LGBTQI-Women and Trans-Men Community
Wake County

An Action Oriented Community Assessment:
Findings and Next Steps of Action

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LIST OF ACRONYMS

AOCA	Action Oriented Community Assessment
FPC	Forum Planning Committee
LBQ	Lesbian, bisexual, and queer
LGB	Lesbian, gay, bisexual
LGBTQI	Lesbian, gay, bisexual, queer, questioning transgender,intersex
LRC	Lesbian Resource Center
MCC	Metropolitan Community Church
SWOOP	Strong Women Organizing Outrageous Projects
TCW	Triangle Community Works
UNC	University of North Carolina at Chapel Hill

EXECUTIVE SUMMARY

During the period between September 2006 and April 2007, a team of five first-year graduate students at the University of North Carolina at Chapel Hill, School of Public Health, conducted an Action Oriented Community Assessment (AOCA) with lesbian, bisexual, transgender, queer, questioning, and intersex women and transgender men of Wake County. An AOCA involves understanding the collective dynamics and functions of relationships within a community, and the broader community structures that promote health status improvement and well-being. More specifically, an AOCA attempts to identify and explore the strengths, needs, and assets of a community by understanding and integrating secondary data, and internal and external perspectives regarding the community.

In this AOCA of Wake County LGBTQI-women and trans-men, Beth Bruch of the Lesbian Resource Center (LRC) and Jan Muller of Triangle Community Works (TCW) served as co-preceptors for the student team. In this role, preceptors act as liaisons and facilitate the student team's process of developing rapport with and gaining entrée into the community. Preceptors are also responsible for providing the team with advice regarding culturally sensitive and appropriate methodology and interaction with the community.

Information gathered throughout the AOCA process was presented to the community at a forum held on April 21, 2007 in Raleigh, N.C. Several strengths and assets that characterized the community were presented, including 1) the ability to mobilize and offer support in times of need, 2) extensiveness and rich diversity within the community, 3) the support of several affirming spiritual/religious communities, and 4) several opportunities for action, networking, and socializing. The community forum also provided a space in which prioritized community themes (or needs) were discussed in small groups with the goal of developing action steps for

positive change. All participants at the community forum were initially provided the opportunity to discuss the following broad topics: 1) community needs, 2) health care, 3) racial and ethnic division, 4) ageing and ageism, and 5) divisions between LGBTQI-individuals. However, due to limited attendance at the community forum, the student team and forum attendees decided to focus the small group discussions on the three themes concerning community needs, racial divisions, and LGBTQI divisions. All prioritized themes and their corresponding action steps are summarized below:

There is a need within the community for a safe and affirming gathering space that could lead to more interactions between diverse sub-communities.
- Establish an "umbrella" group with representatives from various organizations and any other individuals interested in working to establish a safe and affirming gathering space
- Create a planning committee
- Make a resource listing of organizations along with contact individuals
- Disseminate the information discussed and gathered in group and at greater forum

Six individuals from the group committed to taking responsibility for these action steps. A listserv will be established and all individuals in attendance will be given the contact information (i.e. email address) for all other individuals in attendance.

Racial divisions and racial segregation exist within the community of LGBTQI-women and trans-men.
- Talk to executive board members at various LGBTQI-friendly organizations regarding the need to pro-actively encourage racially diverse leadership and ensure culturally affirming space for people of color.
- Individually take responsibility to speak out against racism when it is heard or seen.
- Individually take ownership of racial identity and knowledge regarding other racial and ethnic communities.
- Form alliances and coalitions with women/people of color-led organizations and those that do anti-racism work.
- Engage members of existing groups regarding methods for making social spaces more inclusive and welcoming for people of color.
- Have small group dinner discussions with friends and inner social circle regarding white privilege and racism.

Segregation and divisions exist in the broader LGBTQI community between gay men, lesbian and bisexual women, and trans-identified individuals.
- Make a commitment to talk to all community forum participants and share information regarding services, etc.
- Explore ways to reach out to all members of the broader LGBTQI community through new technological advances (including the internet, facebook/myspace, listservs, and online

games).
- Connect individual groups present at the forum and begin developing opportunities and forums for collaboration.
- Network with others by attending various social activities within the broader LGBTQI community.

There is a need for physical and mental health care providers that are sensitive to the issues faced by LGBTQI-women and trans-men. Information regarding these providers and their services should also be easily accessible to the community. *(Please note: An insufficient number of community forum participants selected to participate in the small group discussion on healthcare, thus action steps for this theme were not developed.)*

Aging and elderly individuals in the community face the challenges of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in health care facilities.
(Please note: Community forum participants did not choose to participate in the small group discussion on ageing and ageism, thus action steps for this theme were not developed.)

INTRODUCTION

This document is the culmination of a nine-month AOCA of LGBTQI-women and trans-men of Wake County. Throughout this process, the graduate student team from the Department of Health Behavior and Health Education at the University of North Carolina at Chapel Hill collaborated with community members and service providers to gain a sense of what it is like to be a part of the broader LGBTQI community. The AOCA process involves integrating insider (internal) and outsider (external) perspectives, as well as secondary data to identify and describe the primary needs and strengths within a community. An AOCA also involves understanding 1) the collective dynamics and functions of relationships within a community, 2) interactions between community members, and 3) the structures that promote the conditions and skills necessary for enabling community members to take action for social change and health status improvement within the community. Jan Muller of Triangle Community Works (TCW) and Beth Bruch of the Lesbian Resource Center (LRC) were responsible for facilitating the process of gaining entree into the community. As preceptors, these service providers and members of the Triangle's LGBTQI community also provided insight into culturally sensitive and appropriate methodology for effectively and comprehensively conducting the assessment.

This document is intended to highlight important results and outcomes from the AOCA process. The first section of the document, entitled *Community Background*, provides a brief description of Wake County, general demographic information in the county, and other secondary data (including health statistics, information regarding employment, etc.) including a brief summary of the Wake County assessment conducted in 2002 by Wake County Human Services. The next section of the document specifically describes the LGBTQI community within Wake County and the political climate and equal rights struggles facing LGBTQI people

in North Carolina and Wake County. Information for this section was gathered through internet searches, LGBTQI news sources (such as Q Notes), Triangle LGBTQI websites, LGBTQI advocacy organizations and briefings, and other community-specific documents. The sections immediately following this highlight LGBTQI service providers in Wake County, as well as community events, and social outlets. The student team gathered this information from the 2006 document of the AOCA conducted with lesbian and bisexual women in Durham, N.C., as well as LGBTQI websites, mailings, and listservs.

The section entitled *Defining Community* describes the rationale and methodology used to define the "community" for this AOCA. The *Results* section of the document presents the primary findings of this AOCA process based on data review and analysis from community member and service provider interviews as well as student team observations. The *Community Forum* section discusses the results from the community forum, as well as the methods used to plan and implement the community forum. The section entitled, *Similarities and Differences Between Perspectives* provides a brief explanation of the congruence and disparity between the three primary perspectives (insider, outsider, and secondary data) used to understand the community. The *Development of Themes* section describes the process used to develop the primary themes (or needs) and the processes used to prioritize the five themes selected for community action. The *Methods and Limitations* section describes the specific methodology used throughout the AOCA process, and the limitations and challenges encountered throughout the nine-month student team experience. The final section of the document, *Conclusions, Recommendations and Next Steps,* provides the student team's final reflections on strengths and needs within the community and recommendations and suggestions for facilitating positive change, action, cohesion, and improved health within the community.

COMMUNITY BACKGROUND

About Wake County

"Wake County is consistently ranked as one of the best places in the United States in which to live, work and raise a family," states the 2002 Wake County Assessment[1]. Wake County is home to Raleigh, the state capital and, and also boasts North Carolina State University, the Research Triangle Park, the North Carolina State Fair, and the 2006 Stanley Cup Champion (National Hockey League) Carolina Hurricanes, among many other attractions.

Wake County is the 2nd most populous county in North Carolina, with 748,815 residents, according to 2005 estimates. There are 12 municipalities in the county, including Apex, Cary, Fuquay-Varina, Garner, Holly Springs, Knightdale, Morrisville, Raleigh, Rolesville, Wake Forest, Wendell, and Zebulon[2]. According to its website[3], Wake County has great appeal to new residents and/or visitors: "With our welcoming climate, major universities, nationally recognized public schools, exciting sports teams, a variety of museums and parks, great shops and restaurants, and emphasis on history -- Wake County has become home to many people who relocate here each year and is one of the fastest growing areas in the state." Between 1990 and 2002, Wake County's population increased 60.3%, and has been increasing by more than double the rate of North Carolina as a whole since the 1960s[4].

Demographics: Wake County
- July 1, 2005 population: 748,815
- 2000-2005 growth: 18.3%
- 2nd largest county in NC, population increased 60.3% from 1990 to 2002
- Population density: 908 people/sq mile
- Median age: 34.1 years
- Average household size: 2.53 people/household
- Adult population with high school or higher degree: 91.4%
- Adult population with B.A. or higher: 48.2%

- Per capita income: $30,466
- Median household income: $57,284
- Population living below poverty line: 75,430 (10.3%)
- Unemployment rate: 4.0%
- Estimated Wake County population 2020: 1,235,718

Racial/ethnic Diversity in the population:

- White: 72.4%
- Black/African American: 19.7%
- American Indian: 0.3%
- Asian: 3.4%
- Hispanic/Latino: 5.4%
- Asian population increased 160% between 1990 and 2000
- Hispanic/Latino population increased 530% between 1990 and 2000

Wake County Assessment

In 2002, Wake County Human Services conducted a Community Assessment using focus groups, surveys and community meetings. During this assessment, priorities were established in the areas of physical health, economic health, special populations, and environmental health[5]. Within physical health, children being overweight and adult obesity were identified as priorities. In Wake County, almost 15% of children aged 5-11 years and almost 20% of children aged 12-18 years are overweight. Additionally, 34.8% of the adult population of Wake County is overweight, with 19.2% of adults being obese.

In the category of economic health, the ability to attain basic needs and housing were identified as priorities. An estimated 75-80% of homeless individuals in Wake County are employed but cannot afford or qualify for housing. The individual poverty rate increased 39.2% from 1990 to 2002, with the poverty rate of families with children increasing by 44.3% during the same timeframe. Additionally, Wake County's housing costs are among the nation's highest, with apartment rent rates rising 57% and home prices increasing by 52% from 1990 to 1998,

while the average income rose only 34%. This has lead to an estimated housing affordability gap of 12,311 and renter gap of 33,079 in 2005.

With regards to special populations, substance abuse and mental health were identified as important issues for Wake County residents. Approximately 10% of Wake County individuals are substance abusers, while 75% of children in the Wake County foster care system have alcoholic and/or drug dependent parents. Additionally, more than 95,000 Wake County residents are in need of mental health services each year, with 50,000 having a severe mental illness. There are nearly 50 private psychiatrists and more than 100 therapists in private practice in Wake County in addition to public services. State psychiatric hospitals are decreasing bed capacity, however, and are shifting care responsibility to local communities, increasing the services gap.

Among environmental health issues, air quality and land use were specified in the county assessment. Wake County has the "distinction" of having some of the worst air quality in the nation, being ranked 13th among America's most ozone-polluted cities by the American Lung Association. Also, since 1964 Wake County has lost approximately half of its forestland acres, with approximately 33% lost to development between 1990 and 2001.

Demographics: LGBTQI Community in Wake County

The Urban Institute, an economic and social policy research organization, analyzes U.S. Census data for same-sex partnership households. According to ePodunk, an online resource that reports this data, Raleigh has a Lesbian index of 92, compared to the national norm of 100, meaning that Raleigh had an 8% lower reporting of same-sex female households in the 2000 Census[6]. When comparing the concentration of African American same-sex couples among all households (same-sex and opposite-sex), North Carolina was ranked 7th, and for concentration of African American same-sex couples among all same sex couples within the state, North Carolina

was again ranked 7th nationally. North Carolina was ranked 3rd for the number of Hispanic same-sex couples among all Hispanic households, with Raleigh-Durham-Chapel Hill ranking 8th for Hispanic same-sex households among all Hispanic households in metropolitan areas.

Equal Rights and Political Climate

The LGBTQI community is currently active in political issues surrounding equality and civil rights. These issues include domestic partnership, same-sex marriage, employment discrimination, and protection of gender identity and expression.

Domestic partnership benefits are a way for committed, unmarried couples to receive some of the same benefits that are given to legally married couples. Such benefits include unemployment insurance, use of sick leave for a domestic partner or partner's child, domestic partner health insurance coverage, and death benefits and survivor's allowances[7]. Currently, the North Carolina state government does not offer domestic partner benefits to its employees, but municipal and county governments are able to make these benefits available. In 1995, the Carrboro Board of Aldermen and the Chapel Hill Town Council chose to offer domestic partner benefits. Additionally, Orange County, Durham County and the city of Durham decided to offer health insurance to employees' domestic partners, regardless of sexual orientation. Neither Wake County nor any municipalities in Wake County currently offer domestic partner benefits[8].

In 1996, the North Carolina General Assembly passed a No Same-Sex Marriage law, mandating that same-sex marriages performed in other states cannot be legally recognized in North Carolina. In January 2005, a Defense of Marriage Act bill was introduced that would have amended the state constitution to include the No Same-Sex Marriage bill. The bill was not approved by committee, however, and did not go to a vote. However, the federal government passed the Defense of Marriage Act in 1996, which defines marriage for federal purposes as "a

legal union between one man and one woman"[9]. This act has been cited as violating several clauses of the Constitution and is currently being reviewed[10].

There is currently no federal law that prohibits employment or housing discrimination based on sexual orientation or gender identity and expression. As of 2004, 410 companies in the Fortune 500 included sexual orientation in their written non-discrimination policies[11]. However, only 51 companies include gender identity and expression protection in these policies. Additionally, at the end of 2003, the Human Rights Campaign found that 2,253 private employers, colleges, and universities had non-discrimination policies that include sexual orientation, with only 79 of these including gender identity and/or expression.

In North Carolina, there is no statewide law or policy that protects sexual orientation or gender identity and expression. Several counties and cities, however, have added sexual orientation protection to their policies for the public sector, including Carrboro, Chapel Hill, Raleigh, City of Durham, Greensboro, Mecklenburg County and Orange County. Only Carrboro and Chapel Hill have added policies covering gender identity and/or expression[12].

Because gender identity and expression is typically not protected in non-discrimination policies, transgender individuals are more likely to be underemployed or unemployed than the average person, and are often unable to afford basic health services[13]. Further, the cost of treating the mental and physical health issues of transgender individuals is very high, with the estimated cost of male-female sex reassignment surgery being $7,000-$24,000, while a female-to-male transition can exceed $50,000[14]. North Carolina state health care plans consider sex reassignment surgery "cosmetic," and this is therefore not covered by insurance[15].

LBGTQI Service Providers

Various agencies, community organizations, individual practitioners, and religious

institutions fulfill important needs in the community of LGBTQI individuals by offering a wide range of services. There are several service providers for LGBTQI individuals in Wake County and surrounding areas. Appendix A provides a listing of service providers in Wake County and the greater Triangle area that serve the LGBTQI community specifically, along with organizations that serve the greater population, but are known to be LGBTQI-sensitive.

Community Events/Social Outlets

Despite community fragmentation, there are multiple sources of information regarding community events, gatherings, and social outings within Wake County and more specifically, Raleigh, N.C. The Trianglegrrrls listserv, Q-Notes, OutTriangle.com, and the LRC listserv are among several independent sources of LGBTQI event listings within the Triangle area. Trianglegrrrls is an online forum of over 1000 Triangle-area individuals organized around social venues, etc., some of which are specific to the LBW or Women of color communities. Through our primary data collection during interviews and student team observations, a strong sense of small social support circles and groups emerged. One interviewee stated, "We hang out at people's houses, go to parties at people's houses, things of that nature." Several social groups, such as the Silver Roses, have emerged as a result of smaller groups coming together, and organizations such as SWOOP (Strong Women Organizing Outrageous Projects) are known to be LGBTQI-friendly humanitarian activists. Other social activities known to be LGBTQI-friendly include basketball games, especially women's college basketball games, softball clubs, bowling leagues, and the Carolina Roller Girls. There are also performance groups, such as Common Women's Chorus and the Gay Men's Choir, that draw LGBTQI individuals both to attend performances and to be a part of the performing group.

There are also numerous LGBTQI-friendly businesses where community members

socialize, both in Wake County and throughout the greater Triangle area. These include some bars and clubs such as Legends, The View, The L Club, and CCs. Drag King shows in Raleigh and Chapel Hill are also popular socializing events for LGBTQI individuals. Numerous coffee shops and stores in the area are also considered LGBTQI-friendly, such as Helios Café, Percolator Lounge, Quail Ridge Bookstore, Whole Foods, Rialto Theater, White Rabbit Books and Things, and Stuff Consignment. Additionally, there are numerous affirming religious organizations in the Triangle area that have become active in providing services and offer a safe space for LGBTQI individuals. A listing of several affirming religious organizations is included in the service provider resource list (Appendix A).

Defining Community

The student team began struggling to define the community of individuals for the 2006-2007 LGBTQI Wake County assessment immediately after the process began in September. At the time of the introductory meeting between the student team and preceptors, the community had been predefined as "LGBTQ Women in Wake County". Although the preceptors and teaching team provided advice regarding the importance of prudently defining the community in a simultaneously inclusive and concrete manner, this was a challenging task.

One reason for the difficulty in defining the community is that although lesbian, gay, bisexual, and queer typically refer to sexual identities, transgender infers gender identity. Transgender does not necessarily infer anything about an individual's sexual orientation. Furthermore, by dissecting the meaning and implications of each of the identities under the umbrella of "LGBTQ Women", the student team was able to gain a clear sense of the fragmentation and diversity within the LGBTQ community of women in Wake County. After considering the potentially marginalizing and limiting impact of defining the community as

LGBTQ women in Wake County, the student team decided that it was important to include 1) individuals who did not identify with a sexual orientation/ sexual identity that neatly fell under the LGBTQ women's umbrella, and 2) transgender, intersex, and transitioning individuals who did not identify as female but still required female-specific resources (i.e. trans-men). Although it became clear that not all lesbian, gay, bisexual, transgender, and queer or questioning women consider themselves part of a united community, the student team decided to define community in a way that would capture as much breadth and diversity as possible. Thus, the student team decided to define the community as lesbian, bisexual, transgender, queer, questioning, and intersex women and transgender men of Wake County.

Several individuals who identified as members of this community also identified with other communities (feminist, liberal, community of color, progressive Christians). For many individuals with multiple identities, an LGBTQI identity was not primary or defining. It is also important to note that several LGBTQI individuals who were interviewed did not necessarily identify themselves as belonging to a geographically confined region (i.e. Wake County).

The student team felt that it was critical to include the voices of individuals traditionally marginalized or underrepresented under the LGBT umbrella and to gain a clear sense of interactions and dynamics within the broader LGBTQI community. Furthermore, broadening the parameters of the community enabled the student team to enrich the assessment with a more diverse and comprehensive range of voices, concerns, and strengths. Although the term community may be used to describe a group of people living in close proximity who have a "shared sense of identity and belonging, shared values and norms, mutual influence, shared needs, shared commitments to meet needs, and a shared emotional connections[16]," not all individuals identify as members of a cohesive community of LGBTQI-women and trans-men in

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Wake County. In consideration of individuals with multiple identities and general community fragmentation, the student team allowed each interviewee to describe "community", as they personally understood and experienced it.

RESULTS OF AOCA PROCESS

Through the course of this AOCA process, the student team interviewed a total of 31 individuals, including four service providers, nineteen community members, six individuals who identified as both service providers and community members, and information was not available from two individuals. Twenty-six of these interviews were done individually, while five individuals participated in a focus group.

Of those interviewed, a majority identified as white/Caucasian, while the team also engaged participants who identified as multiracial, Hispanic/Latina/o, and Black or African American. The sexual orientation identity of participants was mostly lesbian, but individuals also identified as bisexual, queer, and heterosexual. Additionally, the gender identity of individuals who were interviewed included male, female, two-spirit, intergendered, male-female transgender and female-male transgender. The team aimed to have a diverse representation of ages, and was able to interview individuals who ranged from 22 to 68 years of age, with the average age being 45 years. See Appendix B for a complete listing of the interviewee demographic data.

Community Strengths

During the interview process, community members and service providers identified several strengths and assets of the LGBTQI community in Wake County. A service provider/community member said that "the strongest asset that we have is our people…I think that we have this sense of common experience, and we have this passion for change." Several individuals have stated that the community tends to come together more readily to aid those in

need, whether through groups such as SWOOP, Silver Roses, Trianglegrrrls, or churches such as Pullen Baptist and St. John's MCC. Other individuals referenced the rich diversity in the community by stating that "the community is varied…we have young and older women, wealthier individuals and those who are less wealthy…we are social workers, business owners, clerks, teachers, etc."

It is also clear that the existence of several LGBTQI affirming faith/spiritual/religious communities in Wake County provides social, psychological, and spiritual support to LGBTQI individuals from different religious and cultural backgrounds. A small, closely-knit, dedicated community of allied service providers also characterize the community and continue to show a commitment to improving the health and well-being of LGBTQI individuals within Wake County and throughout the broader Triangle region. Finally, Wake County's LGBTQI community has the opportunity to take advantage of the broad range of social, political, and professional activities and gatherings previously mentioned.

Primary Themes/Challenges

Although the AOCA process did not capture all the voices and experiences of individuals within the community, several primary topics (areas of concern) emerged from data collection and analysis. These include but are not limited to the following: access to mental and physical health resources, sense of community/safe and affirming spaces, transgender support services, division in the LGBTQI community by race, division in the LGBTQI community by age, the disconnect between gay males, lesbian/bisexual/queer women and transgender individuals, and equal rights and political climate.

The following section is organized such that themes or specific needs under each broad topic are explored through internal (community member, service provider, and community

member/service provider) and external (student team field observations) perspectives. Due to the

fact that several interviewees were dually identified as service providers and community

members, and only four individuals (of 31 interviewees) identified solely as "service providers,"

some of the following themes are explored via community members and student team

perspectives alone. In the case of each of these themes, the service provider and community

member perspectives were nearly indistinguishable.

Access to Mental and Physical Health Care

Theme statement: There is a need for physical and mental health care providers that are sensitive
to and understanding of the issues that LGBTQI-women and trans-men face. Information and
resources regarding these health care providers should be easily accessible by the community.

Community Member Perspective

*"I immediately realized after becoming part of the lesbian community that it was difficult in
finding resonant, sympathetic doctors. Apart from the issue of women around male doctors is the
issue of who can I go to and who won't ask weird questions knowing that I'm lesbian. Or who
will be aware of my needs because I don't have sex with men etc. There is the major gender
thing, and then there is the sexual preference layer in finding appropriate, aware, helpful
medical services delivery."*

An issue that became very pronounced through all of our interviews was the paucity of

LGBTQI-friendly health services available to community members. New service providers are

also difficult to find, as there is not a comprehensive listing of LGBTQI-sensitive providers.

Although many individuals we spoke with indicated that they are happy with their current

providers, many would not know where to look for a new health care professional, should the

need arise. Most LGBTQI-women and trans-men stated that they relied on word-of-mouth to

find service providers, but that the number of professionals is limited. One frequently proposed

solution for this problem was having a directory of LGBTQI-sensitive and friendly service

providers. The Lesbian Resource Center has a listing on their website, but this list is perhaps not

as widely accessed as needed, and not as comprehensive as the community feels it needs to be.

Several individuals spoke of personal experiences with service providers, especially transgender individuals' experiences with health care professionals. One individual indicated that when they told their general practitioner about being transgender, they were supportive, but indicated that the individual should seek out a different provider who had more experience and knowledge in the area. The attempt to address this need was appreciated, but the individual had hoped that the practitioner would have been more open to seeking education on the subject in order to better serve their patient. From this and other experiences, it is clear that in general, service providers are lacking cultural competency, sensitivity, and awareness around LGBTQI individuals and their needs.

Service Provider Perspective

"I think even the places that provide services a lot of times don't know who else is out there providing services and what's available."

During our interview process, we came across several very dedicated service providers, some of whom identified as both LGBTQI community members and service providers to this community. Others identified solely as service providers. Among those we were able to interview, many did not know of each other, nor of existing LGBTQI-friendly and sensitive services available to refer clients. All service providers indicated that their biggest challenge was the lack of an extensive listing of LGBTQI-friendly service providers. They also suggested that the existence of such a list would enable them to provide more comprehensive care for clients.

Another barrier indicated by service providers was that they do not have the resources or access to resources necessary to provide care to all those who are in need, especially when it comes to serving those who are unable to pay for services that are not covered through insurance. Many service providers used a sliding pay scale, but felt that those most in need of this payment option did not know it was available, and often did not know what services or resources were

available to them.

Student Team Perspective

Through our contacts and review of secondary data, we were able to identify several

mental and physical health care professionals. However, this was a very limited list, and after

speaking with only a few service providers, we were not given any new names of individuals to

contact. The service providers we spoke with were very dedicated and willing to become more

involved, even though they are extremely busy and time and resources are already stretched thin.

Despite our attempts, we were unable to interview service providers who were not

specifically focused on LGBTQI-services. Many indicated that either they did not have time to

speak with us or that they did not feel they would be able to provide us with any valuable

information, as their services did not focus on the LGBTQI-women or trans-men community.

This was a very frustrating experience for our team, as we had hoped to gain a greater

understanding of all the comprehensive services available in Wake County, not only LGBTQI-

specific ones. We also had hoped to gain a sense of general service provider openness to serving

the LGBTQI community and the resources needed to better serve the needs of this community.

Sense of Community/Safe and Affirming Spaces

Theme Statement: There is a need within the LGBTQI community for a safe and affirming
gathering space that could lead to more interactions between diverse sub-communities.

Community Member Perspective

*"I think that the community has specific places where it connects, but generally people have
pockets where they socialize rather than there being sort of a larger cohesive community."*

When conducting interviews, the student team faced numerous challenges when it came

to asking questions concerning the "LGBTQI community", as the idea of it being one cohesive

community was not commonly felt among community members. Individuals tended to feel that

their community was better defined by where they lived or worked, or by their primary social group, rather than by their sexuality or gender identity. One community member felt that the community was more cohesive 15-20 years ago, when they were more marginalized and could meet and socialize at a few places that were known to be LGBTQI-friendly. While the LGBTQI community is now more accepted by mainstream culture and there are more places where individuals, couples or groups can go and feel safe and accepted, this has led to a fragmentation within the greater LGBTQI community. All did not share this opinion, as some interviewees felt that the conservative nature of Wake County, homophobia, and the fear of coming out in public also contributed to the lack of cohesion in the LGBTQI community.

Several interviews mentioned the idea of having a safe and affirming LGBTQI-specific space was mentioned often in interviews. Many individuals felt that this would not only help bring the greater community together without the fear of being "outed" in public or facing homophobia, but this would also help individuals meet others who share the common experiences faced by those who are LGBTQI-identified. This space could also allow for easier access to various resources and social outlets for the community.

Service Provider Perspective

"I would like to find more agencies that work with the LGBTQI community in order to collaborate with them"

The sense of fragmentation among the LGBTQI community is felt by community members and service providers alike. Several smaller organizations and groups such as Triangle Community Works, Lesbian Resource Center, Silver Roses, Trianglegrrrls, etc. work with LGBTQI individuals and try to create a greater sense of community, and some of these organizations have been working towards the goal of establishing an LGBTQI community center or resource center. Due to the small size of these organizations, they often lack the capacity and

resources that would enable them to do more work and reach a greater audience. Most service providers felt that if they knew who else was working with the LGBTQI community, they could work together, pool resources, and create not only a greater sense of community among service providers, but also work to bring the LGBTQI community together to achieve their goals.

Student Team Perspective

Throughout this project, the student team struggled to identify an LGBTQI community, as there seemed to be tremendous fragmentation, made clear by the majority of socialization, which occurred in small groups. This lack of an easily identifiable community made it difficult for us to locate resources, find individuals to interview, and attend events or social gatherings of the community. Most of our community engagement focused on either internet communities (i.e. Trianglegrrrls, OutTriangle) or a nightlife, such as bars and clubs. While the student team found several LGBTQI-friendly businesses including coffee shops and restaurants were found, these mainly involved socialization among small groups. Without a central organizing body or a larger location for community members to hold events or use as a meeting location, it was difficult for the team to capture a true sense of the community, as the social circles we had contact with were based on the individuals we were able to speak with. The lack of a safe and affirming space is thus a hindrance to the community, as it allows for fragmentation and prevents greater inclusiveness at social events or gatherings. Furthermore, a private, safe space would enable individuals who are worried about being "outed" in public to attend events and become more active in the LGBTQI community.

Secondary Themes

Several secondary themes emerged during the assessment process. The following is a brief overview of these themes.

Transgender Support and Services

Theme Statements: 1) There are not enough formal means for social support among the transgender community where individuals can help each other.
2) There are not enough health care and general service providers that are able to provide trans-sensitive and appropriate care.

Community Member Perspective

"The most valued aspect of the medical services that we need is sensitivity # 1. Quality matters too, but if you have one sensitive and insensitive doctor, no matter how good they are, you refer the one sensitive to your needs."

Transgender individuals face many of the same challenges that the greater LGBTQI community does, therefore the team decided to incorporate transgender issues into all previously discussed topics. The transgender community, however, faces many unique concerns. One of the most common issues that surfaced in interviews was access to trans-sensitive services, including medical and mental health services, legal services, and social support services. In addition to the importance of having sensitive service providers, the sensitivity of other staff members at professional offices and the issue of general awareness and knowledge of transgender issues, concerns and challenges for all individuals were voiced as major concerns. As one community member stated, "we need a change of attitude… It's a matter of respect, not [just] a matter of education."

Service Provider Perspective

"There is just a huge, huge amount of education that needs to be done"

Service providers working with the transgender community face many challenges, even when it comes to their colleagues. One service provider indicated that they had experienced disrespect from other service providers and colleagues in the past regarding the type of clients they work with. Many service providers do not understand the issue of gender identity and the special challenges that transgender individuals face, thereby making it difficult to find networks

of respectful, understanding service providers.

Student Team Perspective

From the beginning, the student team attempted to hear the voices of as many sub-groups of the LGBTQI community as possible, particularly the transgender and intersex community. This proved to be a great challenge as we were only able to identify one service provider who focuses on transgender issues. After speaking with this service provider, however, we were able to connect with several individuals who identify as transgender. The service providers and community members we spoke with were inspiring in their courage, level of commitment, and compassion for the challenges and issues that the transgender community faces. Despite the seeming lack of awareness and knowledge of transgender identity among service providers, the student team has observed acknowledgment in the media, including at least two specials on network television stations regarding transgender individuals and the challenges that they face.

Areas of Division within the LGBTQI Community: Race

Theme Statement: Racial divisions and racial segregation exist within the community of LGBTQI women and trans-men.

Community Member/Service Provider Perspective

"The hard fact is that social events happen separately, and that in itself produces tension… segregating behavior, self-segregating behavior just calls to light the fact that we are not as connected as maybe we could be."

Community members and service providers overwhelmingly reported that divisions by race and ethnicity exist in the community. Although this seems to be a more significant and visible problem among older individuals, this form of division was cited most frequently (24 times) among the overarching theme of divisions in the LGBTQI community. It was clear from interviews that black women and white women often occupy entirely separate social spaces, and little interaction occurs between the two racial groups in most social/organizational spaces. More

importantly, it is clear that there is little, if any, representation from other racial and ethnic minorities (i.e. Latinas/Latinos, Asians/Pacific Islanders, and Native Americans) in social, political, and organizational spaces, as many people do not even know if and where these communities exist. The perspective on race relations and reasons for divisions varied significantly among interviewees. For example, several individuals felt that it was human nature to separate or self-segregate by race and ethnicity, as individuals tend to *"gravitate toward individuals similar to themselves."* Other individuals, however, felt that these divisions are a reflection of historical and current racial discrimination, particularly in the American South. One community member cited, "being in the south, we have a long history of racial discord and inequity toward people of color and all of us."

Regardless of personal views regarding the reasons or solutions for racial segregation, most interviewees mentioned that this was one of the clear problems or challenges in the community. Though most individuals felt as though racial segregation was unfortunate and problematic, several individuals did not believe it could be easily eliminated since they felt it was a consequence of history, regional tensions, cultural difference, and "personal comfort." Other individuals offered the explanation that LGBTQI people of color struggle with multiple forms of oppression. They additionally stated that it is important for mainstream organizations and white people to begin to understand racial privilege, and challenge racial inequity/racism in their personal and professional life.

Student Team Perspective

From the beginning of the AOCA process, divisions by race and ethnicity were vivid and prominent at community events and popular venues. Although people of color were present at large mainstream events like NC Pride, minimal interaction occurred between white community

members and community members of color. Few mixed race couples or social groups were

observed in Wake County in general, or in popular predominantly white venues such as the L

Club and The View. Among the people of color who were represented in certain spaces, most

were Black, as other racial and ethnic minorities seemed invisible. The student team was aware

that certain social gatherings were primarily for women of color (i.e. events organized by

Triangle Women of Color), which made it difficult to determine the most effective ways of

gaining entrée/building trust with sub-communities of color. Furthermore, the majority of the

leadership in LGBTQI advocacy/social organizations is white, and this was reflected in the

individuals who agreed to participate in the interview process. Few of these organizations

engaged in anti-racist and/or culturally sensitive work, which might also contribute to the racial

divisions and tension within the community.

Areas of Division within the LGBTQI Community: Age

Theme Statement: Aging and elderly individuals in the LGBTQI community face the challenges
of ageism, isolation, minimal support, exclusion from the broader community, and
discrimination in care facilities.

Community Member/Service Provider Perspective

*"Ageism is the most important [issue to address] because no one has a grasp of what is coming
down the pipe. Social security is an issue, Medicare, Alzheimer's. All are issues."*

*"I always have concerns about our elder women, and points in which they can be connected and
remain connected, without feeling like they're being an afterthought. And in being intentional
about creating ways that they can be connected that celebrates who they are and where they are
and recognizing them matriarchs to the women's community…"*

Several community members and service providers commented on the isolation, ageism,

and separation from the broader community experienced by older community members.

Although some of this division was attributed to self-segregation and the fact that women over

50 may have different social and personal needs than younger women, other interviewees noted

that older community members are often invisible to younger individuals. This sense of isolation

and lack of support for aging individuals seemed to be exacerbated by the lack of a central,

affirming community space. Despite these challenges and the general division between older

women and younger members of the community, certain social organizations including the

Silver Roses and Older Lesbians Organizing for Change (OLOC) exist and are working to

improve the lives of aging and older women in the community.

Student Team Perspective

In several of the social spaces, the student team observed minimal representation by older

community members. Although some community activists at NC Pride and other mainstream

venues were older, several social venues including the View, The L Club, etc., seemed to be

lacking interaction between older and younger members of the community.

Areas of Division within the LGBTQI Community: Disconnect Between Gay Males, Lesbian/Bisexual/Queer Women, and Transgender Individuals

Theme Statements: Segregation and divisions exist in the broader LGBTQI community between gay men and lesbian/gay/bisexual/queer women. There is also a lack of awareness and inclusion of the transgender community by the broader community of LGB women.

Community Members/Service Provider Perspective

"I think to have more clout…I think the LGBTQI community and gay men's community need to work more together to get what we want."

"Gay men, gay women, queer men, queer women, whatever you want to call it, are all very separate. From my understanding it's kind of a regional thing, I've heard that it's not that way all over the country. But here, I've definitely gotten that feeling that it's either a "gay" event or a "lesbian" event."

An overwhelming number of community members and service providers described clear,

visible divisions between LBQ women and gay men. Although several individuals felt that this

division was a result of self-segregation and a lack of desire to interact, they also believed that

unity and collaboration between groups was important for accomplishing the broader goals of the

LGBT community. Other interviewees expressed frustration about the fact that their social circles were gendered, and hoped for shared social spaces with gay men who are sensitive and respectful toward LBQ women.

The division between transgender individuals and the LGB community is more pronounced than divisions by gender and race. Members of the LGB community either did not know of any transgender individuals, or acknowledged that they were invisible or closeted. Several members of the transgender community expressed frustration that the LGB community lacks awareness about the existence and needs of the transgender community. Transgender men and women also felt as though the LGB community harbored transphobia and misconceptions regarding transgender identities.

Student Team Perspective

It was clear from field observations throughout Wake County and other Triangle wide LGBT events that most events are separated by gender. Although Raleigh has a reputation for being a haven for gay males, some spaces for lesbian, bisexual and queer women exist in Wake County as well. The only spaces in which LB women and gay men interacted frequently were NC Pride and the Unity Conference at UNC. It was also clear that outside of Triangle Drag King events, little interaction occurs between the LGB community and transgender individuals. In some LGB social spaces, transgender individuals seemed unwelcome and isolated.

Equal Rights and Political Climate

Theme Statements: There are not enough LGBTQI individuals, or allies, involved in politics. Many of the issues that affect the LGBTQI-women and Trans-men community are not addressed adequately through legislation or political venues.

Community Member/Service Provider Perspective

"The most important thing is finding equality…we need to get organized and start making change. People have gotten the point where you can live comfortably and relatively safely…if

you have enough money, it won't affect you…which fosters a sense of complacency."

There was a common sentiment among all interviewees that the LGBTQI community faces many political challenges, particularly concerning domestic partner benefits, civil union or marriage rights, gender identity protection, and intimate partner violence protection. Many felt that the LGBTQI community in Wake County has been vocal, but not vocal enough. It was stated that only when certain rights or political challenges are pronounced does the community come together. Many community members felt that individuals are less likely to become involved when they do not feel personally threatened. Rather, it is the individuals directly affected by an issue who become active in the political arena. Many community members felt that community members and allies alike must be engaged in ongoing and consistent work in order for political change to occur.

The desire for increased LGBTQI representation in governmental positions was also mentioned. Many felt that the fear of facing homophobia and hatred due to being publicly "out," keeps many individuals from becoming politically active. Additionally, several individuals indicated that LGBTQI community members face more barriers when it comes to accessing the resources necessary to run for political office. This inhibits both an individual's ability to run for office and their chance of being elected.

Student Team Perspective

The student team was able to identify several organizations working in Wake County and throughout North Carolina on political issues. However it was difficult to arrange interviews with representatives from these groups because of their busy schedules. This was frustrating for the team, giving us the sense of just how challenging it can be to make real change happen when there are not enough people or resources available.

Similarities and Differences in Perspectives

The strong correlation and similarity between service provider, community member, and student team perspectives across all major themes suggests that the results from this AOCA process are valid. In each of the major topics identified in the data analysis, significant congruence existed between secondary data and internal and external perspectives. Additionally, although there were few individuals interviewed who identified solely as service providers (4 in total), the perspectives these individuals shared bore extreme similarity to the perspectives shared by community members and dually identified service providers and community members.

Development of Themes

After reviewing the above mentioned topic areas and analyzing the number of times the various topics were mentioned through our coding process (see Appendix C for code frequency table), the team developed twenty themes that were then presented to the forum planning committee, which are shown in Appendix D.

After the themes were presented to the Forum Planning Committee, they were discussed and reviewed to determine 1) their importance to the LGBTQI-women and trans-men community, and 2) the likelihood of changeability based upon the current situation. After this discussion, committee members made adjustments to the themes and voted to have the following five themes as discussion topics at the community forum. Those themes included the following:

- Community Needs: There is a need within the LGBTQI community for a safe and affirming gathering space that could lead to more interactions between diverse sub-communities.
- Race: Racial divisions and racial segregation exist within the community of LGBTQI-women and trans-men.
- Health Care: There is a need for physical and mental health care providers that are sensitive to and understanding of the issues that LGBTQI-Women and Trans-Men face, and for these health care providers' information to be easily accessible by the community.
- Ageism/Aging: Aging and elderly individuals in the LGBTQI community face the challenges

of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in care facilities.

- Disconnect between Gay males, Lesbian/Bisexual Women, and Transgender individuals: Segregation and divisions exist in the broader LGBTQI community between gay males, lesbian and bisexual women, and trans-identified individuals.

COMMUNITY FORUM

Overview of the Community Forum

A community forum involves 1) bringing community members and service providers together for collaboration and honest dialogue regarding prioritized themes, 2) presenting information gathered throughout the AOCA process to the community, and 3) facilitating the development of action steps necessary to begin addressing community challenges and concerns. In essence, the community forum was the culminating vehicle through which the student team transferred the ownership and responsibility for action steps to the community. Participants from the AOCA interview process, the larger community of LGBTQI-women and trans-men, and various Wake County service providers, government officials, and county leaders were invited to the community forum.

Methods for Community Forum

Collaborative planning for the community forum was crucial and involved engaging a broad range of community members and service providers in dialogue regarding the most appropriate, culturally sensitive, and inclusive methods for forum planning and execution. The team successfully recruited one service provider, a dual-identified service provider and community member, and two community members to serve on the Forum Planning Committee (FPC). Two members of the student team also participated in the FPC to advise the forum planning process. The FPC met twice to discuss logistical preparations and to determine the content for discussion at the community forum. In the first meeting the, the committee discussed

the forum space, advertising, goals, and entertainment (see Appendix E for the agenda). During the second FPC meeting, the committee discussed and prioritized the final five themes that would be addressed during the community forum (see Appendix F for the agenda) in accordance with their thoughts regarding the changeability and importance of each theme.

In preparation for the community forum for LGBTQI-women and trans-men, the student team solicited donations, including food, raffle prizes, and forum preparation services from Wake County businesses using an official donation request letter (see Appendix G for donation solicitation letter & Appendix H for donor list). The space for the community forum was chosen based on its central location and it's non-affiliation with special interest groups or organizations. Furthermore, collaboration with Sam Morris, the graduate advisor of LGBT programs at North Carolina State University, provided the student team accessibility to an auditorium and five additional classrooms in Mann Hall, the building in which the forum was held. Collaboration with the N.C. State police was also an important part of ensuring a sense of safety at the forum, particularly considering issues surrounding privacy and threats to personal security.

In order to advertise the community forum, flyers were posted at local Wake County businesses and popular community meeting places (including the L Club and the View). Personalized invitations were mailed to all AOCA interview participants, as well as other key individuals and organizations identified by the team and the preceptors (see Appendix I for the flyer & Appendix J for the invitation). Additionally, email messages containing basic information about the forum and directions to the forum were distributed on several LGBTQI community listservs and community websites including LRC, Trianglegrrrls, and OUT Triangle (see appendix K for this message).

Results of the Forum

The community forum for LGBTQI-women and trans-men of Wake County was held on Saturday April 21, 2007, between 4 and 7 p.m., in Mann Hall on the North Carolina State campus in Raleigh, N.C. The time and date for the forum were selected in accordance with feedback from interviews and student team preceptors regarding the fact that many community members work during the week. Approximately 18 community members and service providers in total were in attendance at the forum. Appetizers, dinner, and door prizes from bookstores, movie theatres, etc. were provided to all who attended the community forum.

Upon entering the community forum space, all participants were asked to register with a name and contact information and sign into whichever discussion group topic interested them the most. After also receiving a nametag, participants were invited to eat appetizers including bagels, cheese and crackers, and fruit. At around 4:10 p.m., all participants gathered in the main lecture hall for welcoming remarks, a keynote address from Reverend Belva Boone from St. John's MCC in Raleigh, and a brief summary of findings from the assessment (see Appendix L for forum program and Appendix M for forum power point presentation). Following the general presentation, participants divided into three small groups to discuss the prioritized themes for which there was the most interest.

Due to the low attendance at the forum and the insufficient number of forum participants signed up for groups discussing healthcare and ageing/ageism, the student team and the forum participants collaboratively decided to work with the following three discussion sections: division between LGBTQI individuals, community needs, and racial divisions and segregation.

Members of the student team facilitated small group discussions with the goal of developing action steps. In order to aid the facilitation process, student team facilitators prepared facilitation guides based on *SHOWED, ORID*, or Force Field Analysis techniques (see appendix

N for guides). For each of these action steps, individuals in the groups were asked to make a

commitment to take leadership and agency over the execution of the action steps. Each

discussion group was also provided a sign-up sheet with contact information so that a listserv for

organizing and action could be developed after the forum.

At the end of the small group discussion sections, one attendee and one student team

member presented the action steps to the entire group. All participants were reminded to sign up

for additional action steps they were interested in taking on, and several community forum

participants were receptive toward taking responsibility for multiple action steps addressing a

diverse range of themes.

Results of Discussion Groups

All prioritized themes and the action steps developed for each theme that was discussed
are summarized below:

**There is a need within the community for a safe and affirming gathering space that could
lead to more interactions between diverse sub-communities.**
- Establish an "umbrella" group with representatives from various organizations and any other
  individuals interested in working to establish a safe and affirming gathering space.
- Create a planning committee
- Make a resource listing of organizations along with contact individuals
- Disseminate the information discussed and gathered in group and at greater forum

Six individuals from the group committed to taking responsibility for these action steps. A
listserv will be established and all individuals in attendance will be given the contact information
(i.e. email address) for all other individuals in attendance.

**Racial divisions and racial segregation exist within the community of LGBTQI-women and
trans-men.**
- Talk to executive board members at various LGBTQI-friendly organizations regarding the
  need to pro-actively encourage racially diverse leadership and ensure culturally affirming
  space for people of color.
- Individually take responsibility to speak out against racism when it is heard or seen.
- Individually take ownership of racial identity and knowledge regarding other racial and
  ethnic communities.
- Form alliances and coalitions with women/people of color-led organizations and those that
  do anti-racism work.
- Engage members of existing groups regarding methods for making social spaces more
  inclusive and welcoming for people of color.

- Have small group dinner discussions with friends and inner social circle regarding white privilege and racism.

Segregation and divisions exist in the broader LGBTQI community between gay men, lesbian and bisexual women, and trans-identified individuals.
- Make a commitment to talk to all community forum participants and share information regarding services etc.
- Explore ways to reach out to all members of the broader LGBTQI community through new technological advances (including the internet, facebook/myspace, listservs, and online games).
- Connect individual groups present at the forum and begin developing opportunities and forums for collaboration.
- Network with others by attending various social activities within the broader LGBTQI community.

There is a need for physical and mental health care providers that are sensitive to the issues faced by LGBTQI-women and trans-men. Information regarding these providers and their services should also be easily accessible to the community.

The intention of this small group discussion was to use the SHOWED methodology to facilitate dialogue and develop action steps to improve the challenges associated with health care. The goal of the discussion was to discuss the lack of LGBTQI sensitive health care providers and ways to disseminate information about the ones that currently exist. (Due to a smaller turnout then intended at our community forum, this small group discussion did not take place and action steps were not developed.)

Aging and elderly individuals in the community face the challenges of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in health care facilities.

The intention of this small group discussion was to use force field methodology to list, discuss, and evaluate the helping and hurting forces behind this theme, and in turn develop action steps to improve the situation. The initial goal of this discussion was to increase the social and legal support services available to LGBTQI individuals that are aging or elderly. (Due to a smaller turnout then intended at our community forum, this small group discussion did not take

place and action steps were not developed.)

Reflections on Results of Community Forum

Although the student team and preceptors were uncertain of how many individuals to expect at the community forum, everyone was surprised by the low attendance. Upon consideration of a similar community forum held for lesbian and bisexual women in Durham last April with comparably low attendance, it is clear that organizing individuals around "change" and "activism" related to LGBTQI identities is complex. There are several factors that might have contributed to low attendance including 1) non-interest, 2) the fact that an email with the incorrect time and date for the forum was sent the week prior to the forum, and 3) competing interests with time, etc. However, despite the student team's acknowledgement of low turnout, the quality, honesty, and space for depth of conversation was clear both in the discussion groups as well as the post-forum dinner. Camaraderie and unity among all those present was a remarkable highlight of the AOCA forum and testament to the fact that a few, powerful voices can make a lasting, albeit small, difference in a community. For many, the community forum was one of the only safe spaces available to discuss transgender and other marginalized identities within the broader LGBTQI community. This sentiment was expressed in the evaluations, which were overwhelmingly positive.

METHODS

Secondary Data Collection and Review

Secondary data was identified and analyzed as an important complementary perspective to internal and external perspectives shared by community members and service providers. The sources of secondary data were identified using web searches, official government documents, the Wake County Assessment, Urban Institute documents, a Wake County LGBTQI list

compiled by Haven House, the LRC online resource list, teaching team recommendations, LGBTQI advocacy organizations, previous AOCA documents, and preceptor and service provider recommendations. These secondary data sources are diverse and range from Wake County general newspapers, the 2006 AOCA assessment of lesbian and bisexual women in Durham County, local LGBTQI community newspapers/information, and local and national LGBTQI advocacy organizations, to published general material regarding LGBTQI health.

U.S. Census data and data from the Urban Institute fact sheet were used to compile demographic information for Wake County, Raleigh, and North Carolina. ePodunk an online resource that reports data regarding same sex couples etc., and information from the Common Sense Foundation were used as resources for LGBTQI specific information regarding Wake County. This information was complemented with data from the 2002 Wake County community assessment conducted by Wake County Human Services. Information from general Wake County government websites and service providers including the North Carolina Department of Health and Human Services and the North Carolina Alliance for health were also used to develop a broader understanding of the community's health status. The 2006 LBW AOCA document from Durham, N.C., and online service provider websites, including the LRC and TCW sites, were used to gain information regarding LGBTQI resources and service provision in Raleigh, Wake County, and the Triangle region. The student team also browsed through Q-Notes, Southern voice, and other LGBTQI-specific and non-LGBTQI-specific local newspapers to gain a more comprehensive sense of community life, context, and significant events.

Gaining Entrée into the Community and Participant Observation

The process of gaining entrée into the Wake County community of lesbian, gay, bisexual, queer and questioning women, and transgender and intersex men and women was challenging.

Although the preceptors facilitated the process of gaining entrée into the community by accompanying the student team at various community events and referring the team to potential key informants, the process of developing rapport, trust, and a high level of engagement within the community was formative and time-intensive. During the process of gaining entrée, the student team gained significant insight regarding the fragmented nature of the community and limitations the preceptors faced in facilitating connections and dialogue with a broad and diverse range of community members. Although preceptors provided information regarding the most popular queer friendly venues in Raleigh, disconnected sub-communities (queer women of color, transgender men) rarely occupied or interacted in these "mainstream" spaces. For example, although the View is considered one of the LGBTQI hotspot venues in Wake County, there is only one night during the week in which women of color primarily occupy the otherwise primarily white space. This racial fragmentation is similar to the separation that also seems to exist between the transgender community and the lesbian and bisexual communities, as communities of transmen did not necessarily consider the View a place to socialize.

The student team aimed to address this community division by first seeking a diverse range of community activities in which to participate and venues to visit. Although the preceptors were helpful in describing some of the divisions within the community, and provided some insight into particular sub-communities, they were not fully able to facilitate gaining entrée into sub-communities. Due to the importance of ensuring that the student team contact community members and key informants, the student team did follow the cues of the preceptors in attending various community events, etc. The student team primarily engaged in church services, Drag Bingo events, broader Triangle-inclusive LGBTQI events and lectures, walking tours in Raleigh, a driving tour of Wake County, trans-performances, NC Pride, the UNC Unity Conference,

women's basketball games at UNC-Chapel Hill, and various LBW nightlife events in Raleigh as a means of gaining entrée into the community.

The process of gaining entrée into the community was initiated during the formal windshield tour of metro Wake County (Raleigh, N.C.) in October 2006. Both preceptors were pivotal in guiding the student team tour of significant LGBTQI spaces, sites, and venues throughout the city. Ms. Muller provided historical insight regarding various sites, and Ms. Bruch enriched the tour with information regarding community dynamics and interactions in particular community sites, including the View and the L Club. The tour involved: Quail Ridge bookstore, NCSU, the Bar and Warehouse district, White Rabbit Books and Gifts, Stuff Consignment, Capitol Corral, Legends, the View, the TCW office, and Hard Times Café. The driving and descriptive tour included Cameron Village, the Unitarian Universal Fellowship, the Percolator, Reverie coffee, the Colony Theatre, the Rialto Theatre, the Five Points area, St. Johns MCC, Pullen Baptist Church, Glenwood South, the L Club, and Hillsborough Street.

Although these resources and opportunities for community observation and engagement were useful, they provided limited information and entrée into the community. The limited reach of preceptor-facilitated involvement in meeting community members and key informants made the process of truly engaging with the community difficult. Furthermore, the lack of LGBTQI events specifically within Wake County made understanding the specific dynamics and interactions within Wake County's community challenging. Attending broader Triangle-wide LGBTQI events, however, enabled a greater understanding of the LGBTQI community identity and fluidity/interaction across geographical boundaries. Field notes extracted from these various participant observations and the field tour were compared to interviews with service providers and community members and used as an additional perspective for the community assessment.

Development of Interview Guides

      The student team developed interview guides and consent forms for service providers, community members, and individuals who identified themselves as both service providers and community members. In accordance with guidance from the teaching team, the student team sought interviews with "key informants" in the community. Key informants, or the "movers and shakers", were defined as service providers or community members who had significant insight into community needs and strengths. These individuals were also perceived to be highly respected and trusted within the community or a particular sub-community.

      Interview guides and consent forms were drafted with insight from previous AOCA interview guides. The final interview guides for service providers and service providers who also identify as community members (see Appendix O & P) included questions organized around 1) life in the community, 2) roles and responsibilities of service providers within the community, 3) orientation in the community, 4) community assets and needs, 5) problem solving and decision-making, 6) recommendations for additional interviewees, and 7) suggestions for the community forum. The guide for community members was similar with the exception of the section regarding roles and responsibilities, which was replaced by questions regarding service and business within the community (See Appendix Q). All sets of interview guides concluded with questions asking for additional information and demographic data (See Appendix R).

      After drafting interview guides they were reviewed by the team's preceptors, who provided insight into important, community-specific changes. Interview guides were then revised several times by the student team with guidance from the teaching team, which aided in making the guides more concise and specific to the community. All interview guides, consent forms (see Appendix S) and agreement forms (see Appendix T) were drafted in accordance with

Institutional Review Board guidelines. The student team also pre-tested the interview guides with both preceptors, who represented service providers and community members.

Recruitment for Key Informant Interviews and Primary Data Collection

The process of primary data collection for this AOCA process involved 1) identifying key outsiders or service providers for the community, 2) identifying key stakeholders or "movers and shakers" within the community, 3) conducting individual interviews with service providers and community members, and 4) identifying and interviewing individuals who were not identified as members of the mainstream community, but rather considered to be key informants within a marginalized/underrepresented sub-community.

All interviewed individuals were organized into one of the following three categories: 1) service provider (included individuals and organizations outside of the Wake County periphery that provided services to the Wake County community directly or indirectly), 2) community member, and 3) service provider/community member. Due to the nature of the community of LGBTQI-women and trans-men in Wake County and the fact that several LGBTQI-specific service providers also self-identified as community members, the student team developed a category for individuals with a dual identity.

Service providers were identified and recruited in accordance with recommendations from the teaching team, resources and lists extracted from secondary data, preceptors, and general AOCA process guidelines, which advise interviewing individuals who are not necessarily providing LGBTQI-specific services and resources. Considering the fact that members of the community also frequently interact with and utilize services from non-LGBTQI specific providers, the student team felt it was important to include the voices of these service providers

as well. We anticipated that this would provide insight into general Wake County awareness, resource provision, and sensitivity around issues specific to LGBTQI individuals and women who partner with women. However, as indicated earlier, we were unable to recruit many general Wake County service providers for interviews.

Community members were recruited through service provider and preceptor referrals, community member referral, and individual student team contact with community members at community events. Due to the general scarcity of community events, community listservs were also used to solicit interviews. Both preceptors posted a team statement regarding the process/contact information for interviews on several listservs of which they were active members (see Appendix U for this paragraph). At the end of each interview, interviewees were asked to refer other individuals (either community members, service providers, or individuals with dual identity) to the student team by personally contacting potential interviewees. The student team provided each interviewee with a business card with contact information, as well as solicitation paragraphs (describing assessment) to assist in the referral process.

One interviewer and one note-taker from the student team were present for each interview. All interviewees were assigned a personal identification number to maintain confidentiality during the coding process, and these ID numbers were recorded and organized in an excel spreadsheet accessible only to the student team. Each interview involved 1) providing the interviewee with a copy of the consent form, 2) reading the introductory consent statements regarding procedures and interviewee rights, 3) asking for a signed consent form, and 4) tape recording the interview. Most interviews ranged in length between 30 and 60 minutes and took place in the TCW office and service provider workplaces.

Data Analysis/Identification of Themes and Trends

Data analysis is a critical component of the AOCA process, which involves planning and implementing clear methods for organizing and processing information gathered through secondary data, participant observation, and interviews. In the process, insider and outsider perspectives regarding community strengths and needs are integrated. The data analysis process also involves identifying and describing common themes and general trends that emerge.

During each interview, a note-taker from the student team was present and responsible for extracting key information from the interview in the form of written notes. Although the primary responsibility of transcribing interviews or data recording rested with the interviewer, each interview transcription was sent to the note-taker, who was responsible for enriching the primary transcription with pertinent information and significant quotes from the note-taking process. The final full transcriptions gathered from interviews were ultimately sent to the student team data coder. The coder was responsible for developing a codebook using the qualitative data analysis software ATLAS ti, which was then used to facilitate and expedite the coding process and the calculation of code/theme frequency (see appendix B). This codebook was developed after determining and developing domains and codes or labels for the most significant or recurring phenomena as extracted from interviews and field notes. After domains and codes were developed, the coder organized text from interviews according to the most relevant domain or code. These coded and grouped texts were then analyzed to distinguish important patterns and emerging trends within and between the codes and domains. The patterns were compared to secondary data and student field observations, and ultimately organized according to themes.

Limitations of Methods

Although the student team was committed to conducting the most comprehensive, inclusive community assessment possible, this aspiration proved overambitious and challenging. Developing trust and a sense of alliance with the LGBTQI community necessitates consistent

involvement within the community and far more time than allowed by the AOCA process.

During the interview process, it was particularly challenging for the student team to overcome the sensitivity of the LGBTQI community to being "medicalized" and relentlessly subjected to studies. This assessment is certainly not the first conducted in the Triangle area, and in some ways, it is questionable whether a limitation of a community as fragmented and diverse as the LGBTQI community can be effectively "assessed." Although some strengths and challenges described by community members commonly affect all members of the broader community, it is clear that the multiple identities espoused by most LGBTQI-women and trans-men complicates individual perceptions and definitions of community, community strengths, and challenges. For LGBTQI-identified women of color for example, membership in a community of color may hold higher priority or personal significance than membership in the LGBTQI community. The assumption that sexual identity or gender identity can unite a group of individuals is erroneous and misleading due to the fact that several other identities (feminist, regional identity, religious identity, race, ethnicity, political affiliation) may preside in significance over sexual identity. Furthermore, for some transgender individuals who have fully transitioned, there is a minimal desire to identify with a broader LGBTQI community.

Several community members appeared hesitant to participate in the assessment due to their perception that a similar assessment conducted in Durham, N.C., in 2006 did not lead to any observable or tangible results. Finally, it was difficult for the student team to engage with and gain entrée into various sub-communities due to historical distrust, marginalization, issues surrounding identification with "the LGBTQI community," and the difficulties faced by the preceptors in facilitating connections between the student team and various sub-communities.

CONCLUSIONS, RECCOMENDATIONS, AND NEXT STEPS

The student team feels very privileged to have been afforded the opportunity to engage with and learn from several committed, influential leaders within the community of LGBTQI-women and trans-men in Wake County. Action steps and personal connections developed at the community forum provide a strong foundation upon which service providers and community members can act to address the most important needs identified through the AOCA assessment. Although the student team recognizes that it is difficult to mobilize all individuals who identify as LGBTQI-women or trans-men, it is clear that the collaboration of a small number of individuals can be deeply influential and a source of momentum for action and positive change.

After considering all the information gathered through the AOCA process, the student team developed the following recommendations, which if implemented could have the effect of improving the sense of unity and cohesion in the community, improving health and well-being, and encouraging collaboration between all diverse individuals within the broader LGBTQI community.

- Encourage collaboration, coalition-building, and information sharing between organizations
- Work to ensure a more affirming and inclusive climate for diversity (based on gender identity, sexual identity, race/ethnicity, age, income, etc) in organizations and social groups, as there is a lot to be learned and gained from the rich diversity in the community
- Work to ensure that LGBTQI advocacy organizations are actively anti-racist, pro-workers rights, etc. such that individuals with multiple identities do not feel as though they have to be active around singular identity politics or LGBTQI issues alone. This can be done if individuals and organizations work to explore and take responsibility for privilege in its many forms
- Work to eliminate trans-phobia from members of the LGBQ communities through various educational outreach sessions, etc. This may lead to further collaboration between traditionally LGB organizations and those that work to enhance the rights and health of transgender and intersex individuals
- Encourage stepping out of comfort zones as recognizing personal privilege and identity
- Work with schools, local restaurants, clubs, and public venues to develop LGBTQI allies and create safe, affirming spaces and create alliances
- Mobilize around efforts or desire to create a safe, affirming community space for all
- Involve younger individuals in conversations regarding the needs and strengths of the community and determine effective ways to transfer leadership and autonomy and build capacity

- Encourage LGBTQI affirming, policy change that protects the equal rights of LGBTQI individuals in organizations and businesses around the Triangle by increasing activism and support for advocacy organizations etc.
- Develop new methods and ideas for increasing awareness and disseminating information and resources throughout the Triangle
- Work to ensure that all law enforcement agencies and corporations/businesses etc. understand the needs and concerns of the LGBTQI community.
- Encourage allies and activists to devote more time, resources, and financial support to current work as a means of sustaining energy
- Collaborate and work closely with LGBTQI organizations on University campuses and local secondary schools
- Work closely with allied faith/spiritual communities to create anti-homophobia programming for the broader non-LGBTQI/allied community in Wake
- Work to understand the differences and connections with organizations and individuals in all areas of the Triangle
- Create more support systems/groups within the community (trans, youth, family, etc.)
- Develop more infrastructure for support and sustainability within existing community organizations
- Develop and maintain a list of LGBTQI friendly organizations that can be easily accessed by all members of the community
- Organize social events that bring people together without requiring donations or long-term commitment to an individual group
- Make a commitment to organizing more conversations and alliance building with underrepresented individuals (racial and ethnic minorities, transgender folks, etc.) to determine how to build coalitions, and work collaboratively to ensure that needs are met. This collaboration is also critical to determining how and when to integrate social spaces.
- Understand that not all social spaces need to be integrated by race, gender identity etc. since not all segregation is rooted in tension or hatred, but rather a desire to have a safe space around shared identity
- Disseminate information on what is going on with all organizations to increase participation, collaboration

Please note that the recommendations above are simply intended to complement and enhance the individual action plans developed by the community during the community forum.

The student team believes that although several individuals from the community were not represented in this AOCA process, this AOCA was successful in gaining a greater understanding of marginalized sub-communities in the broader LGBTQI community. By actively including transgender, intersex, two-spirit, and gender-queer identified individuals in the process, the student team was able to highlight the diversity of needs, experiences, and strengths and explore

the many ways in which the community can become a more unified and inclusive one.

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Appendix A: LGBTQI-Sensitive Resource List
This list is a start in gathering a comprehensive list of LGBTQI-Sensitive resources in the Triangle area. It is not exhaustive, and is intended to be added to as more resources are identified.

Advocacy Organizations:
The Common Sense Foundation
A non-partisan public policy organization that works to ensure that the state government and the political process attend to the interrelated economic, political, social and cultural needs of all people, regardless of race, gender, religious affiliation, sexual orientation, or economic status.
P.O. Box 10808
Raleigh, NC 27605-0808
Phone: 919-821-9270
Fax: 919-821-3669
Website: http://www.common-sense.org/

Equality NC
Statewide organization dedicated to securing equality and justice for LGBT people.
PO Box 28768
Raleigh, NC 27611-8768
Phone: 919-829-0343
Fax: 919-827-4573
Website: http://www.equalitync.org

The North Carolina Coalition Against Domestic Violence
A state level non profit organization that does public policy advocacy to help strengthen laws, while also providing training, public awareness, technical assistance and resources to the general public, domestic violence advocates and allied professionals across the state. Project Rainbow Net focuses these efforts around LGBT survivors of inter-partner violence.
123 W. Main Street, Suite 700
Durham, NC 27701
Phone: 919-956-9124, Toll Free: 1-888-232-9124
Fax: 919-682-1449
Website: http://www.nccadv.org/ and http://www.projectrainbownet.org/

Physical and Mental Health Resources:
Alliance of AIDS Services Carolina
Serves people living with HIV/AIDS, their loved ones, caregivers and communities at large by providing services such as transportation to medical appointments, housing and skilled nursing services, education and prevention programs, and advocacy.
324 S. Harrington Street
Raleigh, NC 27603
Phone: 919-834-2437
Fax: 919-834-3404
Email info@aas-c.org
Website: http://www.aas-c.org/

Lesbian Resource Center (also Lesbian Health Resource Center)
Works to visibly and actively promote the health and well-being of the diverse community of lesbians, bisexual women, and other women who partner with women through education, advocacy, resources, and referrals in the North Carolina Triangle area.
Email: trianglelrc@yahoo.com
Website: http://www.trianglelrc.org/

Triangle Pastoral Counseling
Provides faith-sensitive psychotherapy to at an affordable rate, while making services available without regard to race, gender, age, sexual orientation or religious belief.
312 W. Millbrook Rd, Suite 109
Raleigh, NC 27609
Phone: 919-845-9977
Fax: 919-845-9761
Email: tpc312@bellsouth.net
Website: http://www.tripastoralcounseling.org/

The Women's Primary Care Clinic, Raleigh
An Internal Medicine practice for women only, by women only, offering services and solutions for women's health and well-being.
1617 Ronald Drive
Raleigh, NC 27609
Phone: 919-871-0301
Fax: 919-871-0410
Website: http://womensprimarycare-raleigh.com/

Diverse Solutions
Gender therapist who works with Cross Dressers, Transwomen and Transmen, offering individual and group therapy, support groups, and workshops.
Kimball Jane Sargent, MSN, RN, CS
Counseling, Coaching, and Consulting
3410 Hillsborough Street
Raleigh, NC 27607
Phone: 919-838-0804
Fax: 919-838-1219
E-mail: kjsargent@nc.rr.com
Website: http://www.genderjourney.com/default.aspx

Religious Organizations:
Pullen Memorial Baptist Church
1801 Hillsborough Street
Raleigh, NC 27605
Phone: 919-828-0897
Fax: 919-833-9364
Email: jslaton@pullen.org
Website: www.pullen.org

St. John's Metropolitan Community Church
805 Glenwood Ave.
Raleigh, NC 27605
Phone: 919-834-2611
Fax: 919-834-2036
Email: moc@stjohnsmcc.org
Website: http://www.stjohnsmcc.org

St. Mark's Episcopal Church
1725 New Hope Road
Raleigh NC 27604
Phone: 919-231-6767
Website: http://www.stmarks-ral.org/

Judea Reform Congregation
1933 West Cornwallis Road
Durham, North Carolina 27705
Phone: 919-489-7062
Fax: 919-489-0611
Website: http://www.judeareform.org

Imani Metropolitan Community Church
Worship Location:
304 East Trinity Avenue
Durham, NC
Church Office:
1419-A Broad Street
Durham, NC
Phone: 919-403-6881
Email: ImaniMCCNC@aol.com
Website: http://www.imanimcc.com/

The Community Church of Chapel Hill (UU)
106 Purefoy Road
Chapel Hill, North Carolina 27514
Phone: 919-942-2050
Website: http://www.mindspring.com/~c3h/

Unitarian Universalist Fellowship of Raleigh
3313 Wade Avenue
Raleigh, NC 27607
Phone: 919-781-7635
Email: web@uufr.org
Website: http://www.uufr.org/

NC Council of Churches
1307 Glenwood Ave. Ste. 162
Raleigh, NC 27605
Phone: 919-828-6501
Email: nccofc@nccouncilofchurches.org
Website: http://www.nccouncilofchurches.org/

North Raleigh United Church of Christ
2500 Wakefield Pines Dr.
Raleigh, NC 27614
Phone: 919-844-6661
Website: http://www.northraleighunited.org/

Evangelicals Concerned
Evangelicals Concerned (EC) is a nationwide ministry which encourages and affirms lesbian, gay, bisexual and transgendered Christians in their faith.
Phone: Toll free: (866) 979-ECWR or (866) 979-3297
Direct line: (206) 621-8960
Email: ecwr@ecwr.org
Website: http://ecwr.org/index.html
North Carolina Office:
Raleigh/Durham
Email: ec@recnc.org
Website: www.recnc.org

The Gay Christian Network
Website: http://gaychristian.net/

LGBTQI Community Services:

Triangle Community Works (TCW) is a non-profit organization that works in the Triangle area to establish and maintain a coalition of individuals, organizations, programs and projects that help make a safe, healthy and life-affirming environment for lesbian, gay, bisexual and transgender communities and their allies.
608 West Johnson Street, Suite 1
Raleigh, NC 7603
Phone: 919-821-0675
Email: tcw@tcworks.org
Website: http://www.tcworks.org/

PFLAG Triangle Chapter
Parents, Families, and Friends of Lesbians and Gays promotes the health and well-being of gay, lesbian, bisexual and transgender persons, their families, and friends through: Support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights.
P.O. Box 10844
Raleigh, NC 27605-0844

Phone: 919-929-0192
Email: pflagtriangle@nc.rr.com
Website: http://www.pflagtriangle.org/

NC TG Unity
Several groups supporting common goals for transgender individuals.
Email: nctgunity@yahoo.com
Website: http://www.geocities.com/nctgunity/

GLSEN Triangle is a regional chapter of the Gay, Lesbian and Straight Education Network, the leading national organization fighting to end anti-gay harassment and discrimination leveled against students and school personnel in K-12 schools. Serving the greater Raleigh-Durham-Chapel Hill Triangle area of North Carolina, we are a coalition of educators, parents, students, and community members.
PO Box 988
Durham, NC27702
Phone: Anthony at (919) 220-3070
Email: GLSENTriangle@hotmail.com
Website: http://www.glsentriangle.org/

The Triangle Business & Professional Guild's mission is to provide positive role models, networking opportunities, and business and professional development opportunities for area lesbians, gays, bisexuals, and transgenders.
P.O. Box 17708
Raleigh, NC 27619
Phone: 919-833-9181
Email: tbpg@rtpnet.org
Website: http://www.tbpg.org

North Carolina Gay and Lesbian Attorneys
A voluntary state-wide non-profit organization of attorneys, providing visibility, support, and advocacy for LGBT communities.
P.O. Box 13152
Research Triangle Park, NC 27709-3152
Phone: 919-680-6758
Email: info@ncgala.org
Website: http://www.ncgala.org/

Crape Myrtle Festival Inc. is an all volunteer nonprofit that raises funds for local organizations assisting people living with HIV/AIDS and those within the GLBT community.
PO Box 12201
Raleigh, NC 27605
Email: info@crapemyrtlefest.org
Website: http://www.crapemyrtlefest.org/

OUTTriangle
PO Box 3532
Durham, NC 27702-3532
Phone: 919.395.1697
Fax: 919.882.9121
Website: http://www.outriangle.com

TriangleGrrrls.com
Website: http://www.trianglegrrrls.com/

Triangle Local Events
Website: http://www.trianglelocalevents.com

NC Pride
Website: http://www.ncpride.org/

General Community Services, LGBTQI-Sensitive:
Strong Women Organizing Outrageous Projects (SWOOP), is a non-profit organization that developed in 1996 after Hurricane Fran, when friends came together to help clean up the mess left behind. Since this time, they have grown to an established organization with over 500 members who do monthly projects throughout the greater Triangle area.
Sandy Fitzgerald, SWOOP Coordinator
PO Box 10363
Raleigh, NC 27605-0363
Phone: 919-828-9803
Email: swoop4u@nc.rr.com
Website: http://www.swoop4u.org/public/index.html

Triangle Family Services
Triangle Family Services (TFS) is a local United Way agency helping families and children throughout the Triangle. Established in 1937, it is one of the oldest and most comprehensive nonprofits in the region. All of our services are confidential and nationally accredited by the Council on Accreditation. Through skilled and compassionate care, TFS annually helps over 7,000 Triangle families and individuals achieve Family Safety, Financial Security, and Mental Health.
01 Hillsborough Street (Main)
Raleigh, NC 27603
Phone 919-821-0790
Fax 919-863-0526
Website: http://www.tfsnc.org/index.html

Youth Support Services, LGBTQI-Sensitive:
Haven House Services
A non-profit agency that serves youth aged 11-21 in difficult situations, including homelessness, employment, the juvenile justice system, runaway situations, and family, school and life problems. Their programs include outreach, crisis intervention and shelter, mentoring, family

preservation, and independent living, among others.
706 Hillsborough Street Suite 102
Raleigh, NC 27603
Phone: 919-833-3312
Fax: 919-833-3512
Website: http://www.havenhousenc.org/

ASPYN
Program of Triangle Community Works
Website: www.tcworks.org/aspyn

iNSIDEoUT
Website: www.insideout180.org

Safe Schools NC
Website: http://www.safeschoolsnc.com/.

Local University Organizations

North Carolina State University
Delta Lambda Phi, North Carolina State University Fraternity
Delta Lambda Phi is a fraternity whose purpose is to enhance the quality of life for men, regardless of sexuality, by providing dignified and purposeful social, service, and recreational activities. In order to become a 'Lambda man', one must be open minded, accepting, and have respect for others, regardless of sexuality.
Website: http://ncsufrat.org/

Bisexuals, Gays, Lesbians, and Allies (BGLA)
Website: http://www.ncsu.edu/stud_orgs/lgsu/

LGBT Services
3114 Talley Student Center
Phone: 919-513-3249
E-mail: lgbt_services@ncsu.edu
Website: http://www.ncsu.edu/lgbt/

University of North Carolina at Chapel Hill
GBLT-Straight Alliance
3215-D Union
Box 39 Carolina Union, CB #5210
Chapel Hill, NC 27514
Email: glbtsa@unc.edu
Website: http://www.unc.edu/glbtsa

LGBT Center
CB# 5100, 01 Steele Building
Chapel Hill, North Carolina 27599
LGBTQ Center: Room 10
Phone: 919.843.5376
Email: lgbtq@unc.edu
Website: http://lgbt.unc.edu/

<u>Duke University</u>
Center for LGBT Life
02 West Union Bldg.
Box 90958
Durham, NC 27708
Phone: 919-684-6607
Fax: 919-684-2543
Email: lgbtcenter@duke.edu
Website: http://lgbt.studentaffairs.duke.edu

Alliance of Queer Undergraduates at Duke
Website: http://www.duke.edu/web/aquaduke/

Duke Allies
Website: http://www.dukeallies.org/

<u>News</u>

The Front Page
Local gay newspaper
PO Box 221841
Charlotte, NC 28222
Phone: 704-531-9988
Website: www.frontpagenews.com

<u>Shopping</u>

White Rabbit Books
309 West Martin Street
Raleigh, NC 27601
919-856-1429
Email: Raleigh@WhiteRabbitBooks.com
Website: www.whiterabbitbooks.com

<u>Entertainment:</u>

NC Gay/Lesbian Film Festival

Website: www.ncglff.org

Legends
Website: www.legends-club.com

CC's
Website: www.cc-raleigh.com

Flex
Website: www.flex-club.com

Visions Women's Bar
711 Rigsbee Avenue
Durham
Phone: 919-688-3002

National Resources:

Gay and Lesbian Medical Health Association
Website: http://www.glma.org

National Gay Men's Health Summit
Website: http://www.gmhs2003.org

Lambda Legal:
Lambda Legal is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and those with HIV through impact litigation, education and public policy work.
Website: http://www.lambdalegal.org/

Straight Spouse Network
Website: http://www.straightspouse.org/

Human Rights Campaign
Website: http://www.hrc.org/

OLOC
Old Lesbians Organizing for Change
Website: http://www.oloc.org/

Appendix B: Interviewee Demographic Information

Total individuals interviewed: 31 (5 @ focus group)
4 service providers
6 service providers/community members
19 community members
2 info missing

Race/ethnicity:
21 White/Caucasian
5 multiracial
1 Hispanic/Latina/o
2 Black or African American
2 missing

Sexual orientation identity
17 Lesbian
2 bisexual
7 heterosexual
2 queer
3 missing

Gender identity
1 male
23 female
2 two-spirit
1 intergendered
2 M-F transgender
1 F-M transgender
2 missing
(1 checked two identities)

Average age: 45 years
Age range: 22-68 years

Appendix C: Code Frequency Table

Domain (topic)	Theme	Number of times mentioned
Community	Divisions	3
	Activism	13
	Financial	4
	Services	3
	Strengths	12
	Church	4
	Collaborations	11
	Diversity	5
	Growth	8
	Needs	**20**
	Perceptions of	3
	Social Cohesion**	**27**
	Social Groups	14
	Youth	10
	Coming Out	4
	Coming Together	**18**
	Resources	**18**
	Community Center	13
	Employment	1
Divisions	Bisexuality**	2
	Class/Finance	5
	Lesbians vs. Gay Males**	7
	Race**	**24**
	Age**	**11**
	Transgender**	4
	Raleigh vs. Durham vs. Chapel Hill	4
	Challenges	3
Politics	Domestic Partner Benefits	3
	Marriage Equality	5
	Affordable Housing	3
	Elderly	2
	Workplace Discrimination	6
	Activism	7
	Challenges	**19**
	Strengths	2
	Violence	3
	Youth	1
Health	HIV/AIDS	3
	Sexual & Physical Violence	3
	Substance Abuse	**6**

	Weight Loss	2
	Health Care	5
	Health Care Practitioners	2
	Service Provider Challenges	**22**
	Services	3
	STD Awareness	3
	Mental Health	**8**
	Spirituality	1
	Relationship Health	2
Religion	Affirming Churches	4
	Exclusion	1
	Challenges	**6**
	Morality	1
	Groups	3
Transgender	Blending in/Stealth	6
	Support	**12**
	Employment	4
	Healthcare	**8**
	Safety	3
	Social Cohesion	5
	Challenges	**16**
	Strengths	3
	Youth	3

Key	
Bold	Theme Presented to Forum Planning Committee
**	Forum Theme

Appendix D: Forum Planning Committee Theme Handout

<u>**Community**</u>

Social Cohesion
- o **Theme:** Although there is a lack of broad social cohesion in the community of LGBTQI women and trans-men of Wake County, community members have the capacity to work collaboratively when faced with a challenge.

"I think that the comm. has specific places where it connects, but generally people have pockets where they socialize rather than there being sort of a larger cohesive community."

"But I believe that our community really has the ability to pull together when a major issue faces us. I think cohesiveness level differs based on political climate. [An] oppressive political climate contributes to more cohesiveness. "

Community Needs
- o **Theme:** There are multiple needs within the community including the following: education/sensitivity among healthcare providers and counselors, a central, affirming space for gathering, interactions between diverse sub-communities, a clearinghouse for information and resources in the community, and legal rights.

"Health practitioners [those who are most in need of education and training are least likely to seek it out]"

"Well, I think we need to develop some kind of directory. It was another one of the projects that I had in the back of my head to do at some point…to have a directory of supportive people to the LGBTQI community...I don't think we have available to us here"

Coming Together
- o **Theme:** Although there are several broadly encompassing community activities/events/venues including SWOOP, Trianglegrrls, and the Silver Roses, some people experience difficulty joining the community.

"There is a lot to do (with each other) if you can plug in…some people have trouble with that though. I think it used to be harder to find stuff (to do) in the community, but now with Outtriangle, trianglegrrrls… etc. (it is easier). Lesbians tend to get in these little social groups at each others houses and it can be hard to break in."

Community Center
- o **Theme:** There is a strong need in the community for an affirming community space.

"The effort to open a community center in Raleigh has been a big one that I've heard going on for years. I think it met with so many barriers around funding and location that I would say it wasn't much of a success."

"A LGBT community center would be awesome for this area, b/c I think that would be enable a lot of resources to be centered...and people could know that there's one place, like a one stop shop...even if the organization didn't have an office per se on the premise, but still that there's one central place that you can go to...instead of ...I know people who move to this area...you know the internet is great, b/c you can Google anything, find info on anything, but if you move to an area and you know that there's an LGBT center...it makes things more personal."

Religions Organizations

- o **Theme**: Not only on an individual level, but within the broader LGBTQI community, there exist conflicts surrounding religion and sexuality, which in turn creates mental health issues.

'...affirming, faith-based community [exists]—but there's still a separation, because unfortunately, even within the LGBTQI community there are still many of us that don't believe one can be gay/transgender & Christian...'

'A common theme in the LGBT community is rejection of women from their communities and churches of origin. So rejection is strongly felt sentiment...'

'...I think unfortunately that a lot of people that I know personally and certainly a lot of folks that I don't know really really really struggles with their religious convictions and having been brought up in a household of faith that teaches that this is absolutely under no circumstances a way to live your life and this is not the way to be...'

'Mental health...there are issues that are not being addressed in the community as a whole. Which, I think, religion has a lot to do with...I've ran into a lot of people who have been struggling with that for years and years...'

Transgender
Support

- o **Theme:** There are not enough formal means of social support among the transgender community where individuals can help each other.

"What I hope happens is that they look back [individuals after transitioning] and from time to time come back and give the young one's a role model that they can see. These folks were successful...here they are as opposed to disappearing."

"To have someone to bounce something off of in the community, I mean it's so important, but in an organized fashion, I mean no [it doesn't happen]. You meet individuals like you do in any other social group, and you meet that person and they help you get through this. I mean it's extremely hard, I don't know about you, but you're throwing a hand grenade in your life *boom*...every aspect of my life has been changed...you gotta have somebody there...but for someone that has no idea what the hell they're doing here, you can get yourself in a whole lot of hurt."

Health care

- o **Theme**: There are not enough health care and general service providers that are able to provide trans-sensitive and appropriate care.

"I think even the places that provide services a lot of time don't know who else is out there providing services and what's available."

"When I told my physician my story of transition, he suggested that I needed to get some help from someone who understood it better than he did. I would have hoped that he would have dug out a book and read a little bit more."

"People come up against a lot of brick walls and it's a problem."

Youth
Support and services
- o **Theme:** Youth face an especially challenging time when dealing with the issue of their sexual identity and do not have access to the support or services that are needed during this time.

"I think that the need for social/political change to happen on an individual level, change in the hearts and minds in individual average North Carolinians needs to happen, and I think a lot of that happens with the messages that we send our youth. And it can be messages that happen through our sex ed campaigns that just completely do not recognize that LGBT relationships exist, it can be through the messages that we send in schools that don't allow GSA's to exist, that kind of stuff."

"Schools could use a lot of help as far as tolerance and education."

"Youth, high school youth, middle school youth…that time when people are stepping into their sexuality, trying to find themselves…There is such a need for kids at that age, that young impressionable age to see what I'm terming as 'normal' gay and lesbian people, living life just like heterosexual people and to see it is possible, and I don't have to change or fit a certain mold…cause I see these young people and it's like they don't know that they can really be who they are and be gay."

Domain: Divisions
Race
- o **Theme:** Racial divisions and racial segregation exist within the community of LGBTQI women and trans-men.

"The white people I talk to…it never occurs to them that they need to go out there…that people of other races aren't going to just knock on your door, even though you say you would hang out with anyone. Especially queer white people, I think they want to be comfortable since they are already experiencing marginalization. And in some ways, I don't think queer people challenge themselves as much because you're able to sit around and bitch about the same things, and you never think about when you were the person who was excluding someone…because you have an identity of being oppressed."

"The hard fact is that social events happen separately, and that in itself produces tension… segregating behavior, self-segregating behavior just calls to light the fact that we are not as connected as maybe we could be."

Age
  - o **Theme:** Aging and elderly individuals in the LGBTQI community face the challenges of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in care facilities.

"Ageism is the most important [issue to address] because no one has a grasp of what is coming down the pipe. Social security is an issue, Medicare, Alzheimer's. All are issues."

"I always have concerns about our elder women, and points in which they can be connected and remain connected, without feeling like they're being an afterthought. And in being intentional about creating ways that they can be connected that celebrates who they are and where they are and recognizing them matriarchs to the women's community…"

Disconnect between Gay males, Lesbian/Bisexual Women, and Transgender individuals.
  - o **Theme:** Segregation and divisions exist in the broader LGBTQI community between gay males and lesbian and bisexual women.
  - o **Theme:** There is a lack of awareness and inclusion of the transgender community by the broader community of LBG women.

"I think to have more clout…I think the LGBTQI community and gay men's community need to work more together to get what we want."

"Gay men, gay women, queer men, queer women, whatever you want to call it, are all very separate. From my understanding it's kind of a regional thing, I've heard that it's not that way all over the country. But here, I've definitely gotten that feeling that it's either a "gay" event or a "lesbian" event."

Class/Financial Status
  - o **Theme:** Separation and divisions exist in the community based on class, SES, and wealth.

"There is more than one space [in the community], and there is definitely a class issue. The wine tasting women are well off and live in nice houses in Raleigh somewhere. Whereas some of the women I know at the meeting on Sundays are retired, not as well off, have health problems."

"My sense is that on some levels the women in the comm., there seem to be separation lines….sometimes based on economic status, sometimes based on education status…sometimes based on race and ethnicity, so there appears to be some fragmentation within the women's comm.. that helps to decrease the sense of strength and effectiveness that could be very much a part of the women's community…"

Transgender Community

"The GBL community knows squat about us, they really don't. I mean, I did a presentation to the GBL comm. here, and they like, you know… in their minds this is a sexual orientation, and it's a gender identity issue."

"The Trans folks are a lot more closeted then the LGB folks… they're there, I promise you they're there, but they're hidden…."

Raleigh vs. Durham/Chapel Hill
- o **Theme:** There are clear differences and some degree separation between the LGBTQI women's community in Raleigh and those in Chapel Hill and Durham.

"The community in Wake is entirely different from the community in Durham. More folks in Wake County are employed by corporate America vs. schools etc. There are more women I've found who are business owners. There are some educators, and most are with corporate America/own their own business. The community is different in their thought process than the Durham/Chapel Hill community…"

Health Domain
Mental Health
- o **Theme**: There is a need for LGBTQI sensitive mental health services and therapists who deeply understand the particular issues that this community faces.

"I had a mental health issue, how would I find someone to talk to where this is going to be a non-issue. Where I can go ahead and say "Okay, this is challenging me, but THIS over here has nothing to do with it" and where it isn't going to always be brought back to "Well, why do you think you're gay? Let's talk about that…"

Service Provider Challenges
- o **Theme**: Several barriers that service providers in the LGBTQI-Women and Trans-Men communities face are: lack of resources, lack of knowledge of what other services are out there, need for more training and education regarding the issues that these communities confront.

"We have a work plan that we could really put into place, ten years of solid work to make some really intense, measurable change in North Carolina, and in specific counties in North Carolina. The plans are laid out, the mechanisms are in place, the partners are on board… we just don't have the money to do it. That's the biggest barrier to our being able to make change."

"I think even the places that provide services a lot of times don't know who else is out there providing services and what's available."

Health Care

- o **Theme**: There is a need for health care providers that are sensitive and understanding of the issues that LGBTQI-Women and Trans-Men face, and for these health care providers's information to be easily accessible by the community.

"I immediately realized after becoming part of the lesbian community that it was difficult in finding resonant, sympathetic doctors. Apart from the issue of women around male doctors is the issue of who can I go to and who won't ask weird questions knowing that I'm lesbian. Or who will be aware of my needs because I don't have sex with men etc."

Substance Abuse
- o **Theme**: Alcoholism is a challenge that many individuals in the LGBTQI-Women and Trans-Men communities face.

"With all other things being the same, there's this one additional challenge in your life which may take what resources you have and wear them down even further to the point that you engage in alcohol abuse."

Politics
- o **Theme:** There are not enough LGBTQI individuals, or allies, involved in politics.

"I think in this community unlike others who have been involved with civil rights struggles, there is no economic reason to be active. So unless something hits you in your back pocket or isn't visible when you walk into a room, it's not something you are politically active about. Because the federal marriage amendment was an attack, people were active. But people forget 8.5 years ago, Matthew Shepard was strung up. Hate crimes went by the wayside. But hate crimes are still out there and not protected."

"There are so many states in which you can be fired because of gender identity. Because this doesn't affect some people on an every day level, they aren't active. If more middle-America folks who are LGBTQI and women would be politically active, this would help them economically. There is huge progress in terms of having LGBTQI representatives locally come out. If people who are in office would be more vocal about these issues…either because they know someone or they have had people fundraise to put them where they are."

- o **Theme:** Many of the issues that affect the LGBTQI women and Trans men community are not addressed adequately through legislation or political venues; rather, sometimes bringing light to an issue can create a negative backlash.

"Sometimes, instead of making a point, you make yourself a target. There is a fine line. If you go to the legislature, you are protected to do your thing by the 1ˢᵗ amendment and they let you do your thing even if they don't listen. But if you're in the street, you don't have that protection, so you need to be careful. Political action and civil rights actions are manifestations of self-respect and need for recognition…that is only in this country. You see this with women's rights, civil rights etc."

"Many individuals are scared of being "outed" through speaking out and political activism"

Appendix E: AGENDA: Forum Planning Committee Meeting 1 – 3/29/07

I. Introductions – 5 mins

II. Ground rules for our meetings – 5 mins

III. Forum – 25 mins
- Goal of forum
- Team's role in forum
- Location (NC State??)
- Date: 4/21; Time: 4-7p?
- Who should we invite
- Rough layout of evening

IV. Advertising Forum – 10 mins
- Flyer → design, where to post
- How to get more people to come

V. Donations – 10 mins
- What we have so far (food & door prizes)
- Ideas for other donations (both food & door prizes)

VI. Entertainment – 5 mins
- Any ideas???

VII. Next meeting – 5 mins
- DATE/TIME/LOCATION FOR NEXT MEETING (4/12?)
- Discussion & decision on themes; FPC's roles at Forum
- Send Michele agenda items (mdemers@email.unc.edu)

Appendix F: Agenda for Forum Planning Committee Meeting

4/12/07
Starbucks on Peace Street, Raleigh

1. Check in   (5 minutes)

2. Forum updates: (5 minutes)
    o   Location visit by Michele and Margot
    o   Post directions onto listserves
    o   Entertainment-CD playing

3. Key Note Speaker   (15 minutes)
    o   What she is to include in her speech

4. Themes   (30 minutes)
    o   Developed themes from the team
    o   Must choose FIVE that are both important
        AND changeable
    o   Do you want to volunteer for a breakout group now?

5. Any last issues/requests/suggestions?   (5 minutes)

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL   T 919.966.3761
CAMPUS BOX 7440   F 919.966.2921
CHAPEL HILL, NC 27599-7440   www.sph.unc.edu/hbhe

March XX, 2007

Dear Wake County Business Owner,

We are writing on behalf of a team of five University of North Carolina at Chapel Hill (UNC-CH) graduate students. As part of an academic course we have been working with two community members – Beth Bruch (Lesbian Resource Center) and Jan Muller (Triangle Community Works) – to explore the social, economic, and health experiences of lesbian, gay, bi-sexual, transgender, questioning, queer, intersex (LGBTQI) women of Wake County.

Over the course of the last seven months, we have had the privilege of attending community events, as well as interviewing over 30 local residents and service providers to better understand the LGBTQI community's strengths as well as its challenges. Through our interviews and time in the community, the people with whom we have interacted have spoken about the local businesses and their contribution to the community.

On Saturday, April 21, 2007, we will be presenting the results of our research at a community forum to an expected audience of 60 community members and agencies. This event will be held from 5-7pm at NC State University, and it is our hope that your business will be represented at the forum. We will formally recognize all donors through a listing in our program as well as a verbal acknowledgement at the conclusion of the forum. We believe that your participation in this important community event will undoubtedly generate even more goodwill in the community and publicity for your business.

Since we are affiliated with UNC-CH, your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-CH is 56-600-1393. Should you have any questions, please do not hesitate to contact the team by phone at our toll-free number: (866) 610-8272, or either of us directly at (919) 358-7471 and (734) 417-0867.

Thank you for your consideration of this request, and we look forward to speaking with you soon!

Warm regards,

Margot Sue Mahannah   Michele RS Demers
Co-Chair,   Co-Chair,
Community Forum Planning Committee Community Forum Planning Committee
mahannah@email.unc.edu   mdemers@email.unc.edu
(919) 358-7471   (734) 417-0867

Appendix H: Forum Donor List

LIST OF DONORS:

Quail Ridge Bookstore

Whole Foods on Wade Avenue

Starbucks on Peace Street

Helios Café

Cup of Joe

Percolator Lounge

Rialto Theater

White Rabbit Books and Things

Stuff Consignment

Bruegger's Bagels on Wade Avenue

Moe's Southwest Grill on Wakefield Commons

The Fresh Market in Cameron Village

The Roast Grill

Papa John's on Hillsborough

Fed Ex/Kinkos on Hillsborough

Harris Teeter in Cameron Village

The Alliance of AIDS Services, Carolina

Triangle Community Works

Jan Muller

The L Club

LGBTQI-Women & Trans-Men
OF WAKE COUNTY

YOU'RE INVITED TO A

COMMUNITY FORUM

PLEASE JOIN US
for an evening of DIALOG, DINNER and PRIZES

When: APRIL 21, 2007, 3:30-7p

Where: NC State University
NORTH CAMPUS, MANN HALL, RM 216
2501 Stinson Drive, between Broughton Dr. & Lampe Dr.

For more information, please contact: Michele or Margot - wakewomen@gmail.com

Appendix J: Forum Invitation

*You are cordially invited to attend a community forum for
lesbian, gay, bisexual, transgender, questioning, queer, intersex (LGBTQI) women and
transgender men of Wake County.*

*An opportunity for LGBTQI Women and Trans Men community members and
service providers in Wake County to come together to discuss
community strengths, challenges, and areas for future growth;
and to brainstorm possible solutions to improve the quality of life for all
LGBTQI Women and Trans Men in Wake County.*

*Saturday, April 21, 2007
4:00pm-7:00pm, A light dinner will be served!
Numerous door prizes will be awarded!*

*North Carolina State University's Mann Hall
2501 Stinson Drive*

Community Forum Planning Committee:

*Jan Muller   Lea Cordova   Kimball Sargent
Rev. Belva Boone   E. Anne Abernathy*

*Michele Demers
Margot Sue Mahannah
Forum Committee Co Chairs
Department of Health Behavior and Health Education
The University of North Carolina at Chapel Hill School of Public Health*

Please feel free to invite friends and allies who would like to participate!

*If you have any questions, or if you would like additional directions,
please direct inquiries to wakewomen@gmail.com*

Thank you, in advance, for making the community forum a success!

Appendix K: Forum listserv/email posting

Please do come participate. The Lesbian Resource Center, Triangle Community Works, and many other fine folks - maybe you! - have been working towards this Wake County LGBTQI-Women & Trans-Men Community Forum. (Yes allies, you are welcome too!) Pastor Belva Boone will be the keynote speaker. Seriously, community, food and dialog of substance, how great is that!

-beth

PLEASE JOIN US for an evening of DIALOG, DINNER and PRIZES

APRIL 21, 2007, 3:30-7p
NC State University
NORTH CAMPUS, MANN HALL, RM 216
2501 Stinson Drive, between Broughton Dr. & Lampe Dr.
See directions below

Free Child Care Provided
For more information, please contact: Michele or Margot -
wakewomen@gmail.com

Wake County LGBTQI-Women & Trans-Men Community Forum:
Directions & Parking

1. From Hillsborough Street on the NC State Campus, take a RIGHT on Pullen Road
2. Turn RIGHT on Dunn Ave (after going over the railroad bridge)
3. Turn LEFT on Jeter Drive
4. Park in the Coliseum Parking Deck (on your left – it is free on the weekend)
5. Walk towards Dunn Ave away from parking deck, and turn LEFT on Dunn
6. Walk to your RIGHT through the pedestrian tunnel
7. Mann Hall will be in front of you when you emerge from the tunnel, walk around the building and enter in the front

Wake County Community Forum for LGBTQI-Women and Transgender-Men
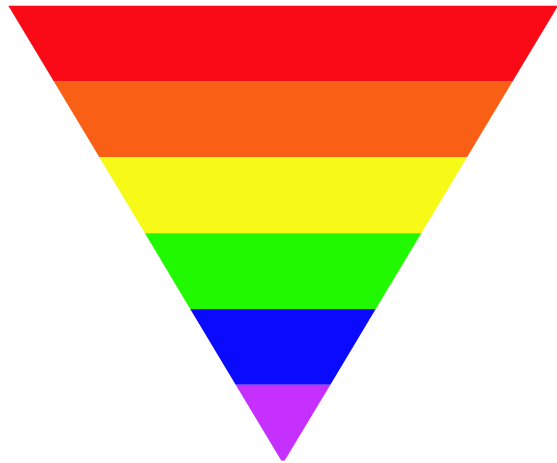
Saturday, April 21, 2007
3:30 - 7:00 p.m.
North Carolina State University
Mann Hall, Room 216
Raleigh, North Carolina

Health Behavior and Health Education
Wake County LGBTQI Community Assessment Team
CB# 7440
Chapel Hill, NC 27599-7440
Phone: 919-966-3919
Email: wakewomen@gmail.com

Welcome!

We would like to welcome everyone to today's Wake County LGBTQI-Women and Trans-Men Community Forum. Thank you for taking the time to come today to help improve the LGBTQI Community in Wake County.

AOCD Team Members:
Hillary Anderson, Michele Demers, Margot Sue Mahannah, Dinushika Mohottige & Louise Stenberg

Preceptors: Beth Bruch, Lesbian Resource Center
Jan Muller, Triangle Community Works

Forum Planning Committee: Jan Muller, Lea Cordova, Kimball Sargent, Rev. Belva Boone & Anne Abernathy

The full final report on the community assessment will be available for public use on June 1, 2007 on the UNC Health Sciences Library website at http://www.hsl.unc.edu/PHpapers/phpapers.cfm

Agenda

3:30 - 4:00 pm   Registration

4:10 - 4:15 pm   Welcome and Forum Overview

4:15 - 4:25 pm   Keynote Speaker
Rev. Belva Boone, St. John's MCC

4:25 - 4:40 pm   Presentation of Themes and Discussion Sessions

4:50 - 5:50 pm   Discussion Sessions

6:00 - 6:25 pm   Discussion Group Reports

6:25 - 6:30 pm   Closing Remarks

6:30 - 7:00 pm   Dinner & Dessert Raffle

Discussion Session Themes:

Community Needs

There is a need within the LGBTQI community for a safe and affirming gathering space that could lead to more interactions between diverse sub-communities.

"I know people who move to this area...you know the internet is great, b/c you can Google anything, find info on anything, but if you move to an area and you know that there's an LGBT center...it makes things more personal."

"I think that the community has specific places where it connects, but generally people have pockets where they socialize rather than there being sort of a larger cohesive community."

Facilitator: Louise Stenberg

Room : 301

Race

cial divisions and racial segregation exist within the mmunity of LGBTQI-women and trans-men.

"The hard fact is that social events happen separately, and that in itself produces tension...segregating behavior, self-segregating behavior just calls to light the not as connected as maybe we could

Facilitator: Dinushika Mohottige

Room: 304

Health Care

There is a need for physical and mental health care providers that are sensitive to and understanding of the issues that LGBTQI-Women and Trans-Men face, and for these health care provider's information to be easily accessible by the community.

"I immediately realized after becoming part of the lesbian community that it was difficult in finding resonant, sympathetic doctors. Apart from the issue of women around male doctors is the issue of who can I go to and who won't ask weird questions knowing that I'm lesbian. Or who will be aware of my needs because I don't have sex with men etc."

Facilitator: Michele Demers

Room: 321

Ageism/Aging

Aging and elderly individuals in the LGBTQI community face the challenges of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in care facilities.

"I always have concerns about our elder women, and points in which they can be connected and remain connected, without feeling like they're being an afterthought. And in being intentional about creating ways that they can be connected that celebrates who they are and where they are and recognizing them as matriarchs to the women's community..."

Facilitator: Hillary Anderson

Room: 323

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Discussion Session Themes:

Disconnect between Gay males, Lesbian/Bisexual Women, and Transgender individuals.

gregation and divisions exist in the broader LGBTQI mmunity between gay males, lesbian and bisexual women, d trans-identified individuals.

"Gay men, gay women, queer men, queer women, whatever you want to call it, are all very separate. From my understanding it's kind of a regional thing, I've heard that it's not that way all over the country. But here, I've definitely gotten that feeling that it's either a "gay" event or a "lesbian" event."

"I think to have more clout...I think the LGBTQI community and gay men's community need to work more together to get what we want."

Facilitator: Margot Sue Mahannah
Room: 404

Other Common Themes:

Community Social Cohesion
Although there is a lack of broad social cohesion in the community of LGBTQI wo___ trans-men of Wake County, community members have ___ ___ apacity to work collaboratively when faced with a challenge.

Community Coming Together
Although there are several broadly encompassing community activities/events/ve___ ___ng SWOOP,
Trianglegrrls, and the Silver Roses, some ___ difficulty
joining the community.
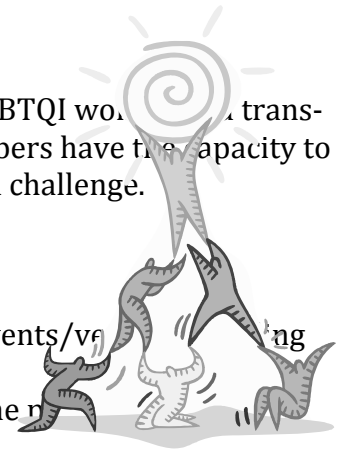
Religious Organizations
Not only on an individual level, but within the broader LGBTQI community, there exist conflicts surrounding religion and sexuality, which in turn creates mental health issues.

Transgender Support
There are not enough formal means of social support among the transgender community where individuals can help each other.

Transgender Health care
There are not enough health care and general service providers that are able to provide trans-sensitive and appropriate care.

Youth Support and services
Youth face special challenges when dealing with the issue of their sexual identity and do not have access to the support or services that are needed during this time.

Divisions by **Class/Financial Status**
Separation and divisions exist in the community based on class, socio-economic status, and wealth.

Divisions across cities: Raleigh vs. Durham/Chapel Hill
There are differences and separations between the LGBTQI-women's community in Raleigh and those in Chapel Hill and Durham.

Health Service Provider Challenges
Several barriers that service providers in the LGBTQI-Women and Trans-Men communities face are: lack of resources, lack of knowledge of what other services are out there, need for more training and education regarding the issues that these communities confront.

Substance Abuse
Alcoholism and substance abuse is a challenge that many individuals in the LGBTQI-Women and Trans-Men communities face.

Politics
There are not enough LGBTQI individuals or allies involved in politics.

Politics
Many of the issues that affect the LG community are not addressed adequately through legislation or p sometimes bringing light to an issu backlash.
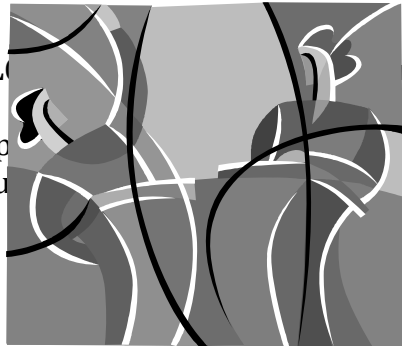
Notes

Special Thanks To....

We would like to thank the following businesses, organizations and individuals who made generous donations that helped make today a successful event.

Quail Ridge Bookstore

Whole Foods on Wade Avenue

Starbucks on Peace Street

Helios Café

Cup of Joe

Percolator Lounge

Rialto Theater

White Rabbit Books and Things

Stuff Consignment

Bruegger's Bagels on Wade Avenue

Moe's Southwest Grill on Wakefield Commons

The Fresh Market in Cameron Village

The Roast Grill

Papa John's on Hillsborough

Fed Ex/Kinkos on Hillsborough

Harris Teeter in Cameron Village

The Alliance of AIDS Services, Carolina

Triangle Community Works

Jan Muller

The L Club

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Appendix M: Forum Presentation

Wake County Community
Forum for LGBTQI Women
and Transmen

North Carolina State University
Raleigh, NC

Agenda

- Welcome and overview of forum
- Keynote speech, Reverend Belva Boone
- Presentation of themes and other results of assessment
- Discussion within small groups on primary themes and sign up for ACTION Listservs
- Group Report Back
- Closing Remarks
- Dinner and Raffle
- Sign-up for other action step   listservs

Action-Oriented Community Assessment (AOCA)

- *What are the goals of an AOCA?*
- *To engage community members and service providers in dialogue regarding community assets, challenges, and needs*
- *To collaborate in developing action steps for positive change in the community*

What is involved in the AOCA process?

- *Defining the community*
- *Gaining entrˇe by participating in community events, etc.*
- *Secondary data review (resource brochures, government documents, current social/health statistics)*
- *Individual and focus group interviews with service providers and community members*
- *Development of action steps and transfer of action to community*

Interviews

- *Conducted individual and focus group interviews*
- *Total 31 individuals interviewed*
  - *4 service providers*
  - *6 service provider/community members*
  - *21 community members*

Interviewee Demographics

RACE
- *22 White/Caucasian*
- *5 Multiracial*
- *2 Hispanic/Latina/o*
- *2 Black/African-American*

AGE RANGE 22-68

Data Analysis

1. Reviewed transcripts, interviewer notes, and student team observations by topic

2. Analyzed data for trends/themes within each topic

3. Identified and classified themes by frequency and topic

4. Presented themes to forum planning committee to prioritize the most important, changeable

Findings: Community Strengths

- *Ability to come together and offer support in times of need*
- *Smaller social circles provide support*
- *Extensive community, rich with diversity*
- *Several affirming spiritual/religious communities*
- *Several opportunities for action/networking/socializing*
- *Small community of closely-knit, dedicated service providers committed to action*

Findings: Challenges/Themes

Community Needs: There is a need within the community for a safe and affirming gathering space that could lead to more interactions between diverse sub-communities

ŅI think that the community has specific places where it connects, but generally people have pockets where they socialize rather than there being sort of a larger cohesive communityÓ

Findings: Challenges/Themes

Race: Racial divisions and racial segregation exist within the community.

Ņ The hard fact is that social events happen separately, and that in itself produces tension É segregating behavior, self-segregating behavior just calls to light the fact that we are not as connected as maybe we could be Ó

Findings: Challenges/Themes

Health Care: There is a need for physical and mental health care providers that are sensitive to the issues of LGBTQI-Women and Trans-Men. Information regarding these providers should also be easily accessible to the community.

ÒI immediately realized after becoming part of the lesbian community that it was difficult finding sympathetic, resonant doctors. Apart from the issue of women around male doctors is the issue of who can I go to and who wonÕt ask weird questions knowing that IÕm a lesbian. Or who will be aware of my needs because I donÕt have sex with men, etc.Ó

Findings: Challenges/Themes

Ageism/Aging: Aging and elderly individuals in the LGBTQI community face the challenges of ageism, isolation, minimal support, exclusion from the broader community, and discrimination in health care facilities.

ÒI always have concerns about our elder women, and points in which they can be connected and remain connected, without feeling like they're being an afterthought. And in being intentional about creating ways that they can be connected that celebrates who they are and where they are and recognizing them as matriarchs to the women's communityÉ Ó

Findings: Challenges/Themes

Disconnect between Gay Men, Lesbian/Bisexual Women, and Transgender Individuals:

Segregation and divisions exist in the broader LGBTQI community between gay men, lesbian and bisexual women, and trans-identified individuals.

"Gay men, gay women, queer women, whatever you want to call it are all very separate…there I've definitely gotten the feeling it's either a gay event or a lesbian event"

Other Issues

- *Community social cohesion*
- *Community Coming Together*
- *Religious Organizations*
- *Transgender Support*
- *Transgender Healthcare*
- *Youth Support/Services*
- *Divisions by class/financial status*
- *Substance Abuse*
- *Health Service Provider Challenges*
- *Divisions across cities: Durham/CH vs. Raleigh*
- *Politics*

Discussion Sections

1. **Break out into small groups to discuss themes/issues**
   - **Follow guides to designated area**
   - **Discuss themes/issues and collaborate to develop action steps**
   - **Sign up for ʻactionʼ listserv/group**
2. **Report Back to the Large Group**
3. **Sign up for other action groups you are interested in being a part of**

Discussion Section Locations

Community Needs: Louise, 301

Racial Divisions: Dinushika, 304

Health Care: Michele, 321

Ageing/Ageism: Hillary, 323

Disconnect btw Gay males/LBW and trans individuals: Margot, 404

Appendix N: Forum Small Group Discussion Guides

Health Care: Showed Facilitation Guide
Theme: There is a need for health care providers that are sensitive and understanding of the issues that LGBTQI-Women and Trans-Men face, and for these health care provider's information to be easily accessible by the community.

Goal: To discuss the lack of LGBTQI sensitive health care providers and ways to disseminate information about the ones that do exist.

Trigger
Lisa just recently moved to Springville, Iowa to start her knew job, and has been busy settling into her new home. Lisa is a 27-year-old transitioning male to female transgender lesbian, and has been on hormone therapy since she was 18. She is in for a physical for her job and this is her first visit with health care provider Dr. Shaw. Lisa learned about Dr. Shaw from a colleague who does not know that Lisa is transgender, and she is nervous about how and whether or not to bring this topic up with Dr. Shaw. In this skit, Lisa is sitting in Dr. Shaw's office in a clinic gown when Dr. Shaw comes in examining Lisa's chart…

Dr. Shaw: Hello, Lisa. I noticed you didn't mark the sex boxes, and some other parts of the paper work… why don't you go ahead and finish filling out these papers for me.

Lisa: Um, okay… [she hesitantly checks of one of the "sex" boxes]

Dr. Shaw: So, you're in for your annual check up, I see… when was the last time you had a pap smear?

Lisa: Well, I haven't had a pap smear… ever…

Dr. Shaw: What do you mean? Are you sexually active?

Lisa: Yes.

Dr. Shaw: Okay, and what are you using for birth control?

Lisa: At this moment, I'm not using any birth control.

Dr. Shaw: Well, most women that are your age seem to prefer to take a birth control pill. Matter of fact, the pill provides the strongest protection from getting pregnant. There isn't a chance that you are TRYING to get pregnant, is there…?

Lisa: ah..n..n…no, no there's no chance.

Dr. Shaw: Well, then a birth control pill might be a good option for you. There is also the nuva ring, which is inserted into the vagina and stays there for three weeks. Why don't we get your pap smear out of the way, and then we can talk about birth control options for you. Go ahead

and lay on your back, put your feet in these stirrups and relax… this should only take a few seconds…

Lisa: [nervously] I'm really not interested in a pap smear today… and I'm also not interested in birth control… maybe I should find a different health care provider…

Dr. Shaw: [awkwardly] If that is what you think is best… would you like me to make some recommendations…?

Lisa: No, no thanks… I can find someone on my own…

Dr. Shaw: Okay… I'm not sure what made you so uncomfortable. Let me show you out…

On her way out, Lisa realizes that she does not know anyone else who is transgender or anything about the LGBTQI community in Springville, and is concerned about how she will find a health care provider that is well informed about her specific needs.

SHOWED Questions:

S -   What words from this skit really stuck with you?
             If you were to tell someone else who isn't here about this skit, how would you
             describe it?

H –   In your words, what is happening during Lisa's visit to Dr. Shaw?
             How do you think Lisa feels during her visit to Dr. Shaw?

O –   Has anyone experienced a situation similar to the one that Lisa experienced   during her visit to Dr. Shaw?
             Have you heard of others in the community who have had similar situations with   their health care provider?

W –   What causes these types of patient-provider interactions to exist?
             Who is benefiting or loosing out when this type of communication happens?

E –   What are some of the reasons that we allow these types of interactions to exist?
             What are some of the causes of letting these types of interactions exist?

D –   How can we work towards a goal of better patient-provider interactions?
             What are things that we can do so that community members have more positive
             interactions with health care providers?

Ageism/Aging: Force Field Facilitation Guide

Theme/Current situation: Aging and elderly individuals in the LGBTQI community face the challenges of ageism, isolation, minimal support, exclusion from the broader community and discrimination in care facilities.

 Goal (initial): Increase the social and legal support services available to LGBTQI individuals that are aging.

Instructions
1. Present the current situation based on findings and write this down on the upper half of a large sheet of paper.
2. Ask the group to develop a goal to address the situation. Write this down on the lower half of the sheet of paper.
3. Brainstorm helping and hurting forces that affect the current situation. Write the helping forces on a large sheet of paper to the left of the paper with the theme & goals, and the hurting forces on another sheet of large paper to the right.
4. Explain that the group can move toward the goal by increasing the helping forces or by reducing the hurting forces.
5. Now look at the forces written and ask:
   - Are they valid?
   - How do we know?
   - How significant is each force?
   - Which forces can be altered and which ones cannot?
   - Which forces can be altered quickly?
6. Identify both helping and hindering forces that are most important and most changeable; place a star by those chosen.
7. Consider once again from the list of those starred, which is most changeable—choose only ONE, not one of each.
8. Using this chosen force as the new current situation, ask the group to identify a new goal regarding this force.
9. Once a new goal is established, repeat this process on new sheets of paper, until you have identified a goal that the group can realistically achieve. May take 2-3 rounds.
10. Ask the group to start listing action steps they can take to achieve this final goal. For each step, decide who in the group will be responsible for completing the action.
11. When you've finished this process, choose a representative to report the goal and action steps to the larger group.

Community Needs: Force Field Guide

Theme: There is a need within the community for a safe and affirming gathering space that could lead to more interactions between diverse sub-communities.

Current Situation:
There is a need for a safe and affirming gathering space.

1st Goal:
Increase commitment to finding a safe and affirming gathering space (address apathy in community).

Instructions
1. Present the current situation based on findings and write this down on the upper half of a large sheet of paper.
2. Ask the group to develop a goal to address the situation. Write this down on the lower half of the sheet of paper.
3. Brainstorm helping and hurting forces that affect the current situation. Write the helping forces on a large sheet of paper to the left of the paper with the theme & goals, and the hurting forces on another sheet of large paper to the right.
4. Explain that the group can move toward the goal by increasing the helping forces or by reducing the hurting forces.
5. Now look at the forces written and ask:
   - Are they valid?
   - How do we know?
   - How significant is each force?
   - Which forces can be altered and which ones cannot?
   - Which forces can be altered quickly?
6. Identify both helping and hindering forces that are most important and most changeable; place a star by those chosen.
7. Consider once again from the list of those starred, which is most changeable—choose only ONE, not one of each.
8. Using this chosen force as the new current situation, ask the group to identify a new goal regarding this force.
9. Once a new goal is established, repeat this process on new sheets of paper, until you have identified a goal that the group can realistically achieve. May take 2-3 rounds.
10. Ask the group to start listing action steps they can take to achieve this final goal. For each step, decide who in the group will be responsible for completing the action.
11. When you've finished this process, choose a representative to report the goal and action steps to the larger group.

Disconnect: ORID Facilitation Guide

Theme: Segregation and divisions exist in the broader LGBTQI community between gay men and lesbian/gay/bisexual/queer women. There is also a lack of awareness and inclusion of the transgender community by the broader community of LGB women.

Trigger:
"I think to have more clout…I think the LGBTQI community and gay men's community need to work more together to get what we want. There needs to be more education…"

"The strength I've found in little subgroups can also be a weakness..when we can't come together for something bigger (that's a problem). For instance…a friend from MA couldn't believe how there was not mix of men and women in social settings."

"I don't see the gay men and lesbians interacting much at all. I think some women don't want to, but if we want to accomplish things we need to come together more. I like some men, I don't want to date them…but sometimes I get tired of being around only women."

O:
Which one of these quotes stands out for you?

What are some of the key ideas or themes in these quotes?

R:
Did anything surprise you in the quotations?

How did the quotes make you feel?

I:
What issues do these quotes bring up for you?

What are some of the deeper issues between the LGBTQI women/Trans men community that we could explore?

D: What are some tangible things that we can think of that can be done about this issue?

What actions can the LGBTQI women and Trans men community take? (What could be a first step?)

Race: Showed Facilitation guide

Theme: Racial divisions and racial segregation exist within the community of LGBTQI-women and trans-men.

Trigger:

"being in the south, we have a long history of racial discord and inequity towards people of color and all of us, whether we're gay or straight experience that, and sort of live in that climate"

"The hard fact is that social events happen separately, and that in itself produces tension… segregating behavior, self-segregating behavior just calls to light the fact that we are not as connected as maybe we could be."

Questions
S What do you see in these pictures? If you were to describe these images and statements to someone, what would you say?

H What is happening here in the different scenes?
How do the individuals in each group feel? How would they feel if they saw the other group?
How do the individuals stating making these statements feel?

O How does this picture and these statements reflect what you see in the LGBTQI community in Wake? Is this common in social gatherings, events, or within organizations?
How do you feel about this? Is this common?
What problems are related to this type of division?

W Describe what causes this type of segregation or lack of interaction between races and ethnicities? How does racial division impact individuals and who loses from it? How does this affect the broader community in general and the separate communities reflected in these images? Who is responsible for perpetuating the situation?

E What are some of the reasons the community allows or is passive about racial divisions? Describe some ideologies, behaviors, and beliefs that allow this issue to persist? How do we contribute to the lack of interaction?
(begin noting participant responses on flip chart paper)

D How can we be part of the solution in bridging racial divides? What are some things that we can do to address the issue of racial division? Who should we get involved? How might we advocate for change within our own social/work circles?
• *Prioritize*
• *Assign tasks*
• *Who will report back?*

Appendix O: Service Provider Interview Guide

Introduction:
Hello. I really appreciate you taking time out of your schedule to do this interview with us today. My name is _____, and I'm going to be talking with you about the services that you provide in Wake County. _____ will be taking notes and helping me during our discussion. It should only take about an hour to discuss with you what roles your group/organization has in the community. During this time, I'd also like to have a conversation with you about your opinions concerning the strengths you see among Wake County LGBTQI (Lesbian, bisexual, transgender, queer or questioning, and intersex) women, as well as some possible challenges that they face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer. Your participation in this interview is entirely voluntary. Please feel free to stop the interview, or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it. If it is alright with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project. Do you have any questions for me before we begin?

Demographic Information—this will be given on a separate form

Orientation to the Community

1. Do you live in Wake County? If yes, in which city or town? How long have you lived here?

Life in the Community

2. How would you describe the community of LGBTQI women in Wake County? For example:

- What about the financial status of this community compared to other communities in Wake?
- What is your sense of the unemployment among this community? What factors do you think contribute to this?
- How has recent growth in Wake County affected LGBTQI women living here?
- How are LGBTQI women involved in politics in Wake County?

Roles and Responsibilities of Service Provider

3. What is your agency's role in the community?

- In what ways is your agency funded?
- How long have you worked in this community?
- Why did you or the founder of the agency choose to work in this area?

4. Which members of the community (in terms of age, race, gender identity) are most served by your organization?

- How do they know about your services?

- ▪ How do you track who uses your services?
- ▪ Are there any criteria that individuals have to meet to be eligible for services?

5. What responsibilities do you feel you have to the community?

6. What are your biggest barriers/challenges at work?

7. How do you think the services that you provide could be better utilized by the community?

8. Who in the community is in the most need for your agency's services?

- ▪ If any, which members of the community are not using your agency's services?
- ▪ Which community needs are not met by your agency or other organizations in the community?

9. What other agencies in the community specifically provide services to LGBTQI women?

- • Are you currently working with or have you previously collaborated with any of these agencies? If so, how and with whom?
- • Which other agencies not previously mentioned does your agency collaborate with? In what ways?
- • Are there any agencies that you would like to see your agency collaborate with in the future? If so, which? And Why?

Assets and Needs Found in the Community

10. What do you think are the major issues/problems/challenges community members face? e.g.: income, segregation, safety, housing, health, concerns with aging?

- • Which problems do you feel are the most important for the community to address?
- • What issues do you hear clients discussing the most?
- • Are there issues that are not being addressed that you think should be?

Problem-Solving and Decision-Making

11. If you were going to try to solve a community problem, who would you try to involve to ensure success?

12. How has the community worked together in the past to address identified needs?

13. Is there anything else you would like to share about LGBTQI women in the community?

Recommended Individuals to Interview

For the purpose of this project, we hope to speak with as many people from the community of LGBTQI women. In addition, we would like to speak with any person who provides a service to this community.

14. Are there people or organizations that you think we should speak with?

- Why do you think their opinions and views would be helpful for us to hear?
- Would you be willing to contact these individuals to see if they are interested in being interviewed?

Recommendations for Community Forum

We plan to conduct a community forum this spring to share the information we have gathered and when the community will take ownership of the process. We hope that this will be a space in which service providers and community members can begin an honest dialogue regarding major themes, strengths and concerns that surfaced during the assessment process.

15. Would you like to be involved in planning this event? (This would entail coming to at least one planning meeting in the spring of 2007.)

16. Do you have any ideas regarding how to increase attendance? (time, place, and publicity)?

17. Who else do you think would be helpful in coordinating this forum?

Thank you so much for all of the information that you provided. We are very appreciative of your honest answers. If you have any additional information that you think of in the future that you'd like to share with us, please do not hesitate to email us at the email addresses in the brochure that you can take home.

Appendix P: Service Provider/Community Member Interview Guide

Introduction:
Hello. I really appreciate you taking time out of your schedule to do this interview with us today. My name is _____, and I'm going to be talking with you about the services that you provide in Wake County. _____ will be taking notes and helping me during our discussion. It should only take about an hour to discuss with you what roles your group/organization has in the community. During this time, I'd also like to have a conversation with you about your opinions concerning the strengths you see among Wake County LGBTQI (Lesbian, bisexual, transgender, queer or questioning, and intersex) women, as well as some possible challenges that they face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer. Your participation in this interview is entirely voluntary. Please feel free to stop the interview, or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it. If it is alright with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project. Do you have any questions for me before we begin?

Demographic Information—this will be given on a separate form

Orientation to the Community

1. Do you live in Wake County? If yes, in which city or town? How long have you lived here?

Life in the Community

2. How would you describe the community of LGBTQI women in Wake County? For example:

- What about the financial status of this community compared to other communities in Wake?
- What is your sense of the unemployment among this community? What factors do you think contribute to this?
- How has recent growth in Wake County affected LGBTQI women living here?
- What sorts of activities do LGBTQI women in the community do for fun?
- How are LGBTQI women involved in politics in Wake County?

3. Do community members from Wake interact with LGBTQI identified individuals partnering with women in Durham or Orange County? Under what context and in what situations do these interactions take place?

Roles and Responsibilities of Service Provider

4. What is your agency's role in the community?

- In what ways is your agency funded?
- How long have you worked in this community?
- Why did you or the founder of the agency choose to work in this area?

5. Which members of the community (in terms of age, race, gender identity) are most served by your organization?

- How do they know about your services?
- How do you track who uses your services?
- Are there any criteria that individuals have to meet to be eligible for services?

6. What responsibilities do you feel you have to the community?

7. What are your biggest barriers/challenges at work?

8. How do you think the services that you provide could be better utilized by the community?

9. Who in the community is in the most need for your agency's services?

- If any, which members of the community are not using your agency's services?
- Which community needs are not met by your agency or other organizations in the community?

10. What other agencies in the community specifically provide services to LGBTQI women?

- Are you currently working with or have you previously collaborated with any of these agencies? If so, how and with whom?
- Which other agencies not previously mentioned does your agency collaborate with? In what ways?
- Are there any agencies that you would like to see your agency collaborate with in the future? If so, which? And Why?

Assets and Needs Found in the Community

11. Do you feel like there is a cohesive community in Wake County among LBGTQI Women? Why or why not?

- In your opinion, how do you think the different community members interact with one another?
- Do people of different races, backgrounds, cultures, and ethnicities within the community interact? How would you describe these interactions?

12. What are some of the best aspects of the LGBTQI community (resources, agencies, human interactions, and physical environment)?

13. What do you think are the major issues/problems/challenges community members face? e.g.: income, segregation, safety, housing, health, concerns with aging?

- Which problems do you feel are the most important for the community to address?
- What issues do you hear clients discussing the most?
- Are there issues that are not being addressed that you think should be?

Problem-Solving and Decision-Making

14. If you were going to try to solve a community problem, who would you try to involve to ensure success?

15. How has the community worked together in the past to address identified needs?

16. Is there anything else you would like to share about LGBTQI individuals needing women-sensitive care in the community?

Recommended Individuals to Interview

For the purpose of this project, we hope to speak with as many people from the community of LGBTQI women. In addition, we would like to speak with any person who provides a service to this community.

17. Are there people or organizations that you think we should speak with?

- Why do you think their opinions and views would be helpful for us to hear?
- Would you be willing to contact these individuals to see if they are interested in being interviewed?

Recommendations for Community Forum

We plan to conduct a community forum this spring to share the information we have gathered and when the community will take ownership of the process. We hope that this will be a space in which service providers and community members can begin an honest dialogue regarding major themes, strengths and concerns that surfaced during the assessment process.

18. Would you like to be involved in planning this event? (This would entail coming to at least one planning meeting in the spring of 2007.)

19. Do you have any ideas regarding how to increase attendance? (time, place, and publicity)?

20. Who else do you think would be helpful in coordinating this forum?

Thank you so much for all of the information that you provided. We are very appreciative of your honest answers. If you have any additional information that you think of in the future that you'd like to share with us, please do not hesitate to email us at the email addresses in the brochure that you can take home.

Appendix Q: Community Member Interview Guide

Introduction:
Hello. I really appreciate you taking time out of your schedule to do this interview with us today. My name is_____, and I am going to be talking with you about your community. _____ will be taking notes and helping me during our discussion. We would like to take the next hour to discuss with you your role in the community of LGBTQI women in addition to your opinions concerning the strengths you see in this community and some possible challenges that they face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer. Your participation in this interview is entirely voluntary. Please feel free to stop the interview, or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it. If it is alright with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project. Is that okay? Do you have any questions for me before we begin?

Demographic Information—*this will be given on a separate form*

Life in the Community
1. Do you believe that there is a community of LBGTQI women in Wake County?
    - Do you consider yourself an active member of this community? (If Yes) How long have you been an active member?
    - Are there other communities that you identify with?
    - Which community do you identify with most strongly/closely?
2. Describe LGBTQI women living in Wake County.
    - Financial status of this community, as compared to the rest of Wake County?
3. What sorts of activities do LGBTQI women in the community do for fun?
4. Where do members of this population go to meet? (Probe: Is that a different place from where they go to just 'hang out'?)
5. Do community members from Wake interact with LGBTQI women in Durham or Orange County? Under what context and in what situations do these interactions take place?
6. Based on your knowledge, are LGBTQI women involved in politics in Wake County? (voting, talking with community leaders, elections)?
    - Has an individual from this community run for Office? (probe: which office? Did this individual win?)
7. How do people who are different interact within the community? (e.g. race/ethnicity, class, age, etc.) probe: why do you think these interactions do/do not happen?
8. How are churches or organized religions involved in the lives of people in the community? (attend services, participate in church groups)
9.   Are there other community organizations in the community that people are involved with? (probe: what are they?)

Assets and Needs of the Community
10. What are some of the best things about the community of LGBTQI women in Wake County? (health care, resources, agencies, social gatherings/support, physical environment)
11. What do you think are the major issues/needs community members face? (children, income, elderly, safety, housing, disability, health, mental health, pets)

- Which needs do you feel are the most important for the community to address?
12. What do you wish could happen for the community in the next 5-10 years?
13. What do you hear people in your community talking about?
14. How are the health needs of LGBTQI women in Wake County being addressed?

Problem-Solving and Decision-Making
15. What kinds of community projects have been started during your time here? How would you explain their success or lack of it?
16. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

Service and Businesses
17. What services/programs do LGBTQI women in Wake County use? (probe: do those services come here or do residents go to them?)
18. What services/programs do community members need?

Recommended Individuals to Interview
For the purpose of this project, we hope to speak with as many people from the community of LGBTQI individuals needing women-specific resources as possible.

19. Is there anyone else whom we should speak with about LGBTQI women in Wake county? (service providers, residents) Are you willing to get permission for us to contact them?
    a. Describe the specific person or organization
    b. Why do you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum
We plan to conduct a community forum this spring to share the information we have gathered and when the community will take ownership of the process. We hope that this will be a space in which service providers and community members can begin an honest dialogue regarding major themes, strengths and concerns that surfaced during the assessment process.

20. We plan to conduct a forum this spring to share the information we have gathered with the community. Would you be interested in helping us plan this event?
21. Do you have any ideas regarding how to get people to attend? (time, place, publicity)
22. Who else do you think would be helpful in coordinating this forum?

Additional Information
23. Is there anything else you would like to share about the community?

Thank you so much for all of the information that you provided. We are very appreciative of your honest answers. If you have any additional information that you think of in the future that you'd like to share with us, please do not hesitate to email us at the email addresses that are located in this brochure that we'd like for you to take with you when you leave.

Appendix R: Interviewee Demographic Form

Demographic Information

The demographic information you will be asked to provide at the end of this interview will only be used to assess general trends in data, and will not be directly linked with your name/responses. To protect your privacy, any information you provide will remain confidential. All of the information you provide will be stored only with an identification number, not with your name.

1. Age _____

2. Race/Ethnicity (check all that apply)

- American Indian or Alaska Native
- South Asian/South East Asian
- East Asian
- Black or African American
- Hispanic/Latina/o
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Multiracial
- Other _____

3. Sexual Orientation Identity

- Lesbian
- Gay
- Bisexual
- Queer
- Heterosexual
- Other _____

4. Gender Identity

- Male
- Female
- Gender Queer
- Two-Spirit
- M to F Transgender
- F to M Transgender
- Other _____

Appendix S: Interviewee Consent Form

WHAT IS AOCD?

AOCD stands for Action-Oriented Community Diagnosis and is a research project designed to assess the cultural, social, economic, and health experiences of individuals who live in your community. The purpose is to better understand the experiences of Lesbian, Bisexual, Queer, Questioning, Transgender, and Intersexed individuals needing women-specific services in Wake County. If you decide to participate in this interview, you will be asked to sign an "Informed Consent," which means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHY ARE YOU PARTICIPATING IN AOCD?

You are invited to participate because we want your ideas on your community's strengths and struggles. Someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in your community. An example of a general question is, "What is it like living in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will be noting your responses on paper. Also, if you do not object, we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time.   You will have the opportunity to share your thoughts about the future of the community that you serve. You will not be paid to participate in this interview.   There are no costs for participating in the project other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it to the community in both a written document and a community forum.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

To protect your privacy, any information you provide will remain confidential. All of the information you provide will be stored only with an identification number, not with your name. The demographic information you will be asked to provide at the end of this interview will only be used to assess general trends, and will not be directly correlated with your name or your responses. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.   Information such as age and sex may be gathered during the interview. When we report the data, all identifying information will be removed so your responses and

comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 at the conclusion of the study. Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview, you may ask that the tape-recording be stopped at any time. Whether or not you choose to participate will have no effect on the services you receive within the community or any relationship with the University of North Carolina at Chapel Hill.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. We will do the best we can to protect you from any risk by keeping all data in a locked file cabinet at the University of North Carolina at Chapel Hill School of Public Health. In addition, your name will never be attached to anything you say. Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. Your participation will provide useful information that can be used by the community to plan and improve services available for its residents. After conducting these sessions, we will summarize our findings and present this summary both written and verbally to the community.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?

If you have any questions or concerns about this project or would like to receive information on the progress of the project, please feel free to contact members of the student team, which includes Hillary Anderson, Michele Demers, Margot Mahannah, Dinushika Mohottige, and Louise Stenberg at:

wakewomen@gmail.com

This is a student project conducted under the supervision of the student team's faculty advisors in Health Behavior Health Education at UNC. If you wish to contact a faculty advisor, please email Kate Shirah at (kate_shirah@unc.edu).

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date the agreement form and give it to one of the interviewers. Please keep this brochure for your own information.

THANK YOU!

Appendix T: Consent Agreement Form

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. Please keep the detached brochure for your own information.

Agreement Statement:
By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

_____
(your signature and date)

_____
(team member signature and date)

Thank you!

Appendix U: Interview Solicitation Paragraph

We are a team of five graduate students at the UNC Chapel Hill School of Public Health. As part of our coursework, we are doing a community assessment of lesbian, bisexual and queer women, women who partner with women, and trans-identified men and women in Wake County, NC. We are asking you, as a community member, ally, or service provider, to engage with us in a joint process where you can serve as the experts for the provision of information regarding strengths and weaknesses in this community. Your participation in this process is completely confidential, and the information you provide will not be linked to your name in any way. On April 21, 2007, we hope to bring the community together in a community forum. During the forum, we hope to facilitate dialog between community members and community service providers, wherein the information attained can be used to design and implement an action plan for the enhancement of the community. We hope to respectfully gain and present a broad perspective of the many rich and diverse voices, concerns, strengths, and needs that characterize LGBTQI women and trans-identified men in Wake County. If you are interested in learning more about this process or participating in a confidential interview, please contact us at wakewomen@gmail.com.

Appendix V: List of Community Events Attended by student team

LGBTQI-Women of Wake County, Community Events Attended:

Trans Health Workshop with Nick Gordon
North Carolina State Fair
Workshop with Judy Shepard
North Carolina Pride Festival
HRC Resource Fair
The View
CC's
Legends
St. Johns MCC, Sunday Service (multiple occasions)
Pullen Baptist Church, Sunday Service
Drag Bingo (multiple occasions)
Unity Conference
L-Word Screening at 9th Street
Post-Pride Party, Durham
Trans King Show at Visions, Durham
Cuntry King Show (multiple occasions)
AQUA Duke Meeting (Alliance of Queer Undergrads @ Duke)
GLBTSA Meeting at UNC
UNC/Duke Women's Basketball Game

LGBTQI Women and Transmen Community Forum
__EVALUATION FORM__

The student team is extremely interested in getting your feedback on the forum. Please fill out this sheet and place it in the box by the exit.

Thank you for your time!

|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. The presentation by the student team was informative					
2. The small group discussion I attended encouraged conversation, and produced action steps					
3. The reports after the small group discussions were informative					
4. I feel that this gathering has provided me with resources and/or opportunities to become more involved in making the LGBTQI Women/Transmen community a better place.					
5. I felt comfortable voicing my opinions.					
6. I plan on participating in the action steps that we created today.					

7. How did you hear about our forum?

8. What were the best things about this forum? (please include additional comments on the back)

9. What things could have improved this forum? (please include additional comments on the back)

10. Any other comments? (please include additional comments on the back)

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Appendix X: Focus Group Consent Form
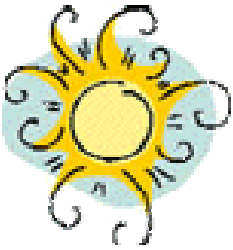
WHAT IS AOCD?

AOCD stands for Action-Oriented Community Diagnosis. This is a project designed to assess the cultural, social, economic, and health experiences of individuals in the community. The purpose of this particular AOCD is to better understand lesbian, bisexual and queer women, women who partner with women, and trans/intersex-identified men and women in Wake County. If you decide to participate in this focus group, you will be asked to sign an "Informed Consent," which means that you understand the purpose of the AOCD project. For the purposes of our project, "focus group" is defined as a small group assembled to identify and discuss key issues in the community.

WHY ARE YOU PARTICIPATING IN THIS AOCD?

You are invited to participate because we want your ideas, on this community's strengths and struggles. Someone in the community identified you as a person who can talk about the views of this community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in a focus group interview with up to three team members from the UNC School of Public Health and additional members of the LGBTQI community in Wake County. Please be as honest as you can, keeping in mind that there are no wrong answers or bad ideas, just different opinions. The focus group will only meet once and will take about 1-2 hours of your time. If you agree to participate in the focus group we will be noting your responses on paper. Also, if you do not object, we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time. You will not be paid to participate in this focus group, and there are no costs for participating in the project other than your time spent during this focus group. By participating in this assessment, you are acknowledging the fact that any information shared in this interview is confidential, and both your answers and the answers of others participating are expected to be kept confidential after the focus group ends. Please uphold the norms agreed to by the collective group at the beginning of the session, and be respectful of those around you to ensure a safe and welcoming space to address concerns and strengths of the community.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups and present it to the community in both a written document and a community forum. We hope that the information we gather will be used to improve the services in this community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

Our team will summarize what we learn about the strengths and needs of the community. This information will be shared in a community forum on April 21st. We will also include the information in a written report that will be made available to you and the community.

To protect your privacy, any information you provide will remain confidential. All of the information you provide will be stored only with an identification number, not with your name. The demographic information you will be asked to provide during this focus group will only be used to assess general trends, and will not be directly connected with your name or your

responses. Though your name and address may be collected, it will not be used in any way in the project or linked to your responses. It will only be used to invite you to attend the community forum in April. Information such as age and sex may be gathered during the focus group. When we report the data, all identifying information will be removed so your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 at the conclusion of the study. Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this assessment, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the focus group, you may ask that the tape-recording and/or note-taking be stopped at any time. Whether or not you choose to participate will have no effect on any relationship that you may have (or may have in the future) with the University of North Carolina at Chapel Hill.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

The risks associated with participating in this focus group are minimal. We will do the best we can to protect you from any risk by keeping all data in a locked file cabinet at the University of North Carolina at Chapel Hill School of Public Health. In addition, your name will never be attached to anything you say. Direct benefits may not be identified initially, but potential positive action steps that result from the forum may be beneficial to community improvement efforts. Your participation will provide useful information that can be used by the community to plan and improve services available for its members. After conducting these sessions, we will summarize our findings and present this summary both written and verbally to the community. Please respect those who participate in the focus group by ensuring confidentiality of all information shared by all members of the community who have participated in the focus group.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CONTACT THEM?

If you have any questions or concerns about this project or would like to receive information on the progress of the project, please feel free to contact members of the student team, which includes: Hillary Anderson, Michele Demers, Margot Mahannah, Dinushika Mohottige, and Louise Stenberg at:

wakewomen@gmail.com
OR
1.866.610.8272

This is a student project conducted under the supervision of the student team's faculty advisors in Health Behavior Health Education at UNC. If you wish to contact a faculty advisor, please contact Kate Shirah at: kate_shirah@unc.edu, 919.966.0057.

If you are interested in participating in the interview, **please read the attached agreement statement very carefully.** Then please sign and date the agreement form and give it to one of the interviewers. Please keep this brochure for your own information.

THANK YOU!
We really appreciate your time and your contribution!

Appendix Y: Focus Group Guide

Introduction:
We really appreciate you taking time out of your schedule to do this focus group with us today. My name is_____, and I am going to be talking with you about your community. _____ will be taking notes and helping me during our discussion. We would like to take the next hour to discuss with you your experiences in the community of LGBTQI individuals in Wake County in addition to your opinions concerning the strengths you see in this community and some possible challenges that they face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer. Your participation in this interview is entirely voluntary, so please feel free to stop or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it. If it is alright with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project. Is that okay? Any information shared in this interview is confidential, and both your answers and the answers of others participating are expected to be kept confidential after the focus group ends.   Please uphold the norms agreed to by the collective group at the beginning of the session, and be respectful of those around you to ensure a safe and welcoming space to address concerns and strengths of the community. Does anyone have any questions for me before we begin?

1. How would you describe the LGBTQI community in Wake County? (Probe: Or if you don't feel there is a community, why do you feel there isn't a community?)

2. Tell me about your experiences as an LGBTQI individual in Wake County. (Probe: services, social interactions, "safe spaces", etc)

3. What do you feel are the greatest strengths and assets of the community?

4. What things are being done to address and secure these strengths?

5. How and in what situations/circumstances do people who are different interact within the community? (e.g. sexual orientation identity, gender identity, race/ethnicity, class, age, etc.) (probe: Why do you think these interactions do/do not happen?)

6. What do you feel are the greatest needs of the community?

7. How are the needs of the community currently being addressed?

8. What do you wish could happen for this community in the next 5-10 years?