



LGBTQIA+

QUALITY OF LIFE STUDY



PRIORITIES FOR ACTION



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A. Acknowledgments

HMA Community Strategies is deeply grateful for the support and participation of countless LGBTQIA+ and allied organizations, groups, businesses, and community members throughout this project.

Research Team

HMA Community Strategies

Charles Robbins, MBA – Project Director
 Iliana Gilman, MA – Project Manager
 Michelle Parra, PhD
 Catherine Guerrero, MPH
 Ryan Maganini

Research Advisory Board

Alexander Anderson
 KB
 Richard Bondi
 Sha'nyia Baltimore
 Sam Davis
 Tabitha Hamilton
 Lex Keaton
 Rocky Lane
 Lais Milburn
 Philip Schnarrs
 Alexander Zapata

City of Austin

City of Austin's Equity Office

Brion Oaks, Chief Equity Officer
 Kellee Coleman, Business Process Consultant, Sr.
 Amanda Jasso, Equity & Inclusion Program Manager
 Rocío Villalobos, Immigrant Affairs Program Manager
 Joshua Robinson, Equity & Inclusion Program Coordinator
 Enakshi Ganguly, Public Information Specialist, Sr.
 Brandon Kroos, Business Process Specialist

LGBTQ Quality of Life Advisory Commission

Ruben Baeza	Nan Dowling
Sandra Chavez	Saul Gonzalez
Charles Curry	Christina Gorczynski
Kannou Curette	Kathryn Gonzales
Tarik Daniels	Terrance Hines
Deirdre Doughty	Holly Kirby

Community Partners



Rebecca Dreke
 Dr. Victor Martinez
 Melissa Taylor
 Brandon Wollerson
 Tarik Daniels



City of Austin

P.O. Box 1088, Austin, TX 78767
(512) 974-2000, Fax (512) 974-2833

I would like to first acknowledge and thank the LGBTQ+ Quality of Life Advisory Commission and the community members that served on the Research Advisory Council. You all made these findings possible and ensured that the survey's approach was inclusive of the lived experiences of all LGBTQIA+ communities, which is deeply expansive and diverse. LGBTQIA+ communities, particularly LGBTQIA+ communities of color, receive inequitable treatment and outcomes from many systems that we must all navigate to survive in this nation, be it housing, employment, healthcare, education, or the legal system.

This survey shows how the City of Austin's Strategic Direction 2023 is now more relevant than ever. LGBTQIA+ communities have been telling us what this survey reaffirms and validates: that we need to apply equity to the broad vision and goals we have for this city in order to be a welcoming city that allows everyone to thrive. It is then imperative for the City of Austin to understand how to address these disparities and improve the quality of life of all LGBTQIA+ communities, especially for those who experience the brunt of these inequitable outcomes as they face the crux of racism, homophobia, transphobia, misogyny, and misogynoir.

The LGBTQIA+ Quality of Life Study, conducted by Health Management Associates, Inc. (HMA), provides an in-depth look into the LGBTQIA+ community in Austin at the intersections of race, gender, age, and disability. Through many interviews, town halls, focus groups, and a community survey, we see the specific needs of the LGBTQIA+ community and develop a sharper analysis of where our systems fall short of creating positive outcomes for LGBTQIA+ communities. With the co-creative process of the LGBTQ+ Quality of Life Advisory Commission, City Staff, HMA, and the Austin community, we have a study rich with information that can be used to inform the City's budgeting decisions and policies that drive the outcomes of our institutions and, in turn, affect the quality of life of LGBTQ+ communities in Austin.

Brion Oaks
Chief Equity Officer

The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.

Executive Summary

This report summarizes the results of the *ShoutOut Austin* Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) Quality of Life Study conducted on behalf of the City of Austin's Equity Office and the LGBTQ Quality of Life Advisory Commission. The research was conducted by HMA Community Strategies and guided by a Research Advisory Board composed of a diverse group of 11 community members. Community partners provided additional support, including allgo, Austin Black Pride, Austin Up, Out Youth, Qwell Foundation, Texas Health Action, UpRising, and Vivent Health.

HMA Community Strategies conducted the study utilizing a mixed-methods, community-based participatory approach. This included qualitative data (town halls, stakeholder interviews, and focus groups) and quantitative data (a 156-question online survey). The voices of town hall participants, stakeholder interviewees, and focus group participants (N=220) represent all aspects of diversity. Survey respondents (N=2,149) come from 89 ZIP Codes from Travis, Hays, Bastrop, Williamson, Burnet, and Blanco counties. Survey respondents identify across LGBTQIA+ communities, including nearly a third of respondents who identify across the gender spectrum as trans, transgender, gender nonconforming, genderfluid, genderqueer, agender, gender-expansive, and two-spirit (30%). In addition, 196 respondents were born intersex (9%).

The study aimed to center equity by ensuring the voices of marginalized community members were represented in the study. Outreach conducted by the community partners greatly supported meeting the aim. In addition to the participation of LGBTQIA+ people of all ages, orientations, and identities, 43% of survey respondents identified as people of color. Additionally, 40% of stakeholder interviews were conducted with people of color, and 39% of town hall participants identified as people of color. Focus groups included African Americans, Asian Americans, older adults, and transgender/gender-expansive individuals. Moreover, 72% of the Research Advisory Board members are people of color.

HMA Community Strategies also worked with the Research Advisory Board to conduct a Power Analysis, a process used in community organizing and social change work resulting in the development of quadrant maps that illustrate the institutions and people who hold power in Austin. The resulting observations of the Power Analysis provided particular insight on areas where community activism and city engagement can: 1) identify and influence agencies with power that are less aligned with the LGBTQIA+ community to be more supportive and; 2) support and invest in agencies that have less power but have strong alignment with the LGBTQIA+ community so they can increase their ability to better serve the community through strategic and collective action. Subsequently developed recommendation strategies can be found on page 98 of this report.

Using a framework developed by Habitat for Humanity, seven Quality of Life outcome sectors were identified through polls conducted during town halls and with the support of the Research Advisory Board. The seven outcome sectors are:

1. Community and Social Connectedness
2. Economic Opportunity and Work
3. Educational Access and Opportunity
4. Health (physical, psychological/emotional, and sexual)
5. Housing
6. Safety
7. Social and Public Services/Benefits

Data from this study find that while LGBTQIA+ people living in the greater Austin area face several challenges, the city also offers many assets. Two-thirds of survey respondents indicate a high satisfaction with overall quality of life. There is an impressive history of LGBTQIA+ activists whose tireless dedication to equality paved the way for the establishment of many community-based organizations. Many stakeholders reported being happy living in Austin and feeling supported, welcome, and accepted as an LGBTQIA+ person. Conversely, this study also finds that LGBTQIA+ people have difficulty accessing and obtaining culturally competent health care services, employment, housing, public benefits, and other government services. The data show these inequities are more significant for some people depending on their race, ethnicity, class, gender, identity, and ability.

KEY THEMES

- The greater surrounding Austin area is home to a large (approx. 100,000 to 118,000) and vibrant LGBTQIA+ community supported by many influential organizations and activities.
- Societal stressors, structural racism, and discrimination dramatically impact the quality of life for LGBTQIA+ individuals in Austin.
- It is challenging for LGBTQIA+ organizations to bridge racial and socio-economic divides within the LGBTQIA+ community.
- There is a great need to access high-quality, affordable, culturally responsive, comprehensive health care for LGBTQIA+ individuals.
- Personal safety and intimate partner violence are issues of heightened concern for the LGBTQIA+ community.
- LGBTQIA+ community members seek affordable housing, economic stability, access to education, and equal rights.
- Intersectional analysis shows that disparities exist within the LGBTQIA+ population. LGBTQIA+ people of color are systematically more affected by social stressors, racism, safety, economic insecurity, and access to needed services. These disparities are most significant among transgender people of color.

KEY RECOMMENDATIONS

1. Enhance sexual orientation and gender identity (SOGI) data collection efforts.
2. Develop affordable housing opportunities.
3. Address health disparities and create a pipeline of culturally competent providers.
4. Lead with anti-racist policies, investments, and strategies.
5. Bolster support for queer Black, indigenous, and people of color (BIPOC).
6. Prioritize the needs of transgender and gender-expansive individuals.
7. Invest in the establishment of an LGBTQIA+ community center.

TRIGGER WARNING:

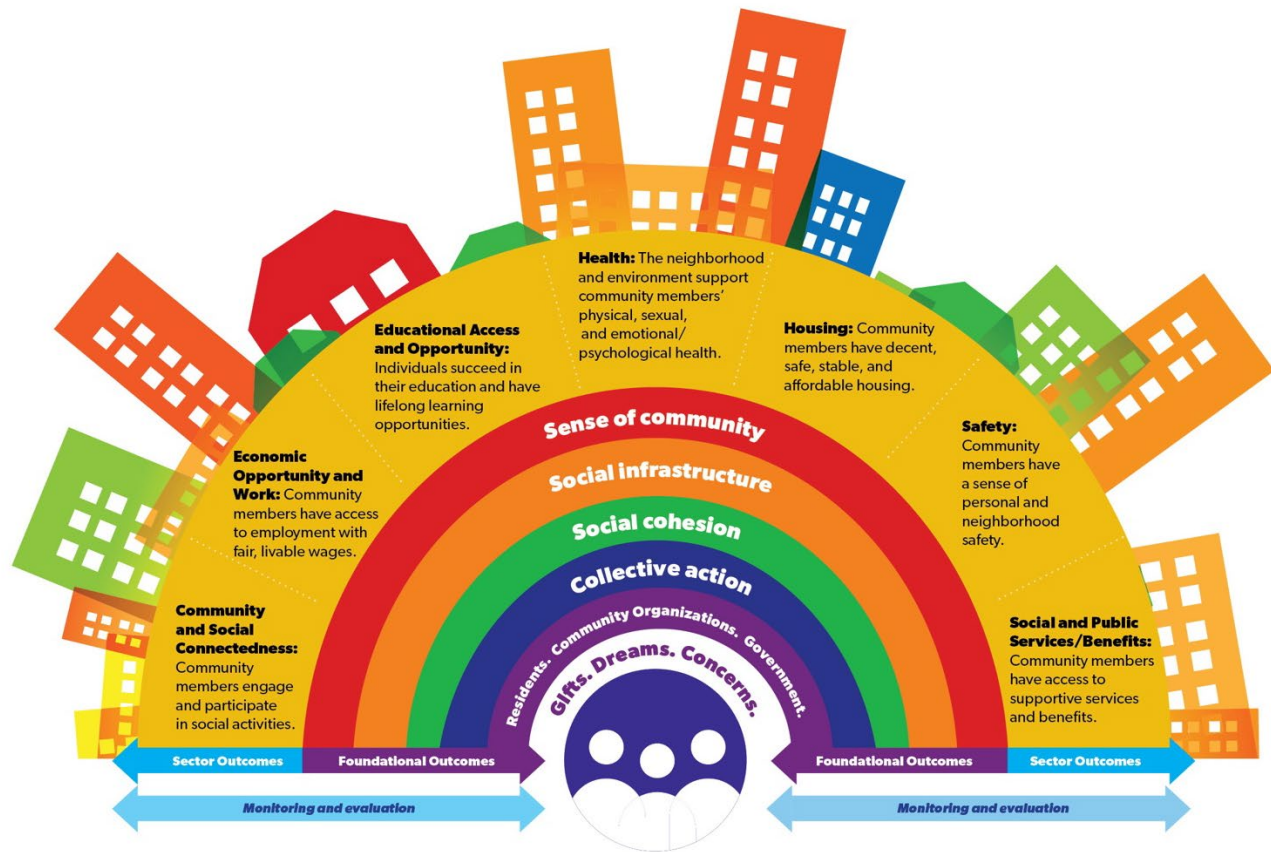
This report contains information about thoughts of self-harm, suicide ideation, suicide, violence, and other potentially sensitive issues in the LGBTQIA+ community. If you need help, call:

National Lifeline
 (800)273-8255

The Trevor Project
 (866)488-7386

Study Framework

AUSTIN LGBTQIA+ Quality of Life Framework



FOUNDATIONAL OUTCOMES	SENSE OF COMMUNITY LGBTQIA+ individuals and groups in Austin identify with the community and each other; feel welcome, safe, heard, and affirmed; and feel connected and supported by one another to thrive.	SOCIAL COHESION LGBTQIA+ individuals and groups in Austin are willing and able to work collaboratively and sustain a powerful network; share spaces and resources; and build trust among individuals and groups to monitor and sustain a high quality of life.
	SOCIAL INFRASTRUCTURE Services, organizations, and institutions (education, health care, housing, public services, etc.) support the quality of life of LGBTQIA+ individuals and groups	COLLECTIVE ACTION The LGBTQIA+ community in Austin sustain ongoing advocacy efforts to address systemic racism and social injustice; amplify LGBT owned businesses, artists, and entrepreneurs; mentor LGBTQIA+ youth; foster and support LGBTQIA+ individuals in seeking public service; and engage in activities that improve the quality of life.

Framework adapted from Habitat for Humanity¹

¹ <https://www.habitat.org/our-work/neighborhood-revitalization/importance-of-healthy-neighborhoods>

Key Themes Across Data Collection Tools

The greater Austin surrounding area is home to a large (est. 100,000 – 118,000) and vibrant LGBTQIA+ community with many influential organizations and activities.

- Austin has a rich history of queer community life and activism, including its first documented gay bar – The Manhattan Club – which opened in 1958 and the formation of the Austin Lesbian Organization in the 1970s. It's important to note that bars have historically been the primary place where LGBTQIA+ people socialize.
- There is a high degree of acceptance by chosen family and friends (83%), with biological family (55%), and at work (51%).
- Two-thirds of survey respondents indicate a high satisfaction of overall quality of life (66%), and three-quarters feel their life is meaningful (77%).
- Qualitative data collected affirms community resiliency and a capacity for creating a participatory, intersectional LGBTQIA+ community.
- In addition to existing LGBTQIA+ organizations, there is a great desire and need for a community center led by community members that provides a safe space for people to convene with their chosen family.

Societal stressors, structural racism, and discrimination impact the quality of life for LGBTQIA+ individuals in Austin.

- There are confounding effects of multiple oppressions.
- A diagnosis of neurodivergence was reported in half of the respondents, including anxiety, depression, PTSD, and ADHD.
- Qualitative data collected suggests that factors including the increased cost of living, increased cost of housing and gentrification, as well as poor public transportation infrastructure impact quality of life and drive disparities between racial and ethnic groups.
- Four out of five survey respondents believe racism is a public health crisis (83%). Survey respondents reported discrimination based on race, orientation, and identity. Half (52%) knew someone in Austin who experienced a physical threat or attack because they were LGBTQIA+ in their lifetime. Additionally, half (53%) of the respondents reported experiencing verbal abuse or harassment in Austin because they are LGBTQIA+.

It is challenging for LGBTQIA+ organizations to bridge racial and socio-economic divides within the LGBTQIA+ community.

- Stakeholders and focus group members stated there is a need to address racism both within and outside the queer community with more thought and attention. Stakeholders noted that racism exists within the LGBTQIA+ community, and it's not always "us" vs. "them," highlighting the need to focus inward through community dialogue and action.
- Participants and survey respondents noted they find identity with their community, yet it remains fragmented. Stakeholders expressed that creating a connected community requires venues that allow for mixed and identity-specific spaces that reflect all races, ethnicities, ages, identities, and orientations.
- The Power Analysis highlights the need to lift and invest in smaller and less influential organizations whose agendas support the LGBTQIA+ community. Many of these organizations represent or provide services exclusively on behalf of queer people of color.
- A significant number of participants expressed a need for more intentional engagement of Black and brown queer and transgender individuals in community building and community organizing.

There is a great need for high-quality, affordable, culturally responsive, integrated health care.

- Most respondents (63%) reported worrying about their health.
- Stakeholders and focus group participants do not believe most health care providers have the medical expertise and cultural competency to address their unique health needs as LGBTQIA+ people. This is especially true for transgender and gender-expansive individuals as there is a need for more gender-affirming providers.
- Although 63% of respondents indicated they didn't choose their primary care provider based on their knowledge of the health care needs of LGBTQIA+ people, a significant number (37%) said they make this choice based on the provider's knowledge. More surprisingly, 41% of respondents did not share their LGBTQIA+ identity with their provider.
- There is a great need for more health education and increased health literacy in the LGBTQIA+ community. Eighteen percent of respondents did not receive sexual health information at school while living in Austin. However, 21% said they received the education, but with no LGBTQIA+ information. Surprisingly, 19% of respondents had never heard of PrEP. While 31% of all respondents have never been tested for HIV, only 3% of respondents did not know their status.
- Alcohol use is prevalent in the LGBTQIA+ community- 76% of respondents consumed a drink in the last 30 days, and 45% had consumed three or more drinks on one occasion.
- Substance use is also prevalent, creating a need for harm reduction strategies. Alarming, of 114 respondents who indicated they injected drugs, 80% shared needles or injection equipment.
- Survey respondents are at high risk for serious mental health issues, including depression (42%) and suicidal ideation (12%).

Personal safety and intimate partner violence are issues of heightened concern for the LGBTQIA+ community.

- Stakeholders expressed that hate is not an Austin value, yet personal safety remains a concern.
- Only six percent of respondents indicated a high degree of acceptance in schools.
- Sexual harassment and abuse are prevalent. More than half (57%) of respondents were pressured or forced to engage in unwanted sexual activities from someone not their partner in their lifetime, and 32% within the last five years. Intimate partner violence was reported by 12% of the respondents.
- Nearly half (48%) of respondents experienced verbal abuse or harassment from strangers.
- Compared to 18% of all respondents, 24% of queer people of color, 21% of youth, and 25% of transgender/gender-expansive individuals have experienced negative interactions with law enforcement.
- Forty-one percent of survey respondents indicated that they are either somewhat uncomfortable or very uncomfortable seeking help from the police.

LGBTQIA+ community members seek affordable housing, economic stability, access to education, and equal rights.

- Affordable housing and economic opportunity were ranked as the most important areas of concern in this study. Gentrification, transportation challenges, higher costs of living, and rising housing costs make it difficult for LGBTQIA+ people to thrive in Austin. Two-thirds (65%) of respondents report spending 30% or more of their monthly income on housing. A staggering 17% report spending 50% or more of their monthly income on housing. Moreover, 10% of all respondents report currently being or having experienced homelessness. This percentage is slightly higher than the 2020 Williams Institute study citing 8% of transgender and 3% of cisgender and gender-expansive individuals experienced homelessness².
- Over half of the respondents (58%) reported some level of financial difficulty, while 11% experienced significant financial difficulties when completing this survey.
- More than half of the survey respondents (54%) believe Austin's residents do not have an equal opportunity to gain successful employment and high earnings. When asked whether Austin had anti-poverty programs and policies in place, almost the same number of people indicated there were (42%) as people who did not know (38%). This demonstrates an opportunity to raise community awareness about Austin's programs and policies.
- Stakeholders expressed a lack of investment in services that support physical safety and marginalized populations. There is a desire to see more support for Black and Black queer businesses from the city and mentoring and personal/professional development for Black transgender leaders to sustain community building. Focus group members expressed a need for the city to provide resources for employers to protect their employees and worker rights.
- Thirty percent of survey respondents indicated they could not attain the level of education they wanted, and 74% indicated it was due to a lack of financial resources.
- Protecting transgender and gender-expansive people from discrimination in hiring and at work was ranked as the most important policy priority for the City of Austin.

Intersectional analysis shows that disparities exist within the LGBTQIA+ population. LGBTQIA+ people of color are systematically more affected by social stressors, racism, safety, economic insecurity, and access to needed services. These disparities are most significant among transgender people of color.

- Survey respondent data indicates that queer people of color, youth, and transgender/gender-expansive individuals have greater percentages of neurodivergence, employment denials and terminations, negative interactions with police, suicidality, homelessness, income spent on housing, worry about money, reliance on public and private assistance, and dissatisfaction with quality of life.
- More strikingly, disaggregated survey data indicates transgender people of color experience the highest burden compared to youth, older adults, gender-expansive individuals, and non transgender people of color.. Transgender POC survey respondents experience more significant employment denials/terminations, negative interactions with police, suicidality, spending more than 50% of their income on housing, and worry about money than all respondents.
- Transgender people of color, through interviews and focus groups, expressed difficulties related to housing and to finding culturally competent healthcare based on their race and identity.

² [Homelessness Among LGBT Adults in the US – Williams Institute \(ucla.edu\)](https://williamsinstitute.ucla.edu/homelessness-among-lgbt-adults-in-the-us/)

Introduction

Purpose

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual community (LGBTQIA+) in the City of Austin, Texas, is estimated to constitute the third-highest percentage of a major US metropolitan area population, according to a 2015 Gallup survey. Despite its significant size, the City of Austin has not administered an official city-wide data collection or survey effort to understand the LGBTQIA+ community better. Such data collection efforts are made more challenging because official demographic data definitions do not typically account for sexual orientation and gender identity. Recently, some progress was made on that front as the 2020 US Census will allow households to identify as same-sex couples for the first time in a census. However, relationship status is not an accurate proxy for understanding the LGBTQIA+ community, thereby not accounting for individuals such as unpartnered lesbians and gay men, bisexual people, and transgender people.

Given such limitations in existing data collection efforts, we applaud the City of Austin for initiating a Quality of Life Study of its significant LGBTQIA+ community. Among many benefits, this study allows the City and the LGBTQ Quality of Life Advisory Commission (hereafter referred to as the “Commission”) to understand the community’s strengths and diversity better and more effectively advocate for its needs. Additionally, it serves as a historical snapshot of the LGBTQIA+ community in Austin, a population with no official historical documentation among city archives to date. Ideally, this study will also contribute to a new precedent to systematically institutionalize more inclusive city survey and data collection efforts across other city, state, and national data collection efforts. Throughout all stages of this study, the Commission was firmly committed to serving traditionally underrepresented populations often unaccounted for in traditional demographic data collection efforts (e.g., queer and transgender people of color, gender expansive individuals, and LGBTQIA+ youth and older adults).

Background

On March 13, 2017, Ordinance No. 20170302-007 established the Lesbian, Gay, Bisexual, Transgender, and Queer Quality of Life Advisory Commission. In August 2017, the Commission passed a resolution requesting that City Council fund a Quality of Life Study to quantify and better understand the needs of the Austin LGBTQIA+ population. In May 2017, the Commission unanimously adopted a budget recommendation to conduct a Quality of Life Study. The Commission also requested a Power Analysis as part of the study in place of a Needs Assessment. A Power Analysis identifies and analyzes the institutional systems external to the community that create the internal realities many people experience daily. Demographic data are one of many important components of the Power Analysis, as well as more holistic, narrative pieces that tell the stories of often unheard and unaccounted for members of the LGBTQIA+ community. The Commission is committed to ensuring historically underserved populations are accounted for and that LGBTQIA+ community members can help shape future efforts in an ongoing, multi-step, and co-creative process.

COVID-19 Pandemic and Racial Unrest

The multiple and overlapping emergencies of 2020 that began with the pandemic in March and the homicide of George Floyd on May 25, 2020, created a conflux of events (including the rise of Black Lives Matter) that exposed racial disparities, structural, and systemic discrimination. It proved to be one of the most tumultuous years in recent history. We have yet to understand the full magnitude of the toll these interrelated crises had on LGBTQIA+ communities, -especially sub-populations that include people of color. But these events underscored the importance, urgency, and need of this study.

The pandemic has devastatingly affected almost every aspect of life, the provision of health care, and daily life protocols, complicating the implementation of formal studies such as this. Mandated social distancing and general anxiety that enforced isolation made it difficult to conduct physical surveys, creating barriers to reach specific populations for people without housing, immigrant communities, and at community events such as Pride. Because centering equity and safety were key priorities, we changed our survey methodology and formally created partnerships with organizations already embedded and actively engaged in work with marginalized communities. We also ensured our survey was mobile-friendly, extended the survey deadline, ensured the Research Advisory Board members were reflective of these communities, and increased financial incentives for individuals who completed the survey.

As states began to declare racism a public health crisis, it became increasingly important to reflect and represent the voices of people of color in LGBTQIA+ communities. The twin public health emergencies underscored the fundamental need to reconceptualize what community and quality of life mean to individuals. Through the support of the Commission, the City of Austin staff, Research Advisory Board, and all stakeholders partner organizations - **people of color represented 43% of individuals who completed the survey during a time of growing mistrust of government institutions.**

While the virus and George Floyd's death have illustrated that not enough has changed- we hope that survey data and information regarding critical aspects such as safety (policing, laws, hate crimes), housing, racial equity, healthcare, and employment supports future policy recommendations. Equally important is the use of the data to mitigate the pain of isolation, death, sickness, fear, poverty, and pain exacerbated by the confluence of these two historical events.

LGBTQIA+ Population in US, Texas, and Austin

According to a July 2020 report, the Williams Institute (a think tank dedicated to independent research on sexual orientation and gender identity law and public policy) estimates that 4.5% of the total US population is LGBT. In Texas, 4.1% of the total population is estimated to be LGBT³. In a March 2021 report, the Williams Institute estimates that the **Austin-Round Rock-Georgetown metropolitan area** has the 3rd largest percentage of LGBT people (relative to the overall population size of the metro area) in the country after the San Francisco-Oakland-Berkeley and Portland-Vancouver-Hillsboro metropolitan areas (see **Appendix A** for the Williams Institute fact sheet). Compared to the state of Texas, the Austin-Round Rock-Georgetown metropolitan area has a higher density of LGBT people relative to the total population, with an estimated LGBT population of 90,000, or **5.9%** (see **Appendix B and C**). With an overall population of just under 2.3 million in the surrounding greater Austin areas – upward of **100,000 to 118,000** individuals are LGBT.

³ Conron, K.J., Goldberg, S.K., Adult LGBT Population in the United States. (July 2020). The Williams Institute, UCLA, Los Angeles, CA

Austin LGBTQIA+ History

Austin has a rich LGBTQIA+ history. On August 9, 2019, reporters Beth Sullivan and Sarah Marloff wrote an article for The Austin Chronicle entitled *The History of the LGBTQ Movement In Austin: From Stonewall to today, how Pride has progressed in our City*. The article is included as **Appendix D** and serves as an overview of the prolific history of the LGBTQIA+ community in Austin. It is notable that the city's first documented gay bar – the Manhattan Club, located on Congress between Ninth and 10th streets – opened in 1958. The article includes insights about the Austin Lesbian Organization in the 1970s, the rejection of the 1982 referendum to discriminate based on sexual orientation, the evolution of Waterloo Counseling Center and the Austin AIDS Project in the 1980s in response to the AIDS crisis, the grassroots development of allgo as a space-maker for Austin's diverse queer communities, the 1989 March on Austin for Lesbian/Gay Equal Rights, the first Pride in 1990, transgender activism in the 2000s, and the formation of Black Pride and Queerbomb.

For an additional retrospective, a dissertation by Eric Jason Ganther titled "From Closet to Crusade: The Struggle for Gay-Lesbian Civil Rights in Austin, Texas, 1970-1982" can be found here: [Lesbian-Gay Civil Rights in Austin, Texas, 1970-1982 - Some Texas Gay Rights Documentation/Memorabilia \(google.com\)](#)

Research Advisory Board

To ensure the QoL study centered equity and engaged community voices, HMA Community Strategies formed a research advisory board (RAB) to provide feedback and guidance to the research process. Applications for the RAB were widely distributed. A core group of the Austin LGBT Advisory Commission and HMA chose eleven members. The RAB met four times during the 18-month project, and their insight was valuable and greatly appreciated.



Alexander Anderson
he/him



KB
they/them



Richard Bondi
he/him



Sha'nyia Baltimore
she/her



Sam Davis
he/him



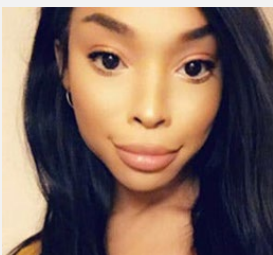
Tabitha Hamilton
they/them



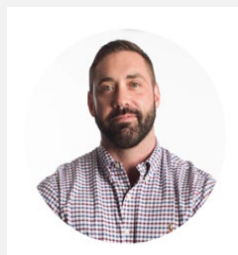
Lex Keaton
they/them



Rocky Lane
he/him



Lais Milburn
she/her



Philip Schnarrs
he/him



Alexander Zapata
he/him/they/them

QWELL Community Foundation Surveys

Two previous Austin LGBTQIA+ Wellness surveys were conducted by QWELL Community Foundation. A summary of their 2019 and 2020 surveys are included as **Appendix E**. The results of those surveys support several of the findings in this report. However, it is worth noting that the QWELL surveys have higher representation of people who identify as white (74% in the 2019 survey and 68% in 2020). Comparatively, in this 2021 Quality of Life study, only 57% of survey respondents identified as white – thus reflecting a greater representation of people of color. The parallels of HMA's Quality of Life survey to U.S. Census demographics are detailed on page 30 of this report. Notwithstanding, there are several key themes that are consistent with all the surveys. They include **the need to improve physical health, mental health, and social connectedness**. We invite you to read those findings and to visit their website at <https://www.austinoutpost.org/>.

Terminology

The demographic portion of the questionnaire included definitions of race and ethnicity as well as gender identity (see **Appendix F**). Throughout this report, we refer to all the expressions of identity along the gender spectrum as **transgender and gender-expansive**. This term includes all individuals who identify as trans, transgender, gender nonconforming, genderfluid, genderqueer, agender, gender-expansive, two-spirit, and more.

Methodology

HMA Community Strategies employed a mixed-methods disparities research conceptual framework set forth by Kilbourne et al. (2016) in which health and welfare disparities are explored through a three-phase process of detecting disparities through rigorous and diverse measurement methods, leading to a more contextualized understanding of the underlying determinants that contribute to such disparities. Lastly, interventions for addressing and reducing disparities are proposed in this study.

Data collection included mixed methods utilizing validated tools for both quantitative and qualitative data collection. Qualitative data were collected through key stakeholder interviews, two virtual town halls, and focus groups.

Quantitative data included a survey questionnaire consisting of **156 questions**, 13 of which were demographic questions, 150 closed-ended (yes/no or Likert Scale responses) questions, and six (6) open-ended questions related to life experiences, LGBTQIA+ identity, friendships, family, social impact situations, and other health and socio-behavioral topics.

The survey was complete by study participants in either electronic or paper format. Most were completed electronically. The survey was available electronically in both English and Spanish. Nine respondents completed the online survey in Spanish. The hard copy survey was available in English, Spanish, Arabic, Simplified Chinese, and Vietnamese. The timing of data collection coincided with the COVID-19 surge nationwide, as well as a historical stormfront that left many Austin residents without power and water, some for a day or two and others for weeks. In addition to the global pandemic and inclement weather conditions, the survey period came on the heels of a period of historical protest against racial discrimination and police brutality during a contentious Presidential election year.

Study participants were recruited by non-probability sampling, which consisted of a mixture of:

- convenience sampling, which includes anyone who may have heard about the survey being welcome to complete the survey,
- snowball sampling (friends tell friends who tell more friends or colleagues),
- quota sampling, which included a desire to recruit a larger than a typical sample of marginalized, BIPOC and Latinx individuals, and
- purposive sampling, which included a concerted effort to recruit transgender and gender-expansive individuals to complete the survey

The important aspect of the sampling methodology is that it was not a random sample. Therefore the results of this study should not be generalized to LGBTQIA+ populations outside of the Austin or Texas region, as the results would not be considered broadly representative of ALL LGBTQIA+ populations. However, given the size and diversity of the study sample, it is likely to be representative of the population of Austin LGBTQIA+ individuals, however some hard to reach populations may still be under-represented.

As the sample was a convenience sample, participants were recruited most commonly by word of mouth through multiple social media platforms such as apps, blogs, websites, and community partner announcements. Surveys were available in Spanish, and translation for individuals whose primary language is not English or language preference varied.

Quality of Life Domains

The questionnaire included seven Quality of Life domains:

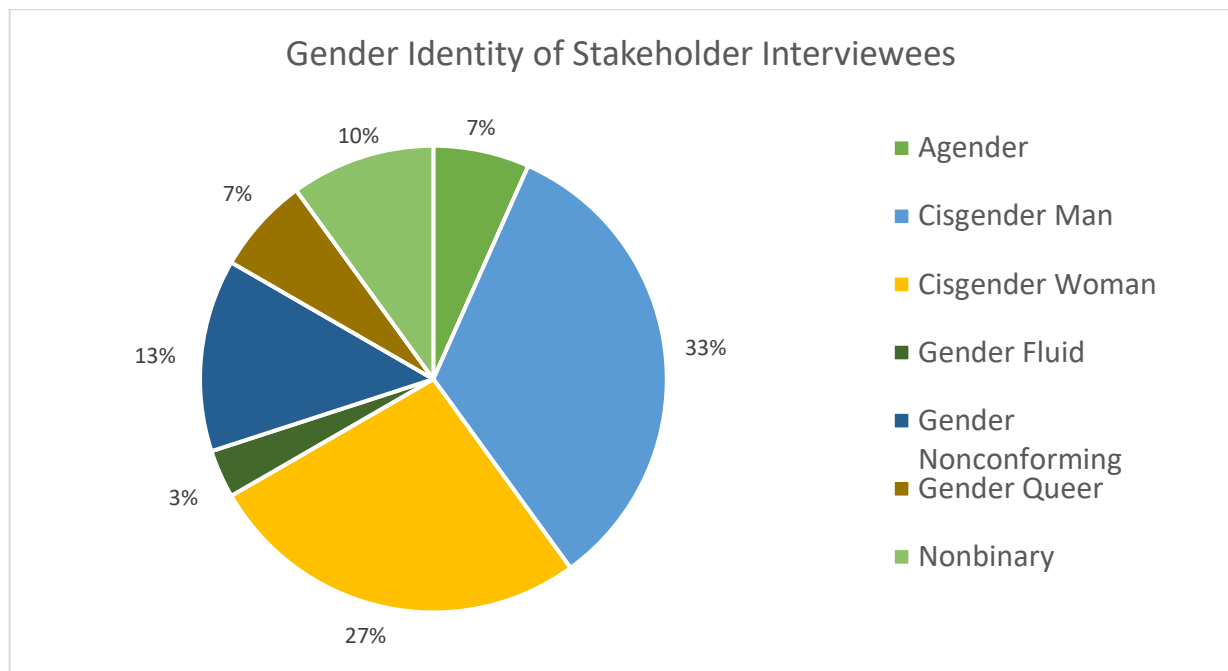
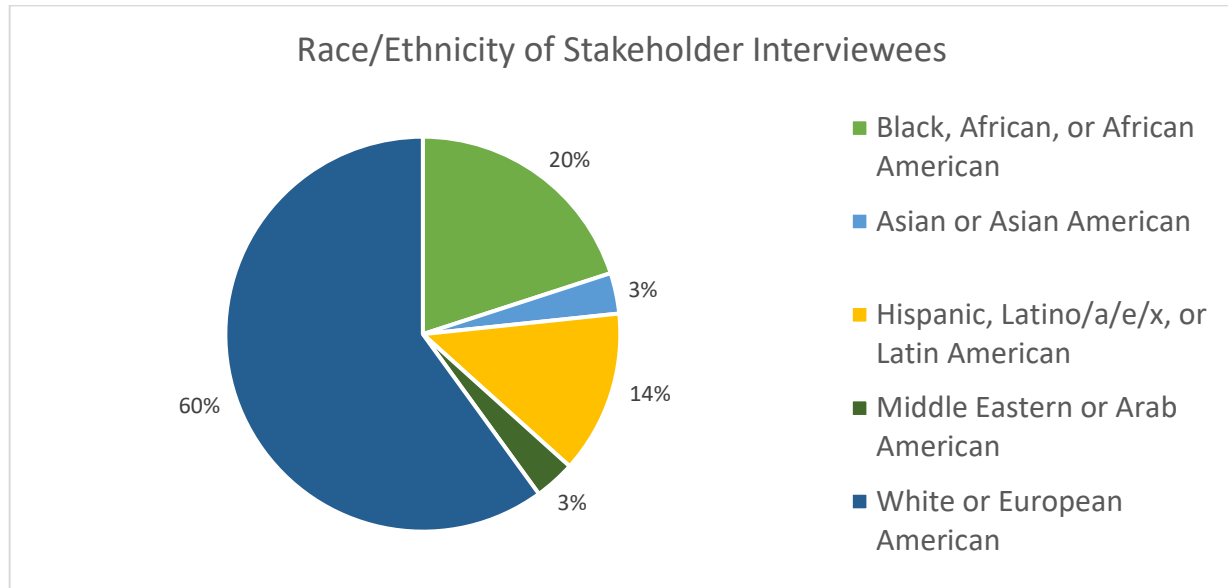
1. Community and Social Connectedness
2. Economic Opportunity and Work
3. Educational Access and Opportunity
4. Health (physical, psychological/emotional, and sexual)
5. Housing
6. Safety
7. Social and Public Services/Benefits

Qualitative data collection included key stakeholder interviews, town halls, and focus groups.

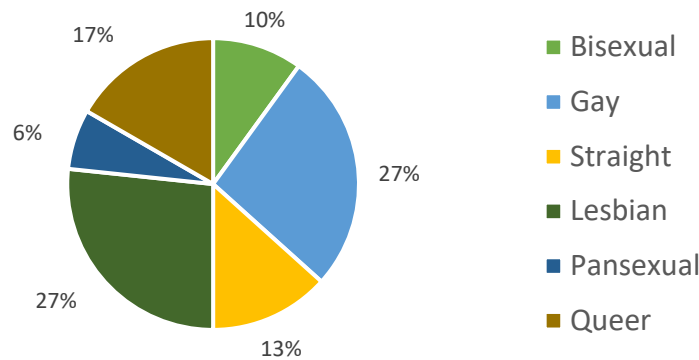
Qualitative Findings

Stakeholder Interviews

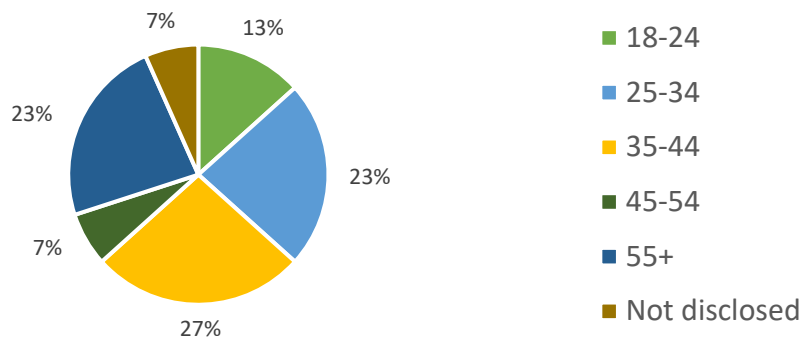
HMA Community Strategies conducted **30 community member interviews** to gain insight into and background information about the LGBTQIA+ community of Austin. The participants represented a wide range of demographics disclosed by the participants via an electronic survey sent after the interview.



Sexual Orientation of Stakeholder Interviewees



Age of Stakeholder Interviewees



The average time that the interview participants spent living in Austin was 14 years, and the median time was eight years.

We first asked the interviewees to describe Austin using one word, represented in the word cloud below.



The image reflects a dichotomy of progressive values, liberalism, vibrancy, and fun against a backdrop of a predominately white and segregated community that is experiencing rapid growth, change, and gentrification that disproportionately impacts LGBTQIA+ youth, people of color, and queer and transgender people of color.

Overall, the 30 community members interviewed reported being happy living in Austin and felt supported, welcome, and accepted as an LGBTQIA+ person. Moreover, most of the community members interviewed belong or previously belonged to LGBT community groups or organizations. A great deal of visibility of the LGBTQIA+ community in Austin, with many organizations, services, and companies run by and for the LGBTQIA+ community. It was also noted these organizations and the various LGBTQIA+ communities of Austin are siloed and lacked coordination between them. Besides the divisions between the LGBTQIA+ communities, many interviewees identified safety as a challenge and concern, specifically transgender individuals and people of color. Although many feel comfortable and safe in Austin, others, specifically queer and transgender people of color, do not feel safe around police, fear housing, and employment discrimination, as well as general harassment for being visibly queer.

Stakeholder Interview Themes

It May Be Austin, But It's Still Texas: Local politics, community and the environment exists in the broader context of a more conservative Texas that has been, at times, hostile to the LGBTQIA+ community. Many interviewees don't feel safe outside of Austin, and many local policies, laws, regulations are superseded by more conservative state and county laws.

Lots of Talk, Little Action: Austin prides itself as a progressive and liberal community. Many interviewees noted that much of the liberal policies championed are discussed but not always implemented or fully realized. Many policies and initiatives are symbolically powerful but materially insignificant (e.g., the rainbow badge safe space campaign by the Austin Police Department). Moreover, many interviewees expressed hope that this study will result in policy changes, funding allocation, etc.

Gentrification and change: Austin has experienced and continues to experience social and economic changes due in part to the growth of the technology industry in the community. Although this brings the potential for opportunities for some LGBTQIA+ individuals, it presents challenges for others as it may contribute to a higher cost of living, an increase in housing costs, driving gentrification. Nevertheless, there is an opportunity to leverage these changes to bring employment opportunities to LGBTQIA+ individuals or investment in LGBTQIA+ organizations.

Housing difficulties: The availability of affordable housing and space for the LGBTQIA+ community emerged as a priority among interviewees. Specifically, homelessness was an area of concern in how it disproportionately impacts LGBTQIA+ youth, people of color, and queer and transgender people of color. Moreover, these intersections of identity relate to the need for community space and services specific to these populations.

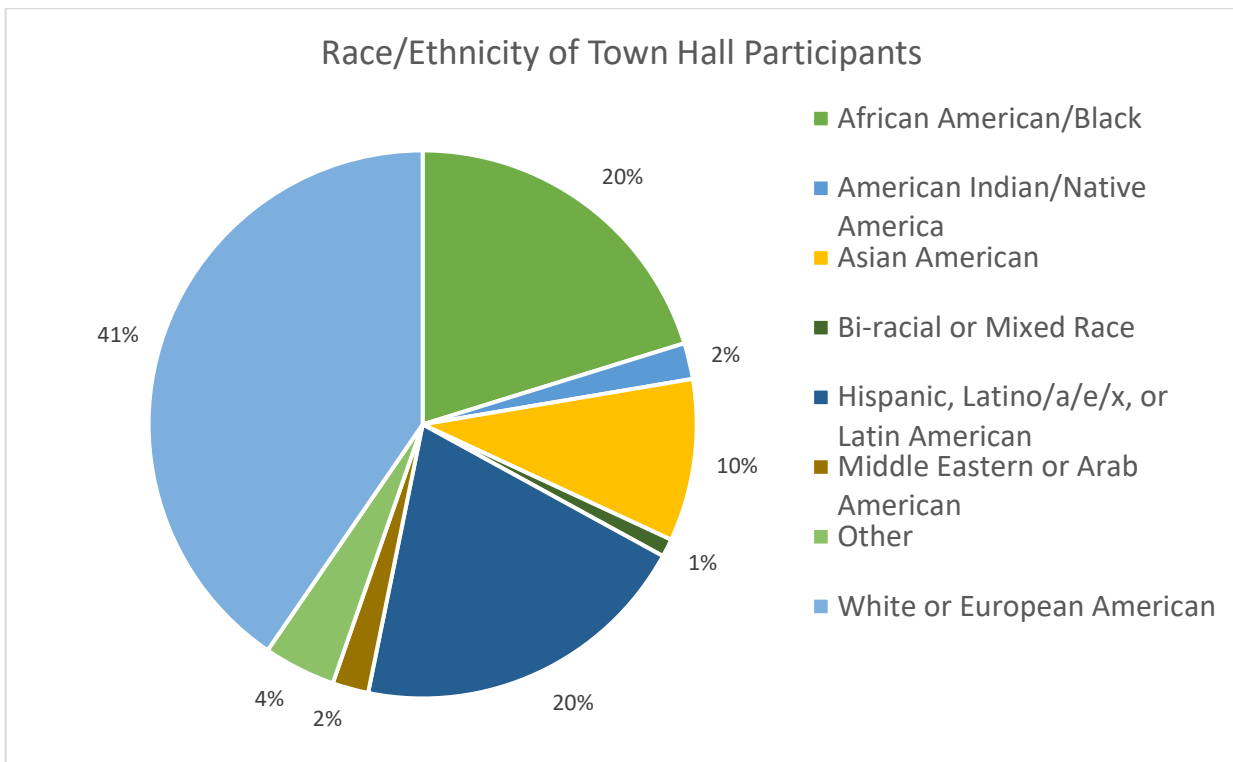
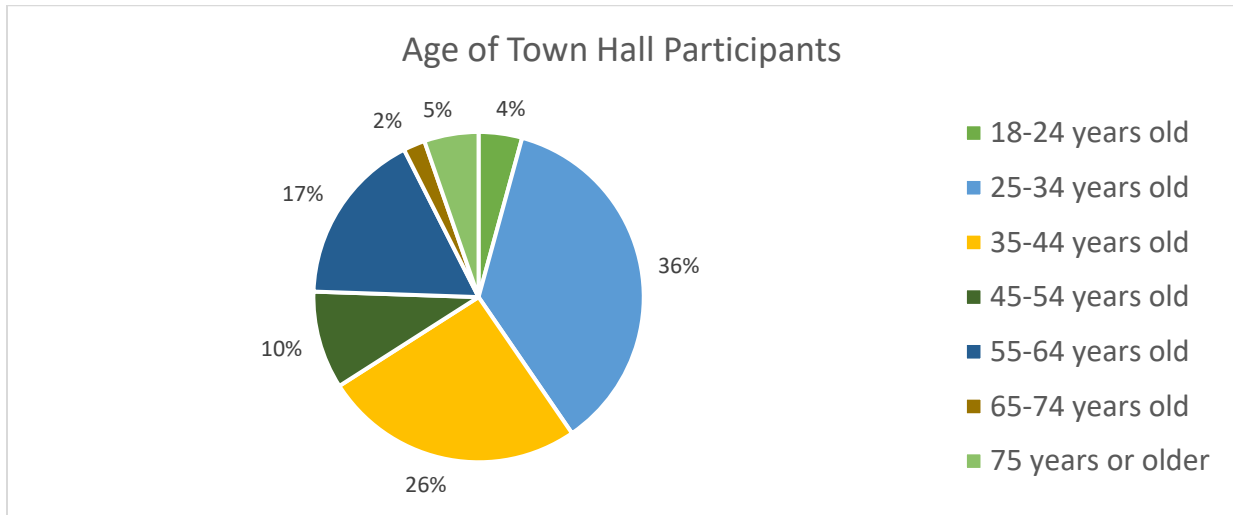
Commitment to Racial/Ethnic Equity: Many community members mentioned the desire for action and commitment at the city level to address racial/ethnic inequities in Austin. Although the policy suggestions and approaches to handling this issue vary, many community members feel this is a priority and interconnected in many ways to the quality of life for LGBTQIA+ communities. The Austin Police Department has made a step in the right direction by creating an LGBT liaison who is a person of color.

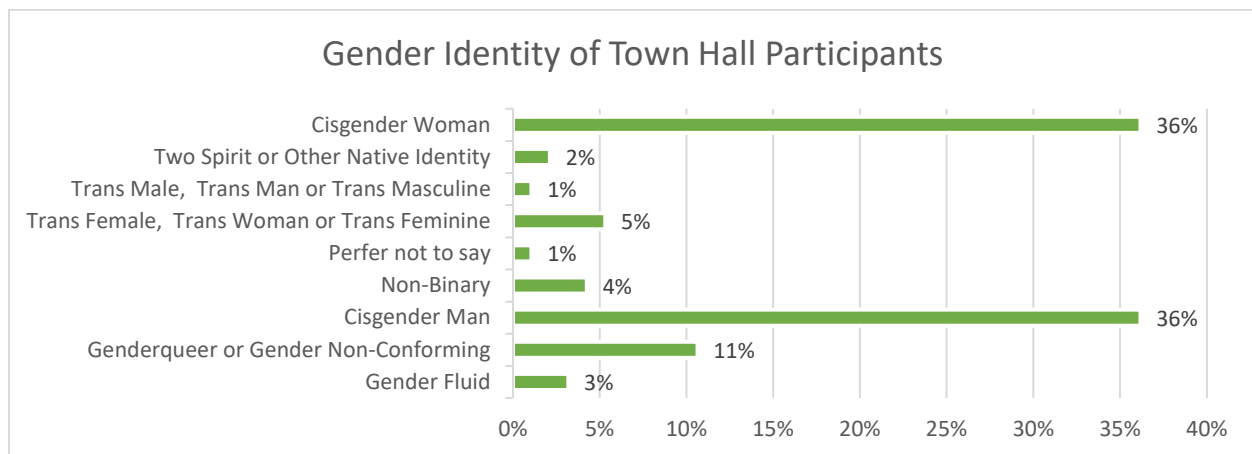
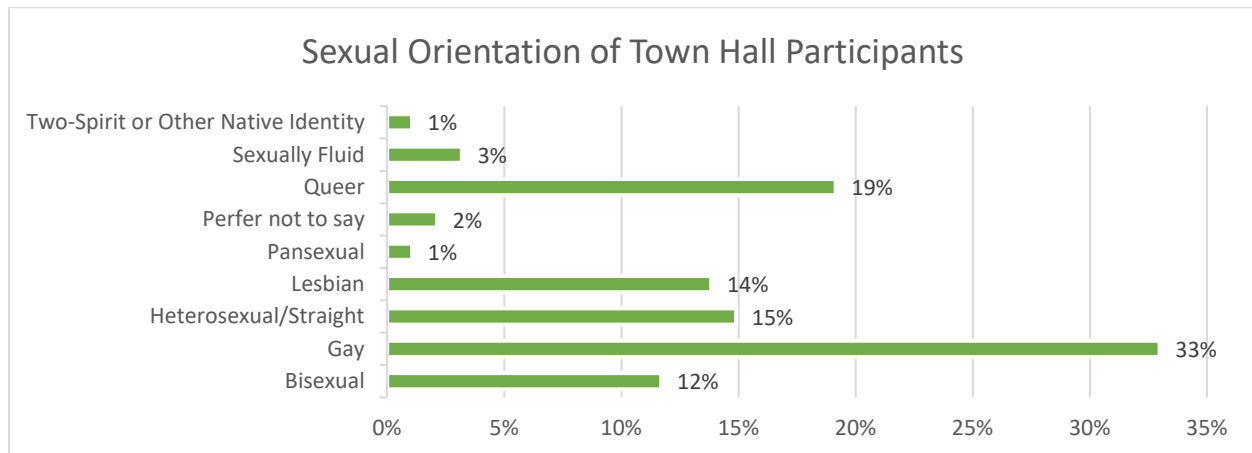
Need for Community Space(s): There was a strong sentiment that Austin could greatly benefit from having an LGBTQIA+ community center and social spaces, especially for those not currently connected to existing organizations or services. It was noted that geography needs to be considered carefully to address the needs of the most critical and marginalized community members. Several interviewees suggested satellite sites. It was also noted that the space(s) and employees need to address and reflect the needs of specific populations such as people in recovery, LGBTQIA+ older adults, transgender, and gender-expansive individuals, and Black, Indigenous, Latino, and people of color community members.

Personal Safety Concerns: Most interviewees reported feeling welcome and accepted most of the time in Austin, while some did not feel welcome and accepted. Others felt safe depending on the environment or context, as certain spaces and settings felt safer than others. One interviewee noted that presenting visibly queer can bring unwanted attention and harassment in Austin and others noted that navigating unsafe spaces can be stressful. Thus, some interviewees noted they do not and have not presented as authentically as they would like in order to protect themselves. Some interviewees who identify as people of color and/or gender-expansive reported not being afforded the same privileges of safety that white, cisgender, masculine, and/or able-bodied LGBTQIA+ individuals have in Austin. Many interviewees understood Austin as relatively safer for LGBTQIA+ individuals than the rest of Texas, specifically in more rural areas of Texas. Although there is a lot of LGBTQIA+ representation and visibility in Austin, interviewees report there are still incidents of discrimination and harassment, disproportionately impacting people of color and gender-expansive individuals. When these incidents occur, interviewees confirmed that they are taken seriously by the city, APD, and the community. Some Black and transgender interviewees reported not feeling safe with APD or other police forces in Austin (i.e., UT Police).

Town Halls

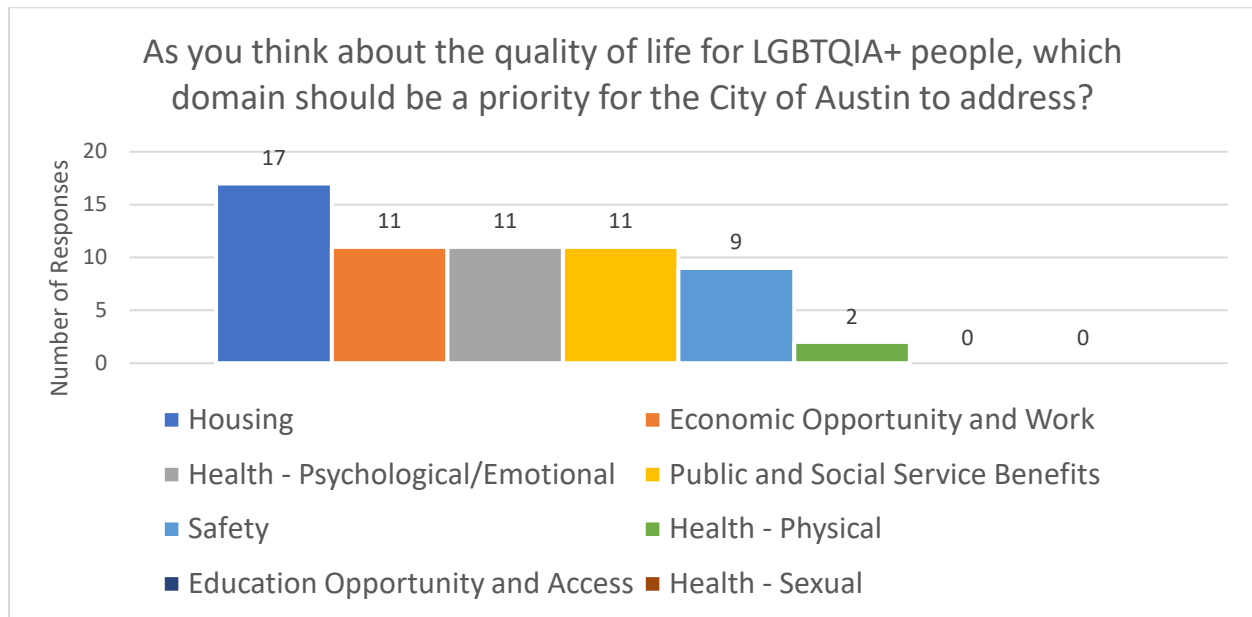
HMA Community Strategies hosted two virtual Town Halls. A total of **152 community members** attended the events (90 participants attended the event on December 8, 2020, and 62 participants attended the event on December 10, 2020). Participants represented a diversity of age, race/ethnicity, sexual orientation, and gender identity as depicted by the following charts.





HMA utilized Zoom to conduct the two sessions utilizing breakout rooms for smaller group discussion. The agenda included a welcome by the City of Austin Equity Office, followed by two **“Get to Know Your Neighbors”** small group breakouts, after which HMA provided an overview of the study.

Before the participants broke into groups to discuss the Quality of Life domains, HMA polled participants on which domain should be the priority for the City of Austin to address. Housing ranked the highest, followed by Economic Opportunity, Psychological Health, and Public Benefits.



Next, participants were randomly placed into seven breakout groups (one domain per group) and asked to provide feedback on the following concepts of the pre-assigned domain:

1. Thinking about this domain, what affects your quality of life?
2. What policy implications exist for this domain?

After 25 minutes of discussion, participants were placed in a second breakout session and asked to provide feedback on foundational concepts:

1. What gives you a sense of community?
2. What provides social cohesion?
3. What collective action can we take to improve our quality of life?

Each breakout group had a notetaker so that HMA could uncover the themes from the sessions. The key themes include:

- Housing and economic opportunity are significant concerns.
- There is a lack of cohesion in the community.
- Our elders have done so much work to get us here, but more work is still to be done.
- Continue to center Black and Brown queer and transgender individual in this work.
- We need to involve POC in informing policy to make true change.
- Inclusivity of voices from all communities is essential.
- Need to be proactive in ensuring EVERYONE in the community is involved; the community is here - waiting/wanting to be found.
- Who in the community has the highest level of vulnerability, and how can we identify, prioritize, and address their needs first?
- We need an LGBTQIA+ center.

- We have an amazing community that can accomplish a lot if we put all our energy in the same place.
- Re-inspired and empowered from the event.
- Collaboration is key.
- Our community needs more and better ways to connect and learn about opportunities and events to heal divides.

The event ended with an exercise that HMA calls “Chatterfall.” Participants were asked to respond to a prompt, type it in chat, but wait to submit. This exercise provides the ability for the responses to be void of “group think.”

The prompt was: “What is one takeaway for you from today’s session? Why?” The following is a sample of the responses.

- Collaboration is key. Without it, we're all operating in silos moving in different directions. But if we come together and move together, we can achieve so much.
- People experience this LGBTQIA+ differently and not always in good ways.
- It is important for us to do the work to center the people's lives in our community having the worst outcomes.
- Our elders have done so much work to get us here, but more work is still to be done.
- We need to have buy-in from the entire LGBTQ community to improve the quality of life.
- We need to involve POC in informing policy to make true change.
- The need and importance of building community.
- More people are concerned about housing than I initially knew.
- We need to be more intentional about creating places, spaces, and opportunities to be together, support one another, share, learn, and grow.
- Continue to center Black and Brown Queer individuals in this important work!
- We need an LGBTQIA+ center.

I think today’s takeaway was empowerment. I felt like everyone really had a common goal in mind, and knowing I was around people like me or who supported me was really empowering!

– Town Hall participant

Focus Groups

HMA Community Strategies hosted **four virtual focus groups** consisting of **38 individuals** to obtain a greater understanding of marginalized LGBTQIA+ subpopulations. The focus groups included African Americans, Asian Americans, older adults, and Transgender/Gender Expansive community members.

“Dating as a Black queer person has challenges in Austin- the social circle is small and hard to find and connect with others”.

– Focus Group Participant

African American (10 participants)

Most participants described that the quality of their life is influenced by social connectedness and the social circle of friendships with people who affirm who their race, orientation, and identity. Dating as a Black queer person has challenges in Austin as the social circle is small and it is hard to find and connect with others. Personal safety is a factor as safe spaces are also hard to find as it was noted that Austin Black Pride is one of the few places to find community. Other factors affecting the quality of life include lack of resources for Black queer and transgender individuals, long-existing health disparities (highlighted by COVID-19), the gentrification of communities, the cost of housing, and tokenization of people of color in both private and public sectors.

In thinking about how to improve quality of life as a queer Black person, participants expressed a desire to see more Black and Black queer businesses supported by the city, an increase in affordable housing, access to affordable health care coverage and services, and mentoring and personal/professional development for Black transgender leaders to sustain community building.

When asked about safety and justice, participants offered a range of concerns and desires. Of key concern is the need for the Austin Police Department to address stigma, implicit bias, and racism in the department through culturally competent, ongoing training. Participants do not feel safe around police as they are more likely to be stopped by the police due to their Blackness. There was consensus about the worry of safety for and need to protect Black transgender individuals who encounter the police. Participants expressed a desire for the city would examine policing alternatives, improve how Black transgender victims of sexual crimes are treated, and have the police department create a paid queer Black liaison as oversight for improving community relations (in addition to having a Latino LGBT community liaison).

Other recommendations to improve the quality of life included creating more spaces that welcome and are explicitly inclusive of queer Black and transgender individuals, funding initiatives that support innovative programs and services and increasing culturally competent health care services in Austin. Participants expressed a need to have more town halls, salons, and social venues for the Black queer community to achieve a better sense of community and social cohesion.

Asian American (11 participants)

The Asian American group viewed the attributes of quality of life as *holistic*, including good physical and emotional health, job opportunity, personal safety, social connectedness (i.e., the quality of the people around you – family, friends, chosen family, and neighbors), and the availability of culturally representative establishments such as Indian grocery stores and Asian restaurants.

Personal safety and access to culturally competent health care were two top concerns, especially for transgender-identified Asian American community members. Observations included: “the policing of bodies, clothing, and presentation in their neighborhoods; scared of going out; being closeted with their family; having to go back into the closet for safety; needing to drive to San Antonio to find health care that reflected Asian culture, and facing discrimination in healthcare – ailment blamed on their trans-ness rather than other reasons.” One participant spoke about continually needing to choose between being queer and Asian due to their experience of transphobia and homophobia in Asian spaces and racism in queer spaces. Another participant disclosed the difficulty of finding a therapist of color who is culturally competent and would understand her experience as a transgender-identified Asian American.

Suggestions for areas of need for living as an LGBTQIA+ person in Austin included a community center that connects the communities to access different resources. It was noted that there is limited space for the LGBT Asian community in Austin and that Chinatown acts as a proxy, but there needs to be something for the LGBT community. Work also needs to be done around gentrification due to the swell of the tech industry. Riverside has a swell of people of color who have been displaced. It was highlighted there also needs to be intentional workaround Asian ethnicity, including disaggregation of data to differentiate the different racial and ethnic groups that fall under “Asian.”

Areas for improvement mostly focused on public safety and the Austin Police Department. Participants noted incidents of harassment and assaults and felt that the police department has its priorities in the wrong places. Other areas for safety improvement include support for sex workers, financing for queer Asian spaces, and investments in arts and education for Asian spaces. Solutions for improving public safety and justice included divesting from police and investing in community models for safety. Ideas included restorative justice, community policing, and building trust between the police and community members, in addition to facilitating connective conversations and discourse to build connection.

Recommendations for the city and hopes for the future to improve the lives of LGBTQIA+ people in Austin include: addressing substance use disorder in the queer/transgender community, including investments in alternative safe spaces that are not associated with alcohol or drugs (local bars and clubs); more education and training for city employees and the police force of stigma and bias competency; and the city taking a stance against the growing number of armed militias, proud boys, anti-maskers, and more that are coming onto the UT Campus and capitol grounds.

“I am having to continually choose between being queer and Asian. I have faced transphobia and homophobia in Asian spaces and racism in queer spaces”.

– Focus group participant

Participants would like to see collective action around improving health care access, having businesses be more inclusive through training and the commitment to equity and inclusion, requiring training for businesses around cultural competency, creating crisis intervention teams that can deescalate situations rather than calling the police, and providing resources for employers to protect their employees and worker rights.

Older Adults (12 participants)

Participants in this focus group viewed quality of life in terms of *stability*. The attributes that contribute the most to their quality of life include housing stability, economic stability, food security, personal safety, and feeling connected. Many participants recognized the privilege of being a homeowner but are concerned about the next stage of life, either by downsizing and/or moving into a retirement home or community.

Like the other focus groups, personal safety, health care, and affordable housing are the greatest areas of need. One participant spoke about feeling unsafe in Northwest Austin, mentioning that some individuals are nice, and some are Trump supporters who they feel unsafe around. Another participant spoke about being femme and brown their whole life, and ageism, racism, and violence are overwhelming. Someone spoke about the cultural barriers to mental health care, including the stigma that prevails about being half Black and half Mexican and the financial barriers to accessing mental health care. There was consensus that the most pressing need in Austin is affordable housing and retirement and/or skilled nursing housing that is LGBT culturally competent.

“It’s harder to find older people who you can make connections with, so a community housing center for LGBT older adults would be great”.

– Focus group participant

Participants in this group spoke about the isolation of getting older and the difficulty finding and staying connected to LGBT friends of the same age. It was noted that it takes a lot of resources due to the high cost of living in Austin and that discretionary spending is limited when you are on a fixed income (less social opportunity). The discussion led to aging in place and/or moving to an assisted living community. There was recognition that there isn’t a LGBT specific retirement building in Austin (like other cities) and that assisted living communities are not LGBT competent.

Older adults made several key recommendations. The first is the need for a community center that is age-inclusive and provides older adult activities. An LGBTQIA+ community center would provide an opportunity for older adults to find and be supported by each other. The second recommendation was for the city to invest in the development of housing for LGBT older adults. Finally, it was noted that the city needs to address racism and structural inequity, provide more representation and visibility of people of color within city government, and be accountable for the impact of their services on the community.

Transgender and Gender Expansive (5 participants)

Participants in this focus group elevated social connectedness and access to health care as factors that contribute to their quality of life. One of the participants described the worry of how they would be accepted by others in the community, while another expressed feeling comfortable within the city and metro area but did not feel the same way outside of Austin. Others noted that gender identity stigma is still prevalent within the city. In terms of health care, the ability to see a medical professional who understands and supports the physiological and psychological aspects of gender identity is paramount. One participant disclosed their satisfaction with a local provider who is very accessible, trustworthy, and was able to get a name and gender change with ease due to the support of this physician. Others have experienced more difficulty in finding culturally competent care. One participant noted they never had a Black doctor or doctor of color to understand their experience of transitioning.

Health care insurance and the high cost of health care are significant concerns for transgender and expansive people. One participant has employer-sponsored insurance but is worried about what will happen if they no longer are employed. Access to culturally competent mental health, counseling, and support groups was mentioned as a challenge. Many of the participants said the high cost of housing and housing discrimination as concerns. One participant noted the predatory practice of overcharging rent for those who don't have a rental history.

“It is difficult to find a therapist of color who is culturally competent and would understand my experience as a transgender identified Asian American woman”.

– Focus group participant

“The best way to empower anyone who is trans, hire them. It should not be the responsibility of trans folks to educate cis folks”.

– Focus group participant

Participants expressed a need to establish LGBTQIA+ community space(s), especially to act as a gathering space for community events and town halls. It was mentioned that a center could provide clothing, employment readiness, and skills-building opportunities to support transgender and gender-expansive people to gain meaningful employment. There was a concern that while Austin is a magnet for transgender and gender-expansive youth, there needs to be more resources for them. It was also mentioned that alternatives to sex work needs to be developed and supported.

When thinking about safety and justice, the distrust of the Austin Police Department was noted. One participant stated that the department's behavior toward transgender and gender-expansive people is despicable, and the entire department needs training. Others felt safety goes beyond APD. One participant mentioned that they don't think Black people will ever feel safe in this country and that it's not the responsibility of Black people to address racism. The

participant offered that white people need to work with white people and acknowledge that racism is a public health issue.

When asked about the future and how to improve the quality of life for transgender and gender-expansive people, there was concurrence that programs, services, and organizations need to reflect transgender and gender-expansive people. Having a community center won't solve the problem unless the organization behind it has the impetus to reach out and involve the transgender and gender-expansive community.

Recommendations included: expanding public housing, prioritizing housing first, and addressing rent burden; increasing the minimum wage; uplifting the Black transgender leadership of Austin; and a desire to see more formal collaborations between organizations and task forces, bringing people together to address specific needs.

Power Analysis

As part of the process of supporting efforts to improve the quality of life for LGBTQIA+ people in Austin, HMA worked with the Austin LGBTQIA+ Quality of Life Commission and the RAB to conduct an analysis of power dynamics within Austin. This power analysis was conducted as a first step in developing recommendations and strategies to advance equity and improve wellbeing for LGBTQIA+ individuals and communities. The goal of the analysis was to understand how and with whom power resides, how it is exercised, what the effects of power relationships may have on efforts to improve the quality of life for LGBTQIA+ communities, and ultimately to create strategies and actions that can shift where power and autonomy are held, support social change, and influence the long-term outcomes for communities.

A power analysis is a process used in community organizing and social change work that follows a five-step process resulting in "maps" that illustrate who holds power in a community relative to a specific issue, and to what extent that person, group, or organization is in agreement with the desired outcomes. The maps created in partnership with the RAB are included in **Appendix G**.

Traditionally, power analyses are done in person with groups engaged in brainstorming and conversation to arrive at final maps to develop strategies, communication, and new relationships to advance a social or policy agenda. Because of the COVID-19 pandemic, HMA and the RAB had to pivot to conducting the analysis using a virtual process. Each step was redesigned to maximize the potential for community input without the ability to engage stakeholders in shared physical space.

Providing Community Power Analysis



To accomplish this virtual analysis, HMA defined major domains that impact quality of life and asked the RAB to prioritize domains for this study (Step 1). Once the domains were identified and prioritized, HMA developed a fillable form that included a list of individuals, groups, and organizations within each domain that members of the RAB could score on two dimensions. The first dimension was the level of perceived or actual power an entity holds, and the second was the level of support or opposition the entity held about the idea of improving quality of life. RAB members filled out the form individually, and results for each domain were compiled and mapped on a separate matrix. These matrices were presented back to the RAB and edited with the group to establish final maps (Step 2). Once the final maps were constructed, HMA engaged the RAB in a series of discussions conducted through Zoom to understand the nature of the current conflicts and challenges experienced by the community and the entities pushing agendas that contribute to these challenges. (Step 3) Once established, discussions turned to current efforts to improve conditions for LGBTQIA people in each domain and identifying opportunities to connect these current efforts to increase the potential for positive impact (Step 4). In addition to naming specific individuals and organizations, these discussions focused on community resources that could be connected and leveraged to advance the work of quality of life improvement for LGBTQIA+ communities in Austin (Step 5). These resources included funding, contact lists, and networks, and specific expertise related to the domains.

The resulting observations of the mapping process provided particular insight on areas where community activism and city engagement could: 1) influence agencies who have more power but are less aligned with the LGBTQIA+ community to shift their alignment to be more supportive and; 2) support and invest in agencies who have less power but have strong alignment with

the LGBTQIA+ community so that they can increase their ability to better serve the community through strategic and collective action. The LGBTQ Commission, Equity Office, and/or City Council can champion these strategies for change.

Example strategies include:

- The development of an LGBTQIA+ community center to serve as the backbone organization for work towards ongoing improvements to the quality of life of LGBTQIA+ people in Austin.
- Developing a partnership with the Texas Criminal Justice Coalition to develop a campaign to highlight the experiences of LGBTQIA+ people with the criminal justice system and strategies to shift the actions of law enforcement, corrections, and reentry service providers.
- Expanding partnerships with housing organizations across the city, particularly the Austin Housing Coalition, and other providers in the right two quadrants of the housing power map in **Appendix G** to develop LGBTQ-specific housing services and housing units, including aging in place support for LGBTQ seniors.
- Creating a coalition of representatives from Chambers of Commerce, representatives from the entrepreneurship program at Austin Community College, and LGBTQIA+ business owners to support new LGBTQIA+ businesses, highlight existing LGBTQIA+ businesses and products, and emphasize their contribution to the local economy.
- Developing a training and support program for physical and behavioral health providers to increase quality healthcare for the LGBTQIA+ community, particularly for members of the transgender community. Develop an associated education campaign for community members to increase the use of services from trained providers.

The power analysis was essential to develop recommendations that are realistic and doable and cut across all the domains. The maps can be refined relative to each specific recommendation as they are executed. Continuing to map the manifestation of power and partnerships with increasing specificity for the action can provide communities with a clear direction for accomplishing the recommended goals. Continuing to use the power analysis throughout the implementation of this report's recommendations will center the systemic influences that contribute to communities' negative outcomes and generate solutions that go beyond individual choice in ways that can bring real change to community well-being.

“I feel that the quality of life for the LGBTQ+ community in Austin is dependent on a mix of subfactors like race, education, and ability to “pass” in a heteronormative society. While Austin feels safe, many areas surrounding it do not. I feel minority populations face significant and different challenges than cis-white gay people and hope those are a focus of the survey's responses”.

– Survey Participant

Quantitative Findings

Summation of Comparative Data

The Williams Institute analysis of the 2017 Gallup Daily Tracking survey indicates the **4.1% of the population in Texas is LGBT**⁴. Gallup's 2021 update on lesbian, gay, bisexual, or transgender identification finds **5.6% of U.S. Adults identifying as LGBT**⁵. According to a 2015 Gallup Poll, **the Austin-Round Rock metropolitan area has the 3rd largest percentage of LGBT population**⁶ (relative to the overall population size of the city) in the country, after the San Francisco-Oakland-Hayward and Portland-Vancouver-Hillsboro metropolitan areas. The estimated LGBT population in metro Austin is 90,000, which constitutes 5.9% of the overall population. The range of possible adult LGBT people in Austin, based on a 95% confidence interval, is 82,000-99,000. This estimate has been calculated using information from the US Gallup polling methodology and only represents adults aged 18 and older. It is important to note that the Gallup interviews that helped estimate the LGBT adult populations in cities across the country were conducted in English and Spanish. Extrapolating the estimates to the greater surrounding Austin area population of just under 2.3 million people, the LGBT population is approximately **100,000 to 118,000**.

As described in the methodology, HMA Community Strategies administered an online community survey entitled "*ShoutOUT Austin*." The survey received a total of 3,063 total responses. HMA filtered the responses to encompass Austin's five surrounding counties (Travis, Hays, Bastrop, Williamson, Burnet, and Blanco County zip codes). **The result was 2,149 completed responses**. To understand if the survey was representative of the diversity of the LGBT community, we compared the demographic information to the U.S. Census. The table below shows the demographics for those 2,149 community survey responses (approx. 3% of the metropolitan Austin LGBT population) compared to the U.S. Census Data for Austin.

Race/Ethnicity	Number of Respondents	QoL Responses	U.S. Census Data
Asian or Asian American	56	3%	7.6%
Black, African, or African American	322	15%	7.8%
Hispanic, Latino/a/x/e or Latin American	344	16%	33.9%
Middle Eastern or Arab American	14	1%	
Native American, Indigenous, or Native Alaskan	27	1%	0.7%
Native Hawaiian or Other Pacific Islander	4	(<1%)	0.1%
White or European American	1216	57%	72.6% White 48.3% (white non/Hispanic)
Multi-racial	135	6%	3.5%
Other	31	1%	

When comparing the demographic characteristics of the study participants to the census-derived population of Austin, we are confident that the study sample closely resembles (i.e., is similar to), and

⁴ <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=48&compare=percentage#comparison>

⁵ <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>

⁶ https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx?utm_source=Social%20Issues&utm_medium=newsfeed&utm_campaign=tiles

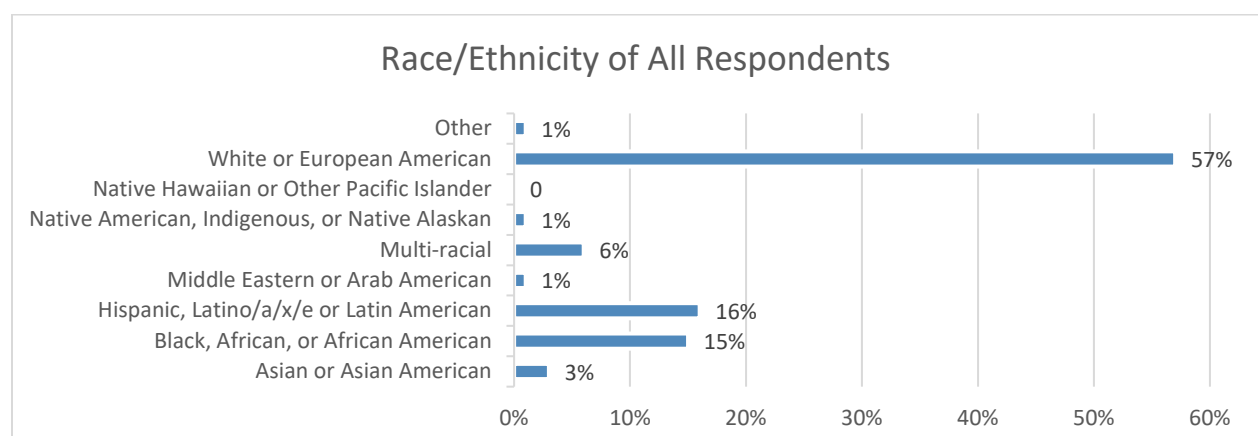
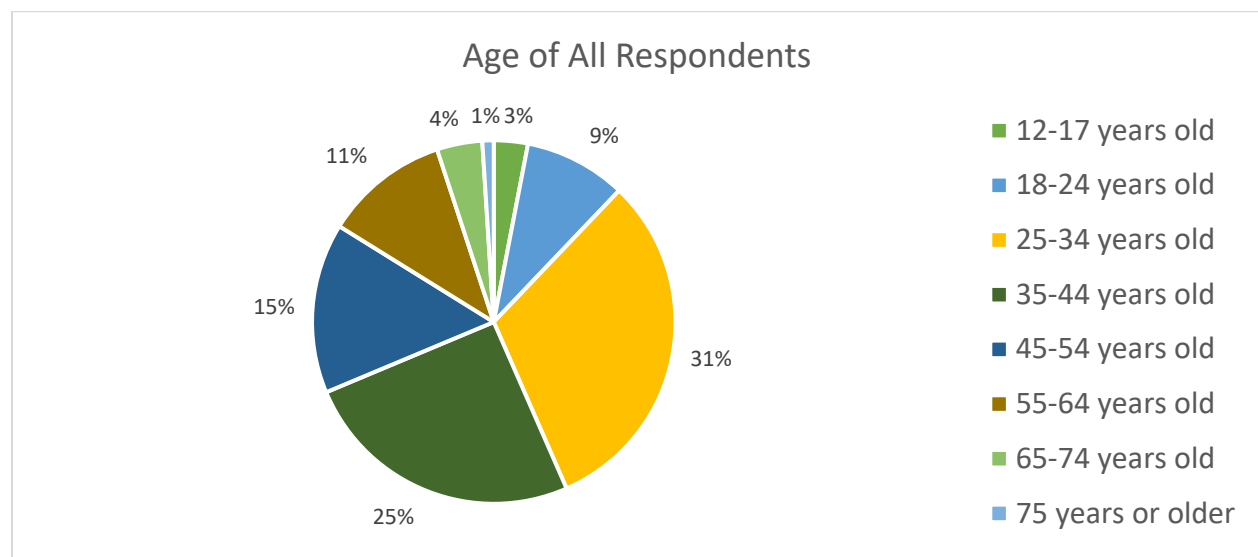
therefore effectively represents that of the LGBT adult population in Austin. However, the Latine population is not as well represented. When speaking about representativeness, we want to be clear that we are not referring to statistical representativeness that can only be achieved through probability sampling (e.g., random) from a discrete sampling frame. It is important to clarify that this study does not aim to test a hypothesis for which normative principles of statistical inference are necessary.

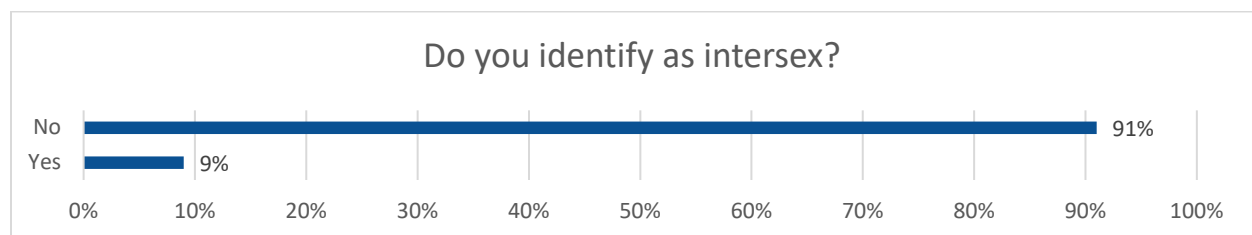
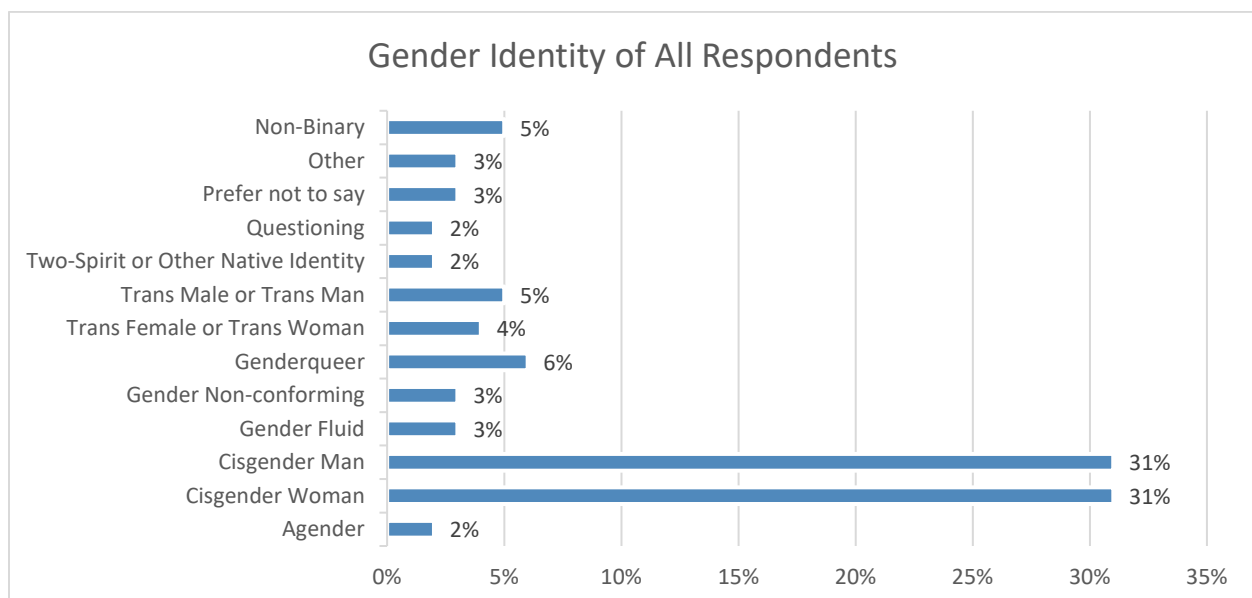
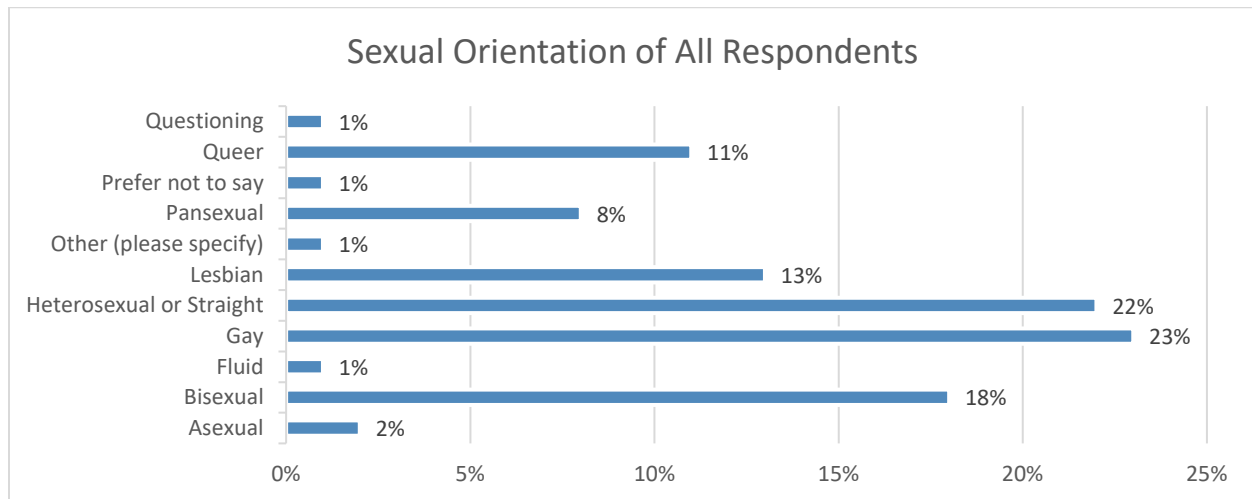
We are looking, however for a sample that is both large enough, typically just over 780 individuals, to obtain 95% confidence intervals in any analysis comparing responses across groups. When comparing the percentages of each subpopulation (i.e., White, Black, Latino, Asia), the study sample of 2,149 closely mirrors the overall population within Austin, and in some cases, the study population is greater (percentage) than the census data. Therefore, we can be confident that the study sample adequately represents the LGBT population at large.

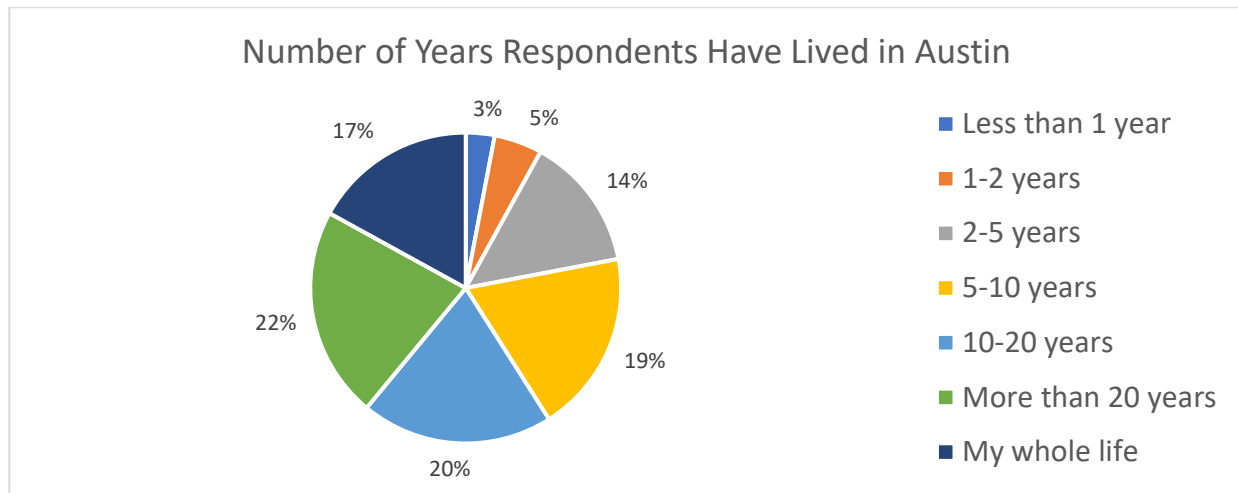
Of note, the African American/Black respondent N exceeds the census estimates, whereas the Latino respondent population is below the census estimate.

Demographics

Zip codes from 2,149 respondents disclosed included Travis, Hays, Bastrop, Williamson, Burnet, and Blanco counties. Respondents represent a wide range of age, race and ethnicity, sexual orientation, and gender identity, as depicted in the following charts.



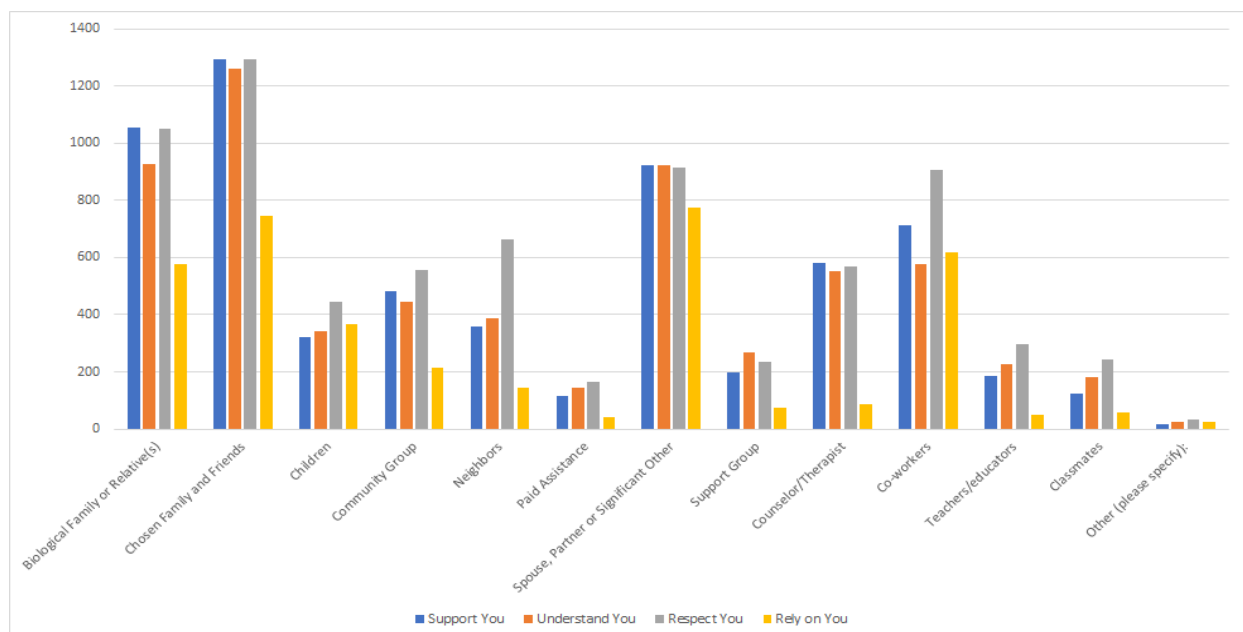




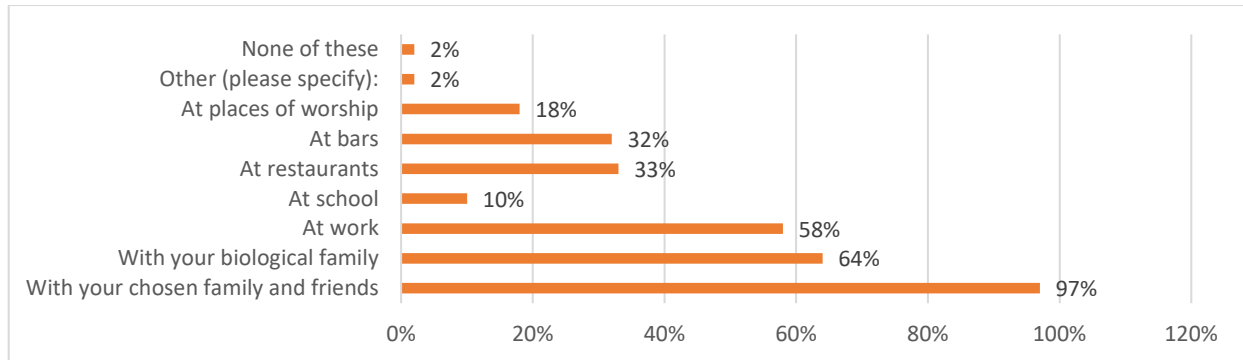
94% of respondents indicated they were born in the United States. Of the 6% of respondents born outside of the United States, the median age respondents report arriving in the United States is five, and the mean age is 11. English is the most prevalent language as 97% of respondents reported that English is their primary language, 1% reported that Spanish is their primary language, and 2% of respondents reported that Arabic, ASL, Hindi, a language originated in China (Mandarin, Cantonese, etc.), or another language not listed is their primary language. 6% of respondents were veterans or retired from the military, <1% were active duty, <1% were on reserves, and the remaining 93% of respondents did not serve in the military.

Community and Social Connectedness

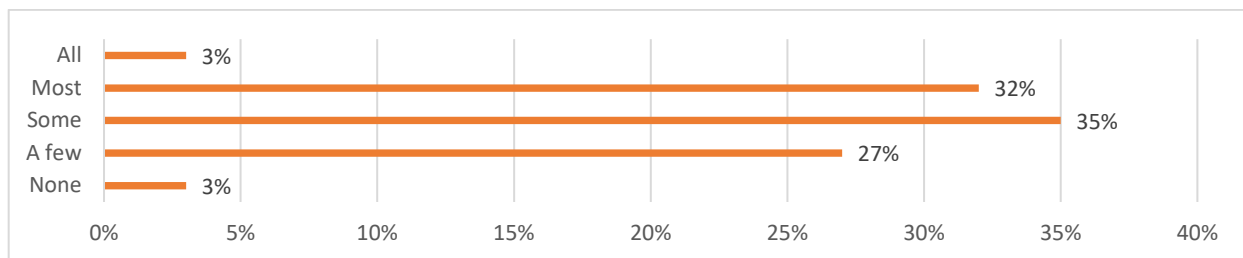
The following bar chart depicted a high degree of social support among the respondents, especially from family or friends. Surprisingly, there is low support from teachers and classmates, which is a concern.



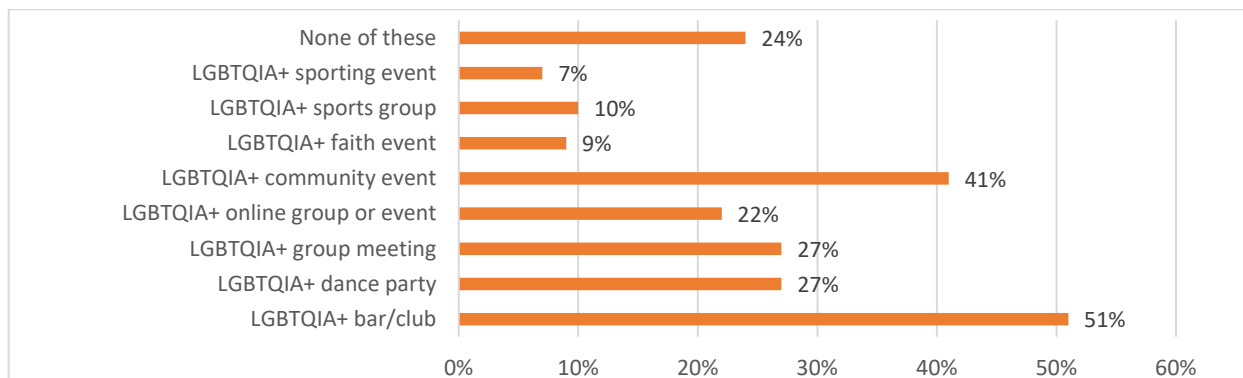
Moreover, of 1,792 responses, there is a high degree of acceptance by chosen family and friends (97%), with biological family (64%), and at work (58%). However, there is less acceptance at restaurants (33%), at bars (32%), places of worship (18%), and schools (10%).



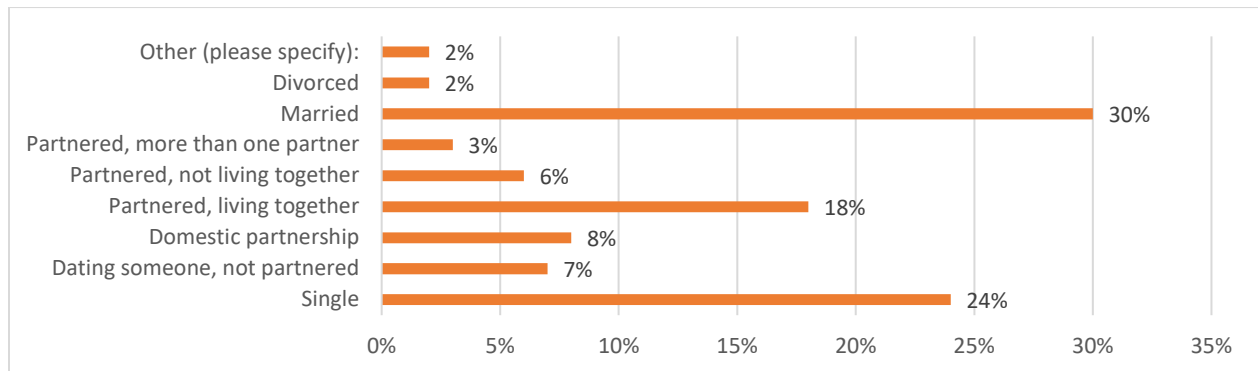
Respondents have greater circles of friends who are also LGBTQIA+. Of 1,801 responses, 70% have some, most, or all friends who are LGBTQIA+.



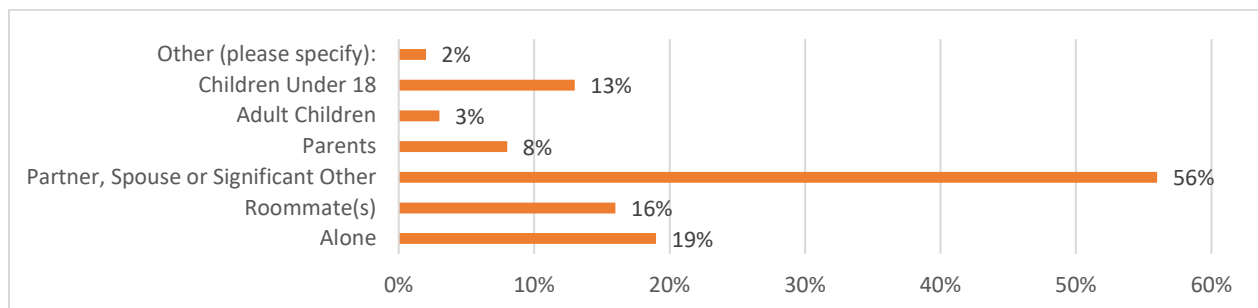
LGBTQIA+ bars/clubs and community events are among the most common places that respondents go for activities or events. Conversely, nearly a quarter (24%) of the respondents indicated they participated in none of these activities.



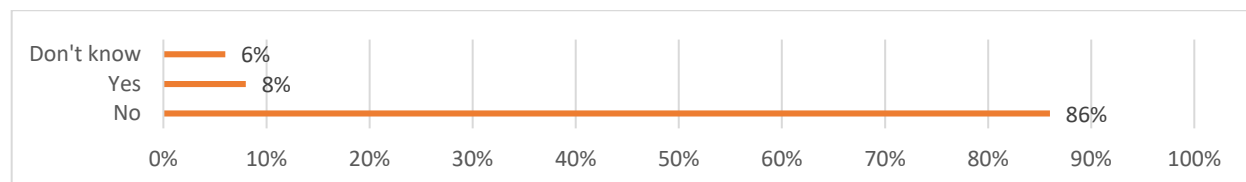
In terms of relationships, nearly a third of the 1,804 respondents indicated they are married (30%). Single individuals (24%) and partnered, living together (18%) accounted for the next classifications followed by a domestic partnership (8%) and dating someone, not partnered (7%).



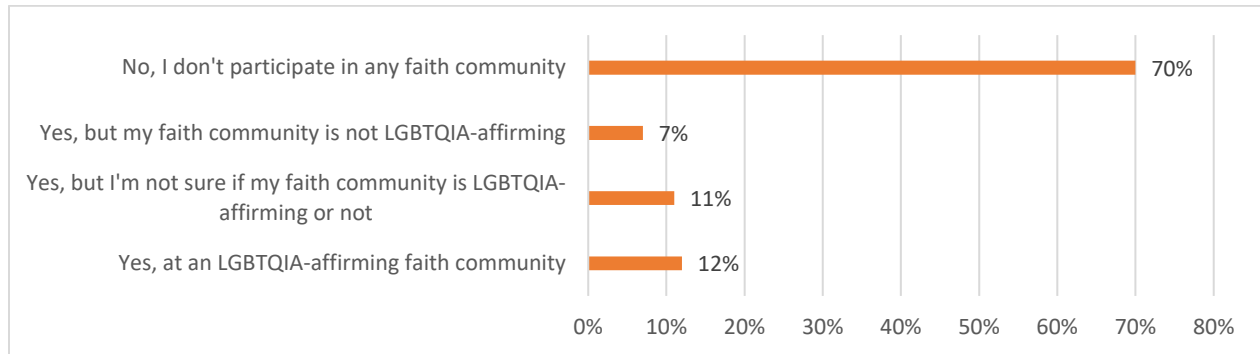
Living arrangements are varied, but most (56%) of 1,803 respondents indicated they are living with a partner, spouse, or significant others. 16% of respondents indicate they have adult children or children under 18 living with them.



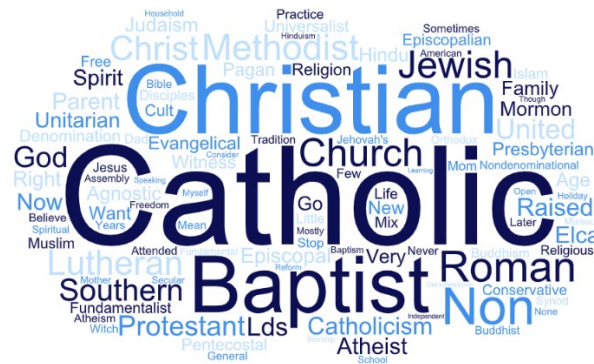
Respondents are also considering options to grow their families. 8% of 1,703 individuals indicate they are planning to either have or adopt a child in the next 12 months.



While 70% of 1,790 respondents to the question “Do you regularly attend (physical or virtual) services at an Austin-area faith community” said no, it is notable that 30% said yes.



HMA utilized only a few “open text” responses to the survey questions. The following word cloud represents the write-in answers to the question: *What faith, if any, were you raised in?* The larger size of the word, the more responses indicated that faith.

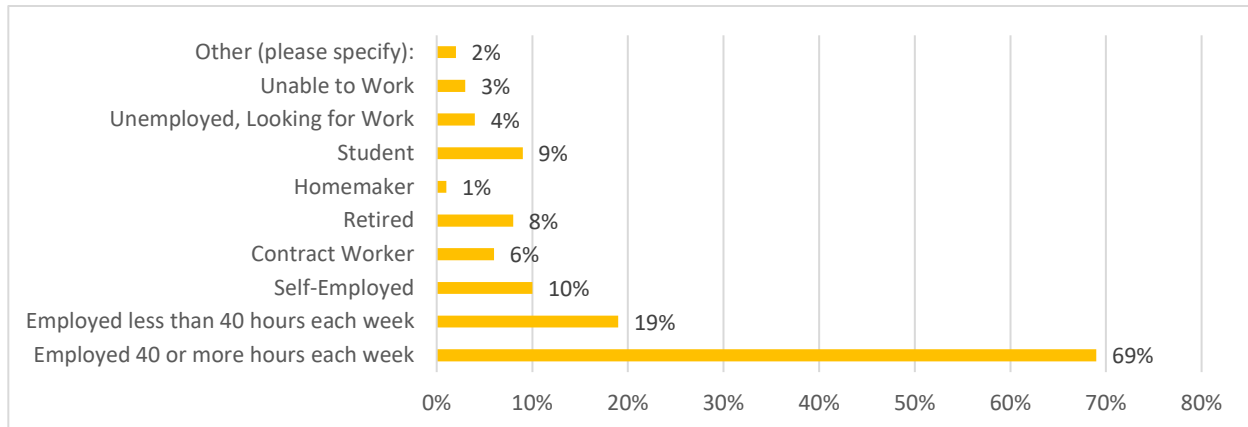


For the respondents who are currently practicing a faith, the below word cloud represents the answers: *If you are practicing a faith, what is your current faith?* By contrast, these answers demonstrate a shift in faith and increased spirituality from childhood to adulthood.

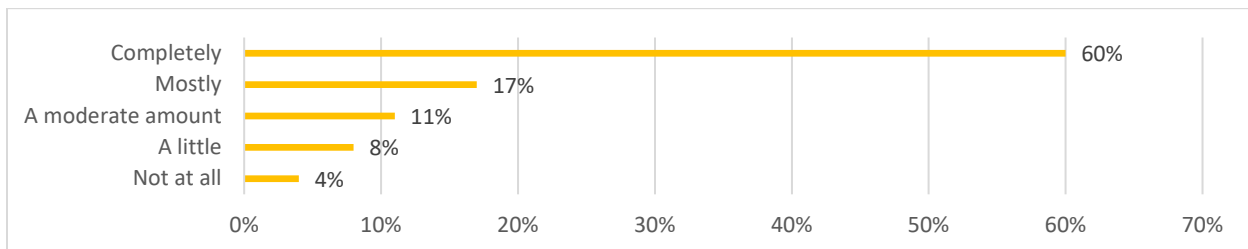


Economic Opportunity and Work

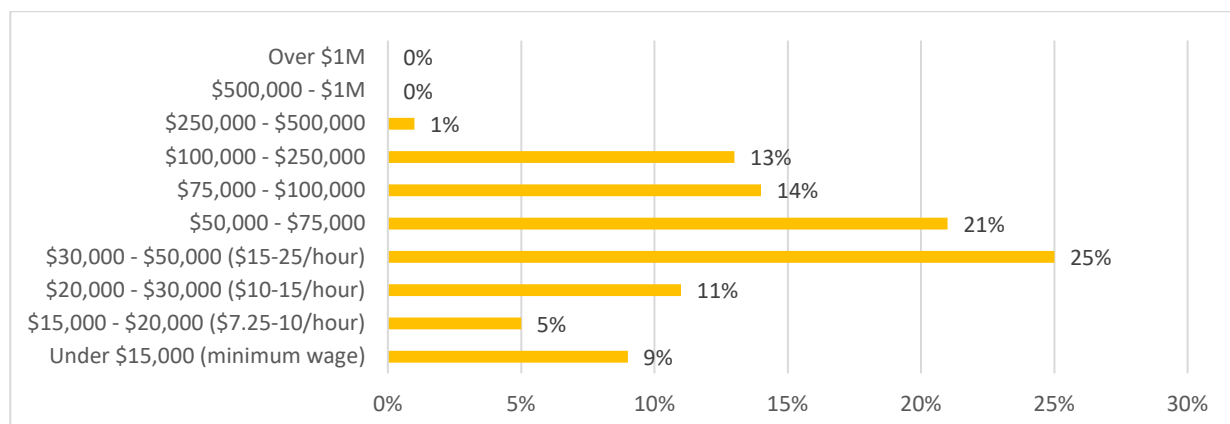
When describing current employment status, almost 69% of respondents worked 40 or more hours a week or were self-employed, and 25% held a part-time or contract job. Only 3% were unable to work, and 4% were unemployed and looking for work. COVID-19 affected employment status for several respondents through furloughs, mandated quarantine, or illness.



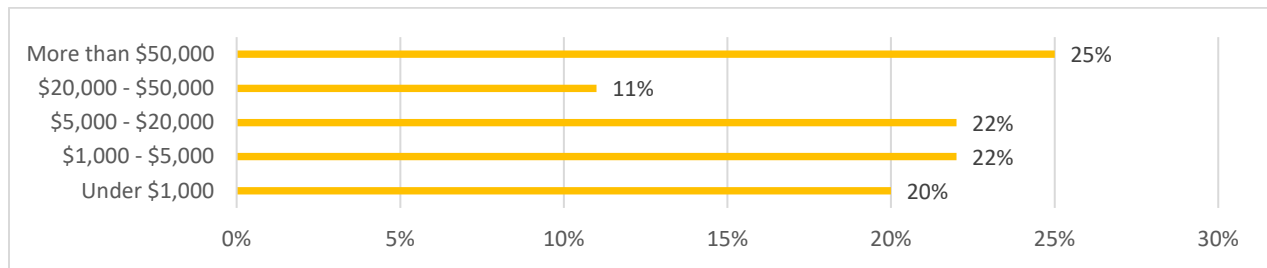
The majority (88%) of respondents reported the ability to mostly, completely, or moderately work.



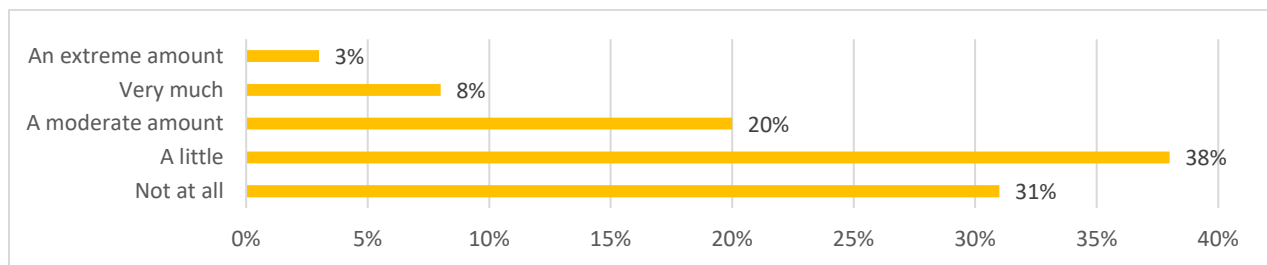
Personal annual income for a quarter of the respondents averaged between \$30,000 - \$50,000, followed by 21% earning \$50,000 - \$75,000. In the highest earning brackets 1% earned \$250,000 - \$500,000. From 1763 respondents, four individuals earned \$500,000 - \$1M, and three over \$1M.



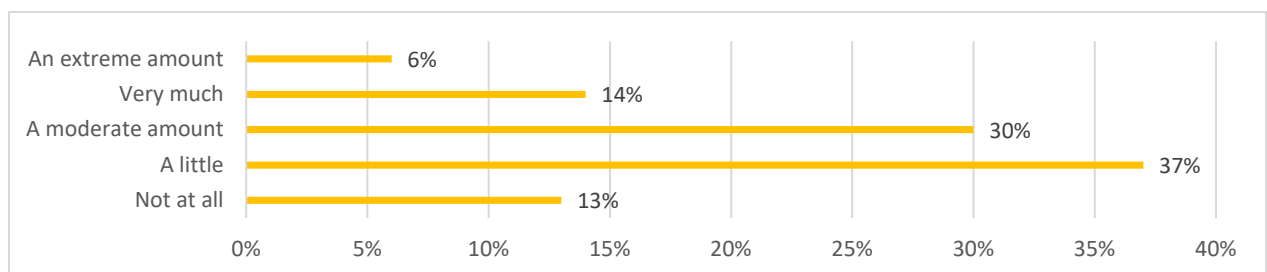
Forty-four percent of respondents had between \$1,000 and \$20,000 in savings or investments, while 20% had \$1,000 or less.



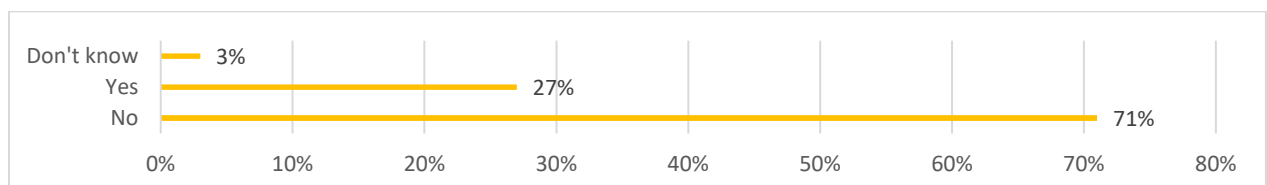
A large majority of respondents (69%) reported some level of financial difficulty, while 11% experienced significant financial challenges at the time this survey was completed.



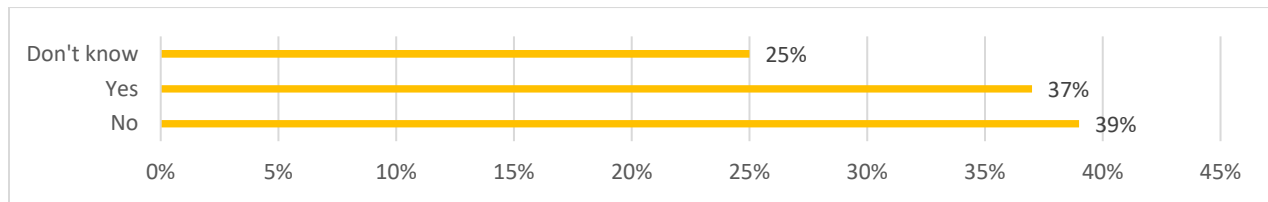
However, while 31% of respondents reported no financial hardship, only 13% were not worried about money. The large majority – 67%, worried a little or moderate amount about money. In comparison to 11% of respondents who reported very much or extreme financial hardship, 20% reported a lot or extreme amount of worry about finances.



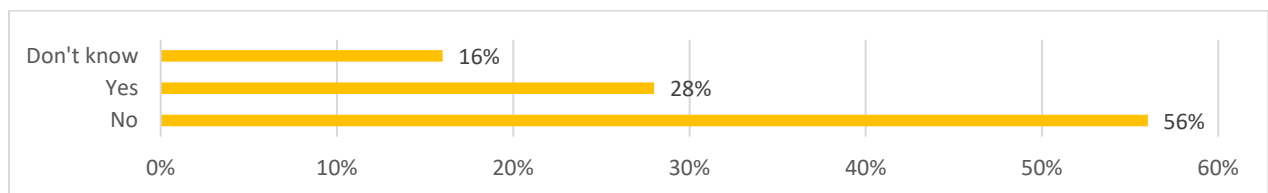
More than a quarter of respondents, 27% needed a bank loan in the last 12 months, of which 78% applied for a loan.



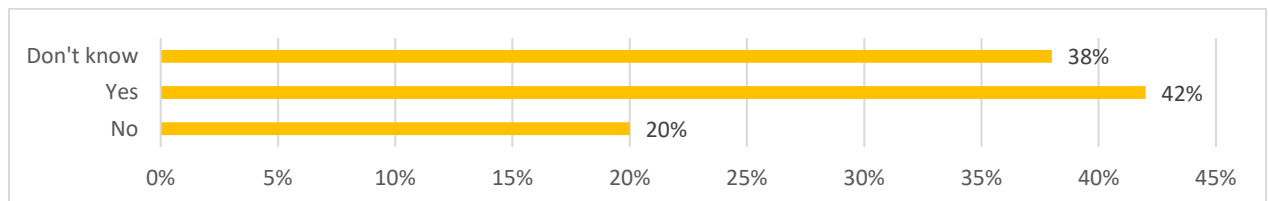
Respondents were split (37% no, 39% yes) between believing whether Austin offers equal employment opportunities to most or all its residents. Almost a quarter was unsure if Austin provides equal employment.



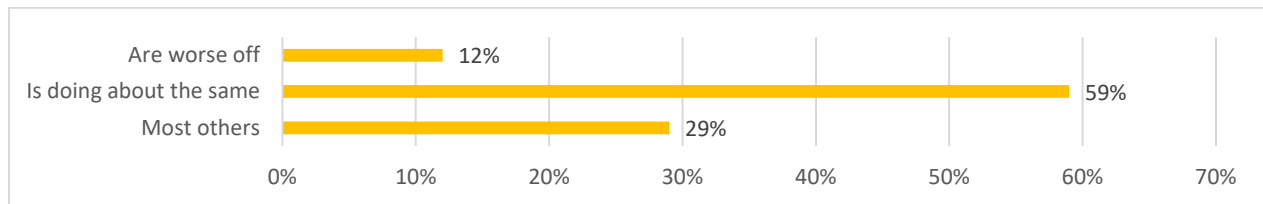
More than half of the survey respondents (56%) believe Austin's residents do NOT have an equal chance of success with employment and earnings.



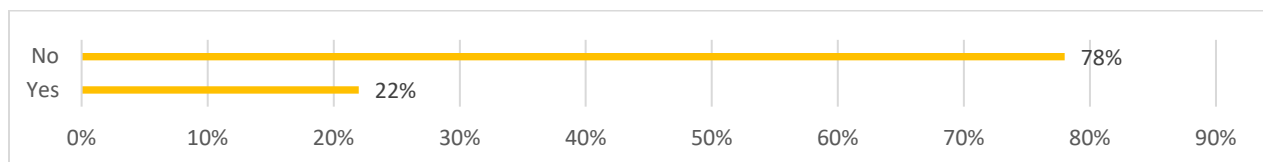
When asked whether Austin had anti-poverty programs and policies in place, almost the same number of people indicated there were (42% yes) as people who did not know (38%). This demonstrates an opportunity to raise community awareness about Austin's programs and policies.



When comparing their closest social network to others in Austin- 59% of respondents said they were just as financially secure, 29% were more financially secure, and 12% were worse off.

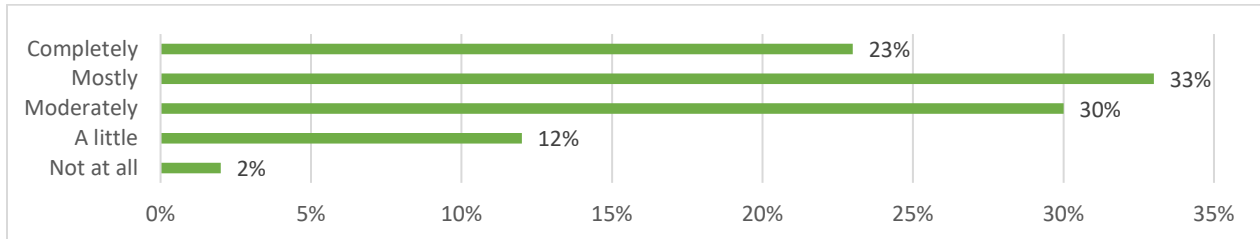


Within a 12-month period, 22% of respondents were worried about their food running out before having more money to buy more. Similarly, 18% of respondents said the food they bought didn't last and they didn't have enough money to purchase more.

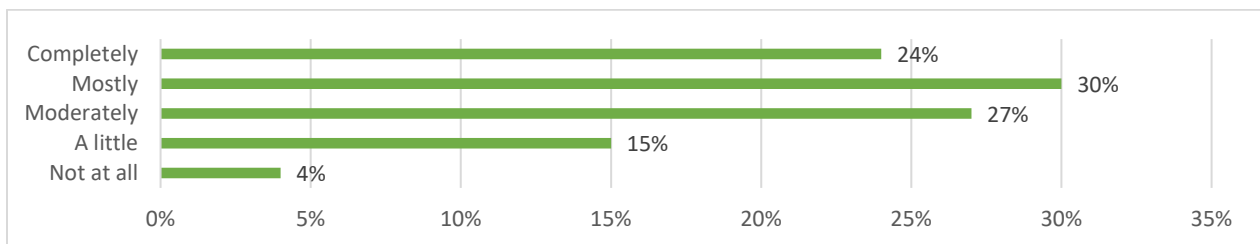


Educational Opportunity and Access

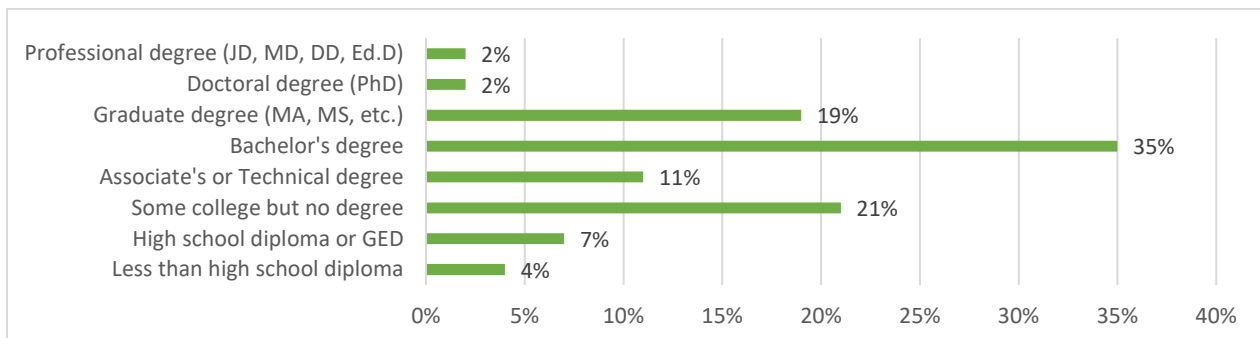
When asked whether the information and learning opportunities were available to respondents in daily life, only 14% said you need a little or not at all, 23% said completely. Those who responded moderately or mostly comprised the remaining 63% - almost evenly split between both categories.



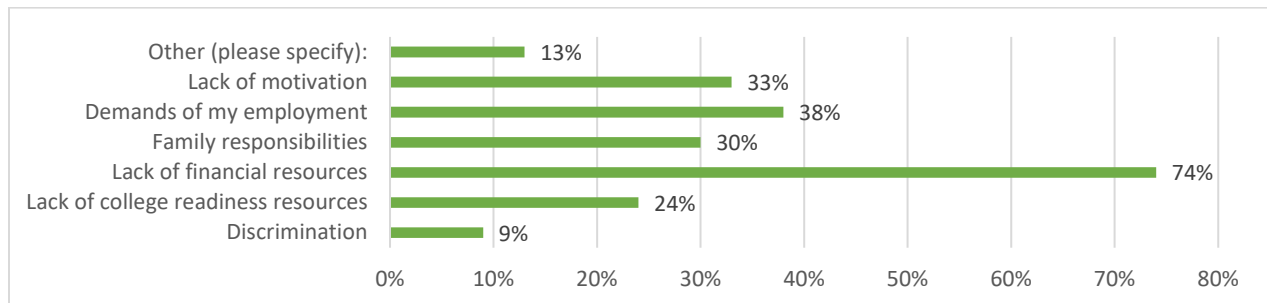
The majority of respondents (81%) said they had moderate to complete opportunities they needed to acquire their education—respondents who did not have any opportunities comprised 4% of respondents.



The majority of respondents (35%) have a bachelor's degree, and 93% completed high school—respondents with less than a high school diploma and an advanced degree comprised 4%, respectively.



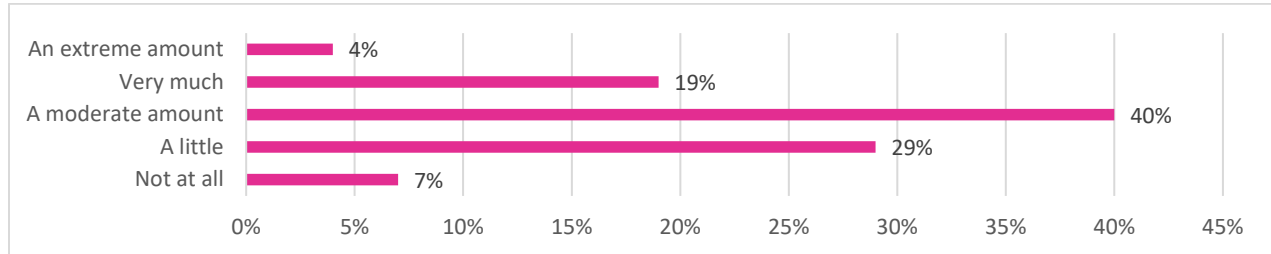
Thirty percent (30%) did not attain the level of education they wanted, of which 74% said they did not achieve their educational goals due to a lack of financial resources, followed by 38% who cited employment demands as an impediment. Notably, a large majority of respondents who chose the “Other” category identified mental health as the main reason they did not complete school, followed by health and disabilities.



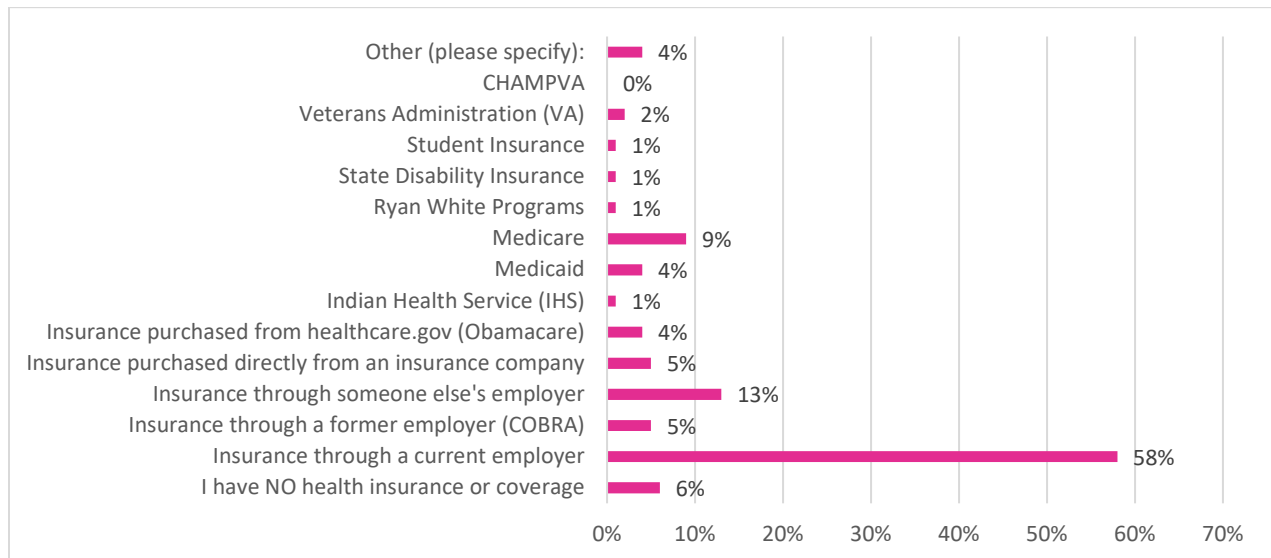
Health

Physical Health

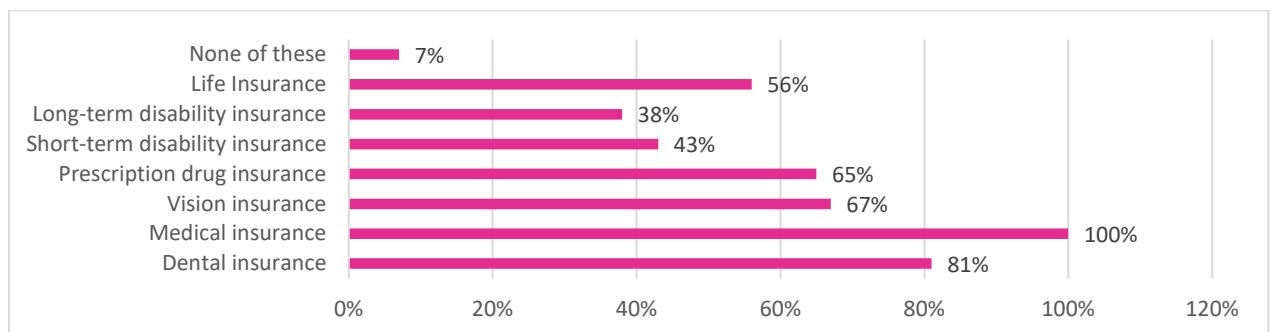
The majority of 1,973 respondents expressed worry about their health (63% indicated they worry a moderate amount, very much, and an extreme amount).



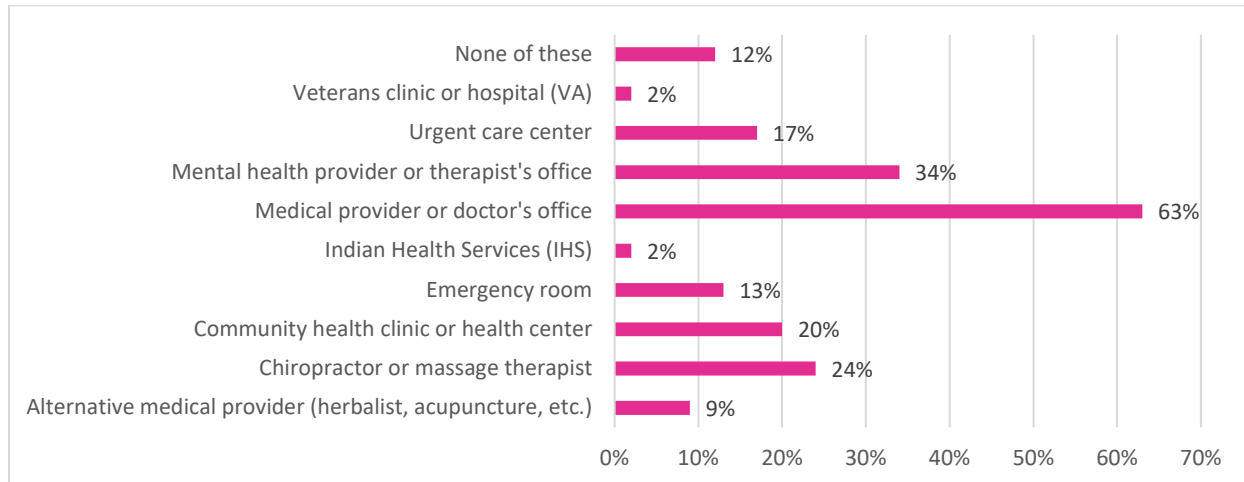
Fortunately, the majority of respondents have health insurance coverage. Of 1,969 respondents, only 6% indicated they had no insurance coverage. Most identified coverage through a current employer (58%), through someone else's employer (13%), have Medicare (9%), or Medicaid (4%).



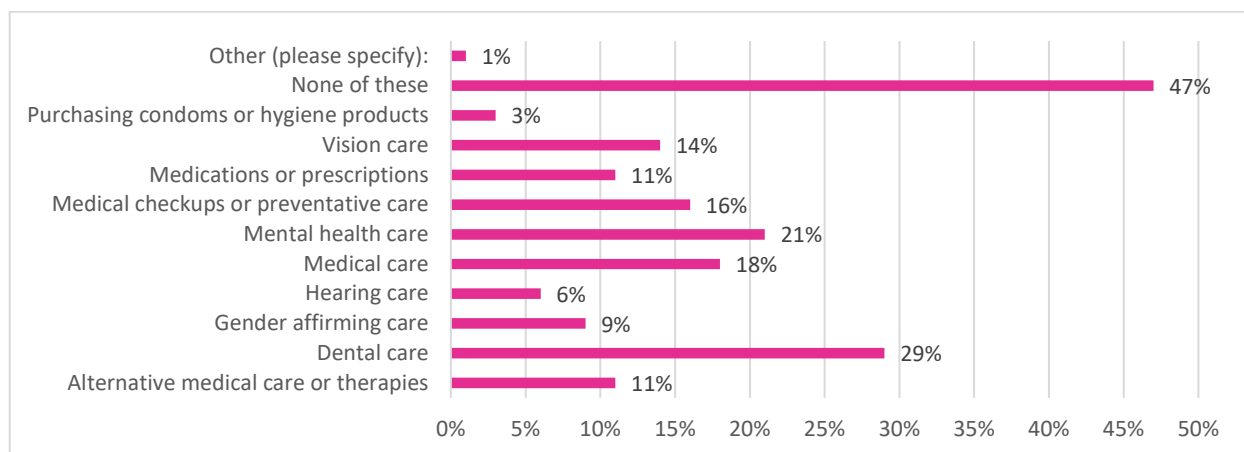
In terms of other insurance of the 1,962 respondents, 81% have dental insurance, 67% have vision insurance and 65% have prescription drug insurance.



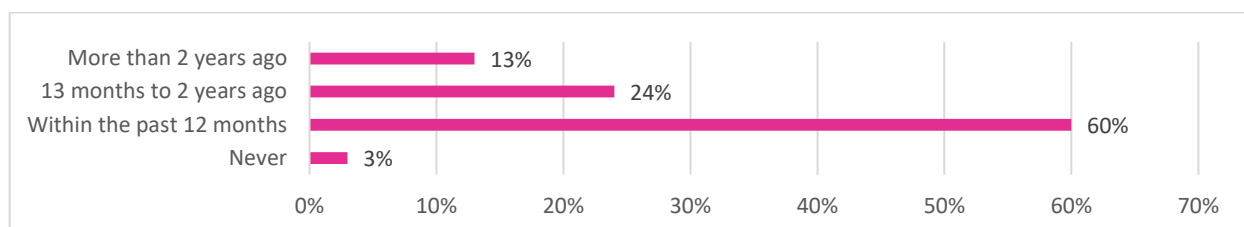
Access to care during the pandemic was good, considering the restrictions. Of 1,966 respondents to this question, “In the past 12 months, have you visited any of the following for medical care?” 63% indicated they had visited a medical provider or doctor’s office, 34% had seen a mental health provider, and 20% visited a community health clinic.



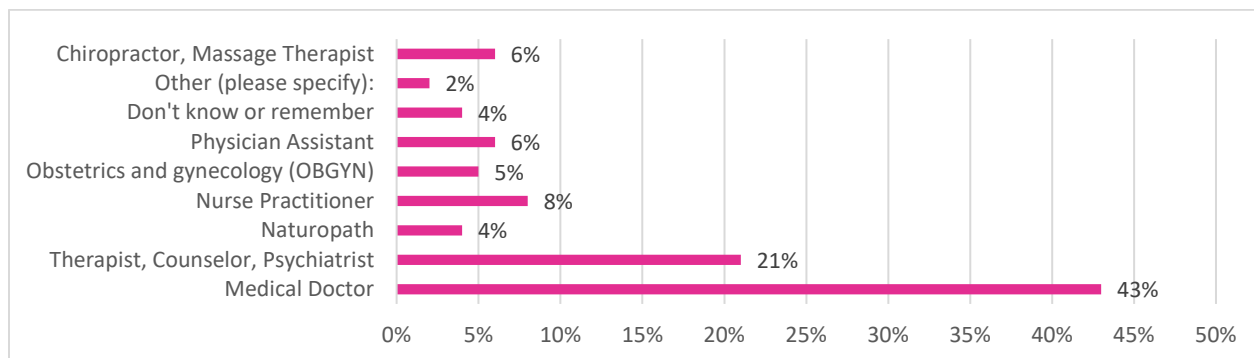
However, when asked about having put off getting health-related services in the past 12 months because of cost, dental care (29%), mental health care (21%), medical care (18%), and gender-affirming care (9%) are among the top services avoided due to cost.



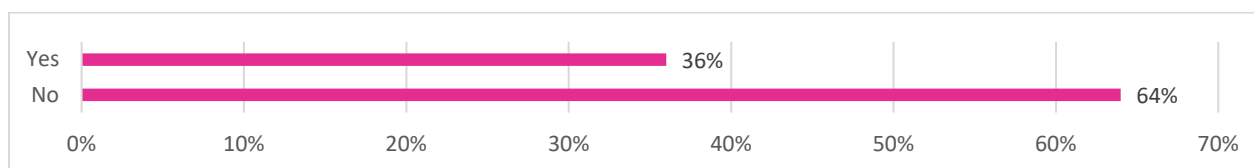
Of 1,970 respondents, 60% had visited a primary care provider for a routine check-up, and 24% indicated they had a primary care checkup between 13 months to 2 years.



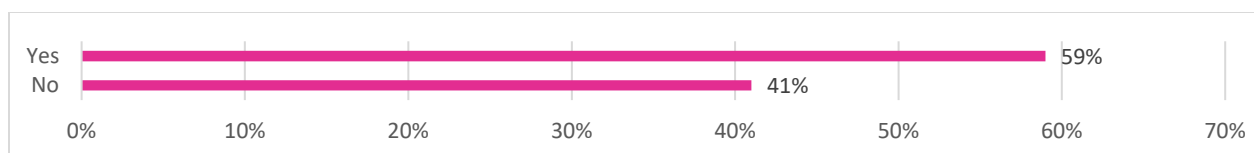
When asked about what kind of primary care provider you see most often, 43% indicated a medical doctor, and 21% indicated a therapist, counselor, or psychiatrist.



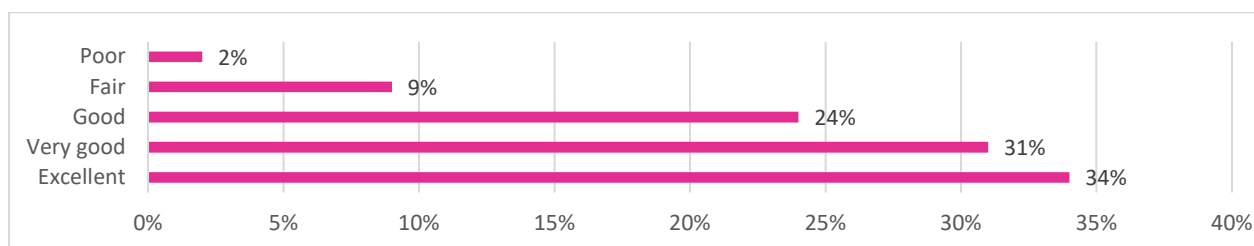
Interestingly, 64% of 1,852 respondents indicated that they didn't choose their primary care provider based on their knowledge of the health care needs of LGBTQIA+ people. Still, a significant number (36%) said they do make this choice based on the provider's knowledge.



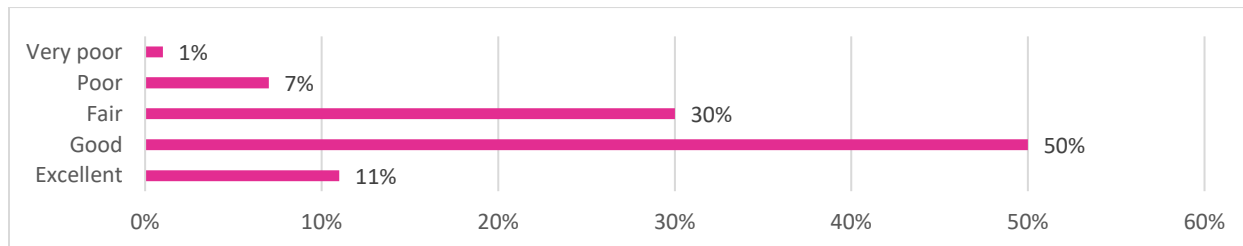
More surprisingly, when asked if they had shared that they are LGBTQIA+ with their provider, 41% said no.



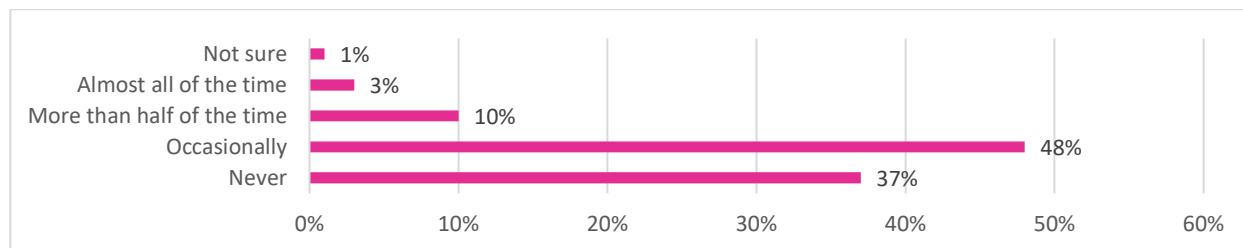
Regarding the satisfaction of services, only 11% of 1,845 respondents said they had either fair or poor satisfaction with the health care services that they received from a primary care provider. The majority indicated good, very good, or excellent satisfaction (89%).



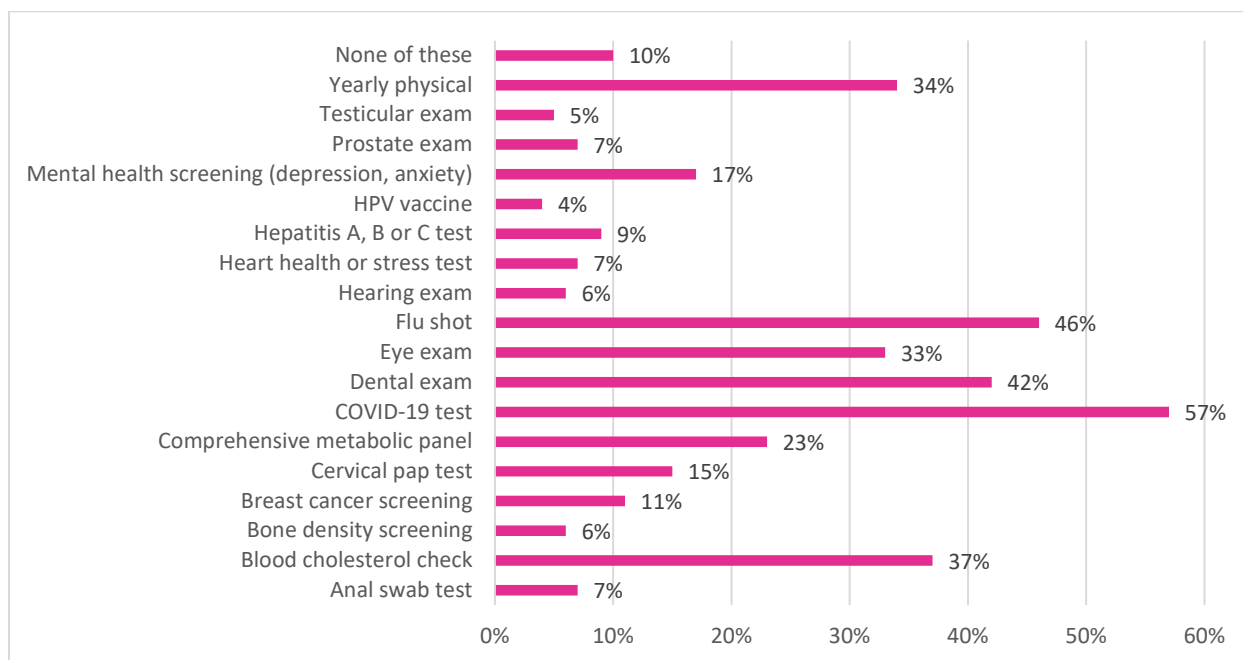
When asked about rating overall physical health, 61% of 1,928 respondents indicated good or excellent health.



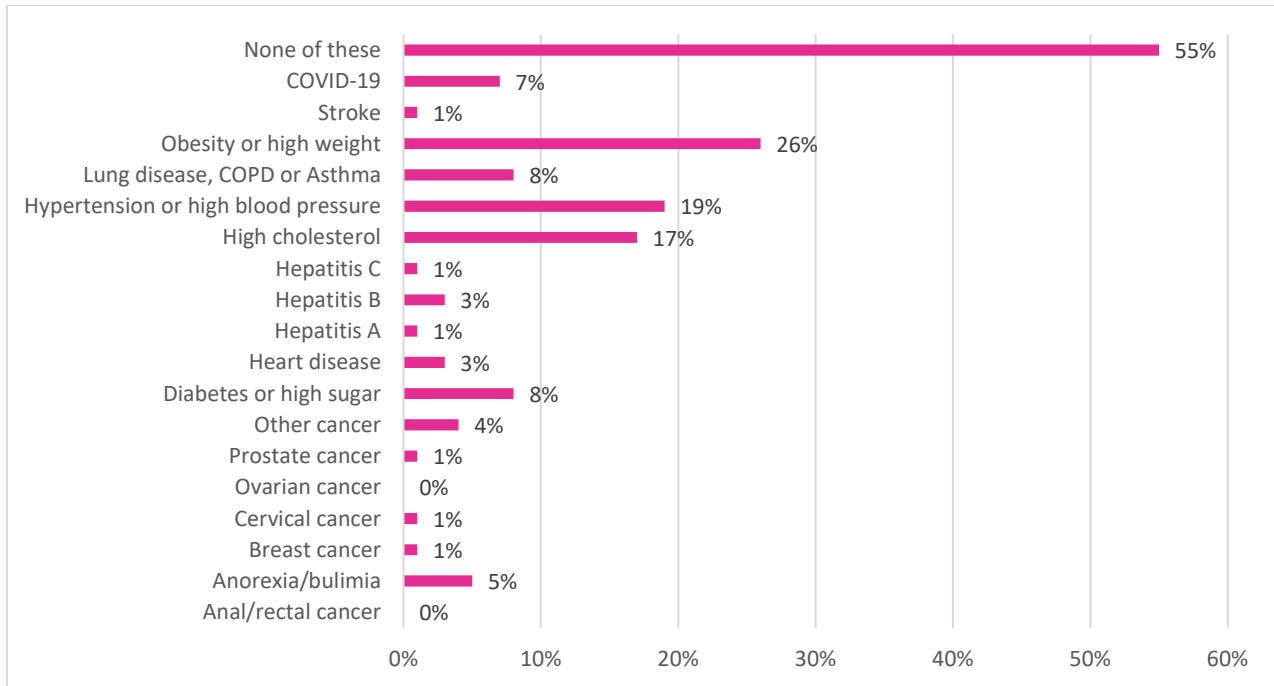
Over three-quarters of 1,928 respondents indicated that either never or occasionally has their physical health status kept them from doing normal daily activities.



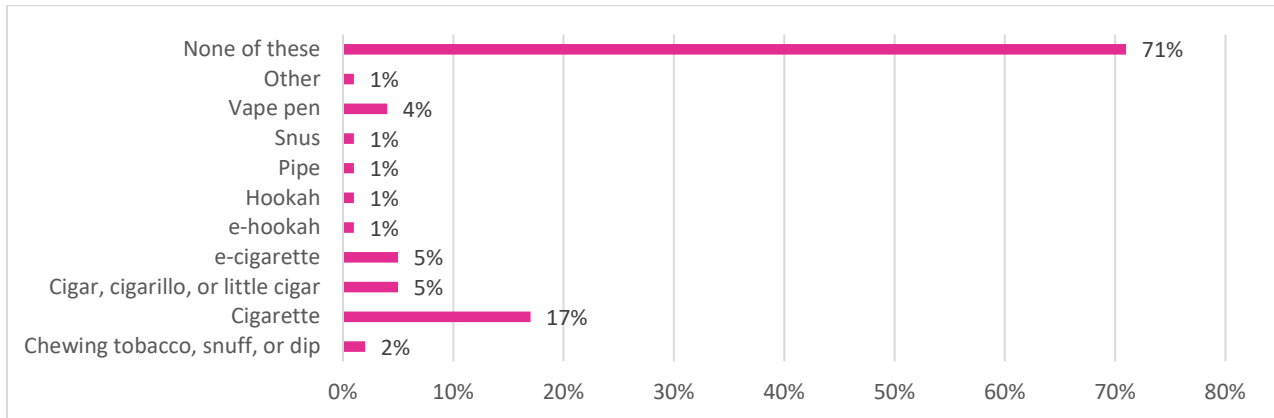
Health screenings during the pandemic ranged widely depending on the type of screening. Of note is that 57% of 1,915 respondents received a COVID-19 test, and 46% received a flu shot.



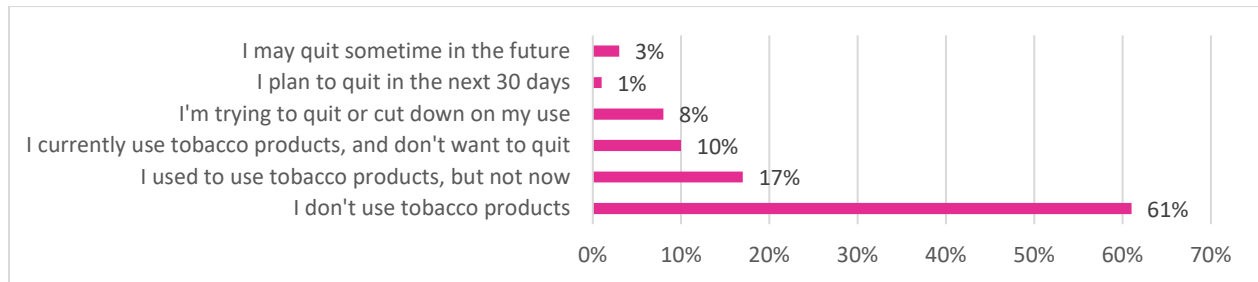
Of 1,832 respondents, 7% had a positive COVID-19 diagnosis. Moreover, obesity (26%), hypertension (19%), high cholesterol (17%), and diabetes (8%) were among the significant health conditions of the respondents.



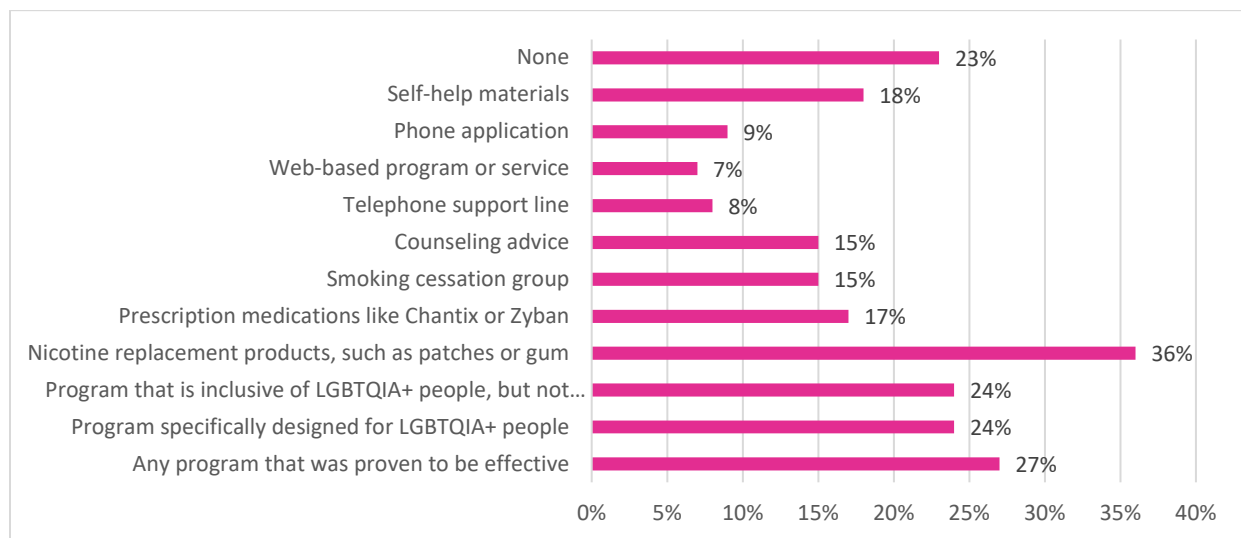
The use of tobacco products are a health risk as 29% of 1,902 respondents indicated some sort of usage as depicted by the chart.



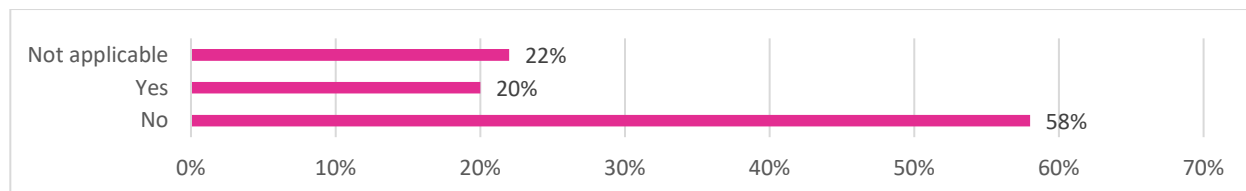
Of those who use tobacco products, 10% do not want to quit. However, 12% are trying to quit or plan to quit in the future.



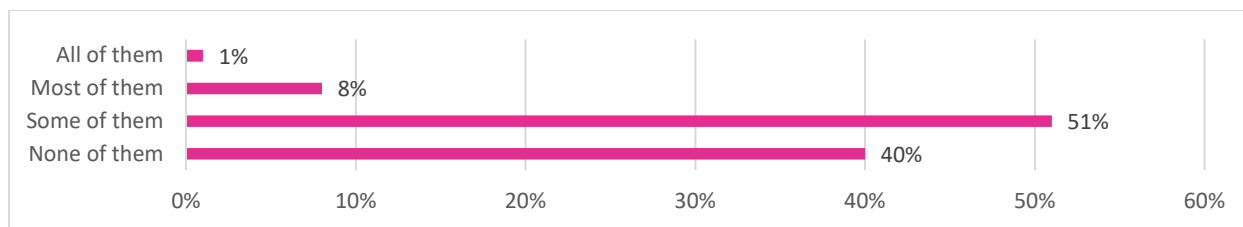
Of those who want to quit (233 respondents), receptivity to the numerous cessation methods was indicated as depicted by the following chart.



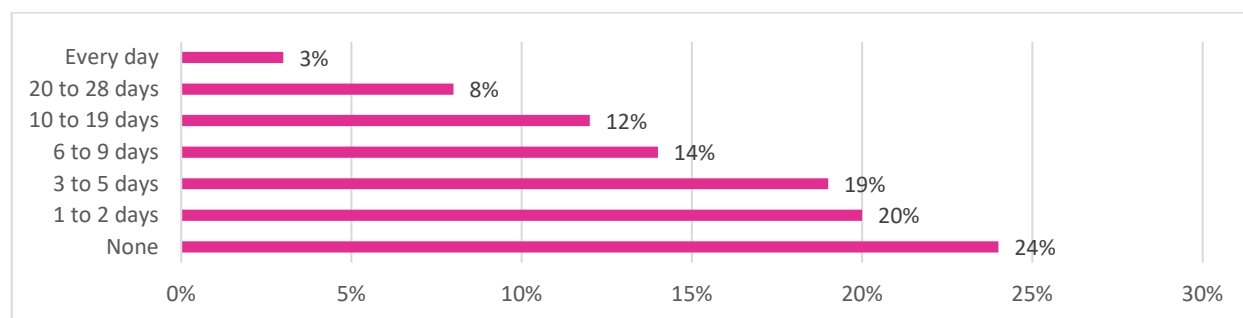
Of 1,912 respondents, 20% of their partners, spouses, or significant others use tobacco products.



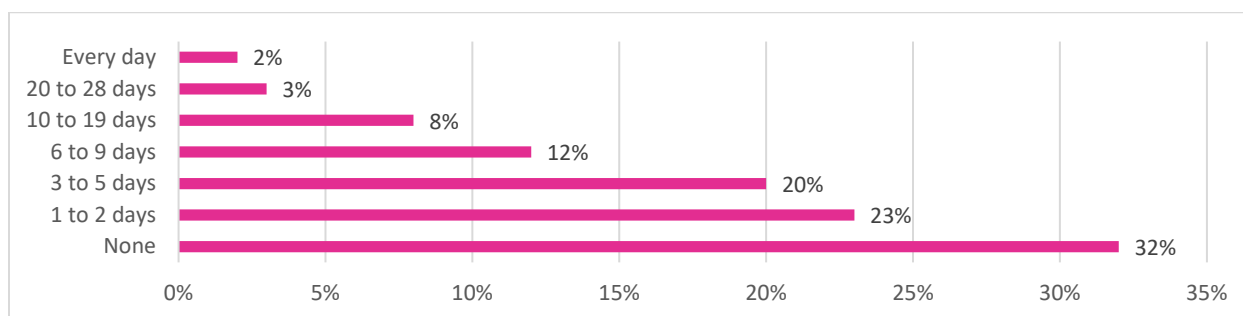
Tobacco use among friends is high. When asked which best describes how many of your closest friends use tobacco products, 60% of 1,917 respondents said some, most, or all of them.



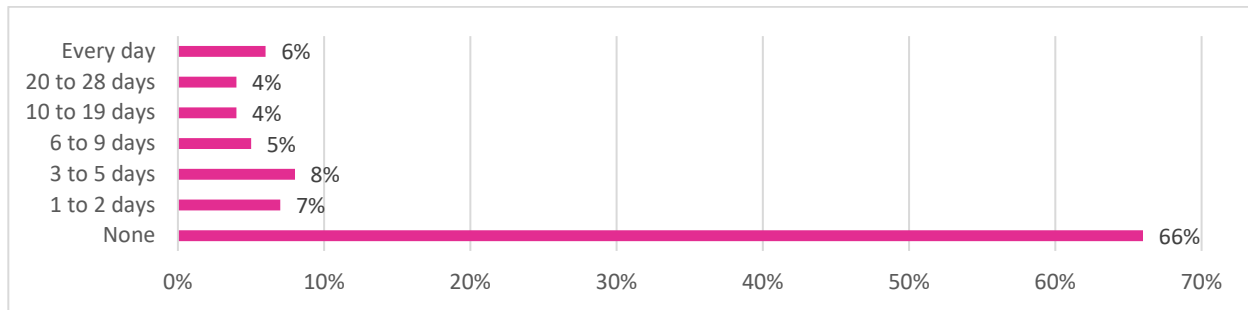
Alcohol consumption is also a health concern as 76% of 1,919 respondents had a drink containing alcohol in the past 30 days. 23% consumed a drink containing alcohol ten days or more in a 30-days.



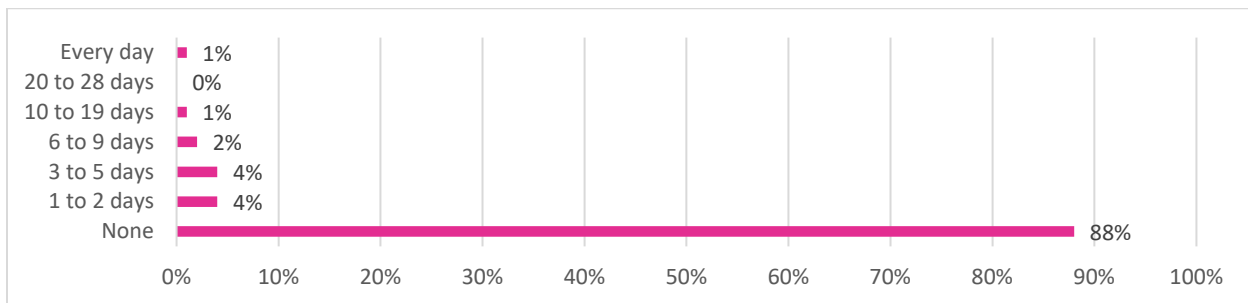
Further, of 1,462 respondents, 25% consumed three or more drinks on one occasion for six days or more during the month.



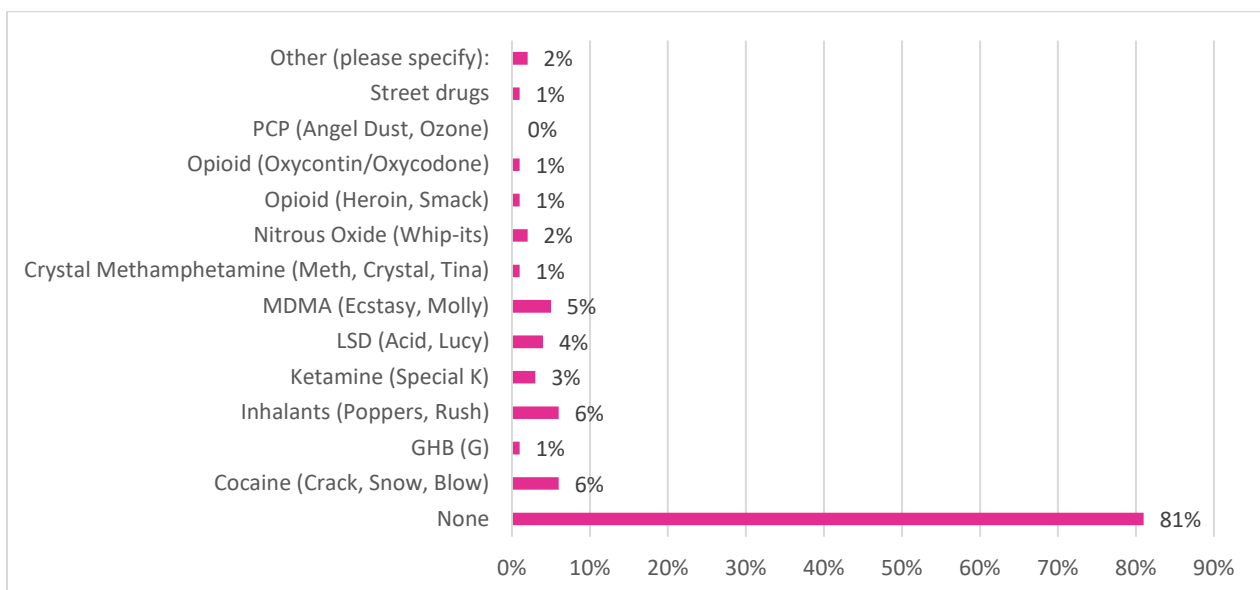
A third (34%) of 1,902 respondents indicated they used marijuana.



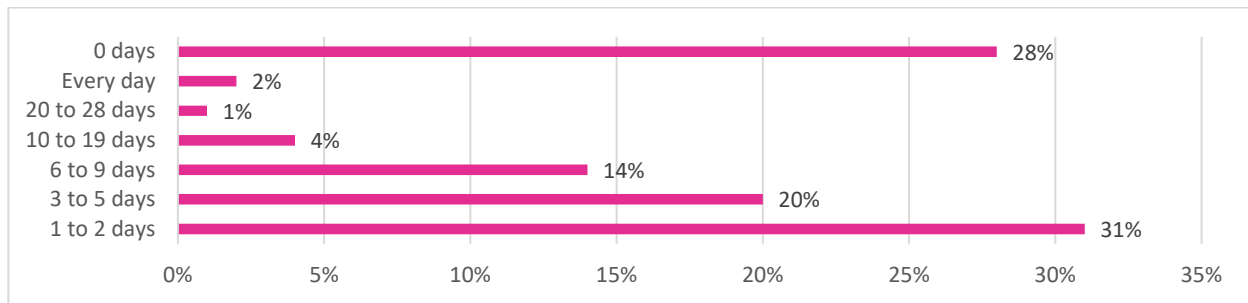
Prescription drugs for recreational/non-medical use were less apparent as only 12% indicated usage in the past 30 days.



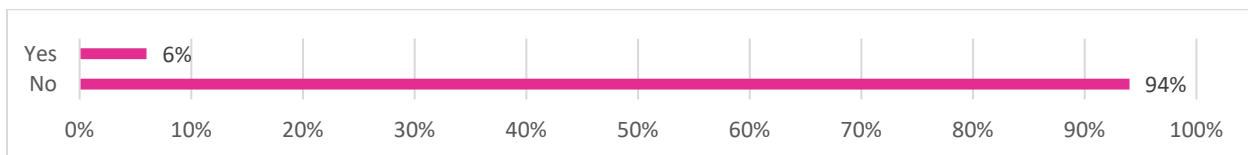
19% of 1,842 respondents indicated usage of a substance including cocaine (6%), GHB (1%), and MDMA (5%). Only 1% indicated meth usage. Compared to other LGBT health studies, these percentages are lower and not reflective of national statistics. This discrepancy may be attributed to the lack of in-person surveying due to the pandemic.



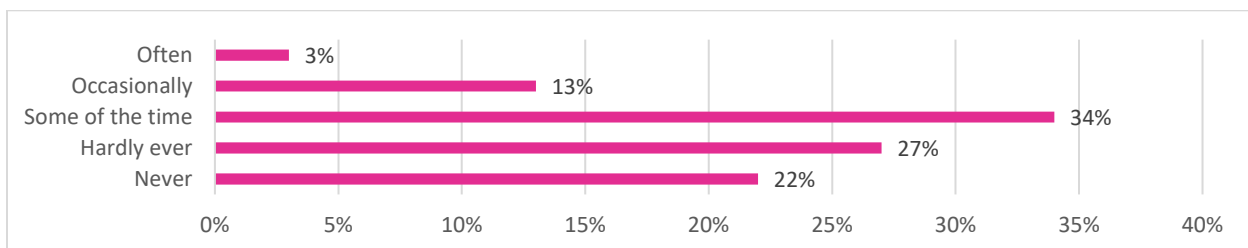
Of those that used these substances, 21% had indicated usage of 6 days or more in a month.



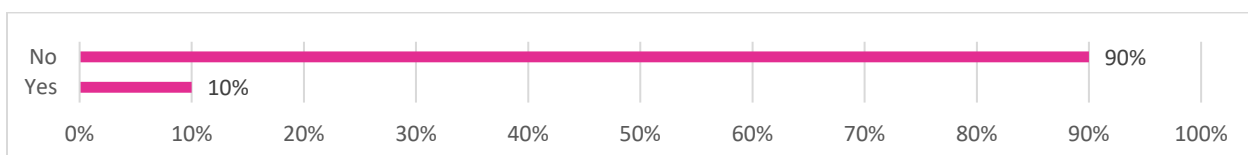
Of particular concern, 6% of 1,913 respondents indicated they had injected drugs for recreational purposes in the past 12 months. Again, this may be underreported due to the data collection method of an online survey.



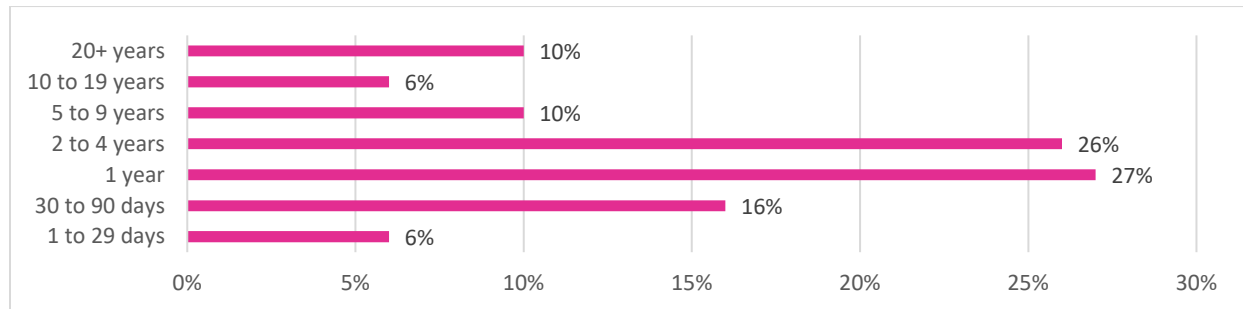
Of the 114 respondents who indicated they injected drugs, alarmingly 77% had shared needles or injection equipment. Harm reduction efforts to stop the spread of HIV and HepC among injection drug usage is an important LGBTQIA+ quality of life issue.



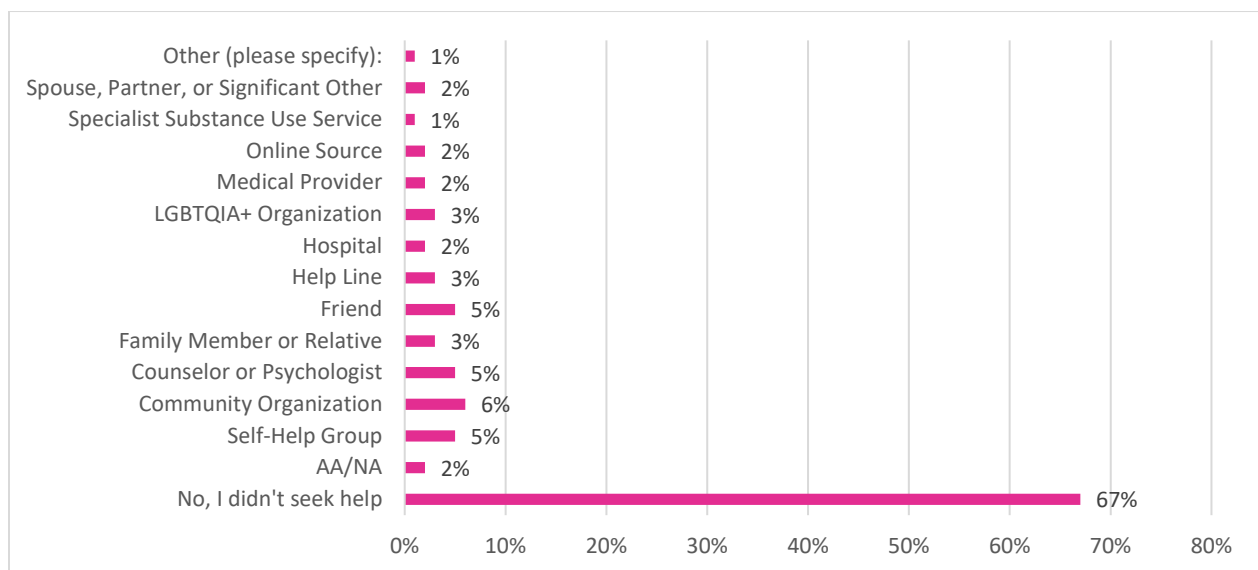
Recovery from alcohol or drug usage is an important quality of life issue. Of 1,907 respondents, 10% indicated they are active in a recovery program.



When asked about the duration of 178 respondents, more than a quarter (26%) achieved more than two years of recovery.

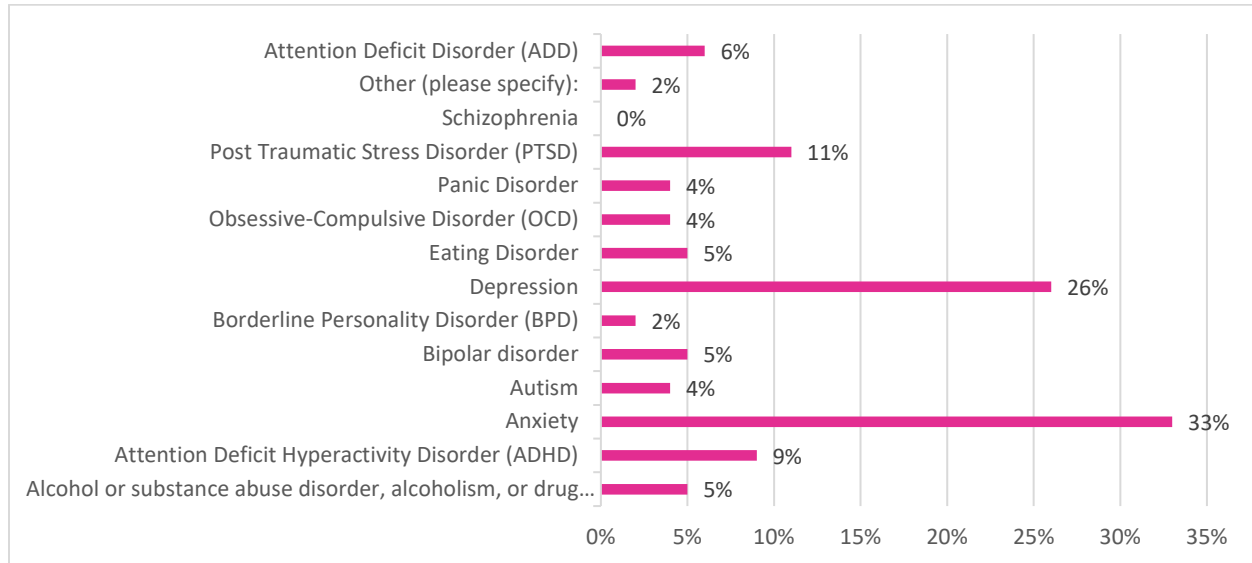


When asked: “In the past 12 months, have you sought help for substance use issues from any of the following?”, 67% of 1,797 respondents did not seek help. For those that sought help, community organizations, LGBTQIA+ organizations, community groups, and friends were the most common choices to find support.

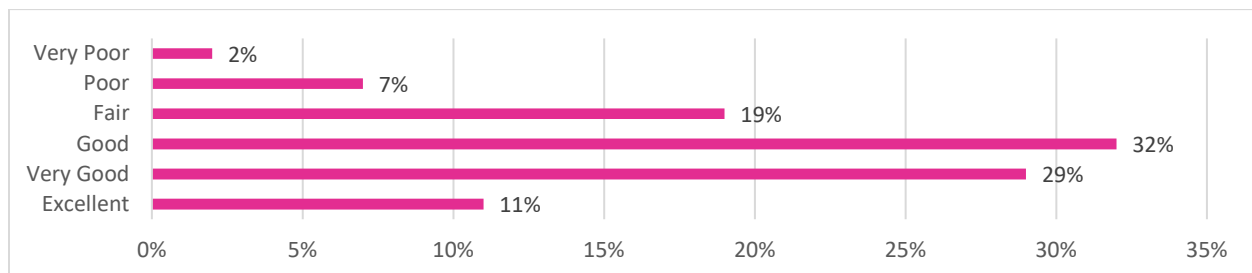


Psychological Health

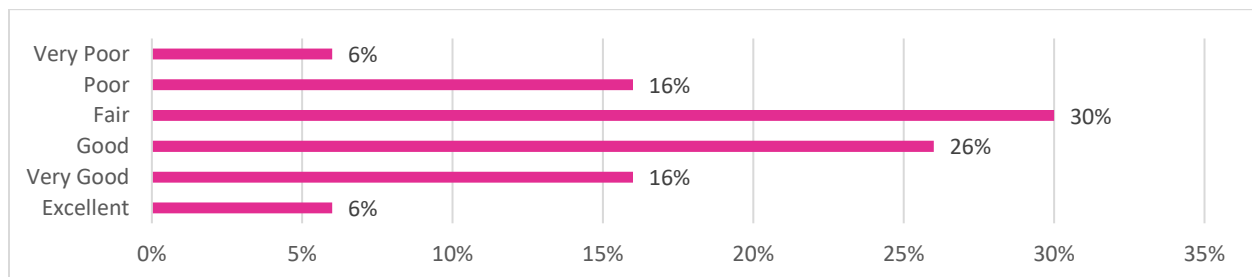
Of particular concern for addressing the psychological/emotional health of the LGBT community, neurodivergence was reported in half (50%) of the respondents, as illustrated in the chart below. Additionally, 6% of respondents reported having some type of physical disability.



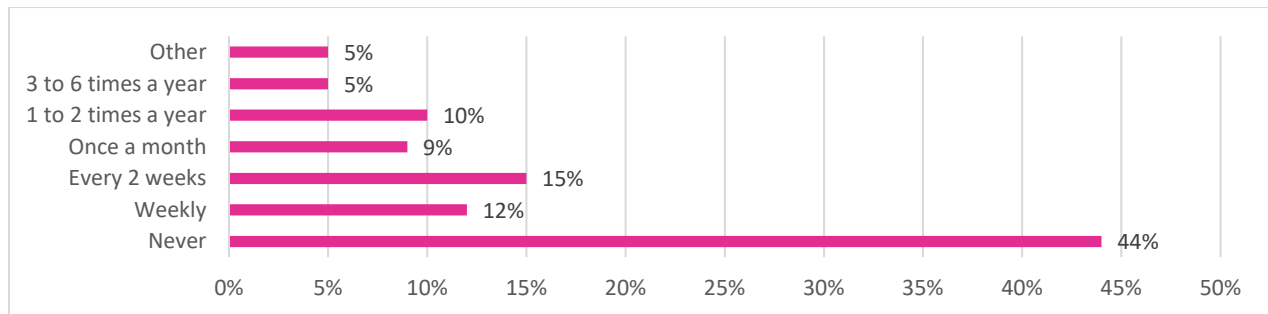
Nearly three-quarters (72%) of 1,889 respondents rated their overall mental health PRIOR to the pandemic as good, very good, or excellent and over one-quarter (28%) indicated fair, poor, or very poor.



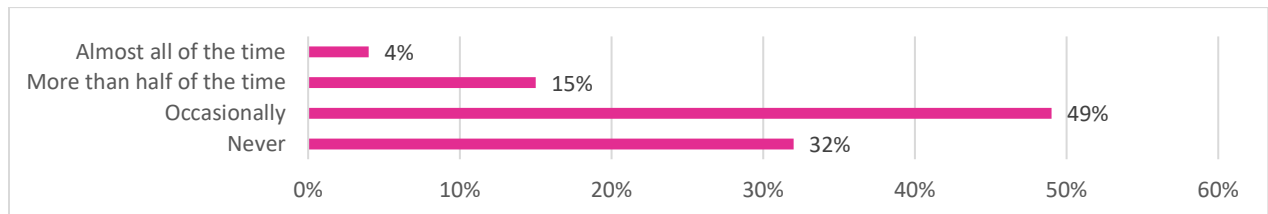
When asked about how you rate your overall mental health SINCE the pandemic, (52%) of the 1,882 respondents rated their mental health as fair, poor, or very poor, a sizeable increase in mental health concern.



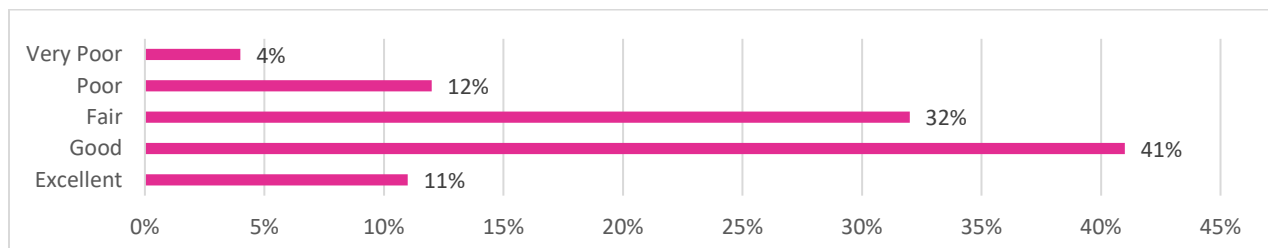
For those who see a counselor, social worker, or psychologist for their mental health, 27% of 1,887 respondents see a professional weekly or bi-weekly. 44% have never seen a professional for mental health.



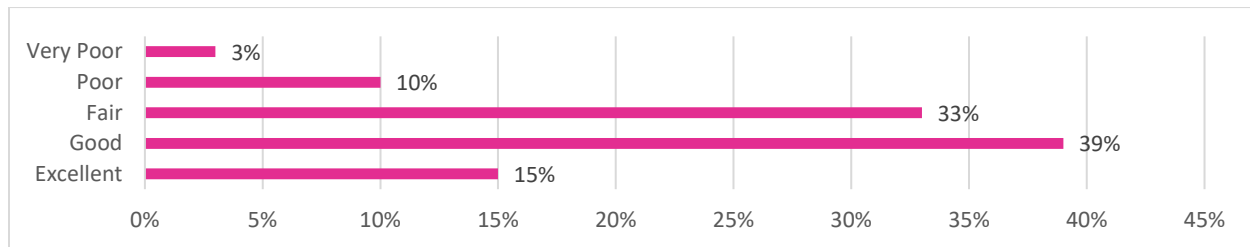
Of those experiencing a mental health concern, 19% of 1,880 respondents indicated that their mental health status kept them from doing everyday activities, such as work or recreation, more than half or almost all the time.



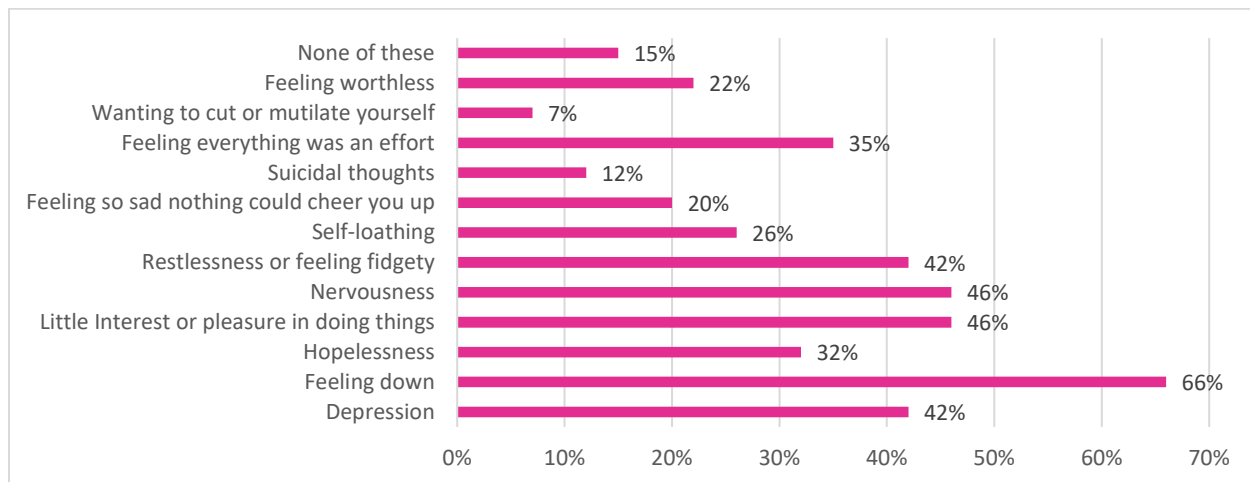
When asked how you would rate your emotional wellness (referring to a measure of happiness and satisfaction with ourselves and our lives), 62% of 1,886 respondents indicated good or excellent, and 48% indicated less than good emotional wellness.



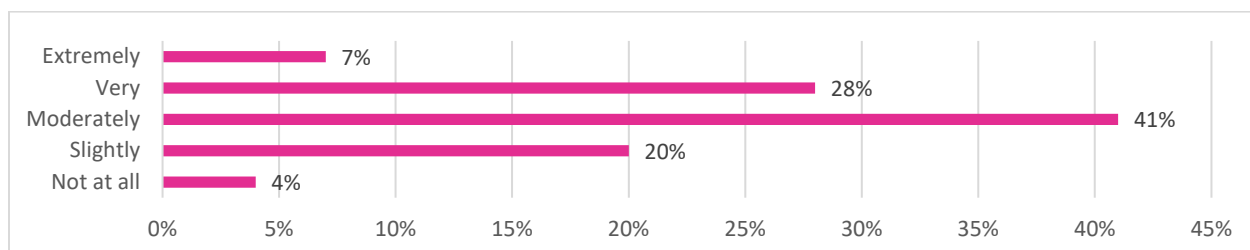
When asked about spiritual wellness (acknowledging our search for deeper meaning in life and reflected when our actions become more consistent with our beliefs and values), 46% of 1,881 respondents indicated less than good.



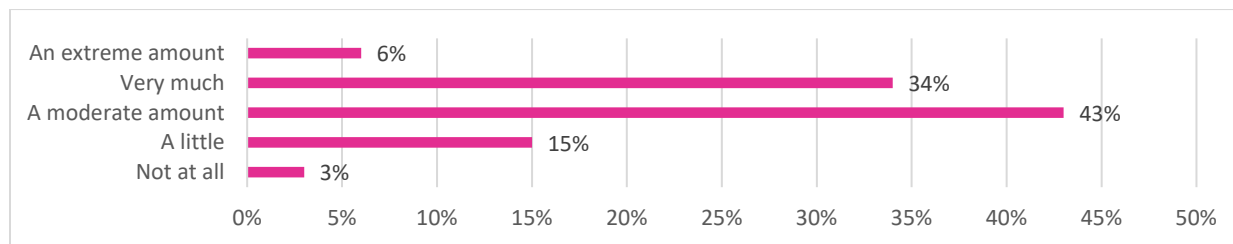
A troubling percentage of respondents expressed feeling down (66%), have little interest in doing things (46%), nervousness (46%), and depression (42%). Moreover, 12% of 1,879 respondents had suicidal thoughts.



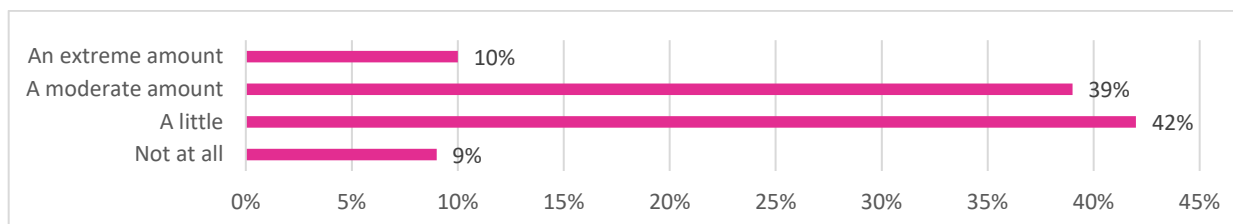
Two-thirds (65%) of 1,878 respondents are moderately, slightly, or not at all positive about the future and 35% are very or extremely positive about the future.



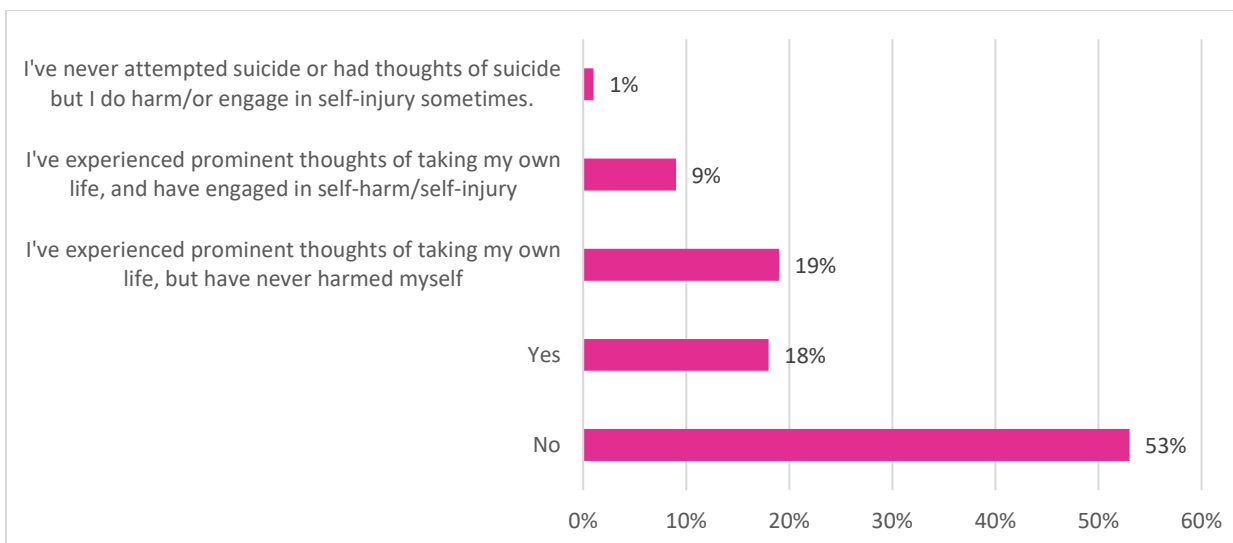
However, there is a high percentage of confidence that respondents have in themselves. 40% have very much or extreme confidence, and 18% have little confidence or none at all. This is a positive sign of resiliency in the LGBTQIA+ community.



When asked, “How worried do you feel?” nearly half (49%) of 1,881 respondents are moderately or extremely worried.

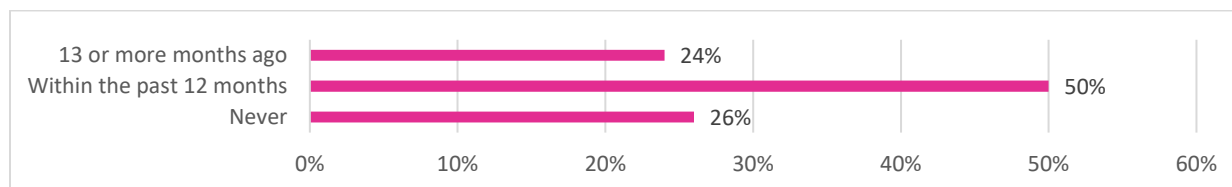


Of particular concern, nearly half (47%) of 1,885 respondents indicated serious consideration of suicide, and 18% made a suicide attempt.

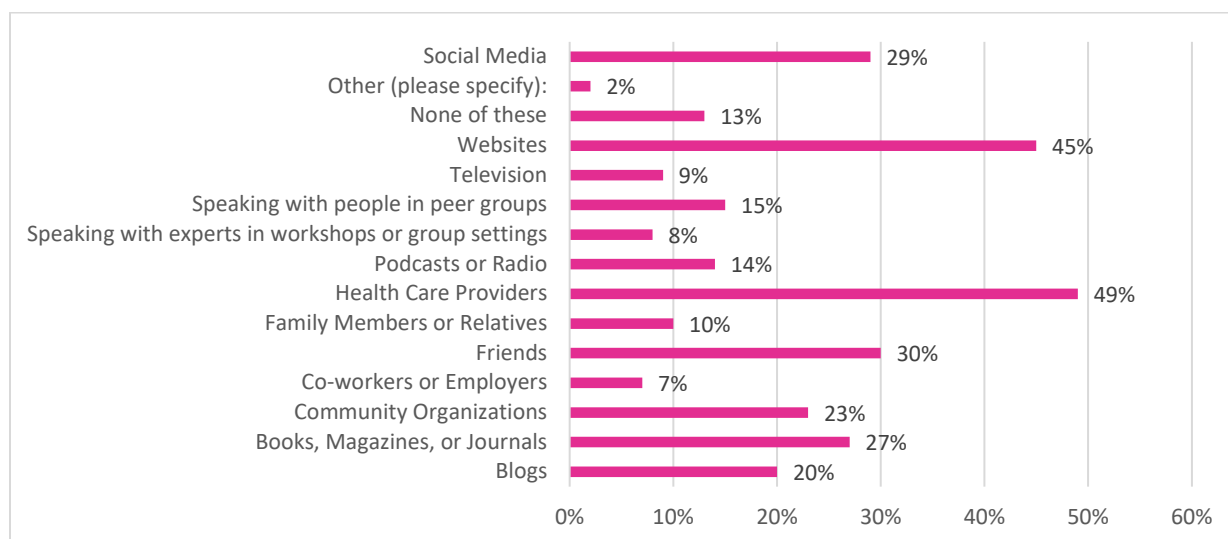


Sexual Health

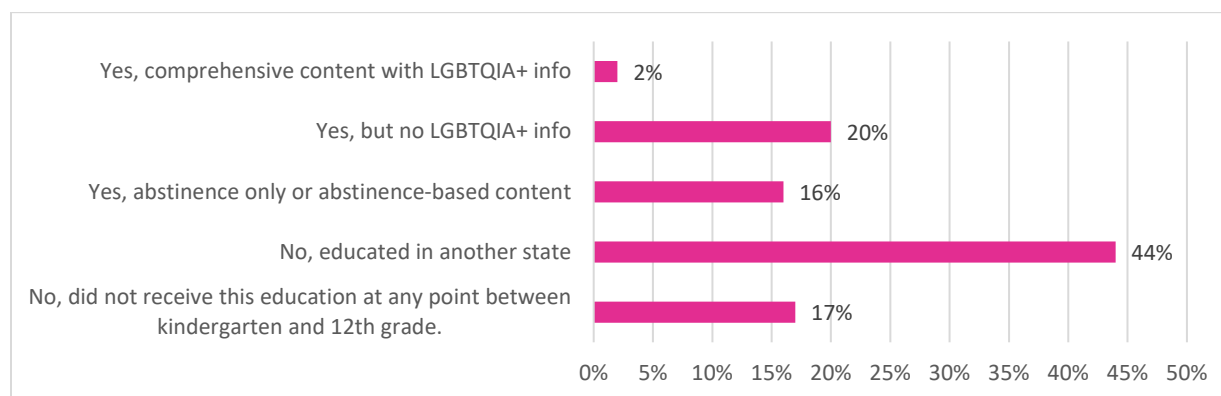
Out of 1,871 respondents, a quarter (26%) indicated that they have never talked with the primary care provider about their sexual health.



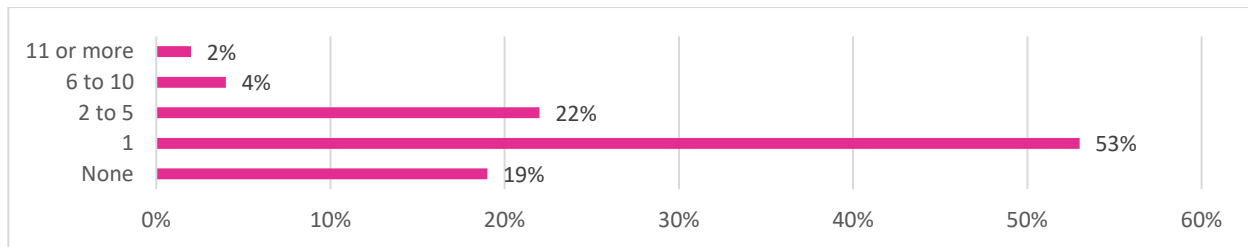
Respondents get their sexual information from a myriad of sources. 49% of 1,855 respondents said they get their sexual health information from health care providers. Other top sources of sexual health information include websites (45%), friends (30%), and social media (29%).



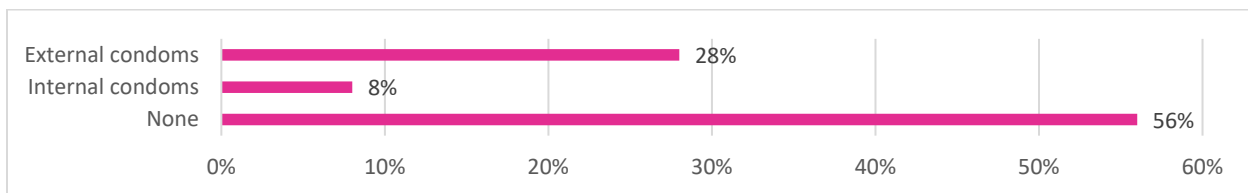
When asked if the respondent received sex education in an Austin middle school or high school, 17% of 1,856 respondents did not receive this education at any point. 20% said they received the education, but with no LGBTQIA+ information. This highlights the need for improved LGBTQIA+ sexual health information in schools.



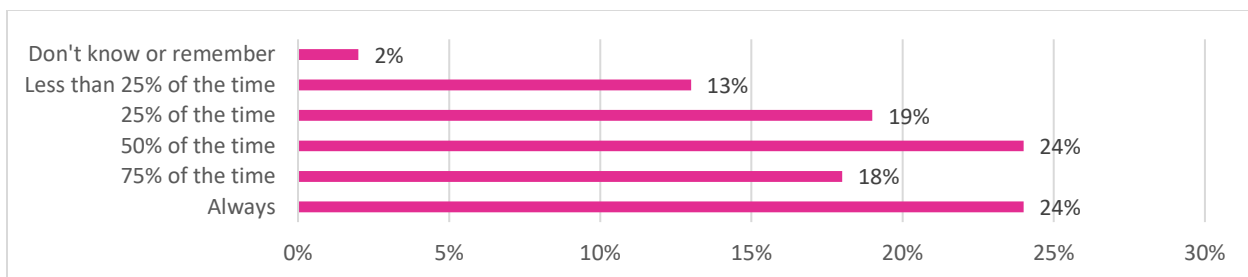
Three-quarters of 1,874 respondents indicated they had no sexual partners in the past twelve months (19%) or only one sexual partner in the past twelve months (53%). These results are likely indicative of the pandemic yet point to a significant number of monogamous relationships.



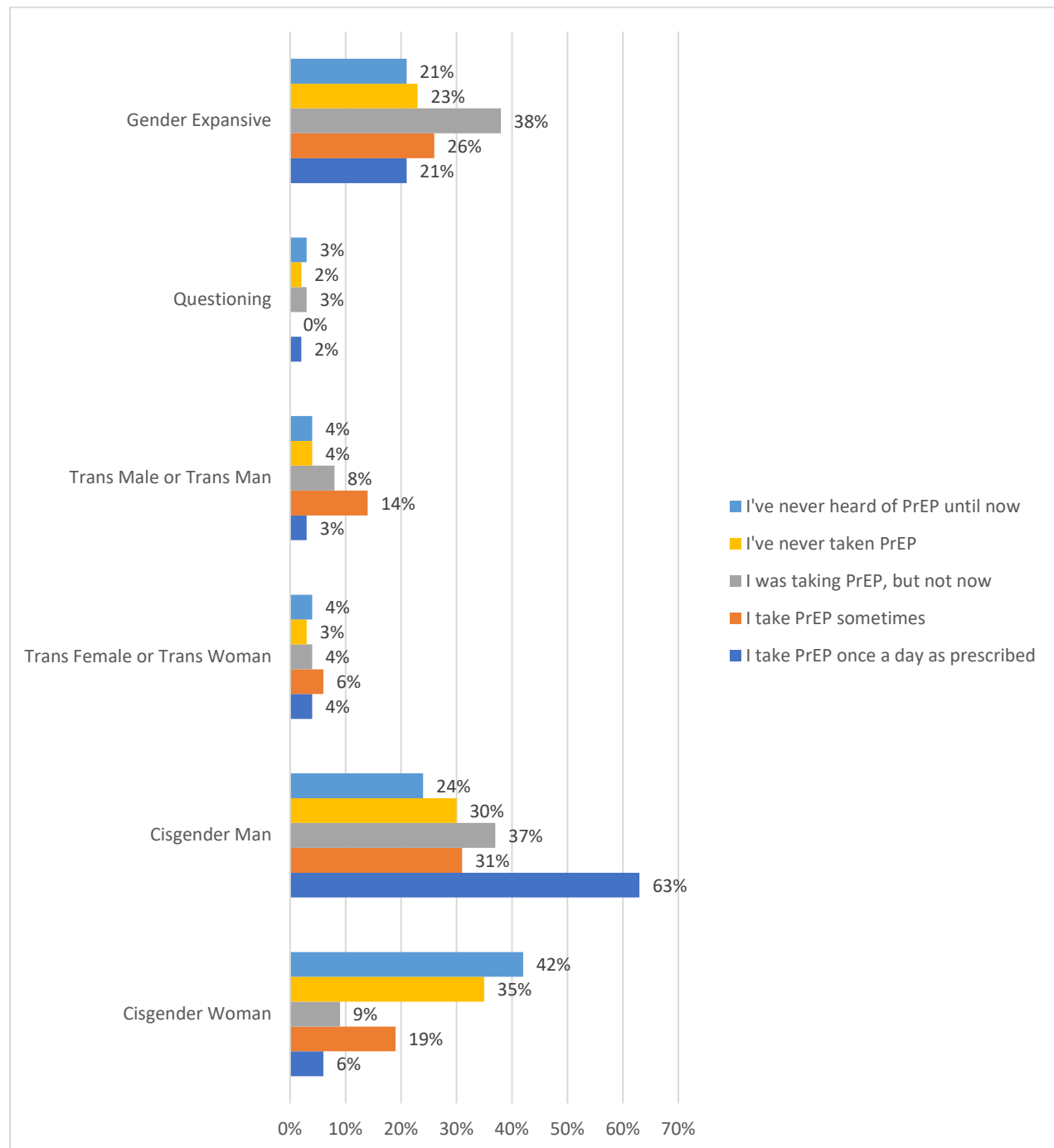
Of the respondents who engaged in sex in the past 12 months (1,512), 56% did not use either internal or external condoms.



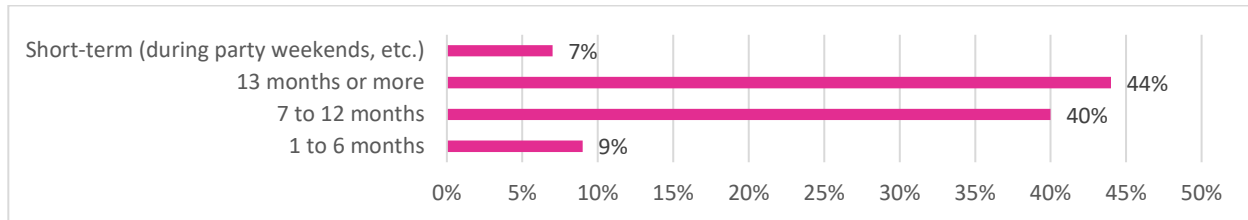
When asked which describes how often you have used condoms or dental dams in the past 12 months, only a quarter (24%) indicated always.



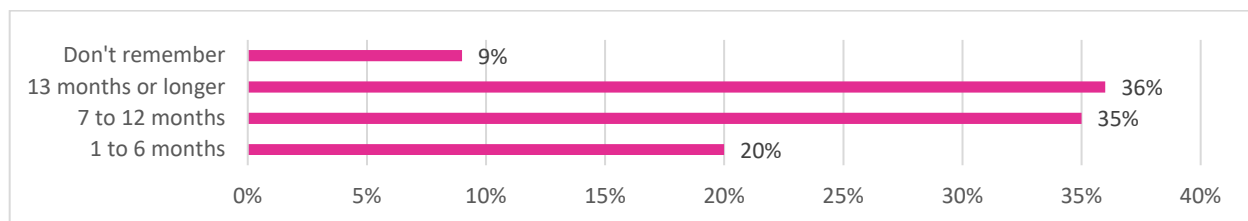
Respondents were asked which best describes their use of Pre-Exposure Prophylaxis (PrEP). PrEP is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. Of the 1,850 respondents, 63% of cisgender men and 21% of gender expansive respondents indicated they take PrEP currently. 19% of cisgender women and 14% of transgender men who responded indicated they take PrEP sometimes. Upon further analysis, 42% of cisgender women, 24% of cisgender men and 21% of gender expansive respondents had never heard of PrEP until completing the survey.



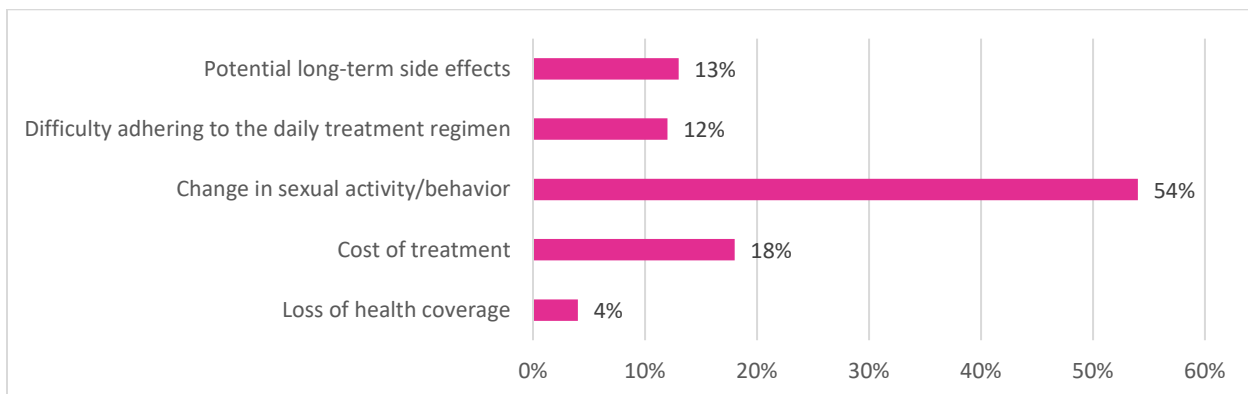
For those who do take PrEP, 49% had been on PrEP within one year, and 44% had been on PrEP longer than a year, with 7% indicating occasional usage.



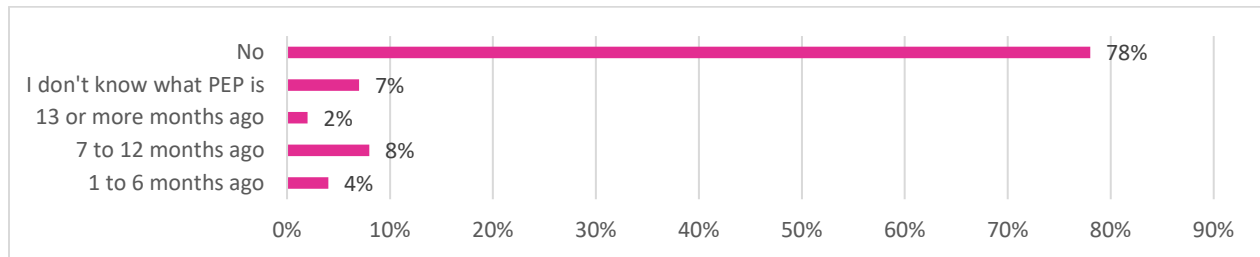
For those who used to take PrEP but no longer do, 55% of 129 respondents took it less than 12 months.



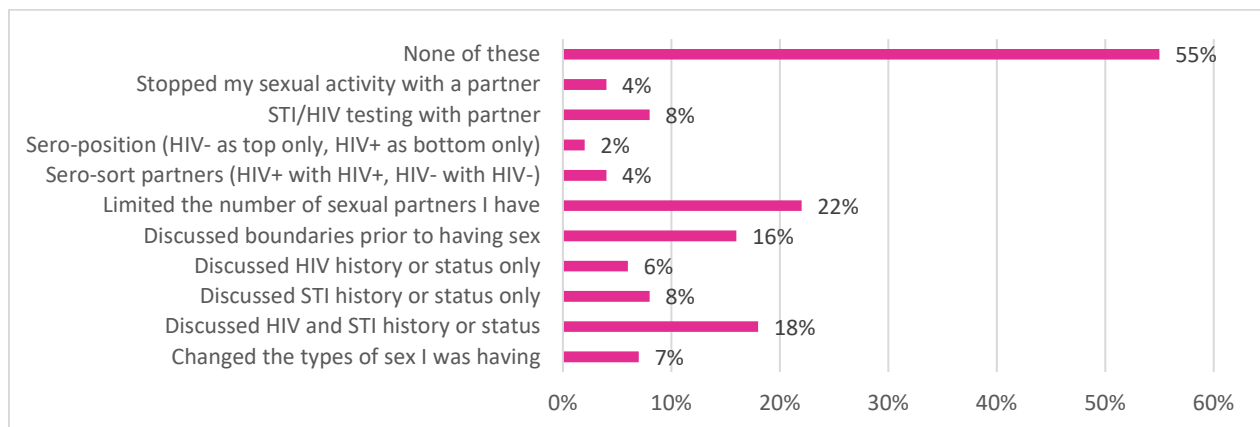
Of 125 respondents who had previously taken PrEP, the most common reason for no longer taking PrEP was their change in sexual activity/behavior (54%). 18% indicated the cost was a factor, and 25% indicated the difficulty of daily adherence or potential side-effects.



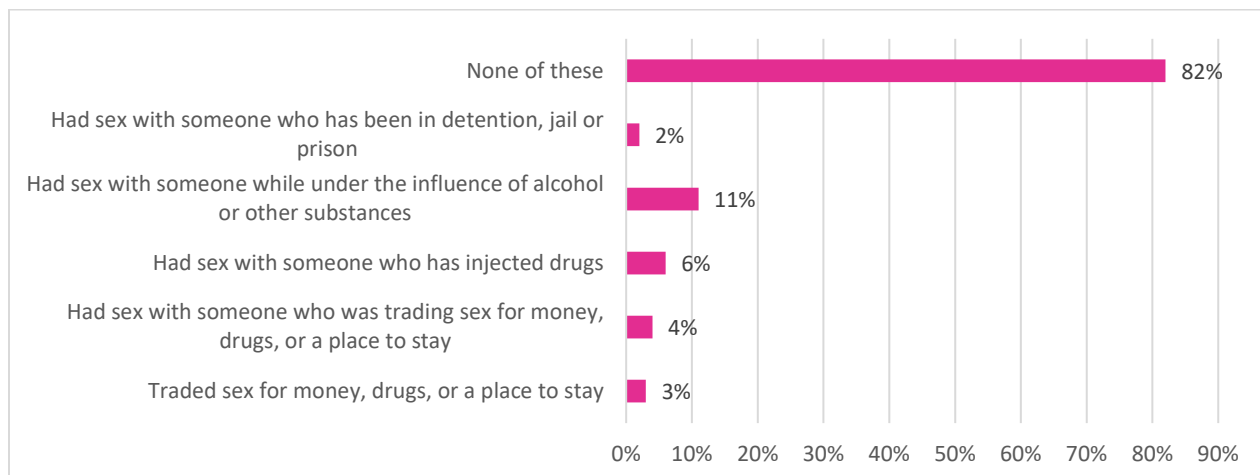
Post-Exposure Prophylaxis is a medicine to prevent HIV after possible exposure. PEP should be used only in emergencies and must be started within 72 hours after recent potential exposure to HIV. Of 1,839 respondents, 14% had taken PEP, and 7% did not know what PEP is.



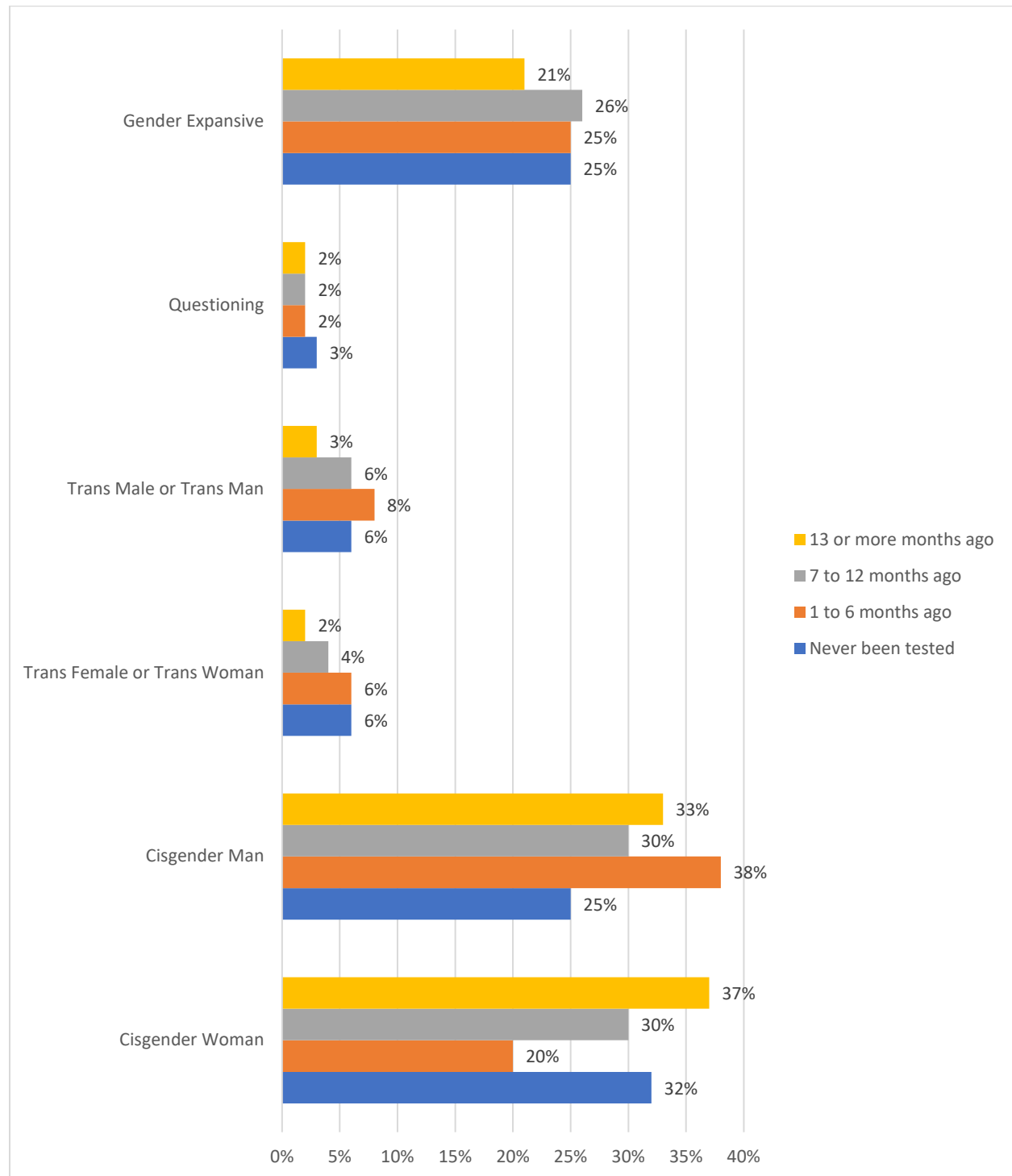
When asked what you have done to reduce the risk of getting an STI or HIV from sexual activity in the past 12 months, of 1,818 respondents, almost half (45%) engaged in some type of decision-making sexual health practice.



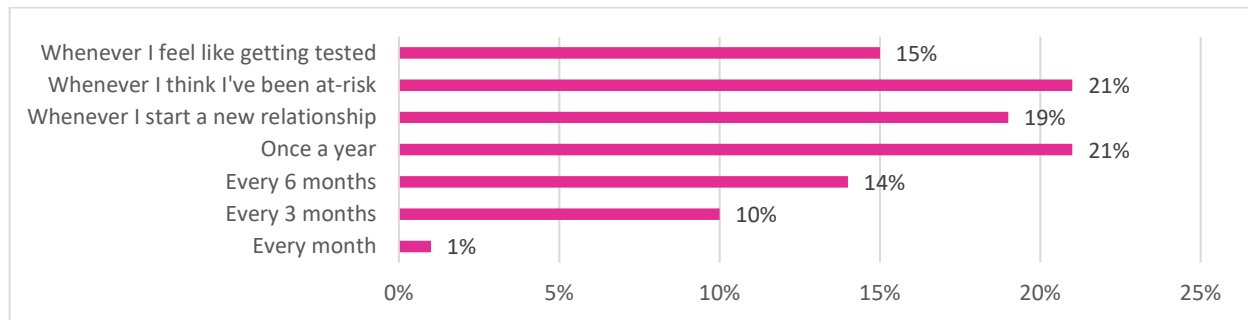
When asked about sex work, 3% of 1,812 respondents had either traded sex for money, drugs, or a place to stay, and 4% had sex with someone who was trading sex for the same. 18% had sex with individuals who make up populations with a high risk for HIV transmission.



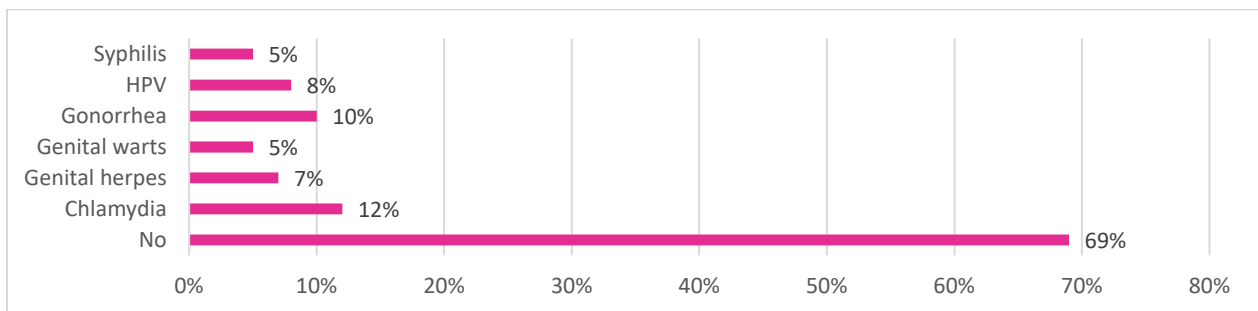
When asked about Sexual Transmitted Infection (STI) testing, 32% of cisgender women, 25% of cisgender men and 25% of gender expansive respondents, of 1,840 responses, had never been tested. 37% of cisgender women, 33% of cisgender men and 21% of gender expansive respondents indicated they had been tested more than 13 months ago, which may be indicative of sexual activity and greater access to testing prior to the pandemic.



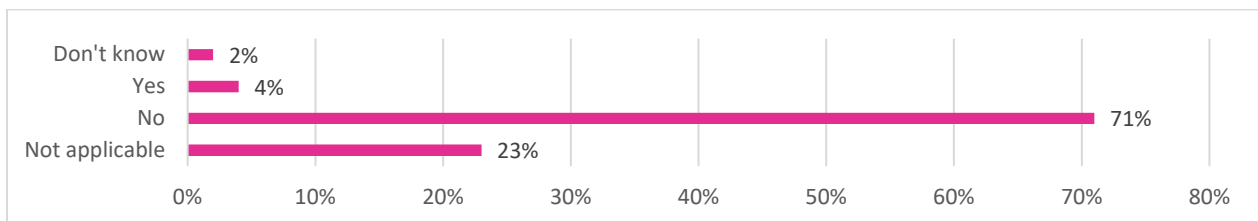
In terms of testing frequency, nearly half (46%) of 1,334 respondents engage in regular sexual health testing.



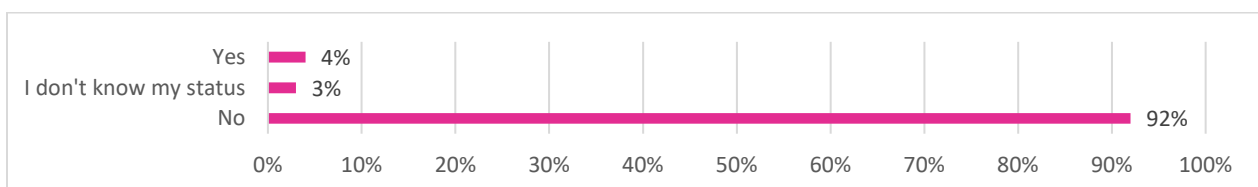
And terms of ever being diagnosed with an STI, 69% of 1,826 respondents reported none, while chlamydia (12%) and gonorrhea (10%) were the most common among those diagnosed.



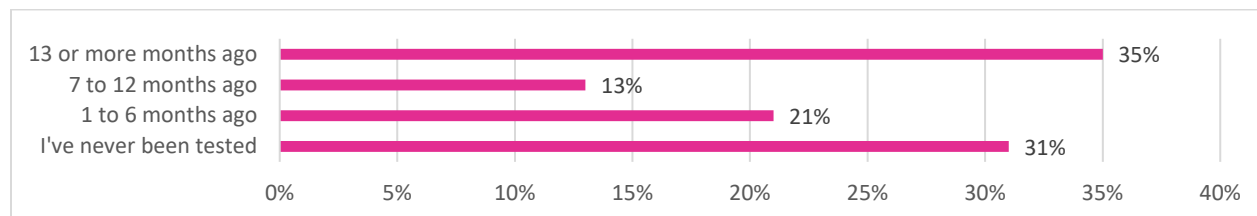
When asked if the respondent has a partner, spouse, or significant other living with HIV, of 1,844 respondents, 4% said yes, and 2% said they didn't know.



When asked if the respondent is living with HIV, of 1,847 responses, 4% said yes, and a surprising 3% said they do not know their status.



Of 1,753 respondents asked when their last HIV test was, 31% had indicated they have never been tested.



Upon further analysis, 38% of Cisgender women and 21% of Cisgender men have never been tested.

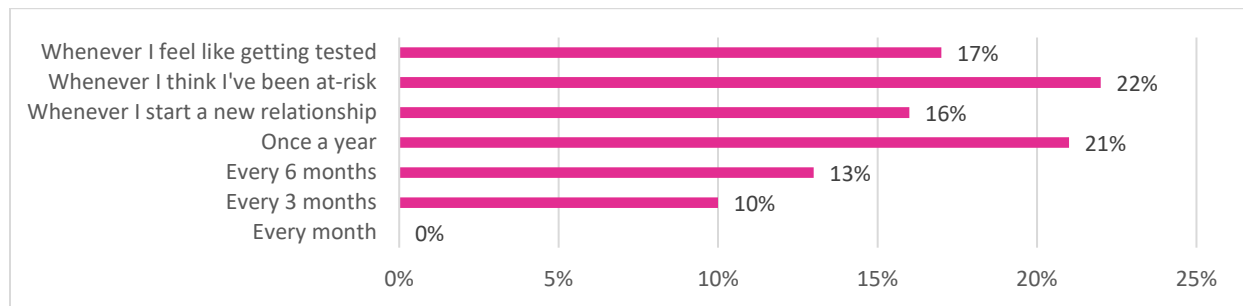
Q7.21 - Are you living with HIV?	No		I don't know my status		Yes		Total
Agender	97%	28	3%	1	0%	0	29
Cisgender Woman	98%	650	2%	10	1%	6	666
Cisgender Man	88%	594	3%	21	9%	58	673
Gender Fluid	84%	51	11%	7	5%	3	61
Gender Non-conforming	91%	62	4%	3	4%	3	68
Genderqueer	92%	122	5%	7	3%	4	133
Non-Binary	95%	111	3%	4	2%	2	117
Trans Female or Trans Woman	89%	75	5%	4	6%	5	84
Trans Male or Trans Man	90%	100	6%	7	4%	4	111
Two-Spirit or Other Native Identity	89%	39	5%	2	7%	3	44
Questioning	94%	45	4%	2	2%	1	48
Prefer not to say	92%	46	2%	1	6%	3	50
Other (please specify):	94%	50	2%	1	4%	2	53

Q7.23 - When was your last HIV test?	I've never been tested		1 to 6 months ago		7 to 12 months ago		13 or more months ago		Total
Agender	41%	12	21%	6	7%	2	31%	9	29
Cisgender Woman	38%	247	13%	86	10%	64	40%	260	657
Cisgender Man	21%	131	26%	157	15%	91	38%	235	614
Gender Fluid	34%	20	33%	19	12%	7	21%	12	58
Gender Non-conforming	23%	15	28%	18	15%	10	34%	22	65
Genderqueer	23%	30	23%	30	24%	31	29%	38	129
Non-Binary	30%	35	21%	24	17%	20	31%	36	115
Trans Female or Trans Woman	33%	26	28%	22	14%	11	25%	20	79
Trans Male or Trans Man	34%	36	33%	35	14%	15	20%	21	107
Two-Spirit or Other Native Identity	24%	10	15%	6	37%	15	24%	10	41
Questioning	49%	23	21%	10	11%	5	19%	9	47

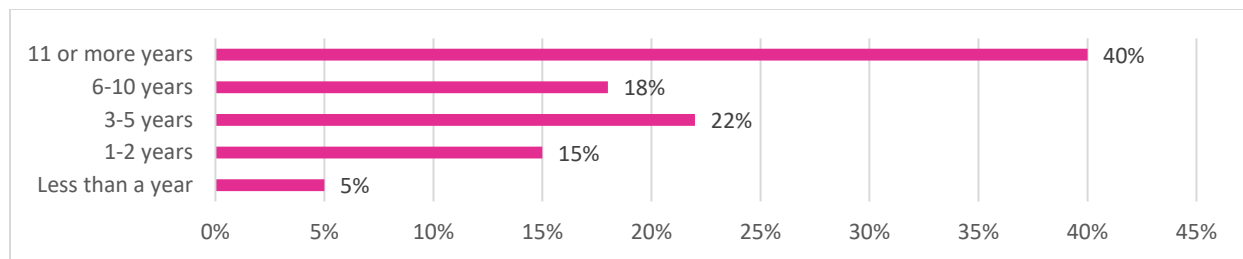
Prefer not to say	45%	20	11%	5	5%	2	39%	17	44
Other (please specify):	40%	20	10%	5	2%	1	48%	24	50

Q7.24 - Which best describes how often you get tested for HIV? Select one.	Every month		Every 3 months		Every 6 months		Once a year		Whenever I start a new relationship		Whenever I think I've been at-risk		Whenever I feel like getting tested		Total
Agender	0%	0	18%	3	12%	2	0%	0	18%	3	41%	7	12%	2	17
Cisgender Woman	0%	0	3%	10	8%	30	21%	83	22%	86	30%	120	17%	68	397
Cisgender Man	0%	0	18%	84	12%	57	22%	105	10%	48	21%	98	18%	86	478
Gender Fluid	0%	0	8%	3	29%	11	34%	13	5%	2	13%	5	11%	4	38
Gender Non-conforming	2%	1	6%	3	20%	10	12%	6	20%	10	27%	13	12%	6	49
Genderqueer	1%	1	6%	6	23%	23	28%	28	13%	13	18%	18	10%	10	99
Non-Binary	3%	2	8%	6	10%	8	16%	13	26%	21	20%	16	18%	14	80
Trans Female or Trans Woman	0%	0	9%	5	31%	17	15%	8	17%	9	17%	9	11%	6	54
Trans Male or Trans Man	1%	1	14%	10	21%	15	24%	17	17%	12	15%	11	7%	5	71
Two-Spirit or Other Native Identity	0%	0	0%	0	13%	4	16%	5	29%	9	16%	5	26%	8	31
Questioning	0%	0	13%	3	4%	1	21%	5	25%	6	29%	7	8%	2	24
Prefer not to say	0%	0	13%	3	9%	2	9%	2	9%	2	13%	3	48%	11	23
Other (please specify):	0%	0	11%	3	11%	3	7%	2	15%	4	30%	8	26%	7	27

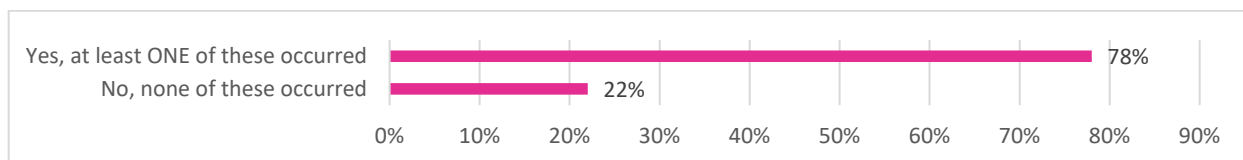
For those who did get tested, 44% of 1,197 respondents get regularly tested.



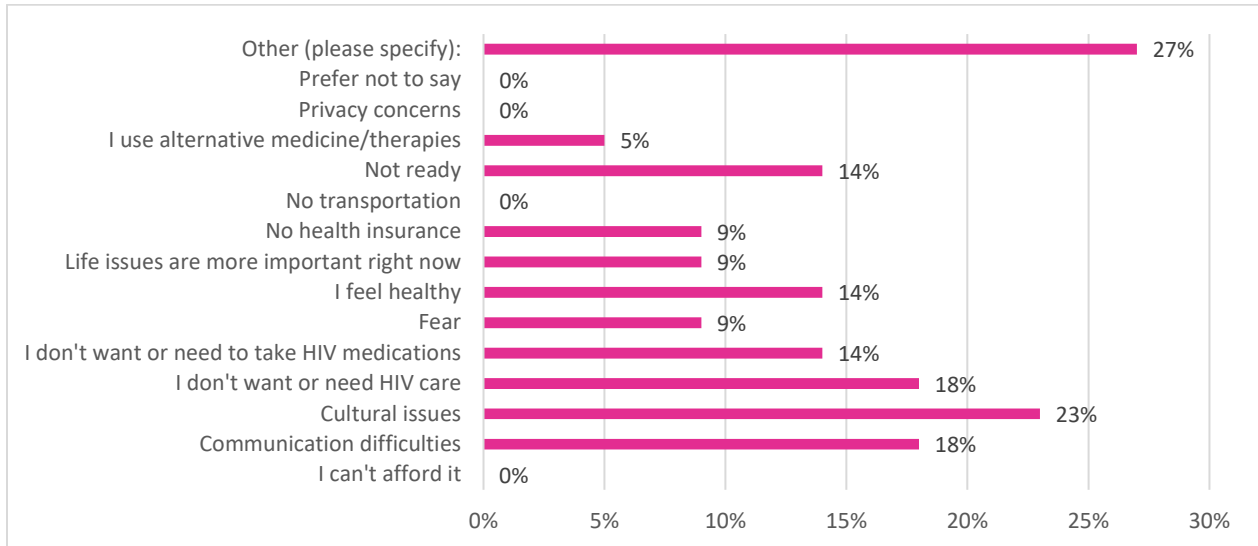
For those who indicated they were living with HIV (85 respondents), 40% had been living with HIV for more than ten years, and 20% had been diagnosed in the past two years.



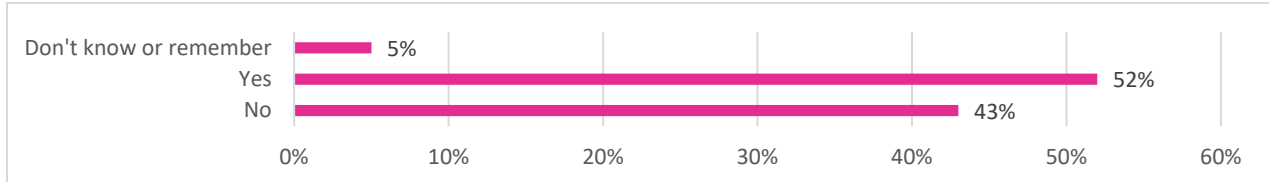
For those living with HIV, 22% had not gone in for an HIV medical appointment, got an HIV medication prescription, or had HIV labs performed in the past 12 months.



When asked why the respondent had not had HIV medical care or medications in the past 12 months, barriers around cultural issues (23%), communication difficulties (18%), and not wanting care (18%) were among the highest reasons. 14% said they were feeling healthy or were not ready.

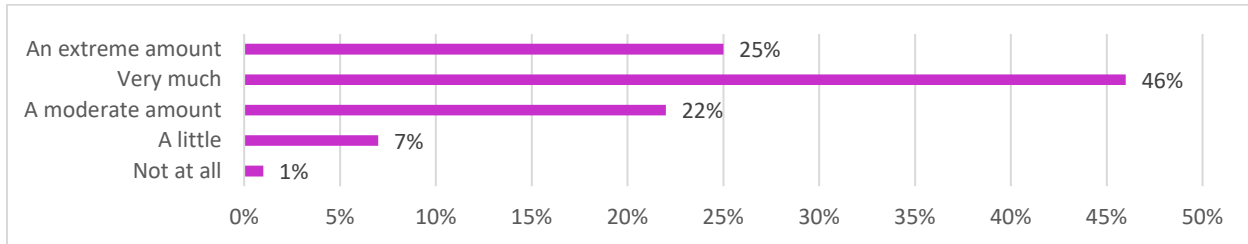


Of 21 HIV-positive respondents, 52% said they were virally suppressed (undetectable), and 43% said they were not virologically suppressed.

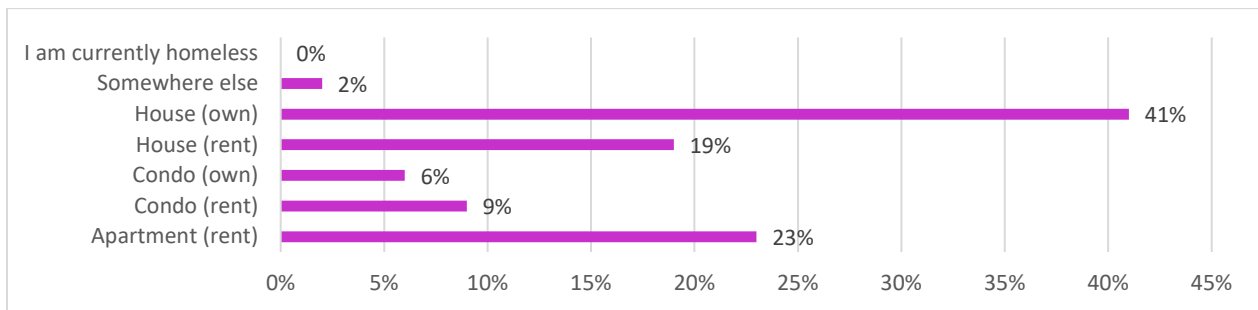


Housing

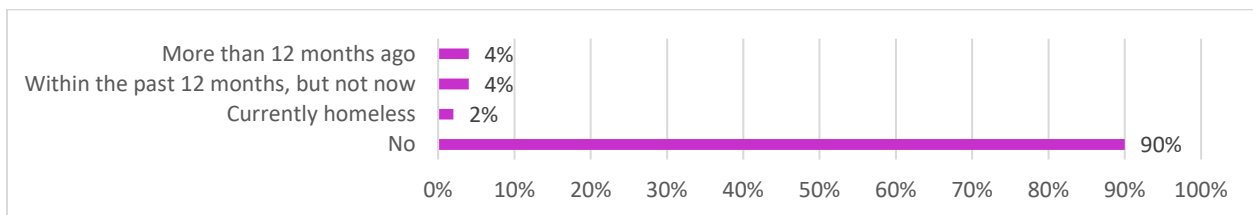
A healthy housing environment is an important quality of life factor. When asked, “how healthy is the environment around the place you live?” of 1,831 respondents, the majority (71%) indicated very much or an extreme amount.



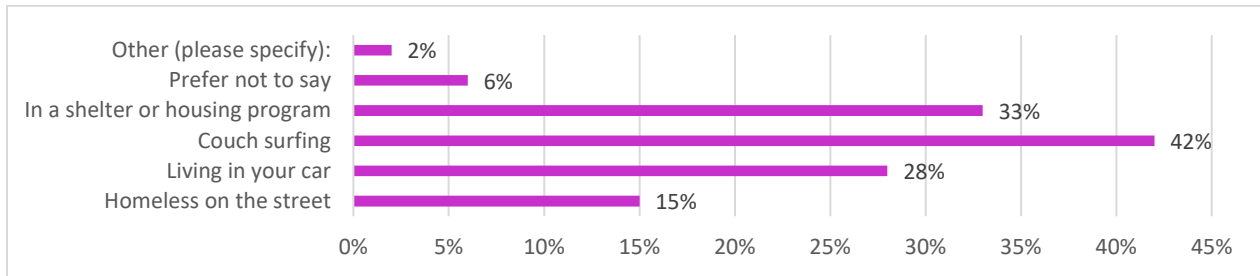
When asked, “where do you live?”, 41% of 1,840 respondents indicated they live in a house that they own, 23% rent an apartment, and 19% rent a home.



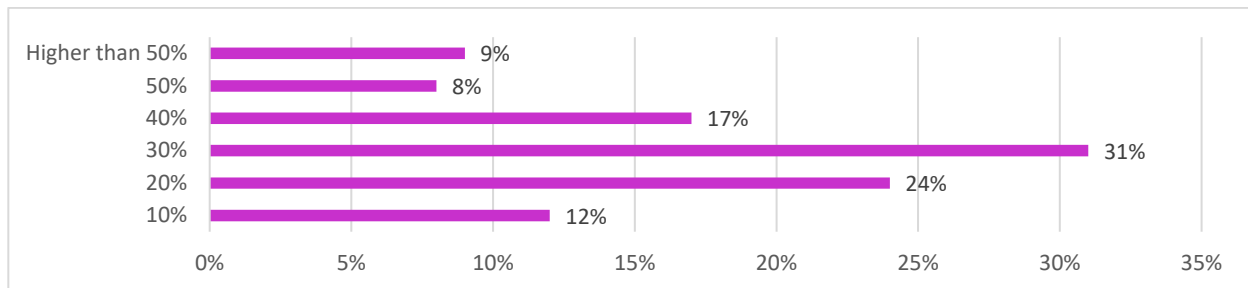
10% of 1,840 respondents had indicated that they had been homeless in the past five years.



Of 188 respondents who had been homeless in the past, the majority (42%) indicated they had been couch surfing, in a shelter or housing program (33%), or living in their car (28%).

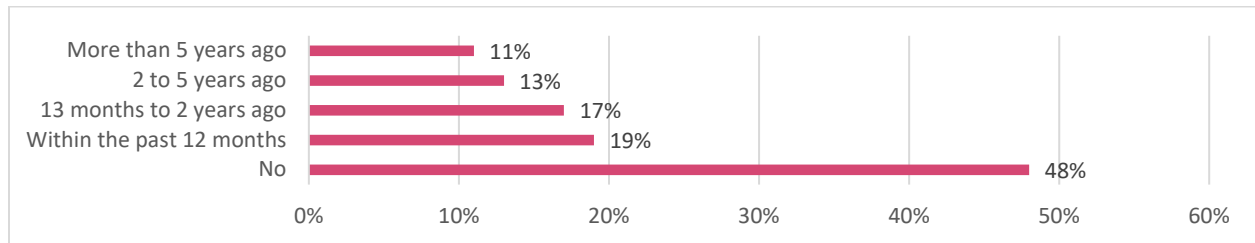


According to the U.S. Bureau of Labor Statistics, the average % of income spent on housing is approximately 35%. Of the 1,811 respondents, 65% spent 30% or more on housing, with 9% spending more than 50% of their income on housing.

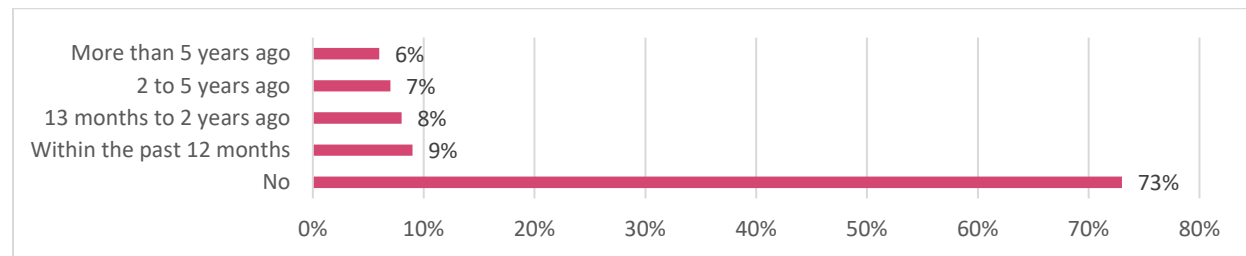


Personal Safety

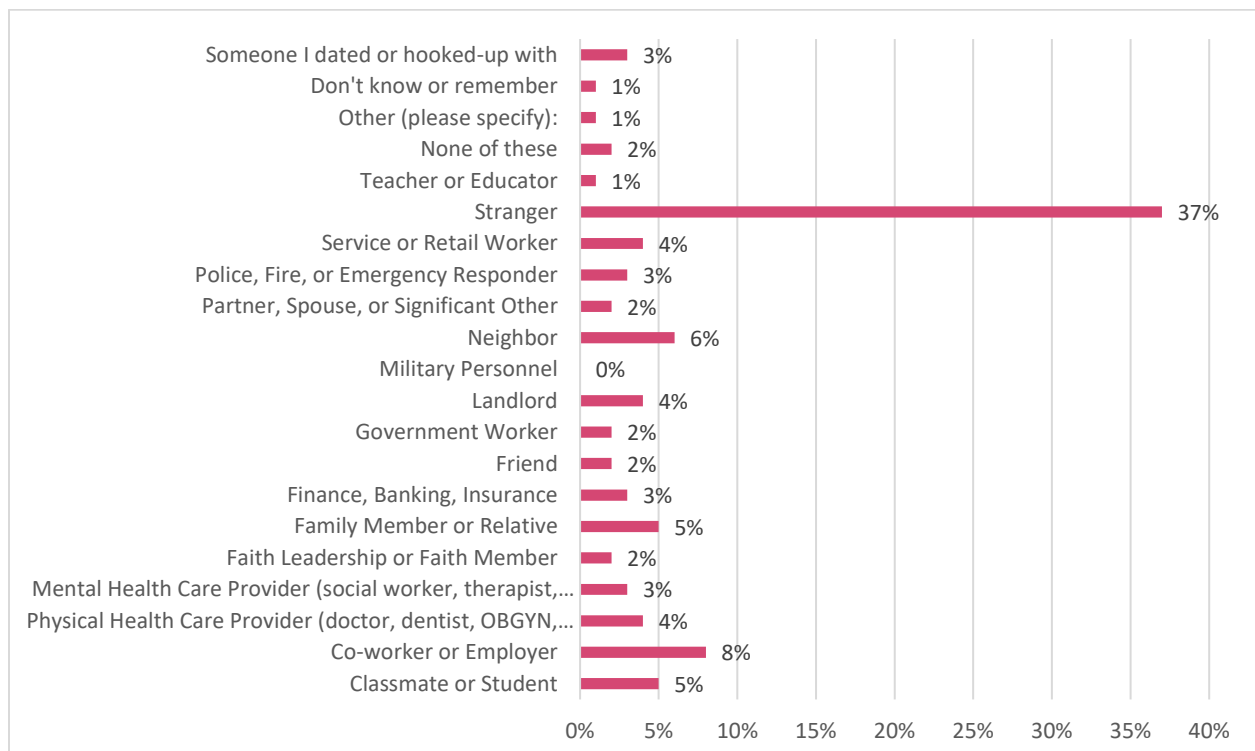
Of 2,029 respondents, 52% knew someone in Austin that had experienced physical threat or attack in their lifetime because they were LGBTQIA+. Of that 52%, 41% within the last five years.



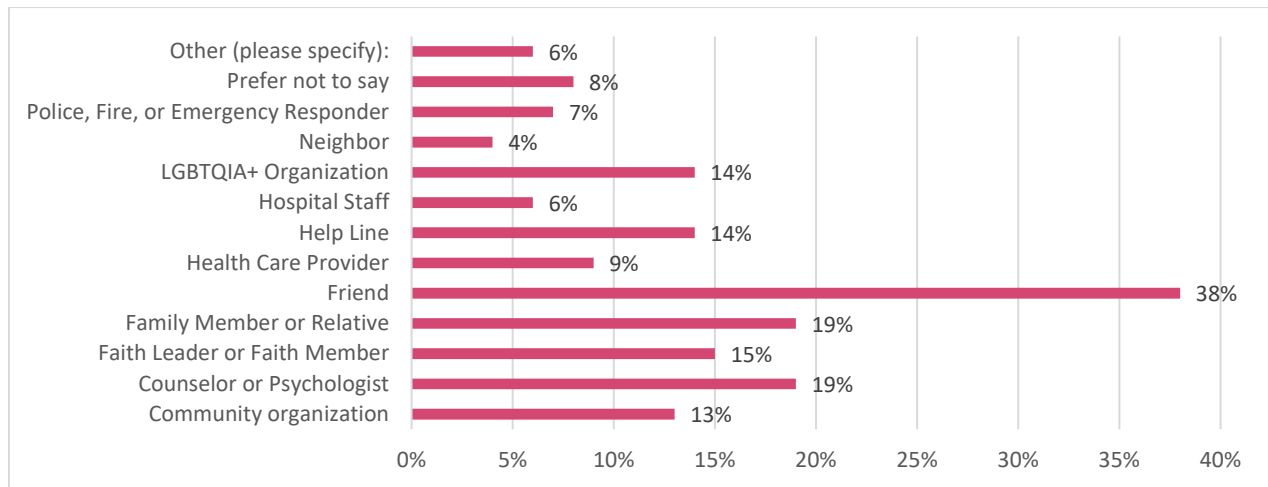
From 2012 respondents, 550 (27%) had experienced physical threat or attack in the last five years and 30% at some point in their lifetime because they were LGBTQIA+.



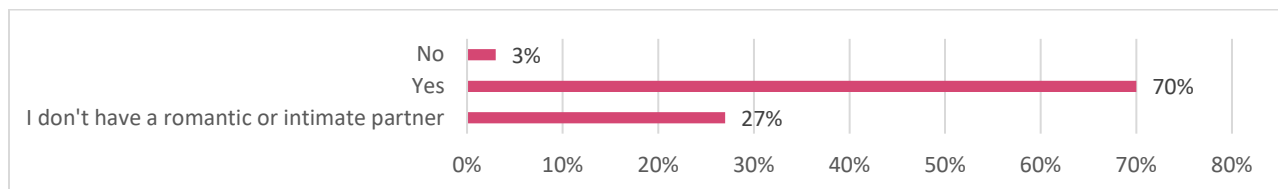
For their most recent experience in Austin, 37% of the physical threat or attack was inflicted by a stranger. However, 44% of physical threats or attacks were done by someone they knew.



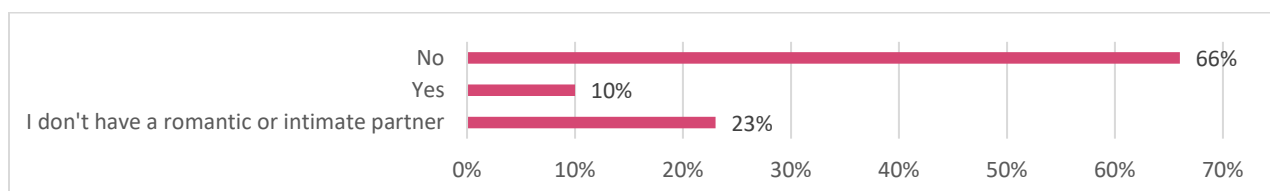
Of these respondents, 62% did not report or seek help. Of those who did, 38% sought help from a friend, 19% from a family member, and 19% went to a mental health professional. Only 7% asked for help from police or emergency responders, and 6% went to a hospital.



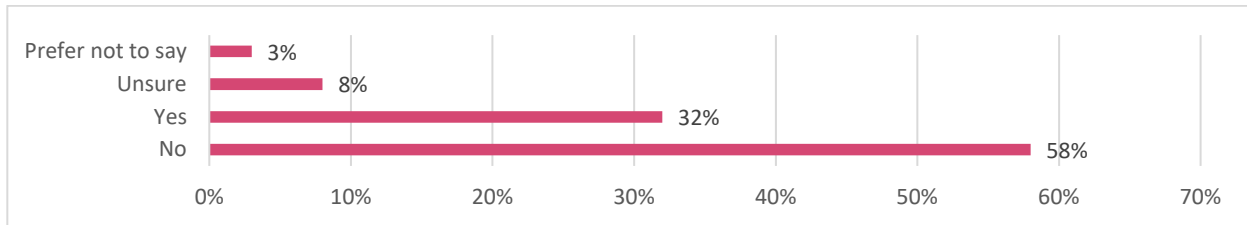
Out of 1,989 respondents, only 3% who had a relationship with a romantic or intimate partner did not feel safe with them. However, 12% had been physically hurt or threatened by their partner.



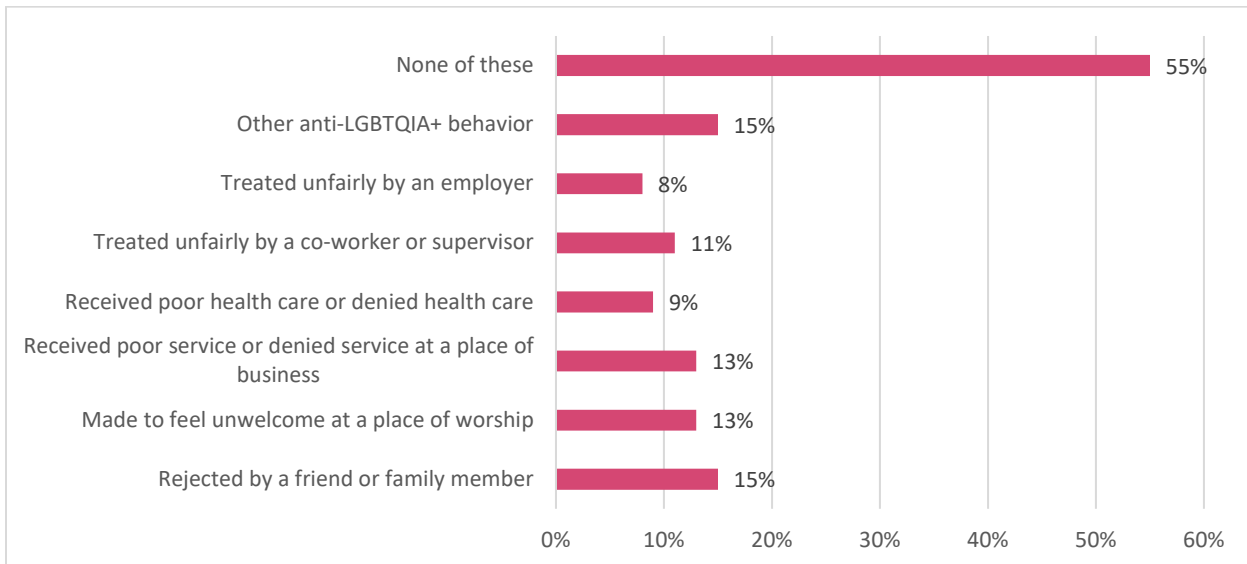
Of 1,988 respondents, 10% of who had a romantic or intimate partner had been pressured to, or made to, engage in unwanted sexual activities. In contrast, 57% of respondents were pressured to or made to, engage in unwanted sexual activities from someone who was not their partner in their lifetime, and 32% within the last five years.



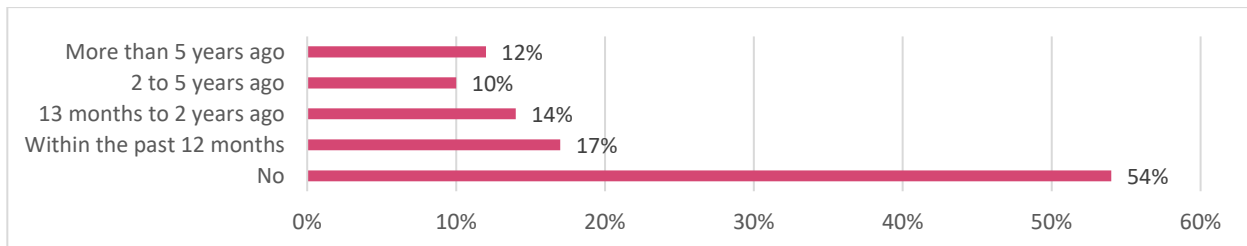
Out of 1990 respondents, 32% were pressure or made to engage in unwanted sexual activity during their childhood. Eleven percent were unsure or preferred not to say.



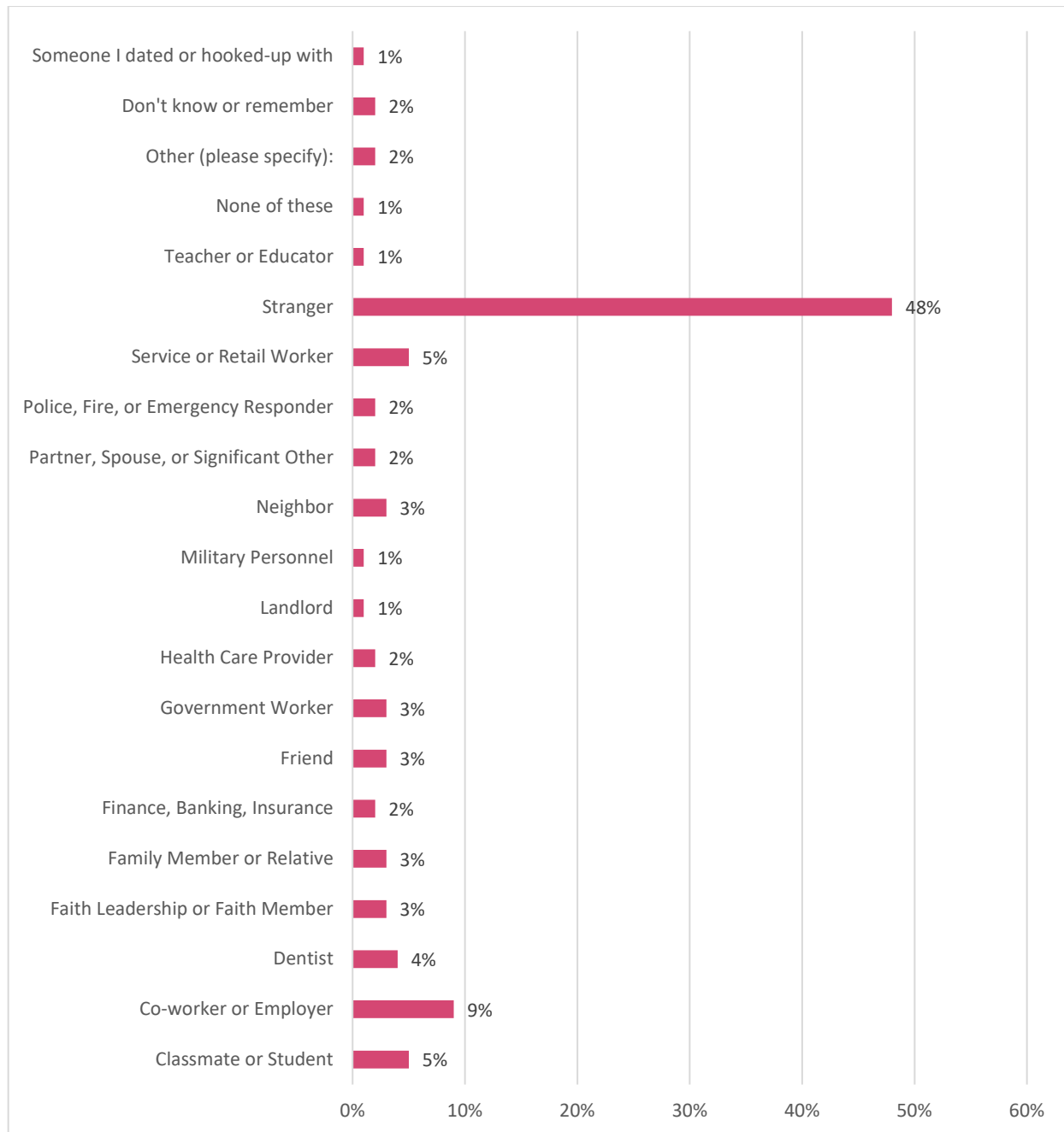
Respondents (1,968) experienced the following anti-LGBTQIA+ behaviors in the past 12 months,



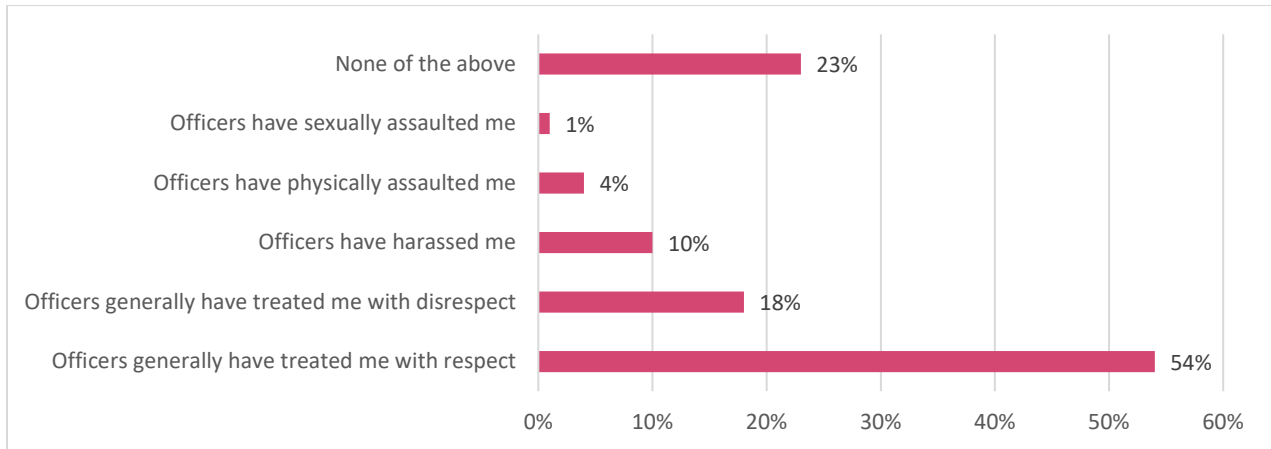
Fifty-three percent of respondents reported experiencing verbal abuse or harassment in Austin because they are LGBTQIA+, of which 41% of these experiences were within the last five years.



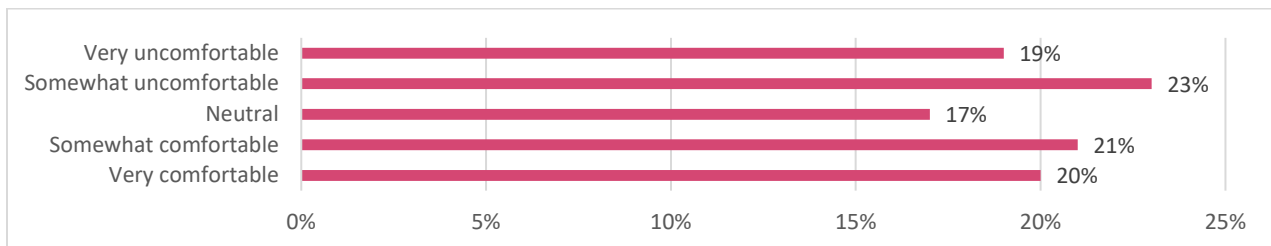
For their most recent experience in Austin, 48% of the verbal abuse or harassment came from a stranger and 34% from someone they knew. Of these respondents, only 22% sought help or reported it.



More than half (54%) of respondents reported they are generally treated with respect when interacting with the police, 10% have been harassed, and 4% have been physically assaulted by an officer.

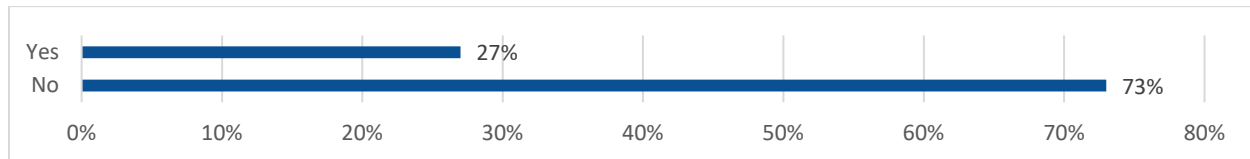


Nearly half the respondents (41%) were very or somewhat comfortable seeking help from the police, while 17% reported being neutral, and 41% were somewhat or very uncomfortable.

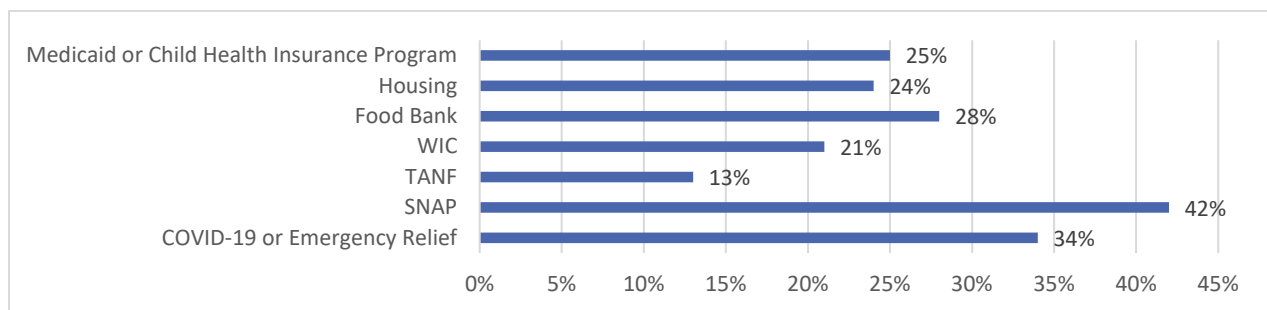


Social and Public Services/Benefits

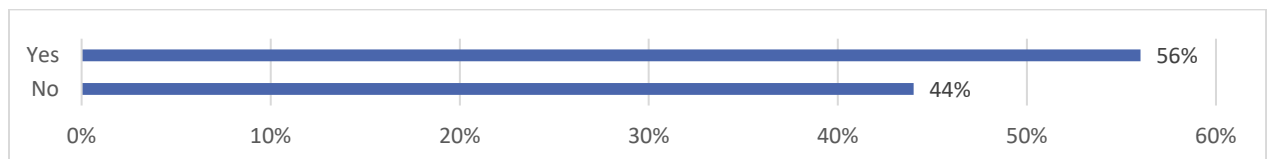
Over a quarter (27%) of 1,700 respondents have needed or had their family need and applied for public benefits or private assistance while living in Austin.



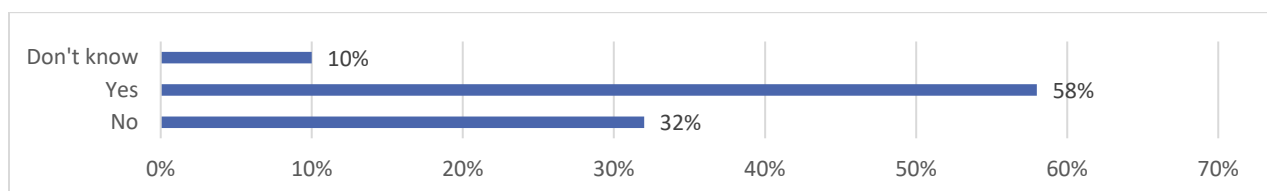
Of the 421 respondents who did receive assistance, the majority received SNAP (42%) or COVID-19, or Emergency Relief assistance (34%), and 28% accessed a food bank.



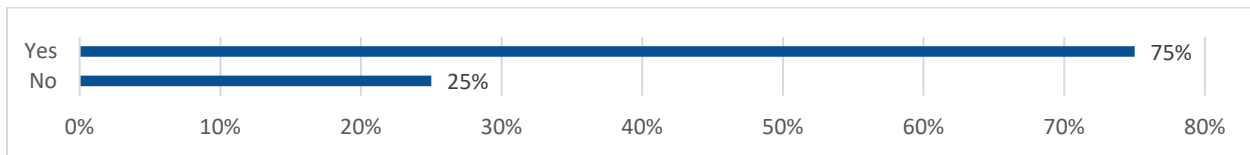
Of the 380 respondents who indicated they applied for benefits, 56% said it was easy to apply for them, while 44% said it was not easy.



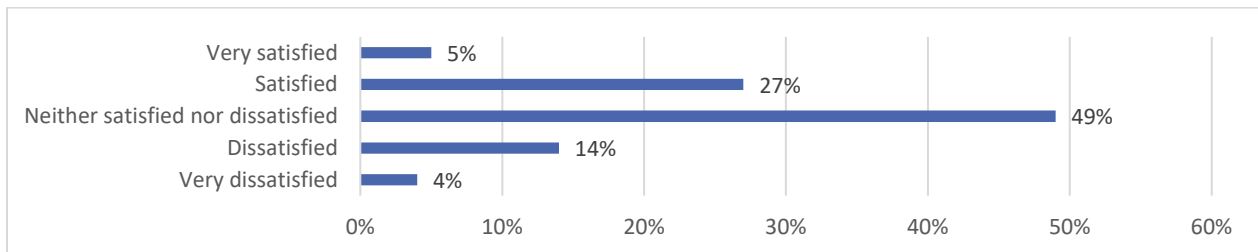
When asked, “Did you receive the benefits for the length of time needed?” of 436 respondents, 58% said yes, and 32% said no.



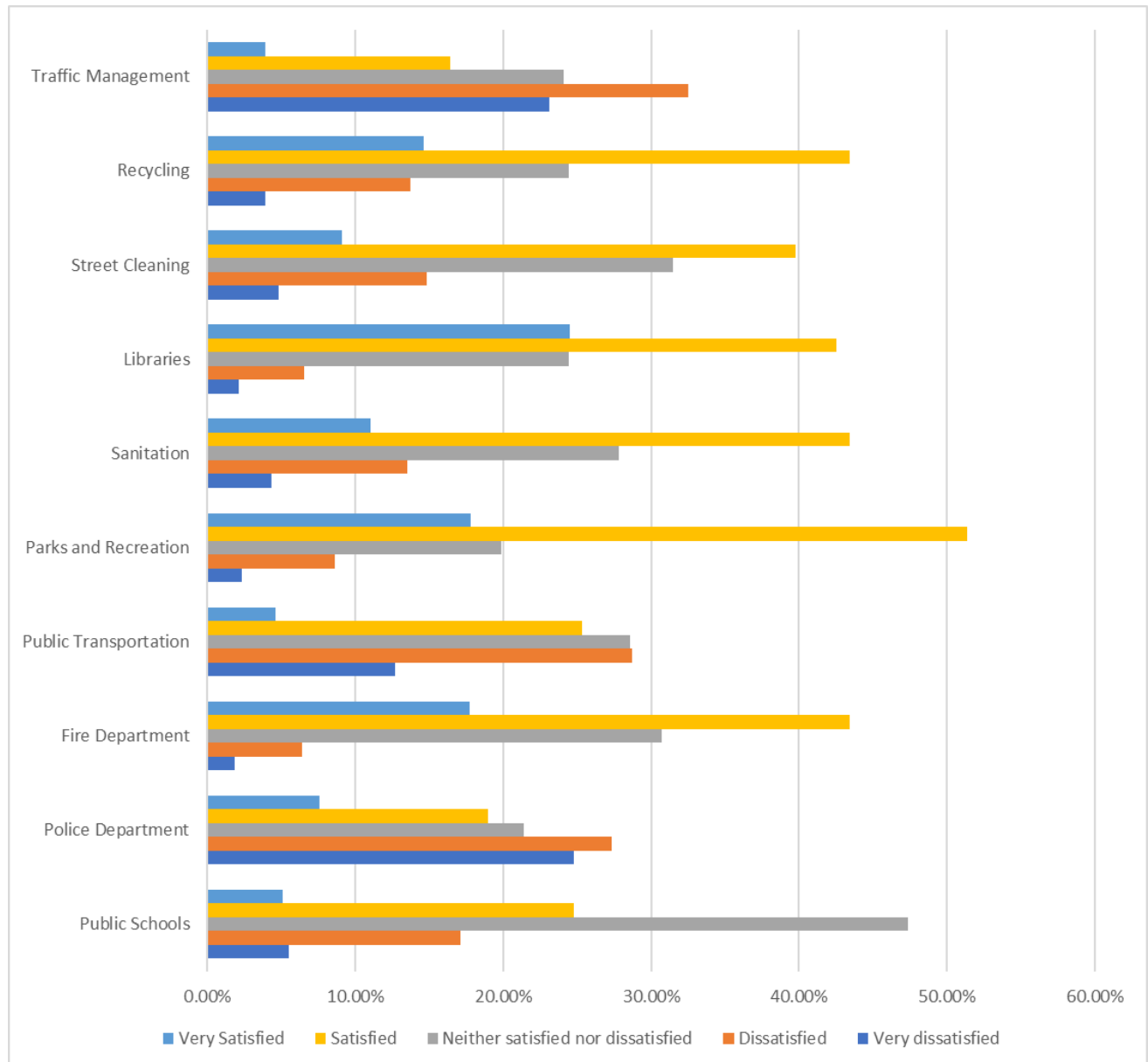
Of 419 respondents who received benefits, when asked if they were treated with respect by staff or public benefits or private assistance, three-quarters (75%) indicated yes and 25% indicated no.



When asked, “How satisfied are you overall with public services and benefits in Austin?” a third (32%) of the 1,734 respondents indicated satisfied or very satisfied. In comparison, 18% indicated they were dissatisfied or very dissatisfied.



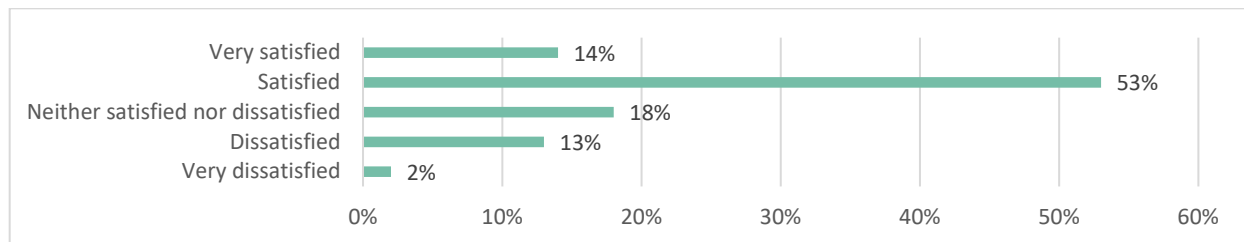
Respondents were then asked how they would rate the satisfaction of public services in Austin. Areas for improvement include traffic management, public transportation, and the police department, as indicated by the dark orange and dark blue bars.



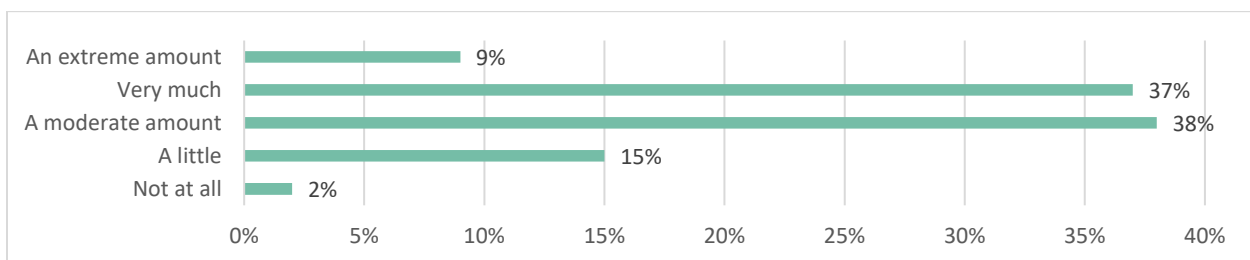
Overall Quality of Life

There is high satisfaction of overall quality of life for LGBTQIA+ people in Austin.

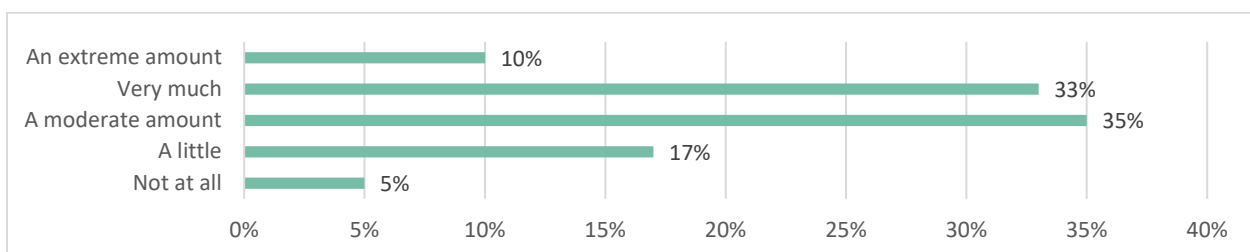
Two-thirds (67%) of 1,783 respondents to the question “How satisfied are you with the quality of your life?” indicated they are satisfied or very satisfied. Only 15% indicated that they are dissatisfied or very dissatisfied.



When asked, “How much do you enjoy life?”, 46% of respondents indicated very much or an extreme amount, while only 17% indicated a little or not at all.



43% of the respondents indicated that they find life very much or extremely meaningful, while 22% found life to be little or not meaningful.



Regarding ranking what quality of life attributes are important, respondents were asked to rank attributes. Using the average for the 1,735 responses, the following list is from most to least important.

1. Ability to Meet Basic Needs
2. Ability to Make Decisions for Myself
3. Health and Wellness
4. Having People Who Love Me
5. Freedom to Be Myself
6. Personal Safety
7. Having Choices and Options
8. Accessibility of Resources
9. Acceptance
10. Community Diversity
11. Meaningful Work

Disparities

There are significant disparities that exist among queer people of color, youth, transgender/gender-expansive individuals, and several disparities for older adults when compared to all respondents.

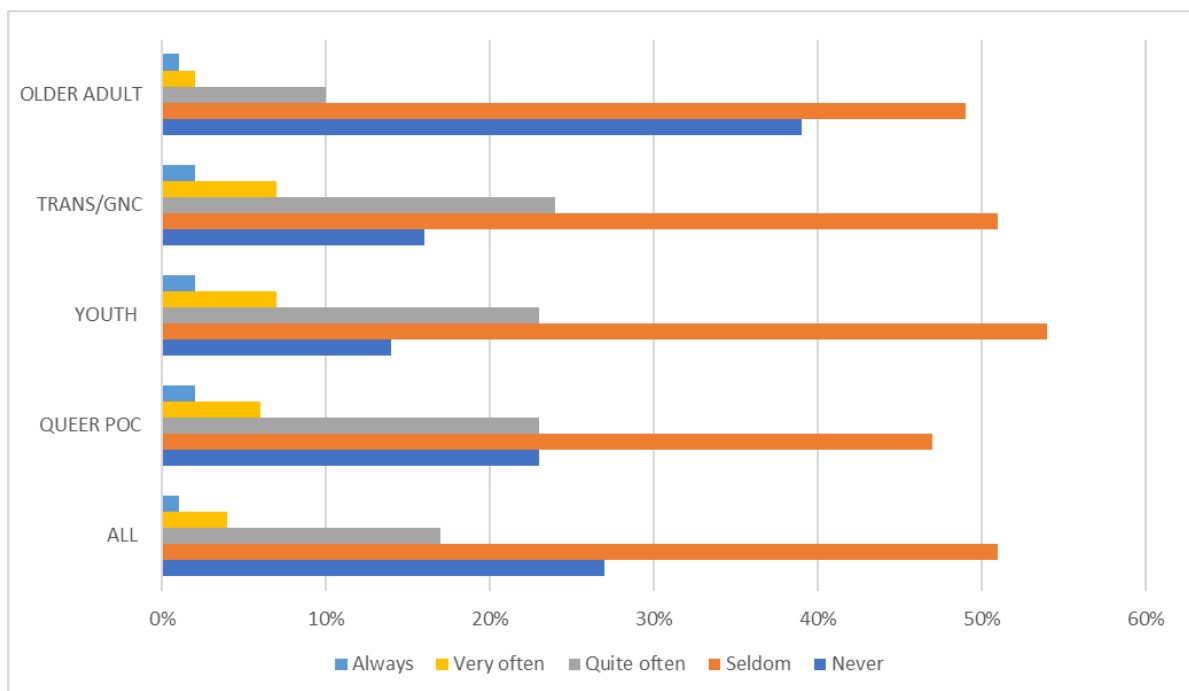
HMA Community Strategies filtered the data with the following categories:

- **Queer People of Color:** all respondents that do not identify as White or European American
- **Transgender/Gender Expansive:** all respondents that do not identify as Cisgender
- **Youth:** all respondents 24 years and younger
- **Older Adults:** all respondents 55 years and older

As noted by the following highlighted table, there are disparities of neurodivergence among youth and transgender/gender-expansive individuals. These disparities indicate a greater prevalence of ADHD, anxiety, depression, and PTSD than indicated by all the respondents.

Do you have any diagnosed neurodivergence?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
Alcohol or substance abuse disorder, alcoholism, or drug addiction	5%	4%	2%	6%	5%
Attention Deficit Disorder (ADD)	6%	6%	7%	9%	4%
Attention Deficit Hyperactivity Disorder (ADHD)	9%	8%	19%	15%	2%
Anxiety	33%	30%	49%	42%	16%
Autism	4%	3%	8%	7%	2%
Bipolar disorder	5%	5%	6%	9%	3%
Borderline Personality Disorder (BPD)	2%	2%	2%	3%	1%
Depression	26%	21%	43%	37%	14%
Eating Disorder	5%	5%	11%	7%	3%
Obsessive-Compulsive Disorder (OCD)	4%	4%	8%	5%	1%
Panic Disorder	4%	5%	6%	7%	3%
Post Traumatic Stress Disorder (PTSD)	11%	9%	14%	19%	6%
Schizophrenia	0%	1%	0%	1%	1%
Other (please specify):	2%	2%	5%	4%	2%
Prefer Not to Say	4%	6%	5%	6%	2%
No	46%	48%	33%	32%	68%

As indicated by the grey and gold bars, experiencing discrimination while living in Austin is more prevalent among queer people of color, youth, and transgender/gender-expansive individuals.



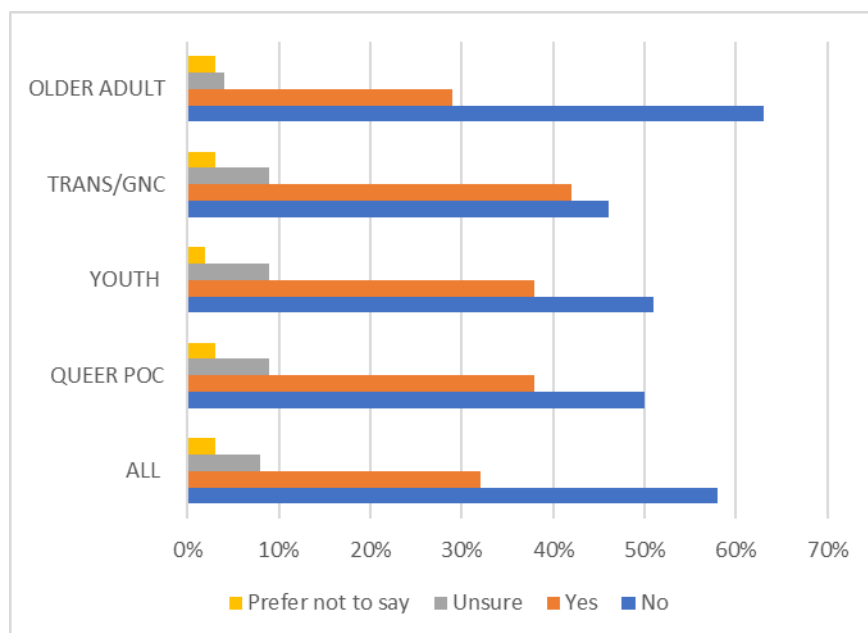
Queer people of color, youth, and transgender/gender-expansive individuals indicate higher percentages of employment denials/terminations than all respondents.

Have you been denied employment or terminated from employment due to any of the following?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
Gender	6%	7%	5%	9%	6%
Gender expression	8%	11%	9%	15%	2%
Sexual orientation	13%	17%	9%	16%	10%
Race or Ethnicity	13%	26%	14%	15%	8%
Background check	4%	7%	4%	6%	2%
Education	6%	7%	5%	7%	4%
Citizenship status	2%	4%	1%	3%	1%
Not being a good "fit"	19%	18%	13%	21%	15%
Language fluency	1%	1%	1%	1%	1%
Religious belief	2%	2%	2%	3%	2%
Does not apply	58%	45%	64%	50%	68%

Disaggregating the data further, transgender people of color experience higher percentages of employment discrimination than all respondents.

Have you been denied employment or terminated from employment due to any of the following?						
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT	TRANS POC
Gender	6%	7%	5%	9%	6%	10%
Gender expression	8%	11%	9%	15%	2%	15%
Sexual orientation	13%	17%	9%	16%	10%	16%
Race or Ethnicity	13%	26%	14%	15%	8%	28%
Background check	4%	7%	4%	6%	2%	9%
Education	6%	7%	5%	7%	4%	10%
Citizenship status	2%	4%	1%	3%	1%	5%
Not being a good "fit"	19%	18%	13%	21%	15%	21%
Language fluency	1%	1%	1%	1%	1%	2%
Religious belief	2%	2%	2%	3%	2%	3%
Does not apply	58%	45%	64%	50%	68%	39%

Queer people of color, youth, and transgender/gender-expansive individuals experienced a greater amount of unwanted sexual activity during their childhood as represented by the orange bars in the chart below.



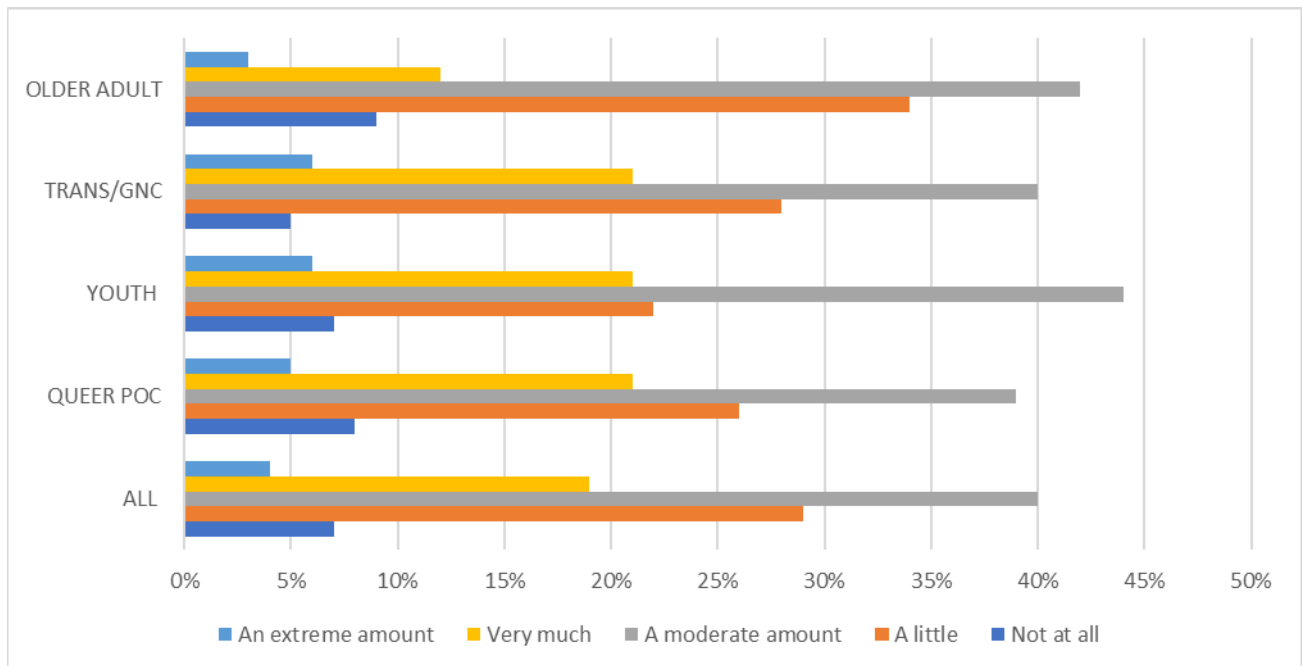
Queer people of color, youth, and transgender/gender-expansive individuals indicate a greater percentage of negative interaction with the police, as highlighted by the chart below.

Which of the following experiences have you had in your interaction with the police?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
Officers generally have treated me with respect	54%	41%	36%	39%	68%
Officers generally have treated me with disrespect	18%	24%	21%	25%	9%
Officers have harassed me	10%	15%	10%	16%	5%
Officers have physically assaulted me	4%	6%	3%	6%	1%
Officers have sexually assaulted me	1%	1%	0%	1%	1%
None of the above	23%	27%	39%	29%	20%

Disaggregating the data further, transgender people of color experience a greater percentage of negative experiences with the police than all respondents.

Which of the following experiences have you had in your interaction with the police?						
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT	TRANS POC
Officers generally have treated me with respect	54%	41%	36%	39%	68%	33%
Officers generally have treated me with disrespect	18%	24%	21%	25%	9%	28%
Officers have harassed me	10%	15%	10%	16%	5%	18%
Officers have physically assaulted me	4%	6%	3%	6%	1%	7%
Officers have sexually assaulted me	1%	1%	0%	1%	1%	2%
None of the above	23%	27%	39%	29%	20%	28%

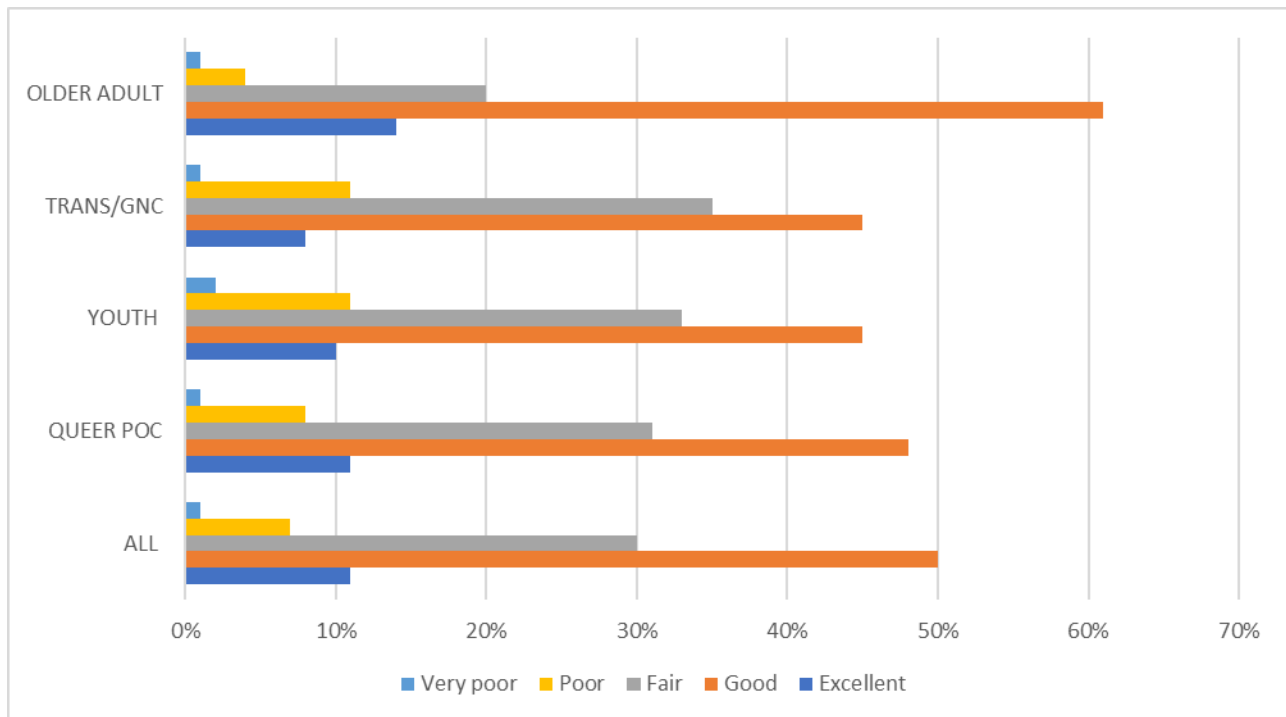
People of color, youth, and transgender/gender-expansive individuals report greater worry about their health than all respondents, as indicated by the light blue and gold bars.



Transgender/gender-expansive individuals are much more selective when it comes to choosing a primary care provider. This affirms the need to increase culturally competent gender-affirming health care services.

Did you choose your primary care provider based on their knowledge of the health care needs of LGBTQIA+ people?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
No	63%	58%	57%	53%	76%
Yes	37%	42%	43%	47%	24%

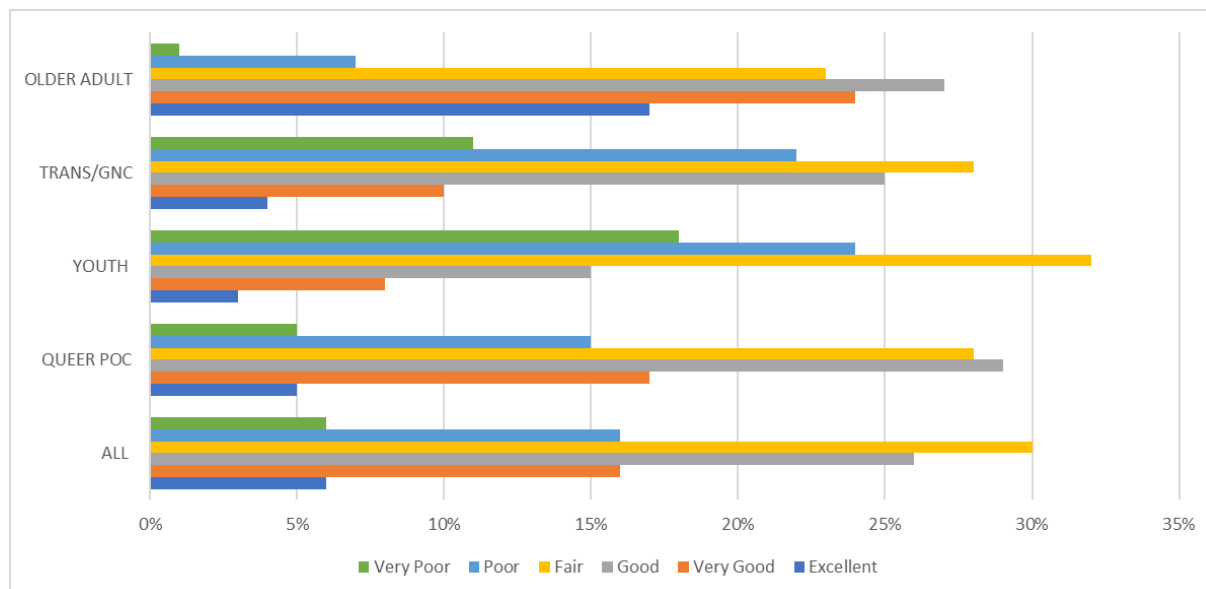
Transgender/gender-expansive individuals and youth indicated a higher percentage of poor health than all respondents, as indicated by the gold bar.



Queer people of color, youth, and transgender/gender-expansive individuals experienced greater food insecurity than all respondents.

Have you experienced the following: Within the past 12 months, I worried my food would run out before I received money to buy more.					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
Yes	22%	33%	27%	34%	5%
No	78%	67%	73%	66%	95%

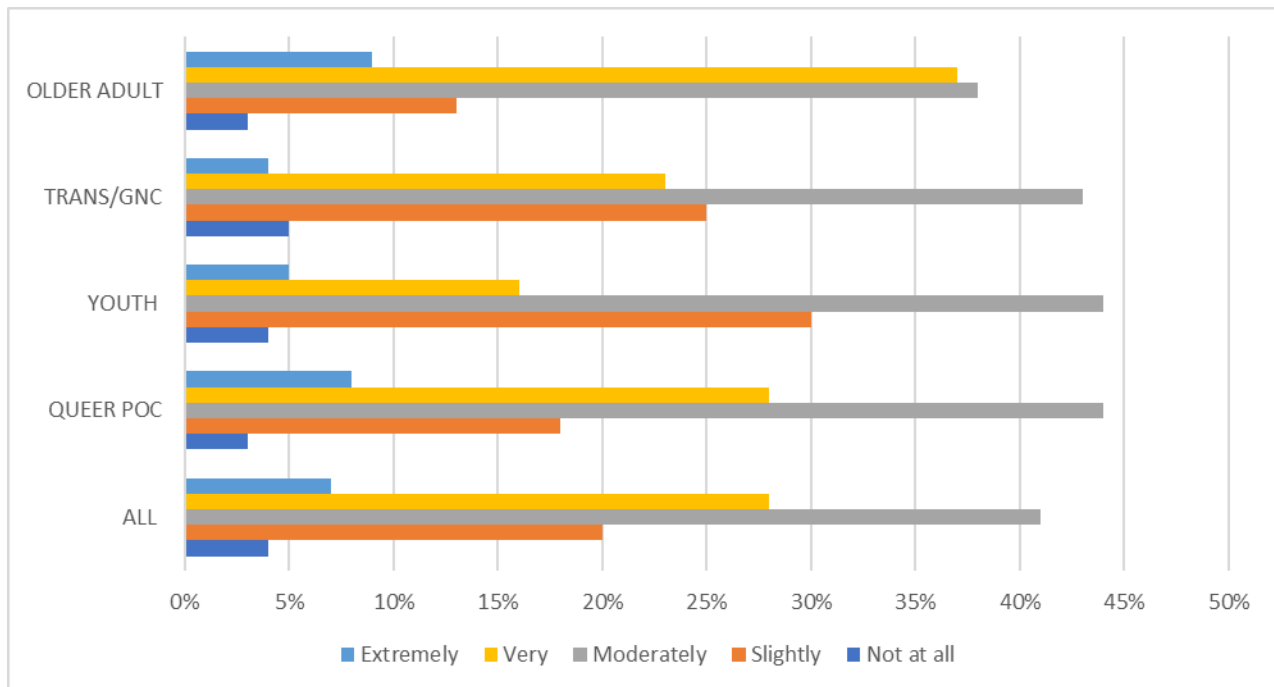
Youth and transgender/gender-expansive individuals indicated a higher percentage of very poor and poor mental health since the pandemic as represented by the green and light blue bars.



There are notable disparities in behavior among youth and transgender/gender-expansive individuals. As noted by the highlights, they report higher percentages of mental health concerns than the average percentages of all the respondents. Additionally, queer people of color had a higher percentage of reporting feeling worthless, and more than half of the queer people of color reported feeling down. More than half of older adults reported feeling down.

In the past 30 days, did you experience any of these?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
Depression	42%	36%	63%	51%	25%
Feeling down	66%	61%	76%	68%	53%
Hopelessness	32%	31%	52%	42%	11%
Little Interest or pleasure in doing things	46%	42%	63%	55%	25%
Nervousness	46%	42%	65%	56%	21%
Restlessness or feeling fidgety	42%	38%	65%	51%	21%
Self-loathing	26%	23%	43%	36%	8%
Feeling so sad nothing could cheer you up	20%	19%	38%	28%	6%
Suicidal thoughts	12%	12%	31%	20%	3%
Feeling everything was an effort	35%	28%	47%	45%	15%
Wanting to cut or mutilate yourself	7%	7%	23%	13%	0%
Feeling worthless	22%	19%	43%	31%	5%
None of these	15%	15%	3%	9%	33%

Youth and transgender/gender-expansive individuals also reported feeling less positive about the future as indicated by the dark blue and orange bars below.



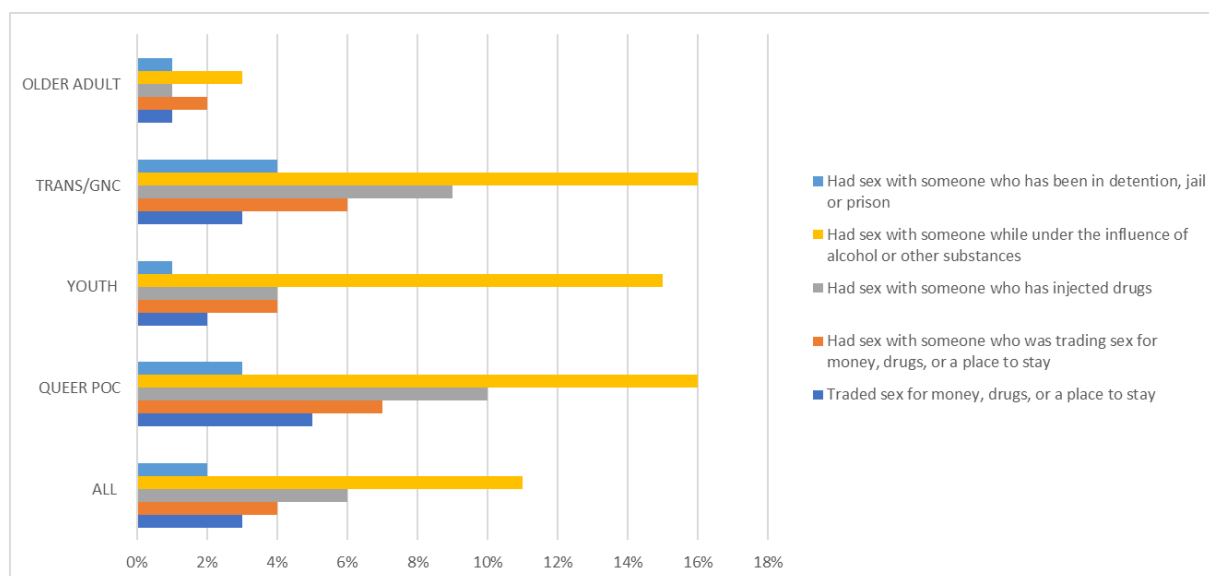
Queer people of color, youth, and transgender/gender-expansive individuals reported experiencing a higher percentage of suicidality.

Have you ever attempted to take your own life?					
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT
No	53%	46%	29%	32%	79%
Yes	18%	23%	26%	27%	9%
I've experienced prominent thoughts of taking my own life, but have never harmed myself	19%	22%	24%	23%	11%
I've experienced prominent thoughts of taking my own life, and have engaged in self-harm/self-injury	9%	8%	17%	16%	1%
I've never attempted suicide or had thoughts of suicide but I do harm/or engage in self-injury sometimes.	1%	1%	3%	2%	0%

Disaggregating the data further, transgender people of color experience higher percentages of suicidality than all respondents.

Have you ever attempted to take your own life?						
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT	TRANS POC
No	53%	46%	29%	32%	79%	35%
Yes	18%	23%	26%	27%	9%	29%
I've experienced prominent thoughts of taking my own life, but have never harmed myself	19%	22%	24%	23%	11%	23%
I've experienced prominent thoughts of taking my own life, and have engaged in self-harm/self-injury	9%	8%	17%	16%	1%	10%
I've never attempted suicide or had thoughts of suicide but I do harm/or engage in self-injury sometimes.	1%	1%	3%	2%	0%	2%

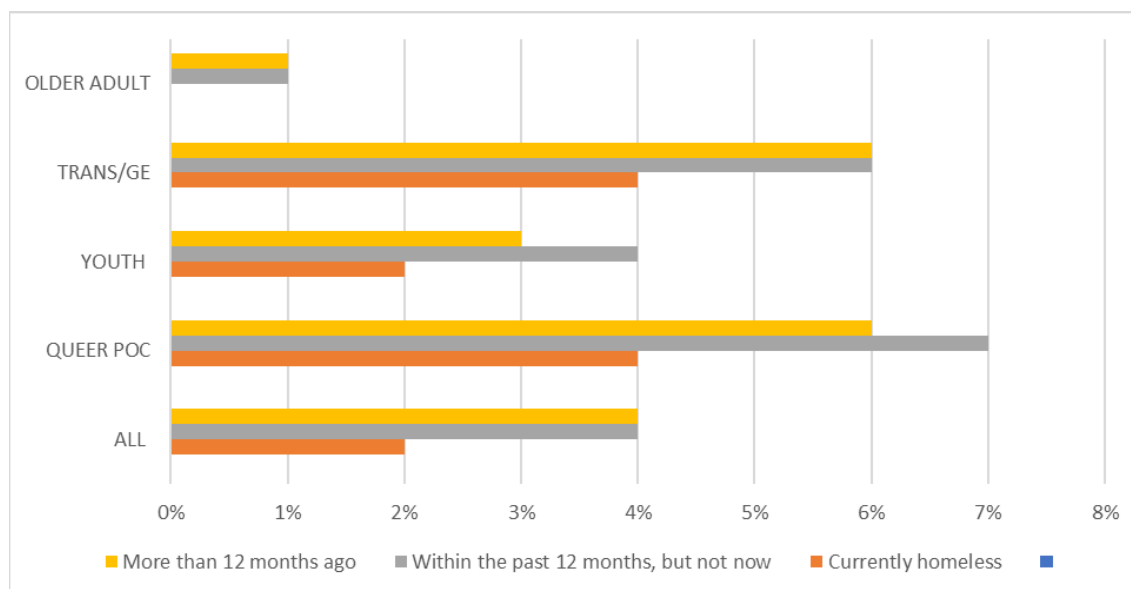
For individuals who disclosed activities relating to sex work, a higher percentage of queer people of color and transgender/gender-expansive individuals had traded sex for money, drugs, or a place to stay or had sex with someone trading sex for the same as indicated by the dark blue and dark orange bars.



A higher percentage of older adults live with HIV, and a higher percentage of queer people of color and youth don't know their HIV status.

Are you living with HIV?					
	ALL	QUEER POC	YOUTH	TRANS/GE	OLDER ADULT
No	92%	87%	91%	91%	90%
I don't know my status	4%	6%	7%	6%	1%
Yes	5%	7%	2%	3%	10%

Of those who disclosed ever being homeless, a higher percentage of transgender/gender-expansive individuals and queer people of color are currently homeless or had been homeless within the past twelve months, as indicated by the dark orange and grey bars.



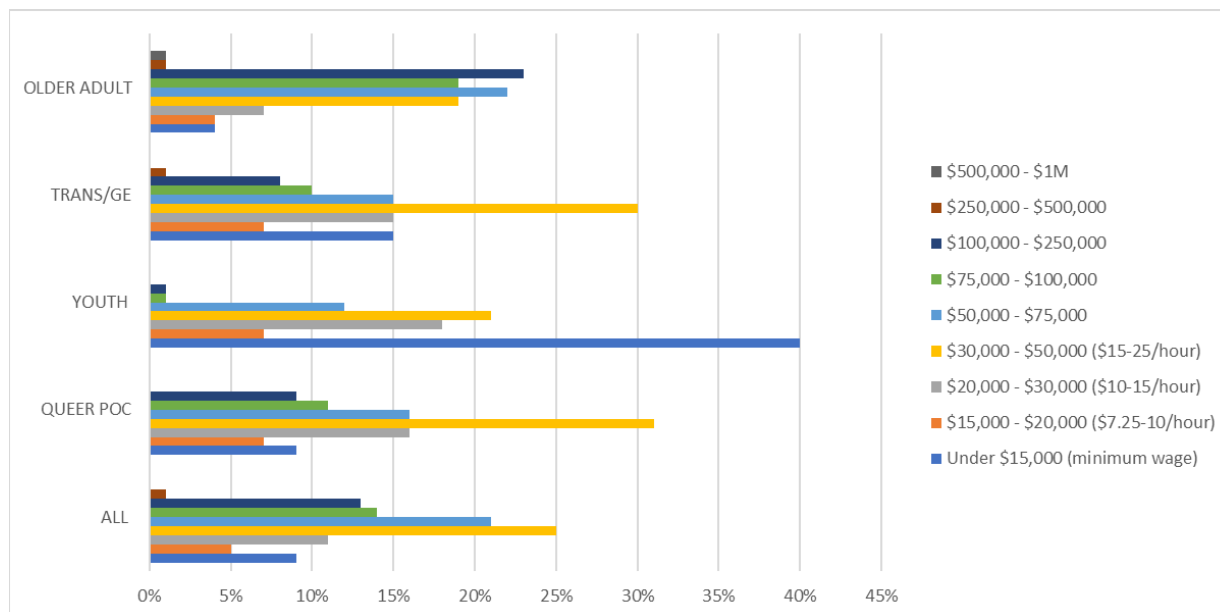
A higher percentage of queer people of color, youth, and transgender/gender-expansive individuals spend more than 50% of their income on housing.

What percentage of your monthly income is spent on housing?					
	ALL	QUEER POC	YOUTH	TRANS/GE	OLDER ADULT
10%	12%	10%	20%	8%	27%
20%	24%	22%	16%	23%	26%
30%	31%	31%	24%	30%	27%
40%	17%	19%	16%	18%	11%
50%	8%	7%	10%	9%	4%
Higher than 50%	9%	10%	14%	13%	5%

Disaggregating the data further, transgender people of color experience a higher percentage of spending more than 50% of their monthly income on housing than all respondents.

What percentage of your monthly income is spent on housing?						
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT	TRANS POC
10%	12%	10%	20%	8%	27%	7%
20%	24%	22%	16%	23%	26%	23%
30%	31%	31%	24%	30%	27%	28%
40%	17%	19%	16%	18%	11%	20%
50%	8%	7%	10%	9%	4%	7%
Higher than 50%	9%	10%	14%	13%	5%	15%

Regarding employment, a higher percentage of youth (40%) and transgender/gender-expansive individuals (15%) make less than the minimum wage, as indicated by the blue bar.



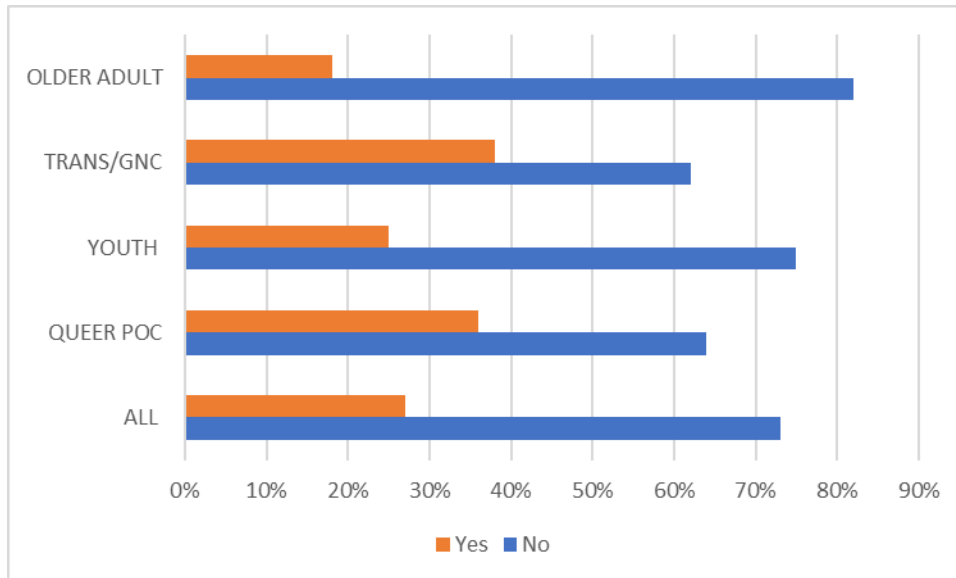
Queer people of color, youth, and transgender/gender-expansive individuals experience a greater percentage of worry about money and finances.

How much do you worry about money?					
	ALL	QUEER POC	YOUTH	TRANS/GE	OLDER ADULT
Not at all	13%	9%	17%	11%	23%
A little	37%	35%	24%	29%	50%
A moderate amount	30%	33%	33%	33%	18%
Very much	14%	15%	20%	18%	7%
An extreme amount	6%	8%	6%	9%	2%

Disaggregating the data further, transgender people of color experience higher percentages of worry about money all respondents.

How much do you worry about money?						
	ALL	QUEER POC	YOUTH	TRANS/GNC	OLDER ADULT	TRANS POC
Not at all	13%	9%	17%	11%	23%	9%
A little	37%	35%	24%	29%	50%	27%
A moderate amount	30%	33%	33%	33%	18%	36%
Very much	14%	15%	20%	18%	7%	17%
An extreme amount	6%	8%	6%	9%	2%	11%

A higher percentage of queer people of color (36%) and transgender/gender-expansive individuals (38%) have applied for public or private assistance as indicated by the orange bar.



Transgender/gender-expansive individuals report much greater dissatisfaction with the quality of their life than the rest of the respondents.

How satisfied are you with the quality of your life?					
	ALL	QUEER POC	YOUTH	TRANS/GE	OLDER ADULT
Very dissatisfied	2%	2%	3%	4%	1%
Dissatisfied	13%	15%	19%	21%	7%
Neither satisfied nor dissatisfied	19%	20%	25%	22%	12%
Satisfied	52%	53%	48%	45%	51%
Very satisfied	14%	11%	5%	8%	28%

COMMENTS BY SURVEY RESPONDENTS ON DISPARITIES

The senior (55+), LGBTQIA+ population has limited representation in Austin including a lack of housing, nursing facilities, medical providers, and other important support systems.

Sexual orientation is one important layer to reaching an equitable community. More so than anywhere I've lived, age discrimination is a challenge in Austin. Looking at the intersections across race, age, mental and physical challenges and other factors with sexual orientation is also important. To be older, trans sexual, and a person of color for example has to come with many more challenges...it would be useful to know? Shifts in culture take understanding, yes?

I would like to see more intersectional conversations and gathering opportunities of under-represented communities in Austin (Black community, LGBTQ+, women's organizations, Veterans, Asian community, Latinx, etc.)

We need more trans-friendly resources.

Please make Austin more gender inclusive. Make a map of gender inclusive bathrooms.

While Austin feels safe, many areas surrounding it do not. I feel minority populations face significant and different challenges than cis-white gay people and hope those are a focus of the survey's responses. I appreciate that this study is looking to compare quantitative as well as qualitative measures.

I am the parent to a transgender child. I wish there were more questions about families :) the children need to be represented too.

As the parent of a transgender child, I am grateful for the organizations that offer guidance, service and community to him.

Policy Priorities

Respondents were asked to select what they believe are the five most important policy priorities affecting non-binary, transgender, intersex, and other gender-expansive people in the United States.

All Respondents:

Protecting transgender/gender-expansive people from discrimination in hiring and at work	54%
Access to transgender-sensitive health care	49%
Passing laws that address hate crimes against transgender/gender-expansive people	48%
Getting transgender-related health care covered by insurance	46%
Protecting transgender/gender-expansive people from discrimination in housing	39%

Queer People of Color:

Protecting trans/gender-expansive people from discrimination in hiring and at work	48%
Getting transgender-related health care covered by insurance	46%
Passing laws that address hate crimes against transgender/gender-expansive people	44%
Access to transgender-sensitive health care	43%
Protecting transgender/gender-expansive people from discrimination in housing	37%

Youth:

Access to transgender-sensitive health care	60%
Getting transgender-related health care covered by insurance	56%
Passing laws that address hate crimes against transgender/gender-expansive people	53%
Protecting trans/gender-expansive people from discrimination in hiring and at work	52%
Transgender/gender-expansive prisoner's rights	39%

Transgender Individuals:

Protecting trans/gender-expansive people from discrimination in hiring and at work	56%
Access to transgender-sensitive health care	51%
Passing laws that address hate crimes against transgender/gender-expansive people	49%
Getting transgender-related health care covered by insurance	47%
Protecting transgender/gender-expansive people from discrimination in housing	40%

Older Adults:

Protecting trans/gender-expansive people from discrimination in hiring and at work	51%
Passing laws that address hate crimes against transgender/gender-expansive people	49%
Passing anti-bullying laws that make schools safer	45%
The right to equal recognition of marriages involving transgender partners	34%
Access to transgender-sensitive health care	31%

Findings Across Foundational Outcomes

Community and Social Connectedness

1. **Survey:** Moreover, of 1,792 responses, there is a high degree of acceptance by chosen family and friends (83%), with biological family (55%), and at work (51%); however, there is less acceptance at restaurants (29%), at bars (28%), places of worship (16%), and schools (9%). LGBTQIA+ bars/clubs and community events are among the most common places respondents go for activities or events. Conversely, nearly a quarter (24%) of the respondents indicated they participated in none of these activities.
2. **Key Stakeholder Interviews:** There was a strong sentiment that Austin could greatly benefit from having an LGBTQIA+ community center and social spaces. It was noted that geography needs to be considered carefully to address the needs of the most critical and marginalized community members. Several interviewees suggested satellite sites. It was also noted that the space(s) and employees need to address and reflect the needs of specific populations such as people in recovery, LGBTQIA+ older adults, transgender and gender-expansive individuals, and Black, Indigenous, Latino, and people of color community members.
3. **Focus Groups**
 - a. **African Americans:** Participants expressed a need to have more town halls, salons, and social venues for the Black queer community to achieve a better sense of community and social cohesion. Most participants described that social connectedness and social circle of friendships with people who affirm who they are primarily dictates their quality of life. Dating as a Black queer person has challenges in Austin as the social circle is small, and hard to find and connect with others. Creating more spaces that welcome and are explicitly inclusive of queer Black and transgender individuals was another recommendation.
 - b. **Asian Americans:** Suggestions for areas of need for living as a LGBTQIA+ person in Austin included a community center that allows the communities to access different resources. It was noted that there is limited space for the LGBT Asian community in Austin and that Chinatown acts as a proxy, but there needs to be something for the LGBT community. Another suggestion included investing in alternative safe spaces that are not associated with alcohol or drugs (local bars and clubs), which could help address substance use disorder in the queer/transgender communities.
 - c. **Older Adults:** Participants in this group spoke about the isolation of getting older and the difficulty finding and staying connected to LGBT friends of the same age. They expressed a need for a community center that is age-inclusive and provides older adult activities. An LGBTQIA+ community center would provide an opportunity for older adults to find and be supported by each other.
 - d. **Transgender and Gender Expansive Individuals:** Participants expressed a need to establish LGBTQIA+ community space(s), especially as a gathering space for community events and town halls. It was mentioned that a center could provide clothing, employment readiness, and skills-building opportunities to support transgender and gender-expansive people to gain meaningful employment. There was a concern that while Austin is a magnet for transgender and gender-expansive youth, more resources need to be available for them.
4. **Town Hall Key Themes**
 - a. There is a lack of cohesion in the community.
 - b. We need an LGBTQIA+ center.

Economic Opportunity

1. **Survey:** A majority of respondents (58%) reported some level of financial difficulty, while 11% experienced significant financial difficulties at the time this survey was completed. More than half of the survey respondents (54%) believe Austin's residents do NOT have an equal chance of success with employment and earnings. When asked whether Austin had anti-poverty programs and policies in place, almost the same number of people indicated there were (42%) as people who did not know (38%). This demonstrates an opportunity to raise community awareness about Austin's programs and policies.
2. **Focus Groups**
 - a. **African Americans:** In thinking about improving quality of life as a queer Black person, participants expressed a desire to see more Black and Black queer businesses supported by the city and mentoring and personal/professional development for Black transgender leaders to sustain community building.
 - b. **Asian Americans:** Focus group members express need for the city to provide resources for employers to protect their employees and worker rights.
 - c. **Transgender and Gender Expansive Individuals:** It was mentioned that alternatives to sex work for transgender and gender-expansive individuals need to be developed and supported, as well as an increase of the minimum wage.
3. **Town Hall:** Economic opportunity was one of the highest-ranked domains of priority for participants. A key theme that emerged from the town hall was that economic opportunity was a significant concern.

Health

1. **Survey**
 - a. The majority of 1,973 respondents expressed worry about their health (63% indicated they worry a moderate amount, very much, and an extreme amount).
 - b. Tobacco use among friends is high. When asked which best describes how many of your closest friends use tobacco products, 60% of 1,917 respondents said some, most, or all of them.
 - c. Alcohol consumption is also a health concern as 76% of 1,919 respondents had a drink containing alcohol in the past 30 days. 23% consumed a drink containing alcohol 10 days or more in 30 days. Further, of 1,462 respondents, 45% consumed three or more drinks on one occasion for six days or more during the month.
 - d. Of the 114 respondents who indicated they injected drugs, alarmingly 80% had shared needles or injection equipment. Harm reduction efforts to stop the spread of HIV and HepC among injection drug usage is an important LGBTQIA+ quality of life issue.
 - e. When asked if the respondent received sex education in an Austin middle school or high school, 18% of 1,856 respondents did not receive this education at any point. 21% said they received the education, but with no LGBTQIA+ information. This highlights the need for improved LGBTQIA+ sexual health information in schools.
 - f. Of the 1,850 respondents, 63% of cisgender men and 21% of gender expansive respondents indicated they take PrEP currently. 19% of cisgender women and 14% of transgender men who responded indicated they take PrEP sometimes. Upon further analysis, 42% of cisgender women, 24% of cisgender men and 21% of gender expansive respondents had never heard of PrEP until completing the survey.

2. Focus Groups

- a. **African Americans:** Other recommendations to improve the quality of life included increasing culturally competent health care services in Austin and access to affordable health care coverage and services.
- b. **Asian Americans:** Participants would like to see collective action around improving health care access. Another participant disclosed the difficulty of finding a therapist of color who is culturally competent and would understand her experience as a transgender person identified Asian-American.
- c. **Older Adults:** Someone spoke about the cultural barriers to mental health care, including the stigma that prevails about being half Black and half Mexican and the financial barriers to accessing mental health care.
- d. **Transgender and Gender Expansive Individuals:** In terms of health care, the ability to see a medical professional who understands and supports the physiological and psychological aspects of gender identity is paramount. One participant disclosed their satisfaction with a local provider who is very accessible, trustworthy, and was able to get name and gender change with ease due to the support of this physician. Others have experienced more difficulty in finding culturally competent care. One participant noted they never had a Black doctor or doctor of color to understand their experience of transitioning. Health care insurance and the high cost of health care is a significant concern for transgender and gender-expansive individuals. One participant has employer-sponsored insurance but is worried if they no longer are employed. Access to culturally competent mental health, counseling, and support groups was mentioned as a challenge.

Housing

1. **Background:** According to the National Center for Children in Poverty, “rent burden is defined as spending more than 30 percent of household income on rent.”⁷ Before the COVID-19 pandemic, 37.1 million households (30 percent) in the United States were cost-burdened in 2019, spending over 30 percent of their incomes on housing, including 17.6 million (14 percent) who were severely cost-burdened (spending over 50 percent of their incomes on housing),⁸ according to the Joint Center for Housing Studies of Harvard University. Apartment List conducted a study in 2019 that found that 49.3% of all Austin renters are cost-burdened and 23% of all Austin renters were “severely” cost-burdened.⁹ In addition to rent burden, housing discrimination among LGBTQIA+ individuals was noted in the key stakeholder interviews, focus groups, and the community survey. Fortunately, the Biden Administration is addressing this issue as HUD announced its proposal to restore the 2013 Discriminatory Effects Rule on June 21, 2021.
 - a. [HUD Proposes Restoring Discriminatory Effects Rule | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)
2. **Survey:** 65% (1,166) of total respondents report spending 30% or more of their monthly income on housing and 17% (307) report spending 50% or more of their monthly income on housing.” 10% (187) of all respondents report currently being or having experienced homelessness at some

⁷ [https://www.nccp.org/publication/rent-burden-housing-subsidies-and-the-well-being-of-children-and-youth/#:~:text=Rent%20burden%20is%20defined%20as,54%20percent\)%20experienced%20rent%20burden.&text=Thus%2C%20the%20current%20housing%20problem,with%20children%20is%20rent%20burden](https://www.nccp.org/publication/rent-burden-housing-subsidies-and-the-well-being-of-children-and-youth/#:~:text=Rent%20burden%20is%20defined%20as,54%20percent)%20experienced%20rent%20burden.&text=Thus%2C%20the%20current%20housing%20problem,with%20children%20is%20rent%20burden)

⁸ https://www.jchs.harvard.edu/sites/default/files/interactive-item/files/Harvard_JCHS_State_of_the_Nations_Housing_2020_Key_Facts.pdf

⁹ <https://www.apartmentlist.com/research/cost-burden-2019>

point. 17% (137) of people of color who responded, 16% (101) of transgender respondents, and 9% (21) of young adult respondents report the same.

3. **Key stakeholder interviews:** The availability of affordable housing and space for the LGBTQIA+ community emerged as a priority among interviewees. Specifically, homelessness was an area of concern and disproportionately among LGBTQIA+ youth, people of color, and queer and transgender people of color.
4. **Town Hall:** Housing was the highest-ranked domain of priority for participants.

Safety

1. Survey

- a. Of 2,029 respondents, 52% knew someone in Austin that had experienced a physical threat or attack because they were LGBTQIA+ in their lifetime. Of that 52%, 41% within the last five years. Fifty-three percent of respondents reported experiencing verbal abuse or harassment in Austin because they are LGBTQIA+, of which 41% of these experiences were within the last five years. From 2012 respondents, 550 (27%) had experienced physical threat or attack in the previous five years and 30% at some point in their lifetime because they were LGBTQIA+. Of these respondents, 62% did not report or seek help.
- b. Out of 1,989 respondents, only 3% who had a relationship with a romantic or intimate partner did not feel safe. However, 12% had been physically hurt or threatened by their partner. Of 1,988 respondents, 10% of those who had a romantic or intimate partner had been pressured to, or made to, engage in unwanted sexual activities. In contrast, 57% of respondents were pressured to or made to, engage in unwanted sexual activities from someone who was not their partner in their lifetime, and 32% within the last five years.
- c. Queer people of color, youth, and transgender/gender-expansive individuals indicate a greater percentage of negative interaction with law enforcement (24%, 21%, and 35%, respectively).

2. Key Stakeholder Interviews:

- a. Most interviewees reported feeling welcome and accepted most of the time in Austin. For those who did not, their safety depended on the environment and context, as certain spaces and settings felt safer than others.
- b. One interviewee said that presenting visibly queer can bring unwanted attention and harassment and others noted they do not and have not presented as authentically as they would like in order to protect themselves.
- c. Some interviewees who identify as people of color and/or gender-expansive reported not being afforded the same privileges of safety that white, cisgender, masculine, and/or able-bodied LGBTQIA+ individuals have in Austin.
- d. Many interviewees understood Austin as relatively safer for LGBTQIA+ individuals than the rest of Texas, specifically in more rural areas of Texas, however there are still incidents of discrimination and harassment, disproportionately impacting people of color and gender-expansive individuals.
- e. Some Black and transgender interviewees reported not feeling safe with APD or other police forces in Austin (i.e., UT Police).

3. Focus Groups

- a. **African Americans:** When asked about safety and justice, participants offered a range of concerns and desires. Of key concern is the need for the Austin Police Department to address stigma, implicit bias, and racism in the department through culturally competent, ongoing training. Participants do not feel safe around police as they are more likely to be

stopped by the police due to their Blackness. There was consensus about the worry of safety for and need to protect Black transgender individuals who encounter the police. Participants expressed a desire that the city would look at alternatives to policing, improve how Black transgender victims of sexual crimes are treated, and to have the police department create a paid queer Black liaison as oversight for improving community relations (in addition to having a Latino LGBT community liaison).

- b. **Asian Americans:** Areas for improvement primarily focused on public safety and the Austin Police Department. Participants noted incidents of harassment and assaults and felt that the police department has its priorities in the wrong places. Other areas for improvement in safety include support for sex workers, financing for queer Asian spaces, and investments in arts and education for Asian spaces. Solutions for improving public safety and justice included divesting from police and investing in community models for safety. Ideas included restorative justice, community policing, building trust in the community between the police and community members, and facilitating connective conversations and discourse, which would help build connection. Another recommendation was made for the city of Austin to take a stance against the growing number of armed militias, proud boys, anti-maskers, and more that are coming onto the UT Campus and capitol grounds.
- c. **Transgender and Gender Expansive Individuals:** When thinking about safety and justice, the distrust of the Austin Police Department was noted. One participant stated that the department's behavior toward transgender and gender-expansive people is despicable, and the entire department needs training. Others felt safety goes beyond APD.

Diversity, Equity, and Inclusion

1. Survey:

- a. Four out of five survey respondents believe racism is a public health crisis (83%)
- b. Queer people of color, youth, and transgender/gender-expansive individuals indicate a greater percentage of negative interaction with law enforcement (24%, 21%, and 35%, respectively).
- c. Transgender people of color survey respondents experience greater employment denials/terminations, negative interactions with police, suicidality, spending more than 50% of their income on housing, and worry about money than all respondents.
- d. Queer people of color had a higher percentage of reporting feeling worthless, and more than half of the queer people of color reported feeling down.
- e. A higher percentage of queer people of color (36%) and transgender/gender-expansive individuals (38%) have applied for public or private assistance.

- 2. **Key Stakeholder Interviews:** Many community members mentioned the desire for action and commitment on the city level to address racial/ethnic inequities in Austin. Although the policy suggestions and approaches to handling this issue vary, many community members feel this is a priority and interconnected in many ways to quality of life for LGBTQIA+ communities. The Austin Police Department has made a step in the right direction by creating an LGBT liaison who is a person of color.

3. Focus Groups

- a. **African Americans:** Focus groups members mentioned several factors that impact their quality of life, including lack of resources for Black queer and trans individuals, long-existing health disparities (highlighted by COVID-19), the gentrification of communities, the cost of housing, and tokenization of people of color in both private and public sectors.

- b. **Asian Americans:** Focus group members recommend having businesses be more inclusive through training and the commitment to equity and inclusion, requiring training for businesses around cultural competency. They also recommended more education and training for city employees and the police force around the competency of stigma and bias.
 - c. **Older Adults:** It was noted by focus group members that the city needs to address racism and structural inequity, provide more representation and visibility of people of color within city government, and be accountable for the impact of their services on the community.
 - d. **Transgender and Gender Expansive Individuals:** One participant mentioned that they don't think Black people will ever feel safe in this country and that it's not the responsibility of Black people to address racism. The participant offered that white people need to work with white people and acknowledge that racism is a public health issue.
- 4. Town Hall Key Themes
 - a. Continue to center Black & Brown queer and transgender individuals in this work.
 - b. Involve people of color in informing policy to make true change.

Recommendations

Many of the LGBTQIA+ Quality of Life recommendations below reinforce strategies described by the [City of Austin's Strategic Direction 2023](#). Where noted, HMA has tied the specific recommendation to the City's strategic outcome areas. They include: Economic Opportunity & Affordability (EOA), Mobility (M), Safety (S), Health and Environment (HE), Culture & Lifelong Learning (CLL), and Government That Works for All (GTW). The cross-references to the specific city strategies are indicated in **orange brackets []**. The recommendations also align to the City's cross-cutting values of Equity, Affordability, Innovation, Sustainability and Resiliency, Proactive Prevention, and Community Trust and Relationships.

Key Recommendations

1. Enhance sexual orientation and gender identity (SOGI) data collection efforts.
2. Develop affordable housing opportunities
3. Address health disparities and create a pipeline of culturally competent providers.
4. Lead with anti-racist policies, investments, and strategies.
5. Bolster support for queer Black, indigenous, and people of color (BIPOC).
6. Prioritize the needs of transgender and gender-expansive individuals.
7. Invest in the establishment of an LGBTQIA+ community center.

Diversity, Equity, and Inclusion

1. Continue to center equity in all policy and financial resource allocations and that those allocations be inclusive of the LGBTQIA+ population **[GTW2, GTW3, GTW12]**
2. Continue to provide representation and visibility of people of color within city government (i.e., build workforce pipelines like paid internships, collaborations with youth camps/leadership programs, review of recruitment practices, and review of retention policies). **[GTW5, GTW6, GTW7, CLL 1, CLL2, CLL3]**
3. Enforce and hold agencies accountable to the Mayor's mandated training "Undoing Racism"
4. Collect Sexual Orientation and Gender Identity (SOGI) data across public agencies at the city and county level. **[CLL2, GTW4]**

Community and Social Connectedness

1. Investing in an LGBTQIA+ cultural center and cultural district that is inclusive of all community sectors (specifically LGBT older adults, people of color, youth and TAY and transgender/gender-expansive individuals). A community center can co-locate health and social services, event space, meetings rooms, office space, etc., and act as a clearinghouse of information for LGBT resources. [CLL1, CLL2, CLL3, CLL4, CLL5, CLL6]
2. Empower and provide resources for the Austin LGBTQ commission to bring LGBT organizations and stakeholders together in workshops or townhalls to improve communication and advance the recommendations in this study. [CLL1, CLL3, CLL4]
3. Form a transgender/gender-expansive council through the office of the mayor. [GTW5, GTW6]

Economic Opportunity

1. Provide low-cost loans or grants to LGBT entrepreneurs (in collaboration with LGBT Chamber of Commerce) to start a new business, expand current operations and workforce, or buy new equipment. This requires an equitable funding model to center Queer people of color who own businesses. [EOA1, EOA2, EOA3, EOA4, EOA12]
2. Increase the minimum wage to a wage where LGBTQIA+ people can not only survive but thrive. [EOA1, EOA2, EOA3, EOA4, EOA12, CLL7]
3. Enact employment non-discrimination ordinances with strong, clear penalties and robust enforcement for violations. [EOA1, EOA2, EOA3, EOA4]

Health

1. The City should fund transgender health care services that are accessible, especially to youth. [HE1, HE2, HE3, HE5, HE6, HE7]
2. Implement Project Echo on a city level to coordinate care between providers around LGBT health issues. Project ECHO is a guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world. Through innovative tele-mentoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. [HE1, HE2, HE3, HE5, HE6, HE7]
3. Prioritize and provide resources for the HIV Planning Council's 2017-2021 Austin Integrated HIV Prevention and Care Plan and adopt the four National Ending the HIV Epidemic (EHE) strategies to reduce HIV transmission among queer and transgender people of color. [HE1, HE2, HE3, HE5, HE6, HE7]
4. Develop a pipeline (internships, etc.) and establish financial incentives to attract LGBTQIA+ Asian, Black, and Hispanic healthcare providers (MD's, MA's, therapists) to the City of Austin. [HE1, HE2, HE3, HE5, HE6, HE7, EOA1, EOA2, EOA3, EOA4, EOA12, CLL1, CLL3]

Housing

1. Increase awareness and access to rental assistance programs to offset the cost of housing. [EOA6, EOA7, EOA8, EOA9]
2. Rectify the 1928 housing affordability plan with an amendment that establishes and affirms the City's Core Values, supports and invests in developing the right mix of housing options and inventory, and protects and incentivizes Black and Hispanic-owned businesses. [EOA7]
3. Investigate/review all contracts to long-term use of public land. [EOA6, EOA7, EOA8, EOA9]
4. Support current and long-term residents of low- and middle-income communities by investing in the building of low- and middle-income housing and divesting from luxury development in low- and middle-income areas. [EOA6, EOA7, EOA8, EOA9]
 - a. Create and enforce policies around development that developers cannot circumvent.
5. Enforce housing non-discrimination ordinances with stronger penalties for violations. [EOA7, EOA8]

6. Investment in affordable housing and assisted living for LGBTQ older adults. An example of this is the Los Angeles LGBT Center's Triangle Square, the nation's first and largest affordable housing complex for low-income lesbian, gay, bisexual, and transgender seniors. Additionally, Dallas LGBT Resource Center has launched a \$4 million campaign to construct LGBTQ-friendly and affordable senior housing¹⁰. **[EOA6, EOA7, EOA8, EOA9]**

Safety

1. Divestment from current policing models of safety and investing in a broader range of social response (i.e. mental health first aid, crisis hotlines for DV/IPV/Family Violence/homelessness). **[S1, S2, S3, S9, S10, S11]**
2. Create a cadre of LGBT community liaisons for APD that represent LGBTQIA+ Black, Latino, Asian, and other subpopulations. **[GTW3, GTW5, GTW6]**
3. Mandate ongoing LGBTQIA+ cultural competency training that addresses stigma, implicit bias, and racism for APD and all public safety personnel. **[GTW3, GTW5, GTW6]**
4. Advocate for a state law that would ban the use of "gay panic" and "trans panic" legal defenses. A list of the 15 states that have enacted this type of legislation can be found here: [Gay/Trans Panic Defense Laws](#). **[S1, S2, GTW3]**

¹⁰ <https://dallasvoice.com/resource-center-launches-a-4m-capital-campaign-for-lgbtq-friendly-senior-housing/>

Conclusion

Austin's LGBTQIA+ community is vibrant and is diverse by age, race and ethnicity, sexual orientation, and gender identity. Austin is host to Black Pride, Austin Pride, and queer bomb, all of which seek to bring people together to celebrate and rejoice in community. Austin has numerous LGBTQIA+ community-based organizations and hundreds of social groups. It is home to allgo, Austin Black Pride, Austin Up, Out Youth, Qwell Foundation, UpRising, and Vivent Health, all of whose missions are to serve a diverse community. It is home to the Austin Galano Club, which serves LGBTQIA+ people in recovery. However, and most surprisingly, Austin is one of the few major metropolitan cities that isn't home to an LGBTQIA+ community center or community space.

Across the age spectrum, a significant number of community members are identifying outside the gender binary and outside labels of LGBT. It represents an evolution in the language and terminology community members are using to describe themselves. While how people express themselves have expanded, some challenges exist within the LGBTQIA+ community. Transgender people of color face multiple oppressions. There are increasing numbers of aging LGBTQIA+ community members whose needs around stability and culturally competent assisted-living need to be addressed. Older adults are also vulnerable to losing housing and becoming socially isolated. Gentrification and the lack of affordable housing contribute to the displacement of youth, older adults, and people of color. And youth continue to face anti-LGBT bullying and family rejection.

LGBTQIA+ individuals who are African American, Latino, and Asian American face challenges because of the stigma that the identity has in that community. At the same time, they note that they do not always feel well accepted or well served by organizations and agencies that are predominately white. Some LGBTQIA+ individuals enjoy living in suburban and rural areas, but there is also a sense that they feel isolated and less well accepted than they would in more urban areas of Austin.

Nearly two-thirds (71%) of survey respondents agree that the Quality of Life Study will be helpful to Austin's LGBTQIA+ community. HMA Community Strategies implores community members, the LGBTQIA+ QoL commission, and City Council to act so that this study does not live on a virtual shelf. Bring the study to life by thoughtfully considering and working on the recommendations of the report.

About HMA Community Strategies

Health Management Associates is an independent, national research and consulting firm specializing in publicly funded healthcare and social services policy, programs, financing, and evaluation. HMA formed HMA Community Strategies® (HMACS) in 2014. The HMACS team works directly with communities to identify needs and organize around them. We also work with community-based organizations, policymakers, and healthcare payers and entities to identify and implement solutions. With more than 20 offices and over 300 multidisciplinary consultants coast to coast, our expertise, services, and team are always within client reach. <https://www.healthmanagement.com/services/community-strategies/>

Appendix

A - Adult LGBT Population in the US – Williams Institute

B – MSA-LGBT Ranking

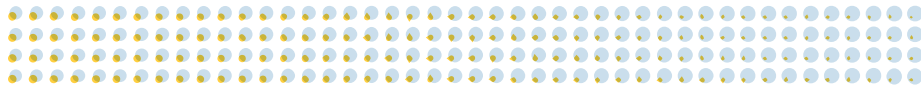
C – LGBT Snapshot

D – Austin Chronicle

E – QWELL Survey Summary

F – Terminology

G – Power Analysis Maps



ADULT LGBT POPULATION IN THE UNITED STATES

AUTHORS:

 Kerith J. Conron
 Shoshana K. Goldberg

FACT SHEET / JULY 2020

Table 1. Estimated number of LGBT adults in the US and by state

	% LGBT	LGBT (Total)	LGB (Total)	LGB (Cisgender)	LGB (Trans)	TRANSGENDER (Total)	TRANSGENDER (Straight/Other)	TRANSGENDER (LGB)
US	4.5%	11,343,000	10,338,000	9,946,000	392,000	1,397,150	1,005,000	392,000
Alabama	3.1%	117,000	101,000	95,000	6,000	22,500	16,000	6,000
Alaska	3.7%	21,000	19,000	18,000	1,000	2,700	2,000	1,000
Arizona	4.5%	242,000	220,000	212,000	9,000	30,550	22,000	9,000
Arkansas	3.3%	76,000	66,000	62,000	4,000	13,400	10,000	4,000
California	5.3%	1,615,000	1,458,000	1,397,000	61,000	218,400	157,000	61,000
Colorado	4.6%	200,000	185,000	179,000	6,000	20,850	15,000	6,000
Connecticut	3.9%	111,000	102,000	99,000	3,000	12,400	9,000	3,000
Delaware	4.5%	34,000	31,000	30,000	1,000	4,550	3,000	1,000
D.C.	9.8%	56,000	45,000	41,000	4,000	14,550	10,000	4,000
Florida	4.6%	772,000	700,000	672,000	28,000	100,300	72,000	28,000
Georgia	4.5%	356,000	316,000	301,000	16,000	55,650	40,000	16,000
Hawaii	4.6%	52,000	46,000	43,000	2,000	8,450	6,000	2,000
Idaho	2.8%	36,000	32,000	31,000	1,000	4,750	3,000	1,000
Illinois	4.3%	426,000	390,000	376,000	14,000	49,750	36,000	14,000
Indiana	4.5%	229,000	209,000	202,000	8,000	27,600	20,000	8,000
Iowa	3.6%	87,000	82,000	79,000	2,000	7,400	5,000	2,000
Kansas	3.3%	73,000	66,000	63,000	3,000	9,300	7,000	3,000
Kentucky	3.4%	117,000	104,000	99,000	5,000	17,700	13,000	5,000
Louisiana	3.9%	139,000	124,000	119,000	6,000	20,900	15,000	6,000

	% LGBT	LGBT (Total)	LGB (Total)	LGB (Cisgender)	LGB (Trans)	TRANSGENDER (Total)	TRANSGENDER (Straight/Other)	TRANSGENDER (LGB)
Maine	4.9%	53,000	49,000	48,000	2,000	5,350	4,000	2,000
Maryland	4.2%	198,000	182,000	175,000	6,000	22,300	16,000	6,000
Massachusetts	5.4%	296,000	275,000	267,000	8,000	29,900	22,000	8,000
Michigan	4.0%	311,000	288,000	279,000	9,000	32,900	24,000	9,000
Minnesota	4.1%	175,000	158,000	151,000	7,000	24,250	17,000	7,000
Mississippi	3.5%	79,000	70,000	66,000	4,000	13,650	10,000	4,000
Missouri	3.8%	180,000	162,000	155,000	7,000	25,050	18,000	7,000
Montana	2.9%	24,000	22,000	21,000	1,000	2,700	2,000	1,000
Nebraska	3.8%	55,000	51,000	49,000	2,000	5,400	4,000	2,000
Nevada	5.5%	127,000	118,000	114,000	4,000	12,700	9,000	4,000
New Hampshire	4.7%	51,000	48,000	46,000	1,000	4,500	3,000	1,000
New Jersey	4.1%	288,000	266,000	258,000	8,000	30,100	22,000	8,000
New Mexico	4.5%	72,000	64,000	60,000	3,000	11,750	8,000	3,000
New York	5.1%	800,000	744,000	722,000	22,000	78,600	57,000	22,000
North Carolina	4.0%	319,000	287,000	274,000	13,000	44,750	32,000	13,000
North Dakota	2.7%	16,000	14,000	14,000	<1,000	1,650	1,000	<1,000
Ohio	4.3%	389,000	361,000	349,000	11,000	39,950	29,000	11,000
Oklahoma	3.8%	113,000	100,000	95,000	5,000	18,350	13,000	5,000
Oregon	5.6%	183,000	169,000	163,000	6,000	19,750	14,000	6,000
Pennsylvania	4.1%	416,000	384,000	372,000	12,000	43,800	32,000	12,000
Rhode Island	4.5%	38,000	35,000	34,000	1,000	4,250	3,000	1,000
South Carolina	3.5%	137,000	122,000	116,000	6,000	21,000	15,000	6,000
South Dakota	3.0%	20,000	18,000	17,000	1,000	2,150	2,000	1,000
Tennessee	3.5%	182,000	160,000	151,000	9,000	31,200	22,000	9,000
Texas	4.1%	858,000	768,000	733,000	35,000	125,350	90,000	35,000
Utah	3.7%	80,000	75,000	73,000	2,000	7,200	5,000	2,000
Vermont	5.2%	26,000	24,000	23,000	1,000	3,000	2,000	1,000
Virginia	3.9%	257,000	233,000	223,000	10,000	34,500	25,000	10,000
Washington	5.2%	300,000	276,000	267,000	9,000	32,850	24,000	9,000
West Virginia	4.0%	58,000	53,000	52,000	2,000	6,100	4,000	2,000
Wisconsin	3.8%	171,000	158,000	152,000	5,000	19,150	14,000	5,000
Wyoming	3.3%	15,000	14,000	13,000	<1,000	1,400	1,000	<1,000

Note: Population estimates accompany the Williams Institute's [LGBT Demographic Data Interactive](#). Due to rounding, estimates for subgroups (i.e., LGB cisgender adults, LGB transgender adults) will not always add up to the total (i.e., all LGBT adults). As detailed in the methodological notes below, % LGBT draws upon 2017 data for the US estimate and from 2015-2017 or 2012-2017 aggregated data for state estimates. This means that the sum of all state estimates will not equal the total estimated number of US adults.

METHODOLOGICAL NOTES

% LGBT: The estimated percentages of adults age 18 and older who identify as LGBT is derived from the Gallup Daily Tracking Survey. The Gallup Daily Tracking survey is an annual list-assisted random digit dial (70% cell phone, 30% landline) survey, conducted in English and Spanish, of approximately 350,000 U.S. adults ages 18 and up who reside in the 50 states and the District of Columbia.

LGBT identity is based on response to the question, “Do you, personally, identify as lesbian, gay, bisexual, or transgender?” Respondents who answered “yes” were classified as LGBT. Respondents who answered “no” were classified as non-LGBT. Estimates derived from other measures of sexual orientation and gender identity will yield different results.

National estimates of the percentage of the population that is LGBT-identified use 2017 Gallup data, while state estimates use 2015-2017 data unless otherwise noted. Due to small overall population sizes, 2012-2017 data were aggregated for the following states: Alaska, Delaware, Hawaii, Idaho, Mississippi, Montana, New Hampshire, North Dakota, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming. All percentages correspond to those reported in the Williams Institute’s [LGBT Demographic Data Interactive](#).

LGBT (Total): To estimate the number of LGBT adults age 18 and older, nationally and by state, the weighted percentage of LGBT Gallup Daily Tracking respondents was applied to 2017 population estimates produced by the US Census Bureau (based on projections from the 2010 Census) for adults ages 18 and up and rounded to the nearest 1,000. Census estimates were obtained via American FactFinder Table PEPSYASEX, “Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2017.”

Range: To provide lower and upper bound estimates of the number of LGBT adults, nationally and by state, the lower and upper 95% confidence intervals for each weighted percentage were applied to the population estimates produced by the US Census Bureau as described above. $95\% \text{ confidence interval} = \% \text{ LGBT} + (1.96 * \% \text{ LGBT STANDARD ERROR})$. Ranges reflect the natural imprecision (due to sampling error) in percentages and estimates that are based upon survey samples rather than a census count.

Table 2. Upper and lower bound estimates of the number of LGBT adults, national and by state

	# LGBT (Total)	RANGE
US	11,343,000	11,091,000, 11,595,000
Alabama	117,000	106,000, 132,000
Alaska	21,000	17,000, 24,000
Arizona	242,000	226,000, 264,000
Arkansas	76,000	64,000, 85,000
California	1,615,000	1,585,000, 1,676,000
Colorado	200,000	187,000, 217,000
Connecticut	111,000	100,000, 125,000
Delaware	34,000	29,000, 41,000
D.C.	56,000	49,000, 64,000
Florida	772,000	738,000, 822,000
Georgia	356,000	332,000, 380,000

	# LGBT (Total)	RANGE
Hawaii	52,000	44,000, 61,000
Idaho	36,000	31,000, 41,000
Illinois	426,000	396,000, 456,000
Indiana	229,000	209,000, 250,000
Iowa	87,000	77,000, 97,000
Kansas	73,000	64,000, 84,000
Kentucky	117,000	107,000, 131,000
Louisiana	139,000	125,000, 154,000
Maine	53,000	45,000, 61,000
Maryland	198,000	183,000, 216,000
Massachusetts	296,000	280,000, 318,000
Michigan	311,000	288,000, 335,000
Minnesota	175,000	163,000, 193,000
Mississippi	79,000	68,000, 91,000
Missouri	180,000	166,000, 199,000
Montana	24,000	21,000, 28,000
Nebraska	55,000	48,000, 62,000
Nevada	127,000	113,000, 141,000
New Hampshire	51,000	44,000, 57,000
New Jersey	288,000	267,000, 309,000
New Mexico	72,000	64,000, 82,000
New York	800,000	769,000, 832,000
North Carolina	319,000	295,000, 335,000
North Dakota	16,000	12,000, 19,000
Ohio	389,000	362,000, 416,000
Oklahoma	113,000	101,000, 128,000
Oregon	183,000	170,000, 199,000
Pennsylvania	416,000	385,000, 436,000
Rhode Island	38,000	33,000, 44,000
South Carolina	137,000	122,000, 153,000
South Dakota	20,000	16,000, 24,000
Tennessee	182,000	167,000, 203,000
Texas	858,000	817,000, 900,000
Utah	80,000	72,000, 89,000
Vermont	26,000	23,000, 30,000
Virginia	257,000	238,000, 271,000
Washington	300,000	282,000, 317,000
West Virginia	58,000	49,000, 68,000
Wisconsin	171,000	153,000, 185,000
Wyoming	15,000	12,000, 18,000

LGB (Cisgender): To estimate the number of LGB adults age 18 and older who are cisgender (i.e., do not identify as transgender), the estimated number of transgender adults (column 6) was subtracted from the estimated number of LGBT adults (column 2). Estimates are rounded to the nearest 1,000. This estimate excludes all transgender adults—including those who identify as LGB, as well as those who do not.

LGB (Trans): To estimate the number of LGB adults age 18 and older who identify as transgender, the estimated number of transgender adults (column 6) was multiplied by the percentage of transgender adults estimated to identify as LGB.

The percentages of transgender adults who identify as LGB and do not identify as LGB are derived from unpublished analyses of the 2015-2017 Behavioral Risk Factor Surveillance System (BRFSS) data conducted by the Williams Institute. See www.cdc.gov/brfss for more information about the BRFSS and the optional sexual orientation and transgender status ("SOGI") questions included on the BRFSS survey conducted by 34 states and the territory of Guam in 2015 or 2017.

BRFSS respondents who selected "yes, transgender, male-to-female," "yes, transgender, female-to-male," or "yes, transgender, gender-nonconforming" as responses to the question "Do you consider yourself to be transgender?" were categorized as transgender; those answering "no" were categorized as non-transgender (i.e., cisgender). Respondents who selected "lesbian or gay" or "bisexual" were categorized as LGB in response to the question "Do you consider yourself to be..?" Respondents who selected "straight" or who told the interviewer "other" were categorized as straight/other.

In the pooled 2015-2017 BRFSS data, 28.1% of transgender BRFSS respondents, identified as "lesbian or gay" (9.9%) or "bisexual" (18.1%), while 72.0% selected "straight" (64.9%) or said "other" (7.1%) as their sexual orientation. Due to rounding, percentages may not total to 100%.

Transgender (Total): The estimated percentage and number (rounded to the nearest 50) of adults ages 18 and older who identify as transgender are reported in: Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). [How Many Adults Identify as Transgender in the United States?](#) Los Angeles: Williams Institute.

Transgender (Straight/Other): To estimate the number of transgender adults who do not identify as LGB, the estimated number of transgender adults reported in Flores et al. (2016) was multiplied by the estimated percentage of transgender adults who did not identify as LGB (i.e., identified as "straight" or "other") in unpublished analyses of 2015-2017 BRFSS data (column 5).

Transgender (LGB): See LGB (Trans) above, which details calculations used to determine the estimated number of adults who identify as both LGB and transgender.

SUGGESTED CITATION

Conron, K.J., Goldberg, S.K., Adult LGBT Population in the United States. (July 2020). The Williams Institute, UCLA, Los Angeles, CA.

ACKNOWLEDGEMENTS

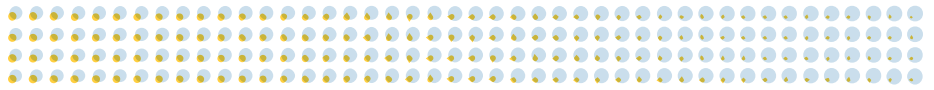
This fact sheet builds on a rich history of population estimation by the Williams Institute, led by Dr. Gary Gates, former Research Director.

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The Williams Institute at UCLA School of Law advances law and public policy through rigorous, independent research and scholarship, and disseminates its work through a variety of education programs and media to judges, legislators, lawyers, other policymakers and the public. These studies can be accessed at the Williams Institute website.

For more information

The Williams Institute, UCLA School of Law
Box 951476
Los Angeles, CA 90095-1476
Phone: (310) 267-4382
Email: williamsinstitute@law.ucla.edu
Website: <https://williamsinstitute.law.ucla.edu>



LGBT ADULTS IN LARGE US METROPOLITAN AREAS

AUTHORS:

Kerith J. Conron

Winston Luhur

Shoshana K. Goldberg

BRIEF / MARCH 2021

Table 1. Estimated number of US LGBT adults in large metropolitan statistical areas (MSA)

STATE	MSA ABBREVIATED NAME	% LGBT	# LGBT (Total)	RANGE
Arizona	Phoenix-Mesa-Scottsdale, AZ	4.3%	146,000	135,000, 158,000
	Tucson, AZ	4.7%	37,000	33,000, 43,000
California	Los Angeles, CA	5.1%	523,000	499,000, 548,000
	Riverside-San Bernardino-Ontario, CA	4.0%	133,000	122,000, 145,000
	Sacramento, CA	4.4%	77,000	69,000, 85,000
	San Diego, CA	4.5%	115,000	105,000, 126,000
	San Francisco/Bay Area, CA	6.7%	247,000	232,000, 262,000
	San Jose-Sunnyvale-Santa Clara, CA	3.8%	58,000	51,000, 67,000
	Denver, CO	4.8%	103,000	95,000, 112,000
Connecticut	Hartford-West Hartford-East Hartford, CT	4.6%	44,000	38,000, 51,000
District of Columbia	Washington, DC (DC-MD-VA)	4.5%	209,000	197,000, 222,000
Florida	Miami, FL	4.5%	214,000	199,000, 230,000
	Jacksonville, FL	4.2%	47,000	41,000, 54,000
	Orlando, FL	5.0%	93,000	84,000, 103,000
	Tampa-St. Petersburg-Clearwater, FL	4.8%	113,000	104,000, 123,000
Georgia	Atlanta, GA	4.6%	194,000	182,000, 207,000
Illinois	Chicago, IL (IL-IN-WI)	4.1%	298,000	280,000, 316,000
Indiana	Indianapolis, IN	4.6%	68,000	61,000, 76,000
Kentucky	Louisville, KY (KY-IN)	4.2%	42,000	36,000, 48,000
Louisiana	New Orleans, LA	4.7%	46,000	40,000, 53,000

STATE	MSA ABBREVIATED NAME	% LGBT	# LGBT (Total)	RANGE
Maryland	Baltimore, MD	4.1%	89,000	81,000, 98,000
Massachusetts	Worcester, MA (MA-CT)	4.5%	33,000	28,000, 39,000
	Boston, MA (MA-NH)	4.9%	186,000	174,000, 198,000
Michigan	Detroit, MI	3.9%	131,000	119,000, 143,000
Minnesota	Minneapolis-St. Paul, MN (MN-WI)	4.2%	112,000	103,000, 121,000
Missouri	St. Louis, MO (MO-IL)	3.7%	79,000	71,000, 88,000
	Kansas City, MO (MO-KS)	3.8%	60,000	53,000, 67,000
Nebraska	Omaha-Council Bluffs, NE (NE-IA)	3.4%	23,000	20,000, 27,000
Nevada	Las Vegas, NV	5.1%	82,000	73,000, 92,000
New Mexico	Albuquerque, NM	4.4%	31,000	27,000, 36,000
New York	Albany, NY	4.0%	28,000	24,000, 33,000
	Buffalo, NY	4.1%	37,000	32,000, 42,000
	Rochester, NY	4.3%	37,000	32,000, 43,000
	New York, NY (NY-NJ-PA)	4.5%	706,000	681,000, 733,000
North Carolina	Raleigh, NC	3.3%	32,000	27,000, 37,000
	Charlotte, NC (NC-SC)	4.0%	74,000	66,000, 83,000
Ohio	Cleveland, OH	3.8%	62,000	54,000, 70,000
	Columbus, OH	4.4%	67,000	60,000, 76,000
	Cincinnati, OH (OH-KY-IN)	3.6%	60,000	53,000, 67,000
Oklahoma	Oklahoma City, OK	3.8%	39,000	34,000, 45,000
	Tulsa, OK	4.1%	30,000	26,000, 35,000
Oregon	Portland, OR (OR-WA)	6.0%	112,000	104,000, 121,000
Pennsylvania	Pittsburgh, PA	3.3%	63,000	57,000, 70,000
	Philadelphia, PA (PA-NJ-DE-MD)	4.2%	198,000	185,000, 212,000
Rhode Island	Providence, RI (RI-MA)	4.5%	58,000	51,000, 65,000
Tennessee	Nashville, TN	3.7%	52,000	46,000, 59,000
Texas	Austin-Round Rock, TX	5.9%	90,000	82,000, 99,000
	Dallas-Fort Worth-Arlington, TX	4.0%	211,000	197,000, 226,000
	Houston, TX	3.5%	169,000	156,000, 183,000
	San Antonio, TX	4.4%	78,000	70,000, 88,000
Utah	Salt Lake City, UT	4.7%	39,000	35,000, 45,000
Virginia	Richmond, VA	4.1%	40,000	35,000, 47,000
	Virginia Beach-Norfolk-Newport News, VA	4.1%	55,000	48,000, 62,000
Washington	Seattle-Tacoma-Bellevue, WA	5.2%	152,000	141,000, 163,000
Wisconsin	Milwaukee-Waukesha-West Allis, WI	3.5%	42,000	37,000, 48,000

Note: Population estimates accompany the Williams Institute's MSA series.

Top 10 metropolitan areas in the US by LGBT population

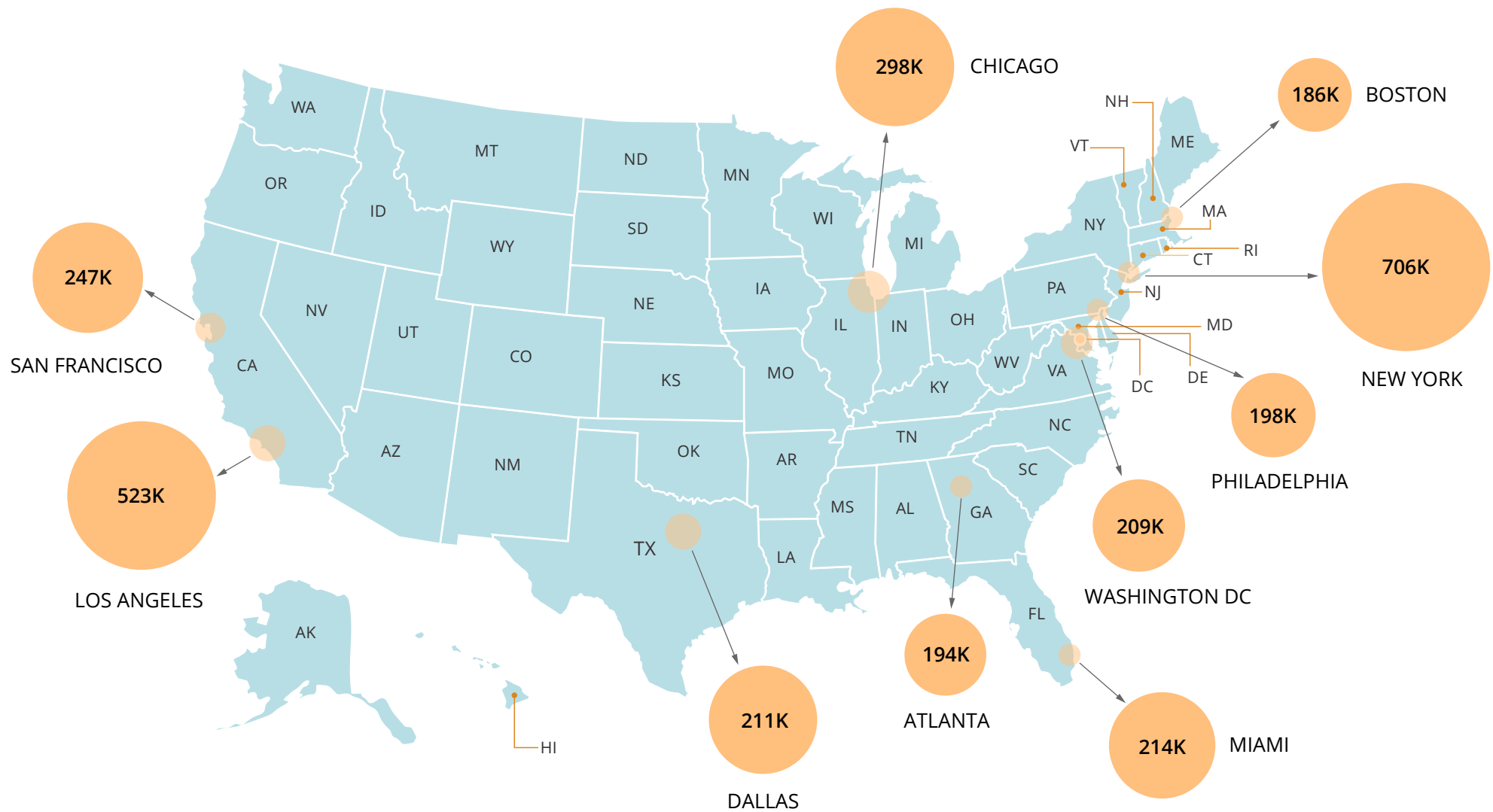


Table 2. Metropolitan areas ranked by LGBT population

RANK by LGBT #	MSA FULL NAME	MSA ABBREVIATED NAME	# LGBT (Total)	RANGE	% LGBT (Total)
1	New York-Newark-Jersey City, NY-NJ-PA Metro Area	New York, NY (NY-NJ-PA)	706,000	681,000, 733,000	4.5%
2	Los Angeles-Long Beach-Anaheim, CA Metro Area	Los Angeles, CA	523,000	499,000, 548,000	5.1%
3	Chicago-Naperville-Elgin, IL-IN-WI Metro Area	Chicago, IL (IL-IN-WI)	298,000	280,000, 316,000	4.1%
4	San Francisco-Oakland-Berkeley, CA Metro Area	San Francisco/Bay Area, CA	247,000	232,000, 262,000	6.7%
5	Miami-Fort Lauderdale-Pompano Beach, FL Metro Area	Miami, FL	214,000	199,000, 230,000	4.5%
6	Dallas-Fort Worth-Arlington, TX Metro Area	Dallas-Fort Worth-Arlington, TX	211,000	197,000, 226,000	4.0%
7	Washington-Arlington-Alexandria, DC-VA-MD-WV Metro Area	Washington, DC (DC-MD-VA)	209,000	197,000, 222,000	4.5%
8	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD Metro Area	Philadelphia, PA (PA-NJ-DE-MD)	198,000	185,000, 212,000	4.2%
9	Atlanta-Sandy Springs-Alpharetta, GA Metro Area	Atlanta, GA	194,000	182,000, 207,000	4.6%
10	Boston-Cambridge-Newton, MA-NH Metro Area	Boston, MA (MA-NH)	186,000	174,000, 198,000	4.9%
11	Houston-The Woodlands-Sugar Land, TX Metro Area	Houston, TX	169,000	156,000, 183,000	3.5%
12	Seattle-Tacoma-Bellevue, WA Metro Area	Seattle-Tacoma-Bellevue, WA	152,000	141,000, 163,000	5.2%
13	Phoenix-Mesa-Chandler, AZ Metro Area	Phoenix-Mesa-Scottsdale, AZ	146,000	135,000, 158,000	4.3%
14	Riverside-San Bernardino-Ontario, CA Metro Area	Riverside-San Bernardino-Ontario, CA	133,000	122,000, 145,000	4.0%
15	Detroit-Warren-Dearborn, MI Metro Area	Detroit, MI	131,000	119,000, 143,000	3.9%
16	San Diego-Chula Vista-Carlsbad, CA Metro Area	San Diego, CA	115,000	105,000, 126,000	4.5%
17	Tampa-St. Petersburg-Clearwater, FL Metro Area	Tampa-St. Petersburg-Clearwater, FL	113,000	104,000, 123,000	4.8%
18	Minneapolis-St. Paul-Bloomington, MN-WI Metro Area	Minneapolis-St. Paul, MN (MN-WI)	112,000	103,000, 121,000	4.2%
19	Portland-Vancouver-Hillsboro, OR-WA Metro Area	Portland, OR (OR-WA)	112,000	104,000, 121,000	6.0%
20	Denver-Aurora-Lakewood, CO Metro Area	Denver, CO	103,000	95,000, 112,000	4.8%
21	Orlando-Kissimmee-Sanford, FL Metro Area	Orlando, FL	93,000	84,000, 103,000	5.0%
22	Baltimore-Columbia-Towson, MD Metro Area	Baltimore, MD	89,000	81,000, 98,000	4.1%
23	St. Louis, MO-IL Metro Area	St. Louis, MO (MO-IL)	79,000	71,000, 88,000	3.7%
24	San Antonio-New Braunfels, TX Metro Area	San Antonio, TX	78,000	70,000, 88,000	4.4%
25	Charlotte-Concord-Gastonia, NC-SC Metro Area	Charlotte, NC (NC-SC)	74,000	66,000, 83,000	4.0%

Top 10 metropolitan areas in the US by LGBT percentage

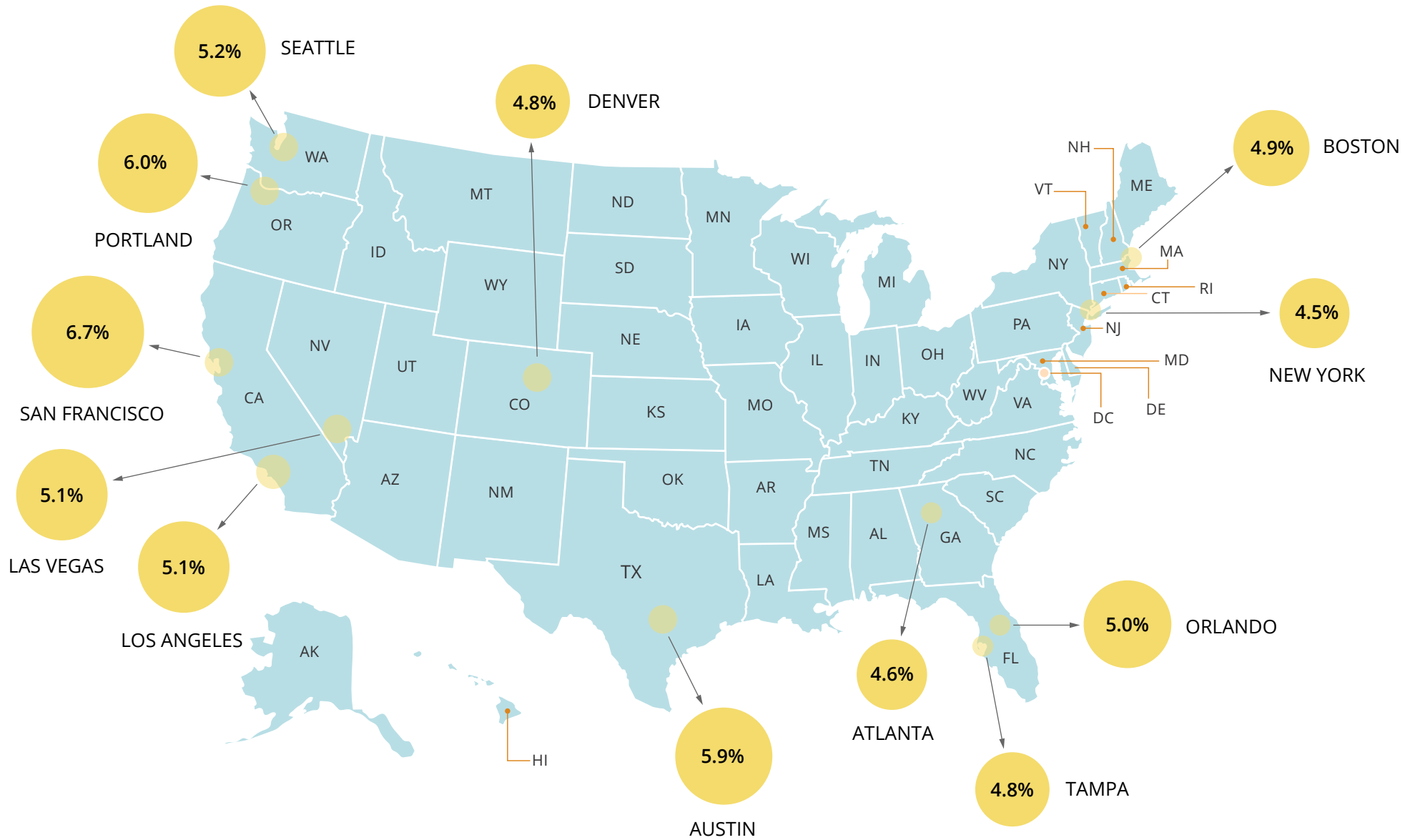


Table 3. Metropolitan areas ranked by LGBT percentage

RANK by LGBT %	MSA FULL NAME	MSA ABBREVIATED NAME	# LGBT (Total)	RANGE	% LGBT (Total)
1	San Francisco-Oakland-Berkeley, CA Metro Area	San Francisco/Bay Area, CA	247,000	232,000, 262,000	6.7%
2	Portland-Vancouver-Hillsboro, OR-WA Metro Area	Portland, OR (OR-WA)	112,000	104,000, 121,000	6.0%
3	Austin-Round Rock-Georgetown, TX Metro Area	Austin-Round Rock, TX	90,000	82,000, 99,000	5.9%
4	Seattle-Tacoma-Bellevue, WA Metro Area	Seattle-Tacoma-Bellevue, WA	152,000	141,000, 163,000	5.2%
5	Los Angeles-Long Beach-Anaheim, CA Metro Area	Los Angeles, CA	523,000	499,000, 548,000	5.1%
6	Las Vegas-Henderson-Paradise, NV Metro Area	Las Vegas, NV	82,000	73,000, 92,000	5.1%
7	Orlando-Kissimmee-Sanford, FL Metro Area	Orlando, FL	93,000	84,000, 103,000	5.0%
8	Boston-Cambridge-Newton, MA-NH Metro Area	Boston, MA (MA-NH)	186,000	174,000, 198,000	4.9%
9	Denver-Aurora-Lakewood, CO Metro Area	Denver, CO	103,000	95,000, 112,000	4.8%
10	Tampa-St. Petersburg-Clearwater, FL Metro Area	Tampa-St. Petersburg-Clearwater, FL	113,000	104,000, 123,000	4.8%
11	Tucson, AZ Metro Area	Tucson, AZ	37,000	33,000, 43,000	4.7%
12	New Orleans-Metairie, LA Metro Area	New Orleans, LA	46,000	40,000, 53,000	4.7%
13	Salt Lake City, UT Metro Area	Salt Lake City, UT	39,000	35,000, 45,000	4.7%
14	Hartford-East Hartford-Middletown, CT Metro Area	Hartford-West Hartford-East Hartford, CT	44,000	38,000, 51,000	4.6%
15	Atlanta-Sandy Springs-Alpharetta, GA Metro Area	Atlanta, GA	194,000	182,000, 207,000	4.6%
16	Indianapolis-Carmel-Anderson, IN Metro Area	Indianapolis, IN	68,000	61,000, 76,000	4.6%
17	San Diego-Chula Vista-Carlsbad, CA Metro Area	San Diego, CA	115,000	105,000, 126,000	4.5%
18	Washington-Arlington-Alexandria, DC-VA-MD-WV Metro Area	Washington, DC (DC-MD-VA)	209,000	197,000, 222,000	4.5%
19	Miami-Fort Lauderdale-Pompano Beach, FL Metro Area	Miami, FL	214,000	199,000, 230,000	4.5%
20	Worcester, MA-CT Metro Area	Worcester, MA (MA-CT)	33,000	28,000, 39,000	4.5%
21	New York-Newark-Jersey City, NY-NJ-PA Metro Area	New York, NY (NY-NJ-PA)	706,000	681,000, 733,000	4.5%
22	Providence-Warwick, RI-MA Metro Area	Providence, RI (RI-MA)	58,000	51,000, 65,000	4.5%
23	Sacramento-Roseville-Folsom, CA Metro Area	Sacramento, CA	77,000	69,000, 85,000	4.4%
24	Albuquerque, NM Metro Area	Albuquerque, NM	31,000	27,000, 36,000	4.4%
25	Columbus, OH Metro Area	Columbus, OH	67,000	60,000, 76,000	4.4%

METHODOLOGICAL NOTES

% LGBT: The estimated percentages of adults age 18 and older who identify as LGBT is derived from the Gallup Daily Tracking Survey. The Gallup Daily Tracking survey is an annual list-assisted random digit dial (70% cell phone, 30% landline) survey, conducted in English and Spanish, of approximately 350,000 U.S. adults ages 18 and up who reside in the 50 states and the District of Columbia.

LGBT identity is based on response to the question, “Do you, personally, identify as lesbian, gay, bisexual, or transgender?” Respondents who answered “yes” were classified as LGBT. Respondents who answered “no” were classified as non-LGBT. Estimates derived from other measures of sexual orientation and gender identity may yield different results.

Aggregated data collected from June 1, 2012 (when the LGBT identity question was first added to the Gallup survey) through December 31, 2017 were used to estimate the percentage of the population that is LGBT-identified in select US Metropolitan Statistical Areas (MSA). MSAs are defined by the Office of Management and Budget (OMB) as “at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.” MSAs were last delineated July 15, 2015 in OMB Bulletin No. 15-01; MSAs that changed boundaries since were aggregated together (e.g. the “Atlanta-Sandy Springs-Marietta, GA” MSA from 2012-2013 was aggregated with the “Atlanta-Sandy Springs-Roswell” 2014-2017 MSA into a single Atlanta area MSA). Within Gallup, respondents’ MSA name and code are pre-populated based on their ZIP code. All percentages are weighted using Gallup post-stratification MSA sampling weights that account for differences in 2017 survey sampling fractions, allowing estimates to be representative of the full MSA population.

MSA were selected for the MSA brief series if the aggregated Gallup sample included at least 200 LGBT-identified respondents – a sample size large enough to produce stable prevalence estimates. In general, the selected MSA are also the largest MSA in the US.

LGBT (Total): To estimate the number of LGBT adults age 18 and older by MSA, the weighted percentage of LGBT Gallup Daily Tracking respondents was applied to 2017 MSA population estimates produced by the US Census Bureau’s American Community Survey (ACS) for adults ages 18 and up and then rounded to the nearest 1,000. ACS population estimates by MSA were obtained via the data explorer on the Census Bureau website, in table DP05 “ACS Demographic and Housing Estimates” column 0021E “SEX AND AGE > Total population > 18 years and over” under 2017 ACS 5-Year Estimates Data Profiles.

Range: To provide lower and upper bound estimates of the number of LGBT adults by MSA, the lower and upper 95% confidence intervals for each weighted percentage were applied to the population estimates produced by the US Census Bureau as described above. $95\% \text{ confidence interval} = \% \text{ LGBT} + (1.96 * \% \text{ LGBT STANDARD ERROR})$. Ranges reflect the natural imprecision (due to sampling error) in percentages and estimates that are based upon survey samples rather than a census count.

SUGGESTED CITATION

Conron, K.J., Luhur, W., & Goldberg, S.K. Estimated number of US LGBT adults in Large Metropolitan Statistical Areas (MSA). (December 2020). The Williams Institute, UCLA, Los Angeles, CA.

ACKNOWLEDGEMENTS

This fact sheet builds on a rich history of population estimation by the Williams Institute, led by Dr. Gary Gates, former Research Director.

ABOUT THE WILLIAMS INSTITUTE

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The Williams Institute, UCLA School of Law
Box 951476
Los Angeles, CA 90095-1476
Phone: (310) 267-4382
Email: williamsinstitute@law.ucla.edu
Website: <https://williamsinstitute.law.ucla.edu>

LGBT SNAPSHOT

TEXAS | Austin

Austin-Round Rock



5.9%

LGBT Percentage of Population

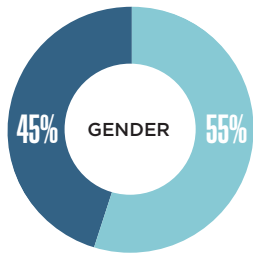
Male
45%Female
55%

Gender Ratio

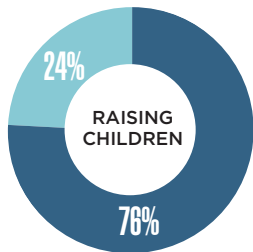
24%

Percentage with Children

CHARACTERISTICS OF LGBT PEOPLE ► AUSTIN METRO AREA



Male
Female



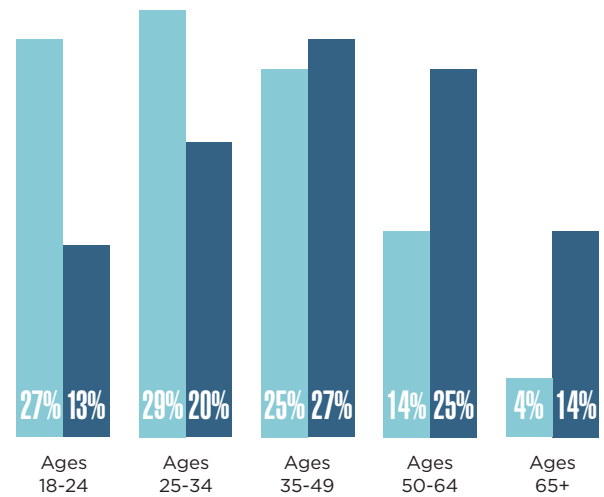
Raising
Not Raising

RACE/ETHNICITY



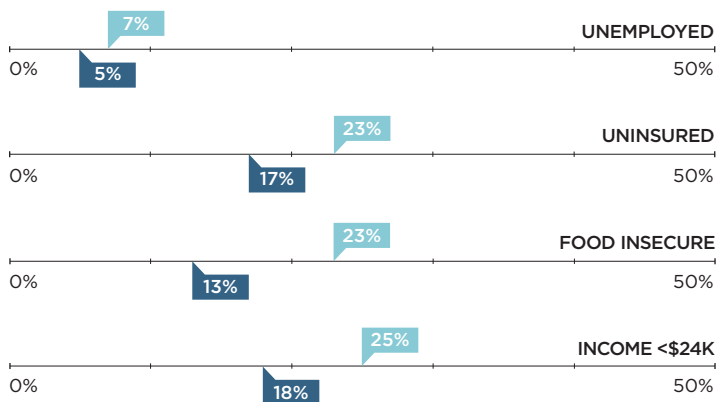
All other races 7%
Black 7%
Latino/a 30%
White 56%

AGE DISTRIBUTION



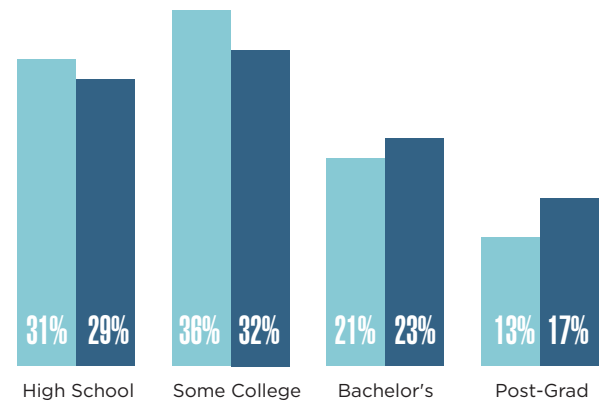
LGBT (average age 35.5)
Non-LGBT (average age 44.7)

SOCIOECONOMIC INDICATORS ► AUSTIN METRO AREA



LGBT
Non-LGBT

EDUCATION



LGBT
Non-LGBT

Analysis of data from Gallup Daily Tracking Survey. See bit.ly/MSAMethodology for methodology.

APPENDIX D

The Austin Chronicle

<https://www.austinchronicle.com/news/2019-08-09/the-history-of-the-lgbtq-movement-in-austin/>

The History of the LGBTQ Movement in Austin

From Stonewall to today, how Pride has progressed in our city

BY BETH SULLIVAN AND SARAH MARLOFF, AUGUST 9, 2019, NEWS

Dedicated to Beth Westbrook, Ceci Gratias, Tesía Samara, Lauryn Paige Fuller, Steve Thomas, Lisa Davis, and all those we've lost along the way.

\$1,500 was a lot of money in 1990. When the city of Austin required liability insurance to host a gay event in a public park for 2,000 people, the hefty price tag almost crippled Pride before it began. With only \$100 to its name, the newly formed Austin Lesbian and Gay Pride Commission had just enough to open a bank account and had already spent \$5 on printing checks.

In the end, money raised from advance ticket sales at \$2 a pop covered the cost of insurance – clearing the first of several hurdles for the city's original Pride. Kip Dollar, one of the founding members of the commission, recalled how rare it was for organizations to use "gay and lesbian" in official names at the time – as when he went to the Austin Police Department for a street closure permit. "I was petrified," he said. "I walked up to the front desk and addressed a handsome young police officer with my request. He looked at my application and said, 'Austin Lesbian and Gay Pride Commission? I didn't know there was such a thing.' To which I replied with a smile: 'There is now.' He smiled, stamped my permit, and wished me success with the event."

Pink Power: The Seventies

When we talk about the LGBTQ rights movement, so often the focus falls on the coastal hot spots – New York, San Francisco, Los Angeles: home to rebellions, sit-ins, kiss-ins, and protests long before the police raid and ensuing riot at the Mafia-run Stone-wall Inn in Greenwich Village in the early hours of June 28, 1969. But even before Stonewall, Austin, Texas, had a thriving – albeit underground – gay and lesbian scene.

In 1990, Eric Jason Ganther completed his UT-Austin master's thesis, "From Closet to Crusade: The Struggle for Lesbian-Gay Civil Rights in Austin, Texas, 1970-1982" (which lives in its entirety at the Austin History Center). The work was researched largely through interviews with folks who started and pushed Austin's movement forward – many of whom have since died. Though Ganther's work focuses on the years following Stonewall, he notes that prior to 1970, Austin's lesbian and gay community "was not politically conscious of itself," but it was active. The city's first documented gay bar – the Manhattan Club, located on Congress between Ninth and 10th streets – opened in 1958. (At least one operating gay bar has existed in Austin ever since.) Ganther concludes that by the late Sixties, Austin had an "underground network of socially active homosexuals" who met at bars and private homes.

According to activist, poet, and playwright Dennis Paddie, Austin's gay rights movement blossomed out of its anti-war movement. In February of 1970, *The Rag*, a political underground newspaper, ran an article titled "Pink Power!" which called for the "liberation of homosexuals" from a society of oppression. It was the first locally published piece written by self-identified gays – though it would not be the last.

A few months later, roughly 25 people attended a "meeting of homosexuals" – as it was advertised in *The Daily Texan* – on April 24, 1970, which is believed to be the first public meeting for lesbians and gays in Austin history. From it came Austin's Gay Liberation Front, one of several GLFs forming across the country and Texas' first radical gay organization.

Paddie, who told the *Chronicle* he was responsible for organizing this initial meeting, credited himself, Jim Denny, and "several women" who "banded together for liberation." Though the meeting was held at the University YMCA at 2330 Guadalupe, Paddie said Gay Liberation truly began on the site of today's Convention Center, in a little stone house located at 105 Neches that he, Denny, and other activists called home.

By its second meeting, the GLF registered to become an official UT student organization, which was denied by Assistant Dean of Students Edward Price; a long appeals process followed. For a brief 24 hours in December 1970, UT's Appeals Committee granted GLF official status, before it was rescinded by the school's interim President Bryce Jordan. The resulting court challenge delayed any gay groups from forming on campus for more than three years, until UT decided in March 1974 to settle out of court with the fizzling GLF and recognize the group.

Yet Paddie, who still writes plays in Austin today, said GLF's signal accomplishment was hosting the First Annual National Gay Conference on March 28-30, 1971. Using the *Liberation News Service*, an alternative news source that Paddie called the "unsung heroes of that era," Denny posted a call: "'Come to Austin for a convention, all you gay people,'" Paddie recalled. "And we did that and they all came and the whole town participated." More than 200 people were housed by local churches, social and political organizations – "even the Communist Party," recalled Paddie. Breakfast and dinner were provided, with political meetings in the evening. "It was a real convention. It was the first of its kind for gay people in the country, and maybe even in the world." Laughing, Paddie noted, "It was also very joyous. A celebration of everything. You'd have to have been here, really, to get what it was like."

Ganther suggests the conference helped spark Austin's "radical gay culture," but notes there was a "great scarcity of women." One woman, identified by Ganther under the pseudonym "Margaret," said many of the GLF men held "traditional anti-feminist views," which caused many lesbians to break away in June of 1971 to form Gay Women's Liberation.

This Must Be the Place: Austin Lesbians Organize

Also in 1971, some 400 miles north in Lubbock, Janna Zumbrun sought to break out of a stifling environment. Recognizing her situation – falling in love with her straight Texas Tech roommate – was no good for all parties, Zumbrun relocated from her native West Texas to the Forty Acres and complete culture shock. Hippies populated the Drag; UT students organized regular Vietnam War protests. "For a few years there, I hardly knew which way was up and which was down," she recalled. It was a period of

transformative life events for Zumbrun, including a new relationship. "I'd gotten involved with a woman, and my life changed completely."

Her partner was "determined to find other gay men or lesbians," and soon enough, she heard of a gay bar called the Pearl Street Warehouse. However, the couple didn't know the address, and being only familiar with the Pearl Street running through West Campus, they set out. "I cannot tell you how long we spent driving up and down Pearl Street," Zumbrun laughed. "We were just like, 'Where the hell is this bar?'" They decided to call the UT student counseling center for clues. To their surprise, the man who answered suggested they look in the phone book. "It never occurred to us that a gay bar would be listed. ... It just seemed like it would be so underground."

The Pearl Street Warehouse, according to Zumbrun, would be "packed" by the time midnight rolled around, but mostly with men. The Insomnia Club, a lesbian bar, had likely shuttered sometime between 1969, when it last appeared as "Club Insomnia" in that year's International Guild Guide – one of several LGBTQ travel guides circulated in the Sixties – and Zumbrun's arrival in 1971, as she recalls there were no lesbian bars in Austin at the time. (Based on "Margaret's" account of her first visit to the Insomnia Club in Ganther's thesis, we know the club existed since at least 1967.)

Gay Women's Liberation dissolved less than a year after its formation; it wasn't until January 12, 1975, that a new group, which would become the Austin Lesbian Organization, held its first meeting. The ALO included committees catering to a number of interests, explained Zumbrun. There was the softball team, the Amazons, and a soccer team called the Lavender Furies. There was a support group for mothers that helped raise funds to cover legal fees for those fighting for child custody. Armed with a mailing list, ALO started a newsletter that later became known as Goodbye to All That.

Ganther claims, "The most successful group to spring from the womb of ALO was the Common Woman Book Collective," founded by ALO members Nancy Lee and Flying Clouds in 1975. The CWBC was soon bought out by Susan Post – who remains the owner of what is BookWoman today. While Post wasn't a member of ALO, she and her partner at the time, who had a baby from an earlier relationship, made their "foray into the Austin lesbian community" when Lee encouraged the couple to connect with a "housebound" single lesbian mother with three kids. "She wanted our family to meet her so that there'd be solidarity," Post explained, noting that not a single one of the mothers fighting in court at the time was awarded custody.

According to Ganther, in March of its founding year, ALO hosted Austin's first openly advertised all-women's dance. Through ALO's relationship with the Austin Women's Political Caucus, the dance was held at Austin Women's Center – to which AWPC belonged and permitted ALO to hold meetings at – housed within the Texas Federation of Women's Clubs in West Campus. The building's back door faced another where the Silver Spurs, a UT service fraternity, were throwing a party that same night. Zumbrun, who attended the dance, said, "People from both events were coming out the back door to get a breath of fresh air, smoke, or whatever. It was not a good mix." Several Spurs "were hurling some insults" when an ALO member threw her beer in one of their faces. "Well, we thought that violence was about to ensue, so we grabbed her, pulled her inside, and we closed the door and we locked it."

While violence did not in fact ensue, the Spurs complained to TFWC. The federation, now aware of the Austin Women's Political Caucus' relationship with the ALO, issued them an ultimatum: Get rid of ALO, or the caucus must go. The caucus, according to Zumbrun, "did the right thing" and vacated the federation's building rather than kick out ALO. (The Silver Spurs incident wasn't ALO's only brush with homophobia. Later that year, during an ALO campout on Lake Travis, a woman – known to Zumbrun as "Annette" – was punched by one of several men in a pickup truck harassing the campers. "Annette" pressed charges and eventually won a conviction.)

Zumbrun, then pursuing a master's degree in social work at UT, soon settled into her passion for politics. In June 1975, the Austin City Council passed an Equal Employment Opportunity Ordinance that included an anti-discrimination protection for sexual orientation – a first for the Lone Star State. It was a rallying moment for ALO's political committee, then chaired by Bek Runte. "We decided that we wanted to go for getting additional ordinances, like housing, public accommodations," she explained. According to Zumbrun, ALO lobbied Council to get Zumbrun appointed to the Human Relations Commission, where in October 1975 Zumbrun became the first openly gay person in Austin's history to serve on a city commission.

Now known as the Human Rights Commission, the panel still advises Council on matters relating to discrimination. Zumbrun helped propose a Public Accommodations Ordinance with a sexual orientation protection, which Council passed unanimously in 1976. (Two years later, the ordinance would be tested when members of Gay Community Services – another organization born from the ashes of GLF – discovered that the Cabaret Disco at the Driskill Hotel prohibited same-sex dancing, resulting in a lawsuit. In 1979, a jury found the Driskill guilty of violating the ordinance and levied the maximum fine of \$200.)

Another win came in June 1976, when Mayor Jeff Friedman declared June 20-26 Gay Pride Celebration Week, marking Austin's third Pride celebration, following events in 1971 and 1975. Other advances included the formation of peer counseling collective Women/Space (1975) and feminist art collective Women & Their Work (1978), in addition to the creation of the Austin Rape Crisis Center and the Center for Battered Women – which later merged to form SafePlace and have since become today's SAFE Alliance. Many of these organizations' volunteers were lesbians or ALO members, according to Ganther's thesis.

ALO – which rebranded to Austin Lesbian-Feminist Organization in 1977 – fell apart sometime in 1978. By then, another lesbian bar called the Hollywood opened. "The 'Hollyweird,'" Post recalled, "was the place. There would be dramatic readings and sometimes poetry readings, but mostly, it was known for Julie, the DJ who would DJ topless." By Post's recollection, the burgeoning feminist bookstores and women's music scene of the late Seventies were signals of a new dawn. "That was kinda the renaissance of lesbian life."

We Are Everywhere: Fighting Back Against Discrimination

Austin's LGBTQ rights movement had scored several major wins in the decade following Stonewall, but a vehement anti-LGBTQ opposition was starting to take hold. At the national level, former beauty queen and singer Anita Bryant galvanized the Christian right with her "Save Our Children" campaign against pro-LGBTQ ordinances across the country. On the local level, the liberal Council led by Friedman was

supplanted in 1977 by a conservative crew under Mayor Carole Keeton McClellan, previously president of the Austin school board.

Recognizing the need to remain organized politically, Zumbrun – along with Gay Community Services members Woody Egger and Steve Thomas, union activist Donna Johnson, and others – formed the Austin Lesbian/Gay Political Caucus (ALGPC) in 1978, according to Ganther's report. One of the caucus' priorities was the city's Fair Housing Ordinance, which didn't protect sexual orientation. "There was a solid block of religious right people who had been fighting the inclusion of those" protections, Zumbrun said. "And the mayor pretty coyly suggested to them that they could do a referendum to keep those things ever being added to the ordinance."

Spearheaded by fundamentalist Christian activist and alleged "quack" doctor Steven Hotze of Houston, Austin Citizens for Decency collected enough signatures to hold a referendum that would make it legal to discriminate based on sexual orientation. In opposition, ALGPC helped form Citizens for a United Austin. "One of the major lessons we had learned in gay and lesbian politics was the value of coalitions," Zumbrun explained. "So early on, in all kinds of ways, we coalesced with the heterosexual feminists, with the Latino community, with the African American community, with the unions." With the support of mainstream progressive churches and Council Members Charles Urdy and John Trevino, CUA crafted a decidedly pointed message: "If they can do this to gay folks, they can do it to you, too."

On January 16, 1982, Austin voters rejected the referendum by an overwhelming 63% – a win Zumbrun believes might have been a national first. A more liberal bloc soon regained control of Council and amended the ordinance to include protection based on sexual orientation – with the supermajority that, per City Charter, prevents any future referendum to repeal it

"The Queer Song": The Intersection of Punk and Politics

By the time musician Gretchen Phillips, then 17 years old, rolled into Austin in 1981, not only was there a new genre of hardcore punk brewing in the capital city, but two of the leading bands were fronted by openly gay men: Gary Floyd of the Dicks, and the Big Boys' Randy "Biscuit" Turner. "The Dicks and the Big Boys had already created a safe space for me to go to the punk club and not be afraid there's going to be gay-bashing," said Phillips. Compared to her hometown of Houston, Austin's political scene was more intersectional. "It was just inherent in a kind of understanding of politics being about oppression of people," she explained.

Phillips posits that relatively low living costs and the "building on all of [these] tremendous politics that had already went on" in the Seventies spawned Austin's explosive punk scene, especially for queer women who wanted to play. Phillips helped found "lezzie rock" bands Meat Joy, Girls in the Nose, and Two Nice Girls, finding her "main place" in Sandra Martinez's gay bar-cum-punk club Chances at 900 Red River, the space now occupied by Cheer Up Charlies. Chances, opened in 1982, was not just the place you'd go to find a new girlfriend but also a gathering place for Austin's growing LGBTQ community – what Phillips describes as "a safe space for all amounts of freaky" – which is why so many organizations felt safe hosting benefits there. Martinez told the Chronicle in a 1998 interview that the Austin Rape Crisis Center, AIDS Services of Austin, and Project Transitions, among others, raised funds at her bar.

In 2018, the Austin History Center exhibited the works of the late photographer Lisa Davis, who captured Austin's queer punk scene in the Eighties and early Nineties.

A year after Chances opened, the first case of HIV was diagnosed in Austin, and Paul Clover founded the Waterloo Counseling Center to provide mental health services to those dying from AIDS. The center's board created the Austin AIDS Project the following year, which became AIDS Services of Austin in 1987. Zumbun, who dedicated her career to HIV/AIDS work, was ASA's first executive director; though it was Austin's largest AIDS services organization, Zumbun noted that it was largely seen as a group for white gay men, leaving out entire communities living with HIV.

Creating Space With allgo

In 1985, a group of Latinx LGBTQ activists – tired of mainstream, nonintersectional gay activism and turned off by mainstream Latinx activism that ignored LGBTQ issues – founded the grassroots Austin Latino/Latina Lesbian and Gay Organization, or ALLGO. The org, known today as allgo, was both a social space-maker for Austin's diverse queer communities and a provider of HIV/AIDS care and outreach to people of color, gay or otherwise.

Playwright Sharon Bridgforth joined allgo as a community volunteer upon arriving in Austin in 1989, but her role soon changed when she started working formally with allgo's HIV/AIDS project Informe SIDA through her position with the Austin-Travis County Health Department. As a disease intervention specialist responding to syphilis cases, Bridgforth began assisting with HIV outreach and early intervention after realizing how many in the community she served were HIV-positive. Though the health department instituted HIV testing, support was scarce. "Basically, in the early days, with the outreach that we were doing – which was specifically focusing on people of color communities in East Austin and LGBTQ communities of color – the health department didn't really sanction or necessarily pay us for that," Bridgforth said. "But we would certainly take the brochures, the condoms, and our time and go do the work."

A native Austinite, allgo Executive Director Priscilla Hale says she rarely went to gay clubs after her first forays in college. Instead, she went to house parties with her queer friends and joined a black lesbian organization called the YeYe before joining allgo in 1998 as a case manager for clients living with HIV/AIDS. The org held annual fundraisers and parties, such as Baile and its own Pride celebration in June. More casual events, like cookouts and movies, occurred year round. These served a double purpose, explained Hale, as both a venue for community outreach and an alternative to Austin's predominantly white gay clubs.

"The racism that people experienced kept people – and continues to keep people – from attending many of the clubs. From being told, 'We don't play that kind of music here' when they're taking requests, to just outright racist things being said," explained Hale. So allgo decided, "We can do some activism around trying to hold these communities and places accountable, but we can't spend all of our energy fighting against that, so we'll create spaces for people."

Pride, As We Know It: 1990s Onward

Nathan Vanden Avond was 20 years old when local queen Tamara Jacobs (aka Pete Robles) invited him to help start Austin Pride because other cities had Prides and "as the capital city, we should have one,"

too. Fascinated by drag, Vanden Avond, who worked at Esther's Follies, videotaped local after-hours shows. It was 1990.

A year earlier, on April 30, 1989, thousands from across Texas and the U.S. descended on the Capitol for the March on Austin for Lesbian/Gay Equal Rights, coming at the end of a strenuous legislative year in which the community demanded the repeal of the state's sodomy law (still on the books) and protections for those living with HIV/AIDS. Inspired by 1987's March on Washington for Lesbian and Gay Rights, the Austin march was the largest demonstration the city had ever witnessed. Though no one directly credited Pride's creation to the march, less than a year after it happened, Austin Lesbian and Gay Political Caucus' Diane Russell called a small meeting to discuss a possible Pride in Austin. Robles, along with Kip Dollar and his partner Toby Johnson, owners of the gay and lesbian Liberty Books, attended and then formed the Lesbian Gay Pride Commission of Austin.

That first Pride, like today's, took place at Fiesta Gardens. And while memories of June 10, 1990, are hazy, Vanden Avond, who continued to work on the Pride committee through 1992 (and returned again in 2011), remembers the best part was "just putting it on. I was young and had never participated in helping to create anything like this." A few years later, Lesbian Gay Rights Lobby of Texas (now Equality Texas, the state's largest LGBTQ legislative advocacy organization) took over Austin's Pride events. One part advocacy, one part fundraiser, and one part celebration, LGRL's Pride consisted of a festival, the Women's Dance, and a "politically skewed" Pride Brunch, recalled former Equality Texas Executive Director Chuck Smith, first hired on a contract basis to help put on Pride in 2003.

Pride was LGRL's most substantial fundraiser, generating roughly \$100,000 in gross revenues and costing \$30,000-40,000 to put on. Today, millennials are suspect of the "corporatization" of Pride, but Smith recalls things were very different in 2003. "There was a lube sponsor and a beer sponsor – that's who would sponsor Pride," said Smith. "It was before there were many corporate businesses [who were] willing to attach their name to something like that."

During LGRL's time at the reins, Austin Pride fell in June – during national Pride month (as later proclaimed by President Barack Obama in 2009) and, every other year, just weeks after the Texas Legislature gavelled out for the session. With its long history of anti-LGBTQ politics, the Capitol has greatly affected the capital's Pride. "Certainly, in odd-numbered years, Pride events were motivational. ... The work around Pride was viewed as an extension of legislative advocacy and a goal of getting more visibility to the issues being faced." Still, Smith recalled, "It was, and still is, such a joyful experience."

A year before Smith joined LGRL, Austin's Gay and Lesbian Chamber of Commerce (now the Austin LGBT Chamber of Commerce) kicked off its inaugural Pride Parade in 2002 – unrelated to the LGRL festivities. It also sparked a near-decadelong controversy within the city's queer community by enforcing a "family-friendly" dress code. When a protester showed up wearing a cling-wrap tube top over their breasts and a dildo strapped over their jeans, a parade organizer denied them entry, saying, "This parade is about normalcy." (As another form of protest, Austin's first Dyke March took to the streets just days before Pride in May 2002.)

As divisions grew – several folks noted that over the years, leather, pup masks, and even drag have been no-nos of the parade – ownership of Pride changed hands. According to Council Member and then-Chamber President Jimmy Flannigan, LGRL handed the Chamber the festival for June 2009's celebration. The result, said Flannigan, "was awesome," with a daytime festival in Republic Square Park leading up to

a nighttime parade that achieved his aim to "make it more local," a success he credits largely to then-Pride Chair Ceci Gracias, who he remembers as the "great connector."

Gracias created a community governing board to bring organizations such as the Transgender Education Network of Texas (TENT), allgo, and Out Youth to help Pride embrace the many segments of the city's queer community. Despite 2009's success – at the time, the Chronicle reported, it was "a great leap toward earning the public's trust" in the Chamber – Flannigan was ousted shortly afterward, replaced by former Executive Vice President Chad Peevy.

Trans Rights to the Front

In the early 2000s, Paula Buls, Lisa Scheps, Beth Westbrook, and several others in Austin's transgender community formed the Austin Transgender Ordinance Initiative to lobby for gender identity to be covered by the city's nondiscrimination ordinances. (Decades before these activists came together, trans rights activist and current Houston Judge Phyliss Frye began lobbying for trans rights in Texas; according to Scheps, Frye was "here in Austin with her 'Trans Rights are Human Rights' banner in the Seventies.") When the city added gender identity to NDOs, the group evolved into TENT, but Buls does not flinch when she says, "There was a pretty huge resistance to trans rights in Austin and in the country."

According to Buls, LGRL "routinely" lobbied against trans rights at the Capitol, while the local Human Rights Campaign chapter denied trans activists an information table at its annual gala. "I'm not sure if the resistance was due to transphobia or an idea that our agenda was too progressive. ... I also think they were afraid we'd be too angry. Lots of trans people hated HRC in those days." (In 2007, U.S. Rep. Barney Frank, D-Mass., dropped gender identity from the Employment Nondiscrimination Act; while the bill still didn't pass, HRC did not challenge Frank, causing a longstanding rift.)

Scheps, however, began working with LGRL in the early 2000s and remembers Smith's predecessor Randall Ellis fighting for trans inclusivity. "At a staff level, LGRL was definitely walking the walk." Buls and Scheps credit each other, as well as local therapist Katy Koonce and their friend Westbrook – an activist, artist, and educator – for pushing trans rights and visibility in Austin. Westbrook, who once told her friend (and former Chronicle staffer) Shelley Hiam that the "primary reason" she became an activist was a "sense of obligation, a feeling that if I don't do this work, it might not get done," died in 2004, but Buls and Scheps agree: She'd still be fighting the "really good fight today."

In the years that followed, Scheps helped bring the International Foundation for Gender Education Conference to Austin, while Buls joined the board of the Austin Gay and Lesbian International Film Festival. "I think all those things contributed to increasing trans visibility in Austin," Buls said. In terms of Pride and LGBTQ rights, Scheps believes "Austin has always been on the correct side" of history, but adds: There have always been "backslides."

Queerbomb and Beyond

Many would agree that Pride in Austin has had its share of backsliding – what Flannigan describes as a "boom and bust" cycle. By the time of 2010's namesake event at the Long Center, Peevy and the Chamber's Pride had competition. A group of queer, trans, and nonbinary folks united to form QueerBomb, a "flash Force assembly of LGBTQIA individuals" looking to offer a queerer, more inclusive alternative to Pride. At the time, QueerBomb described the city's Pride festivities as "non-inclusive, capitalist, heteronormative, safe, and unchallenging."

The anti-corporate, all-DIY march and party at East Austin's North Door on Friday, June 4, the day before Pride, was born of "a lot of really, really frustrated feelings," said QueerBomb founding member Beth Schindler. These mostly stemmed from Pride's censorship of queer expression and its financial barriers to entry. (Participating groups and businesses need to pay for both a table at the festival and a slot in the parade.) Since its formation 10 years ago, QueerBomb has clocked victories and courted controversies, but Schindler credits QueerBomb with spurring the strides since made by Pride.

After the 2010 event, Pride was \$30,000 in debt; Peevy stepped down, and the Chamber spun off the Austin Gay and Les-bian Pride Foundation – what we know today as Austin Pride – as an independent group. New and returning blood, including Nathan Vanden Avond, his now-husband Benny Vanden Avond, and Paul Huddleston, joined the board to repair the damages. Under new leadership, Pride moved to September and returned to Fiesta Gardens. Through many uncomfortable conversations and hustling for sponsorships, Vanden Avond exclaimed: "We were able to remedy it in less than a year."

By 2012, the parade found its current route along Congress to Fourth Street, and the team continued to grow Austin's event into a destination Pride (which today's Pride board credits as a primary reason why Austin Pride happens in August). As for dress codes, Vanden Avond says if it's not breaking the law, it's fine by Pride. Schindler concurs that Pride "altered a lot of their practices in very important ways. ... I'm forever grateful they were able to respond to [QueerBomb]." But in Schindler's eyes, they "still have a lot of work to do."

Much of what Schindler views as "work" is on Austin Pride's radar for 2019 and beyond. For Micah Andress, who succeeded Huddleston as president of Pride in January 2018 amid tensions on its board, that vision is clear – even if getting there might not be. Andress, who began volunteering with Pride in 2011, hopes to expand Pride to a full weekend (parade on Friday, festival on Saturday and Sunday, like Pride Weekends across the U.S.) and move the festival to Auditorium Shores (where it took place in 2008). This, Andress hopes, will allow Pride to make the festival free, more accessible, and "give Pride back to the community," because "Pride is all of us, it doesn't belong to just one of us."

Black Pride

Every spring, UT-Austin is home to the annual Clyde Littlefield Texas Relays, a well-loved destination event for black Texans from across the state. So it's fitting that Austin's Black Pride began at Relays in the mid-Nineties. "It started at my home," recalled Bradley, a retired educator, whose friends would drive down from Dallas and Fort Worth for the weekend. (Bradley asked us to use his last name only.) Their days would be spent on campus, but nights left them lacking. "Clubs didn't care to promote to blacks," explained Bradley. "When more than three of us came in together the music would change – they knew if the music wasn't right, black people wouldn't stay."

Bradley's response was to start throwing parties at his house, where people would hang out and play cards. His friends brought their friends, and it grew. By the fourth year, he went all in. His events – planned months in advance (he joked about storing food in the freezer and buying mixers long before March rolled around) – eventually became known as Austin Relay Pride, a celebratory space for Austin's black LGBTQ community and those visiting for Relays. Representatives from AIDS Services of Austin would attend with condoms and pamphlets about sexual health.

After 450 people showed up at his house one year, Bradley decided to make a change: "We're going to the hotel." He also decided to make it official, reaching out to the Center for Black Equity to become a part of its Black Pride network and forming a board with allgo's Priscilla Hale. "It was a wonderful time," said Bradley, who recalled a year when they'd rented more than 70 rooms at the Wyndham in South Austin before Austin Relay Pride came to an end in 2012. "We actually got snow in March, and we got snowed in ... but everything was at the hotel. It was just so intimate."

Several years later, Sheldon Darnell and Jeremy Teel decided to pick up where Bradley left off – thanks to a 2015 holiday dinner party the pair hosted as a get-together for black gay men. As Darnell remembers, a couple who'd met at Relay Pride attended and shared their love story. "It was huge for me," said Darnell, who'd recently moved to Austin and was searching for a way to "pour back into the community."

Together with Morris Haywood, Frank Washington, and Sani Ballard, Darnell and Teel reached out to Bradley, got his blessing (and support), and by March 2016 had eight events lined up, just in time for Relays. In 2018, Austin Black Pride moved its events to June, but Darnell remains committed to hosting events year-round, because "there are no spaces you could go to" as a black queer man "on any given night." (ABP's events are inclusive of the entire LGBTQ spectrum.)

It's a void of not just social spaces but social services for black queer men, women, and trans folks that keeps Darnell focused on ABP's next move. Over the last four years, ABP has hosted a Juneteenth panel, facilitated free kickboxing classes (in the aftermath of 2016's Pulse shooting), and has become Austin's only nonprofit to focus exclusively on the black queer community. "Now we're trying to figure out our focus," said Darnell, and ways to "affect people in different realms instead of staying in silos."

2019: Back Into the Streets

Pride, still relevant today, continues to evolve after 50 years of passion within a complicated and intersectional movement. With the achievement of marriage equality, many Ls and Gs in the LGBTQ community took a deep breath, sat down, and stopped fighting; but, four years later, the current state of political affairs is inspiring new activists and reigniting others. With that spark comes a wake-up call to the greater LGBTQ community that trans people – especially trans women of color – still don't have protections that others have achieved, and HIV rates, especially among black and Latino men who sleep with men, are, again, on the rise.

Alongside Austin Pride's 29th annual festival and parade this weekend are two additional (unaffiliated) Pride events hoping to propel the movement forward. Local DJ and party promoter Ezra Edwards will launch Austin's first official Trans Pride, featuring trans and nonbinary artists including the event's hosts, p1nkstar and Y2K. A portion of the proceeds will be donated to TENT, and Lisa Scheps feels that right now, a Trans Pride is "super-duper important" to Austin. "Right now we're visible. ... I think it's very important that we maintain our voice."

Austin's trans and nonbinary voices are also invited to join in Sunday for the return of Austin's Dyke March, a historically political event that often precedes Prides across the country. Hosted by Schindler and Unbounded Agency's Anita Obasi, the march taps into the rich legacy of queer activism, including Pride's riot roots, started by trans women of color. "It's very important to me that people realize Pride is

a movement and not just a party," explained Obasi. "Especially in this day and age where [Pride's] been so commercialized." For Schindler, the march – and others like it – will continue to reclaim and create space by "connecting to the radical protests" of the past and taking today's fights into the streets, a "radical space where we're not asking permission."

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APPENDIX E

QWELL COMMUNITY FOUNDATION

In 2018, QWELL Community Foundation launched the annual LGBTQIA+ Wellbeing Survey of Greater Austin to track local LGBTQIA+ wellbeing in six dimensions:

- Physical Health;
- Mental Health;
- Relationships and Community Connections;
- Living Environment;
- Learning Opportunities; and,
- Economic Condition.

QWELL's ongoing research study – conducted in collaboration first with researchers at Dell Medical School and now with the University of Texas at Austin – is currently the only means to measure the overall impact of programs and initiatives to improve LGBTQIA+ quality of life in Greater Austin. By anonymously tracking how LGBTQIA+ residents feel about their lives, QWELL can report whether LGBTQIA+ quality of life in Greater Austin is improving in the six dimensions of wellbeing.

These dimensions of wellbeing were enumerated by the Wellbeing Project at the City of Santa Monica and RAND Corporation, funded by a \$1MM grant from Bloomberg Philanthropies. Wellbeing Project staff consulted with QWELL in the creation of our tactics and survey tool.

Dozens of local leaders and nonprofit organizations also helped develop the QWELL survey and QWELL's overall strategy to improve LGBTQIA+ wellbeing in Greater Austin.

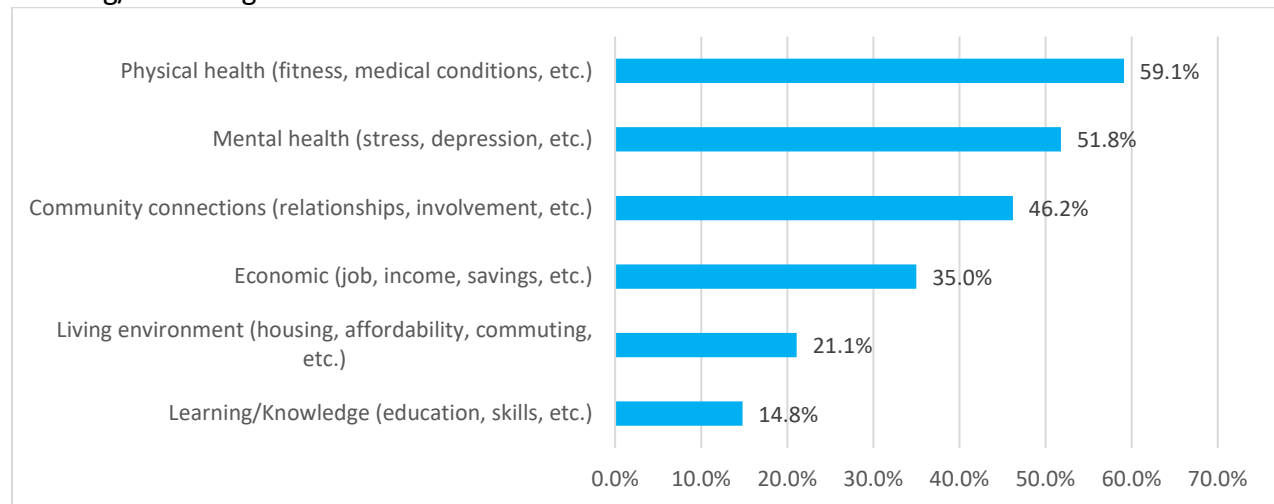
Given that Greater Austin has the nation's third largest LGBTQIA+ population per capita (5.9%, Williams Institute, 2021), efforts to improve LGBTQIA+ wellbeing must be scalable to serve this large population.

The QWELL strategy is designed to maximize:

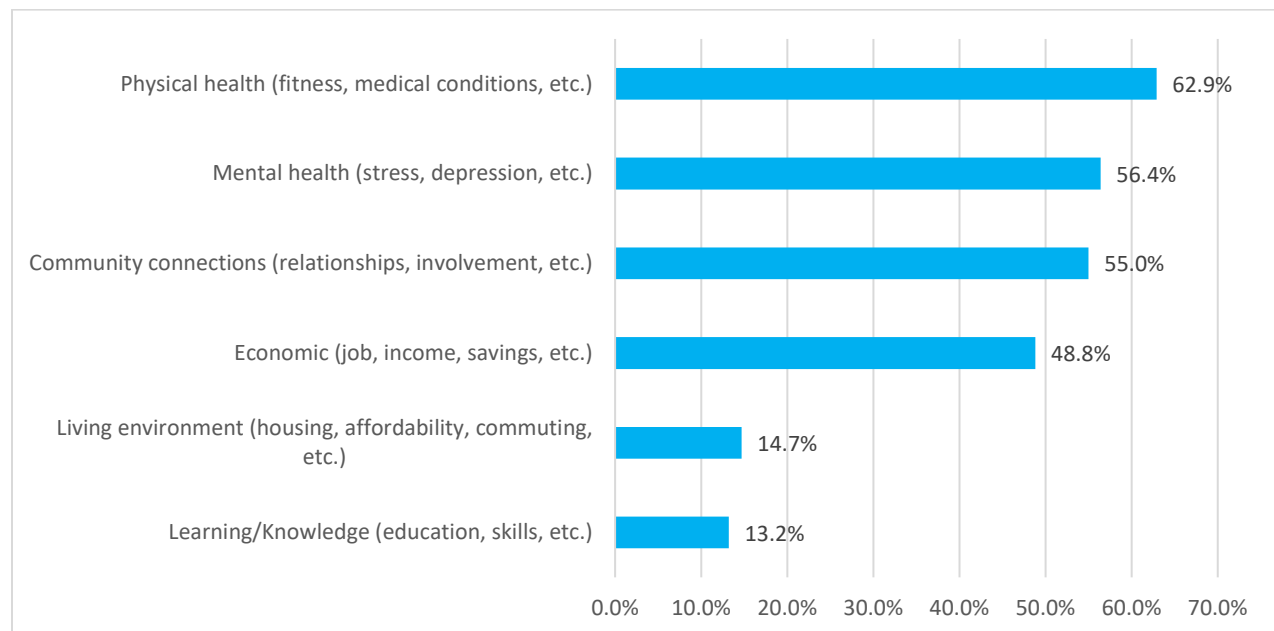
- Availability of LGBTQIA+-affirming, competent physical and mental healthcare;
- Connections to healthy, self-actualizing LGBTQIA+ community; and,
- Access to information and resources.

QWELL's data supports the Austin/Travis County Community Health Improvement Plan's conclusion that there are not enough affirming, competent healthcare providers to serve Austin's large LGBTQIA+ population. Their own physical and mental health are LGBTQIA+ residents' top concerns.

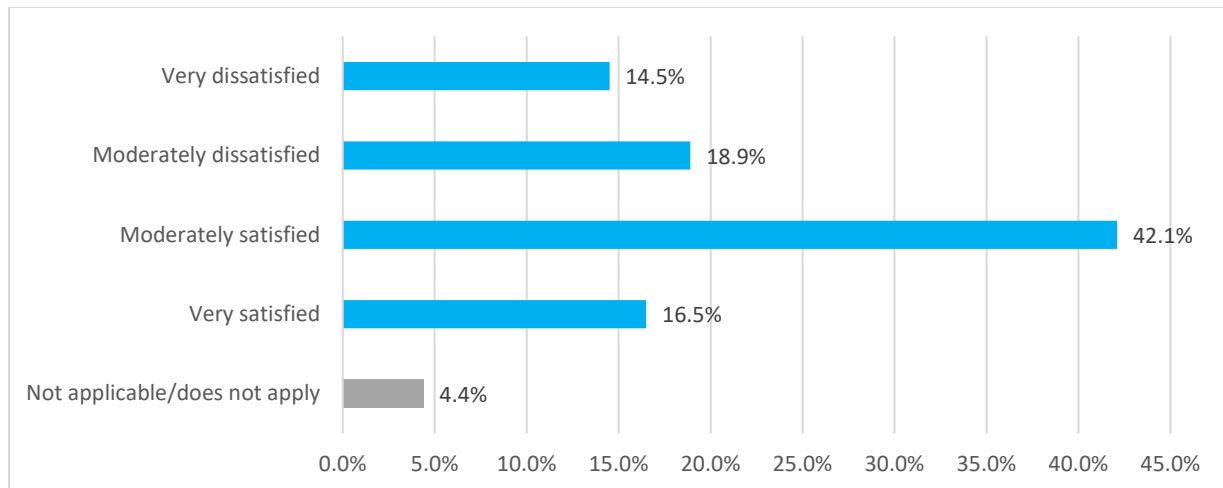
Participants were asked to choose 3 aspects of their wellbeing that they would most like to improve. The 3 domains that participants selected most often in 2019 were physical health, mental health, and community connections. The least selected domain was learning/knowledge.



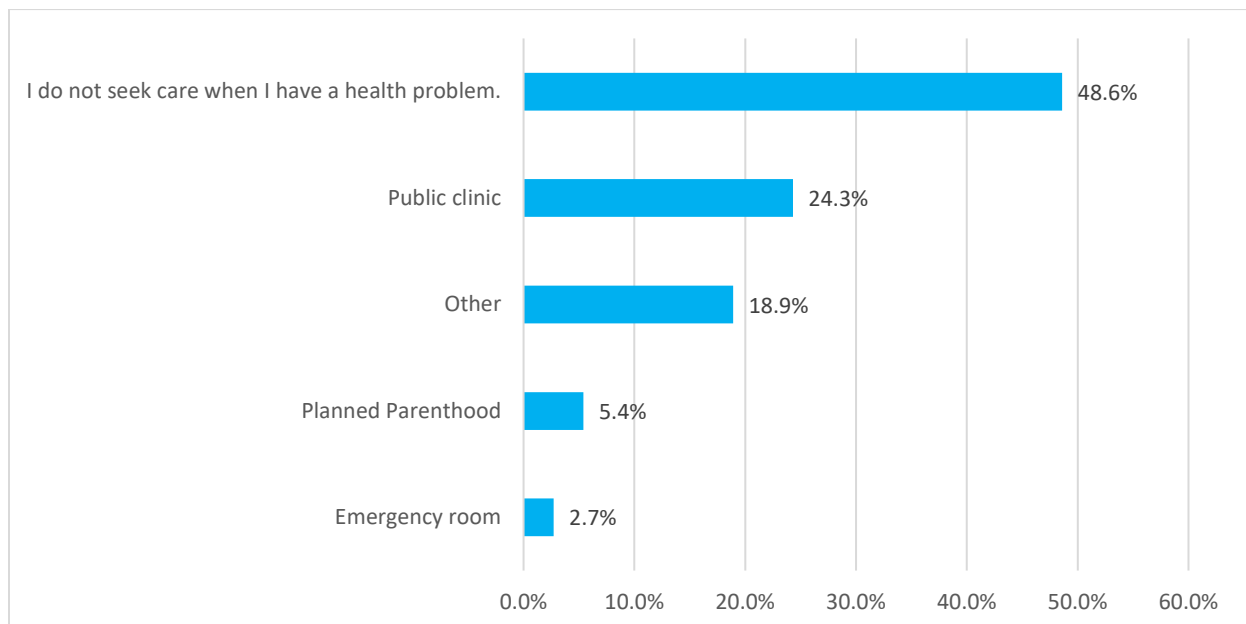
Participants in the 2020 survey were again asked to choose 3 aspects of their wellbeing that they would most like to improve, and the results were very similar to the 2019 results: physical health, mental health, and community connections were the 3 most-mentioned domains, and learning/knowledge was the least mentioned.



33.4% of respondents to the 2020 survey (N=637) reported that they were moderately or very dissatisfied with their healthcare.



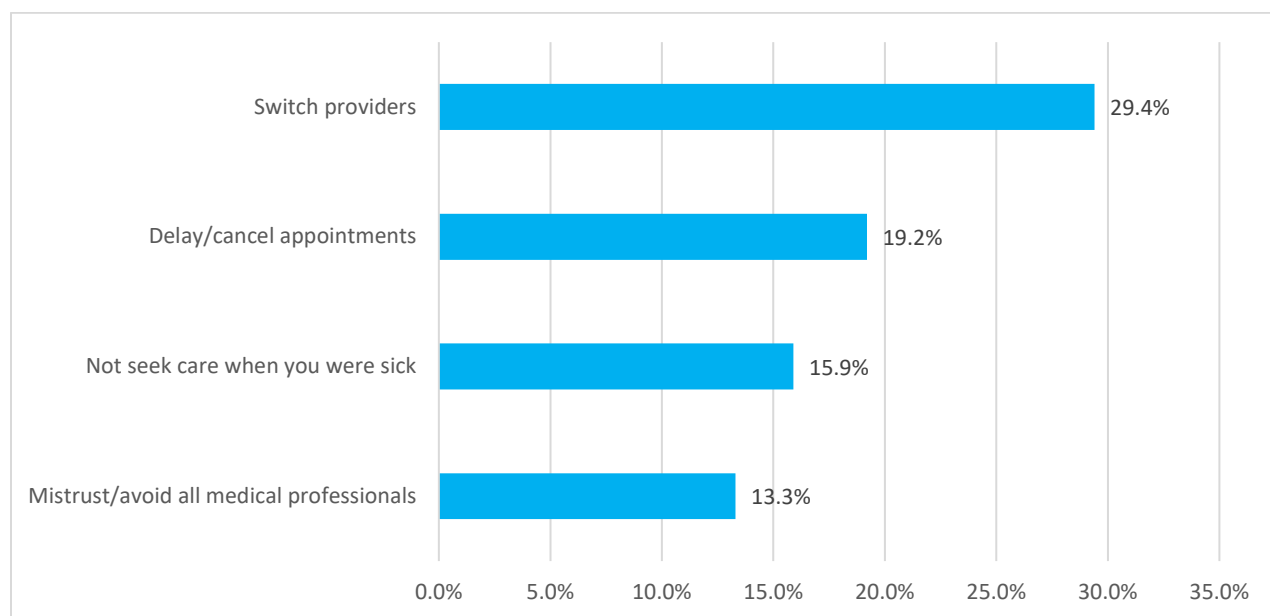
6.9% of the 2019 QWELL sample reported that they did not have health insurance coverage. That percentage increased to 11.2% in 2020. The 74 participants who reported not having health insurance were asked a follow up question about where they go when they need healthcare. Their responses are summarized below:



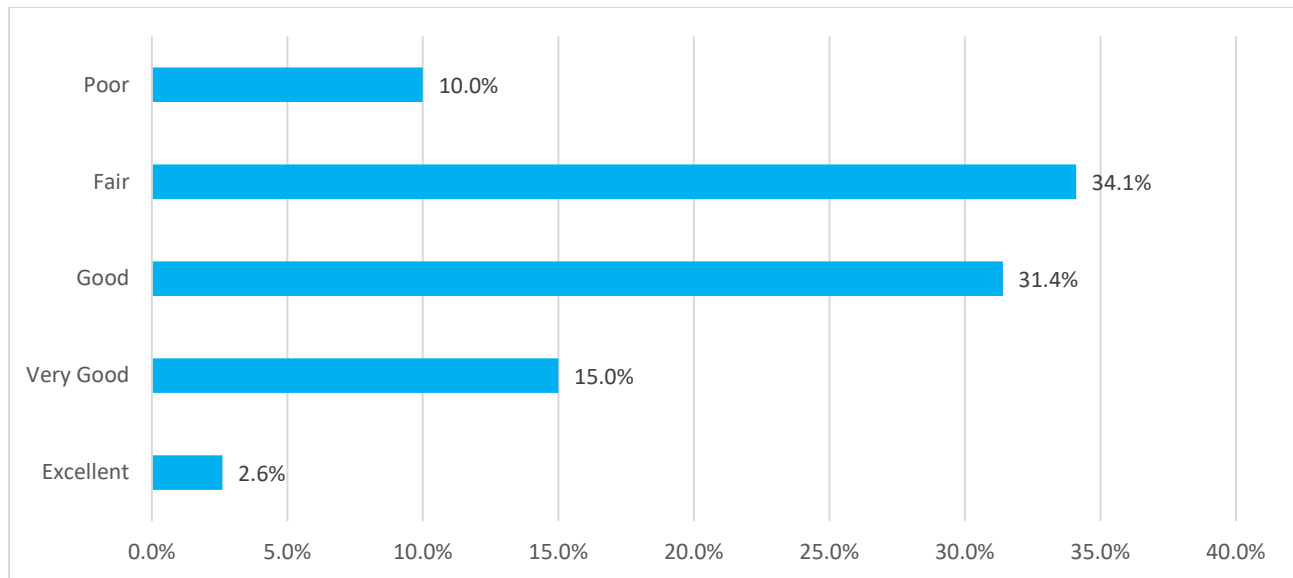
Nearly half of LGBTQIA+ individuals who reported not having health insurance said that they do not seek care at all when they have a health problem.

Participants in the 2020 survey only were asked several questions regarding their access to LGBTQIA+ affirming healthcare. 25.9% of respondents reported that they go to a physical healthcare provider who markets themselves as LGBTQIA+ affirming, and 35.5% to a mental healthcare provider who markets themselves as LGBTQIA+ affirming. **Additionally, 5.6% of respondents reported that they received care at an Austin-area provider that claimed they were LGBTQIA+-competent but actually were not.**

This information is particularly relevant to LGBTQIA+ populations because research has shown that LGBTQIA+ who had negative healthcare experiences due to their identity were more likely to delay future care, thus worsening health disparities. This finding is borne out in our data. Participants were asked, **“Have negative experiences with healthcare providers ever caused you to..”** and offered numerous options:

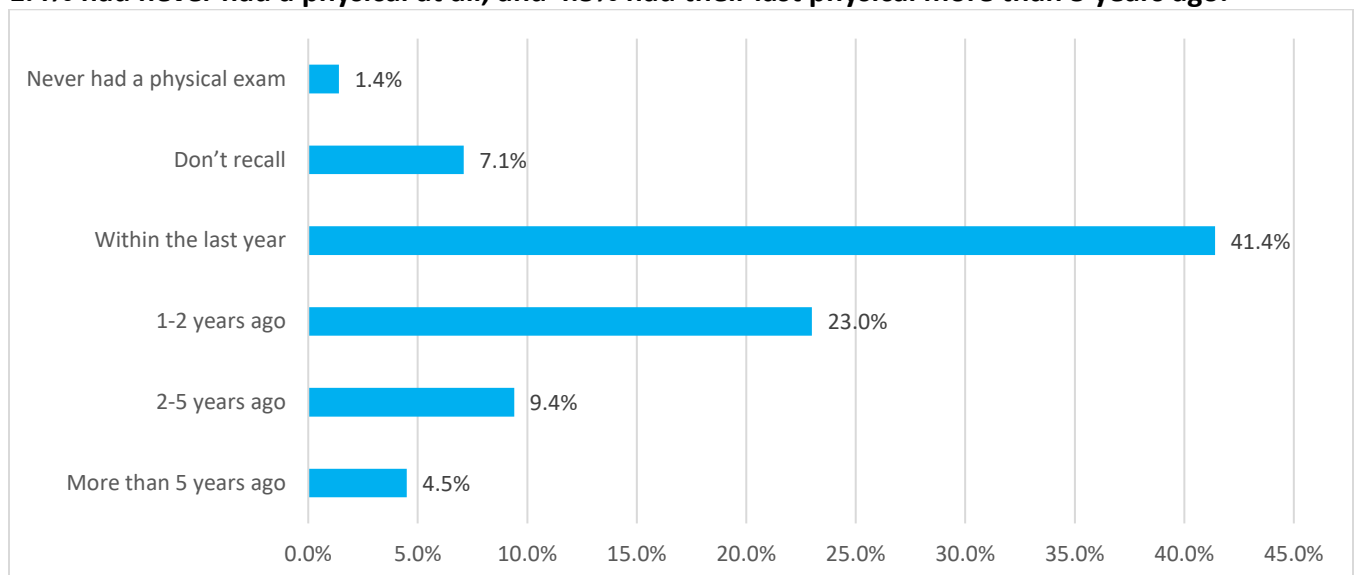


When asked to rate their physical health in general, **44.1% of the 2020 sample rated their physical health as poor or fair.**

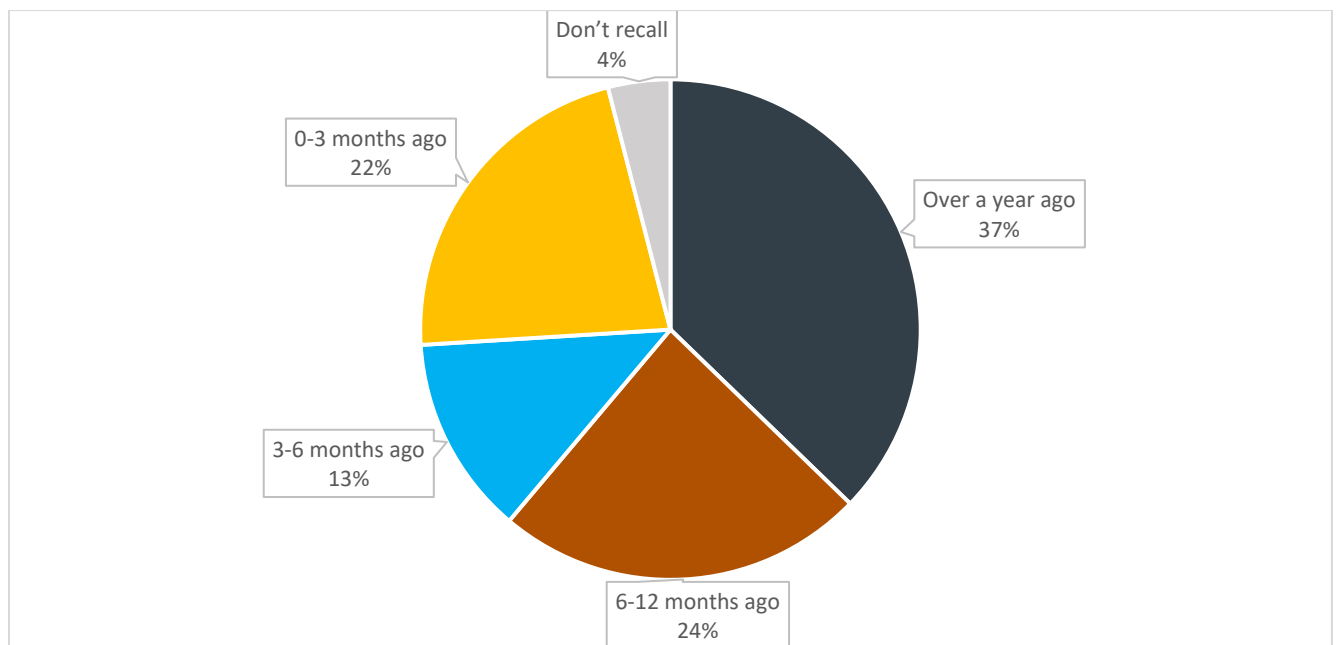


Participants in both 2019 and 2020 were asked to estimate how many days in the last month that their physical health was not good. **The average number of days in participants 2019 estimated that their physical health was not good was 4.84 (N=1223, SD=7.5). In 2020, that average increased to 5.66 (N=591, SD=8.5).**

Participants in the 2020 survey were also asked about the last time they had a physical checkup by a doctor. **7.1% of the sample could not recall the last time they had a physical checkup, 1.4% had never had a physical at all, and 4.5% had their last physical more than 5 years ago.**



Finally, 2020 participants were asked about how recently they went to a dentist. **About 40% of the sample went to the dentist more than a year ago or could not recall the last time they went.**



Participants were asked about **what barriers they feel prevent them from accessing physical healthcare services**. Nearly six in ten of respondents (59%) reported at least one barrier to physical healthcare. Some of their responses are selected here.

“Awkward ‘no it’s not possible I’m pregnant’ conversations.

“Bad health insurance, fear of outright discrimination, feeling the need to closet myself and being uncomfortable.”

“Being closeted to overbearing parents.”

“Being in a fat body - very hard to find HAES [Health at Every Size] providers.”

“I have experienced blatantly uncomfortable situations in CVS minute clinics with a doctor talking about my ‘female genitalia’ on the phone with another person in front of me and laughing about it instead of using clinical terms. Because of this and because my doctor is all the way downtown, I don’t always make appointments when I should.”

“My partner and I want to have a baby, but finding providers who are experienced and educated on what’s involved both legally and medically for a same sex couple to have a child is difficult.”

“Change of insurance, uncertainty about what insurance covers.”

“Confusion about coverage, poor understanding of my sex/relationships from my OBGYN/ignorant comments.”

“Cost despite having insurance.”

“I have not felt safe coming out to the majority of my healthcare providers.”

“Fear of being misgendered. PTSD from prior traumatic incidents in medical settings.”

“Finding the right specialist that will also be LGBTQ friendly AND be able to address my concerns.”

“Financial, mistrust, cultural incompetence.”

“Insurance is overwhelming and confusing.”

“Not having enough discretionary money for appointments, treatments, medications, etc.”

“Not having my gender identity respected & people telling me what to do with my reproductive organs.”

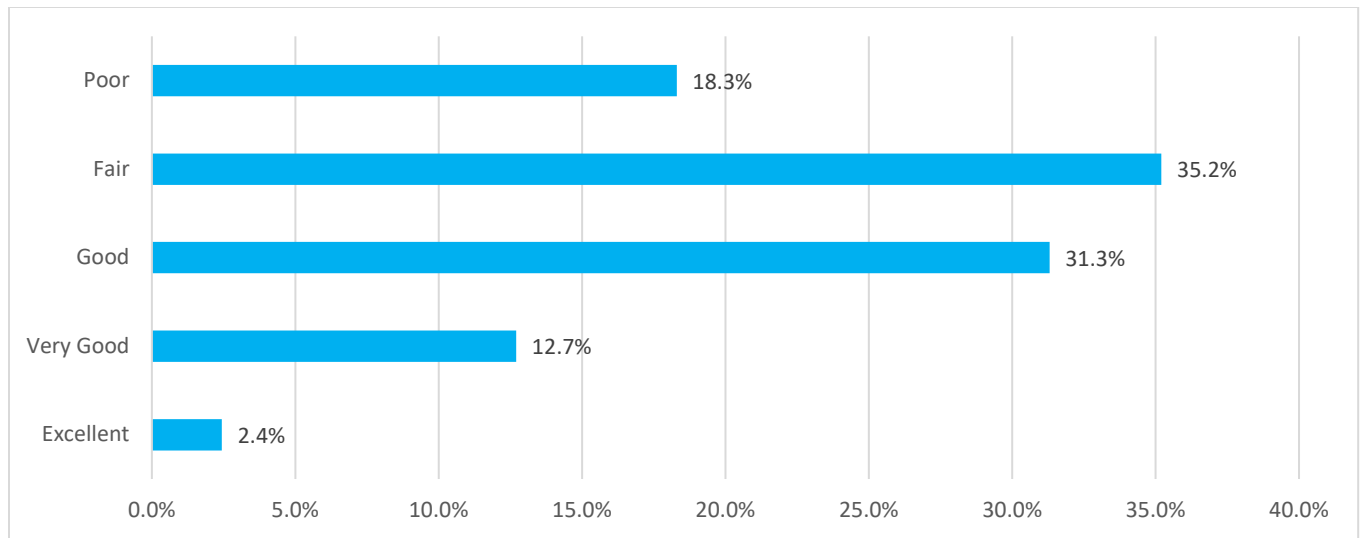
“Poor experiences. Difficult finding a physician who will not make me feel rushed, who will make me feel respected and fully part of my care.”

“A lack of in-network healthcare providers who are LGBTQ+ friendly.”

“Unemployed, therefore have no insurance, and can't afford ACA.”

“Worried about homophobia and transphobia. Previous negative/traumatic experiences of physical health services.”

More than half (53.5%) of respondents in QWELL’s 2020 survey rated their mental health as poor or fair.



Participants reported their mental health was not good for more than one-third of the days in the last month. The average number of days in participants 2019 estimated that their mental health was not good was 12.14 (N=1223, SD=10.2). In 2020, that average increased to 12.55 (N=602, SD=9.9).

Poor physical and mental health impairs LGBTQIA+ residents' productivity and life enjoyment for 21-27% of days a month. In both the 2019 and 2020 surveys, respondents were asked, "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, and recreation? Respondents for the 2019 survey reported a response mean of 6.3 days (N=1234), and respondents for the 2020 survey reported an increased response mean of 8.1 (N=605).

Participants were asked about **what barriers they feel prevent them from accessing mental healthcare services**. More than half (53%) of respondents to the 2020 survey reported at least one current barrier to mental healthcare services. Some of their responses are selected here:

"Copay is too high to maintain."

"Cost and access to LGBT specific care."

"Cost, time, whether providers take my insurance, whether providers are allies/familiar with my identities & issues."

"Cost. Poor insurance coverage for mental health."

"Expense and finding someone who understands asexuality and will respect my marriage as valid."

“Fear of judgment, lack of understanding for members of the LGBTQIA community.”

“Finding doctors that know LGBTQ issues and that are POC.”

“Finding someone who is in network that at least understands the LGBTQIA+ community.”

“Difficulty finding LGBTQ friendly providers within my healthcare network.”

“I've been very successful in finding trans-competent providers, but it is very hard to find mental healthcare providers who THEMSELVES are transgender. It's not a strict necessity that my therapist be transgender, but it is very reassuring.”

“Insurance coverage, finances, scheduling, & feeling they would be knowledgeable about all my identities as a QTBIPOC [queer/trans person of color].

“Insurance doesn't cover it.”

“Lack of competency in eating disorders and trans issues.”

“Stigma of mental health.”

“There are not many female therapists that share my race in the Austin area and are accepting new patients.”

“Total lack of integration with my medical doctors; not feeling heard or understood, not feeling comfortable talking about my marriage, feeling judged because of my gender nonconformity.”

“Worried about homophobia and transphobia. Previous negative/traumatic experiences of mental health services.”

When asked what issues they think are impacting the health and wellbeing of LGBTQIA+ people in Greater Austin, respondents report issues including:

“Bigotry in healthcare is still prevalent in Austin.”

“Healthcare and housing costs are out of control. I don't know how any of us are supposed to afford anything.”

“Long waitlists for LGBTQIA+ mental health providers. Numerous medical professionals that claim to be inclusive but aren't.”

“Being denied insurance coverage for gender affirming surgeries.”

“Difficulty finding jobs that are trans-accepting.”

“Most queer folks I know in Austin are working poor, emotionally starved, physically insecure (about body, home, food, substance abuse...). It's impossible to have a sense of community when people are constantly fighting for sustenance.”

“Serious racism... serious skyrocketing housing costs that force many to choose between food and part of their rent, among so many other barriers to good mental and physical health and many of us are left feeling isolated and alone even when surrounded by those who are supposed to be our peers. Many of us go untreated for illness because there is no money in the bank or no provider that is safe, close enough, and won't just slap a number on you and push you through the door as quickly as possible.”

“Lack of affordable care, lack of funding for mental health services, very little visibility for LGBTQIA+ accepting businesses/practices.”

“There is no central place for LGBTQIA+ people to find information and community support.

“Mental health effects of marginalization (especially as a result of Texas state legislative action).”

“Difficulty connecting with a strong centralized queer community, especially if you don't drink, are disabled, don't have a car, or other access issues to the standard community spaces and events. racism is rampant in the queer community as it is in the general world and has a huge impact on non-white queers, especially the black queer community.”

“Alcohol, illegal drugs have a very significant impact in this city. I also think the medical community has not done a great job of identifying providers who are trained to address the complexities of the LGBTQIA community. More issues could be addressed if our folks were able to access providers familiar with our needs.”

“I worry that as lower income folks are priced out of Austin and into the suburbs where there are fewer resources support/access to Austin area services.”

“Not having a unified community space, especially a non-alcoholic one, has been really difficult. I have traumatic experiences with alcohol and finding spaces where I can feel a part of the Austin LGBTQIA+ community can be challenging for me.”

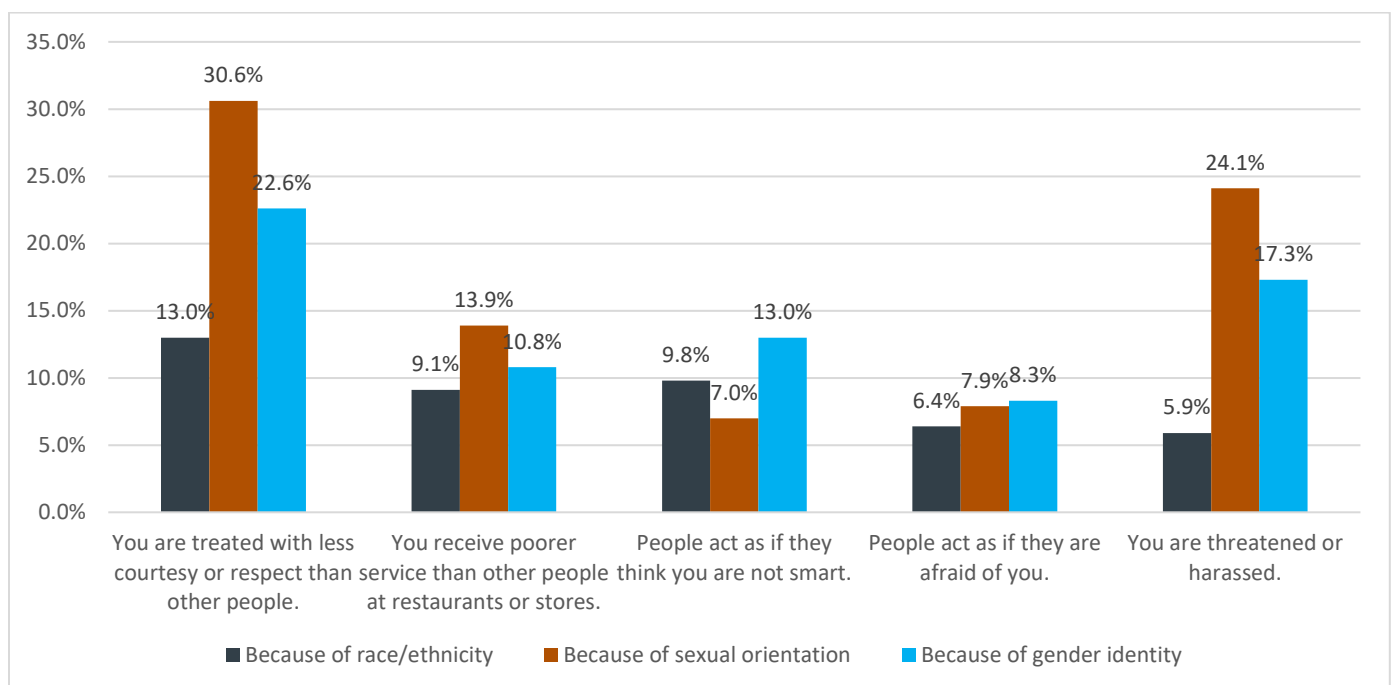
“I feel unsafe in my neighborhood.”

“I'm 66 and my husband is 67. We still fear showing affection in public.”

Participants also report experiencing discrimination and minority stress because of their race/ethnicity, sexual orientation, or gender identity. Responses include:

“I expected that my experience here in this metropolitan city would be more favorable than the small conservative town that closeted me. I was mistaken, as I have faced much more discrimination in the last 8+ years than I ever dreamed.”

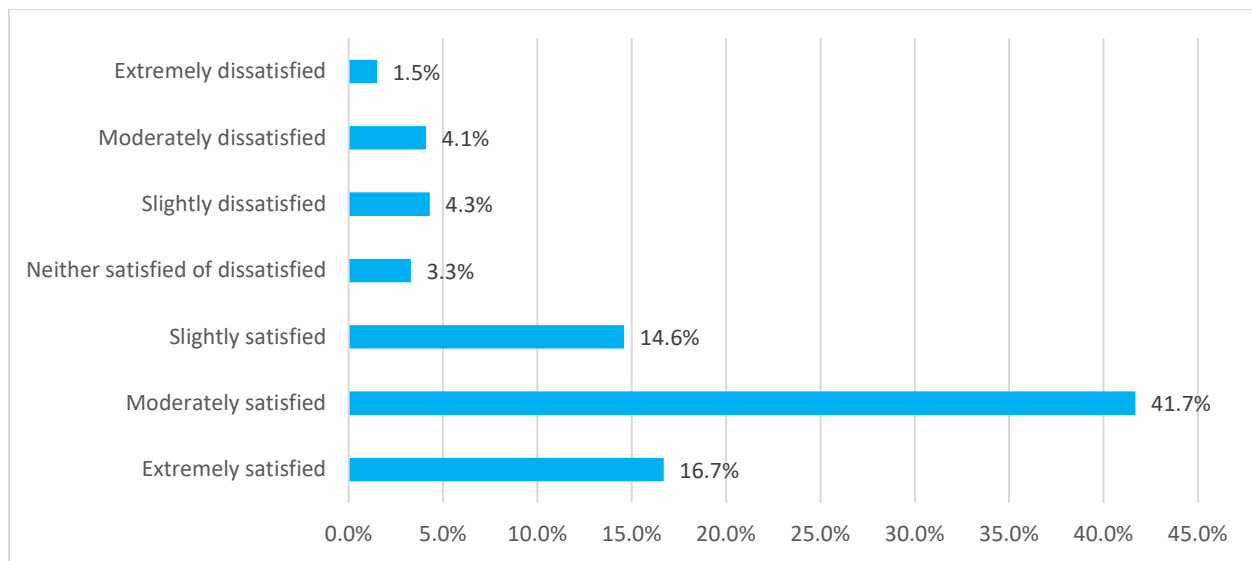
“It’s been one of the worst experiences I have had. I’ve lived in several major metropolitan areas and I have never seen such a fractured, hateful LGBTQIA+ community as here in Austin.”



Many respondents list racism as a major barrier for them both in-and-outside Austin’s LGBTQIA+ community.

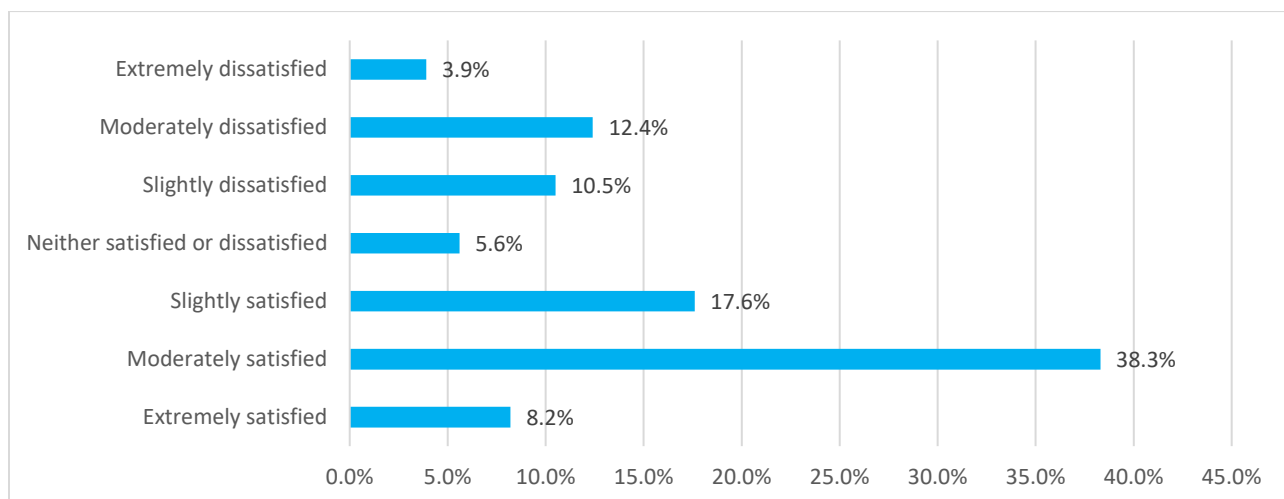
2020 respondents overwhelmingly agree that “Racism is a public health crisis” (95.5%, N=539).

At the same time, over half of respondents in the 2019 QWELL wellbeing survey reported that they were either moderately satisfied or extremely satisfied with their life (58.4%, N=1336). 5.6% of respondents reported that they were either moderately dissatisfied or extremely dissatisfied with their life (5.6%, N=1336).

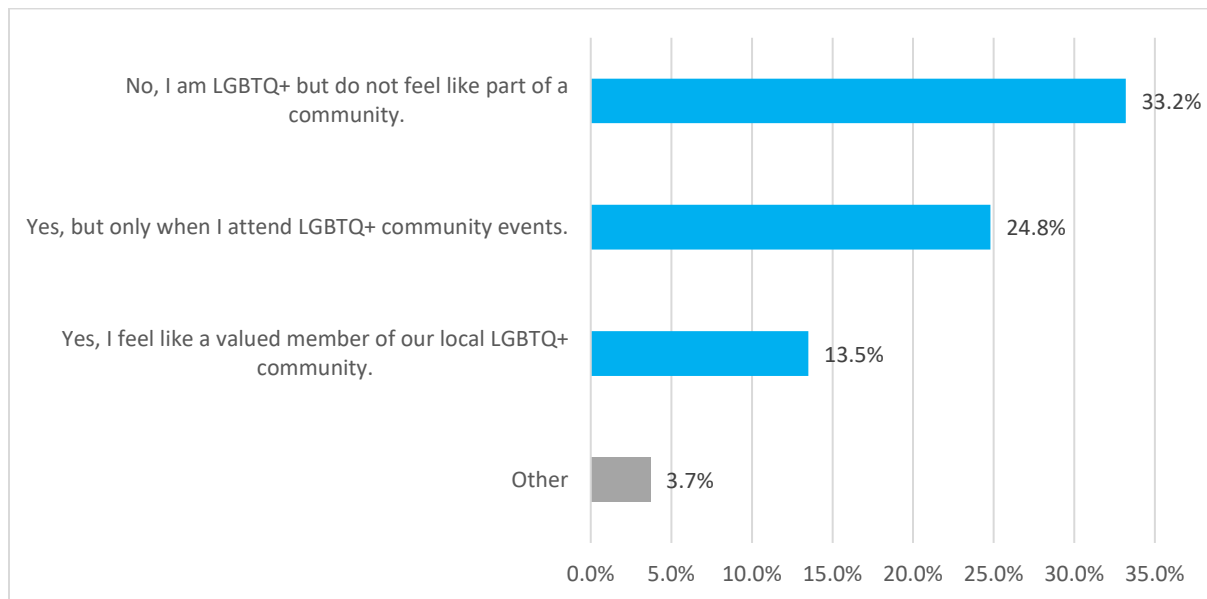


In 2020, respondents to the QWELL wellbeing survey reported a decrease in overall life satisfaction compared to the 2019 sample, with the overall percentage of participants who were moderately or extremely satisfied with their life decreasing from 58.4% to 46.5% -- a decrease of nearly 12%.

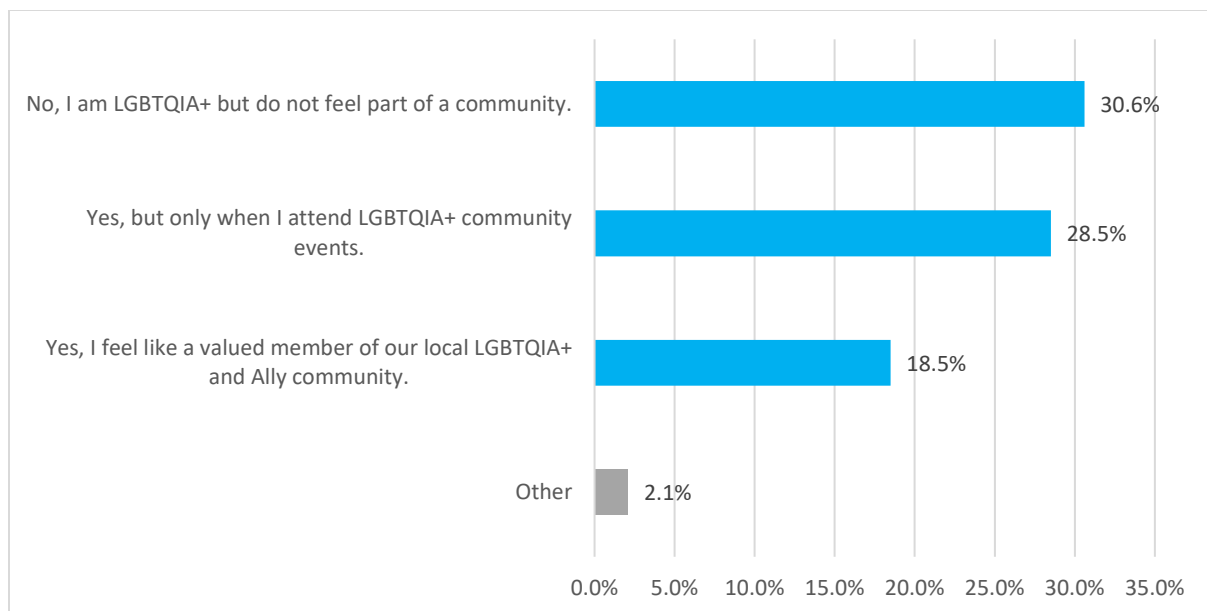
The overall percentage of participants who reported being moderately or extremely dissatisfied with their life increased from 5.6% in 2019 to 16.3%, an increase of 10.7%. The 2020 survey was conducted from August 2020 to January 2021 during the COVID-19 pandemic, which may have contributed to such significant changes in overall life satisfaction among LGBTQIA+ residents.



Respondents to the 2019 QWELL wellbeing survey were asked: “Do you feel like you are a part of the local LGBTQIA+ community?” **A full third of respondents (33.2%, N=1167) reported that they do not feel like a part of a the local LGBTQIA+ community.**



Respondents to the 2020 QWELL survey were asked the same question, and again results were similar: 30.6% (N=526) of respondents reported that they do not feel like a part of the local LGBTQIA+ community. The percentage of respondents who reported feeling like a valued member of the local LGBTQIA+ community increased to 18.5% in 2020 from 13.5% in 2019.



Many respondents complain of difficulty connecting with other LGBTQIA+ people, saying:

“Lesbians aren’t as visible or I just don’t know them.”

“It’s not a great place to grow old as a gay person.”

“I don't feel like the world owes me anything but it would have been nice if I wasn't having such a hard time making friends.”

“I do not know where to go to find other queer POC/ Black people in Austin.”

“I have a hard time finding friends and community in Austin.”

“Lack of affirming lesbian spaces.”

“Lack of a supporting LGBTQIA community. Hatred within the community.”

“When we're at events we feel community, but outside of those specific time-bound spaces, we're generally surrounded by straight, cis people in Austin everywhere we go.”

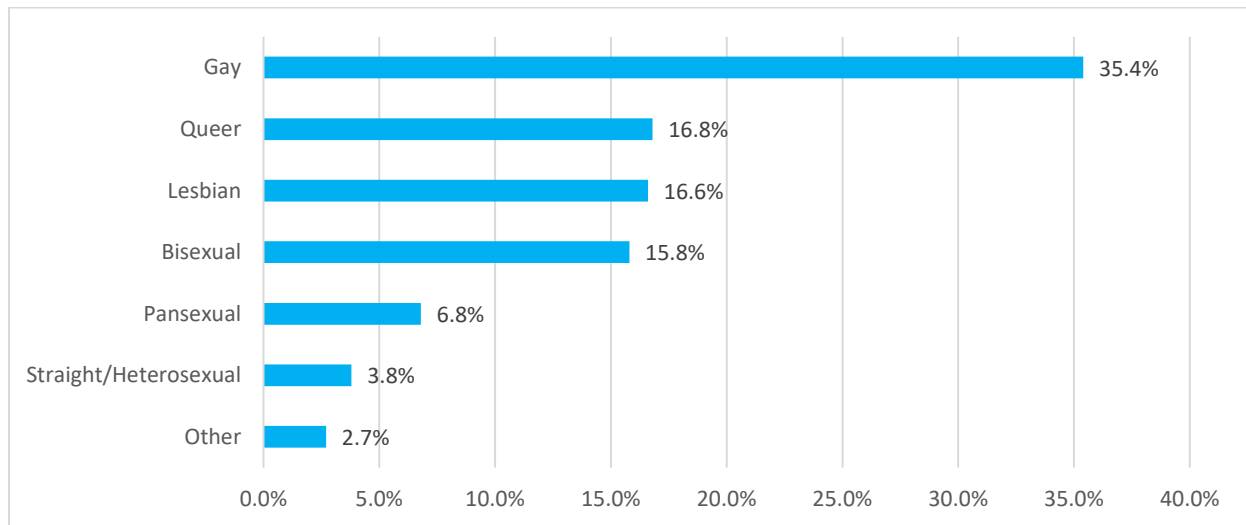
“Hard to find or acclimate - especially over 50.”

“It took my wife and I YEARS to find our LGBTQA+ community when we moved down here, and we still feel somewhat disconnected compared to how we were in Chicago.”

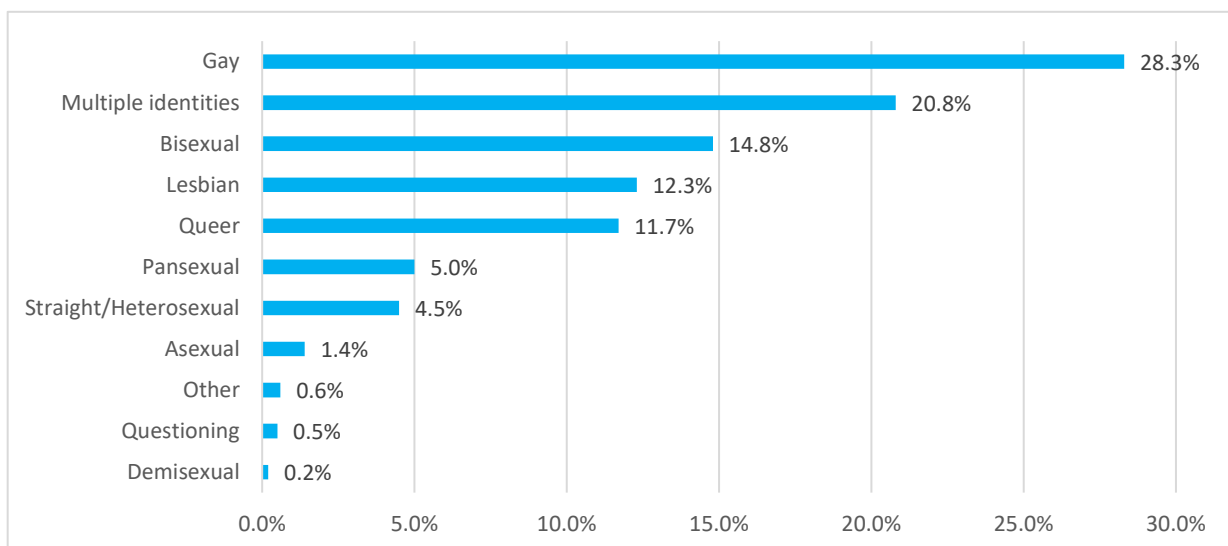
QWELL SURVEY DEMOGRAPHICS

SEXUAL ORIENTATION

Over one third of respondents who participated in the 2019 QWELL survey identify as gay (35.4%, N=1520). The majority of the sample (84.6%) identified as either gay, queer, lesbian, or bisexual.

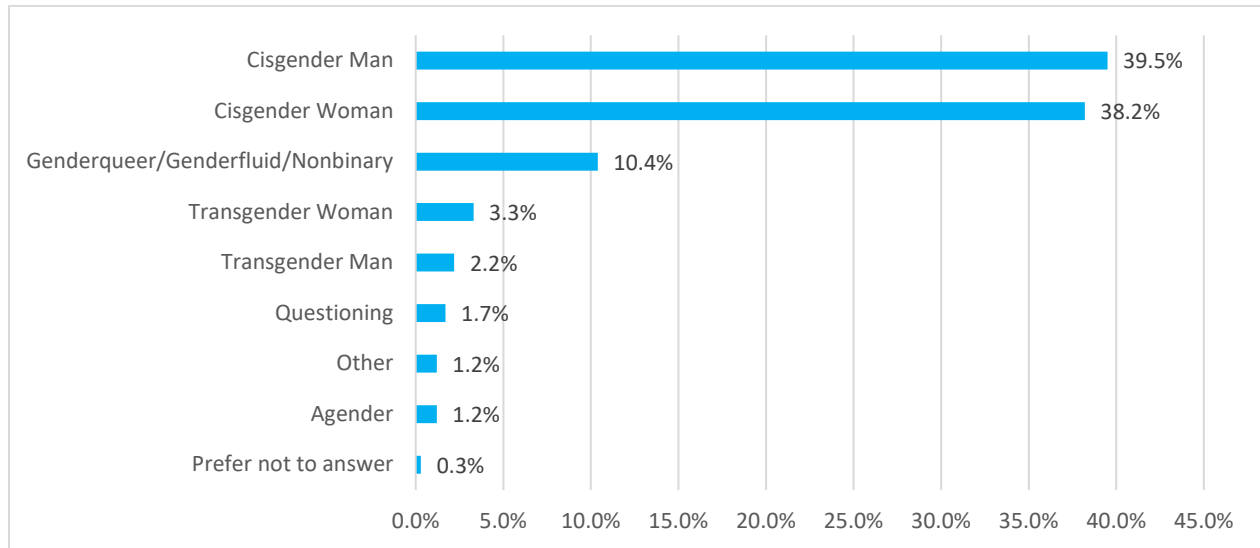


Just over one fourth of respondents who participated in the 2020 QWELL survey identify as gay (28.3%, N=660). The 2020 survey allowed participants to select multiple sexual orientation terms (e.g., both queer and asexual) which were combined into one category and represented 20.8% of the total sample. The 2020 survey also offered more options for sexual orientation than the 2019 survey, including asexual, questioning, and demisexual.

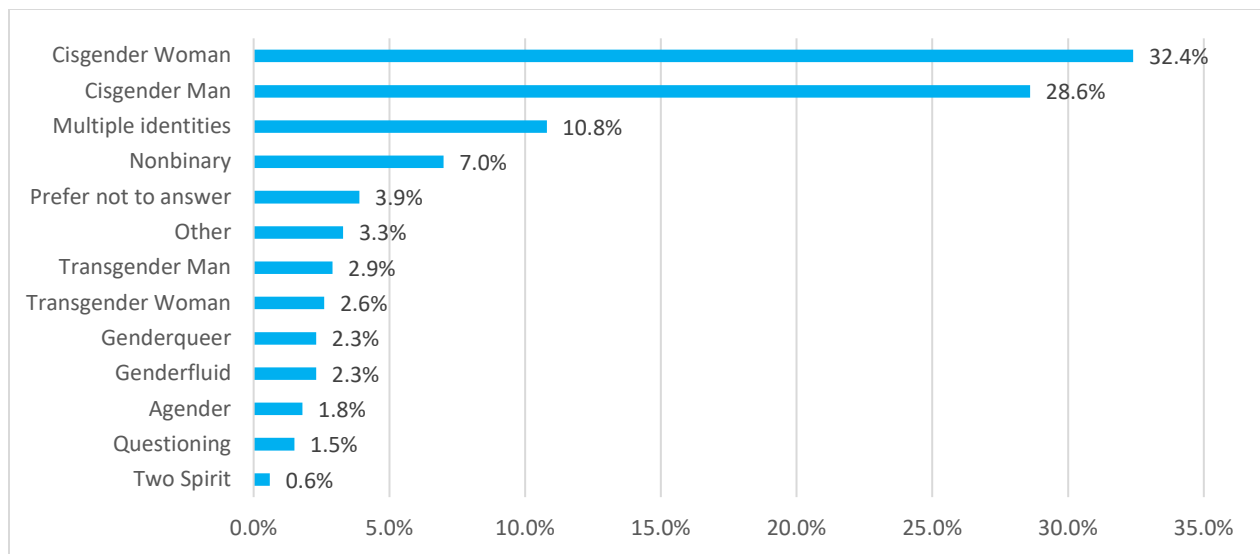


GENDER IDENTITY

The majority of the 2019 sample identified as cisgender (77.7%, N=1520). **15.9% of the sample identified along the transgender spectrum, meaning identifying as genderqueer, genderfluid, nonbinary, or transgender.** 51.2% of the sample was assigned female at birth, and 46.0% of the sample was assigned male at birth. Intersex identities were not assessed in the 2019 survey.

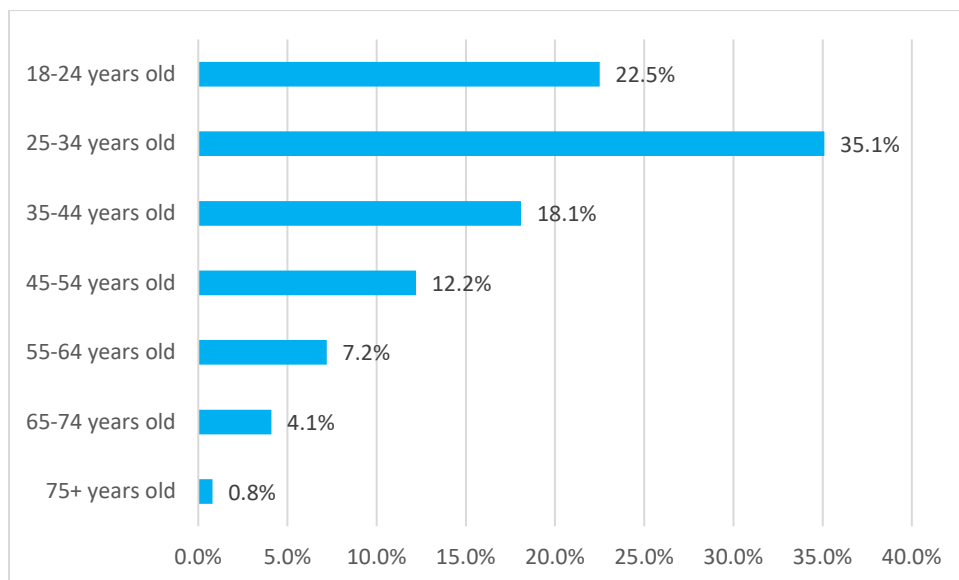


The majority of the 2020 sample identified as cisgender (61.0%, N=1520), although this percentage was less than the 2019 sample. The 2020 survey allowed participants to select multiple gender identities (e.g., nonbinary transgender man) which were combined into one category and represented 10.8% of the sample. The 2020 survey offered more gender identity options than the 2019 survey, including separate options for genderqueer, genderfluid, and nonbinary, as well as options for questioning and two-spirit identities. **17.1% of the sample identified along the transgender spectrum, meaning identifying outright as nonbinary, transgender, genderqueer, or genderfluid.** 59.4% of the sample was assigned female at birth, and 39.7% of the sample was assigned male at birth. 10 participants reported that they were born intersex (1.5%).

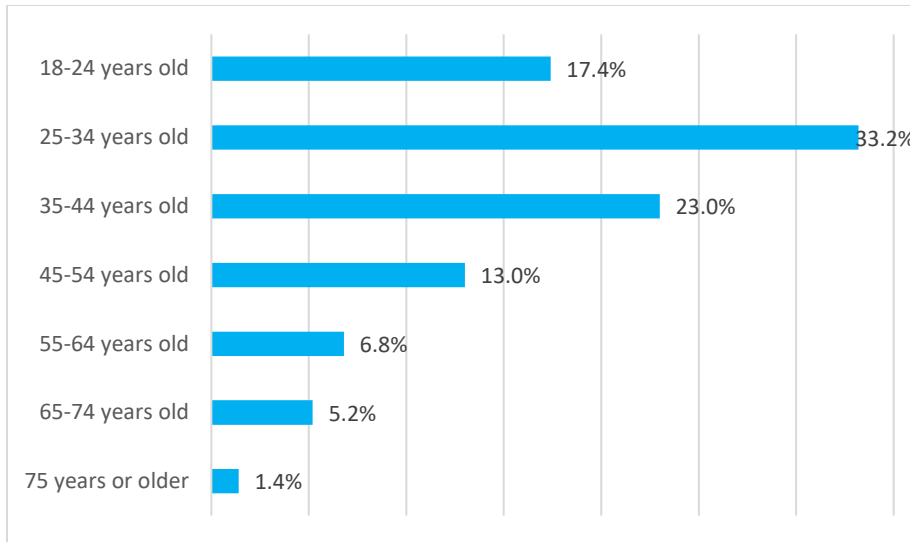


AGE

Respondents for the QWELL 2019 survey varied in age from 18 to 82 years old. More than half the respondents were between the ages of 25 and 44 years old (53.2%). The mean age of the 2019 sample is 35.6 years old (N=1549, SD = 13.7).

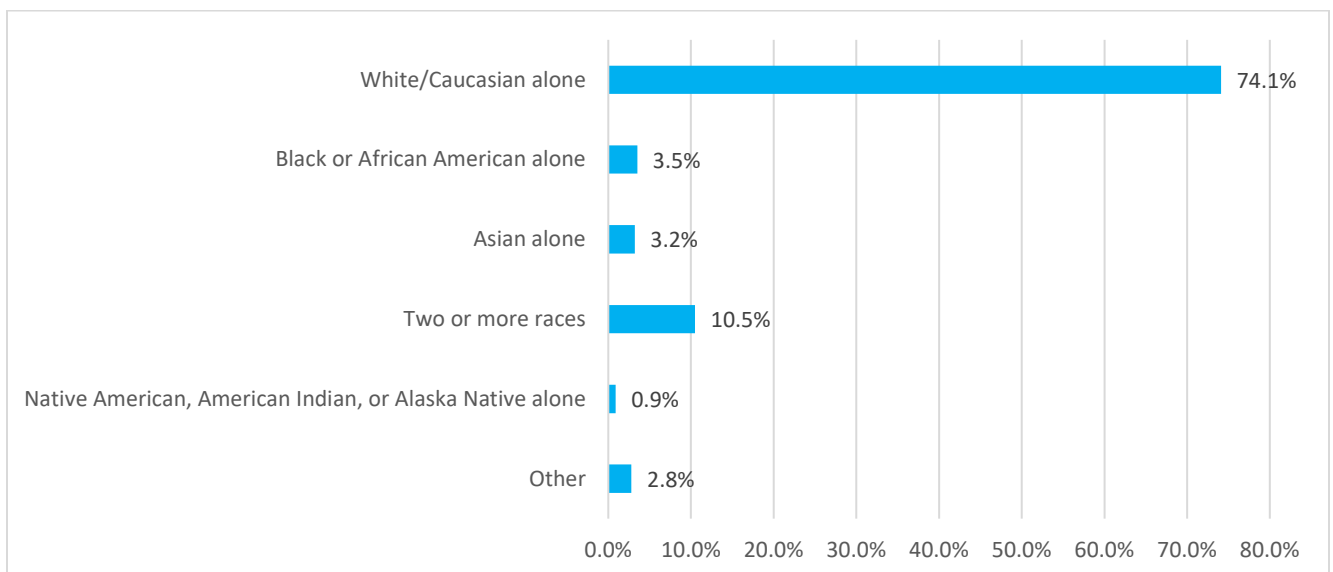


Respondents for the QWELL 2020 sample varied in age from 18 to 82 years old. More than half of respondents are between were ages of 25 and 44 years old (56.2%). The mean age of the 2020 sample is 37.6 years old (N=660, SD = 13.7).

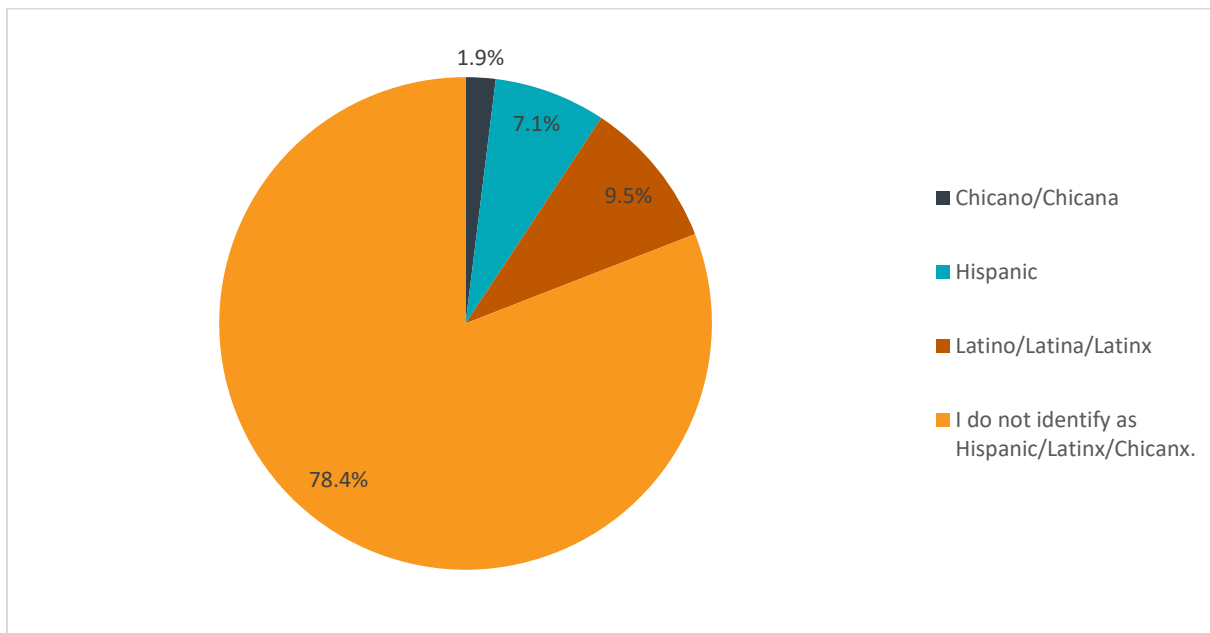


RACE AND ETHNICITY

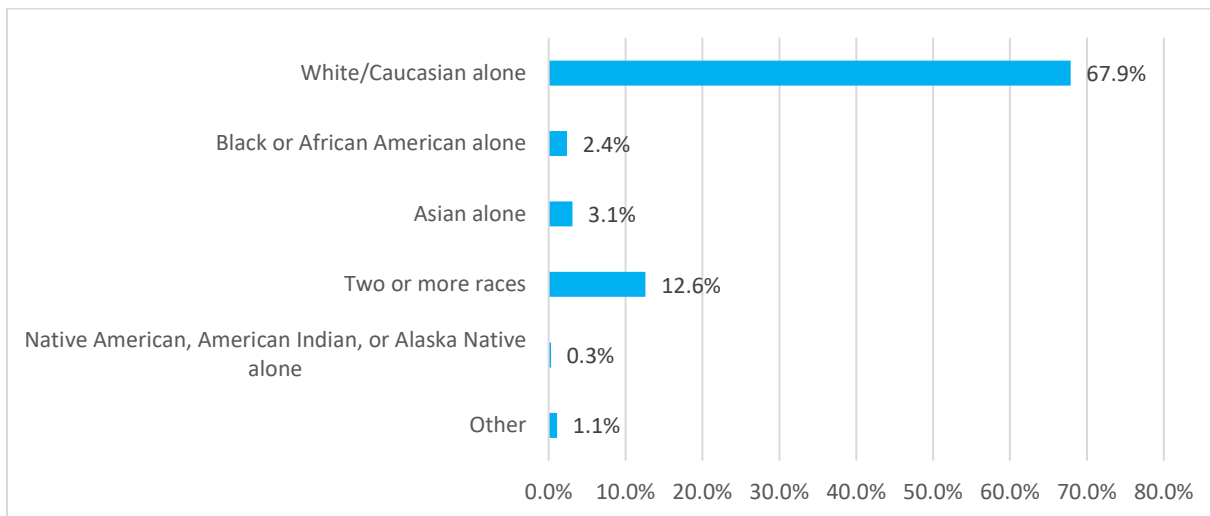
The majority of respondents to the 2019 QWELL wellbeing survey identified as White/Caucasian alone (74.1%). 3.5% of the sample identified as Black or African American alone, compared to an estimated 7.8% identifying as Black or African American alone in the 2019 census estimates. A small percentage of respondents identified as Native American, American Indian or Alaska Native and or “other.” A much higher percentage of respondents in the QWELL 2019 survey identified as two or more races (10.5%) compared to the census estimate of 3.5%.



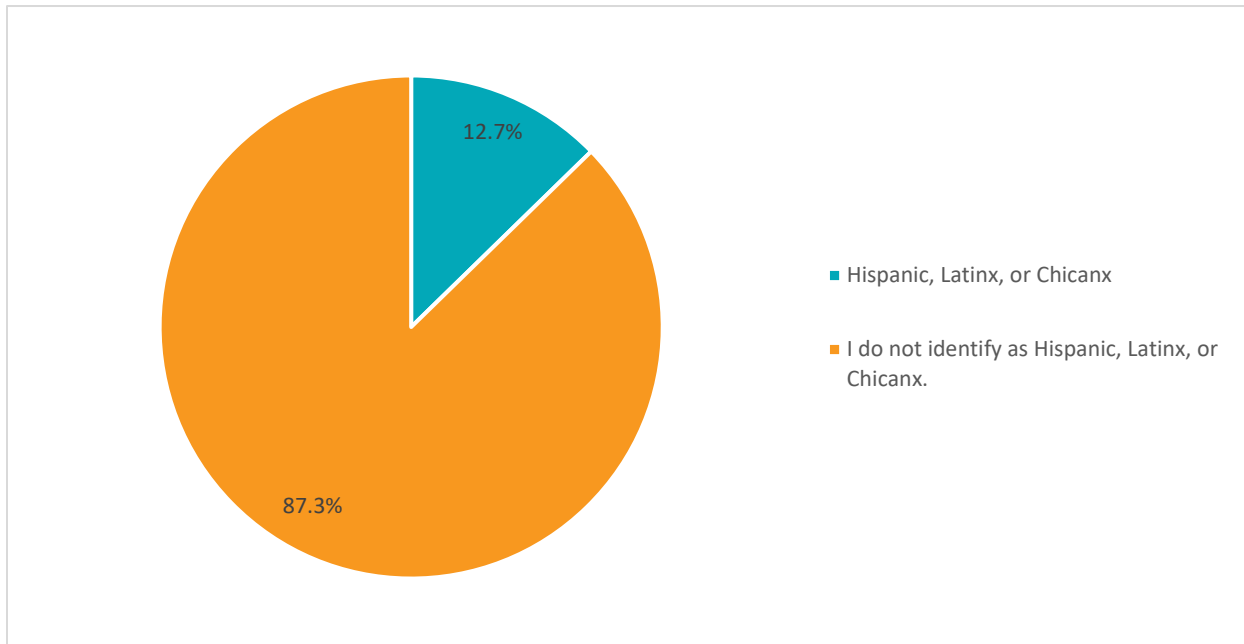
The 2019 survey separated race and ethnicity, so that participants could select a race and then an ethnicity identity such as Latinx or Chicanx. 16.9% of the 2019 sample identified with an ethnic identity such as Latinx, Hispanic, or Chicanx.



The majority of respondents to the 2020 QWELL wellbeing survey identified as White/Caucasian alone (67.9%). This percentage is less than the estimated percentage of White/Caucasian residents in Austin TX according to 2019 census data, which estimates the White/Caucasian only population of Austin at 72.6%. 12.6% of the sample identified as multiracial. A small percentage of respondents identify as Native American, American Indian, or Alaska Native alone, or “other.”



12.7% of the 2020 QWELL sample identified with an ethnic identity such as Latinx, Hispanic, or Chicanx. This percentage is lower than the 2019 census estimate of Hispanic/Latino residents (33.9%).

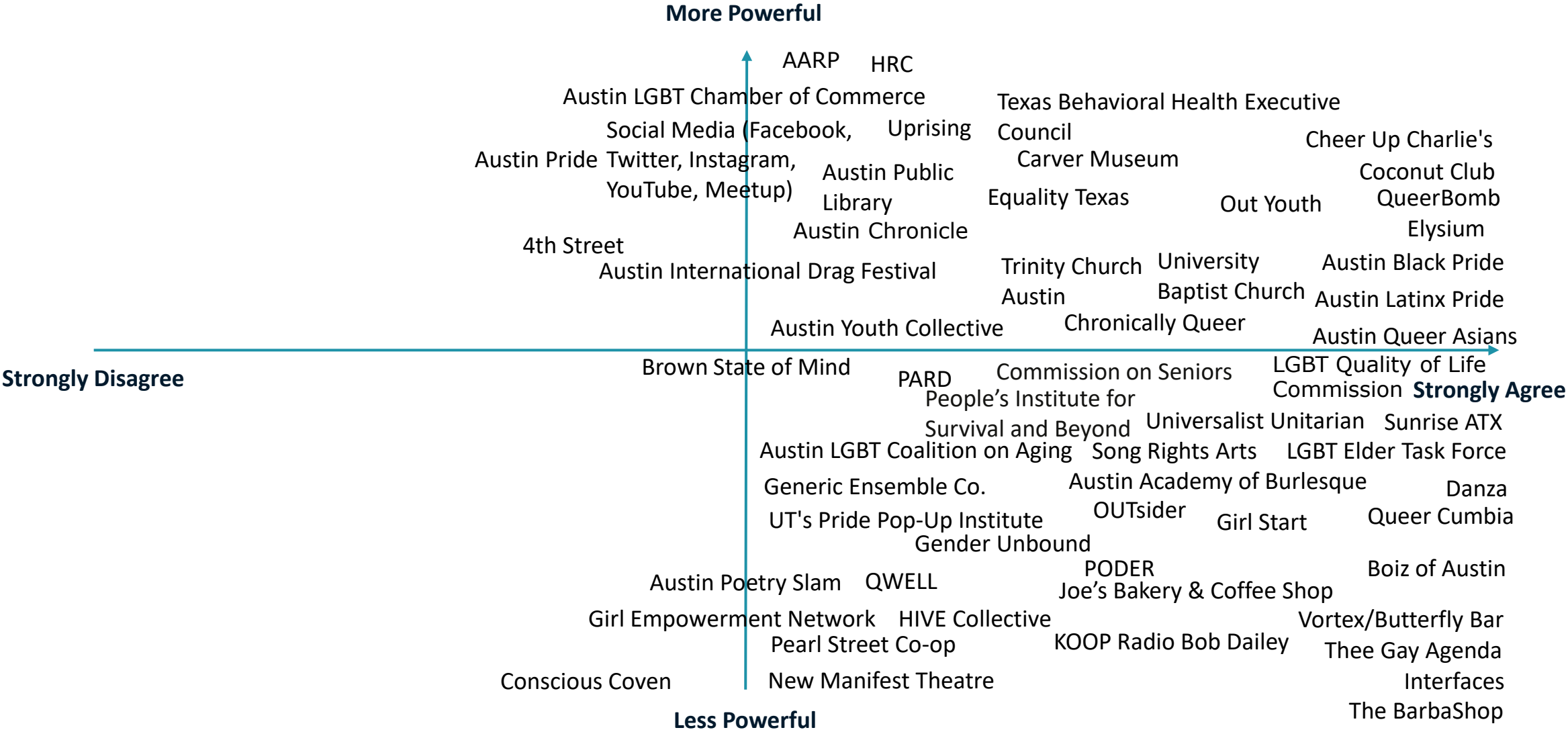


Gender Identity Definitions

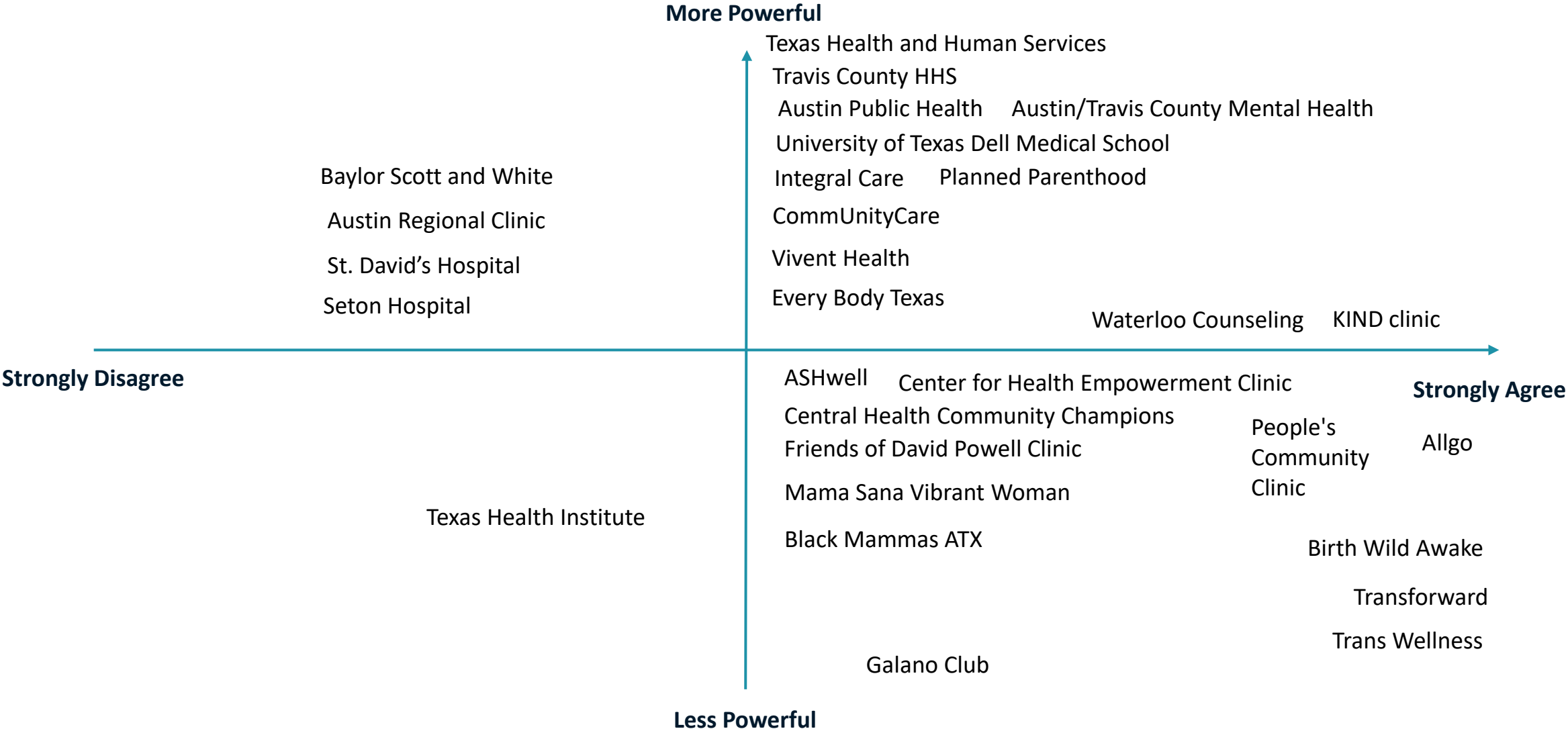
- Agender- denoting or relating to a person who does not have a gender identity or identifies as gender neutral.
- Cisgender- a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
- Gender-fluid- a person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
- Genderqueer- a term used to describe people who typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
- Gender non-conforming- a broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.
- Transgender- an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- Two-spirit or other Native Identity- refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity.
- Questioning- a term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Power Analysis

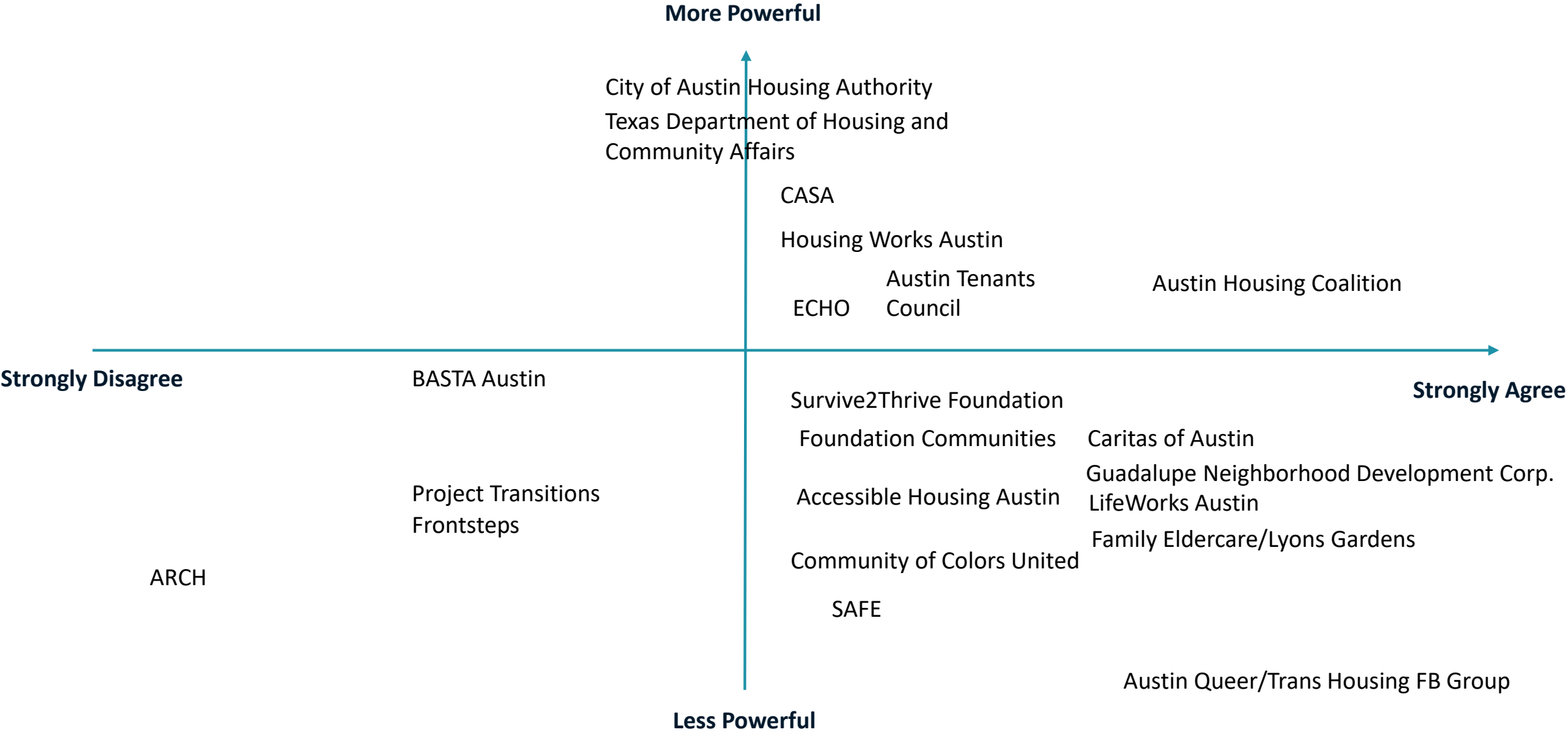
POWER ANALYSIS – COMMUNITY AND SOCIAL CONNECTEDNESS



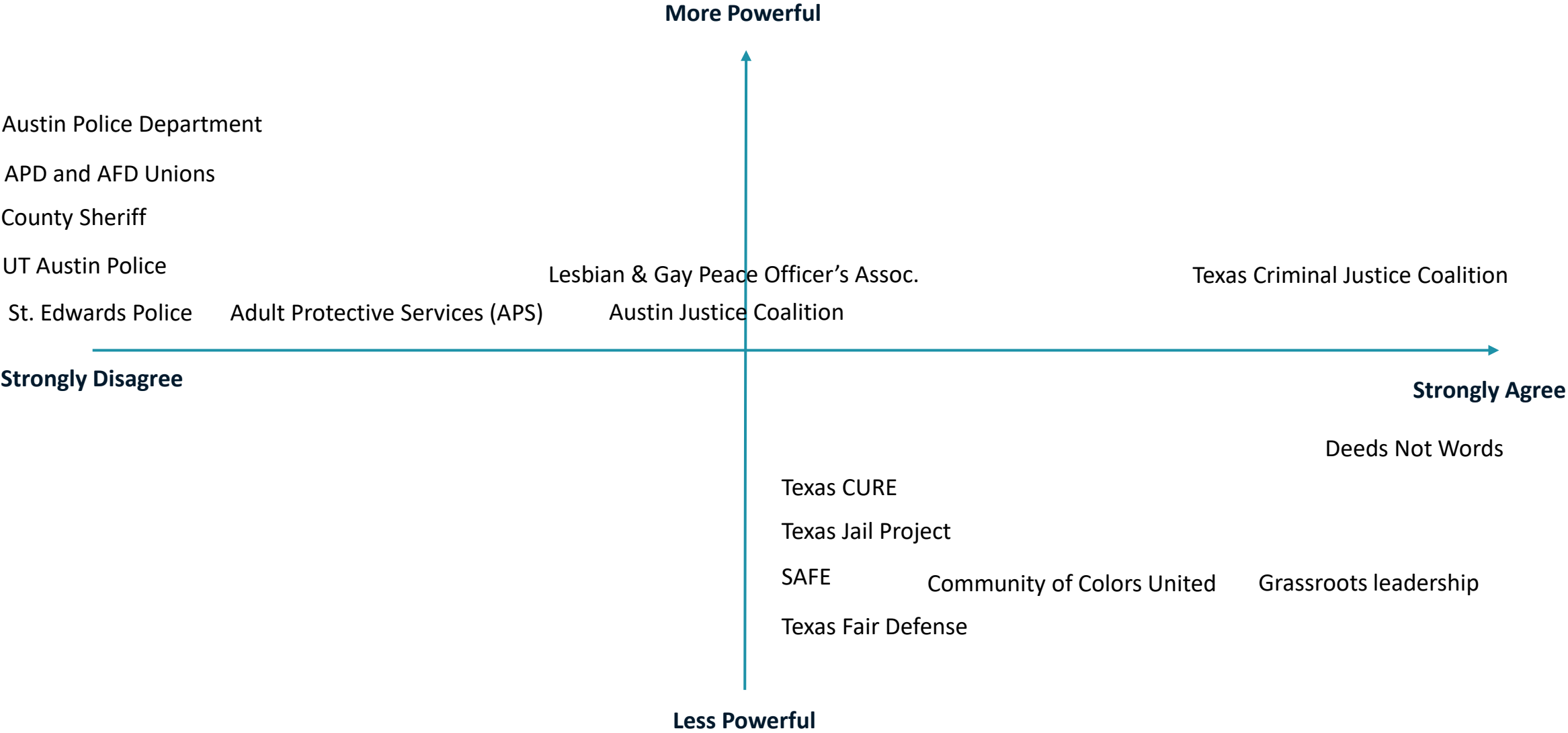
■ **POWER ANALYSIS – HEALTH (PSYCHOLOGICAL/EMOTIONAL, PHYSICAL, SEXUAL)**



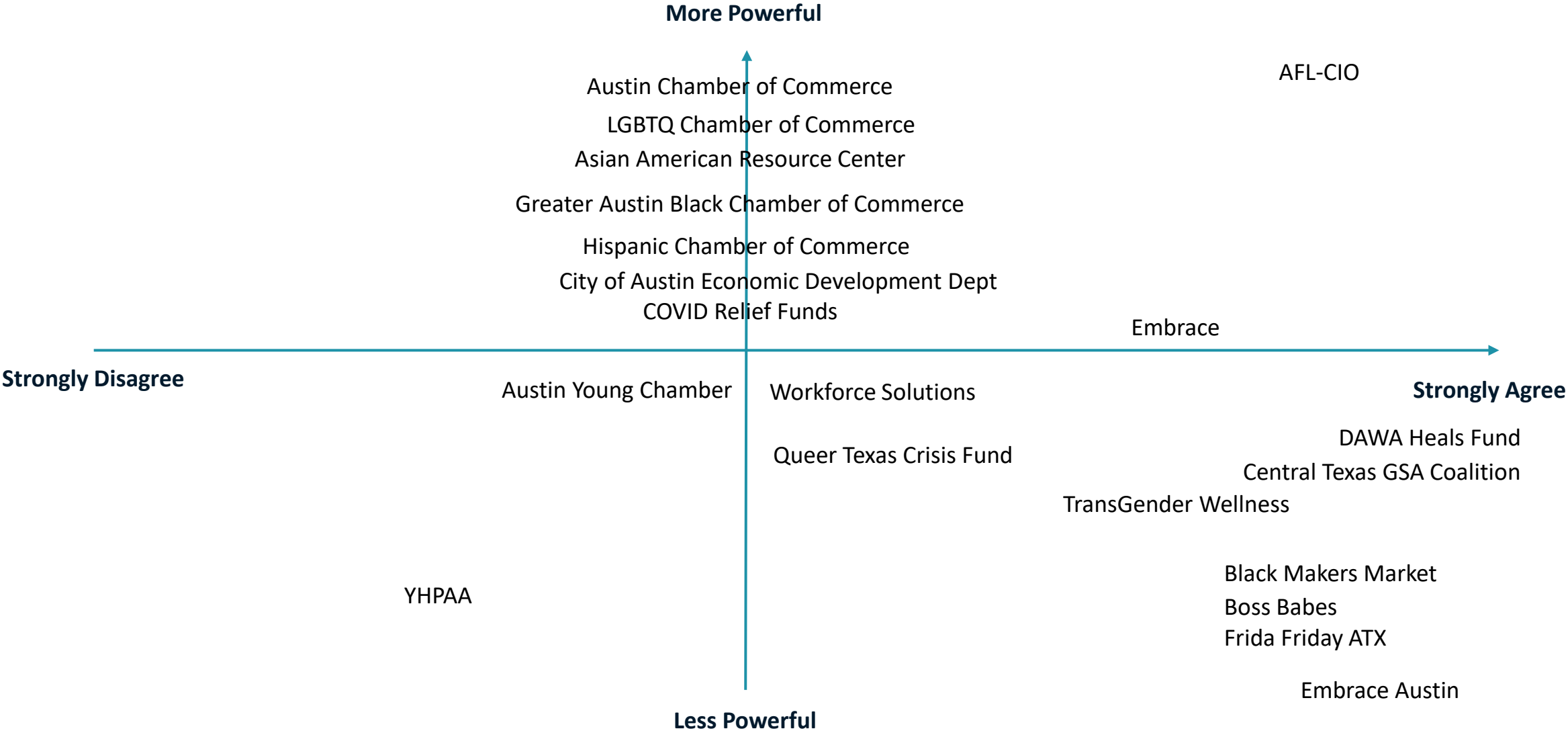
POWER ANALYSIS – HOUSING



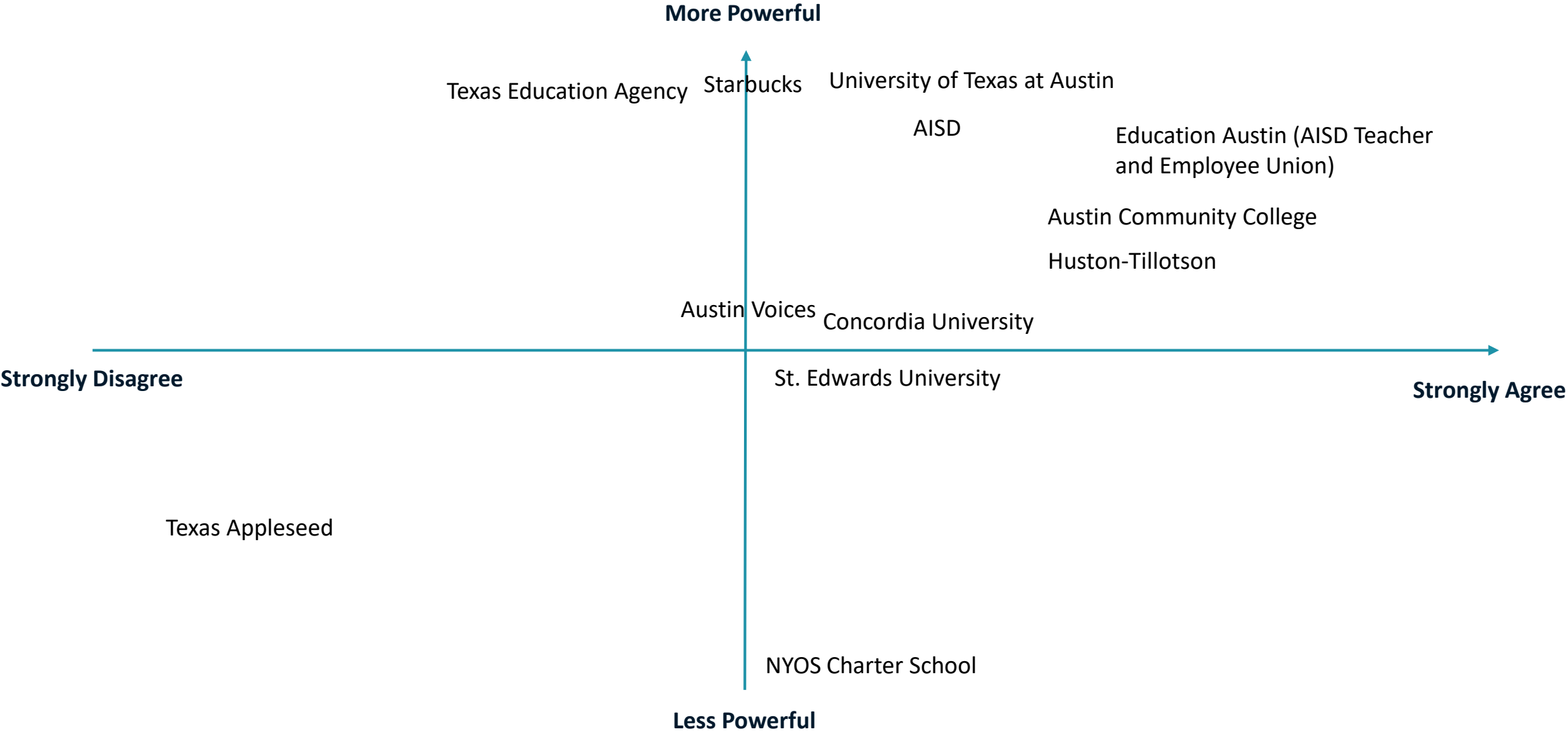
POWER ANALYSIS – PERSONAL SAFETY



POWER ANALYSIS – ECONOMIC OPPORTUNITY



POWER ANALYSIS – EDUCATIONAL OPPORTUNITY AND ACCESS



POWER ANALYSIS – SOCIAL/PUBLIC SERVICES & BENEFITS

