6%

3%

did not get their **drug and alcohol recovery service** needs met (n=209)

did not get their **medical service** needs met (n=221) "I've tried participating in events that were theoretically LGBT friendly - but really **they felt much more LG friendly than B or T** (especially B, since that's how I identify)."

"The bigotry related to my combination of identities is what makes health care, and other services, difficult to access. Some people equate being LGBTQ with being white, and so their bigotry about people of color or fat people comes into play. It's a nightmare. Not to mention providers who feel comfortable critiquing my sexual orientation, as one staffer told me that I had to "choose one or the other" instead of being queer/bisexual/pansexual."



### **Bisexual Respondents: Access to Services by Gender**

# Access to services varied among bisexual respondents based on their gender identities.

Overall, those who identified as genderqueer/ nonbinary had higher levels of unmet needs compared to bisexual respondents with other gender identities. Each bisexual respondent gender group demonstrated high need in at least one area. In the table below, the two groups with the highest rates of need are bolded.

Service	Transgender Man (n=15-16)**	Transgender Woman (n=12)	Genderqueer/ Nonbinary (n=28-29)**	Man (n=24-25)**	Woman (n=104-115)**	Another Identity (n=15-16)**
Medical	0%	0%	7%	0%	2%	11%
Emotional/ Mental Health	7%	8%	27%	21%	18%	29%
Drug and Alcohol Recovery	13%	0%	14%	17%	2%	6%
Legal	33%	<b>42</b> %	17%	17%	9%	33%
Housing	<b>26</b> %	17%	25%	17%	9%	7%
Events	13%	8%	21%	13%	19%	20%

#### Figure 60. Bisexual Respondents' Unmet Needs by Gender Identity\*

\*There were no responses to these questions from intersex respondents.

\*\*Response rates among this group for the listed items varied, as shown here

## **Bisexual Respondents: Barriers and Provider Insensitivity**

### Bisexual respondents experienced provider insensitivity to their sexual orientation

Whether receiving services or attending events, bisexual respondents reported experiencing some level of provider or event insensitivity to their perspective as a LGBQ-identified person. In particular, bisexual respondents indicated that **mental health services are not sensitive to their LGBQ-orientation** (45%), more than in any other service area.

#### Affordability and concern about LGBQfriendliness were top concerns

Two consistent barriers for bisexual respondents to accessing services were **affordability and concern that the service would not be LGBQ-friendly**.

However, the third most common barrier varied across service types, and included: not knowing where or how to access services, wait times were too long, not having a way to get there, and being concerned about age discrimination.

#### Medical Health Care

#### **Provider Sensitivity to LGBQ-perspectives**

**39%** of bisexual respondents (n=180) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Medical Care** (n=175)

- 1. Not being able to afford the service (51%)
- 2. Concerned that the services would not be LGBQfriendly (43%)
- 3. Not knowing where to access this service (26%)

#### Mental Health Care

#### **Provider Sensitivity to LGBQ-perspectives**

**9%** of bisexual respondents (n=143) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

### **Top 3 Barriers to Accessing Mental Health Care** (n=182)

- 1. Not being able to afford the service (67%)
- 2. Concerned that the services would not be LGBQfriendly (45%)
- 3. Not knowing how or where to access the service (40%)

## **Bisexual Respondents: Barriers and Provider Insensitivity**

#### Drug and Alcohol Recovery Services

#### **Provider Sensitivity to LGBQ-perspectives**

**46%** of bisexual respondents (n=13) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Recovery Services** (n=168)

- 1. Not being able to afford the service (10%)
- 2. Not knowing how or where to access the service (9%)
- 3. Concerned that the services would not be LGBQ-friendly (8%)

### Housing Services

#### **Provider Sensitivity to LGBQ-perspectives**

**33%** of bisexual respondents (n=12) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Housing Services** (n=163)

- 1. Not knowing how or where to access the service (25%)
- 2. Concerned that the services would not be LGBQfriendly (12%)
- 3. The amount of time I had to wait was too long (12%)

### 2

#### Legal Assistance Services

#### **Provider Sensitivity to LGBQ-perspectives**

**38%** of bisexual respondents (n=34) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Accessing Legal Assistance Services** (n=168)

- 1. Not being able to afford the service (39%)
- 2. Not knowing how or where to access the service (27%)
- 3. The amount of time I had to wait was too long (13%)



#### Social and Community Events

#### **Provider Sensitivity to LGBQ-perspectives**

**17%** of bisexual respondents (n=155) said that LGBTQ events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives as a LGBQ-identified person.

#### **Top 3 Barriers to Attending Social and Community Events** (n=167)

- 1. Not knowing how or where to access these events (61%)
- 2. Not having a way to get there (38%)
- 3. Concerned that the event would not be friendly to people my age (31%)

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### **Transgender Women: Basic Needs**

Nearly a third of transgender women respondents experienced food insecurity, did not have money to pay for transportation, or money to pay for medicine in the last year Transgender women indicated that they struggle

with a variety of basic needs. They have particularly high rates of food insecurity and inability to pay for transportation (roughly three times the overall LGBTQ respondent group). Their rate of housing insecurity was also extremely high: 18% of respondents did not have a place to sleep for the night at least once in the past year (compared with the 6% average across all LGBTQ respondents) and 11% stayed in a car or on the street (compared with the 2% average across all LGBTQ respondents). Transgender women experienced extremely high rates of hunger and inability to pay for transportation

31%

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=45)

31%

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=45)

**29%** 

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=45)

**18%** Di an

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=45)

**11%** Did no and staleast o

Did not have a place to sleep for the night, and **stayed in a car or on the street** *at least one time in the past year* (n=45)

Had my power shut off because I did not have enough money to pay the bills (n=45)

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## **Transgender Women: Concerns about Safety**

#### **Concerns about safety affected transgender** women respondents throughout their daily lives

In each category of safety measured, at least some transgender women indicated that they do not feel safe. Transgender women indicated that they feel unsafe in many situations, but foremost when they are interacting with law enforcement, on public transit, or at school.

"Tengo **miedo de caminar por las calles como mujer transgénero**, siento que alguien me puede hacer daño."

"I am **afraid to walk around in public as a transgender woman**, I feel that someone may hurt me." Transgender women indicate that they feel unsafe the most often interacting with law enforcement and on public transit

41%

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=44)

**40%** 

Feel unsafe all of the time, or more often than safe, **on public transit** (n=40)

27%

Feel unsafe all of the time, or more often than safe, **at school** (n=15)

22%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=45)

10%

Feel unsafe all of the time, or more often than safe, **at work** (n=40)

6%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=34)

### **Transgender Women: Access and Barriers to Services**

Unable to access needed services or events

Transgender women experienced unmet need for services in each dimension surveyed. Of all these service areas, transgender women have the **largest unmet need for** legal services and social and community events.



**21%** did not get their **legal assistance service** needs met (n=39)



2%

18% did not get their social and community events needs met (n=39)

15% did not get their mental health service needs met (n=39)

13% did not get their **housing service** needs met (n=39)

did not get their drug and alcohol 3% **recovery service** needs met (n=39)

> did not get their medical service needs met (n=41)

"I have received community supports for legal needs, relying on trans legal supports, which has been incredibly kind and also not always perfectly knowledgeable. Still a bit desperate for help with some more complicated document changes."

Again, I have encountered warm and open mental health providers willing to work with a transgender patient, but who are woefully unconscious regarding transgender-related issues despite being experts in their fields. Frequently these providers have not fully grasped the significance of how their lack of understanding regarding transgender negatively impacts or hinders care."

"The official LGBT community events here are focused on cis white people. Very little awareness of queer and trans stuff from many attendees."

**Transgender Women: Barriers and Provider Insensitivity** 

### Transgender women experienced provider insensitivity to their gender identity

Whether receiving services or attending events, transgender women respondents reported experiencing some level of provider or event insensitivity to their perspective as a transgender person. In particular, transgender women indicated that **drug and alcohol services (75%) and housing services (67%) are not sensitive to their perspective and needs based on their gender identities,** more than in any other service area.

Discrimination because of transgender identity was the top barrier to services Across every category of services and events, concern that a service or event would not be transgender-friendly was the most common barrier to accessing or attending. In particular, transgender women indicated that they do not access medical services or mental health services because of fear of discrimination based on their gender identity.

#### Medical Health Care

#### **Provider Sensitivity to Gender Identity**

**16%** of transgender women respondents (n=37) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Medical Care** (n=36)

- 1. Concerned that the services would not be transgender-friendly (75%)
- 2. Not being able to afford the service (58%)
- 3. The amount of time I had to wait was too long (36%)

#### Mental Health Care

#### **Provider Sensitivity to Gender Identity**

**14%** of transgender women respondents (n=28) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Mental Health Care** (n=35)

- 1. Concerned that the services would not be transgender-friendly (69%)
- 2. Not being able to afford the service (51%)
- 3. Not knowing how or where to access the service (46%)

### **Transgender Women: Barriers and Provider Insensitivity**

#### Drug and Alcohol Recovery Services

#### **Provider Sensitivity to Gender Identity**

**3 of 4** transgender women respondents using recovery services said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### Top 3 Barriers to Accessing Recovery Services (n=33)

- 1. Concerned that the services would not be transgender-friendly (33%)
- 2. Not being able to afford the service (18%)
- 3. Not knowing how or where to access the service (18%)



#### Legal Assistance Services

#### **Provider Sensitivity to Gender Identity**

**36%** of transgender women respondents (n=14) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

### **Top 3 Barriers to Accessing Legal Assistance Services** (n=32)

- 1. Concerned that the services would not be transgender-friendly (56%)
- 2. Not being able to afford the service (44%)
- 3. Not knowing how or where to access the service (38%)

### Housing Services

#### **Provider Sensitivity to Gender Identity**

**4 of 6** of transgender women respondents using housing services said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Housing Services** (n=35)

- 1. Concerned that the services would not be transgender-friendly (40%)
- 2. Not knowing how or where to access the service (37%)
- 3. Not being able to afford this service (29%)



#### Social and Community Events

#### **Provider Sensitivity to Gender Identity**

**27%** of transgender women respondents (n=30) said that the events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Attending Social and Community Events** (n=32)

- 1. Concerned that the event would not be transgenderfriendly (47%)
- 2. Not knowing how or where to access these events (22%)
- 3. Not having a way to get there (25%)



### **Transgender Men: Basic Needs**

#### Transgender men struggled to meet their basic needs paying for transportation and medicine

Transgender men indicated that they **struggle with** a variety of basic needs, particularly not having enough money to pay for transportation and medicine. Their rate of housing insecurity was also

high: 13% of respondents did not have a place to sleep for the night and stayed with friends or family (compared with the 6% average across all LGBTQ respondents) and 6% stayed in a car or on the street (compared with the 2% average across all LGBTQ respondents).

"I have heard **nothing but bad stories about what happens to trans people in shelters.** Having heard what I've heard, I would prefer to sleep on the streets." Transgender men experienced high rates of hunger and inability to pay for transportation

23%

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=53)

23%

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=53)

**13%** <sup>D</sup> ar

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=53)

11%

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=53)

**6%** 

2%

Did not have a place to sleep for the night, and **stayed in a car or on the street** *at least one time in the past year* (n=53)

Had my power shut off because I **did not have enough money to pay the bills** (n=53) 9 🚱 🔞 🕄 🔇 🖨 🚳 🧰 🜍 🤇

## **Transgender Men: Concerns about Safety**

#### **Concerns about safety affect transgender men throughout their daily lives**

In each category of safety measured, at least some transgender men indicated that they do not feel safe. The highest number of transgender men indicated that they feel **unsafe when they are interacting with law enforcement, on public transit, or at school.** 

"I am scared of physical and verbal violence – it affects me each time I leave my apartment and I have fears about my safety in the back of my mind when I'm in public spaces. After having been assaulted, chased and harassed a half dozen times, I feel scared of another event happening when I'm perceived as trans or queer."

"[I am concerned about] my safety **as a nonpassing trans person in the street and on public transportation,** especially in my area around the Excelsior/Bayview/Outer Mission." Transgender men indicated that they feel unsafe the most often interacting with law enforcement and on public transit

**58%** 

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=50)

27%

Feel unsafe all of the time, or more often than safe, **on public transit** (n=44)

14%

Feel unsafe all of the time, or more often than safe, **at my school** (n=21)

13%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=53)

**9%** 

Feel unsafe all of the time, or more often than safe, **where I work** (n=44)

2%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=43) B 🕲 🕲 🕄 🔇 🖨 🚳 🍘 🜍 🥹

### **Transgender Men: Access and Barriers to Services**

Unable to access needed services or events Transgender men experienced unmet need for services in each area surveyed, and of all the service areas, have the largest unmet need for housing and legal assistance services.



**21%** did not get their **housing service** needs met (n=43)



**19%** did not get their **legal assistance service** needs met (n=43)

9% did not get their social and community events needs met (n=43)



7%

4%



did not get their **mental health service** needs met (n=44)

did not get their **medical service** needs met (n=46) "Have attempted to access housing services in past with a **0% success rate for finding wheelchair accessible housing.** Have been homeless twice in Bay Area and unstable or unsafely housed repeatedly due to **lack of any trans-safe ADA housing options, and have been price-gouged out of desperation.**"

"It's sad that the [local legal organization] doesn't have **lawyers that seemed willing to help me with a transgender-specific legal issue."**  **Transgender Men: Barriers and Provider Insensitivity** 

### Transgender men experienced provider insensitivity to their gender identity

Whether receiving services or attending events, transgender men respondents reported experiencing some level of provider or event insensitivity to their perspective as a transgender person. In particular, transgender men indicated that **drug and alcohol services (75%) and legal services (67%) are not sensitive to their gender identities,** more than in other service areas.

Discrimination because of transgender identity and lack of knowledge about accessing services were the most common barriers

Across every category of services and events, transgender men indicated that concern that the services or event would not be transgender-

**friendly** was one of the reasons they could not access the service or event. In particular, many transgender men indicated that they do not access medical services (75%) or mental health services (71%) because of fear of discrimination based on their gender identity.

#### Medical Health Care

#### **Provider Sensitivity to Gender Identity**

**19%** of transgender men (n=42) responded that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Medical Care** (n=38)

- 1. Concerned that the services would not be transgender-friendly (75%)
- 2. Concerned that the services would not be LGBQfriendly (61%)
- 3. Not being able to afford the service (42%)

#### Mental Health Care

#### **Provider Sensitivity to Gender Identity**

**9%** of transgender men respondents (n=32) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Mental Health Care** (n=41)

- 1. Concerned that the services would not be transgender-friendly (71%)
- 2. Not being able to afford the service (56%)
- 3. Concerned that the services would not be LGBQfriendly (54%)

**Transgender Men: Barriers and Provider Insensitivity** 

#### Drug and Alcohol Recovery Services

#### **Provider Sensitivity to Gender Identity**

**1 out of the 3** transgender men who received recovery services said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### Top 3 Barriers to Accessing Recovery Services (n=36)

- 1. Concerned that the services would not be LGBQfriendly (25%)
- 2. Not knowing how or where to access the service (22%)
- 3. Concerned that the services would not be transgender-friendly (19%)



#### Legal Assistance Services

#### **Provider Sensitivity to Gender Identity**

**30%** of transgender men respondents (n=10) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

### **Top 3 Barriers to Accessing Legal Assistance Services** (n=35)

- 1. Not knowing how or where to access the service (57%)
- 2. Not being able to afford the service (49%)
- 3. Concerned that the services would not be transgender-friendly (37%)

### Housing Services

#### **Provider Sensitivity to Gender Identity**

Only one transgender man received housing services, and did not indicate that their providers was insensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Housing Services** (n=37)

- 1. Not knowing how or where to access the service (22%)
- 2. Concerned that the services would not be transgender-friendly (22%)
- 3. Not being able to afford this service (19%)



#### Social and Community Events

#### **Provider Sensitivity to Gender Identity**

**13%** of transgender men respondents (n=38) said that the events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Attending Social and Community Events** (n=33)

- 1. Not knowing how or where to access these events (67%)
- 2. Concerned that the event would not be transgenderfriendly (58%)
- 3. Not being able to afford to participate (33%)

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## Genderqueer/Non-binary Respondents: Basic Needs

#### Over a quarter of genderqueer/non-binary respondents couldn't pay for food or medicine

Genderqueer/non-binary respondents\* indicated that they struggle with a variety of basic needs. They have particularly high rates of food insecurity (27%, compared to the 13% average across all LGBTQ respondents), inability to pay for medicine (26% compared to the 13% average across all LGBTQ respondents) and inability to pay for transportation (22% compared to the 12% average across all LGBTQ respondents).

Genderqueer/non-binary respondents' rate of housing insecurity was also high: 14% of respondents did not have a place to sleep for the night and stayed with friends or family (compared with the 6% average across all LGBTQ respondents) and 4% stayed in a car or on the street (compared with the 2% average across all LGBTQ respondents).

\*See slide 21 for a definition for genderqueer/nonbinary identity. Genderqueer/non-binary respondents experienced high rates of hunger and inability to pay for transportation

27%

Did **not have money to buy medicine** for me or my family *at least one time in the past year* (n=111)

26%

Did **not have enough food to eat**, or money to buy food for me or my family *at least one time in the past year* (n=111)

22%

Did **not have money to pay for transportation** I needed *at least one time in the past year* (n=111)

14%

Did not have a place to sleep for the night, and **stayed with friends or family** *at least one time in the past year* (n=111)

**6%** 

Had my power shut off because I **did not have enough money to pay the bills** (n=111)

4%

Did not have a place to sleep for the night, and **stayed in a car or on the street** *at least one time in the past year* (n=111)

### Genderqueer and Non-Binary Respondents: Concerns about Safety Genderqueer/non-binary respondents indicated that

#### Concerns about safety affected genderqueer/non-binary respondents throughout their daily lives

In each category of safety measured, at least some genderqueer/non-binary respondents indicated that they do not feel safe. The highest number of genderqueer/non-binary respondents indicated that they feel **unsafe when they are interacting with law enforcement, on public transit, or at school.** 

"[I am afraid of] **being killed on the street for non-gender conformity.**"

"I'm worried non-binary as a gender will never be recognized. I want to change my name but don't want to unless I do it under the protective laws for Trans individuals. And if non-binary remains unrecognized I'd have to legally publish the change." Genderqueer/non-binary respondents indicated that they feel unsafe the most often interacting with law enforcement and on public transit

55%

Feel unsafe all of the time, or more often than safe, **interacting with law enforcement officials** (n=105)

28%

Feel unsafe all of the time, or more often than safe, **on public transit** (n=102)

17%

Feel unsafe all of the time, or more often than safe, **at my school** (n=41)

11%

Feel unsafe all of the time, or more often than safe, **in my neighborhood** (n=110)

10%

Feel unsafe all of the time, or more often than safe, **where I work** (n=96)

8%

Feel unsafe all of the time, or more often than safe, **with the person or people I am in a relationship with** (n=88) Genderqueer and Non-Binary Respondents: Access

## and Barriers to Services

Unable to access needed services or events Genderqueer/non-binary respondents experienced unmet need for services in each area surveyed, and of all the service areas, have the **largest unmet need for housing services.** 



did not get their **housing service** needs met (n=90)

**15%** did not get their **mental health service** needs met (n=96)



did not get their **legal assistance service** needs met (n=93)



3%

did not get their **social and community events** needs met (n=90)

7% did not get their **drug and alcohol** recovery service needs met (n=94)

> did not get their **medical service** needs met (n=100)

"I found out that my therapist had been referring to me by pronouns that did not fit with my gender. This made me distrust therapists and it took me a long time to be able to return to seek therapy, even when I was very distressed and needed emotional support. **Making sure that therapists know how to be respectful of people who are trans and non-binary is so important** to avoid harm and be able to actually be supportive."

"Non-binary people exist. We are part of the trans community and frequently **we get shut out of gender-specific events simply because people don't realize we exist** and we're very tired of trying to prove we exist so we just give up and stay home."

### **Genderqueer and Non-Binary Respondents: Barriers** and Provider Insensitivity (😲)

#### **Gendergueer/non-binary respondents** experienced provider insensitivity to their gender identity

Whether receiving services or attending events, genderqueer/non-binary respondents reported experiencing some level of provider or event insensitivity to their perspective based on their gender identities. In particular, gendergueer/nonbinary respondents indicated that **housing services** (100%), drug and alcohol services (60%) and medical services (46%) are not sensitive to their gender identities.

#### Discrimination because of gender and sexual orientation; lack of knowledge about accessing services

Across every category of services and events, gendergueer/non-binary respondents indicated that concern that a service or event would not be LGBQ- or transgender-friendly was one of the reasons they could not access the service or event. In particular, gendergueer/non-binary respondents indicated that they do not access medical services (63%) or mental health services (54%) because of fear of discrimination based on their gender identity.

#### Medical Health Care

#### **Provider Sensitivity to Gender Identity**

46% of gendergueer/non-binary respondents (n=87) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Medical Care** (n=82)

- 1. Concerned that the services would not be LGBOfriendly (63%)
- 2. Not being able to afford the service (50%)
- 3. Concerned that the services would not be transgender-friendly (42%)

#### Mental Health Care

#### **Provider Sensitivity to Gender Identity**

26% of gendergueer/non-binary respondents (n=69) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Mental Health Care** (n=80)

- 1. Not being able to afford the service (66%)
- 2. Concerned that the services would not be LGBOfriendly (54%)
- 3. Not knowing how or where to access the service (46%)

### **Genderqueer and Non-Binary Respondents: Barriers** and Provider Insensitivity A



#### **Drug and Alcohol Recovery Services**

#### **Provider Sensitivity to Gender Identity**

3 out of the 5 gendergueer/non-binary respondents who received recovery services said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Recovery Services (n=77)**

- 1. Concerned that the services would not be LGBQ-friendly (9%)
- 2. Not knowing how or where to access the service (9%)
- 3. Not being able to afford the service (7%)



#### Legal Assistance Services

#### **Provider Sensitivity to Gender Identity**

42% of gendergueer/non-binary respondents (n=19) said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Legal Assistance Services** (n=75)

- 1. Not being able to afford the service (45%)
- 2. Not knowing how or where to access the service (31%)
- 3. Concerned that the services would not be LGBQ-friendly (19%)

#### **Housing Services**

#### **Provider Sensitivity to Gender Identity**

All 5 genderqueer/non-binary respondents who received housing services said that their providers were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Accessing Housing Services (n=78)**

- 1. Not knowing how or where to access the service (30%)
- 2. Concerned that the services would not be LGBOfriendly (17%)
- 3. Not being able to afford this service (13%)



#### Social and Community Events

#### **Provider Sensitivity to Gender Identity**

27% of gendergueer/non-binary respondents (n=78) said that the events they attended were "never or almost never" or only "sometimes" sensitive to their perspectives based on their gender identity or expression.

#### **Top 3 Barriers to Attending Social and Community** Events (n=82)

- 1. Not knowing how or where to access these events (50%)
- 2. Not having a way to get there (39%)
- 3. Concerned that the event would not be transgenderfriendly (34%)

# Appendix B: Region-Specific Findings

About Region-Specific Needs

Northeast Bay

North Bay

East Bay (Alameda County)

South Bay

#### San Francisco

**Photo description:** An aerial view of the San Francisco Bay Area. The photograph shows the color variation between the dense urban areas immediately surrounding the Bay in gray, from San Francisco down to San Jose and then back up the other side through the East Bay cities. The areas of Marin, Napa, and Contra Costa counties are greener to the north with specks of gray where there is urban density. **Photo Credit:** Horizons Foundation



### **Region-specific Needs**

To say that the San Francisco Bay Area is a diverse region is an understatement. The opportunities and challenges facing a young, bisexual immigrant tech worker living in downtown Palo Alto are distinct from those that an aging gay man in Solano County must confront. While each individual's experiences are influenced by a variety of factors, geography is an especially prominent one in this region that includes major urban areas connected by public transit systems, as well as suburban and rural communities with minimal public transit access.

In the nine-county region covered by this needs assessment, respondents' experiences of connection and safety, their ability to access needed services, and their sense of civic engagement and political representation varied. Because it is critical for funders, community-based organizations, and providers to understand the unique needs and challenges facing individuals and communities in the distinct geographic areas that compose the region, the experiences of respondents in each of the five geographic regions (Northeast Bay, North Bay, Alameda County, South Bay, and San Francisco) are described in this section.

Throughout this section, comparisons are made between the responses of each geographic region and the survey sample as a whole. On the following slide (Fig. 61), the statistical strength of these differences are listed.





### Statistical Significance of Geography In this section, many variables are considered in relationship to geography, meaning the county or region where respondents live,

In this section, many variables are considered in relationship to geography, meaning the county or region where respondents live, work, and/or go to school. A statistically significant relationship between a variable and geography, indicated by a "p-value" less than .05, means that the differences in responses based on geography are unlikely to be due to chance; in other words *where* a respondent is located makes a real difference in their experience. These variables are listed in the table below, along with the p-values for their relationship with geography. Variables with p-values that did not show significance (greater than .05) are not reported.

#### Figure 61. Statistical Significance based on Geography (where respondents live, unless otherwise noted)

Variable	p-value
Sexual orientation of respondents	<.001
Transgender, genderqueer, and non-binary identity of respondents	<.01
Race of respondents	<.05
Age or respondents	<.001
Sense of connection to LGBTQ community where they live	<.001
Comfort being as openly out as they want to be most of the time in the city where they live	<.001
Sense of safety at work [based on where respondents work and/or go to school]	<.001
Sense of safety on public transit [based on where respondents live, work, and/or go to school]	<.001
Belief that at least one of their elected officials has their best interests at heart	<.01
Belief that there is at least one LGBTQ organization or group of advocates in their county who speak up for issues that personally affect them	<.001
Feel that laws and policies in the city they live support LGBTQ people	<.001
Time to reach medical services	<.001
Transportation mode to medical services	<.001
Time to reach emotional support services	<.01
Transportation mode to emotional support services	<.001
Transportation mode to drug recovery services	<.01
Transportation mode to legal services	<.001
Time to housing services	<.05
Time to LGBTQ events	<.001
Transportation mode to LGBTQ events	<.001



### **Northeast Bay**

A total of **112 survey respondents** live in the Northeast Bay - 95 in Contra Costa County and 17 in Solano County. This represents **8%** of the full survey sample. A total of **81** survey respondents work and/or go to school in this area.

### About survey respondents living in Northeast Bay

#### Overall, survey respondents living in Northeast Bay closely mirror the full survey sample. In

terms of sexual orientation and gender identity, there are some small differences between the composition of respondents living in Northeast Bay and the full survey sample:

- 36% gay (vs. 42% overall)
- 43% lesbian (vs. 38% overall)
- 19% bisexual (vs. 18% overall)
- 18% transgender, genderqueer, or non-binary (vs. 17% overall)

The racial composition of Northeast Bay respondents is also very similar to that of the full sample, though with a **smaller percentage of Latina/o/x respondents** (5% vs. 9% overall).

Northeast Bay respondents are also similar to the full survey sample in terms of age, though this group has a **larger percentage of people under 25** (16% vs. 9% overall), and a slightly smaller percentage of adults over 65 (19% vs. 21% overall).



## Sense of Connection and Safety in the Northeast Bay

#### **Connection and safety at home**

Compared to the overall survey sample, Northeast Bay residents are **less likely to feel a sense of connection to the LGBTQ community where they live** (47% vs. 32% overall do *not* feel connected) and are **less likely to be comfortable being as openly out as they want to be** in the city where they live (18% vs. 10% overall are not comfortable).

#### Safety at home, school, and work

Similar to the overall sample, 7% of Northeast Bay residents **feel unsafe more often than safe in their neighborhood** (compared to 6% overall). Of those who work and/or go to school in the Northeast Bay, 5% feel **unsafe more often than safe at work** and 12% feel **unsafe more often than safe at school**, (compared to 5% and 8%, respectively, of overall sample).

Of those who live, work, and/or go to school in the Northeast Bay, **21% feel unsafe more often than safe on public transit** (compared to 17% overall). Among respondents living in the Northeast Bay...

47%

do *not* feel a sense of connection to the LGBTQ community where they live.

18%

are *not* comfortable being as openly out as they want to be most of the time in the city where they live.

7%

feel **unsafe more often than safe** in their neighborhood.

Among respondents who work and/or go to school in the Northeast Bay...

**5%** 

feel unsafe more often than safe at work.

12%

feel unsafe more often than safe at school.

Among respondents who live, work, and/or go to school in the Northeast Bay...

**21%** 

feel unsafe more often than safe on public transit.

### **Civic Engagement in the Northeast Bay**

#### **Political representation and advocacy**

Over one-quarter (27%) of respondents who live in Northeast Bay do not believe that at least one of their elected officials has their best interests at heart (compared to 18% of overall survey sample). An even larger percentage (31%) do not believe that there is even one LGBTQ organization or group of advocates in their county who speak up for issues that affect them (compared to 20% overall).

#### Laws and policies

Compared to the full survey sample, respondents living in Northeast Bay (29%) are much more likely to disagree that laws and policies in their city support LGBTQ people (compared to 13% overall). Over one-third of Northeast Bay respondents (37%) do not know of ways to provide input into local laws, policies, and decisions.

#### Figure 62. Political representation, advocacy, and policies

Strongly disa	Strongly disagree		Agree St	Strongly agree	
I believe at least one of my elected officials has my best interests at heart (n=97)	7%	20%	52%	22%	
l know of ways to provide my own input into local laws, policies, and decisions (n=98)	9%	28%	38%	26%	
There is at least one LGBTQ organization or group of advocates in my county who speaks up for the issues that personally affect me (n=96)	<mark>6%</mark>	25%	52%	17%	
In general, I feel that the laws and policies in the city where I live support LGBTQ people (n=97)	<mark>3%</mark>	26%	58%	13%	

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### **Top Barriers to Services for Northeast Bay Residents**

The most common barriers to accessing services for Northeast Bay residents are **cost**, **not knowing how or where to access services**, and **concern that services would not be LGBQ-friendly**. Concern that services would not friendly to people their age and concern that services would not culturally sensitive are also frequent barriers.

#### Figure 63. Top Barriers to Accessing Services

Service	Not being able to afford	Not knowing how or where to access	Concerned services would not be LGBQ- friendly	Concerned services would not be friendly to people my age	Concerned services would not be culturally sensitive
Medical (n=79)	33%	20%	37%	20%	13%
Mental Health (n=84)	44%	35%	38%	23%	19%
Drug Recovery (n=74)	5%	10%	14%	7%	4%
Legal (n=77)	48%	35%	17%	12%	9%
Housing (n=75)	15%	24%	17%	8%	5%
Events (n=73)	23%	58%	11%	36%	15%

The top barrier in each service area is bolded above. For drug recovery services, other top barriers were "being afraid someone I know would find out I was using this service" (10%) and "being afraid that my parents/guardians or Child Protective Services would be notified" (7%). For legal services, another top barrier was "the amount of time I had to wait to be helped was too long" (10%).

### **How Northeast Bay Residents Access Services**

#### **Travel time to reach services**

In general, the travel time for respondents living in the Northeast Bay to reach services is similar to that of the overall survey sample. However, for many services, there are a greater percentage of Northeast Bay residents that have a travel time of one hour or more. For example, **respondents living in Northeast Bay are twice as likely to take more than one hour to reach medical services** (11% vs. 5% of the overall survey sample).

**Transportation mode to services** In general, respondents living in the Northeast Bay are **more likely to reach services by car** and **less likely to use public transit** than the overall sample. For example, 88% of respondents living in the Northeast Bay rely on a car to reach mental health services, compared to 62% of the overall sample. Figure 64. Typical Length of Time to Reach Services for Northeast Bay Residents

Service	Less than 15 minutes	15-30 minutes	31-60 minutes	1-2 hours	More than 2 hours
Medical (n=100)	30%	<b>48</b> %	11%	8%	3%
Mental Health (n=50)	18%	44%	36%	2%	0%
Drug Recovery (n=4)	0%	75%	25%	0%	0%
Legal (n=26)	12%	<b>42%</b>	27%	15%	4%
Housing (n=5)	20%	0%	0%	<b>40%</b>	<b>40%</b>
Events (n=81)	11%	35%	38%	11%	5%

#### Figure 65. Typical Transportation Mode to Reach Services for Northeast Bay Residents

Service	Car	Public Transit	Bike	Foot (walking)	Para- transit	Taxi
Medical (n=85)	85%	11%	1%	2%	1%	0%
Mental Health (n=49)	88%	8%	36%	4%	0%	0%
Drug Recovery (n=4)	75%	0%	0%	0%	25%	0%
Legal (n=27)	85%	7%	0%	7%	0%	0%
Housing (n=5)	20%	<b>60%</b>	0%	20%	0%	0%
Events (n=81)	<b>69</b> %	24%	1%	5%	1%	0%



# **North Bay**

A total of **254 survey respondents** live in the North Bay – 133 in Sonoma County, 77 in Marin County, and 44 in Napa County. This represents **18%** of the full survey sample. A total of **189** survey respondents work and/or go to school in this area.

#### About survey respondents living in North Bay

### Overall, survey respondents living in North Bay closely mirror the full survey sample.

In terms of sexual orientation and gender identity, there are only small differences between the composition of respondents living in North Bay and the full survey sample:

- 41% gay (vs. 42% in full sample)
- 40% lesbian (vs. 38% in full sample)
- 17% bisexual (vs. 18% in full sample)
- 15% transgender, genderqueer, or non-binary (vs. 17% in full sample)

North Bay respondents are **less racially diverse** than the full survey sample, with a greater percentage of White respondents (81% vs. 69% overall) and a smaller percentage of other identities, including African American or Black (2% vs. 4% overall), Asian (3% vs. 6% overall), and Latino/a/x (6% vs. 9% overall).

Compared to the full survey sample, North Bay respondents have a **larger percentage of people over age 65** (41% vs. 21% overall).



# Sense of Connection and Safety in the North Bay

**Connection and safety at home** Compared to the overall survey sample, North Bay residents are **less likely to feel a sense of connection to the LGBTQ community where they live** (40% vs. 32% of the overall sample do *not* feel connected) and are **less likely to be comfortable being as openly out as they want to be** in the city where they live (13% vs. 10% overall are *not* comfortable).

Safety at home, school, and work Similar to the overall sample, 4% of North Bay residents feel unsafe more often than safe in their neighborhood (compared to 6% overall). Of those who work and/or go to school in the North Bay, 8% feel unsafe more often than safe at work, and 10% feel unsafe more often than safe at school (compared to 5% and 8% respectively of

(compared to 5% and 8%, respectively, of overall sample).

Of those who live, work, and/or go to school in the Northeast Bay, **17% feel unsafe more often than safe on public transit** (compared to 17% overall). Among respondents living in the North Bay...

40% do *not* feel a sense of connection to the LGBTQ community where they live.
13% are *not* comfortable being as openly out as they want to be most of the time in the city where they live.

4%

feel **unsafe more often than safe** in their neighborhood.

Among respondents who work and/or go to school in the North Bay...

8%

feel unsafe more often than safe at work.

10%

feel unsafe more often than safe at school.

Among respondents who live, work, and/or go to school in the North Bay...

17%

feel unsafe more often than safe on public transit.



# **Civic Engagement in the North Bay**

#### Political representation and advocacy

Similar to the full survey sample, some respondents who live in North Bay (15%) do not believe that at least one of their elected officials has their best interests at heart (compared to 18% of overall survey sample). A similar number (27%) do not believe that there is even one LGBTQ organization or group of advocates in their county who speak up for issues that affect them (compared to 23% overall).

#### Laws and policies

As in the full survey sample, 13% of respondents living in North Bay do not feel that laws and policies in their city support LGBTQ people. Over one-quarter of North Bay respondents do not know of ways to provide input into local laws, policies, and decisions (27% both in the North Bay and overall).

### Figure 66. Political representation, advocacy, and policies in the North Bay

Strongly disa	agree	Disagree	Agree	Strongly	agree
I believe at least one of my elected officials has my best interests at heart (n=209)	3 <mark>% 12</mark>	<b>:%</b>	70%		14%
l know of ways to provide my own input into local laws, policies, and decisions (n=210)	7%	20%	56%		17%
There is at least one LGBTQ organization or group of advocates in my county who speaks up for the issues that personally affect me (n=206)	7%	20%	58%		14%
In general, I feel that the laws and policies in the city where I live support LGBTQ people (n=210)	2% 11%		72%		15%



### **Top Barriers to Services for North Bay Residents**

The most common barriers to accessing services for Northeast Bay residents are **cost**, **not knowing how or where to access services**, and **concern that services would not be LGBQ-friendly**. Concern that services would not be friendly to people their age and concern that services would not be transgender-friendly are also frequent barriers.

#### Figure 67. Top Barriers to Accessing Services

Service	Not being able to afford	Not knowing how or where to access	Concerned services would not be LGBQ- friendly	Concerned services would not be friendly to people my age	Concerned services would not be transgender- friendly
Medical (n=139)	36%	19%	26%	14%	15%
Mental Health (n=151)	42%	28%	26%	17%	11%
Drug Recovery (n=158)	9%	9%	6%	4%	2%
Legal (n=135)	39%	28%	15%	6%	7%
Housing (n=156)	7%	13%	9%	7%	5%
Events (n=129)	22%	57%	11%	33%	13%

The top barrier in each service area is bolded above. For medical services, another top barrier was "the amount of time I had to wait to be helped was too long (19%). For drug recovery services, another top barriers was "being afraid someone I know would find out I was using this service" (4%). For legal services, another top barrier was "the amount of time I had to wait to be helped was too long" (7%). For events, another top barrier was "not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long." (19%).

### **How North Bay Residents Access Services**

#### **Travel time to reach services**

In general, the travel time for respondents living in the North Bay to reach services is similar to that of the overall survey sample. For all services, most North Bay respondents reach services in under 30 minutes, though sometimes at a higher rate than the full survey sample. For example, 33% of North Bay respondents reach mental health services in under 15 minutes, compared to 24% overall. However, 11% of North Bay respondents take more than an hour to reach mental health services, compared to 5% overall.

#### **Transportation mode to services**

In general, respondents living in the North Bay are **more likely to reach services by car** and **less likely to use public transit** than the overall sample. For example, all respondents who access drug recovery and legal services arrived by car, compared to 54% and 62% overall, respectively.

#### Figure 68. Typical Length of Time to Reach Services for North Bay Residents

Service	Less than 15 minutes	15-30 minutes	31-60 minutes	1-2 hours	More than 2 hours
Medical (n=230)	33%	<b>47%</b>	16%	3%	1%
Mental Health (n=116)	33%	38%	19%	9%	2%
Drug Recovery (n=11)	55%	18%	27%	0%	0%
Legal (n=75)	20%	38%	24%	12%	7%
Housing (n=16)	38%	38%	13%	0%	13%
Events (n=171)	22%	<b>40%</b>	30%	8%	1%

\*Percentages may not add up to 100% due to rounding

#### Figure 69. Typical Transportation Mode to Reach Services for North Bay Residents

Service	Car	Public Transit	Bike	Foot (walking)	Para- transit	Тахі
Medical (n=230)	<b>95%</b>	2%	0%	2%	<1%	0%
Mental Health (n=117)	<b>93</b> %	4%	0%	3%	0%	0%
Drug Recovery (n=11)	100%	0%	0%	0%	0%	0%
Legal (n=76)	100%	0%	0%	0%	0%	0%
Housing (n=17)	71%	12%	0%	18%	0%	0%
Events (n=171)	<b>91%</b>	5%	0%	4%	1%	0%

# **Alameda County**

A total of **335 survey respondents** live in Alameda County. This represents **24%** of the full survey sample. A total of **191** survey respondents work and/or go to school in this area.

### About survey respondents living in Alameda County

Survey respondents living in Alameda County have some key differences from the full survey sample.

There is a **smaller percentage of gay respondents**, and a **larger percentage of lesbian**, **bisexual**, **and transgender**, **genderqueer**, **and nonbinary respondents** in Alameda County compared to the full sample:

- 30% gay (vs. 42% in full sample)
- 48% lesbian (vs. 38% in full sample)
- 23% bisexual (vs. 18% in full sample)
- 23% transgender, genderqueer, or non-binary (vs. 17% in full sample)

The racial composition of Alameda Bay respondents is very similar to that of the full sample, with a slightly smaller percentage of white respondents (64% vs. 69% overall) and **slightly larger percentage of people of color.** 

Similar to the age composition of San Francisco, respondents in Alameda County **are more likely to fall between the ages of 25 and 64** (76% vs. 70% overall), with a slightly smaller percentages of respondents falling outside of this range.



# Sense of Connection and Safety in Alameda County

### **Connection and safety at home**

Compared to the overall survey sample, Alameda County residents are **slightly more likely to feel a sense of connection to the LGBTQ community where they live** (29% vs. 32% of the overall sample do *not* feel connected) and are **equally likely to be comfortable being as openly out as they want to be** in the city where they live (10% of both samples do *not* feel comfortable).

#### Safety at home, school, and work

Similar to the overall sample, 7% of Alameda County residents **feel unsafe more often than safe in their neighborhood** (compared to 6% overall). Of those who work and/or go to school in Alameda County, 5% feel **unsafe more often than safe at work**, and 5% feel **unsafe more often than safe at school** (compared to 5% and 8%, respectively, overall).

Of those who live, work, and/or go to school in Alameda County, 14% **feel unsafe more often than safe on public transit** (compared to 17% overall). Among respondents living in Alameda...

**29%** 

do *not* feel a sense of connection to the LGBTQ community where they live.

10%

are *not* comfortable being as openly out as they want to be most of the time in the city where they live.

7%

feel **unsafe more often than safe** in their neighborhood.

Among respondents who work and/or go to school in Alameda...

5%

feel **unsafe more often than safe at** work.

5% feel unsafe more often than safe at school.

Among respondents who live, work, and/or go to school in Alameda...

14%

feel unsafe more often than safe on public transit.



# **Civic Engagement in Alameda County**

Political representation and advocacy Similar to the full survey sample, some respondents who live in Alameda County (19%) do not believe that at least one of their elected officials has their best interests at heart (compared to 18% overall). Relative to the full survey sample, a slightly larger percentage of Alameda County respondents (25%) do not believe that there is even one LGBTQ organization or group of advocates in their county who speak up for issues that personally affect them (compared to 20% overall).

#### Laws and policies

As in the full survey sample, some respondents living in Alameda County (15%) do not feel that laws and policies in their city support LGBTQ people (compared to 13% overall). One-quarter of Alameda County respondents (25%) do not know of ways to provide input into local laws, policies, and decisions (compared to 27% overall).

### Figure 70. Political representation, advocacy, and policies in Alameda County

Strongly disagree	Disagree	Agree	Strongly agree
I believe at least one of my elected officials has my best interests at heart (n=275)	3%16%	57%	25%
	_		
I know of ways to provide my own input into local laws, policies, and decisions (n=274)	6% 19%	61%	15%
	-		
There is at least one LGBTQ organization or group of advocates in my county who speaks up for the issues that personally	4 <mark>% 21%</mark>	55%	20%
affect me (n=271)	2%		
	<b>Z</b> 70		
In general, I feel that the laws and policies in the city where I live support LGBTQ people (n=271)	13%	71%	14%

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### **Top Barriers to Services for Alameda County Residents**

The most common barriers to accessing services for Alameda County residents are **cost**, **not knowing how or where to access services**, and **concern that services would not be LGBQ-friendly**. Concern that services would not be culturally sensitive and wait time are also frequent barriers.

Service	Not being able to afford	Not knowing how or where to access	Concerned services would not be LGBQ- friendly	Concerned services would not be culturally- sensitive	The amount of time I had to wait to be helped was too long
Medical (n=214)	43%	21%	44%	20%	21%
Mental Health (n=221)	58%	33%	41%	19%	15%
Drug Recovery (n=220)	7%	9%	8%	4%	2%
Legal (n=216)	48%	27%	15%	9%	8%
Housing (n=219)	13%	20%	13%	7%	8%
Events (n=198)	26%	53%	16%	26%	N/A

#### Figure 71. Top Barriers to Accessing Services

The top barrier in each service area is bolded above. For drug recovery services, other top barriers were "being afraid someone I know would find out I was using this service" (4%) and "not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long" (4%). For housing services, another top barrier was "concerned that the services would not be friendly to people my age" (7%). For events, other top barriers were "not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long." (37%) and "concerned that the services would not be friendly to people my age" (32%).

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### How Alameda County Residents Access Services

#### **Travel time to reach services**

In general, the travel time for respondents living in Alameda County to reach services is similar to that of the overall survey

**sample**. Some respondents reach services in a very short amount of time (approximately a third reach medical and drug recovery services in under 15 minutes), while others have long travel times; some respondents take over 2 hours to reach legal and housing services and LGBTQ events.

#### **Transportation mode to services**

Respondents living in Alameda County are mostly likely to reach services by car or public transit, at similar rates to the overall survey sample. However, they are **slightly more likely to reach services by bike** than those living in other areas.

### Figure 72. Typical Length of Time to Reach Services for Alameda Residents

Service	Less than 15 minutes	15-30 minutes	31-60 minutes	1-2 hours	More than 2 hours
Medical (n=299)	34%	<b>43</b> %	16%	6%	0%
Mental Health (n=170)	26%	<b>46</b> %	25%	3%	0%
Drug Recovery (n=15)	33%	27%	33%	7%	0%
Legal (n=90)	13%	<b>43</b> %	32%	9%	2%
Housing (n=11)	9%	<b>36</b> %	<b>36</b> %	9%	9%
Events (n=242)	8%	44%	39%	8%	1%

\*Percentages may not add up to 100% due to rounding

### Figure 73. Typical Transportation Mode to Reach Services for Alameda Residents

Service	Car	Public Transit	Bike	Foot (walking)	Para- transit	Taxi
Medical (n=299)	71%	18%	4%	6%	<1%	1%
Mental Health (n=171)	68%	21%	5%	6%	0%	0%
Drug Recovery (n=16)	56%	44%	0%	0%	0%	0%
Legal (n=88)	66%	25%	6%	2%	1%	0%
Housing (n=11)	45%	45%	0%	9%	0%	0%
Events (n=242)	53%	41%	2%	3%	<1%	0%



### **South Bay**

A total of **210 survey respondents** live in the South Bay - 80 in San Mateo County and 130 in Santa Clara County. This represents **15%** of the full survey sample. A total of **230** survey respondents work and/or go to school in this area.

### About survey respondents living in South Bay

Survey respondents living in South Bay have some key differences from the full survey sample. There is a smaller percentage of gay respondents, and a larger percentage of lesbian, bisexual, and transgender, genderqueer, and non-binary respondents in the South Bay compared to the full sample:

- 30% gay (vs. 42% in full sample)
- 42% lesbian (vs. 38% in full sample)
- 27% bisexual (vs. 18% in full sample)
- 21% transgender, genderqueer, and non-binary (vs. 17% in full sample)

The racial composition of South Bay respondents is similar to that of the full sample, with a **slightly larger percentage of Asian respondents** (10% vs. 6% overall).

Respondents from South Bay are more likely to be younger. There is a **smaller percentage of respondents over 65**, compared to the overall survey sample (10% vs. 21% overall).



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# Sense of Connection and Safety in the South Bay

### **Connection and safety at home**

Compared to the overall survey sample, South Bay residents are **less likely to feel a sense of connection to the LGBTQ community where they live** (43% vs. 32% of the overall sample do *not* feel connected) and are **slightly less likely to be comfortable being as openly out as they want to be** in the city where they live (13% vs. 10% overall do *not* feel comfortable).

Safety at home, school, and work

Equal to the overall sample, 6% of South Bay respondents **feel unsafe more often than safe in their neighborhood.** Of those who work and/or go to school in the South Bay, 3% feel **unsafe more often than safe at work**, and 5% feel **unsafe more often than safe at school** (compared to 5% and 8%, respectively, overall).

Of those who live, work, and/or go to school in the South Bay, 16% **feel unsafe more often than safe on public transit** (compared to 17% overall). Among respondents living in the South Bay...

**43%** 

do *not* feel a sense of connection to the LGBTQ community where they live.

13%

are *not* comfortable being as openly out as they want to be most of the time in the city where they live.

**6%** 

feel **unsafe more often than safe** in their neighborhood.

Among respondents who work and/or go to school in the South Bay...

3%

**5%** 

feel **unsafe more often than safe at work.** 

feel unsafe more often than safe at school.

Among respondents who live, work, and/or go to school in the South Bay...

16%

feel unsafe more often than safe on public transit.



### **Civic Engagement in the South Bay**

#### **Political representation and advocacy**

Similar to the full survey sample, some respondents who live in the South Bay (20%) **do not believe that at least one of their elected officials has their best interests at heart** (compared to 18% overall). Relative to the full survey sample, a **slightly larger percentage of South Bay respondents (22%) do** *not* believe that there is even one LGBTQ organization or group of advocates in their county who speak up for issues that personally affect them (compared to 20% overall).

#### Laws and policies

As in the full survey sample, 13% of respondents living in the South Bay **do** *not* **feel that laws and policies in their city support LGBTQ people**. Over one-quarter of South Bay respondents (30%) **do** *not* **know of ways to provide input into local laws, policies, and decisions** (compared to 27% overall).

### Figure 74. Political representation, advocacy, and policies in the South Bay

Strongly disagree	Disagree	Agree	Strongly agree
I believe at least one of my elected officials has my best interests at heart (n=157)	4%16%	54%	26%
l know of ways to provide my own input into local laws, policies, and decisions (n=160)	<mark>6%</mark> 24%	51%	19%
There is at least one LGBTQ organization			
or group of advocates in my county who speaks up for the issues that personally	4% 18%	56%	21%
affect me (n=157)			
In general, I feel that the laws and policies in the city where I live support LGBTQ people (n=157)	3%10 <mark>%</mark>	65%	22%



### **Top Barriers to Services for South Bay Residents**

The most common barriers to accessing services for South Bay residents are **cost**, **not knowing how or where to access services**, and **concern that services would not be LGBQ-friendly.** Concern that services would not be friendly to people their age and concern that services would not be culturally sensitive are also frequent barriers.

#### Figure 75. Top Barriers to Accessing Services

Service	Not being able to afford	Not knowing how or where to access	Concerned services would not be LGBQ- friendly	Concerned services would not be culturally- sensitive	Concerned services would not be friendly to people my age
Medical (n=124)	36%	27%	48%	15%	15%
Mental Health (n=133)	51%	33%	46%	17%	15%
Drug Recovery (n=137)	8%	6%	11%	4%	4%
Legal (n=133)	31%	20%	20%	8%	7%
Housing (n=138)	11%	17%	17%	9%	9%
Events (n=120)	23%	53%	21%	21%	37%

The top barrier in each service area is bolded above. For medical services, other top barriers were "concerned that the services would not be transgender-friendly (19%) and "the amount of time I had to wait to be helped was too long (19%). For mental health services, another top barrier was "concerned that the services would not be transgender-friendly (16%). For drug recovery services, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "concerned that the services would not be trans-friendly" (5%). For events, another top barrier was "not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long." (28%).

### **How South Bay Residents Access Services**

#### **Travel time to reach services**

Generally, most South Bay respondents reach services in under an hour, at rates similar to the full survey sample. However, there are some respondents that take over an hour or even over two hours to reach services. For example, **14% of South Bay respondents take over an hour to reach LGBTQ events,** compared to 8% overall.

#### **Transportation mode to services**

Respondents living in the South Bay are more likely to reach services by car and less likely to use public transit than the overall sample. For example, 83% of respondents living in the South Bay use a car to reach legal services, compared to 62% overall, while only 9% take public transit, compared to 27% overall.

#### Figure 76. Typical Length of Time to Reach Services for South Bay Residents

Service	Less than 15 minutes	15-30 minutes	31-60 minutes	1-2 hours	More than 2 hours
Medical (n=165)	32%	<b>42%</b>	21%	4%	2%
Mental Health (n=93)	27%	44%	22%	6%	1%
Drug Recovery (n=11)	36%	55%	9%	0%	0%
Legal (n=35)	11%	31%	<b>40%</b>	9%	9%
Housing (n=9)	11%	22%	44%	22%	0%
Events (n=132)	14%	<b>42%</b>	30%	13%	1%

\*Percentages may not add up to 100% due to rounding

#### Figure 77. Typical Transportation Mode to Reach Services for South Bay Residents

Service	Car	Public Transit	Bike	Foot (walking)	Para- transit	Тахі
Medical (n=165)	88%	7%	2%	2%	1%	1%
Mental Health (n=93)	75%	11%	4%	10%	0%	0%
Drug Recovery (n=11)	<b>64%</b>	18%	0%	18%	0%	0%
Legal (n=35)	83%	9%	0%	6%	3%	0%
Housing (n=9)	<b>67</b> %	11%	0%	11%	11%	0%
Events (n=132)	73%	17%	3%	5%	0%	2%

<sup>+</sup>Percentages may not add up to 100% due to rounding



# San Francisco County

A total of **493 survey respondents** live in San Francisco County. This represents **35%** of the full survey sample. A total of **521** survey respondents work and/or go to school in this area.

### About survey respondents living in San Francisco

Survey respondents living in San Francisco are different from the full survey sample in some key ways. In terms of sexual orientation and gender identity, there is a notably larger percentage of gay respondents and smaller percentage of bisexual and lesbian respondents:

- 58% gay (vs. 42% in full sample)
- 27% lesbian (vs. 38% in full sample)
- 12% bisexual (vs. 18% in full sample)
- 13% transgender, genderqueer, and non-binary (vs. 17% in full sample)

The racial composition of San Francisco respondents is very similar to that of the full sample, with a slightly smaller percentage of white respondents (66% vs. 69% overall) and **slightly more respondents of color.** 

San Francisco respondents are also similar to the full survey sample in terms of age, though this group has a **larger percentage of people between 25 and 64** (76% vs. 70% overall), and slightly smaller percentages of respondents younger and older than this range.



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# Sense of Connection and Safety in San Francisco

### **Connection and safety at home**

Compared to the overall survey sample, San Francisco residents are **more likely to feel a sense of connection to the LGBTQ community where they live** (20% vs. 32% overall do *not* feel connected) and are **slightly more likely to be comfortable being as openly out as they want to be** in the city where they live (7% vs. 10% do *not* feel comfortable).

Safety at home, school, and work

Similar to the overall sample, 7% of San Francisco residents **feel unsafe more often than safe in their neighborhood** (compared to 6% overall). Of those who work and/or go to school in San Francisco, 4% feel **unsafe more often than safe at work**, and 11% feel **unsafe more often than safe at school** (compared to 5% and 8%, respectively, overall).

Of those who live, work, and/or go to school in San Francisco, 16% feel unsafe more often than safe on public transit (compared to 17% overall).

Among respondents living in San Francisco...

20%

do *not* feel a sense of connection to the LGBTQ community where they live.

7%

are *not* comfortable being as openly out as they want to be most of the time in the city where they live.

7%

feel **unsafe more often than safe** in their neighborhood.

Among respondents who work and/or go to school in San Francisco...

**4%** 

feel **unsafe more often than safe at** work.

11%

feel unsafe more often than safe at school.

Among respondents who live, work, and/or go to school in San Francisco...

**16%** 

feel **unsafe more often than safe on public transit.** 



# **Civic Engagement in San Francisco**

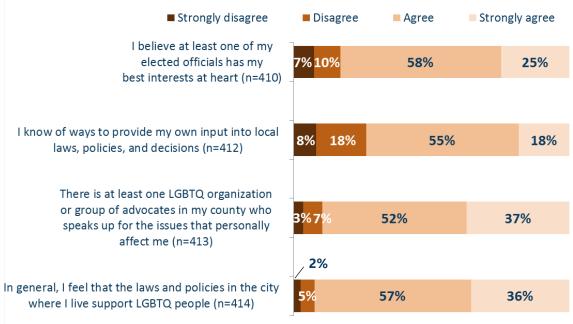
Political representation and advocacy Similar to the full survey sample, some respondents who live in San Francisco (17%) do not believe that at least one of their elected officials has their best interests at heart (compared to 18% overall). Relative to the full survey sample, a small percentage of San Francisco respondents (10%) do not believe that there is even one LGBTQ organization or group of advocates in their county who speak up for issues that personally affect them (compared to 20% overall).

#### Laws and policies

#### Some respondents living in San Francisco (7%) do *not* feel that laws and policies in their city support LGBTQ people

(compared to 13% overall). Over one-quarter of San Francisco respondents (26%) **do not know of ways to provide input into local laws, policies, and decisions** (compared to 27% overall).

### Figure 78. Political representation, advocacy, and policies in San Francisco





### **Top Barriers to Services for San Francisco Residents**

The most common barriers to accessing services for San Francisco residents are **cost**, **not knowing how or where to access services**, and **concern that services would not be LGBQ-friendly.** Concern that services not be culturally sensitive and wait time are also frequent barriers.

#### Figure 79. Top Barriers to Accessing Services

Service	Not being able to afford	Not knowing how or where to access	Concerned services would not be LGBQ- friendly	Concerned services would not be culturally- sensitive	The amount of time I had to wait to be helped was too long
Medical (n=280)	38%	25%	35%	21%	31%
Mental Health (n=312)	50%	32%	31%	16%	19%
Drug Recovery (n=308)	10%	7%	7%	6%	6%
Legal (n=292)	43%	28%	16%	9%	12%
Housing (n=300)	18%	20%	13%	7%	14%
Events (n=255)	33%	51%	15%	20%	N/A

The top barrier in each service area is bolded above. For drug recovery services, another top barriers was "being afraid someone I know would find out I was using this service" (6%). For housing services, other top barriers were "concerned that the services would not be friendly to people my age" (7%) and "not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long" (3%).

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### How San Francisco Residents Access Services

**Travel time to reach services** For all services, **more than 75% of respondents living in San Francisco have 15-60 minutes of travel time**. This is somewhat different than the overall survey sample, which has a slightly higher percentage of people who take less time (less than 15 minutes) or more time (1 hour or more). For example, 13% of San Francisco respondents take less than 15 minutes to reach housing services, compared to 17% overall, and 15% of San Francisco respondents take more than an hour to reach housing services, compared to 18% overall.

### **Transportation mode to services**

In general, respondents living in San Francisco are **more likely to reach services by public transit and by foot** and **less likely to arrive by car** than the overall sample. For example, 39% of respondents living in San Francisco use public transit and 12% arrive by foot to reach medical services, compared to 20% and 7%, respectively, of the overall sample.

### Figure 80. Typical Length of Time to Reach Services for San Francisco Residents

Service	Less than 15 minutes	15-30 minutes	31-60 minutes	1-2 hours	More than 2 hours
Medical (n=442)	19%	<b>53%</b>	26%	2%	1%
Mental Health (n=233)	17%	<b>50%</b>	30%	2%	1%
Drug Recovery (n=29)	14%	55%	24%	3%	3%
Legal (n=134)	16%	36%	<b>40%</b>	5%	3%
Housing (n=48)	13%	54%	19%	4%	10%
Events (n=375)	15%	53%	29%	3%	1%

\*Percentages may not add up to 100% due to rounding

#### Figure 81. Typical Transportation Mode to Reach Services for San Francisco Residents

Service	Car	Public Transit	Bike	Foot (walking)	Para- transit	Тахі
Medical (n=442)	43%	39%	3%	12%	1%	2%
Mental Health (n=234)	31%	47%	3%	16%	1%	3%
Drug Recovery (n=29)	28%	45%	0%	3%	3%	3%
Legal (n=135)	29%	53%	2%	12%	1%	3%
Housing (n=51)	20%	41%	2%	29%	4%	4%
Events (n=372)	30%	51%	2%	15%	1%	2%

\*Percentages may not add up to 100% due to rounding

Appendix C. Survey Respondent Demographic Data

### What county do you currently live in or stay in most of the time? (n=1409)

County	Percentage
Alameda	24%
Contra Costa	7%
Marin	5%
Napa	3%
San Francisco	35%
San Mateo	6%
Santa Clara	9%
Solano	1%
Sonoma	9%
Other county	<1%

### In what county or counties do you currently work and/or go to school?\* (n=1345)

Percentage
22%
7%
5%
4%
43%
8%
11%
2%
9%

### How do you currently describe your gender identity? (n=1400)

Response	Percentage
Genderqueer/non- binary	8%
Intersex	<1%
Man	36%
Transgender Man	4%
Transgender Woman	3%
Woman	44%
Another identity	5%

### Do you identify with the term "queer" as your sexual orientation? (n=1376)

Response	Percentage
Yes	56%
No	44%

### Of the following sexual orientation identities, which fits you best? (n=1334)

Response	Percentage
Gay	42%
Lesbian	38%
Bisexual	18%
Straight**	2%

### How old are you? (n=1388)

Response (Grouped into Categories)	Percentage
0-17	3%
18-24	7%
25-64	70%
65-100	21%

\*Respondents could check more than one option; percentages may total more than 100%. \*\*Straight respondents who did not indicate through gender identity or open-ended responses that they identify as part of the LGBTQ community were removed from the dataset.

# If the term you use to describe your sexual orientation is not queer, gay, lesbian, please write it here 79 respondents wrote in terms or descriptions\*

#### Write-In Response

Asexual
Asexual and aromantic
Asexual/Ace spectrum
Bisexual Dyke
De Ambiente
Demi-panromantic asexual
Demisexual
Every gender loving
Fluid
Genderfluid
Graysexual
Gray-Asexual
Gynesexual
Heteroflexible
Homosexual
l am transexual and prefer to date straight men
I do not know if I have a single term
I do not like these terms. I look forward to a future, probably
not in my lifetime, where people love people. Period.
I don't like picking a label. It's not because I'm against labels, I
just don't fit. So I use "gay" as a blanket term, but in definition
<u>l'm closer to bi/pan</u>
I noted that the term "lesbian" fits me best but only because I'm
a gave warman I profer guess and second to that gave I hardly

a gay woman. I prefer queer and second to that gay. I hardly ever use lesbian to self identify but I think your question is asking to pick which identity is most aligned with my sexuality.

#### Write-In Response

I'm not sure how I would describe. Trying to put a label on it makes me feel boxed in.
It depends on who I am talking to
Kinky
Kinsey 1, except when I am feeling more gender female, a Kinsey 5
Omnisexual
Pan sexual
Pan sexual and queer
Pan sexual, or loving relationships not based on gender specifics
Pansexual. Basically I love my gender and those not the same gender, so "bisexual" is kind of correct too.
Polysexual
Same sex
Sexual
Sometimes I just say I'm part of a two-mom family
<u>Sub 23</u>
Transgender
Trans Feminina
Transsexual
<u>Two-spirit</u>

<sup>\*</sup>Responses represent all terms indicated by respondents in survey. Repeat terms were condensed and responses already indicated in another question (e.g. gay) were removed.

### If the term you use to describe your gender is not listed, please write it here: 75 respondents wrote in terms or descriptions\*

Write-In Response

#### Write-In Response

Agender	I'm a queer fey transsexual. Fairy for short.
Androgynous	Impossible to choose only one: both intersex and
Bigendered	genderqueer/nonbinary
Butch	Intergender (I am intersex, and I do not identify as male or
Butch sissy	<u>female)</u>
Cisgender man	lipstick lesbian / high femme
<u>Cisgender woman</u>	Male
Cisgender female	Male(ish), metagender
Demigirl	Non-binary transgender woman
Female	non-binary woman
Femme	Nonbinary - a gender that is neither male nor female
Fluid	Other Kin Birdie Breed
Gender diverse	Trans
Genderfluid	Trans guy or trans dude
Gyandro-identified female	Transgender non-binary
Human being	two-spirit
I am female – I reject "gender" (being defined by masculinity or	Very closeted transwoman
femininity) and find it insulting to be asked to participate	Woman and trans woman
I don't know vet.	Woman is fine but Cis Female is better
I hate the way you ask this question. I am a man, but I have a	Woman. But I am trans, too. I just don't identify as trans.
trans history. I do not consider my gender to be "transgender	Womyn
man" but simply man. If you ask my gender and then ask what	

sex assigned at birth, I'd appreciate it.

I live as a lesbian, but feel transgendered.

# How do you describe your race/ethnicity? (n=1402)

Response	Percentage
African American or Black	4%
Asian	6%
Native American/American Indian or Alaska Native	1%
Latina/o/x	9%
Middle Eastern	1%
Pacific Islander, including Native Hawaiian	<1%
White	69%
Bi or multi racial	6%
Another race	5%

#### Write-In Response

1/2 Mexican American & 1/2 White
100%White 1/2 Latinx
2.6% Neanderthal (DANA sequenced)
50/50 Latina/white
5th generation Asian American
75% Euro; 25% Asian
African American and Native American
African American and Polish Jew
Algonquin-Native American, French-Italian and German
Also Jewish — not a racial identity, I know, but seems part of
my ethnicity/cultural identity
American of Mexican descent
Ancestors from Europe, Africa, America(Turtle Island)
Ashkenazi Jew
Ashkenazi Jewish
Asian (Chinese), White
Asian American and white
Asian Immigrant
Azorean/Irish/German
Black American of West Africa, Malagasy, Native American and
European decent
Black and Guamanian
Black Gal
Black is a mixed race identity - I am also Native American
(Choctaw) and European (Irish)
Black native American and white
Black with a multi-ethnic background

\*Responses represent all terms indicated by respondents in survey. Repeat terms were condensed and responses already indicated in another question (e.g. gay) were removed.

#### Write-In Response

Black, native American and white
Black/Japanese
Caucasian and Cape Verdean
Chamorro, Hawaiian, Portuguese, Filipino, Japanese, Chinese
Chicana
Chicano and Central American
Chicano or Mexican
chinese
Chinese
Chinese & Filipina American
Chinese American
Chinese descent
Chinese-American
Colombian
Colombian, Native, & Irish
Corean
Cuban
Eastern European/ English
Egyptian, Filipino, Japanese
English, Irish, Swedish American
English/German/French/Welch/Irish origin
<u>Ethnicity - Ashkenazi</u>
European and Middle-Eastern
European immigrant
European Jew
European Jewish / African American
Filipino

Write-In Response

### Write-In Response

\*Responses represent all terms indicated by respondents in survey. Repeat terms were

condensed and responses already indicated in another question (e.g. gay) were removed.

Filipinx	I'd appreciate the full moniker of European American and not
Finnish-leaning Dutch American	the dismissive color, "white."
French Acadian	I'm African descent, African American, Black but that is a mixed
German	identity - meaning that most of us have mixed heritage - mine
Granddaughter of Northern and Eastern Europeans	is Irish/German and Choctaw as well.
Greek	I'm bi-racial but white passing and usually check off white
Guatemalan, mixed race, Mayan	because it feels inappropriate marking that with how much my
Half native american/ half irish	experience has been affected by white privelege.
Half Spanish half Indian	I'm bi-racial- white and latino but identify as latino.
Half white and half Indian	I'm both white and Latino.
Hella brown	I'm in a transracial family
I am African American and Irish	I'm part Jewish. Not enough to have gotten the culture, but
l am approx half Asian	enough to get the hate from those so inclined.
I am Black, Samoan and Filipino.	I'm white and Jewish, meaning not that white according to the
I am half Italian and my grandparents were immigrants. It is a	alt-right
dominant identity for me.	Indian origin
I am Syrian and don't think they r necessarily white	Irish (Never thought of myself as 'white' until I moved to
I am white, asian, and native hawaiian. Three different races.	America, but appreciate that I am white)
I describe my race as middle eastern / Jewish / Semitic	Irish American
I didn't feel white growing up, so its always been difficult to	Irish-American
identify with that category.	Irish-American (raised in Ireland)
I don't like Latinx. Debate still about it erroding the culture.	Irish-English-Italian Mutt
I fit in the category of ""white""/European-American but I	Irish, Portuguese, Italian, English, French, and German.
IDENTIFY ethnically as Jewish	Irish, Scot, Polish
I pass for white, but 26 percent sub saharan and native	Irish/English
american.	Irish/English descent with some Black Foot a couple
I prefer Hispanic/Hispano	generations back.
I renounce white as a tool of oppression. I am Polish & German	Israeli-American Ashkenazi Jew

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### Write-In Response

condensed and responses already indicated in another question (e.g. gay) were removed.

Italian	Mixed white & latinx
Japanese	Mixed white & mexican but appearance is white
Japanese, Native American, Irish, polish, one quarter each	Mostly Italian; 2% Jewish
Jewish	Mutt because I know very little about my family hx
Jewish or Eastern European origin	My DNA report says African American, Asian, Native American
Jewish-American, although I don't identify as Middle Eastern	(North and South America, so yes, Latino), and Pacific Islander
Just like in Europe, I don't consider Ashkenazi Jews white.	My grandfather and father (half-white) are Latino, but I was
Kanaka Maoli/Native Hawaiian, Japanese, Euro/white	never really raised in the culture and pass as white, so I identify
Korean	as that
Latin/Middle Eastern	My wife and I are white but have black children
Latina	Native American and white
Latina/White	Native American as well
Latino and white	Native American, Latino, White
Latino and White	Native American/Caucasian
Latinx Mix	New Yorker from Puerto Rican and Cuban parents
Latinx, Native American, German	Nomadic steppe/central Asian
Maya	Northern European
Mayan, Guatemalan	Northwest European (9 countries; done family genealogy)
Mexican	Not raised in the US
Mexican American	Now raised with biological family; raised in anglo orphanage;
Mexican ancestors/identification	don't speak spanish.
Mexican and white	Of European descent
mexican portuguese italian	Okinawan
Mexican-American	Osage/Native American tribal affiliation
Mexicano	Palestinian and Puerto Rican
Mixed - White and Latinx	part Yaqui Indian/Native American
Mixed Latina/white	Persian-American
Mixed Race - Black and White	Pilipinx
*Responses represent all terms indicated by respondents in survey. Repeat terms were	-

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Write-In Response

#### Write-In Response

Please tease our Native Hawaiian, and let us check all that apply, not one is "Another race" we are all human, right?

Plus Native American

Portugese, Scotch/Welh

Portuguese

Portuguese and Croatian

Portuguese/Spanish/Mexican American

Puerto Rican

Puerto Rican/Caucasian

Sefardi Jewish

Significant Hispanic heritage

Sisseton wahpeton oyate

Slavic Eastern European, first generation American

South Asian

Southasian

Spanish / Italian

Spanish, Portuguese, French & Belgian.

Strongly dislike the association with Privledged

<u>Taiwanese</u>

The HUMAN race, actually!

Trans racially adopted child (Latina/Native American)

Very rare, exotic and deserving of more recognition and love for the BGAJ community.

Vietnamese

Vietnamese-Chinese

WASP

<u>White</u>

\*Responses represent all terms indicated by respondents in survey. Repeat terms were condensed and responses already indicated in another question (e.g. gay) were removed.

#### Write-In Response

White and Hispanic

White and Latino

white n native American n mix

White passing; Puerto Rican/Hispanic heritage

White, with some Mexican heritage

Xicana/Filipina

# Please select the option that best describes your current employment. (n=1161)

Response	Percentage
Working full time	50%
Not working, and not looking for work <i>because I</i> am retired	15%
Working part time and <i>not</i> seeking additional work	9%
Working part time and seeking additional work	8%
Not working, and not looking for work <i>because I</i> am disabled.	5%
Not working, and looking for work.	5%
Not working, and not looking for work for another reason	2%
Not working, and not looking for work <i>because I am caretaking an adult or child</i> .	1%

# What is your current housing situation? (n=1116)

Response	Percentage
Your house that you rent	46%
Your house that you own	45%
Different housing	5%
Staying with a friend	1%
SRO	1%
Public housing	1%
Transitional housing	1%
Assisted living	<1%
On the street	<1%
Shelter	<1%

### What type of health insurance do you currently have?\* (n=1166)

Response	Percentage
No insurance	3%
Private insurance	62%
Medicare	22%
Medi-Cal	11%
Covered CA/	8%
Obamacare/ Affordable Care Act	
Healthy SF	2%
Military/ VA	2%
Health Plan of San	<1%
Mateo	
Indian Health Service < 1%	

### What is your total annual household income? (n=1137)

Response	Percentage
Less than \$20,000	13%
\$20,001 - \$40,000	14%
\$40,001 - \$60,000	13%
\$60,001 - \$80,000	11%
\$80,001 - \$100,000	11%
\$100,001 - \$150,000	16%
More than \$150,000	22%

### What is your highest level of education completed? (n=1165)

Response	Percentage
Elementary or middle school	1%
Some high school	2%
High school diploma or GED	2%
Some college, but	10%
did not earn a	
certificate or degree	
Vocational certificate	2%
Associate's Degree	2%
Bachelor's Degree	30%
Master's Degree or higher	48%
Other	3%

### Do you have any children? (n=1163)

Response	Percentage
Yes	26%
No, and plan to in the future	56%
No, and don't plan to in the future	18%

### How old is/are your child/ren?\* (n=321)

Response	Percentage
Under 5 years old	22%
6-12 years old	24%
13-17 years old	16%
Over 18 years old	53%

### What is your current relationship status? (n=1166)

Response	Percentage
Legally married or in a registered domestic partnership	37%
Single	36%
In a relationship with one or more partners	15%
Partnered	9%
Other relationship	2%

### Do you identify as a person with a disability? (n=1164)

Response	Percentage
Yes	27%
No	73%

### Have your ever served in the Armed Forces? (n=1161)

Response	Percentage
Yes	6%
No	94%

### Have you ever been homeless? (n=1162)

Response	Percentage
Yes	17%
No	83%

# Have you ever been incarcerated? (n=1161)

Response	e Percentage	
Yes	6%	
No	94%	

### In your childhood/youth, did you ever live in foster care (group home, foster family, etc.)? (n=1161)

Response	Percentage
Yes	4%
No	96%

# Are you in school now (part time or full time) (n=1160)

Response	Percentage
Yes	12%
No	88%

Appendix D. Data Tables for Safety and Connection to the Community

### I am comfortable being as openly out as I want to be most of the time in the city where I live. (n=1405)

Rating	Percentage
Strongly Disagree	2%
Disagree	8%
Agree	36%
Strongly Agree	53%

# If I were in trouble in a public space, I think someone would help me. (n=1400)

Rating	Percentage
Strongly Disagree	3%
Disagree	19%
Agree	63%
Strongly Agree	16%

# I have someone I could ask to help me with daily chores if I were sick. (n=1396)

Rating	Percentage
Strongly Disagree	5%
Disagree	13%
Agree	38%
Strongly Agree	45%

### I have someone to confide in or talk to about my problems. (n=1401)

Rating	Percentage
Strongly Disagree	3%
Disagree	4%
Agree	32%
Strongly Agree	61%

### I have someone to get together with for fun. (n=1400)

Rating	Percentage
Strongly Disagree	3%
Disagree	5%
Agree	35%
Strongly Agree	58%

# I have a sense of connection to the LGBTQ community where I live. (n=1401)

Rating	Percentage
Strongly Disagree	8%
Disagree	24%
Agree	42%
Strongly Agree	27%

## How safe do you feel in your neighborhood? (n=1404)

Rating	Percentage
Unsafe all or most of the time	1%
Unsafe more often than safe	6%
Safe more often than unsafe	32%
Safe all or most of the time	62%

## How safe do you feel where you work? (n=1097)

Rating	Percentage
Unsafe all or most of the time	1%
Unsafe more often than safe	4%
Safe more often than unsafe	25%
Safe all or most of the time	71%

### How safe do you feel on public transit? (n=1229)

Rating	Percentage
Unsafe all or most of the time	2%
Unsafe more often than safe	14%
Safe more often than unsafe	62%
Safe all or most of the time	22%

## How safe do you feel with the person or the people you date or are in a relationship with? (n=1114)

Rating	Percentage
Unsafe all or most of the time	<1%
Unsafe more often than safe	2%
Safe more often than unsafe	11%
Safe all or most of the time	86%

## How safe do you feel at your school? (n=339)

Rating	Percentage
Unsafe all or most of the time	2%
Unsafe more often than safe	7%
Safe more often than unsafe	34%
Safe all or most of the time	58%

## How safe do you feel interacting with the police and other law enforcement officials? (n=1325)

Rating	Percentage
Unsafe all or most of the time	9%
Unsafe more often than safe	20%
Safe more often than unsafe	40%
Safe all or most of the time	32%

# Concerns about my own physical and emotional safety limit where I feel I can <u>live</u>. (n=1376)

Rating	Percentage
Strongly Disagree	17%
Disagree	23%
Agree	39%
Strongly Agree	21%

### Concerns about my own physical and emotional safety limit where I feel I can <u>work</u>. (n=1319)

Rating	Percentage
Strongly Disagree	18%
Disagree	27%
Agree	40%
Strongly Agree	15%

# Concerns about my own physical and emotional safety limit where I feel I can <u>sleep</u>. (n=1371)

Rating	Percentage
Strongly Disagree	22%
Disagree	28%
Agree	33%
Strongly Agree	16%

### Concerns about my own physical and emotional safety limit where I feel I can <u>get health care</u>. (n=1371)

Rating	Percentage
Strongly Disagree	18%
Disagree	27%
Agree	34%
Strongly Agree	20%

Concerns about my own physical and emotional safety limit where I feel I can <u>get other services, such</u> <u>as legal or housing matters</u>. (n=1365)

Rating	Percentage
Strongly Disagree	17%
Disagree	31%
Agree	36%
Strongly Agree	16%

Appendix E. Data Tables for Basic Needs

## In the past 12 months, how often have <u>you not</u> <u>had a place to sleep for the night, and stayed in</u> <u>a car or on the street?</u> (n=1409)

Rating	Percentage
Never in the past 12 months	98%
About 1-5 times	1%
About 6-10 times	<1%
More than 10 times	1%

## In the past 12 months, how often have you <u>not</u> <u>had enough food or money to buy food</u> for you or your family? (n=1409)

Rating	Percentage
Never in the past 12 months	87%
About 1-5 times	8%
About 6-10 times	2%
More than 10 times	3%

#### In the past 12 months, how often have you <u>not</u> <u>had a enough money for transportation</u> you needed? (n=1406)

Rating	Percentage
Never in the past 12 months	89%
About 1-5 times	7%
About 6-10 times	2%
More than 10 times	3%

# In the past 12 months, how often have you <u>not</u> <u>had a place to sleep for the night, and stayed</u> <u>with friends or family?</u> (n=1409)

Rating	Percentage
Never in the past 12 months	94%
About 1-5 times	4%
About 6-10 times	1%
More than 10 times	2%

## In the past 12 months, how often have you <u>not</u> <u>had enough money to buy medicine</u> you or your family needed? (n=1407)

Rating	Percentage
Never in the past 12 months	86%
About 1-5 times	10%
About 6-10 times	2%
More than 10 times	2%

# In the past <u>12 months</u>, how often have you had power shut off because you didn't have enough money to pay the bills? (n=1406)

Rating	Percentage
Never in the past 12 months	97%
About 1-5 times	2%
About 6-10 times	<1%
More than 10 times	1%

## Do you need help with paying for school for yourself? (n=1406)

Rating	Percentage
I needed help with this in the past	57%
I need help with this now	10%
I expect to need help with this in the future	13%
I don't need or expect to need help with this	32%

### Do you need help planning for retirement? (n=1406)

Rating	Percentage
I needed help with this in the past	16%
I need help with this now	35%
I expect to need help with this in the future	38%
I don't need or expect to need help with this	28%

# Do you need help paying for school for your children or other family members? (n=1406)

Rating	Percentage
I needed help with this in the past	8%
I need help with this now	5%
I expect to need help with this in the future	20%
I don't need or expect to need help with this	65%

# Do you need help staying in your home as you get older? (n=1406)

Rating	Percentage
I needed help with this in the past	4%
I need help with this now	10%
I expect to need help with this in the future	63%
I don't need or expect to need help with this	28%

#### Do you need help getting immigration-related services, such as help with legal matters? (n=1406)

Rating	Percentage
I needed help with this in the past	5%
I need help with this now	3%
I expect to need help with this in the future	4%
I don't need or expect to need help with this	87%

Appendix F. Data Tables for Medical Service Needs

## Did you visit any kind of clinic, doctor, nurse practitioner, or other medical care provider in the past three years? (n=1302)

Response	Percentage
Yes	97%
No, but I needed this service	2%
No, and I did not need this service	2%

# In what county do you usually receive health care? (n=1242)

County	Percentage
Alameda	22%
Contra Costa	6%
Marin	4%
Napa	2%
San Francisco	40%
San Mateo	5%
Santa Clara	9%
Solano	1%
<u>Sonoma</u>	9%
Other county	1%

How long does it usually take you to get to a place where you receive health care services in the county you indicated? (n=1240)

Response	Percentage
Less than 15 minutes	28%
15-30 minutes	48%
<u>31-60 minutes</u>	20%
1-2 hours	4%
More than 2 hours	1%

## How do you usually get there? (n=1240)

Response	Percentage
Car	69%
Public transit	20%
Bike	2%
Foot (walking)	7%
Paratransit	1%
Тахі	1%

## Where do you usually get your health care in the county indicated above? (n=1237)

Response	Percentage
An LGBTQ-focused organization, clinic, or medical practice	7%
A general (non-LGBTQ) organization, clinic, or medical practice but with an LGBTQ-specific program	12%
A general (non-LGBTQ) organization, clinic, or medical practice	81%

Whether or not you have personally needed this service, how important is it to you to have access to LGBTQ-specific health care providers and services? (n=1247)

Response	Percentage
Not important to me at all	4%
Not very important, but is nice to have	17%
Important to me, but not critical	45%
Critically important to me	33%
No opinion	1%

### I get what I need out of it. (n=1237)

Response	Percentage
Never or almost never	2%
Sometimes	12%
Most of the time	50%
Always	36%

The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. (n=1118)

Response	Percentage	
Never or almost never 4%		
Sometimes	12%	
Most of the time	32%	
Always	53%	

## The provider(s) is/are sensitive to my needs and perspective as a LGBQidentified person. (n=1157)

Response	Percentage
Never or almost never	5%
Sometimes	17%
Most of the time	32%
Always	47%

# The provider(s) is/are sensitive to my needs and perspective based on my age. (n=1190)

Response	Percentage	
Never or almost never 2%		
Sometimes	12%	
Most of the time	35%	
Always	50%	

The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs. (n=469)

Response	Percentage
Never or almost never	9%
Sometimes	26%
Most of the time	31%
Always	34%

## The provider(s) is/are sensitive to my needs and perspective as a person of color. (n=299)

Response	Percentage	
Never or almost never 9%		
Sometimes	22%	
Most of the time	28%	
Always	41%	

## Do any of the following concerns or situations keep you from seeking health care services? (n=841)

Response	Percentage Yes
Concerned that the services would not be trans-friendly (n=106)	60%
Not being able to afford this service.	38%
Concerned that the services would not be LGBQ-friendly.	38%
Not knowing how or where to access this service.	23%
The amount of time I had to wait to be helped was too long.	23%
Concerned that the services would not be culturally sensitive.	16%
Concerned that the services would not be friendly to people of <u>color.</u>	14%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	13%
Being afraid someone I know would find out I was using this service.	10%
Not having anyone to take care of others, such as children or elders in my care.	6%
Being afraid that my parents/guardians or Child Protective Services would be notified.	4%
The service is not accessible for people with disabilities	3%
The services were not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	1%

Appendix G. Data Tables for Mental Health Service Needs Did you go to therapy or counseling, or use any kind of support group, drop-in group, or other kind of emotional or mental health support in the past three years? (n=1245)

Response	Percentage
Yes	57%
No, but I needed this service	13%
No, and I did not need this service	30%

### How do you usually get emotional support services? (n=689)

Response	Percentage
Only over the phone	2%
Only on the internet	1%
Only in-person	80%
A mix of in-person and phone/internet- based help	18%

In what county do you usually receive emotional support services, counseling, and/or therapy? (n=694)

County	Percentage
Alameda	24%
Contra Costa	5%
Marin	5%
Napa	1%
San Francisco	42%
San Mateo	3%
Santa Clara	9%
Solano	1%
Sonoma	8%
Other county	2%

How long does it usually take you to get to a place where you get emotional support services in the county you indicated? (n=665)

Response	Percentage
Less than 15 minutes	23%
15-30 minutes	46%
31-60 minutes	26%
1-2 hours	4%
More than 2 hours	1%

# How do you usually get to these services? (n=667)

Response	Percentage
Car	62%
Public transit	25%
Bike	3%
Foot (walking)	9%
Paratransit	<1%
Тахі	1%

## Where do you usually get emotional support services in the county indicated above? (n=684)

Response	Percentage
An LGBTQ-focused organization, clinic, or medical practice	26%
A general (non-LGBTQ) organization, clinic, or medical practice but with an LGBTQ-specific program	14%
A general (non-LGBTQ) organization, clinic, or medical practice	60%

Whether or not you have personally needed this service, how important is it to you to have access to LGBTQ-specific emotional support providers and services? (n=1207)

Response	Percentage
Not important to me at all	2%
Not very important, but is nice to have	10%
Important to me, but not critical	35%
Critically important to me	53%
No opinion	<1%

#### I get what I need out of it. (n=684)

Response	Percentage
Never or almost never	4%
Sometimes	21%
Most of the time	49%
Always	27%

The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. (n=623)

	/
Response	Percentage
Never or almost neve	r 2%
Sometimes	10%
Most of the time	27%
Always	61%

## The provider(s) is/are sensitive to my needs and perspective as a LGBQidentified person. (n=665)

Response	Percentage
Never or almost never	3%
Sometimes	11%
Most of the time	27%
Always	60%

# The provider(s) is/are sensitive to my needs and perspective based on my age. (n=644)

Response	Percentage
Never or almost never	1%
Sometimes	9%
Most of the time	27%
Always	63%

The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs. (n=288)

Response	Percentage
Never or almost never	7%
Sometimes	17%
Most of the time	32%
Always	44%

## The provider(s) is/are sensitive to my needs and perspective as a person of color. (n=175)

Response	Percentage
Never or almost never	7%
Sometimes	19%
Most of the time	26%
Always	47%

## Do any of the following concerns or situations keep you from seeking emotional health care services? (n=906)

Response	Percentage Yes
Not being able to afford this service.	50%
Concerned that the services would not be trans-friendly (n=178)	49%
Concerned that the services would not be LGBQ-friendly.	36%
Not knowing how or where to access this service.	32%
Concerned that the services would not be culturally sensitive.	16%
The amount of time I had to wait to be helped was too long.	15%
Concerned that the services would not be friendly to people of color.	13%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	11%
Being afraid someone I know would find out I was using this service.	10%
Not having anyone to take care of others, such as children or elders in my care.	6%
Being afraid that my parents/guardians or Child Protective Services would be notified.	3%
The service is not accessible for people with disabilities	3%
The services were not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	1%

Did you use any kind of services or support related to drug or alcohol recovery in the past three years? (n=1205)

Response	Percentage
Yes	6%
No, but I needed this service	4%
No, and I did not need this service	90%

## How do you usually get recovery support services? (n=73)

Response	Percentage
Only over the phone	3%
Only on the internet	0%
Only in-person	88%
A mix of in-person and phone/internet- based help	10%

# In what county do you usually receive recovery support care? (n=76)

County	Percentage
Alameda	16%
Contra Costa	4%
Marin	5%
Napa	3%
San Francisco	45%
San Mateo	5%
Santa Clara	9%
Solano	1%
Sonoma	8%
Other county	4%

How long does it usually take you to get to a place where you receive recovery support services in the county you indicated?

(1=70)	
Response	Percentage
Less than 15 minutes	27%
15-30 minutes	44%
31-60 minutes	24%
1-2 hours	3%
More than 2 hours	1%

## How do you usually get there? (n=71)

Response	Percentage
Car	54%
Public transit	31%
Bike	0%
Foot (walking)	11%
Paratransit	3%
Тахі	1%

Appendix H. Data Tables for Drug and Alcohol Recovery Needs

## Where do you usually get recovery services in the county indicated above? (n=71)

Response	Percentage
An LGBTQ-focused organization, clinic, or medical practice	14%
A general (non-LGBTQ) organization, clinic, or medical practice but with an LGBTQ-specific program	30%
A general (non-LGBTQ) organization, clinic, or medical practice	56%

Whether or not you have personally needed this service, how important is it to you to have access to LGBTQ-specific recovery providers and services? (n=1181)

Response	Percentage
Not important to me at all	6%
Not very important, but is nice to have	13%
Important to me, but not critical	34%
Critically important to me	35%
No opinion	13%

#### I get what I need out of it. (n=74)

Response	Percentage
Never or almost never	5%
Sometimes	16%
Most of the time	50%
Always	28%

The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. (n-61)

(11=01)	
Response	Percentage
Never or almost never	10%
Sometimes	18%
Most of the time	33%
Always	39%

## The provider(s) is/are sensitive to my needs and perspective as a LGBQidentified person. (n=66)

Response	Percentage
Never or almost never	5%
Sometimes	30%
Most of the time	29%
Always	36%

## The provider(s) is/are sensitive to my needs and perspective based on my age. (n=59)

Response	Percentage
Never or almost never	2%
Sometimes	19%
Most of the time	44%
Always	36%

The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.

Response	Percentage
Never or almost never	6%
Sometimes	42%
Most of the time	26%
Always	26%
Always	26%

## The provider(s) is/are sensitive to my needs and perspective as a person of color. (n=18)

Response	Percentage
Never or almost never	6%
Sometimes	50%
Most of the time	22%
Always	42%

## Do any of the following concerns or situations keep you from seeking drug alcohol recovery services? (n=901)

Response	Percentage Yes
Concerned that the services would not be trans-friendly (n=166)	13%
Not being able to afford this service.	8%
Concerned that the services would not be LGBQ-friendly.	8%
Not knowing how or where to access this service.	8%
Being afraid someone I know would find out I was using this service.	5%
Concerned that the services would not be culturally sensitive.	4%
Concerned that the services would not be friendly to people of <u>color</u> .	4%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	3%
The amount of time I had to wait to be helped was too long.	3%
Not having anyone to take care of others, such as children or elders in my care.	1%
Being afraid that my parents/guardians or Child Protective Services would be notified.	1%
The service is not accessible for people with disabilities	1%
The services were not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	1%

Appendix I. Data Tables for Legal Service Needs

# Did you use any kind of legal assistance in the past three years? (n=1198)

Response	Percentage
Yes	34%
No, but I needed this service	12%
No, and I did not need this service	54%

# How do you usually get legal services? (n=402)

Response	Percentage
Only over the phone	6%
Only on the internet	3%
Only in-person	32%
A mix of in-person and phone/internet- based help	58%

# In what county do you usually receive health care? (n=413)

County	Percentage
<u>Alameda</u>	23%
Contra Costa	3%
Marin	5%
Napa	2%
San Francisco	45%
San Mateo	3%
Santa Clara	5%
Solano	1%
Sonoma	11%
Other county	4%

## How long does it usually take you to get to a place where you receive health care services in the county you indicated? (n=360)

Response	Percentage
Less than 15 minutes	15%
15-30 minutes	38%
<u>31-60 minutes</u>	34%
1-2 hours	9%
More than 2 hours	4%

## How do you usually get there? (n=361)

Response	Percentage
Car	62%
Public transit	27%
Bike	2%
Foot (walking)	6%
Paratransit	1%
Тахі	1%

## Where do you usually get your legal services in the county indicated above? (n=393)

Response	Percentage
An LGBTQ-focused organization, clinic, or medical practice	24%
A general (non-LGBTQ) organization, clinic, or medical practice but with an LGBTQ-specific program	12%
A general (non-LGBTQ) organization, clinic, or medical practice	64%

Whether or not you have personally needed this service, how important is it to you to have access to LGBTQ-specific lawyers or other legal services? (n=1174)

Response	Percentage
Not important to me at all	3%
Not very important, but is nice to have	11%
Important to me, but not critical	37%
Critically important to me	46%
No opinion	3%

#### I get what I need out of it. (n=396)

Response	Percentage
Never or almost never	8%
Sometimes	16%
Most of the time	33%
Always	43%

The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. (n=314)

Percentage
5%
12%
19%
63%

## The provider(s) is/are sensitive to my needs and perspective as a LGBQidentified person. (n=339)

Response	Percentage
Never or almost never	7%
Sometimes	14%
Most of the time	18%
Always	61%

## The provider(s) is/are sensitive to my needs and perspective based on my age. (n=328)

Response	Percentage
Never or almost never	5%
Sometimes	11%
Most of the time	22%
Always	63%

The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs. (n=129)

Response	Percentage
Never or almost never	15%
Sometimes	22%
Most of the time	32%
Always	41%

## The provider(s) is/are sensitive to my needs and perspective as a person of color. (n=71)

Response	Percentage
Never or almost never	17%
Sometimes	31%
Most of the time	16%
Always	37%

# Do any of the following concerns or situations keep you from seeking legal services? (n=858)

Response	Percentage Yes
Not being able to afford this service.	42%
Not knowing how or where to access this service.	27%
Concerned that the services would not be trans-friendly (n=163)	26%
Concerned that the services would not be LGBQ-friendly.	16%
The amount of time I had to wait to be helped was too long.	9%
Concerned that the services would not be culturally sensitive.	8%
Concerned that the services would not be friendly to people of <u>color</u> .	6%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	5%
Being afraid someone I know would find out I was using this service.	4%
Not having anyone to take care of others, such as children or <u>elders in my care.</u>	3%
The service is not accessible for people with disabilities	3%
Being afraid that my parents/guardians or Child Protective Services would be notified.	1%
The services were not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	1%

Appendix J. Data Tables for Housing Assistance Needs

# Did you use any kind of housing support or assistance in the past three years? (n=1187)

Response	Percentage
Yes	9%
No, but I needed this service	10%
No, and I did not need this service	81%

## How do you usually get housing support services? (n=105)

Response	Percentage
Only over the phone	7%
Only on the internet	4%
Only in-person	40%
A mix of in-person and phone/internet- based help	50%

# In what county do you usually receive housing assistance? (n=113)

County	Percentage
Alameda	8%
Contra Costa	7%
Marin	6%
Napa	3%
San Francisco	58%
San Mateo	4%
Santa Clara	5%
Solano	1%
Sonoma	7%
Other county	1%

How long does it usually take you to get to a place where you receive housing support services in the county you indicated? (n=89)

Response	Percentage
Less than 15 minutes	17%
15-30 minutes	43%
31-60 minutes	21%
1-2 hours	8%
More than 2 hours	11%

## How do you usually get there? (n=93)

Response	Percentage
Car	37%
Public transit	34%
Bike	1%
Foot (walking)	23%
Paratransit	3%
Тахі	2%

## Where do you usually get housing support services? (n=107)

Response	Percentage
An LGBTQ-focused organization, clinic, or medical practice	17%
A general (non-LGBTQ) organization, clinic, or medical practice but with an LGBTQ-specific program	17%
A general (non-LGBTQ) organization, clinic, or medical practice	66%

Whether or not you have personally needed this service, how important is it that LGBTQspecific housing services, such as tenant counseling, housing assistance and/or shelters are available? (n=1156)

Response	Percentage
Not important to me at all	4%
Not very important, but s nice to have	13%
mportant to me, but not critical	34%
Critically important to me	45%
No opinion	5%

# I get what I need out of housing assistance. (n=104)

Response	Percentage	
Never or almost never 15%		
Sometimes	27%	
Most of the time	30%	
Always	28%	

The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. (n-82)

(11=02)	
Response	Percentage
Never or almost never	13%
Sometimes	17%
Most of the time	27%
Always	43%
-	

## The provider(s) is/are sensitive to my needs and perspective as a LGBQidentified person. (n=86)

Response	Percentage
Never or almost never	12%
Sometimes	21%
Most of the time	24%
Always	43%

## The provider(s) is/are sensitive to my needs and perspective based on my age. (n=93)

Response	Percentage	
Never or almost never 12%		
Sometimes	27%	
Most of the time	20%	
Always	41%	

The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.

(11-70)	
Response	Percentage
Never or almost never	19%
Sometimes	21%
Most of the time	26%
Always	34%
-	

## The provider(s) is/are sensitive to my needs and perspective as a person of color. (n=30)

Response	Percentage	
Never or almost never 27%		
Sometimes	33%	
Most of the time	27%	
Always	13%	

# Do any of the following concerns or situations keep you from seeking housing services? (n=892)

Response	Percentage Yes
Concerned that the services would not be trans-friendly (n=170).	20%
Not knowing how or where to access this service.	19%
Concerned that the services would not be LGBQ-friendly.	13%
Not being able to afford this service.	13%
The amount of time I had to wait to be helped was too long.	10%
Concerned that the services would not be friendly to people of <u>color</u> .	8%
Concerned that the services would not be culturally sensitive.	7%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	3%
Being afraid someone I know would find out I was using this service.	3%
The service is not accessible for people with disabilities	3%
Being afraid that my parents/guardians or Child Protective Services would be notified.	1%
Not having anyone to take care of others, such as children or <u>elders in my care.</u>	1%
The services were not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	1%

Appendix K. Data Tables for Comunity Events and Social Life Needs Did you participate in any kind of organized social or community activities or events for LGBTQ community members in the past three years? (n=1177)

Response	Percentage
Yes	86%
No, but I wanted this kind of opportunity	11%
No, and I did not want this kind of opportunity	3%

How long does it usually take you to LGBTQ-specific social or community events in the county you indicated? (n=1005)

Response	Percentage
Less than 15 minutes	14%
15-30 minutes	45%
31-60 minutes	32%
1-2 hours	7%
More than 2 hours	1%

In what county do you usually participate in LGBTQspecific social or community events? (n=1012)

County	Percentage
Alameda	18%
Contra Costa	3%
Marin	3%
Napa	1%
San Francisco	54%
San Mateo	1%
Santa Clara	8%
Solano	<1%
Sonoma	10%
Other county	2%

### How do you usually get there? (n=1002)

Response	Percentage
Car	55%
Public transit	34%
Bike	2%
Foot (walking)	8%
Paratransit	<1%
Тахі	1%

Even if you haven't participated in LGBTQ-specific social or community events, how important is it to you that these events are available? (n=1165)

Response	Percentage
Not important to me at all	1%
Not very important, but is nice to have	3%
Important to me, but not critical	26%
Critically important to me	70%
No opinion	<1%

\*Percentages may total more or less than 100% due to rounding.

## l get what I need out of it. (n=998)

Response	Percentage
Never or almost never	3%
Sometimes	22%
Most of the time	53%
Always	23%

# The event is sensitive to my needs and perspective based on my gender identity/expression. (n=873)

Response	Percentage
Never or almost never	1%
Sometimes	10%
Most of the time	32%
Always	56%

## The event is sensitive to my needs and perspective as a LGBQ-identified person. (n=963)

Response	Percentage
Never or almost never	1%
Sometimes	8%
Most of the time	31%
Always	60%

## The event is sensitive to my needs and perspective based on my age. (n=901)

Response	Percentage
Never or almost never	3%
Sometimes	21%
Most of the time	36%
Always	40%

The event(s) is/are sensitive to my needs and perspective based on my disabilityrelated needs. (n=339)

Response	Percentage
Never or almost never	12%
Sometimes	29%
Most of the time	29%
Always	31%
•	

The event is sensitive to my needs and perspective as a person of color. (n=256)

Response	Percentage
Never or almost never	7%
Sometimes	31%
Most of the time	30%
Always	32%

# Do any of the following concerns or situations keep you from participating in social or community events? (n=779)

Response	Percentage Yes
Not knowing how or where to access these events.	55%
Concerned that the event would not be trans-friendly.	41%
Concerned that the event would not be friendly to people of color.	34%
Not being able to afford to participate.	27%
Not having a way to get there or travel to get there was too <u>complicated, too expensive, or would take too long.</u>	26%
Concerned that the event would not be culturally sensitive.	19%
Concerned that the event would not be LGBQ-friendly.	15%
The event does not adequately accommodate people with disabilities	10%
Not having anyone to take care of others, such as children or <u>elders in my care.</u>	8%
Being afraid someone I know would find out I was participating.	7%
The event was not in my primary language.	1%
Being afraid that I would be reported to immigration or other authorities	<1%

Appendix L. Data Tables for Civic Engagement Needs

# I believe at least one of my local elected officials has my best interest at heart. (n=1153)

Rating	Percentage
Strongly Disagree	5%
Disagree	13%
Agree	59%
Strongly Agree	23%

### There is at least one LGBTQ organization or group of advocates in my county who speaks up for the issues that personally affect me. (n=1148)

Rating	Percentage
Strongly Disagree	5%
Disagree	15%
Agree	55%
Strongly Agree	25%

# I know of ways to provide my own input into local laws, policies, and decisions. (n=1159)

Rating	Percentage
Strongly Disagree	7%
Disagree	21%
Agree	54%
Strongly Agree	19%

#### In general, I feel that the laws and policies in the city where I live support LGBTQ people. (n=1154)

Rating	Percentage
Strongly Disagree	3%
Disagree	10%
Agree	64%
Strongly Agree	24%

**Appendix M.** Survey **Respondent Race** and Income **Compared to US Census Data by** County

### Survey Respondent Race Compared to US Census Data

County	African American	Asian	Native American / American Indian/ Alaska Native	Latina/o/ x*	Middle Eastern**	Pacific Islander/ Hawaiian Native	White	Bi- or Multi- Racial	Another Race
Alameda	6%	7%	1%	9%	1%	1%	64%	7%	5%
Alameda Census Data	12%	30%	1%	23%	N/A	1%	52%	5%	N/A
Contra Costa	6%	7%	1%	4%	0%	0%	71%	4%	5%
Contra Costa Census Data	10%	17%	1%	25%	N/A	1%	67%	5%	N/A
Marin	0%	1%	0%	4%	1%	1%	88%	5%	5%
Marin Census Data	3%	6%	1%	16%	N/A	<1%	86%	4%	N/A
Napa	9%	14%	0%	16%	0%	0%	50%	11%	0%
Napa Census Data	2%	8%	1%	34%	N/A	<1%	85%	3%	N/A
San Francisco	3%	7%	1%	11%	1%	<1%	66%	6%	6%
San Francisco Census Data	6%	35%	1%	15%	N/A	1%	54%	4%	N/A
San Mateo	5%	11%	0%	15%	1%	0%	60%	5%	3%
San Mateo Census Data	3%	28%	1%	25%	N/A	2%	62%	5%	N/A
Santa Clara	1%	9%	2%	7%	2%	0%	67%	10%	3%
Santa Clara Census Data	3%	36%	1%	26%	N/A	1%	56%	4%	N/A
Solano	0%	0%	0%	12%	0%	0%	71%	12%	6%
Solano Census Data	15%	16%	1%	26%	N/A	1%	60%	7%	N/A
Sonoma	1%	0%	0%	3%	0%	1%	88%	2%	6%
Sonoma Census Data	2%	4%	2%	26%	N/A	<1%	87%	4%	N/A

### Survey respondent n=1399

\*Census data counts Hispanic/ Latino as part of another race, not an independent category.

\*\*Census data does not have a Middle Eastern race category

### Survey Respondent Household Income Compared to US Census Data

County	Less than \$20,000 a year	\$20,001 to \$40,000 a year	\$40,001 to \$60,000 a year	\$60,001 to \$80,000 a year	\$80,001 to \$100,000 a year	\$100,001 to \$150,000 a year	More than \$150,000 a year	<b>Census:</b> Median household Income
Alameda	9%	16%	14%	9%	14%	17%	22%	\$75,619
Contra Costa	11%	17%	7%	13%	9%	20%	23%	\$80,185
Marin	10%	17%	15%	12%	10%	15%	20%	\$93,257
Napa	13%	31%	16%	6%	6%	16%	13%	\$71,379
San Francisco	17%	12%	11%	11%	10%	16%	23%	\$81,294
San Mateo	10%	8%	10%	15%	13%	12%	33%	\$93,623
Santa Clara	9%	13%	8%	8%	11%	21%	22%	\$96,310
Solano	7%	20%	20%	13%	0%	13%	27%	\$66,828
Sonoma	16%	12%	16%	18%	13%	13%	13%	\$64,240

**Appendix N. Further Reading: Literature from** the Field on LGBTQ Community Needs

### **Resources on LGBTQ Healthcare Access and Treatment**

- Changing the Game: What Healthcare means for LGBT Americans. Center for American Progress.
- *The Affordable Care Act and the LGBT Community.* The National Coalition for LGBT Health.
- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community. The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide.
- Ensuring Health and Wellness for LGBT Families. (This is a brief that is included in the larger report: Movement Advancement Project, Family Equality Council and Center for American Progress, "All Children Matter: How Legal and Social Inequalities Hurt LGBT Families," October 2011.)
- The Health of Lesbian, Gay, Bisexual, and Transgender People. Institute of Medicine.
- Consideration of the Institute of Medicine (IOM) Report on the Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals. NIH LGBT Research Coordinating Committee.
- Napa County LGBTQ Needs Assessment 2012-2013 Findings. LGBTQ Connection.

### **Resources on LGBTQ Homelessness and Basic Needs**

- Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless. National Gay and Lesbian Taskforce
- Food Insecurity and SNAP (Food Stamps) Participation in LGBT Communities. The Williams Institute.
- LGBT Populations: A Snapshot of the Knowledge Base and Research Needs: Low Income LGBT Populations and Programs to Support Self-sufficiency. Mathematica Policy Research.

### **Resources on LGBTQ Mental Health and Suicide**

- Suicide attempts among gay and bisexual men: lifetime prevalence and antecedents. American Journal of Public Health.
- Distress and depression in men who have sex with men: the Urban Men's Health Study. American Journal of Psychiatry.
- Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II. Journal of Women's Health.
- Sexual orientation and risk of suicide attempts among a representative sample of youth. Children's Hospital/Harvard Medical School.
- Impact of victimization on risk of suicide among lesbian, gay, and bisexual high school students in San Francisco. Journal of Adolescent Health.
- Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES III. American Journal of Public Health.
- *Talking about Suicide and LGBT Populations*. Movement Advancement Project (MAP).
- *How Therapists are Failing LGBTQ Millennials*. Quinlan, Casey. 2017. Bustle.

### **Resources on Transgender Rights**

- Good Jobs. Transgender Law Center.
- *Injustice at Every Turn.* A Report of the National Transgender Discrimination Survey.
- The Potential Impact of Voter Identification Laws on Transgender Voters in the 2016 General Election. The Williams Institute.

### **Resources on LGBTQ Immigrant Rights**

• Stronger Together A Guide to Supporting LGBT Asylum Seekers. The National LGBTQ Task Force.

### **Resources on LGBTQ Economic and Civil Rights**

- *The Impact Of A \$15 Minimum Wage Among Same Sex Couples.* The Williams Institute.
- Impact of Civil Marriage Recognition for Long-Term Same-Sex Couples. The Williams Institute.
- The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature. McCann, Edward.
- Estimating the Economic Impact of Marriage for Same-Sex Couples One Year after Obergefell. The Williams Institute.
- New Patterns of Poverty in the Lesbian, Gay, Bisexual, and Transgender Community (2013). The Williams Institute.

# *Resources on LGBTQ Criminal Justice and Juvenile Justice*

- Unjust: How the Broken Criminal Justice System Fails LGBT People of Color. Center for American Progress, Movement Advancement Project (MAP).
- Locked Up and Out: Lesbian, Gay, Bisexual, and Transgender Youth in Louisiana's Juvenile Justice System. Ware, Wesley. Juvenile Justice Project of Louisiana.
- We've Had Three of Them: Addressing the Invisibility of Lesbian, Gay, Bisexual, and Gender Non-Conforming Youth In the Juvenile Justice System. 2010. Columbia Journal of Gender and Law, Volume 19.
- *Reflections on New National Data on LGBQ/GNCT Youth In the Justice System.* Irvine, Angela, and Canfield, Aisha. 2017. LGBTQ Policy Journal at the Harvard Kennedy School, Volume VII, 2016-17.
- *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts.* Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights.
- Power in Partnerships: Building Connections at the Intersection of Racial Justice and LGBTQ Movements to End the School-to-Prison Pipeline. Advancement Project, Alliance for Educational Justice, and Gay-Straight Alliance Network.

### **Resources on LGBTQ Youth and Families**

- LGBT Populations: A Snapshot of the Knowledge Base and Research Needs: Youth Chapter. Mathematica Policy Research.
- *Ensuring Access to Mentoring Programs for LGBTQ Youth.* The Williams Institute.
- Why Zero Tolerance is Not the Solution to Bullying. 2012. Advancement Project, Alliance for Educational Justice, and Gay-Straight Alliance Network.
- Various Resources on Family Support of LGBTQ Youth. Family Acceptance Project.
- Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment. Toomey, Ryan, and Diaz. 2010. American Psychological Association.
- Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. Ryan, Heubner, Diaz, and Sanchez. Pediatrics January 2009, VOLUME 123 / ISSUE 1.
- Supporting and Caring for our Latino LGBT Youth. Human Rights Campaign Foundation, The League of United Latin American Citizens.
- Parent-teen involvement deters Hispanic youth from substance use, risky sexual behaviors. Wadley, Jared. 2014. Medical Press.
- *Napa County Findings: School Safety and Climate Survey.* 2013. LGBTQ Connection.
- Trans and Nonbinary Youth Inclusivity in Sexual Health: Guidelines for sexual health service providers and educators. 2016. Planned Parenthood Toronto.
- Including Trans and Nonbinary Youth in Community Based Research. SCRA LGBT Special Interest Webinar. Flanders, Corey.

### Additional Assessments of US and International LGBTQ Community Need

- As I see it: 2014 South Florida LGBTQ Community Assessment Study. Aqua Foundation for Women, GLBT Community Projects Fund, Our Fund.
- Chicago LGBT Community Needs Assessment. 2012. Mary Morten, et al. The Chicago Community Trust and the Morten Group.
- Edinburgh LGBT Community Needs Assessment. Aiken, Kealey, and Adamson. 2007. LGBT Centre for Health and Wellbeing.
- Frazer, M. Somjen. (2009) LGBT Health and Human Services Needs in New York State. Empire State Pride Agenda Foundation: Albany, NY.
- LGBT San Diego's Trailblazing Generation: Housing and Related Needs of LGBTQ Seniors. February, 2011. The San Diego Lesbian, Gay, Bisexual & Transgender Community Center.
- Movement Advancement Project, BiNetUSA, Bisexual Resource Center. *Understanding Issues Facing Bisexual Americans*. 2014.
- Seattle LGBT Commission Report of Needs Assessment Survey 2010. Seattle Lesbian, Gay, Bisexual, and Transgendered Commission.
- Napa County LGBTQ Needs Assessment 2012/13 Final Report. LGBTQ Connection.
- Status of LGBTQ Health in Santa Clara County: 2013. Santa Clara County Public Health.

### **Resources on Bay Area Service Provision**

• Lesbian, Gay, Bisexual, Transgender, Queer, Intersex & 2-Spirit Information and Resource List for Providers. Pacific Resource Center for Human Growth. **Appendix O. Data Collection** Instruments— **Community Survey** and Field Expert **Interview Protocol** 

### Thank you for taking the time to complete this LGBTQ Community Survey!

Si quiere completar la encuesta en español, visite este sitio de web: https://www.surveymonkey.com/r/SFBA LGBT NEEDS SPAN.

The wider San Francisco Bay Area is home to a diverse and vibrant lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. As individuals and as a community, we have abundant strength, resiliency, and resourcefulness. At the same time, our community continues to be disproportionately affected by a range of physical, mental, and behavioral health, economic, social, legal, and political issues, and our needs can be overlooked by mainstream organizations. The purpose of this survey is to gather information that will help meet the needs of all LGBTQ people in the Bay Area.

This survey is being commissioned by Horizons Foundation, the world's first community foundation based in and serving the LGBTQ community, primarily in the nine Bay Area counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Findings from this community needs assessment will be used to inform the work of Horizons Foundation, as well as individual donors, other foundations, and nonprofit organizations serving the LGBTQ community.

This survey will ask you about:

- Your opinion about the most important issues facing you and your community right now;
- Your experiences trying to get help for various concerns in your life;
- Your feelings of physical and emotional safety in various aspects of your life, as well as your feelings of connection to the community; and
- Some information about you (which will be kept strictly confidential)

We realize that some of these questions may bring up difficult feelings. It is ok to skip any question you do not feel comfortable answering. If you'd like to talk to someone or get other support, please refer to the resource page at the end of the survey.

We anticipate that this survey will take you 15-30 minutes to complete. We greatly appreciate you taking the time to add your voice to this effort. The information you share will help bring attention to what we need in our communities to support our freedom, equality, dignity, and well-being.

### Confidentiality

This survey is **completely anonymous and confidential**. A local, queer-owned research group — Learning for Action (LFA) — will be conducting this survey, and will summarize your responses along with those of everyone else who completes this survey. **You will not be asked for your name, and your responses will never be identified individually in our report, or in any materials related to this community needs assessment.** 

### Your Connection to the San Francisco Bay Area LGBTQ Community

First, we'd like some information about your connection to the nine-county Bay Area, as well as your connection to the LGBTQ community.

1.	What county do you currently live in or stay in i	<b>nost of the time?</b> (please check only one)
	Alameda County Contra Costa County Marin County Napa County San Francisco City and County	<ul> <li>San Mateo County</li> <li>Santa Clara County</li> <li>Solano County</li> <li>Sonoma County</li> <li>Other</li> </ul>
2.	How many years have you lived in your current year, please enter "1."	county? If you have lived there for less than one
	years	
3.	What is the zip code where you currently live or	stay most of the time?
4.	In what county or counties do you currently wo	rk and/or go to school? (please check all that apply)
	Alameda County Contra Costa County Marin County Napa County San Francisco City and County	<ul> <li>San Mateo County</li> <li>Santa Clara County</li> <li>Solano County</li> <li>Sonoma County</li> <li>Other</li> </ul>
5.	Do you identify with the term "queer" as your s	exual orientation?
	<ul> <li>Yes</li> <li>No</li> <li>Prefer not to answer</li> </ul>	
6.	We know there is a variety of terms people in the orientation, including queer, pansexual, two-spin But of the following sexual orientation identities	
	<ul> <li>Gay</li> <li>Lesbian</li> <li>Bisexual</li> <li>Straight</li> <li>Prefer not to answer</li> </ul>	
7.	If the term you use to describe your sexual orien straight, please write it here:	ntation is <i>not</i> queer, gay, lesbian, bisexual, or

- 8. How do you currently describe your gender identity? *Please select the <u>one</u> you most identify with.* By "gender identity," we mean your internal understanding of your own gender, or the gender(s) with which you identify.
  - □ Genderqueer/ Non-binary
  - $\Box$  Intersex
  - 🗆 Man
  - □ Transgender Man
  - □ Transgender Woman
  - □ Woman

- □ Prefer not to answer
- If the term you use to describe your gender identity is not listed here, please write it below:

9. How old are you?

# 10. How do you describe your race/ethnicity? *Please select the one you most identify with. If you would like to provide more detail about your race/ethnicity, please do so in the box provided.*

- □ African American or Black
- $\Box$  Asian
- Native American/American Indian or Alaska Native
- □ Latina/o/Latinx
- □ Middle Eastern
- Pacific Islander, including Native Hawaiian
- $\Box$  White
- □ Bi- or Multi-Racial
- □ Another race or ethnicity not listed here (Please specify\_\_\_\_\_)

**11.** If you would like to provide more detail about your race or ethnicity, please write it below:

12. To what extent the following st	do you agree/disagree with atements?	Strongly Disagree	Disagree	Agree	Strongly Agree
	e being as openly out as I want <b>he time</b> in the city where I live.				
b. If I were in troub someone would	le in a public space, I think help me.				
c. I have someone my problems.	to confide in or talk to about				
d. I have someone	to get together with for fun.				
e. I have someone daily chores if I	I could ask to help me with vere sick.				
f. I have a sense of community whe	connection to the LGBTQ re I live.				

### Your Feelings of Safety as a Person in the LGBTQ Community

We are interested in knowing how safe you feel in various parts of your daily life. Safety can mean physical or emotional safety, including being free from fear of harassment, threats, violence, loss, or having your rights violated.

13. How safe do you feel:	Unsafe all or most of the time	Unsafe more often than safe	Safe more often than unsafe	Safe all or most of the time	Not applicable
a. In your neighborhood?					
b. With the person or people you date or are in a relationship with?					
c. Where you work?					
d. At your school?					
e. On public transit? (e.g., BART or bus)					
f. Interacting with police or other law enforcement officials?					

The next set of questions asks you how limited you feel your options are for safe places to live, work, and get help. Please mark how much you disagree or agree with each statement below.

14.	Concerns about my own physical and emotional safety limit where I feel I can	Strongly Disagree	Disagree	Agree	Strongly Agree
a.	live.				
b.	sleep.				
C.	work.				
d.	get health care.				
e.	get other services, such as help with legal or housing matters.				

### **Your Needs**

In this section, you will be asked about the extent to which you experience certain types of needs in your life.

15.	In the past <u>12 months</u> , how often have you experienced any of the following?	Never in the past 12 months	About 1-5 times	About 6-10 times	More than 10 times
a.	Not had a place to sleep for the night, and stayed in a car or on the street?				
b.	Not had a place to sleep for the night, and stayed with friends or family?				
C.	Not had enough food to eat or money to buy food for you or your family?				
d.	Not had money to buy medicine you or your family needed?				
e.	Not had enough money for transportation you needed?				
f.	Had power (gas and electric) or water shut off because you didn't have enough money to pay the bills?				

The next set of questions asks you about types of support that many people need at different times in their lives. For each one, please mark whether you needed help with it in the past, need that kind of help now, or might need it in the future.

<b>16.</b> Please select all that apply.	I needed help with this in the past	I need help with this now	I expect to need help with this in the future	No help needed or expected
a. Paying for school for myself.				
<ul> <li>Paying for school for my children or other family members.</li> </ul>				
c. Planning for retirement.				
d. Staying in my home as I get older.				
e. Getting immigration-related services, such as help with legal matters.				

### **Your Priorities**

Now, we want to hear about the things that are most important to you, and what you think would help with your biggest concerns. We appreciate you making the effort to write in these responses. We want to hear what matters to you most in your own words to help influence funding and programming that is directly responsive to the community's needs. All other questions in the survey are multiple choice. Thank you for taking the time to answer these questions as specifically as you can. Your answers are very important to us!

17. What brings you the most joy in your life?

18.	What are your biggest fears or worries for yourself as a member of the LGBTQ community right
	now? You might think about issues relating to health and well-being; safety; family and
	relationships; social life; finances/money; housing; and/or civil rights, freedom and equality.
	Please be as specific as you can.

1.

2.

3.

19.	What would help address or improve these fears or worries?
1.	
2.	

3.

### Your Experiences Trying to Get What You Need

In this section, you will be asked about several types of services and your typical experience using them. You will not be asked to share any details about the *reason* you sought or needed any kind of help. In answering these questions, please respond <u>only about your experiences in the San Francisco Bay Area in the past 3 years</u>.

Because HIV/AIDS has historically been and continues to be a critically important issue in the LGBTQ community, most surveys of LGBTQ people include questions about this issue area, and thus you may be expecting to see it here. We want to explain that HIV/AIDS is intentionally not part of this survey—not because it isn't important, but because there is already ample documentation of the need for HIV prevention and treatment, and with this survey we are trying to gather information about the many other issue areas we have less information about in our community. Thank you for your understanding.

### **Medical / Physical Health Care**

Visiting a hospital, doctor's office, or other healthcare provider to address and heal physical health issues or injuries. This does <u>not</u> include behavioral/mental health, which you will be asked about later in the survey.

# 20. Did you visit any kind of clinic, doctor, nurse practitioner, or other medical care provider in the past three years?

□ Yes

- □ No, but I needed this service
- □ No, and I did <u>not</u> need this service

### If you answered no, please skip to question 26.

∃ Yes →	<ul> <li>more than one county, please choose recently.</li> <li>Alameda County</li> <li>Contra Costa County</li> <li>Marin County</li> <li>Mapa County</li> <li>San Francisco City and County</li> </ul>		San Mateo Co Santa Clara Co Solano Count Sonoma Court	ounty ounty y ity		
	<ul> <li>22. Please tell us more about your <u>typical</u> above:</li> <li>How often are the following statements true for your typical experience?</li> </ul>	experience g Never or almost never	etting health c	are in the Most of the time	county you Always	indicated Not Applicable
	a. I get what I need out of it.					
	b. The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression.					
	c. The provider(s) is/are sensitive to my needs and perspective as a queer/LGB- identified person.					
	d. The provider(s) is/are sensitive to my needs and perspective as a person of color.					
	e. The provider(s) is/are sensitive to my needs and perspective based on my age.					
	f. The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.					
	<ul> <li>23. Where do you usually get your heal about the organization where you rec</li> <li>An LGBTQ-focused organizatio</li> <li>A general (non-LGBTQ) organi program</li> <li>A general (non-LGBTQ) organi</li> </ul>	eive care, not on, clinic, or n zation, clinic,	your provider nedical practice or medical pra	's identity.) e ctice, but <u>y</u>	)	

	long does it usuanty you indicated a	-	you to get to a place where you get health care services in th
It takes	<b>me</b> (check one):		
🗆 Less t	15 min 🛛 15-3	30 min 🛛	□ 31-60 min □ 1-2 hrs □ more than 2 hrs
25. Hov	v do you usually g	get there	e?
By (chea	k one):		
		□ bika	🗆 foot (walking) 🗆 Paratransit 🛛 taxi

# 26. Whether or not you have personally needed this service, how important is it that LGBTQ-specific health care providers and services are available?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- $\Box$  No opinion

- **27.** Do any of the following concerns or situations keep you from seeking health care services? (*Please check all that apply*)
  - □ Not applicable: I have never needed health care services

### Accessibility

- Not knowing how or where to access this service.
- □ The amount of time I had to wait to be helped was too long.
- □ Not being able to afford this service.
- Not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long.
- □ The services were not available in my primary language.
- Not having anyone to take care of others (like kids or elders in my care) so I could go.
- □ The service is not accessible for people with disabilities.

### Orientation of services

- □ Concerned that the services would not be transfriendly.
- □ Concerned that the services would not be queer/LGB-friendly.
- □ Concerned that the services would not be culturally sensitive.
- Concerned that the services would not be friendly to people my age.

# 28. Additional comments: is there anything else you'd like to share about your experiences or concerns getting health care?

### Fear of Disclosure

- Being afraid someone I know would find out I was using this service.
- Being afraid that my parents/guardians or Child Protective Services would be notified.
- Being afraid that I would be reported to immigration or other authorities.
- □ Other reason(s): \_\_\_\_\_

### Emotional Support, Mental Health Counseling, and/or Therapy

Includes short term / crisis intervention counseling, long term/regular counseling or therapy, and support groups.

29. Did you go to therapy or counseling, or use any kind of support group, drop-in group, or other kind of emotional or mental health support in the past three years?

- □ Yes
- □ No, but I needed this service
- □ No, and I did <u>not</u> need this service

### If you answered no, please skip to question 36.

30. If YES, in what county do you <u>usually</u> receive emotional support services, counseling, and/or therapy? If you usually receive services in more than one county, please choose the <u>one</u> county where you have received services most recently.

 $\Box$  Yes  $\rightarrow$   $\Box$  Alameda County

- Contra Costa County
  - Marin County
  - Napa County
  - $\hfill\square$  San Francisco City and County

- □ San Mateo County
- Santa Clara County
- □ Solano County
- Sonoma County
- , 🗆 Other\_\_\_\_\_

# **31.** Please tell us more about your <u>typical</u> experience getting emotional support, counseling, and/or therapy in the county you indicated above:

How often are the following statements true for you?	Never or almost never	Sometimes	Most of the time	Always	Not Applicable
a. I get what I need out of it.					
b. The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression.					
b. The provider(s) is/are sensitive to my needs and perspective as a queer/LGB- identified person.					
d. The provider(s) is/are sensitive to my needs and perspective as a person of color.					
e. The provider(s) is/are sensitive to my needs and perspective based on my age.					
<ul> <li>f. The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.</li> </ul>					

	do you usually get emotional support services in the county you indicated above?	
(Please	e think about the organization where you receive care, not your provider's identity.)	
	An LGBTQ-focused organization, clinic, or practice	
A general (non-LGBTQ) organization, clinic, or practice, but with an LGBTQ-specific program		
	A general (non-LGBTQ) organization, clinic, or practice	
33. How d	o you usually get emotional support services?	
	Only over the phone	
	Only on the internet	
	Only in person (i.e., I visit an office or center)	
	A mix of in-person and phone/internet-based help	
If you and		
n you ansv	vered "only over the phone" or "only on the internet," skip to question 36.	
34. How le	ong does it usually take you to get to a place where you get emotional support service	
34. How lo in the	ong does it usually take you to get to a place where you get emotional support servic county you indicated above?	
34. How lo in the	ong does it usually take you to get to a place where you get emotional support service	
34. How lo in the It takes m	ong does it usually take you to get to a place where you get emotional support servic county you indicated above?	
<ul> <li>34. How leads in the</li> <li>It takes m</li> <li>□ Less that</li> </ul>	ong does it usually take you to get to a place where you get emotional support servic county you indicated above? e (check one):	

# 36. Whether or not you have personally needed this service, how important is it that LGBTQ-specific providers and services are available for emotional support?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- □ No opinion

# **37.** Do any of the following concerns or situations keep you from seeking emotional support services? (*Please check all that apply*)

- □ Not applicable: I have never needed emotional support services *Accessibility*
- Not knowing how or where to access this service.
- □ The amount of time I had to wait to be helped was too long.
- □ Not being able to afford this service.
- Not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long.
- □ The services were not available in my primary language.
- Not having anyone to take care of others (like kids or elders in my care) so I could go.
- □ The service is not accessible for people with disabilities.

### Orientation of services

- □ Concerned that the services would not be trans-friendly.
- □ Concerned that the services would not be queer/LGB-friendly.
- □ Concerned that the services would not be culturally sensitive.
- Concerned that the services would not be friendly to people my age.

### Fear of Disclosure

- □ Being afraid someone I know would find out I was using this service.
- Being afraid that my parents/guardians or Child
   Protective Services would be notified.
- □ Being afraid that I would be reported to immigration or other authorities.

□ Other reason(s): \_\_\_\_\_

38. Additional comments: is there anything else you'd like to share about your experiences or concerns getting emotional support, counseling, or therapy?

### **Drug and Alcohol Recovery Services**

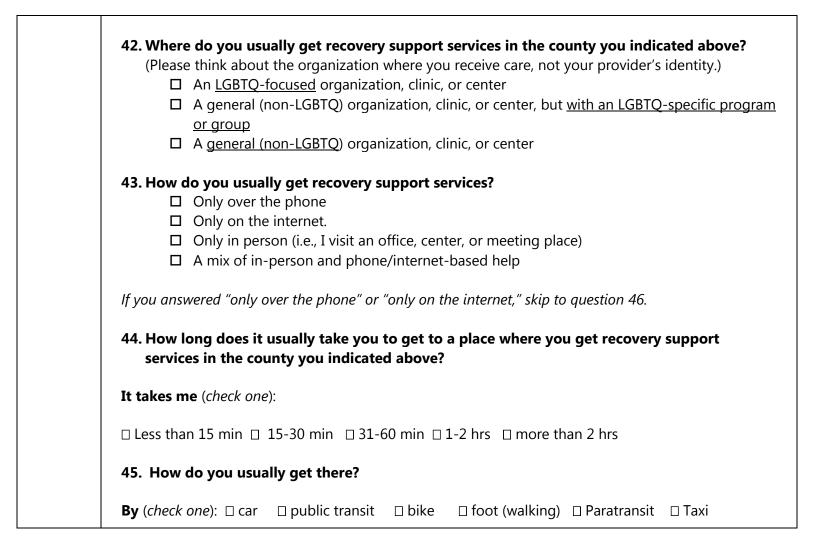
Treatment and support services that help people manage substance use. Includes, but is not limited to, outpatient and residential treatment centers or programs and 12-step and other peer-led support groups.

# **39.** Did you use any kind of services or support related to drug or alcohol recovery in the past three years?

- □ Yes
- □ No, but I needed this service
- □ No, and I did <u>not</u> need this service

If you answered no, please skip to question 46.

□ Yes →	<ul> <li>40. If YES, in what county do you <u>usua</u> receive services in more than one co services most recently.</li> <li>Alameda County</li> </ul>	unty, please		<u>e c</u> ounty wł		
	<ul> <li>Contra Costa County</li> </ul>		Santa Clara (			
	<ul> <li>Marin County</li> </ul>		Solano Coun	2		
	<ul> <li>Napa County</li> </ul>		Sonoma Cou	inty		
	□ San Francisco City and County		Other			
	<ul> <li>41. Please tell us more about your <u>typical</u> e indicated above:</li> <li>How often are the following statements true for you?</li> </ul>	experience g Never or almost never	etting recovery Sometimes	y support in Most of the time	the county Always	Vyou Not Applicable
	a. I get what I need out of it.					
	b. The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression.					
	c. The provider(s) is/are sensitive to my needs and perspective as a queer/LGB-identified person.					
	d. The provider(s) is/are sensitive to my needs and perspective as a person of color.					
	e. The provider(s) is/are sensitive to my needs and perspective based on my age.					
	f. The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.					



# 46. Whether or not you have personally needed this service, how important is it that LGBTQ-specific providers and services are available for recovery support?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- $\Box$  No opinion

# **47.** Do any of the following concerns or situations keep you from seeking recovery support services? (*Please check all that apply*)

□ Not applicable: I have never needed recovery support services

### Accessibility

- Not knowing how or where to access this service.
- □ The amount of time I had to wait to be helped was too long.
- □ Not being able to afford this service.
- Not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long.
- □ The services were not available in my primary language.
- Not having anyone to take care of others (like kids or elders in my care) so I could go.
- □ The service is not accessible for people with disabilities.

### Orientation of services

- □ Concerned that the services would not be trans-friendly.
- □ Concerned that the services would not be queer/LGB-friendly.
- □ Concerned that the services would not be culturally sensitive.
- □ Concerned that the services would not be friendly to people my age.

# 48. Additional comments: is there anything else you'd like to share about your experiences or concerns getting recovery support?

### Fear of Disclosure

- Being afraid someone I know would find out I was using this service.
- Being afraid that my parents/guardians or Child Protective Services would be notified.
- □ Being afraid that I would be reported to immigration or other authorities.

□ Other reason(s): \_\_\_\_\_

### Legal Services, Information, and Advocacy

Getting information about or assistance with legal issues related to any aspect of your life, including, but not limited to, housing, family, employment, name and/or gender marker change, and immigration.

### 49. Did you use any kind of legal assistance in the past three years?

- □ Yes
- No, but I needed this service
- □ No, and I did <u>not</u> need this service

If you answered no, please skip to question 56.

50. If YES, in what county do you usually receive legal assistance? If you usually receive assistance in more than one county, please choose the <u>one</u> county where you have received  $\Box$  Yes  $\rightarrow$ assistance most recently. □ San Mateo County □ Alameda County □ Santa Clara County □ Contra Costa County □ Solano County □ Marin County □ Sonoma County □ Napa County Other\_\_\_\_\_ □ San Francisco City and County **51.** Please tell us more about your typical experience getting legal assistance in the county you indicated above: Most Never or How often are the following statements Not **Sometimes** of the almost Always Applicable true for you? time never a. I get what I need out of it. b. The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression. c. The provider(s) is/are sensitive to my needs and perspective as a queer/LGB-identified person. d. The provider(s) is/are sensitive to my needs and perspective as a person of color. e. The provider(s) is/are sensitive to my needs and perspective based on my age. f. The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.

52. Where	e do you usı	ually get legal ser	vices in tl	ne county you indi	icated above?	(Please think	
about	the organiza	ition where you re	ceive servi	ces, not your attorr	ney or other he	lper's identity.)	
An <u>LGBTQ-focused</u> organization							
	A general (	non-LGBTQ) orgar	ization, b	ut <u>with an LGBTQ-s</u>	<u>pecific progran</u>	<u>1</u>	
	A <u>general (</u>	<u>non-LGBTQ)</u> orgar	ization				
53. How o	do you usua	lly get legal servi	ces?				
	Only over t	he phone					
Only on the internet.							
Only in person (i.e., I visit an office or center)							
	A mix of in-	person and phone	e/internet-	based help			
If you ans	wered "only o	over the phone" or	"only on tl	ne internet," skip to	question 56.		
	ong does it y you indica		to get to	a place where you	get legal serv	ices in the	
It takes m	<b>ne</b> (check one	2):					
□ Less tha	n 15 min 🛛	15-30 min 🗆 31-0	50 min □:	1-2 hrs 🛛 more tha	an 2 hrs		
55. How	do you usua	ally get there?					
<b>By</b> (check	<i>one</i> ): □ car	public transit	🗆 bike	□ foot (walking)	🗆 Paratransit	🗆 taxi	

# 56. Whether or not you have personally needed this service, how important is it that LGBTQ-specific lawyers or other legal services are available?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- □ No opinion

# **57.** Do any of the following concerns or situations keep you from seeking legal assistance? (*Please check all that apply*)

□ Not applicable: I have never needed legal assistance

### Accessibility

- Not knowing how or where to access this service.
- □ The amount of time I had to wait to be helped was too long.
- □ Not being able to afford this service.
- Not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long.
- □ The services were not available in my primary language.
- Not having anyone to take care of others (like kids or elders in my care) so I could go.
- □ The service is not accessible for people with disabilities.

### Orientation of services

- □ Concerned that the services would not be trans-friendly.
- □ Concerned that the services would not be queer/LGB-friendly.
- □ Concerned that the services would not be culturally sensitive.
- □ Concerned that the services would not be friendly to people my age.

# 58. Additional comments: is there anything else you'd like to share about your experiences or concerns getting legal assistance?

### Fear of Disclosure

- Being afraid someone I know would find out I was using this service.
- Being afraid that my parents/guardians or Child Protective Services would be notified.
- □ Being afraid that I would be reported to immigration or other authorities.

□ Other reason(s): \_\_\_\_\_

### **Housing Support**

Assistance with securing a place to stay or live, or keeping your current housing. Includes, but is not limited to, getting tenant counseling, housing assistance, and/or using shelters.

### 59. Did you use any kind of housing support or assistance in the past three years?

- □ Yes
- □ No, but I needed this service
- □ No, and I did <u>not</u> need this service

If you answered no, please skip to question 66.

s →	60. If YES, in what county do you <u>usua</u> receive services in more than one o received services most recently.	-			-	-
, , ,	<ul> <li>Alameda County</li> <li>Contra Costa County</li> <li>Marin County</li> <li>Napa County</li> <li>San Francisco City and County</li> </ul>		<ul><li>Santa Clara (</li><li>Solano Coun</li><li>Sonoma Cou</li></ul>	County ity inty		
	61. Please tell us more about your <u>typica</u>	-	ce getting help		sing issues	:
	How often are the following statements true for you?	Never or almost never	Sometimes	Most of the time	Always	Not Applicabl
	a. I get what I need out of it.					
	b. The provider(s) is/are sensitive to my needs and perspective based on my gender identity/expression.					
	c. The provider(s) is/are sensitive to my needs and perspective as a queer/LGB-identified person.					
	d. The provider(s) is/are sensitive to my needs and perspective as a person of color.					
	e. The provider(s) is/are sensitive to my needs and perspective based on my age.					
	f. The provider(s) is/are sensitive to my needs and perspective based on my disability-related needs.					

62	<ul> <li>2. Where do you usually get housing support services in the county you indicated above?</li> <li>(Please think about the organization where you receive care, not your service provider's identity.)</li> <li>An LGBTQ-focused organization</li> <li>A general (non-LGBTQ) organization, but with an LGBTQ-specific program</li> <li>A general (non-LGBTQ) organization</li> </ul>
63	3. How do you usually get housing support services?
	<ul> <li>Only over the phone</li> <li>Only on the internet</li> <li>Only in person (i.e., I visit an office or center)</li> <li>A mix of in-person and phone/internet-based help</li> </ul>
If.	you answered "only over the phone" or "only on the internet," skip to question 66.
64	4. When getting help in person, how long does it usually take you to get to a place where you get housing support services in the county you indicated above?
It	takes me (check one):
	Less than 15 min 🛛 15-30 min 🗆 31-60 min 🗆 1-2 hrs 🗆 more than 2 hrs
6!	5. How do you usually get there?
By	<b>y</b> ( <i>check one</i> ): 🗆 car 🛛 public transit 🗌 bike 🛛 foot (walking) 🗆 Paratransit 🔲 taxi

66. Whether or not you have personally needed this service, how important is it that LGBTQ-specific housing services, such as tenant counseling, housing assistance, and/or using shelters, are available?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- □ No opinion

# **67.** Do any of the following concerns or situations keep you from seeking help with housing issues? (*Please check all that apply*)

□ Not applicable: I have never needed housing services

### Accessibility

- Not knowing how or where to access this service.
- □ The amount of time I had to wait to be helped was too long.
- □ Not being able to afford this service.
- Not having a way to get there, or the travel to get there was too complicated, too expensive, or would take too long.
- □ The services were not available in my primary language.
- Not having anyone to take care of others (like kids or elders in my care) so I could go.
- □ The service is not accessible for people with disabilities.

### Orientation of services

- Concerned that the services would not be trans-friendly.
- □ Concerned that the services would not be queer/LGB-friendly.
- □ Concerned that the services would not be culturally sensitive.
- □ Concerned that the services would not be friendly to people my age.

# 68. Additional comments: is there anything else you'd like to share about your experiences or concerns getting support for housing issues?

### Fear of Disclosure

- Being afraid someone I know would find out I was using this service.
- Being afraid that my parents/guardians or Child Protective Services would be notified.
- □ Being afraid that I would be reported to immigration or other authorities.

□ Other reason(s): \_\_\_\_\_

### LGBTQ Social and Community Events

Ways that you connect to the LGBTQ community through events, gatherings, and other social activities. These events could include, going to LGBTQ-specific social events, celebrations, religious services, talks, concerts, or other organized events in public spaces.

# 69. Did you participate in any kind of organized social or community activities or events for LGBTQ community members in the past three years?

- □ Yes
- □ No, but I wanted this kind of opportunity
- □ No, and I did <u>not</u> want this kind of opportunity

If you answered no, please skip to question 74.

70. If YES, in what county do you usually participate in LGBTQ-specific social or community events? If you usually participate in events in more than one county, please choose the one  $\Box$  Yes  $\rightarrow$ county where you have participated in an event most recently. □ San Mateo County □ Alameda County □ Santa Clara County □ Contra Costa County □ Solano County □ Marin County □ Sonoma County □ Napa County □ Other □ San Francisco City and County 71. Please tell us more about your typical experience participating in LGBTQ-specific social or community events: Never or Most How often are the following Not almost **Sometimes** of the Always statements true for you? Applicable never time a. I get what I want or need out of it. b. The event is sensitive to my needs and perspective based on my gender identity/ expression. c. The event is sensitive to my needs and perspective as a queer/LGB- $\Box$  $\Box$ identified person. d. The event is sensitive to my needs and perspective as a person of color. e. The event is sensitive to my needs and perspective based on my age.

# 72. How long does it usually take you to get to <u>LGBTQ-specific</u> social or community events in the county you indicated above? It takes me (check one): Less than 15 min 15-30 min 31-60 min 1-2 hrs more than 2 hrs 73. How do you usually get there? By (check one): car public transit bike foot (walking) Paratransit taxi

74. Even if you haven't participated in LGBTQ-specific social or community events, how important is it to you to that these events are available?

- □ Not important to me at all
- □ Not very important, but is nice to have
- □ Important to me, but not critical
- □ Critically important to me
- $\Box$  No opinion

# **75.** Do any of the following concerns or situations keep you from participating in LGBTQ-specific social or community events? *Check all that apply.*

### Accessibility

- Not knowing how or where to participate or attend.
- □ Not being able to afford to participate.
- Not having a way to get there, or the travel to get there was too complicated, expensive, or time-consuming.
- $\hfill\square$  The event was not in my primary language.
- Not having anyone to take care of others (little kids or elders) so I could go.
- □ The event does not adequately accommodate people with disabilities.

Orientation of Event

- □ Concerned that the event would not be transfriendly.
- □ Concerned that the event would not be queer/LGB-friendly.
- □ Concerned that the event would not be culturally sensitive.
- □ Concerned that the event would not be friendly to people my age.

### Fear of Disclosure

- Being afraid that someone I know would find out I was participating.
- □ Being afraid that I would be reported to immigration or other authorities.
- □ Other reason(s): \_\_\_\_\_

# 76. Additional comments: is there anything else you'd like to share about your experiences or concerns participating in social or community events?

### **Making Your Voice Heard**

The following questions are about the options you have for making your voice heard in our society.

77.	To what extent do you agree/disagree with the following statements about your options for making your voice heard?	Strongly Disagree	Disagree	Agree	Strongly Agree
a.	I believe at least one of my local elected officials has my best interest at heart.				
b.	I know of ways to provide my own input into local laws, policies, and decisions.				
C.	There is at least one LGBTQ organization or group of advocates <u>in my county</u> who speaks up for the issues that personally affect me.				
d.	In general, I feel that the laws and policies in the city where I live support LGBTQ people.				

### More About You

Almost done! This last section includes a few more questions about you to help us to better understand how experiences and concerns may be different across different groups within the LGBTQ community. None of the information you provide will be used for any purpose other than this study. It will never be linked to you personally or shared with anyone other than the researchers. It is not meant to be invasive, and you may skip any question you are not comfortable answering. Please keep in mind that the questions you are able to answer will provide us with important information to fill a gap in research about experiences of LGBTQ community members.

# 78. What is your current housing situation? Please check only one. If your housing situation changes frequently, please check the one that describes where you have stayed most often in the past six months.

<ul> <li>Your house or apartment that you <b>rent</b> (alone or with a partner / immediate family members / roommates)</li> <li>Your house or apartment that you <b>own</b> (alone or with a partner / immediate family members / roommates)</li> <li>Assisted living or nursing care</li> <li>On the street/ Outdoors/ In a vehicle</li> <li>Public housing</li> </ul>	<ul> <li>Staying with a friend or extended family member (not including your own parents and/or children)</li> <li>Shelter</li> <li>Single Room Occupancy hotel (SRO)</li> <li>Transitional Housing</li> <li>Different housing situation (please describe):</li> </ul>
79. In your childhood/youth, did you ever live in foster care (group home, foster family, etc.)?	□ Yes □ No □ I don't know
80. Do you have any children?	<ul> <li>Yes</li> <li>No, and don't plan to</li> <li>No, but plan to in the future</li> </ul>
<b>81. If YES, my child(ren) is/are:</b> (Please check all that apply)	<ul> <li>under 5 years old</li> <li>6-12 years old</li> <li>13-17 years old</li> <li>18 years or older</li> </ul>
82. What is your current relationship status?	<ul> <li>Single (including divorced or widowed)</li> <li>In a relationship with one or more partners</li> <li>Partnered (not legally recognized)</li> <li>Legally married or in a registered domestic partnership</li> <li>Other relationship:</li> </ul>

83. Do you identify as a person with a disability?	□ Yes □ No			
84. Have you ever served in the Armed Forces?	□ Yes □ No			
85. Have you ever been homeless?	□ Yes □ No			
86. Have you ever been incarcerated?	□ Yes □ No			
87. What type of health insurance coverage do you currently have? (Please check all that apply)				
<ul> <li>No coverage</li> <li>Private medical insurance (provided by an employer, for example)</li> <li>Healthy San Francisco</li> <li>Health Plan of San Mateo</li> <li>Covered California / Obamacare / Affordable Care Act</li> </ul>	<ul> <li>Medi-Cal</li> <li>Medicare</li> <li>Military/VA</li> <li>Indian Health Service</li> <li>Other:</li> </ul>			
88. What is your total household income?	<ul> <li>Less than \$20,000 a year</li> <li>\$20,001 - \$40,000 a year</li> <li>\$40,001 - \$60,000 a year</li> <li>\$60,001 - \$80,000 a year</li> <li>\$80,001 - \$100,000 a year</li> <li>\$100,001 - \$150,000</li> <li>More than \$150,000 a year</li> </ul>			
89. What is your highest level of education completed? (Please check only one)				
<ul> <li>Elementary or middle school</li> <li>Some high school</li> <li>High school diploma or GED</li> <li>Some college, but did not earn a certificate or degree</li> <li>Vocational certificate</li> </ul>	<ul> <li>Associate's degree</li> <li>Bachelor's degree</li> <li>Master's degree or higher</li> <li>Do not know/remember</li> <li>Other:</li> </ul>			

90. Are you in school now (part time or full time)	□ Yes □ No
91. Please select the option that <i>best</i> describes yo	ur current employment:
Working full time.	Different employment:
Working part time and seeking additional work.	
<ul> <li>Working part time and not seeking additiona work.</li> </ul>	
Not working, and looking for work.	
Not working, and not looking for work. because I am <b>retired.</b>	
Not working, and not looking for work because I am <u>disabled.</u>	
Not working, and not looking for work	
because I am <b>caretaking</b> (child or adult).	
Not working, and not looking for work	
because of <b>another reason</b> (not listed	
<u>above).</u>	

### Closing

92. Is there anything else you want nonprofit organizations or funders supporting the LGBTQ community to know?

Thank you very much for taking the time to share your experiences and opinions with us. If you are interested in the results of the study, you can check the Horizons Foundation website in the summer or fall of 2017, or contact Francisco O. Buchting, Vice President of Grants, Programs, and Strategic Initiatives at Horizons, 415.398.2333, or info@horizonsfoundation.org.

### San Francisco Bay Area LGBTQ Community Survey

#### Resources

Please find below several organizations and hotlines providing support for issues addressed in the San Francisco Bay Area LGBTQ Community Survey.

#### Local Immediate Assistance:

#### San Francisco Suicide Prevention:

Emotional support, assistance and intervention to people in crisis. *415-781-0500* 

#### SF Homeless Outreach Team (HOT):

For those having trouble accessing the shelter system due to physical and mental limitations. *M-Tu:* 415-401-2660; *W-F*: 415-554-8471

#### Jazzie's Place

LGBTQ adult emergency shelter at the Mission Neighborhood Resource Center. For reservations, go to 165 Capp Street or to call (415) 869-7977.

#### **Communities United Against Violence Safety Line:**

For domestic abuse, suicide calls and coming out 415-333-HELP (4357)

#### SF Women Against Rape (SFWAR) Crisis Line:

Men and trans-inclusive; sexual assault and crisis situations. *415-647-7273* 

#### **Other Local Services:**

#### El/La for Translatinas:

El/La is an organization for transgender Latinas (TransLatinas). 415-864-7278

#### Causa Justa/ Just Cause

Tenant rights and immigrant rights advocacy and information. West Oakland: *510-836-2687* | East Oakland: *510-836-2687* | San Francisco: *415-487-9203* 

#### **API Wellness Center:**

An LGBTQ and people of color health organization that provides a wellness clinic, HIV treatment and care, transgender services, HIV and STD testing, community services, and training. *415-292-3400* 

### San Francisco Bay Area LGBTQ Community Survey

### LYRIC:

Center for LGBTQ Youth. Monday – Friday from 10:00 AM – 6:00 PM 415-703-6150

### Somos Familia

Support for Latino families with children who are lesbian, gay, bisexual, transgender or queer (LGBTQ). *510-725-7764* 

### **Open House**

Services for LGBTQ seniors in San Francisco. *415-296-8995* 

### **LGBTQ Connection**

Napa and Sonoma County youth-led LGBTQ community organization. 707-251-9432

### **TGI Justice**

A group of transgender, gender variant and intersex people—inside and outside of prisons, jails and detention centers—creating a united family in the struggle for survival and freedom. *415-554-8491* 

### Local LGBTQ Centers:

#### **Our Family Coalition**

Support, education, and community events for prospective and parenting LGBTQ families; legal advocacy for LGBTQ issues. *415-981-1960* 

#### **Pacific Center**

Clinical services and community programs for the LGBTQ community in Berkeley. *510-548-8283* 

#### **Rainbow Community Center**

Serving LGBTQ community in Contra Costa County. 925-692-0090

#### SF LGBT Center

Community programs and connections to a variety of services for LGBTQ community. *415-865-5661* 

### San Francisco Bay Area LGBTQ Community Survey

### The Spahr Center

Health services, counseling, and other community programs for the Marin County LGBTQ community. 415-457-2487

### National Emergency Hotlines:

#### **Trevor Project:**

National 24 hour, toll free confidential suicide hotline for gay and questioning youth. *1-866-488-7386* 

#### National LGBT Help Center:

Free and confidential telephone and email peer-counseling for all ages, including coming-out issues, relationship concerns, HIV/AIDS anxiety and safer-sex information, information and local resources for cities and towns across the US. *1-888-843-4564* 

M-F: 1 PM – 9 PM PST; Sat: 9 AM – 2 PM PST

### **National LGBT Youth Talkline:**

Free and confidential telephone and email peer-counseling for young adults up to 25 with volunteers in their teens and early twenties about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety and safer-sex information, information and local resources for cities and towns across the United States. *1-800-246-7743* 

M-F: 5 PM – 9 PM PST

#### TransLifeline

Crisis hotline by and for the transgender community. *877-565-8860* 

#### **IOA Friendship Line:**

Older Adult Warm/ Crisis Line 800-971-0016 or 415-752-3778

### San Francisco Bay Area LGBTQ Needs Assessment Field Expert Interview Protocol

### Introduction

The Horizons Foundation has engaged LFA to conduct a needs assessment of the LGBTQ Bay Area community to inform their work, other organizations and foundations in the social sector, and the field at large. As part of this effort, we have conducted an extensive survey of approximately 1,400 diverse individuals across the Bay Area. Our sample included the following counties: San Francisco, Alameda, Solano, Contra Costa, Sonoma, Napa, Marin, San Mateo, and Santa Clara. We heard from a wide range of people, including a diverse representation by age, racial and ethnic background, gender identity, and income. We are now speaking with field experts, providers, and community members to learn more about the community's needs. We hope to use the insights you share to contextualize and complement the survey data we have collected.

### **LGBTQ Community Needs**

From the survey data, we know that many people in the LGBTQ community are facing a host of challenges, including the high cost of living, limited affordable housing opportunities, violence and discrimination, and fears of losing rights and services in the current political climate. When we asked survey respondents about their **biggest fears or worries** for themselves as members of the LGBTQ community, we heard that people are most concerned about losing their rights in the current political climate. Specifically, people are most worried about losing accessing to healthcare and marriage rights. There was also a great deal of concern about economic security, especially around losing housing and managing the high cost of living. Another top worry was concern about personal safety and health issues.

I am going to ask you separately about your perspectives on **service** and **policy** needs for the LGBTQ community in the Bay Area. When you consider these questions, you may consider current needs that you see in the community, as well as any shifts that you foresee in the near future.

- 1. First, what do you see as the 2-3 **most important service needs** for the LGBTQ community in the Bay Area?
  - a. Why are these the most important needs?
  - b. What do these needs look like for *or* Why is this need important for [insert name of community that interviewee works with/is knowledgeable about, e.g. "the LGBTQ community in Santa Clara" or "transwomen of color"]?
- 2. What could or should be done to address this need that is not currently underway?
  - a. What else stands in the way of meeting this need?
  - b. What can be done by funders and activists to address these concerns?
- 3. In the current political climate, we know that there are many important policies, programs, and government funding sources to protect and advocate for. What do you see as the **top 2-3 policy and advocacy priorities** for the Bay Area LGBTQ community at this time? You may consider local, state, and/or national policy and advocacy needs.
  - a. What are the top policy and advocacy priorities for [insert community]?

- 4. In the survey data, we often saw disparities in respondents' experiences and needs. For example, people of color had a higher rate of unmet need for medical, mental health, drug/alcohol recovery, and housing support services than white respondents. In addition, we saw that transgender and genderqueer/non-binary respondents were more likely to have unmet service needs and also tended to have less positive experiences with services and providers than cisgender respondents. People with lower incomes also had higher rates of unmet need and faced more barriers to accessing services.
  - a. What do you think are the main drivers of these types of disparities in the LGBTQ community? (If not addressed, probe specifically about inequalities related to **race**, **income**, and **gender identity**.)
  - b. In what other ways do you see disparities [name any disparities specifically mentioned by interviewee, e.g. racism, income inequality] playing out in the LGBTQ community?
  - c. What needs to be done to address disparities [name any disparities specifically mentioned by interviewee, e.g. racism, income inequality] within the LGBTQ community?
  - d. What tensions or dynamics prevent different players in the LGBTQ community from working together?
    - Probe: What are the effects of those tensions/dynamics?
- 5. Imagine that you were asked to advise a group of foundations with unlimited funding for a new or improved initiative to help address any of the needs you have articulated today. What would that initiative look like, and how would it help to address the need(s)?
- 6. What untapped opportunities for collaboration exist within the Bay Area LGBTQ community?
  - a. How could partnerships be most productive and impactful?
  - b. What are the factors that would support such collaboration?

### General/End

As part of the needs assessment, we are conducting a targeted field scan to learn more about the needs facing the Bay Area LGBTQ community. In the email you received to confirm this interview, there should have been a document attached that listed the resources we have already consulted.

7. Do you know of any additional research or resources that we should consult to learn more about any of the needs or the communities that you discussed today?

Finally, we are interested in hearing how local organizations serving the LGBTQ community access funding.

8. What do you see as primary funding sources for Bay Area organizations and programs serving the LGBTQ community?

#### Introducción

#### ¡Muchas gracias por su participación en esta encuesta sobre la comunidad LGBTQ del Área de la Bahía de San Francisco!

El Área de la Bahía de San Francisco es hogar a una comunidad diversa y vibrante lesbiana, gay, bisexual, transexual, y queer (LGBTQ). Como individuos y como comunidad, tenemos abundancia de fuerza, resiliencia, e ingenio. Al mismo tiempo, nuestra comunidad sigue siendo desproporcionadamente afectada por una serie de problemas físicos, mentales y de comportamiento, económicos, sociales, legales y políticos, y nuestras necesidades pueden ser pasadas por alto por las organizaciones principales. El propósito de esta encuesta es de recolectar información que ayudará a satisfacer las necesidades de todas las personas LGBTQ del Área de la Bahía.

Esta encuesta está siendo comisionada por la Fundación Horizons, la primera fundación comunitaria del mundo basada y sirviendo a la comunidad LGBTQ, principalmente en los nueve condados del Área de la Bahía de Alameda, Contra Costa, Marín, Napa, San Francisco, San Mateo, Santa Clara, y Sonoma. Los resultados de esta evaluación de necesidades de la comunidad se utilizarán para informar el trabajo de la Fundación Horizons, así como donantes individuales, otras fundaciones y organizaciones sin fines de lucro que sirven a la comunidad LGBTQ.

#### Esta encuesta le preguntará acerca de:

- Su opinión sobre los problemas más importantes que enfrenta usted y su comunidad en este momento;
- Sus experiencias tratando de obtener ayuda para varias preocupaciones en su vida;
- Sus sentimientos de seguridad física y emocional en varios aspectos de su vida, y sus sentimientos de conexión con la comunidad; y
- Alguna información sobre usted (que será tratada estrictamente confidencial)

Comprendemos que unas de estas preguntas le podrán hacer recordar memorias o sentimientos difíciles. Está bien si desea no contestar alguna pregunta con la que no se sienta cómodo(a). Si desea hablar con alguien o recibir otro tipo de apoyo, por favor consulte la página de recursos que recibió con esta encuesta.

Anticipamos que esta encuesta le llevará 15-30 minutos para completar. Agradecemos mucho que tome el tiempo para agregar su voz a este esfuerzo. La información que usted comparte ayudará a llamar la atención sobre lo que necesitamos en nuestras comunidades para apoyar nuestra libertad, igualdad, dignidad, y bienestar.

#### Confidencialidad

Esta encuesta es **completamente anónima y confidencial.** Un equipo local de investigación de dueño queer – "Aprendiendo para Acción," o Learning for Action en inglés – llevará a cabo la encuesta y resumirá sus respuestas junto con las respuestas de todas las otras personas que completen la encuesta. **No se le pedirá su nombre e usted no será identificado individualmente en nuestro informe, ni en ningún documento relacionado a esta evaluación de necesidades de la comunidad.** 

### Su conexión con el Área de la Bahía de San Francisco

Primero, nos gustaría aprender sobre su conexión a los nueve condados del Área de la Bahía de San Francisco, y su conexión a la comunidad LGBTQ.

1. ¿En qué condado vive o permanece la mayor pa	rte del tiempo? (seleccione sólo una opción)
<ul> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisco</li> </ul>	<ul> <li>Condado de San Mateo</li> <li>Condado de Santa Clara</li> <li>Condado de Solano</li> <li>Condado de Sonoma</li> <li>Otro</li> </ul>
<ol> <li>¿Por cuántos años ha vivido en su condado actu por favor ingrese "1."</li> </ol>	al? Si usted ha vivido allí por menos de un año,
años	
3. ¿Cuál es el código postal donde actualmente viv	/e o se queda la mayor parte del tiempo?
<ul> <li>4. ¿En qué condado o condados trabaja actualmen que apliquen)</li> </ul>	te y/o va a la escuela? (seleccione todas las opciones
<ul> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisco</li> </ul>	<ul> <li>Condado de San Mateo</li> <li>Condado de Santa Clara</li> <li>Condado de Solano</li> <li>Condado de Sonoma</li> <li>Otro</li> </ul>
5. ¿Usa la palabra "queer/cuir" como su orientació	n sexual?
<ul> <li>□ Sí</li> <li>□ No</li> <li>□ Prefiero no responder</li> </ul>	

6. Sabemos que hay una variedad de palabras que usa la gente en la comunidad LGBTQ para describir su orientación sexual, incluyendo pansexual, *two-spirit,* y *same gender loving*. Pero de las siguientes identidades de orientación sexual, ¿cuál es <u>la opción con que más se identifica</u>

- □ Gay
- Lesbiana
- □ Bisexual
- □ Hetero
- □ Prefiero no responder
- **7.** Si la palabra que usted usa para describir su identidad **no** es queer/cuir, bisexual, gay, lesbiana, o hetero, por favor escríbala aquí:
- 8. ¿Cómo describe su identidad de género actualmente? Por favor, seleccione la opción con que más se identifica.

Por "identidad de género," queremos dar a entender su comprensión interna de su propio género, o los géneros con cual usted se identifica. (Seleccione sólo una opción)

- □ Genderqueer/No binario
- □ Intersex
- □ Hombre
- □ Hombre transgénero
- □ Mujer transgénero
- □ Mujer
- 9. ¿Qué edad tiene?

□ Prefiero no responder

 Si la palabra que usa para describir su identidad de género no aparece aquí, escríbala aquí:

\_\_\_\_\_ años

# 10. ¿Cómo describe su raza/etnicidad? Seleccione la opción con que más se identifica. Si desea proporcionar más detalles sobre su raza/origen étnico, por favor, hágalo en la casilla proporcionada.

- □ Afro Americano(a) o Negro(a)
- □ Asiático(a)
- Indígeno(a) Americano(a) o Nativo(a) de Alaska
- □ Latina/o/Latinx
- □ del Oriente Medio
- □ Isleño(a) del Pacífico, incluyendo Hawaiano nativo
- □ Blanco(a)
- □ Bi- o Multi-racial
- □ Raza u origen étnico adicional (Por favor especifique \_\_\_\_\_)

11. Si desea proporcionar más detalles sobre su raza u origen étnico, hágalo aquí: \_\_\_\_\_\_

	¿Qué tan de acuerdo o desacuerdo está con siguientes declaraciones?	Muy en Desacuerdo	En Desacuerdo	De Acuerdo	Muy de Acuerdo
a.	Me siento cómodo(a) siendo tan abiertamente LGBTQ como quiero <b>la mayor parte del</b> <b>tiempo</b> en la ciudad donde vivo.				
b.	Si me encuentro en problemas en un espacio público, creo que la gente me ayudaría.				
C.	Tengo a alguien con quien confiar o hablar sobre mis problemas.				
d.	Tengo a alguien con quien reunirme para divertirme.				
e.	Tengo a alguien que me ayudaría con las tareas diarias si me encontrara enfermo(a).				
f.	Me siento conectado(a) a la comunidad LGBTQ donde vivo.				

#### Sus sentimientos de seguridad como persona en la comunidad LGBTQ

Estamos interesados en saber lo seguro(a) que se siente en ciertos aspectos de su vida diaria. Seguridad puede significar seguridad física o emocional, incluyendo estar libre de temor de acoso, amenazas, violencia, pérdida, o tener sus derechos violados.

	13. ¿Qué tan seguro(a) se siente:	Inseguro(a) todo o la mayor parte del tiempo	Inseguro(a) más frecuenteme nte que seguro(a)	Seguro(a) más frecuenteme nte que inseguro(a)	Seguro(a) todo o la mayor parte del tiempo	No es aplicable
a.	En su vecindad?					
b.	Con la persona o personas con las que está en una relación?					
C.	Dónde trabaja?					
d.	En su escuela?					
e.	En transporte público? (p. ej., BART o bus)					
f.	Al interactuar con la policía u otros agentes de la ley?					

Las preguntas que siguen le preguntan sobre qué tan limitado(a) se siente que son sus opciones para lugares seguros para vivir, trabajar, y obtener ayuda. Por favor, marque cuánto está en desacuerdo o de acuerdo con cada de las siguientes frases. .

14. Preocupaciones sobre mi seguridad física o emocional limitan donde siento que puedo	Muy en Desacuerdo	En Desacuerdo	De Acuerdo	Muy de Acuerdo
avivir.				
bdormir.				
ctrabajar.				
drecibir atención médica.				
<ul> <li>eobtener otros servicios, como ayuda con asuntos legales o de vivienda.</li> </ul>				

### **Sus Necesidades**

En esta sección, se le preguntará sobre la medida en que experiencia ciertas necesidades básicas en su vida.

	15. En los últimos <u>12 meses</u> , ¿con qué frecuencia ha enfrentado alguna de las siguientes situaciones?	Nunca en los últimos 12 meses	Aproximad amente 1-5 veces	Aproximad amente 6- 10 veces	Más de 10 veces
a.	¿No tenía un lugar para dormir por la noche, y se quedó en un coche o en la calle?				
b.	¿No tenía un lugar para dormir por la noche, y se quedó con amigos o con familia?				
C.	¿No tenía suficiente comida para comer o dinero para comprar comida para usted o su familia?				
d.	¿No tenía dinero para comprar la medicina que usted o su familia necesitaba?				
e.	¿No tenía suficiente dinero para el transporte que necesitaba?				
f.	¿Le apagaron la electricidad, gas, o el agua porque no tenía suficiente dinero para pagar las facturas?				

Las preguntas que siguen le preguntan sobre tipos de apoyo que mucha gente necesita en periodos diferentes de sus vidas. Para cada una, por favor marque si necesitaba este tipo de ayuda en el pasado, si la necesita ahora, o si la necesitará en el futuro. *Seleccione todas las opciones que apliquen*.

	16.	Necesitaba ayuda con esto en el pasado	Necesito ayuda con esto ahora	Espero que voy a necesitar ayuda con esto en el futuro	No necesito ayuda con esto ni espero necesitar ayuda
a.	Pagar por mi escuela yo mismo(a).				
b.	Pagar por la escuela para mis hijos u otros miembros de mi familia.				
C.	Planificar para la jubilación.				
d.	Quedarme en mi hogar mientras envejezco.				
e.	Recibir servicios relacionados a la inmigración, como ayuda con asuntos legales.				

### **Sus Prioridades**

Ahora, queremos aprender sobre las cosas que son más importantes para usted, y lo que piensa que ayude resolver sus preocupaciones mayores. Agradecemos su esfuerzo de dar sus respuestas por escrito. Queremos escuchar lo que más le importa en sus propias palabras para ayudar a influenciar la financiación y la programación que responda directamente a las necesidades de la comunidad. Las demás preguntas son de opción múltiple. Gracias por tomar el tiempo para responder a estas preguntas con el más detalle posible. ¡Sus respuestas son muy importantes para nosotros!

17. ¿Qué le trae mayor alegría en su vida?

18. ¿Cuáles son sus mayores temores o preocupaciones para usted mismo como miembro de la comunidad LGBTQ en este momento? Usted podría pensar en temas relacionados con la salud y el bienestar; la seguridad; familia y relaciones; vida social; finanzas/dinero; alojamiento; y/o derechos civiles, libertad, e igualdad. Por favor de compartir detalles.

1.

2.

3.

19. ¿Qué ayudaría a abordar o mejorar estos temores o preocupaciones?
1.
2.
3.

### Sus experiencias tratando de obtener lo que necesita

En esta sección, se le preguntará sobre varios tipos de servicios y su experiencia típica de usarlos. No se le pedirá que comparta detalles sobre la razón por la que buscó o necesitó algún tipo de ayuda. En respuesta a estas preguntas, por favor, <u>responda sólo sobre sus experiencias en el área de la Bahía de San Francisco **en los últimos 3 años**.</u>

Debido a que el VIH/SIDA ha sido históricamente y sigue siendo un tema de importancia crítica en la comunidad LGBTQ, la mayoría de las encuestas para las personas LGBTQ incluyen preguntas sobre este tema, y por lo tanto, usted puede esperar verlo aquí. Queremos explicar que el VIH/SIDA no es intencionalmente parte de esta encuesta – no porque no es importante, sino porque ya hay una amplia documentación sobre la necesidad de prevención y tratamiento del VIH, y con esta encuesta estamos tratando de recolectar información sobre las muchas otras áreas en las que tenemos menos información en nuestra comunidad. Gracias por entender.

### Atención Médica/Física

Visitar un hospital, oficina médica, u otro proveedor de atención médica para tratar y sanar problemas de salud física o lesiones. <u>Esto no incluye</u> la salud mental/de comportamiento: se le preguntará sobre eso más adelante en la encuesta.

- 20. ¿Visitó algún tipo de clínica, médico, enfermera profesional u otro proveedor de atención médica en los últimos tres años?
  - 🗆 Sí
  - No, pero necesitaba este servicio
  - □ No, y <u>no</u> necesitaba este servicio

#### Si respondió que no, vaya a la pregunta 26.

□ Sí →		n <b>te atención médica?</b> Si usualmente recibe servicios e el condado donde ha recibido servicios más n)
	<ul> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisco</li> </ul>	<ul> <li>Condado de San Mateo</li> <li>Condado de Santa Clara</li> <li>Condado de Solano</li> <li>Condado de Sonoma</li> <li>Otro</li> </ul>

¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No aplio
a. Consigo lo que necesito.					
b. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi identidad/expresión de género.					C
c. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como una persona queer/LGB-identificado.					[
d. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como persona de color.					٢
e. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi edad.					C
f. El (los) proveedor(es) es/son atento(s) a mis necesidades relacionadas a mi discapacidad.					C
mis necesidades relacionadas a mi	<b>nción mé</b> londe rec ca médica ca médica	<b>dica en el d</b> ibe atención a <u>con enfoq</u> a general/no	<b>condado que</b> n médica, no <u>ue LGBTQ</u> o LGBTQ, per	<b>e usted indi</b> en la identio	da

Me toma (seleccione solo una opción):

□ Sí

□ menos de 15 minutos □ 15-30 minutos □ 31-60 minutos □ 1-2 horas □ más de 2 horas

25. ¿Cómo usualmente llega allí? Por (seleccione solo una opción):

□ coche □ tránsito público □ bicicleta □ a pie (caminando) □ Paratransit □ Taxi

- 26. Aunque no haya necesitado este servicio personalmente, ¿qué tan importante es que los proveedores y servicios de atención de salud específicos LGBTQ estén disponibles?
- No es nada de importante para mí
- D No es muy importante, pero es bueno tener la opción
- □ Es importante para mí, pero no es crítico tener la opción
- Es muy importante para mí
- No tengo opinión
- **27. ¿Alguna de las siguientes preocupaciones o situaciones le impide buscar servicios de atención médica?** *Seleccione todas las opciones que apliquen.*

□ No es aplicable: Nunca he necesitado servicios médicos.

### Acceso

- No sabía cómo o dónde obtener este servicio.
- □ El tiempo que tuve que esperar para recibir ayuda fue demasiado largo.
- No podía pagar por este servicio.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- Los servicios no estaban disponibles en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ Los servicios no eran accesibles para personas con discapacidades.

### Orientación de servicios

- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas trans.
- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas queer/LGB.
- Me preocupaba que los servicios no serían culturalmente adaptados o atentos a aspectos culturales.
- Me preocupaba que los servicios no serían amables a personas de mi edad.

### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba usando el servicio.
- Tenía miedo que mis padres o Servicios de Protección al Menor (CPS) fueran notificados.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.
- Otra(s) razón(es): \_\_\_\_\_

# 28. Comentarios adicionales: ¿hay algo más que le gustaría compartir acerca de sus experiencias o preocupaciones de recibir atención médica?

### Apoyo emocional, consejería para la salud mental, y/o terapia

Incluye consejería de intervención a corto plazo/crisis, consejería o terapia a largo plazo/regular, y grupos de apoyo.

# 29. ¿Fue a terapia o consejería, o usó algún tipo de grupo de apoyo, u otro tipo de apoyo emocional o de salud mental en los últimos tres años?

- 🗆 Sí
- □ No, pero necesitaba este servicio
- □ No, y <u>no</u> necesitaba este servicio

#### <u>Si respondió que no, vaya a la pregunta 36.</u>

<ul> <li>30. Si SÍ, ¿en qué condado recibe usualr salud mental, y/o terapia? Si usualm marque el condado donde ha recibido</li> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisc</li> </ul> 31. Por favor díganos más sobre su exp para la salud mental, y/o terapia en	ente recibe o servicios r o p <b>eriencia <u>tí</u>j</b>	servicios e nás reciente Conda Conda Conda Conda Otro_	n más de un emente. <i>(Sele</i> do de San M do de Santa do de Soland do de Sonon	condado, po eccione sólo d lateo Clara o na	or favor, una opción)	
¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No es aplicable	
a. Consigo lo que necesito.						
b. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi identidad/expresión de género.						
c. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como una persona queer/LGB-identificado.						
d. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como						

¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No es aplicable
e. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectivas con respeto a mi edad.					
f. El (los) proveedor(es) es/son atento(s) a mis necesidades relacionadas a mi discapacidad.					
<ul> <li>identidad de su proveedor).</li> <li>Una organización, clínica, o prác</li> <li>Una organización, clínica, o prác</li> <li><u>específico LGBTQ</u></li> <li>Una organización, clínica, o prác</li> <li>33. ¿Cómo normalmente recibe service</li> <li>Solo por teléfono</li> <li>Solo por internet</li> <li>Solo por internet</li> <li>Solo en persona (visito una ofici</li> <li>Combinación de ayuda en perso</li> <li>Si usted respondió "solo por teléfono" o "solo</li> <li>34. ¿Cuánto tiempo se toma por lo ge</li> </ul>	ctica genera ctica <u>genera</u> cios de apo ina o centro ona y por te o por interno <b>eneral en Il</b>	l (no LGBTC <u>l (no LGBTC</u> y <b>o emocio</b> comunitar léfono/inte et," por favo <b>egar a un l</b>	Q), pero <u>con r</u> Q) onal? io) or net or vaya a la p l <b>ugar en don</b>	regunta 36 Ide recibe la	DS
servicios de apoyo emocional, co condado que usted indicó arriba?		ra la salud	mental, y/o	terapia en	el
Me toma (seleccione solo una opción):					
□ menos de 15 minutos □ 15-30 minutos	□ 31-60 m	inutos 🗆 1	-2 horas 🛛 r	nás de 2 ho	ras
□ menos de 15 minutos □ 15-30 minutos 35. ¿Cómo usualmente llega allí? Por				nás de 2 ho	ras

# 36. Aunque no haya necesitado este servicio personalmente, ¿qué tan importante es que los proveedores y servicios de apoyo emocional específicos LGBTQ estén disponibles?

- No es nada de importante para mí
- □ No es muy importante, pero es bueno tener la opción
- □ Es importante para mí, pero no es crítico tener la opción
- Es muy importante para mí
- □ No tengo opinión

### 37. ¿Alguna de las siguientes preocupaciones o situaciones le impide buscar servicios de apoyo emocional? Seleccione todas las opciones que apliquen.

□ No es aplicable: Nunca he necesitado apoyo emocional.

### Acceso

- No sabía cómo o dónde obtener este servicio.
- □ El tiempo que tuve que esperar para recibir ayuda fue demasiado largo.
- □ No podía pagar por este servicio.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- □ Los servicios no estaban disponibles en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ Los servicios no eran accesibles para personas con discapacidades.

### Orientación de servicios

- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas trans.
- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas queer/LGB.
- Me preocupaba que los servicios no serían culturalmente adaptados o atentos a aspectos culturales.
- Me preocupaba que los servicios no serían amables a personas de mi edad.

### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba usando el servicio.
- Tenía miedo que mis padres o Servicios de Protección al Menor (CPS) fueran notificados.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.
- Otra(s) razón(es): \_\_\_\_\_

# 38. Comentarios adicionales: ¿hay algo más que le gustaría compartir acerca de sus experiencias o preocupaciones recibiendo apoyo emocional, consejería para la salud mental o terapia?

### Servicios de recuperación de drogas y alcohol

Servicios de tratamiento y apoyo que ayudan a las personas a manejar el uso de sustancias. Incluye, pero no se limita a, centros o programas de tratamiento para pacientes ambulatorios y residenciales, grupos de apoyo de 12 pasos, y otros grupos de apoyo dirigidos por pares.

### 39. ¿Utilizó algún tipo de servicios o apoyo relacionados con la recuperación de drogas o alcohol en los últimos tres años?

- 🗆 Sí
- No, pero necesitaba este servicio
- □ No, y <u>no</u> necesitaba este servicio

### <u>Si respondió que no, vaya a la pregunta 46.</u>

□ Sí →	<b>40.</b> Si <b>SÍ</b> , <b>خen qué condado recibe usualme</b> usualmente recibe servicios en más de u recibido servicios más recientemente. (S	un condado	o, por favo	or, marque e	-	
	<ul> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisco</li> <li>41. Por favor díganos más sobre su experien</li> </ul>	□ □ □ □ □ cia típica o	Condad Condad Condad Otro	o de San Ma o de Santa C o de Solano o de Sonoma	ilara a	on:
	¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No es aplicable
	a. Consigo lo que necesito.					
	b. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi identidad/expresión de género.					
	c. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como una persona queer/LGB-identificado.					
	d. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como persona de color.					
	e. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectivas con respeto a mi edad.					
	f. El (los) proveedor(es) es/son atento(s) a mis necesidades relacionadas a mi discapacidad.					

<b>42. ¿Dónde obtiene usualmente sus servicios de apoyo para la recuperación en el condado que usted indicó arriba?</b> (Por favor piense en la organización donde recibe apoyo, no en
la identidad de su proveedor).
<ul> <li>Una organización, clínica, o centro <u>centrado en LGBTQ</u></li> <li>Una organización, clínica, o centro general (no LGBTQ), pero <u>con un programa o grupo</u> <u>específico LGBTQ</u></li> <li>Una organización, clínica, o centro <u>general (no LGBTQ)</u></li> </ul>
43. ¿Cómo normalmente recibe apoyo para la recuperación?
□ Solo por teléfono
□ Solo por internet
Solo en persona (visito una oficina)
Combinación de ayuda en persona y por teléfono/internet
Si usted respondió "solo por teléfono" o "solo por internet," por favor vaya a la pregunta 46.
44. ¿Cuánto tiempo se toma por lo general en llegar a un lugar en donde recibe los servicios de apoyo para la recuperación en el condado que usted indicó arriba?
Me toma (seleccione solo una opción):
🗆 menos de 15 minutos 🗆 15-30 minutos 🗆 31-60 minutos 🗆 1-2 horas 🗆 más de 2 horas
45. ¿Cómo usualmente llega allí?
Por (seleccione solo una opción):
🗆 coche 🛛 tránsito público 🗆 bicicleta 🛛 a pie (caminando) 🗆 Paratransit 🗆 Taxi

- 46. Aunque no haya necesitado este servicio personalmente, ¿qué tan importante es que los proveedores y servicios para el apoyo de recuperación específicos LGBTQ estén disponibles?
- □ No es nada de importante para mí
- $\Box$  No es muy importante, pero es bueno tener la opción
- □ Es importante para mí, pero no es crítico tener la opción
- □ Es muy importante para mí
- □ No tengo opinión

- 47. ¿Alguna de las siguientes preocupaciones o situaciones le impide buscar servicios de apoyo para la recuperación? *Seleccione todas las opciones que apliquen.*
- □ No es aplicable: Nunca he necesitado servicios para apoyo de recuperación.

### Acceso

- No sabía cómo o dónde obtener este servicio.
- El tiempo que tuve que esperar para recibir ayuda fue demasiado largo.
- □ No podía pagar por este servicio.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- □ Los servicios no estaban disponibles en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ Los servicios no eran accesibles para personas con discapacidades.

#### Orientación de servicios

- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas trans.
- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas queer/LGB.
- Me preocupaba que los servicios no serían culturalmente adaptados o atentos a aspectos culturales.
- Me preocupaba que los servicios no serían amables a personas de mi edad.

### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba usando el servicio.
- Tenía miedo que mis padres o Servicios de Protección al Menor (CPS) fueran notificados.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.
- Otra(s) razón(es): \_\_\_\_\_

### 48. Comentarios adicionales: ¿hay algo más que le gustaría compartir acerca de sus experiencias o preocupaciones obteniendo apoyo de recuperación?

### Servicios legales, información y abogacía

Obtener información o ayuda con asuntos legales relacionados con cualquier aspecto de su vida, incluyendo, pero no limitado a, vivienda, familia, empleo, y/o cambio de nombre o de marcador de género, e inmigración.

### 49. ¿Utilizó algún tipo de asistencia legal en los últimos tres años?

- 🗆 Sí
- No, pero necesitaba este servicio
- No, y no necesitaba este servicio

#### <u>Si respondió que no, vaya a la pregunta 56.</u>

□ Sí →	50. Si SÍ, ¿en qué condado recibe usualmente asistencia legal? Si usualmente recibe servicios en más de un condado, por favor, marque el condado donde ha recibido servicios más recientemente. (Seleccione sólo una opción)					
	<ul> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> <li>Ciudad y Condado de San Francisco</li> </ul> <b>51.</b> Por favor díganos más sobre su experiencia <u>tí</u>		Condado o Condado o Condado o Otro	de Sonoma	a 	
	¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No es aplicable
	a. Consigo lo que necesito.					
	<ul> <li>b. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi identidad/expresión de género.</li> </ul>					
	c. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como una persona queer/LGB-identificado.					
	d. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como persona de color.					
	e. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectivas con respeto a mi edad.					
	f. El (los) proveedor(es) es/son atento(s) a mis necesidades relacionadas a mi discapacidad.					

52. ¿Dónde obtiene usualmente sus servicios legales en el condado que usted indicó arriba? (Por favor piense en la organización donde recibe atención médica, no en la identidad de su proveedor).							
Una organización con <u>enfoque LGBTQ</u>							
Una organización general (no LGBTQ), pero <u>con un programa específico LGBTQ</u>							
Una organización general (no LGBTQ)							
53. ¿Cómo normalmente recibe servicios legales?							
Solo por teléfono							
Solo por internet							
Solo en persona (visito una oficina)							
<ul> <li>Combinación de ayuda en persona y por teléfono/internet</li> </ul>							
Si usted respondió "solo por teléfono" o "solo por internet," por favor vaya a la pregunta 56.							
54. ¿Cuánto tiempo se toma por lo general en llegar a un lugar en donde pueda obtener asistencia legal en el condado que usted indicó arriba? Me toma (seleccione solo una opción):							
🗆 menos de 15 minutos 🗆 15-30 minutos 🗆 31-60 minutos 🗆 1-2 horas 🗆 más de 2 horas							
55. ¿Cómo usualmente llega allí?							
<b>Por</b> (seleccione solo una opción):							
🗆 coche 🛛 tránsito público 🗆 bicicleta 🗌 a pie (caminando) 🗆 Paratransit 🔲 Taxi							

### 56. Aunque no haya necesitado este servicio personalmente, ¿qué tan importante es que los abogados u otros servicios legales específicos LGBTQ estén disponibles?

- □ No es nada de importante para mí
- □ No es muy importante, pero es bueno tener la opción
- Es importante para mí, pero no es crítico tener la opción
- □ Es muy importante para mí
- No tengo opinión

### 57. ¿Alguna de las siguientes preocupaciones o situaciones le impide solicitar asistencia legal? Seleccione todas las opciones que apliquen.

□ No es aplicable: Nunca he necesitado servicios médicos.

#### Acceso

- No sabía cómo o dónde obtener este servicio.
- □ El tiempo que tuve que esperar para recibir ayuda fue demasiado largo.
- □ No podía pagar por este servicio.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- □ Los servicios no estaban disponibles en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ Los servicios no eran accesibles para personas con discapacidades.

### Orientación de servicios

- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas trans.
- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas queer/LGB.
- Me preocupaba que los servicios no serían culturalmente adaptados o atentos a aspectos culturales.
- Me preocupaba que los servicios no serían amables a personas de mi edad.

#### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba usando el servicio.
- Tenía miedo que mis padres o Servicios de Protección al Menor (CPS) fueran notificados.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.
- Otra(s) razón(es): \_\_\_\_\_

## 58. Comentarios adicionales: ¿hay algo más que le gustaría compartir acerca de sus experiencias o preocupaciones obteniendo asistencia legal?

### Apoyo a la vivienda

Asistencia para asegurar un lugar donde alojarse o vivir o mantener su vivienda actual. Incluye, pero no está limitado a, obtener consejería para inquilinos, asistencia para vivienda, y/o usar refugios.

### 59. ¿Utilizó algún tipo de apoyo o asistencia de vivienda en los últimos tres años?

- 🗆 Sí
- No, pero necesitaba este servicio
- No, y no necesitaba este servicio

### Si respondió que no, vaya a la pregunta 66.

#### 60. Si SÍ, ¿en qué condado recibe usualmente ayuda con asuntos de vivienda? Si usualmente recibe servicios en más de un condado, por favor, marque el condado donde ha $\Box$ Sí $\rightarrow$ recibido servicios más recientemente. (Seleccione sólo una opción) Condado de Alameda □ Condado de San Mateo Condado de Contra Costa Condado de Santa Clara □ Condado de Marín □ Condado de Solano Condado de Napa □ Condado de Sonoma □ Ciudad y Condado de San Francisco 🗆 Otro 61. Por favor díganos más sobre su experiencia <u>típica</u> de obtener ayuda con asuntos de vivienda: Nunca La mayor ¿Con qué frecuencia son las siguientes Α No es o casi parte del Siempre aplicable declaraciones verdaderas para usted? veces tiempo nunca a. Consigo lo que necesito. b. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva con respeto a mi identidad/expresión de género. c. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como una persona queer/LGB-identificado. d. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectiva como persona de color. e. El (los) proveedor(es) es/son atento(s) a mis necesidades y perspectivas con respeto a mi edad. f. El (los) proveedor(es) es/son atento(s) a mis necesidades relacionadas a mi discapacidad.

-	or favor piense en la organización donde recibe apoyo, no en la identidad de su oveedor).
	Una organización con <u>enfoque LGBTQ</u> Una organización general (no LGBTQ), pero <u>con un programa específico LGBTQ</u> Una organización general (no LGBTQ)
63. ¿Co	ómo usualmente recibe servicios de apoyo a la vivienda?
	Solo por teléfono
	Solo por internet
	Solo en persona (visito una oficina)
	Combinación de ayuda en persona y por teléfono/internet
Si usted re	spondió "solo por teléfono" o "solo por internet," por favor vaya a la pregunta 66.
-	uánto tiempo se toma por lo general en llegar a un lugar en donde pueda obtener uda con asuntos de vivienda en el condado que usted indicó arriba?
Me	toma (seleccione solo una opción):
🗆 men	os de 15 minutos 🛛 15-30 minutos 🖾 31-60 minutos 🗆 1-2 horas 🖾 más de 2 horas
65. ¿Co	ómo usualmente llega allí? Por (seleccione solo una opción):

- 66. Aunque no haya necesitado este servicio personalmente, ¿qué tan importante es que los servicios de vivienda, tales como consejería para inquilinos, asistencia para vivienda, y/o uso de refugios específicos LGBTQ estén disponibles?
- □ No es nada de importante para mí
- □ No es muy importante, pero es bueno tener la opción
- □ Es importante para mí, pero no es crítico tener la opción
- Es muy importante para mí
- □ No tengo opinión

# 67. ¿Alguna de las siguientes preocupaciones o situaciones le impide buscar ayuda con asuntos de vivienda? Seleccione todas las opciones que apliquen.

□ No es aplicable: Nunca he necesitado ayuda con asuntos de vivienda.

#### Acceso

- No sabía cómo o dónde obtener este servicio.
- □ El tiempo que tuve que esperar para recibir ayuda fue demasiado largo.
- □ No podía pagar por este servicio.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- Los servicios no estaban disponibles en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ Los servicios no eran accesibles para personas con discapacidades.

### Orientación de servicios

- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas trans.
- Me preocupaba que los servicios no serían adaptados o dirigidos a las necesidades de personas queer/LGB.
- Me preocupaba que los servicios no serían culturalmente adaptados o atentos a aspectos culturales.
- Me preocupaba que los servicios no serían amables a personas de mi edad.

### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba usando el servicio.
- Tenía miedo que mis padres o Servicios de Protección al Menor (CPS) fueran notificados.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.
- Otra(s) razón(es):
- 68. Comentarios adicionales: ¿hay algo más que le gustaría compartir acerca de sus experiencias o preocupaciones obteniendo apoyo para asuntos de vivienda?

### **Eventos sociales y comunitarios LGBTQ**

Maneras en que usted se conecta con la comunidad LGBTQ a través de eventos, reuniones, y otras actividades sociales. Estos eventos podrían incluir ir a eventos específicos para la comunidad LGBTQ, celebraciones, servicios religiosos, charlas, conciertos, u otros eventos organizados en espacios públicos.

# 69. ¿Participó en algún tipo de actividades sociales o comunitarias organizadas en los últimos tres años?

- 🛛 Sí
- □ No, pero necesitaba este tipo de oportunidad
- D No, y no necesitaba este tipo de oportunidad

#### <u>Si respondió que no, vaya a la pregunta 74.</u>

□ Sí- <del>&gt;</del>	<ul> <li>específicos LGBTQ? Si usualmente participa e marque el condado donde ha participado en una opción)</li> <li>Condado de Alameda</li> <li>Condado de Contra Costa</li> <li>Condado de Marín</li> <li>Condado de Napa</li> </ul>	Condado de Alameda□Condado de San MateoCondado de Contra Costa□Condado de Santa ClaraCondado de Marín□Condado de SolanoCondado de Napa□Condado de SonomaCiudad y Condado de San Francisco□Otroavor, díganos más sobre su experiencia típicaen eventos sociales o comunitarios específicos				
	¿Con qué frecuencia son las siguientes declaraciones verdaderas para usted?	Nunca o casi nunca	A veces	La mayor parte del tiempo	Siempre	No es aplicable
	a. Consigo lo que quiero o necesito.					
	<ul> <li>b. El evento es atento a mis necesidades y perspectiva con respeto a mi identidad/expresión de género.</li> </ul>					
	c. El evento es atento a mis necesidades y perspectiva como una persona queer/LGB-identificado.					
	d. El evento es atento a mis necesidades y perspectiva como persona de color.					
	e. El evento es atento a mis necesidades y perspectivas con respeto a mi edad.					
	f. El evento es atento a mis necesidades relacionadas a mi discapacidad.					

# 72. ¿Cuánto tiempo se toma por lo general en llegar a eventos sociales o comunitarios específicos LGBTQ en el condado que usted indicó arriba?

Me toma (seleccione solo una opción):

🗆 menos de 15 minutos 🗆 15-30 minutos 🗆 31-60 minutos 🗆 1-2 horas 🗆 más de 2 horas

### 73. ¿Cómo usualmente llega allí?

Por (seleccione solo una opción):

🗆 coche 🛛 tránsito público 🗆 bicicleta 🖓 a pie (caminando) 🖓 Paratransit 🖓 Taxi

# 74. Aunque no haya participado en eventos sociales o comunitarios específicos LGBTQ, ¿qué tan importante es que los eventos sociales o comunitarios específicos LGBTQ estén disponibles?

- D No es nada de importante para mí
- D No es muy importante, pero es bueno tener la opción
- □ Es importante para mí, pero no es crítico tener la opción
- □ Es muy importante para mí
- No tengo opinión

# 75. ¿Alguna de las siguientes preocupaciones o situaciones le impide participar en eventos sociales o comunitarios específicos LGBTQ? Seleccione todas las opciones que apliquen.

### Acceso

- No sabía cómo o dónde participar o asistir al evento.
- El evento estaba fuera de mi alcance dada la falta de dinero.
- No tenía una manera de llegar allí, o el viaje para llegar allí era demasiado complicado, caro, o tomaba mucho tiempo.
- El evento no estaba disponible en mi idioma principal.
- No tenía a nadie para cuidar de otros (por ejemplo, niños, ancianos) para que yo pudiera ir.
- □ El evento no era accesible era accesible para personas con discapacidades. .

#### Orientación del evento

- Me preocupaba que el evento no sería adaptado o dirigido a las necesidades de personas trans.
- Me preocupaba que el evento no sería adaptado o dirigido a las necesidades de personas queer/LGB.
- Me preocupaba que el evento no sería culturalmente adaptado o atento a aspectos culturales.
- Me preocupaba que el evento no sería amables a personas de mi edad.

### Miedo de divulgación

- Tenía miedo que alguien que yo conozco supiera que estaba participando.
- Tenía miedo que fuera reportado(a) a inmigración u otras autoridades.

Otra(s) razón(es): \_\_\_\_\_

76. Comentarios adicionales: ¿hay algo más que le gustaría compartir sobre sus experiencias o preocupaciones al participar en eventos sociales o comunitarios?

### Su Voz en la Comunidad

Las siguientes preguntas son acerca de las opciones que tiene para hacer que su voz sea escuchada en nuestra sociedad.

	77. ¿Qué tan de acuerdo o desacuerdo está con las siguientes declaraciones acerca sus opciones para hacer que su voz sea escuchada?	Muy en Desacuerdo	En Desacuerdo	De Acuerdo	Muy de Acuerdo	
a.	Creo que al menos uno de mis funcionarios del gobierno local tiene mi mejor interés en el corazón.					
b.	Sé cómo dar mis ideas e opiniones en leyes, políticas y decisiones locales.					
C.	Hay al menos una organización LGBTQ o grupo de abogados <u>en mi</u> <u>condado</u> que hablan por los temas que me afectan personalmente.					
d.	En general, siento que las leyes y políticas en la ciudad donde vivo apoyan a la gente LGBTQ.					

### Información Sobre Usted

La siguiente sección incluye preguntas demográficas para ayudarnos a entender mejor cómo las experiencias y preocupaciones pueden variar entre los diferentes grupos dentro de la comunidad LGBTQ. La información que usted comparta solo será usada para este estudio. La información nunca será vinculada a usted personalmente o compartida con nadie más que el equipo de investigación. Puede dejar en blanco cualquier pregunta con la que no se sienta cómodo(a). Por favor recuerde que las preguntas que conteste nos ayudarán a llenar un vacío en la investigación sobre las experiencias de miembros de la comunidad LGBTQ.

78. ¿Cuál es su situación actual de vivienda? Por favor, seleccione sólo una opción. Si la situación de su vivienda cambia con frecuencia, por favor solo seleccione la opción dónde ha vivido la mayoría del tiempo en los últimos seis meses.						
<ul> <li>Casa alquilada o apartamento alquilado (solo(a) o con un compañero(a)/familiares inmediatos/ compañeros de habitación (roommates))</li> <li>Casa propia o apartamento propio (solo(a) o con un compañero(a)/familiares inmediatos/compañeros de habitación (roommates)</li> <li>Vivienda asistida o cuidado de enfermería</li> <li>En la calle/ afuera o al aire libre/ en un vehículo</li> <li>Vivienda pública</li> </ul>			<ul> <li>Con amigos o con un miembro de familia ampliada/extendida (sin incluir a sus propios padres y/o hijos)</li> <li>Albergue</li> <li>Hoteles con cuartos individuales o simples (SRO)</li> <li>Vivienda o alojamiento de transición</li> <li>Situación de vivienda diferente (por favor describa)</li> </ul>			
79. Durante su niñez o adolescencia, ¿alguna vez vivió en un hogar de crianza temporal (hogar comunitario, familia de crianza, etc.)?		□ Sí		🗆 No	No lo sé	
80. ¿Tiene hijos?		<ul> <li>□ Sí</li> <li>□ No, y no planeo tener</li> <li>□ No, pero planeo tener en el futuro</li> </ul>				
→ Si tiene hijos,	<b>81. Mi/s hijo/s tienen</b> (seleccione todas las opciones que apliquen):	<ul> <li>Menos de 5 años</li> <li>6-12 años de edad</li> <li>13-17 años de edad</li> <li>18 años o más</li> </ul>				

82. ¿Cuál es su estado de relación actual?	<ul> <li>Soltero(a) (incluyendo divorciado(a) y viudo(a))</li> <li>En una relación con uno(a) o más pareja(s)</li> <li>Pareja (no reconocida legalmente)</li> <li>Casado(a) legalmente o en una pareja doméstica registrada</li> <li>Otra relación:</li> </ul>			
83. ¿Se identifica como una persona con una discapacidad?	□ Sí □ No			
84. ¿Sirve o ha servido en las Fuerzas Armadas?	□ Sí □ No			
85. ¿Alguna vez ha estado desamparado/sin hoga	nr?	🗆 Sí	🗆 No	
86. ¿Alguna vez ha sido encarcelado?		🗆 Sí	🗆 No	
87. ¿Qué tipo de seguro médico <u>tiene usted presentemente</u> ? Por favor seleccione todas las opciones que apliquen.				
<ul> <li>No tengo seguro medico</li> <li>Seguro médico privado (proporcionado por un empleador, por ejemplo)</li> <li>Healthy San Francisco</li> <li>Health Plan de San Mateo</li> <li>Covered California / Obamacare / Ley del Cuidado Salud Asequible</li> </ul>	o de		re	
88. ¿Cuál es el ingreso total de su hogar?		□ \$20,003 □ \$40,003 □ \$60,003 □ \$80,003 □ \$100,00	de \$20,000 al año 1 - \$40,000 al año 1 - \$60,000 al año 1 - \$80,000 al año 1 - \$100,000 al año 01 - \$150,000 al año 9 \$150,000 al año	

89. ¿Cuál es el nivel más alto de educación que ha <u>comple</u>	etado? Por favor, seleccione solo una opción.
<ul> <li>Primaria o secundaria (grado 1 a 8)</li> <li>Parte del bachillerato/preparatoria (grado 9 a 12)</li> <li>Bachillerato/preparatoria (grado 9 a 12) o diploma de educación general (GED)</li> <li>Parte de la universidad, pero no obtuve un certificado</li> <li>Certificado vocacional</li> </ul>	<ul> <li>Título de Asociado (AA/AS)</li> <li>Título de Licenciatura (BA/BS)</li> <li>Título de Máster / Maestría</li> <li>No sé / no recuerdo</li> <li>Otro nivel:         <ul> <li></li> </ul> </li> </ul>
90. ¿Usted está en la escuela? (tiempo medio o completo)	🗆 Sí 🛛 No
91. Seleccione la opción que mejor describa su empleo ad	ctual:
<ul> <li>Trabajo tiempo completo</li> <li>Trabajo medio tiempo y busco más trabajo</li> <li>Trabajo medio tiempo y no busco más trabajo</li> <li>No trabajo y estoy buscando trabajo</li> <li>No trabajo y no estoy buscando trabajo porque estoy retirado.</li> <li>No trabajo y no estoy buscando trabajo porque tengo una discapacidad.</li> <li>No trabajo y no estoy buscando trabajo porque cuido niño/s o adulto/s.</li> <li>No trabajo y no estoy buscando trabajo a causa de otra razón.</li> </ul>	Empleo diferente:

#### Conclusión

92. ¿Hay algo más que le gustaría compartir con organizaciones o asociaciones sin fines de lucro que apoyan a la comunidad LGBTQ?

Muchas gracias por su tiempo y por compartir su experiencia. Si le interesan las conclusiones de este estudio, puede visitar el sitio web del Horizons Foundation en el verano u otoño de 2017, o se puede contactar a Francisco O. Buchting, el Vicepresidente de Becas, Programas, e Iniciativas Estratégicas de Horizons Foundation, 415.398.2333, o info@horizonsfoundation.org.

### **Recursos para la Comunidad LGBTQ**

A continuación, encontrará varias organizaciones y líneas telefónicas que puedan ayudar con los problemas abordados en la Encuesta sobre la Comunidad LGBTQ del Área de la Bahía de San Francisco.

### Asistencia Inmediata en el área:

#### Jazzie's Place

Albergue de emergencia para adultos LGBTQ. Es parte del Mission Neighborhood Resource Center.

Para reservaciones, vaya a 165 Capp Street o llame al (415) 869-7977.

### **Communities United Against Violence Safety Line**

Ofrece apoyo para abuso doméstico, llamadas de suicidio, y salir del closet. (415)333-HELP (4357)

### SF Women Against Rape (SFWAR) Crisis Line:

Una organización que también incluye a los hombres y a los transgéneros; ofrece apoyo para el asalto sexual y en las situaciones de crisis. *(415) 647-7273* 

### **Centros LGBTQ Locales:**

### **Our Family Coalition**

Ofrece apoyo, educación, y eventos comunitarios para las familias LGBTQ; hace abogacía legal para los asuntos LGBTQ. 415-981-1960

#### **Rainbow Community Center**

Sirve a la comunidad LGBTQ en el Condado de Contra Costa. (925) 692-0090

### The Spahr Center

Ofrece servicios de la salud, consejería, y otros programas comunitarios para la comunidad LGBTQ en el Condado de Marín. *(415)* 457-2487

### **Otros Servicios Locales**

#### **El/La for Translatinas:**

El/La es una organización para latinas transgéneras (TransLatinas). (415) 864-7278

#### Causa Justa/ Just Cause

Ofrece información y abogacía para los inquilinos e inmigrantes. West Oakland: (510) 836-2687 | East Oakland: (510) 836-2687 | San Francisco: (415) 487-9203

#### **API Wellness Center:**

Una organización de salud para la gente de color y LGBTQ que ofrece una clínica de bienestar, tratamiento y cuidado de VIH, pruebas de VIH y ETS, y servicios comunitarios. (415) 292-3400

#### **Somos Familia**

Ofrece apoyo para las familias Latinas con niños que se identifican como LGBTQ. (510) 725-7764

#### **Open House**

Ofrece servicios para las personas mayores en San Francisco. (415) 347.8509

#### **LGBTQ Connection**

Una organización comunitaria LGBTQ dirigida por jóvenes en los Condados de Napa y Sonoma. (707) 251-9432



550 Montgomery Street, Ste. 700 San Francisco, CA 94111 415.398.2333

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