

TransOhio -- Allies -- Statewide Needs Assessment

1. TransOhio -- Allies -- Statewide Needs Assessment

Thank you very much for taking the time to be a part of this very important needs assessment survey for Allies of the Ohio transgender community.

All PDF versions of the assessment can be mailed to:

TransOhio
Attn: Needs Assessment
1160 N. High Street
Columbus, OH 43201

Please complete this needs assessment to help TransOhio take a snapshot of the needs & climate of Ohio allies of Trans-identified individuals in our state.

TransOhio serves the Ohio transgender and ally communities by providing services, education, support and advocacy which promotes and improves the health, safety and life experience of partners in the Ohio transgender (individual and overall) community.

For the purpose of this survey, LGBTQIA is defined as: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Ally. In this survey, we've abbreviated "Transgender" to "Trans".

Participation in this survey is completely voluntary. Some questions are personal in nature, if you feel uncomfortable answering a question you may skip it.

Please be as honest as possible. All answers are anonymous.

Results of this survey will be used to help TransOhio collect information about the diversity of Ohio Transgender community, and guide future policy, programmatic, educational, outreach and support decisions.

If you have any questions regarding this needs assessment, please call TransOhio at 614-441-8167 or email TransOhio at transohio@transohio.org.

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2. Demographics

The initial part of the survey will ask for demographic information. We understand that all categories are limiting, but these categories will ultimately help us understand the needs of different segments of our community.

1. Do you currently reside in Ohio?

Yes

No

2. What is the current city / postal code / state you reside in?

City/Town:

State:

ZIP:

Country:

3. Do you have a Religious affiliation that you identify with? If so, what is that affiliation?

4. What is your race/ethnicity? (Mark all that apply.)

White

Asian or Pacific Islander

Black or African American

Arab or Middle Eastern

American Indian or Alaska Native

Multiracial or mixed race

Hispanic or Latino

Other (please specify)

5. What is your age?

under 18

31-40

18-21

41-50

22-25

51-60

26-30

61 or over

6. What is the primary language that you speak?

- English
- Spanish
- French
- Somali
- Other (please specify)

7. What is your current relationship status?

- Married
- Single
- Dating/Co-habitation
- Divorced
- Separated
- Other (please specify)

8. What is the highest degree or level of school you have completed? Mark ONE box. If you are currently enrolled, please mark the previous grade or highest degree received.

- | | |
|---|--|
| <input type="checkbox"/> Elementary and/or junior high | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Some high school to 12th grade | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate - high school Diploma or the equivalent (GED) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Technical school degree | <input type="checkbox"/> Professional degree |
| <input type="checkbox"/> One or more years of college, no degree | <input type="checkbox"/> Doctorate degree |
| <input type="checkbox"/> Other (please specify) | |

3. Employment

1. What is your current employment status? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time (33-40 hours/week) | <input type="checkbox"/> Not working – on full disability |
| <input type="checkbox"/> Employed part-time (Less than 33 hours/week) | <input type="checkbox"/> Not working – applied for disability |
| <input type="checkbox"/> Working part-time and on disability | <input type="checkbox"/> Not working – looking for work |
| <input type="checkbox"/> On disability – looking for work | <input type="checkbox"/> Not working – volunteer/other |
| <input type="checkbox"/> Student - Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student - Part-time | |
| <input type="checkbox"/> Other (please specify) | |

2. What is your current gross income (before taxes)?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$100,000 to 149,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> More than \$150,000 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> \$60,000 to \$69,999 | |

3. Have you experienced any type of discrimination in the workplace because your an ally to the Trans community?

Yes

No

If yes, please tell us more about that experience

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4. Policy Priorities

1. In your daily life, what policy issues have the greatest impact on you? On a scale of 1 to 7, with 7 being the most important, rate the following Ohio policy issues by clicking on the corresponding numerical circle.

	Not important 1	2	3	4	5	6	Most important 7
Hate crime/bias-motivated violence against transgender/gender non-conforming people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage rights for trans-identified individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying and harassment of trans-identified/gender non-conforming students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public accommodation discrimination (restaurants, stores, government agencies, hotels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting rights including adoption and custody	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance coverage of transgender-related health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health coverage for transgender/gender non-conforming people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV prevention, education, and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination within the prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - name change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - Ohio birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are there policy issues not listed above that impact your life? If so, please explain.

5. Political Process

1. Are you currently registered to Vote?

Yes

No

2. In what ways have you been involved in the political process? Please mark all that apply.

Voted in a local/state election

Member of a political advocacy organization

Voted in a national election

Written a letter to or met with a member of Congress

Given money to a political campaign

Volunteered for an organization

Given money to a non-profit advocacy organization

Attended a rally

Written a newspaper editorial

At this point in time, I have not participated in any of these activities.

Attended lobby day/lobbied an elected official

Other (please specify)

3. Are there specific challenges that have prevented your involvement in the LGBTQIA equality movement?

4. Are there specific challenges that have prevented your involvement in the Trans equality movement?

5. Are there specific challenges that have prevented your involvement with TransOhio specifically?

6. Medical

1. Do you identify as disabled/differently-abled? If yes, please explain.

Yes

No

If Yes, please explain.

2. Are you a veteran of the military?

Yes

No

Other (please specify)

7. TransOhio Events

1. Have you attended a TransOhio support group in the last 12 months?

Yes

No

2. In which city did you attend a support group?

Akron

Columbus

Toledo

None of the above

Other (please specify)

3. Which TransOhio events have you attended?

1st Annual Transgender & Ally Symposium (2008)

TransOhio Town Hall Meeting (with Mara Keisling)

2nd Annual Transgender & Ally Symposium (2009)

Midsummer's Night Panel for Community Leaders

3rd Annual Transgender & Ally Symposium (2010)

Midwinter's Night Panel for Community Leaders

2007 - Columbus Pride

2007 - Community Thanksgiving Dinner

2008 - Columbus Pride

2008 - Community Thanksgiving Dinner

2009 - Columbus Pride

2009 - Community Thanksgiving Dinner

2010 - Columbus Pride

2008 - Christmas Day Gathering

2007 - Unity Picnic

2009 - Christmas Day Gathering

2008 - Unity Picnic

2009 - New Year's Day Gathering

2009 - Unity Picnic

2010 - New Year's Day Gathering

2010 - Unity Picnic

2010 - SPUDFEST

Other (please specify)

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4. What other Trans related support or social groups do you belong to, or attend?

5. Please check the TransOhio resources you've used within the last 12 months.

- Our website (www.transohio.org)
- Our web-based resource listings
- Our monthly newsletter
- Our e-action alerts
- Other (please specify)
- Our twitter messages
- Our facebook page
- Our google group
- Our partners' discussion google group

6. How would you rate our online resources on a scale of 1 to 5 being "needs improvement" and 5 being "excellent"?)

	1	2	3	4	5
Our website (www.transohio.org)	jn	jn	jn	jn	jn
Our web-based resource listings	jn	jn	jn	jn	jn
Our monthly newsletter	jn	jn	jn	jn	jn
Our e-action alerts	jn	jn	jn	jn	jn
Our twitter messages	jn	jn	jn	jn	jn
Our facebook page	jn	jn	jn	jn	jn
Our google group	jn	jn	jn	jn	jn
Our partners' discussion google group	jn	jn	jn	jn	jn

7. Any specific suggestions or comments about our online resources?

8. Have you ever communicated with TransOhio via:

- E-mail?
- Snail mail?
- Phone?
- In person?
- Other (please specify)

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9. If so, how would you rate our communication on a scale of 1 being "needs improvement" and 5 being "excellent"?)?

	1	2	3	4	5
E-mail	jn	jn	jn	jn	jn
Snail mail	jn	jn	jn	jn	jn
Phone	jn	jn	jn	jn	jn
In person	jn	jn	jn	jn	jn

10. What sort of workshops would you likely attend?

- How to talk to the media
- Know your legal rights
- Transitioning on the job
- How to change identity documents
- What does it mean to be on the board of a non-profit
- Resume writing and interviewing skills
- Advocating for yourself in a health care setting

11. What kind of all day programming would you likely attend?

- How to be an Ally
- Partner Support Groups
- Partner Social Events
- Partner Outreach & Mentoring
- Transgender Youth Summit
- Other (please specify)
- Transgender People of Color Summit
- Transgender Job Fair
- Transgender Health Fair
- Transgender Leadership and Organizing Skills
- Transgender Self-Defense

12. Any specific suggestions or comments about our communication?

8. Tell Us What You Think

1. We felt that it was important to allow a space for those taking the time to participate in this statewide needs assessment to "free-form" their thoughts, feedback and suggestions. Please feel free to share with us anything you feel that we should know about you, where you live and what you need as a Trans identified/Partner/SO/Spouse/Community Ally.

