

UCLA

Other Recent Work

Title

Jacksonville-Area Community Assessment

Permalink

<https://escholarship.org/uc/item/9645w84c>

Authors

Brown, Taylor T.
Conron, Kerith J.

Publication Date

2018-06-01

Data Availability

The data associated with this publication are not available for this reason: Licensing Restrictions



JACKSONVILLE-AREA COMMUNITY ASSESSMENT

Taylor N. T. Brown
Kerith J. Conron



JUNE 2018

ACKNOWLEDGMENTS

Northeast Florida community members were involved at every stage of this project, from conceptualization through interpretation of results and the generation of recommendations. We thank the Community Advisory Board which identified priority areas for research, provided feedback on the survey questionnaire, sample goals, and outreach and organizing efforts, and the four outreach assistants, Reginald Caldwell, Ian “Argi” Cleary, Lolita Hill, and Carol Meyer, who supported targeted survey promotion and outreach, particularly to African Americans, gender minorities, and older residents. Thank you to Michael Meyers, Christina Fleck, Susan Edelman, Nina Waters, and the staff at The Community Foundation for Northeast Florida, Cindy Watson, Dan Merkan, and the staff at JASMYN, Linda Levin, Heidi Katz, and the staff at ElderSource, and Kaitlin Legg at the UNF LGBT Resource Center for their time, wisdom, and logistical support. Thank you to Bianca Wilson, Christy Mallory, and Winston Luhur at The Williams Institute at the UCLA School of Law for their helpful feedback on earlier drafts of this report. This study was made possible by funding from the LGBT Community Fund for Northeast Florida, and the research team thanks the Fund for its generous support. The LGBT Community Fund is grateful for the invaluable support of The Community Foundation for Northeast Florida and for the financial support of Funders for LGBTQ Issues’ Out in the South Initiative, Baptist Health, Florida Blue, and the Jessie Ball DuPont Fund.

SUGGESTED CITATION

Brown, T. N. T. & Conron, K. J. (2018). *The Jacksonville-Area Community Assessment Report*. Los Angeles: The Williams Institute at the UCLA School of Law.



TABLE OF CONTENTS

Executive Summary	4
Introduction	14
Community Advisory Board	15
Target Population and Eligibility Criteria	15
Sample Goals and Recruitment Strategies	16
Survey Instrument	17
Participants	18
Analysis	18
Feedback Sessions	18
Results	19
Demographics	19
Socioeconomic Status	23
Family Characteristics	25
Religion	29
Health	32
Aging	39
Outness and Acceptance	42
Discrimination	47
Local Community	53
Recommendations	56
Endnotes	57

See **Appendix: Detailed Survey Findings** for additional data from
The Jacksonville-Area Community Assessment



EXECUTIVE SUMMARY

The Jacksonville-Area Community Assessment was initiated to learn about the composition, experiences, and needs of Northeast Florida's large and diverse lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. Between August and November 2017, 671 LGBTI adults who lived, worked, prayed, played, or received services in Jacksonville in the prior year completed anonymous, English-language surveys. Nearly all surveys were completed online. Information about the survey was distributed across Northeast Florida by four outreach assistants and members of the Community Advisory Board assembled to guide this project. Survey respondents were diverse by age, sex, gender, race, sexual orientation, and gender identity, among other characteristics. Two thirds (65.6%) had lived in one of the five counties of Northeast Florida for more than 10 years.

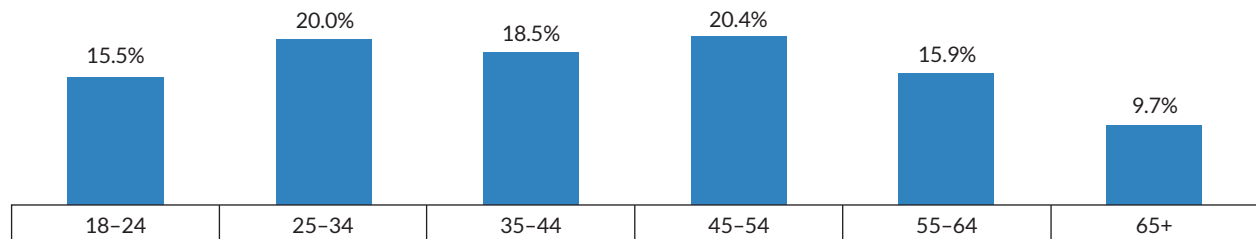


(Courtesy of Shutterstock)

DEMOGRAPHICS

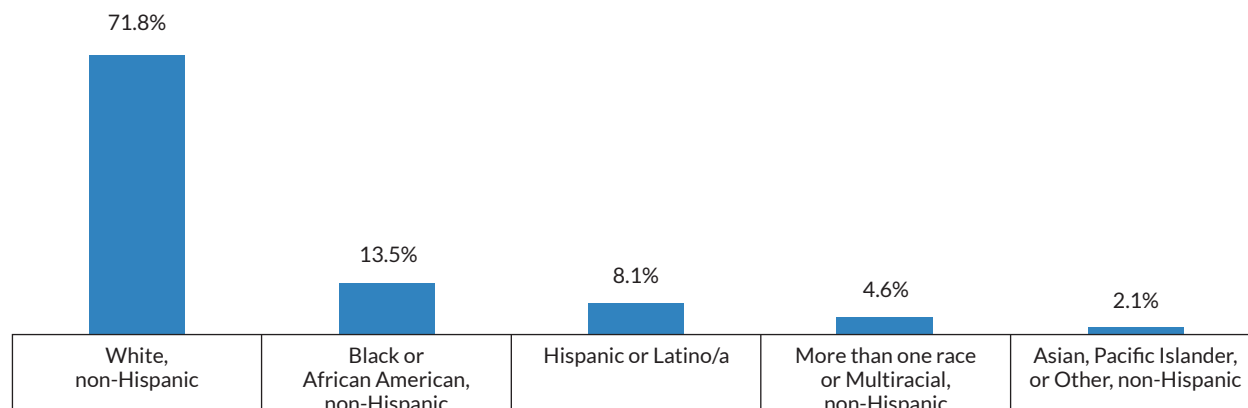
- As shown in Figure 1, respondents were young, middle-aged, and older.

Figure 1. Age



- As shown in Figure 2, most (71.8%) respondents were white, 13.5% were black or African American (hereafter African American), 8.1% were Hispanic or Latino/a, 4.6% were more than one race or multiracial, and 2.1% were Asian, Pacific Islander, or another race-ethnicity.

Figure 2. Race and Hispanic or Latino/a Ethnicity

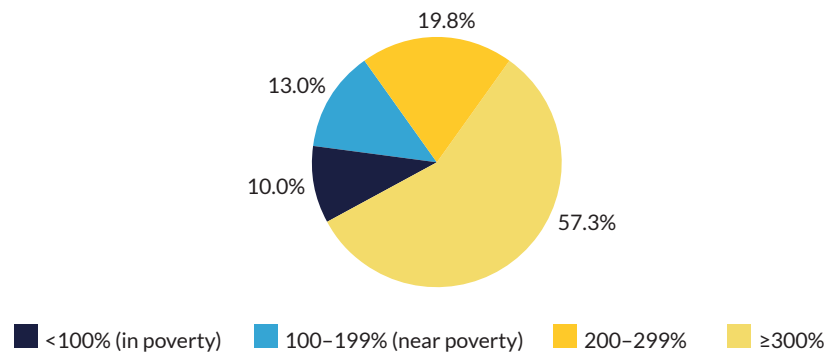


- Similar proportions of respondents were assigned female sex at birth as male (47.5% and 50.9%, respectively), with 1.6% of respondents identifying as intersex.
- Approximately 13.5% of respondents were gender minorities (individuals whose current gender identity differs from their sex assigned at birth) and the majority (86.5%) was cisgender (individuals whose current gender identity and assigned sex at birth is the same).
- A majority (70.4%) of respondents identified as lesbian or gay, 17.6% identified as bisexual, 9.6% as queer, 1.3% as asexual, and 1.0% as straight.

SOCIOECONOMIC CHARACTERISTICS

- Many respondents reported high levels of formal educational attainment; over half (56.4%) had a bachelor's, graduate or professional degree, and about one in ten (9.4%) respondents had a high school or GED diploma.
- Approximately three quarters (74.3%) of respondents were employed for wages or self-employed; 11.0% were retired, 6.1% were students, 4.6% were out of work, 2.8% were unable to work, and 1.0% were homemakers.
- As shown in Figure 3, although nearly a quarter (24.3%) of respondents reported annual household incomes of \$100,000 or more, 10% of respondents were living in poverty (living below 100% of the federal poverty level), and another 13.0% of respondents were "near poor" (living at 100-199% of the federal poverty level).
- Among respondents assigned female at birth, about one quarter reported household incomes at the poverty (10.5%) or near poverty (16.0%) levels.

Figure 3. Poverty to Income Ratio

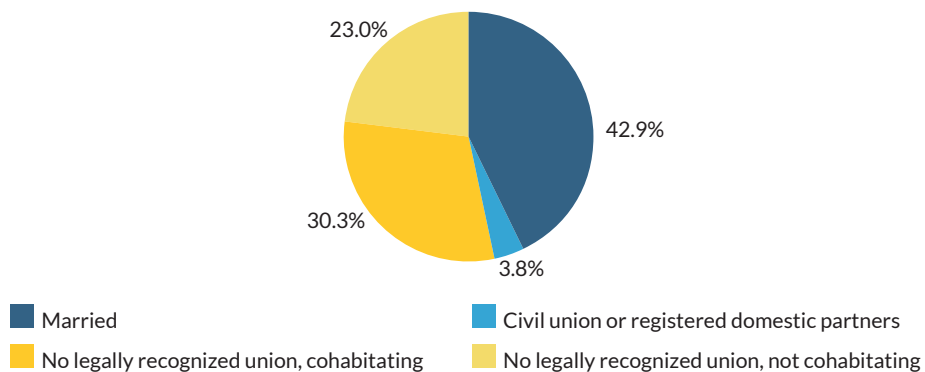


- Approximately one in five (21.8%) respondents reported food insecurity in the last 12 months (cutting or skipping meals because of insufficient money for food).
- Among gender minorities, 20.0% reported being out of work, more than half (52.2%) reported food insecurity in the last twelve months, and two thirds reported household incomes at the poverty (32.2%) or near poverty (34.5%) levels.

RELATIONSHIP AND FAMILY CHARACTERISTICS

- Over sixty percent (62.8%) of respondents reported being in “partnered” relationships; about half of cisgender respondents reported having a cisgender partner of the same sex assigned at birth, and between a fifth and a quarter of gender minority respondents reported having a gender minority partner.
- As shown in Figure 4, over forty percent (42.9%) of those with partners were married.

Figure 4. Legal Relationship Status among those with Partners

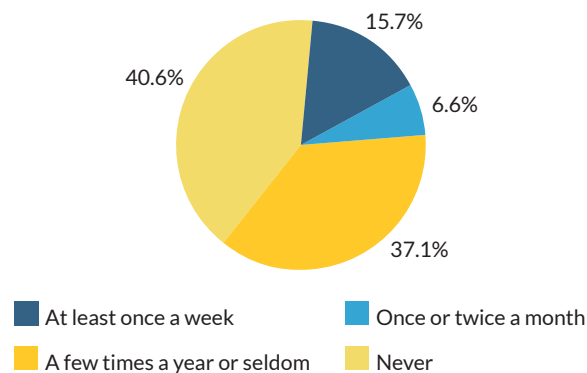


- Almost one quarter (24.5%) of respondents reported having one or more children in their lifetimes; while 12.6% currently had a child under 18 living in their household.
- Respondents assigned female at birth (17.3%) were more likely to have reported they currently had a child under 18 living in their household than those assigned male at birth (7.9%).
- Nearly two out of five respondents under the age of 55 reported being somewhat likely (22.2%) or very or extremely likely (16.1%) to have children in the future. Gender minority respondents were also more likely than cisgender respondents to report being somewhat, very, or extremely likely to have children in the future (42.7% versus 27.4%).

RELIGION

- Just over one quarter (26.7%) of the sample reported being a member of a local house of worship (e.g., church, synagogue, mosque, or temple), and more than four out of ten (43.3%) respondents reported that religion was somewhat or very important to them.
- As shown in Figure 5, only 15.7% reported attending religious services at least once a week.
- About one fifth (20.2%) of the sample reported that their religion has less than a neutral view of homosexuality, including viewing homosexuality as wrong and sinful, while 17.8% reported full acceptance of homosexuality by their religion.
- More than half (52.3%) of African American respondents reported being members of local houses of worship, and the majority (69.4%) indicated that religion was somewhat or very important to them.
- Weekly religious attendance was reported by a third (33.0%) of African American adults in the sample.
- Over a quarter (28.7%) of African American respondents reported that their religion views homosexuality as wrong and sinful, and just under a quarter (24.1%) reported full acceptance of homosexuality by their religion.

Figure 5. Religious Service Attendance

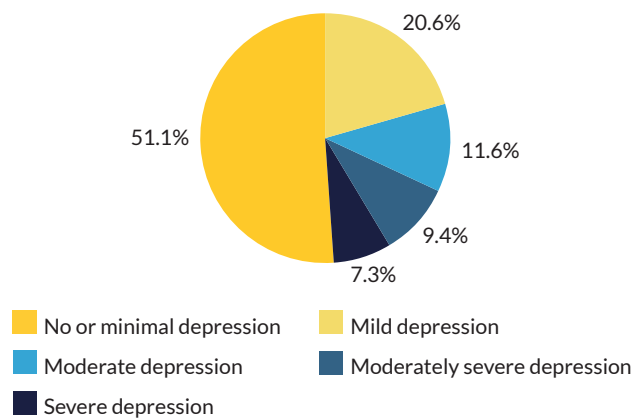


- Among older adults (ages 55 and up), 23.5% reported attending services at least once a week, and 30.4% reported that their religion was very important in their lives.

HEALTH

- Most (85.8%) respondents had health insurance.
- Rates of health insurance coverage were lower among African American respondents (77.8%) compared to white respondents (88.9%), gender minority respondents (74.4%) compared to cisgender respondents (87.8%), and younger respondents (82.9%) compared to older respondents (94.2%).
- About half (54.2%) of respondents reported very good or excellent health.
- Among gender minorities, 42.2% reported poor or fair health.
- More than one third (34.2%) of respondents reported a lifetime diagnosis of depression.
- Almost sixty percent (58.4%) of gender minorities reported a lifetime diagnosis of depression.

Figure 6. Depression Severity (PHQ-9)

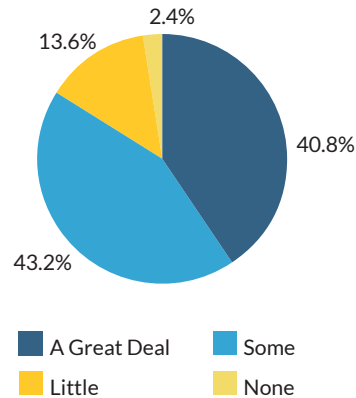


- As shown in Figure 6, a total of 28.3% of the sample met criteria for moderate to severe depression. Consistent with this, respondents reported that, on average, poor physical or mental health kept them from doing their usual activities on 5.9 days in the past month.
- Nearly two thirds (64.5%) of gender minority respondents met criteria for moderate to severe depression, and poor physical or mental health kept them from doing their usual activities, on average, on 10.2 days in the past month.
- Rates of attempted suicide were higher among gender minority respondents, 11.1% of whom reported that they tried to kill themselves at least once in the past 12 months compared to 2.6% of cisgender respondents. Reported rates of attempted suicide in the past 12 months were also higher among younger respondents (5.6%) compared to older respondents (0.0%).
- About one in six (16.5%) of all LGBTI respondents reported being a current smoker.
- Binge drinking in the past 30 days was reported by nearly four out of ten respondents.
- One in four (25.0%) respondents reported using marijuana or hashish in the past 30 days. Those who reported using marijuana, on average, used marijuana 13.6 days in the past month.

AGING

- As shown in Figure 7, most (84.0%) respondents ages 55 and older reported they had done some or a great deal of preparation for their senior years. When asked about their top concerns related to aging, not being able to take care of themselves (30.0%) and not having enough money to meet their needs (21.8%) were the two most commonly endorsed concerns.

Figure 7. Preparation for Senior Years, Older Respondents (55+)



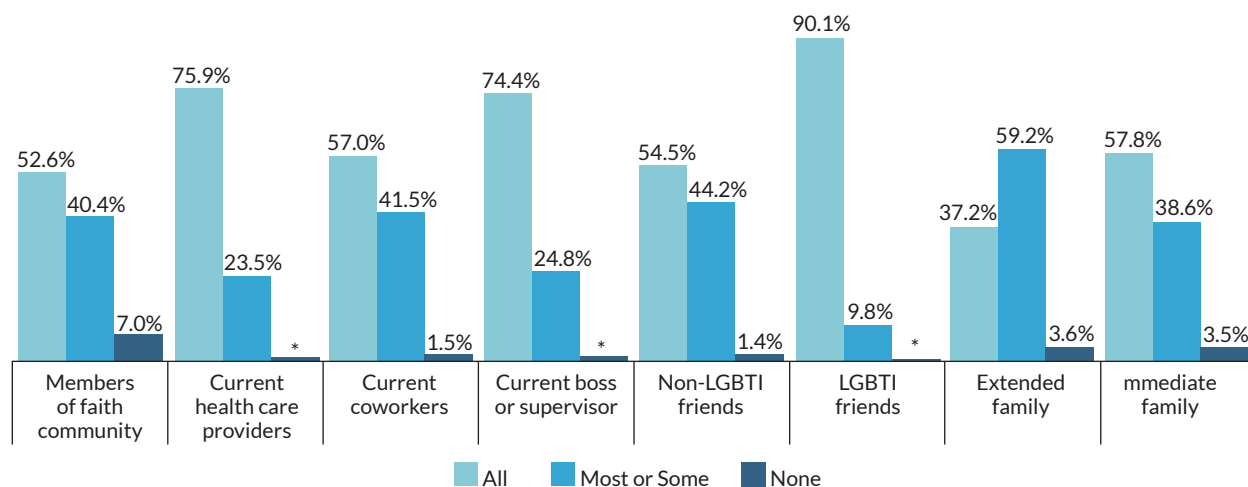
- Support doing maintenance on their home (50.9%), support with long-term care (46.1%), and support managing health and wellness (32.3%) were the most frequently endorsed services that respondents ages 55 and older anticipated needing as they aged.
- Almost half (45.5%) of gender minority respondents expected needing support in exploring housing options as they aged.
- Among respondents ages 60 and older, only 40.3% reported that they felt they could be open about their sexual orientation and gender identity with elder service organization staff.

OUTNESS AND ACCEPTANCE

- Nearly all LGBQ respondents, including gender minority LGBQ respondents, reported being out to someone. Majorities reported that all of their LGBTI friends (78.0%) and immediate family members (69.1%) knew they are LGBQ. However, more than a fifth of LGBQ respondents reported that none of their current bosses or supervisors (27.5%), members of their faith community (22.6%), or current health care providers (21.3%) knew they are LGBQ.

- As shown in Figure 8 below, substantial majorities of those who were “out” reported acceptance from some, most, or all of those to whom they were out.

Figure 8. Types of People who Accepted Respondents as LGBQ (among those who knew)



* Denotes responses that have been suppressed because of small sample size

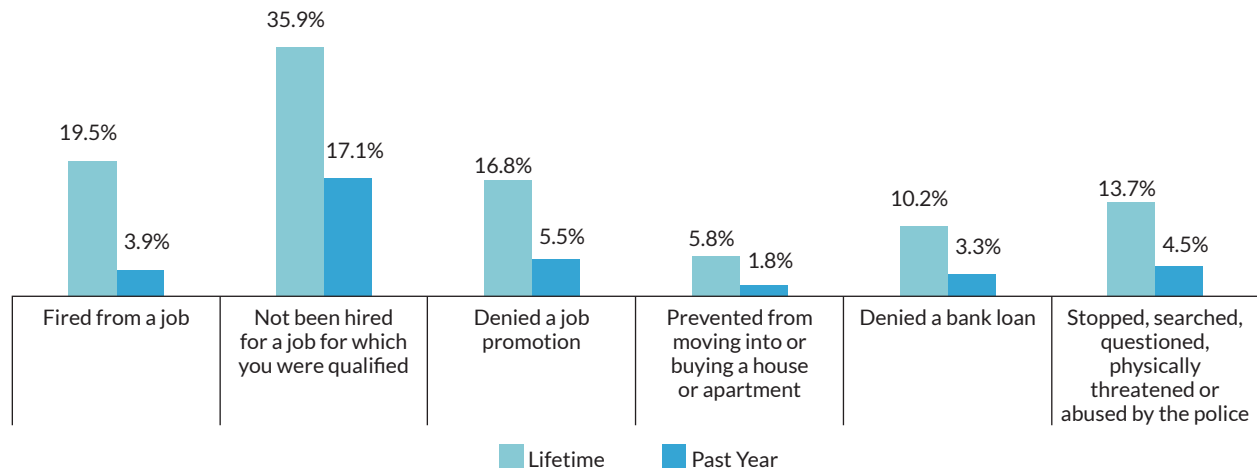
- Among African American respondents, 61.7% reported that all of their LGBTI friends and 48.8% of immediate family members knew they are LGBQ. However, almost half (49.3%) of African American LGBQ respondents reported that none of their current bosses or supervisors and large proportions reported that none of the members of their faith community (39.3%) or current health care providers (27.4%) knew they are LGBQ.
- Most gender minority respondents reported being out as a transgender or other gender minority individual to at least some people across various relational groups; however, many were not out to any current boss or supervisor (44.2%) or to any members of their faith communities (36.4%).

DISCRIMINATION

- Approximately three quarters (74.5%) of respondents reported that they experienced at least one experience of “everyday discrimination,” such as being treated with less courtesy or respect than other people, in the past 12 months.
- Respondents who reported everyday discrimination were most likely to indicate that these experiences were because of their sexual orientation (53.6%), sex (female or male) (36.5%), or age (28.5%).

- As shown in Figure 9, about one in 25 respondents (3.9%) reported being fired unfairly from a job in the past year; more than one in six respondents (17.1%) reported unfairly not being hired for a job for which they were qualified in the past year; 5.5% reported being unfairly denied a job promotion in the past year; 1.8% reported being unfairly prevented from moving into or buying a house or apartment in the past year; 3.3% reported being unfairly denied a loan in the past year; and 4.5% reported being unfairly stopped, searched, questioned, physically threatened, or abused by the police in the past year.

Figure 9. Major Discrimination, Lifetime and Past Year

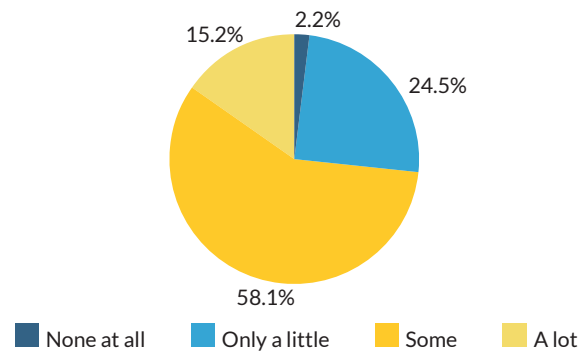


- African American respondents were more likely to report having been unfairly treated in being fired from a job (10.7%), denied a job promotion (8.8%), denied a bank loan (11.5%), and being stopped, searched, questioned, physically threatened, or abused by the police (10.1%) in the past year than white respondents.
- Gender minority respondents were more likely to report having been unfairly treated in being fired from a job (8.3%), not being hired for a job for which they were qualified (34.9%), and being denied a job promotion (15.7%) in the past year than cisgender respondents.
- Older respondents were less likely than respondents ages 18-54 to have reported being unfairly fired, not hired for a job for which they were qualified (9.9%), denied a job promotion, prevented from moving into or buying a house or apartment (0.0%), denied a bank loan (0.0%), and stopped, searched, questioned, physically threatened, or abused by the police in the past year.
- Respondents identified many different reasons why they believe they were treated unfairly. The most frequently cited reason for these experiences was the respondent's sexual orientation.
- African American respondents, gender minority respondents, and respondents assigned female at birth in the sample attributed employment discrimination experiences to many causes; however, they were also more likely to report employment discrimination due to race, gender expression or transgender status, or sex, respectively, than other respondents.
- Among those who reported experiences of discrimination, few sought legal recourse.

PERCEPTIONS OF JACKSONVILLE AND NORTHEAST FLORIDA

- As shown in Figure 10, a majority (73.3%) of respondents indicated that they felt there was at least some acceptance of LGBTI people in the city or town where they lived, including 58.1% who reported that there was some acceptance and 15.2% who indicated that there was a lot of acceptance; however, just over a quarter (26.7%) of the sample reported that there was only a little (24.5%) or no acceptance (2.2%) in these places.

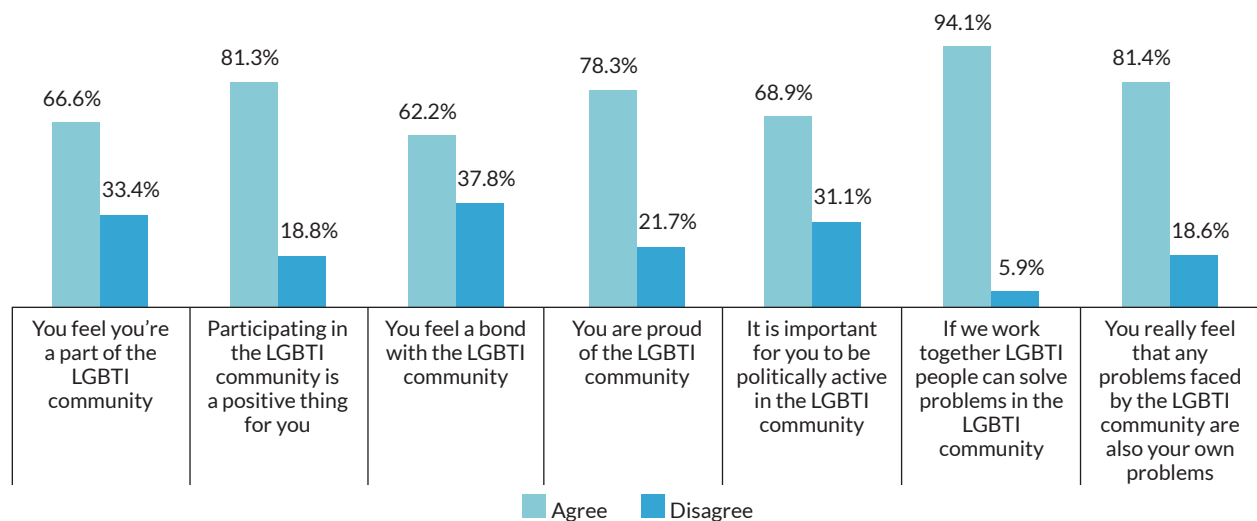
Figure 10. Acceptance of LGBTI People in the City/Town Where Respondents Live



- Over a quarter (28.6%) of respondents agreed that Jacksonville is a city that embraces diversity, yet nearly half (49.7%) disagreed.
- Just 17.0% of respondents agreed that Northeast Florida is an area that embraces diversity; a larger proportion (57.7%) disagreed.
- Roughly half of the sample (48.8%—53.6%) disagreed that the laws in Jacksonville and Northeast Florida, respectively, adequately protect LGBTI persons and families.

Figure 11. Relationship with the Local LGBTI Community

- As shown in Figure 11, majorities of respondents felt connected to and endorsed positive views of the local LGBTI community. Yet, more than a third (33.4%) of respondents indicated that they did not feel they were a part of the LGBTI community and (37.8%) did not feel a bond with the LGBTI community.
- The majority of African American respondents reported a strong relationship and positive views of the LGBTI community; however, somewhat smaller proportions of African American than white respondents endorsed positive feelings of connectedness to the LGBTI community



RECOMMENDATIONS

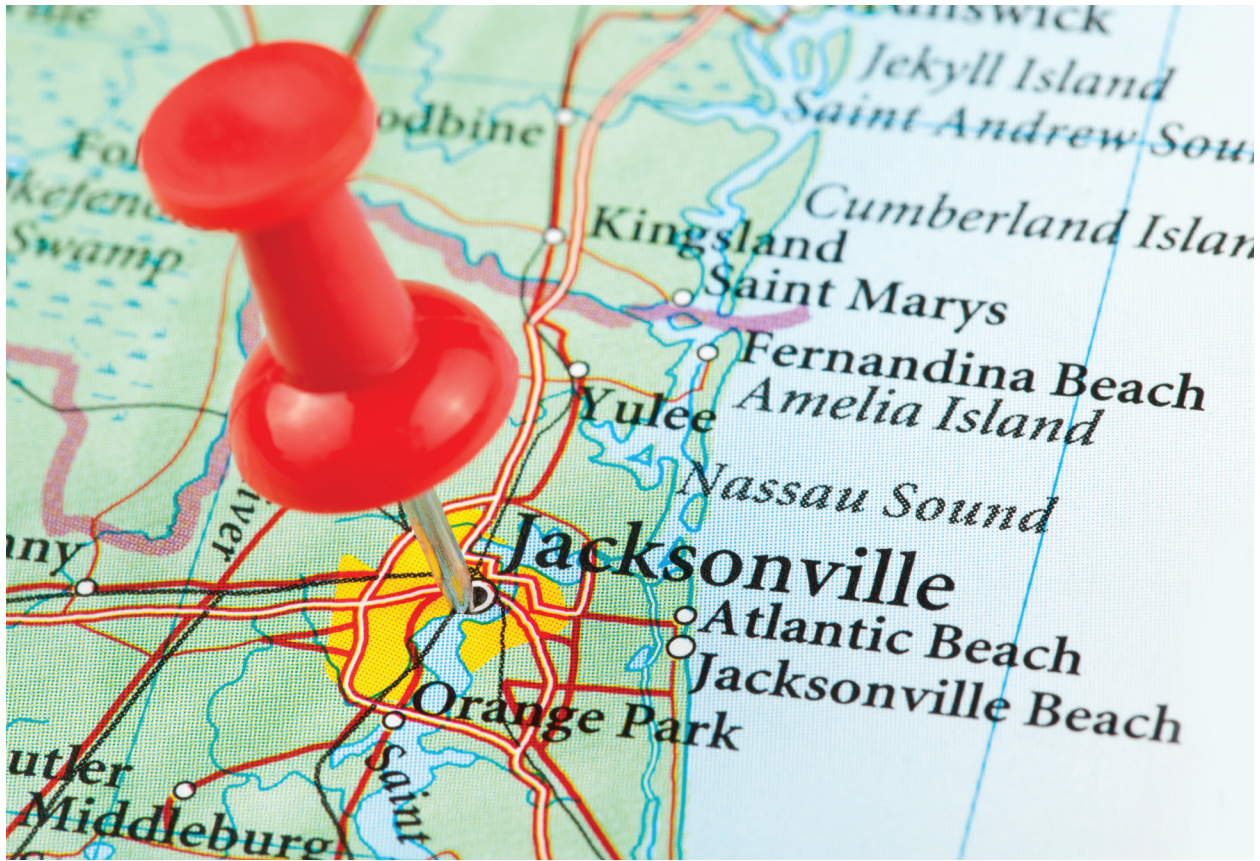
- Foster a social environment that embraces LGBTI residents of Northeast Florida and creates a welcoming environment across service systems. Increase the presence of liaisons to the LGBTI community within city government, the police department, health department and other city agencies to facilitate service-seeking, appropriate outreach and intervention, and service utilization by LGBTI residents.
- Reduce discrimination experienced along many axes of inequality (sexual orientation, race, sex, and gender expression) and increase access to legal services for those who experience discrimination.
- Reduce food insecurity by ensuring that food security programs, poverty reduction programs, and jobs that pay livable wages are accessible to LGBTI adults, particularly gender minorities.
- Ensure that health promotion efforts, including prevention and intervention, incorporate LGBTI people starting in adolescence. This includes smoking prevention and cessation, as well as intimate partner violence prevention and support services.
- Ensure access to LGBTI-competent health care, particularly behavioral health services, to address depression and substance misuse. This includes access to in-patient services that provide room assignments by gender identity rather than assigned sex at birth.
- Increase outreach by LGBTI-affirming/accepting places of worship to the larger LGBTI community of Northeast Florida, given the importance of religion to many in the community and relatively low levels of religious attendance.
- Ensure that LGBTI people have access to competent reproductive technology services to create families (and to bank gametes before initiating hormone therapy) and work to reduce barriers to cost.
- Build upon high levels of pride and connectedness in the larger LGBTI community to increase trust and cohesion, specifically, by addressing racism and other issues of importance to LGBTI African American residents.



(Courtesy of Cristina Danielle Photography)



INTRODUCTION



(Courtesy of iStock by Getty Images)

Jacksonville is located in the heart of the fourth largest metropolitan statistical area (MSA) in the state of Florida, with an estimated population of 1,478,212 adults and children in 2016.¹ The metropolitan area encompasses Duval County, the urban home for the city of Jacksonville, as well as Baker, Clay, Nassau, and St. Johns Counties, which form a rural and suburban ring around the city. The Jacksonville MSA is estimated to have the highest percentage of adults who identify as lesbian, gay, bisexual, or transgender (LGBT) in the state;² approximately 49,134 adults, 4.3% of adults in this region, identify as LGBT.³ Estimates from the combined 2011-2013 American Community Survey, an annual survey administered by the U.S. Census Bureau, also indicate that 2,769 cohabiting same-sex couples reside in the five counties of Northeast Florida.⁴ Duval County has the seventh largest population of cohabiting same-sex couples from among Florida's 67 counties.

Despite the large population of LGBT individuals who call Northeast Florida home, LGBT people in Florida lack important legal protections. As detailed in a recent study by The Williams Institute, *The Impact of Stigma and Discrimination against LGBT People in Florida*, statewide laws "offer no protections from discrimination based on sexual orientation or gender identity in areas such as employment, housing, and public accommodations."⁵ However, a growing number of cities and counties in Florida are adopting LGBT-inclusive non-discrimination policies. Prior to 2017, the cities of Atlantic Beach⁶, St. Augustine Beach⁷, and Neptune Beach⁸ passed ordinances prohibiting discrimination on the basis of sexual orientation

and gender identity. In February 2017, the City of Jacksonville enacted an ordinance prohibiting such discrimination after a series of public debates and votes.⁹ This ordinance, known as the Human Rights Ordinance (HRO), was a policy priority for members of the local lesbian, gay, bisexual, transgender, and intersex (LGBTI) community for many years.

Following the passage of the HRO, the LGBTI community of Northeast Florida was poised to undertake new initiatives to improve the quality of life of LGBTI residents. However, gaps in knowledge about the composition, experiences, and needs of the adult LGBTI community of Northeast Florida have and continue to inhibit priority-setting and planning.¹⁰ Consequently, the LGBT Community Fund at The Community Foundation for Northeast Florida initiated this project to generate information about the LGBTI community of Northeast Florida. The Williams Institute (hereafter research team) was contracted to lead the research effort and recommended: a) the use of an anonymous online survey as a cost-effective way to learn about an array of topics from a heterogeneous community of LGBTI people, and b) a community-informed approach to ensure that the data collected would be of value to local stakeholders.

COMMUNITY ADVISORY BOARD

A Community Advisory Board (CAB), composed of over 75 community members including service providers, academics, activists, funders, non-profit professionals, advocates, and others, was formed to provide guidance at multiple steps of the survey project. These individuals had a diverse array of backgrounds and included younger adults and older adults, women and men, white residents and African American residents, LGBTI and non-LGBTI people. The group met a total of five times to establish priorities for what would be learned through the project, define the population of interest, establish sampling goals, provide input on survey drafts, and recommend strategies for survey outreach. CAB members also assisted with survey promotion and distribution. A group of senior advisors provided additional input on various aspects of study design (e.g., identified candidates for outreach assistants, provided advice and support regarding the location of paper surveys) via emails and phone calls with the research team. The CAB was also invited to provide feedback on findings during community-based feedback sessions held in Jacksonville and through online webinars.

TARGET POPULATION AND ELIGIBILITY CRITERIA

LGBTI adults who reside in Northeast Florida were the target population for the survey. The research team recommended a focus on adults given the availability of information about LGB youth in Duval County from the Youth Risk Behavior Surveillance System and the additional protections that would need to be put in place in order to collect data from minors. Adults ages 18 and older who identified as lesbian or gay, bisexual, queer, asexual, or intersex, reported a gender identity different from their sex assigned at birth (including transgender or genderqueer), or reported having had oral, vaginal, or anal sex with someone of the same gender in the past year were eligible to participate in the survey. Individuals were also required to live in one of the five counties of Northeast Florida, including Baker County, Clay County, Duval County, Nassau County, and St. Johns County, and have worked, prayed, played, or accessed services in the city of Jacksonville in the past 12 months in order to participate. In order to ensure the privacy of survey respondents, individuals had to be able to complete the survey independently. Thus, individuals who might have difficulty reading the consent form and survey and responding to it for reasons related to literacy, physical (e.g. vision) or cognitive issues were unable to participate in this project. Lastly, the survey was available only in English¹¹ and, as such, limited the eligible LGBTI adult population to English speakers.

SAMPLE GOALS AND RECRUITMENT STRATEGIES

Sample goals were established in partnership with the CAB and were based upon US Census data for Northeast Florida, knowledge about LGBT population demography, and a desire to learn about the experiences of older adults, African Americans, transgender people, and women (see Table 1). A target sample size of 1,000 respondents, with a minimum set at 500, was set in order to examine outcomes separately by demographic characteristics. In an effort to achieve these goals, four paid outreach assistants with ties to the local community were recruited to assist with survey outreach. Two were focused on the African American community; one was focused on elders, and another assistant was focused on the transgender community. All were asked to conduct outreach to women, including both cisgender and transgender women, within their primary target population. The research team trained the outreach assistants on the survey dissemination protocol and on research ethics prior to the commencement of survey promotion.

Table 1. Sample Recruitment Goals

	Jacksonville MSA or Other Population Estimate	Sample Goal	Final Sample
Race/Ethnicity			
African American or black, non-Hispanic	19.9% ¹²	30%	13.5%
Sex Assigned at Birth			
Female	52.0% ¹³	50%	47.5%
Age			
Ages 65+	19.8% ¹⁴	16%	9.7%
Gender Identity			
Gender Minorities	15.3% ¹⁵	15%	13.5%

Promotional materials (palm cards, emails, and press releases) were developed for the project and disseminated by the CAB and outreach assistants. In addition, outreach assistants attended a variety of events, such as the annual Florida Black Expo and the Taste of Black Jacksonville, the annual First Coast AIDS Walk, local church and other religious services, sporting events, college student homecoming celebrations, and meetings of local LGBTI-supportive organizations and community groups (e.g. Equality Florida, PFLAG, the Jax Trans Action Committee). Outreach assistants posted palm cards at local libraries, senior centers, women's centers, LGBTI-friendly cafes and restaurants, LGBTI bars and clubs, LGBTI-friendly churches and other religious institutions, shops, bookstores, arcades, bowling allies, golf courses, flea markets, music venues, and other locations. The outreach assistants, with support from a large team of volunteers from local organizations, also conducted outreach at the River City Pride parade and festival, Jacksonville's local pride celebration. Lastly, leaders at JASMYN, ElderSource, and the UNF LGBT Resource Center promoted the survey through interviews with WJXT, the local NPR station, the Florida Times-Union, and other publications.

SURVEY INSTRUMENT

The research team developed a survey to collect information about topics prioritized by the CAB, including: demographic characteristics, socio-economic status, family characteristics, religion, health, aging, outness and acceptance, experiences of discrimination, and local community engagement.

In order to facilitate comparisons between the survey sample and the general adult population in Northeast Florida or other relevant populations, several questions used on large surveys of the adult population (e.g. the Behavioral Risk Factor Surveillance System, National Health Interview Survey, and the American Community Survey) were included on the project survey. In other instances, questions from other LGBT community surveys (e.g. the 2015 U.S. Trans Survey and the Our Health Matters study) were used, sometimes with modifications. A draft survey was anonymously pilot tested with a small group of LGBTI adult volunteers and took approximately 15 minutes to complete.



(Courtesy of ElderSource)

The anonymous online survey was hosted on a secure server at the UCLA School of Law using the survey platform Qualtrics which could be accessed from any device with internet access, including computers, iPads, and smart phones. Paper surveys were available at the offices of JASMYN, ElderSource, and the UNF Lesbian, Gay, Bisexual, and Transgender (LGBT) Resource Center and were available at Pride events. A pre-stamped, addressed envelope was attached to each paper survey. Paper surveys included directions for returning the survey. Online and paper surveys were prefaced with a consent document which described the project as well as the risks and benefits of participation. A local resource list was included at the end of both online and paper surveys and could be printed (online) or torn off (paper). No incentives were offered for participation in this project for two major reasons. Firstly, offering an incentive using an online survey platform requires collecting identifying information (e.g. email account). Anonymity was considered essential in order to facilitate participation by LGBTI residents of Northeast Florida who might not be “out” in all domains of their life or to all individuals in their lives. Offering an anonymous survey was believed to increase participation. Secondly, offering incentives to complete online surveys is known to increase participation by individuals who are not part of the target population and to increase duplicate responses. *The Jacksonville-Area Community Assessment* project was approved by the UCLA North Campus IRB.

PARTICIPANTS

Between August 11, 2017 and November 14, 2017, a total of 688 respondents completed at least half of the survey¹⁶; of these individuals, 17 were excluded from the analytic sample due to ineligibility (i.e. under the age of 18¹⁷, not residents of Northeast Florida¹⁸, and/or not LGBTI).

Sample recruitment goals related to sex and gender identity were largely achieved; however, we did not succeed in over-recruiting African Americans or in reaching adults ages 65 and older according to their proportion in the population. Nearly half (47.5%) of the sample was female sex assigned at birth, coming close to the sample goal of 50%. Approximately 13.5% of respondents in the sample were transgender or other gender minorities which was close to the study's target sample goal of 15%. Although we failed to reach our target goal of 30% African American, 13.5% of the sample was African American as compared to 19.9% of the adult general population of the Jacksonville MSA. Notably, 4.6% of the sample was multiracial, non-Hispanic as compared to 1.3% of the general population of the area. Approximately one in ten (9.7%) respondents reported that they were 65 years old or older. The proportion of respondents ages 65 and older fell short of the sample goal of 16.0%.

ANALYSIS

The final analytic sample included 671 respondents, including 640 respondents who completed online surveys and 31 who filled out paper surveys. The descriptive analyses presented in this report were conducted using Stata 15 and include Chi-Square tests of differences in proportions and t-tests of differences in means where comparisons were made between demographic groups. Results and comparisons of results across demographic groups that informed the sampling plan for this project are presented in the appendix.

FEEDBACK SESSIONS

Following data collection and preliminary analyses, the research team organized four feedback sessions. The feedback sessions were intended to provide a venue for community members to learn about preliminary findings, to assist the research team in interpreting results and generating recommendations, and to support local community leaders in generating ideas for local application of findings. The sessions, which were held over two weekends in February, were open to the public. Two sessions, one session focused on older LGBTI residents and survey respondents and another on the general LGBTI community, took place in Jacksonville at the offices of ElderSource and The Community Foundation for Northeast Florida, respectively. The other two sessions, one focused on the African American community and one focused on the gender minority community, were organized as webinars to address concerns about privacy identified by local outreach assistants. Photos and quotes from these sessions are incorporated in this report.¹⁹

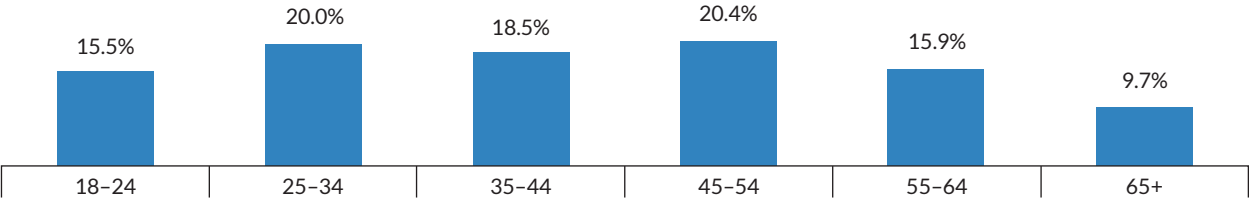
RESULTS

A total of 671 LGBTI respondents were included in the final analytic sample. The majority (86.4%) resided in Duval County, home to the city of Jacksonville, and about two thirds (65.6%) of respondents reported having lived in Northeast Florida for more than 10 years. Survey respondents were diverse demographically and varied in their experiences of discrimination, health characteristics, and so forth. Results are organized into the following sections: demographics, socioeconomic status, family characteristics, religion, health, aging, outness and acceptance, discrimination, and local community. Results by race, gender identity, sex assigned at birth, and age groupings are included in the appendix.

DEMOGRAPHICS

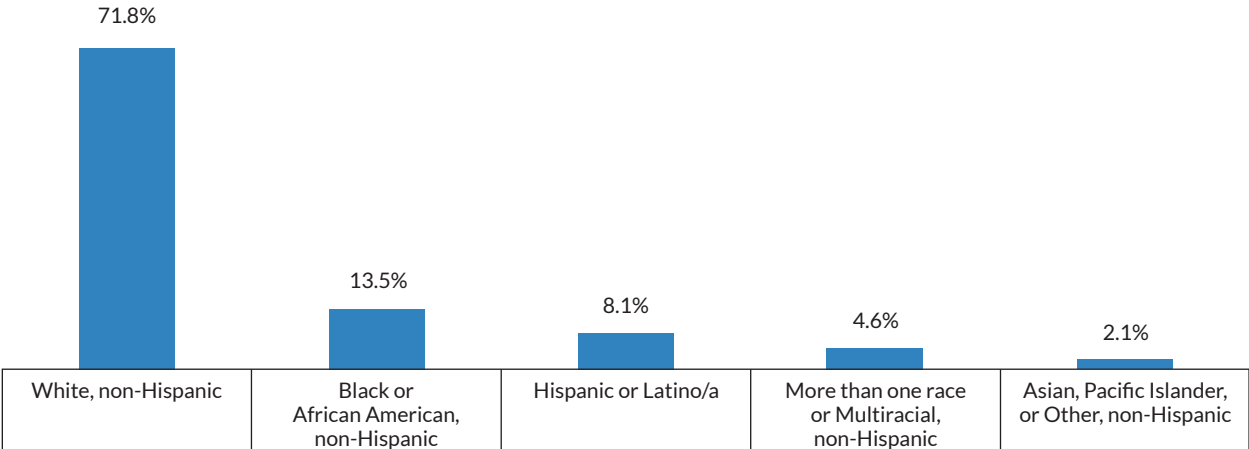
Respondents included young, middle-aged, and older adults (Figure 1).

Figure 1. Age



The sample, on average, was somewhat younger than the adult population in the Jacksonville MSA. Half (54.0%) of respondents were under the age of 45 in comparison to 46.2% of adults in the Jacksonville MSA general population.²⁰

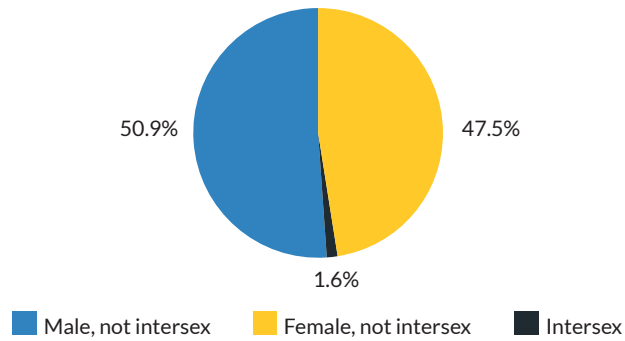
Figure 2. Race and Hispanic or Latino/a Ethnicity



As shown in Figure 2, a majority of respondents (71.8%) identified as white, non-Hispanic.²¹ African American or black, non-Hispanic respondents made up 13.5% of the sample; Hispanic or Latino/a respondents were 8.1% of the sample; and 4.6% of respondents identified as multiracial or of more than one race and non-Hispanic. A small proportion of respondents identified as Asian, Pacific Islander, or other, non-Hispanic race and ethnicity (2.1%). No respondents to the survey identified only as American Indian or Alaska Native. The vast majority (93.9%) of respondents were U.S. citizens by birth.

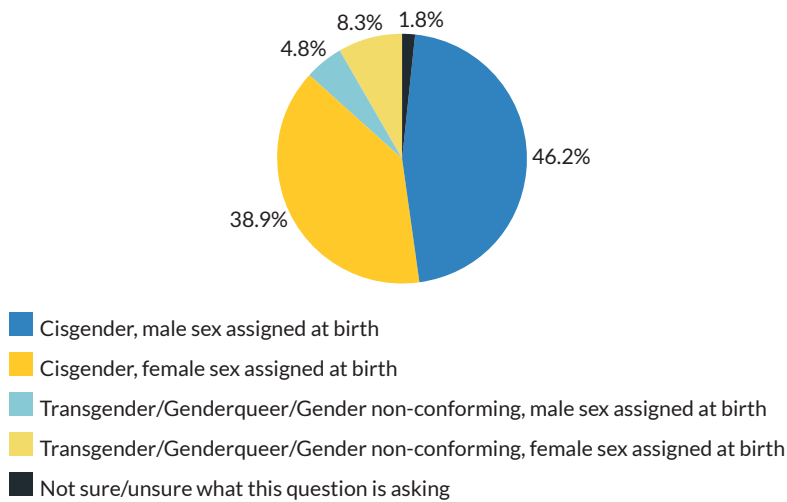
Among adults in the Jacksonville MSA, 66.1% identified as white, non-Hispanic, 19.9% as African American or black, non-Hispanic, 7.8% as Hispanic or Latino/a, 1.3% as multiracial, and 4.2% as Asian, Pacific Islander, or other non-Hispanic race or ethnicity.²²

Figure 3. Sex Assigned at Birth



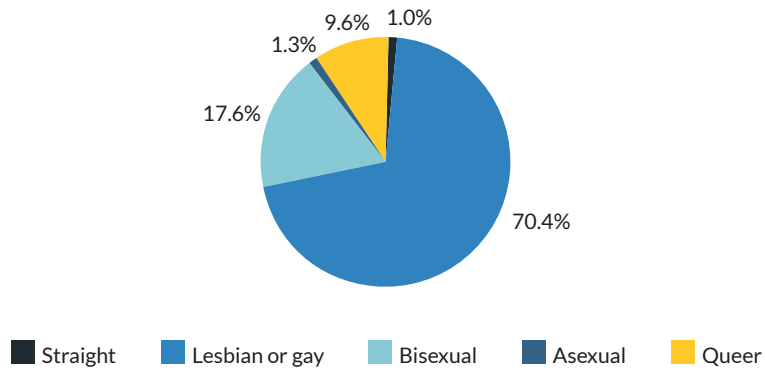
Similar proportions of respondents reported being male sex assigned at birth (50.9%) as female sex assigned at birth (47.5%) (Figure 3). Respondents had the option to indicate that they were intersex, regardless of their sex assigned at birth, and approximately 1.6% did so.²³

Figure 4. Gender Group



As shown in Figure 4, a majority of respondents was cisgender, meaning that their sex assigned at birth was consistent with their current gender identity. Approximately 13.5% of respondents were gender minorities, meaning that their gender identity differed from their sex assigned at birth.²⁴ A larger proportion of gender minorities were assigned female sex at birth than male sex at birth.

Figure 5. Sexual Orientation

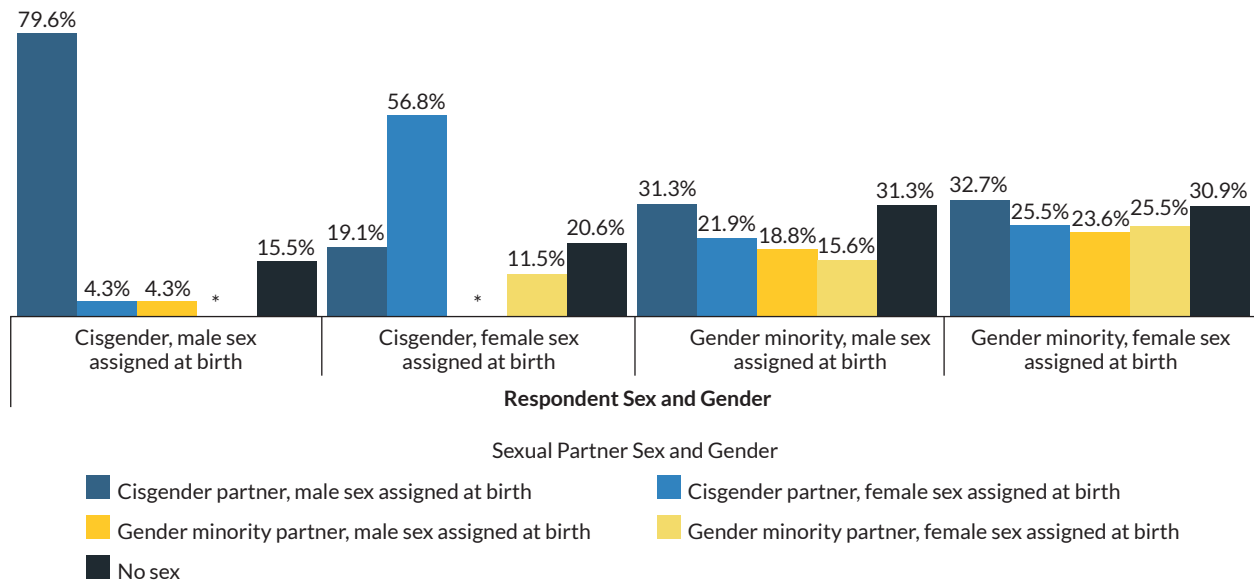


A large proportion (70.4%) of respondents indicated that they were gay or lesbian (Figure 5). Sizable minorities reported that they were bisexual (17.6%) or queer (9.6%). Relatively few respondents indicated that were asexual (1.3%) or straight (1.0%). In this sample, gay and lesbian adults make up a much larger proportion of the sample, relative to bisexuals, than what has been previously observed in representative samples of adults.²⁵



(Courtesy of Cristina Danielle Photography)

Figure 6. Sex and Gender of Respondents and Sexual Partners, Past Year



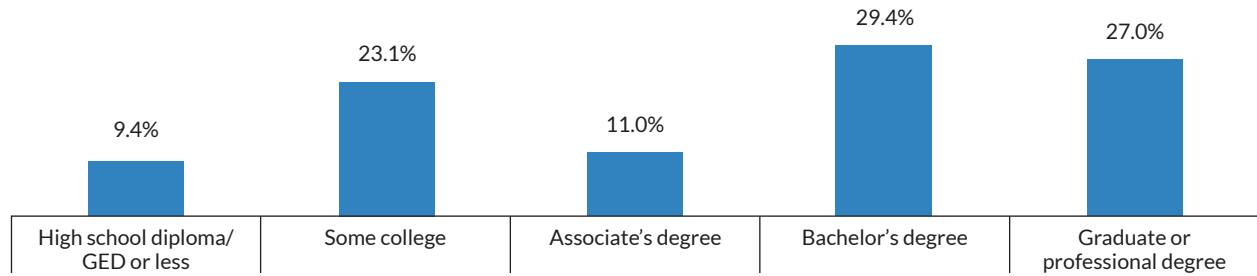
* Denotes responses that have been suppressed because of small sample size

As shown in Figure 6, most respondents reported having had sex in the past year, and, across gender groups, respondents reported a diversity of sexual contacts. Among cisgender respondents, majorities, including 79.6% of respondents assigned male at birth and 56.8% of respondents assigned female at birth, reported having sex with people of the same gender. However, cisgender respondents assigned female at birth reported having sex with gender minority people and cisgender males at a higher rate than cisgender respondents assigned male at birth reported having sex with gender minority people and cisgender females. Only up to about a fifth of cisgender respondents reported not having had sex in the past year. Among gender minorities, many reported having had sex with other gender minority people, including a third (34.4%) of those assigned male at birth and almost half (49.1%) of those assigned female at birth, in the past year. About half of gender minority respondents reported having had sex with cisgender people in the past year. Slightly under a third of gender minority respondents reported not having had sex in the past year.

There were differences in the sexual behavior of respondents across age groups, with older respondents ages 55 and older being more likely to report not having had sex in the past year compared to younger respondents ages 18 to 54 across gender groups (not shown). A majority of older respondents, though, did report having had sex in the past year (not shown). Some differences are also apparent between African American and white respondents. Among cisgender respondents assigned female at birth, African American respondents were much less likely than white respondents to report having had sex with other cisgender people assigned female at birth in the past year (40.0% versus 61.8%, respectively) and much more likely to report having had sex with gender minority people assigned female at birth in the past year (27.5% versus 8.4%, respectively) (not shown).

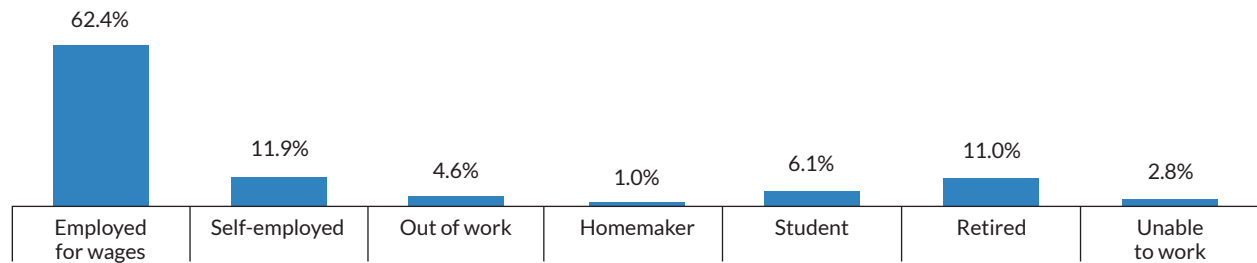
SOCIOECONOMIC STATUS

Figure 7. Educational Attainment



Respondents varied on their level of educational attainment (Figure 7). A majority (56.4%) of respondents reported having a bachelor's, graduate, or professional degree. Slightly less than a quarter (24.5%) of adults in the Jacksonville MSA's general population reported having a four-year college degree or higher level of education, indicating that the sample is, on average, highly educated.^{26, 27}

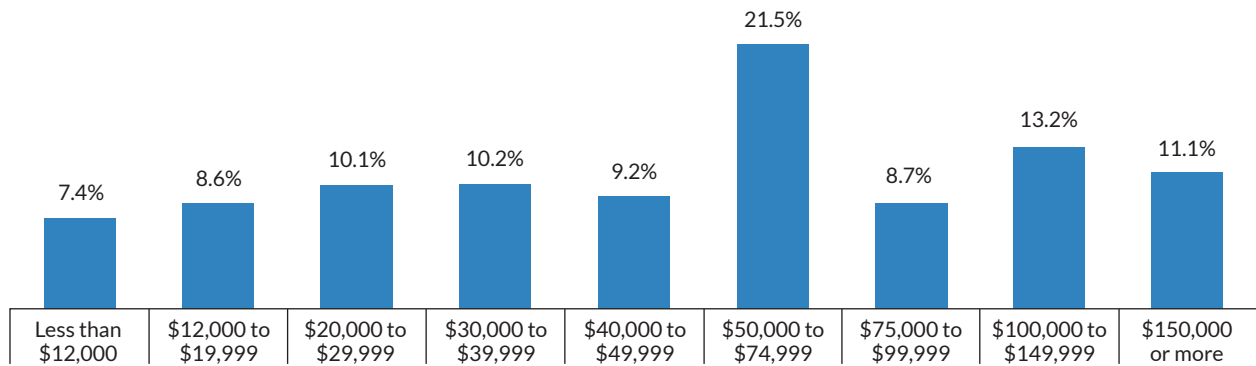
Figure 8. Employment Status



As shown in Figure 8, nearly three quarters (74.3%) of respondents indicated that they were in the paid workforce, either employed for wages (62.4%) or self-employed (11.9%). Approximately 4.6% were out of work; 1.0% reported being a homemaker, 6.1% reported being a student, 11.0% were retired and 2.8% were unable to work.

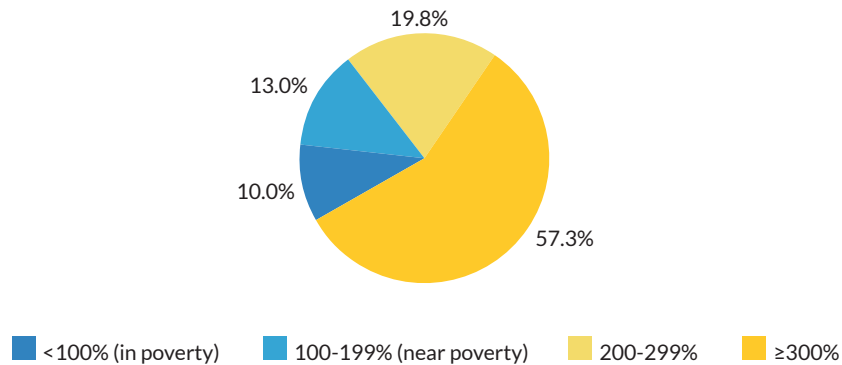
Among adult residents in the Jacksonville MSA's general population, 57.1% were employed for wages or self-employed; 4.7% were out of work; 6.2% reported being a homemaker; and 5.0% reported being a student. One in five was either retired (20.0%) or unable to work (7.0%).²⁸ The younger age of the sample, compared to the general adult population in the area may have contributed to higher rates of employment among the LGBTI adults in the sample.

Figure 9. Household Income, Current Year



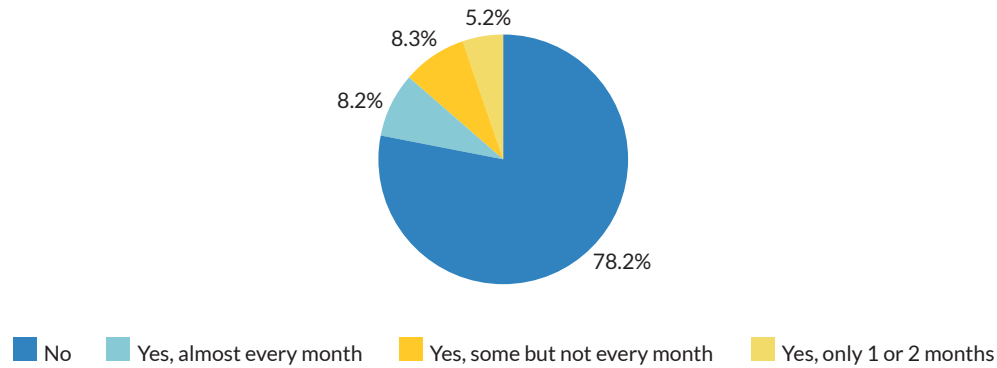
Household income varied widely in the sample (Figure 9). And, despite higher levels of education in the sample as compared to the local general adult population, similar proportions reported household incomes of less than \$50,000 per year. Approximately 45.5% of respondents reported an annual household income of under \$50,000. In the general population, 43.2% of households in Jacksonville reported an annual income under \$50,000.²⁹

Figure 10. Poverty to Income Ratio



Nearly a quarter of the sample was poor or near-poor based on their household income relative to federal poverty thresholds³⁰ (Figure 10).³¹ One in ten survey respondents (10.0%) were living below the federal poverty level based on their household size and income. Another 13.0% of respondents were “near poor,” living between 100% and 199% of the federal poverty level. As shown in the appendix, a third (32.2%) of gender minority respondents were poor (living at or below the federal poverty level) and another third (34.5%) were near poor. Gender minorities were overrepresented among the poor and near poor as compared to cisgender respondents (15.9% of whom were poor or near poor) (not shown). About one in ten (10.5%) respondents assigned female sex at birth was poor, and another 16.0% of these respondents were near poor (not shown). Those assigned female sex at birth were overrepresented among those with fewer economic resources as compared to respondents assigned male sex at birth (18.4% of whom were poor or near poor) (not shown). In contrast, a larger proportion of respondents ages 55 and older reported living at above 300% of the federal poverty level than respondents ages 18 to 54 (67.5% versus 53.8%, respectively) (not shown).

Figure 11. Food Insecurity, Past 12 Months



Food insecurity is defined as, “the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”³² One specific form of food insecurity, limited access to food, was assessed in *The Jacksonville-Area Community Assessment* survey (Figure 11). One in five (21.8%) respondents or other adult household members cut or skipped meals during the past 12 months because there was not enough money for food. Among people who had this experience, 37.7% reported that this happened almost every month.

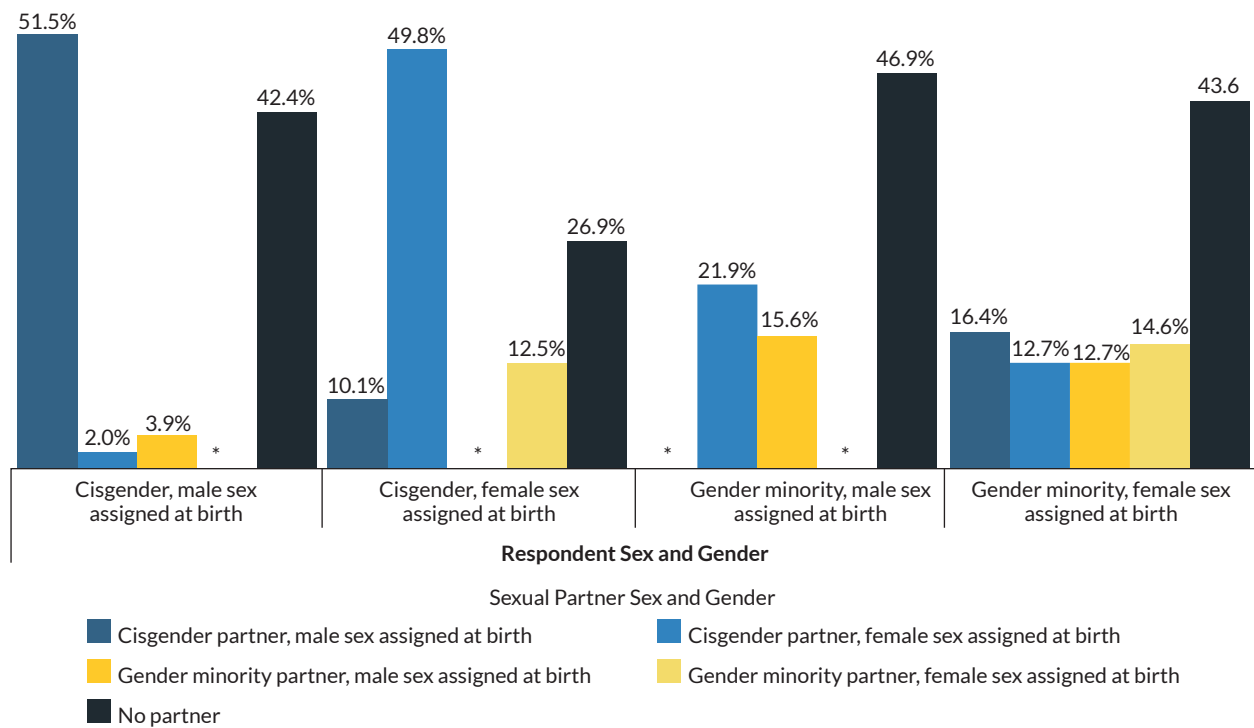
Younger respondents, those less than age 55, were more likely to report food insecurity than adults ages 55 and older (26.1% versus 9.3%, respectively). Gender minority respondents were much more likely to report food insecurity than cisgender respondents (52.2% versus 16.3%, respectively).



FAMILY CHARACTERISTICS

(Courtesy of iStock by Getty Images)

Figure 12. Sex and Gender of Respondents and Current Partners

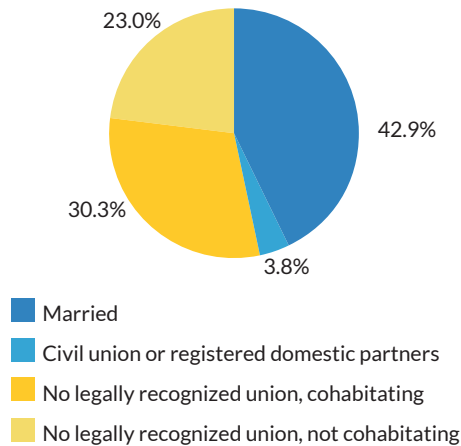


* Denotes responses that have been suppressed because of small sample size

About half of cisgender respondents, 51.5% of cisgender respondents assigned male at birth and 49.8% of cisgender respondents assigned female at birth, reported partners of the same gender (Figure 12). One in eight (12.5%) cisgender women reported having a gender minority partner assigned female at birth. As shown in the figure above, gender minority respondents reported more variability in partner type than cisgender respondents and had cisgender and gender minority partners of both assigned sex at birth.

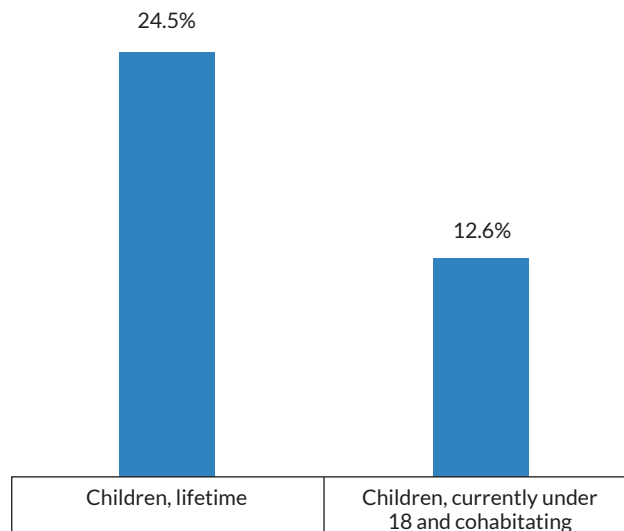
As shown in the appendix, partner type varied across demographic groups. Cisgender African American men were much more likely to report not having a partner than white cisgender men (63.4% versus 36.1%, respectively) (not shown). Among cisgender women, 14.9% of those ages 18 to 54 reported having a cisgender male partner whereas no cisgender women ages 55 and older reported having a cisgender male partner.

Figure 13. Legal Relationship Status among those with Partners



Many (42.9%) of those with partners reported being legally married (Figure 13). A large majority of those with partners also reported living with their partners. Among those with partners, cisgender (47.9%) and respondents ages 55 and older (57.1%), were more likely to report being married than gender minority (13.7%) and respondents ages 18 to 54 (38.2%) (not shown).

Figure 14. Children



One in four (24.5%) respondents reported having had a child in their lifetime, and more than one in ten (12.6%) respondents in the sample were currently raising children (Figure 14). African American respondents (35.6%) were more likely to report ever having had children than white respondents (23.5%), as were cisgender respondents (26.5%) compared to gender minority respondents (13.3%), respondents assigned female at birth (33.6%) compared to those assigned male at birth (15.9%), and older respondents (34.3%) compared to younger respondents (21.1%) (not shown). Respondents assigned female at birth (17.3%) were also more likely to be currently raising children than those assigned male at birth (7.9%), as were younger respondents (15.4%) compared to older respondents (4.4%) (not shown).

Nearly two out of five respondents under the age of 55 reported being somewhat likely (22.2%) or very or extremely likely (16.1%) to have children in the future (not shown). Gender minority respondents were also more likely than cisgender respondents to report being somewhat, very, or extremely likely to have children in the future (42.7% versus 27.4%).

Among respondents with children under 18 living with them, approximately one in three reported that they were treated worse than other parents because they were LGBTI (35.3%) and that their children were treated worse than other children because they were LGBTI (31.3%) (not shown). These experiences were most likely to occur in the child's/children's school and in public spaces (not shown). African American respondents were more likely (63.6% versus 25.0%) than white respondents to report they were treated worse than other parents, and gender minority respondents were more likely to report these experiences compared to cisgender respondents (83.3% versus 31.2%, respectively).

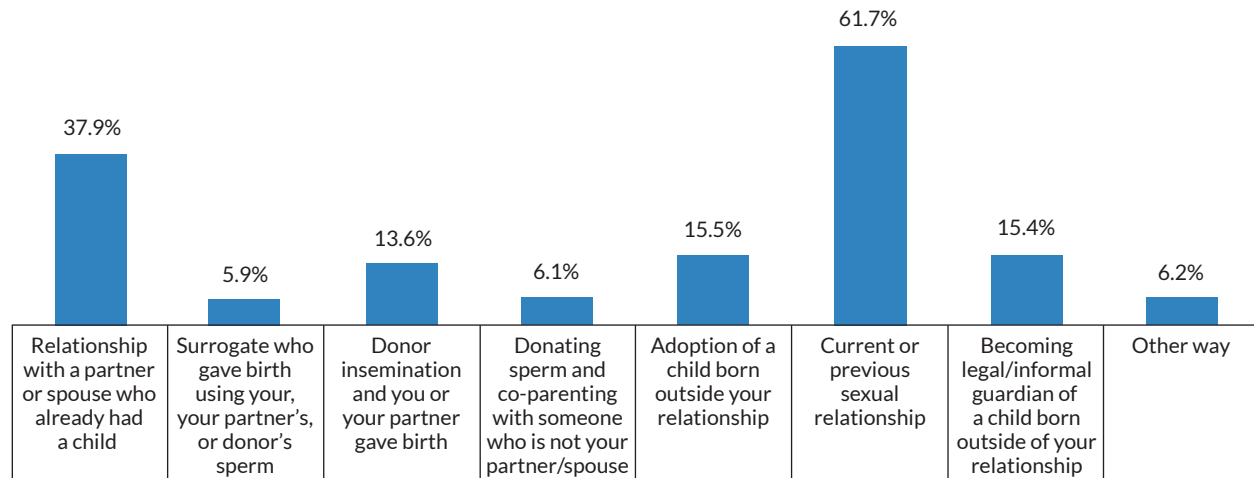


Figure 15. Pathways to Parenthood

Among those reporting having had children ever, the most commonly cited paths to parenthood (Figure 15) were through a current or previous sexual relationship (61.7%) and a relationship with a partner or spouse who already had a child (37.9%). Respondents also reported adoption (15.5%) and using reproductive technology (13.6% reported that they or their partner used donor insemination and 5.9% reported using a surrogate) to start or add to their families. As shown in the appendix, patterns varied across sex assigned at birth and gender identity.

RELIGION

In the sample, about a quarter (26.7%) of respondents reported being a member of a local house of worship, whether that is a church, synagogue, mosque, temple, or other institution (not shown). A majority of respondents reported attending religious services, including 15.7% who reported attending religious services once a week or more (Figure 16). More than half (52.3%) of African American, non-Hispanic respondents reported being members of local

houses of worship, and weekly religious attendance was reported by a third (33.0%) of African American adults in the sample (compared to 13.2% of white respondents) (not shown). Among older adults (ages 55 and older), 23.5% reported attending services at least once a week (compared to 13.0% of younger respondents ages 18 to 54) (not shown). Local data on religious service attendance is limited, but state-wide data indicate that approximately 35% of Florida adults attend religious services at least once a week.³³

“Historically, [the church has] been a real place to re-energize and reconnect with people in struggles related to race and racism.”

– African American
Feedback Session attendee

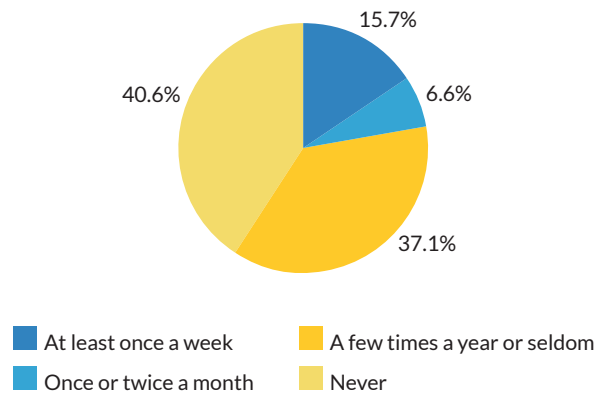


Figure 16. Religious Service Attendance

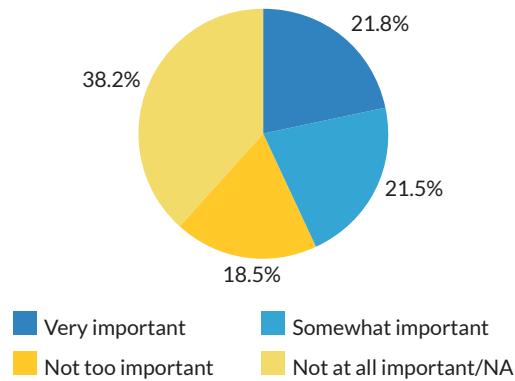


Figure 17. Importance of Religion in Your Life

Over half (56.7%) of respondents reported that their religion is not at all important in their lives, not too important in their lives, or that they do not have a religion (Figure 17). In comparison, 22% of adults in Florida feel that their religion is either not at all or not too important in their lives.³⁴ More than four out of ten (43.3%) respondents reported that religion was somewhat or very important to them. Over two thirds (69.4%) of African American respondents indicated that religion was somewhat or very important to them (compared to 38.3% of white respondents) (not shown). Among those 55 years of age and older, about half (49.1%) indicated that religion was somewhat or very important to them (41.3% of those ages 18 to 54) (not shown).

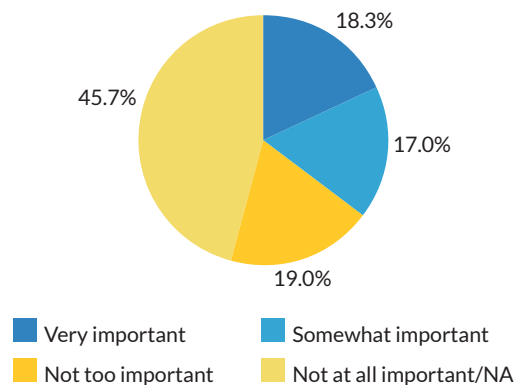


Figure 18. Importance of Faith Community in Your Life

Approximately two thirds (64.7%) of respondents reported that their faith community was not at all or not too important in their lives, or that they do not have a faith community (Figure 18). About a third (35.3%) reported their faith community was somewhat or very important in their lives. A large minority of African American respondents, more than four out of ten (43.2%), reported that their faith community was very important to them (compared to 15.2% of white respondents) (not shown). Similarly, whereas one in four older respondents (24.4%) reported their family community was very important to them, only about one in six younger respondents (16.1%) reported the same (not shown).

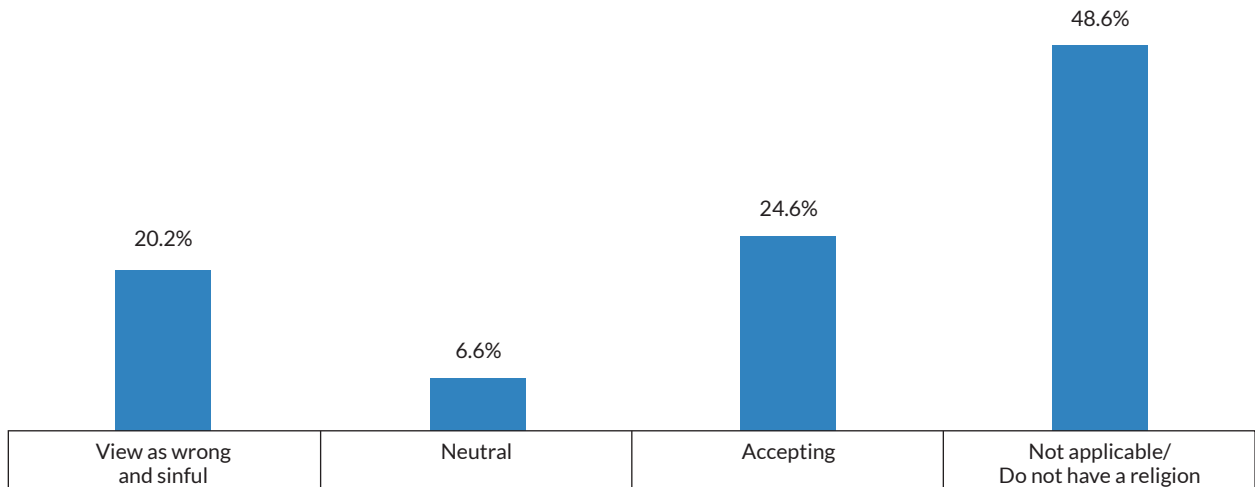


Figure 19. Religion's View of Homosexuality

About one fifth (20.2%) of the sample reported that their religion has less than a neutral view of homosexuality (Figure 19), including viewing homosexuality as wrong and sinful, while 24.6% reported some level of acceptance, including 17.8% who reported full acceptance of homosexuality by their religion. Over a quarter (28.7%) of African American respondents reported that their religion views homosexuality as wrong and sinful, just under a quarter (24.1%) reported full acceptance of homosexuality by

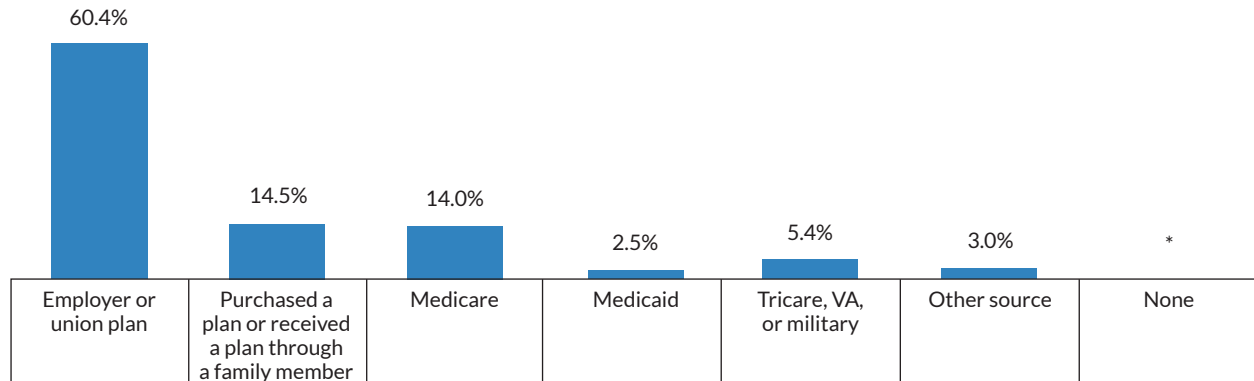
“Why does the community persist and continue to show up in places where they don’t always feel accepted?”
 – African American Feedback Session attendee

their religion, and almost a third (31.0%) indicated that the question was not applicable to them compared to 11.1%, 17.1%, and 51.7% of white respondents, respectively (not shown).

HEALTH

Health Care

Figure 20. Primary Source of Health Care Coverage



* Denotes responses that have been suppressed because of small sample size

Most (85.8%) respondents reported having health insurance, reporting coverage at a level which is nearly identical to the level of coverage (86.0%) reported by Jacksonville adults (not shown).³⁵ Of respondents who had coverage, most indicated that the primary source of their coverage was an employer or union (60.4%) (Figure 20). Rates of coverage were lower among African American respondents (77.8%) compared to white respondents (88.9%), among gender minority respondents (74.4%) compared to cisgender respondents (87.8%), and among younger respondents (82.9%) compared to older respondents (94.2%) (not shown). African American, gender minority, and older respondents also reported receiving coverage through various sources at different rates as their white, cisgender, and younger counterparts in the sample (not shown).

Approximately one in three respondents (32.9%) reported exploring their health care coverage options on the online marketplace created through the Patient Protection and Affordable Care Act (ACA) in the past year (not shown). Of these respondents, 5.5% discovered that they were eligible for Medicaid coverage and enrolled in Medicaid. An additional 28.6% of respondents who explored their options on the online marketplace discovered they were eligible for subsidized coverage and then enrolled in this coverage.

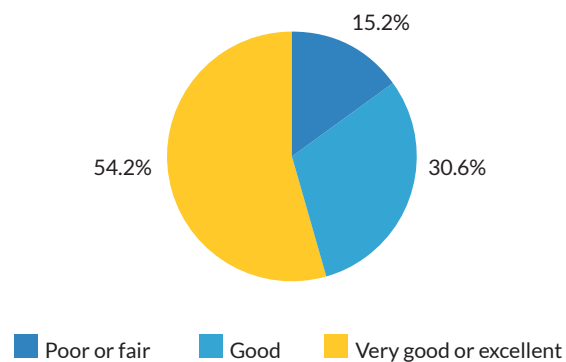
Among respondents, 76.6% reported having a personal doctor, which is nearly identical to the prevalence (75.5%) of having a personal doctor reported in the general Jacksonville MSA population (not shown).³⁶ Gender minority respondents (64.4%) and younger respondents (70.7%) were less likely than cisgender respondents (79.7%) and older respondents (93.6%) to have reported having a personal doctor (not shown).



(Courtesy of ElderSource)

Self-Reported Health

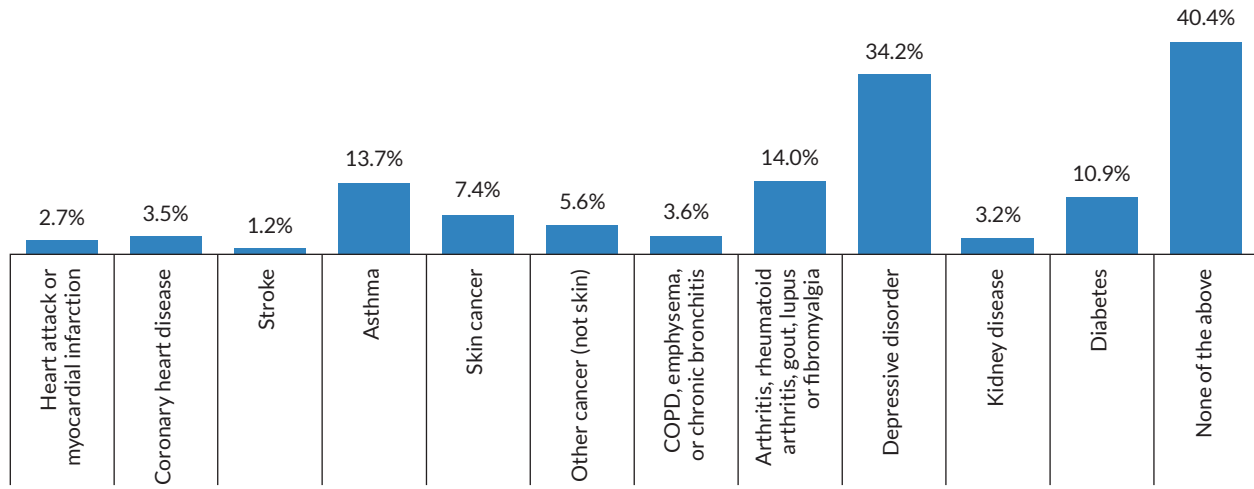
Figure 21. General Health



A majority (54.2%) of respondents reported being in very good or excellent health (Figure 21); 15.2% of respondents felt that their health was poor or fair. Self-reported health was comparable to that of adults in the general adult population of the Jacksonville MSA in which approximately half of adult residents (49.9%) felt they were in very good or excellent health, and about 18.1% reported being in poor or fair health.³⁷ Gender minority respondents (42.2%) and respondents assigned female at birth (18.0%) were more likely than cisgender respondents (10.3%) and respondents assigned male at birth (11.1%) to have reported being in poor or fair health (not shown).

Chronic Conditions

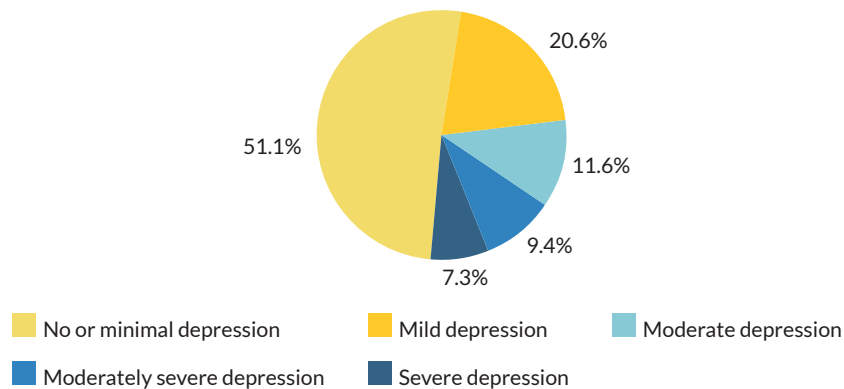
Figure 22. Lifetime History of Diagnosed Conditions



All but 40.4% of respondents reported that they had been diagnosed with a variety of conditions (Figure 22). More than one in three respondents (34.2%) reported being diagnosed with a depressive disorder in their lifetimes. In comparison, an estimated 15.9% of adults in the Jacksonville MSA reported having been diagnosed with depressive disorder.³⁸ Many of the reported diagnoses varied across demographic groups, such as sex and age. Readers are advised to see the appendix where results are presented separately for females and males, adults under age 55 and those 55 and older, as well as for gender minority and cisgender respondents, and for African American and white respondents.

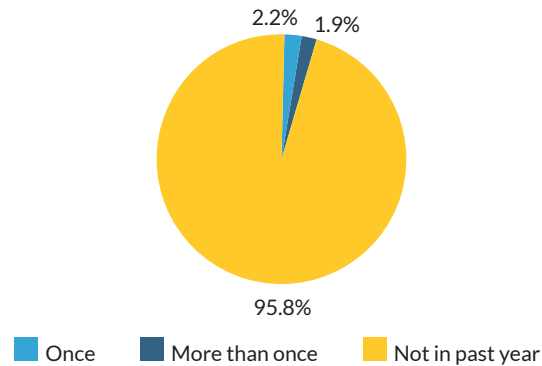
Mental Health

Figure 23. Depression Severity (PHQ-9)



The Patient Health Questionnaire-9 (PHQ-9) was used to assess current depressive symptomatology with questions that inquired about feeling down, depressed, or hopeless and having a poor appetite or overeating, and other related experiences over the past two weeks. Validated cut-points are used where moderate through severe depression scores indicate the likely presence of a depressive disorder.³⁹ As shown in Figure 23, more than one quarter (28.3%) of the sample met criteria for moderate to severe depression. Gender minority respondents (64.5%) and younger respondents (32.8%) were more likely to report scores indicating moderate to severe depression than cisgender respondents (21.4%) and older respondents (15.2%) (not shown).

Figure 24. Attempted Suicide, Past 12 Months



Among respondents, 2.2% reported that they tried to kill themselves once in the past 12 months, and an additional 1.9% of respondents reported attempting to kill themselves more than once in the past 12 months (Figure 24). Rates of attempted suicide were notably higher among gender minority respondents, 11.1% of whom reported they tried to kill themselves at least once in the past 12 months, compared to 2.6% of cisgender respondents (not shown). Reported rates of attempted suicide in the past 12 months were also higher among younger respondents (5.6%) compared to older respondents (0.0%).

“When you feel isolated from your family and from your work, that’s definitely a killer. It’s something that really, really, really affects your mental health.”
– African American Feedback Session attendee

Health Status and Limitations

Respondents reported an average of 3.8 days of physical health that were not good, and 7.6 days of mental health that were not good, in the past 30 days (not shown). Adults in the Jacksonville MSA, who on average are older than the sample, reported comparable average numbers of days of physical health that were not good in the past 30 days (4.1 days), but fewer days of mental health that were not good (3.8 days).⁴⁰ Survey respondents who reported at least one day of poor physical or mental health in the past 30 days indicated that, on average, poor physical or mental health kept them from doing their usual activities 5.9 days in the past 30 days. This was comparable to the average reported among the Jacksonville MSA’s adult population (5.6 days).⁴¹

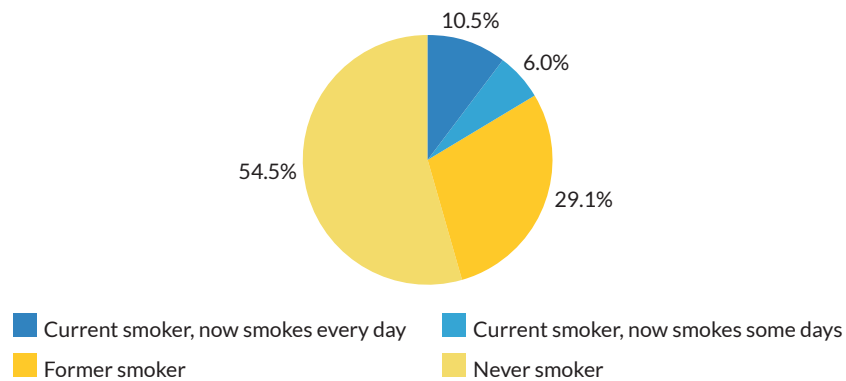
Gender minority respondents (15.5 days), respondents assigned female at birth (8.7 days), and younger respondents (8.4 days) reported more days of mental health that were not good, on average, in the past 30 days than cisgender respondents (6.0 days), respondents assigned male at birth (6.1 days), and older respondents (4.9 days) (not shown). White respondents (3.9 days), gender minority respondents (6.2 days), and respondents assigned female at birth (4.5 days) reported more days of physical health that were not good, on average, in the past 30 days than African American respondents (2.3 days), cisgender respondents (3.4 days), and respondents assigned male at birth (2.9 days) (not shown). Among those who reported days of mental or physical health that were not good in the past 30 days, gender minority respondents (10.2 days) reported that poor physical or mental health kept them from their usual activities on more days on average than cisgender respondents (4.7 days) (not shown).

Substance Use

Binge drinking is typically defined as four or more alcoholic drinks in one sitting for women and five or more for men; 38.1% of respondents assigned female at birth and 38.9% of respondents assigned male at birth engaged in binge drinking in the past 30 days (not shown).⁴² Approximately 13.3% of females and 22.1% of males reported binge drinking in the past 30 days in the Jacksonville MSA.⁴³ Older respondents were less likely to have reported engaging in binge drinking in the past 30 days than younger respondents (not shown).

Among those who did binge drink, respondents assigned female at birth did so on an average of 5.7 days in the past 30 days, and those assigned male at birth did so on an average of 5.2 days in the past 30 days.

Figure 25. Lifetime Cigarette Smoking



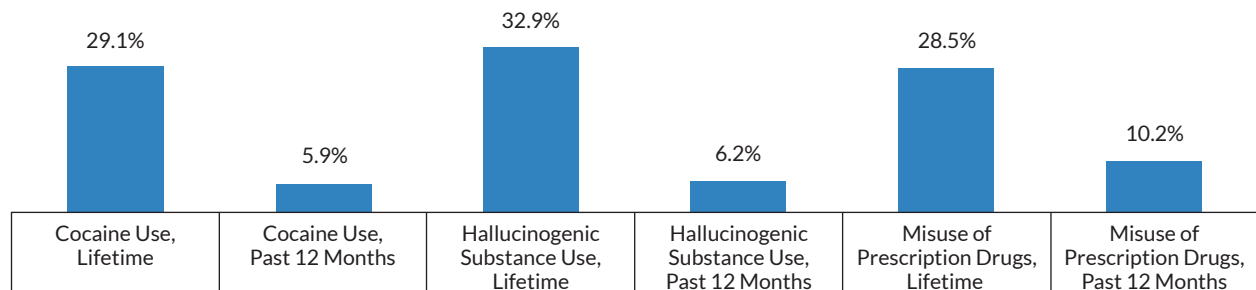
Among respondents, 16.5% were current smokers, including 10.5% who smoke every day and 6.0% who smoke some days (Figure 25). In the Jacksonville MSA, 17.8% were current smokers, including approximately 11.2% of adults who are current smokers who smoke every day and 6.6% who are current smokers who smoke some days.⁴⁴ A very small proportion of respondents (0.8%) reported currently using chewing tobacco or snuff (not shown) and used less commonly than was reported by 3.2% of adults in the Jacksonville MSA.⁴⁵

One in four survey respondents (25.0%) reported using marijuana or hashish in the past 30 days (not shown). Respondents who reported using marijuana during this time period, on average, used marijuana 13.6 days in the past 30 days. Respondents who were younger (28.2%) were more likely to report having used marijuana in the past 30 days than older respondents (15.5%).

Figure 26. Lifetime Illicit Drug Use

As shown in Figure 26, almost a third (29.1%) of respondents reported using cocaine in their lifetimes, and 5.9% reported using cocaine in the past 12 months. Approximately a third (32.9%) also reported using hallucinogenic substances in their lifetimes, with 6.2% reporting use in the past 12 months. A total of 28.5% of respondents reported misusing prescription drugs in their lifetimes, and 10.2% indicated they had misused prescription drugs in the past 12 months.

As shown in the appendix, respondents who reported using cocaine, using hallucinogenic substances, or misusing prescription drugs in their lifetimes were more likely to be white, non-Hispanic than African American. Cocaine users were also more likely to be cisgender and male assigned at birth; those who used hallucinogenic substances were more likely to be cisgender; and younger respondents (under 55 years old) were more likely to report past year use of these drugs than older respondents (ages 55 and older). Younger respondents (under 55 years old) were also more likely to have misused prescription drugs in their lifetimes and in the past 12 months than older respondents (ages 55 and older).



HIV Testing

Figure 27. Lifetime HIV Testing

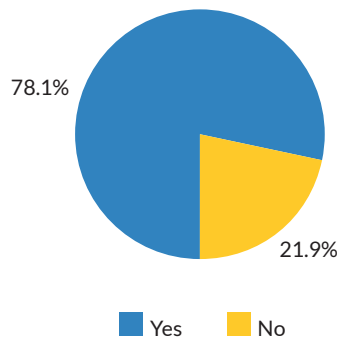
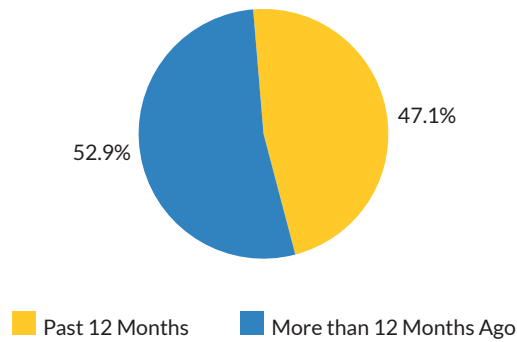


Figure 28. Most Recent HIV Test in Past 12 Months (among those who had ever been tested)



More than three quarters of respondents (78.1%) reported having had an HIV test in their lifetimes (Figure 27), and slightly under half of respondents (47.1%) who had ever received an HIV test had been tested in the past 12 months (Figure 28). Testing was more common among African American respondents, 94.4% of whom had ever been tested for HIV compared to 75.6% of white respondents. Most (88.2%) of the sample whose assigned sex at birth was male reported lifetime HIV testing; over half (54.3%) reported being tested in the past 12 months. Fewer gender minority respondents (59.6%) reported having ever been tested for HIV than cisgender respondents (81.5%) (not shown).

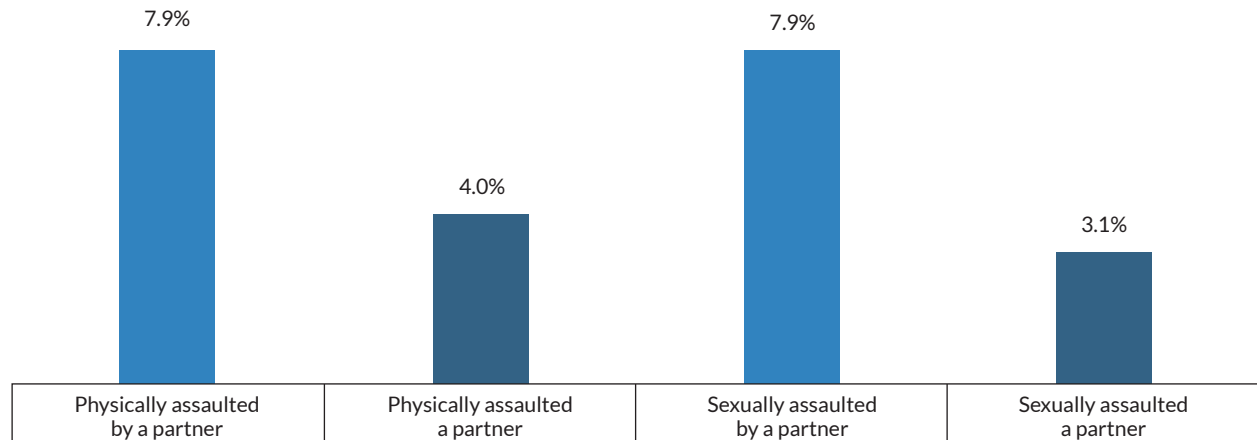
“For a lot of services directed at the African-American LGBT community, one of the priorities is HIV prevention and testing.”

– Gender Minority Feedback Session attendee

Slightly under a third of all respondents (31.2%) reported having been tested for a sexually transmitted disease besides HIV in the past 12 months (not shown). African American respondents (40.0%), respondents assigned male at birth (38.8%), and younger respondents (37.1%) were more likely to have reported having been tested for a sexually transmitted disease besides HIV in the past 12 months than white respondents (27.1%), respondents assigned female at birth (22.3%), and older respondents (14.0%) (not shown).

Intimate Partner Violence

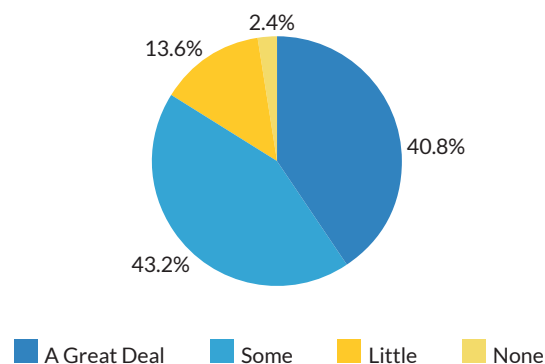
Figure 29. Intimate Partner Violence, Past 12 Months



Nearly 8.0% of the sample reported physical intimate partner violence (IPV) victimization in the past 12 months and nearly 8.0% reported sexual assault victimization by an intimate partner in the past 12 months (Figure 29). Among respondents, 4.0% reported that they themselves had physically assaulted a partner in the past 12 months and 3.1% reported sexually assaulting a partner in the past 12 months. IPV was disproportionately reported by respondents under the age of 55 compared to those ages 55 and older. Gender minority respondents (13.3%) were also more likely to report having been sexually assaulted by a partner in the past 12 months than cisgender respondents (6.8%) (not shown).

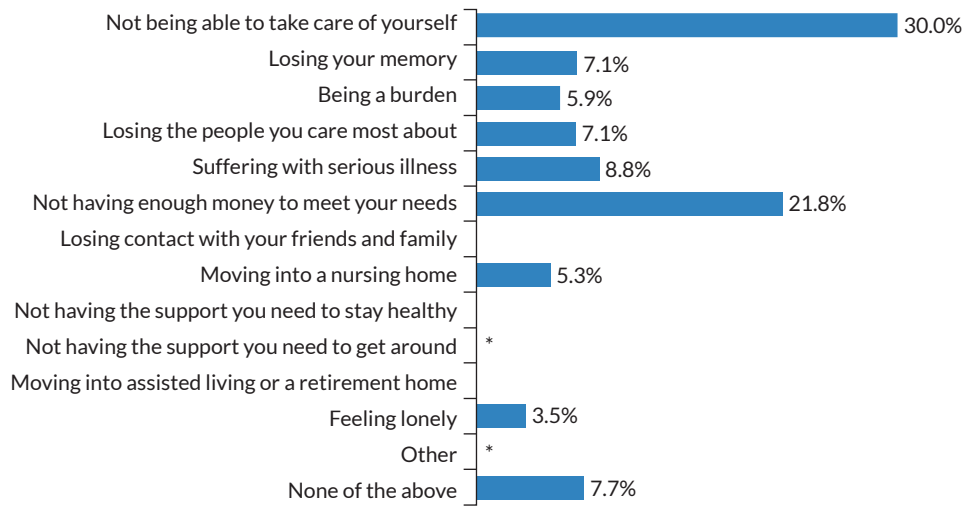
AGING

Figure 30. Preparation for Senior Years, Respondents Ages 55+



Most (84.0%) respondents ages 55 and older reported they had done some (43.2%) or a great deal (40.8%) of preparation for their senior years (Figure 30); while, 42.3% of adults ages 18-54 reported similar levels of preparation (not shown). Respondents assigned female at birth (51.7%) and gender minority respondents (82.0%) were also more likely to report having not prepared or prepared only a little for their senior years than respondents assigned male at birth (40.6%) and cisgender respondents (40.3%) (not shown).

Figure 31. Issues that Worry Respondents Most about Aging, Respondents Ages 55+, Select One



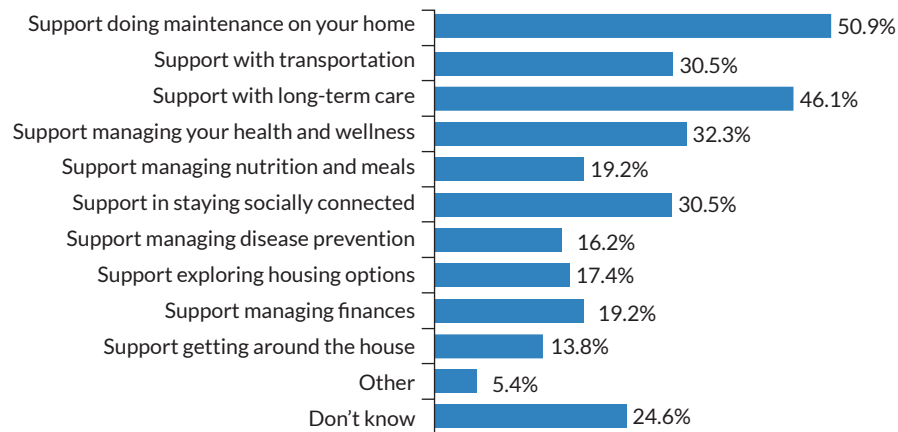
* Denotes responses that have been suppressed because of small sample size

Respondents ages 55 and older were asked what issue related to aging worried them the most from a list of 14 options (Figure 31). The most frequently cited concerns were not being able to take care of themselves (30.0%), not having enough money to meet their needs (21.8%), and suffering from a serious illness (8.8%).

Comparable data from adults ages 60 and older in the US general population reflect similar concerns such as not being able to take care of oneself (16%), losing one’s memory (14%), and being a burden (9%).⁴⁶ A total of 7% of adults 60 plus in the US population reported being most worried about not having enough money to meet their needs.

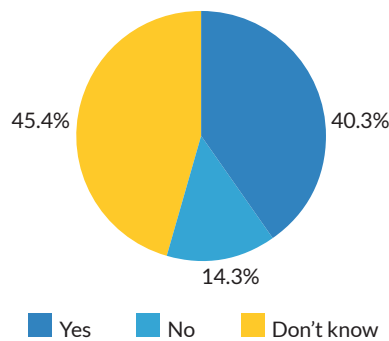
“The fear, for me, and I think a lot of people... is that there’s really not a—we don’t have a net. We don’t have a safety net for us.”
 – Elder Feedback Session attendee

Figure 32. Services that Respondents Anticipated Needing as They Age, Respondents Ages 55+, Select all that Apply



Respondents ages 55 and older were asked what services they anticipated needing as they aged. They were able to select as many services as they wished from a list of 12 options (Figure 32). Support doing maintenance on their home (50.9%), support with long-term care (46.1%), and support managing health and wellness (32.3%) were the most frequently endorsed responses. There were few differences between responses to this question across demographic groups. However, African American respondents were less likely to anticipate needing support with home maintenance than white respondents (21.4% versus 54.9%, respectively), and gender minority respondents were more likely to expect needing support in exploring housing options than cisgender respondents (45.5% versus 15.5%, respectively). Comparative data from adults ages 60 and older in the general population show they were most likely to anticipate needing support doing maintenance on their home (40%), support with transportation (39%), and support with long-term care (36%).⁴⁷

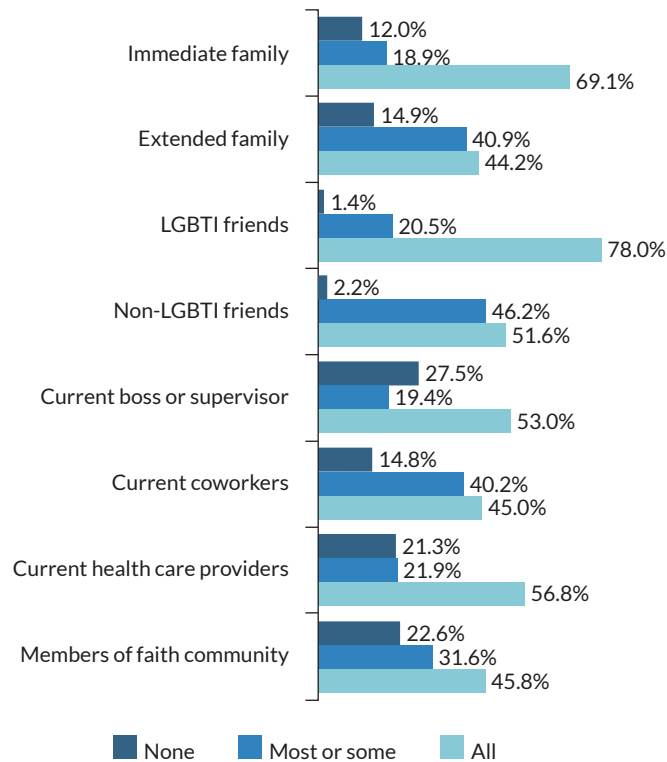
Figure 33. Belief that You Can be Open with the Staff of a Senior Center, Nursing Home, Assisted Living Facility, Other Long-term Care Facility, or Home Health Agency about Your Sexual Orientation & Gender Identity, Respondents Ages 60+



Among respondents 60 years old and older, 40.3% reported that they felt they could be open about their sexual orientation and gender identity with elder service organization staff (Figure 33). In contrast, 22% of older LGBT adults who completed the 2010 LGBT Older Adults in Long-Term Care Facilities Survey expected that older LGBT adults, in general, could be open in these settings.⁴⁸

OUTNESS AND ACCEPTANCE

Figure 34. Types of People who Knew that the Respondent is LGBTQ



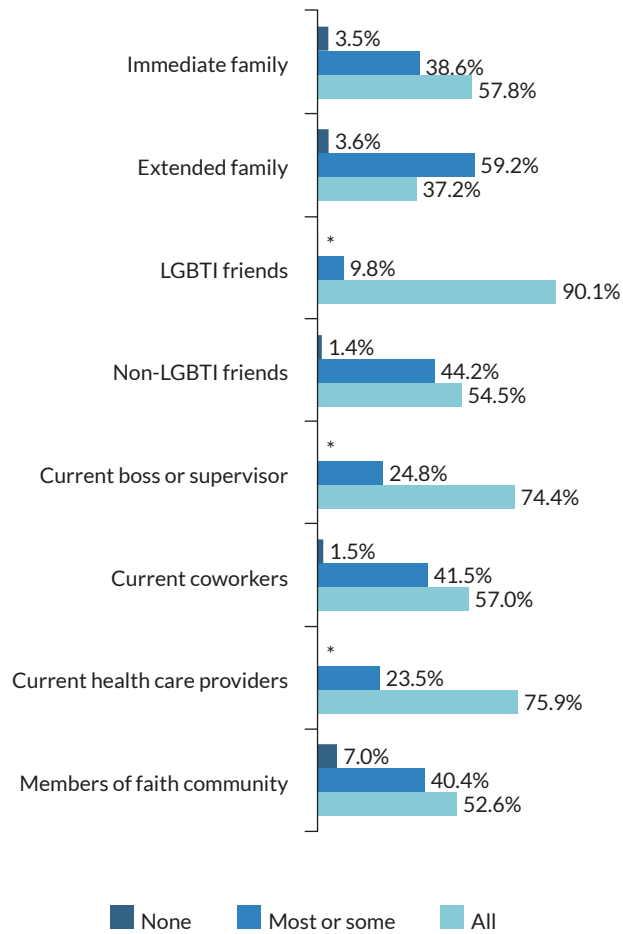
Nearly all LGBTQ respondents, including gender minority LGBTQ respondents, reported being out to someone (Figure 34).⁴⁹ Majorities (78.0%) reported that all of their LGBTI friends (78.0%) and immediate family members (69.1%) knew they are LGBTQ. However, more than a fifth of LGBTQ respondents reported that none of their current bosses or supervisors (27.5%), members of their faith community (22.6%), or current health care providers (21.3%) knew they are LGBTQ.

Among African American respondents, 61.7% reported that all of their LGBTI friends and 48.8% of immediate family members knew they are LGBTQ (not shown). However, almost half (49.3%) of African American LGBTQ respondents reported that none of their current bosses or supervisors and large proportions reported that none of the members of their faith community (39.3%) or current health care providers (27.4%) knew they are LGBTQ (not shown). Larger proportions of LGBTQ gender minority respondents reported that none of their immediate family, extended family, current bosses or supervisors, current coworkers, current health care providers, and members of their faith community knew they are LGBTQ than did cisgender LGBTQ respondents (not shown). Similarly, younger LGBTQ respondents were more likely to report that none of their immediate family, extended family, and members of their faith community know they are LGBTQ compared to older LGBTQ respondents (not shown).

"I've been very, very, very careful about how I navigate my relationship with supervisors in relation to my gender-minority and my sexual-minority status."

– Gender Minority
Feedback Session attendee

Figure 35. Types of People who Accepted Respondent as LGBQ (among those who knew)



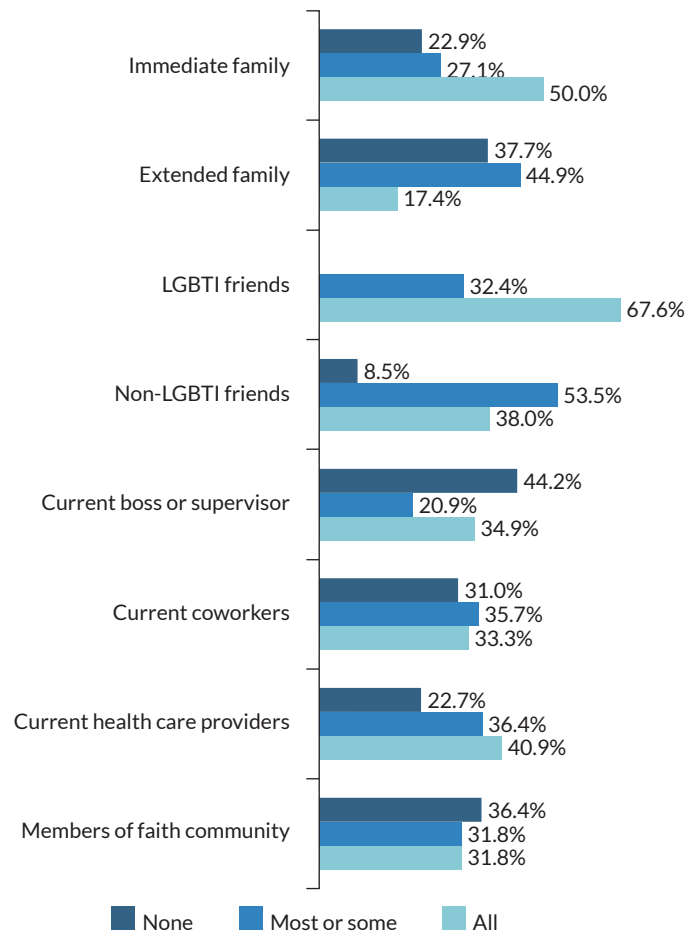
* Denotes responses that have been suppressed because of small sample size

While LGBQ respondents were least likely to be out to their current bosses or supervisors compared to friends, families, and others, a large majority (74.4%) of LGBQ respondents who were out to at least some of their current bosses or supervisors reported that all of these individuals accepted them as an LGBQ person (Figure 35). Similarly large proportions reported that all of their current health care providers (75.9%) and all of their LGBTI friends (90.1%) who knew they are LGBQ accepted them as an LGBQ person.

Among LGBQ respondents who reported that at least some individuals in these groups knew that they are LGBQ, few reported that none of these individuals accepted them as LGBQ. Seven percent reported that none of the members of their faith community accepted them as an LGBQ person, as did 3.5% when asked about immediate family members and 3.6% when asked about extended family members.

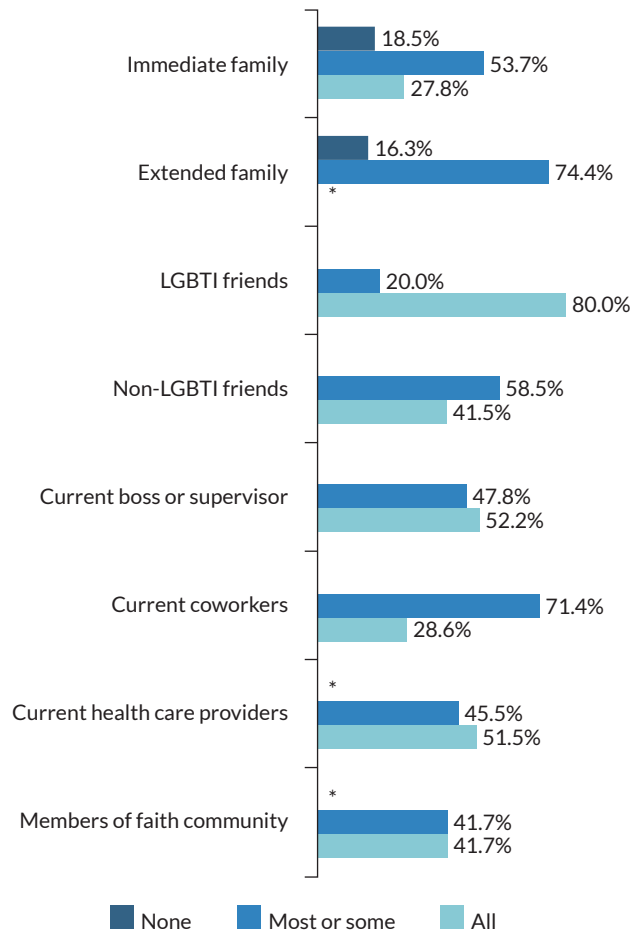
As shown in the appendix, among LGBQ respondents who were out to at least some of these groups of individuals as LGBQ, white respondents were more likely to report that all of their LGBTI friends, non-LGBTI friends, current bosses or supervisors, and current coworkers accepted them than African American respondents (not shown). Similarly, among those out as LGBQ, gender minority respondents were less likely to report that all of their immediate family, extended family, current bosses or supervisors, current coworkers, and current health care providers accept them as LGBQ compared to cisgender respondents. Older LGBQ respondents who were out as LGBQ were more likely to report that all of their extended family and current coworkers accept them as LGBQ compared to younger LGBQ respondents.

Figure 36. Types of People who Knew that the Respondent is Transgender or Another Gender Minority



As shown in Figure 36, most gender minority respondents reported being out as a transgender or other gender minority individual to at least some people across various relational groups; however, many were not out to any current boss or supervisor (44.2%) or to any members of their faith communities (36.4%). Findings observed in this sample are similar to those reported from the 2015 US Transgender Survey⁵⁰ which found, in a national convenience sample of 27,715 gender minority adults, that 22% reported none of their immediate family knew they were transgender, 39% reported none of their extended family knew they were transgender, 4% reported none of their LGBT friends knew they were transgender, 12% reported none of their straight, non-transgender friends knew they were transgender, 49% reported none of their bosses knew they were transgender, 42% reported none of their coworkers knew they were transgender, and 31% reported none of their health care providers knew they were transgender.

Figure 37. Types of People who Accept Respondent as Transgender or Another Gender Minority (among those who knew)



* Denotes responses that have been suppressed because of small sample size

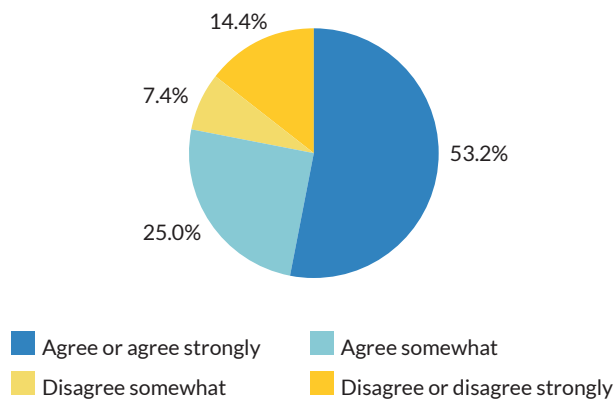
Gender minority respondents were also asked about how they were accepted as transgender among different groups of people in their lives (Figure 37).

Among gender minority respondents who reported that at least some people in these groups knew that they are transgender, majorities reported that at least some of these individuals accepted them as transgender. Among those who were known to people in these groups, almost one in five (18.5%) gender minority respondents reported that none of their immediate family members accepted them as transgender, while 16.3% reported that none of their extended family members accepted them.

“Definitely being in the South, it can be very dangerous being an out trans person, especially for trans feminine folks.”
 – Gender Minority Feedback Session attendee

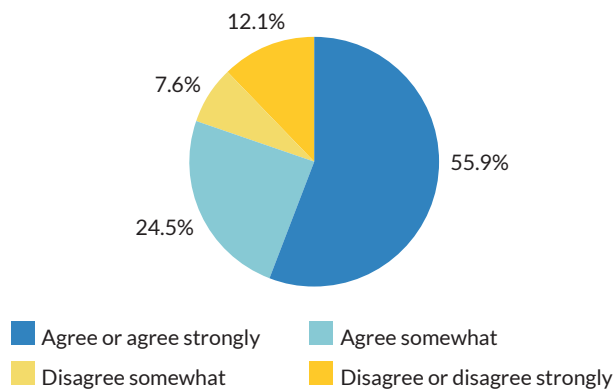
Among those who were known to various groups as transgender, majorities indicated that all of their LGBTI friends (80.0%), current bosses or supervisors (52.2%), and current health care providers (51.5%) accepted them as transgender.

Figure 38. Sexual Orientation/Gender Identity are a Central Part of your Identity



Respondents were also asked about their identity as LGBTI people. Many (78.2%) respondents agreed that their sexual orientation and gender identity are central to their identities, including 25.0% who agreed somewhat and 53.2% who agreed or agreed strongly (Figure 38). White respondents (80.9%) and gender minority respondents (91.9%) were more likely to agree (including agree somewhat, agree, and agree strongly) with this statement than African American respondents (60.1%) and cisgender respondents (76.2%) (not shown).

Figure 39. Being an LGBTI Person is an Important Aspect of your Life

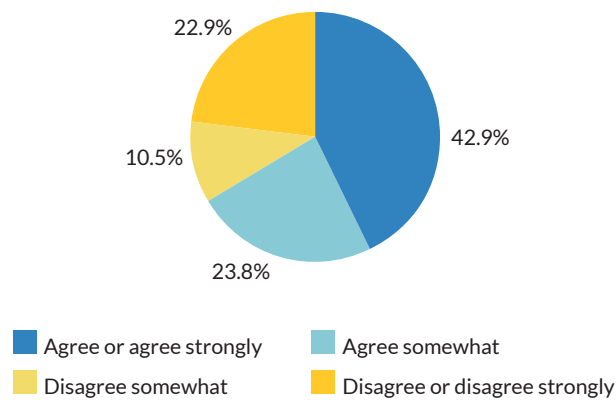


A majority (80.4%) of respondents agreed, including 24.5% who agreed somewhat and 55.9% who agreed or agreed strongly, that being an LGBTI person is an important aspect of their lives (Figure 39). White respondents (83.5%) and gender minority respondents (90.8%) were more likely to agree (including agree somewhat, agree, and agree strongly) with this statement than African American respondents (60.7%) and cisgender respondents (78.5%) (not shown).

“I think we tend to talk about outness as the pinnacle of gay identity development, and that’s not the case for everyone... it might be a very strategic and smart thing to not be out if it’s not safe for you to do so.”

– African American Feedback Session attendee

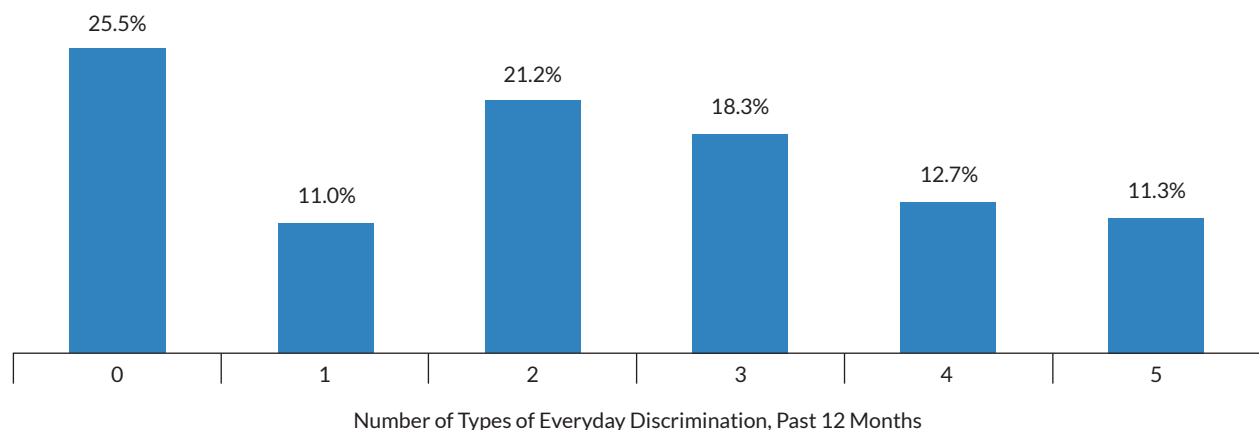
Figure 40. To Understand Who You Are as a Person, You Must Know You Are LGBTI



Two thirds (66.7%) of respondents agreed, including 23.8% who agreed somewhat and 42.9% who agreed or agreed strongly, that, to understand who they are as people, others need to know that they are LGBTI (Figure 40). White respondents (69.7%) and gender minority respondents (89.6%) were more likely to agree (including agree somewhat, agree, and agree strongly) with this statement than African American respondents (46.5%) and cisgender respondents (62.9%) (not shown).

DISCRIMINATION

Figure 41. Experiences of Everyday Discrimination, Past 12 Months



Respondents were asked to indicate how often they had experienced a set of specific events referred to as “everyday discrimination,” including being treated with less courtesy or respect than other people, receiving poorer service than other people at restaurants or stores, having people act as if they think you are not as smart, having people act as if they are afraid of you, and being threatened or harassed, in the past 12 months (Figure 41). Approximately three quarters (74.5%) of respondents reported that they had at least one of these experience of “everyday discrimination” a few times in the past in the past 12 months. Respondents who reported everyday discrimination were most likely to indicate that these experiences were because of their sexual orientation (53.6%), sex (female or male) (36.5%), or age (28.5%) (not shown).

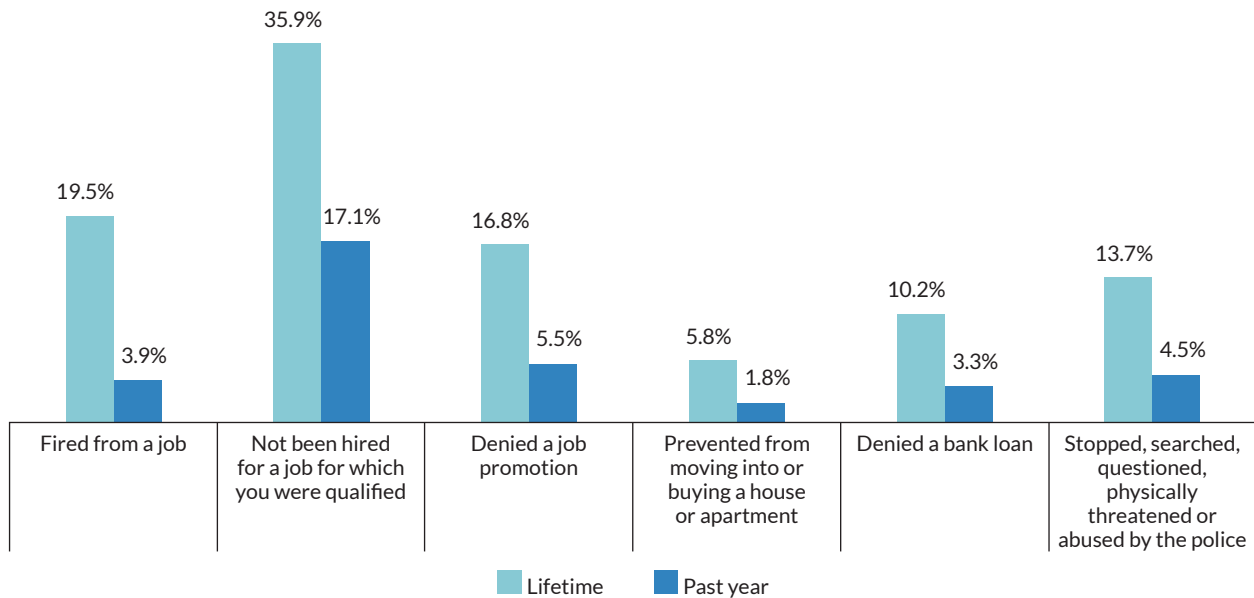
On average, respondents reported that they experienced instances of unfair treatment in the past year slightly less than a few times a year (average score of 1.7) (not shown). Respondents reported having been treated with less courtesy or respect than other people more than a few times in the past year. As reported in the appendix, younger respondents and gender minority respondents were more likely to report being treated with less courtesy than older respondents and cisgender respondents.



(Courtesy of JASMYN)

Respondents were also asked to indicate, for each type of experience, what they thought were the main reasons for these experiences. Respondents who indicated they had been treated with less courtesy or respect were most likely to indicate the reason was because of their sexual orientation (46.0%), sex (28.2%), or age (22.5%). Those who reported receiving poorer service than others most often cited their sexual orientation (49.1%), race (22.4%), or sex (20.6%). Respondents who reported that others acted as if they were not as smart were most likely to say this was because of their sex (44.8%), age (32.0%), or education or income (19.7%). Those who reported people had acted as if they were afraid of them most often cited their sexual orientation (35.6%), race (28.9%), or gender expression (18.8%) as the reason why. Respondents who reported that they had been threatened or harassed were most likely to say this was because of their sexual orientation (57.1%), sex (35.7%), or gender expression (23.1%). African American, gender minority respondents, and females reported everyday discrimination along multiple axes of inequality, and they were also more likely to report experiences of everyday discrimination due to race, gender expression or transgender status, or sex, respectively, than other respondents.

Figure 42. Major Discrimination, Lifetime and Past Year



Respondents were also asked a series of questions about life events that may have occurred while the respondent was an adult and living in the Jacksonville area, including: being fired from a job, not being hired for a job for which the respondent was qualified, not being promoted, being prevented from moving into or buying a house or apartment, being denied a bank loan, and being stopped, searched, questioned, physically threatened, or abused by the police. Respondents were asked to indicate how often each of these experiences had occurred, when they last occurred, and the main reasons they think the events may have occurred if they felt they were treated unfairly. Majorities of respondents who reported having had these experiences indicated that they were treated unfairly for at least one of the reasons listed (not shown).

As shown in Figure 42, approximately one in five respondents (19.5%) reported being fired unfairly from a job in their lifetimes; just over a third (35.9%) reported unfairly not being hired for a job for which they were qualified; 16.8% reported being unfairly denied a job promotion; 5.8% reported being unfairly prevented from moving into or buying a house or apartment; 10.2% reported being unfairly denied a loan; and 13.7% reported being unfairly stopped, searched, questioned, physically threatened, or abused by the police.

About one in 25 respondents (3.9%) reported being fired unfairly from a job in the past year; more than one in six respondents (17.1%) reported unfairly not being hired for a job for which they were qualified in the past year; 5.5% reported being unfairly denied a job promotion in the past year; 1.8% reported being unfairly prevented from moving into or buying a house or apartment in the past year; 3.3% reported being unfairly denied a loan in the past year; and 4.5% reported being unfairly stopped, searched, questioned, physically threatened, or abused by the police in the past year.

African American respondents were more likely to report having been unfairly treated in being fired from a job (10.7%), denied a job promotion (8.8%), denied a bank loan (11.5%), and being stopped, searched, questioned, physically threatened, or abused by the police (10.1%) in the past year than white respondents (not shown).

Gender minority respondents were more likely to report having been unfairly treated in being fired from a job (8.3%), not being hired for a job for which they were qualified (34.9%), and being denied a job promotion (15.7%) in the past year than cisgender respondents (not shown).

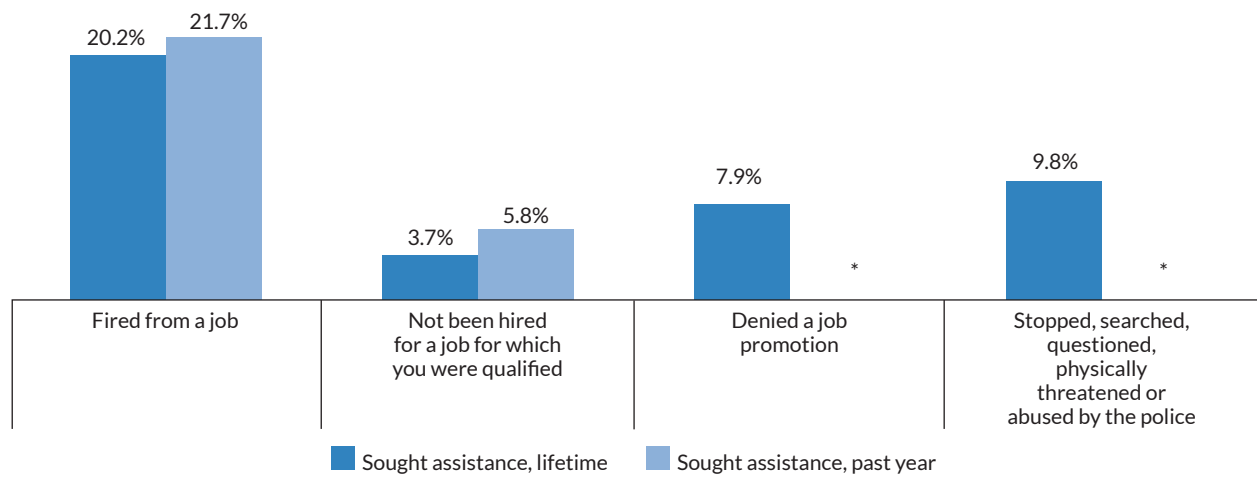
Older respondents were less likely than respondents ages 18-54 to have reported being unfairly fired (0.7%), not hired for a job for which they were qualified (9.9%), denied a job promotion (2.0%), prevented from moving into or buying a house or apartment (0.0%), denied a bank loan (0.0%), and stopped, searched, questioned, physically threatened, or abused by the police (0.7%) in the past year (not shown).

“Some people are not aware of the human-rights ordinance, and, so, we really need to get some education around that to make sure people understand what their rights are.”

– African American
Feedback Session attendee

Respondents identified many different reasons why they believe they were treated unfairly. The most frequently cited reason for these experiences, with the exception of being denied a bank loan, was the respondent’s sexual orientation. Respondents also frequently cited their age, sex, race, disability, and education or income as reasons why they thought they had been treated unfairly. African American respondents, gender minority respondents, and respondents assigned female at birth attributed employment discrimination experiences to many causes; however, they were also more likely to report employment discrimination due to race, gender expression or transgender status, or sex, respectively, than other respondents.

Figure 43. Sought Legal Assistance from a Lawyer/Legal Advisor after Lifetime Discrimination Experiences

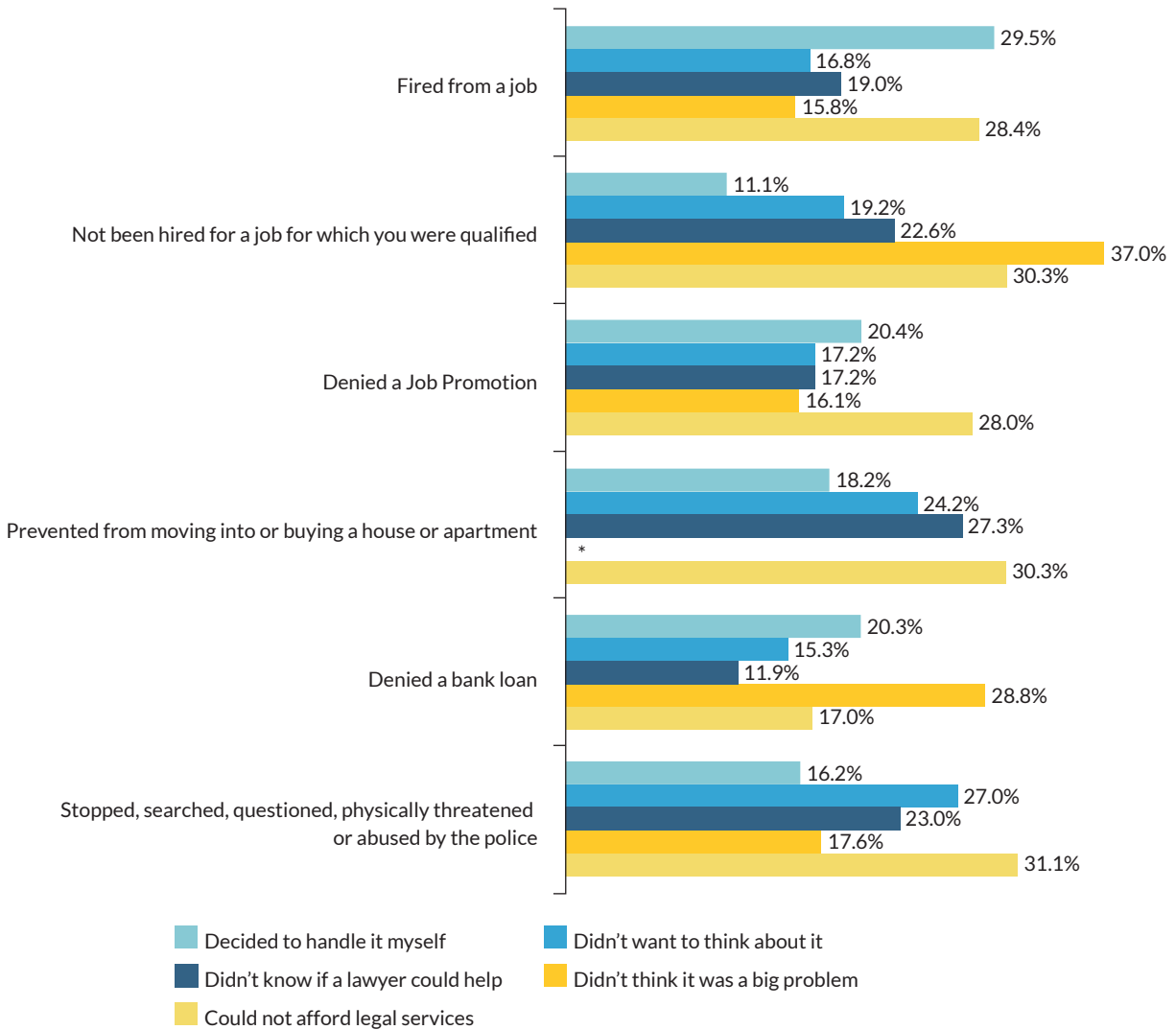


* Denotes responses that have been suppressed because of small sample size

Relatively few respondents sought legal assistance from a lawyer or other legal advisor after having an experience in which they felt they were treated unfairly (Figure 43). About one in five respondents (20.2%) who reported being unfairly fired from a job reported seeking legal assistance from a lawyer or other legal advisor. Across other experiences of discrimination, fewer respondents reported seeking legal assistance from a lawyer or other legal advisor. For example, 9.8% of those who reported being unfairly stopped, searched, questioned, or physically threatened or abused by the police sought legal assistance, as did 7.9% of those who reported being unfairly denied a job promotion, and 3.7% who reported being unfairly not hired for a job. African American respondents and respondents ages 55 and older were more likely to have sought legal assistance after not being hired than their white and younger counterparts (not shown).

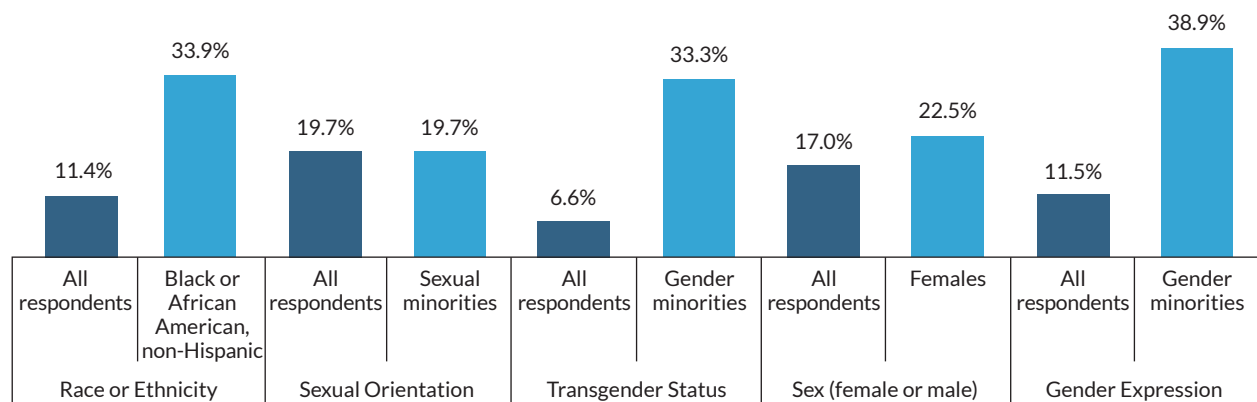
“There seems to be a real need for an organization to do some legal counseling and workshops.”
 – General Community Feedback Session attendee

Figure 44. Reasons for not Looking for Legal Assistance from a Lawyer/Legal Advisor after Lifetime Discrimination Experiences



Respondents were asked to indicate why they decided to not seek out legal assistance after having these negative experiences in which they believed they had been treated unfairly (Figure 44). The most frequently cited reason, for almost all experiences, was that the respondents could not afford legal assistance. Other respondents coped with these experiences by trying to not think about them or handling them on their own. Some respondents reported that they felt these experiences did not pose big problems for them. Others were unsure if a legal advisor could help. As shown in the appendix, reasons varied across demographic groups.

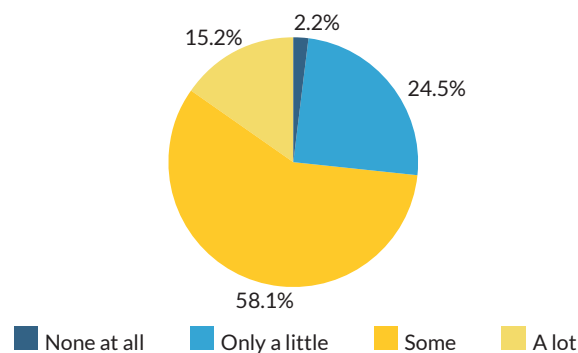
Figure 45. Treated Unfairly by Local Law Enforcement, Past Year



Respondents were also asked about their interactions with local law enforcement. More than a third of respondents (36.6%) reported that they had interacted with the police or other law enforcement officers in the past year (not shown). Among those who reported interacting with law enforcement in Northeast Florida in the past year, 11.4% reported they were treated unfairly because of their race or ethnicity; 19.7% reported they were treated unfairly because of their sexual orientation; 6.6% reported they were treated unfairly because of their transgender status; 17.0% reported they were treated unfairly because of their sex; and 11.5% reported they were treated unfairly because of their gender expression (Figure 45). Among those who reported being treated unfairly for specific reasons, racial-ethnic minorities and gender minorities were more likely to attribute this treatment to race or ethnicity, being transgender, or gender expression.

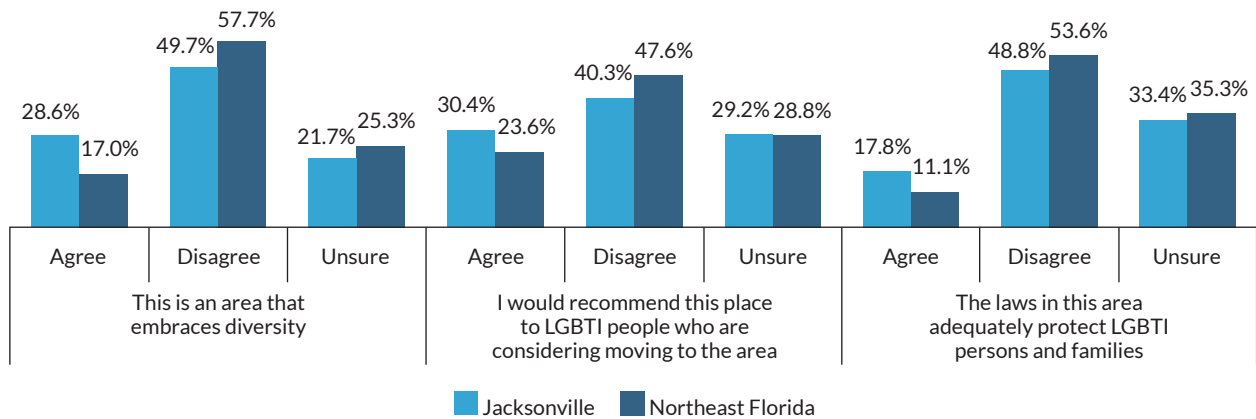
LOCAL COMMUNITY

Figure 46. Acceptance of LGBTI People in the City/Town Where Respondents Live



As shown in Figure 46, nearly three quarters (73.3%) of respondents indicated that they felt there was at least some acceptance for LGBTI people in the city or town where they lived, including 58.1% who stated there was some acceptance and 15.2% who stated there was a lot. Over a quarter (26.7%) of the sample reported there was only a little (24.5%) or no acceptance (2.2%) where they lived.

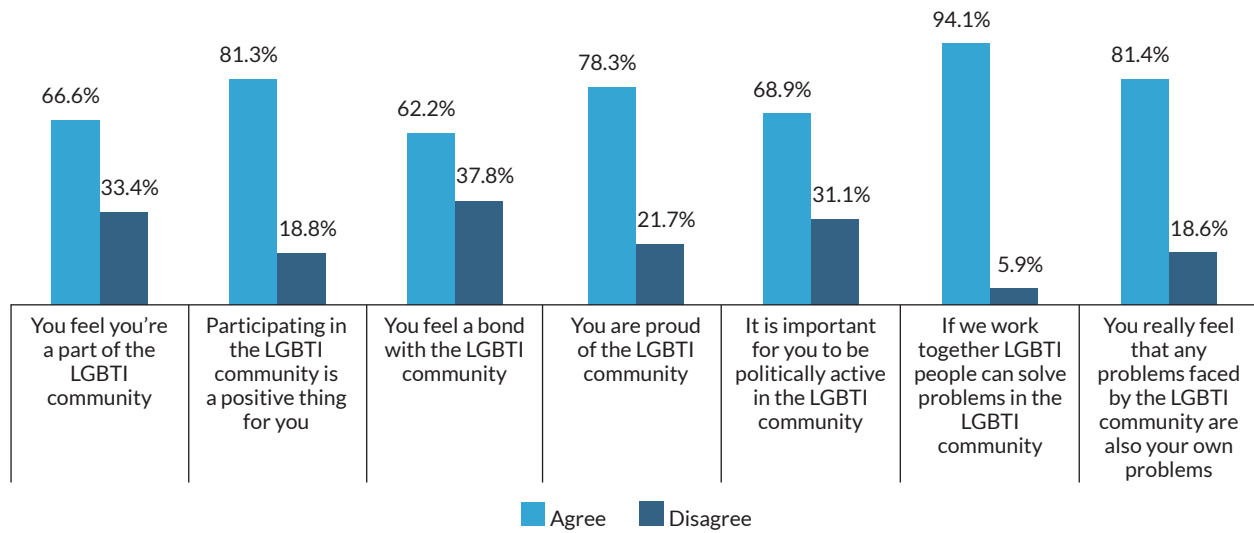
Figure 47. Views of Jacksonville and Northeast Florida



Respondents were also asked whether they agreed, disagreed, or were unsure⁵¹ if Jacksonville and Northeast Florida were areas that embraced diversity, if they would recommend these areas to other LGBTI people considering moving to the area, and whether the laws in each area adequately protect LGBTI persons and families (Figure 47). A sizable minority (28.6%) of respondents agreed that Jacksonville is a city that embraces diversity, and nearly half (49.7%) disagreed. A smaller proportion of respondents (17.0%) agreed that Northeast Florida is an area that embraces diversity, and a larger proportion (57.7%) disagreed. Roughly half of the sample (48.8% and 53.6%) disagreed that the laws in Jacksonville and Northeast Florida, respectively, adequately protect LGBTI persons and families.

“People don’t really feel welcome here, and if Jacksonville is going to realize its full potential then we need to do better about that.”
 – General Community Feedback Session attendee

Figure 48. Relationship with the Local LGBTI Community



As shown in Figure 48, majorities of respondents felt connected to and endorsed positive views of the local LGBTI community. Yet, more than a third (33.4%) of respondents indicated that they did not feel they were a part of the LGBTI community and (37.8%) did not feel a bond with the LGBTI community.⁵²



(Courtesy of ElderSource)

As shown in the appendix, the majority of African American respondents reported a strong relationship and positive views of the LGBTI community; however, African American respondents were less likely than white respondents to report that they felt a part of the community, that they felt a bond with the community, that participating in the community was a positive thing for them, that they were proud of the community, that being politically active in the community was important for them, and that they felt that the community's problems were their own.

Gender minority respondents were more likely than cisgender respondents to feel they were a part of the community and that being politically active in the community was important to them.

Many (79.3%) respondents reported connecting with the broader LGBTI community by visiting LGBTI websites watching LGBTI films (64.8%), and reading LGBTI blogs (54.6%). Locally, many also reported visiting LGBTI-friendly neighborhoods (61.1%), attending Pride events (52.0%), and visiting local LGBTI bars and nightclubs (52.0%).



RECOMMENDATIONS

- Foster a social environment that embraces LGBTI residents of Northeast Florida and creates a welcoming environment across service systems. Increase the presence of liaisons to the LGBTI community within city government, the police department, health department and other city agencies to facilitate service-seeking, appropriate outreach and intervention, and service utilization by LGBTI residents.
- Reduce discrimination experienced along many axes of inequality (sexual orientation, race, sex, and gender expression) and increase access to legal services for those who experience discrimination.
- Reduce food insecurity by ensuring that food security programs, poverty reduction programs, and jobs that pay livable wages are accessible to LGBTI adults, particularly gender minorities.
- Ensure that health promotion efforts, including prevention and intervention activities, incorporate LGBTI people starting in adolescence. This includes smoking prevention and cessation, as well as intimate partner violence prevention and support services.
- Ensure access to LGBTI-competent health care, particularly behavioral health services, to address depression and substance misuse. This includes access to in-patient services that provide room assignments by gender identity rather than assigned sex at birth.
- Increase outreach by LGBTI-affirming/accepting places of worship to the larger LGBTI community of Northeast Florida given the importance of religion to many in the community and relatively low levels of religious attendance.
- Ensure that LGBTI people have access to competent reproductive technology services to create families (and to bank gametes before initiating hormone therapy) and work to reduce barriers to cost.
- Build upon high levels of pride and connectedness in the larger LGBTI community to increase trust and cohesion, specifically, by addressing racism and other issues of importance to LGBTI African American residents.



ENDNOTES

- 1 U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table S0101 AGE AND SEX; generated by Taylor Brown; using American FactFinder; <<http://factfinder2.census.gov>>; (7 March 2018).
- 2 Newport, F. & Gates, G. J. (2015, March 20). San Francisco Metro Area Ranks Highest in LGBT Percentage. GALLUP. Last visited March 7, 2018. Available at <http://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx>
- 3 By multiplying the population of adult residents of the Jacksonville MSA (1,142,658) by the proportion who identify as LGBT in the 2012-2014 Gallup Daily Tracking Survey (4.3%), it is estimated that 49,134 adults in the area identify as LGBT. For the total adult population multiply the percent of the total population that is 18 years old or older (77.3%) by the total population (1,142,658). U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table S0101 AGE AND SEX; generated by Taylor Brown; using American FactFinder; <<http://factfinder2.census.gov>>; (5 March 2018).
- 4 LGBT Data and Demographics: (Baker, Clay, Duval, Nassau, or St. Johns County), The Williams Institute, <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=SS&area=12089#demographic> (last visited March 5, 2018). This figure includes 26 same-sex couples in Baker County, 242 same-sex couples in Clay County, 2,041 same-sex couples in Duval County, 135 same-sex couples in Nassau County, and 325 same-sex couples in St. Johns County.
- 5 Mallory, C., Brown, T. N. T., Walch, S. E., & Sears, B. (2017). *The Impact of Stigma and Discrimination against LGBT People in Florida*. Los Angeles: The Williams Institute at the UCLA School of Law.
- 6 ATLANTIC BEACH, FL., CODE, ch. 9, art. 1 (2014). The city of Atlantic Beach prohibited discrimination on the basis of sexual orientation and gender identity or expression in public and private employment, housing, and loans.
- 7 ST. AUGUSTINE BEACH, F.L., ch. 3, art. 1-2 (2013). The city of St. Augustine Beach prohibited discrimination on the basis of sexual orientation and gender identity or expression in public and private employment and housing.
- 8 NEPTUNE BEACH, F.L., RES. NO. 2015-05 (2014). The city of Neptune Beach prohibited discrimination in employment on the basis of sexual orientation and gender identity or expression only in the public sector.
- 9 JACKSONVILLE, FL., CODE, title 11, ch. 402, 406, & 408 (2014). The city of Jacksonville prohibited discrimination on the basis of sexual orientation and gender identity in public and private employment, housing, and public accommodations.

- 10 Prior data on LGBT residents has been drawn from a few representative sources of data but have largely relied on convenience samples. The Duval County School District has included measures of sexual orientation and sexual behavior on the Youth Risk Behavior Surveillance System Survey of high school age youth, and this has generated representative data about LGB youth in Northeast Florida. In addition, JASMYN (Jacksonville Area Sexual Minority Youth Network), the leading provider of support services for LGBTQ youth in Jacksonville, conducted surveys of local LGBTQ youth from 2007 to 2009 and in 2011 commissioned a study of the experiences and needs of LGBTQ students. The Behavioral Risk Factor Surveillance System (BRFSS), an anonymous survey of adults that is administered by states and overseen by the federal Centers for Disease Control and Prevention (CDC), is an important source of representative population demographic, socioeconomic, and health data. In 2012 and 2013 the state of Florida added a measure of sexual orientation to the BRFSS; however, the number of LGB adults from Duval County in the 2012-2013 sample was too small to conduct any reliable analysis. However, in 2017 the state chose to include the CDC's recommended sexual orientation and gender identity measures, so analyses of BRFSS data may be possible in the future. The Jacksonville Community Council Inc. (JCCI) conducted focus groups and surveys of LGBT residents in 2008. Researchers at the University of North Florida (UNF) also conducted a 2012 survey of LGBT older adults and a 2016 survey of LGBTQ residents.
- 11 Among all individuals ages 5 years old and older in the Jacksonville MSA, 5.9% reported speaking Spanish at home. This is the most commonly spoken non-English language in the area. Less than half of these Spanish-speakers, 2.4% of the total 5 years old and older population, report speaking English less than "very well." For estimates of the population by language spoke at home: U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table DP02 SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES; generated by Taylor Brown; using American FactFinder; <<http://factfinder2.census.gov>>; (9 March 2018)
- 12 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 13 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 14 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 15 Data were derived from unpublished analyses of respondents from the 2014 Behavioral Risk Factor Surveillance System conducted by the research team.
- 16 This includes 621 respondents who completed the full survey and 67 respondents who completed more than half of the survey.
- 17 A response option on the current age question allowed individuals to indicate an age under 18 years old, though respondents had previously been told that those under 18 years old were ineligible to participate, and this allowed the research team to identify and remove minors from the analytic sample.
- 18 A response option on the county of residence question allowed individuals to indicate that they lived somewhere else, though respondents had previously been told that those living outside the five counties were ineligible to participate, to allow the research team to identify and remove non-residents from the analytic sample.
- 19 Feedback session attendees were notified that they would not be personally identified in any quotes from discussions at the events. Individuals depicted in photos from the feedback sessions gave approval for use of their images.

-
- 20 U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table B01001 SEX BY AGE; generated by Taylor Brown; using American FactFinder; <<http://factfinder2.census.gov>>; (23 March 2018).
- 21 The survey included a question about Hispanic, Latino/a, or Spanish origin and a multiple choice question about race that allowed respondents to choose more than one race. These two variables were used to classify respondents on both race and Hispanic/Latino/a ethnicity. Respondents who chose multiple race options were identified as more than one race. Respondents who identified as another race and provided a written answer to this question which fit with pre-existing categories were re-categorized (e.g. a written response of "Caucasian" was re-categorized as White).
- 22 Data are derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 23 Because of the small sample size of intersex individuals, it is not possible to conduct additional analyses on this subsample.
- 24 The proportion of individuals categorized as gender minorities, either by self-identification as transgender or genderqueer/gender non-conforming or from having a gender identity different from their sex assigned at birth, is slightly greater than the proportion indicated in Figure 4 because of missing responses to the gender identity and sex assigned at birth questions.
- 25 Gates, G. J. (2014). *LGBT Demographics: Comparisons among population-based surveys*. Los Angeles: The Williams Institute. Available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>
- 26 Data derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 27 Given the high average level of education of respondents in the sample, health and economic outcomes were examined separately for those ages 25 and older who reported less than bachelor's degree (n=211) versus a bachelor's degree plus (n=355). As expected, based upon general population patterns of economic status and health, those with less than a bachelor's degree were more likely to have fewer economic resources and poorer health. Tables reflecting all outcomes stratified by educational attainment are available upon request from The Williams Institute. Statistically significant findings are reported here.
- Among those ages 25 and older, respondents with less than a bachelor's degree were more likely to be poor or near poor (28.6% in total) as compared to those with more education (9.7% in total.) Not surprisingly, food insecurity in the last 12 months was higher among those with less education (27.0% versus 13.2%). Lack of health insurance was more common among those with less than a bachelor's degree than those with more education (17.1% versus 7.4%, respectively). Poor or fair self-reported health was reported by a larger proportion (20.4% versus 8.8%) of those with less education than more. Nearly a third (29.5%) of those with less than a bachelor's degree met criteria for moderate to severe depression on the PHQ-9 as compared to 17.5% of those with more education. Respondents with less education reported that, on average, poor physical or mental health kept them from doing their usual activities on 6.7 days in the past month as compared to 4.6 days among those with more education. Current smoking was more common among those with less than a bachelor's degree than more (22.8% versus 12.7%, respectively) as was marijuana use in the past 30 days (27.5% versus 19.8%, respectively).
- 28 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.

- 29 U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table B19001 HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2016 INFLATION-ADJUSTED DOLLARS); generated by Taylor Brown; using American FactFinder; <<http://factfinder2.census.gov>>; (26 March 2018).
- 30 Annual household income was recoded to the midpoint for each income range or, for those who selected the highest income category (\$150,000 or more), to the 95 percentile of 2016 annual family income (\$251,183). US Census Bureau. Table F-1. Income Limits for Each Fifth and Top 5 Percent of Families (All Races): 1947 to 2016. U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. Last viewed 2018 March 26. Available at <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-inequality.html>
- 31 Recoded income was divided by the corresponding household size-specific poverty threshold to obtain the percentage of the federal poverty level (FPL). The ages of individuals supported by respondents' household income were not collected in the survey. Therefore, calculations are based upon the weighted, average thresholds for each reported household size.
- The survey allowed respondents to indicate, at the most, that 7 or more people were supported by their household income. Poverty thresholds reported by the U.S. Census Bureau allow for a family unit size of 9 people or more, at the most. Because of this, the threshold for seven person households is applied to a small number of respondents in the survey sample who may have more than 7 individuals supported by their household income (two respondents in the survey). The result of using this threshold is that the estimates for poverty to income ratios may be slightly more conservative than they would be using the standards described by the U.S. Census Bureau.
- US Census Bureau. Poverty Thresholds for 2016 by Size of Family and Number of Related Children Under 18 Years. Last viewed 2018 March 26. Available at <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- 32 Anderson, S. A. (1990). Core Indicators of Nutritional State for Difficult-to-Sample Populations. *The Journal of Nutrition*, 120(11): 1555-1600.
- 33 Pew Research Center. (2015). Religious Landscape Study: Adults in Florida. Retrieved April 03, 2018, from <http://www.pewforum.org/religious-landscape-study/state/florida/>
- 34 Pew Research Center. (2015). Religious Landscape Study: Adults in Florida. Retrieved April 03, 2018, from <http://www.pewforum.org/religious-landscape-study/state/florida/>
- 35 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 36 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 37 Data are derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 38 Data are derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 39 Kroenke, K., Spitzer, R. L., & Williams J. B. W. (2001). The PHQ-9: Validity of a Brief Depression Severity Measure. *Journal of General Internal Medicine*, 16(9): 606-613.
- 40 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.

-
- 41 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 42 Because of the existence of very limited information on the testing of questions about binge drinking for gender minority populations, outcomes were compared by sex assigned at birth instead of current gender identity.
- 43 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 44 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 45 Data were derived from unpublished analyses of respondents from the Jacksonville MSA in the 2016 SMART BRFSS conducted by the research team.
- 46 National Council on Aging. (2014). The United States of Aging Survey: Full Research Findings. Retrieved April 4, 2018, from National Council on Aging website: <https://www.ncoa.org/resources/usa14-full-results-report-pdf/>
- 47 National Council on Aging. (2014). The United States of Aging Survey: Full Research Findings. Retrieved April 4, 2018, from National Council on Aging website: <https://www.ncoa.org/resources/usa14-full-results-report-pdf/>
- 48 Justice in Aging, The National LGBT Task Force, SAGE (Services and Advocacy for LGBT Elders), Lambda Legal, The National Center for Lesbian Rights, & The National Center for Transgender Equality. (2015). *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*. Washington, DC: Justice in Aging.
- 49 The survey included two sets of questions focused on assessing outness and acceptance among respondents. Individuals who identified as lesbian, gay, bisexual, or queer were asked to indicate whether all, most, some, or none of their immediate family, extended family, LGBTI friends, non-LGBTI friends, current bosses or supervisors, current coworkers, current health care providers, and members of their faith community know that they are LGBTQ. They were given the option of selecting, "I currently have no people like this in my life," as well. Responses here are reported for those who had individuals like these in their lives. Outness among current bosses or supervisors and among current coworkers is not reported for respondents who were out of work, a homemaker, or unable to work, and outness among current health care providers is not reported for respondents who indicated they did not have a personal doctor.
- 50 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality
- 51 These response options were collapsed across 5 possible response options, including strongly agree, agree, unsure, disagree, and strongly disagree.
- 52 Response options to these questions were collapsed across 4 possible response options, including strongly agree, agree, disagree, and strongly disagree.