IMPACT TEXAS LGBTQ NEEDS ASSESSMENT

A Report Prepared by

The University of Texas at Dallas

For The

Texas Pride Impact Funds

October 2017

Preface

This document is the first gift offered by Texas Pride Impact Funds to the LGBTQ+ communities of Texas. It is the result of the 2017 IMPACT Texas! Needs Assessment, the first-ever statewide effort at assessing the needs of our communities. With a mission to secure the future for LGBTQ Texans by inspiring giving and investment to expand opportunities and enrich our communities, TPIF sought data on which to base its funding priorities as well as its outreach to philanthropists. But the information contained in this report goes beyond TPIF's own organizational needs to provide critical data to organizations across the state. We have learned many things from this assessment process, one of which is that this is only the first of many such studies needed. So, consider this report number one in a series to be continued.

We are grateful to the Out in the South Initiative of Funders for LGBTQ Issues for a 2016 planning grant that made this assessment possible. And, we are grateful to Dr. Richard Scotch and Dr. Kara Sutton who directed the research team at The University of Texas at Dallas. Their work is documented here, but their commitment to the project went far beyond the formal Memorandum of Understanding that established our working relationship.

And, we are grateful to you for reading this report, reflecting on its contents and for sharing it and your insights with organizations across the State of Texas.

Together, we will IMPACT Texas for years to come.

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Board of Directors
Texas Pride Impact Funds

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Acknowledgements

Executive Summary

Introduction

The political, legal, and social landscape for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people is changing rapidly, yet extensive research on the needs and concerns of the LGBTQ population in Texas is lacking. As more Americans openly identify as LGBTQ, visibility in society is on an upward trend and more needs are being identified as critically underserved in the community. It is estimated that approximately 740,000 or 3.6 percent of Texas residents identify as LGBTQ, with over 46,000 households reporting as same-sex households, most within large metropolitan areas.

The LGBTQ community in Texas is both geographically and demographically diverse and faces challenges unique to its composition. While many of the major metropolitan areas have passed ordinances to provide a variety of legal protections and benefits to LGBTQ people, there is no state law banning anti-LGBTQ discrimination. Thus, Texas LGBTQ individuals and families still lack basic civil rights and protections in housing, employment, and accessibility, but those needs vary along with factors such as geographic location, resource distribution, ethnicity, age, and socioeconomic status.

The lack of consistent data across Texas has resulted in an incomplete picture of LGBTQ community needs. The purpose of this assessment is to understand the diversity of concerns and unmet needs of the LGBTQ community in Texas, with a primary focus on issues identified across the broad categories of demographic composition, economic stability, education, legal and civic participation, physical and mental well-being, and public awareness, including previously understudied special populations such as communities of color, senior citizens, transgendered people, and residents of rural communities.

Research Objectives and Methodology

In collaboration with Texas Pride Impact Funds (TPIF) Board of Directors and Regional Leadership Councils, and drawing on the results of an extensive review of published literature on community service organizations and the LGBTQ community in Texas, the following key research questions for this study were devised:

1. What does the LGBTQ community in Texas look like in terms of demographics, living arrangements and geographic location, primary service needs, and quality of life concerns?
2. What service programs and organizations currently exist to serve existing needs, and where are the gaps in service?
3. What are the strengths and challenges of existing community service providers who are addressing the needs of the LGBTQ community in terms of funding, training, and other support?
4. Which foundations and other donors currently fund LGBTQ-related issues and where are the apparent gaps in funding?

Multiple methods and information sources were used to conduct the assessment including: 1) secondary data analysis, 2) online survey instruments designed to capture both individual LGBTQ members viewpoints and the organizations which serve them, 3) focus groups with representative samples of LGBTQ community members, and 4) key informant interviews with LGBTQ community leaders and other

stakeholders in a position to know the regional, specialized, and general issues critical to the LGBTQ population in Texas. Two online surveys assessed demographics, needs, concerns, service use and gaps identified by individual LGBTQ community members, and, separately, by LGBTQ community service providers. Of particular interest were barriers that can impede LGBTQ people from receiving needed community services and support. Respondents were recruited through existing contacts known to TPIF and the research team, as well as LGTBQ-oriented media outlets. The survey began April 7th, 2017 and closed on July 17th, 2017 and netted a final total of 858 individual respondents and 78 LGBTQ-affiliated organizations.

The surveys were supplemented by interviews with "key informants" and focus groups comprised of individuals with broad insight into LGBTQ community needs. Respondents included representatives of LGBTQ-oriented organizations, community leaders, and activists who, because of their professional training, expertise, or affiliations, could provide special insight and context about resources, needs, and strengths for Texas LGBTQ individuals and communities. Data collection also sought to evaluate the effectiveness of existing efforts and interventions targeting the LGBTQ community as well as the special population subgroups associated with unique needs.

LGBTQ Community Members Survey

For the purpose of collecting responses from a broad cross-section of the LGBTQ community in Texas, a monitored convenience sample was used to solicit participation from individuals of all genders, sexual identities, ethnicities, ages, incomes, regions, and other qualifying characteristics that might impact one's experience and viewpoint of issues and needs across the LGBTQ community. Every effort was made to gather input from a wide range of community members consistent with the composition and demographics of the Texas population, and more specifically, the Texas LGBTQ population where possible. To best ensure individual-level representativeness, incoming responses were monitored weekly by age, gender, ethnicity, and region and compared to secondary data sources in order to adjust collection efforts. However, since respondents were invited to participate through established social networks, and participation was based on individual choice, individuals who do not readily identify as LGBTQ or who are socially isolated from the LGBTQ community may be underrepresented in those who responded.

The majority of survey respondents (57%) resided in large urban areas, with 20 % living in midsize cities, 10% in suburbs, 8% in small cities, and 5% in rural areas. About half of respondents were from the cities of Dallas, Austin, Houston, and San Antonio. The age distribution of respondents included 29% under 30, 36% between 30 and 49, and 35% fifty and older. Sixty-nine percent of respondents self-identified as white, with 18% as Hispanic/Latino, 5% as Asian American, 5% as African American, and 3% as Native American. Asked about their sexual orientation and gender, 47% self-identified as male, 41% as female, 7% as transgender female, and 4% as transgender male, while 47% self-reported as gay, 34% as lesbian, 13% as bisexual, and the remainder as a variety of self-designations. Thirty percent of respondents told us they were legally married and 21% reported themselves as dating and cohabiting, while 13% said they were dating but not cohabiting and 36% self-reported as single. About 22% of respondents reported having one or more children in their households.

Most respondents were employed either full-time (60%) or part-time (15%), with transgender individuals less likely to be working full-time. Asked about workplace discrimination, 54% reported have experienced such discrimination, with 20% in the past year or less. The Texas LGBTQ community experiences disproportionately high rates of poverty, particularly within communities of color and among people who

are undocumented or transgender. Economic issues were of greatest concern among respondents living in smaller cities. Concerns about housing insecurity, homelessness, and unemployment were stronger for those under 30 years of age, while insufficient financial resources to manage bills or medical care and food insecurity were of greater concern for those under 50 years of age. Over a quarter of the respondents older than 50 years of age reported postponing health care due to insufficient resources, yet most of those respondents reported few other economic concerns compared to younger respondents. While not addressed in survey responses, a lack of social and institutional structural support was frequently mentioned in qualitative results.

Qualitative interviews covering potential barriers to social service access for LGBTQ Texans highlighted issues related to characteristics of available providers, access and availability by community size, concerns about negative community attitude or perceived discrimination, and unease about client confidentiality, particularly among Hispanic LGTBQ community members and even more specifically among those who were undocumented. Transportation was reported as a significant barrier to accessing service needs, most frequently cited by key informants from large cities.

Survey respondents overwhelming expressed concern about health care, universally ranking access to routine health care as the number one priority need. Overall, 31% of respondents reported access to routine health care as their top priority requiring attention within the LGBTQ community, followed by healthcare provider LGBTQ competency (10%) as the second leading priority. Nearly 70% of respondents chose health-related concerns as their top need; others identified were access to behavioral health care (6%), LGBTQ senior aging issues (5%), transgender health (5%), HIV education and care (4%), access to specialized health care (3%), and women's health (3%). However, only 10.74% of respondents reported a lack of health insurance.

Potentially compounding difficulties with access to health care was cultural competency. Healthcare providers were reported by survey respondents to be either culturally insensitive or medically unaware of issues facing the LGBTQ community, particularly outside of metropolitan areas or when interacting with transgender people. There were very low rates of reported substance abuse treatment received; those respondents who did report being affected by substance use were primarily male, middle-aged (30-49 years), and located in large urban areas.

The transgender community was largely considered the most underserved in terms of availability and competency of health resources. The lack of competent care was repeatedly declared as "most prevalent in the transgender community," with fewer providers, inadequate provider training, and a lack of outreach. Preventive care for this population was noted to exclude care for body parts and sex organs the patient had regardless of gender, and characterized by providers sometimes unwilling or unable to ask appropriate questions that would inform specified care. Even friendly care providers were noted to lack the expertise and possess an inability to establish healthy patient-doctor relationship with trans-identified people in which the patient feels comfortable sharing all relevant medical information.

The distinction between culturally competent care and friendly care was also pronounced in gay male communities. Sexual health options were either limited through discriminatory practices or provided with minimal expertise. Patients who might benefit from pre-exposure prophylaxis (or PrEP) as a way to reduce exposure to HIV might be denied care, or told "it doesn't work," or offered access but with limited information regarding use, side-effects, and risks associated with use. Other informants raised concerns about the younger LGBTQ generations who had not lived through the HIV/AIDS crisis engaging in risky

behaviors because of the availability of PrEP. Education and awareness, then, were strongly recommended for community members while appropriate and required training for providers were cited as ways to increase the delivery of medically competent and culturally responsive care.

Many senior LGTBQ community members reported inadequate preparation for aging health needs. As LGTBQ community members age, they face increased isolation as they detach from the social gatherings and locales of the young and experience barriers that prevent them from providing assistance or reliable resources. Some LGBTQ seniors may be left with few acceptable housing options that are both welcoming and can accommodate their long-term health needs. While the survey data suggests favorable health status for many seniors, reports from the qualitative data indicate high mental health needs to address social isolation.

Quality of life survey measures suggest considerable satisfaction with community life. Respondents from large urban, midsize, and suburban areas were largely satisfied with overall quality of life in their communities, with small town and rural reporting cities reporting slightly lower levels of satisfaction. Informants in smaller communities frequently expressed a lack of "space" for LGBTQ people to participate in their communities. Suburban residents expressed a need to travel great distances to urban areas in order to socialize, engage, and contribute with others and foster a sense of "no longer needing to hide." Supportive resources and LGBTQ youth outreach is a leading concern for many community members. Those in rural areas and smaller cities reported a near complete lack of student groups and associations that provide LGBTQ youth with the support, mentoring, and role models needed to promote a welcoming educational environment where students are physically and emotionally safe and their LGTBQ identity is embraced. The level of safety concern rose in an almost linear manner when examined by age. With each increase in decade of age came increased levels of feelings of safeness.

Social, cultural, and spiritual needs were among the lowest ranked issues of importance and priorities for resource allocation by surveyed LGBTQ community members. Access to online LGBTQ community groups was very high across the board with less access reported by rural (66.67% access) and African American (64.86% access) respondents. Online access was particularly helpful to younger LGBTQ community members who had not yet developed many sustainable relationships within their community and to those geographically removed from larger or concentrated LGBTQ populations. worship. Rural and urban residents were less likely to find access to religious communities as a very important issue (10% and 29% respectively), while over half the suburban residents considered the issue to be "very important."

Levels and types of LGBTQ activity participation varied in expected ways by age and income, with unexpected variation detected by community size. With increased age and income come increased levels of participation. Younger LGBTQ community members were found to be more likely to belong to organizations, with a notable increase in public event participation in one's 30s and 40s. Decreased activity levels were observed among those in their 50s and then began to increase again among those in their 60s and beyond, with monetary contributions to LGBTQ-affirming politicians and organization increasing at a faster rate than other types of activities within this age bracket. Consistent views were expressed by survey respondents and interviewees and focus group participants concerning LGBTQ movement strengths and positive experiences in celebration and recognition of the movement's diversity, creativity, resiliency, and determination to achieve equality as a united front.

Texas LGBTQ Organizations

In order to better understand the needs and concerns of the LGBTQ community in Texas, it is important to also examine the organizations throughout the state serving those needs. The *Impact Texas LGBTQ Community Needs Assessment Survey* solicited responses from 166 LGBTQ serving organizations throughout the state, 78 of which responded to questions covering topics about types of services provided, client demographics, agency composition, funding priorities, revenue streams, and views on issues of priority and resource allocation. Responding organizations represent a broad cross-section of LGBTQ-serving agencies in both the people they serve and the services they provide.

Organizational survey respondents were asked to indicate which services each agency provided and the level of priority each service provided was to the organization's mission (high priority, medium priority, low priority). Organizations were shown to provide a wide range of services and programs under the following categories: mental health, general health and well-being, educational, legal, arts and cultural, social, and community outreach.

The most regionally comprehensive mental health service types provided include discussion/support groups, group therapy/peer support, and LGBTQ-friendly behavioral health referrals. Approximately 54% of all reporting organizations offer some type of discussion or support group with equal proportions by budget size and nearly proportional coverage by region among those who rank this service as a high or medium priority. LGBTQ-friendly behavioral health referrals were reported as a high need in the individual survey, and agencies in all four regions provide this service to varying degrees. Many responding organizations reported providing transgender mental health care services at either a high or medium level priority.

LGTBQ-friendly provider referrals and health care educational and prevention programs are offered by over 80% and just under 70% of reporting organizations, respectively. Referrals are provided widely and with consistent priority by region, with the West region placing a noticeably higher level of priority on this issue. Less than 20% of all organizations provide the following general health services as a high priority: preventive care, chronic care, physical exams, laboratory services, prescription assistance, and women's health. Chronic disease care and preventive care followed similar patterns, as did physical health examinations and women's health services. Sexually transmitted disease (STD) testing, treatment, and prevention programs, including HIV/AIDS-related services, were widely available and a high priority for the vast majority of organizations providing these services.

A large number of Texas LGBTQ organizations provide a variety of educational programs to both youth and adults throughout the state. Youth mentoring programs are the most frequent youth program provided. Youth outreach programs and healthcare provider LGBTQ competency training were both identified as serious concerns for LGBTQ community members. Texas LGBTQ community members and key informants agreed on the high need for assistance with legal matters. Cultural arts and recreational programs were among the lowest ranked priority needs in the individual level data, though social organizations were more heavily favored, and recounted repeatedly as a high need among seniors especially who were shown to be at greater risk for isolation as they aged out of the LGTBQ social scenes. Trans-identified and single male community individual respondents were found to be at higher risk for economic insecurity, with qualitative data indicating high concern for homelessness, senior services, and housing. The organizations surveyed report a broad range of social service programming available. Texas LGBTQ organizations play a significant role in promoting LGBTQ rights through advocacy work, educating the

public about LGBTQ issues, and connecting LGBTQ community members with causes to advance LGBTQ-affirming policies.

Asked about the importance of LGBTQ senior and aging issues, 38% of smaller budget organizations and 34% of the larger budget organizations ranked them as "not important," with 44% of the smaller organizations ranking it higher as either "moderately important" or "very important" and 32% of the larger organizations doing the same. Results suggest a stronger focus on this population might be needed in some regions, with more engagement from larger organizations where possible.

Organizations were asked about their top challenges to maximizing resources and providing services in the community. Responses varied by organizational size and region. Larger budget organizations struggling more with high staff turnover or low staff ratios, physical space capacity, identifying LGBTQ clients in their regions, and securing general office equipment. Smaller budget organizations reported higher levels of issues with board turnover, staff and volunteer expertise, less community support, and technological capacity, with staff and board expertise ranking highest among the challenges confronted.

Organizations were asked to report the type and source of funding they received to support program activities, staff, and center operations. Larger budget organizations received far greater monetary support through federal grants, comprising nearly half of all total revenue. Smaller budget organizations were more reliant on multiple streams of revenue, with a large portion (41%) program generated. They were also found to receive higher proportions of individual donations and support from corporations and foundations than their larger counterparts.

Conclusion

The *Impact Texas LGBTQ Community Needs Assessment* reveals a diverse community being served by an equally diverse set of organizations. This needs assessment offers a systematic examination of the perspectives and needs of LGBTQ individuals in Texas and the organizations within the community that serve them. We hope that our study provides broad information on critical needs within the Texas LGBTQ community, and on the everyday lives of LGBTQ people, that can guide decisions and strategies about existing and new services and programs. Of course, additional data is needed on the effectiveness of existing services, on how they might be improved and complemented with new ones, and on how community collaborations can be strengthened and enhanced. Knowledge about evidence-based best practices within each service domain from around the state and nationwide would also be helpful. However, we hope that this report will be a useful tool for enhancing the lives of LGBTQ community members in our state, and in promoting pro-LGBTQ policies at the local and state levels.

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I. Introduction

The political, legal, and social landscape for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people is changing rapidly, yet extensive research on the needs and concerns of the LGBTQ population in Texas is lacking. As more Americans openly identify as LGBTQ, with the greatest increases occurring in the Millennial generation (Gates, 2017b), visibility in society is on an upward trend and more needs are being identified as critically underserved in the community. Combined secondary data indicate that approximately 740,000 or 3.6 percent of Texas residents identify as LGBTQ with over 46,000 households reporting as same-sex households (Gallup, 2017; USCB, 2013; Williams Institute, 2016), most of which are centrally located within large metropolitan areas.

The LGBTQ community in Texas is both geographically and demographically diverse and faces challenges unique to its composition. While many of the major metropolitan areas have passed ordinances to provide a variety of legal protections and benefits to LGBTQ people, there is no state law banning anti-LGBTQ discrimination. Thus, Texas LGBTQ individuals and families still lack basic civil rights and protections in housing, employment, and accessibility, but those needs vary along with factors such as geographic location, resource distribution, ethnicity, age, and socioeconomic status.

Despite growing awareness of the challenges facing the LGBTQ population and support for same-sex relationships and legal protections (University of Texas, 2015; Strimple and Jones, 2015), the lack of consistent data across Texas makes it difficult to properly assess the composition of the population and has resulted in an incomplete picture of community needs. For this reason, LGBTQ organizations and the non-profit agencies that serve them experience great difficulty in making policy and budgetary recommendations to address changing needs. Further, their ability to seek funding has been constrained by the lack of reliable data, resulting in reduced access to grants, services, and opportunities. Intensifying these challenges is a patchwork service system, comprised of issue specific community-based organizations and regional alliances seeking to enhance equality and opportunities for the LGBTQ population. These groups frequently operate independently from one another and without the backing of a state-level organization to assist with coordination of local-level progress and campaigns.

The purpose of this assessment is to understand the diversity of concerns and unmet need of the LGBTQ community in Texas, with a primary focus on issues identified across the broad categories of demographic composition, economic stability, education, legal and civic participation, physical and mental well-being, and public awareness, including previously understudied special populations such as communities of color, senior citizens, transgendered people, and residents of rural communities. Existing research suggests that the LGBTQ communities across the United States face disproportionate risk to their socio-economic well-being and continue to experience greater health challenges as a minority group (Gates, 2017a; Martos, Wilson, & Meyer, 2017; Orel, 2014; Pew Research Center, 2013; Ranji, 2015), much of which has been attributed to isolation resulting from discrimination and social stigma (Institute of Medicine, 2011). Previous findings indicate the need to broaden social services to more directly address the diverse needs of sub-communities within the LGBTQ population in order to improve the lives of Texas LGBTQ people, as well as to promote acceptance and understanding.

II. Research Objectives, Design, and Methodology

In collaboration with Texas Pride Impact Funds (TPIF) Board of Directors and Regional Leadership Councils, and drawing on the results of an extensive review of published literature on community service organizations and the LGBTQ community in Texas, the following key research questions for this study were devised:

1. What does the LGBTQ community in Texas look like in terms of demographics, living arrangements and geographic location, primary service needs, and quality of life concerns?
2. What service programs and organizations currently exist to serve existing needs, and where are the gaps in service?
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4. Which foundations and other donors currently fund LGBTQ-related issues and where are the apparent gaps in funding?

Multiple methods and information sources were used to conduct the assessment including: 1) secondary data analysis, 2) online survey instruments designed to capture both individual LGBTQ members viewpoints and the organizations which serve them, 3) focus groups with representative samples of LGBTQ community members, and 4) key informant interviews with LGBTQ community leaders and other stakeholders in a position to know the regional, specialized, and general issues critical to the LGBTQ population in Texas. Overarching domains of interest were developed to reach across all target populations to identify current funding sources and gaps in funding, as well as both met and unmet needs and concerns of the LGBTQ people. Efforts were also made to clarify regional and demographically-based service gaps and to distinguish between needs of those who interact with community service providers and those who do not.

Original data collection included two online survey instruments designed to assess demographics, needs, concerns, service use and gaps identified by individual LGBTQ community members, and, separately, by LGBTQ community service providers. Of particular interest were barriers that can impede LGBTQ people from receiving needed community services and support. The surveys included both open and closed-ended questions, as well as Likert, slider, and precision response scales allowing for priority setting of specified items. Both surveys were web-based, accessible through all forms of mobile and non-mobile operational systems. Respondents were recruited through existing contacts known to TPIF and the research team, as well as LGTBQ-oriented media outlets. The survey began April 7th, 2017 and closed on July 17th, 2017 and netted a final total of 858 individual respondents and 78 LGBTQ-affiliated organizations.

The surveys were supplemented by interviews with "key informants" and focus groups comprised of individuals with broad insight into LGBTQ community needs. Respondents included representatives of LGBTQ-oriented organizations, community leaders, and activists who, because of their professional training, expertise, or affiliations, could provide special insight and context about resources, needs, and strengths for Texas LGBTQ individuals and communities. Additional qualitative data was collected through focus groups held across the state in areas that reflect the diversity of the LGBTQ population in terms of demographic composition, region, and metropolitan or urban location. Data collection also sought to evaluate the effectiveness of existing efforts and interventions targeting the LGBTQ community as well as the special population subgroups associated with unique needs.

III. Texas LGTBQ Community Members

For the purpose of collecting responses from a broad cross-section of the LGBTQ community in Texas, a monitored convenience sample was used to solicit participation from individuals of all genders, sexual identities, ethnicities, ages, incomes, regions, and other qualifying characteristics that might impact one's experience and viewpoint of issues and needs across the LGBTQ community. Every effort was made to gather input from a wide range of community members consistent with the composition and demographics of the Texas population, and more specifically, the Texas LGBTQ population where possible. To best ensure individual-level representativeness, incoming responses were monitored weekly by age, gender, ethnicity, and region and compared to secondary data sources in order to adjust collection efforts. However, since respondents were invited to participate through established social networks, and participation was based on individual choice, individuals who do not readily identify as LGBTQ or who are socially isolated from the LGBTQ community may be underrepresented in those who responded.

3.1 Geographic Distribution

The majority of respondents (56.64%) resided in large urban areas, defined as areas with at least 500,000 inhabitants, with approximately one-fifth living in midsize cities (between 50,000 and 499,999 inhabitants). Respondent zip codes were merged with the 2010 population data from the American Community Survey (U.S. Census Bureau). Based on zip code, then, residents of rural areas totaled 41 individuals or 4.78% of the total

Table 1.1 Distribution by Community Size

	Freq.	Percent	Cum.
Large urban	486	56.64	56.64
Midsize city	174	20.28	76.92
Suburban	89	10.37	87.30
Small city/town	68	7.93	95.22
Rural	41	4.78	100.00
Total	**858**	**100.00**	

sample. The USDA Economic Research Service (2017) reports an estimated three million rural Texas residents, representing about 11% of the total state population, resulting in the possibility of under-representation of LGBTQ rural residents. City representation is consistent with U.S. Census Bureau metropolitan density estimates, with the greatest number of respondents citing Dallas, Austin, Houston, and San Antonio as home (47.98% of the sample), with proportional representation from suburbs and smaller cities.

3.2 Age, Ethnicity, Gender, and Sexual Orientation

Respondents were categorized by age, race, and gender, but the actual demographic breakdown of the Texas LGBTQ population is currently unknown. There appeared to be higher response rates from younger LGBTQ community members, though the proportion of adult respondents is similar to Texas demographics overall. A higher proportion of middle-aged and seniors resided in rural areas, whereas respondents under 30 were more concentrated in the midsized, suburban, and smaller cities.

Age Distribution of Respondents
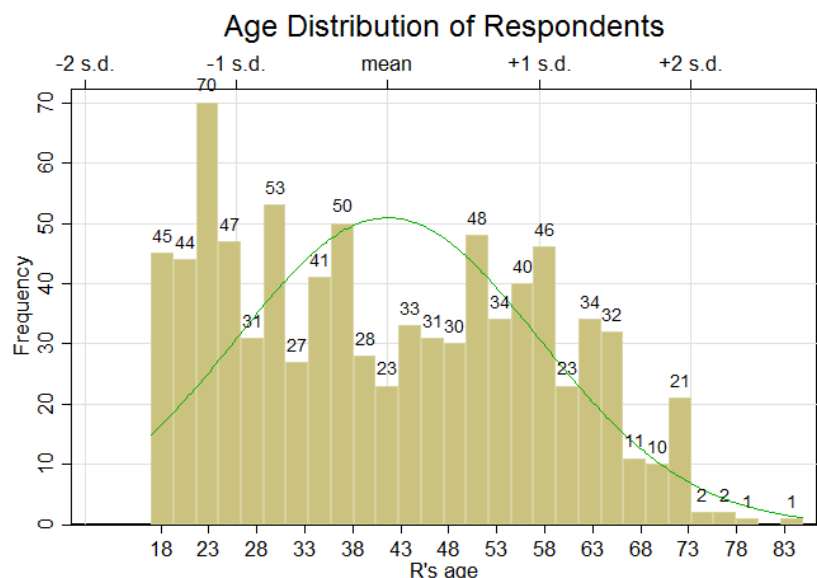
As expected with a convenience sample, respondents of color may be under-represented in this survey. Significant outreach efforts were made to include subgroups with known low response rates across LGBTQ studies, particularly from within the African American and Latino communities. Approximately 5% of the sample identified as African American while nearly 18% identified as Spanish, Hispanic, and/or Latino. Native Americans were strongly represented proportional to Texas census data while Caucasians and Asian respondents were roughly proportional (68.62% and 5.27%, respectively). Ethnicity was unexpectedly uniform across community size, with slightly higher rates of Caucasian respondents reporting from suburban locations.

Table 1.2 Grouped Ages by Community Size

	Under 30	30-49 y.o.	50+ years	*N*
Large urban	21.60%	38.27%	40.12%	486
Midsize city	39.66%	33.91%	26.44%	174
Suburban	43.82%	29.21%	26.97%	89
Small city/town	36.76%	36.76%	26.47%	68
Rural	21.95%	26.83%	51.22%	41
Total	28.79%	35.78%	35.43%	858
N	247	307	304	858

Row Percentages Shown

Table 1.3 Respondent Race by Community Size

	Large urban	Midsize city	Suburban	Small city/town	Rural	*N*
Asian or Pacific Islander	60.00%	20.00%	4.44%	13.33%	2.22%	45
African American	64.29%	14.29%	7.14%	9.52%	4.76%	42
Native American	62.07%	17.24%	6.90%	10.34%	3.45%	29
Spanish or Latino	53.95%	21.71%	9.21%	10.53%	4.61%	152
Caucasian	56.31%	20.31%	11.60%	6.66%	5.12%	586
Total	56.67%	20.14%	10.42%	7.96%	4.80%	854
N	484	172	89	68	41	854

Row Percentages Shown

Respondents were provided with a series of options to choose from in order to describe their sexual orientations and gender identities. Limited preset options were presented in an effort to invite members of the community to select categories that allowed responses to be aggregated for analysis. However, respondents were also welcome to self-identify in any manner they chose through an open-ended option. Survey results showed 41 separate types of sexual orientations, including two open-ended responses (demisexual and gynephillic) which could not be aggregated. All other sexual orientations were categorized into six broader classifications to identify patterns of perceptions and
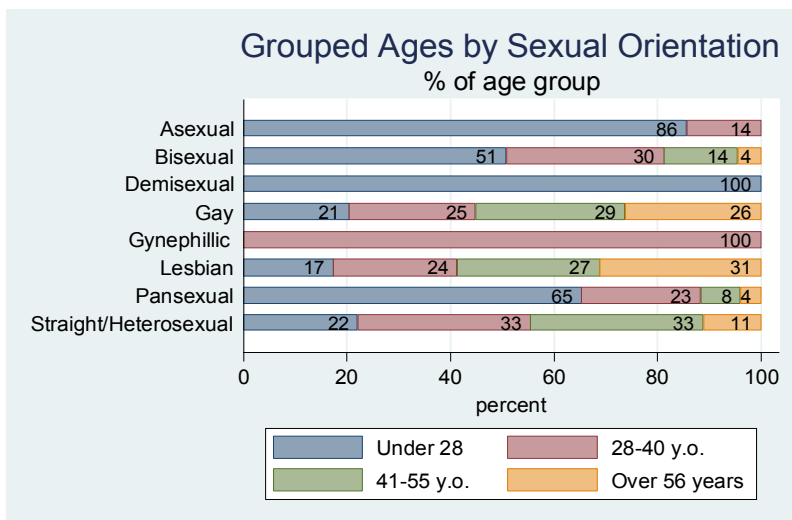
Grouped Ages by Sexual Orientation
% of age group

Orientation	Under 28	28-40 y.o.	41-55 y.o.	Over 56 years
Asexual	86		14	
Bisexual	51	30	14	4
Demisexual	100			
Gay	21	25	29	26
Gynephillic		100		
Lesbian	17	24	27	31
Pansexual	65	23	8	4
Straight/Heterosexual	22	33	33	11

experiences. Open-ended sexual orientation expansive identities were independently found to be solely correlated with age and not related to reported needs, life experiences, or access to community resources, nor did they vary according to income or educational attainment.   Gender, on the other hand, was highly variant and related to self-reported needs, as will be discussed throughout the report. Survey respondents included 761 cisgender individuals (47.2% male, 41.82% female), 36 transgender males, and 58 transgender females. Consistent with current research on the changing demographics of the LGBTQ population, most transgender respondents were young (Flores, Herman, & Gates, 2016).

Table 1.4 Respondent Gender by Sexual Orientation

	Male	Female	Transgender Male	Transgender Female	N
Asexual	7.14%	35.71%	14.29%	42.86%	14
Bisexual	26.36%	53.64%	6.36%	13.64%	110
Demisexual	0.00%	0.00%	0.00%	100.00%	1
Gay	92.75%	0.00%	3.75%	3.50%	400
Gynephillic	0.00%	0.00%	100.00%	0.00%	1
Lesbian	0.00%	96.56%	0.69%	2.75%	291
Pansexual	7.69%	38.46%	15.38%	38.46%	26
Straight/Heterosexual	0.00%	11.11%	55.56%	33.33%	9
Total	47.30%	41.78%	4.23%	6.69%	852
N	403	354	36	57	852

Row Percentages Shown

Recent increases in LGBTQ population estimates, particularly transgender people, have been attributed to increased social acceptance of same-sex relationships, growing awareness of transgender identity, and improved government survey designs (Gates, 2017a). Also consistent with the literature, female survey respondents were much more likely to report bisexuality than males (16.57% compared to 7.2%), as were transgender respondents (23.66%).

3.3 Family and Relationships

The demography of Texas LGBTQ families has been heavily researched in recent years, tabulated from the American Community Survey (ACS) from the U.S. Census Bureau (2010).   LGBTQ families are identified through a series of questions that allows for one household member to select a same-sex spouse or partner. Statewide, according to the ACS survey, there

Table 1.5 Number of Children by Relationship Status

	Single	Dating, not cohabitating	Dating, cohabitating	Legally married	N
0	91.72%	85.84%	83.33%	56.25%	663
1	3.31%	5.31%	8.05%	16.80%	73
2	3.31%	5.31%	5.75%	17.97%	72
3	1.66%	1.77%	1.72%	3.13%	18
4 or more	0.00%	1.77%	1.15%	5.86%	19
Total	100.00%	100.00%	100.00%	100.00%	845
N	302	113	174	256	845

Column Percentages Shown

are 1,061 same-sex couples and over 350 children under the age of 18 being raised by LGBTQ parents (23% of same-sex couples), though these numbers are known to be under-representative. The *Impact Texas LGBTQ Community Needs Assessment Survey* shows in comparison that fewer respondents reported having children, though the majority of those who did were more likely to be female or legally married. According to our own survey, females were also more likely to report being legally married or dating while cohabitating than males (60.39% to 35.15%), while over 35% of transgender individuals reported their relationship status as single. Of the 121 couples reporting children in the household, 59.50% of them were legally married.

3.4 Employment and the Workplace

Texas provides no legal protection for LGBTQ people in employment, housing, or public accommodations. Twenty-one other states have passed statutes protecting LGBTQ people from employment discrimination, eighteen of which also include protections for transgender people. Employment status in our survey varied significantly by gender, with transgender people in Texas reporting nearly half the rate of full-time employment levels relative to their cisgender counterparts. Furthermore, transgender males reported part-time employment rates nearly 20 percentage points higher than males and females, on average. Transgender females, on the other hand, reported significantly higher rates of unemployment while actively seeking employment. Males and females reported comparable rates consistent across all categories of employment.

Table 1.6 Employment Status by Gender

	Male	Female	Transgender Male	Transgender Female	Total
Employed full-time	62.03%	65.45%	30.56%	37.93%	60.49%
Employed part-time	12.90%	14.89%	33.33%	18.97%	15.01%
Out of work for <1 year	3.47%	2.25%	8.33%	22.41%	4.45%
Out of work for 1+ year	1.24%	1.40%	11.11%	13.79%	2.58%
Retired	9.43%	5.62%	0.00%	0.00%	6.80%
Student	5.46%	5.34%	2.78%	3.45%	5.16%
Unable to work due to disability/health	4.22%	3.37%	2.78%	3.45%	3.75%
Unemployed, not seeking employment	1.24%	1.69%	11.11%	0.00%	1.76%
Total	100.00%	100.00%	100.00%	100.00%	100.00%
N	403	356	36	58	853

Column Percentages Shown

Currently, there are twelve Texas cities that have passed comprehensive ordinances offering some level of protection from workplace discrimination. These measures first began appearing in the larger metropolitan areas about a decade ago (Dallas, Austin, Fort Worth) with smaller cities, those generally with 100,000 residents or more following, including Plano, Mesquite and Arlington. Other cities such as El Paso, Brownsville and Waco prohibit city employee discrimination, leaving the vast majority of

Employment Status by Community Size
% community size

their residents without protections. Although variation in unemployment rate was not significant, suburban, midsize cities, and small towns reported higher rates of part-time employment. While the quantitative data do not suggest whether employment status was the result of choice, barriers to obtaining employment and work skills were repeatedly highlighted across multiple qualitative interviews. Employment status varied
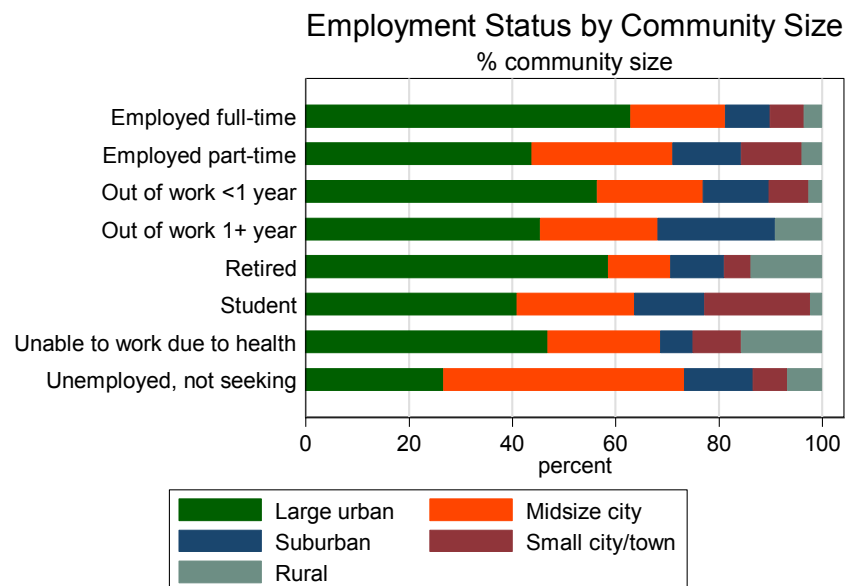
even less by race/ethnicity, with one notable exception: Native Americans reported substantially lower full-time employment rates with an almost equal proportional increase in their part-time employment rates. Asian and African American respondents reported higher rates of student status, Caucasians were most likely to report retirement, and Hispanic/Latino community members held the highest rates of being unable to work due to a disability or health reason (8.55%).

Table 1.7 Employment Status by Race

	Asian / Pac. Is.	African American	Native American	Spanish / Latino	Caucasian	Total
Employed full-time	52.27	64.29	37.93	59.21	62.74	60.80
Employed part-time	18.18	19.05	34.48	12.50	14.02	14.91
Out of work <1 year	6.82	2.38	6.90	5.92	3.93	4.46
Out of work 1+ year	2.27	0.00	3.45	2.63	2.74	2.58
Retired	6.82	2.38	3.45	2.63	8.38	6.81
Student	9.09	9.52	3.45	8.55	3.76	5.16
Unable to work	0.00	0.00	6.90	8.55	2.74	3.64
Unemployed, not seeking	4.55	2.38	3.45	0.00	1.71	1.64
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	852					

Column Percentages Shown

 Prior research on Texas suggests the transgender population most frequently reports discrimination in the workplace and difficulty obtaining employment, with same-sex male couples reporting lower median income than heterosexual couples (Jow, 2015).   When asked about recent experiences with employment discrimination, survey respondents show similar patterns of disparity with transgender respondents

Table 1.8 Experienced Sex/gender Workplace Discrimination

	Never	Past month	Past year	> 1 year	Total
Male	51.54	3.08	13.45	31.93	100.00
Female	42.67	2.28	15.96	39.09	100.00
Transgender Male	25.71	5.71	40.00	28.57	100.00
Transgender Female	41.07	5.36	26.79	26.79	100.00
Total	45.96	3.05	16.69	34.30	100.00
N	755				

Row Percentages Shown

reporting experiencing discrimination on the job at a rate of over 20 percentage points higher than gay male and female cisgender community members. Gay males held somewhat higher levels of never experiencing workplace discrimination than lesbians while transgender males were less likely to report never experiencing discriminatory behavior on the job relative to transgender females.

3.5 Economic Security, Housing, and Access to Social Services

Stable employment, affordable housing, and reliable income are challenges faced by many people, but the LGBTQ community experiences disproportionately high rates of poverty in Texas, particularly within communities of color. LGBTQ people often have lower incomes than non-LGBTQ people and lack access to critical safety net programs, most consistently in states that are majority-minority (USCB, 2010). In addition to communities of color, these challenges are also magnified for the undocumented and transgender populations. Senior citizens are at particular risk with limited family members available to provide care, a lack of welcoming transitional housing, and unique financial and legal situations that non-LGBTQ aging individuals do not face (The LGBT Aging Project, 2016).

Income by Relationship Status
percent given relationship

Income	Single	Dating, not cohabitating	Dating, cohabitating	Legally married
Less than $10,000	17.94	21.05	10.73	2.72
$10,001 - $20,000	13.62	19.30	12.43	3.11
$20,001 - $30,000	13.95	11.40	8.47	5.45
$30,001 - $50,000	23.59	21.93	12.99	22.57
$50,001 - $70,000	13.29	13.16	19.77	13.23
$70,001 - $100,000	7.84	8.14	14.89	15.58
$100,001 - $150,000	7.31	3.51	11.86	19.84
$150,001 or more	2.66	3.51	9.04	17.51

Status

Family composition and community variations were shown to affect income security among respondents to our survey. Even when controlling for household size, the presence of children, and educational attainment levels, living together either as married or unmarried improved income security. Variations by community size revealed income patterns consistent with employment patterns discussed above: midsize, suburban, and small city residents reported lower levels of earned income on average. When controlling for employment status levels, these results were consistent within each employment type. Rural income was slightly lower, but not in a way that was inconsistent with standard rural reported income numbers statewide. Separate issues, though, appear to affect economic security differently in different types of communities. When respondents were asked to rank issues of importance, midsize city respondents reported greater concern for poverty/income security while ranking employment discrimination as a relatively less serious problem, a
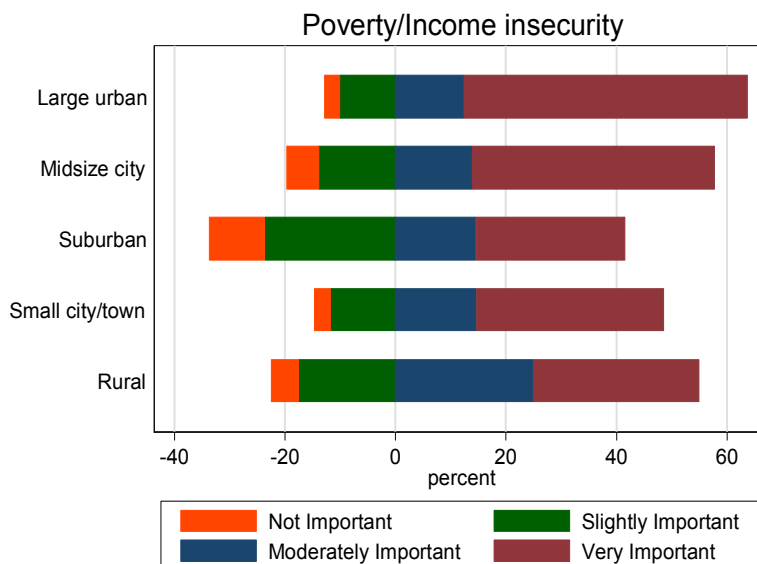
Poverty/Income insecurity

Legend:
- Not Important (orange)
- Slightly Important (green)
- Moderately Important (dark blue)
- Very Important (dark red)

Categories: Large urban, Midsize city, Suburban, Small city/town, Rural

x-axis: percent (-40 to 60)

Employment discrimination
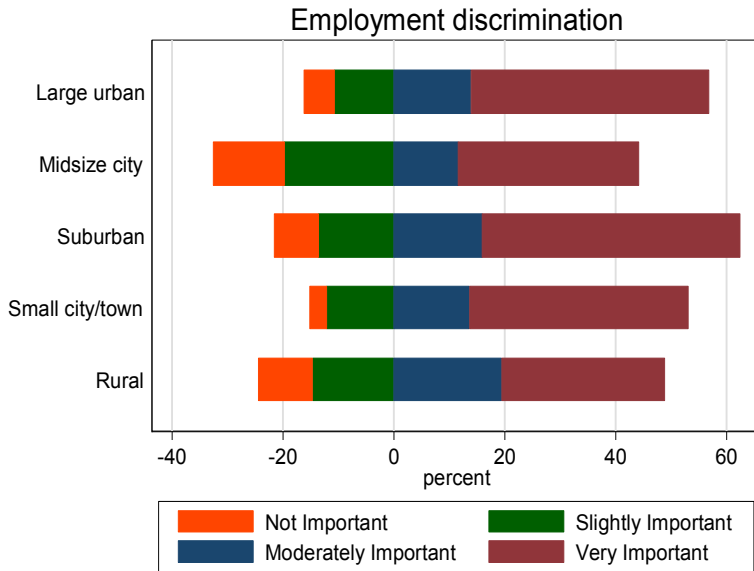
pattern that reversed itself for suburban respondents. Access to living wage jobs for midsize city and small-town inhabitants, then, might be a priority need relative to ongoing workplace discrimination.

Housing and homelessness were frequently reported concerns among interview respondents and focus groups, primarily with regard to youth and senior citizens. Concerns about housing insecurity, homelessness, and unemployment were stronger for those under 30 years of age, while insufficient financial resources to manage bills or medical care and food insecurity were of greater concern for those under 50 years of age. Over a quarter of the respondents older than 50 years of age reported postponing health care due to insufficient resources, yet most of those respondents reported few other economic concerns compared to younger respondents. While not addressed in survey responses, a lack of social and institutional structural support was frequently mentioned in qualitative results.

Government assistance, on the other hand, varied most notably by race and community size, with African American and Native American respondents reporting over three times the rate of subsidized housing assistance (about 9% for each). Native American respondents show a 30.77% rate of food assistance over the last year, followed by a 22.86% rate for African Americans. Combined with higher rates of experiencing homelessness in the last year across the midsize, small, and suburban cities and a substantially higher rate of subsidized food program participation among rural residents, overall economic vulnerability appears most dependent on age, race, and community disparities. An exception was found among transgender

Table 1.9 Percent Reporting Experiencing Event in the Last Year by Age

	Under 30 years of age	30 – 49 years old	50 years or older
Postponed medical care due to insufficient resources	42.86%	41.38%	25.46%
Skipped or delayed paying bills due to insufficient resources	32.79%	26.02%	16.00%
Experienced food insecurity	26.63%	20.85%	14.39%
Experienced housing insecurity	23.68%	5.93%	4.09%
Experienced homelessness	51.57%	3.92%	2.96%
Received food assistance	14.37%	13.53%	9.82%
Received housing subsidies	4.24%	3.09%	3.61%
Experienced unemployment	28.14%	9.06%	7.46%
Experienced sex/gender workplace discrimination	23.38%	22.06%	14.55%
Experienced harassment due to sex/gender identity	31.52%	28.63%	14.13%
N	246	304	304

Column Percentages Shown

respondents, who overwhelming reported all types of severe economic insecurity relative to other genders, which is consistent with the employment and income data. These data are shown in Appendix A.

Table 1.10 Percent Reporting Experiencing Event in the Last Year by Community Size

	Large Urban	Midsize city	Suburban	Small City/town	Rural
Postponed medical care due to insufficient resources	35.37%	33.86%	33.33%	36.84%	45.95%
Skipped or delayed paying bills due to insufficient resources	21.10%	22.14%	26.67%	39.39%	28.95%
Experienced food insecurity	16.71%	26.56%	21.74%	25.86%	16.22%
Experienced housing insecurity	10.07%	9.63%	15.07%	8.47%	2.63%
Experienced homelessness	16.24%	21.92%	21.05%	20.63%	7.89%
Received food assistance	11.57%	16.03%	4.23%	10.00%	26.32%
Received housing subsidies	4.58%	3.20%	1.49%	0.00%	2.70%
Experienced unemployment	10.15%	14.52%	17.14%	18.33%	21.95%
Experienced sex/gender workplace discrimination	19.58%	14.69%	27.59%	23.81%	15.00%
Experienced harassment due to sex/gender identity	24.19%	24.00%	22.39%	22.81%	20.51%
N	484	172	89	68	41

Column Percentages Shown

Lack of social services by community size

Qualitative interviews covering potential barriers to social service access for LGBTQ Texans highlighted issues related to characteristics of available providers, access and availability by community size, concerns about negative community attitude or perceived discrimination, and unease about client confidentiality, particularly among Hispanic LGTBQ community members and even more specifically among those undocumented. The survey data augment these reports by showing that in addition to expectedly lower social service availability within the rural areas, suburban dwellers indicate a significantly higher need for services. This finding might highlight the fact that those centrally located in large metropolitan areas are most frequently in close proximity to available resources, support groups, and culturally competent providers, whereas those living outside of the major cities might lack proximity to or even eligibility for programming due to location of residence.

Latino LGTBQ members interviewed consistently expressed a lack of access to service providers due to cultural differences and language barriers, with the survey data strongly supporting these findings. While

there was mild variation by community size when asked about a lack of safe youth activities, this measure most noticeably varied by race, with over half surveyed Latino community members expressing strong concern regarding youth activities. With limited variation by community size and pronounced variation by race, these results suggest a considerable need for service providers and youth-service entities to increase reach into the Hispanic LGBTQ communities in Texas.
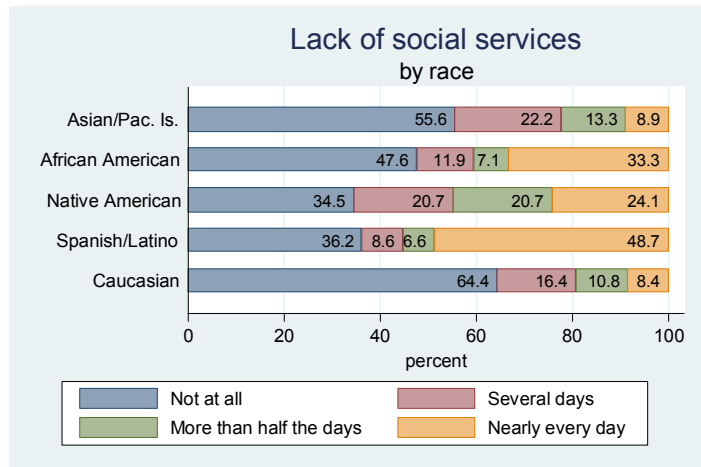
Transportation was reported as a significant barrier to accessing service needs, most frequently cited by key informants from large cities, where access to public transportation is more widely available. Some cause of transportation difficulty in the metropolitan areas was attributed to cost but more often the difficulties associated with transportation were rooted in individuals living on the outskirts of metropolitan areas having limited access to transportation necessary for keeping appointments with centrally located LGBTQ serving agencies. Key informants also emphasized transportation as a barrier for the senior population, particularly among

Lack of social services
by race

Lack of safe youth activities
by race

the low-income; 10% of those surveyed who were over 50 years of age had inadequate access to transportation to obtain services. Survey data confirms transportation barriers among large urban residents and those living in midsized cities, 15.79% and 18.11% reported barriers experienced this past year, respectively, approximately double the rate of those living in suburban and small cities. However, these individuals were more likely to be younger (under 30) and people of color, with especially high rates among transgender people. Open-ended survey responses potentially clarify these findings when combined with qualitative data. For example, one respondent wrote that as "a gay retiree in Austin [I] have found it very hard to make connections with other LGBTQ persons…limited by poor public transportation." Inadequate transportation appears to serve as a barrier to the young in accessing social services, while more often serving to increase social isolation for older LGBTQ people.
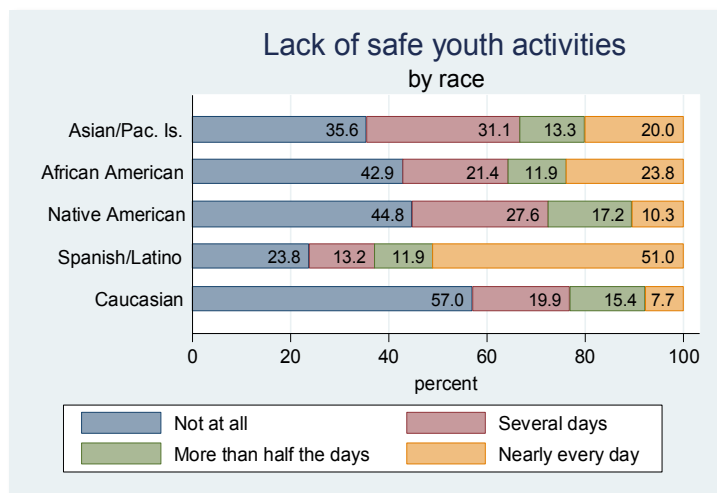
Table 1.11 Percent Reporting Experiencing Inadequate Transportation to Services by Age

	Under 30 years of age	*30 – 49 years old*	*50 years or older*
	24.71%	11.83%	9.89%
N	246	304	304

3.6 Medical and Behavioral Health Care and Accessibility

LGBTQ individuals in Texas are more likely to face barriers to healthcare or struggle to locate culturally and clinically competent care, especially in rural areas and among minority, undocumented, or low-income community members. They are at greater risk for mental health issues including depression and suicide (Haas et al. 2011), and certain types of cancer due to higher rates of behavioral risk factors such as smoking, alcohol consumption, substance abuse, and delayed or lack of preventive care (Rosario, Li, Wypij, Roberts, Corliss, Charlton, & Austin, 2016; Seil, Desai, & Smith, 2014). LGBTQ community members have lower rates of health insurance coverage than other Texans (Gonzales and Blewett, 2014), in part due to the lack of equal protection for family coverage, discriminatory insurance policies, and the high number of foreign-born residents.

Survey respondents overwhelming expressed concern about health care, universally ranking access to routine health care as the number one priority need. Respondents were asked to select their top five priorities from a list of 42 issues covering economic security, housing, education, legal, safety, social, spiritual, and health-related topics. Overall, 31.34% of respondents reported access to routine health care as their top priority requiring attention within the LGBTQ community, followed by healthcare provider LGBTQ competency (10.12%) as the second leading priority. In fact, nearly 70% of respondents chose health-related concerns as their top need; others identified were access to behavioral health care (6.22%), LGBTQ senior aging issues (5.49%), transgender health (4.76%), HIV education and care (4.15%), access to specialized health care (3.41%), and women's health (3.29%). These selections remained consistent when controlling for race, gender, community size, and age, and without exception, access to routine health care maintained its position as highest priority facing the LGBTQ community. However, only 10.74% of respondents reported a lack of health insurance.

Table 1.12 Percent of Respondents Selecting the Following Issues as Top Priority

	Freq.	Percent	Cum.
Access to routine health care	257	31.34	31.34
Healthcare provider LGBTQ competency	83	10.12	41.46
Access to behavioral health care	51	6.22	47.68
LGBTQ senior and aging issues	45	5.49	53.17
Transgender health	39	4.76	57.93
HIV education and care	34	4.15	62.07
Access to specialized health care	28	3.41	65.49
Women's health	27	3.29	68.78
Employment discrimination	23	2.80	71.59
Poverty/Income insecurity	22	2.68	74.27

While qualitative responses suggested varying health needs across categories of gender, age, and race/ethnicity, the survey data showed near complete concurrence on the high prioritization of all health variables. Where respondents lived was more important than race in determining health care needs, and gender was also strongly related to identifying health as an important issue.

Access to routine health care

Access to routine health care
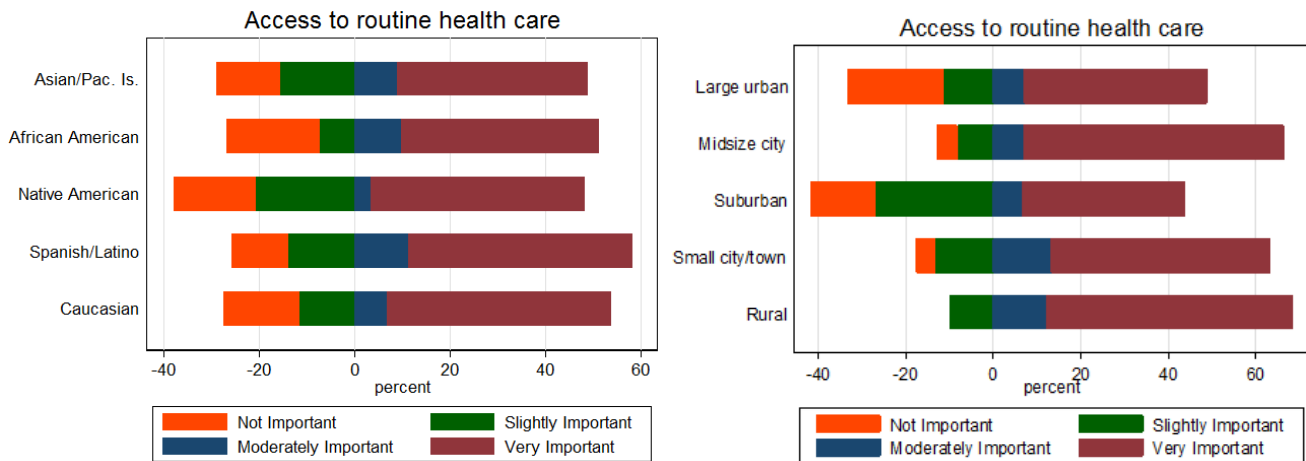
While residing in a large city mitigated some health needs specific to race and age, transgender healthcare utilization and access remained critically underserved independent of the size of community. Residents of midsize, rural, and small cities reported the highest need for access to both routine and behavioral health care. Those most likely to report health access problems were respondents between the ages of 30-49 years.

Table 1.13 Access to Behavioral Health Care

	Asian / Pac. Is.	African American	Native American	Spanish / Latino	Caucasian
Not Important	15.91	9.52	17.24	15.44	13.79
Slightly Important	11.36	16.67	3.45	7.38	9.31
Important	27.27	16.67	41.38	16.78	24.31
Moderately Important	11.36	2.38	3.45	10.74	10.69
Very Important	34.09	54.76	34.48	49.66	41.90
Total	100.00	100.00	100.00	100.00	100.00
N	44	42	29	149	580

Column Percentages Shown

Race/ethnicity disparities also were evident with regard to behavioral health care, which includes treatment for mental illness and substance use. African American and Latino respondents were most likely to report access issues for these services, approximately 15 percentage points more than other race/ethnicities. African American respondents also cited women's health issues as most important far more frequently than other races, with over half (54.76%) considering this a critically important issue to be addressed, again about 15 percentage points higher than other races. These race/ethnicity group variations were the only health measures observed unaffected by community size. In an open-ended response, one respondent discussed a reduction of women's health services in a large urban area's clinic which once served women's health needs for free or at low cost. She stated that she felt "many are missing screenings due to cost as well as

Table 1.14 Women's Health

	Asian / Pac. Is.	African American	Native American	Spanish / Latino	Caucasian
Not Important	8.89	9.52	28.57	8.84	12.56
Slightly Important	8.89	4.76	14.29	11.56	9.81
Important	26.67	16.67	14.29	27.21	24.44
Moderately Important	13.33	14.29	10.71	13.61	14.80
Very Important	42.22	54.76	32.14	38.78	38.38
Total	100.00	100.00	100.00	100.00	100.00
N	45	42	28	147	581

Column Percentages Shown

gender or sexual orientation status" and that "women would benefit from going to a clinic where they are accepted […] and feel comfortable." This lack of medical cultural competency was heavily discussed in both qualitative and open-ended survey responses, affecting all ages, ethnicities, and genders, and was frequently cited as a reason for health neglect.
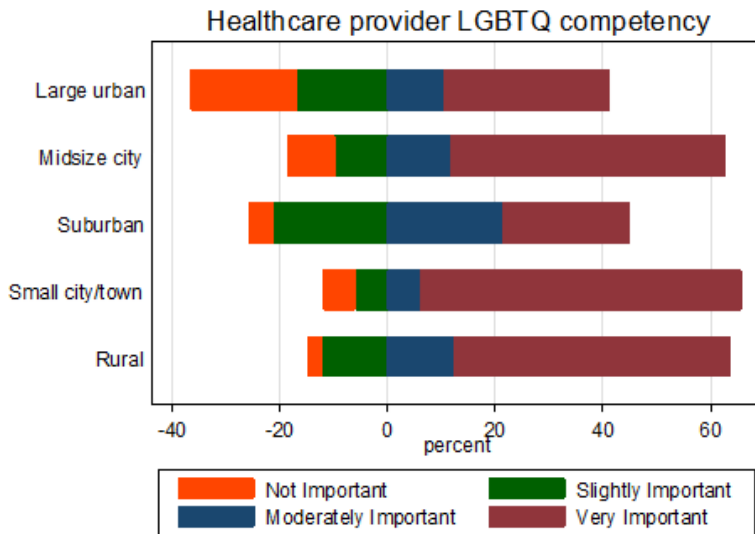
Healthcare provider LGBTQ competency

Potentially compounding difficulties with access to health care was cultural competency. Healthcare providers were reported by survey respondents to be either culturally insensitive or medically unaware of issues facing the LGBTQ community, particularly when interacting with transgender people. While the qualitative data explored this topic more thoroughly, the survey data shows this issue was consistently reported to be of high level importance. This response was slightly more common among respondents between 30-49 years of age and those who identify as African American. While respondents reported themselves to be nearly completely open about sexuality and gender identity among friends, they were on average over 30 percentage points less likely to be open or "out" to their healthcare providers. Though the explanation for such reluctance cannot be determined from the survey data, qualitative data indicated that many individuals experienced discourteous, biased, and even offensive encounters with medical professionals when patients were open about their identity and/or sexuality, or when identity and sexuality was assumed by the provider. Transgender respondents reported cultural competency as of greater importance than other genders. The qualitative data also revealed that this population was also at higher risk for inadequate medical due to health providers' lack of trans-specific issues, such as the need to test for sex-specific cancers throughout the life course.

Table 1.15 Percentage of Respondents Open About Their Sexuality/Gender Identity, by Race

	Asian/Pac. Is.	African American	Native American	Spanish / Latino	Caucasian
Out to friends	93.33%	97.62%	100.00%	94.59%	96.89%
Out to family	73.33%	73.17%	79.31%	80.00%	85.54%
Out to coworkers	57.78%	76.19%	67.86%	70.27%	77.26%
Out to healthcare provider	60.00%	65.85%	68.97%	62.16%	75.17%
Observations	45	42	29	152	586

Column Percentages Shown

Healthcare provider LGBTQ competency was found to be of lesser concern by respondents in suburban and large urban areas. Diversity in culture and wider availability of LGTBQ-sensitive medical professionals might help explain why the large urban residents report slightly less concern for this need. At the same time, significantly fewer residents of suburban areas report being open about their sexuality and gender identity with healthcare providers (only 53.85% compared to 78.40% of urban residents), which

might skew the results toward fewer reported concerns rather than reflect an accurate level of need. Finally, a lack of health care provider LGBTQ cultural competency extends into behavioral health care as well, again disproportionately affecting the trans-identified individuals. One respondent recounted the ease with which one is able to obtain a hormone replacement recommendation from a mental health care provider, "but they do nothing to help to mentally prepare for the transition," recommending more investment into mental health resources for the LGBTQ communities.

With the growth of the American senior population, more attention is being paid to LGBTQ senior aging-related issues, including health concerns. LGTBQ senior citizens are more at risk for chronic conditions such as cardiovascular disease, diabetes, arthritis, hypertension, disability, and poor mental health relative to their heterosexual counterparts (Choi and Meyer, 2016; Fredriksen-Goldsen, 2013; Forshee, 2014). Concern for LGBTQ aging issues ranked high across all ages, race, and communities of residence within the *Impact Texas*

LGBTQ senior and aging issues
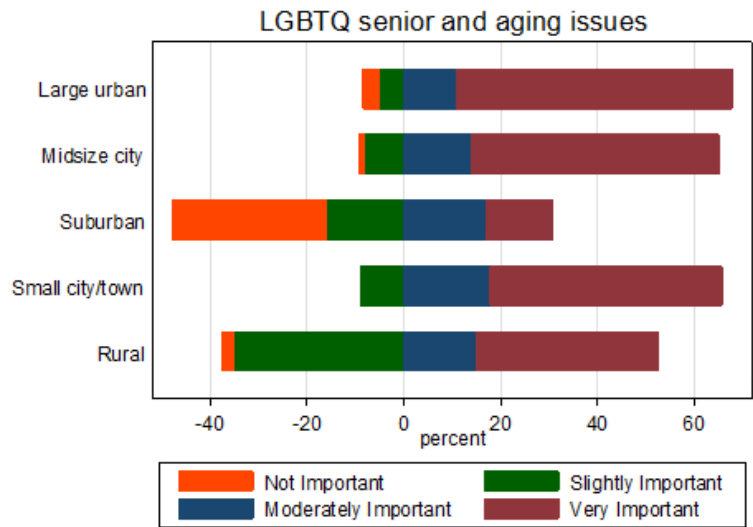
Community Needs Assessment, and these patterns remained strong when respondents were asked about chronic disease care, long-term care services, specialized health care, and LGBTQ adults with disabilities. The sole source of variation in these topics was by suburban and rural respondents, who considered these topics to be of lower concern than others. However, the qualitative research revealed great concern for senior issues across the community. The lower concern among suburban respondents may be related to their higher levels of insurance coverage, educational attainment and earned income, which could protect them from difficulties related to health, housing, and other aging-related issues.

Table 1.16 Percent Reporting Experiencing Event in the Last Year by Age

	Under 30 years of age	30 – 49 years old	50 years or older
Postponed medical care due to insufficient resources	42.86%	41.38%	25.46%
Provided care for elderly or individual with a disability in my home	15.53%	19.61%	16.92%
Been treated for substance abuse	0.62%	3.57%	0.75%
Been treated for mental health issues	48.65%	32.95%	17.41%
Considered suicide	18.58%	10.47%	1.13%
Tested for STDs, including HIV/AIDS	30.97%	40.51%	26.44%
Experienced domestic partner abuse	14.61%	6.08%	2.94%
Experienced sexual assault	7.93%	2.36%	0.74%
N	246	304	304

Column Percentages Shown

LGBTQ seniors are more at risk for isolation and poor mental health due to fewer options for informal care and social support. The qualitative data show that seniors are more likely to live alone in later years, less likely to have children and supportive family, and can face discriminatory access to recreational and social programs that might otherwise be available to heterosexual senior citizens. The survey data, on the other hand, shows some favorable evidence of senior health outcomes for Texas LGBTQ communities overall. Community members over 50 reported lower rates of treatment for mental health issues and suicidal thought, and less experience with partner physical or mental abuse and sexual assault. They also reported less disability than younger respondents.

Table 1.17 Self-reported Disability Status by Age

	No response	No disability	Disability	N
Under 30	5.28%	56.91%	37.80%	246
30-49 years	3.26%	70.36%	26.38%	307
50+ years	1.64%	74.01%	24.34%	304
Total	3.27%	67.79%	28.94%	857
N	28	581	248	857

Row Percentages Shown

These findings are somewhat substantiated by self-reported general health and mental health measures, asked of all survey respondents, when broken down by age. Individuals aged 27 and below were more likely to report poor mental health, with 28.36% mentioning such conditions, over 10% higher than those over 50 who reported mental health issues. Some respondents report "good" and "very good" mental health through the middle years, and consistent "excellent" mental health through the life course. What might be concerning is a ten-point disparity between middle-aged individuals (those between 41-55 years) and the more senior individuals reporting "poor" mental health. Given the low rate of mental health treatment within this age group, the resulting low mental health reports among seniors might reflect the isolation and loneliness discussed in the qualitative data, which may affect mental health but not necessarily lead someone to seek treatment.

Table 1.18 Self-reported Mental Health

	Under 28 years	28-40 y.o.	41-55 y.o.	Over 56 years	Total
Poor	28.36%	3.28%	7.21%	17.44%	14.23%
Fair	31.34%	19.13%	12.50%	15.38%	19.57%
Good	18.41%	31.15%	27.40%	20.00%	24.14%
Very Good	13.93%	36.61%	36.54%	27.69%	28.59%
Excellent	7.96%	9.84%	16.35%	19.49%	13.47%
Total	100.00%	100.00%	100.00%	100.00%	100.00%
N	168	184	192	186	730

Column Percentages Shown

Older respondents also reported higher rates of "very good" and "excellent" physical health than younger cohorts of those under 28 and those between 28 – 40 years of age. Both physical and mental health problems were more commonly reported among those with incomes below $50,000 and less commonly for those with incomes above $100,000. However, such results must be interpreted

Table 1.19 Self-reported Physical Health

	Under 28 years	28-40 y.o.	41-55 y.o.	Over 56 years	Total
Poor	2.98%	1.09%	2.60%	1.08%	1.92%
Fair	11.90%	10.33%	8.33%	10.22%	10.14%
Good	35.71%	34.24%	27.08%	27.42%	30.96%
Very Good	34.52%	43.48%	39.58%	44.09%	40.55%
Excellent	14.88%	10.87%	22.40%	17.20%	16.44%
Total	100.00%	100.00%	100.00%	100.00%	100.00%
N	201	183	208	195	787

Column Percentages Shown

with caution, since those with more serious health risks may be less likely to respond to community needs

Self-reported mental health
by income group

$50,000 & below
- Poor: 16.9
- Fair: 24.1
- Good: 26.7
- Very Good: 23.9
- Excellent: 8.4

$50,001 - $100,000
- Poor: 11.3
- Fair: 16.2
- Good: 27.5
- Very Good: 30.9
- Excellent: 14.2

$100,001+
- Poor: 10.1
- Fair: 12.6
- Good: 13.8
- Very Good: 37.7
- Excellent: 25.8

percent

Self-reported physical health
by income group

$50,000 & below
- Poor: 3.1
- Fair: 12.2
- Good: 35.4
- Very Good: 37.2
- Excellent: 12.0

$50,001 - $100,000
- Poor: 0.5
- Fair: 8.9
- Good: 34.6
- Very Good: 42.4
- Excellent: 13.6

$100,001+
- Poor:
- Fair: 6.0
- Good: 16.1
- Very Good: 46.3
- Excellent: 31.5

percent

assessment surveys.

Priority of HIV education and care showed the most varied results of the health measures. The Texas LGBTQ community banded together during the HIV and AIDS epidemic, and the resiliency of the movement and its people throughout this time was discussed extensively during interviews and focus groups. However, several informants mentioned that the persistence of AIDS and HIV as a community health issue and funding priority may have overshadowed other emerging issues such as senior aging, mental health, gender transition, and youth homelessness.

Comparatively, nearly all health topics including the less immediate health needs like healthy living and prenatal care showed very high levels of importance among respondents as a whole as well as by subgroups. The significant differences that occurred were among communities of differing sizes rather than by age, gender, or race/ethnicity. There was wide agreement about the importance of gender transition and transgender health issues, with only slightly smaller percentages from rural areas rating these issues as "not important" or "slightly important." As expected, these topics were of higher concern among trans-identified people., but transgender health was also higher rated as "very important" by African Americans, over 15 percentage points more than other ethnicities. Prenatal care received higher ratings as an important concern among urban and rural residents, as well as among cisgender respondents, and dental care was rated as a leading concern across males, seniors, and rural respondents.

HIV education and care

Large urban
Midsize city
Suburban
Small city/town
Rural

-100   -50   0   50
percent

- Not Important
- Slightly Important
- Moderately Important
- Very Important

Transgender health
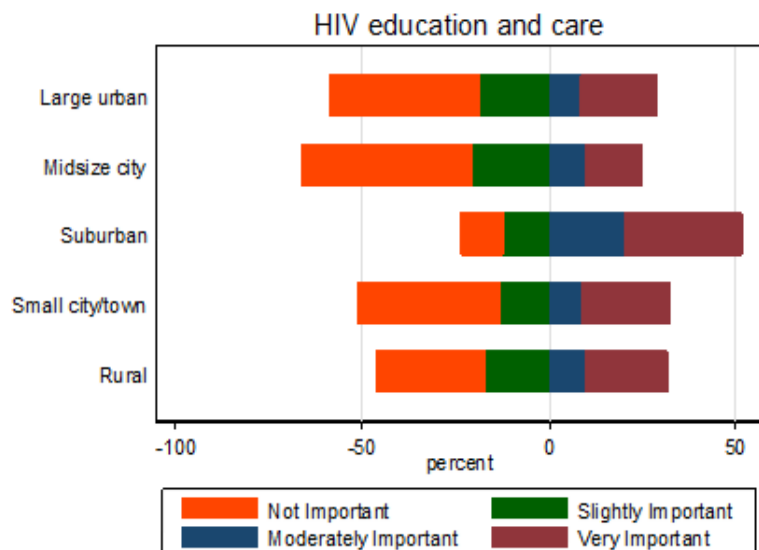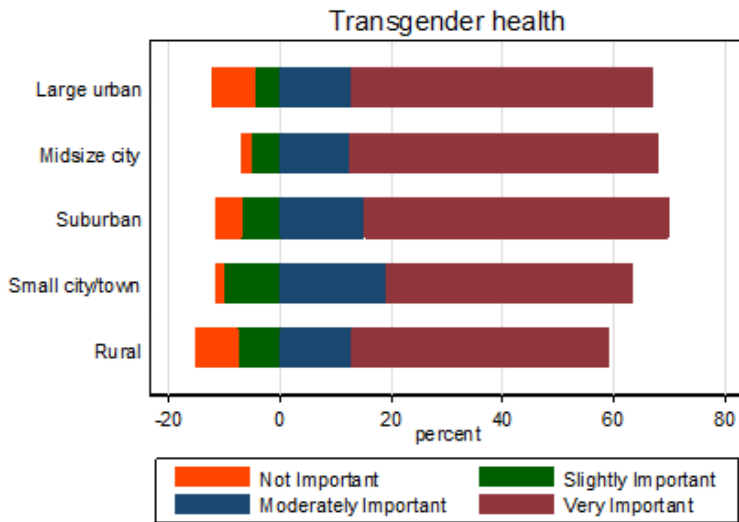
Care for LGBTQ individuals with disabilities decreased in importance as size of region decreased overall, while self-harm was reported to be of higher importance by those living in suburban, small, and rural areas, indicating a possible lower level of resources or education and training to deal with this health issue. There were very low rates of reported substance abuse treatment received; those respondents who did report being affected by substance use were primarily male, middle-aged (30-49 years), and located in large urban areas. The importance of drug and alcohol use varied by community size, with suburban residents more likely to rank substance use as less important other respondents. There were

no race effects on those who were treated for substance abuse in the last year, though African Americans did report both drug and alcohol use as a higher level priority than all other races, followed by the Latino respondents, suggesting that drug and alcohol use might be of greater concern to urban dwellers and communities of color. Alcohol and drug use is known to be severely underreported, and caution is again advised in interpreting these results. Detailed tables of health variables are located in Appendix A.

Drug use
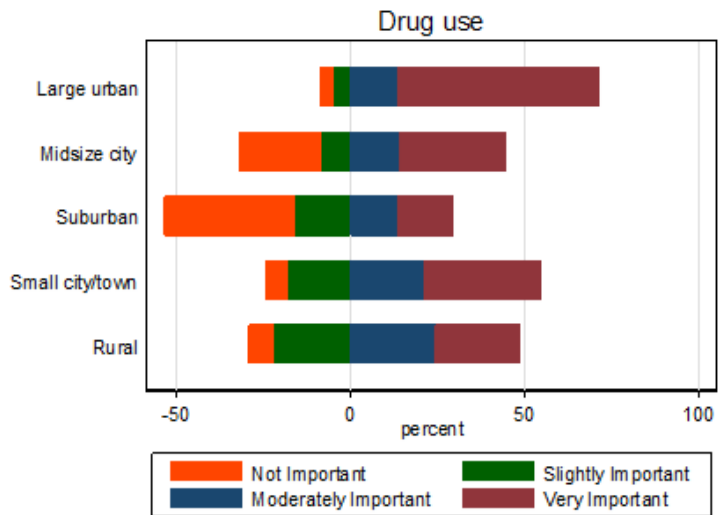
Disparities in the perception of health issues can be discerned through the survey, but the depth and intensity of these problems may be better understood through discussions with key informants and community

Self-harm

members. One community service provider contended that LGBTQ program funding streams are directed toward the end cause, such that "if you're not homeless, HIV positive, or in recovery, there are no services for you." The lack of support for health concerns may be magnified for special populations within the LGBTQ community, particularly for the trans-identified, seniors, and communities of color.
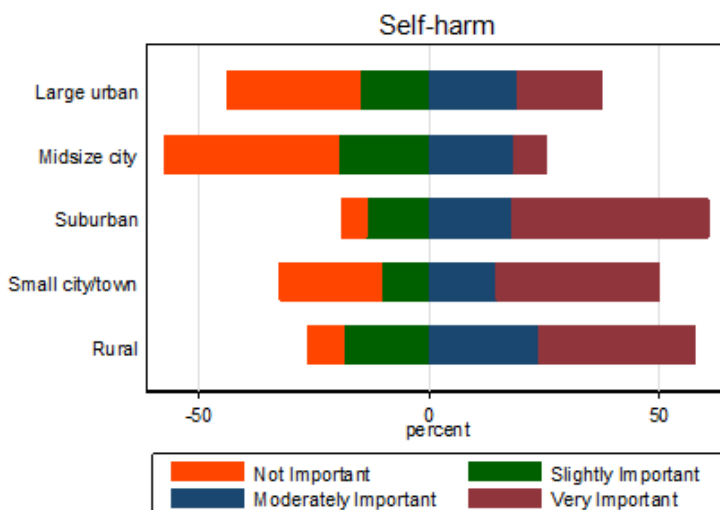
The transgender community was largely considered the most underserved in terms of availability and competency of health resources. The lack of competent care was repeatedly declared as "most prevalent in the transgender community," with fewer providers, inadequate provider training, and a lack of outreach. Even when locating a trans-friendly provider, one member and advocate for the community noted the difference between "culturally competent care" and "friendly care," highlighting the difference between those who claim to be LGTBQ-friendly and those who actually have the knowledge, training, and expertise to effectively treat medical issues specific to the transgender population, potentially leading to significant medical risks. Transgender individuals often are underinsured and may seek medical care at lower rates due to discriminatory practices. Issues in care may then be exacerbated by a shortage of properly trained providers able to direct appropriate care, Preventive care for this population was noted to exclude care for body parts and sex organs the patient had regardless of gender, and characterized by providers sometimes unwilling or unable to ask appropriate questions that would inform specified care. Even friendly care providers were noted to lack the expertise and possess an inability to establish healthy patient-doctor relationship with trans-identified people in which the patient feels comfortable sharing all relevant medical information.

The distinction between culturally competent care and friendly care was also more pronounced in gay male communities. Sexual health options were either limited through discriminatory practices at worst, or provided with minimal expertise. Patients who might benefit from pre-exposure prophylaxis (or PrEP) as a way to reduce exposure to HIV might be denied care, or told "it doesn't work," or offered access but with limited information regarding use, side-effects, and risks associated with use. On the other hand, other informants raised concerns about the younger LGBTQ generations who had not lived through the HIV/AIDS crisis engaging in risky behaviors because of the availability of PrEP and the erroneous belief that it reduces all risk for exposure, or "cures" infection once acquired. Education and awareness, then, were strongly recommended for community members along with appropriate and required training for providers as ways to increase the delivery of medically competent and culturally responsive care.

Qualitative data suggested that the Latino community experienced disparate access to health care services due to cultural barriers. Cultural beliefs "like machismo" may serve as barriers, preventing members from seeking help or even "acknowledging problems like HIV and increased prevalence within the Latino sexual minorities." A provider who works regularly with the Latino LGBTQ community stated that many fail to seek medical assistance for fear of deportation, even if individuals themselves are of legal status, for they frequently have family members who may not be or are in the process of becoming naturalized. There were reports of undocumented LGBTQ community members relocating to large urban environments to escape social stigma from within their city of origin as well as to seek HIV/AIDS medical care that was otherwise difficult to obtain, only to be left underserved again due to additional barriers including language, financial, transportation, and documentation.

The Latino culture also incorporates more homeopathic remedies which can inhibit its members from seeking sources of traditional care when necessary, indicating a high need for inclusion and outreach to this population. One community advocate discussed a partnership with a community service provider where the conventional entity of a local medical school aligned with a *curandera* (one who combines both the spiritual and the physical elements of health by utilizing a mixture of traditional prayer, rituals, and herbal remedies) in a highly successful mission to deliver medical services in a culturally-relevant manner. While this form of alliance shows clear promise as means of reaching into communities of color, these models of partnership can be extended more broadly into the LGBTQ community at-large where medical practitioners

can be better trained and educated about specific medical needs of the LGBTQ community than is the case with the current medical training curriculum.

Issues of health service access among African American LGTBQ communities were found to be related to an inability to live openly and therefore honestly with healthcare providers, as well as socioeconomic factors including inadequate insurance, financial resources, a lack of transportation, or inaccessible health center hours. One African American respondent noted multiple Latino-serving agencies within his urban area, while none were available for non-Latino community members. Supporting this view, there are only a handful of organizations of LGBTQ people of color throughout the state, all of which report being underfunded and operating at maximum capacity. A female African American board member of a large urban community group suggested that racism within the LGTBQ community has caused disproportionate levels of care across the community, while another non-African American advocate suggested that "the greatest need for the health of the community is something that integrates" care, where medical models were not segregated by race in order to better reach an already underserved population.
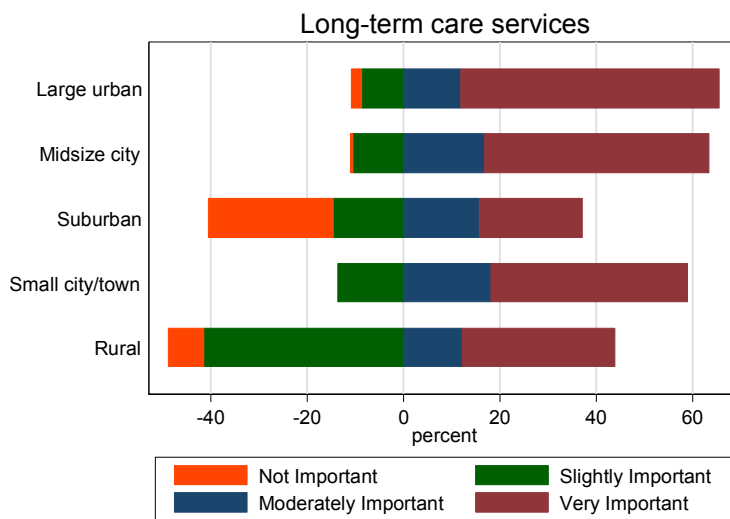
Long-term care services

percent

Legend: Not Important, Slightly Important, Moderately Important, Very Important

Many senior LGTBQ community members reported inadequate preparation for aging health needs, some of which was attributed to the lived experience of the HIV/AIDS epidemic. The resiliency and strength of the LGBTQ community is apparent in its success in mobilizing community resources and organizing the fight against HIV/AIDS, but there was consensus that "it is time to switch focus" and funding toward other health concerns. Because of the AIDS crisis, many within the Baby Boomer generation did not expect to live long enough to worry about senior health, aging, or how to afford, locate, and attain appropriate care. As LGTBQ community members age, they face increased isolation as they detach from the social gatherings and locales of the young and as their chosen family simultaneously experience the same age-related and logistical barriers that prevent them from providing assistance or reliable resources. Some LGBTQ seniors may be left with few acceptable housing options that are both welcoming and can accommodate their long-term health needs. While the survey data suggests favorable health status for many, reports from the qualitative data indicate high mental health needs to address social isolation.

One interviewee recounted the case of a man whose health quickly declined as he aged and was without a place to go for appropriate and culturally competent care. Though a few organizations have recently formed to bridge this gap, many in the LGBTQ community are left to attend to their own senior aging members' health needs through an informal "buddy system", or to advocate in order to obtain the appropriate care for their peers. Senior care was reported as sometimes "reluctant" or insensitive to the LGBTQ person, often forcing the individual to relinquish his or her identity in order to receive care and accommodations. Some community members suggested LGTBQ-specific care facilities as a solution, but there was disagreement as to whether or not such segregation damages the LGBTQ social movement as a whole, or is even desired.

Multiple community members expressed a view of movement regression regarding the development of an LGBTQ-only senior living care facility ("Why do we need to be isolated?"), pointing out that the experience of the 21-year-old LGBTQ community member today is markedly different than that of a 21-year-old only a generation back, and this is due precisely because of the preceding generation refusing to isolate and segregate themselves. While most acknowledged the need for improved care and availability of options, ongoing debate continues as to whether or not developing an LGBTQ senior living facility will "help us see how LGBTQ community members want to be treated, and if this is something we need." Finally, in the process of securing more conventional senior care cooperation, two key informants with specialized knowledge of healthy aging suggested regenerating the intergenerational forming of relationships that has deteriorated in recent times within the LGBTQ community. Middle-aged and elder LGBTQ community members had previously created an informal structure of services to which younger generations may not be connected. Reactivating this system might supplement the work of those fighting mainstream exclusion and allow for "a coming together to support one another during times of need."

LGBTQ senior and aging issues
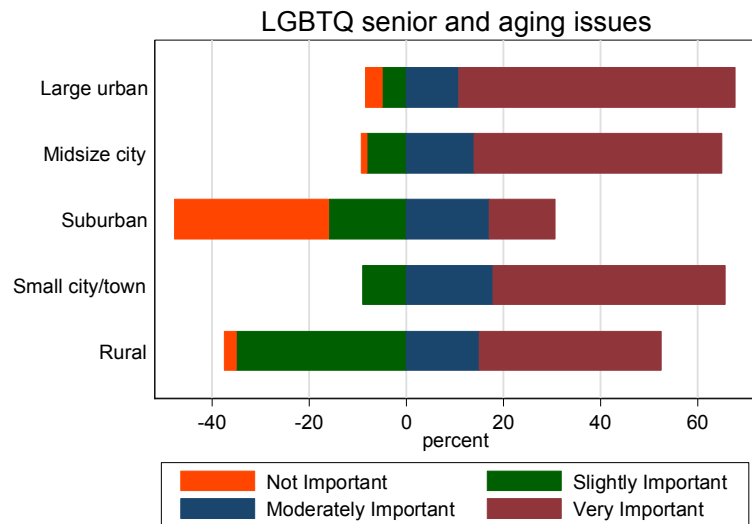
3.7 Quality of Community Life

The health and well-being of any community is not only based on an individual community member's behaviors and choices, but also on contextual and environmental factors. The level of empowerment which an individual feels, the opportunities to be socially engaged and actively participate in civic and public life, and the possibility to belong to groups and organizations with which they identify contributes to the community's overall health and well-being. In order to mobilize for action to improve the lives of LGBTQ people in Texas, it is critical to examine perceptions and experiences of the individual within their communities.
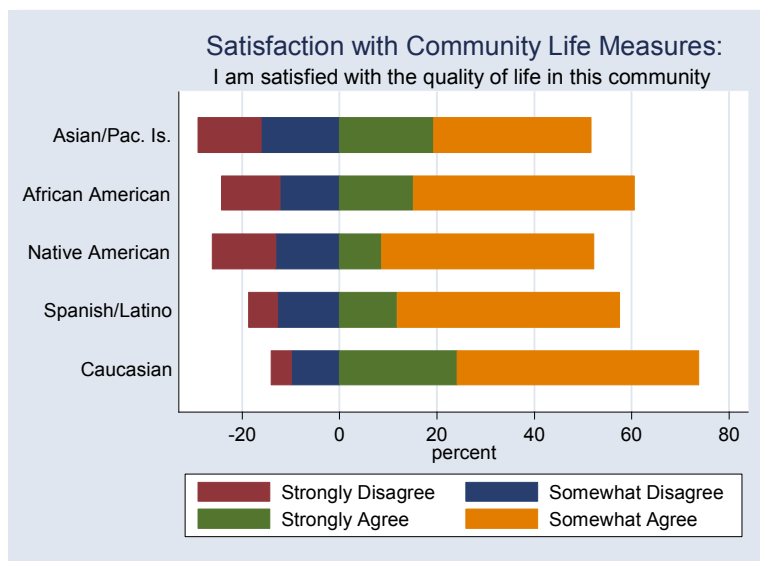
Satisfaction with Community Life Measures:
I am satisfied with the quality of life in this community

Quality of life survey measures suggest considerable satisfaction with community life. Respondents from large urban, midsize, and suburban areas were largely satisfied with overall quality of life in their communities, with small town and rural reporting cities reporting slightly

lower levels of satisfaction. In terms of race and gender, Caucasian and cisgender LGBTQ community members reported marginally higher satisfaction on quality of life measures when compared to their non-Caucasian and transgender counterparts, a trend that held constant over most measures but with varying degrees of intensity. Respondents registered highest levels of satisfaction on volunteer opportunities, the belief that their community is a safe place to raise children, and the feeling that they live in a community strengthened by its diversity. While volunteer opportunities abound, when respondents were asked about opportunities to contribute and participate, the results show a much higher level of dissatisfaction, most pronounced within suburban communities but also present in small cities. Nearly 45% of suburban residents disagreed with the statement, with nearly half strongly disagreeing. About the same percent of small town residents also feel strongly opposed to this sentiment, while rural residents show more disagreement but with less intensity.

Table 1.20 Individuals have the opportunity to contribute to and participate

	Large urban	Midsize city	Suburban	Small city/town	Rural	Total
Strongly Agree	33.82	27.27	10.84	16.36	16.22	27.69
Somewhat Agree	31.13	32.58	26.51	23.64	29.73	30.21
Neither Agree nor Disagree	16.18	17.42	18.07	25.45	27.03	17.90
Somewhat Disagree	13.97	15.15	22.89	18.18	21.62	15.94
Strongly Disagree	4.90	7.58	21.69	16.36	5.41	8.25
Total	100.00	100.00	100.00	100.00	100.00	100.00
N						715

Column Percentages Shown

Informants in smaller communities frequently expressed a lack of "space" for LGBTQ people to participate in their communities. Suburban residents expressed a need to travel great distances to urban areas in order to socialize, engage, and contribute with others and foster a sense of "no longer needing to hide." Larger suburban areas were more likely to include coalitions that create an awareness of issues and tie them into how "they can impact the community so they become something people care about and actively become involved with." But smaller cities reported inconsistent leadership, rapid turnover of residents, and a lack of support from statewide LGBTQ organization as barriers to creating these alliances to increase community participation. One informant noted the need to foster a sense of agency across Texas LGBTQ communities, not only to develop leadership within each local LGBTQ community, but also to promote representation and "leadership in mainstream organizations as well."

In areas where there are fewer opportunities for participation, one community outreach expert suggested LGBTQ community members might find greatest impact through their contributions to multifaceted coalitions that tackle broad community issues like poverty, racism, and crime. He noted increased success in these movements with diverse panels that carry over to other movements through representation at the table. A small city resident and advocate noted a sense of isolation from state-level initiatives, education materials, and training, and also advised that "the best thing that could help [his area] is finding people of resources and stability who can help with building networks." He sees a high need for community influencers, and views exposure in less diverse, smaller regions as opportunities for LGTBQ awareness, education, and recognition. "People think they know [about] anyone who identifies as LGBTQ, but don't relate to their need for services."

Satisfaction with local schools and government were the lowest quality of life measures for all types of

respondents, with suburban and midsize cities showing more satisfaction with the school system than others. Local government was widely disapproved of, although residents of large urban communities reported somewhat greater satisfaction with local government than those from smaller cities or suburbs. Surprisingly, much greater satisfaction was expressed by rural residents, who, according to the qualitative data, may have experienced a *laissez-faire* governmental stance. For example, government officials in rural communities studied did not encourage, publicize, or participate in LGBTQ events but they also did not openly object to the events. While an environment "where these things aren't even discussed" may be damaging by not acknowledging that LGBTQ people exist in their communities, such avoidance may not be overtly oppressive.

Table 1.21 I am satisfied with local government

	Large urban	Midsize city	Suburban	Small city/town	Rural	Total
Strongly Agree	7.59	6.67	3.03	5.45	14.63	7.23
Somewhat Agree	29.84	17.50	27.27	18.18	36.59	26.81
Neither Agree nor Disagree	16.75	23.33	10.61	27.27	12.20	17.92
Somewhat Disagree	26.18	23.33	25.76	25.45	19.51	25.15
Strongly Disagree	19.63	29.17	33.33	23.64	17.07	22.89
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	664					

Column Percentages Shown

Satisfaction with Community Life Measures: I am satisfied with the local school system
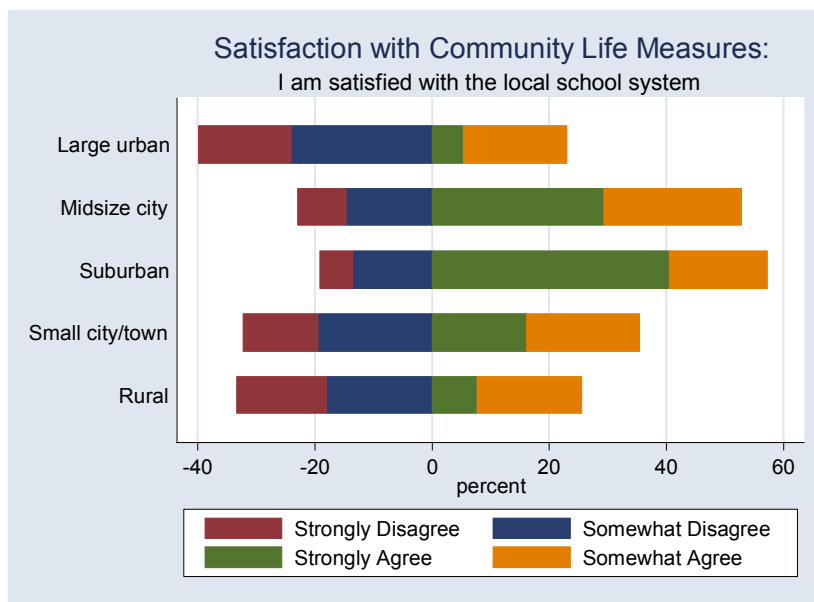
Parental recognition laws, medical decision-making and hospital visitations, safe school districts, anti-hate crime legislation, adoption non-discrimination protections, state family leave covering same-sex couples, and "conversion therapy" bans are not commonly found in Texas. Though ordinances in some localities provide limited protections, the state lags far behind others in legal equality (MAP, 2012), which can deeply impact views on opportunities to contribute. Compared to other quality of life measures, the relatively low opinion of local schools across urban, small cities, and rural areas in the quantitative data was firmly backed up and expanded upon in the qualitative data. Supportive resources and LGBTQ youth outreach is a leading concern for many community members. Those in rural areas and smaller cities reported a near complete lack of student groups and associations that provide LGBTQ youth with the support, mentoring, and role models needed to promote a welcoming educational environment where students are physically and emotionally safe and their LGTBQ identity is embraced. LGBTQ young people are coming out at earlier ages and require role models who are openly gay and can

demonstrate that they too can be a "happy, healthy adult," as one informant stated. They also need associations and a place at school where they can "come together and be themselves" and "have an opportunity to get together with other kids" like them. One interviewee commented, "It's a terrible feeling to feel like you're the only one." According to informants, when attempts were made to establish gay-straight alliance groups (GSAs) in the small cities and rural areas studied, resistance was experienced, even to the point of banning all student groups to prevent the formation of an LGBTQ-oriented student group ("administrators decided to ban all academic clubs, even Christian Athletes and the Kiwanis Club just to block the Gay Straight Alliance from forming.").

There were more resources reported in urban areas, with many local school systems including GSAs, but this overtly discriminatory practice of banning all student clubs in order to blockade the formation of a GSA was also reported from within one Texas large metropolitan area. This technique is surprisingly effective because while GSAs can be imposed through legal mechanisms as long as there is a sponsoring adult willing to take the role, an outright ban on all student activity groups can effectively prevent LGBTQ-identified youth from associating with each other. The overt
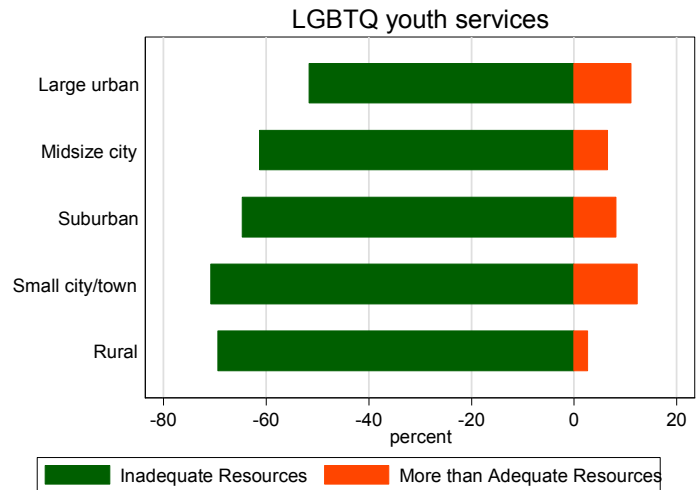
levels of institutional discrimination seem to be more frequently directed toward the young, rather than toward adults who have the means, knowledge, and capacity to fight these techniques. Increased research attention has been paid to LGBTQ youth homelessness and school drop-out rates, with the relationship between home and school environments cited as leading contributory factors in problematic outcomes (Bidell, 2014). When neither home nor school is providing support, the consequences can be severe. With few options available to intervene within the family environment from a policy standpoint, the data suggest there is an extraordinarily high need to prioritize strengthening and enabling the educational environment to become institutionalized foundational support systems rather than sources of psychological distress.

Table 1.22 Anti-bullying LGBTQ youth/safe schools

	Not Important	Slightly Important	Moderately Important	Important	Very Important	Total
Asian / Pac Is.	11.11	28.89	17.78	6.67	35.56	100.00
African American	12.20	26.83	21.95	21.95	17.07	100.00
Native American	13.79	27.59	17.24	20.69	20.69	100.00
Hispanic / Latino	6.76	13.51	10.81	17.57	51.35	100.00
White	5.76	12.91	12.22	18.50	50.61	100.00
Total	6.82	15.07	12.92	17.94	47.25	100.00
N						836

Row Percentages Shown

General feelings of community safety within the adult population are more encouraging. Rural, Native American, and trans-identified populations were most likely to report concerns over safety, with Native American reporting at the highest proportion (25%) as feeling "unsafe." A little under a quarter each of the transgender male and transgender female populations reported feeling "unsafe" and rural residents reported at highest levels (11.11%) as "very unsafe." The level of safety concern rose in an almost linear manner when examined by age.

Feeling of Safeness by Community Size
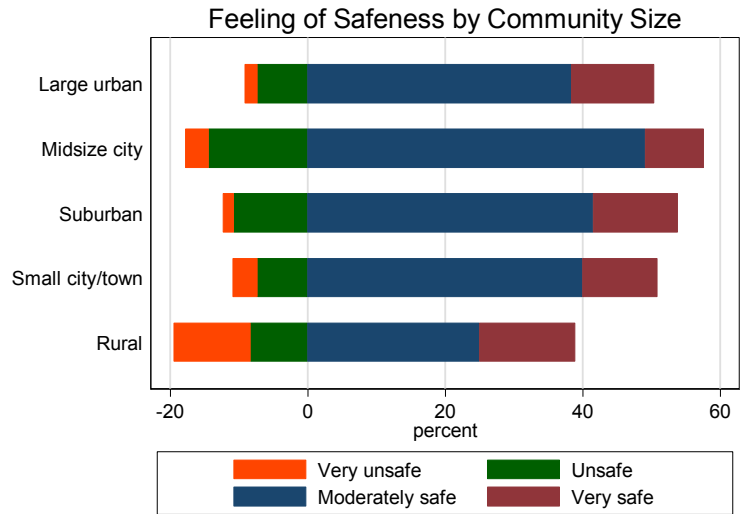
With each increase in decade of age came increased levels of feelings of safeness. Explanatory factors for these patterns might be related to improved socioeconomic conditions associated with age, but it also suggests that interventions designed to increase safety and awareness in the adult population might best be aimed toward younger LGBTQ members.

Feeling of Safeness by Age
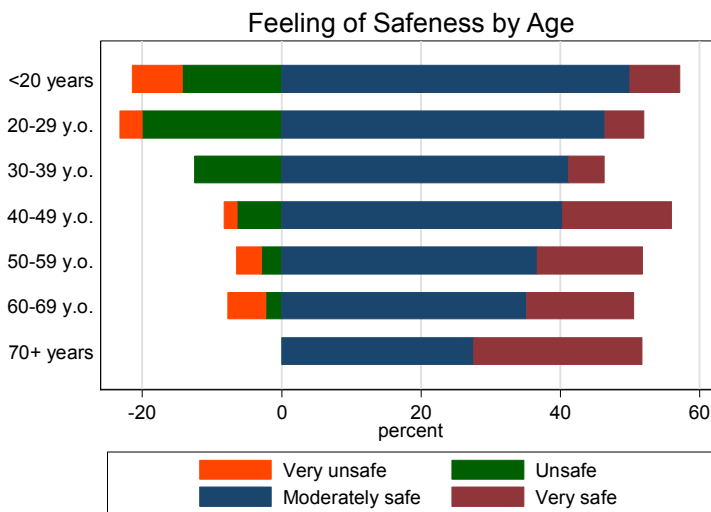
Urban residents may perceive themselves to be less at-risk for community safety issues related to LGBTQ identity due to the availability of more neighborhoods with higher proportions of LGBTQ community members. One open-ended survey response noted how fortunate it was to "live in the gayborhood […] where myself and my friends feel moderately safe," while at the same time highlighting safety concerns for his or her transgender friends. Less encouraging, however, is the qualitative data which emphasize a gentrification of traditional "gayborhoods," where development is detracting from the sense of community once enjoyed and creating a generational disconnect between LGBTQ community members. Safety concerns tend to peak during times of crisis, as was noted in focus groups, and there is some unease about increased crime and intolerance being reported in these historically safe large urban "gayborhoods." Multiple residents of these areas suggest that the ongoing decline of LGBTQ representativeness with an influx of non-LGBTQ residents is breaking down and dividing the LGBTQ community further, reducing the sense of belonging, and increasing social isolation.

3.8 Social, Cultural, and Spiritual Needs

Social, cultural, and spiritual needs were among the lowest ranked issues of importance and priorities for resource allocation by surveyed LGBTQ community members. Dozens of LGBTQ social and cultural arts organizations exist in Texas, all of which can assist with bridging audiences across social divides, help LGBTQ people find a voice in their community, and shift the narrative of the LGBTQ community in Texas. Contemporary artists cross many disciplines from dance, film, music, performance, painting, and photography and the incorporation of

LGBTQ cultural arts centers

cultural work is a key component of shaping and advocating for social change. However, many LGBTQ artists continue to face exclusion or negative portrayal in the media, particularly the transgender and minority communities. One informant noted that as the non-LGBTQ arts organizations are becoming more open, "that's progress, but it also may undermine the LGBTQ community culture." Research on visibility in society through social and recreational associations, though, suggests a positive impact on the LGBTQ community in Texas while simultaneously increasing cultural awareness overall (Giuliano & Gomillion, 2011).

LGBTQ social organizations
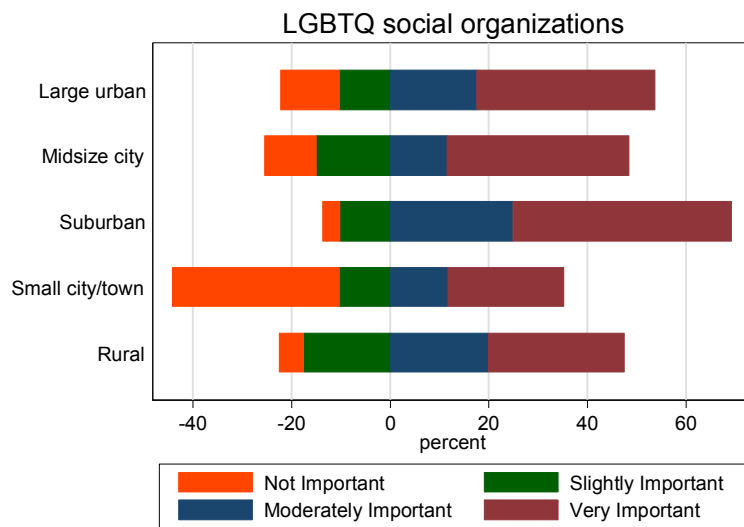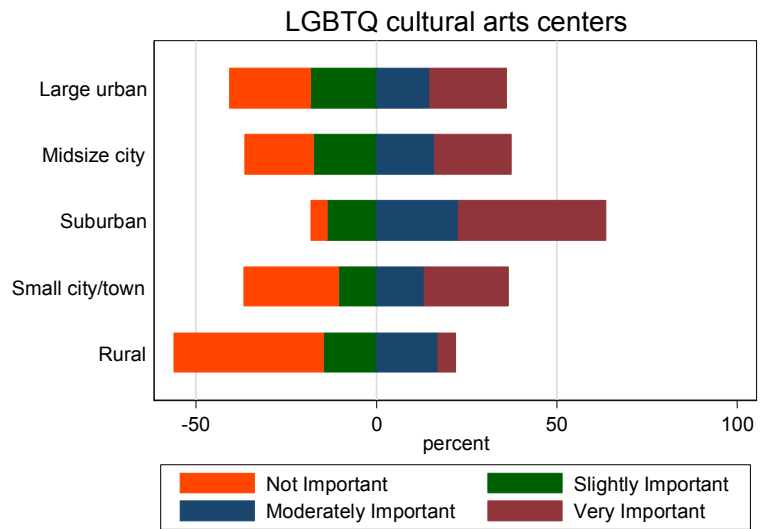
Respondents expressed higher levels of need for social organizations, most pronounced among suburban residents, and this theme is consistent with the qualitative data. Many residents further removed from the urban social opportunities conveyed various degrees of social isolation from other LGBTQ community members, some of which was attributable to a lack of adequate transportation, an unwillingness to travel a great distance to attend an event, frequently compounded by age. Social gatherings were also found to be heavily tied to bars, restaurants, and the club scene which isolated LGBTQ families and more senior LGBTQ community members. One resident in a suburban area stated that he was "not that familiar with the LGBTQ community. As an older person, I don't feel particularly welcome." Another previously active LGBTQ community member stated:

I am retired, with limited driving ability - no longer driving at night. I'm sure there are others in

the same situation. We would benefit greatly from being able to attend daytime activities, events, etc. I feel somewhat isolated from the community because of that, especially since I was so active in the 80's & 90's. Facebook helps, but it's no substitute for face-to-face contact!

Access to online LGBTQ community groups was very high across the board with less access reported by rural (66.67% access) and African American (64.86% access) respondents. Online access was particularly helpful to younger LGBTQ community members who had not yet developed many sustainable relationships within their community and to those geographically removed from larger or concentrated LGBTQ populations.

> The visibility in media over the past five years has definitely helped me become comfortable with my sexuality also I would say social media and visibility has been a great asset. I don't know very many LGBT+ people in my community, but knowing many others online has helped a lot.

The online presence of other LGBTQ community members was particularly helpful to youth and young adults in their LGBTQ-identity development stages, and allowed them to know they were not alone. On the other hand, more established informants replied that online access to other LGBTQ community members help, but in no way substitute for actual person-to-person relationships. As expected, access to LGBTQ community organizations varies predominantly by community size, with urban residents reporting exceedingly high access to nearly all types of services with gender-specific health clinics showing the lowest levels of access and availability. Midsize city residents report little access to recreation/sports/leisure groups (17.48%) but cite more access to "social" groups (68.10%). Very few rural residents report having access to LGBTQ community centers (17.65%) yet half reported having access to business and professional groups. In fact, one rural focus group member talked extensively about a well-organized LGBTQ business organization he leads, primarily directed toward Hispanic business members.

Table 1.23 Percent Reporting Access to LGBTQ Organizations by Community Size

	Large Urban	Midsize City	Suburban	Small City / town	Rural
1 Community Center	80.14%	30.08%	33.33%	32.20%	17.65%
2 Business/Professional	89.02%	52.50%	38.81%	55.56%	50.00%
3 Sports/Recreation	80.40%	17.48%	28.57%	26.92%	16.67%
4 Bars/Clubs	96.55%	74.45%	46.84%	53.45%	59.46%
5 Online Groups	91.22%	86.09%	76.06%	81.13%	66.67%
6 Mental Health	81.39%	37.00%	26.87%	32.08%	29.03%
7 Men's Health	75.29%	22.68%	25.81%	21.28%	16.00%
8 Women's Health	69.10%	17.89%	16.39%	15.91%	16.00%
9 Social Groups	88.29%	68.10%	65.79%	64.91%	45.16%
10 Arts/Cultural	81.15%	35.42%	28.77%	37.74%	37.93%
N	468	147	81	63	37

Percent Reporting Access to LGBTQ Organizations by Region
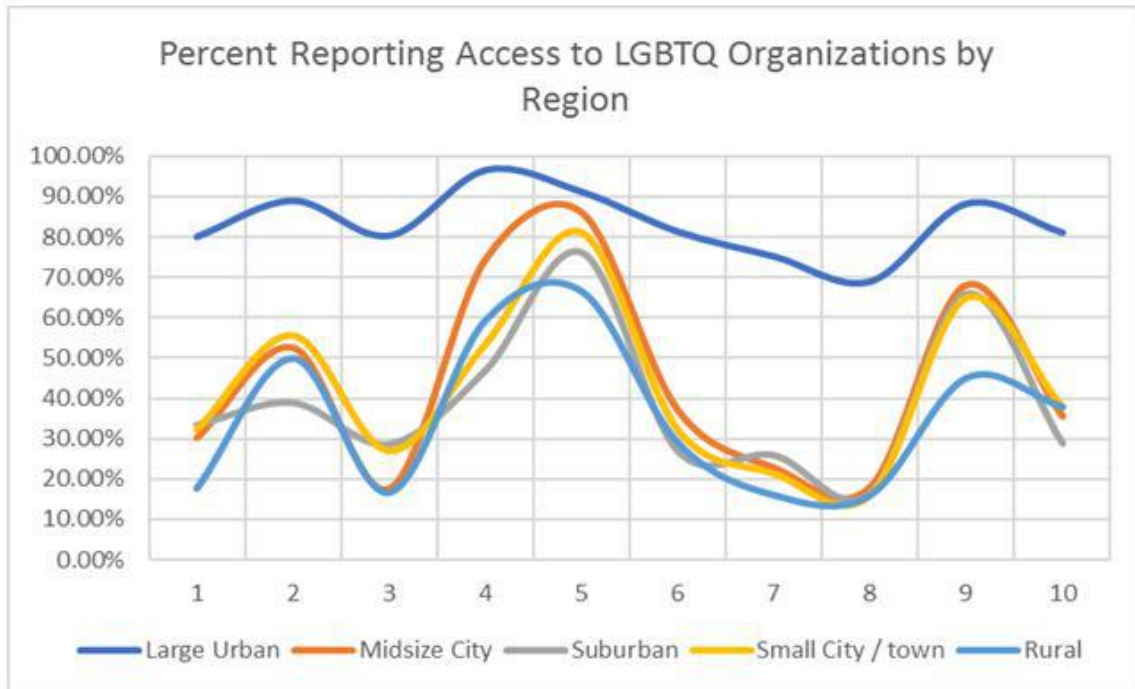
Patterns in access to community organizations emerge when race, age, and educational variation is examined. The Latino community is more likely to be involved with business and professional organizations than other ethnicities, but less access to community centers, recreation groups, and gender-specific health clinics. African American community members were also less likely to report access to community centers, but also showed significantly less access to business and professional organizations with only 59.46% of respondents reporting access (compared to 80% for Latinos). A concerning trend is lower access to mental health organizations for Latino and African American communities, about 24 % less for Latinos and about 16% less for African Americans than their Asian, Native American, and Caucasian counterparts.

Table 1.24 Percent Reporting Access to LGBTQ Organizations by Respondent Race

	Asian / Pac. Is.	African American	Native American	Hispanic / Latino	Caucasian
1 Community Center	66.67%	42.11%	70.00%	40.15%	65.44%
2 Business/Professional	75.68%	59.46%	78.95%	80.00%	71.87%
3 Sports/Recreation	52.78%	51.35%	72.22%	38.33%	63.45%
4 Bars/Clubs	80.49%	90.00%	91.30%	78.17%	82.95%
5 Online Groups	87.50%	64.86%	76.47%	76.61%	91.74%
6 Mental Health	66.67%	50.00%	68.75%	41.59%	66.67%
7 Men's Health	52.78%	50.00%	68.75%	30.36%	60.95%
8 Women's Health	42.86%	39.29%	50.00%	24.53%	54.36%
9 Social Groups	85.00%	67.57%	78.95%	52.67%	86.22%
10 Arts/Cultural	75.68%	60.00%	66.67%	45.97%	66.27%
N	42	41	23	151	538

Greater access was associated with increased age and education, perhaps reflective of greater experience and knowledge within LGBTQ community circles. Several interviewees of varying ages commented on the need for a comprehensive LGBTQ resource guide, though maintaining current resources and information was acknowledged as a

Percent Reporting Access to LGBTQ Organizations by Respondent Race
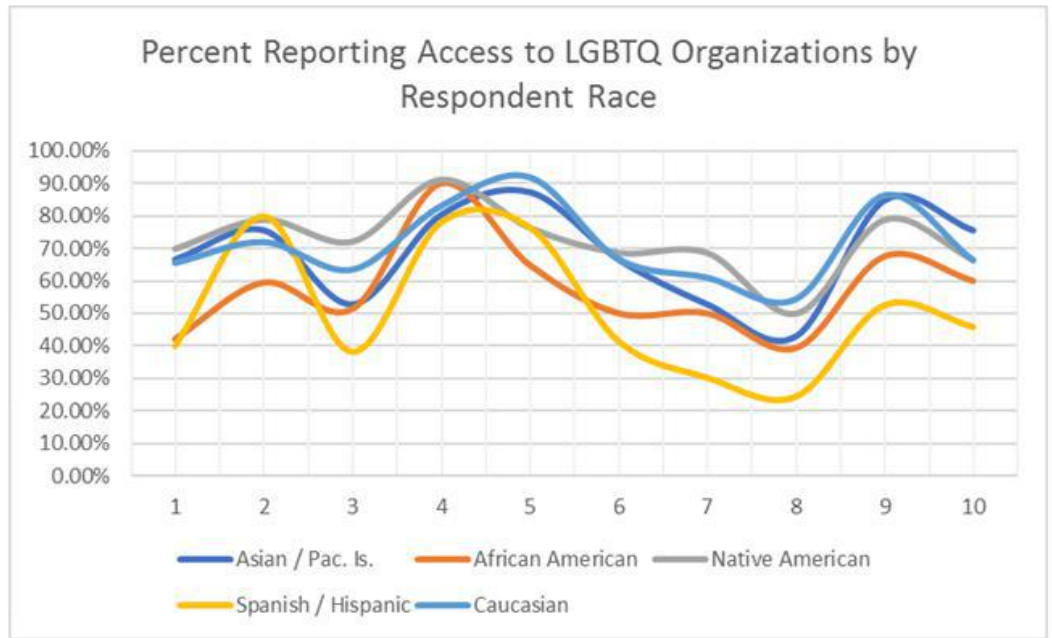
significant barrier to maintaining such a guide. Some way of regenerating intergenerational networks might assist younger community members in accessing available resources sooner and with less distress. Combined, these data show a high need for continued and sustained outreach to communities of color, the young, rural residents, and the socioeconomically disadvantaged in order to forge and maintain intra-community strength, connection, and support in times of need.

Percent Reporting Access to LGBTQ Organizations by Education
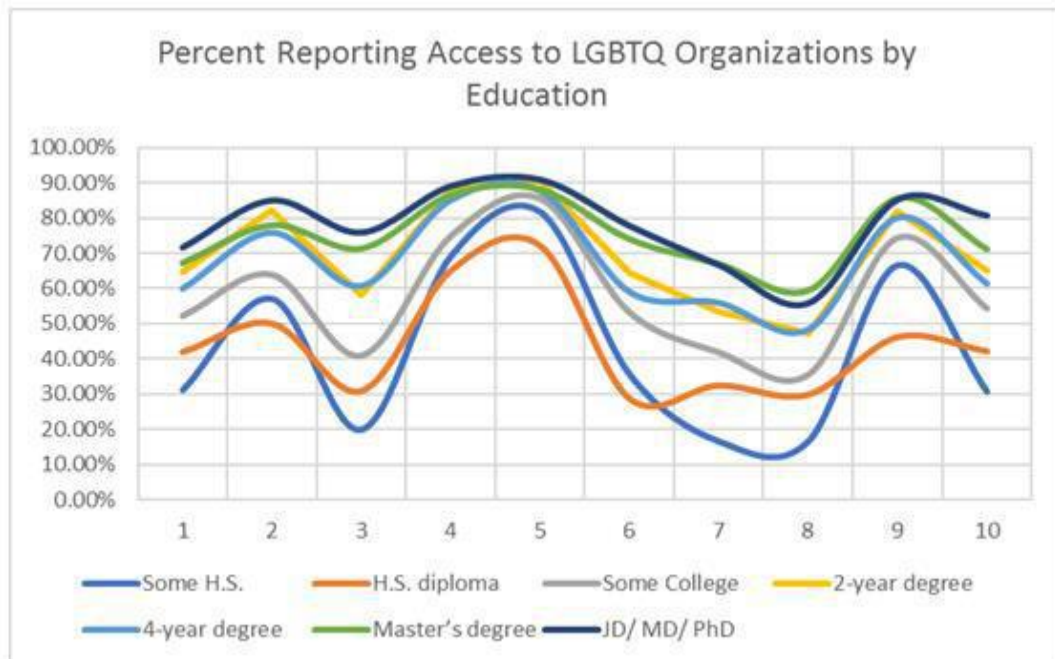
The importance of religious communities was mixed, and reflective of a complex relationship many LGBTQ members have with spirituality and places of worship. Rural and urban residents were less likely to find access to religious communities as a very important issue (10% and 29.05%, respectively), while over half the suburban residents considered the issue to be "very important." Rural residents discussed a far less contentious relationship with current places of worship in their open-ended survey responses and interviews, though several acknowledged a difficult history with them.

Comparatively, urban residents spoke openly about the deep-seated feelings of abandonment and rejection that clearly still exist and influence spiritual interactions or lack thereof today. Though few in number, rural LGBTQ-affirming churches serve as a broad resource for LGBTQ rural residents, functioning as both a church and community center with social programming, counseling, and assisting with financial need in times of crisis. Even rural churches that are not LGBTQ-affirming appear to operate more on a humanitarian basis in their relationships with LGBTQ people, providing necessary food, clothing, and health necessities to the economically disadvantaged, whereas some denominations of the non-LGBTQ serving urban churches were found to operate more on a policy-oriented basis, outwardly refusing association with LGBTQ causes.

Table 1.25 LGBTQ Religious Communities

	Large urban	Midsize city	Suburban	Small city/town	Rural	Total
Not Important	11.58	11.70	5.75	19.40	22.50	12.14
Slightly Important	17.26	16.37	9.20	13.43	17.50	15.95
Important	26.11	26.32	14.94	23.88	30.00	25.00
Moderately Important	16.00	15.20	19.54	10.45	20.00	15.95
Very Important	29.05	30.41	50.57	32.84	10.00	30.95
Total	100.00	100.00	100.00	100.00	100.00	100.00
N						840

Column Percentages Shown

When asked about the possibility of faith-based solutions to assist with housing, mental health, and youth outreach, several urban residents strongly noted a great deal of general distrust by LGBTQ community members for religious institutions outside of those that openly welcome LGBTQ worshippers. For example, one interviewee discussed an attempt to build a church-based collaborative to assist with the ongoing homeless LGBTQ youth crisis by providing temporary space for winter shelter. This request for collaboration was refused and it was suggested that the state of homelessness would, in fact, be "good for [the children] and teach them that the way they're living their life is wrong."

Other issues reported were historically-based, with the Silent Generation and Baby Boomers "feeling abandoned in their darkest hour," citing the lack of initial concern and outreach during the HIV/AIDS crisis. When not feeling abandoned, other LGBTQ community members felt the need to reject their religious grounding and modes of support in order to fully be themselves. On the other hand, though faced with more targeted attacks from religious communities, urban respondents also reported high levels of success in finding available options across multiple denominations that allowed for a personal spiritual connection in a church they felt accepted. Some suburban residents may be experiencing limited diversity in denomination and an overall lack of LGBTQ-affirming churches in their communities.

3.9 Engagement with and Strengths of the LGBTQ Movement

An examination of elements of participation in LGBTQ movements in Texas may help in understanding how current efforts and strategies can promote the attainment of a more engaged community and lessen the disconnectedness of alienated or disadvantaged community subgroups. The LGBTQ movement is arguably one of the most successful social movements in recent times, considering the speed with which goals were achieved by fusing together legal tactics, media presence, public campaigns and various state and local victories that have reinforced one another, creating momentum to change both policies and public opinion. The effectiveness of these techniques is undisputed, but little is known about the perceived effectiveness or the level of involvement within the movement across the various communities within the LGBTQ

population. Given the geographically and demographically diverse LGBTQ population in Texas, efficacy of various movement strategies was shown to vary by community size and ethnicity, with no significant variation by gender, sexual orientation, and age group.
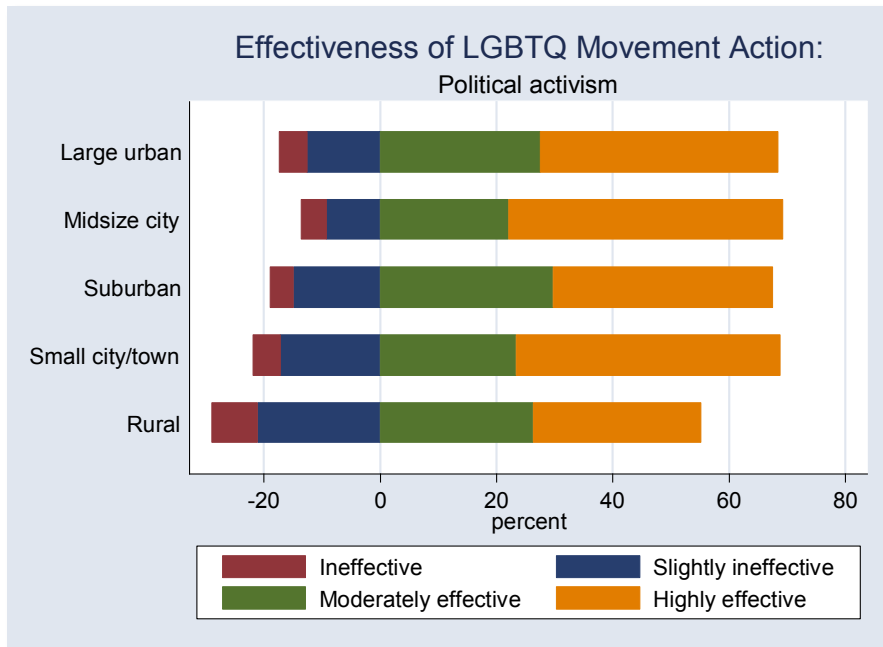
Media responsibility, research, political activism, positive imagery/role models, increased funding, a change of social attitude, and training and awareness were viewed similarly as highly effective by community size, with rural residents expressing stronger belief in the effectiveness of training and awareness with slightly less belief reported in the effectiveness of political activism in their localities. This finding might be directly related to the data presented earlier showing that elected officials were less inclined to take any stance on the LGBTQ-oriented issues or even acknowledge existence of, and suggestive of the fact that increased training and awareness might assist with beginning the conversation in these directions.

The related concept and strategy of education about LGBTQ issues was also strongly supported by all types of communities as an effective technique, with markedly less support from suburban residents, who more strongly favored methods to better inform and change social attitudes and public opinion. Suburban residents on average also found less value in the expansion of funding and LGBTQ services as effective techniques for their communities, preferring other techniques.
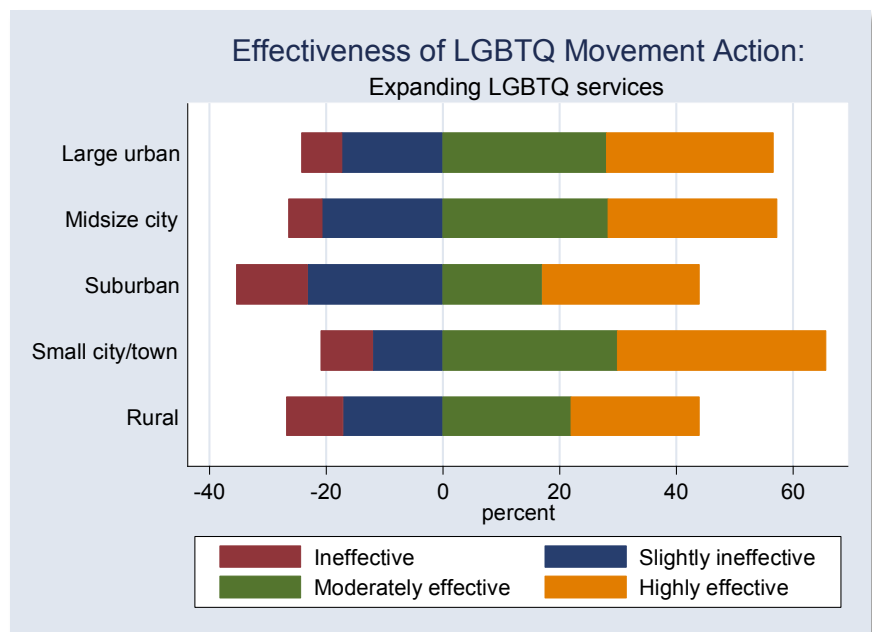
Table 1.26 Effectiveness of LGBTQ Movement Action: Funding

	Large urban	Midsize city	Suburban	Small city/town	Rural	Total
Highly effective	43.21	42.54	32.39	50.00	47.22	42.80
Moderately effective	23.70	22.39	23.94	30.65	33.33	24.58
Effective	15.56	16.42	19.72	11.29	8.33	15.40
Slightly ineffective	11.85	11.94	15.49	6.45	11.11	11.72
Ineffective	5.68	6.72	8.45	1.61	0.00	5.51
Total	100.00	100.00	100.00	100.00	100.00	100.00
N						708

Column Percentages Shown

Effectiveness of LGBTQ Movement Action: Positive images/role models
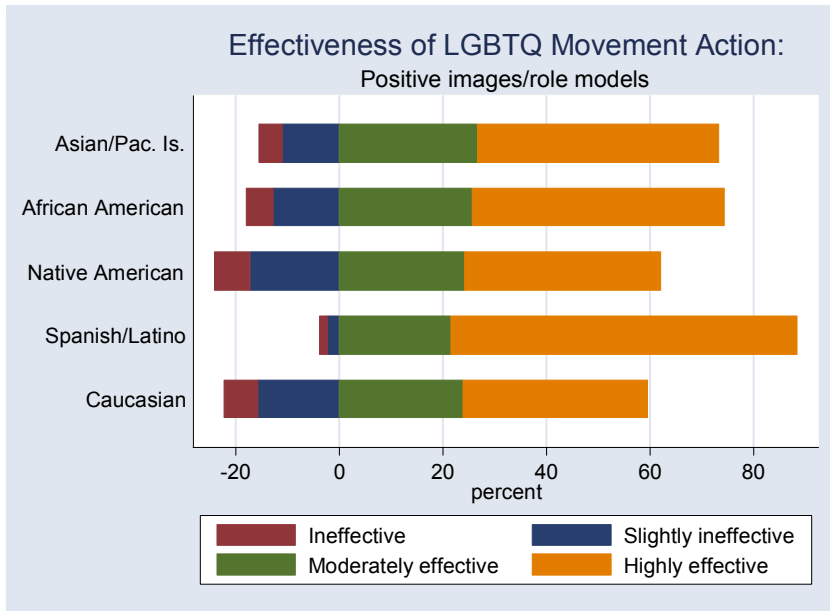
Information and visibility received the least amount of support as an effective technique across all types of community, suggesting that more proactive engagement techniques may be preferred in Texas. Small city residents found greater value in the showcasing of positive images and role models as well as investment in community development, media responsibility, and expanding LGBTQ services and community centers in their area. Midsize and urban area data closely approximated these trends.

Differences were also observed according to race and ethnicity. Additional community centers were strongly viewed as an effective measure from within the Latino community, which also valued research, positive imagery of role models, funding, education, community development, and political activism far more than respondents from other ethnic groups.

Table 1.27 Political Activism

	Asian / Pac Is.	African American	Native American	Hispanic / Latino	Caucasian	Total
Highly effective	35.56	30.95	25.93	49.63	41.48	41.44
Moderately effective	17.78	23.81	18.52	21.48	29.16	26.36
Effective	15.56	19.05	22.22	14.81	13.35	14.40
Slightly ineffective	22.22	19.05	25.93	10.37	11.70	13.04
Ineffective	8.89	7.14	7.41	3.70	4.31	4.76
Total	100.00	100.00	100.00	100.00	100.00	100.00
N	736					

Column Percentages Shown

Effectiveness of LGBTQ Movement Action:
Expanding LGBTQ services
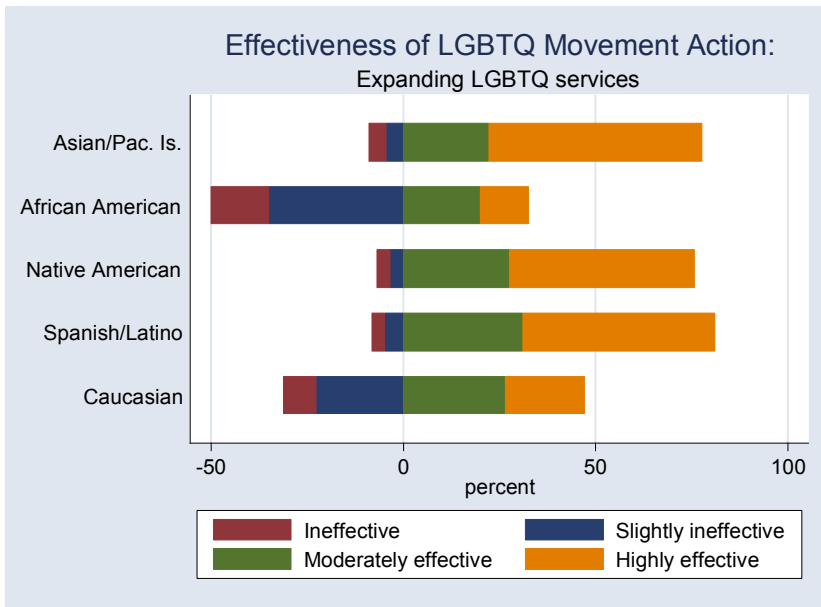
Asian and Caucasian respondents shared similar views on effective techniques, favoring funding, research, community development, education, and the addition of community centers in their areas, with the Asian population more highly valuing the effectiveness of expanding LGBTQ services, training and awareness, and positive role models than their Caucasian counterparts. Caucasian respondents, on the other hand, found a change of social attitude and media responsibility to be more effective for their communities relative to other ethnicities. African American respondents were more skeptical about the effectiveness of educational outreach, training and awareness, and expanding LGBTQ services. Factors explaining this position are not found in the quantitative measures, although some individuals strongly suggested that racism within the LGBTQ community may have led to feelings of alienation by African American LGBTQ persons that might be associated with the perceived lack of effectiveness in expanding LGBTQ services that are viewed as exclusionary.

Racial/ethnic discrimination
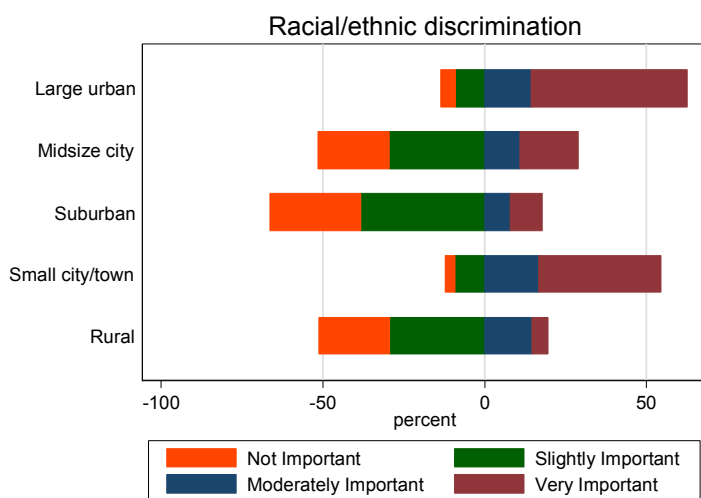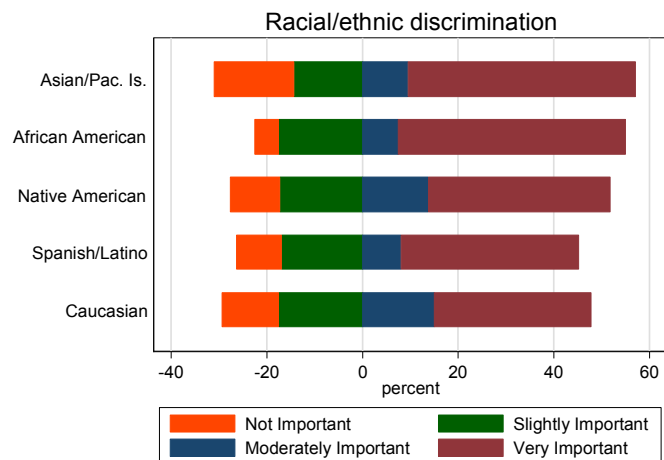
In fact, racism, ageism, and transphobism were frequently cited in the qualitative data as concerns from within the LGBTQ community across all ethnicities, genders, and regions visited, with racism within the LGBTQ community being most frequently and comprehensively recounted. Racial and ethnic discrimination was found to be a highly important issue by respondents of all races. Suburban residents found racism to be far less of an important issue, followed by respondents from midsize cities and rural areas. It is unlikely that race discrimination is less an issue in these areas and more likely

Racial/ethnic discrimination

the case that residents either lack awareness of or exposure to racial injustice from within their communities. It is also possible, though, that despite awareness and exposure it is simply not as strong of a priority within these regions when considering other needs. Regardless, it is encouraging that the variation in view on the importance of racial discrimination is less ethnically-based and more associated with community type, which may help in the development of strategies and resources to overcome ethnic conflicts.

Table 1.28 Racial/ethnic discrimination

	Asian / Pac. Is.	African American	Native American	Hispanic/ Latino	Caucasian	Total
Not Important	16.67	5.00	10.34	9.46	11.87	11.30
Slightly Important	14.29	17.50	17.24	16.89	17.45	17.19
Important	11.90	22.50	20.69	28.38	22.86	23.20
Moderately Important	9.52	7.50	13.79	8.11	15.01	13.10
Very Important	47.62	47.50	37.93	37.16	32.81	35.22
Total	100.00	100.00	100.00	100.00	100.00	100.00
N						832

Column Percentages Shown

It is important to note that qualitative data was somewhat at variance with the survey results. Racism within the LGBTQ community was frequently cited as a serious problem requiring immediate attention by those interviewed. In one open-ended question response, a suburban residing respondent said, "Our community has a big problem with racism and we are not ones to judge," while another non-Caucasian cited racism and body-shaming as weaknesses in the community:

> … marginalizing a marginalized group only makes this more painful. We should all feel we are safe, and belong in this community, and there are hostile individuals that hurt others in the community, focus on personal gains, and are overall uncommitted and apathetic about the community's rights outside of their own.

One key informant recalled the widespread criticism over the amended version of the rainbow flag to include black and brown stripes representing communities of color, saying the resulting backlash highlighted the level of racism that can be found within the community. Frequent reports of transphobism were supported by evidence of transphobism in the qualitative data:

> I'm tired of the heavy focus on transgender rights...which leads to disintegrated rights and visibility for lesbians. Many women, straight, lesbian and bi do not want transwomen invading their personal and public space. Trans issues have taken the focus off of lesbian and gay issues and problems. I'm fine with whatever adults (and I mean over 21) decide to do what their bodies and how they identify, and have compassion.... but I do not want to be bullied or victimized into buying the entire trans agenda, which includes threats of violence toward women, training of children, and a triumph over 'cis' people.

It is difficult to determine the right amount of space, attention, and resources to provide for the many needs and concerns of a highly diverse population, but as one key informant noted, gender and sexual minorities are "bonding and fighting the myth of the dominant culture, finding strength together, […] and that [all minorities] are finding that they are in fact the dominant culture."

Collective action research has shown that perceived notions of effectiveness of a movement's activities are not correlated with movement involvement as an activist (Hornsey, 2006), and therefore it is important to examine individual-level participation independent of effectiveness. Levels and types of LGBTQ movement activity participation varied in expected ways by age and income, with unexpected variation detected by community size. With increased age and income come increased levels of participation.

Percent Reporting LGBTQ Activity Participation by Age

Younger LGBTQ community members were found to be more likely to belong to organizations, with a notable increase in public event participation in one's 30s and 40s. Decreased activity levels were observed among those in their 50s and then began to increase again among those in their 60s and beyond, with monetary contributions to LGBTQ-affirming politicians and organization increasing at a faster rate than other types of activities within this age bracket. Increased monetary contributions to politicians, organizations, and community groups that supported LGBTQ rights was found to be directly associated with increased income, while most other types of participatory activities did not vary by income in a substantial way once a threshold income of about $23,000 was achieved.

Gender and sexual orientation were shown to have very negligible effect on the type or degree of participation in LGBTQ movement activities, with some decreased participation by trans-identified persons, particular among transgender males. This is possibly reflective of reported socioeconomic disadvantage and relative isolation compared to other members of the LGBTQ community. Native Americans were found to report membership in an LGBTQ organization above other types of participation,

and Caucasian respondents were marginally more active overall. An unexpected finding was the presence of an inverted-U in the data on activity by community size, indicating a highly significant degree of
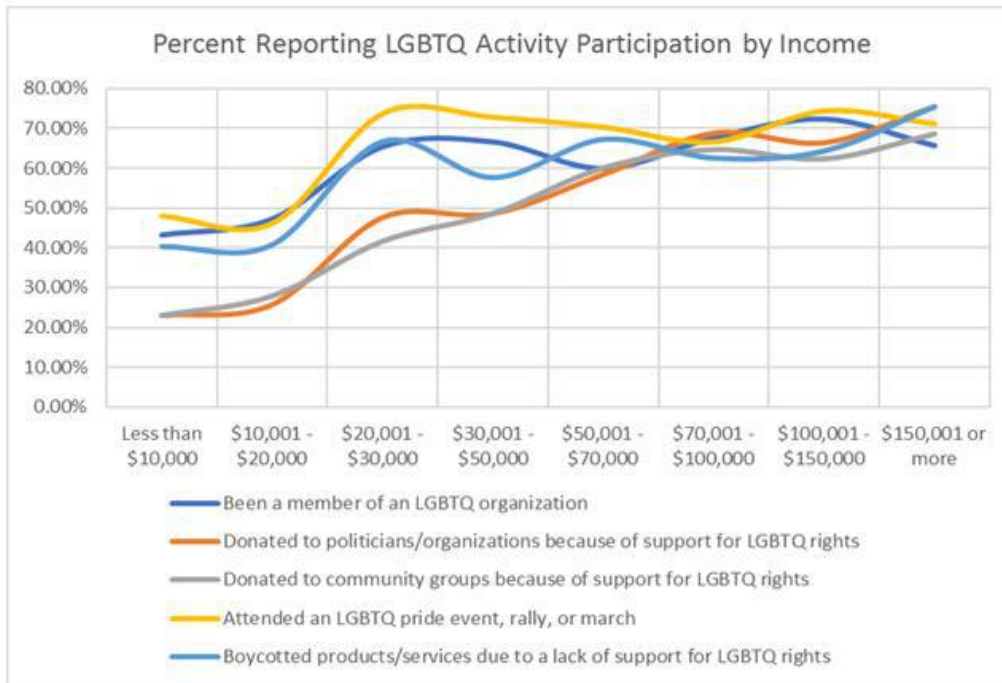
variation among suburban residents. While monetary contributions to LGBTQ-affirming community groups showed higher levels in the rural and urban respondents, suburban respondents reported more contributions to LGBTQ-affirming

Percent Reporting LGBTQ Activity Participation by Income

- Been a member of an LGBTQ organization
- Donated to politicians/organizations because of support for LGBTQ rights
- Donated to community groups because of support for LGBTQ rights
- Attended an LGBTQ pride event, rally, or march
- Boycotted products/services due to a lack of support for LGBTQ rights

politicians and organizations. (Detailed tables can be found in Appendix A).

Consistent views were expressed by survey respondents and interviewees and focus group participants concerning LGBTQ movement strengths and positive experiences in celebration and recognition of the movement's diversity, creativity, resiliency, and determination to achieve equality as a united front. Strength in unity, compassion, and empathy for all minorities was highlighted as key to fighting on behalf of all who feel marginalized in society:

Percent Reporting LGBTQ Activity Participation by Region

- Been a member of an LGBTQ organization
- Donated to politicians/organizations because of support for LGBTQ rights
- Donated to community groups because of support for LGBTQ rights
- Attended an LGBTQ pride event, rally, or march
- Boycotted products/services due to a lack of support for LGBTQ rights
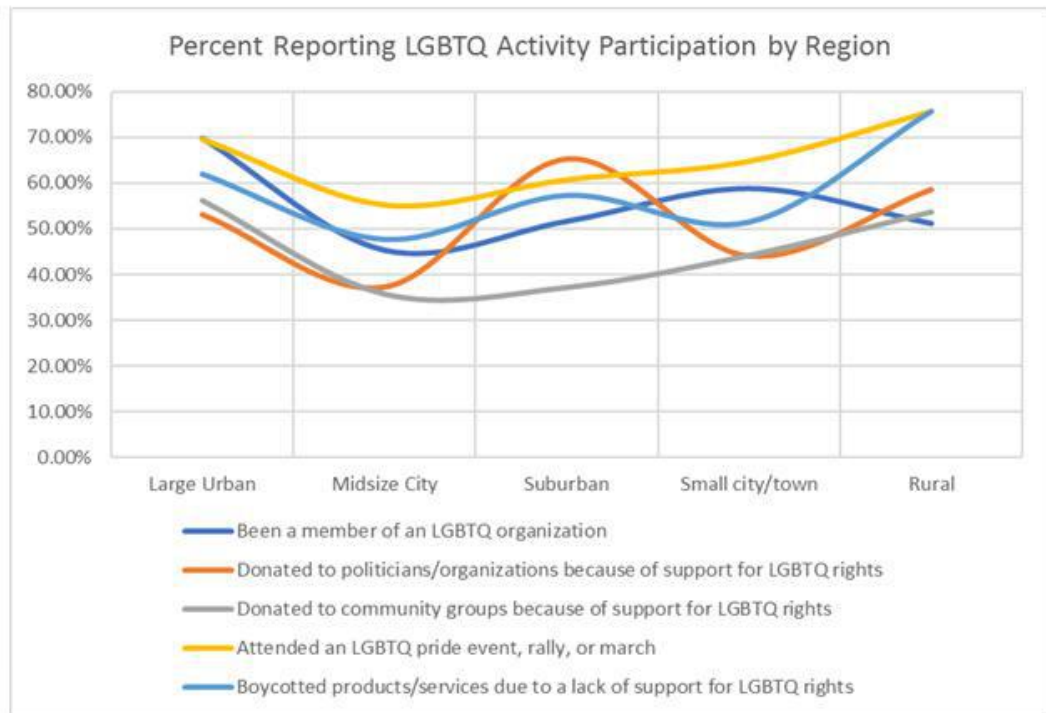
· [Our strength is] our empathy, and our willingness to "go to bat" against discrimination of ANY kind, regardless of whether or not it affects us directly.

· LGBTQ greatest assets are the empathy the community have for other people who identify as different, not just because of sexuality, but also disability, class, or gender.

· [Our strength is] as outsiders for most of human history. The LGBTQ community is uniquely capable of inclusion and support for all of societies underdogs. There is also great capacity for emotional awareness and empathetic understanding of others.

Mutual care and support, and a sense of community through good times and bad were also frequently cited as strengths, as noted below:

· We used to call ourselves "the family" and I think that attests to our greatest strength. We are a family, we come to one another in times of need and love each other.

· The sense of community we have as being a LGBTQ person is a major strength. We also tend to support one another and vote our interests. As more people identify as gay in the public form...it brings greater acceptance overall and better understanding that we have similar needs, wants, and desires for our love ones and friends as anyone else not included in the LGBTQ community.

Others, though, highlighted their ability to influence people in a positive way through relationships that span more areas within society than other movements due to the very diverse nature of the LGBTQ people:

· [Our strength is] our ability to educate and change the views of our family, and others close to us, through relationships. Unlike other minorities LGBTQ individuals span a multitude of identities allowing for personal activism in many communities which is typically not possible.

While some noted divisions within their own community as a result of this diversity, there are many respondents who view differences within their communities as an asset:

· [Our strength is] a sense of togetherness, even with issues of division common among most groups in regards of lines of race, class, etc. Mainstream rich white gays, Log Cabin Republicans vs. intersectional, nonbinary vs. Queer People of Color, all maintaining status as a part of the equation.

· [Our strength is] the ability to recognize that we share the same struggles, that my fight as a trans woman is valid and that my LGB comrades have also struggled, that if we work together we can win.

· [Our strength is] natural diversity. We are in all immigrant and diverse communities. We exist in every religion, race, creed, etc. That diversity makes us a natural political ally to other vulnerable groups and a natural center to progressive political organizing.

Finally, perseverance and resilience through adverse times were among the most frequently cited strengths that allowed growth from within and continued success throughout the LGBTQ movement's history:

- Our greatest strength is our resilience especially within the younger generations.

- [Our strength is] being unabashedly willing to say "no, that is not okay" will be a powerful tool for us for the debates and confrontations ahead.

- I believe the members of the LGBT community are strong because each of us has had to overcome adversity to simply be an authentic version of ourselves.

- [Our strength is] is our ability to "break the rules" of traditional society and challenge the status quo, our loud voice to show that we exist and are not going away.

- [Our strengths are] tenaciousness, sense of identity, willingness to stand up and fight for our rights. Also, the diversity of who we are...everyone knows someone in our community, whether they know it or not.

- [Our strength is] our ability to come together in a crisis. The AIDS epidemic really showed that we could pull together and support one another. And we see it time and again - for example during a recent wave of muggings/robberies in the gayborhood.

- Grit and resilience are the hallmark of the LGBTQ community. We are constantly challenged in our personal and professional lives, and for many, in their spiritual lives, yet we persist.

IV. Texas LGTBQ Organizations

In order to better understand the needs and concerns of the LGBTQ community in Texas, it is important to also examine the organizations throughout the state serving those needs. The *Impact Texas LGBTQ Community Needs Assessment Survey* solicited responses from 166 LGBTQ serving organizations throughout the state, 78 of which responded to questions covering topics about types of services provided, client demographics, agency composition, funding priorities, revenue streams, and views on issues of priority and resource allocation.   The search for organizations was conducted with the assistance of TPIF's Board of Directors, Steering Committees, and Regional Leadership Councils.   Additional organizations were identified through internet searches, email distribution lists, and suggestions from personal networks of the research team.   Each organization was contacted at least two times
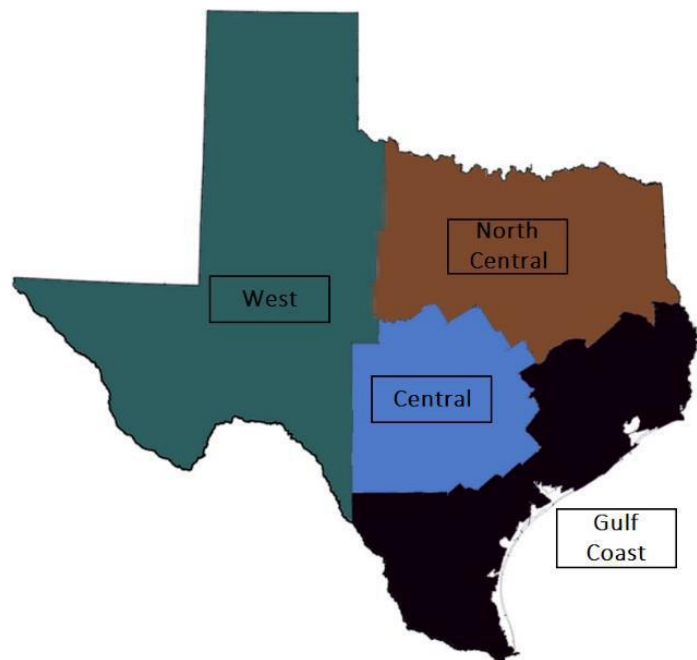
through email, website, or by telephone to encourage participation during the three-month time frame of active surveying.
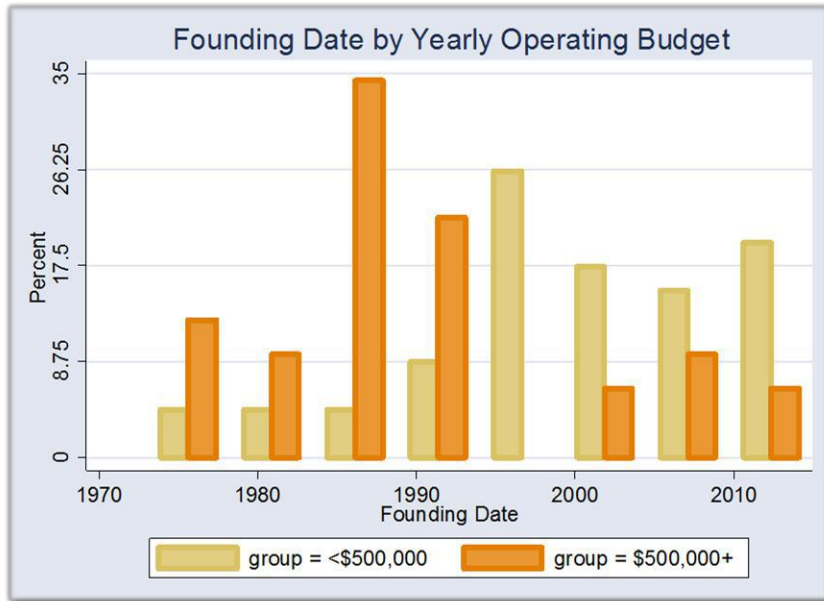
Responding organizations represent a broad cross-section of LGBTQ-serving agencies in both the people they serve and the services they provide. The organizations were coded into four regions to capture geographic variation in the availability of services, including the West, North Central, Central, and Gulf Coast areas. West Texas organizations included those in Midland, El Paso, Lubbock, Amarillo, Abilene, and surrounding areas. North Central was primarily composed of Dallas-Fort Worth responding organizations but also those from surrounding East Texas areas. Central Texas was defined to include San Antonio, Austin, and surrounding areas, while the Gulf Coast region is comprised Houston, Corpus Christi, and the Rio Grande Valley.

Only 8.97% of these organizations were founded prior to 1980, with approximately 41% forming between the years of 1982-1994, and the remaining 50% founded in the last 23 years. Of those founded after 1994, only seven maintain large annual operating budgets of greater than $500,000, along with greater numbers of smaller and more specialized organizations. A majority of organizations (42.31%) report from the North East region, but this is consistently proportional to the comprehensive surveyed count of all Texas LGBTQ-serving organizations, reflecting a higher number of organizations located in this region. North East organizations are also better funded overall with 54.55% of them maintaining operating budgets of at least $500,000. In comparison, only 25% of the organizations which responded from the West region were high budget, with high budget Gulf Coast and Central organizations comprising about a third from each region.
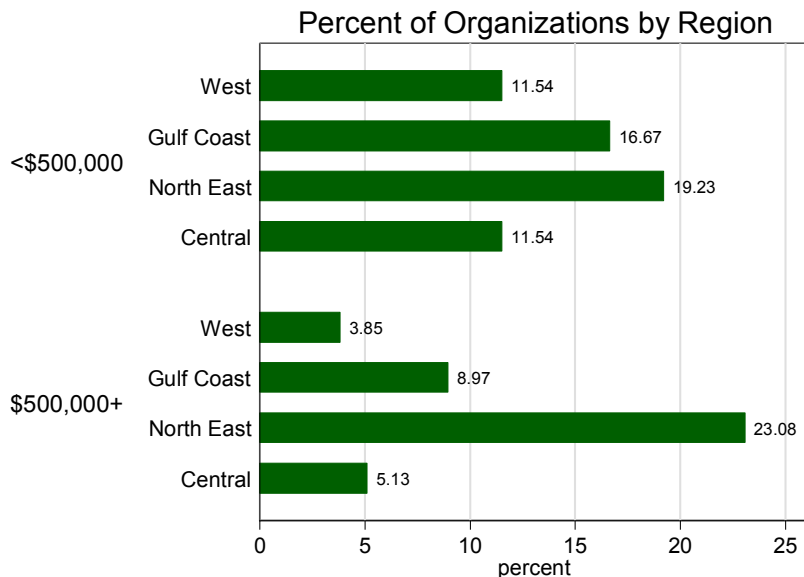
4.1 Organizational Capacity

Responding organizations with smaller annual budgets served an average of 227 fewer clients per week, with less variation in capacity than larger organizations. Those in the West served 15 to 50 clients, while Central and North East Texas organizations served between 20 and 200 clients per week. Multiple individual survey respondents indicated a high need for more space and services in Austin, specifically for older LGBTQ community members and transgender people.

Table 2.1 Number of People Served by Operating Budget and Region

	N	mean	sd	min	max
<$500,000	*39*	*65.23*	*48.02*	*12*	*200*
West	6	30.50	15.53	15	50
Gulf Coast	12	48.25	41.15	12	150
North East	14	86.79	48.07	25	200
Central	7	81.00	55.97	20	200
$500,000+	*31*	*292.26*	*321.45*	*18*	*1342*
West	3	108.33	122.92	30	250
Gulf Coast	7	247.86	213.81	85	600
North East	17	322.47	344.59	20	1342
Central	4	379.50	494.72	18	1100
Total	*70*	*292.26*	*321.45*	*18*	*1342*

Table 2.2 Number of Full-time equivalent, Part-time Equivalent, Volunteers by Region for Organizations with Operational Budget of <$500,000

	mean	sd	min	max
West				
FTE	1.11	1.36	0	3
PTE	0.22	0.44	0	1
Volunteers	50.00	64.71	0	200
Gulf Coast				
FTE	2.25	2.30	0	6
PTE	0.25	0.62	0	2
Volunteers	11.25	14.30	1	50
North East				
FTE	4.20	5.54	0	22
PTE	0.73	1.16	0	4
Volunteers	31.07	35.52	0	110
Central				
FTE	6.00	8.19	0	23
PTE	1.56	3.94	0	12
Volunteers	12.89	18.86	0	60
Total				
FTE	3.42	5.16	0	23
PTE	0.67	1.91	0	12
Volunteers	25.93	38.72	0	200
N=45				

The higher budget organizations in the Central region show greater focus on education and advocacy work than other service providers, with an abundance of HIV/AIDS services. Some reports contained in the individual level data indicated a lack of behavioral health services in San Antonio specifically, while at the same time one organization from this city responded to an open-ended question detailing an upcoming expansion of existing physical health services to include behavioral health. In less densely populated West Texas, high budget organizations serve an average of 200 fewer clients than those in other regions. About 37% of Gulf Coast organizations were high budget, with both budget brackets serving a wide range of needs and population segments including seniors, communities of color, and LGBTQ youth and parents. North East region respondents at both budget levels offered both general and specialized services to diverse populations.

Larger budget organizations reported far higher staffing levels, with West Texas centers showing lower levels of volunteerism than their smaller budget counterparts in the same region. Central Texas organizations show a large volunteer network of approximately 323 average volunteers. Organizations in the North East employ the highest number of both full-time and part-time personnel followed by those in the Gulf Coast. Central Texas organizations staff negligible levels of part-time staff while West Texas

employs on average 40% of staff as part-time. With some organizations reporting no paid staff, the employment ratios show that most organizations throughout the regions rely on a relatively small staff and, for some, a large number of volunteers, to deliver a number of necessary services to the LGBTQ community in Texas.

4.2 Types of Services Provided

Organizational survey respondents were asked to indicate which services each agency provided and the level of priority each service provided was to the organization's mission (high priority, medium priority, low priority). Organizations were shown to provide a wide range of services and programs under the following categories: mental health, general health and well-being, educational, legal, arts and cultural, social, and community outreach. Key areas of interest are presented below, with additional tables found in Appendix B.

Discussion/support groups

percent by Region
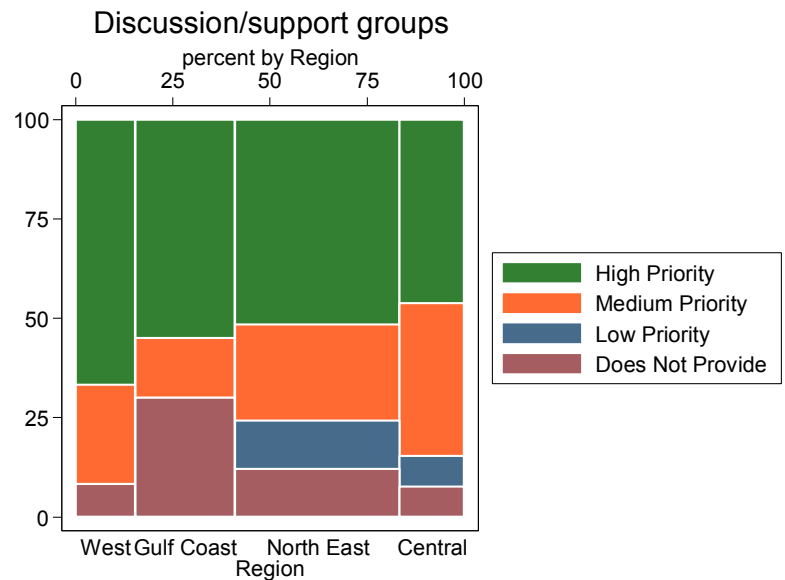
Mental health services and programs
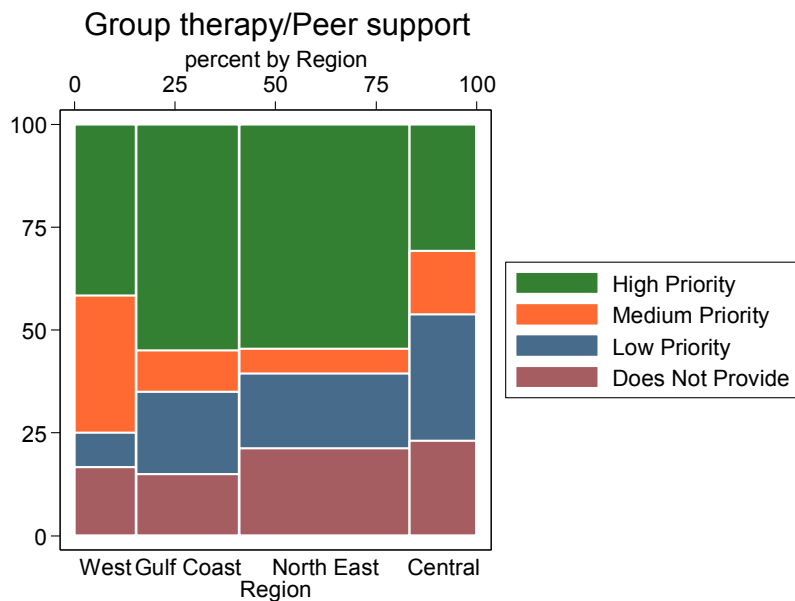
Group therapy/Peer support

percent by Region

The most regionally comprehensive mental health service types provided include discussion/support groups, group therapy/peer support, and LGBTQ-friendly behavioral health referrals. Approximately 54% of all reporting organizations offer some type of discussion or support group with equal proportions by budget size and nearly proportional coverage by region among those who rank this service as a high or medium priority. Gulf Coast providers have the lowest level of coverage, with 30% of organizations not providing these programs, while eleven of the twelve organizations in West Texas offered this service as either a medium or high priority relative to their mission.

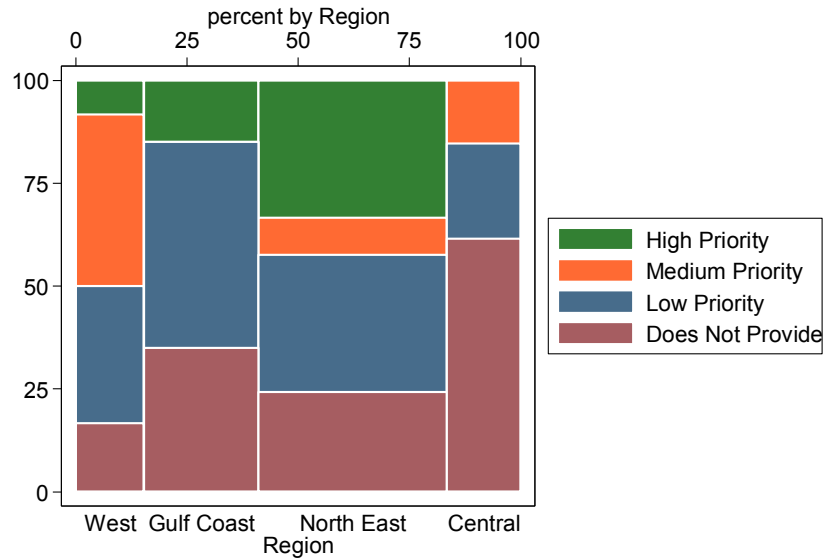Group therapy and peer support groups are frequently delivered in a more formal manner than discussion/support groups, and generally involve some type of trained facilitator. Only 30% of

organizations in the Central region offer this type of service as a high priority while another 30% offer it as a low priority. Group therapy and peer support groups were more likely to be found as a medium or high priority in West Texas than all other regions.

LGBTQ-friendly behavioral health referrals were reported as a high need in the individual survey, and agencies in all four regions provide this service to varying degrees. Three-

Crisis response team/Crisis intervention

percent by Region

quarters of West Texas agencies provide referrals as a high priority. The Gulf Coast region has the lowest number of organizations providing referrals as a high priority (seven of the twenty organizations in this region), which combined with the lower levels of behavioral health services offered suggest especially high unmet mental health needs in this region. Other more targeted mental health programs were offered less frequently, including couples therapy, crisis intervention, and domestic abuse counseling. The North East region provides the highest number of organizations providing couples therapy with 79% of reporting organizations providing this service, although 42% consider it to be a low priority. No reporting Central

region organizations provide couples therapy as either a high or medium priority, with 30.77% providing it as a low priority and 69.23% not proving it at all.

Crisis intervention and help lines were discussed by one key informant as an important unmet need for the Central region, with surges in crises reported in conjunction with national or state-level events such as consideration of anti-LGBTQ legislation or publicized hate crimes. Crisis

Family therapy

percent by Region

Transgender mental health care

percent by Region
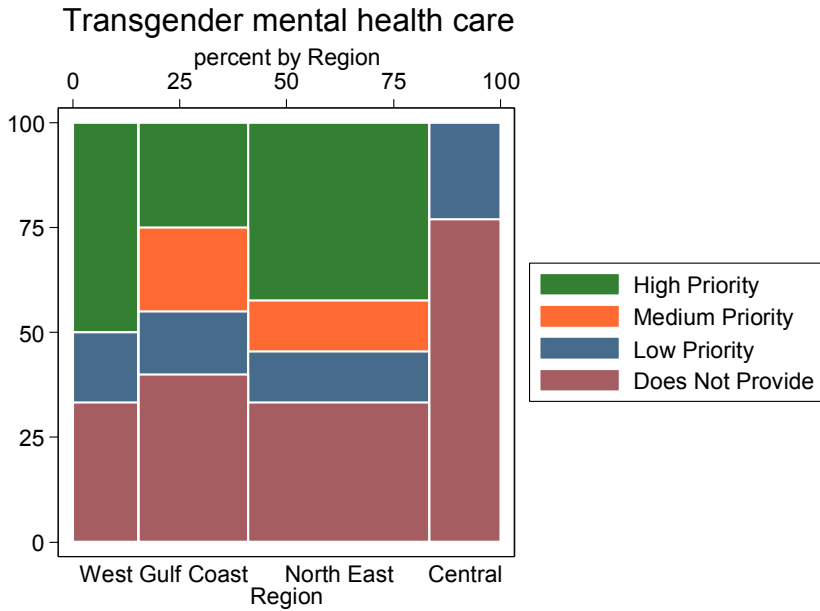
response teams were more frequently found in the North East region as a high priority service with the Central region reporting none at this service level. Help lines were shown to be an extremely low priority all across the state, with less than 10% of all reporting agencies offering this type of program as a high priority. Family therapy was more likely to be provided in the North East region and less likely in the Central region. Individual therapy was provided across the regions in a nearly identical manner, with fewer providing it as a high priority in the West (8.33%), and more providing it as a high priority in the Gulf Coast (35%) when compared to family therapy. Drug and alcohol abuse counseling was more frequently listed as a high priority in the North Central region with 21.21% of centers providing care at this service level, while only 10% of those in the Gulf Coast reported it as a high priority. Psychiatry and medication management was a low priority for most centers, with only 12% of all organizations providing this level care as a high priority, 60% of which were located in the North Central region.

Many responding organizations reported providing transgender mental health care services at either a high or medium level priority. However, in Central Texas, 76.92% of responding organizations did not deliver this service, although 7.69% of them did provide gender identity counseling. Behavioral health services for youth had a slightly more comprehensive coverage regionally, with 73.08% of all centers providing youth mental health programming as some level of priority central to their mission. Of those who considered this a high priority service, 50% were organizations with budgets of at least $500,000. However,

LGBTQ youth behavioral health

percent by Region
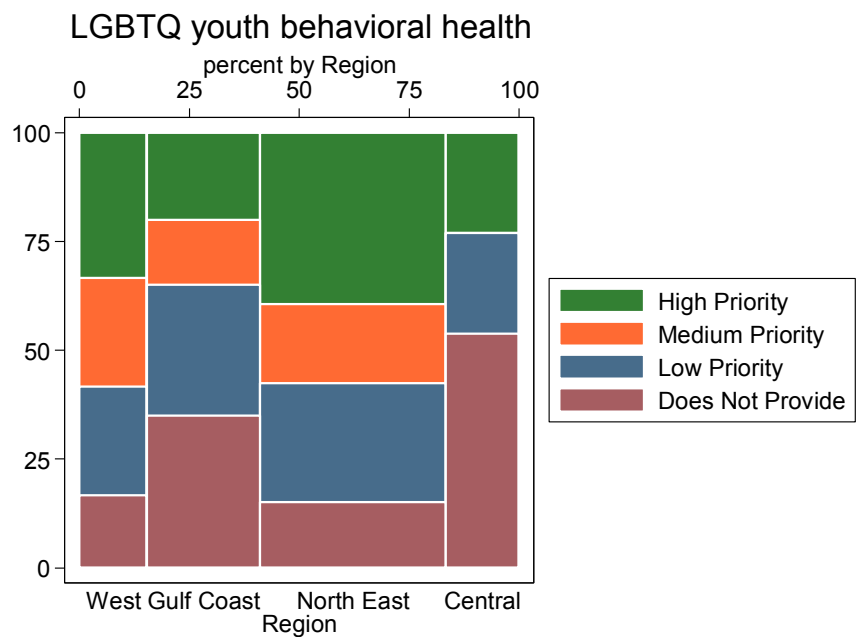
Central Texas agencies again were less likely to offer such programs, with only 23.08% considering it to be at least a medium priority compared to over 50% more of the organizations found in the North East and West.

General Health and Well-being Services and Programs

Recalling that access to routine health care was the overwhelmingly number one priority among responding individuals, with nearly one-third of respondents selecting this issue as the most important issue they are facing today, the level of offered general health programs available through LGBTQ-oriented organizations suggests a possible misalignment with community needs. On the other hand, the health care that is provided is said to reflect LGBTQ competency, with the vast majority of organizations providing referrals to LGBTQ-friendly health

Health Education/Prevention
percent by Region

providers. The data shows that organizations throughout the state provide more educational and informational programming than actual care. Given the cost, credentialed staff requirements, and the burden of regulatory procedures associated with medical care, it is understandable that most organizations cannot provide extensive medical care. However, a thorough examination of what general health options are available in contrast to other medical and non-medical services might help inform a discussion on what

LGBTQ-friendly Provider Referrals
percent by Region

more can be done, whether resources should be shifted from other areas to fulfill community concerns about health, and where collaborative relationships might lead to more health care options for the LGBTQ community in Texas.
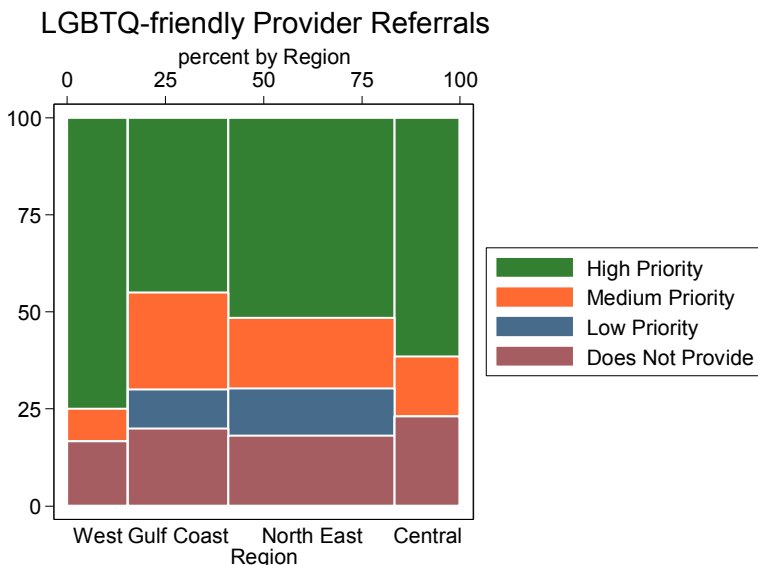
LGTBQ-friendly provider referrals and health care educational and prevention programs are offered by over 80% and just under 70% of reporting organizations,

respectively.   Referrals are provided widely and with consistent priority by region, with the West region placing a noticeably higher level of priority on this issue.

Less than 20% of all organizations provide the following general health services as a high priority: preventive care, chronic care, physical exams, laboratory services, prescription assistance, and women's health. Chronic disease care and preventive care followed similar patterns, as did physical health examinations and women's health services with some regional variation.

More specialized care showed less predictable variation, with organizations operating on a budget under $500,000 providing proportionally more of the following services: diabetes screening and counseling, vision care, dental care, cancer screenings, pregnancy and prenatal care, vaccinations, and smoking cessation. Of all the specialized care topics considered, the only one large budget organizations provided more frequently is weight management and healthy lifestyle programs (63.64% of those with at least a $500,000 budget provide these services compared to only 36.36% of smaller budget organizations). Most of these specialized care services were provided at lower priority levels compared to the general care services. Financial assistance for health care costs also significantly varied by budget size, with over 31.25% of the larger organizations providing assistance as a high priority compared to only 6.52% of the smaller organizations.
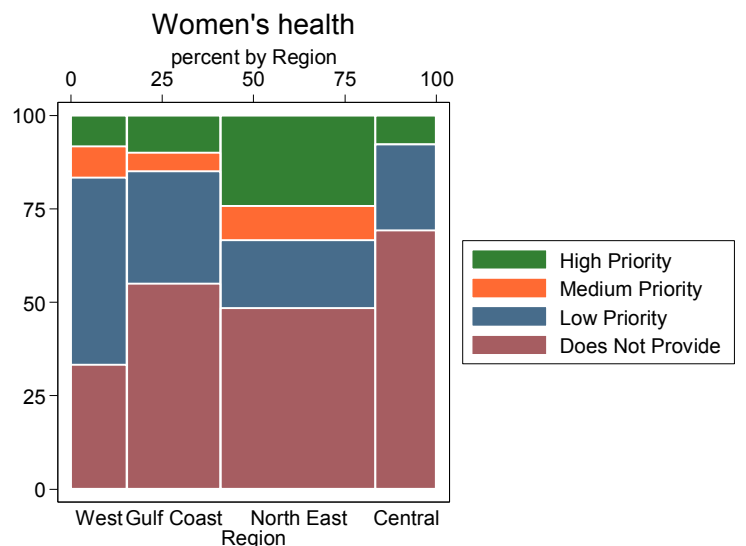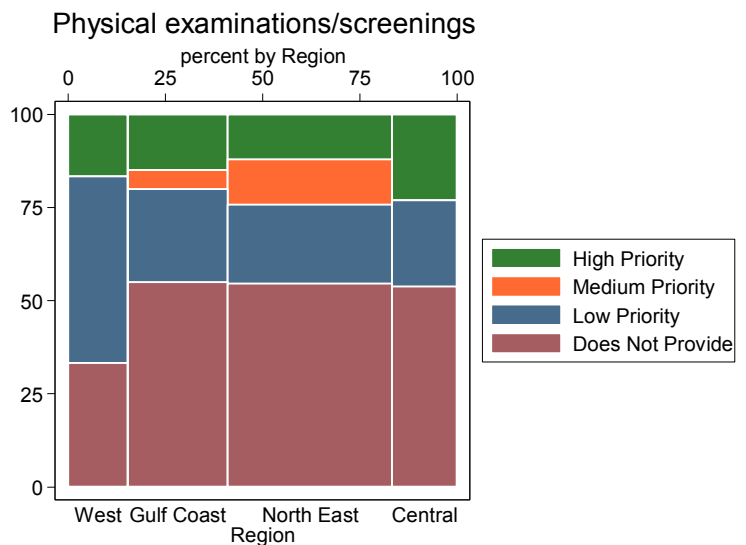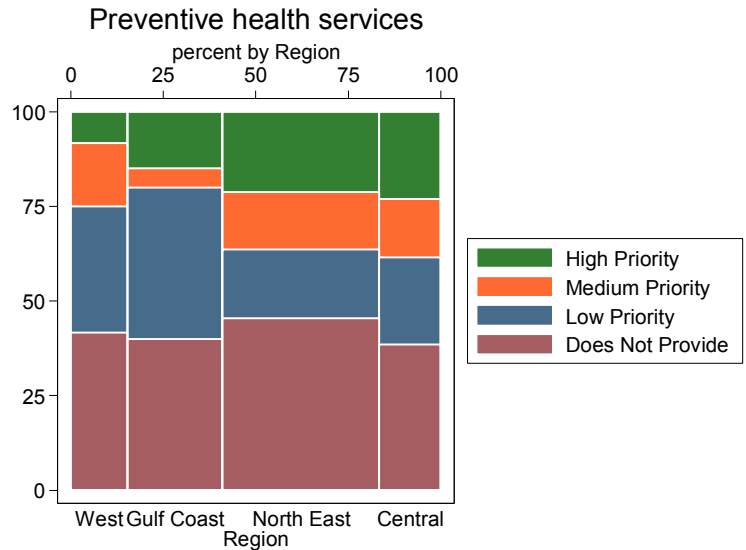
Preventive health services

Physical examinations/screenings

Women's health

Table 2.3 Financial assistance for health care costs

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
<$500,000	43.48	45.65	4.35	6.52	100.00
$500,000+	56.25	9.38	3.13	31.25	100.00
Total	48.72	30.77	3.85	16.67	100.00
N	78				

Row Percentages Shown

Health care for specific populations was generally infrequently provided, and when offered it was a lower priority to the organization's mission or purpose. West Texas organizations provide home and community based care (HCBC) for seniors and individuals with disabilities at far higher rates than any other region with 67.67% reporting some level of care provided. On average and to compare, only about 40% of the other regions offer any level of HCBC care to seniors and 36.54% provide HCBC to people with disabilities. Senior health care and referrals were provided at slightly higher rates, with sparse coverage of these services found in the Central region especially, and the most coverage again found in organizations serving the West Texas residents. Children's and teen's health showed even lower priority and availability than care for senior citizens.

Table 2.4 Children's/Teen health

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
West	41.67	33.33	8.33	16.67	100.00
Gulf Coast	60.00	25.00	10.00	5.00	100.00
North East	60.61	15.15	9.09	15.15	100.00
Central	76.92	23.08	0.00	0.00	100.00
Total	60.26	21.79	7.69	10.26	100.00
N	78				

Row Percentages in Parentheses

Table 2.5 Senior care and referrals

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
West	25.00	41.67	16.67	16.67	100.00
Gulf Coast	35.00	35.00	20.00	10.00	100.00
North East	42.42	30.30	9.09	18.18	100.00
Central	69.23	15.38	0.00	15.38	100.00
Total	42.31	30.77	11.54	15.38	100.00
N	78				

Row Percentages in Parentheses

Sexually transmitted disease (STD) testing, treatment, and prevention programs, including HIV/AIDS-related services, were widely available and a high priority for the vast majority of organizations providing these services. Only 24.36% of surveyed organizations report not offering these services at any level of priority, with 50% of all agencies considering these programs high or medium priority. Of the organizations with budgets of at least $500,000, 66.67% of them consider STD/HIV programs to be a high priority service,

contrasting with only 21.74% of those with low budgets, suggesting some level of disparity by budget size.

The Gulf Coast region is primarily comprised of organizations that operate within the lower budget bracket (65%), and lower levels of access and priority of providing these services were found in this region. Interviews and focus groups conducted in the area did reveal a higher need for STD/HIV health care services than other areas, frequently attributed to higher concentrations of communities of color, immigrants, and the cultural barriers associated with seeking and utilizing necessary medical care more prevalent across these communities. When looking at priority populations served, organizations that serve immigrant populations show increasing levels of priority given to STD/HIV prevention programs among those who offer them. Programs that prioritize access for communities of color also offered these services frequently and as a high priority. Given the substantial body of research on increased risk for STDs and HIV among minorities, substantiated as a high need in interviews, this data appears to show a great effort from organizations trying to meet these needs for the LGBTQ community in Texas.

Table 2.6 STD/HIV testing, treatment, and/or prevention program priority

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
Does Not Serve LGBTQ immigrants	26.00	36.00	8.00	30.00	100
Serves LGBTQ immigrants	21.43	7.14	17.86	53.57	100
Total	24.36	25.64	11.54	38.46	100
N	19	20	9	30	78

Row Percentages Shown

Table 2.7 STD/HIV testing, treatment, and/or prevention

		LGBTQ People of Color Program Priority Level				
		Does Not Provide	Low Priority	Medium Priority	High Priority	Total
STD/HIV Testing Treatment and/or Prevention Program Priority Level	Does Not Provide	44.83	24.14	6.90	24.14	100.00
	Low Priority	21.43	71.43	7.14	0.00	100.00
	Medium Priority	11.11	22.22	33.33	33.33	100.00
	High Priority	7.69	3.85	11.54	76.92	100.00
	Total	24.36	25.64	11.54	38.46	100.00
	N	29	14	9	26	78

Column Percentages Shown

Educational Programs

A large number of Texas LGBTQ organizations provide a variety of educational programs to both youth and adults throughout the state. Youth mentoring programs are the most frequent youth program provided. Of the 55.56% of agencies with an operating budget of under $500,000, 58% of them consider this service as a low priority compared to 76% of those with high budgets considering it a high priority. Regional availability shows mentoring most likely to be available in the West, followed by the North East. Tutoring and other student support services were less available overall, with an average 51.99% of organizations offering this service to some degree. High school completion or GED programs were offered primarily as a low priority with greater access in the West and Gulf Coast serving agencies.

Youth mentoring
percent by Region

Legend:
- High Priority (green)
- Medium Priority (orange)
- Low Priority (blue)
- Does Not Provide (maroon)
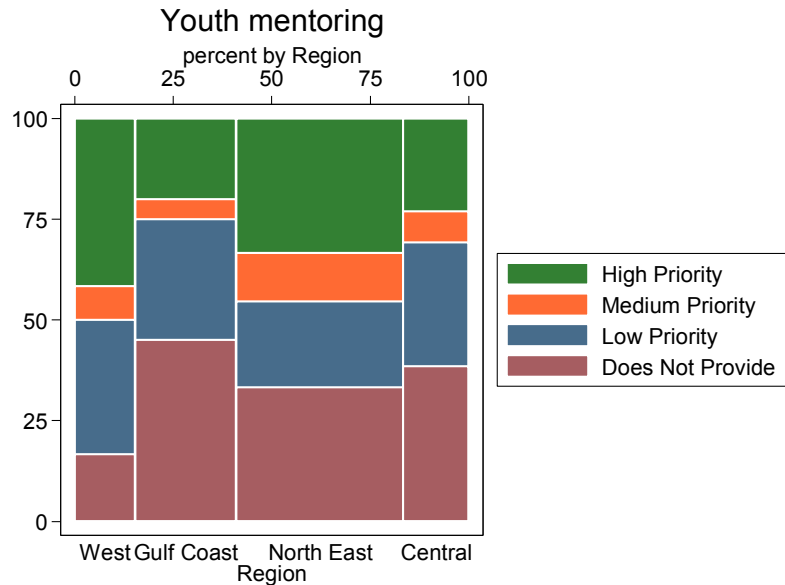
Classroom instruction and seminars were less available in the West and North East, and financial literacy far less in the Central region, with the North East showing 30% of those offering it to be a high priority program. Career training, job referrals, and vocational skills were all topics repeatedly mentioned in the qualitative data, and these are available fairly widely, but frequently at a medium to low priority. Unexpectedly, the West Texas serving agencies provide these services more frequently than any other region, with 75% of them offering some type of employment related programming.
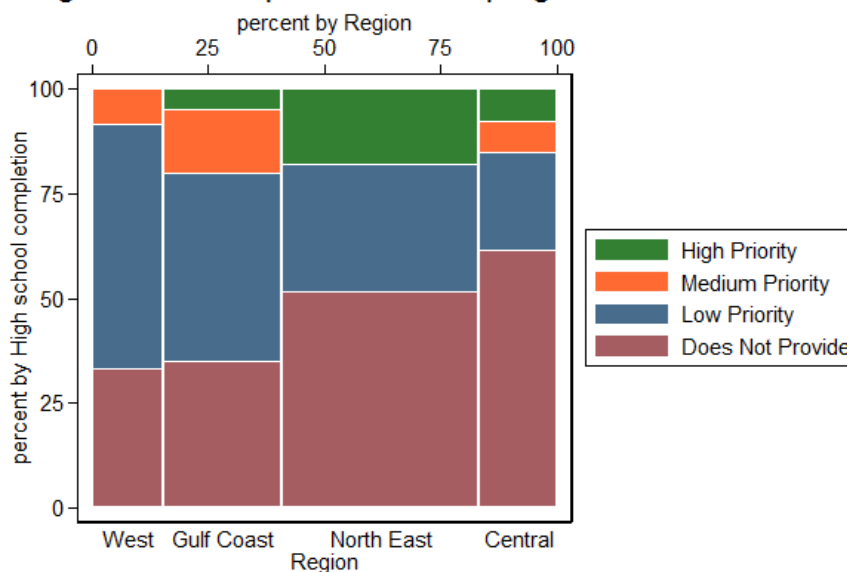
High school completion or GED programs
percent by Region

Legend:
- High Priority (green)
- Medium Priority (orange)
- Low Priority (blue)
- Does Not Provide (maroon)

Table 2.8 Career training, employment referrals, vocational skills

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
West	25.00	41.67	25.00	8.33	100.00
Gulf Coast	50.00	35.00	5.00	10.00	100.00
North East	39.39	15.15	27.27	18.18	100.00
Central	46.15	23.08	7.69	23.08	100.00
Total	41.03	25.64	17.95	15.38	100.00
N	78				

Row Percentages in Parentheses

Legal Services

Texas LGBTQ community members and key informants agreed on the high need for assistance with legal matters. Without full coverage of the same protections provided to non-LGBTQ Texans, many LGBTQ individuals face considerable challenges when confronting issues related to discrimination in employment, child custody following separation or divorce, protection of assets, health care decision making, and all other matters that affect legal standing and policy. Several interviewees detailed issues they faced across all these topics throughout each region of the state visited, suggesting this is not only a high need but a

Hate crime reporting and/or referral

widespread need. Assistance with hate crime reporting and/or referrals was not reported in the data collection, yet this service is by far the most frequently provided legal service at the organizational level, as well as ranking highest in terms of priority level.
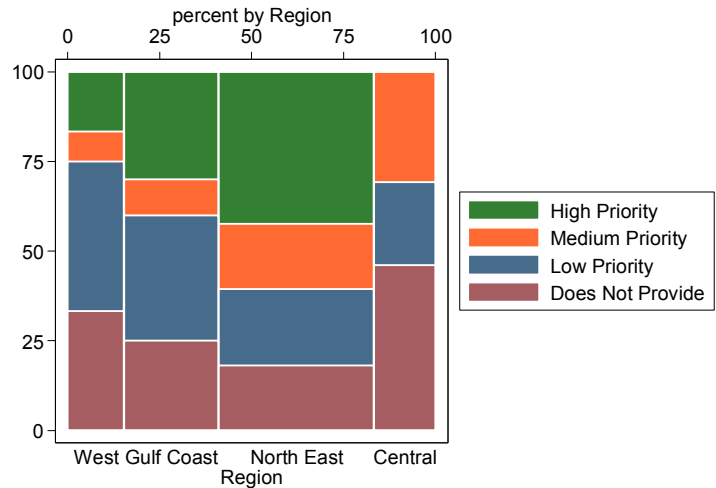
Assistance with legal documents
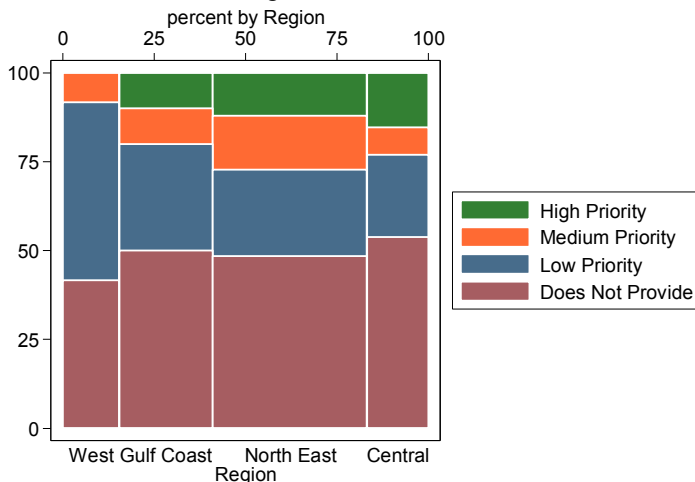
Hate crime legal assistance varied in a highly significant way by budget level, with 60.07% of larger agencies considering this a high priority service compared to only 20.83% of smaller ones. Regionally, there is a disproportionate share of organizations providing these services in the North East cities (47.36% of all organizations providing these services), which could indicate higher need in these communities. Comparatively, 26.63% of these organizations exist in the Gold Coast, 14.03% are located in West Texas, and 12.28% are in Central Texas.

Assistance with legal documents was cited most frequently as a concern among community members, with immigration matters and LGBTQ-friendly legal referrals mentioned less frequently but repeatedly as concerns. Assistance with legal documents is available through many organizations, but with far fewer organizations offering this help compared to hate crime assistance. Assistance with immigration was a higher priority for Gulf Coast region agencies but lower to those in West Texas. On the other hand, representation referrals were shown to have very high availability in West Texas, with proportionate degrees of priority status across

Immigration processing

all centers offer this service. This finding is highly consistent with the qualitative data showing multiple people reporting inadequate access to legal representation in that area, with some not knowing where to seek help.
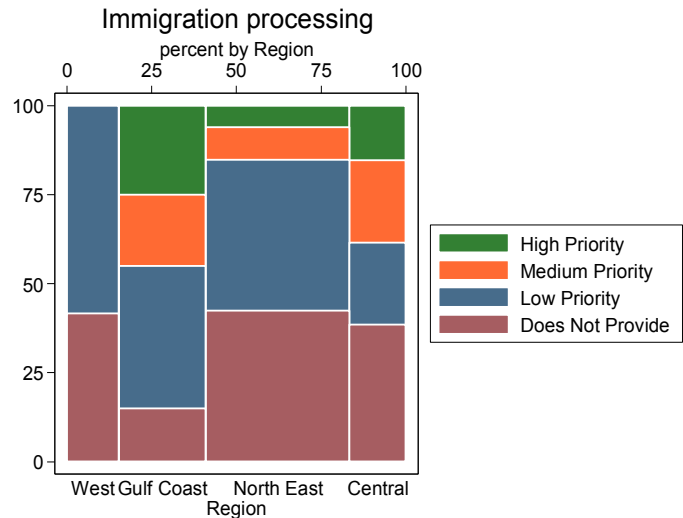
Table 2.9 Representation referrals

	Does Not Provide	Low Priority	Medium Priority	High Priority	Total
West	8.33	33.33	25.00	33.33	100.00
Gulf Coast	40.00	20.00	25.00	15.00	100.00
North East	42.42	27.27	15.15	15.15	100.00
Central	38.46	15.38	15.38	30.77	100.00
Total	35.90	24.36	19.23	20.51	100.00
N	78				

Row Percentages in Parentheses

Arts, Cultural, and Recreational Programs

Cultural arts and recreational programs were among the lowest ranked priority needs in the individual level data, though social organizations were more heavily favored, and recounted repeatedly as a high need among seniors especially who were shown to be at greater risk for isolation as they aged out of the LGTBQ social scenes. Cultural arts like film, dance, and choral/instrumental groups were among the lowest level priorities of offerings. Of these, creative arts programs were most widely available, with over half of all organizations offering these programs in each region. The Central region organizations offered the lowest proportion programming for

Local pride celebrations

Senior citizen activities

percent by Region

Social Services

Nationally, LGBTQ people are more likely to experience economic disadvantage (Badgett, Durso, & Schneebaum, 2013b). Trans-identified and single male community individual respondents in the *Impact Texas* survey were found to be at higher risk for economic insecurity, with qualitative data indicating high concern for homelessness, senior services, and housing. The organizations surveyed report a broad range of social service programming

film, media, art, choral/instrumental groups, and book clubs. Local pride celebrations were a notable priority, more so than any other types of recreational programming examined. Religious programs were reported as relatively low priority offerings, with organizations from the West and Gulf Coast offering more acces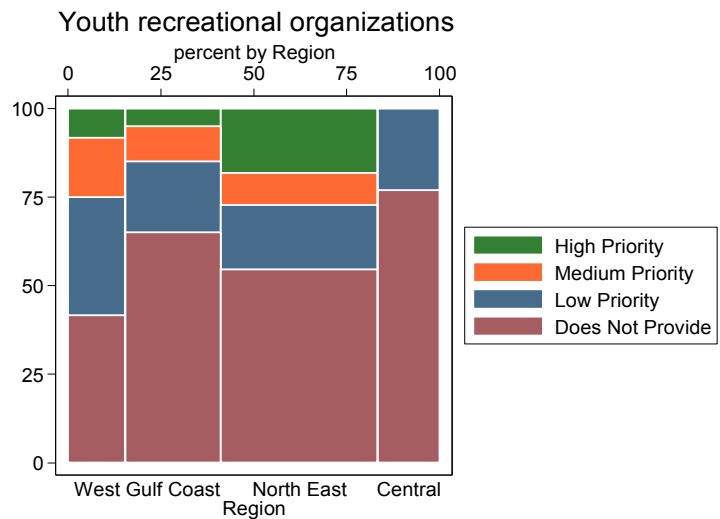s with a greater percentage of agencies offering these services and more considering them a higher level priority. Nearly 90% of the smaller budget organizations offer some level of senior citizen programming, although 70.27% of them consider these

programs a low priority. Conversely, only 50% of the high budget organizations offer senior citizen activities but over half of them consider these programs to be high priority. Availability of senior activities is fairly equal across regions and between higher and lower budgeted organizations. Youth recreational programs and sports and leisure programming were not highly available nor considered high priority, with a slightly heavier emphasis on these programs in the West Texas region.

Youth recreational organizations

percent by Region

available, with small budget organizations far more likely to provide these services to their community overall. Larger budget organizations showed higher rates of some level of service across programs for food assistance (84% with programs compared to 45.52% of smaller organizations) and people of color community outreach (81.25% with programs compared to 50% of smaller organizations). Larger and smaller agencies provided housing assistance at a comparable rate (62.5% of large agencies providing some level of services compared to 63.04% of small budget programs), but larger organizations provide these services as a high priority (90% compared to only 34.48% of smaller organizations). All other social

LGBTQ people of color programs

and community development services (58.7% small organizations providing compared to 28.12% of large).

For homeless outreach and senior services, organizations of both sizes provided services at comparable rates: homeless outreach, 58.7% small organizations providing compared to 50% of large, and senior services, 50% small organizations providing compared to 37.5%). Of these two types of programs, variation in service delivery was found more across regions rather than size of operational budget. Availability was found to be nearly

services were primarily delivered through small budget organizations, including: poverty programs (84.7% small organizations providing compared to 25% of large), refugee and immigrant assistance (82.61% small organizations providing compared to 25% of large), crime and delinquency programs (50% small organizations providing compared to 18.75% of large), emergency assistance and temporary relief funds (63.04% small organizations providing compared to 34.38% of large), family programs (50% small organizations providing compared to 21.88% of large),

Senior citizen programs

identical, except for Central Texas, which showed fewer programs for seniors, at only 15.38% of responding agencies. Food and nutritional assistance and housing assistance programs were widely available. Centers from West Texas held the highest rate of service delivery for both these programs (75% of centers providing food and nutritional services and 83.33% providing housing assistance), with a higher priority ranking for housing. The availability of each of these programs was proportionally similar from within each region, though generally housing assistance held a higher priority.

Homeless outreach

Housing assistance
percent by Region

Food and nutritional assistance
percent by Region

Legend:
- High Priority
- Medium Priority
- Low Priority
- Does Not Provide
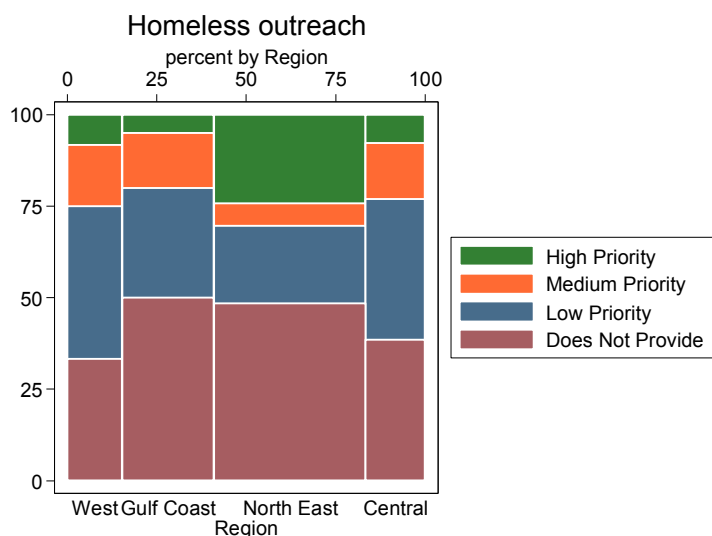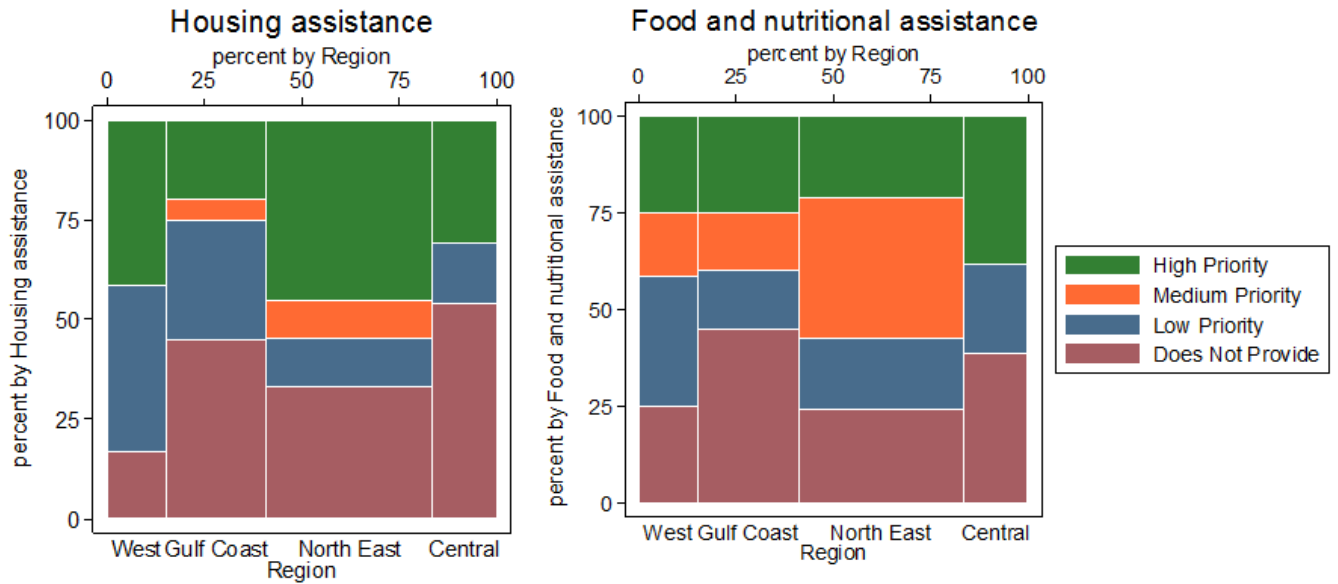
Community Outreach, Policy, and Civic Engagement Services

Texas LGBTQ organizations play a significant role in promoting LGBTQ rights through advocacy work, educating the public about LGBTQ issues, and connecting LGBTQ community members with causes to advance LGBTQ-affirming policies. Organizations with budgets of less than $500,000 are more likely to engage in advocacy programs, with three exceptions: 1) general public LGBTQ educational outreach, 2) anti-harassment and anti-bullying campaigns, and to a lesser degree 3) lobbying and direct contact with lawmakers. Community outreach and policy programs varied more by budget level than other programs.

Anti-harassment/bullying educational outreach
percent by group

Legend:
- High Priority
- Medium Priority
- Low Priority
- Does Not Provide
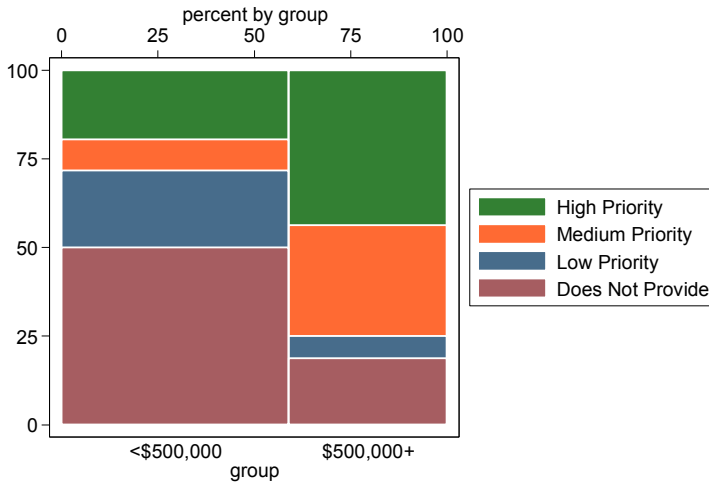
Over 82% of large budget organizations provide some level of anti-harassment and anti-bullying outreach services compared to 50% of smaller organizations, and rank this service as a higher priority to their organization. They were also found to provide similarly higher levels of general public outreach education with correspondingly higher priority.

Lobbying and direct contact with lawmakers showed less variation and was considered a high priority across an averaged 36% of all organizations with only 23% of organizations not offering some type of lobbying program effort. No significant regional variation in lobbying work was found, with the exception of less general outreach and higher prioritized lobbying effects in Central Texas organizations.

Lobbying and/or direct contact with lawmakers
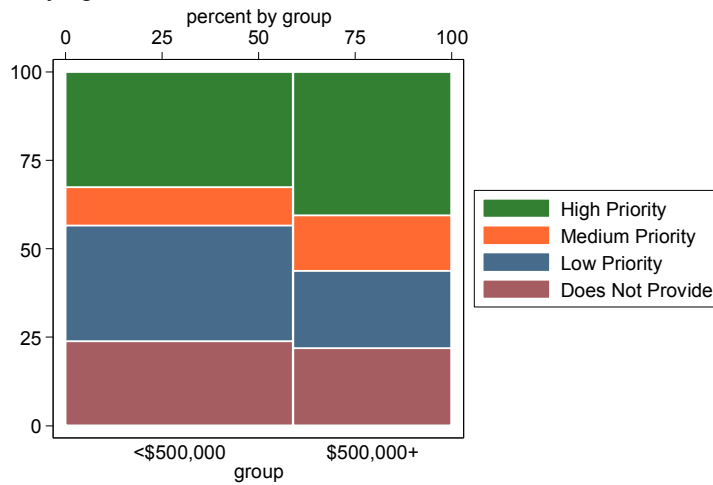
All other civic outreach and mobilization techniques were provided with greater frequency by organizations with smaller budgets. Voter registration/Get-out-the-vote (GOTV), and political mobilization campaigns were overwhelmingly provided through smaller organizations in their communities. Of these, 86.96% provide GOTV programming (compared to only 32.25% of larger budget organizations) and 74.74% provide political mobilization outreach compared to 34.37% of larger centers. These programs showed broad availability in terms of region, with more priority placed on voter registration and information programs than general political mobilization techniques.

Table 2.10 General public LGBTQ educational outreach

	<$500,000	$500,000+	Total
Does Not Provide	72.73	27.27	100.00
Low Priority	83.33	16.67	100.00
Medium Priority	44.44	55.56	100.00
High Priority	43.33	56.67	100.00
Total	58.97	41.03	100.00
N	78		

Row Percentages Shown

Voter registration/Get-out-the-vote programs
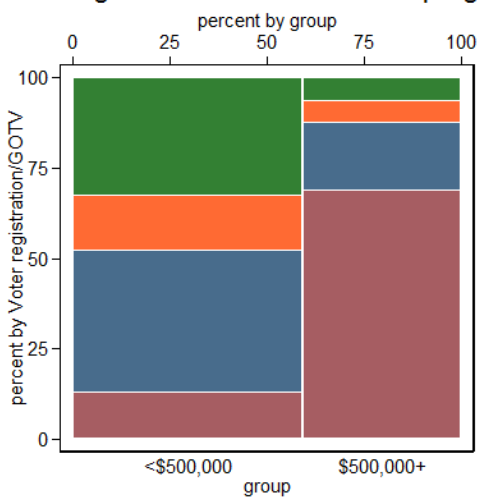
Political mobilization
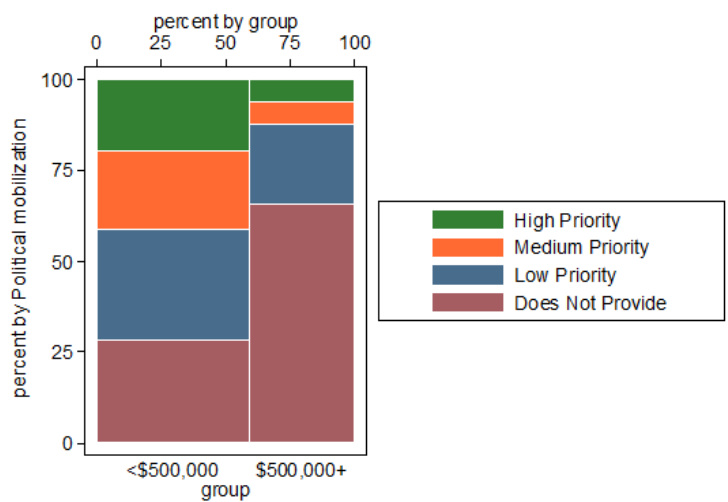
Nonprofit, corporate, and government outreach and education were provided proportionally across regions, more organizations with smaller budgets made these services available, and with greater priority overall.

Nonprofit, corporate, government outreach

Nonprofit, corporate, government outreach
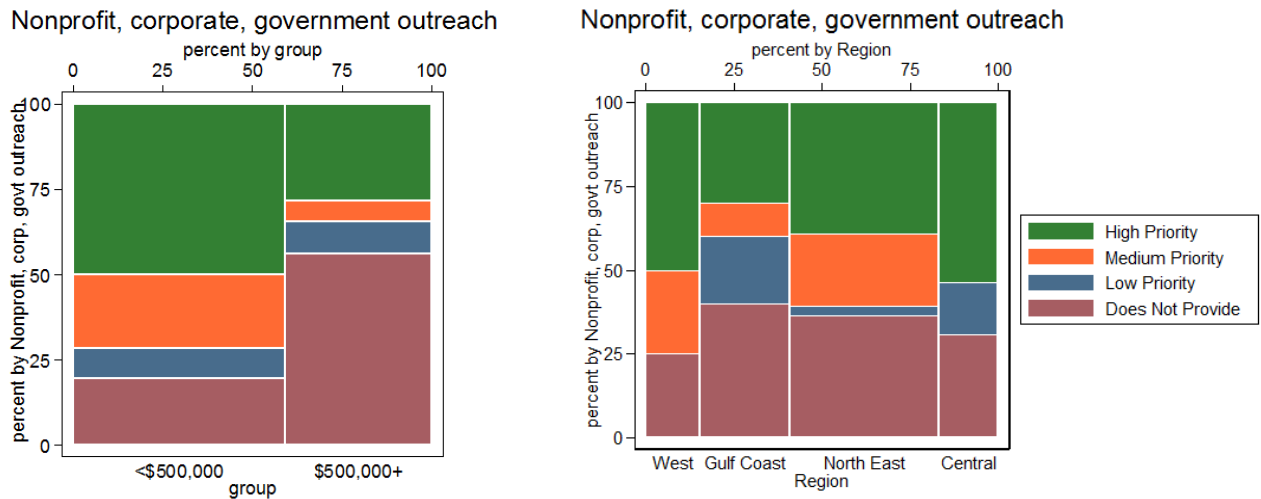
Finally, youth outreach programs and healthcare provider LGBTQ competency training were both identified as serious concerns for LGBTQ community members through both the qualitative and individual-level survey data. Organizations from both budget brackets provide these services at similar rates, yet with lower priority than other public outreach efforts. Organizations from the Gulf Coast and Central regions provide such programs at the lowest rates and with lower priority, which may suggest an unmet need.

Schools/youth outreach programs

Healthcare provider LGTBQ sensitivity training
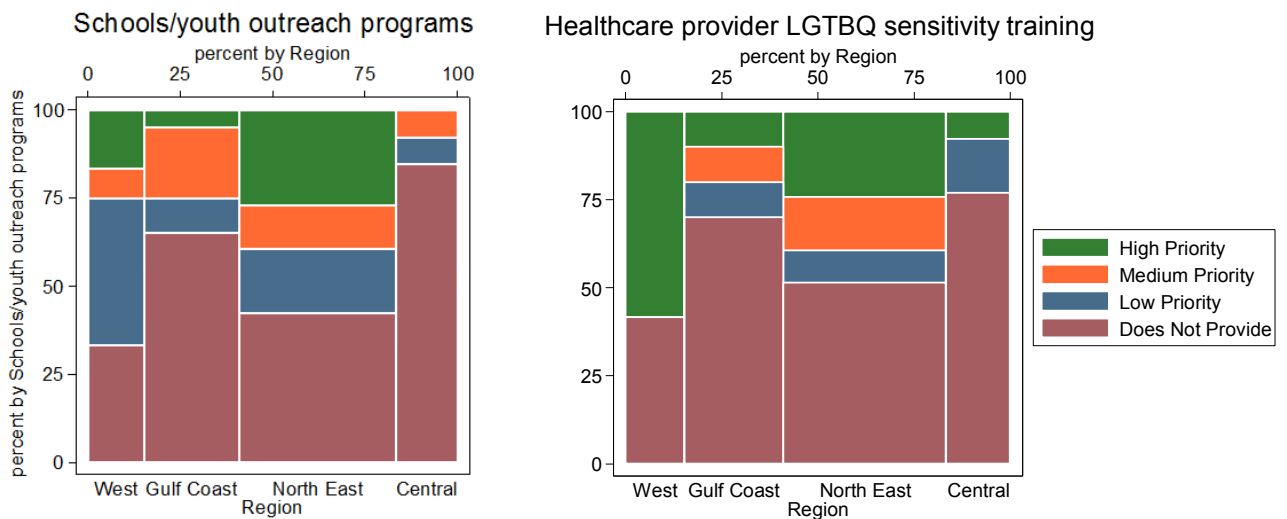
4.3 Organization Priorities, Challenges, and Sources of Revenue

Given the diverse populations within the LGBTQ community and to better understand what populations might be underserved, LGBTQ organizations were asked to identify subgroups within the LGBTQ community they served as clients or constituents. Of identified subgroups, the transgender population had the most targeted services (66.67% of all organizations) with the exception of those reporting from the Central region, in which only 30% of responding organizations offer services and programs for trans-identified people. The Central region showed serving the lowest percent of special populations in all

categories other than people with HIV/AIDS, whereas the North East organizations show the highest percentages of organizations serving all populations except LGBTQ seniors, children of LGBTQ parents, parents of LGBTQ youth, and people with HIV/AIDS.

Programs for LGBTQ seniors showed moderately high availability in most regions, with West Texas organizations showing the highest level, with 89.33% of LGBTQ centers offering some services for this population. Of the organizations with operating budgets of at least $500,000, 75% of them provide services to elder LGBTQ community members, compared to 47.83% of the smaller budget organizations. Asked about the importance of LGBTQ senior and aging issues, 37.78% of smaller budget organizations and 34.38% of the larger budget organizations ranked them as "not important," with 44.44% of the smaller organizations ranking it higher as either "moderately important" or "very important" and 32.25% of the

Table 2.11 Percent of Specialized Populations Served, by Region

	West	Gulf Coast	North East	Central	Total
Transgender	75.00%	65.00%	78.79%	30.77%	66.67%
LGBTQ parents	58.33%	40.00%	60.61%	38.46%	51.28%
LGBTQ seniors	83.33%	60.00%	57.58%	38.46%	58.97%
LGBTQ youth	58.33%	60.00%	75.76%	38.46%	62.82%
Children of LGBTQ parents	50.00%	35.00%	42.42%	15.38%	37.18%
Parents of LGBTQ youth	58.33%	40.00%	51.52%	15.38%	43.59%
LGBTQ immigrants	33.33%	40.00%	42.42%	15.38%	35.90%
People with HIV/AIDS	66.67%	45.00%	66.67%	69.23%	61.54%
N	12	20	33	13	78

Column Percentages Shown

LGBTQ senior and aging issues
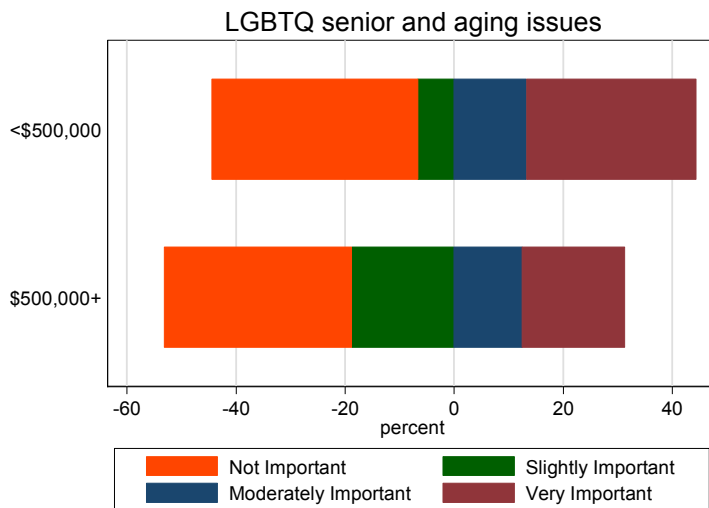
larger organizations doing the same. One key informant noted that issues related to senior care and aging "snuck up on us," leaving many unprepared or uninformed about impending needs. Based only on available data, results suggest a stronger focus on this population might be needed in some regions with more engagement from the higher budget organizations where possible.

Regarding LGBTQ parents, parents of LGBTQ youth, and youth with LGBTQ parents, the qualitative data did not reveal these populations to be especially underserved, with few individual reports of issues specific to these groups, suggesting that this may not be a priority area for added resources.

Table 2.12 Percent of Specialized Populations Served, by Annual Operational Budget

	Operating Budget <$500,000	Operating Budget $500,000+
Transgender	56.52%	81.25%
LGBTQ Parents	36.96%	71.88%
LGBTQ Seniors	47.83%	75.00%
LGBTQ Youth	56.52%	71.88%
Children of LGBTQ Parents	26.09%	53.13%
Parents of LGBTQ Youth	34.78%	56.25%
LGBTQ Immigrants	21.74%	56.25%
People with HIV/AIDS	47.83%	81.25%
N	46	32

Column Percentages Shown

Organizations serving LGBTQ immigrants were more prevalent proportionally in the Gulf Coast and North East regions, with fewest number of organizations serving this population located in Central Texas. Larger organizations were more likely to offer some level of program or service to this population than smaller budget centers (21.74% and 56.25%, respectively). Of all organizations, 62.83% provide services to LGBTQ youth with lower access found in the Central region. On average, larger budget organizations served youth more frequently than smaller

LGBTQ youth services

organizations (71.88% vs. 56.52%). An even greater percentage of organizations with larger budgets rated youth services as "very important" (68.75% compared to 38.64% of smaller budget centers), and only an average 5.26% of all organizations rated youth services as "not important."

HIV education and care
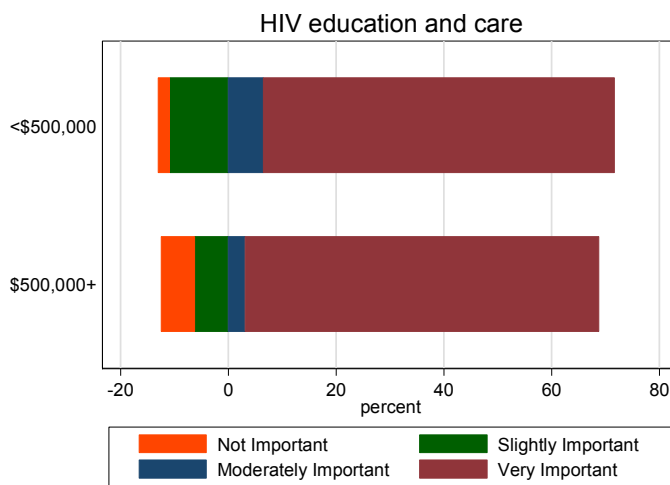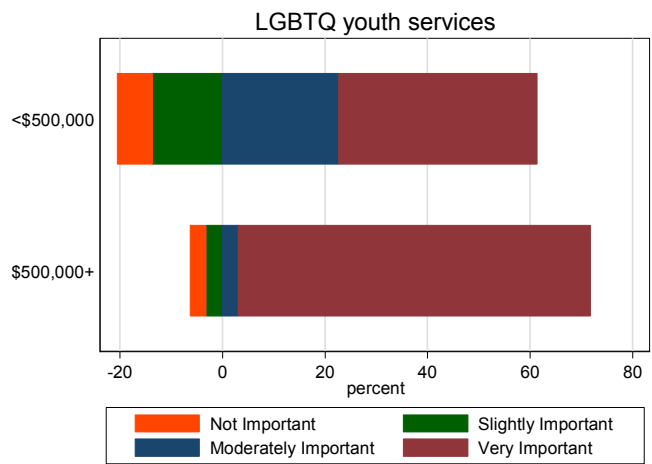
Finally, HIV/AIDS services were fairly consistently reported as important by organizations statewide, 45% compared to the averaged total 61.54%), but this issue did vary greatly by size of operating budget. Organizations with a larger yearly budget served people with HIV/AIDS at an increased rate of 41.13% than those with smaller yearly budgets. HIV education and care was also found to be of extremely high importance to organizations, especially when compared to the individual level data asking about the same topic (see p. 18). Over 60% of both small budget and large budget organizations report this topic to be "very important."

Challenges Faced by Organizations

The organizations surveyed were asked about their top challenges to maximizing resources and providing services in the community in an attempt to highlight areas of organizational need that might help better direct LGBTQ philanthropic efforts. Responses varied by organizational size and region, with larger budget organizations struggling more with high staff turnover or low staff ratios, physical space capacity, identifying LGBTQ clients in their regions, and securing general office equipment. One representative in a larger organization filled in the "other" open-ended text option to suggest that "finding research partners and finding joint funding for staff and supplies" would be beneficial to their organization. Smaller budget organizations reported higher levels of issues with board turnover, staff and volunteer expertise, less community support, and technological capacity, with staff and board expertise ranking highest among the challenges confronted.

Table 2.13 Percent of Organizations Experiencing Challenge, by Operating Budget

	<$500,000	$500,000+
Staff shortage/turnover	41.30%	75.00%
Lack of funding	39.13%	68.75%
Board turnover	60.87%	31.25%
Not enough volunteers	30.43%	21.88%
Staff/volunteer expertise	69.57%	12.50%
Lack of community/neighborhood support	56.52%	34.38%
Technological capacity	45.65%	25.00%
Difficulty identifying LGBTQ clients	17.39%	34.38%
Board expertise	65.22%	25.00%
Physical space capacity	17.39%	53.13%
Inadequate training resources/materials	28.26%	12.50%
General office equipment	17.39%	43.75%
Keeping center open	8.70%	21.88%
N	46	32

Percent of Organizations Experiencing Challenge, by Operating Budget
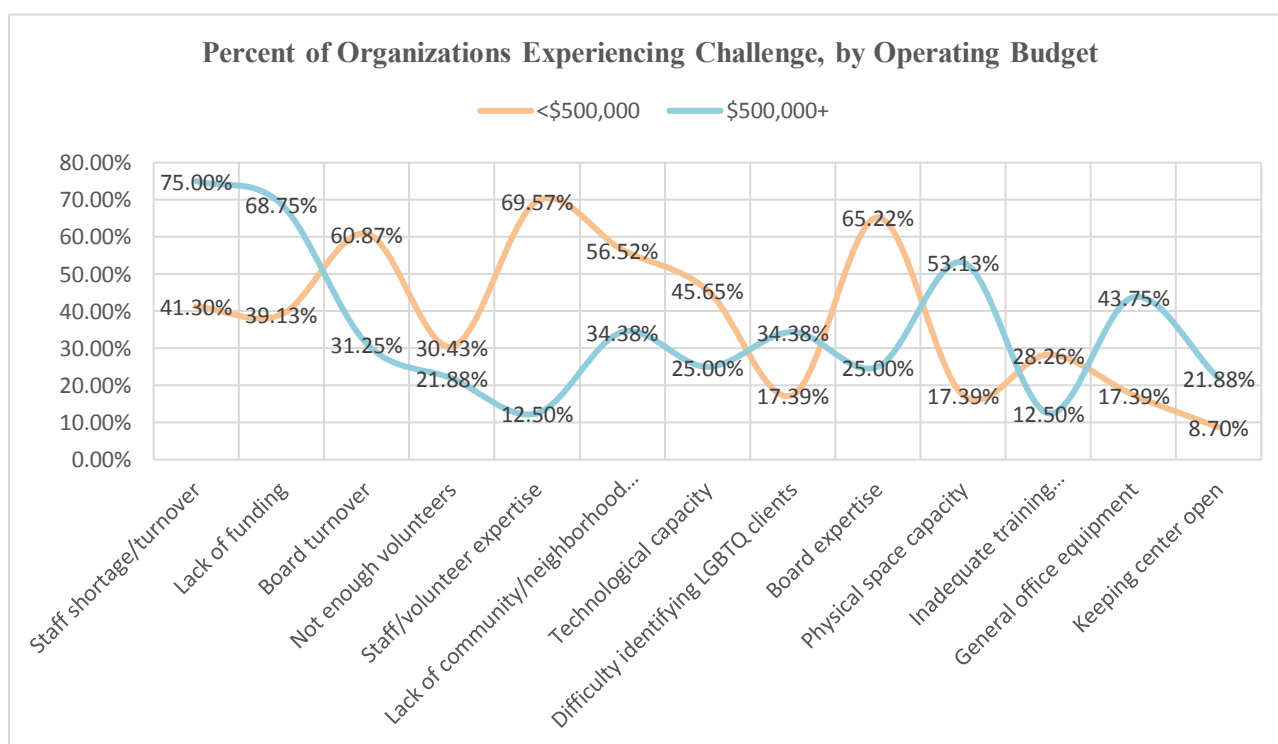
When examined regionally, organizations located in the West face greater challenges associated with a lack of funding, a lack of community support, board turnover, and board expertise. Gulf Coast organizations citied similar levels of issues with board turnover and expertise and community support, but were found to also experience higher rates of problems associated with staff shortage or turnover. Those in the North East also face high rates of staff shortage or turnover, reported higher levels of funding issues than those in the Central and West regions, but were shown to report fewer significant challenges overall. Central agencies cited staff, board, and volunteer experience as significant problems, with a lack of community support.

Table 2.14 Percent of Organizations Experiencing Challenge, by Region

	West	Gulf Coast	North East	Central
Staff shortage/turnover	33.33%	60.00%	60.61%	53.85%
Lack of funding	50.00%	45.00%	57.58%	46.15%
Board turnover	50.00%	50.00%	45.45%	53.85%
Not enough volunteers	33.33%	40.00%	18.18%	23.08%
Staff/volunteer expertise	58.33%	45.00%	36.36%	61.54%
Lack of community/neighborhood support	75.00%	65.00%	21.21%	61.54%
Technological capacity	50.00%	40.00%	30.30%	38.46%
Difficulty identifying LGBTQ clients	50.00%	20.00%	24.24%	7.69%
Board expertise	66.67%	55.00%	33.33%	61.54%
Physical space capacity	25.00%	20.00%	42.42%	30.77%
Inadequate training resources/materials	33.33%	20.00%	18.18%	23.08%
General office equipment	16.67%	30.00%	30.30%	30.77%
Keeping center open	8.33%	20.00%	9.09%	23.08%
N	12	20	33	13

Percent of Organizations Experiencing Challenge, by Region
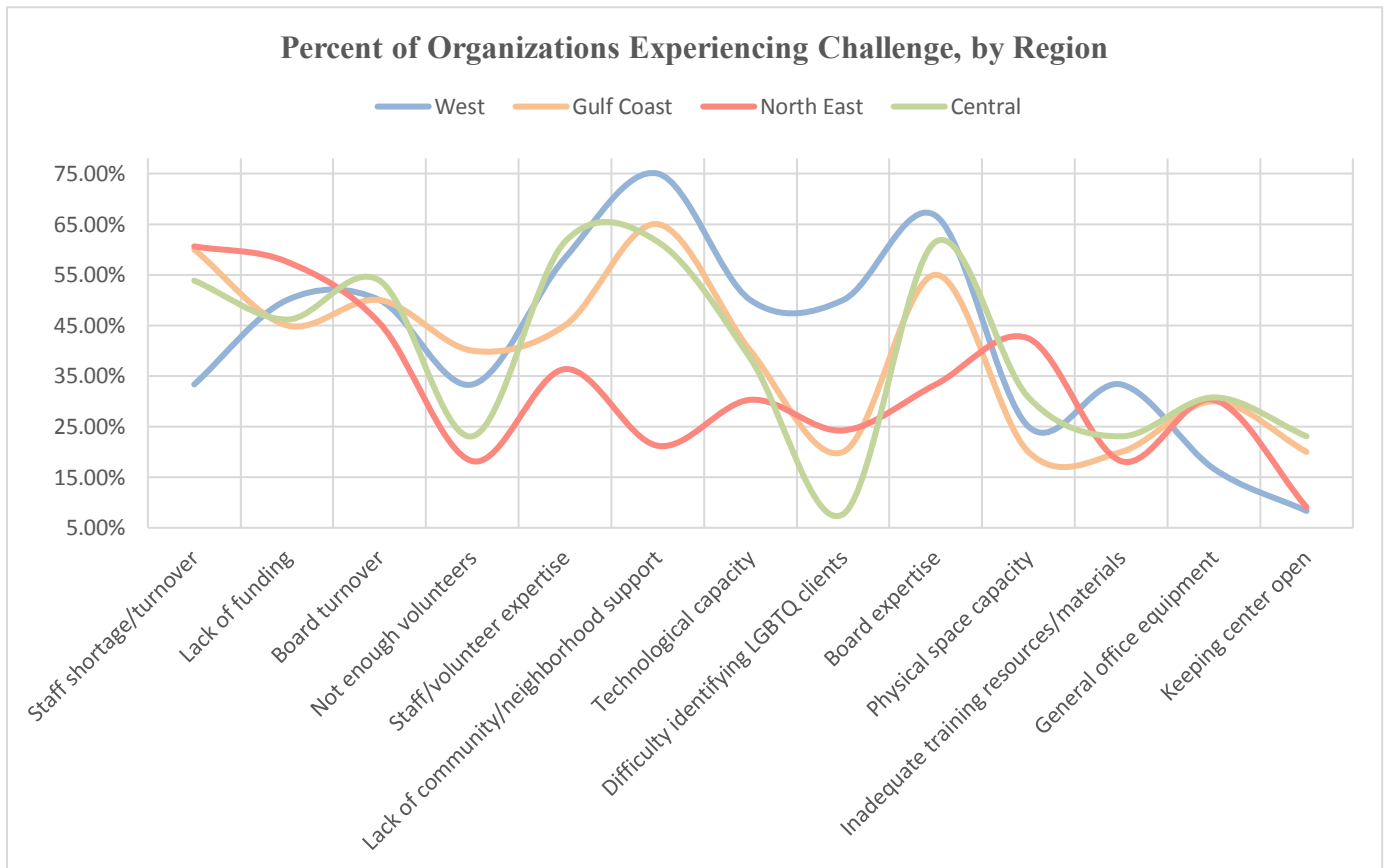
Allocation of Annual Expenditures

Organizations were asked to report what percent of their annual operating budget was allocated to general program areas in order to determine where there might be gaps in resource allocation in providing services

Table 2.15 Percent of Annual Expenditures by Program Area and Operating Budget

	<$500,000	$500,000+
Informational/Educational	36.12%	13.86%
Community Outreach	16.97%	15.56%
Physical and Behavioral Health	31.14%	42.12%
Arts and Cultural	10.25%	22.77%
Policy and Civic Engagement	18.80%	15.00%
Legal Issues/Services	16.21%	4.40%
Economic Security	24.90%	13.31%
Workplace and Employment	13.75%	3.50%
Public Awareness and Safety	18.60%	10.16%
Social and Recreational	10.28%	18.15%
N	46	32

to the LGBTQ community in Texas. There was remarkably little variation across categories of operational budget, suggesting funded priorities to be relatively consistent and independent of budget size. The organizations with annual budgets of at least $500,000 were found to allocate on average 26.06% more of their budgets toward physical and behavioral health. They were also found to direct more money toward social, recreational, arts, and cultural programs, at a combined average of 10.2 percentage points more than smaller organizations. Agencies with a budget of less than $500,000 were shown to fund legal services, economic security, workplace and employment, public awareness and safety, and informational and education programs at higher levels than larger budget agencies. There were nearly proportional rates of funding allocated toward policy and civic engagement for both budget brackets.

Table 2.16 Percent of Annual Expenditures by Program Area and Priority Population Served

	LGBTQ+	LGBTQ Seniors	LGBTQ Youth	LGBTQ HIV/AIDS	LGBTQ Communities of Color
Informational/Educational	39.26%	25.63%	25.63%	16.73%	9.00%
Community Outreach	17.74%	13.00%	15.00%	15.71%	18.00%
Physical and Behavioral Health	24.69%	70.00%	12.00%	47.50%	35.00%
Arts and Cultural	10.91%	0.0%	18.67%	15.82%	27.50%
Policy and Civic Engagement	24.17%	8.20%	11.00%	11.25%	26.67%
Legal Issues/Services	23.57%	10.20%	17.75%	4.71%	10.00%
Economic Security	18.33%	8.20%	33.50%	18.71%	15.00%
Workplace and Employment	5.00%	0.0%	15.00%	12.50%	2.00%
Public Awareness and Safety	14.07%	13.5%	9.25%	14.82%	7.50%
Social and Recreational	15.56%	7.43%	15.71%	15.85%	20.00%
Public Awareness and Safety	18.75%	0.0%	10.00%	15.00%	10.00%
N	29	8	9	27	5

When examining regional allocation patterns, some noteworthy differences emerge. Organizations were asked to rank order populations served by priority (i.e., first priority, second priority, etc.). They were allowed to tie rank populations in which case, if a minority population was selected as a number one priority,

the organization was categorized as within this population grouping in order to ensure minority representation across categories that were underrepresented. For example, only three organizations selected LGBTQ communities of color as a number one priority population served, but they also selected LGBTQ+ general population as a number one group. In these cases, these organizations are represented under the communities of color subgrouping. The LGBTQ+ subgroup includes all organizations that did not select LGBTQ seniors, youth, people with HIV/AIDS, or communities of color as top priorities.

Organizations that serve communities of color as a top priority allocate more of their funding toward arts, cultural, and policy and civic engagement than other categories of organizations. They are also directing less money toward informational and educational outreach with only 9% of their annual budget put toward these activities, on average. As expected, organizations that serve people with HIV/AIDS spend the highest amount of averaged budgetary monies on physical and behavioral health, with nearly equal spread across all other program objectives for the remaining funds.

Youth-serving organizations were found to allocate more funding toward economic security and workplace and employment programs, a finding that might result from higher levels of family-level interaction and desire to assist with the stabilization of LGBTQ families. LGBTQ organizations that prioritize senior members of the community were found to allocate an extremely high portion of budgetary money (70%) toward physical and behavioral health. They reported no funding toward arts and cultural programming, and only 7.43% toward social and recreational services, on average. Finally, organizations who did not prioritize any special populations were found to spend a greater portion of their budget on informational and educational outreach, legal services, and public awareness and safety, more so than organizations with a special population as their top priority. Overall, organizations oriented toward the general LGBTQ community allocates about a quarter of their budget to physical and behavioral health and another 24.17% policy and civic engagement on average.

Percent of Annual Expenditures by Program Area and Priority Population Served
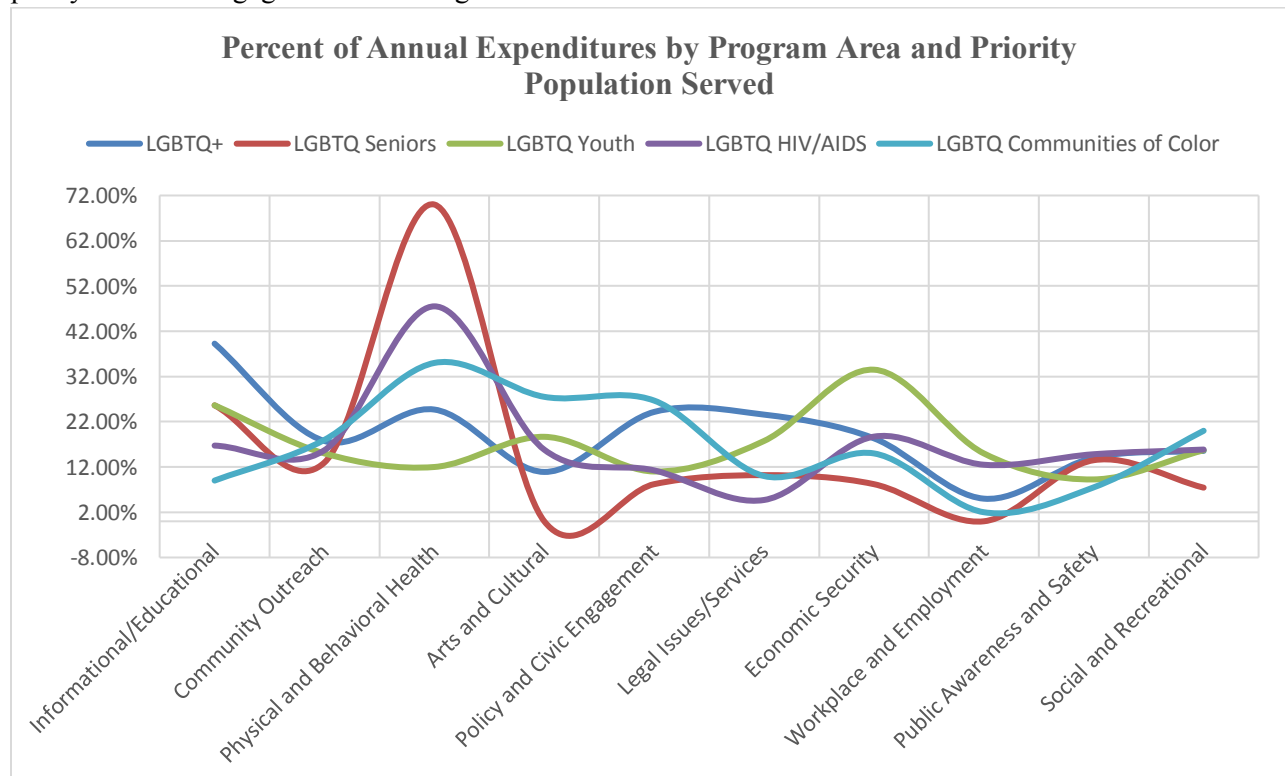
Sources of Revenue

Organizations were asked to report the type and source of funding they received to support program activities, staff, and center operations. Larger budget organizations were found to receive far greater monetary support through federal grants than smaller budget organizations, comprising nearly half of all total revenue. Smaller budget organizations were shown to be more reliant on multiple streams of revenue, with a large portion (41.07%) being program generated. They were also found to receive higher proportions of individual donations and support from corporations and foundations than their larger counterparts.

Table 2.17 Percent of Income by Revenue Source by Operating Budget

	<$500,000	$500,000+
Federal government grants	30.69%	48.82%
Individual donors	28.98%	7.45%
Corporate foundational grants	18.20%	2.27%
Foundations	31.26%	10.01%
Fundraising events	12.16%	8.91%
National coalitions	22.50%	28.13%
Churches or religious groups	5.71%	2.00%
Program generated	41.07%	9.85%
State government grants	14.42%	19.02%
Local government grants	9.67%	5.22%
Trusts or bequests	5.60%	4.67%
In-kind	18.20%	8.84%
State and local coalitions	0.0%	0.0%
Other	19.00%	11.50%
N	46	31

Table 2.18 Percent of Income by Revenue Source by Priority Population Served

	LGBTQ+	LGBTQ Seniors	LGBTQ Youth	LGBTQ HIV/AIDS	LGBTQ Communities of Color
Federal government grants	35.38%	47.00%	23.33%	50.05%	45.33%
Individual donors	26.05%	29.50%	20.00%	10.37%	13.00%
Corporate foundational grants	10.80%	14.83%	20.83%	3.17%	1.00%
Foundations	23.00%	3.00%	22.50%	22.56%	13.75%
Fundraising events	8.40%	12.50%	23.00%	8.10%	5.00%
National coalitions	24.55%	0.0%	25.00%	30.00%	0.0%
Churches or religious groups	5.40%	0.0%	5.00%	5.00%	0.0%
Program generated	38.33%	12.25%	18.33%	19.94%	10.00%
State government grants	16.25%	10.00%	25.00%	17.86%	20.00%
Local government grants	0.0%	0.0%	10.00%	5.89%	3.00%
Trusts or bequests	5.86%	0.0%	5.00%	3.60%	5.00%
In-kind	17.46%	15.00%	10.00%	7.00%	16.25%
State and local coalitions	0.0%	0.0%	0.0%	0.0%	0.0%
Other	16.27%	6.80%	17.50%	0.0%	20.00%
N	29	8	9	26	5

Percent of Income by Revenue Source by Priority Population Served
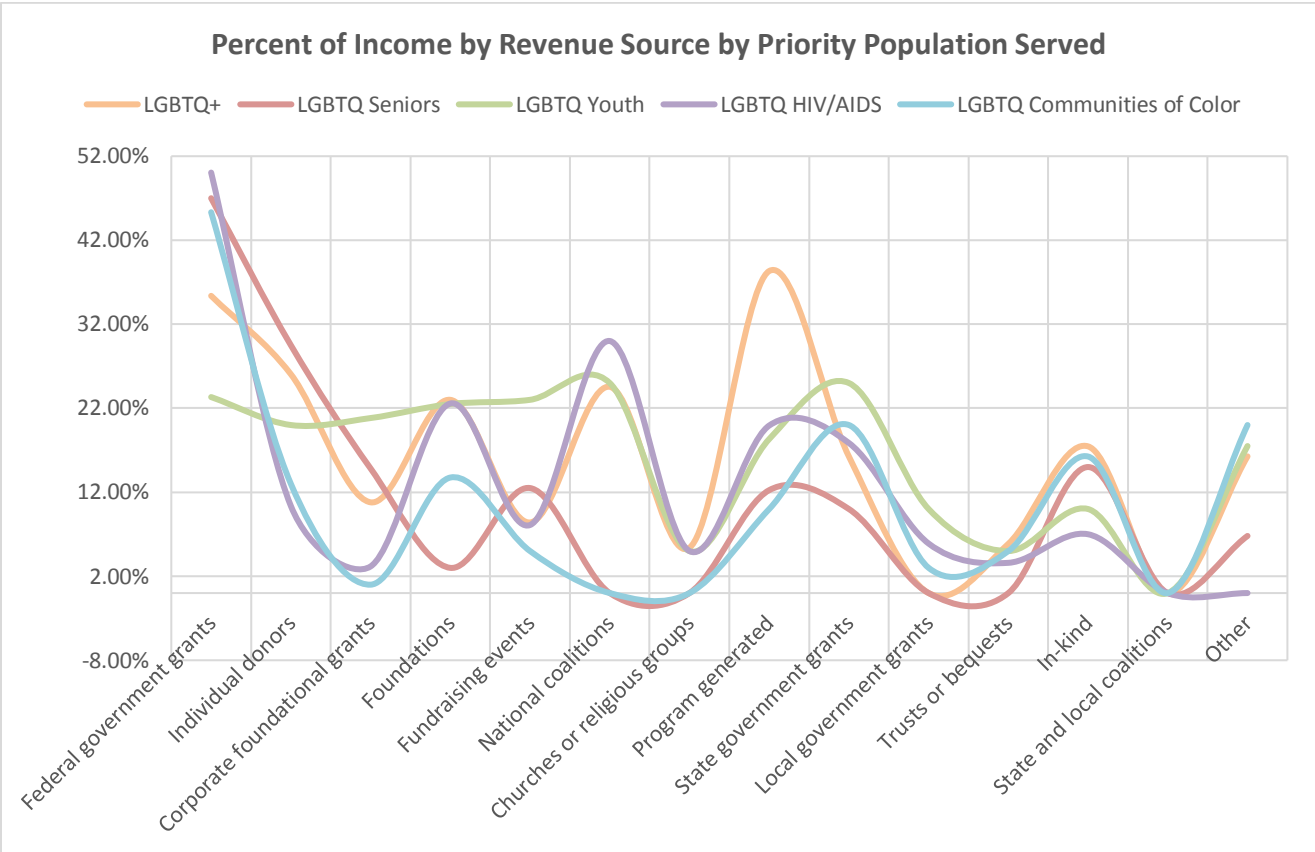
Organizations serving communities of color receive the greatest proportion of funding from federal grants with state government grants and in-kind donations generating moderate levels of support. They receive very little revenue from local grants, corporate support, and trusts or bequests. Those that serve people with HIV/AIDS receive the highest level of federal funding, on average, and also show significant funding streams from national coalitions and foundations.

Youth-serving organizations have broader sources of financial support, receiving on average over 20% of income from national coalitions, federal grants, individual donors, foundations, and state government grants. They are also the only grouped priority population that receives significant funding from fundraising events (23%). Organizations that serve LGBTQ seniors show fewer sources of income, with the greatest average amount of funding sourcing from federal government grants and individual donors. The LGBTQ serving organizations also receive a considerable amount from individual donors, on average, but show a great deal of variety in funding sources as well. Federal grants, program generated funds, foundational support, and in-kind contributions were shown to provide a substantial degree of monetary support to these agencies.

Conclusion

The *Impact Texas LGBTQ Community Needs Assessment* reveals a diverse community being served by an equally diverse set of organizations. This needs assessment offers a systematic examination of the perspectives and needs of LGBTQ individuals in Texas and the organizations within the community that serve them. We hope that our study provides broad information on critical needs within the Texas LGBTQ

community, and on the everyday lives of LGBTQ people, that can guide decisions and strategies about existing and new services and programs. Of course, additional data is needed on the effectiveness of existing services, on how they might be improved and complemented with new ones, and on how community collaborations can be strengthened and enhanced. Knowledge about evidence-based best practices within each service domain from around the state and nationwide would also be helpful. However, we hope that this report will be a useful tool for enhancing the lives of LGBTQ community members in our state, and in promoting pro-LGBTQ policies at the local and state levels.