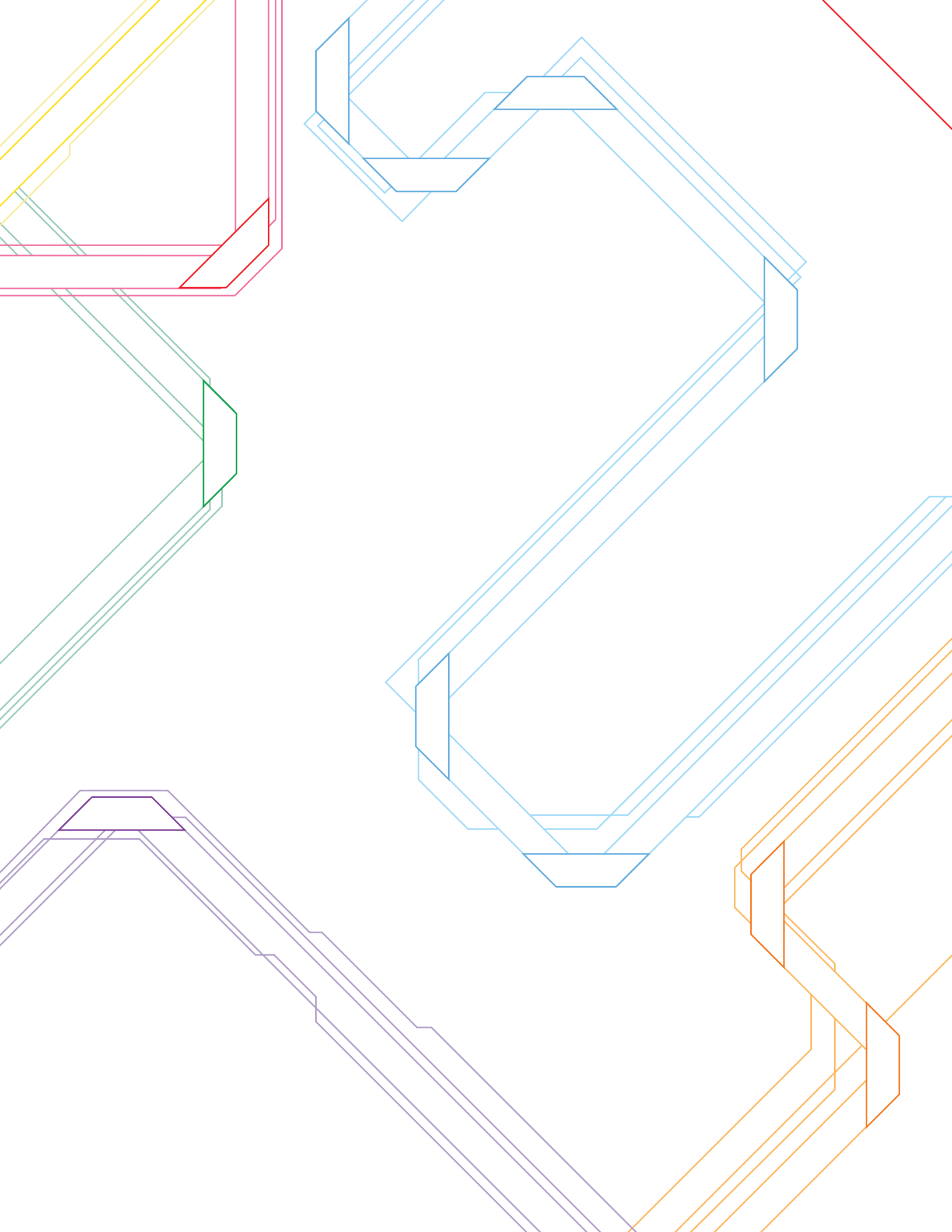
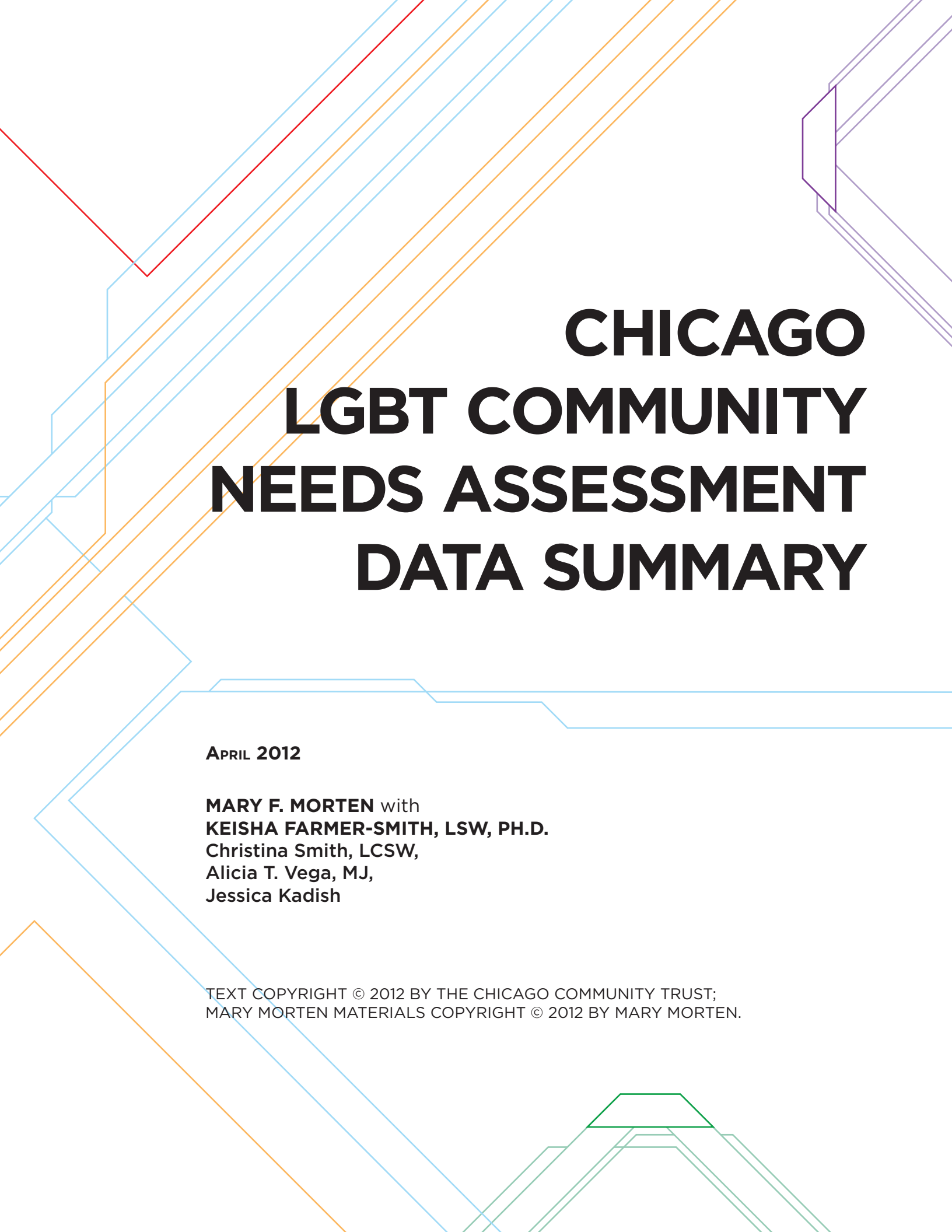




LGBT COMMUNITY NEEDS ASSESSMENT DATA SUMMARY







CHICAGO LGBT COMMUNITY NEEDS ASSESSMENT DATA SUMMARY

APRIL 2012

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Funding support for the LGBT
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**the Francis Beidler III
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Beidler Foundation**

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I. ACKNOWLEDGEMENTS

The Morten Group LGBT Needs Assessment Team was very fortunate to have a broad base of support and participation in this data collection effort.

Thank you to the more than 60 community and business organizations that served as community partners and the more than 20 LGBT leaders and allies in the Chicagoland area who publicized, supported and participated in the data collection activities.*

We are deeply grateful to everyone who filled out a survey or data card, participated in a focus group, or completed a telephone interview.

We are also grateful to Loyola University Chicago's Center for Urban Research and Learning, particularly David Van Zytveld, Koonal Patel, Will Bolton and Gina Lopez, for their support during the early stages of the development of the Needs Assessment project as well as their comparison data analysis efforts during the final stages of the process.

Special thanks are also due to Dr. Bianca Wilson of the Williams Institute, Dr. Lourdes Torres of DePaul University, Dr. James H. Lewis of The Chicago Community Trust, and Jason Cox of the Andersonville Chamber of Commerce, for their invaluable input regarding the development of the online survey.

Thanks are also given to our eight facilitators and interviewers for their hard work and dedication to the project: Tony Alvarado-Rivera, Simon Aronoff, Cece Lobin, Ryan Meher, Mairita Smiltars, Christina Smith, Alicia T. Vega, and Marisol Ybarra.

We thank the Steering Committee of The LGBT Community Fund - James L. Alexander (Co-Chair), Prudence R. Beidler (Co-Chair), Ramesh Ariyanayakam, Denise C. Foy,

Ken O'Keefe, Judith C. Rice, and Patrick Sheahan - as well as The Chicago Community Trust, The Elizabeth Morse Genius Charitable Trust, and the Francis Beidler III and Prudence R. Beidler Foundation for funding the needs assessment and for their commitment to providing philanthropic support to underrepresented and often marginalized populations.

Thank you to the reporters, public media professionals and bloggers who took the time to cover the Needs Assessment: Stephen Chaitman of The Windy City Times, Belhú Sanabria of La Raza, Emmanuel García of Homofrecuencia, Anna DeShawn of The Anna DeShawn Show, Rod McCullom of Rod 2.0 and the writing teams at In Our Words blog and XQSí Magazine.

Special note of thanks for the exemplary leadership and dedication provided by Liz Thomson for serving as our Asian Language Liaison, Andrea Densham for her efforts surrounding the Evanston focus group, and Tracy Baim for graciously providing essential contact information and the support of Windy City Times with numerous articles.

*A list of participating organizations, businesses and LGBT leaders and allies can be found at <http://www.lgbtfund.org> and at <http://mortengroup.com/lgbtneedsassessment.php>.

II. EXECUTIVE SUMMARY

In September 2011, The LGBT Community Fund Steering Committee retained Morten Group to conduct a needs assessment for the LGBT community¹ in the Chicago metro area. The purpose of the needs assessment was twofold: **1)** to gather data about the assets, needs and challenges of the LGBT community in the Chicagoland area to **2)** inform future funding decisions of the Steering Committee.

OVERVIEW OF DATA COLLECTION METHODS

Data were collected over an 11-week field period from October to December of 2011, using a “snowball” sampling method where four main data collection methods were utilized:

1. Online surveys
2. Community drop boxes with data collection cards
3. Focus groups
4. Individual interviews

The following report contains both qualitative and quantitative analyses of the data collected.

DEMOGRAPHIC HIGHLIGHTS

Data was collected from a diverse respondent pool of over 2,000 Chicagoans representing a wide variety of sexual orientations, gender identities, ages, races, socioeconomic backgrounds and residential areas. Demographics differed considerably between data collection vehicles; this report presents major demographic highlights across the four instruments of data collection, and subsequently provides specific characteristics of the respondents for each respective data collection vehicle.

KEY IDENTIFIED NEEDS FROM LGBT COMMUNITY NEEDS SURVEY

The report is divided into two main sections. The first section of the report focuses on five key needs in the Chicago LGBT community as identified by survey takers, the survey being by far the largest data collection vehicle. The five major needs identified include:

1. Affordable health services and care
2. Employment
3. Access to government benefits, rights and services
4. Discrimination
5. Community safety

¹Please note that the phrase “LGBT community” is used throughout this report as an umbrella term to refer to all individuals who identify as LGBTQ. However, the term is something of a misnomer as “the LGBT community” is not monolithic, which is a commonly held misconception. While this term is used for simplicity and brevity, it should be underscored that Chicago’s “LGBT community” in fact consists of many overlapping smaller communities and subcultures. Moreover, not all individuals who identify as LGBT take part in community life within the structured settings reflected in the institutions and organizing models represented within this report.

KEY IDENTIFIED THEMES FROM MULTIPLE DATA TOOLS

The second section of the report focuses on seven major themes found across multiple data collection vehicles. These seven themes are:

1. Senior needs
2. Similarities between youth needs and senior needs
3. Family needs
4. Needs of the unemployed and underemployed
5. Diversity within the community
6. The impact of the recession on the community
7. The need to focus financial resources on existing services and under-served areas

COMPARATIVE DATA

An extensive amount of data was collected through this process and where possible, a comparative analysis was conducted with similar local and national studies, and other qualitative research. Most of the comparison data used, as with most studies, was designed to highlight targeted findings about specific populations and where possible, provide comparisons.

The LGBT Community Needs Assessment, in contrast, was conducted to provide a broader view of the many communities that comprise Chicago's LGBT community at large and utilize the existing data selected to make comparisons to relevant categories throughout our data analyses. Further, because of the diversity of respondents represented within the data collected by the LCNA, the capacity to make greater comparisons among sub-groups within Chicago's LGBT community now exists.

CONCLUSION AND RECOMMENDATIONS

The concluding section of the report outlines concrete funding recommendations based upon the data collection. This report is supplemented by a companion process report that includes all documents used in data collection, as well as further funding recommendations from individual interviews with community stakeholders.

Morten Group, led by President Mary F. Morten, was established in November 2001 to focus on clients in the nonprofit, for-profit, and foundation fields. Morten Group provides a customized approach to solve organizational and resource development challenges and to explore new opportunities. Morten Group offers expertise in building communities of inclusion and access, succession planning, trustee recruitment and retention, and film and video production.

III. INTRODUCTION

The LGBT Community Fund is one of the identity-based funds of The Chicago Community Trust. The Fund was established in 2010 with the goal of distributing \$1 million over the following three years to community-based organizations in Chicago and the surrounding counties. The Fund began with a \$500,000 matching grant from the Trust, which will go toward a permanent endowment benefitting the LGBT community.

The purpose of the Needs Assessment was to gather data about the assets, needs and challenges of the LGBT community in the Chicagoland area and to inform future funding decisions made by the Steering Committee.

PURPOSE OF NEEDS ASSESSMENT

2010 Census data reflects an increase in the reported members of the LGBT community, whereas smaller studies of LGBT subgroups have provided greater qualitative information about particular needs of these groups. The LGBT Community Needs Assessment was commissioned to provide a more comprehensive view of the entire community, one focused on demographics, strengths, and collective community member input related to areas of need. This was the primary focus of the data collection by Morten Group.

Further, the data is intended to provide information based on individuals' accounts of LGBT communities and their life experiences as part of those communities. As such, Morten Group maintained a commitment to diversity and access to participation by reducing as many barriers to the process as possible. This was achieved by attending to such considerations as ethnicity, linguistic background, socioeconomic status and geography (North, South, West and East sides of the city, as well as the suburbs), among others.

REVIEW OF EXISTING RESEARCH/DATA

The Chicago LGBT Community Needs Assessment (LCNA) conducted by Morten Group is the first comprehensive needs assessment of the Chicago area LGBT community to be completed since approximately 2003.

A review of existing local and national data was conducted to provide qualitative and quantitative comparisons to the LCNA data. Nine comparable data sets were identified. This data review revealed that while some comparisons could be made across similar categories, the methodology, and populations sampled were limiting factors in reducing the capacity to conduct a comprehensive comparative analysis.

The studies selected for comparison included:

1. Somjen Frazer's 2009 *LGBT Health and Human Services Needs in New York State* for the Empire State Pride Agenda Foundation: Albany, NY
2. Gay, Lesbian and Straight Education Network (GLSEN) and Harris Interactive's 2006 study *From Teasing to Torment: a Report on School Climate in Illinois*
3. Howard Brown Health Center's Elder Services Community Initiative Study (2009)
4. Lourdes Torres and Nicole Perez's 2011 study *Latina Portrait: Latina Queer Women in Chicago*
5. Illinois Department of Human Services (IDHS) Bureau on Domestic and Sexual Violence Prevention's 2005 *Safety and Sobriety Manual*, particularly the section "Special Populations: Lesbian, Gay, Bisexual and Transgendered People"
6. 2010 US Census Bureau Data.

The studies selected for comparison were chosen because of the similarity in populations surveyed as a primary population across similar categories as the LCNA, which were:

1. Affordable health services and care
2. Employment
3. Access to government benefits, rights, and services
4. Discrimination
5. Community safety

This report provides a first-level analysis of the data collected and is largely descriptive in nature. The data collected by the LGBT Community Needs Assessment provides a necessary background against which The Chicago Community Trust should explore further comparative analyses. Exploring the similarities and contrasts across categories, characteristics, as well as variation in context is the next level of research needed to provide a more comprehensive analysis. It is also important to note that the data from the assessment does not allow for evaluation of current programs and delivery of specific services; the assessment was not designed to gather this information.

The LGBT Community Needs Assessment (LCNA) used “snowball” sampling to learn about the experiences and needs of the Chicago metropolitan LGBT community.

Snowball sampling is a non-probability sampling method used by researchers to identify a target population and engage them in involving others within their networks for the data collection process. All people who identified themselves as part of the community were invited to participate in at least one of the data vehicles. Morten Group identified community partners and leaders who shared news of the assessment survey with their contacts, housed community drop boxes with data cards, held focus groups and provided suggestions for leader interviews. Their contacts, in turn, continued to share this information, which subsequently caused more contacts to share

information about the LCNA. Morten Group also designed a series of e-newsletters and an active Facebook page to aid in participant recruitment. Community partners and leaders serving varied geographic regions of the city and suburbs were identified in order to develop a strong, diverse sample.

Through cooperative relationships with more than 60 nonprofits and businesses and 20 individual leaders in the community, Morten Group collected and analyzed data from 1,562 survey completers, 319 data card respondents, 125 focus group participants and 52 interviewees. Data collection was conducted for an 11-week

period, beginning on October 7, 2011, and ending on December 20, 2011.

A core project team of three people was responsible for the survey development, focus groups, stakeholder interviews and the community drop box data collection. Eight trained facilitators, interviewers and note-takers worked on the project with additional administrative support from the core team.

Please see Appendix A for a more detailed description of the methodology used for each of the four data gathering methods.

V. DEMOGRAPHIC HIGHLIGHTS

A variety of factors resulted in different levels of demographic information collected across the four methods of data gathering. Because they supported relative anonymity, surveys collected the most detailed demographic data, followed by data cards.

Where appropriate, responses from the “other” category related to race/ethnicity, gender or identity were moved into designed categories. For example, racial/ethnic identity responses mentioning a country or countries in Latin America have been counted among the Hispanic/Latino category. Finally, when answering questions about race/ethnicity, gender and related facets of identity, survey takers were allowed to select all appropriate responses, rather than setting a constraint that might keep a participant from expressing their full demographic identity.

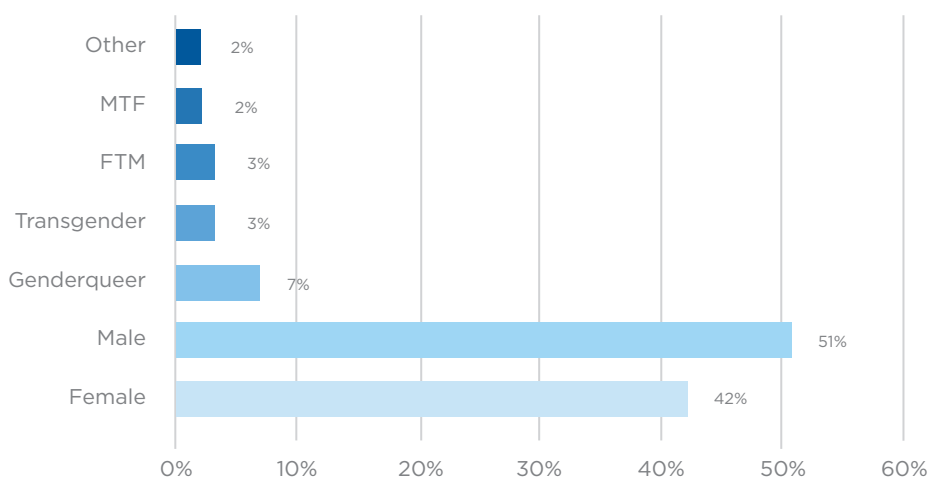
Only broad, general information on gender, orientation and age range was asked of interview and focus group participants. Choosing to collect and report aggregate information for the focus groups and interviews was purposeful and reflected Morten Group’s commitment to learn about the needs and experiences of LGBT people in a safe and respectful way.

This section details demographic highlights from the surveys, data cards, focus groups and interviews, followed by several comparison tables that provide a comprehensive view across all of the data collection tools. All percentages have been rounded to the nearest whole number, except for figures related to unemployment.

1. SURVEY DEMOGRAPHIC HIGHLIGHTS

Information collected from the needs assessment surveys reveal that respondents are quite diverse in multiple areas. Although the vast majority of the participants identified as female (51%) or male (42%), others identified as genderqueer (7%), transgender (3%), female to male (3%) and male to female (2%). Ten percent of participants selected more than one gender identity. “Other” self-defined responses for the survey included: gender nonconforming, gender nonspecific, human, female assigned, bi-gender, two-spirited, third gender, androgynous, queer, femme,

GENDER IDENTIFICATION OF SURVEY PARTICIPANTS



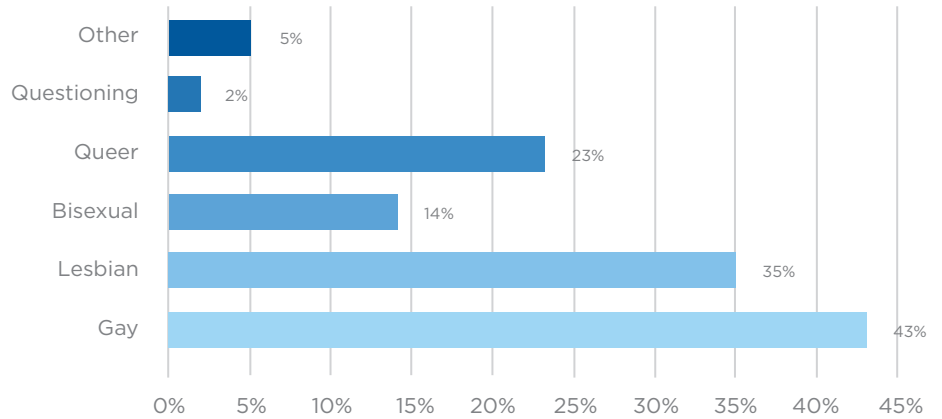
gender fluid, nonbinary, transmasculine, transmale, trans-butcht, transwoman, transsexual, myself, Ze, dyke/Chicana and kid/boy/guy.

A large percentage of the sample identified as gay (43%) and lesbian (35%). There were other respondents who identified as bisexual (14%),

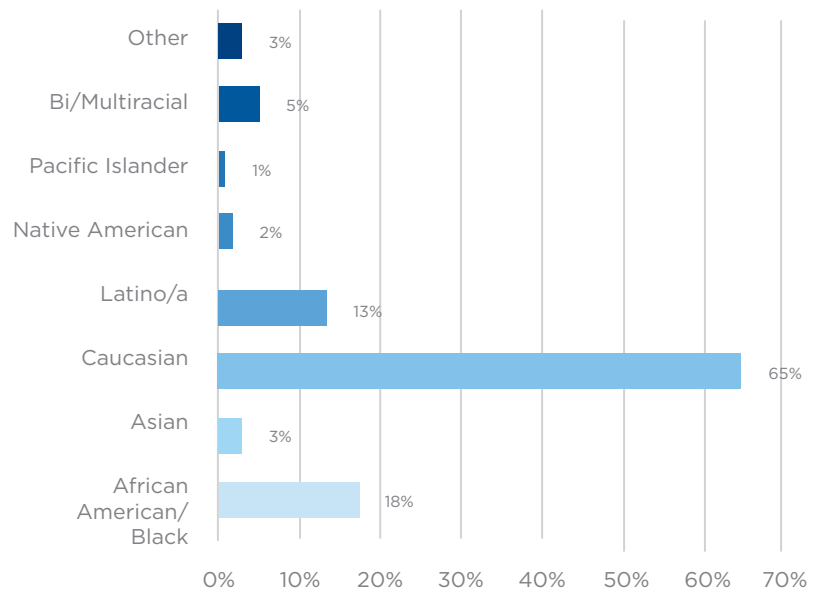
queer (23%) and questioning (2%). Additionally, nearly 22% identified with more than one category and 2% wrote in that they identified as either straight or heterosexual. “Other” self-defined responses for the survey included: polyamorous, BDSM oriented, poly, kinky, pansexual, asexual, pan-romantic asexual, grey-asexual, aromantic asexual, same gender loving, open to love, open, transwoman, spouse is transgender, androphile, A, normal, ally, lesbian married to a trans man, lover of women, straight gay, dyke, myself, homosexual and two-spirited.

Racially, survey takers were diverse, stating that they are African-American (18%); Latino (13%); bi/multiracial (5%); and Asian, Pacific Islander or Native American (less than 5% each). It is important to share, however, that a clear majority of the respondents stated that they are Caucasian (65%). When early data revealed that survey takers were 76% Caucasian, Morten Group developed paper surveys and worked proactively with community centers in underrepresented areas to recruit participants of color. “Other” self-defined responses for the survey included: Arab/Middle Eastern, Jewish and “prefer not to say.”

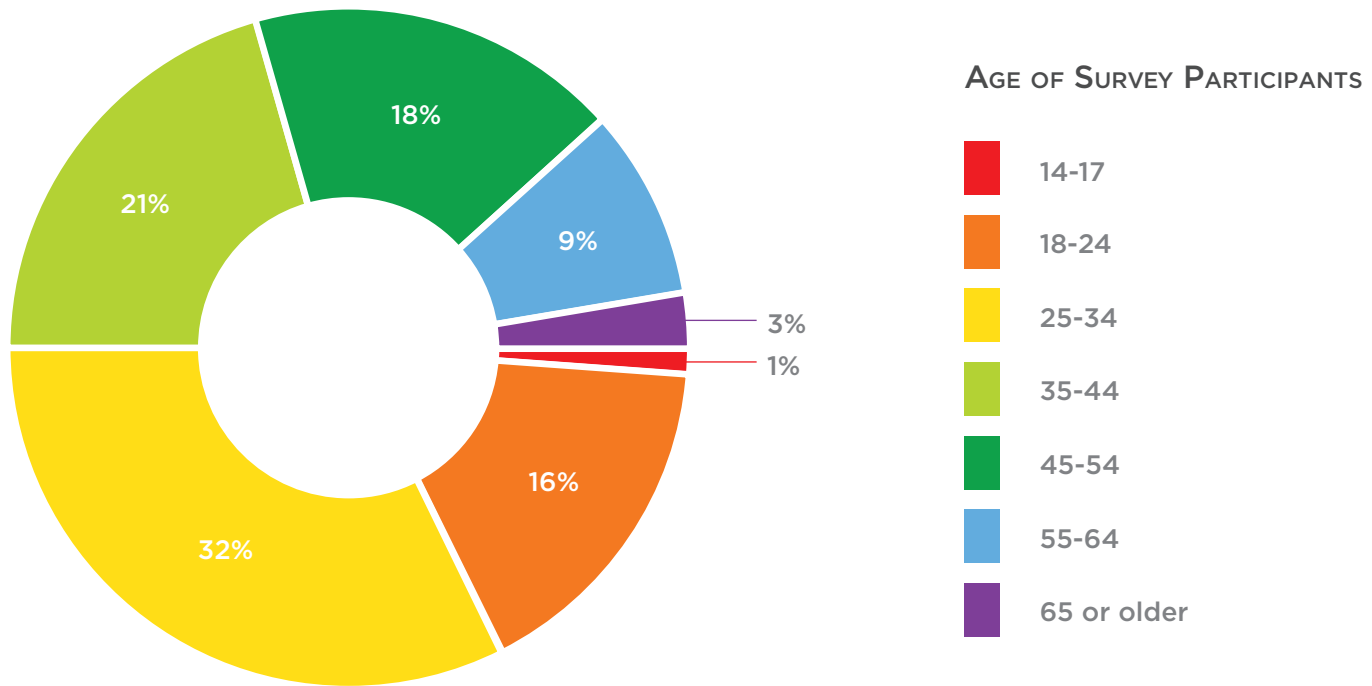
SEXUAL ORIENTATION OF SURVEY PARTICIPANTS



RACIAL IDENTIFICATION OF SURVEY PARTICIPANTS



V. DEMOGRAPHIC HIGHLIGHTS



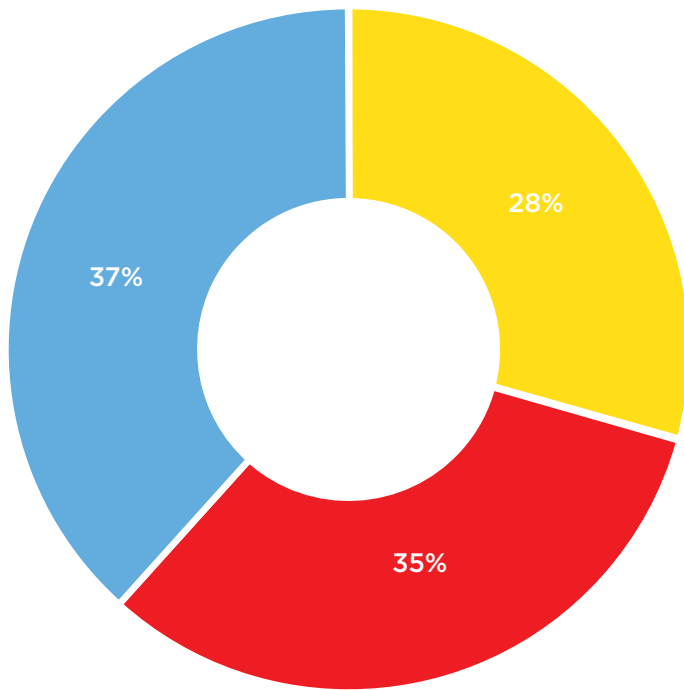
Outreach to people of color was not the only diversity initiative intentionally undertaken by Morten Group. Special efforts were made, whether through targeted focus groups, strategically placed drop boxes, survey mailings or translated data cards, to reach out to as many sectors of the LGBT community as possible: youth (including homeless and/or perilously housed youth), older adults, incarcerated individuals, transgender and genderqueer individuals, undocumented individuals, persons in recovery from substance abuse, and individuals whose primary language is Spanish, Chinese, Korean, Hindi or Vietnamese.

The age of needs assessment survey takers was effectively distributed between several groups including 18- to 24-year-olds (16%), 25- to 34-year-olds (32%), 35- to 44-year-olds (21%) and adults ages 45- to 54-year-olds (18%), and adults 55 or older (12%). The median age of survey takers was between 34 and 35 years old—slightly older than the city of Chicago age demographics that put the median age for the city at 31.5 years.

Like age, reported individual income was varied, with 35% of survey takers earning \$24,999 a year or less and another 28% reporting an individual income

between \$25,000 and \$49,999. The largest percentage (about 37%), however, earn \$50,000 a year or more - and when reporting household income, four in ten people state that their household collectively earns \$75,000 or more.

When looking at survey respondents by community area, it is important to note that there were no clear “majority communities” identified. About 69 of the 77 Census-defined Chicago community areas participated in the survey, along with more than 40 other suburbs, villages and cities in the Chicago metropolitan area. Top response counts came



INDIVIDUAL YEARLY INCOME OF SURVEY PARTICIPANTS

- Less than \$24,999
- 25,000-\$49,999
- More than \$50,000

from neighborhoods including Lakeview, Edgewater, Rogers Park, Uptown, Lincoln Square, Logan Square and Hyde Park. More than half (54%) of survey takers have resided in the Chicago area for 16 years or more. About 13% are new to the area, residing here for 0 to 3 years. More than 80% of the survey sample report living in Chicago, while 8% reside in the North suburbs, 6% in the West suburbs and 3% in the South suburbs.

Survey employment fields were extremely varied, further reflecting the diversity of the Chicago area LGBT community. Details are highlighted later

in the general demographics section. It is important to note that 13.3% of general survey takers report being unemployed and 7% report that they are employed but earning a wage that is not livable. When controlling for race and ethnicity, however, these results shift. One of every five Latino/a and African-American survey takers report that they are unemployed and about 10% report that they are employed but earning a wage that is not livable. According to Illinois Department of Labor Security statistics cited by The Chicago Sun-Times (December 22, 2011), for November 2011, the Chicago metro area unemployment rate

was listed as 9.8%, while the national rate was 8.6%.

Most survey takers are English speakers, even if they speak another language. Other reported languages included Spanish (29%), French (8%), German (3%), Italian (1%) and Japanese (1%), as well as Chinese, Hebrew, ASL (American Sign Language), Polish and Russian (all less than 1%).

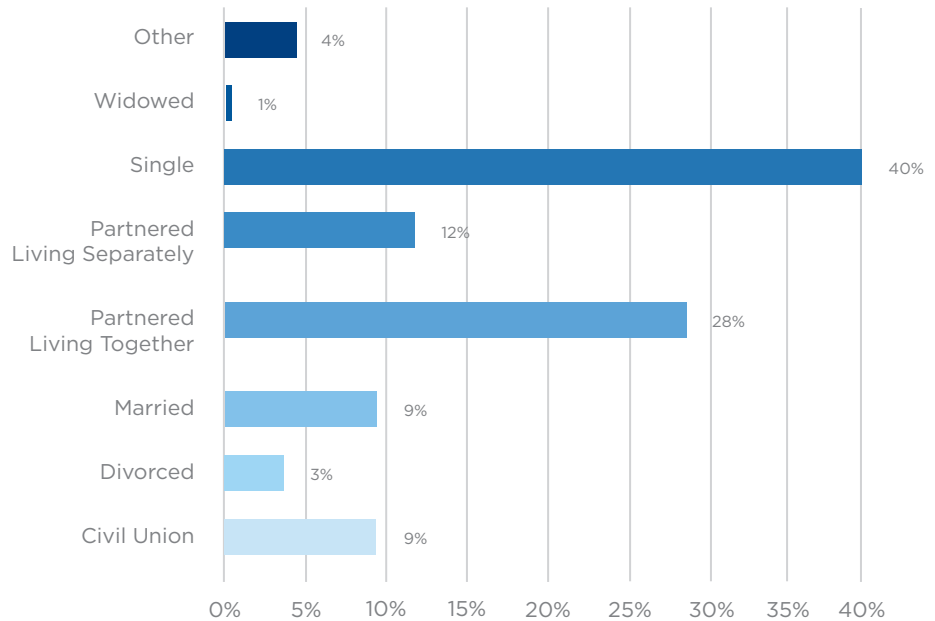
V. DEMOGRAPHIC HIGHLIGHTS

When sharing information on their household characteristics, a majority (72%) of survey takers report that 1 to 2 people live in their home, while another 20% report that 3 to 4 people live in their home. Accordingly, a vast majority of households are only home to adults over the age of 18 (84%).

A majority of survey takers (about 45%) report that they are in committed relationships via civil union (9%), marriage (9%) or partnered living together (28%). Another large group (40%) describe themselves as single. Unlike some needs assessments and other studies that have been completed for LGBT populations, the Chicago LGBT Community Needs Assessment survey received responses from a large number of single-identified individuals, with more survey takers choosing “single” than any other individual category. Less than 4% report that they are divorced or widowed.

Please refer to [Appendix B](#) for a more detailed breakdown of survey demographics.

RELATIONSHIP STATUS OF SURVEY PARTICIPANTS



2. DATA CARD DEMOGRAPHIC HIGHLIGHTS

Equal percentages of male and female-identified participants filled out data cards (44% each). Approximately 17% of respondents (combined) identified as transgender, FTM, MTF, or genderqueer, whereas 3% of participants self-identified in other ways, including asexual, femme, intersex-transsexual and gender nonconforming.

About 35% of the respondents identified as gay, 23% identified as lesbian and 16% as queer, while 13% identified as bisexual. Self-defined responses included straight, intersex transsexual, and ally. Nearly one in five data card participants self-defined within the “other” category.

About 32% of the data card respondents were African-American, which represents a higher response rate than in the survey, which was 18%. Asian or Pacific Islander-identified participants, while only comprising 4% of survey respondents, represented a percentage over twice that size for the data cards, at 9%. Caucasian participants made up less than 40% of data card respondents, a significantly lower proportion than on the survey. “Other” self-defined responses for the data cards included Arab/Middle Eastern, human and North African. The higher reporting numbers among African-Americans and

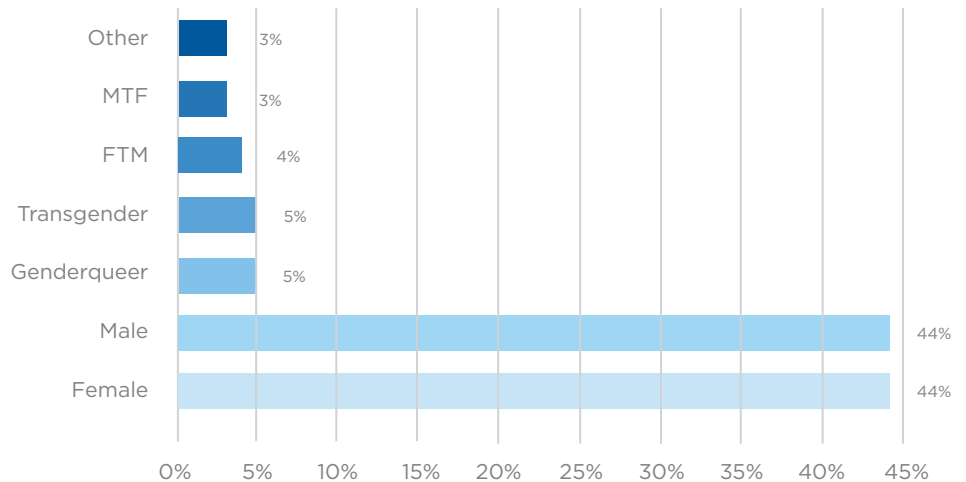
Asian/Pacific Islanders may be attributed to the strategic community locations for the drop boxes and targeted events identified to reach underrepresented members of the community.

A significant majority of the data card respondents are English speakers reporting (96%). Other languages include Spanish (2%) and Hindi, Vietnamese, Chinese and Korean (all less than 1%).

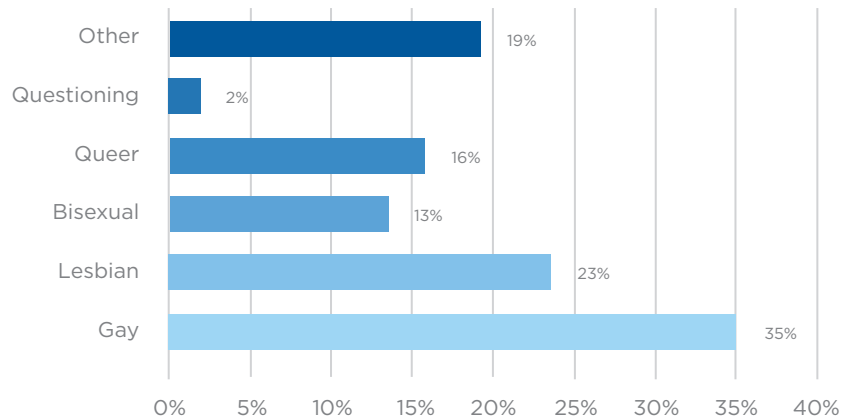
The age range reflected most among data card responders is 25 to 34 (32%), followed closely by 18 to 24 (28%), with the median age being 25 years old. This represents a greater response rate within these younger age categories than that of the online survey. This increased reporting can be attributed to the community sites, locations and events targeted for distribution.

Individuals with lower incomes were more likely to complete the data cards than the online survey. Half of the data card responders made less than \$25,000 in 2010. About 35% of all data card respondents report that they are employed and earning a livable wage, which correlates with the high levels of education reported. 7.8% of respondents reported being employed full time but not earning a livable wage, while 19.4% of respondents report being unemployed.

GENDER IDENTIFICATION OF DATA CARD PARTICIPANTS



SEXUAL ORIENTATION OF DATA CARD PARTICIPANTS



V. DEMOGRAPHIC HIGHLIGHTS

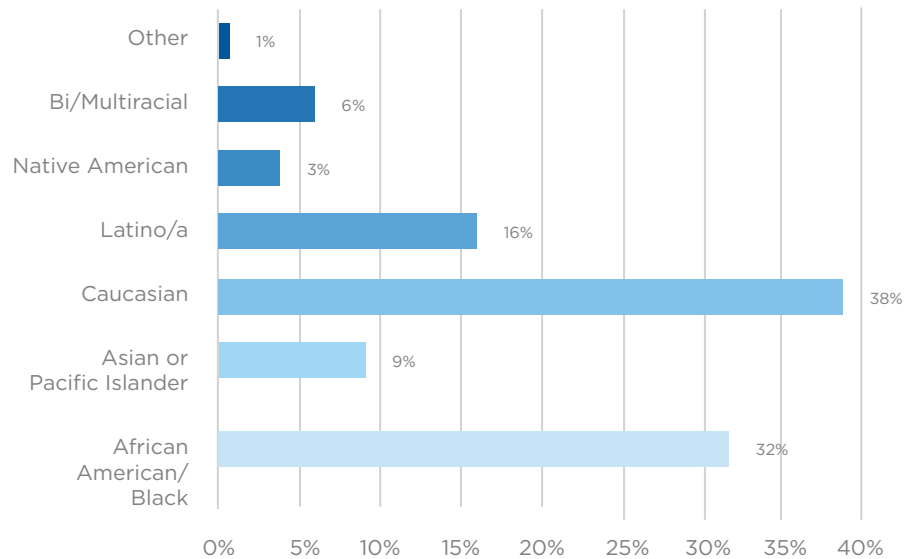
Please note this number is double that of the City of Chicago's unemployment rate (November 2011). This is alarming and particularly significant, given the high education levels reported, and may be the result of possible discrimination experienced within the LGBT Community.

In general, data card responders are well educated, with nearly 50% of all participants reporting that they have completed college. However, it is important to note that 14% of the data card responders reported high school as the highest level of education completed.

The community areas reflect some diversity in reporting. The top response counts came from Lakeview, Edgewater, Rogers Park, Lower West Side, Uptown, Hyde Park, Lincoln Park and Humboldt Park, which collectively represent more than 53% of the total communities reported. About 85% of the responders were from Chicago communities and 7% from North and Northwest suburbs, with 5% reporting from the West suburbs and 3% from the South suburbs.

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RACIAL IDENTIFICATION OF SURVEY PARTICIPANTS



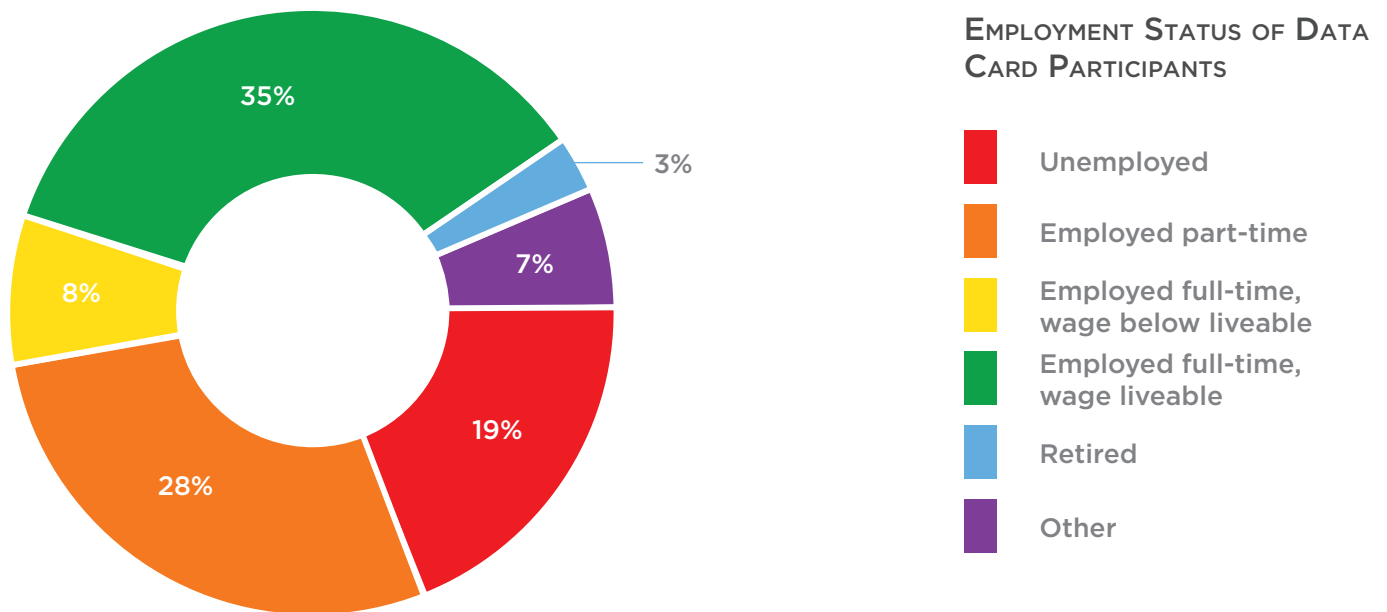
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[Please refer to Appendix B for more detailed breakdown of data card demographics.](#)

3. FOCUS GROUP DEMOGRAPHIC HIGHLIGHTS

For focus groups, participants were given blank boxes rather than options to choose from, so all self-identified gender, orientation and race/ethnicity freely. Many of these responses could be classified in accordance with the categories used for the survey and data cards, though some responses remained free of categorization.

Self-defined identity responses for gender included: "Woman for now," "Male publicly, female privately," TGirl, cisgender and post op TS. Self-defined responses for race/ethnicity included Indo-Dutch and Jamaican, among others.



Self-defined responses for sexual orientation included: Transgender, trans, “Queer till I find a better concept,” “Hetero as male / lesbian as female,” Stud, and “No preference.”

Focus groups represented the most racially/ethnically diverse respondents of all data gathering methods. One in three participants identified as Caucasian, one in three as Latino/a, and one in five as African American/Black. Focus groups also had a high percentage (15%) of gender nonconforming participants (identifying as transgender, MTF, FTM, genderqueer, or self-defined). Focus group participants ranged in age from 14 to 78 years old.

4. INTERVIEW DEMOGRAPHIC HIGHLIGHTS

Interview participants ranged in age from 30 to 80 years old. This group was also racially diverse with over half of interviewees being people of color (African American, Latino, Asian/Pacific Islander or bi-/multiracial).

As with the survey, data cards and focus groups, a vast majority of interviewees identified as female or male. Interview participants were not asked to specify their orientation.

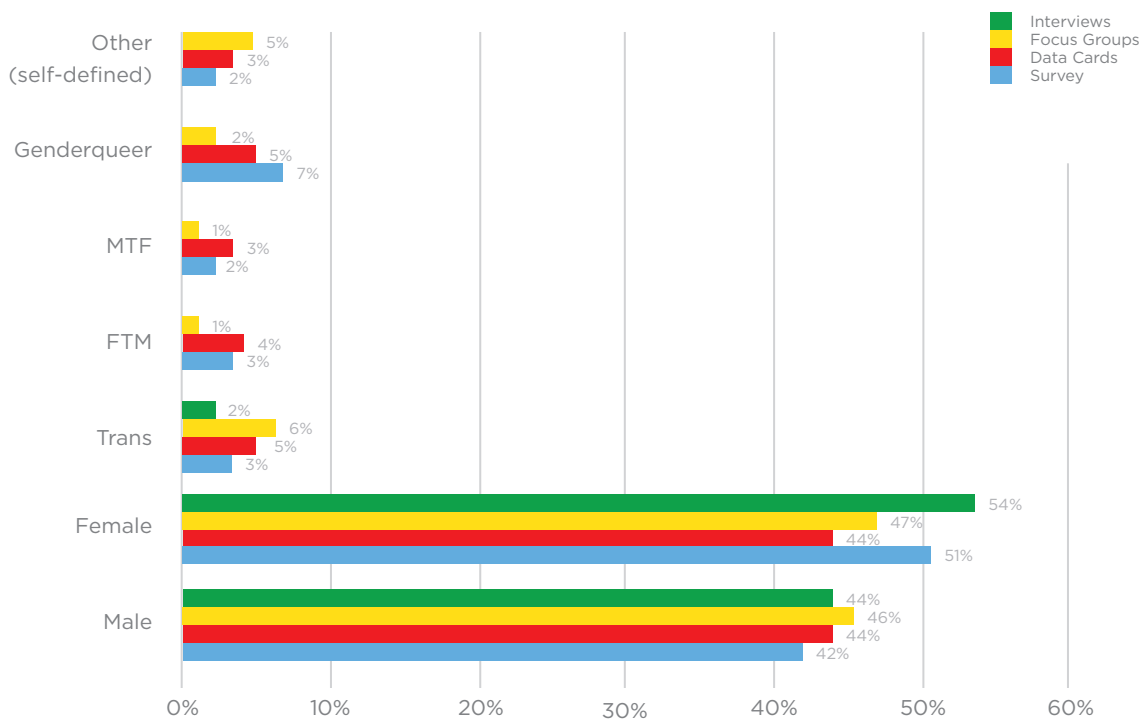
A variety of community leaders, professionals, educators, policy experts, activists and heads of service providing organizations participated in the interviews. A list of people completing the interview is not available in the public version of this report in order to maintain interviewees’ privacy.

V. DEMOGRAPHIC HIGHLIGHTS

5. KEY HIGHLIGHTS ACROSS DATA TOOLS

The following charts present data from six major demographic categories in a comparative format: gender identification, sexual orientation, race, age, income and relationship status.

1. GENDER IDENTIFICATION

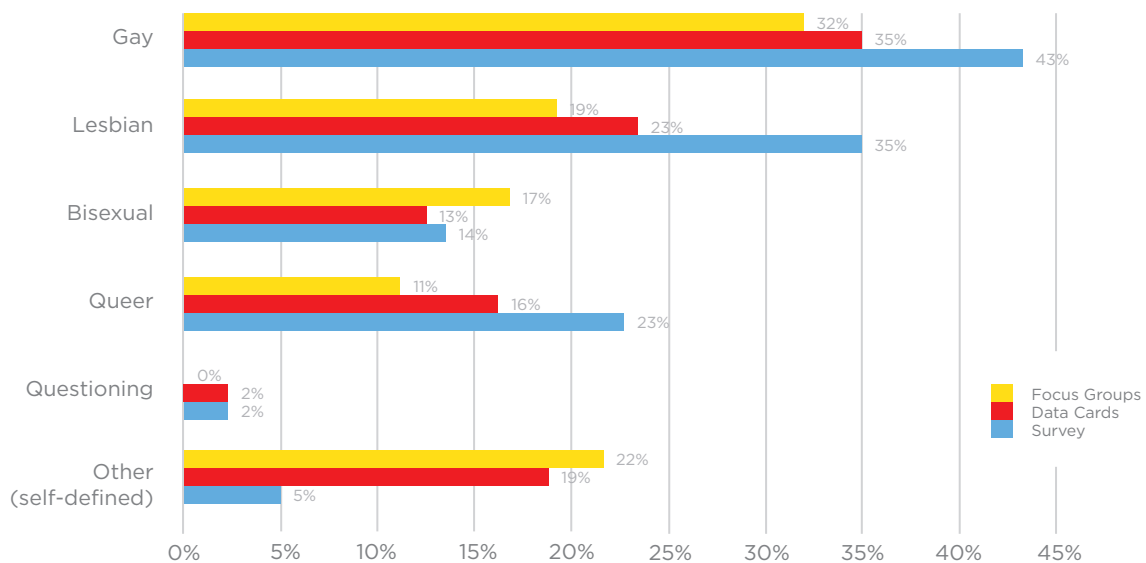


**Please note: for the focus groups, the “trans” category includes all terms including the word “trans” (i.e. transwoman, transman, transgender).*

Across data collection vehicles, most participants identified as male and/or female, with relatively even distribution between these two categories. Transgender, MTF, FTM and genderqueer-identified individuals (combined) comprised between 2% and 17% of participants for each

data collection vehicle, with the strongest representation (17%) seen in the data cards. Female-identified individuals were most strongly represented in the interviews and data cards, comprising over 50% of participants for both of those data collection vehicles.

2. SEXUAL ORIENTATION

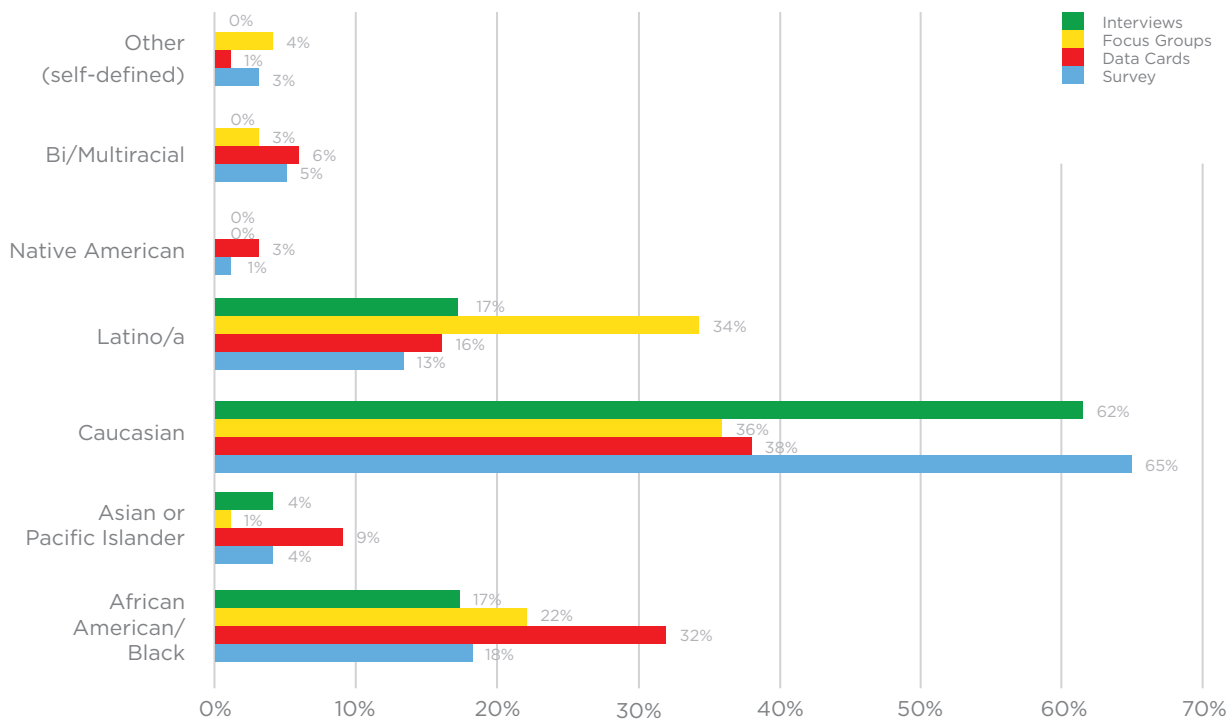


The majority of participants in all three data collection tools where this question was asked identified as gay, nearly 43% in the case of the surveys. The highest percentage of respondents identifying as lesbian or queer was also seen in the surveys, at 36%

and 23% respectively. The greatest percentage of bisexual-identified respondents was seen in the focus groups, at 17%. For both the data cards and the focus groups, approximately 1 in 5 participants self-identified in a way that differed from the major categories used.

V. DEMOGRAPHIC HIGHLIGHTS

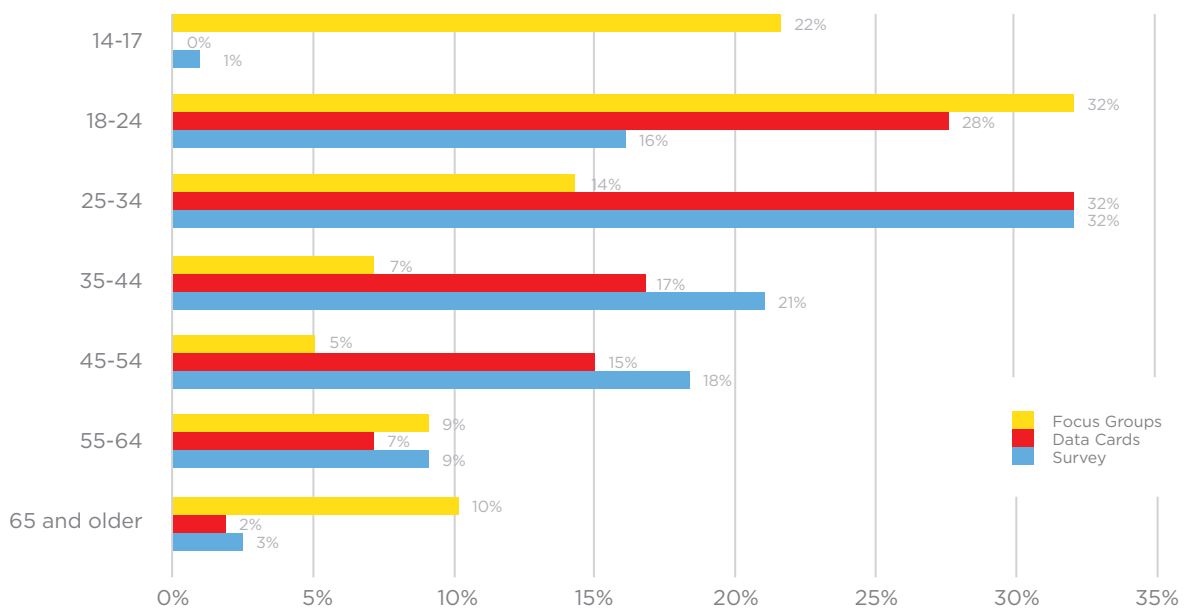
3. RACE



The majority of participants in every data collection tool identified as Caucasian: over 60% in the case of the interviews and surveys. The greatest percentage of African American-identified respondents was seen in the data cards, at nearly 1 in 3

participants. The greatest proportion of Asian or Pacific Islander-identified respondents was also seen in the data cards, at nearly 1 in 10 participants. Latino/a participants were most strongly represented in the focus groups, comprising one-third of all participants.

4. AGE



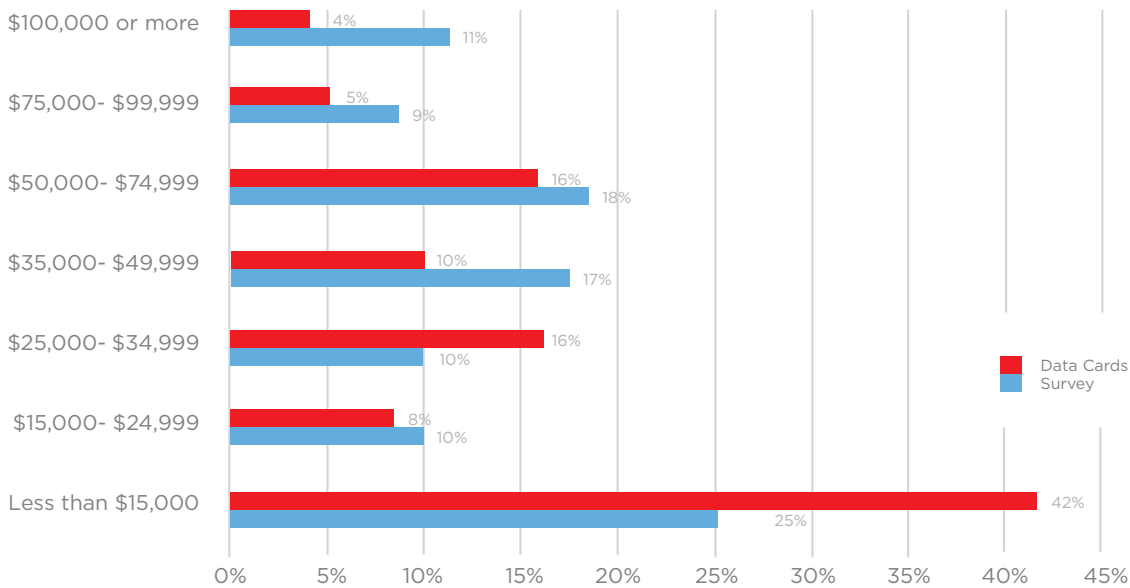
**Please note: community leader interview participants ranged in age from 30 to 80 years old.*

The distribution of participant ages across data collection vehicles indicates the active participation of individuals from all stages of the life course. No one age group represented more than 1 in 3 people for any given data tool. The strongest youth participation was seen

in the focus groups, with over 50 percent of participants between the ages of 14 and 24. Focus groups also saw the strongest participation for seniors; approximately 1 in 10 focus group participants was over age 65.

V. DEMOGRAPHIC HIGHLIGHTS

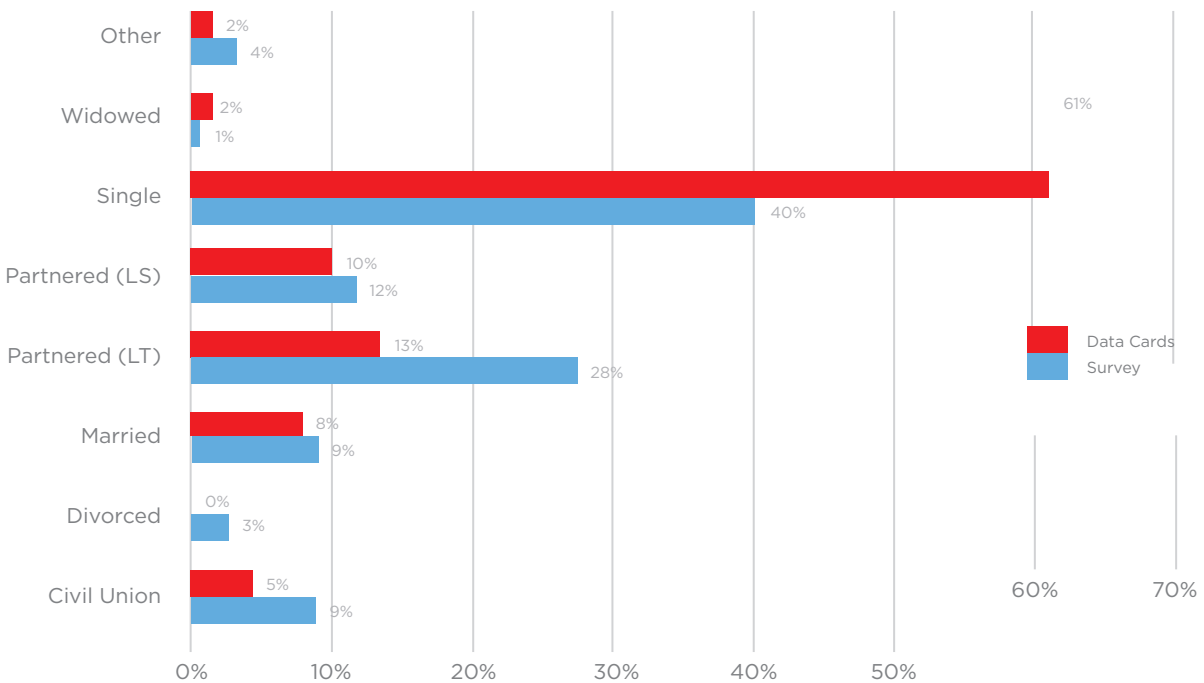
5. INDIVIDUAL INCOME (2010)



Comparison of individual income of data card and survey respondents shows that individuals earning lower incomes made up a greater percentage of data card respondents. While 1 in 4

survey respondents earned less than \$15,000 in 2010, over 4 in 10 data card respondents did. About 38% of survey respondents made \$50,000 or more in 2010, compared with 25% of data card respondents.

6. RELATIONSHIP STATUS



**Please note: for the two "Partnered" categories, "LS" indicates "living separately" and "LT" indicates "living together."*

Single was by far the most common relationship status chosen by needs assessment participants, with 4 in 10 survey respondents and 6 in 10 data card respondents indicating that they identified as single.

Given that U.S. Census data and many prominent studies only examine partnered couples and same-sex households, this sets the LCNA apart in its representation of single LGBT community members.

V. DEMOGRAPHIC HIGHLIGHTS



OTHER OVERALL DATA HIGHLIGHTS

Community Areas and Residences

Needs assessment respondents reside in 71 of Chicago's 77 officially defined community areas. It is important to note that there were no clear "majority communities" defined. No single community reported more than 15% of the participants for any data collection vehicle.

Additionally, not all needs assessment participants have homes:

- At least one survey respondent is currently incarcerated at the Illinois Department of Corrections (IDOC).
- Two people identified as homeless or without an address.
- One focus group was held for perilously housed youth (12 participants), and although most of the participants from this group identified as living in Lakeview, 50% of them listed addresses of social service agencies or parking lots in Lakeview.

The vast majority of participants came from the city of Chicago—between 78% and 85%, depending on the data collection method. North suburban residents accounted for 7% to 12% of respondents, West suburbs residents 5% to 8% of respondents and South suburbs residents 1% to 3% of respondents (depending on the data collection vehicle). Northwest Indiana residents accounted for just 0.3% of survey respondents and were not represented in other data collection methods.

SURVEY

Not-for-profit	20%
Education	15%
Student	12%
Finance, insurance, real estate	7%
Arts and Entertainment	6%
Medical field	6%

DATA CARDS

Student	14%
Education	7%
Teacher	7%
Artist	3%
Social worker	2%
Manager	2%

Employment

Vocational fields reported via surveys and data cards were extremely varied, further reflecting the diversity of the Chicago area LGBT community. The six most reported fields from the surveys and data cards are listed below. Employment status or field was not collected as demographic data in focus groups or interviews, although many shared their experiences with employment, which are explored later in this report.

Education

In general, survey takers are highly educated, with more than 50% of all survey takers reporting that they completed college or graduate school. High education is consistent when controlling for race (African-American/Black and Latino/a).

In general, data card responders are also highly educated, with nearly 50% of all data card responders reporting that they completed college. In comparison, the 2010 Chicago Census data shows 32% of respondents reporting completing college or higher.

Educational level attained was not collected as demographic data in focus groups or interviews.

U.S. Citizenship and Immigration Status

The vast majority of survey takers reported U.S. citizenship (97%). Of those who reported non-citizenship, 77% are residents, 14% are undocumented, 8% have special visas and 1% have dual citizenship with the U.S. and another country. One of the 15 focus groups was designed for undocumented participants.

Documentation status was not collected as demographic data in focus groups, data cards or interviews.

VI. KEY IDENTIFIED NEEDS FROM THE LCNA SURVEY

In the governance section of the survey and on the data card, respondents were asked to ordinally rank 14 categories in the order of urgency with which they thought the government should address them. The most frequently selected are identified below.

Among survey respondents, affordable health-care services and care or health insurance ranked as the number one issue the respondents felt the government should address (66%), followed by access to government rights and services [i.e. marriage equality] (43%), employment (33%), community safety and violence (25%), and discrimination based on class, race and age (21-24%).

Data card respondents reported slightly different “top five” areas of community need. The number one reported issue was services for youth (16%), followed by access to affordable health care (13%), LGBT access and equity (12%), employment (9%), and safety (8%).

DISCUSSION OF KEY COMMUNITY ISSUES

Issue 1: Affordable Health Services and Care

Respondents overwhelmingly expressed concern about health care. Among survey respondents, 66% ranked health care as their highest concern and 35% ranked it as their second highest concern.

Latina Portrait: Latina Queer Women in Chicago (2011)

The Latina Portrait study (Torres and Perez, 2011) reported that 27.9% of Latina LGBTQQ women in Chicago have not disclosed their sexual orientation to all of their doctors or other health care providers, and of those who have disclosed, 13.9% report receiving negative reactions. Additionally, 17.8% of Latina queer women discussed experiencing unfair treatment by hospitals/doctors or other medical professionals, and 15.2% reported that their sexual identity contributed to the negative interaction.

New York LGBT Health and Human Services Needs Assessment (2009)

Similarly, in the New York Needs Assessment Survey, 35.3% of participants identified a lack of mental health services and 39.2% identified a lack of support groups as being a problem or a major problem

in accessing care, while 7.9% indicated that they had no insurance.

Among LCNA data card respondents (who were overall younger than survey respondents), 68.1% report having access to health care and resources and 63.5% report having access to both physical and mental health services. While these numbers represent a positive trend, they also indicate that 32% to 37% of members of the Chicago LGBT community do not have access to these resources.

Howard Brown Health Center's Elder Services Community Initiative (ESCI) Study (2009)

AARP survey respondents were presented with a list of sixteen needs and asked to rank them from highest to lowest unmet need. Affordable medical and mental health care came in fourth on the list of unmet needs, with 28% of the survey population reporting. Affordable prescriptions were the second highest unmet need cited by respondents, and 32% of the overall survey population reported concern about them. The LCNA data cards' specific responses about health care needs included but were not limited to: “universal health care”; “better medical and physical health programs”; “non-bar social environment for professionals”; “mental health issues”; “free comprehensive

dental health insurance”; “better health resources and affordable foods”; “health prevention clinics”; “mental health services” and “groups, case management, mental health psychosocial groups or therapy.”

The following remarks from survey respondents further highlight concern about this issue, particularly the connections between access to healthcare and stable employment:

“I will make it personal. I am unemployed. I can’t get employment because I have visible dental issues so no one wants to hire me. I can’t get them fixed because I have no income to do so. There are NO aid services to assist people like me. So, I remain unemployed. I am very much an activist for gay rights and gay marriage and safe and secure neighborhoods for gays. But if I can’t access basic health, i.e. basic dental care so I can then access employment none of it matters. All levels of government—state, local, county and federal—should get involved. A contributing factor to my dental issues is my HIV status. No one would blatantly admit they were fearful of working on my teeth, but they found lots of convenient excuses not to. Then, when I could no longer afford insurance at all, my teeth rapidly deteriorated...”

“I am very concerned about health care. I worked for a company that went bankrupt when I was in my mid-50s. I worked in the IT area and was unable to find work and began doing my own consulting, but at one point was unable to afford individual health insurance and got sick. I’m still paying that hospital visit off as best as I can. I applied but was not granted any discount. I now have minimal health care coverage that I can afford but won’t provide too much and waiting to be eligible for Medicare in another year.”

The focus groups also discussed the complexity of health care services and insurance, including issues faced by undocumented people and the un-/underemployed, and the importance of mental and emotional health care services that are all too often inadequate. Two focus group participants shared:

“My partner of 35 years eventually within the next year or so will need more assistance than I can give him, and it would be essential for us to have a gay-friendly at least, if not gay or lesbian, person to come in and do the caring. My friend will not go to a nursing home, he’ll commit suicide.”

Interviews with community leaders supported findings in the surveys that health services and health care are complex and serious issues. Some leaders tie lack of health care to rising un-/under employment and other economic issues, while others state that until the LGBT community is treated equally under the law (regarding marriage and the privileges that come with it), health care/services will continue to be a major need for LGBT people. Several community leaders representing the Latino/a community note that under health care reform, undocumented members of the LGBT community will lose some basic health care services.

VI. KEY IDENTIFIED NEEDS FROM THE LCNA SURVEY

“Many people are still afraid on the South Side. Bottom line, people are there and they need services. Services closer to the people. I can’t think of a sadder sight than an African-American gay youth. Many are uncomfortable coming up to the North Side because it’s out of their comfort zone. I refer people to [addiction rehabilitation center on the North Side] all the time and they don’t go because they don’t feel comfortable even though it’s right off the El.”

“Health care is an issue. The assumption is that it does not affect most in the community. But because many people are still closeted, they do not seek care. They are losing their jobs, become lower income and they do not want to out themselves by seeking care. There are also lesbians raising families and health care is out of reach. Also, there are youth of color being, particularly trans youth, kicked out of their homes and this is rising.”

“When the Obama plan goes into full implementation, any undocumented person with AIDS will lose health care. It’s all economics. It’s mostly myths, not reality. In the whole, we need to see the real social/economic needs of our community. I think folks will be surprised how many folks are uninsured in our community. In the Latino community, we haven’t done enough work to educate health-care providers. They need to look broadly—not just at AIDS and STD, it’s much broader, like mental health issues and substance abuse and tobacco use and cancer rates.

We are much bigger than our sexuality and our sex lives—we care about things more than that.”

Issue 2: Sustainable Employment

Respondents of the LCNA also voiced serious concerns about employment. Among survey participants, 33% ranked employment as their number one concern and 23% ranked it as number two. Among data card respondents, only 50% report having a livable wage and being able to meet expenses, with only 50.2% indicating that they have strong employment networks. 2010 Census data throughout Illinois reflect a 7.3% statewide unemployment rate.

The Latina Queer Women in Chicago study indicated that as many as 40.9% of women reported making less than \$29,000 annually while the New York Needs Assessment indicated that a total of 11.9% of the survey respondents were in poverty, having no income or household income below

\$10,000. Overall, 19.5% said that they did not have enough income to meet their basic needs, while 40% had just enough and 40.5% had more than enough. In contrast, the median income reported in the 2010 Chicago Census data is reported as being \$39,000 and \$44,000 annually for women and men respectively.

Further, the Howard Brown ESCI Elder Study indicated that many older adults, including LGBT older adults, rely on Social Security as a primary source of retirement income. According to a National Center for Lesbian Rights report cited in the Howard Brown study, 62% of adults 65 and older use Social Security for half or more of their annual income; 26% use it for up to 90% of their income and 15% use it as their only source of income.

Many factors can contribute to the unemployment and underemployment rates experienced among respondents, including age, gender, and access. While rates of unemployment are higher than those in similar categories throughout the state of Illinois, greater analysis is needed to assert a causal relationship. Given the biases expressed in previous data, discrimination experienced may not always be overt and can often be assigned to a class of people without regard for individual competencies.

Several focus group participants voiced the opinion that employment concerns are especially pressing for trans-identified individuals:

“I guess when it comes to employment—looking for a full-time job over the summer—I have it so deep in my head: ‘Why would somebody want to hire me when they could hire someone who isn’t trans?’ And then if I did get a job, I would have to get new clothes for it—go out and spend \$100 that I don’t have.”

“Being able to prove that you’ve not been given/lost a job because you’re trans is difficult. Worked at temp agency—often it would be determined on first day whether they were a good fit, sometimes felt like they weren’t asked back because they made someone uncomfortable. Nothing you can do about that—very little protections, especially in a temp job. There was nothing explicit that they could bring up. Still treading into realm that it was an unfriendly environment.”

“There’s a report that says that a trans person is 11x more likely to not get or lose a job than a gay/lesbian individual. And if you add on top of that a person who is trans and a POC, then can’t even comprehend what that challenge will be for a young African-American trans woman.”

Issue 3: Access to Government Benefits, Rights and Services

Categories relating to access to government benefits, rights and services, such as marriage equality, were ranked by 43% of participants as their greatest concern. Additionally, 31% of respondents ranked such categories as their second greatest concern. While 44.3% of data card respondents stated they knew how to access such services, this indicates that almost 6 out of 10 do not have knowledge of how to access governmental programs, including Social Security, unemployment and medical aid.

Reflected in the Howard Brown ESCI Elder Study, The National Gay and Lesbian Task Force estimates that LGBT elders are denied roughly \$124 million a year from Social Security

because they are unable to access benefits. Further analysis of this is needed to determine context and contributing lifestyle factors prior to accessing benefits. Even without the benefit of historical knowledge, the data across all studies used for comparison indicate a greater vulnerability for seniors in general, and those individuals without spousal or partner benefits, retirement benefits, and disabilities. Additional influencing factors, such as social, cultural or political circumstances may also exist which can limit access to eligibility, increased benefits or entitlements.

When discussing overall inequality, access to government rights and services on an equal basis with other people—for example, marriage equality—were not mentioned repeatedly, but certainly brought up and discussed in the context of overall inequality. For example, two survey takers shared:

“The economic situation is the top priority for me. My partner lost his job because it was outsourced to India. He needs to find work and to receive unemployment benefits when he is not working (he is doing temp work right now). Fortunately, because we have a civil union he is covered by my health insurance. Marriage equality would provide additional economic benefits. Pensions need to be protected, except for the few instances where people get ridiculously (sic) high pensions. Social Security needs to be protected.”

VI. KEY IDENTIFIED NEEDS FROM THE LCNA SURVEY

“Civil union is [a] nice first step, but same-sex marriage must become approved federally. Employment is tough for everyone now but gays are still discriminated (sic) against in hiring. Affordable health care for those without insurance is vital. Too many hate crimes. Any is too many.”

One senior focus group participant indicated a particular lack of access of government services for seniors:

“A lot of seniors that I know—and I know because I just spent 6 months looking for a place for my sister to stay—a lot of seniors have to go back into the closet when they go into the nursing facility. The Tuesday group at [name of organization omitted] is the only outlet for a lot of people. Many people really regret that. An LGBT place for assisted living really doesn’t exist—there isn’t any. Housing does not exist for us.”

Issue 4: Response to Community Discrimination

Discrimination, whether based on class, age, or race, was ranked as a number one concern by 21 to 24% of the survey respondents. As reflected in the quantitative and qualitative responses, greater acknowledgment and responsiveness to community prejudices and discrimination is needed.

This is significantly reflected in the Latina Queer Women in Chicago study as well, where

19.3% claim to have experienced discriminatory treatment by a social service agency, 27.1% report instances of racism by governmental agencies, and 17.8% identify experiencing unfair treatment by hospitals/ doctors or by any medical professional. Additionally, 68.7% of women claimed that they had offensive remarks aimed at them directly, and 84.7% reported being in the presence of offensive remarks. 53.8% stated that others have avoided being near them, 60.7% have had others make them feel that they did not fit in and 30% of women have received unfair treatment by their partner’s family due to their sexual orientation.” Furthermore, 40.9% of Latina queer women have experienced discriminatory treatment by service providers in public restaurants and establishments in Metropolitan Chicago, and 21.8% of women stated that they often feel disrespected by people who either know or think they are LGBTQQ.

A common bias is also shared in the Howard Brown ESCI Elder Study, where it was noted in a survey of 24 Area Agencies on Aging in New York that 46% of staff respondents said that openly gay men and lesbians would not be welcome at senior centers in their areas (Behney, 1994). Highlighting the often unspoken prejudices experienced by LGBT individuals in daily social interactions in what should be safe and welcoming social environments.

These data reflect some influence in relationship

between race and gender when exploring the impact of discrimination experienced, similar to the data card respondents, who were overwhelmingly African American and youth or young adults. Respondents from the data cards report experiencing discrimination across multiple settings within the LGBT community at large as well when interfacing in different social contexts where their safety felt compromised because of race, ascribed characteristics, sexual orientation or gender expression.

Examples of top issues facing the LGBT people as written by data card respondents include: “housing and employment discrimination”; “homophobia bullying discrimination”; “civil rights and marriage discrimination”; “trans issues: housing and employment discrimination”; and “religious equity.”

Many groups tied socioeconomic inequality to unequal allocation of resources. Also, many youth stated that class assumptions are made about them because they are perilously housed or of color.

One youth focus group participant had this to say about age discrimination:

“In Chicago, it feels like there’s an age restriction on being gay. [Lots of nods of agreement from the group.] Boystown means nothing if you’re under 21. You can look but you can’t touch. Essentially you can go

to [name of local business omitted]... Anything social in Boystown is 21+. And you need to have money to do those things, regardless.”

While a community leader being interviewed shared:

“There are still issues at every level. This is still lots of homophobia/ transphobia, especially in the workplace, on the street, in the criminal legal system. It impacts the marginalized communities because people without resources can[not] affect their ability to protect themselves.”

Issue 5: Community Safety

Violence and safety within the LGBT community and within lived community spaces was a chief concern for almost half of survey respondents. About 25% ranked it as a number one concern and 23% ranked it as a number two concern.

Data card respondents listed the following among the top issues facing the LGBT people: “safety in Boystown area”; “safety education”; “safety from/with police”; “violence prevention” and “safe spaces.” Of the data card respondents, 67.7% report feeling safe at school and work, while only 56% indicated feeling safe within the city at large. Only 22.3% reported feeling comfortable that the police would respond to their needs,

with 26.6% reporting a “not applicable” response. It is not surprising, then, that the GLSEN Report indicates that only half (52%) of Illinois students reported that they felt very safe in their schools, and over a third (37%) of the students reported that they felt unsafe in school because of one or more personal characteristics, such as physical appearance or sexual orientation.

Additionally, 39.9% of women in the Latina Queer Women in Chicago study reported being harassed (i.e. name calling, jokes, fights, etc.) for being LGBTQQ when they were growing up, and 6.2% disclosed that they have never told anyone that they are LGBTQQ for fear of negative impact this could have on their lives.

One youth focus group participant related the following story of safety concerns:

“Word that I was gay spread to these homophobic boys—because we were friends they automatically broke their friendship with me—they decided to physically abuse me at school, they pushed me down stairs. I didn’t really tell anybody about it, they would push me up against lockers and threaten me a lot—the boys got suspended for a long time—still to this day my car is getting egged, things that you wouldn’t expect happen to someone...I do have a restraining order now and I can’t hang out with them outside of school—they’re not allowed to come near me or touch me or bump into me.”

VII. THEMES EMERGING FROM MULTIPLE DATA TOOLS

Emergent themes for this project were developed in several steps. First, the data was transcribed and hand coded. When hand coding, key phrases and quotes used by the study participants were highlighted and reviewed for commonalities. Reoccurring phrases and similar statements within and between the four data vehicles were collected. Similar words, phrases and quotes were placed in “theme baskets” and provided a visual display of the emerging themes. Relationships among these data were connected with lines and explanations. These preliminary themes, with supporting data and quotes, were developed and shared with Morten Group support staff for feedback.

In this section, themes developed by common trends found in the surveys, data cards, focus groups and interviews are explored. These themes highlight the diversity and complexity of people who comprise the LGBT community, the unique needs of different segments of the community (especially youth, seniors and families), and how the country’s economy has impacted LGBT people.

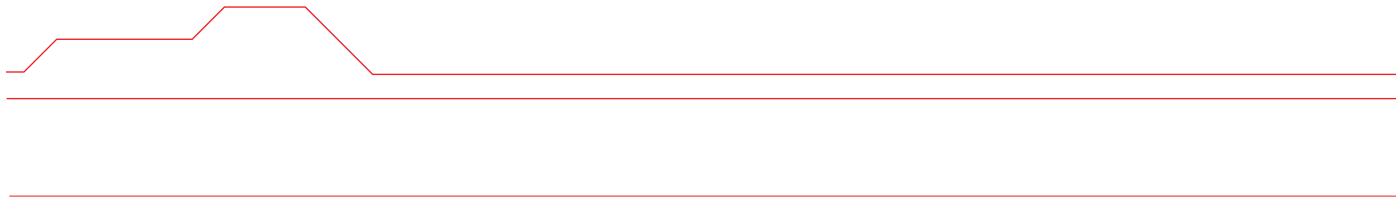
1. UNIQUE NEEDS OF LGBT SENIORS

LGBT seniors face serious needs in the areas of affordable housing, access to governmental and nonprofit resources, feeling safe to access those resources, vocational services and health care. Two older survey takers and several focus group participants have shared stories of losing their homes, jobs and/or health insurance. Data cards did not demonstrate a trend of concern for seniors’ needs, possibly due to the significantly younger age demographic of data card respondents.

Survey and focus group participants older than age 55 stated:

“If people have the basics covered, such as health care, employment and housing, the other social issues can get some attention. Without the basics, people care a lot less about marriage equality, etc.”

“There needs to be a more visible group of LGBT community elders for those who are more isolated—in nursing homes. I think we need to be careful when we talk about the community—it extends beyond Lakeview and Sheridan. It’s important to have places like the Mather cafeteria—satellite locations throughout the city so that elders can gather away from the usual places. One of the detriment—and it’s not a knock—is that the community has always been focused on Chicago’s lakefront.”



Interviews with community leaders indicated that as baby boomers become seniors, community based service providers in the LGBT community must begin to re-think their service population and reach out to older adults who are leaving the work force and unaccustomed to seeking social service support. For example:

“... [B]iggest safety issue is seniors, primarily people over the age of 75. There are a lot of safety concerns for this group such as income safety, physical security, health, living alone especially with many older LGBT people having a lack of family structure, not kids or especially those estranged from their families.”

SURVEY DATA FROM RESPONDENTS AGES 55 AND OLDER SHOWS THAT:

22% rate health insurance as fair or poor on a 5 point Likert scale.

15% rate employment services/support as fair or poor while 52% report that they are not sure how to rate these services.

About 40% stated that they do not currently face serious quality of life issues; however, **almost 20%** 20%, or 1 out of 5, do not feel comfortable accessing government resources, **and 27%** report that they do not have strong employment networks.

“I am over 60, have been unemployed for almost two years, no health care or benefits. I have had to move into low-income housing, find a free clinic for health needs, track down free meds from pharmacies and find part-time work to make ends BARELY meet. My prospects are very poor and the outlook is rather bleak going into winter. You see my top 5 are all around these issues. I do not feel like I am being heard or even seen by government and media.”

VII. THEMES EMERGING FROM MULTIPLE DATA TOOLS

2. COMMONALITIES BETWEEN LGBT SENIORS AND YOUTH

LGBT youth and seniors have a great deal in common when it comes to needs. However, in addition to needing housing, resources, employment and health-care support, youth are also facing safety issues, including feeling unsafe while navigating their community and feeling targeted by the police. Furthermore, some younger adults feel that they aren't taken seriously by, or receiving equal respect from, the LGBT community. Interestingly, both older adults and youth report experiencing age discrimination.

SURVEY SURVEY DATA REVEALS THE FOLLOWING WHEN COMPARING YOUTH (24 AND UNDER) AND SENIORS (55 AND OLDER):

- When controlling for age (taken from sample of 24 and younger and 55 and older), individual and household income drastically shifts to the left, with more than half of the sample (52%) earning less than \$15,000 individually per year.
- 25% of the sample categorizes themselves as unemployed, 26% as working part time and 8% as working full time but earning below a livable wage.
- Education rates remain high with almost 50% earning a college degree or beyond.
- 36% do not currently earn wages that allow them to meet expenses.
- 24% do not feel that Chicago police respond to their needs.
- 13% state that they cannot safely access job related/vocational services and another 31% state that they are not sure if they can access these services.
- Almost one third do not know how to access government support programs including social security, unemployment or medical aid.
- 30% do not have strong employment networks.
- Over 20% state that they cannot safely access health services and another 10% state that they are not sure if they can access these services.

Data card respondents were highly concerned about youth issues (youth issues replaced health care in the top 5 issues of concern for data card respondents, as mentioned earlier). Examples of top issues listed included: "support for the youth, services (health), jobs (well paying)"; "homeless youth"; "youth support, LGBT resources on the South &

West sides"; "LGBT support in schools, support for homeless youth, "access to services outside of Boystown"; and "youth (esp. youth of color) discrimination and over-policing and incarceration."

By that same token, examples of suggested services to address youth issues included: "safe place (for homeless youth)";

"education (for safe sex)"; "youth housing"; "LGBTQ youth programs"; "more time in youth centers and more youth activities"; "more LGBT youth services/centers, supportive, respectful, accountable schools, anti-discrimination laws/policies"; and "mentoring for GLBT youth substance use and mental health services."

One survey participant shared the following about their schooling experience as a youth:

"I walk fearless as a transgendered I couldn't hide my true feelings of appearance. A lot of jobs that provide health insurance basically ripped up my application in my face. It's so hard to pay for health insurance ...I would of saved my family A LOT of money if I just walked home. But it wasn't an option even though I lived so close. I was lucky if I made it on the bus without getting bullied, or having a beer bottle thrown at my head... School officials didn't do anything for GLBT. When there was brutal fight between a Gay and HOMOPhobe. There was never a letter or call sent home."

Young people younger than age 24 shared:

"... I never have access to health care that is reliable and consistent and respectful and knowledgeable about my needs as a trans person. I depend on [name of healthcare provider has been omitted], which is great, but I worry that they will run out of funding or will have to terminate my service for some other reason. Without them, I don't know what I would do. Regular doctors scare me because I have been traumatized."

"I am a young, college-educated professional. I don't have many needs (other than hoping that I can alleviate myself of debt at some point in time). I think the

main issue I face is being taken seriously in my community as a younger person, and that people don't leverage their 'experience' or their age over me. I may not own a condo in Lakeview, but I still live here and have a voice in my community."

"...The North Side has it easy. I feel if my family had more money and lived there, I wouldn't have been on suicide watch, I would have lived at home, I wouldn't have been homeless for 2 whole years. Prostituting my body for meals and clothes and somewhere to stay. My life would have been so much easier if they had more services for GLBT teens/youth."

"I think there is a significant amount of ageism in the gay community, particularly. There seems to be a general dismissal of non-'business-type' young queer folks, and a general disrespect for the work going on at this level. I think the LGBT community can be incredibly isolating and restrictive, particularly for young queers. The issue of class here is so intertwined, as a lot of the isolation and discrimination against the young happens in re: class issues, poverty, housing instability, transition into the workforce, low-wage jobs. The lengths to which the queer community will go to deny we

have a class problem is pathetic. Young people need support, particularly around transitional housing and *affirming, supportive* mentors."

While older survey participants wrote:

"Job discrimination that has scarcely been touched by age-discrimination laws. Disrespect by those who consider old persons to be out of ideas and out of energy, when we are in fact disproportionately conscientious in our commitments, whether on the job or in volunteer service to the community."

"The biggest issues I face are racism and homelessness. I am fortunate to have a good job that pays me well, but homelessness is an issue that touches me because many of my friends have no job/can't find one/can't keep one so there is always someone looking for a place to stay. They see I am stable, so they try to stay with me. Racism is an issue because Chicago is a very segregated city, which is not inherently a bad thing, but it's a problem when you have to go to a part of town you don't necessarily belong in."

In youth focus groups, participants discussed issues faced as well as strategies used in schools by Gay-Straight Alliances and youth service agencies to help young people address these issues. The quotes included below may be useful when thinking about ways to fund programs for youth.

VII. THEMES EMERGING FROM MULTIPLE DATA TOOLS

“I feel that one of the problems is that the Lakeview community doesn’t accept the fact that young people do exist. They don’t give a f*** about us. Money should be delegated to us so they can see we’re not the stereotypes and statistics they think.”

“Yes, there also needs to be education for other people because even now people think that AIDS is only for gay people. It is okay to be gay and AIDS is NOT just a gay disease.”

“All of the organizations... they think they know everything about homeless youth, but they really don’t. Don’t assume his family kicked him out for being gay and ask if he needs resources. He wants to know: How can he get a job? Get an apartment? There’s a need [for] a homeless shelter for LGBTQ youth—there are day programs, but they need a guaranteed place where they can sleep. Register, stay for an extended amount of time. A place that can help get a job or an apartment. More shelters and support systems. Not just a day place that acts like they know everything.”

A majority of the community leaders interviewed also expressed deep concern about safety issues faced by youth, especially youth of color and young people that identify as transgender.

3. SUPPORTS NEEDED BY LGBT FAMILIES

LGBT families with children report needing child care assistance and support around helping their child(ren) to deal with bullying from other children. Some respondents also reported the need for support groups/opportunities for same-sex couple children to interact and develop friendships.

SURVEY DATA REGARDING FAMILIES SHOWS THE FOLLOWING:

- 74%** of survey takers with children identified as female
- MORE THAN 60%** are between 35 and 54 years old
- MORE THAN 65%** are married, partnered and living together or in a civil union

Income, occupation and employment status and level of education are similar to the general sample

WHEN ASKED ABOUT CERTAIN SERVICES IN THEIR COMMUNITY SOME PEOPLE WITH CHILDREN WERE CONCERNED WITH SEVERAL ISSUES:

- 20%** rated “affordable/healthy foods” and “services for children and youth” as fair or poor services in their respective communities
- 24%** rated “health insurance” and “vocational/employment related” services as fair or poor services in their respective communities

Survey completers with children used their surveys to call for more support services including: family counseling, parenting support groups and other emotional health services, child and respite care, safe recreational space for their families and support around finding jobs.

When asked how The LGBT Community Fund should best use funds and resources, and what should be the funding priorities, youth focus group participants recommend education for members of the LGBT community and the heterosexual community, more support groups, and experiential learning opportunities.

4. NEEDS OF THE UNEMPLOYED AND UNDEREMPLOYED

Livable wages, accessing government support programs, needing strong employment networks, and having the Chicago Police Department respond to one's needs were listed as top needs across groups.

About 20% of all survey takers identified as unemployed or employed but not earning a livable wage. When controlling the data to better understand the needs of these survey respondents:

- The vast majority (68%) lived within city of Chicago limits
- Almost half are people of color, identifying as African-American, Latino, Asian-Pacific Islander, Native American or bi/multiracial
- 13% have children
- 42.5% earn an income of \$10,000 a year or less and 70% earn \$25,000 a year or less
- 22% feel that they cannot safely access hospitals or other public health services or vocational/job-related services

When asked about services in their community:

- 32% rate access to vocational/ job-related services as fair or poor
- 30% rate access to affordable/healthy foods and access to public health services as fair or poor
- 28% rate law enforcement as fair or poor
- 20% feel unsafe or very unsafe in their community
- 20% state that there are NO neighborhoods or communities in the Chicagoland area that they consider safe and supportive to LGBT people or families
- And 25% state that there are no programs, groups, religious institutions or social service agencies in the Chicagoland area that they consider safe and supportive to LGBT people or families

When asked about serious issues in their community, more than half of the respondents reported gangs as the most significant issue. Other top responses included: the cost of housing (50%); vocational opportunities (about 40%); gentrification (33%) and hate crime related to sexual orientation (30%), which is markedly different from the general survey population. Unfortunately, more than 33% do not know how to access government support programs including social security, unemployment or medical aid.

Focus group participants shared the following commentary about the Chicago Police Department and having access to resources for basic practical needs:

"Another issue I wanted to bring up was that some of the resources inside some of the centers we attend...more resources needed for bus fare to get back and forth to job interviews, job training, food pantry...we used to have funds for that but now if we don't get a grant approved, then people have to walk or come up with bus fare however they can."

"As a recovering prostitute, [I] ran across all kinds of situations that by the grace of God—taken out to the suburbs and raped... Been robbed, jumped, had a gun pulled. Most challenging thing though was the police arrests. Police would come to house and knock on door and lock [me] up for prostitution..."

VII. THEMES EMERGING FROM MULTIPLE DATA TOOLS

One community stakeholder made the following comment about resource deployment in an interview:

“There is a lack of diversity regarding the decision making, specifically in the way resources are deployed. An example of this is reflected in the impact of HIV in communities of color, in that I not sure that the ‘dollars are following the need.’ Also the same for LGBT youth services, the community is diverse enough to have more than one LGBT community center. Smaller organizations around the city are doing outstanding work without larger and governmental grants and funding, but I’m not sure that information related to resource allocation is getting to organizations in other parts of the city. I’m also not sure that awareness on the part of larger funding sources about smaller organizations even exists to support their growth.”

5. DIVERSITY AND THE LGBT COMMUNITY

Many participants urged the LGBT community as a whole to begin to recognize and celebrate its own diversity. The community has many strengths, including its diversity (economic, cultural, racial, occupational and wide ranging skills), creativity, determination to be treated equally and resilience. Several interviewees and focus group participants also indicated that although the LGBT community is diverse, it does not necessarily work well together.

The demographic data across data collection vehicles support this theme by reflecting the extensive depth of diversity in the study population for categories such as race, income and age.

One focus group participant shared the following opinion of being unwelcome in the community:

“People act like the North Side is supposed to be like Ellis Island for the LGBT community, but that’s not true. You get harassed by the police, people look at you like you’re a criminal.”

One interview participant outlined in detail the need for the LGBT community to work together across various boundaries:

“We need to transcend racial and geographic barriers. There is not a lot of intersectional work being done with black, brown and Asian communities for the purpose of pushing forward realities that are not used to the mainstream. Lots of issues between genders. We need lots more dialogue. ...We really need to address these issues and have intentional conversations with stakeholders. The LGBT communities of color need to start demanding more transparency, demanding the breaking down of geographic barriers. The larger and smaller organizations need to do more marketing and let people know that gay Chicago is not just the north side. We need to step out and step back.”



6. THE RECESSION AND THE IMPACT ON THE LGBT COMMUNITY

As seen in the earlier demographics, unemployment and underemployment are exacerbated by discrimination. Like many other communities, the recession has affected the LGBT community, but this impact is compounded by the additional discrimination that members face as a result of sexual orientation or gender identity.

For example, the unemployment rates shown in the data cards are slightly higher than the city's and much higher than the national trends. Among people of color and youth, they are markedly higher at almost 40%. Survey respondents shared the following:

"Presently jobs are a priority for people to get back on their feet. Technical, training support for jobs that can be thought in a few months...trade jobs like carpentry, in short handy man jobs. At the local level so people get hired by people living in the community."

"It goes back to employment. When jobs are more scarce, any type of difference, gender non-conforming, race. It's already hard, so it becomes harder. It is taking a hard toll especially for non-white, gender non-conforming. But certainly for people who are seen as different."

VII. THEMES EMERGING FROM MULTIPLE DATA TOOLS

7. EXISTING RESOURCES AND UNDERSERVED AREAS

In this economic climate, resource providers serving the LGBT community face serious funding challenges. Therefore, the focus should be on how to 1) best utilize existing resources/maximize results; and 2) support new innovative practices in underserved areas. There are no quantitative data to support this theme; rather, it emerged repeatedly in qualitative responses.

Data card respondents shared a plethora of service ideas regarding existing resources and underserved areas:

EDUCATION:

- "More educational forums for the community"
- "Educational tools"
- "Education regarding state laws"
- "More efforts to educate and more consequences for organizations that discriminate"
- "GLBT education for schools and communities"
- "Posters and resources in West neighborhoods"
- "Resources in Spanish, more education for the Latino community"
- "Education within police department and criminal systems"
- "Improved education of health-care providers"
- "Greater awareness and policy change"

INCREASED ACCESS TO FUNDING:

- "Equitable distribution of funding and other efforts"
- "Greater research and understanding of mental health advocacy"
- "More funding for domestic violence/intimate partner violence treatment programs and for prevention - it is not either/or, both are needed"
- "Funding for people of color social organizations"
- "Funding for civil unions/marriage and family programs"
- "Funds for social services"
- "Better and equal distribution of resources, not just on the North side"
- "More money toward supportive housing in the community"

INCREASED COMMUNITY SERVICES AND PROGRAMS:

- "Community center on the South Side for gay teens"
- "More community centers spread out and accessible to more people"
- "Help community centers that exist and add more programs"
- "Job programs that lead to jobs with good wages"
- "More community outreach in the hood"
- "Mentorship cross-neighborhood networking"
- "Trauma awareness services and counseling"
- "Homeless shelters for LGBTQ folks"
- "LGBT Services on South and West sides of Chicago"
- "Employment services; more bi-events at existing organizations"
- "Health services integrated into recreational activities"
- "Government, medical, housing, social services, mental illness"
- "Services distributed to more than white gay men"
- "More paid staff for LGBT offices, employment services"
- "Legal services"
- "Create more programs that serve Trans-people's health and transition needs"
- "Police training on anti-racism, genderqueer"



Survey respondents also shared specific details about the areas they feel to be supported and in need of support:

“I believe the Chicago area is lacking in this area, especially on the Southside, the Southside is in short supply of all services, and yet people wonder why the HIV infection rate is still on the rise in this area.”

“I feel that Oak Park, Evanston, Andersonville, Edgewater, Lakeview and Hyde Park are areas that are safe and

supportive areas in the Chicagoland area. I have to admit that I feel Lakeview is changing, although it appears to be the place that would be most supportive.”

Focus group participants were also vocal about where they felt resources should go:

“Unless the community works hard to sustain itself, it won’t last. That’s something the fund needs to think about. As someone now who has a 13-year-old, I’m much more

engaged with parents, queer and not. At the same time, I’m really concerned about the youth because I can see where this goes. For the Trust to figure out how to continue to build infrastructure, it needs to feel out where the community is. At this point I think there might be more bang for the buck in supporting the small micro-community organizations who are in the community in their neighborhoods already [more] than the macro ones. [2 community groups given as examples.]”

“I think if this fund is going to work, it needs to speak to this. As great as the fundraisers are, they should not be the only people doing advisory work to the fund. Also people living and working in the community. Current board: Make sure you diversify yourselves! If you want to impact and improve the community, you need to have folks who live and work in it.”

VIII. CONCLUSION

The data collected through the Chicago LGBT Community Needs Assessment (LCNA) offers a uniquely comprehensive glimpse into the needs, assets and challenges of Chicago's diverse LGBT communities. In some ways these challenges are similar to those of other communities, with added complexities often related to an LGBT identity.

At this moment in American history, it is clear that significant numbers of individuals - both LGBT and otherwise - are experiencing concerns about many basic areas of daily life, including healthcare, employment, education and access to government services. In fact, this was a sentiment that surfaced repeatedly in participant comments throughout the data collection process. LGBT people, like most individuals, are concerned about meeting their practical needs and accessing resources when needed. However, this study and the comparison studies used demonstrate that for individuals who identify as LGBT, sexual orientation and gender identity serve as compounding factors. Like their non-LGBT counterparts, LGBT community members seek to experience a quality of life; however, unlike their non-LGBT counterparts, LGBT individuals also seek to have the barriers connected to their identity eliminated where possible, and when found to be present, be able to access service delivery systems which are responsive to acknowledging and eliminating them.

Having access to healthcare, sustainable employment, safe schools, affordable housing and safe communities were overwhelmingly among the most significant areas of need reported across all data collection vehicles.

Experiencing inequities because of discriminatory practices were reported as creating additional challenges and stressors, which were highlighted throughout community members' anecdotal experiences. This was reflected in the Latina Queer Women in Chicago study, which highlighted experiences of discrimination against Latina LGBT women in healthcare situations and when accessing government services. Discrimination is further exacerbated with populations where increased vulnerabilities exist, as with youth and seniors. This is supported both by LCNA data and comparison study data. Data card respondents, largely African American youth and young adults, reported feelings of decreased safety and experiences of discrimination when attempting to access services and resources within the larger LGBT community. The

Howard Brown ESCI Elder Study reported candid participant opinions of bias against LGBT older adults who might participate at senior centers in New York City.

Universal issues of well-being impact the LGBT community in ways that are similar to and different from other communities. Allocation of future funding should be aimed at strengthening existing services where possible and building capacity in under-served areas. The LGBT Community Needs Assessment provides a broad view of Chicago's LGBT community and captures community feedback in an organized way to support more informed approaches to priority setting and decision making regarding future funding. Further, the study acknowledges the varied assets and strengths of organizing strategies utilized by the many organizations, small and large, which support the diversity of individuals, neighborhoods, and organizing efforts that comprise Chicago's LGBT Community.

There are many existing services that specifically identify LGBT

populations as their primary constituency. Many of these resources, although targeted, are limited in their outreach for various reasons, often resource related. Additionally, many of these services are concentrated in geographic areas of the city that are reported by respondents to be less welcoming of the diversity that is in fact characteristic of Chicago's LGBT community. This underscores the critical need for increased funding allocation to occur throughout the city.

More than 2,000 LGBT Chicagoans and allies contributed their thoughts and experiences to increase awareness and knowledge, and to support the development of targeted responses to unmet community needs. The opportunity to build greater capacity across multiple communities now exists, which will help inform more comprehensive approaches to strengthening programs and supporting new and non-traditional organizing models. Such work has the potential to empower greater segments of the Chicago LGBT community and Chicago at large.

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X. APPENDICES

A. DETAILED METHODOLOGY

1. Survey development: The survey, developed by Morten Group contained 38 questions with 9 open-ended responses, 2 partly open ended, and 29 closed-ended responses (multiple choice, ordinal, numerical and Likert scale²). Questions were split into key areas including demographic information, services, safety and governance. Survey completion was voluntary and anonymous. Preliminary data from the online survey, collected in October, was used to develop questions for the focus groups and individual interviews. By the end of the data collection process, 1,562 individuals had taken the survey with a 76% completion rate. A total of 1539 surveys were completed in in English, while 23 were completed in Spanish.

2. Community drop boxes: These boxes, accompanied by data cards, were housed by area community partners, including service organizations and social events, and offered a quicker method of collecting assessment data. The data cards contained a total of 13 questions, with 5 open-ended questions and 8 closed-ended. A total of 319 data cards were collected: 306 in English, 7 in Spanish, 3 in Vietnamese, 2 in Korean, 1 in Hindi. Cards were transcribed by staff and volunteers. Like surveys, data cards were anonymous.

3. Focus groups: 15 focus groups were held at various locations around the city of Chicago and surrounding suburbs. Groups lasted approximately 90 minutes each with most groups hosting 8 to 10 attendees in each group. A total of 125 participants shared their perspective on LGBT community needs and strengths during each focus group. In order to facilitate conversation in a safe space, some focus groups were marketed to key groups including:

- Youth and young adults aged 24 and younger
- Older adults aged 60 and older
- The Transgender community

Focus Groups were held throughout the metropolitan region, including the North, South and West sides of Chicago, the West and North suburbs. Group members were diverse in age, ethnicity, gender and affiliation to the LGBT community and parameters of confidentiality were maintained for groups held with community locations.

4. Stakeholder interviews: 52 LGBT community mentors, leaders and allies were interviewed for approximately 45 to 60 minutes. Like focus group participants, these stakeholders were diverse in age, ethnicity, gender and role in the LGBT and allied communities. Interviews were conducted via telephone with a script of 10 open-ended guiding questions.

²On Likert scale questions, participants ranked their feelings and opinions about community services and issues on scales consisting of 4 to 5 items. For example: "Strongly disagree / disagree / not applicable / agree / strongly agree" or "Yes / somewhat / no / does not apply."

B. SURVEY DEMOGRAPHICS

*Please note: for questions marked with an asterisk, survey respondents could select more than one answer.

1. GENDER

IDENTIFICATION*	RESPONSE COUNT	PERCENTAGE OF TOTAL
Male	648	41.7
Female	789	50.8
Trans	49	3.1
FTM	48	3.1
MTF	33	2.1
Genderqueer	106	6.9
Other (self defined)	37	2.3
TOTAL RESPONDENTS	1552 (10 skipped)	

2. SEXUAL ORIENTATION

IDENTIFICATION*	RESPONSE COUNT	PERCENTAGE OF TOTAL
Gay	659	42.6
Lesbian	545	35.3
Bisexual	209	13.5
Queer	350	22.7
Questioning	38	2.4
Other (self defined)	83	5.3
TOTAL RESPONDENTS	1545 (17 skipped)	

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3. RACE*	RESPONSE COUNT	PERCENTAGE OF TOTAL
African American/ Black	278	17.9
Asian or Pacific Islander	59	3.8
Caucasian	1010	65.2
Latino/a	204	13.2
Native American	23	1.4
Bi/ multiracial	84	5.4
Other	50	3.2
TOTAL RESPONDENTS	1550 (12 skipped)	

4. AGE	RESPONSE COUNT	PERCENTAGE OF TOTAL
14-17	21	1.3
18-24	244	16.1
25-34	489	32.2
35-44	320	21.0
45-54	271	17.8
55-64	137	9.1
65 and old	38	2.5
TOTAL RESPONDENTS	1520 (42 skipped)	

5. INDIVIDUAL INCOME	RESPONSE COUNT	PERCENTAGE OF TOTAL
Less than \$15,000	374	24.6
\$15,000- \$24,999	156	10.2
\$25,000- \$34,999	158	10.4
\$35,000- \$49,999	260	17.2
\$50,000- \$74,999	273	18.0
\$75,000- \$99,999	129	8.5
\$100,000 or more	166	10.9
TOTAL RESPONDENTS	1516 (46 skipped)	

6. HOUSEHOLD INCOME	RESPONSE COUNT	PERCENTAGE OF TOTAL
Less than \$15,000	204	13.5
\$15,000- \$24,999	111	7.4
\$25,000- \$34,999	140	9.2
\$35,000- \$49,999	189	12.5
\$50,000- \$74,999	266	17.6
\$75,000- \$99,999	187	12.3
\$100,000 or more	413	27.3
TOTAL RESPONDENTS	1510 (52 skipped)	

7. COMMUNITY AREAS	RESPONSE COUNT	PERCENTAGE OF TOTAL
Lakeview	162	11.9
Edgewater	160	11.7
Rogers Park	112	8.2
Uptown	91	6.7
Lincoln Square	54	3.9
Logan Square	47	3.4
Hyde Park	41	3.0
Evanston	32	2.3
Oak Park	32	2.3
Albany Park	30	2.2
Humboldt Park	26	1.9
TOTAL RESPONDENTS	1358 (204 skipped)	

The top eleven reporting communities (city of Chicago communities and suburbs) are shown at left. It is important to note that there were no clear 'majority communities' identified. 69 of the census defined Chicago community areas participated in the survey along with more than 40 other suburbs, villages and cities in the Chicago metropolitan area.

8. SURVEY RESPONSE BY CITY VERSUS SUBURBAN AREA	RESPONSE COUNT	PERCENTAGE OF TOTAL
Chicago	1127	82.5
North Suburbs	116	8.4
West Suburbs	88	6.4
South Suburbs	44	3.2
Northwest Indiana	4	.3
TOTAL RESPONDENTS	1366 (196 skipped)	

9. RELATIONSHIP STATUS*	RESPONSE COUNT	PERCENTAGE OF TOTAL
Civil Union	133	8.6
Divorced	43	2.7
Married	132	8.5
Partnered living together	429	27.7
Partnered living separately	188	12.2
Single	623	40.3
Widowed	14	0.9
Other	65	4.2
TOTAL RESPONDENTS	1545 (17 skipped)	

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C. DATA CARD DEMOGRAPHICS

*Please note: for questions marked with an asterisk, data card respondents could select more than one answer.

1. GENDER

IDENTIFICATION	RESPONSE COUNT	PERCENTAGE OF TOTAL
Male	137	43.8%
Female	138	44.1%
Trans	17	5.4%
FTM	13	4.2%
MTF	8	2.6%
Genderqueer	16	5.1%
Other (self defined)	8	2.6%
TOTAL RESPONDENTS	313 (6 skipped)	

2. SEXUAL ORIENTATION

IDENTIFICATION	RESPONSE COUNT	PERCENTAGE OF TOTAL
Gay	105	35.0%
Lesbian	71	23.4%
Bisexual	38	12.5%
Queer	49	16.2%
Questioning	7	2.3%
Straight	8	2.6%
Ally	6	1.9%
Intersex - Transsexual	1	0.3%
Not-specified	41	13.5%
TOTAL RESPONDENTS	303 (16 skipped)	

3. RACE*	RESPONSE COUNT	PERCENTAGE OF TOTAL
African American/ Black	100	32.0%
Asian or Pacific Islander	29	9.2%
Caucasian	119	38.1%
Latino/a	50	16.0%
Native American	9	2.8%
Bi/ multiracial	19	6.6%
Human	2	0.6%
North African	1	0.3%
Not Specified	1	0.3%
TOTAL RESPONDENTS	312 (7 skipped)	

4. AGE	RESPONSE COUNT	PERCENTAGE OF TOTAL
14-17	0.0	0%
18-24	47	27.6%
25-34	55	32.4%
35-44	28	16.5%
45-54	25	14.7%
55-64	12	7.1%
65 and old	3	1.8%
TOTAL RESPONDENTS	170 (149 skipped)	

5. INDIVIDUAL INCOME	RESPONSE COUNT	PERCENTAGE OF TOTAL
Less than \$10,000	92	30.6%
\$10,000- \$14,999	34	11.3%
\$15,000- \$24,999	24	8.0%
\$25,000- \$34,999	47	15.6%
\$35,000- \$49,999	29	9.6%
\$50,000- \$99,999	47	15.6%
\$100,000 or more	12	4.9%
TOTAL RESPONDENTS	301 (18 skipped)	

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6. COMMUNITY AREAS	RESPONSE COUNT	PERCENTAGE OF TOTAL
Lakeview	40	14.6%
Edgewater	26	9.5%
Rogers Park	23	8.4%
Lower West Side	16	5.8%
Uptown	16	5.8%
Hyde Park	9	3.2%
Lincoln Park	9	3.2%
Humboldt Park	8	2.9%
Logan Square	8	2.9%
Loop	7	2.5%
West Town	7	2.5%
TOTAL RESPONDENTS	273 (46 skipped)	

The top eleven reporting communities (City of Chicago communities and suburbs) are shown at left. As with the surveys, it is important to note that there were no clear 'majority communities' identified.

7. DATA CARD RESPONSE BY CITY VERSUS SUBURBAN AREA	RESPONSE COUNT	PERCENTAGE OF TOTAL
Chicago Communities	233	85.3%
North/ Northwest Suburbs	18	6.5%
West Suburbs	15	5.4%
South Suburbs	7	2.5%
TOTAL RESPONDENTS	273 (46 skipped)	

8. RELATIONSHIP STATUS*	RESPONSE COUNT	PERCENTAGE OF TOTAL
Civil Union	15	4.8%
Divorced	0	0.0%
Married	26	8.3%
Partnered living together	42	13.4%
Partnered living separately	31	9.9%
Single	193	61.3%
Polyamorist	5	1.6%
Widowed	5	1.6%
Not Specified	2	0.0%
TOTAL RESPONDENTS	313 (6 skipped)	

