



# Statewide LGBTQ Community Needs Assessment



TEXAS PRIDE IMPACT  
FUNDS

# Introduction

This summary of the full Texas Pride Impact Funds (TPIF) report addresses the broad scope of needs for the diverse members of the LGBTQ communities living in Texas. The report focuses on issues including demographic composition, economic stability, education, legal and civic participation, physical and mental well-being, and public awareness. It includes previously understudied special populations such as communities of color, senior citizens, transgendered people, and residents of rural communities.

The 2017 TPIF report is the first-ever statewide effort to assess the needs of the Texas LGBTQ communities.

The political, legal, and social landscape for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people is changing rapidly, yet extensive research on the needs and concerns of the LGBTQ population in Texas is lacking. Roughly 740,000 - 3.6% - of Texas residents identify as LGBTQ, with over 46,000 households reporting as same-sex households.

Texas currently has no state law banning LGBTQ discrimination. While Texas LGBTQ individuals and families still lack basic civil rights and protections in housing, employment, and accessibility, those needs vary with factors such as geographic location, resource distribution, ethnicity, age, and socioeconomic status.

This report seeks to ascertain both the diverse and specific needs of individuals in the Texas LGBTQ community. We also hope that this information will inspire giving and long-term investment to address the needs of LGBTQ Texans and further enrich the lives of all LGBTQ Texans.

The IMPACT! Texas LGBTQ Needs Assessment is the culmination of a collaborative effort, and we are indebted to the numerous community partners and persons who helped make this project possible.

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

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

Together, we will IMPACT Texas for years to come.

## **Board of Directors**

## **Texas Pride Impact Funds**

## Data Collection

The data were collected and analyzed by The University of Texas at Dallas, hereon simply referred to as “the researchers.”

**To fully grasp the diverse needs of LGBTQ people living in Texas, the researchers collected data through self-reported surveys, secondary data analysis, focus groups, and key informant interviews with LGBTQ community leaders.**

Four primary research questions guided the research:

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

Of particular interest were barriers that can impede LGBTQ people from receiving needed community services and support.

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# Part I: Texas LGBTQ Community Members

## Looking At The Diverse Population Of LGBTQ People Living In Texas

The researchers made every effort to gather input from a wide range of community members, consistent with the composition and demographics of the Texas LGBTQ population.

### Key Findings

#### Geographic location

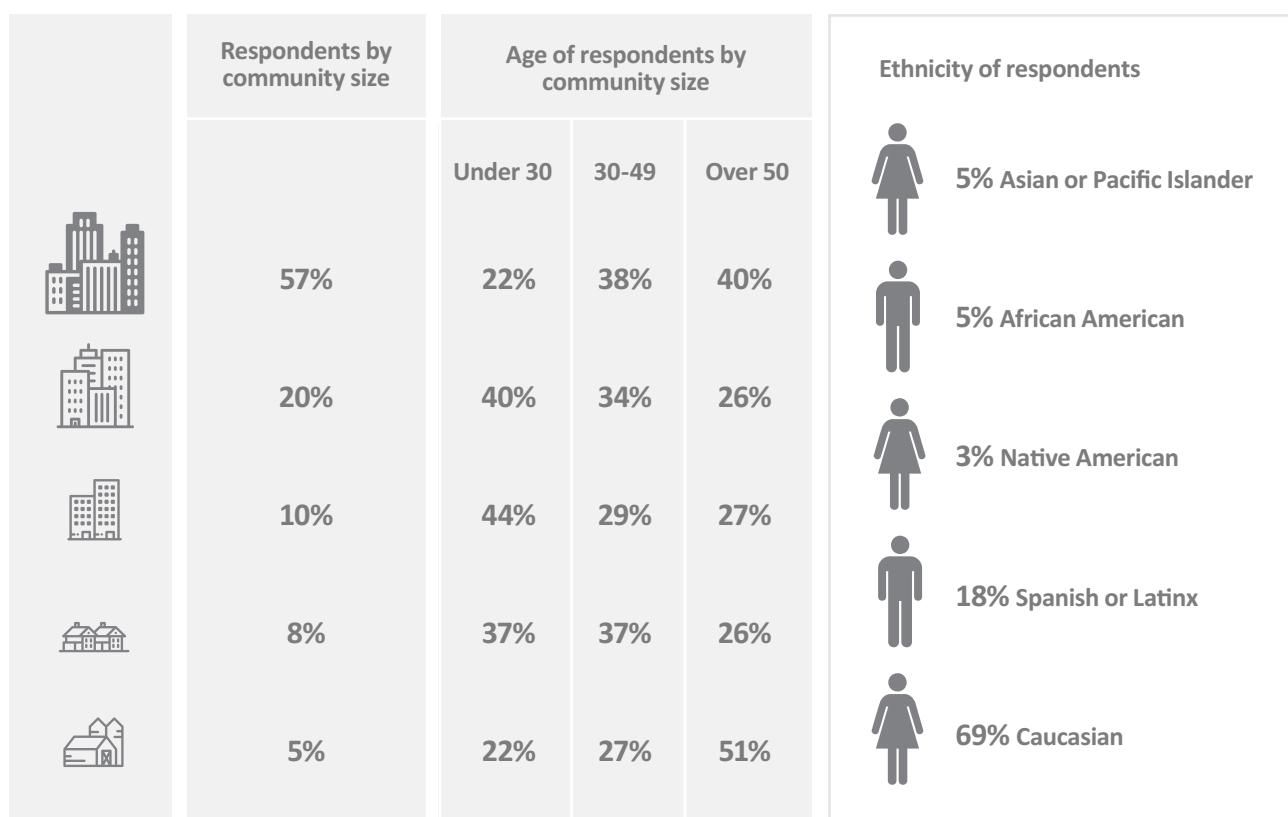
- Roughly three quarters of respondents lived in large urban centers (defined as areas with at least 500,000+ inhabitants), or in midsize cities (between 50,000-499,999 inhabitants).

#### Age

- A higher proportion of middle-aged respondents and seniors resided in rural areas.
- Respondents under age 30 tended to live more in midsized, suburban, and small cities.

#### Race/Ethnicity

- Of the total 854 respondents, 586 identified as Caucasian, 152 as Spanish/Latinx, 45 as Asian/Pacific Islander, 42 as African American, and 29 as Native American.



### **Gender and sexual orientation**

- Of the 852 respondents analyzed, 400 identified as gay, 136 as bisexual/pansexual, 291 as lesbian, 14 as asexual, 9 as straight, 1 as demisexual, and 1 as gynephilic.
- Consistent with research, significantly more bisexual, pansexual and asexual respondents identified as transgender. In fact, 6% and 14% of bisexual respondents identified as transgender male and female respectively, 15% and 18% of pansexual respondents, and 14% and 43% of asexual respondents.

### **Family composition and relationship status**

- Roughly a quarter of cisgender women reported being single, compared to 45% of cisgender men, 33% of transgender men, and 40% of transgender women.
- Cisgender women were also more likely to report being legally married or living with their partner than cisgender males (60% vs. 35%).

**Of the 121 couples reporting children in the household, 60% were legally married.**

**Sexual orientation of respondents by gender/transgender**

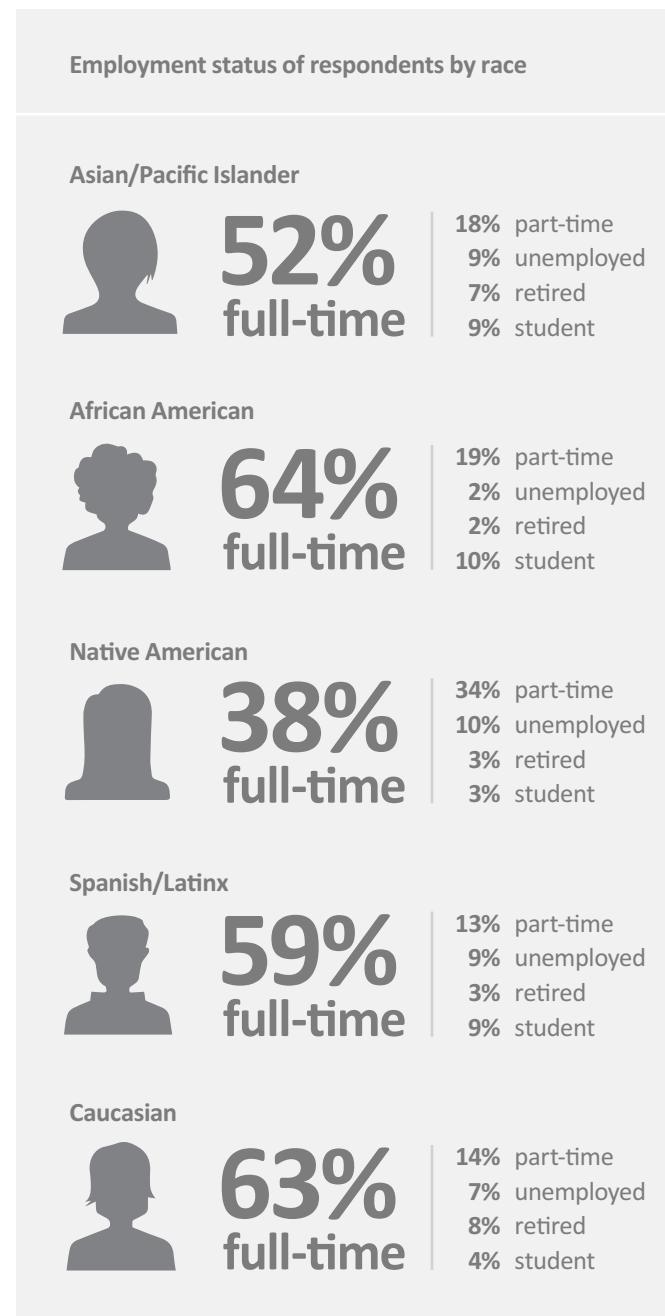
					Percentage of total respondents
Asexual	7%	36%	14%	43%	2%
Bisexual	26%	54%	6%	14%	13%
Demisexual	0	0	0	100%	< 1%
Gay	93%	0	4%	4%	47%
Gynephilic	0	0	100%	0	< 1%
Lesbian	0	97%	1%	3%	34%
Pansexual	8%	38%	15%	38%	3%
Straight/Heterosexual	0%	11%	56%	33%	1%

## Employment And The Workplace

Unlike the 21 other states in the U.S. which have passed statutes protecting LGBTQ people from employment discrimination, Texas provides no legal protection for LGBTQ people in employment, housing, or public accommodations. Although 12 large urban centers and midsize cities have passed comprehensive ordinances offering some level of protection from workplace discrimination, analysis did not reveal a variation in unemployment rate among larger cities and smaller, rural towns. Transgender men and women experienced significantly higher rates of workplace discrimination – a rate of over 20 percentage points— than their gay and lesbian cisgender peers.

### Key Findings

- Transgender women are out of work and seeking employment at a whopping rate of 36%, compared to transgender men (19%), and cisgender men and women (both 4%).
- Employment status varied little by race with one notable exception: Native American respondents reported a full employment rate of nearly half every other race (38% vs. ~61%).
- Thirteen percent of cisgender men and 16% of cisgender women experienced workplace discrimination in the past year, compared to 40% of transgender men and 27% of transgender women.



**Survey results indicated that transgender Texans have approximately half the full-time employment rate of their gay and lesbian cisgender peers.**

## Economic Security

The LGBTQ community experiences disproportionately high rates of poverty in Texas, particularly within communities of color and transgender communities.

### Key Findings

- Living together as married or unmarried couples improved income security.
- Concerns surrounding homelessness and employment were stronger for respondents under age 30.
- Insufficient financial resources to manage bills, medical care, or pay for food were of greater concern for those under age 50.

- African Americans and Native Americans reported over three times the rate of subsidized housing assistance (about 9% for each group).
- Native American respondents showed a 31% rate of food assistance over the past year, followed by a 23% rate for African Americans.

**Over 25% of respondents age 50 and over have postponed healthcare due to insufficient resources.**

Percentage of respondents experiencing one of these qualifying events in the last year by age			
Event	Age of respondents		
	Under 30	30-49	Over 50
Postponed medical care due to insufficient resources	43%	41%	25%
Skipped or delayed paying bills due to insufficient resources	33%	26%	16%
Experienced food insecurity	27%	21%	14%
Experienced housing insecurity	24%	6%	4%
Experienced homelessness	52%	4%	3%
Received food assistance	14%	14%	10%
Received housing subsidies	4%	3%	4%
Experienced unemployment	28%	9%	7%
Experienced sex/gender workplace discrimination	23%	22%	15%
Experienced harassment due to sex/gender identity	32%	29%	14%

## What The Qualitative Data Tells Us About Accessing Social Services

The data described above are disconcerting, demanding immediate attention. LGBTQ individuals of all ages are postponing necessary medical care because of insufficient funds. Many are unsure where their next meal is coming from, and they're often unsure if they'll have a roof over their head to spend the night. Interviews highlighted social barriers that impede LGBTQ Texans from getting the social services, medical care, food, and housing they desperately need.

### Key Findings

- City-dwellers in large metropolitan areas are in closest proximity to available resources, support groups, and culturally competent providers.
- Latinx Texans consistently expressed lack of access to service providers due to cultural differences and language barriers.
- Whereas distance was the main issue for LGBTQ respondents living in smaller, rural towns, cost barriers were issues for low-income individuals living in metropolitan areas.
- Inadequate transportation to obtain services was a particular issue for people over 50.

**Individuals living in smaller towns reported difficulty with access and eligibility for programming due to their location.**



## Medical and Behavioral Health Care

There are great mental health disparities within the LGBTQ community, including higher rates of depression, anxiety, and suicide than straight individuals. LGBTQ individuals also have higher rates of certain types of cancers, due to higher rates of behavioral risk factors, such as smoking, alcohol consumption, substance abuse, and lack of preventative care.

It comes as no surprise that survey respondents expressed concern about healthcare, universally ranking routine healthcare as their number one priority need. What is interesting to note is that only 11% of respondents reported not having health insurance. Better healthcare provider education, particularly in transgender-specific issues, is a key need.

## Key Findings

- Thirty-one percent ranked access to routine healthcare as the top priority within the LGBTQ community, followed by healthcare provider LGBTQ competency at 10%, and access to behavioral health at 6%.

Those most likely to report problems with healthcare access were residents of midsized, rural, and small cities between the ages of 30-49.

### Issues selected as top priority by respondents

<b>31%</b>	Access to routine health care
<b>10%</b>	Healthcare provider LGBTQ competency
<b>6%</b>	Access to behavioral health care
<b>5%</b>	LGBTQ senior and aging issues
<b>5%</b>	Transgender health
<b>4%</b>	HIV education and care
<b>3%</b>	Access to specialized health care
<b>3%</b>	Women's health
<b>3%</b>	Employment discrimination
<b>3%</b>	Poverty/Income insecurity

### Importance of access to behavioral health care by ethnicity

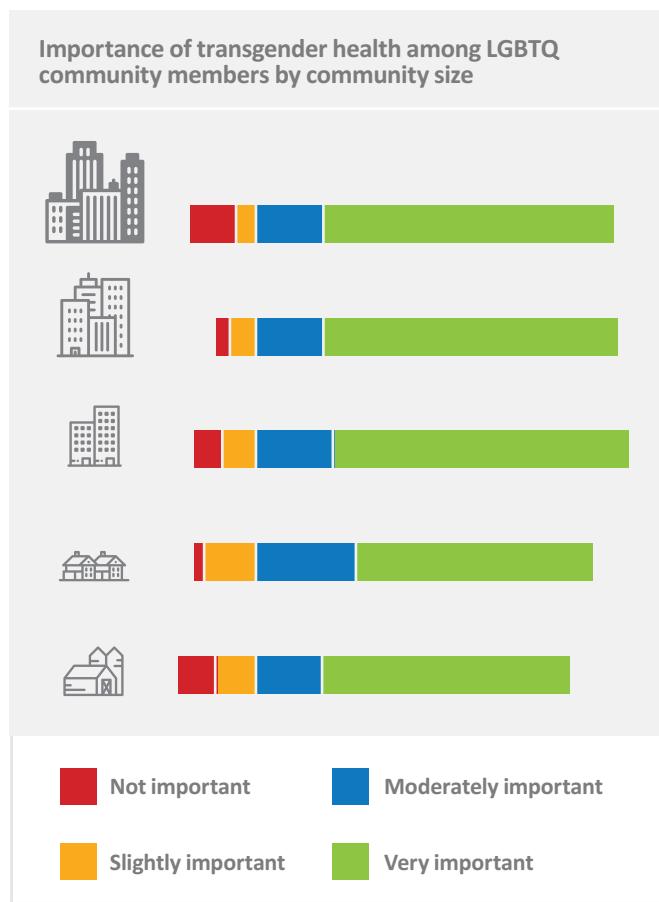
	Asian/ Pacific Islander	African American	Native American	Spanish/ Latinx	Caucasian
Not Important	16%	10%	17%	15%	14%
Slightly Important	11%	17%	3%	7%	9%
Important	27%	17%	41%	17%	24%
Moderately Important	11%	2%	3%	11%	11%
Very Important	34%	55%	34%	50%	42%

**African Americans and Latinxs were approximately 15% more likely to report access issues as impediments to receiving behavioral healthcare, which includes treatment for mental health and substance abuse.**

## Medical And Behavioral Health Care, Continued

- African American respondents were more likely to rate women's health a very important issue, 55%, compared to only 48% of Caucasians and 39% Latinxs.
- Transgender healthcare was deemed very important by every geographic region – not only for transgender respondents – but among all members of the LGBTQ community.

African Americans found transgender issues very important, 15 percentage points more than other races, showing an even greater need to address transgender issues in the African American community.



- Data from the Latinx community revealed cultural hindrances to receiving healthcare.

"Machismo culture," dominant among Latinx men, may inhibit Latinxs from seeking physical and behavioral healthcare.

## Fear of deportation for self and family members without legal status also discouraged Latinxs from seeking medical assistance.

The sole use of homeopathic remedies discouraged Latinxs from seeking traditional medical assistance.

- Physical health issues were more common among younger individuals and those making less than \$50,000 a year.
- HIV education and care wasn't very high on the list of importance for all geographic regions.

While this may be due to better care and knowledge of HIV, it is also because HIV has overshadowed many other issues plaguing the LGBTQ community in recent years. As a result, LGBT communities are now putting their energy and resources into other LGBTQ issues that were previously overlooked.

- Urban populations reported that issues surrounding drug use were very important, greater than for any other geographic location.

African Americans reported both drug and alcohol use at a higher level of priority than all other races, followed by Latinx respondents, suggesting drug and alcohol use may be of greater concern to people of color living in urban areas.

## Health Care Provider Cultural Competency

While nearly 100% of respondents reported being out to close friends, over 30% of respondents reported not being open or out to their healthcare provider. The qualitative data explain why. Many individuals have experienced discourteous, biased, and even offensive encounters with medical professionals as patients when they were open about their identity and/or sexuality. Transgender respondents reported cultural competency as of greater importance than other genders.

### Key Findings

- Cultural competency was less of a concern in large urban areas, likely due to the diversity in culture and wider availability of LGBTQ-sensitive medical care.

One respondent recounted how it was easy for her to obtain hormone replacement therapy from a health provider, “but they do nothing to help to mentally prepare for the transition.”

- There’s a difference between culturally competent and friendly care: some doctors are simply kind and non-discriminatory, whereas others have the knowledge, training, and expertise to treat medical issues specific to the transgender and greater LGBT communities.

For example, gay men reported being told Pre-exposure Prophylaxis (PrEP) “doesn’t work” or being offered access without any information regarding use and side effects.

**Lack of competent care, which extends to behavioral care, was repeatedly declared the greatest issue by members of the transgender community, followed by fewer providers, inadequate provider training, and lack of research.**

## Concerns of Aging LGBTQ Seniors

Concern for LGBTQ aging issues ranked very highly across geographies, excluding suburban, which may be related to the higher access of insurance coverage, educational attainment, and earned income in suburban areas.

### Key Findings

- Respondents under 28 reported high levels of poor mental health. However, from ages 28-55, respondents indicated a dramatic increase in better mental health. Alas, higher rates of poor mental health re-appeared for individuals over the age of 55.
- Qualitative data indicate that social isolation contributes to the depression seen in many LGBTQ seniors.

There are a lack of social events, transportation, and housing options for LGBTQ seniors.

### A Final Note On Healthcare

One key respondent noted how LGBTQ program funding streams are directed toward end causes, such that, “if you’re not homeless, HIV positive, or in recovery, there are no services for you.” There needs to be a shift to preemptively address the health needs of all LGBTQ individuals, paying special attention to the needs of transgender individuals, people of color, and seniors.

Self-reported physical and mental health of respondents by age

	Under 28 Physical   Mental		28-40 Physical   Mental		41-55 Physical   Mental		Over 56 Physical   Mental	
Poor	3%	28%	1%	3%	3%	7%	1%	14%
Fair	12%	31%	10%	19%	8%	13%	10%	20%
Good	36%	13%	34%	31%	27%	27%	27%	24%
Very good	35%	14%	43%	37%	40%	37%	44%	29%
Excellent	15%	8%	11%	10%	22%	16%	17%	13%

**Respondents under age 28 and over age 55 reported high levels of poor mental health.**

## Quality of Community Life and Involvement in LGBTQ Spaces

LGBTQ individuals feel empowered when they are socially engaged and can actively participate in civic and public life. It's necessary for the overall health and well-being of LGBTQ Texans to have LGBTQ groups and organizations with which they can identify. As a positive note, in general, respondents were satisfied with community life.

### Key Findings

- Suburban, small town, and rural areas were significantly more likely to express a lack of "space" for LGBTQ people to participate in their communities. Often, they reported needing to travel to larger urban areas to engage.
- Respondents from smaller cities also reported that rapid turnover of both leadership and members within organizations, as well as a lack of support from statewide LGBTQ organizations, act as barriers to increasing community participation.
- Across Texas, urban respondents were not satisfied with local government, with only 34% of respondents strongly or somewhat agreeing with the statement, "I am satisfied with local government."

Interestingly, the percentage raises to 51% for rural respondents. This is largely due to the "laissez-fair" government stance in rural towns, where elected officials don't acknowledge the LGBTQ communities, thus not discussing or interfering.

#### Percentage of respondents, by community size, who:

- have had the opportunity to contribute and participate in the LGBTQ community
- are satisfied with local government

					
Strongly agree	34% 8%	27% 7%	11% 3%	16% 5%	16% 15%
Somewhat agree	31% 30%	33% 18%	27% 27%	24% 18%	39% 37%
Neither agree nor disagree	16% 17%	17% 23%	18% 11%	26% 27%	27% 12%
Somewhat disagree	14% 26%	15% 23%	23% 26%	18% 25%	22% 20%
Strongly disagree	5% 20%	8% 29%	22% 33%	16% 24%	5% 17%

## Quality of Community Life and Involvement in LGBTQ Spaces, Continued

- Respondents noted a desperate need for more LGBTQ youth outreach, along with LGBTQ protections in schools.

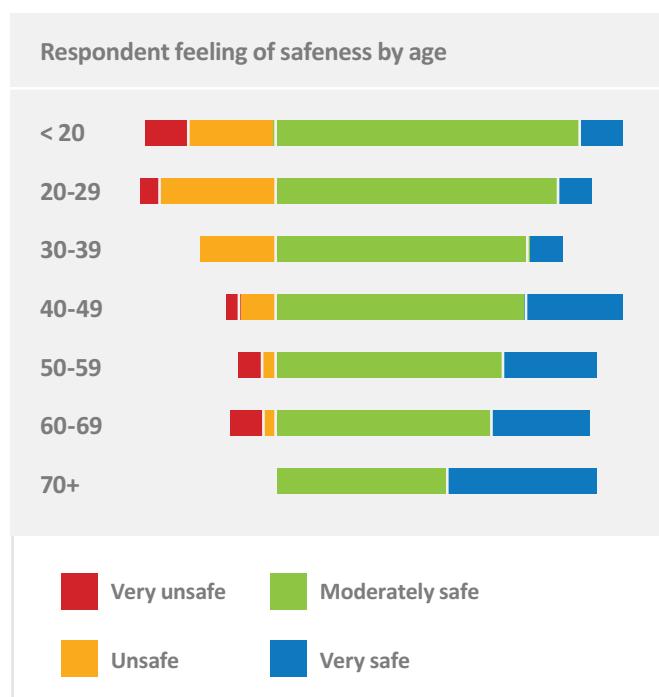
Overt levels of institutional discrimination seem to be more frequently directed toward the young, rather than toward adults, who have the means, knowledge, and capacity to fight these techniques. Depression, anxiety, and feelings of isolation were reported by respondents who felt they were alone or were bullied for being LGBTQ in school.



- Urban populations have a higher concentration of LGBTQ residents in “gayborhoods,” which contributes to the feeling of safety. However, many of the gayborhoods are beginning to dissipate with gentrification.

- Feelings of safety also seem to increase linearly with age, with each older generation reporting feeling safer.

**In general, most respondents felt safe in their community, regardless of where they lived. Native American, transgender, and rural respondents, however, reported higher rate of feeling unsafe.**



## Social, Cultural, and Spiritual Needs

Social, cultural, and spiritual needs were among the lowest ranked issues of both importance and priority for resource allocation by respondents. Respondents, especially those in suburban areas and small towns, did express higher need for social organizations. They expressed that both distance and lack of transportation to events in large cities prevented them from attending.

## Key Findings

- Social events were often tied to bars, restaurants, and clubs, isolating LGBTQ families and seniors.
- Access to online LGBTQ community groups was very high across the board, but was particularly helpful for younger LGBTQ respondents living in small towns, who are far removed from more concentrated LGBTQ populations.
- Access to LGBTQ organizations differed vastly by community size. As expected, respondents from large urban cities reported higher access than those living in smaller towns.

	Percentage of respondents reporting access to LGBTQ organizations, by community size				
					
Community center	80%	30%	33%	32%	18%
Business/professional	89%	53%	39%	56%	50%
Sports/recreation	80%	17%	29%	27%	17%
Bars/clubs	97%	74%	47%	53%	60%
Online groups	91%	86%	76%	81%	67%
Mental health	81%	37%	27%	32%	29%
Men's health	75%	23%	26%	21%	16%
Women's health	69%	18%	16%	16%	16%
Social groups	88%	68%	66%	56%	45%
Arts/cultural	81%	35%	29%	38%	38%

## Social, Cultural, And Spiritual Needs, Continued

- Importance of religious community was mixed, reflecting the tentative and negative interactions many LGBTQ individuals have experienced with religious organizations.

**Respondents from suburban communities were more likely to rank interaction with religious communities as very important.**

Importance of religious communities by community size					
					
Not important	34%	27%	11%	16%	16%
Slightly important	31%	33%	27%	24%	39%
Important	16%	17%	18%	26%	27%
Moderately important	14%	15%	23%	18%	22%
Very important	5%	8%	22%	16%	5%



## **Engagement with and Strengths of the LGBTQ Movement**

The LGBTQ movement is arguably one of the most successful social movements in recent history, considering the speed with which goals were achieved using legal tactics, media presence, and public campaigns. Given the geographic and demographic diversity of the LGBTQ Texas population, researchers wanted to evaluate the efficacy of various movement strategies by community size, ethnicity, gender, sexual orientation, and age group.

### **Key Findings**

- Media responsibility, research, political activism, positive imagery/role models, increased funding, change in social attitude, and training and awareness of LGBTQ issues were all viewed similarly as highly effective, regardless of community size.

Rural residents, however, expressed a stronger belief in the effectiveness of training and awareness but less belief in the effectiveness of political activism.
- Information and visibility received the least amount of support, suggesting that more proactive engagement techniques may be preferred in Texas.

- Community centers were strongly viewed as effective measures from the Latinx community. In addition, the Latinx community favored LGBTQ research, positive imagery of role models, funding, education, community development, and political activism far more than respondents from other ethnic groups.
- The African American community was far more skeptical regarding the effectiveness of educational outreach, training and awareness, and expanding LGBTQ services. Qualitative responses helped to elucidate why this is the case: racism within the LGBTQ community leads to feeling of alienation for African American LGBTQ people.
- Younger LGBTQ members were more likely to belong to organizations, with a notable increase in public event participation in one's 30s and 40s.

**Qualitative responses indicated that the strength of the LGBTQ community comes from the movement's diversity, creativity, resiliency, and determination to achieve equality as a united front.**



# Part III: Texas LGBTQ Organizations

In order to better understand the needs and concerns of the LGBTQ community in Texas, IMPACT Texas and The University of Texas at Dallas not only surveyed members of the LGBTQ community, but also Texas LGBTQ organizations whose missions are to serve, protect, and improve the overall quality of life for LGBTQ individuals.

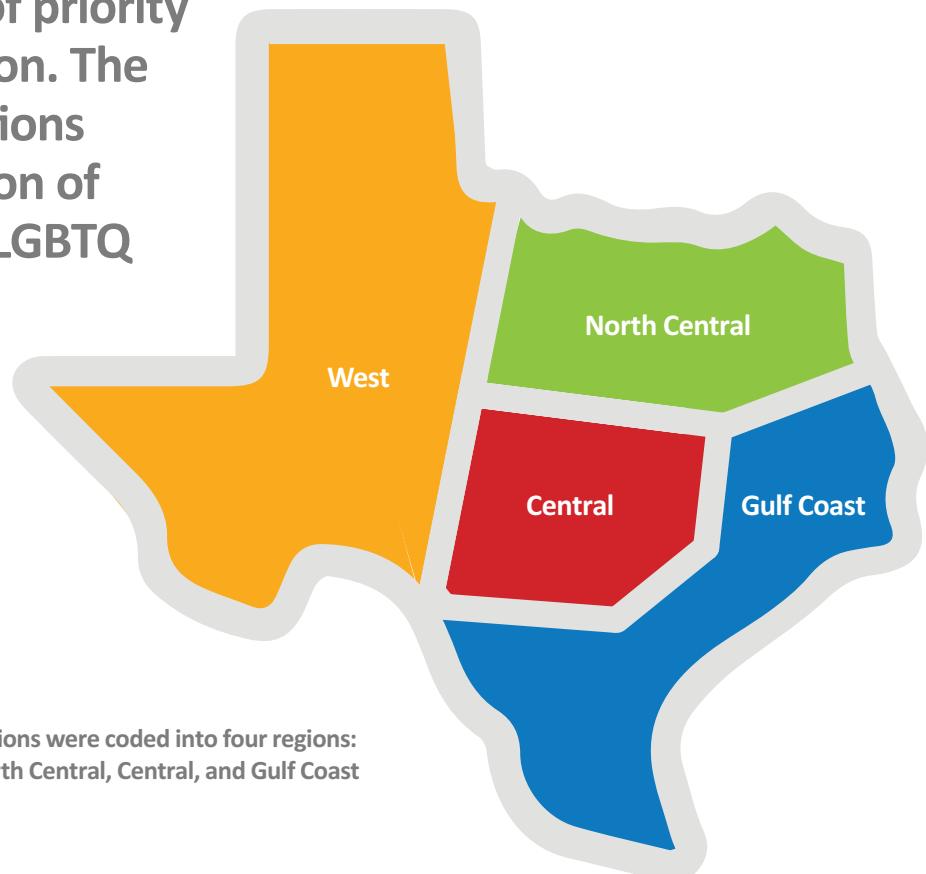
# Composition of LGBTQ Texas Organizations

IMPACT Texas solicited responses from 166 LGBTQ serving organizations throughout the state, 78 of which responded to questions about types of services provided, client demographics, agency composition, funding priorities, revenue streams, and views on issues of priority and resource allocation. The responding organizations covered a cross-section of services offered and LGBTQ members served.

## Key Findings

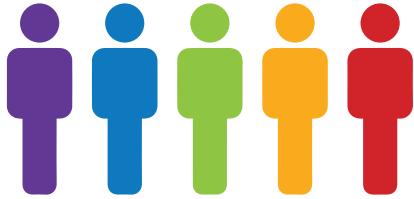
- Only 9% of these organizations were founded prior to 1980, with 41% formed between the years of 1982-1994. The remaining 50% were founded in the last 23 years.
- Of the organizations founded after 1994, only seven maintain annual operating budgets over \$500,000.

**50% of the organizations that responded were formed in the last 23 years.**



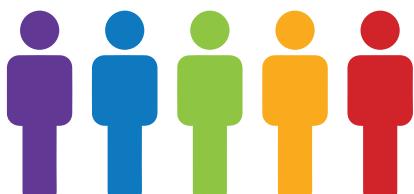
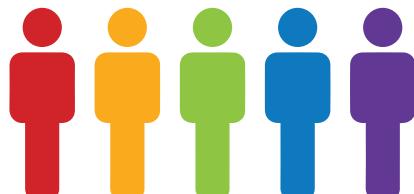
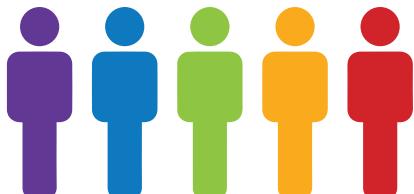
## Organizational Capacity

Number of clients served as well as services provided differed by the annual budget and location of the organization.



### Key Findings

- Organizations with annual budgets of less than \$500,000 served an average of 65 clients per week, compared to organizations with budgets over \$500,000 who served an average of 292 clients per week.
- Regardless of budget, organizations served significantly fewer clients in the less densely populated area of West Texas.



Number of people served per week by operating budget and region		
	Operating budget < \$500k	Operating budget \$500k+
West	15-50	30-250
Gulf Coast	12-150	85-600
North Central	25-200	20-1342
Central	20-200	18-1100

# Types Of Services Provided

Organizations were asked to indicate which services they provide, as well as the level of priority for each (high, medium, or low priority).

Organizations provided a range of services and programs under the following categories: mental health, general health and wellbeing, educational, legal, arts and cultural, social, and community outreach.

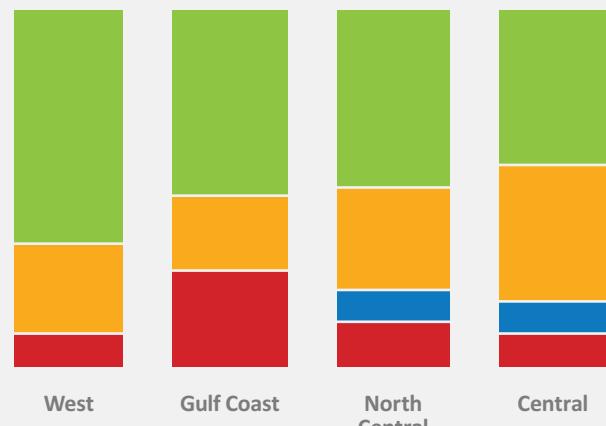


# Mental Health Services and Programs

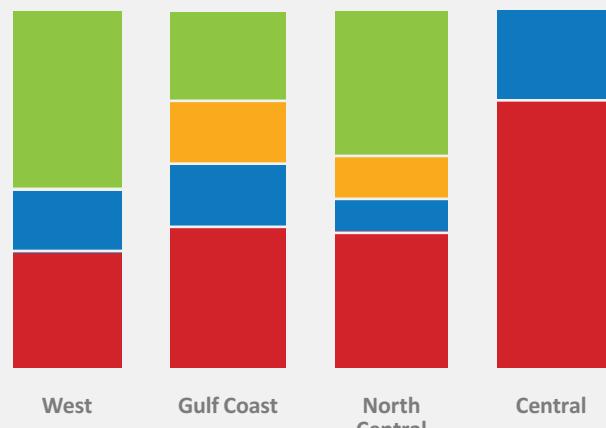
## Key Findings

- Discussion/support groups, group therapy, and LGBTQ-friendly behavioral health referrals were the largest mental health services provided by organizations.
  - Approximately 54% of all reporting organizations offer some type of discussion or support group.
- More targeted mental health programs, including couples' therapy, crisis intervention, and domestic abuse counseling were offered less frequently, and not typically rated as high priority.
- Crisis intervention and help lines were discussed by one key informant as an important need in the central region.
  - Help lines, however, were shown to be an extremely low priority across the state, with less than 10% of all reporting agencies listing this type of program as a high priority.
- Organizations reported providing transgender mental healthcare services at either high or medium priority levels.
  - In Central Texas, 77% of responding organizations did not deliver transgender mental health services.
- Seventy-three percent of all centers provided behavioral health services to youth.

Mission priority of responding organizations to provide discussion/support groups by region



Mission priority of responding organizations to provide transgender health by region



## General Health and Well-Being Services and Programs

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

## Key Findings

- Organizations throughout the state provide more educational and informational programming than actual healthcare. Given the cost and staff requirements to provide actual care, this is no surprise.
- LGBTQ-friendly referrals are offered by over 80% of organizations.
- Healthcare and educational programs are offered by just under 70% of organizations.
- Less than 20% of all organizations provide the following general health services as a high priority: preventive care, chronic care, physical exams, laboratory services, prescription assistance, and women's health.
- Weight management and healthy lifestyle programs were provided by 64% of large budget programs, compared to only 36% of small budget programs.

Priority of responding organizations to provide health care financial assistance by percentage, by operating budget

	Does not provide	Low priority	Medium priority	High priority
Operating budget < \$500k	44%	46%	4%	7%
Operating budget \$500k+	56%	9%	3%	31%

**As expected, financial assistance for healthcare costs varied by size, with high budget organizations providing more financial assistance.**

- Sexually transmitted infection (STI) testing, treatment, and prevention programs, including HIV-AIDS-related services were available and a high priority for the vast majority of organizations.

Less than a quarter of surveyed organizations reported not offering any of these services.

Two-thirds of organizations with budgets of at least \$500,000 considered STI/HIV Programs to be a high priority service compared to 21% of low budget organizations.

Organizations that serve more LGBTQ immigrants and people of color reported a higher need for STI/HIV healthcare services than other groups. The responses from organizations support previous research, which has indicated that LGBTQ minority communities are at a higher risk for acquiring STIs and HIV.



## Educational Programs, Legal Services, and Arts, Cultural, and Recreational Programs

A large number of Texas LGBTQ organizations provided a variety of educational programs to both youth and adults throughout the state. Texas LGBTQ community members and key informants agreed on the high need for assistance with legal matters, particularly given the lack of protection for LGBTQ people in Texas. Cultural arts and recreational programs were among the lowest ranked priority needs in the individual data. Nevertheless, their responses indicated a need for more social organizations, especially among seniors, who were shown to be at a greater risk for isolation as they age out of the LGTBQ social scene.

### Key Findings

- Fifty-two percent of all organizations offered youth mentoring services.
- Career training, job referrals, and vocational skills were widely available with more than half of the organizations offering these services.

They were, however, rated as a low or medium priority.

Priority of responding organizations to provide career training, employment referrals and vocational skills

	Does not provide	Low priority	Medium priority	High priority
West	25%	42%	25%	8%
Gulf Coast	50%	35%	5%	10%
North Central	40%	15%	28%	18%
Central	46%	23%	8%	23%

- Hate crime legal assistance varied significantly by budget level, with high budget agencies considering this a high priority at 60% compared to 21% for low budget agencies.

**Assistance with legal documents was cited frequently as a concern among community members, especially with matters related to immigration. While assistance with legal documents is available through many organizations, there were far fewer organizations offering this help compared to hate crime assistance.**

- Local pride celebrations were a priority among LGBTQ social activities, more so than any other recreational programming.
- Interestingly, nearly 90% of smaller budget organizations offer some level of senior citizen programming, although 70% of them consider these programs a low priority. On the other hand, 50% of high budget organizations offer senior activities, but over half of them consider these programs to be high priority.
- Youth recreational programs were neither highly available nor considered a high priority.

## Social Services

Nationally, LGBTQ people are more likely to experience economic disadvantage.

Trans-identified and single male community respondents were found to be at higher risk for economic insecurity, with qualitative data indicating high concern for homelessness, senior services, and housing.

### Key Findings

- Larger budget organizations showed higher rates of service programs for food assistance (84% vs. 50%) and people of color community outreach (81% vs. 50%).
- Larger and smaller budget agencies both provide housing assistance at 63%, although larger organizations were roughly 2.5x more likely to report these services as being a high priority.
- All other social services were delivered through small budget organizations, including poverty programs, refugee and immigrant assistance, crime and delinquency programs, emergency assistance and temporary relief funds, family programs, and community development services.
- Smaller and larger organizations provided homeless outreach and senior services at comparable rates.

Percentages of social services programs by operating budget		
	< \$500k	\$500+
Food assistance	50%	84%
People of color community outreach	50%	81%
Housing assistance	63%	63%
Poverty	85%	25%
Refugee and immigrant assistance	83%	25%
Crime and delinquency	50%	19%
Emergency assistance and temporary relief funds	63%	34%
Family program	50%	22%
Community development services	59%	28%
Homeless outreach	58%	50%
Senior services	50%	38%

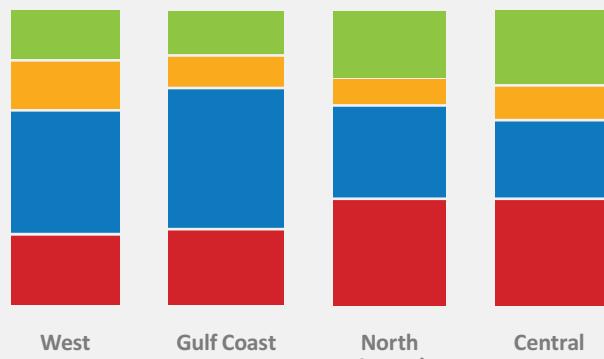
## Community Outreach, Policy, and Civic Engagement Services

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

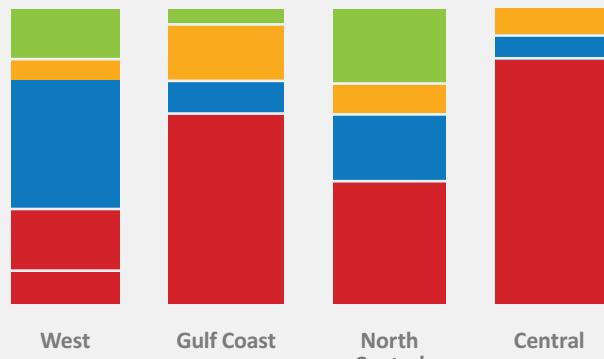
### Key Findings

- Large budget organizations are not only more likely to rank anti-harassment and anti-bullying outreach services as more of a high priority than low budget agencies, they also provide those services more (82% vs. 50%).
- Nonprofit, corporate, and government outreach and education were provided proportionally across regions, with smaller budget organizations making these services more available and with greater priority.
- Youth outreach programs and healthcare provider LGBTQ competency training were both identified as serious concerns for LGTBQ community members. Both low and high budget organizations provide these services at similar rates.

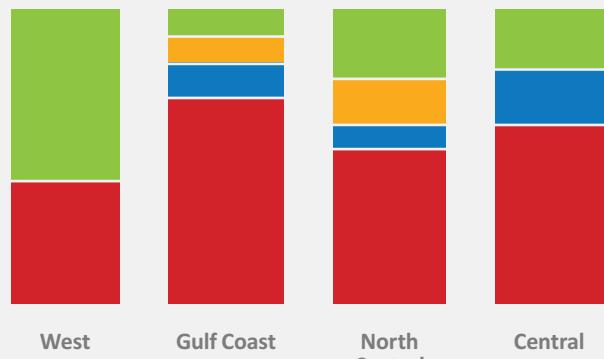
Priority of responding organizations to provide senior citizen activities



Priority of responding organizations to provide school and youth outreach programs



Priority of responding organizations to provide healthcare provider LGBTQ sensitivity training



■ Does not provide      ■ Medium priority  
■ Low priority      ■ High priority

## Organization Priorities

Given the diverse populations within the LGBTQ community, organizations were asked to identify which subgroups they serve. The infographic below show the percentage of sub-population served by region. The infographs illustrate that transgender individuals, people living with HIV/AIDS, LGBTQ seniors, and LGBTQ youth are the subgroups predominantly served by LGBTQ organizations.

## Key Findings

- Qualitative data did not show a need to prioritize LGBTQ parents and LGBTQ youth, as it seemed that their needs were being met appropriately.
- One key informant noted that issues related to senior care and aging, “snuck up on us,” leaving many unprepared or uninformed about the needs of LGBTQ seniors.
- Organizations serving LGBTQ immigrants were more prevalent in the Gulf Coast and North Central, with larger organizations being more likely to offer assistance programs to immigrants compared to small budget centers (56% vs. 22%).
- HIV/AIDS services were consistently reported as important statewide, regardless of the organization’s budget.

Percentage of specialized populations served by responding organizations						
	By operating budget		By region			
	< \$500k	\$500+	West	Gulf Coast	North Central	Central
Transgender	57%	81%	75%	65%	79%	31%
LGBTQ parents	37%	72%	58%	40%	61%	38%
LGBTQ seniors	48%	75%	83%	60%	58%	38%
LGBTQ youth	56%	72%	58%	60%	76%	38%
Children of LGBTQ parents	26%	53%	50%	35%	42%	15%
Parents of LGBTQ youth	35%	56%	58%	40%	51%	15%
LGBTQ immigrants	22%	56%	33%	40%	42%	15%
People with HIV/AIDS	48%	81%	67%	45%	67%	69%

## Challenges Faced by Organizations

Organizations were asked about the top challenges they face running their organization and providing services to LGBTQ members. Responses varied by size and region.

### Key Findings

- Larger budget organizations struggled with high staff turnover, low staff to client ratios, physical space capacity, identifying LGBTQ clients in their regions, and securing general office equipment.
- Smaller budget organizations reported issues with board turnover, staff and volunteer expertise, less

community support, and technological capacity.

Staff and board expertise ranked highest among challenges confronted by smaller organizations.

- Geographically, organizations faced different challenges.

Excluding agencies in the West, all other geographic locations struggled with staff shortage and quick turnover.

Excluding agencies in the North Central, staff expertise was a large issue for all agencies.

Similarly, lack of community support was an issue for agencies operating everywhere excluding the North Central.

Percentage of responding organizations experiencing challenge						
	By operating budget		By region			
	< \$500k	\$500+	West	Gulf Coast	North Central	Central
Staff shortage/turnover	41%	75%	33%	60%	61%	54%
Lack of funding	39%	69%	50%	45%	58%	46%
Board turnover	61%	31%	50%	50%	45%	54%
Not enough volunteers	30%	22%	33%	40%	18%	23%
Staff/volunteer expertise	70%	13%	58%	45%	36%	62%
Lack of community/neighborhood support	57%	34%	75%	65%	21%	62%
Technological capacity	46%	25%	50%	40%	30%	38%
Difficulty identifying LGBTQ clients	17%	34%	50%	20%	24%	8%
Board expertise	65%	25%	67%	55%	33%	62%
Physical space capacity	17%	53%	25%	20%	42%	31%
Inadequate training resources/materials	28%	13%	33%	20%	18%	23%
General office equipment	17%	44%	17%	30%	30%	31%
Keeping center open	9%	22%	8%	20%	9%	23%

## Allocation of Annual Budget

Organizations were asked to report what percent of their annual operating budget was allocated to general program areas to determine gaps in resource allocation for services to LGBTQ communities in Texas. Remarkably, there was little variation across budget categories, suggesting priorities are consistent and independent of budget size.

### Key Findings

- Larger budget organizations allocated an average of 26% more of their budget toward physical and behavioral health.

- Agencies with lower budgets reported funding legal services, economic security, workplace and employment, public awareness and safety, and information and educational programs at higher percentages than larger budget agencies.
- Organizations that serve communities of color as a top priority put more of their funding toward arts, cultural, policy and civic engagement.
- Organizations that prioritized serving senior populations and those living with HIV/AIDS allocated more resources to behavioral and physical health.
- Overall, organizations oriented toward the general LGBTQ population allocated about a quarter of their budget to physical and behavioral health and another quarter of their budget to policy and civic engagement.

Percentage of annual expenditures by program area and priority populations served					
	LGBTQ+	LGBTQ seniors	LGBTQ youth	LGBTQ HIV/AIDS	LGBTQ communities of colors
Informational/educational	39%	26%	26%	17%	9%
Community outreach	18%	13%	15%	16%	18%
Physical and behavioral health	25%	70%	12%	48%	35%
Arts and cultural	11%	0	19%	16%	28%
Policy ad civic engagement	24%	8%	11%	11%	27%
Legal issues/services	24%	10%	18%	5%	10%
Economic security	18%	8%	34%	19%	15%
Workplace and employment	5%	0	15%	13%	2%
Public awareness and safety	14%	14%	9%	15%	8%
Social and recreational	16%	7%	16%	16%	20%
Public awareness and safety	19%	0	10%	15%	10%

*Not all organizations contributed to every category*

## Sources of Revenue

Organizations were asked to report the types and sources of funding they received to run their organization. Larger budget organizations received far more monetary support through federal grants than smaller budget organizations.

Percent of income by revenue source, by operating budget		
	< \$500k	\$500+
Federal government grants	<b>31%</b>	<b>49%</b>
Individual donors	<b>29%</b>	<b>8%</b>
Corporate foundational grants	<b>18%</b>	<b>2%</b>
Foundations	<b>31%</b>	<b>10%</b>
Fundraising events	<b>12%</b>	<b>9%</b>
National coalitions	<b>23%</b>	<b>23%</b>
Churches or religious groups	<b>6%</b>	<b>2%</b>
Program generated	<b>41%</b>	<b>10%</b>
State government grants	<b>14%</b>	<b>19%</b>
Local government grants	<b>10%</b>	<b>5%</b>
Trusts or bequests	<b>6%</b>	<b>5%</b>
In-kind	<b>18%</b>	<b>9%</b>
State and local coalitions	<b>0</b>	<b>0</b>
Other	<b>19%</b>	<b>12%</b>

## Key Findings

- Organizations with smaller operating budgets relied more on individual donors, corporate foundation grants, and program-generated revenue than large budget organizations.
- Organizations serving communities of color received the greatest proportion of their funding from federal grants, followed by state government and in-kind donations.
- Those serving people with HIV/AIDS received the highest level of federal funding.
- Organizations that serve LGBTQ seniors showed fewer sources of income, with most funding sourced from federal government grants and individual donors.

# Conclusion

The Impact Texas LGBTQ Community Needs Assessment reveals that the diverse LGBTQ communities in Texas are served by an equally diverse set of organizations. The Needs Assessment offers a systematic examination of the perspectives and needs of LGBTQ individuals in Texas and the organizations within the community that serve them. We hope that our study provides broad information on the critical needs within the Texas LGBTQ community, and on the everyday lives of LGBTQ people. Lastly, we hope this report guides decisions and strategies about existing and new services and programs.



**For the complete, in-depth report,  
please visit [txpif.org](http://txpif.org).**

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