



2019 CHICAGO LGBTQ COMMUNITY NEEDS ASSESSMENT DATA SUMMARY



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Morten Group

2019 CHICAGO LGBTQ COMMUNITY NEEDS ASSESSMENT DATA SUMMARY

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The LGBTQ community is made up of innumerable intersecting communities, and each share helped the research team to reach more of these communities and amplify their perspectives. We deeply appreciate your efforts.

EXECUTIVE SUMMARY

In 2018, the Steering Committee of The LGBT Community Fund retained Morten Group to conduct the Chicago LGBTQ Community Needs Assessment in order to gather data on current needs, issues, strengths and resources of the Chicagoland LGBTQ community.* Morten Group conducted the first needs assessment of this nature for The LGBT Community Fund in 2012; the purpose of this new assessment was to provide an updated snapshot of the community's needs for 2019.

There were three goals implicit in the development of the updated needs assessment process:

1

To utilize the data collected to inform the funding goals and directives shaping The Chicago Community Trust's LGBT Community Fund.

2

To develop key findings and recommendations that inform and educate the Chicagoland community about the needs, issues, strengths and resources within our local LGBTQ community.

3

To provide exposure and information about the needs, issues, strengths and resources of the Chicagoland LGBTQ community.

OVERVIEW OF DATA COLLECTION TOOLS

Data was collected over a fifteen-week field period (October 17, 2018 through January 31, 2019), using a participatory action research model and a snowball sampling method. Three data collection tools were used:

1. **Online survey**
2. **Community dropboxes with data cards**
3. **Focus groups**

This report contains both quantitative and qualitative analyses of the data collected through each tool.

*The following note comes from Morten Group's 2012 LGBT Community Needs Assessment report and still holds true for the 2019 report: "Please note that the phrase 'LGBTQ community' is used throughout this report as an umbrella term to refer to all individuals who identify as LGBTQ. However, 'the LGBTQ community' is not monolithic. While this term is used for simplicity and brevity, it should be underscored that Chicago's 'LGBTQ community' in fact consists of many overlapping smaller communities and subcultures. Moreover, not all individuals who identify as LGBTQ take part in community life within the structured settings reflected in the institutions and organizing models represented within this report."

KEY IDENTIFIED THEMES

Across data collection tools, several recurring themes emerged. The following were identified as seven key themes:

1. Inequities within the LGBTQ population
2. High-quality, affordable, culturally responsive, comprehensive health care
3. Employment/underemployment and equity in the job market
4. Support accessing quality human and government services
5. Community safety and violence prevention for all
6. Affordable housing and gentrification
7. Resilience and capacity of a participatory, intersectional LGBTQ community

HIGHLIGHTS BY DATA TOOL SURVEY, DATA CARDS, FOCUS GROUPS

Over 2,000 LGBTQ Chicagoans contributed data to this needs assessment. Participating individuals represented a broad diversity of demographic backgrounds with regard to gender identity, sexual orientation, race, age, socioeconomic status, residential area, and disability status. Demographics varied

considerably between data collection tools; this report is organized according to these tools, providing an overview of key identified needs for all respondents to a particular tool. Snapshots of specific demographic groups of survey takers and data card respondents are available in appendices C and D of this document.

Online survey respondents comprised by far the largest group of study participants (1,626 individuals, or 78% of the total sample size). The five major community needs identified through the online survey tool include:

1. Basic income and living wage
2. Community safety/violence
3. Discrimination (race/ethnicity, sexual orientation, and/or gender identity)
4. Health insurance and physical/mental health care and services
5. Employment

413 individuals completed data cards (brief paper surveys). The three key needs identified by data card respondents include:

1. Homelessness and affordable housing
2. Health care
3. Employment

49 individuals participated in focus groups. The three key needs identified by focus group participants include:

1. Access and support navigating social services
 2. Health care and health insurance
 3. Mental health services
-

BENCHMARKING FROM 2012 TO 2019

In this section of the report, the research team compares and contrasts key data from Morten Group's 2012 LGBT Community Needs Assessment with the current 2019 data set.

CONCLUSION AND RECOMMENDATIONS

The conclusion of this report offers funding recommendations based on the results of the data collection. Recommendations are categorized according to the seven key themes identified across data collection tools.

METHODOLOGY

Morten Group conducted the 2019 Chicago LGBTQ Community Needs Assessment using a Participatory Action Research (PAR) methodological approach, engaging with a multiplicity of community stakeholders invested in the assessment process.

This grassroots-based research style views study participants as research collaborators rather than passive subjects. PAR may be defined as follows:

“PAR seeks to understand and improve the world by changing it. At its heart is collective, self reflective inquiry that researchers and participants undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves. The reflective process is directly linked to action, influenced by understanding of history, culture, and local context and embedded in social relationships.”¹

A snowball sampling method was used to recruit participants for the needs assessment. Snowball sampling is a non-probability sampling method used by researchers to identify a target population and engage them in involving others within their networks for the data collection process. This method has been identified as effective for engaging “hard-to-reach communities.”² All individuals self-

identifying as part of the Chicagoland LGBTQ community were invited to participate. Morten Group identified community partners and leaders who shared the online survey link with their contacts, housed data card drop boxes, and hosted focus groups. Their contacts, in turn, continued to share this information. In order to involve a strong, diverse sample, community partners were recruited from urban, suburban, and rural communities.

Morten Group also designed a series of e-blasts as well as Facebook and Instagram posts to encourage participation. Memes (humorously captioned images designed to be spread over social media), preliminary data, and short videos were posted both to Morten Group’s Facebook page and a specially designated Instagram account (@chicagolcna2018), as well as Twitter and LinkedIn. Research team members and community partners posted to local Facebook groups such as Chicago Queer Exchange in order to reach more individuals who may identify as LGBTQ but not participate in local organizations.

A methodological overview of each data collection tool is included in each respective tool’s section of the report.

KEY TERMS AND ACRONYMS

CISGENDER Not transgender. A cisgender person is someone whose gender identity aligns with the sex they were assigned at birth. For example, a person assigned female at birth who identifies as a woman is a cisgender woman.

INTERSECTIONALITY Coined by Dr. Kimberlé Crenshaw in 1989, this term is “the acknowledgement that within groups of people with a common identity, whether it be gender, sexuality, religion, race, or one of the many other defining aspects of identity, there exist intragroup differences. In other words, each individual experiences social structure slightly differently because the intersection of their identities reflects an intersection of overlapping oppressions” (grinell.edu).

LATINX/A/O This term is used to refer to individuals of Latin American descent. It encompasses the gender-neutral term “Latinx,” the feminine “Latina” and the masculine “Latino.”

LGBTQ+ *Lesbian, gay, bisexual, transgender, queer.* Similar acronyms include GLBT, LGBT, LGBTQ+, and LGBTQIA (I = intersex, A = asexual). This umbrella term for the community at large is meant to be all-encompassing, including those who do not necessarily identify as either L, G, B, T, or Q specifically. For example, an individual who identifies as pansexual is included in the LGBTQ community.

PEOPLE WITH DISABILITIES This term is used to refer to individuals who self-identify as having a disability or disabilities, including but not limited to both visible and invisible disabilities such as hearing and vision differences, mobility differences, intellectual differences, chronic physical and mental illness, and more.

TGNC *Trans/transgender and gender nonconforming.* This term is meant to be inclusive of all individuals who identify as trans, transgender, gender nonconforming, genderfluid, genderqueer, agender, gender expansive, two spirit, and more.



KEY THEMES ACROSS DATA COLLECTION TOOLS

Inequities within the LGBTQ population

High-quality, affordable, culturally responsive, **comprehensive health care**

Employment/underemployment and **equity in the job market**

Support accessing **quality human and government services**

Community safety and violence prevention for all

Affordable housing and gentrification

Resilience and capacity of a **participatory, intersectional
LGBTQ community**

INEQUITIES WITHIN THE LGBTQ POPULATION

COMPARING THE EXPERIENCES OF CISGENDER WHITE LGBTQ PEOPLE AND PEOPLE WITH DISABILITIES/PEOPLE OF COLOR/TGNC PEOPLE

The data from this study finds that LGBTQ people living in the Chicagoland area face many challenges. As a community, LGBTQ people have difficulty accessing culturally responsive services around health, employment, human services and other government services. When race, ethnicity, class, gender, and disability are layered on top of this inequality, the data displays that the disparities are deeper and even more concerning. This theme explores some of these challenges.

15% of all survey takers describe themselves as earning a wage that is below livable, compared to 42% of LGBTQ people living with a disability and 31% of asexual survey participants. Notably, 55% of bisexual or pansexual survey takers do not feel that they earn a livable wage and are not working full-time; for example, 45% reported making less than \$24,999 in 2017. Conversely, almost 80% of gay male survey takers shared that they earned an individual income of more than \$24,999 per year.

A small yet important population of survey takers - 10% - state that they can rarely or never safely access health insurance or physical health services. 15% can rarely or never safely access mental health services.

When controlling for sexual orientation, this issue becomes even more problematic. 45% of asexual survey takers describe physical and mental health services as fair or poor quality services in their community. 30% of lesbian survey takers state that health services and care is a key issue that must be addressed by the government, and 34% state that health insurance should be a priority area.

Though both white individuals and people of color listed affordable housing as one of their top priorities, community safety for LGBTQ people of color is a much higher concern compared to their white counterparts. Specifically, when looking

at Black populations, 53% stated that violence based on race/ethnicity is one of their top two concerns. 29% of TGNC respondents stated that violence based on race/ethnicity is a top two issue.

While 22% of general survey takers report that they rarely or never are able to access law enforcement services, 39% of LGBTQ survey takers with disabilities rarely or never feel safe accessing law enforcement and 46% of TGNC respondents reported the same issue.

While 79.5% of survey takers who identify as gay feel safe when taking public transportation, only 48% of the Black LGBTQ survey population feel safe when using train or bus services.

All LGBTQ people within the Chicagoland area experience challenges. However, when race and ethnicity intersect with ability, gender or sexuality, the disparities become more intense and concerning.

The data demonstrates this when asking questions about access to employment, earning a livable wage, accessing public services, and safety. There are distinct divides within the community that need to be bridged. All LGBTQ people deserve culturally and intersectionally responsive services and community spaces in order to have a more equitable Chicago.

HIGH-QUALITY, AFFORDABLE, CULTURALLY RESPONSIVE, COMPREHENSIVE HEALTH CARE

As this study demonstrates, the Chicagoland LGBTQ community includes people from diverse backgrounds. Community members vary widely by race, ethnicity, age, income, and education. Despite these key differences, one experience many shared in surveys and focus group conversations is the of stigma of discrimination experienced when attempting to access health care, as illustrated by the thoughts and experiences that follow:

ON SERVICE PROVIDERS:

"I'm a professional patient. I see a lot of doctors on a regular basis, I see the doctors that are top of their fields and they're all these older white guys, rarely are they white women and the supportive staff like nurses and receptionist are people of color..."

As a patient, I've never met any medical staff that has been openly transgender.

When I get into this medical director's office and we're talking about life-threatening, life-changing things, they don't know how to treat me because technically I'm neither male or female. It's difficult to be an advocate for your own care and also stay on top of that - well, did you check the hormone levels? This doesn't happen at this hormone range. This doesn't happen in a body like mine..."

- Latinx focus group participant

ON THE IMPORTANCE OF QUALITY MENTAL HEALTH SERVICES:

"Mental health services, like... therapy ain't for everybody, but even if there were more art therapy programs that are in the neighborhood, or even just see advertised... for adolescents, elders and queer people.

I have been looking for a therapist for almost a year that identifies with me, and that is like you don't have to be from the inner city, but understand what that means. I feel like that is a barrier."

- TGNC focus group participant

ON THE IMPORTANCE OF CULTURAL COMPETENCY:

"The public mental health care is abysmal towards even agencies that have LGBT trainings or only an hour and half training and you get the fancy plaque or paper and they say "I am LGBT competent" I am like "Are you serious" and I think that it affects the quality of care and it affects people accessing care.

Finding good care is incredibly difficult... I have talked to people in the field and folks are woefully unprepared with the complexities of the community."

- Bisexual focus group participant

Social determinants affecting the health of LGBTQ individuals largely relate to oppression and discrimination. Examples include but are not limited to: legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits; limited health care providers who are culturally competent in LGBTQ health care needs; and access to recreational facilities and activities, safe meeting places or health services.

Previous studies exploring LGBTQ health note a number of health-related disparities in the LGBTQ community, including:

- LGBTQ youth are **2 to 3** times more likely to attempt suicide³ and are more likely to experience homelessness.^{4,5}
- Lesbians are **less likely to get preventive services for cancer.**⁶
- Gay men are at higher risk of HIV and other STDs, **especially among communities of color.**⁷
- Bisexual individuals are **significantly less likely than lesbian or gay individuals to disclose their sexual orientation to a healthcare provider.**⁸
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are **less likely to have health insurance than heterosexual or LGB individuals.**^{9,10}
- Elderly LGBTQ individuals face additional barriers to health **because of isolation and a lack of social services and culturally competent providers.**¹¹

EMPLOYMENT/UNDEREMPLOYMENT AND EQUITY IN THE JOB MARKET

Themes of employment, earning a livable wage, and intersectionally competent work force development specific to the needs of LGBTQ+ community members were raised across all three data collection tools. Participants in various demographic groups spoke on the importance of sustainable employment that provides a fair wage and health insurance, and is emotionally safe for people in the LGBTQ community. There was also a call to be considerate of the needs of people with disabilities and a yearning for meaningful opportunities to work that are free from tokenism and exploitation of differently abled bodies. Only 52% of survey takers are employed full time and making what they consider to be a livable wage.

In the focus group for older adults, one participant mentioned the need for equity and respect in the work place, stating: “Being Black and Lesbian and female. We don’t get paid the same in the workplace, they don’t even know about your sex, only because we’re female. Then again, they don’t give us the money because we’re African American. Those big businesses and stuff, they look at who your market is or who’s running this thing.” Across focus groups, employment was seen as a very significant component of a healthy life.

“We became a Facebook group for resources because people used to come to us with lack of employment, female to male trans have better work, women do not because of that stigma socially.”

Survey takers, along with participants in the youth, TGNC and Latinx focus groups, noted that some LGBTQ community members are excluded from mainstream vocations and utilize sex work in order to earn a living. People who are engaged in sex work face stigma, potential violence and other traumas; as one Latinx focus group member said, “There’s a lot of stigma, a lot of people need sex work to survive...”

As employment relates to people with disabilities, the need for meaningful work is also very important, including the need for able-bodied people to recognize their privilege and be mindful of ableism. One participant in the disability focus group explained, “If you’re an

able-bodied person who's working in a nonprofit, you're not going to really think about, 'What if my employee needs disability down the line? What if they need Medicaid down the line?' It's not something that crosses their mind if they're picking out health insurance plans, does it cross their mind to pick out providers in network who are trans friendly?" Another person from the same focus group mentioned, "The positions that exist are effective tokens. For example, the generation x queers. The older the generation, the more likely they are to be financially and politically enfranchised. There is an AARP for boomers, but there is no advocate for the sixteen and seventeen-year-old teenagers who are taxed and can't vote. It makes no sense and people just accept that. We show up and we are asked to do free labor. Even if we do not want to do it, we still have to do it because we need to link on to whatever resources are out there."

LGBTQ youth also shared concerning work experiences. One young person disclosed, "I would be sexually harassed at work, followed home. But two jobs I had where my identity became a problem and I was bullied at work and forced to resign because physical safety was compromised at both jobs." Youth focus group participants also urged that the community be mindful of who the caseworkers and others in workforce development are. One young person mentioned,

"We need genuine people not people who just want to collect a check, but people who care about the young. They should be really invested as human beings, not because they are getting a check."

Re-closeting in order to get and keep a job is a

final concerning issue related to employment. One TGNC person mentioned the pressure to shield or hide their identity and the toll it eventually takes on their mental health:

"There is a certain amount of 'tucking in' to hold down jobs. I don't really last very long because of the build-up of microaggressions. I usually freak out and leave. It makes it hard to take care of myself and have access to the things I need."

A participant in the bisexual focus group explained further, "Working sucks. I am not allowed to be myself and do my job at the same time. Another thing that I have seen is with less jobs, people are less selective, which means they are now being more in the closet due to the fact that 'Well this corporation does not agree with the idea, but has healthcare and dental, and I would rather be in the closet than lose those things.'"

Improving employment and workforce development opportunities starts with investing in robust and intentional professional development for case workers and social workers working with young people and adults in employment programs. Additional focus should include high-level professional development for jobs working with people with disabilities and the need for more meaningful positions for TGNC people of color — more specifically, TGNC femmes.

SUPPORT ACCESSING QUALITY HUMAN AND GOVERNMENT SERVICES

The need for support navigating social services and increasing visibility of resources was recommended across focus groups, data cards and survey responses. Since Morten Group's previous LGBT Community Needs Assessment report in 2012, there has been a 9% increase of people who feel they know how to access

services. However, that leaves a remainder of 31% of data card respondents stating that they disagree or strongly disagree that they know how to access government support programs including social security, unemployment or medical aid.

When asked where funds should be allocated, five out of the six focus groups discussed the need to fund services or programs, such as case management or health navigators, that would increase accessibility to support services. In the focus group with older adults, participants expressed the need for transportation that is accessible and physically safe for elders navigating the city. Additional supportive services that participants mentioned were 24-hour hotlines, outreach and awareness of programs, and funding positions such as LGBTQ coordinators at government social service agencies.

“There is a real need for seniors on the Southside to have a place where they can get to, ask for the help they need, ask for the resources, ask for information and where we can offer some coffee and doughnuts two days a week and movies – or whatever that will get you out of your house and get to a place that’s close to you.

It’s going to take us X amount of money and there is a real need for that.”

- Older adult focus group participant

A strength that was mentioned in the TGNC and youth focus groups was the importance of social service workers having shared experiences with the populations they serve. For example, a youth focus group participant shared:

“I think the best advocate for any kind of cause are the people who have experience and needed the resources but they weren’t there when they needed them... I’d say this is a strength of BYC, they employ people who have necessary experience but not always comparable education; because a frustration for me is getting resources from people who have post graduate degrees but have never slept outside, so I’m like please tell me how you can understand how I feel.”

ACCESSIBILITY

Survey respondents also expressed the need for social service and government agencies to be more accessible for people with differently abled bodies. For example, only 18% of survey takers rated the quality of disability-related services as excellent or good. One survey participant wrote that there is a need for “disability-friendly and accessible queer spaces -

so few queer events provide accommodations for people with various disabilities, which further ostracizes you from making a home in your community.”

Furthermore, only 32% of survey takers expressed always or sometimes feeling safe accessing disability-related services.

NEGATIVE EXPERIENCES

Survey respondents and focus group participants expressed that they commonly encountered negative experiences when searching or applying for social services. Some felt that they had been discriminated against due to their sexuality and/or gender expression. One participant shared the frustration of judgment or being told what to do:

“If I do point you at some place, you don’t want to have a program, not have a lecture – have some real help! I want some real food and I want my medicine. Where can I send you where you are going to get both of those things, not somebody telling you what to do but help you with a real substance weight.”

- Older adult focus group participant

COMMUNITY SAFETY AND VIOLENCE PREVENTION FOR ALL

The need for community safety, violence prevention and safe spaces are significant issues in the LGBTQ community. These issues are both highly personal and community-based.

VIOLENCE PREVENTION

National statistics demonstrate that LGBTQ people are among the most frequent victims of hate crimes and violence; these crimes occur in many settings, including schools and colleges, the armed services, jails and prisons, homes, workplaces, and public places. Additionally, studies suggest LGBTQ people have higher lifetime risks of sexual assault and equal or higher rates of domestic violence than their heterosexual counterparts.

For example, when compared to their heterosexual counterparts, LGBTQ youth are:¹²

- Almost 3 times as likely to be forced into sex.
- Over 2 times as likely to be hit, slapped, or physically hurt on purpose by a partner.
- Almost 5 times as likely not to go to school, to feel unsafe at school or on their way to or from school.
- Over 5 times as likely to be in a physical fight resulting in an injury requiring medical treatment.

LGBTQ adults are:¹³

- 5 times as likely to be punched, slapped, hit, or kicked by a partner.
- 6 times as likely to be afraid for their safety.

COMMUNITY SAFETY AND SUPPORT

Survey respondents, data card completers and focus group participants all noted that because of stigma, LGBTQ community members in need of police or support services are less likely to receive support. TGNC individuals, youth and people of color are less likely to feel comfortable accessing support from the police. When asked questions about community safety, youth, seniors, people of color, TGNC people, and women of all races reported feeling less safe when navigating their neighborhood.

Suggestions for increasing community safety include: providing funding for a community-based organization to provide safety planning to members of the LGBTQ community; increased training for police on working with LGBTQ community members with sensitivity and respect; developing safety action plans in high-risk/high-violence areas of the city with LGBTQ community members; and improving geographical distribution on quality health, employment and other human services so that community members do not have to navigate across so many neighborhoods to get basic support.

INTIMATE PARTNER VIOLENCE:

“I am a survivor of domestic violence. Like I have had people try to stab me and all types of things, reporting to the police and they did not take us seriously because I identified as male.

I know a lot of people in these situations. It can get bloody, the person passed away, but the courts would not even bring the case back up.”

- TGNC focus group participant

POLICE HARASSMENT:

“If you in the Boystown precinct, you are going to deal with cops and cop problems if you’re a person of color, if you go to the Ogden one, hopefully you don’t run into homophobic Hank the cop....”

In particular transgender women in our area experience harassment not just by the residents but by the police based on the assumption that they are sex workers.

That is something that is not documented because of the institutional crap....”

- **Bisexual focus group participant**

PUBLIC TRANSIT SAFETY:

“The CTA does not feel safe sometimes. I have had some issues there where men will try to hit on me and it feels very uncomfortable. I feel like the CTA employees, and security in general, do not care. I have a friend that was robbed at gun point. She went to a CTA employee at the end of a tunnel at the Blue and Red Line stop and they just told her to go somewhere else.... There was also a person on the bus taking pictures of women’s crotches when they were wearing shorts.

I tried telling a CTA employee about it and they said that they could not do anything because they were not the police. I then told the police and they acted as if I was wasting their time.”

- **People with disabilities focus group participant**

SAFE SPACES FOR LESBIANS:

“We have let ourselves, as lesbians, be almost erased. Intimidated to thinking that if we don’t take on everyone else’s cause, if we don’t stand up for everyone, then we are somehow incorrect or transphobic...”

This is what I see as a weakness in the lesbian community – just because we are women, we have to take care of everyone and try to make everyone else feel comfortable? We have somehow let ourselves as lesbians think that we have to welcome everybody into a situation that we set-up as a women-centered situation...

Lesbians have a right, a need, to have a place that is only lesbians.”

- **Older adult focus group participant**

AFFORDABLE HOUSING AND GENTRIFICATION

Chicago-area LGBTQ participants in the needs assessment also highlighted the need for affordable housing. Lack of access results in housing insecurity and homelessness, negative interactions with police officers, and untreated mental health concerns. Focus group participants expressed that all sub-communities within the LGBTQ community must be able to live in housing that does not exceed their income level. Below are examples of the different ways that homelessness affects the LGBTQ community, and the need to ensure housing that is safe, affordable, and community-based.

Only 30% of all data card completers strongly agree that the housing that they currently live in is affordable for their income level. People who completed the survey called for more housing that is affordable and reliable, and safe housing options for young people who are experiencing homelessness. It was mentioned that those without homes are more vulnerable to unfavorable interactions with the police; when asked what services are needed, one survey taker responded, "STOP POLICING THE HOMELESS. Homelessness: Incentivize alderman housing the homeless. Cappleman has destroyed Uptown with his anti-homeless gentrification schemes.

The City Council needs to stop being neoliberal community-destroyers..."

Survey takers noted the importance of offering affordable housing more than they suggested more homeless shelters in their open comments sections. One survey taker explained, "Affordable housing is probably the most important issue. It is hard finding affordable housing in the Chicago area for young professionals without families."

Data card completers and focus group participants in the youth, TGNC, older adult, and people with disabilities focus groups all indicated that young people need safe spaces to congregate and supportive places to live, especially emerging adults aged 22-27, because they have aged out of programming. One youth focus group attendee said, "The age limits on these things suck, I'm 27 and they choose to cut off the age at 24, after 24 if I haven't gotten all the stuff I need from you what am I to do?"

I'm on the street, I'm by myself because I've aged out of every program, I've aged out of the places that I could get housing, I've aged out of everything that was helping me and now I am on my own, there is no one doing after care, there is no transition or advocacy."

One focus group member from the bisexual/pansexual focus group mentioned understanding housing as an intersectional issue and paying attention to the historical components of Chicago housing: "The Center on Halsted for seniors. Which is great, we need more of that, [but] housing has to be understood on the intersection. We have created hard redlining policies [that are] still here." It is interesting to note that sub-communities of the LGBTQ community advocate for housing that is centered around their needs and identity; an example of this comes from another participant in the older adults focus group who said, "We need a lesbian center where we can get information for all of our medical, personal, housing, safe-net, all of that in the Southside."

Additionally, in the TGNC-centered focus group, participants called for housing that is safe for trans people, especially trans youth housing. In the youth-centered focus group, one person mentioned that young people are resilient in that they find friends and family that are willing to support them, yet when they become homeless it is still unsafe: "Housing instability because their family put them out at a young age or what have you, they don't have family. They may have friends and social networks but they don't have that main support system so they may have to rebuild it, but your gay parents won't let you stay with them months on end while you get your shit together."

When asked to share suggestions, participants across multiple data collection tools suggested more affordable housing over more homeless shelters; rent control; subsidized housing programs and advocacy around renter literacy, i.e. laws and regulations on renters' rights; and support in finding affordable housing.

RESILIENCE AND CAPACITY OF A PARTICIPATORY, INTERSECTIONAL LGBTQ COMMUNITY

“We ride together, let me tell you we may hate each other to the core [but] if you f*** with someone in my community you f*** with everybody.”

- Youth focus group participant describing the LGBTQ community

Despite the challenges faced by the LGBTQ community, there was also a tremendous diversity of resources and support programs mentioned both in the survey and in the data cards. Over 200 different LGBTQ-affirming community services, organizations and programs were shared across the data vehicles. This valuable information could be reviewed for accuracy and shared with the community through print and social media. These robust and valuable positive resources are often embedded in LGBTQ intersectional communities.

When participating in focus groups and when commenting in the survey tool, needs assessment participants shared powerful examples of ways that chosen family, given family, friends, loved ones and trusted allies worked to support them and connect them to quality supportive programming and organizations. For example, one survey taker shared, “The LGBTQ community really looks out for one another from every aspect: emergency food, assistance with school, housing, care after crisis, and family community aspects.” Another survey taker described “pockets” of the Chicago LGBTQ community where “people are fiercely protective of each other.”

This theme echoes other research conducted at the national level that indicates that community members who identify with underserved groups often build resilience and capacity by forming social networks and connecting one another to services and supports:

“It seems that possessing multiple minority characteristics or being a member of several socially stigmatized groups may present more and unique sources of challenge or stress while offering numerous opportunities for finding support, connection, and other beneficial social

resources. Additional research is needed on the experiences of people who possess different combinations of multiple minority characteristics, with attention paid not only to what is negative and challenging, but also to special sources of strength, resilience, and individual and community empowerment.¹⁴

One trend that was not explored in Morten Group’s 2012 needs assessment report is the vital role of the Internet and social media platforms to build positive community capacity and engagement. Multiple participants across data tools discussed the positive and impactful role of Facebook, Twitter, Instagram and other social media platforms in the LGBTQ community. They shared that these technological tools help to keep them engaged and connected to activities, programs, romance, social events and potential resources. These platforms also sometimes serve as a tool to reduce isolation and the feeling of being stigmatized. Over 70% of survey takers use social media tools frequently. Numerous participants shared their positive experiences with using these tools to build community. People with disabilities, youth, TGNC people, people of color and women also shared experiences of empowerment, positive thinking and support while using social media tools and apps. It is also important to note, however, that a small group of assessment participants stated that they avoid social media because of Internet bullying, misinformation found online, and websites that are unsafe for or disrespectful of LGBTQ community members.

"I used to be super involved, I don't feel as connected anymore. A lot of that is barriers, in terms of driving and being physically present is a little difficult because of my chronic illness and disabilities. A lot of the resources are also concentrated in the city, as a suburban person, it is not as easy to get to things.

There's some LGBTQ activity in the suburbs, there's even less Latino-specific queer resources, you really have to know people, if you can go out and meet them.

I feel more connected because of Facebook and social media, that helps a lot to stay in contact with people."

- Latinx focus group participant

"Facebook is my go-to to find events, it's just it's super convenient, I can see where it is, do I have to pay, how far is it from my apartment, can I take public transportation there, are any of my friends going. The saturation of activities and event if you want to join a softball league in the summer, you can do that. A bowling league in the winter, field hockey, I am on sports right now, I don't know why. If you wanted to go see shows and go get drinks and talk about it."

- Bisexual focus group participant

"Building chosen family, friendship networks and community connections are a few of the vital ways that needs assessment participants expressed their ability to increase capacity, efficacy and resilience. Despite facing numerous challenges, LGBTQ community members strive to support one another and live authentic lives.

This is the biggest lesson – the community at large will survive... We have been doing it and always will."

- TGNC focus group participant



SURVEY RESULTS

GENERAL ANALYSIS

INTRODUCTION

Drawing from the experiences and information gathered from Morten Group's 2012 Chicago LGBT Community Needs Assessment, the research team worked to design an updated tool that supported benchmarking of current data and explored some new capacity areas, including but not limited to the experiences of LGBTQ individuals living with disabilities, the role of social media in the LGBTQ community and the importance of intersectional identities to community members' experiences, access to resources and community-based interactions. Special attention was paid to inclusive language and expanded multiple choice-options for demographic characteristics including but not limited to gender identity, sexual orientation, relationship status, and disability.

Survey designers also conducted a review of literature and needs assessments completed in metropolitan areas of the United States and Canada to inform their development of the new survey tool. Please see the sources section of this report for a complete list.

Morten Group's survey tool consisted of a combination of 54 quantitative and qualitative questions and was

disseminated via the Internet, on social media, and computer labs of partner organizations (please see list of partner organizations in Appendix A) as well as via paper copies. The tool was available in English and Spanish, had a low vision mode option, and was designed to be compatible with screen reader software for survey takers with vision differences. Staff read survey questions to survey takers when needed to support completion. A review committee consisting of leaders, practitioners and activists within the Chicagoland LGBTQ community partnered with Morten Group to review the survey (please see list of review committee members in Appendix B), and an advisory committee of community leaders partnered with Morten Group to review the data collection process, community outreach strategies, and reporting methods (please see list of advisory committee members in appendix B).

The final survey tool was comprehensive and explored a diversity of topics including LGBTQ resources, community resources, housing, employment, security, safety, family and caregiver support, physical and emotional/mental health, and access to services.

DATA OVERVIEW

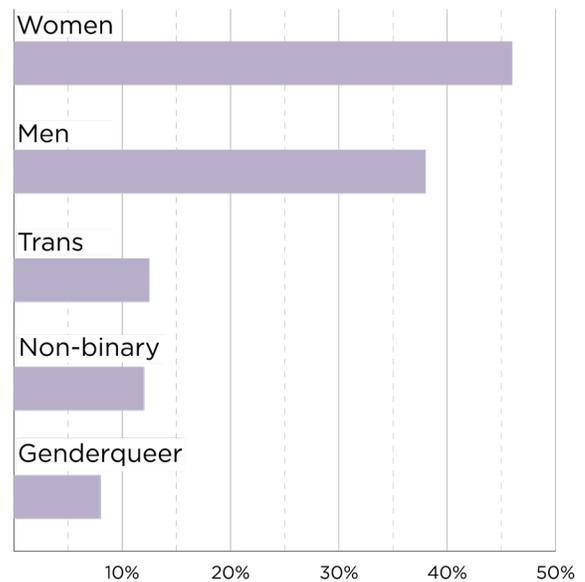
DEMOGRAPHICS

Over 1600 respondents participated in the survey process from October 17, 2018 to January 31, 2019. The response completion rate for the tool was close to 60%. Survey takers ranged widely in ethnicity, cultural background, socio-economic and employment status, age and geographic location. The robust and

diverse responses serve as a reminder that the LGBTQ community in Chicago is incredibly complex and multi-layered. The following pages illustrate the demographic breakdown of all survey takers. Additional data snapshots based on specific demographic groups are highlighted in Appendix C of this report.

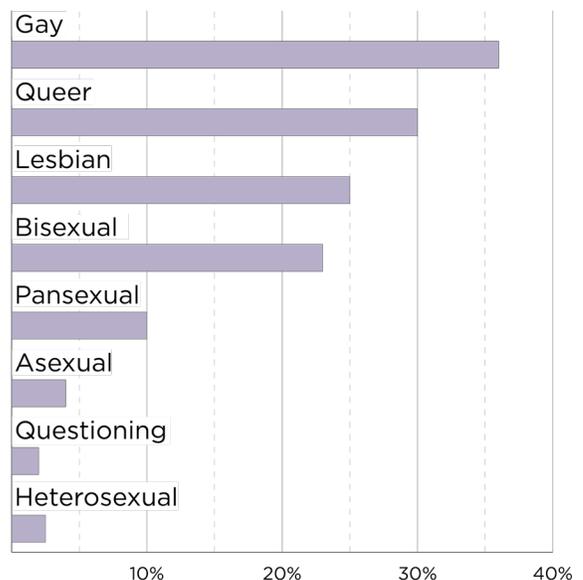
GENDER

A large majority of survey takers identified as women (46%) or men (38%). 12.5% identified as trans, and another almost 12% identified as non-binary. Eight percent of respondents defined themselves as genderqueer. Survey respondents described their gender identity in a diversity of ways including but not limited to: gender fluid, trans masculine, androgynous, genderchaotic and queer fem. It is important to note that these categories are not mutually exclusive. For example, the category “women” includes both transgender and cisgender women. Survey takers could select more than one option.



SEXUAL ORIENTATION

When asked to describe sexual orientation, survey takers were evenly distributed. While a slight majority identified themselves as gay (36%), large percentages identified as queer (30%), lesbian (25%), and bisexual (23%). Almost 10% of survey takers identified as pansexual, with a bit more than 4% defining as asexual and 2% as questioning. This year’s survey included a straight and heterosexual option, and 2.5% of survey takers identified in this way. Survey takers could select more than one option.



LANGUAGE

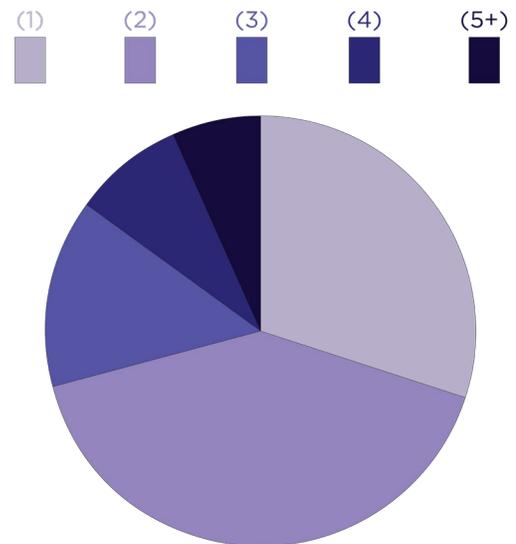
While the majority of survey takers identified themselves as speaking English as their main language (+80%), it is important to note that survey takers also reported speaking Spanish, Italian, German, French, American Sign Language, Japanese, Cantonese, Mandarin, Portuguese, Greek, Hebrew and Arabic. Several survey takers also identified that they spoke Polish, Czech and Russian. The large number of languages shared speaks to the diverse representation of survey takers. Surveys were offered in English and Spanish and translated as needed.

LENGTH OF RESIDENCE

Interestingly, many survey takers (55%) have lived in the Chicago area for 16 years or more. 15% of survey takers are relatively new to the community, residing in the area between zero and three years. 11% of survey takers have lived in the city between four and six years, and another 20% have resided in the Chicagoland area between seven and fifteen years.

HOUSEHOLD SIZE

The majority of needs assessment survey takers reported that they either live alone (30%) or with one other person (41%). Fourteen percent of survey takers reported living with three people in the home, and 8.5% with four people in the home. Much smaller percentages of survey takers reported having five or more people in the home. It is important to note that 1% of survey takers reported experiencing homelessness or unstable housing.



CHILDREN AT HOME

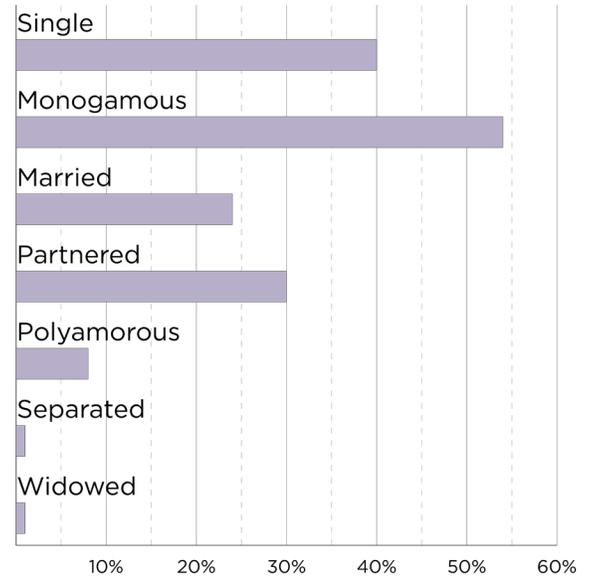
The vast majority of survey takers (85%) reported no people in their home under the age of 18. Conversely, 15% reported having minors under the age of 18 in their home.

CARETAKING

Less than 30% of general survey takers describe themselves as a caregiver. 17% of survey takers reported that they are caring for a child or children under the age of 21, 4% percent are caring for an older adult or adults, and 5% are caring for a person or people with disabilities.

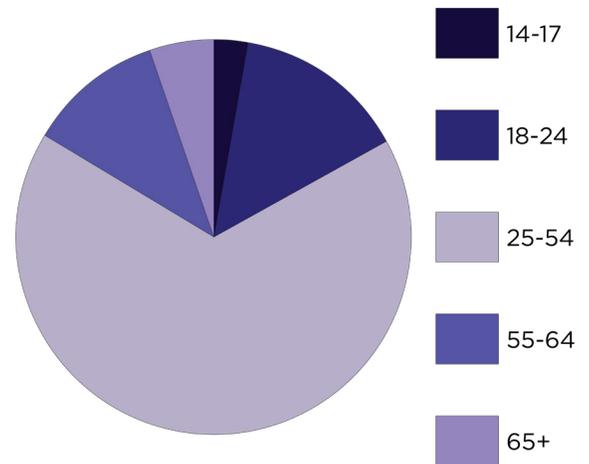
RELATIONSHIP STATUS

Almost 40% of survey takers reported themselves as being single. Fifty-four percent described themselves as being in a structured relationship with one other person (24% describe themselves as being married, and 30% as partnered living together or separately). Almost 8% of survey takers describe themselves as polyamorous, and 1% as separated or widowed.



AGE

The age of general survey takers varied widely, with the majority of survey takers reporting that they were between the ages of 25 and 54 (66% of the total survey population). Fourteen percent of survey takers identified themselves as being between 18 and 24, while a very small percentage described themselves as being between 14 and 17 years old (3%). Nearly 17% of the general survey taker population would be classified as seniors (age 55 or older), with about 11% between ages 55-64 and about 5% identifying that they were 65 years of age or older.



EDUCATION

Overall, the needs assessment survey population can be described as highly educated. 38% reported completing a graduate degree. An additional 29.5% described themselves as earning a four-year undergraduate degree, and 3% as earning a two-year degree. In total, over 75% of total survey takers reported earning an associate's degree or higher, with an additional 12% reporting some college or vocational trade school.

INCOME

When reviewing individual income of needs assessment survey takers, it is interesting to note that respondents' incomes are fairly evenly distributed. While 20% of survey takers earned \$14,999 or less in 2017, about 26% earned \$75,000 or more. The remaining survey takers sit right in the middle of the income distribution. It is important to note that a large majority of survey takers do fall below the City of Chicago median individual income of \$59,300 (2018). Almost 56% of needs assessment survey participants reported earning an income of \$49,999 or less in 2017.

ACCESSING COMMUNITY SERVICES

In the general needs assessment data, there are several concerning trends when survey takers are asked whether they can access certain services safely. For example, 10% of survey takers state that they can rarely or never safely access health insurance and a similar percentage states the same for physical health services. This percentage increases to nearly 15% when asking about mental health services.

22% of general survey takers state that they rarely or never are able to access law enforcement services. 10% feel the same way when asked about legal services, and 12% feel that they cannot safely access religious or spiritual community services. Ten percent of the general population have difficulty accessing vocational or job-related services safely. When controlling for race and age, this data shifts; please see demographic snapshots in Appendix C.

When asked to rate the quality of key community services, large percentages of needs assessment survey takers noted several areas for improvement. For example, almost 28% of survey takers rated affordable healthy foods as being fair or poor. Seventeen percent rated CTA, Pace or other public transportation as fair or poor. When responding to questions about health insurance and physical health services, 20% rated these as fair or poor. This percentage increased to 29% when survey takers rated mental health services. Looking at hospitals and housing, 19% rated hospitals and 23% rated housing as fair or poor. Over 30% of survey takers rated law enforcement as fair or poor. Fifteen percent rated legal services as fair or poor, and almost 20% rated street lighting the same way. These are all potential areas of improvement that may work to support members of the LGBTQ community in addition to the larger Chicagoland populace.

INTERSECTIONAL IDENTITIES

The 2019 Needs Assessment invited survey takers to express their intersectional identities. Intersectionality may be understood as follows:

“Intersectionality is the acknowledgment that within groups of people with a common identity, whether it be gender, sexuality, religion, race, or one of the many other defining aspects of identity, there exist intragroup differences. In other words, each individual experiences social structure slightly differently because the intersection of their identities reflects an intersection of overlapping oppressions.” (grinell.edu).

While reviewing the multitude of identities within the Chicagoland LGBTQ community, what becomes clear is the diversity and robust nature of intersectional differences in the community. Some reoccurring examples are below and help to contextualize the needs, concerns and strengths identified later in the report. Members of the Chicagoland LGBTQ community self-identified as:

- living with mental illness, including stress, anxiety, depression and trauma
- part of the youth, young adult and high school/undergraduate student communities
- retired or senior citizens
- differently abled or disabled
- facing a wide variety of health care issues, including HIV/AIDS, diabetes, high blood pressure, cancer, mobility issues, hearing and vision challenges and health care issues related to aging
- members of the arts community
- people of color and members of ethnic immigrant groups
- transgender – and self-describing as MTF, FTM, femme, queer, a woman without ovaries, non-binary, gay and straight
- survivors of abuse, assault or other criminal acts of violence
- Agnostic, Christian, Muslim, Jewish, Buddhist and a diversity of other religions and faiths
- women, including cisgender, trans women and queer women
- functioning as unemployed or underemployed in a metropolitan area - not able to earn a livable wage

- patients with Medicaid, Medicare or without any health coverage
- people who are DACA program participants/ DREAMers or undocumented
- parents and caregivers of elderly or of loved ones with disabilities
- people who describe their intersectionality in “silent,” “invisible,” or difficult-to-see ways.

When analyzing the data for key themes, one notices quickly the high numbers of people who identify as living with mental illness. Over 30% of respondents for this question noted that they are living with mental or emotional health issues OR

caring for someone with mental illness. About 25% identified as living with a chronic health condition, physical/ audio or visual disability or an invisible disability.

Another key theme was the percentage of people who identified as speaking English as a second language, being immigrants, or (in rare cases) being considered undocumented (about 10%). A third theme relates to age: about 10% of survey takers identified as either students or young people OR seniors/retirees. About 30% of the respondents for this question identified as being African-American, Latinx, Asian, Native American or a person of color.

SERVICES AND SUPPORT NEEDED FOR INTERSECTIONAL COMMUNITIES

SURVEY TAKERS’ STATED IDENTITIES REFLECTED A BROAD ARRAY OF INTERSECTIONAL LIVED EXPERIENCES:

PERSON WITH A MENTAL HEALTH DIAGNOSIS IN RECOVERY

GETTING OLD AND NEARING RETIREMENT, JEWISH

UNDOCUMENTED, SPANISH-SPEAKING, TRANS FRIENDLY AND AFFIRMING LATINX BUDDHIST

MIDDLE AGED-I MENTION BECAUSE WE ARE OVERLOOKED IN SO MANY WAYS, MOBILITY DIFFERENCES, SELF-EMPLOYED ARTIST

A STEPMOTHER/PARENT OF ADOPTED TEENS, ONE WITH A DISABILITY, PROGRESSIVE PROTESTANT

GAY, SINGLE, NERD, BEAR, PUERTO RICAN, LIBERAL, DEMOCRATIC SOCIALIST, YOUNG

HEARING IMPAIRED

QUEER CHRISTIAN

SAME-SEX MARRIED COUPLE UNDERGOING SURROGACY JOURNEY FOR THE BIRTH OF FIRST CHILD-ONE MEMBER A FAMILY BECOMING US CITIZEN, MIXED RACE HOUSEHOLD

WORKING CLASS

GAY MAN IN RECOVERY

MILLENNIAL/YOUNG ADULT, GRADUATE STUDENT, RADICAL, NON-MONOGAMOUS, AFRICAN-AMERICAN, LIVING WITH ANXIETY AND MENTAL ILLNESS

TRANS AND GENDER NONCONFORMING

When asked about the top three services to people in their specific LGBTQ sub-communities, needs assessment respondents were incredibly diverse. Majority key themes included: physical, sexual and mental health services, affordable housing, transportation, employment support services, legal services, healthy and affordable food, access to insurance, access to education with safe spaces and support for youth. Other themes mentioned less often included programs and services available in Spanish or other native

languages, cultural competency and learning opportunities for service providers, support network opportunities, safe and gender exclusive spaces (specifically for people who identify as women). Also, several survey takers mentioned the need for support services to navigate institutions that deal with legal issues related to marriage, adoption and other legal needs/services. The need for inclusive religious services and arts events and opportunities was also shared.

SUPPORTIVE QUOTES

- “Access to affordable healthcare, access to affordable housing, culturally competent facilities”
- “HIV/herpes testing, housing, mental health professionals”
- “Law enforcement engagement/protection, civic and charitable/community engagement, opportunities to network and support one another”
- “Affordable housing, LGBT friendly community program/social activities, affordable health insurance”
- “A specific center/group that focuses on assisting the multiple means of undocumented LGBTQ youth. It is not the same being LGBTQ or undocumented -so services should not be the same for someone that is both. Legal, school and open hours to meet others...”
- “Access to trans affirming healthcare - physical and mental, community spaces, gathering spaces and advocacy”
- “Mental health access especially around trauma, job-related help-Trans masculine people don’t know how to do many of the things-salary negotiation etc.-cis men know, minority religion support”

SOCIAL MEDIA USE

A large majority of needs assessment survey takers (71%) report using social media often. An additional 18% self-reported that they use social media sometimes. Only 4% of survey takers reported that they never utilize social media. When asked what role social media plays in their experience of Chicago’s LGBTQ community, key

themes emerge around survey takers sharing information, learning about events and activities, using social media to remain “politically, economically and socially informed” and to seek support. Several respondents shared that social media is used for networking, relationship building or to pursue romantic interests.

Social media sites mentioned include: Facebook (including the Chicago Queer Exchange page), Instagram, Tinder, Tumblr, and YouTube, as well as (mentioned less) Meetup, Snapchat,

and Twitter. Social media pages of specific community organizations, such as Affinity Community Services, were also mentioned.

SUPPORTIVE QUOTES

- “I rely on social media to inform me when different communities need help or support. I often attend rallies and protests that are promoted via social media, or donate to campaigns that are spread through social media.”
- “It informs me of community events that I might want to participate in. Reports the news of LGBT etc. people and happenings.”
- “It’s a life line-social media is the only reason I was able to find any kind of trans community at all, back when I was attending university in 2014.”
- “It allows me to get a sense of the extent of the LGBTQ community but doesn’t play a significant role in my personal relationships.”

It is also important to note that a small group of survey takers shared that they found social media to also be sometimes isolating or traumatizing.

- “I only use social media for support now and sparingly. It’s toxic. Recently, especially for trans women of color.”
- “It’s a double edge sword. It unites us as it brings information about events, etc. but divides us on the basis of internalized stereotypes.”

COMMUNITY SAFETY

While a large majority of survey takers reported feeling very safe or safe in their home, it is important to note that this number shifted when respondents were asked how safe they feel in their neighborhood. For example, 14% of respondents feel unsafe or very unsafe in their neighborhood during the evening. That percentage climbs to 23% overnight.

When survey takers were asked what factors influence safety in the neighborhood where they live, key themes included the presence and interaction with police (in positive and negative ways), neighbor relationships/support/communication, adequate lighting, timely/safe and affordable transportation, the perception of the neighborhood, activity/movement/walkability

in the community and crime.

Some respondents noted that gun violence and criminal activity were a concern in their community. However, they were not a majority.

A large majority (76%) of survey takers agreed that there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBTQ people or families. 17% of the total respondents were not sure if these communities or neighborhoods existed, while 7% felt that no such communities exist. When asked to share neighborhoods or communities that feel safe and supportive to them, survey takers who responded yes identified a large majority of north side neighborhoods, including Lakeview,

Uptown, Andersonville, Lincoln Park, Wicker Park, Old Town, Logan Square and Edgewater. Non-north-side community areas mentioned included the Loop, Hyde Park, the South Loop, Pilsen/Little Village, Evanston, Naperville and Oak Park.

Please note that several survey takers mentioned that though they might feel safe in the communities that they listed, other members of the LGBTQ community may not feel safe.

SUPPORTIVE QUOTES

- “I answered no because I am a female of color with a non-binary partner and we experience harassment based on these identities regardless of our queerness.”
- “I don’t think there is one neighborhood that is universally safe and supportive to the entire LGBTQ community, but in my experience there are some that feel more so. I personally feel the safest and most supported in Andersonville, Edgewater, Lincoln Square, Ravenswood, Uptown, and Hyde Park. I recognize as primarily white, middle-class neighborhoods they likely feel unsafe and unsupportive to lots in the community.”
- “I believe that there are neighborhoods where white cis gendered people, often male and middle class or wealthy, can experience safety, like Andersonville or Boystown. However, people of color, disabled folks, and trans non-binary people are not safe in this city overall, due to interpersonal oppression and prejudice, police violence, community disinvestment, white supremacy, and toxic masculinity.”

LGBTQ-AFFIRMING SPACES

A large majority (72%) of the needs assessment survey takers agreed that there are programs, groups, religious institutions or social service agencies in the Chicagoland area that they consider to be safe and supportive to LGBTQ people or families. 25% of survey takers stated that they are not aware of such safe space opportunities. 3% indicated that these spaces do not exist.

Some of the spaces most commonly mentioned (10 mentions or more) include: Center on Halsted, Howard Brown Health, Trinity United Church of Christ, the SGI Buddhist Cultural Center in the South Loop, Affinity Community Services, Chicago House, TPHM, Broadway Youth Center, Unitarian churches, Lambda Legal, AIDS Foundation of Chicago, The Night Ministry, United Methodist Church on Broadway, Youth Outlook/Transcend

in Naperville and ICAH (the Illinois Caucus for Adolescent Health).

Supportive spaces listed three to nine times included: Brave Space Alliance, Project Fierce, SAGE Collective, Invisible 2 Invincible API Pride of Chicago, the South Side Help Center Unity Church, About Face Theater, Illinois Safe Schools Alliance, Women and Children First Bookstore in Andersonville, Chicago Women’s Health Center and Mishkan, a Jewish social service and justice organization.

Several survey takers noted that some Chicago Park District sites and Chicago Public Library sites have recently worked to be more supportive of the LGBTQ community. “The Chicago Public Library-I work there, and they’ve been supportive of me in my efforts to make the library more trans friendly.”

KEY COMMUNITY ISSUES

When asked to identify how serious the following issues are in the neighborhood where they live, survey takers' feedback aligned with previous themes identified in this report. For example, over 50% of needs assessment participants identified the cost of housing as a very serious or serious issue. 46% of respondents identified gentrification as a serious issue. 20% identified hate crimes related to gender identity as a serious or very serious issue. Over 30% agreed that street parking was a serious or a very serious issue. 27% felt that police harassment or brutality was a very serious or serious issue and 24% agreed that vocational opportunities are very serious or serious issues.

Conversely, several topics were defined as not a serious issue or not an issue at all. Interestingly, these topics shift when controlling for race, age and socioeconomic status. In the general survey, 65% of survey takers felt that access to grocery stores was not a serious issue or not an issue at all; however, almost 20% felt that food security was a serious issue. When filtering the data, it is clear that of this 20%, disproportionate numbers are folks of color, youth, seniors and people who do not earn a livable wage.

Over 60% of survey takers identified that the condition of houses is not a serious issue, despite the cost of housing being considered overall a serious issue. Almost 50% of all respondents felt that crime against youth and elders was not a serious issue or an issue at all, until the data analysis controlled for age. 55% of survey takers indicated that hate crimes related to race or ethnicity were not a serious issue. This percentage shifts greatly when filtering surveys and looking at the data from the perspective of African-American or Latinx respondents; please see subsequent snapshots.

73% of survey takers felt that lack of parks and recreational spaces was not a serious issue. 43.5% thought that street parking was not a serious issue and interestingly, 49% felt that police harassment or brutality was not a serious issue.

Other high percentages of note: 50% of survey takers in the general survey population agreed that recreational drug use was not a serious issue, and over 70% agreed that vacant lots were not a serious issue.

ROLE OF LOCAL GOVERNMENT

When general survey respondents were invited to rate the effectiveness of local government in meeting LGBTQ communities' needs, both elected officials and services received low positive Likert scale ratings. About 32% rated elected officials as excellent or good, with a similar percentage (35%) rating elected officials as fair or poor. When assessing government services, about 30% rated them as excellent or good, while 36% rated local government services as fair or poor.

It is important to note that while analyzing themes for this question, over 100 different respondents reported that they were unaware or did not know how to respond to the question, because they were unaware of government services or the work of elected officials in the LGBTQ community.

When asked to identify the top five issues that the government should address during the next year, survey takers indicated the following five priorities:

- Basic income and living wage ranked 1st or 2nd by over 58%.
- Community safety/violence was listed as first or second by 48%.
- Discrimination based on race and or ethnicity ranked first or second by 52%, with discrimination based on sexual orientation ranked first or second by 48% and discrimination based on gender identity by 45%.
- Health insurance ranked first or second by 47%, followed closely by physical health care and services (43%) and mental health care and services (44%).
- Employment rated first or second by almost 48%.

Over 750 respondents shared issues not listed in the survey that ranked in their top five. Reoccurring feedback statements included: women-only spaces, climate change or global warming, police reform and violence, affordable housing, patriarchy, misogyny and rape culture, services for undocumented people, poverty,

xenophobia, offering services in bilingual and bicultural environments, improving legal processes and services for transgender people and members of the community navigating adoption, and sex education including HIV/AIDS awareness and prevention.

SUPPORTIVE QUOTES

- “Local government primarily caters to certain segments of the LGBT community, especially middle class or wealthy cis gendered coupled middle age or older gay and lesbian people. Local government needs to better understand the intersections of race, gender, and class as well as the impacts of zoning policy, tax incentives, policing, and disinvestment from public education and public services.”
- “The communities on the south and west sides need additional attention from the government to make the communities safe and affirming for the LGBTQ community’s and for people living with HIV/AIDS.”
- “Name changes for trans people are outrageously expensive, time-consuming, and confusing. While there is help for it, it’s not offered by the government. There needs to be more protection for LGBTQ people for jobs and housing discrimination-while there are laws, they are hard to enforce and are loopholes.”
- “I think local government and services continuously fail LGBTQ people experiencing homelessness, who have disabilities, or are poor. Most of the LGBTQ work done by local government and services tends to deal with civil rights that are important but ultimately ignore the most basic needs.”

COMMUNITY RESOURCES AND STRENGTHS

When asked, “What are some of the strengths of the LGBTQ community in the Chicago area?”, survey takers named a wide diversity of community resources, skills and assets.

Core themes around creativity, resilience, diligence, commitment to social justice, visibility and work ethic were all mentioned multiple times by survey takers exploring the community resources and strengths within the LGBTQ community in Chicago.

While many survey takers acknowledged the challenges facing the community, they also were extremely vocal and positive when describing programs, organizations, actions and spaces that were affirming and strong. Almost 800 needs assessment participants responded to this final question in the survey tool. These same survey takers spoke eloquently about the power and energy of LGBTQ community leaders,

practitioners, activists and everyday residents.

Specific groups lifted up in the open-ended comments included the work of queer people of color, members of the transgender community, leaders working within social service organizations and legal services institutions, policy decision makers and advocates, and healthcare practitioners and institutions to dedicated to supporting the physical and mental health care needs of all Chicagoans, specifically members of the LGBTQ community. One important thing to mention is the multitude of examples provided by survey takers of all of the formal and informal partnerships, networks and support systems created by and maintained within the LGBTQ community. Many respondents agreed that such partnerships and networks are vital to continuing the growth and development of a sustainable, robust and dynamic community.

SUPPORTIVE QUOTES

- “We are creative and resilient. Our community leaders work together. We have the political power to make change when we focus that power and have everyone at the table.”
- “We are committed to forward movement in Chicago and this survey and the LGBT Fund is an example of how we work together across difference to address our challenges.”
- “History, sense of community, arts and cultural activities, political and civic activities and organizations, social activities, a local government that generally supports the LGBTQ community at-large, a large metropolitan center with a lot to see and do, an active LGBTQ community.”
- “Leaders of the gay and lesbian communities have done a miraculous job over the past decades of blazing legal and social trails for the rest of us to walk. They have made being out pretty safe for those of us in middle class neighborhoods.”
- “Our community is pretty networked. Even though there is a clear north side/south side racial divide, I feel that the communities reach out to one another. I attend events on the south side and many of those people attend north side events. But I think the pressure is always on the Black people to attend white events.”

- “We are resourceful and creative. We make amazing community events. We are good at giving each other informal support online. We have supportive chosen families and friend networks. We are good at helping each other survive in whatever way we can manage (sending someone \$10 on Venmo, lending a car, helping pick up groceries, calling to check in).”
- “The AIDS epidemic tested the strength of the LGBTQ community to a degree unimaginable and led to the creation of community organizations, networks, coalitions and activism that greatly strengthened our community. To the extent that those organizations and coalitions continue to function and are supported by all members of our community now that many people feel that the crisis is over, the Chicago LGBTQ community will continue to lead the Midwest in terms of resources and a supportive environment for sexual minorities.”

FINAL THOUGHTS

When invited to share final thoughts, over 500 survey takers provided feedback on suggestions, potential next steps and strategies that they felt were vital to the LGBTQ community in the Chicagoland area. Core themes emerged around improvements in funding and resource development for social service organizations, grassroots organizations doing innovative work, leadership development, and organizing/educating/engaging future generations of LGBTQ community members.

Like their counterparts taking the needs assessment in 2011, respondents stated that resource allocation should not be concentrated in one Chicagoland community - that funders need to look strategically at supporting community-based groups and institutions doing strong work in the suburbs and on the west and south sides of Chicago. Survey takers also called for decision-makers to focus on intersectional subgroups who may live in a well-resourced area but are discouraged or ostracized from participating in those amenities. This includes people of color, the perilously housed, young people, seniors, folks who identify as trans, folks who are living in Chicago with physical

differences or disabilities, and folks who identify as a part of the LGBTQ community but may not exhibit their affiliation in visible ways.

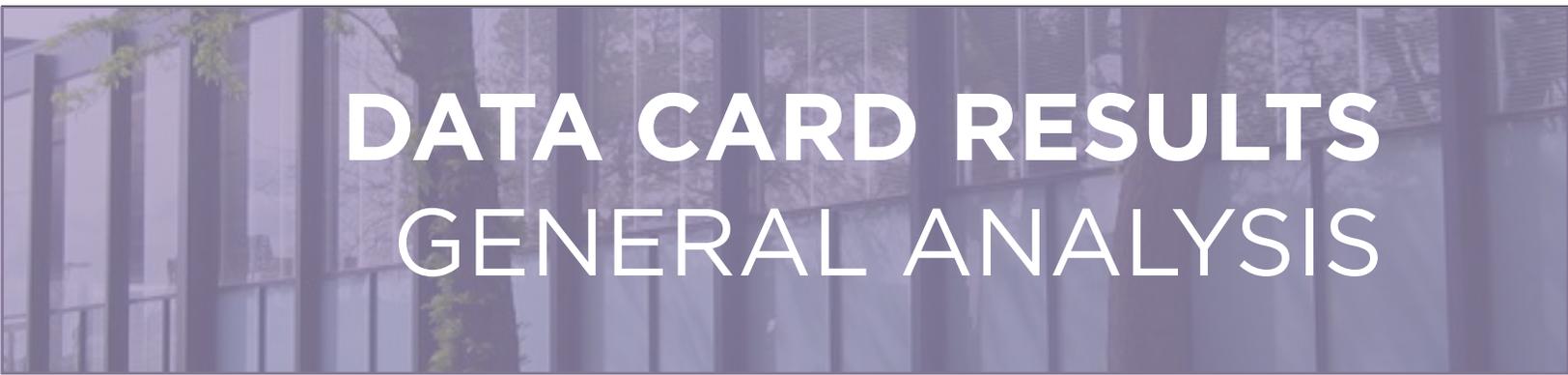
A small but vocal selection of survey participants also called for funders to support these groups in addition to supporting other groups, rather than to the detriment of middle class, cisgender and middle-aged members of the community. In other words, survey takers are calling for the “funding pie” to be larger, rather than a reallocation of existing finite resources that results in negative competition with another population in the community.

Survey takers also spoke to the importance of continuing to learn about and address intersectional realities that are impacting underserved members of the LGBTQ community. This includes over-policing, lack of amenities and services (especially in healthcare and legal services), affordable housing, employment opportunities and community violence. Further, respondents encouraged decision-makers to view the community as robust, dynamic and heterogeneous, and affirmed that these intersectional differences are strengths.

SUPPORTIVE QUOTES

- “Money and funding needs to go beyond services to leadership development, community organizing, and grassroots mobilization. Change for us should be led by us and it goes further than elected officials and legislators policy.”
- “I feel fortunate to live in Chicago but I know that there are huge disparities across this city. If an outcome of this survey and funding stream is to better distribute resources to grassroots orgs and efforts that have a positive impact for TGNC people of color, I think that would be a success for all of us.”
- “We desperately need to increase access to trans and gender nonconforming health care in the nation and here in Chicago. We need to stop the murder of trans people and especially trans women of color, nationwide and here in Chicago. We need an end to police brutality in communities of color and heightened policing and incarceration rates among queer and trans people of color. We need a greater number of culturally competent LGBTQ services and easier access to those services in underserved areas of the city, specifically on the South and West sides.”

- “I feel a divide in the community that has always been there. It has improved to meet political needs, but the focus on T often gets lost under LGB. And I feel the Q is so diverse and split that it gets even further lost under the umbrella. I’m not sure how to fix that, but I think the discrimination within the community itself needs help.



DATA CARD RESULTS GENERAL ANALYSIS

INTRODUCTION

Data cards were a valuable tool to collect key information from members of the Chicagoland LGBTQ community who did not complete the full online survey. These tools were designed to be short-form, double sided questionnaires with 15 questions for community members to complete in under five minutes. Questions focused on key demographic, socioeconomic and employment information; challenges facing the LGBTQ community; and recommendations for core issues that should be addressed within the community. The card also included a small section where stakeholders could ask questions, share resource information or make suggestions concerning the needs assessment.

Data cards were distributed in several ways. Over a dozen community partners helped to facilitate the data collection process by hosting data card collection boxes in their lobbies or in areas frequented by high service populations. Additionally, Morten Group community engagement specialists visited over two dozen events, workshops and social spaces frequented by members of the LGBTQ community. While visiting community engagement events and

activities, staff often had both data cards and surveys. If a stakeholder had a time constraint, they were invited to complete a data card instead of the longer survey.

Cards were made available in English and Spanish, and Morten Group was responsive to community feedback on the accessibility of the data cards. When a partner organization serving older adults shared that several would-be participants reported difficulty reading the questions due to small font size, a large-print version of the tool was printed.

Like the survey tool, all information collected from data cards was anonymous and stakeholder participation was voluntary. All data emerging from the tool was self-reported. The report below provides an overview of the key demographic information, the predominant themes shared by data card respondents and the output from the Likert scale completed by data card survey completers. Please note that this is a general overview; selected demographic snapshots are included in Appendix D.

DATA OVERVIEW

DEMOGRAPHICS

- A total of 413 people completed a data card with a 100% completion rate.
- 40% of data card completers identify as women, 40% identify as men, 14% identify as trans, 12% identify as nonbinary, 2% identify as intersex, 12% identify as cisgender, 2% identify as agender, and 9% identify as genderqueer.
- Sexual orientation of data card completers: 32% identify as gay, 11% identify as lesbian, 17% identify as bisexual, 27.5% identify as queer, 1% identify as questioning, 3% identify as asexual, 11% identify as pansexual, 4% identify as same gender loving, and 13% identify as straight.
- A large majority (90%) of data card completers live in the City of Chicago.
- Racial identity of data card completers: 19% are African American/Black, 4% are Asian, 67.5% are Caucasian/White, 13% are Latinx/a/o/Hispanic, 5% are Native American/Indigenous, 3% are multiracial, and less than 1% are Pacific Islanders/Native Hawaiian.
- 19% of the data card completers are between the ages of 14 and 24, 33% are between the ages of 25 and 34, 15% are between the ages of 35 and 44, 7.8% are between the ages of 44 and 54, 13.5% are between the ages of 55 and 64, and 13% are 65 and older.
- 12% of data card completers have a high school diploma, 11% have some college or vocational school experience, 3% have an associate's degree, 31% have a bachelor's degree, 2.5% have graduate school experience, and 27% have a graduate degree.
- Regarding the current relationship status of data card completers, 47.5% identify as being single, 18% identify as being married, 1% are in a civil union, 5% are divorced, 16% are partnered living together, and 10% are partnered living separately.
- When asked to share their current employment status, 9% disclosed they are unemployed, 13% are retired, 7% are students, 8.5% are self-employed, 14% are employed part-time, and 43% are employed full-time.
- In terms of income, 20% of data card completers make less than \$10,000 per year, 11% make between \$10,000 and \$14,999, 12.5% make between \$15,000 and \$24,999, 12% make between \$25,000 and \$34,999, 14% make between \$35,000 and \$49,999, 15.5% make between \$50,000 and \$74,999 and 14% make \$75,000 or more.
- 52% believe that their current income is a livable wage, while 48% believe that their current income is not a livable wage.

CORE ISSUES

When asked to list the top three key issues facing the LGBTQ community in the Chicagoland area, data card completers disclosed the following as being vitally important:

1) Homelessness/affordable housing

2) Healthcare

3) Employment

Concerning homelessness, respondents remarked on the serious nature of homelessness impacting youth, trans and gender nonconforming people and LGBTQ individuals living with a pervasive mental illness. Data card participants noted both the shortage of resources AND the reality that existing shelters are often unsafe spaces for members of the LGBTQ community who may face ridicule, threats or poor-quality services due to societal or individual attitudes about gender identity and/or sexual orientation. Several data card completers also remarked on the purposeful destruction of temporary shelters and lack of access to affordable housing in the Chicago area. Finally, stakeholders also noted that there is an ‘invisible’ population of people experiencing homelessness in the LGBTQ community—a group of people that one stakeholder referred to as “the perilously housed.” The stakeholder noted that “trans youth sometimes have to create family and find a place to live” when alienated by family.

Over half of the 413 data card completers noted an aspect of health insurance, physical health, or mental/emotional health as a core issue that must be addressed. Some key health needs described by the respondents include: the severe need for quality and culturally responsive mental health

resources and professionals as well as better quality low-cost medical services and resources. Several data card completers called for better access to LGBTQ-friendly healthcare services, like Howard Brown Health, along with health care staff, services and resources that recognize differences within the LGBTQ community. Data card completers also expressed concern regarding appropriate health care clinics and systems, access to medication, drug and alcohol misuse programs, and the high cost of health insurance.

Regarding employment, data card completers stated that **systemic oppression prevents queer people of color and gender nonconforming members of the community from getting and retaining jobs with a livable wage or moving along a stable career/vocational path.** Several noted that this was their lived experience, while others shared that friends who were trans and of color often face this employment discrimination. Other data card respondents noted that recent Executive orders and procedural actions to limit policies, laws and other protections that guarantee equitable treatment of LGBTQ people at work were extremely concerning and a core issue to address. A final theme focused on unhealthy work environments; data card completers argued that microaggressions and other

stressors inflicted on LGBTQ community members in their places of work must be addressed.

When asked what services or resources are needed to adequately address these issues, data card participants had a variety of suggestions. **The vast majority of stakeholders making recommendations focused on strategies to provide affordable healthcare, including but not limited to: using health care navigation support to access to services under the Affordable Care Act; physical and mental healthcare; safe mental health support for sex workers; and more healthcare organizations that are geared towards LGBTQ medical issues including HIV testing, PrEP medication support, gender reassignment support, reproductive health support, and counseling support services.** Participants also called for universal (free) access to healthcare and life-saving prescriptions, education on substance misuse, affordable mental health resources for youth, and therapeutic affinity groups. Innovative

ideas included affordable health services co-located in reputable community centers on the Southeast, Southwest and West Sides of Chicago and workshops and training opportunities where individuals in need of healthcare can learn to access existing government services.

Majority responses related to employment included offering LGBTQ friendly job/resource fairs. Other data card respondents recommended that placing intersectional people in community leadership, advocacy and decision-making people was key. Concerning the issue of affordable housing, data card participants recommended affordable housing in strategic areas of the Chicagoland area AND near LGBTQ-friendly human services. Several noted the recently developed senior housing located in proximity to the Center on Halsted. Other ideas included LGBTQ-welcoming housing assistance programs, youth living space and shelters, and rent control.

RATING SCALE RESULTS

Like those completing the survey, data card participants shared information about their experiences on a Likert scale. The results, listed below, highlight that large percentages of data card respondents are facing equity, inclusion and safety issues as they attempt to live and navigate within their communities. For example:

- **Only 53% of general data card respondents strongly agree or agree that they have access to physical healthcare and resources.**
- Almost one third strongly disagree or disagree that they have access to mental healthcare and resources.
- Six out of ten strongly agree or agree that they have access to safe recreational spaces.
- 30% do not strongly agree or agree that they live or work near a grocery store with healthy and affordable foods.

RATING SCALE RESULTS (CONT.)

- Only 48% strongly agree or agree that they currently earn wages that allow me to meet my expenses.
- A little more than half (53%) strongly agree or agree that they know how to access government support programs including Social Security, unemployment or medical aid. A similar percentage (51.5%) strongly agree or agree that they have strong employment networks.
- 4 out of 10 do not currently live in housing that is affordable for their income level.
- **Only 40% strongly agree or agree that Chicago Police, or police in the city where they live, respond to their needs.**
- 55% strongly agree or agree that they feel safe in the city or town where they work.
- 60% of data card completers strongly agree or agree that they feel safe in the neighborhood where they live and 54% feel safe where they work.
- The vast majority of data card respondents were new to completing the assessment. While 84% did not participate in the 2012 needs assessment, 5% did participate and 11% are unaware or don't remember if they participated.



FOCUS GROUP RESULTS



INTRODUCTION

Morten Group facilitated six focus groups, each concentrating on identities within the LGBTQ community. These groups included: young people, people with disabilities, bisexual and pansexual individuals, transgender and gender nonconforming (TGNC) individuals, older adults, and bilingual/bicultural Latinx/a/o individuals.

Each group began with one facilitator providing introductory comments and a notetaker present for support. After welcoming and thanking everyone for volunteering to participate, the facilitator conducted introductions and briefly discussed the purpose and goals for the focus group. Participants were reminded that the group was voluntary, that they could feel free to respond to or skip any question and that no names, jobs or other identifying information would be affiliated with the data gathered and shared in the final project products. Each group then developed “talking agreements” - basic guidelines for focus group participants to observe during the session. Questions posed across all groups focused on community strengths and challenges, key issues, government services, safety, the economy, and recommendations for funders. Specific questions were also customized for each group (for example, questions about accessibility and ableism were asked in the group for people with disabilities).

Focus groups were held on the North Side (1), South Side (2), Loop/downtown area (2), and West suburbs (1). Groups lasted approximately 90 minutes, with an average of 8 participants per group. Focus group facilitator guides were developed by the research team based on Morten Group’s 2011 facilitator guide tool and updated based on preliminary 2018 survey data and evolving standards of inclusive language. The guide was translated into Spanish for the bilingual/bicultural Latinx/a/o focus group.

STRENGTHS

OVERALL SAFETY IN CHICAGO

Participants discussed that Chicago is overall a safe place to be open about their identities. A few participants mentioned that they moved to Chicago because it appeared to be a welcoming city. One shared a contrasting example of the place they previously lived as compared to Chicago: “I saw in Chicago, I interpreted as a gay both male couple (that was the assumption) they were holding hands, I grew fearful because where I am from you get killed. If you are in the wrong spot at the wrong time.” Another comparison was shared by an activist who participated in the bilingual Latinx/a/o focus group: “In Chicago, particularly, there is infrastructure in place that enables a lot of change to happen, whether it is old organizations that have been around forever, laws in place to protect us.

SOCIAL MEDIA

Many of the local events that participants mentioned were found through social media networks. The online networks allow them to connect with others who share similar identities. A participant in the bisexual/pansexual focus group explained, “Facebook is a wonderful tool to find people and finding events and going to events...for me, being able to find groups that way and find the individuals in those groups that I actually enjoy because something that I have noticed because people who claim to be inclusive are not always really so finding people who represent that inclusive model, someone who is an intersectional individual and actually

In Chicago, it's a great place to do activism as a queer person simply because at this point, there's so many things that continue to allow us to do that work.

I lived in Texas and remember what it was like to always be scared to be out, whereas Illinois has had a nondiscrimination ordinance since 2003 or something like that.” Aside from general safety and historical infrastructure, participants said that the Pride parade, local agencies and the large amount of events make Chicago feel safe.

finding these people.” Additionally, social media is a safe space to be out. When asked if they are open about their gender expression and/or sexual orientation, one participant who grew up in a conservative Jewish family said, “I am on the internet -- that is the running joke. I scream it from the towers, until I go home to family. Because the last thing I need is to formally be disowned by my family, which I pretty much am.” Finally, social media is also used as a way to share resources; a few participants in the bilingual Latinx/a/o focus group organized a Facebook group to share resources with the community.

CHALLENGE AREAS/CONCERNS

THE IMPACT OF DISCRIMINATION AND OPPRESSION

Many participants voiced that the most represented individuals in the LGBTQ community were cisgender white gay men, leaving many identities out such as people of color, people with disabilities, Indigenous people, and people whose primary language is not English. One participant in the bilingual Latinx/a/o focus group described this weakness as alienating:

“It is difficult to convince people to meet at a consistent basis, especially if you don’t have a dedicated community space. There are places like libraries, the Center on Halsted, but a lot of those are not invested in our communities the way that we want to see them. They end up alienating a large portion of us [5 participants nod in agreement]... At least in the suburbs, for me, I don’t feel comfortable going to the library and saying, ‘I want to have a bunch of

queer people here,’ and to tell them, ‘It’s actually going to be a bunch of queer POC people.’ It’s tough because there’s so many barriers that it’s overwhelming, so why bother?”

Similarly, the lack of intersectionality in LGBTQ spaces has made people feel like outsiders; for example, an Indigenous participant in the focus group surrounding disabilities mentioned that they “only know one other two-spirited person. It can be really isolating. Being queer and two-spirited is not the same thing...recognizing that you embody both femme and masculine identities also does not make you two-spirited. I have come across white folks who claim to be two-spirited. It is not for them. White folks cannot claim two-spiritedness. People here need to not steal identities from other cultures.”

The segregation of resources in Chicago appears to influence this; as stated by a participant in the bisexual focus group,

“Our community does not do justice to address intersections within our community. A lot of the services like The Center on Halsted and I would argue Howard Brown, though better, are **still focused on White gay men who are able to give them large sums of money. If you are not able to give these large sums of money, you get disregarded.** Which I think also contributes that most of our stuff is on the Northeast Side because that is where the rich white gay men live.”

The lack of resources and funding outside of the Northside Chicago area was mentioned as a weakness in four of the focus groups. Participants also mentioned that they did not feel welcomed in some larger agencies on the Northside because they appear to cater to cisgender lesbians and gay white males.

LACK OF DIVERSITY, EQUITY AND INCLUSION LEADING TO INTERSECTIONAL OPPRESSION

Institutionalized discrimination, homophobia, transphobia and racism caused feelings of vulnerability. These were voiced by participants who experienced homophobia in their workplace, feeling unprotected by law

enforcement, sexual violence in the LGBTQ community, racism towards Black and Brown LGBTQ communities, lack of family support, accessible and safe public transportation, hate crimes and lack of representation in school settings.

- “I don’t feel safe at all completely no matter what space I’m in, I always feel I need to keep a guard up or wall up, not in spaces like this, but when I go into new spaces and meet new people because there’s this thing called micro-aggression, people don’t always attack you physically or verbally in your face and directly people do things in subtle ways.” – **Focus group participant, youth focus group**
- “When I was 14, I came out as a lesbian and that was very difficult. I’ve had those experiences of homelessness and my family physically hurting me because they didn’t think I was the person that they thought they were raising.” – **Focus group participant, youth focus group**
- “You are treated differently depending on the precinct you’re in if you’re LGBT. If you in the Boystown precinct, you are going to deal with cops and cop problems if you’re a person of color, if you go to the Ogden one, hopefully you don’t run into homophobic Hank the cop... In particular transgender women in our area experience harassment not just by the residents but by the police based on the assumption that they are sex workers.” – **Focus group participant, bisexual/pansexual focus group**
- “We don’t talk about sexual assault at clubs that happens all the time. How many times do you go to the club and get grabbed and fondled with this idea that this is ‘queer culture,’ that we’re all ‘just here to have fun.’ I think that’s for us, our biggest challenge, we need to shift the narrative of what we believe violence to be with what it really is on a daily basis.” – **Focus group participant, Latinx/a/o focus group**

OPPORTUNITY AREAS

ACCESS AND SUPPORT NAVIGATING SOCIAL SERVICES

In five of the focus groups, participants discussed that there is an opportunity to allocate funding to help LGBTQ communities access and navigate social services. In two of the focus groups, they identified the need for hotlines. A participant in the bilingual Latinx/a/o focus group shared:

“If they had somebody who was in their early 20s, Latino, transgender, if they called me, it would be great if I could do the same work of drawing from a database of support groups, pamphlets for friends and family, and here’s a counselor also if you want to talk one-on-one for fifteen minutes and get a little extra support that way. I know that the Trans Life Lifeline is a thing, but I’ve never tried it myself, so I don’t know what they do, I think the support is there, but I wonder if a helpline would be beneficial.”

In the focus group for older adults, participants talked about a hotline connected to a senior resource center in Chicago. One older adult shared:

“There is a real need for seniors on the Southside to have a place where they can get to, ask for the help they need, ask for the resources, ask for information and where we can offer some coffee and doughnuts two days a week and movies – or whatever that will get you out of your house and get to a place that’s close to you.”

Another identified opportunity within this conversation was the need for people to access basic government services such as obtaining an ID or searching for housing that they qualify for. A young person in the youth focus group summarized this need by stating,

“The needs are basic, it’s the bare necessities: the IDs, our birth certificates, the things that are generally expected. It is the things that should be so simple and because you don’t have the simple things you are incapable of fulfilling the larger requirements that they ask. We need more help with the simple stuff, with the basic stuff.”

The need for employment and vocational training was often connected to the need for social services. Some participants said they did not know where to look for unemployment support; they shared, “The first time applying for unemployment, I did not know what to do. I never had the conversations.” Another participant in the focus group for TGNC individuals suggested creating trainings for the community to disseminate information about employment opportunities.

HEALTH CARE AND HEALTH INSURANCE

Access to quality and affirming health care was a heavily discussed topic in four of the focus groups. Participants shared negative healthcare experiences and the difficulty of finding affordable care with health professionals who were knowledgeable about their needs.

“It is also very hard to find an affirming specialist. HBH has counseling and OBGYN stuff. I could not find any resources for a podiatrist that was affirming. I didn’t know if they were going to question my identity. It was scary and very stressful.

I went to a dermatologist that was supposed to be an expert on transgender skin care. **They told me I had “good-skin for being female-male.”** Maybe they were a well-meaning cis-gendered person who was just ignorant, but they are a doctor.

Female to male sounds so clinical. I am not a doctor, but I have read that applying testosterone does not affect your skin. I thought they would know more. People have problems with all parts of their bodies. I would like to see more queer, disability, and trans-friendly places that can help.”

- Focus group participant, people with disabilities focus group

“As a patient, I’ve never met any medical staff that has been openly transgender. When I get into this medical director’s office and we’re talking about life-threatening, life-changing things, they don’t know how to treat me because technically I’m neither male or female...getting a primary doctor that understood, or was willing to understand trans issues was difficult, but when I try to find specialists that already know and have that background, it has been very very difficult...the access as a trans, disabled, brown person is very limited even when we live in one of the best medical states in the United States.”

- Focus group participant, Latinx/a/o focus group

Cost was also a barrier to health care. A participant from the older adults focus group shared a specific barrier with Medicare: “I walk with a limp and I’m lucky it doesn’t hurt as bad because I went to a chiropractor, which Medicare has deep issues paying for. I can go to a chiropractor, but they can’t figure out if they can treat me on the Medicare side, I had to pay for that and it hurt bad enough that I had to pay for it, whether it made financial sense or not. At my MD, they gave me a \$2,500 test and when it came back that I was fine from the test, they said, ‘Oh... can’t figure it out.’” Another participant in the bisexual/pansexual focus group explained the difficulty of obtaining health insurance and accessing comprehensive health care for bisexual-specific needs.

MENTAL HEALTH

Mental health services were important to participants in all focus groups. A participant in the bisexual/pansexual focus group mentioned the lack of intersectional and/or affirming mental health services available:

“Mental health care is abysmal towards even agencies that have LGBT trainings or only an hour and half training and you get the fancy plaque or paper and they say “I am LGBT competent” I am like “Are you serious” and I think that it affects the quality of care and it affects people accessing care. Finding good care is incredibly difficult...”

People are only prepared to deal with the issues of white gay men and they spread that logic to everyone and you can't do that.”

Other issues discussed were not being able to connect with their therapist and/or therapeutic interventions. A participant from the TGNC focus group specified that, “Therapy ain't for everybody, but even if there were more art therapy programs that are in the neighborhood, or even just see advertised...for adolescents, elders and queer people. I have been looking for a therapist for almost a year that identifies with me... you don't have to be from the inner city, but understand what that means. I feel like that is a barrier.” This person's thoughtful comment and others in the focus groups have expressed the desire for diverse mental health services that are affirming, which is an opportunity to fund.

Finally, the need for inclusive services around intimate partner violence, domestic violence and gender-based violence was mentioned in four of the focus groups.

BENCHMARKING FROM 2012 TO 2019

With regard to rights and recognitions of the LGBTQ community, the intervening seven years between the Fund's previous needs assessment report (released in 2012) and this current report have seen several high-profile changes. In 2013, marriage equality was legally recognized at the state level in Illinois, followed by federal recognition in 2015. Anti-bullying laws were expanded to include LGBTQ people in 2014, with conversion therapy for minors banned as of 2015. Gender identity was added to Illinois' hate crime statutes in 2015; two years later, the gender reassignment surgery requirement was removed as a barrier to changing gender markers on government documents. In 2016, Chicago Public Schools introduced groundbreaking guidelines for the support of transgender and gender nonconforming students; as of this writing in 2019, a bill requiring LGBTQ inclusion in public history education statewide has passed both the Illinois House and Senate.

However, much has remained consistent with regard to LGBTQ Chicagoans' key needs during that same timespan. Top five needs identified by survey takers in both 2012 and 2019 included healthcare, employment, community safety, and discrimination. Basic income and living wage topped the list of 2019 survey takers' concerns, whereas access to government benefits, rights and services such as marriage equality was less prevalent than in 2011 (however, access to services overall was a prominent key theme observed across data collection tools).

DEMOGRAPHIC DIFFERENCES

A similar number of individuals (over 2,000) took part in both needs assessments. Approximately 1 in 10 individuals who participated in 2011 took the survey again in 2019. Age, race, and income breakdowns were similar for both studies. However, some demographic differences between the two studies are notable. Regarding sexual orientation, comparatively fewer individuals identified as gay or

lesbian in 2019 than in 2011, whereas more identified as bisexual/pansexual or queer. With regard to gender identity, the percentage of participants identifying as transgender and/or gender nonconforming leapt from 15% in 2012 to 35% in 2019. When developing the updated survey tool for this research effort, the research team paid special attention to offering an increased variety of gender-expansive identity

options, including several that did not appear on the 2011 survey tool such as nonbinary and agender. While both surveys revealed the most commonly chosen relationship status option to be “single” (40% for both groups), the percentage of participants identifying as married jumped from 9% in 2011 to 24% in 2019. This table compares demographic data for survey takers only.

		2011	2019
Sexual Orientation [^]	Gay	43%	36%
	Lesbian	35%	25%
	Queer	23%	30%
	Bisexual*	14%	23%
Gender Identity [^]	Woman	51%	46%
	Man	42%	37%
	TGNC*	15%	35%
Race [^]	White	65%	67%
	Black	18%	18%
	Latinx/o/a	13%	13%
	API, Indigenous	6%	7.5%
Income	<\$25k	35%	31%
	\$25k - \$50k	28%	26%
	\$50k - \$75k	18%	18%
	\$75k - \$100k	9%	11%
	>\$100k	11%	14%
Age	14 - 24	17%	17%
	25 - 34	32%	31%
	35 - 44	21%	21%
	45 - 54	18%	15%
	55 - 64	9%	11%
	>65	3%	5%

[^] Survey takers could select more than one answer.

* Bisexual includes pansexual. TGNC includes a variety of gender identities such as nonbinary, genderqueer and agender.

KEY THEMES ACROSS DATA TOOLS

Benchmarking key themes across data collection tools also reveals several similarities between the two assessments, as well as key differences. Employment and underemployment continue to be top community themes, along with access to services, healthcare, and housing. In both assessments, participants emphasized the importance of recognizing community diversity and intersectionality as well as increasing access to and awareness of the resources already available within the community.

Concerns about community safety and gentrification were more prominent in 2019 than in 2012. The 2008 recession, while a commonly mentioned concern for 2011 survey takers, was less prominent in 2019 responses; however, discrimination in the job market based on gender identity and sexual orientation continued to be a key theme. The 7 key themes across data collection tools from 2012 report are included below for comparison.

7 KEY THEMES FROM 2012

- **Unique needs of LGBT seniors:** affordable housing, access to government and nonprofit resources, feeling safe to access resources, vocational services and healthcare.
- **Commonalities between LGBT seniors and youth:** youth also experience the above-listed needs, in addition to safety issues (feeling unsafe navigating community, targeted by police).
- **Supports needed by LGBT families:** families raising children reported needing childcare assistance and anti-bullying support.
- **Needs of the unemployed and the underemployed:** livable wages, accessing government support programs, and strong employment networks were reported as top needs across groups.
- **Diversity and the LGBT community:** respondents urged the LGBT community to recognize and celebrate its own intra-community diversity.
- **The recession and its impact on the LGBT community:** unemployment and underemployment related to the recession are exacerbated by discrimination based on gender/sexual orientation.
- **Existing resources and under-served areas:** funders should focus on utilizing and maximizing results from existing resources and support new innovative practices in underserved areas.



CONCLUSION AND RECOMMENDATIONS

Much has changed at the local, state and federal levels since The LGBT Community Fund of The Chicago Community Trust commissioned its first comprehensive LGBT Community Needs Assessment seven years ago. However, the following, taken from the 2012 Chicago LGBT Community Needs Assessment report, still holds true today:

As reflected among the survey respondents, concerns about many basic areas of daily life including healthcare, employment, education and access to government services.... LGBTQ people, like most individuals, are concerned about meeting their practical needs and accessing resources when needed. However...for individuals who identify as LGBTQ, sexual orientation and gender identity serve as compounding factors. Like their non-LGBTQ counterparts, LGBTQ community members seek to experience a quality of life; however, unlike their non-LGBTQ counterparts, LGBTQ individuals also seek to have the barriers connected to their identity eliminated where possible, and when found to be present, be able to access service delivery systems which are responsive to acknowledging and eliminating them.

Based on the needs, issues, strengths and resources shared by more than 2,000 participants between October 2018 and January 2019, this report puts forth the following funding recommendations.

These recommendations are outlined according to the seven key themes found across data collection tools.

THEME 1: **INEQUITIES WITHIN THE LGBTQ POPULATION**

RECOMMENDED NEXT STEPS

- Take steps to value and support programs and organizations that work with LGBTQ community members who experience diverse intersectional strengths and challenges.
- Prioritize intersectionally-responsive services, community spaces and programs when making grants.
- As part of the grant application or interview process, include questions that invite applicants to share how their work helps to bridge divides between different intersectional groups of LGBTQ community members.
- As part of the grant application or interview process, include questions that invite applicants to share how their work supports equity-making in their community, Chicagoland and/or beyond.

THEME 2: **HIGH-QUALITY, AFFORDABLE, CULTURALLY RESPONSIVE, COMPREHENSIVE HEALTHCARE**

RECOMMENDED NEXT STEPS

- Ask that potential grantees providing healthcare resources explain how services are administered and evaluated with quality assurance.
- Prioritize applicants who commit to providing a sliding scale option for healthcare for patients who cannot afford services.
- Ask that potential grantees providing healthcare resources explain how they address diversity, equity and inclusion and how they meet the needs of staff and patients who have multiple intersectional identities.
- Prioritize applicants who provide both mental/emotional and general physical health services.
- Consider developing specific LGBTQ services initiatives for Chicago's South Side and West Side communities.
- Partner with citywide FQHCs to support expanded access points for LGB and TGNC individuals.

THEME 3: EMPLOYMENT/UNEMPLOYMENT AND EQUITY IN THE JOB MARKET

RECOMMENDED NEXT STEPS

- Prioritize workforce development, employment and job skills programs that partner with historically underserved groups in the LGBTQ community (this includes older adults, people living with disabilities, youth, trans and gender nonconforming people, people of color, and women).
- Prioritize organizations that offer or plan to offer case management, job location support, and workforce development opportunities via caseworkers or social workers who are respectful and supportive of LGBTQ job seekers.

THEME 4: SUPPORT ACCESSING QUALITY HUMAN AND GOVERNMENT SERVICES

RECOMMENDED NEXT STEPS

- Prioritize organizations, programs and strategies that support increasing accessibility to human and government services. This includes increasing accessibility for LGBTQ community members living with disabilities, providing health navigator or accompaniment support services; providing services in multicultural and multilingual ways, and increasing accessibility for LGBTQ community members facing socioeconomic challenges.
- During site visits or application interviews, consider asking potential grantees about their constituencies' human and government service needs. Additionally, ask applicants if their programs, strategies, and activities help participants to address these service needs.
- Create opportunities for grantees to meet with and learn about core human and government service providers in the Chicagoland area. This might include Illinois Department of Aging, the Department of Employment Security, the City of Chicago Department of Public Health, as well as private nonprofit service providers. Then, encourage grantees to share information about the service providers with their constituents.

THEME 5: **COMMUNITY SAFETY AND VIOLENCE PREVENTION FOR ALL**

RECOMMENDED NEXT STEPS

- Prioritize grant applications that highlight strategies to build community safety within the LGBTQ community. Prioritize grant applications that focus on violence prevention for one or more of LGBTQ sub-communities. Prioritize grant applications that use community capacity building or partnership work to build safe spaces for all.
- Consider developing a specific LGBTQ safe space and violence prevention platform as one of the key priority areas for the Fund.
- If a potential grantee is focused on community safety and violence prevention as a strategy, ask the grantee how their program attempts to address the safety disparities faced by members of the LGBTQ community.
- Offer a safety strategies planning workshop to grantees of the Fund.

THEME 6: **AFFORDABLE HOUSING AND GENTRIFICATION**

RECOMMENDED NEXT STEPS

- Prioritize grant applications that work on affordable housing issues with the LGBTQ community.
- Prioritize organizations that offer or plan to offer case management or advocacy services to LGBTQ community members who seek affordable housing.
- Develop opportunities via caseworkers or social workers who are respectful and supportive of LGBTQ community members seeking affordable housing.
- Prioritize applicant organizations who include renter literacy, advocacy services or ally support and information/linkages to subsidized housing programs for LGBTQ community members.

THEME 7: RESILIENCE AND CAPACITY OF A PARTICIPATORY, INTERSECTIONAL LGBTQ COMMUNITY

RECOMMENDED NEXT STEPS

- Ask grantees how the Fund can build capacity and resilience within the LGBTQ community. Consider hosting a convening where grantees can meet, interact and network with one another or potentially bring program participants.
- Prioritize applications that respect, affirm and incorporate diverse perspectives from LGBTQ community members.
- Prioritize applications that regularly obtain feedback from their participant stakeholders. During a site visit or interview, ask applicants to demonstrate how they learn and improve from their community stakeholders.
- Consider developing a project under the Fund where a graduate student, intern or volunteer uses the diverse resources and program information shared by needs assessment respondents to develop an online resource guide for LGBTQ community members. Alternatively, consider funding a project where a grantee completes this work.

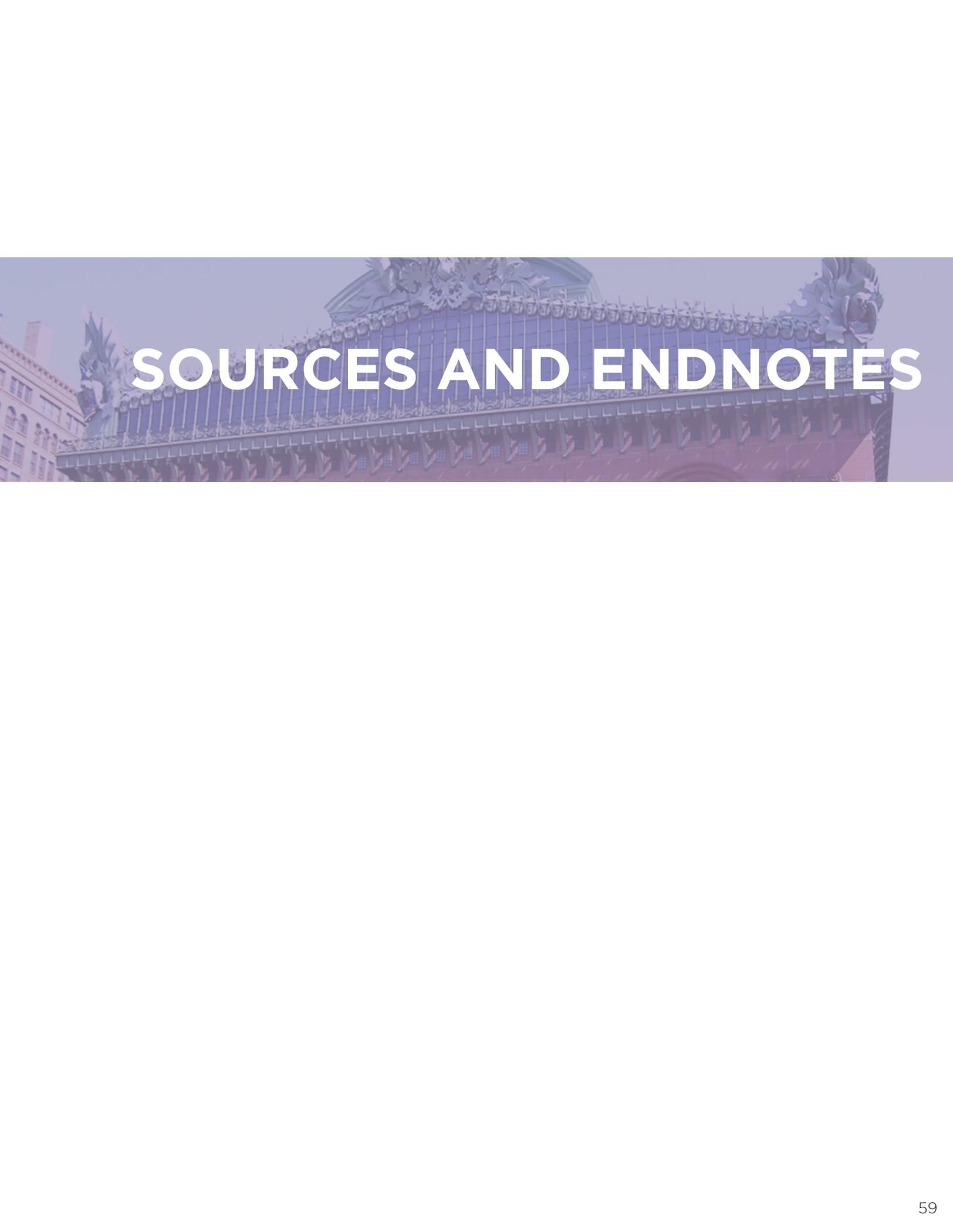
CONCLUSION

Over 2,000 individuals in the Chicagoland area took the time to participate in the 2019 Chicago LGBTQ Community Needs Assessment, with over 70 organizations, groups and businesses supporting the data collection process.

They generously shared their opinions, insights and experiences through the online survey, paper data cards and focus groups, creating a collective wealth of information documenting the community's needs, issues, strengths and resources in 2019. In their comments, many participants thanked the Fund for conducting this research, expressing sentiments of hope and optimism for positive community change through funding key needs. Many survey takers shared the belief that "we can do better," emphasizing the importance of addressing the needs of ALL members

of the community, particularly those who are multiply marginalized. In the words of one survey taker: "I think the needs of the LGBTQ community are strongly tied to the needs of people with intersectional identities...it is time to widen the scope of what the LGBTQ community means to the government, funders, etc."

The LGBTQ community has always been essential to the cultural, political and social life of the Chicagoland area; allocating resources equitably and inclusively has the potential to positively impact the lives not just of thousands of LGBTQ Chicagoans but the Chicagoland area at large.



SOURCES AND ENDNOTES

SOURCES - DATA ANALYSIS AND COMPARISON

- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of epidemiology and community health*, 60(10), 854-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566051/>
- Cahill S, South K, Spade J. Outing age: Public policy issues affecting gay, lesbian, bisexual and transgender elders. Washington: National Gay and Lesbian Task Force; 2009 Nov.
- Centers for Disease Control and Prevention (CDC). HIV among Gay and Bisexual Men [Internet]. Atlanta: CDC; 2017 Feb [cited 2017 Aug 23]. Available from: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf>
- Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health* 2010 Oct; 100(10): 1953-1960. doi:10.2105/AJPH.2009.174169
- Dilley JA, Simmons KW, Boysun MJ, et al. Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. *American Journal of Public Health* 2010; 100(3): 460-7. doi: 10.2105/AJPH.2007.130336
- Durso LE, Meyer IH. Patterns and Predictors of Disclosure of Sexual Orientation to Healthcare Providers among Lesbians, Gay Men, and Bisexuals. *Sexuality Research and Social Policy* 2013 Mar; 10(1): 35-42. 10.1007/s13178-012-0105-2
- Garofalo, R, Wolf, RC, Wissow, LS, et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatrics & Adolescent Medicine* 1999; 153(5): 487-493. doi:10.1001/archpedi.153.5.487
- Gray, NN, Mendelsohn, DM, & Omoto, AM. Community Connectedness, Challenges, and Resilience Among Gay Latino Immigrants. *American Journal of Community Psychology* 2015 Mar; 55(0): 202-214. doi: 10.1007/s10464-014-9697-4
- Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS and Behavior* 2008 Jan; 12(1): 1-17. doi: 10.1007/s10461-007-9299-3
- Kruks, G. Gay and lesbian homeless/street youth: Special issues and concerns. *Journal of Adolescent Health* 2010; 12(7): 515-8. Doi:10.1016/0197-0070(91)90080-6
- National Gay and Lesbian Taskforce. National transgender discrimination survey: Preliminary findings. Washington, DC: 2009 Nov.
- Valerio, M. A., Rodriguez, N., Winkler, P., Lopez, J., Dennison, M., Liang, Y., & Turner, B. J. (2016). Comparing two sampling methods to engage hard-to-reach communities in research priority setting. *BMC medical research methodology*, 16(1), 146. doi:10.1186/s12874-016-0242-z
- Weaver KN, Laflamme EM, Prachand NG. Healthy Chicago databook: Lesbian, Gay, Bisexual and Transgender Health. City of Chicago, March 2018.

SOURCES – DEVELOPMENT OF UPDATED SURVEY TOOL

2012 Twin Cities LGBT Aging Needs Assessment Survey Report (PFund Foundation in partnership with Greater Twin Cities United Way, 2012).

The Bronx LGBTQ Needs Assessment Survey (The Office of the Bronx Borough President, New York City, January 2018).

Human Services for Low-Income and At-Risk LGBT Populations: An Assessment of the Knowledge Base and Research Needs (By Mathematica Policy Research for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, August 2014).

LGBT Needs Assessment Survey, City of Los Angeles Department of Aging PSA25 Four Year Area Plan on Aging (2016–2020) Area Plan Update (2017–2018).

LGBT San Diego's Trailblazing Generation: Housing and Related Needs of LGBT Seniors (The San Diego LGBT Community Center, 2011).

The Midlands LGBT Needs Assessment: Community Report (University of Nebraska Omaha, Midlands Sexual Health Research Collaborative, Omaha, Nebraska, 2011).

Pennsylvania 2018 LGBT Health Needs Assessment: Summary Report (Pennsylvania Department of Health Division of Tobacco Prevention and Control, August 2018).

The Simcoe County LGBT Youth Needs Assessment Report: Making it Better Today (Byrch Consulting & Associates with the Community Partners of Simcoe County, Barrie, Ontario, Canada, May 2012).

The South Carolina LGBT Needs Assessment: A Descriptive Overview (Published in the *Journal of Homosexuality*, volume 61 issue 8, 2014). *Struggling to Survive: Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Homeless Youth on the Streets of California* (California Homeless Youth Project, 2017).

ENDNOTES

¹Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of epidemiology and community health*, 60(10), 854-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566051/>

²Valerio, M. A., Rodriguez, N., Winkler, P., Lopez, J., Dennison, M., Liang, Y., & Turner, B. J. (2016). Comparing two sampling methods to engage hard-to-reach communities in research priority setting. *BMC medical research methodology*, 16(1), 146. doi:10.1186/s12874-016-0242-z

³Garofalo, R, Wolf, RC, Wissow, LS, et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatrics & Adolescent Medicine* 1999; 153(5): 487-493. doi:10.1001/archpedi.153.5.487

⁴Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health* 2010 Oct; 100(10): 1953-1960. doi:10.2105/AJPH.2009.174169

ENDNOTES (CONT.)

⁵ Kruks, G. Gay and lesbian homeless/street youth: Special issues and concerns. *Journal of Adolescent Health* 2010; 12(7): 515-8. Doi:10.1016/0197-0070(91)90080-6

⁶ Dilley JA, Simmons KW, Boysun MJ, et al. Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. *American Journal of Public Health* 2010; 100(3): 460-7. doi: 10.2105/AJPH.2007.130336

⁷ Centers for Disease Control and Prevention (CDC). HIV among Gay and Bisexual Men [Internet]. Atlanta: CDC; 2017 Feb [cited 2017 Aug 23]. Available from: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf>

⁸ Durso LE, Meyer IH. Patterns and Predictors of Disclosure of Sexual Orientation to Healthcare Providers among Lesbians, Gay Men, and Bisexuals. *Sexuality Research and Social Policy* 2013 Mar; 10(1): 35-42. 10.1007/s13178-012-0105-2

⁹ Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS and Behavior* 2008 Jan; 12(1): 1-17. doi: 10.1007/s10461-007-9299-3

¹⁰ National Gay and Lesbian Taskforce. National transgender discrimination survey: Preliminary findings. Washington, DC: National Gay and Lesbian Taskforce; 2009 Nov.

¹¹ Cahill S, South K, Spade J. Outing age: Public policy issues affecting gay, lesbian, bisexual and transgender elders. Washington: National Gay and Lesbian Task Force; 2009 Nov.

¹² National Coalition of Anti-Violence Programs. New York City Anti-Violence Project. <https://avp.org/resources/reports/>

¹³ Ibid.

¹⁴ Gray, NN, Mendelsohn, DM, & Omoto, AM. Community Connectedness, Challenges, and Resilience Among Gay Latino Immigrants. *American Journal of Community Psychology* 2015 Mar; 55(0): 202-214. doi: 10.1007/s10464-014-9697-4



APPENDIX A COMMUNITY PARTNERS

The organizations and groups listed below collaborated on the 2019 Chicago LGBTQ Community Needs Assessment by sharing the online survey link, hosting focus groups, and/or displaying drop boxes in their lobby and waiting room areas and at special events. In some cases, organizations helped share paper copies of the survey or hosted survey groups where a Morten Group research team member visited a pre-existing program and administered the survey to a group of participants on-site during program hours.

+ denotes focus group host

** denotes host of survey group, or host of a data card drop box in a lobby/waiting room or at a special event*

^ denotes kick-off event host

2nd Story
 About Face Theatre *
 Access Living +
 Affinity Community Services *+
 AIDS Foundation of Chicago
 ALMA Chicago (Association of Latinos/as Motivating Action)
 Alliance for Health Equity
 Arab American Cultural Center at the University of Illinois at Chicago
 Asian Americans Advancing Justice - Chicago
 Brave Space Alliance *+
 Broadway United Methodist Church *
 Broadway Youth Center *
 The Care Plan
 Center on Addison *
 Center on Halsted *
 Changing Worlds *
 CHER Chicago (Center for Health Equity Research) - University of Illinois at Chicago
 Chicago Area HIV Integrated Services Council (CAHISC)
 Chicago Bisexual Health Task Force
 Chicago Black Gay Men's Caucus
 Chicago Coalition for the Homeless
 Chicago Filmmakers *
 Chicago Freedom School
 Chicago History Museum *
 Chicago House *
 Chicago Women's Health Center *
 City of Chicago - Department of Public Health
 City of Chicago - Chicago Commission on Human Relations
 CommunityCave Chicago
 Dilemma of Desire (film)
 Equality Illinois *
 Euclid Avenue United Methodist Church +
 Family Matters
 Howard Brown Health ^*
 Gender and Sexuality Center at the University of Illinois at Chicago *
 Gerber/Hart Library and Archives *
 Invisible 2 Invincible: Asian Pacific Islander Pride of Chicago
 Illinois Caucus for Adolescent Health (ICAH) *

Illinois Safe Schools Alliance *
 Immanuel Evangelical Lutheran Church *
 Institute for Research on Race and Public Policy (IRRPP) at the University of Illinois at Chicago *
 Institute for Sexual and Gender Minority Health and Wellbeing at Northwestern University
 Jeffery Pub *
 Lakeside Pride *
 Lawrence Hall
 Legal Council for Health Justice
 LGBT Chamber of Commerce of Illinois
 Little Village Environmental Justice Organization (LVEJO)
 MCA Chicago Public Programs Department *
 Nia & Ness at Vagabond School of the Arts *
 The Night Ministry *
 Office of Community Engagement and Neighborhood Health Partnerships at the University of Illinois at Chicago + *
 Office of LGBTQ Student Life at the University of Chicago
 Open Door Health Center of Illinois
 OUTSpoken! LGBTQ Storytelling at Sidetrack *
 Pride Action Tank *
 Pride Films and Plays *
 Project Fierce Chicago
 Queer Spa Chicago
 Queer Youth Exploring Spirituality (QYES)
 SAGE
 Sarah's Circle *
 She100
 Smack Dab Chicago *
 Soy Quien Soy: Trans Empowerment Collective
 Strut 2018 Fashion Show presented by MadMan Productions at The Promontory *
 Trans Liberation Collective *
 Transformative Justice Law Project of Illinois (TJLP) *
 Test Positive Aware Network (TPAN) *
 Urban Village Church, Wicker Park
 Vives Q
 Youth Empowerment Performance Project (YEPP) *+
 Youth Outlook *
 Sappho's Salon



APPENDIX B PROJECT TEAM

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APPENDIX C SURVEY RESULTS DEMOGRAPHIC SNAPSHOTS

The data that follows reflects survey responses filtered by selected demographic groups: survey takers with disabilities; survey takers identifying as lesbian, gay, bisexual/pansexual, or asexual; survey takers identifying as TGNC (trans and/or gender nonconforming), survey takers identifying as African American/Black, Asian/Pacific Islander/Indigenous, and Latinx/a/o/Hispanic; survey takers identifying as caregivers, and survey takers identifying as youth or elders.

Please note the data collection and analysis process for this content is the same used for the general survey report. This includes the rounding procedures, use of compiled descriptive statistics as needed and using both atlas.ti and thematic coding of open ended questions to contextualize the survey results. Qualtrics survey data filters were applied to develop the following demographic survey data snapshots. Such information can be compared to the general survey report results to better understand the characteristics, strengths, challenges and suggestions of intersectional groups with the Chicagoland LGBTQ community.

PEOPLE WITH DISABILITIES SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 146 survey takers identified as individuals with a disability/disabilities. Over 95% of these survey takers completed the entire survey—a higher participation level than any other demographic group. More than half (59%) of survey takers with disabilities were between the age of 25 and 44. Almost half (47%) of them identified as women and 42% identified as queer. Additionally, 73% identified as Caucasian, 17% identified as African American/Black and 6% identified as Latinx/a/o.

The majority (74%) of survey takers live in Chicago and more than half (57.5%) have lived in Chicago for over 16 years. They were more likely (74%) to live alone or with one other person. About 36% identified as caregivers for a child, adult or person with disabilities. Finally, only 1% of survey takers were experiencing homelessness or unstable housing at the time they completed the survey.

EMPLOYMENT + EDUCATION

With more than half (52%) of survey takers earning an individual income less than \$24,999, 42% either strongly disagreed or disagreed that they currently earn a living wage (enough to meet their expenses). Notably, 62% of survey takers hold a bachelor's or master's degree. The most popular work fields, employing 41% of survey takers, were education, nonprofit or social service fields. However, 35% strongly disagreed or disagreed that they feel comfortable seeking employment in their community or that they have strong employment networks. Additionally, 38% strongly disagreed or disagreed that they know how to access government support programs including social security, unemployment, or medical aid.

COMMUNITY

While this group of survey takers mostly considered themselves out as LGBTQ to family and friends, 50% considered themselves somewhat or not out in the community where they live. More than half (67%) agreed that there are neighborhoods or communities considered safe and supportive to LGBTQ people in Chicago, mostly on the Northside, such as Boystown, Lakeview and Andersonville.

Factors that influence survey takers' perception of safety in their neighborhoods included both positive and negative police presence, street lighting, and the amount of perceived criminal activity (gangs, robberies, shootings, etc.). Almost half (45%) feel unsafe in their neighborhoods during the evening and/or overnight. While some survey takers attribute neighborhood safety to the presence of police, 46% rated law enforcement as fair or poor quality in the community where they live and 42% disagree or strongly disagree that the Chicago Police (or police in their city or town) respond to their needs. Additionally, 39% rarely or never feel safe accessing law enforcement. Furthermore, they also believe that cost of housing, gentrification and not enough street parking are very serious or serious issues in their community.

Finally, survey takers with disabilities used social media to connect to communities, both LGBTQ and other individuals with disabilities, communicating with one another and disseminating or obtaining information. This group is very active on social media, as 93% reported that they use social media sometimes or often.

Community services that survey takers with disabilities always or sometimes felt safe accessing:

- Health care 79%
- Affordable healthy food 90%
- CTA, Pace, or other public transportation 91%
- Library services 94%

An important data point to explore further is the 20% of survey takers who rarely or never feel safe accessing disability-related services.

A header image with a purple-to-pink gradient background. In the center, there is a stylized illustration of a unicorn and a dragon. The text 'ASEXUAL SURVEY SNAPSHOT' is overlaid in large, white, sans-serif capital letters.

ASEXUAL SURVEY SNAPSHOT

DEMOGRAPHICS

Sixty-two survey takers identified as asexual. Almost half (45%) identified as women and 26% identified as genderqueer. The majority (72%) identified as Caucasian/White, 17% as African American/Black and 13% as Asian. The age groups that was most likely (42%) to identify as asexual were those between 25 and 34.

Almost half (48%) of survey takers have lived in the Chicago area for 11 or more years. A bit over half (55%) live in Chicago and 43.5% live in a city, town or village near Chicago. The top community areas in Chicago that asexual-identifying individuals reported living in were Rogers Park, Hyde Park, Edgewater and Lakeview. Top community areas outside of Chicago were Oak Park, Bolingbrook, Evanston and Naperville.

EMPLOYMENT + EDUCATION

Sixty-two percent reported earning an individual income of less than \$24,999. Their top identified (45%) need was basic income. A low individual income with this group may be a result of their student status (32%). The two other popular vocational areas with this group were education (12%) and nonprofit/social services (20%). Additionally, 5% reported being unemployed and only 31% reported having a full-time job that provided what they perceive to be a livable wage. A bit less than half (43.5%) have obtained a bachelor's or master's degree.

GOVERNMENT

Asexual-identifying survey takers expressed neutral or no opinion on the effectiveness of local government elected officials (54%) and local government services (50%) in regard to meeting the LGBTQ community's needs. During the next year, they believe these to be the top issues that the government should address:

- Basic income 45%
- Infrastructure development - accessibility 44%
- Health insurance 29%

COMMUNITY

More than half (55%) agreed that there are neighborhoods or communities in Chicagoland area that they consider safe and supportive to LGBTQ people or families.

Some of those neighborhoods are Andersonville, Boystown, and Rogers Park. This group of survey takers feels very safe or safe in their homes and in their neighborhoods at all times (morning, evening, etc.). They also agreed (69%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive, such as Howard Brown, Center on Halsted, Unitarian Universalist Church and Broadway Youth Center.

SOCIAL MEDIA

Seventy-six percent reported using social media often. Some roles that social media plays in their experience of Chicago's LGBTQ community include community events, meet-ups, meeting people with similar identities and spreading awareness.

Fair or poor quality services in their community:

- Health services (physical health) 45%
- Health services (mental health) 45%

Excellent or good quality services in their community:

- Arts and culture 75%
- Library services 72.5%
- Parks and recreation 72.5%
- CTA, PACE or other public transportation 71%
- Street lighting 65%

Very serious/serious issues in their neighborhood:

- Cost of housing 47.5%
- Gentrification 41%

Somewhat serious issues in their neighborhood:

- Vocational opportunities 46%

Additionally, this group of survey takers was more likely to be out as asexual to friends (78% responded yes), but less likely to be out at work (24% responded no) and the community where they live (37% responded no).

BISEXUAL + PANSEXUAL SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 410 survey takers identified as bisexual and/or pansexual. Sixty-three percent identified as female, 13% identified as male and 12% identified as genderqueer. More than half (63%) identified as Caucasian, 19% as African American/Black and 17% as Latinx/a/o. The majority (80.5%) of bisexual and/or pansexual survey takers were between 18 - 44 years of age. Specifically, 39.5% were between 25 - 34 years of age.

Almost half (49%) of survey takers have lived in the Chicago area for 16 or more years. The majority (74.5%) live in the City of Chicago and reside in neighborhoods such as Edgewater, Rogers Park, Uptown and Logan Square.

EMPLOYMENT + EDUCATION

Sixty percent have obtained a bachelor's or master's degree. Notably, 45% of survey takers with full time employment reported having a livable wage. The top vocational areas for this group, other than student (17%), were education (12%), nonprofit/ social services (15%) and arts/entertainment (12%).

GOVERNMENT

40% of bisexual and/or pansexual survey takers expressed fair or poor effectiveness of local government elected officials and 41% expressed fair or poor effectiveness of local government services with regard to meeting the LGBTQ community's needs. During the next year, they believe these to be the top issues that the government should address:

- Basic income 42%
- Discrimination based on race/ethnicity 33%
- Health services and care (mental health) 26.5%
- School improvement 26%
- Health insurance - 26%

COMMUNITY

More than half (69%) agreed that there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBTQ people or families. Some of those neighborhoods are once again on the Northside: Andersonville, Edgewater, Lakeview, Lincoln Park and Rogers Park. This group of survey takers feels very safe or safe in their homes but feels less safe in their neighborhoods overnight (26% reported feeling unsafe). They also agreed (70%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive, such as Howard Brown, Center on Halsted, Brave Space Alliance, Transformative Justice Law Project and Lambda Legal.

PERSONAL RELATIONSHIPS AND HOUSEHOLDS

Bisexual and/or pansexual survey takers were more like to live with more than one person; 66% reported living with 2 – 4 people. Additionally, 19% reported that they care for a child or children under 21. Individual income ranged with this group: 45% reported making less than \$24,999, 27% reported making \$25,999 - \$49,999 and 27.5% reported making more than \$50,000. Household incomes were higher than individual income, where more than half (64%) reported more than \$35,000.

SOCIAL MEDIA

78% reported using social media often. Similar to other survey groups, some roles that social media plays in their experience of Chicago's LGBTQ community include community events, sharing information, and sense of connection.

Fair or poor quality services in their community:

- Affordable healthy foods 32.5%
- Health services (mental health) 37%
- Law enforcement 44%

Excellent or good quality services in their community:

- Arts and culture 70.5%
- Library services 73%
- Parks and recreation 76%
- CTA, PACE or other public transportation 70.5%

Very serious/serious issues in their neighborhood:

- Cost of housing 54%
- Gentrification 51%

Somewhat serious issues in their neighborhood:

- Burglaries 33%
- Vocational opportunities 31.5%

LESBIAN SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 349 survey takers identified as lesbian. Ninety-three percent identified as women and 6% identified as transgender women. More than half (62%) identified as Caucasian/White, 26.5% as African American/Black and 11% as Latinx/a/o. The age group to least likely identify as lesbian were youth 14-17 (1%) and young adults 18-24 (9%). Age for this group of survey takers was evenly distributed between ages 25 - 64.

Almost half (49%) of survey takers have lived in the Chicago area for 25 or more years. The majority (74%) live in Chicago and reside in neighborhoods such as Rogers Park, Edgewater and Lakeview.

EMPLOYMENT + EDUCATION

Seventy percent have obtained a bachelor's or master's degree. More than half (52%) of lesbians reported being employed full time with livable wages. The top vocational areas for this group were education (19%), nonprofit/ social services (16%) and other (14%) which included fields in media/marketing and consulting.

GOVERNMENT

Thirty-six percent of lesbian-identifying survey takers expressed fair or poor effectiveness of local government elected officials and 39.5% expressed fair or poor effectiveness of local government services in regard to meeting the LGBTQ community's needs. During the next year, they believe these to be the top issues that the government should address:

- Discrimination based on race/ethnicity 41%
- Basic income 40%
- Health insurance 34%
- Discrimination based on sexual orientation 33%
- Health services and care (physical health) 30%
- Community safety/violence 30%

COMMUNITY

The majority (79%) agreed that there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBTQ people or families. Some of those neighborhoods are once again on the Northside: Andersonville, Edgewater, Lakeview, Rogers Park; a few mentioned Hyde Park and Wicker Park. This group of survey takers feels very safe or safe in their homes and in their neighborhoods at all times (morning, evening, etc.). They also agreed (78%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive, such as Howard Brown, Center on Halsted, and Affinity Community Services.

PERSONAL RELATIONSHIPS AND HOUSEHOLDS

Since 51% of lesbians reported being in a civil union, married, or partnered and living together, they were more likely (40%) to live with one other person. Additionally, they were more likely (26%) to care for a child or children under 21. Additionally, more than half (52%) reported an individual income of more than \$50,000, and 31% reported a household income of \$100,000 or more.

SOCIAL MEDIA

Of lesbian-identified survey takers, 69.5% reported using social media often. Some roles that social media plays in their experience of Chicago's LGBTQ community include community events, sharing information, and sense of connection.

Fair or poor quality services in their community:

- Affordable healthy foods 31%
- Health services (mental health) 30%
- Law enforcement 27.5%

Excellent or good quality services in their community:

- Arts and culture 71%
- Library services 82%
- Parks and recreation 83%
- CTA, PACE or other public transportation 75%

Very serious/serious issues in their neighborhood:

- Cost of housing 53%
- Gentrification 47%

Somewhat serious issues in their neighborhood:

- Burglaries 38%



GAY SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 506 survey takers identified as gay, with 86% identifying as male.

The majority (74%) identified as Caucasian/White, 11% as African American/Black and 11% as Latinx/a/o. The majority (81.5%) were older than 25 and 40.5% were older than 45, which makes this an older survey group.

More than half (56%) of survey takers have lived in the Chicago area for 16 years or more. The majority (81%) live in Chicago and reside in neighborhoods such as Edgewater, Rogers Park, Uptown and Lakeview.

EMPLOYMENT + EDUCATION

72% percent have obtained a bachelor's or master's degree. Additionally, 56% of survey takers with full time employment reported having a livable wage. The top vocational areas for this group were nonprofit/social services (15%), medicine/healthcare (12%) and education (11%).

GOVERNMENT

50% of gay survey takers expressed excellent or good effectiveness of local government elected officials and 45% expressed excellent or good effectiveness of local government services with regard to meeting the LGBTQ community's needs. During the next year, they believe these to be the top issues that the government should address:

- Basic income 42%
- Community safety/violence 38%
- Health insurance 32%
- Retirement/pension 28%
- Discrimination based on sexual orientation 25%

COMMUNITY

Nearly nine in ten survey takers (87%) agreed that there are neighborhoods or communities in Chicagoland area that they consider safe and supportive to LGBTQ people or families. Those neighborhoods are mainly on the Northside: Andersonville, Edgewater, Lakeview, Lincoln Park and Rogers Park. This group of survey takers reports feeling very safe or safe in their homes and in their neighborhoods. They also agreed (71%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive, such as Howard Brown, Center on Halsted, AIDS Foundation of Chicago, and various churches.

Excellent or good quality services in their community:

- Arts and culture 81%
- Health services (physical health) 78%
- Library services 80%
- Parks and recreation 88%
- CTA, PACE or other public transportation 79.5%

Very serious/serious issues in their neighborhood:

- Cost of housing 54%
- Gentrification 37%
- Not enough street parking 37%
- Burglaries 41%

PERSONAL RELATIONSHIPS AND HOUSEHOLDS

Gay survey takers were also more likely (47.5%) to live with one other person. Individual incomes were diverse in this survey group, with only (21%) reporting an individual income less than \$24,999.

SOCIAL MEDIA

69% reported using social media often. Similar to other survey groups, some roles that social media plays in their experience of Chicago's LGBTQ community include community events, socializing, and information sharing.

TRANS + GENDER NONCONFORMING SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 362 survey takers identified as TGNC (transgender and/or gender nonconforming). 46% identified as nonbinary, 28.5% as trans men, 17% as trans women and 31% as genderqueer. While 58% identified as queer, sexual orientation was diverse for this group.

The majority (77%) identified as Caucasian/White, 12% as African American/Black and 11% as Latinx/a/o. More than half (67%) were between the age of 18 - 34, which makes this a younger survey group.

About 20% of survey takers have lived in the Chicago area for less than 3 years and 39% have lived in the Chicago area for 16 or more years. The majority (73%) live in the City of Chicago and reside in neighborhoods such as Edgewater, Rogers Park, Uptown and Lakeview.

EMPLOYMENT + EDUCATION

Fifty-four percent have obtained a bachelor's or master's degree and 17% have some college or vocational school experience. Additionally, 42% of survey takers with full time employment reported having a livable wage. The top vocational areas for this group were nonprofit/social services (21%) and students (19%).

GOVERNMENT

48% of TGNC survey takers expressed fair or poor effectiveness of local government elected officials and 48% expressed fair or poor effectiveness of local government services with regard to meeting the LGBTQ community's needs. During the next year, they believe these to be the top issues that the government should address:

- Basic income 45%
- Health insurance 30%
- Discrimination based on race/ethnicity 29%
- Health services and care - mental 27%
- Discrimination based on gender identity 25%
- Economic/ business development 24%

COMMUNITY

More than half (68%) agreed that there are neighborhoods or communities in Chicagoland area that they consider safe and supportive to LGBTQ people or families. Many of those neighborhoods are once again on the Northside: Andersonville, Edgewater, Lakeview, Lincoln Park and Rogers Park. This group of survey takers reported feeling very safe or safe in their homes, but less safe in their neighborhoods overnight (24% reported feeling unsafe). They also agreed (75%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive, such as Howard Brown, Center on Halsted, Brave Space Alliance, Youth Outlook and Broadway Youth Center.

PERSONAL RELATIONSHIPS AND HOUSEHOLDS

TGNC survey takers were more likely to live with more than one person; 66% reported living with 2 to 4 people. Over half (52%) reported an individual income less than \$24,999.

SOCIAL MEDIA

71% reported using social media often. Some roles that social media plays in their experience of Chicago's LGBTQ community include community events, sense of connection, and advocacy/organizing.

Fair or poor quality services in their community:

- Health services (mental health) 39%
- Law enforcement 46%

Excellent or good quality services in their community:

- Arts and culture 70%
- Library services 77%
- Parks and recreation 77%
- CTA, PACE or other public transportation 69%
- Affordable healthy foods 61.5%
- Street lighting 66%

Very serious/ serious issues in their neighborhood:

- Cost of housing 54%
- Gentrification 57%

Somewhat serious issues in their neighborhood:

- Vocational opportunities 32%
- Hate crimes related to race or ethnicity 31%
- Crimes against youth or elders 31.5%
- Burglaries 36%

API (ASIAN/PACIFIC ISLANDER) + INDIGENOUS SURVEY SNAPSHOT

DEMOGRAPHICS

98 people who identified as Asian, Native American, American Indian, Alaska Native, Pacific Islander or native Hawaiian took the survey; 61 completed the survey, resulting in a 62.2% completion rate. 41% identify as women, 38% identify as men, 13% identify as trans, 4% identify as two-spirit. 44% identify as queer, 30% identify as bisexual, 29% identify as gay and 17% identify as lesbian. 79% of survey takers live in the City of Chicago, with

47% residing on the Northside. 51% have lived in the Chicagoland area for over 11 years. 79% do not have people under the age of 18 living in their homes. 50% are single, 32% are partnered and 14% are married. 19% of survey takers are between 14 and 24, 43% are 25-34, 26% are 35-44, 10% are 45-64 and 1% is 65-74. 53% of survey takers are employed full-time with a livable wage, and 20% are students.

CHALLENGES AND COMMUNITY CONCERNS

The data reveals that 62% of API/indigenous survey takers do not think that access to grocery stores is a serious issue. 60% think the cost of housing is a very serious or serious issue. 40% feel that crimes against youth or elders are not a serious issue or not an issue at all. 40% feel that gangs are not a serious issue or not an issue at all. 46.5% of survey takers think hate crimes related to gender identity are not a serious issue or not an issue at all. 75% of survey takers think vacant lots are not a serious issue or not an issue at all. 53% of survey takers believe that gentrification is a very serious or serious issue.

41% of survey takers think the effectiveness of local elected officials is either fair or poor. 48% of survey takers think the effectiveness of local

government services is either fair or poor. During the next year, they believe these to be the top issues that the government should address:

- 56% of survey takers think discrimination based on race is a number one or number two priority.
- 73% of survey takers think discrimination based on gender identity is a number one or number two top priority.
- 52% of survey takers think health insurance is a number one or number two priority.
- 50% of survey takers think retirement/pension is number one or number two top priority.

Notably, 91% of API and Indigenous survey takers agree with the statement “I have access to physical health care and resources.” Accordingly, 80% percent agree that they have access to mental health care resources and 85% agree or strongly agree that they have access to recreational spaces. 62% strongly agree that they live within one mile of a grocery store with fresh fruits

and vegetables. 67% of survey takers strongly agree or agree that they are currently earning a living wage, enough to meet their expenses; however, only 50% of survey takers strongly agree or agree that they have strong employment networks. 69% strongly agree or agree that they currently live in housing that is affordable for their income level.

ACCESS + QUALITY

91% of respondents disclosed they feel they have access to affordable healthy foods, and 78% rate the quality of affordable healthy foods as excellent or good. 41% of survey takers revealed they have safe access to family services, and 22% rate these services as excellent or good. 83% report that they have access to physical health services and 61% rate these services as excellent or good. 60% of survey takers have safe access to law enforcement and 41% rate these services as excellent or good. 83% of survey takers disclosed that they have safe access to mental health services with 45% stating that services are excellent or good. The data reveals that 89% of survey takers feel they can always or sometimes access housing, and 64% disclosed that housing services are either excellent or good.

76% of survey takers disclosed that they use social media often.

On average, 91% of API/ Native American or Hawaiian survey takers feel safe in their home at all hours of the day. On average, 82% feel safe in their neighborhood all hours of the day.

71% of survey takers feel there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBTQ people or families.

72% of survey takers feel there are program, groups, religious institutions or social services agencies in the Chicagoland area that they consider safe and supportive of LGBTQ people or families.

86% of survey takers are out as LGBTQ to friends, 53.8% are out to family, 58% are out at work, and 55% are out in the community in which they live.

AFRICAN AMERICAN/BLACK SURVEY SNAPSHOT

DEMOGRAPHICS

251 people who identify as African American/Black took the survey; 194 completed the tool, resulting in a 77% completion rate. 64% of survey takers identify as women, 23% identify as men, 6% identify as trans, and 17.5% identify as cisgender. 36% of survey takers identify as lesbian, 22% identify as gay, 22% identify as bisexual and 20% identify as queer. 84% disclosed that they live in the City of Chicago, and 35% shared that they live on the Southside. 75% of

survey takers disclosed they have lived in Chicago or in the Chicagoland area for more than 11 years. 46% have 2 or more people living in the household. 84% do not have anyone under the age of 18 living in their home. 45% of survey takers are single, 19% are married, and 30% are partnered. 16% of survey takers are 14-24, 24% are 25-34, 26% are 35-44, 14% are 45-54, 20% are 55 and older. 53% of survey takers are employed full time, with 10% disclosing their wage is not livable.

ACCESS AND QUALITY

85% of respondents disclosed that they always or sometimes have safe access to arts and culture, and 53% of survey takers feel the quality of arts and culture services is excellent or good. 85% of respondents feel they can always or sometimes safely access affordable healthy foods; however, the quality of the affordable healthy foods, according to 48% of the respondents, is fair or poor. 48% of respondents revealed they can always safely access CTA, PACE, or other public transportation, 26% of respondents think access is of excellent quality. 80% of respondents feel they can safely access health insurance, and 40% think this access is of excellent or good quality. 78% of respondents feel they can safely access housing; however, only 47% feel this access is of excellent or good quality. Based on this and other content in the report, core services African American/Black people need are affordable housing, quality and accessible health services, quality health insurance and access to healthy foods.

79% of survey takers often or sometimes use social media. On average, 86% of respondents feel very safe or safe in their home during the morning, evening, afternoon and overnight. On average, 76% of respondents feel very safe or safe in the neighborhood where they live during the morning, evening, afternoon and overnight. 64% of respondents feel that there are neighborhoods or communities in the Chicagoland area that they can consider safe and supportive of LGBTQ people or families. 67% feel that there are programs, groups, or religious institutions or social service agencies in the Chicagoland area that they consider safe and supportive to LGBTQ people or families.

77% of African American/Black respondents are out as LGBTQ to friends, 66% are out to family, 59% are out at work, 45% are out at school, 40% are out in their religious or spiritual community, and 54% are out in the community where they live.

Top safe/supportive spaces identified by African American/Black survey takers include: Affinity Community Services, Center on Halsted, Howard Brown United Church of Christ, and Methodist church programs for queer black youth.

CORE ISSUES

55% of respondents feel that cost of housing is a very serious or serious issue. 56% think that gentrification is a very serious or serious issue in the neighborhood where they live. 52% of respondents think that hate crime related to race or ethnicity in their neighborhood is either not a serious issue or not an issue at all. 49% of survey takers think that vacant lots in their community are either not a serious issue or not an issue at all. 54% of survey takers feel that lack of parks/recreational spaces is either not a serious issue or not an issue at all. 43% of survey takers would rate the effectiveness of local government elected officials as either fair or poor. 47% of survey takers would rate the effectiveness of local government services as either fair or poor.

TOP PRIORITIES

- 63% of survey takers rate basic income as a top one or top two priority.
- 53% rate community safety/violence as a top one or top two priority.
- 58% rate discrimination based on race/ethnicity as a top one or a top two priority.
- 59% rate employment as a top one or top two priority.

LATINX/A/O SURVEY SNAPSHOT

DEMOGRAPHICS

178 people who identify as Latinx/a/o* took the survey; 122 completed the survey, resulting in a 68.5% completion rate. About 50% of survey takers identify as women, 43% identify as men, 12% identify as trans and 16% identify as gender non-conforming. 21% of survey takers identify as lesbian, 30% as gay, 29% as bisexual, 29% as queer and 12% as pansexual. Nearly 80% of survey takers live in the City of Chicago. 35% of Latinx/a/o-identified survey takers have lived in Chicago for more than 25 years. 44% of survey takers identify as single with 50% identifying as partnered or married. Close to 60% are employed full

time. 77% of survey takers do not have someone under the age of 18 residing in the home with them. 59% of survey takers are between the ages of 18 and 34, and 36% are between the ages of 35 and 64, with 2% between the ages of 66 and 74 and 3% between the ages of 14 and 17. 23% of survey takers work in the social service field and 14% work in education.

**The term “Latinx/a/o” is used throughout this report to encompass the gender-neutral term “Latinx,” the feminine “Latina” and the masculine “Latino.”*

ACCESS + QUALITY

85% of respondents indicated that they have access to healthy and affordable food; however, 39% indicated that the quality is fair or poor. The data reveals that 74% of respondents feel that they can safely access affordable housing and 60% feel that housing is of excellent or good quality. 51% of respondents expressed that they can safely access hospitals while only 18% indicated that

hospitals are excellent quality. On health services, while 83% of survey takers feel they can always or sometimes access physical health services, 40% feel the quality is fair or poor. 77% of survey takers revealed that they always or sometimes have access to health insurance and 50% expressed that the quality of health insurance is either excellent or good.

TOP THREE SERVICES

Health Services: including but not limited to affordable health insurance, bilingual and bicultural and sensitive services, access to affordable gender re-assignment surgery and mental health services. **Safe spaces:** for undocumented youth, for young people and to build community, socializing opportunities. **Affordable housing:** low cost housing for queer youth.

On average, 90% of the Latin(x/a/o) survey takers feel safe in their home during the morning, afternoon, evening, and overnight. On average, 77% feel safe or very safe in the neighborhoods where they live all day and night. 72% feel that there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive

to LGBTQ people or families. In all categories, excluding religious/spiritual communities, over 40% of survey takers consider themselves to be out as LGBTQ, with 80% of survey takers indicating that they are out to friends.

58% of Latinx/a/o-identified survey takers feel there are programs, groups, religious institutions or social service agencies in the Chicagoland area that they consider safe and supportive to LGBTQ people or families. Howard Brown Health, Mujeres Latinas en Acción, ALMA Chicago, United Methodist Church and Broadway Youth Center are all frequent mentions.

CORE ISSUES

- 59.5% of Latinx/a/o survey takers indicated that the cost of housing is a serious issue in their neighborhoods.
- Additionally, 49% indicated that the condition of housing is also a serious issue.
- 53% of survey takers indicated gentrification as a very serious or serious issue.

It is important to note that many self-identified undocumented/DACA or DREAMers used the open-ended survey spaces to speak to the importance and seriousness of services and programs to navigate the immigration process in the United States. This includes legal services, advocacy and policy work.

CAREGIVERS SURVEY SNAPSHOT

DEMOGRAPHICS

176 people identifying as caregivers took the survey. 132 completed the survey for a 75% completion rate. 68% identify as women, 19% identify as men, 18% identify as cisgender and 8% identify as trans. 42% of caregivers who took the survey are lesbian, 15% are gay, 29.5% are bisexual, and 22% identify as queer. 64% of caregivers live in the city of Chicago, with 12% residing in Rogers Park. A relatively larger percentage live in the suburbs; 24% of caregivers that took the survey reside in Oak Park. 25% of caregivers are African American/Black, 57% are White/Caucasian, 14% are Latinx/o/a. 52% have lived in Chicago

more than 25 years, while 29% have lived in Chicago between 11 and 25 years. 83% of caregivers have 2 or more people living in the home with them. 65% of caregivers live with children under the age of 18. 41% of caregivers are married, 20% are partnered living together, 6% are partnered living separately, and 21% are single. 69% have a child or children under the age of 21. 18% are caring for elder adults. 50% of caregivers are 25-44 years old, and 42% are between 45 and 55 years old. 60% of caregiver survey takers indicated that they are employed full-time making a livable wage.

ACCESS + QUALITY

94% of caregivers indicated that they can always safely access arts and culture; 65.5% indicate that this access is either of excellent or good quality. 93% of survey takers indicated that they can safely access affordable healthy food, and 60% indicate that this access to affordable healthy food is excellent or good. 87% of survey takers indicated that they can safely access health insurance; of these, 56% indicated that the quality is excellent or good. 55% of caregivers indicated that they can always

safely access physical health services; of these, 60% indicated that this access is either excellent or good. 64% of caregivers indicated that they can always access parks and recreation services, and 77% indicated that these services are either excellent or good. 59% of caregivers indicated that they can always or sometimes access vocational or job-related services, with 35% indicating that these services are of excellent or good quality.

Below are the top services caregivers within LGBTQ communities need:

- Social connections, including safe spaces to congregate
- Health care, including but not limited to affordable counseling and affordable comprehensive health services

- Access to safe, affordable, physically accessible housing
- Immigration services – bilingual and bicultural
- Education and vocational support – including quality, safe and affirming schools, and educational opportunities

88% of caregivers indicated that they often or sometimes use social media. 12% of caregivers indicate that they rarely or never use social media.

On average, caregivers indicated that they feel safe or very safe in their homes during morning, evenings, afternoon and overnight. On average, 80% of caregivers feel very safe or safe in the neighborhood where they live morning, evening, afternoon and overnight. 78.5% of caregivers feel there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive of LGBTQ people and families. 72% of caregivers feel that there are programs, groups and religious institutions or social service agencies in the Chicagoland area that they consider safe and supportive to LGBTQ people or families.

Core programs and spaces that are safe and supportive as identified by caregivers include: Howard Brown, Center on Halsted, Broadway Youth Center, Chicago’s Women’s Health

Center, and Affinity Community Services

78% of caregivers are out to friends, 69% are out to family, 54% are out at work, and 47% are out in the community where they live.

57% of caregivers feel that access to grocery stores are not a serious issue or not an issue at all. 51% of caregivers feel that cost of housing is a very serious issue or a serious issue. 44% feel that gentrification is a very serious issue or a serious issue in the neighborhood in which they live. 64% of caregivers feel that vacant lots are not a serious issue or not an issue at all. 58.5% of caregivers view vocational opportunities as somewhat of an issue, serious issue or a very serious issue. 50% of caregivers feel that police harassment and brutality is somewhat of an issue, serious issue or a very serious issue.

GOVERNMENT AND TOP IDENTIFIED ISSUES

29% of caregivers rate the effectiveness of local elected officials as good/excellent, while 37% rate their effectiveness as fair/poor.

Like other stakeholder groups, the largest group of caregivers rate the effectiveness of local government services as fair/poor (39%), with only 22% applying a good or excellent rating.

GOVERNMENT AND TOP IDENTIFIED ISSUES (CONT.)

When asked what the government should focus resources on:

- 57% of caregivers rate discrimination based on race/ethnicity as a top one or top two priority.
- 54% of caregivers rate discrimination based on gender identity as a top one or top two priority.
- 53% identify discrimination based on age as a top one or top two priority.
- 54% identify employment as a top one or top two priority.
- 51% of caregivers identify physical health services as a top one or top two priority and 50% of caregivers identify mental health services as a top one or top two priority.

These priorities may be understood in relation to these core priority areas:

- 46% of caregivers strongly agree that they have access to physical health care and resources and 40% strongly agree that they have access to mental health care and resources.
- 51% strongly agree that they live within one mile of a grocery store with fresh fruits and vegetables.
- 69% strongly agree or agree that they currently earn a living wage, enough to meet their expenses
- 69% strongly agree or agree that they know how to access government support programs including social security, unemployment, or medical aid.
- 70% strongly agree or agree that they have strong employment networks.
- 67% strongly agree or agree that they currently live in housing that is affordable for their income level.
- 74% strongly agree or agree that they feel comfortable in the neighborhood where they live.

YOUTH SURVEY SNAPSHOT

DEMOGRAPHICS

A total of 239 survey takers identified as youth (age 24 or younger). Almost 60% of these survey takers (59.8%) completed the entire survey. Out of the youth survey takers, 20% were between the ages of 14-17 and 80% were between the ages of 18-24. Almost half (45%) identified as women, 25% identified as men, 4% identified as trans women and 19% identified as trans men. Also, 17% identified as cisgender, 21% identified as non-binary, 9% identified as genderqueer, 6% identified as agender and 5% identified as intersex, two-spirit or another identity. As far as sexual orientation, 15% identified as lesbian, 23% identified as gay, 35% identified as bisexual and 36% identified as queer. Youth survey takers also identified as questioning (5%), asexual (10%) and pansexual (20%). Lastly, 9% identified as same-gender loving, straight/heterosexual or another identity. Additionally, 65% identified as Caucasian/White, 16% identified

as African American/Black and 18% identified as Latinx/a/o.

The majority (60%) of survey takers live in Chicago with larger percentages living in Lakeview (14%), Hyde Park (11%), and 8% living in Rogers Park and Edgewater. Almost half (46%) have lived in the Chicago area between 16-25 years; however, 26% are relatively new to the city, living here between 0 and 3 years. Younger survey takers were more likely (62%) to live with three persons or more. About 83% identified as not being the primary caregiver in their home. Finally, only 3% of survey takers were experiencing homelessness or unstable housing at the time they completed the survey.

Almost 65% of youth survey takers described themselves as single, with another 22% identifying as partnered living separately. Nine percent stated that they were polyamorous.

EMPLOYMENT + EDUCATION

With more than half (66%) of younger survey takers earning an individual income of less than \$15,000 annually, 42% identified their primary vocation as “student” and 9% were unemployed. Of those who worked, vocational areas represented include non-profit/social services, retail and education. None of the younger survey takers in this sample earned income above the Chicago median. Notably, 55% have some college or vocational school training or a 4-year

college degree. The largest group of survey takers (36%) were students as far as their employment status. However, 35% strongly disagreed or disagreed that they feel comfortable seeking employment in their community or that they have strong employment networks. Additionally, 38% strongly disagreed or disagreed that they know how to access government support programs including social security, unemployment, or medical aid.

COMMUNITY

More than half (57%) agreed that there are neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBTQ people or families, such as Andersonville and Boystown. This group of survey takers feels very safe or safe in their homes and in their neighborhoods at all times (morning, evening, etc.). They also agreed (69%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive such as Howard Brown, Center on Halsted and Youth Outlook.

SOCIAL MEDIA

Youth survey takers were highly engaged around social media, with 90% using online platforms sometimes (13%) or often (77%).

“It is sometimes where I learn about fun activities for the LGBTQ community, learn about the history of it, and get access to proud advocates and allies of the community.”

“I don’t use social media a lot for this purpose, but it does help me feel closer to the community and keep learning to love this part of me.”

“I am only beginning to connect with Chicago’s LGBTQ community, so social media is extremely important! I’ve joined some Facebook groups for queer disabled people.”

Fair or poor quality services in their community:

- Law enforcement 42%
- Affordable healthy foods 37%

Excellent or good quality services in their community:

- Arts and culture 64%
- Library services 66%
- Parks and recreation 72%
- Housing 60%
- Street lighting 66%

Very serious/serious issues in their neighborhood:

- Hate crimes related to gender identity 27%
- Recreational Drug Use 31%
- Police harassment or brutality 31%
- Gentrification 39%

Somewhat serious issues in their neighborhood:

- Cost of housing 39%
- Burglaries 31%
- Burglaries 36%

Additionally, this group of survey takers was more likely to be out as LGBTQ to friends (81% responded yes), than to family (44% responded somewhat) or at school (48% responded yes).

GOVERNMENT

Few youth survey takers expressed that local government elected officials (16%) or services (17%) were good or excellent in regard to meeting the LGBTQ community's needs.

“The government’s closing of schools and mental health clinics and wants to use money we already don’t have to fund a Police Academy so that shows a pretty blatant lack of care about their constituent needs, particularly marginalized communities such as LGBTQ populations.”

“I don’t think the local government is effective regarding meeting the LGBTQ community’s needs, especially for black men/men of color.”

During the next year, they believe these to be the top issues that the government should address:

- Basic income 54% (8% - 2nd)
- Health services and care-mental 32% (24% - 2nd)
- Discrimination based on gender identity 28% (28% - 2nd)
- Discrimination based on race/ethnicity 24% (24% - 2nd)
- Employment 24% (24% - 2nd)
- Discrimination based on age 32% (12% - 2nd)

“To me being a young person living here I would need to work a lot to afford it not to mention transportation costs. There is one grocery store near me and their produce is gross at best and hazardous at worst. The other is more expensive. Not having a car makes everything hard. There is only one hospital in the immediate area and it is awful. Kept me there for the entire day since they knew I had no insurance just to say my problem was anxiety. Mental health is often ignored especially south side neighborhoods. Just making public transportation better for those without vehicles.”

SENIORS/OLDER ADULTS SURVEY SNAPSHOT

DEMOGRAPHICS

234 survey takers identified as seniors with 73.1% completing the survey. 46.2% identified as women and 50.4% identified as men. Additionally, 5% identified as trans women, 12% identified as cisgender, 2% identified as non-binary, 1% identified as genderqueer and 2% either identified as two-spirit or another identity. The majority (71%) identified as Caucasian/White, 21% as African American/Black and 8% as Latinx/a/o. The senior survey takers identified as gay (49.1%), lesbian (38.5%), bisexual (7%), queer (9%), questioning (0.4%), asexual (2%), pansexual (0.4%), same gender-loving (4.3%), straight/heterosexual (3.4%) and another identity (0.9%).

The majority of survey takers (96%) have lived in the Chicago area for 16 or more years with 75% of older adults living in the city for more than 25 years. Senior respondents lived in over 40 different

Chicago community areas including Edgewater (18%), Lakeview (14%), Rogers Park (9%) and Uptown (6%). A bit over half (55%) live in Chicago and 43.5% live in a city, town or village near Chicago. Top community areas outside of Chicago for older adults were Oak Park (19%) and Evanston (22%).

Most older adult survey takers live in a one (43%) or two (43%) person household. Additionally, the vast majority (94%) do not have a person under the age of 18 in the home. Thirty-eight percent of seniors describe themselves as single with 32.5% stating that they are married, 8% divorced and 5% widowed or partnered living separately. A large percentage (71%) do not describe themselves as a caregiver to children, other older adults or people with disabilities.

EMPLOYMENT + EDUCATION

Over half of older adults (61%) shared that they earned an income of \$50,000 or higher, with 29% earning more than \$100,000 individual income. The two popular vocational areas with this group were social services/nonprofit and education (15% each) as well as being retired (20%). Slightly more than half (53%) reported earning a livable wage. Older adult survey takers are highly educated, with 84% holding an associate's degree or higher and 53% having obtained a graduate degree.

COMMUNITY

A large majority of seniors (84%) agreed that there are neighborhoods or communities in Chicagoland area that they consider safe and supportive to LGBTQ people or families.

Some of those neighborhoods are Andersonville, Boystown, Rogers Park, Edgewater and Lakeview. This group of survey takers feels very safe or safe in their homes and in their neighborhoods at all times (morning, evening, etc.).

They also agreed (82%) that there are groups, programs, institutions or social services in the Chicagoland area that they consider safe and supportive such as Howard Brown, Center on Halsted, Affinity Community Services and Chicago House.

Community safety is relative and impacted by intersectionality: “[Safe neighborhoods include] Hyde Park, Lakeview (unless you’re a youth of color and/or appear to be poor or homeless), Andersonville, Lincoln Park. These are very diverse neighborhoods, places with high concentrations of LGBTQ folks.”

When looking at health related issues, small but significant numbers of older adults described health services as fair or poor: health insurance (9%), physical health services (10%), mental health services (15%), and hospitals (11.5%).

“As in the rest of US culture, attention to older people assumes partners/children or close friends/community members who will take care of you, with whom you’d be willing to live, etc. Even ‘aging in place’ expects a ‘village model’ where you have people available to help.”

Fair or poor quality services in their community:

- Law enforcement 15%
- Housing 12%

Excellent or good quality services in their community:

- Arts and culture 82%
- Affordable healthy foods 82%
- Library services 90%
- Parks and recreation 93%
- CTA, PACE or other public transportation 85%
- Street lighting 83%

Very serious/serious issues in their neighborhood:

- Cost of housing 56%
- Gentrification 36%
- Street Parking 35%

Somewhat serious issues in their neighborhood:

- Burglaries 47%
- Crimes against elders 35%

Additionally, the vast majority of this group of survey takers reported that they are out as LGBTQ to friends (92% responded yes) and family (90% responded yes).

GOVERNMENT

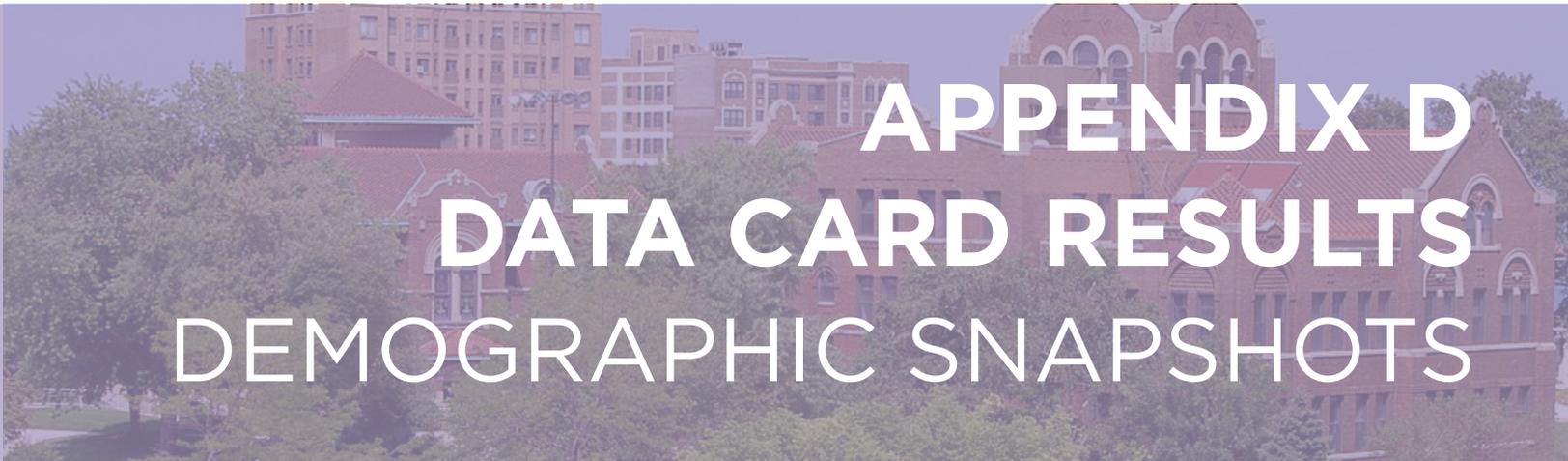
While some senior survey takers rated local government officials (45%) and services (43%) as good or excellent in regard to meeting LGBTQ community needs, large percentages were also dissatisfied, with almost 30% rating officials as fair or poor and 28.5% feeling the same way about services. During the next year, they believe these to be the top issues that the government should address:

- Basic income 42% (14% - 2nd)
- Community safety 43% (15% - 2nd)
- Health insurance 33% (8% - 2nd)
- Retirement/Pension 33% (11% - 2nd)
- Health services and care-physical 28% - (14% - 2nd)
- Employment 22% (30% - 2nd)
- Discrimination based on gender identity 17% (27% - 2nd)
- Discrimination based on race/ethnicity 18.5% (26% - 2nd)

SOCIAL MEDIA

57% of seniors and older adults reported using social media often in addition to 27% using such tools sometimes. Some roles that social media plays in their experience of Chicago's LGBTQ community include community events and updated information on the LGBTQ community.

“It’s a double edged sword. It unites us as it brings information about events, etc. but divides us on the basis of internalized stereotypes.”



APPENDIX D DATA CARD RESULTS DEMOGRAPHIC SNAPSHOT

The data below reflects data card responses filtered by selected demographic groups: data card completers identifying as lesbian, gay, bisexual/pansexual, asexual, or queer; data card completers identifying as TGNC (trans and/or gender nonconforming), data card completers identifying as African American/Black, Asian/Pacific Islander/Indigenous, and Latinx/a/o/Hispanic; and data card completers identifying as youth or older adults. Such information can be compared to the general data card results to better understand the characteristics, strengths, challenges and suggestions of intersectional groups with the Chicagoland LGBTQ community.

ASEXUAL DATA CARD SNAPSHOT

CORE ISSUES

When asked to identify the core issues facing the LGBTQ community in the Chicagoland area, individuals who identified as asexual wrote about **LGBTQ discrimination, the need for awareness and visibility, and healthcare**. When asked what services or resources are needed to adequately address the key issues, individuals suggested **housing and healthcare specific to the LGBTQ community, advocacy and legislation change**.

EMPLOYMENT

It is important to note that of the asexual people completing the data card, **more two-thirds (67%) do not consider their income to be a livable wage**. When asked to disclose their employment status, 9% of data card completers shared that they were unemployed, 9% were retired, 9% were self-employed, 27% were employed part time and 36% were employed full-time. 59% of asexual data card completers reported an annual income of \$24,999 or less.

RATING SCALE

Data card completers who identified as asexual were more likely to **strongly agree or agree** to the following statements:

- I live or work near a grocery store with healthy and affordable food (75%)
- I feel safe in the neighborhood where I live (75%)
- I feel safe in the city or town where I live (67%)
- I have access to safe recreational spaces (67%)
- I have access to physical health care and resources (58%)
- I have access to mental health care and resources (58%)

Data card completers who identify as asexual were more likely to **strongly disagree or disagree** with the following statements:

- I currently earn wages that allow me to meet my expenses (67%)
- I know how to access government support programs including Social Security, unemployment, or medical aid (58%)
- I currently live in housing that is affordable for my income level (50%)

BISEXUAL + PANSEXUAL DATA CARD SNAPSHOT

CORE ISSUES

When asked to share the top three issues facing the LGBTQ community in the Chicagoland area, bisexual and pansexual data card completers identified **health services, homelessness, and affordable housing**. Ten percent indicated health services as a top issue, including but not limited to access to trans friendly health services, mental health awareness, and access to comprehensive mental health services. The second issue identified by 10% of data card completers was homelessness in the LGBTQ community, and the third issue (identified by 13% of data card completers) was affordable housing.

When asked what services or resources are needed to adequately address

these issues, over **10% of bisexual and pansexual data card completers indicated that more affordable housing is needed, 5% shared that public education about queer issues is needed, and 5% identified queer affirming mental health services.**

More than half (54%) of bisexual and/or pansexual data card completers are employed full-time or part time, 13% are unemployed, and 14% are students. 27% make less than \$10,000 per year, 15% make between \$10,000 and \$24,999, 12% make between \$25,000 and \$34,999, 15% make between \$35,000 and \$49,999, and 10% make \$50,000 or more. The majority (60%) indicated that they do not earn a livable wage.

RATING SCALE

Data card completers who identified as bisexual and/or pansexual were more likely to **strongly agree or agree** to the following statements:

- I live or work near a grocery store with healthy and affordable foods (69%)
- I have access to physical health care and resources (63%)
- I have access to safe recreational spaces (63%)

Data card completers who identify as bisexual and/or pansexual were more likely to **strongly disagree or disagree** with the following statements:

- I feel that Chicago Police, or police in the city where I live, respond to my needs (43%)
- I currently earn wages that allow me to meet my expenses (48%)

LESBIAN DATA CARD SNAPSHOT

CORE ISSUES

When asked to identify the top three issues facing the LGBTQ community in the Chicagoland area, the top issue mentioned by lesbian data card completers (28%) was a lack of affordable housing, homelessness or housing for low-income community members. The second key issue shared by 25.5% was access to affordable healthcare. The third key issue, mentioned by 9% of lesbian data card completers, was that there

is an increased drug problem in the community.

When asked what services or resources are needed to adequately address these three issues, 14% of responses included education, youth services and jobs/wages. Additional responses included more funding for programming focused on queer people of color.

EMPLOYMENT

42% of lesbian data card completers are employed full time, 12% are retired, 7% are students, 19% are self-employed, 12% are employed part-time and 42% are employed full time. 16% make less than \$10,000 per year, 12% make between \$10,000 and \$14,999, 14% make between

\$15,000 and \$24,999, 7% make between \$25,000 and \$34,999, 12% make between \$35,000 and \$49,999, and 39% make \$50,000 or more. When asked if they consider this income to be a livable wage, 66% responded yes and 34% responded no.

RATING SCALE

Data card completers who identified as lesbian were more likely to **strongly agree or agree** to the following statements:

- I live or work near a grocery store with healthy and affordable foods (74%)
- I have access to physical health care and resources (73%)
- I have access to mental health care and resources (69%)

Data card completers who identify as lesbian were more likely to **strongly disagree or disagree** with the following statements:

- I currently earn wages that allow me to meet my expenses (38%)
- I feel safe where I attend school (33%)

GAY DATA CARD SNAPSHOT

CORE ISSUES

Gay-identified data card completers identified the top three key issues facing the LGBTQ community in the Chicagoland area as **homelessness and housing insecurity, healthcare, and livable wages**. Over 15% of data card completers mentioned that homelessness or home insecurity is a top issue facing the LGBTQ community in the Chicagoland area, including citywide segregation, housing protection, youth homelessness and affordable housing. The second issue that 12% of data card completers indicated was healthcare, such as mental healthcare and sexual health. Access and affordability were discussed, including affordable

medication and access to preventative medicine such as PreP. The third issue, mentioned by 8% of respondents, involved wages and employment: the wage gap, access to a livable wage, access to jobs, job security and job discrimination.

When asked what services or resources are needed to adequately address these issues, gay data card completers mentioned **affordable housing, case management, funding for healthcare programs and services, affordable housing, affordable education, job mentoring and affordable therapeutic services**.

EMPLOYMENT

19% of gay data card completers make less than \$10,000 a year, 11% make between \$10,000 and 14,999, 10% make between \$15,000 and 24,999, 17% make between \$25,000 and 34,999, 11% make

between \$35,000 and \$49,999, and 31% make \$50K or more. More than half (56%) indicated that they consider their income to be a livable wage.

RATING SCALE

Data card completers who identified as gay were more likely to **strongly agree or agree** to the following statements:

- I have access to physical health care and resources (77%)
- I have access to mental health care and resources (74%)
- I live or work near a grocery store with healthy and affordable foods (69%)
- I have access to safe recreational spaces (67%)

TRANS + GENDER NONCONFORMING DATA CARD SNAPSHOT

CORE ISSUES

Transgender and gender nonconforming (TGNC) data card completers identified **affordable housing, healthcare, and violence** as the top three issues facing the Chicago LGBTQ community. More specifically, TGNC data card completers discussed healthcare as it relates to affordability and access to resources. Access to affirming mental and physical healthcare, universal trans-affirming healthcare, and more healthcare facilities were mentioned. Affordable housing was also listed several times; TGNC individuals mentioned getting access to affordable housing, access to shelters for youth experiencing homelessness, and housing for low-income people in the LGBTQ community. Regarding violence, TGNC data card completers disclosed that violence against trans women is a top issue, also mentioning the murder of trans people of color, violence against trans femmes, and protection against discrimination.

When asked what services or resources are needed to adequately address these top issues, TGNC data card completers mentioned increasing safe spaces for LGBTQ community members and advocacy surrounding LGBTQ legal issues. Additionally, specifically relating to housing, individuals disclosed the need for better housing options, income-based housing and access to affordable gender specific/LGBTQ-specific housing and rent control. Finally, the following healthcare-related suggestions were made: more mental health resources that are affordable, case management, harm reduction and programming, free healthcare for all, and queer spaces and clinics/services in underserved locations.

EMPLOYMENT

Twelve percent of TGNC data card completers are unemployed, 7% are retired, 9% are students, 5% are self-employed, 16% are employed part time, and 46% are employed full-time. 26.5% make less than \$10,000 annually, 16% make between \$10,000 and \$14,999, 18%

make between \$15,000 and \$24,999, 13% make between \$25,000 and \$34,999, 13% make between \$35,000 and \$49,999, and 13% make \$50,000 or more. 38% of TGNC data card completers believe that they have a livable wage, while 62% do not.

RATING SCALE

Data card completers who identified as TGNC were more likely to **strongly agree or agree** to the following statements:

- I have access to physical health care and resources (73%)
- I have access to mental health care and resources (64%)
- I have access to safe recreational spaces (62%)
- I feel safe in the neighborhood where I live (62%)

TGNC data card completers were more likely to **strongly disagree or disagree** with the following statements:

- I feel that Chicago Police, or police in the city where I live, respond to my needs (52%)
- I currently earn wages that allow them to meet my expenses (49%)
- I know how to access government support programs, including Social Security, unemployment or medical aid (40%)

QUEER DATA CARD SNAPSHOT

CORE ISSUES

When asked about the top three issues facing the LGBTQ community in the Chicagoland area, queer data card completers indicated that **health services, affordable housing and homelessness, and safety of trans women** are the top three issues. Health resources were identified as the top issue, including access to affordable physical health services and access to affordable counseling for genderqueer people as well as trans people. The second top issue indicated was homelessness and the lack of safe spaces for LGBTQ youth. Finally, multiple people mentioned the murder of trans women as a key issue.

When asked what services or resources are needed to adequately address those issues, queer data card completers indicated gender affirming resources, access to mental health resources, and affordable healthcare. More specifically, nearly 20% of data card completers mentioned affordable healthcare as a key resource. Additionally, several data card completers suggested affordable housing as a key resource, as well as funding for people of color programming in the community.

EMPLOYMENT

5% of queer data card completers are unemployed, 6% are students, 11% are self-employed, 14% are employed part time, and 55% are employed full-time. When asked about their income, 16% reveal that they make less than \$10,000 per year, 15% make between \$15,000 and

\$24,999, 14% make between \$25,000 and \$34,999, 15% make between \$35,000 and \$49,999 and 30% make more than \$50,000 per year. When asked if they consider this income to be a livable wage, 51.5% of queer data card completers said yes, while 48.5% said no.

RATING SCALE

Data card completers who identified as queer were more likely to **strongly agree or agree** to the following statements:

- I live or work near a grocery store with healthy and affordable foods (72%)
- I have access to physical health care and resources (66%)
- I have access to mental health care and resources (63%)
- I have access to safe recreational spaces (64%)

Queer-identified data card completers were more likely to **strongly disagree or disagree** with the following statements:

- I feel that Chicago Police, or police in the city where I live, respond to my needs (53%)
- I currently earn wages that allow me to meet my expenses (42%)

API (ASIAN/PACIFIC ISLANDER) + INDIGENOUS DATA CARD SNAPSHOT

CORE ISSUES

When asked to reveal the top three key issues facing the LGBTQ community in the Chicagoland area, Asian/Pacific Islander and Indigenous-identified data card completers disclosed **healthcare, employment, and visibility**. The top issue was healthcare, including healthcare resources, lack of access to trans surgeries, medical professional knowledge about LGBTQ-specific care and lack of mental health support groups. The second issue was employment, including workplace ignorance, work discrimination/bias, job centers or lack thereof and general access to job opportunities. The third key issue dealt with visibility; data card

completers mentioned representation, diversity, and acceptance, as well as a need for visibility beyond white men in LGBTQ advocacy issues.

When asked what services or resources are needed to adequately address these issues, data card completers responded with the following: more housing support, political cooperation, more mental health resources, better insurance policies, accessible queer-affirming health clinics and shelters, universal healthcare, affirmative programming, political representation and funding, therapy case management, and long-term career opportunities.

EMPLOYMENT

When asked about their current employment status, 5% indicated that they are unemployed, 8% are retired, 18% are students, 13% are self-employed, 18% are employed part-time, and 36% are employed full-time. Regarding their current income, 26% of data card completers make less than \$10,000 a

year, 13% make between \$10,000 and \$14,999, 10% make between \$15,000 and \$24,999, 15% make between \$25,000 and \$34,999, 10% make between \$35,000 and \$49,999 and 26% make \$50,000 or more per year. 44% of data card completers consider their income to be a livable wage, while 56% do not.

RATING SCALE

Data card completers who identified as API or Indigenous were more likely to **strongly agree or agree** to the following statements:

- I live or work near a grocery store with healthy and affordable foods (79.5%)
- I have access to physical health care and resources (77%)
- I have access to mental health care and resources (74%)

Data card completers who identify as API or Indigenous were more likely to **strongly disagree or disagree** with the following statements:

- I currently earn wages that allow me to meet my expenses (46%)

AFRICAN AMERICAN/BLACK DATA CARD SNAPSHOT

CORE ISSUES

When asked to disclose the key issues facing the LGBTQ community in the Chicagoland area, Black/ African American data card completers shared **homelessness/housing, employment/ income, and access to healthcare**. On homelessness, data card completers mentioned lack of support to access safe spaces/shelters for Black/brown LGBTQ people experiencing homelessness and places for emerging adults older than 24. On employment and income, data card completers mentioned income inequality and lack of representation of queer people of color in employment

positions. On access to healthcare, data card completers shared concerns about mental health awareness, affordable physical healthcare, affordable mental health care, and access to affordable medications.

When asked to disclose what services or resources are needed to adequately address these issues, data card completers mentioned affordable healthcare, universal healthcare, rent control, therapy, job placement programs, housing, career opportunities, and LGBTQ youth outreach.

EMPLOYMENT

When asked to disclose their current employment status, 20.5% of Black/ African American data card completers disclosed they are unemployed, 5.5% are retired, 7% are students, 8% are self-employed, 13% are employed part time, and 36% are employed full-time. 35% make less than \$10,000 a year, 15% make between \$10,000 and \$14,999, 8% make

between \$15,000 and \$24,999, 13.5% make between \$35,000 and \$49,999, 9.5% make between \$50,000 and \$74,999, and 11% make \$75,000 or more. 64% of Black data card completers do not consider their current income to be a livable wage, while 36% would consider their income to be a livable wage.

RATING SCALE

Data card completers who identified as Black were more likely to **strongly agree or agree** to the following statements:

- I have access to physical health care and resources (58%)
- I have access to mental health care and resources (55%)
- I know how to access government support programs, including Social Security, unemployment or medical aid (54%)

Data card completers who identify as Black were more likely to **strongly disagree or disagree** with the following statements:

- I feel that Chicago Police, or police in the city where I live, respond to my needs (46%)

LATINX/A/O

DATA CARD SNAPSHOT

CORE ISSUES

When asked to list the top key issues facing the LGBTQ community in the Chicagoland area, Latinx data card completers disclosed **housing, employment, and healthcare as the top three issues**. When writing about healthcare, they related it to universal health care, access to compassionate healthcare, healthcare programs, mental health programs for youth and trans people, and the lack of accessible and affirming mental health care services. Related to unemployment, data card completers mentioned job training, access to queer-specific jobs, problematic homophobic work environments, and job security. Finally, regarding to housing, data card completers wrote about youth and adult homelessness, trans homelessness, substance misuse that leads to homelessness, and access to affordable housing.

When asked what services or resources are needed to adequately address these issues, data card completers mentioned jobs, housing resources and healthcare. As it relates to jobs, participants saw the need for more LGBTQ job fairs and more queer people in positions of power in workspaces. As it relates to housing resources, people expressed a need for more education around housing equity and more LGBTQ shelters/safe spaces. As it relates to healthcare, individuals included the need for Medicare for trans people, better healthcare options, substance misuse treatment, and more LGBTQ education for healthcare providers.

EMPLOYMENT

When asked to disclose their current employment status, 15% are unemployed, 2% are retired, 10% are students, 8% are self-employed, 13.5% are employed part time and 44% are employed full-time. 36% make less than \$10,000 per year, 9% make between \$10,000 and \$14,999, 4% make between \$15,000 and \$24,999, 7.5% make between \$25,000 and

\$34,999, 19% make between \$35,000 and \$49,999, 15% make between \$50,000 and \$74,999 and 9% make \$75,000 or more. 50% disclosed that they consider what they make currently a livable wage, while the other 50% would not consider what they make a livable wage.

RATING SCALE

Data card completers who identified as Latinx were more likely to **strongly agree or agree** to the following statements:

- I have access to physical health care and resources (70%)
- I have access to mental health care and resources (64%)
- I live or work near a grocery store with healthy and affordable foods (63.5%)

Data card completers who identify as Latinx were more likely to **strongly disagree or disagree** with the following statement:

- I currently earn wages that allow me to meet my expenses (50%)

YOUTH DATA CARD SNAPSHOT

DEMOGRAPHICS

59 people who identify as youth completed data cards. 43% of youth identify as women, 33% as men, 21% as trans, 17% as non-binary, 1% as intersex, 12% as cisgender, 2% as agender, and 7% as genderqueer. Of the youth data card completers, 19% identified as gay, 7% as lesbian, 36% as bisexual, 20% as queer, 3% as questioning, 5% as asexual, 19% as pansexual, 7% as same gender loving, and 10% as straight.

82% of youth data card completers live in the City of Chicago. 25% of youth data card completers identify as Black/African American, 8% as Asian, 46% as White/Caucasian, 5% as Native American/indigenous, 7% as multiracial, and 2% as Pacific Islander/Native Hawaiian. Of the youth data card completers, 8% are

between the ages of 14 and 17 and 91.5% are between the ages of 18 and 24.

A large percentage - 67% - are single, 12% are partnered living with their partner, 15.5% are partnered living separately from their partner, and 7% are polyamorous. 20% of youth data card completers are unemployed, 20% are students, 4% are self-employed, 21% are employed full time, and 21% are employed part time. 62.5% of youth data card completers make less than \$10,000, 12.5% make between \$10,000 and \$14,999, 11% make between \$15,000 and \$34,999, and 14% make between \$35,000 and \$99,999. 74.5% do not consider their income to be a livable wage.

TOP THREE ISSUES

When asked to list the key issues facing the LGBTQ community in the Chicagoland area, youth data card completers listed **healthcare, housing/homelessness, transgender discrimination, and health care access.**

When asked what services or resources are needed to adequately address these issues, respondents listed **drop-in centers for youth, better insurance policies, and more funding for support groups.**

RATING SCALE

Data card completers who identified as youth were more likely to **strongly agree or agree** to the following statements:

- I have access to physical health care and resources (62%)
- I have access to mental health care and resources (59%)
- I have access to safe recreational spaces (62%)
- I live or work near a grocery store with healthy and affordable foods (63%)
- I feel safe in the city or town where I live (45.5%)
- I feel safe in the city or town where I work (39%)

Data card completers who identify as youth were more likely to **strongly disagree or disagree** with the following statements:

- I currently earn wages that allow me to meet my expenses (56%)
- I know how to access government support programs including social security, unemployment or medical aid (47.5%)
- I have strong employment networks (41.5%)
- I currently live in housing that is affordable for my income level (36.5%)
- I feel that Chicago Police, or police in the city where I live, response to my needs (42%)

When asked **if they participated in the 2011 needs assessment**, 93% listed that they did not.

SENIORS/OLDER ADULTS DATA CARD SNAPSHOT

DEMOGRAPHICS

83 people who identify as older adults completed the data card tool. 52% identify as men, 33% as women, 11% as trans, 2% as non-binary, 1% as intersex, 6% as cisgender, and 1% as agender. 49% of senior data card completers identify as gay, 15% as lesbian, 5% as bisexual, 2.5% as queer, 2.5% as asexual, 4% as pansexual, and 18% as straight.

88% of senior data card completers live in the city of Chicago; 12% live outside of the city of Chicago. Most data card completers who disclose the neighborhood in which they reside live on the North Side of Chicago. When asked to disclose their race/ethnicity, 15% disclose that they are Black/African American, 5% are Asian, 78% are White/Caucasian, 2% are Latinx/a/o, 1% is Native American/Indigenous, 1% is multiracial, and 1% is Pacific Islander/Native Hawaiian.

52% of senior data card completers are between the ages of 55 and 64, 37% are between the ages of 65 and 74 and 11% are 75 or older. 9% of senior data card completers are high school graduates, 9% have some college or vocational

school experience, 2.5% are vocational school graduates, 7.5% have a bachelor's degree, 1% have some graduate school experience, and 30% have a graduate degree. 49% of senior data card takers identify as single, 26% are married, 1% is in a civil union, 4% are widowed, 7% are divorced, 10% are partnered living together with their partner, and 6% are partnered living separately from their partner.

When senior data card completers were asked about their employment status, 1% disclosed that they are unemployed, 47% are retired, 10% are self-employed, and 14% are employed part time. 10% of data card completers make less than \$10,000 a year, 19% make between \$10,000 and \$14,999, 20% make between \$15,000 and \$24,999, 10% make between \$25,000 and \$34,999, 14% make between \$35,000 and \$49,999, 9% make between \$50,000 and \$74,999, 5% make between \$75,000 and \$99,999, and 14% make \$100,000 or more. When asked if their income is a livable wage, 54% of senior data card completers said yes while 46% said no.

TOP THREE ISSUES

When asked to disclose the key issues facing the LGBTQ community in the Chicagoland area, older adults wrote about **discrimination, violence, youth experiencing homelessness, and access to LGBTQ-friendly healthcare services.**

When asked what services or resources are needed to adequately address these issues, they identified **affordable housing, more support services outside of the North Side, youth services, and more LGBTQ advocacy.**

RATING SCALE

Data card completers who identified as seniors were more likely to **strongly agree or agree** to the following statements:

- I have access to physical healthcare and resources (83%)
- I have access to mental health care and resources (80%)
- I have access to safe recreational spaces (70%)
- I live or work near a grocery store with healthy and affordable food (76%)
- I know how to access government support programs including Social Security, unemployment or medical aid (60%)
- I have strong employment networks (52.5%)
- I currently live in housing that is affordable for my income level (70%)
- I feel that Chicago Police, or police in the city where I live, respond to my needs (59%)
- I feel safe in the city or town where I live (60%)
- I feel safe in the city or town where I work (55%)
- I feel safe in the neighborhood where I live (70%)

When asked about **participating in the 2011 needs assessment** 12.5% said yes, 68% said no, and 19% don't remember.