

TransOhio -- Trans -- Statewide Needs Assessment

1. Introduction

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

Please complete this needs assessment to help TransOhio take a snapshot of the needs & climate of Ohio for Transgender-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 the Ohio Transgender individual and community.

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

All PDF versions of the assessment can be mailed to:

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

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.

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".

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

TransOhio -- Trans -- Statewide Needs Assessment

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.

For the purpose of this survey, "transgender or gender non-conforming" refers to individuals whose gender identity or expression is different, at least some of the time, from the sex assigned to them at birth.

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
- Black or African American
- American Indian or Alaska Native
- Hispanic or Latino
- Other (please specify)
- Asian or Pacific Islander
- Arab or Middle Eastern
- Multiracial or mixed race

5. What is your age?

- under 18
- 18-21
- 22-25
- 26-30
- 31-40
- 41-50
- 51-60
- 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. Do you have children under the age of 18 years?

- Do you have children under the age of 18 years?
- No children
- Biological
- Step-child/Step-children
- Adoptive
- Foster
- Guardian/Ward
- Other (please specify)

TransOhio -- Trans -- Statewide Needs Assessment

9. Have you ever experienced any form of Domestic Violence? (This would include physical, emotional or verbal abuse.)

No

Yes. (Please explain)

10. 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.

Elementary and/or junior high

Associate degree

Some high school to 12th grade

Bachelor's degree

High school graduate - high school Diploma or the equivalent (GED)

Master's degree

Technical school degree

Professional degree

One or more years of college, no degree

Doctorate degree

Other (please specify)

3. Birth Certificate & Legal Identification

1. Please tell us where you were born.

City/Town:

State:

ZIP/Postal Code:

Country:

2. On your original birth certificate, what was your assigned sex?

- Male
- Female
- Not applicable

3. Have you changed the gender marker on your birth certificate?

- Yes
- No
- Not interested
- State law doesn't allow for me to change my gender marker.
- Not applicable

4. Have you updated your driver's license with your corrected gender marker?

- Yes
- No
- Not interested
- Not applicable

5. Have you updated your United States Passport with your corrected gender marker?

- Yes
- No
- Not interested
- I don't have a passport
- Not applicable

4. Gender Identity & Sexual Orientation

1. What term/s do you currently use to describe your identity. Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Masculine female or butch |
| <input type="checkbox"/> Transsexual | <input type="checkbox"/> Androgynous | <input type="checkbox"/> Third gender |
| <input type="checkbox"/> FTM (female to male) | <input type="checkbox"/> Stealth | <input type="checkbox"/> Cross dresser |
| <input type="checkbox"/> MTF (male to female) | <input type="checkbox"/> Feminine male | <input type="checkbox"/> Drag performer (King/Queen) |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Male | <input type="checkbox"/> Two-spirt |
| <input type="checkbox"/> Gender non-conforming or gender variant | <input type="checkbox"/> Female | |

Other (please specify)

2. How do you identify your sexual orientation? Please select all that apply.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Queer | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Bisexual | |

Other (please specify)

3. People can tell I'm transgender/gender non-conforming even if I don't tell them.

- Always
- Most of the time
- Sometimes
- Occasionally
- Never
- Not applicable

Other (please specify)

4. Do you or do you want to live full-time as a gender that is different from your assigned gender at birth?

- Yes, I currently live full-time in a gender that is different from my birth gender.
- I am not full-time yet, but someday I want to.
- No, I do not want to live full-time.
- Not applicable
- Other (please specify)

5. 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 exchanged any form of sex for money in the last 6 months? (In order to pay bills, shelter, expenses, etc.)

- Yes
- No
- Not sure (please explain)

TransOhio -- Trans -- Statewide Needs Assessment

4. Have you experienced any type of discrimination in the workplace due to your gender identity and expression?

Yes

No

If yes, please tell us more about that experience

	5
	6

TransOhio -- Trans -- Statewide Needs Assessment

6. 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.

7. 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?

8. Medical

1. Are you currently taking hormones that are prescribed and monitored by a professional health care provider?

Yes

No

Not applicable

Other (please specify)

2. If NO, are you receiving hormones from other sources?

Yes

No

Not applicable

Other (please specify)

3. If you are Female-to-Male (FTM) identified, please tell us what surgical procedures you've undergone.

Chest reconstruction

Hysterectomy

Salpingo-oophorectomy

Vaginectomy

Metoidioplasty

Phalloplasty (penile construction)

Other (please specify)

Urethroplasty

Scrotoplasty

Procedures to masculinize facial and body contours

Not interested in undergoing any type of surgical procedure

None of the above

Not applicable

TransOhio -- Trans -- Statewide Needs Assessment

4. If you are Male-to-Female (MTF), please tell us what surgical procedures you've undergone.

- Orchiectomy
 - Penectomy
 - Vaginoplasty
 - Breast augmentation
 - Facial feminization
 - Tracheal shave
 - Other (please specify)
-
- Procedures to feminize body contours
 - Surgery to elevate voice pitch
 - Not interested in undergoing any type of surgical procedure
 - None of the above
 - Not applicable

5. Regardless of your gender identity, do you intend to undergo any of the above mentioned surgical procedures (mentioned in question #3 or #4) in the future?

Yes

No

Other (please specify)

6. Do you have health insurance?

- Insurance through work
- COBRA (insurance through my last employer)
- Private insurance/HMO, not through work
- Medicare
- Medicaid
- Veteran's Affairs (VA)
- County-funded program
- Private pay/out-of-pocket/fee-for-service
- Other (please specify)

TransOhio -- Trans -- Statewide Needs Assessment

7. If you answered YES, what services are covered/not covered by health insurance (i.e. GRS surgery, hormones, etc.)

8. If NO, do you currently receive any assistance to cover your health care costs?

Yes

No

Other (please specify)

9. Do you have a health care provider that you can see when you need medical care?

Yes

No

Other (please specify)

10. What do you consider to be your most important health care need? Describe any barriers that you have experienced trying to receive this care.

11. When was your last visit with a doctor, nurse, or other health care provider?

Less than 6 months ago

Six to 12 months ago

More than a year ago

Never

Other (please specify)

12. Where did you receive your medical care?

Doctor/Clinic/Practice	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

13. Were you satisfied with the services you received?

Yes

No

If NO, please explain

14. How much do you think each of the following factors could prevent you from seeing a doctor, nurse or other health care provider? (Please check the box beside the statement that most describes your experience.)

- | | |
|---|---|
| <input type="checkbox"/> Location of services/ transportation | <input type="checkbox"/> Length of waiting time to get an appointment or see someone |
| <input type="checkbox"/> Days and hours of operation | <input type="checkbox"/> Not able to communicate or interact with the service provider in my preferred language. |
| <input type="checkbox"/> Having to disclose your gender identity | <input type="checkbox"/> Sensitivity of the person or organization providing services |
| <input type="checkbox"/> Concerns about confidentiality | <input type="checkbox"/> Feeling discriminated against by the service provider or the organization providing services |
| <input type="checkbox"/> Lack of health insurance/what services might cost | <input type="checkbox"/> Not getting along with the people providing services |
| <input type="checkbox"/> Feeling comfortable talking about health and sexuality | <input type="checkbox"/> Experience or expertise of the person providing services |
| <input type="checkbox"/> Fear of being reported to immigration or other authorities | <input type="checkbox"/> Lack of professional support to help navigate the health care systems |

TransOhio -- Trans -- Statewide Needs Assessment

15. Have you experienced any type of discrimination when seeking out medical services due to your gender identity and expression?

Yes

No

If yes, please tell us more about that experience

16. Have you had any personal experiences with these or other barriers that you would like to share?

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

Yes

No

If Yes, please explain.

18. Are you a veteran of the military?

Yes

No

Other (please specify)

9. AIDS/HIV

1. Do you practice safe sex?

- Yes, always
- Sometimes
- No

2. Have you been tested for HIV/AIDS in the last 6 months?

- Yes
- No

3. What is your HIV status?

- Negative (HIV-)
- Positive (HIV+)
- Not sure
- Prefer not to disclose

4. For each item below, please say if you believe there is a high, medium, low or no likelihood of occurring.

	Highly	Likely	Moderately	Likely	Less Likely	Not Likely
Using condoms will effectively reduce the likelihood of infecting someone with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A receptive partner in unprotected anal or vaginal sex can infect someone else with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An insertive partner in unprotected anal or vaginal sex can infect someone else with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One HIV+ person can re-infect another HIV+ person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person's viral load can affect the transmission of HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person can be infected with HIV by having oral sex of any kind with someone else who has the virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person can be at risk for HIV when combining recreational drugs with sex (i.e., party 'n play, tweak 'n freak).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TransOhio -- Trans -- Statewide Needs Assessment

5. Please mark whether or not each of the following statements is true for you.

	Yes	No
Are you or anyone you know infected or affected by HIV/AIDS?	<input type="radio"/>	<input type="radio"/>
Do you know where you can get tested for HIV in the county you reside in?	<input type="radio"/>	<input type="radio"/>
Do you know where you can get health care services specializing in HIV in the county you reside in?	<input type="radio"/>	<input type="radio"/>
Do you know where you can get health care in your county that is accepting of your sexual orientation and/or gender identity?	<input type="radio"/>	<input type="radio"/>
Do you know where you can get health care without having medical insurance?	<input type="radio"/>	<input type="radio"/>
Would you feel comfortable disclosing your sexual orientation or gender identity to your health care provider?	<input type="radio"/>	<input type="radio"/>
Have you been sexually active in the last six months?	<input type="radio"/>	<input type="radio"/>

6. Do you have any other comments or stories about your access to health care services?

	5
	6

10. 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)

2nd Annual Transgender & Ally Symposium (2009)

3rd Annual Transgender & Ally Symposium (2010)

2007 - Columbus Pride

2008 - Columbus Pride

2009 - Columbus Pride

2010 - Columbus Pride

2007 - Unity Picnic

2008 - Unity Picnic

2009 - Unity Picnic

2010 - Unity Picnic

Other (please specify)

TransOhio Town Hall Meeting (with Mara Keisling)

Midsummer's Night Panel for Community Leaders

Midwinter's Night Panel for Community Leaders

2007 - Community Thanksgiving Dinner

2008 - Community Thanksgiving Dinner

2009 - Community Thanksgiving Dinner

2008 - Christmas Day Gathering

2009 - Christmas Day Gathering

2009 - New Year's Day Gathering

2010 - New Year's Day Gathering

2010 - SPUDFEST

4. What other transgender 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)

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?

- Transgender Youth Summit
- Transgender People of Color Summit
- Transgender Job Fair
- Other (please specify)
- Transgender Health Fair
- Transgender Leadership and Organizing Skills
- Transgender Self-Defense

12. Any specific suggestions or comments about our communication?

11. 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.

