

FOREWORD

In January 1999 the Chief Medical Officer of the then Region of Ottawa-Carleton convened a meeting of leaders and influential members of the gay, lesbian, bisexual and transgender (GLBT) communities to discuss the health needs of GLBT residents and their families. This meeting proved to be instrumental in setting in motion a grass-roots community-based process that led to the creation of the GLBT Health Task Group and the birth of the GLBT Wellness Project.

The inclusive community-led process that emerged provided an opportunity for GLBT residents, with diverse interests and lives, to work together in a way that respected individual differences yet resulted in a better understanding of not only individuals and sub-groups but also the community as a whole.

The final report provides a wealth of data about the lives of GLBT people living and working in Ottawa. This work has created an unprecedented knowledge base and much has been revealed about strengths and needs. Many questions still remain and new questions have emerged. However, the depth and range of insights coming from the data and the enthusiastic support from stakeholders provide important building blocks to help shape the future of people who are GLBT in Ottawa—as individuals and as a community.

This work demonstrates that knowledge and community collaboration can lead to empowerment and change. The Wellness Survey signals the beginning of a new way forward in Ottawa as efforts are continued to improve the lives of all GLBT people and their families and to find new ways of achieving self-determination and well-being.

We wish to thank our sponsor, Pink Triangle Services, our funders, the Ontario Trillium Foundation and the City of Ottawa, and the dozens of residents and community organizations and agencies for their support and assistance, without which this important groundbreaking work could not have been accomplished.

Management Committee of the Wellness Project

Judith Allanson Bruce Bursey Ben Murray Carmen Paquette Yvon Vaillant Consulting and technical team Social Data Research Ltd. Anne Wright & Associates Inc.

Christine Davis Anne Wright Erwin Gerrits

TABLE OF CONTENTS

INTRODUCTION	1
What this study does and doesn't do	1
THE COMMUNITY NEEDS SURVEY	3
How the survey was conducted	
Survey Response	
A profile of the people who responded	
GLBT identity and age	6
How many respondents are "out"?	
Ethno-cultural background and language	10
Living arrangements and housing	10
Main activity, education and income	
Physical and mental health	14
Perceived health, stress level and health one year ago	
Health related difficulties, conditions and activity limitations	
Depression, suicide and other issues related to physical and mental health	
Sexual health	
How respondents are looking after their own health	
Access to health related services	
What other weimess related services do respondents use: Who has access to extra health related benefits?	
What is needed in Ottawa according to respondents?	
Community and family support	
Participation in the GLBT community and a sense of identity	
Support from friends and family	
Support from the faith community	
Safety, Crime and Harassment	
How many respondents have been victims of crime and harassment?	
How many respondents have been victims of discrimination?	
Who is doing well and why—an analysis of factors related to health and wellness	
, ,	
SERVICE PROVIDER SURVEY	
Who responded to the service provider questionnaire?	
Most Urgent Community Needs	
What do service providers need?	
CONCLUSIONS	49
Strengths	49
Needs	50
RECOMMENDATIONS	54
APPENDIX A: METHODOLOGY	59

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

INTRODUCTION

Over the course of the last year, an exciting study—The Gay, Lesbian, Bisexual and Transgender (GLBT) Wellness Project—has taken place in the City of Ottawa. Funded by the Ontario Trillium Foundation and the City of Ottawa, and sponsored by Pink Triangle Services (PTS) of Ottawa, the study identifies the needs and strengths of GLBT people living and/or working in Ottawa and documents available wellness related resources.

Social Data Research Ltd. (www.sdrsurvey.com) a firm specializing in health related surveys, in partnership with Anne Wright and Associates Inc, a community-based health planning firm, worked with the GLBT Health Task Group and the GLBT Wellness Project Management Committee to conduct the study on behalf of PTS.

This report draws together the results of four key components of the study including:

- 1. A community needs and strengths survey of GLBT people living and/or working in the greater Ottawa area
- 2. A needs and resources survey of almost 50 service providers who serve the GLBT population in Ottawa
- 3. Two focus groups—one with GLBT youth and one with transgendered persons—to discuss their unique issues
- 4. A results work shop with over 60 GLBT community leaders and other health professionals to validate the findings and identify the next steps for action

In addition to this report, a GLBT Wellness Hand Book, "Your Everyday Wellness Guide", including a Directory of Resources available to the GLBT population of Ottawa was developed as part of the GLBT Wellness Project. Both of these resources are available in hardcopy and online. For more information go to the Wellness Project Website at: www.pinktriangle.org/wellness.

What this study does and doesn't do

Every study has strengths and limitations. For the GLBT Wellness Project, the strengths of the community needs survey far outweigh the limitations.

What the study did right

- united the Ottawa GLBT population to address common issues and goals
- illustrated the strengths of the Ottawa GLBT community through demonstration of leadership by guiding the study process from the start to finish
- produced a credible study by generating a larger than expected response—one of the largest ever in a study of this kind



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- included the many sub-segments of the GLBT population in Ottawa such as youth, seniors, differently abled persons, persons from visible minority groups, and parents through the survey, focus groups and workshops
- included the views of health and wellness related service providers
- added knowledge to the field by building on other research in the field
- included well tested and reliable measures in the survey instruments that are comparable to the general population (Statistics Canada) and other GLBT population studies
- validated the survey results with focus groups and a community workshop
- shared the results and the study process with the wider Ottawa community

Where the study is limited

It needs to be stated up front that this study essentially speaks for "out" GLBT people—people who are comfortable enough about their identity to respond to a survey of this nature. The community needs survey instrument includes questions about the coming "out process" which confirmed that the majority of people who responded to the survey were out.

The community needs survey cannot be generalized to all sub-segments of the GLBT population in Ottawa. All surveys by their very nature tend to under-represent some people and over-represent others. The size of the GLBT population in Ottawa is not known, so it is not possible to measure the extent of survey bias or to weight the results. Based on what is known about the population in general, however, there is a strong likelihood that the community needs survey under-represents:

- seniors
- persons living in rural areas
- persons who are illiterate and/or cannot read either English or French
- persons on low income and/or with low education
- persons whose first language is not English or French
- persons with disabilities who would find it difficult to complete a selfadministered questionnaire or attend a focus group

Although the sampling approach for the community needs survey used was one that attempted to reach out to all segments of the community, the survey was not successful in reaching the most vulnerable and isolated populations including the homeless and/or street people.

Who the study over- or under-represents is important to consider when interpreting the results of the community needs survey. On the one hand, the study sample is very likely more advantaged in terms of income and education than the GLBT population in Ottawa at large. On the other hand, when there are needs identified in the survey, the magnitude of actual need is likely to be even higher in the GLBT population at large.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Readers are cautioned about projecting the findings of the community needs survey to the GLBT population at large. The sample was not randomly chosen and thus these types of projections cannot be made with the same reliability as would be the case in a scientific random sample.

The service provider survey also has limitations. Available resources did not permit the French translation of the survey instrument. Although both English and French speaking service providers may have responded to the English version of the survey, it is likely that the survey under-represents the views of French speaking service providers.

The details of the study methodology are given in Appendix A.

THE COMMUNITY NEEDS SURVEY

How the survey was conducted

The community needs survey was conducted with the help of volunteers from the GLBT community in Ottawa. Approximately 3400 questionnaires were distributed through numerous channels including:

- existing mailing and membership lists for GLBT organizations
- the internet (GLBT listserv¹, websites, e-mail, newsgroups etc.)
- all community health centres
- other health and social service providers (traditional and non-traditional)
- the downtown YMCA
- GLBT and other downtown businesses
- social and leisure clubs, informal support and self-help groups
- church groups, other voluntary groups
- baths, bars, and coffee houses
- bookstores, and other informal gathering places.

Survey Response

It is not possible to calculate a response rate for the community needs survey because it is not known how many of the 3400 questionnaires distributed were picked up by potential respondents. A minimum response goal of 400 completed questionnaires was set for the community needs survey. This minimum was selected to have enough cases in the

¹ A list serv (glbthealth) was created as part of the Wellness Project as a resource for service providers and their clients. It contains a searchable database with over 1000 articles on a wide range of subjects related to GLBT wellness. To learn more go to: http://groups.yahoo.com/group/glbthealth



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

database for comparison between various sub-groups of the population. This goal was exceeded. During the field period, 826 persons responded to the survey and were counted in the quantitative database for analysis.²

How respondents found out about the survey

All respondents were asked in the questionnaire to indicate how they found out about the survey. In order of priority, the most successful distribution channels for the community needs survey were:

- 1. friend/personal network
- 2. GLBT organization/event
- 3. Internet (GLBT listserv, Web sites, e-mail, newsgroups etc.)
- 4. Doctor or other service provider
- GLBT business
- 6. Advertisement (City bus advertisement, Capital X-tra etc.)

What method did people use to respond?

The survey was available in English and French in hard copy and online³. Exhibit 1 shows the breakdown of respondents by survey mode and language. The Exhibit illustrates that more than half (56%) of all respondents chose to answer the questionnaire online.

Exhibit 1 also reveals that English language respondents were more likely to answer the

EXHIBIT 1 Method of response by language English French **Total** Online 57% 46% 56% 43% 54% 44% Hardcopy Total number 752 73 826

survey online and French language respondents were more likely to choose the hard copy version of the questionnaire.

Younger people more likely to respond online

By comparing the method of response across selected background variables such as GLBT identity, age group, education and income, it was possible to examine if there were other differences in the characteristics of those persons who responded to the survey on the Internet compared to those who responded the traditional way. There were no differences between online respondents and hard copy respondents in terms of GLBT identity, income or education. Age, however, did play a role in how people responded. Younger respondents—those under the age of forty—were more likely to respond online than older respondents (56% versus 44%), and older respondents age 40+ were more likely to complete the hard copy questionnaire than younger respondents (59% versus 41%).

² An additional 33 persons responded after the field period – too late- to be entered into the quantitative database. These respondents were, however, included in the qualitative analysis of verbatim responses.

³ A web site (<u>www.pinktriangle.org/wellness</u>) was created as part of the Wellness Project. During the Survey period it was a portal to the on-line version of the survey that was hosted by www.infopoll.com.

HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

EXHIBIT 2 Place of residence		
Ottawa	71%	
Nepean	6%	
Gloucester	6%	
Vanier	3%	
Kanata	3%	
Cumberland	2%	
Hull/Gatineau	2%	
West Carleton	0.8%	
Orleans	0.7%	
Goulbourn	0.6%	
Rockcliffe Park	0.5%	
Aylmer	0.5%	
Osgoode	0.4%	
Rideau	0.4%	
Total number	800	

The community needs survey was successful in attracting respondents from all parts of the greater Ottawa area

As Exhibit 2 shows, respondents to the community needs survey came from all parts of the Ottawa area including Hull/Gatineau. The largest numbers, however, were drawn from what was formerly known as the city of Ottawa (71%) in the regional municipality of Ottawa-Carleton. It is not known what proportion of the GLBT population overall lives in the former city of Ottawa. For the general population, however, the percentage of the population living in Ottawa (compared to other cities in the former regional municipality of Ottawa-Carleton) according to the most recent Census is 45%.

Many respondents live downtown

The type of neighbourhood respondents live in is shown in Exhibit 3. As the Exhibit shows, just over half (51%) of respondents reported that they live in an urban/downtown setting. A fairly large percentage (45%), however, indicated that they considered their neighbourhood to be residential or suburban. A small percentage of respondents (4%) indicated that they live in a rural area.

EXHIBIT 3 Type of neighbourhood by age			
51%			
45%			
4%			
802			

Younger respondents more likely to live in suburban/residential areas

There is a pattern by age group in terms of the reported type of neighbourhood. Younger respondents—those aged 25 or younger—are more likely (57%) to report that they live in a suburban/residential area than those aged 25–39 (42%), 40–59 (43%) or age 60 plus (51%).

A profile of the people who responded

This section describe the characteristics of the people who responded to the community needs survey. Where possible, comparisons are made to the general population in Ottawa using data from the most recent local census or other Statistics Canada population-based surveys. In some instances, the results are compared to the findings of other GLBT surveys such as a recent Ontario study conducted by the Coalition for Lesbian and Gay Rights in Ontario⁴. Although the methodologies used in these studies are often not the same as in the Ottawa study, the comparisons lend further weight to some of the Ottawa results, and are worth considering.

⁴ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario).



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Unless otherwise indicated, the percentages shown in the text and exhibits are based on the total number of people (826) who responded to the survey⁵. In this and subsequent sections, significant⁶ differences in the findings by GLBT identity, age and/or other background characteristics are highlighted where appropriate.

GLBT identity and age

Respondents represent all major GLBT identity groups

How respondents identified themselves in the survey is shown in Exhibit 4. As the Exhibit shows, all major GLBT identity groups are represented in the survey. The largest response to the survey came from gay men (51%), followed by lesbians (31%). Just under ten percent (8%) of the respondents reported they were bisexual—73% of these were females and 27% were males —and 4% of the sample indicated they were transgendered (most were malefemale transsexual). A small percentage (5%) of respondents either did not respond to the questions or

EXHIBIT 4 GLBT self-ider		
Gay	51%	421
Lesbian	31%	256
Bisexual	8%	67
Transgender	4%	32
Non response/other	5%	44
Total number	826	

could not be classified. These respondents were excluded from the analysis whenever GLBT identity was compared, however, they were included in the total results.

EXHIBIT 5: Age group			
< age 25 25–39	13%		
	37%		
40–59%	46%		
Age 60+	5%		

The almost 2:1 distribution in the results between gay and lesbian respondents was not unexpected and is consistent with other studies⁷. The percentage of bisexuals and/or transgendered people in the GLBT population at large is not known, however, according to the views of some participants in the results workshop, the bisexual population in Ottawa may be under-represented in the survey.

The survey attracted respondents from all age groups

Exhibit 5 gives the age breakdown of the respondents. The Exhibit shows that most (83%) respondents to the community needs survey are between the ages of 26 and 59. Youth under age 25 represent 13% of respondents. This is exactly the same percentage as in the population at large in Ottawa according to the last Census (Statistics Canada, 1996). Persons age 60 or older, however, are under-represented in the survey—5% compared to 17% in the Ottawa general population. It is not known what percentage of persons age 60 or older in Ottawa identify as gay, lesbian, bisexual and/or transgendered.

⁵ All surveys have some non-response on a question by question basis – typically a small number (between 2%-5%) of people who do not answer a particular question for whatever reason. The percentages in the text and exhibits are based on those who provided a valid response to the question.

Standard tests of significance such as chi square have been used wherever appropriate.

[&]quot;The Gay Index Factor" interview with Gary J. Gates, Ph.D., Population Studies Centre, The Urban Institute, Washington, .C., June, 2001



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Bisexual respondents are younger

Exhibit 6 shows the breakdown of GLBT identity by age group. The Exhibit reveals that more youth report their sexual identity as "bisexual" than respondents over the age of 25. Proportionately more than twice as many of the respondents under the age of 25 compared to all respondents indicated they were bisexual (27% versus 12%).

How many respondents are "out"?

Two measures were taken from a 1997 study⁸ of the GLBT population conducted by the Coalition for Lesbian and Gay Rights in Ontario (CLGRO) to identify the process of "coming out" and where in the process respondents were according to their own self-reports. The first question asked respondents how open they were in general and how easy it was to

	GLBT	EXHIBIT 6 identity by a		
100	Gay	Lesbian	Bisexual	Transgender
<age 25<="" td=""><td>11%</td><td>9%</td><td>27%</td><td>13%</td></age>	11%	9%	27%	13%
25–39	38%	37%	39%	26%
40–59	46%	49%	27%	58%
Age 60+	5%	5%	6%	3%
Total number	419	256	66	31

be themselves in certain situations and settings. In the second question, respondents were asked to indicate the extent to which they had informed different types of people including birth family members, other relatives, friends, neighbours, coworkers etc. about being GLBT.

Almost everyone is out to their loved ones

Ninety percent of respondents indicated that they were out to those they lived with. This is fairly consistent with what was found in the CLGRO study where 89% reported being out. In order of percentage, the majority of respondents in the Ottawa study were also out to their:

- Close friends 87%
- Mother 81%
- Sister(s) 81%
- Own children 78%; partner's children 70%
- Brother(s) 77%
- Opposite sex partner 75%
- Father 71%

⁸ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario).



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Most respondents are out to their regular health care provider

In the Ottawa study, contrary to what has been found in some other communities across North America, the majority (80%) of respondents report being out to their regular health care provider (of those who have a regular provider). This was also higher than was reported in the CLGRO study. 10 The Ontario study found that 74% of GLBT respondents had disclosed their identity to their physicians.

There are differences by GLBT identity, however, when it comes to being out to the regular health care provider. The results show that bisexual (57%) and/or transgendered respondents (73%) are less likely to report being out to their regular health care provider than lesbians (82%) and gay men (84%). Transgendered focus group participants spoke of the difficulty of "coming out" to their primary health provider and to others who may not understand their special needs.

Younger respondents are less likely to be out to their health care provider

As Exhibit 7 shows, age appears to make a difference in terms of being out to a regular health care provider. Younger respondents under the age of 25 (44%) and older respondents 60 years of age and up (70%) are less likely to be out to their regular health care providers than respondents in their middle years. The focus group with youth validated the finding that many youth are reluctant to "come out" to their family doctor.

	A CONTRACTOR OF THE PERSON NAMED IN	
37.0	< age 25	44%
160	25–39	82%
700	40-59%	87%
	Age 60+	70%
-83	Total number	717
130	NI I roll	-
DT vout	h in Poston	

EXHIBIT 7

Percent who are out

to their regular health

care provider by age

The results of the Ottawa study concur with other studies that have found that GLBT youth are less likely to disclose their identity to their regular health care provider. According to a 1995 survey¹¹ of GLBT youth in Boston,

for example, 60% of young adults aged 17-25 had not disclosed their sexual orientation to their health care provider.

Most respondents are not out to their neighbours, at school, place of work or place of worship

The majority (71%) of respondents indicated that they were not out to the other people living in their neighbourhood. Where applicable, respondents were also less likely to be out to their (% not out given in brackets):

- Children's teachers 73%
- Own teachers 69%

⁹ Recent surveys indicate that anywhere between 51% and 82% of lesbians and gay men do not disclose their sexual orientation to their physician, cited in references from Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community. 2nd Edition, funded by the Massachusetts Department of Public Health, produced by the Medical Foundation,

Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, (Coalition for Lesbian and Gay Rights in Ontario), 1997.

Lesbian Gay Bisexual Young Adult Survey, Justice Resource Institute, Boston, 1995.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- Members of their place of worship 55%
- Co-workers 53%
- Friendly acquaintances 49%
- Boss/supervisor 47%
- Other relatives 44%
- Spiritual leader 43%

Almost all respondents had begun the process of coming out

Almost all respondents (97%) indicated they had begun the process of coming out—a small percentage (4%) only within the last year. Twenty percent of the respondents reported they had begun the process within the last 5 years, and half of all respondents began the process within the last 15 years.

Respondents reported a wide range in ages for coming out

The CLGRO study¹² reported that 11% of the respondents to the study were not out as a lesbian, gay or bisexual person at the time of the study. The study did not analyse the process of coming out by age or number of years out.

When respondents to the Ottawa community needs survey were asked how old they were when they came out, the ages given ranged from as young as 4 years old to as old as 67. While about half (48%) of the respondents had come out by the time they were 21 years old, the results show that coming out is not age dependent but rather a process that can begin at any age. A small percentage of respondents (8%) had begun the process by the time they were fourteen years old. The single largest percentage

(40%) of respondents reported coming out between the ages of 15 and 21.

Gay men are most "open" about their identity

When respondents were asked if they were generally quite open about being gay, lesbian, bisexual and/or transgendered, it was gay men who responded yes to this question most often. As Exhibit 8 shows, the majority (64%) of gay respondents indicate they are quite open, followed by 54% of lesbians. Transgendered respondents (47%) and bisexual respondents (41%) were less likely to report that they were generally quite open.

EXHIBIT 8 Percent quite open by identity		
Gay	64%	
Lesbian	54%	
Transgendered	47%	
Bisexual	41%	
Total number	775	

¹² Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, (Coalition for Lesbian and Gay Rights in Ontario), 1997.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Ethno-cultural background and language

Birthplace, cultural and racial background

Most (87%) respondents were born in Canada, however, 13% immigrated to Canada from other parts of the world including:

- United Kingdom 34%
- Northern Europe 14%
- United States 14%
- China/Other parts of Orient 10%
- Eastern Europe 6%

- India/Pakistan 5%
- Middle East 4%
- African/Caribbean countries 4%
- South America 2%

The broad range of cultures is reflected in the respondents' racial background. About 10% of the respondents reported being part of a visible minority group. This is lower than the general population in Ottawa. Fourteen percent of the general Ottawa population reported being a visible minority in the 1996 census.

Language

There were two measures of language: (1) whether respondents answered the survey in English or French; and (2) respondents were asked in what language they would prefer to receive services. Using the first measure, 91% chose to complete the English questionnaire and 9% completed the French version. With regard to most <u>comfortable language for services</u>, the picture is slightly different:

- English only 77%
- French only 8%
- Either 14%
- Other 1%

It is difficult to assess whether the community needs survey over- or under-represents the French language GLBT population of Ottawa. The measures used in the community needs survey are not comparable to the Census. The closest Census question asks about "language first learned and still understood". According to the Census question, 14% of the general population in Ottawa first learned and still understands French. (Statistics Canada, 1996)

Living arrangements and housing

Most respondents live with others including pets

Exhibit 9 shows that most respondents (71%) report living with other people and/or pets (26%). In terms of total household size, just under half (46%) live with one other person, and 25% report living in households of 3 or more people.



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

About half of all respondents live with a partner

As Exhibit 9 shows, almost half (46%) of respondents report that they live with a partner, and 15% have roommates or friends living in the household. A small percentage (9%) indicated that there are also children in their household.

Almost thirty percent (29%) live alone—a percentage that is fairly constant across age groups although the youngest group of respondents—those aged 25 or younger are less likely to report living alone. Just over ten percent (11%) of the respondents in this age group live alone compared to about one third of the respondents in the other age groups.

Who else lives in the household?		
No one	29%	
Partner	46%	
Pet(s)	26%	
Roommates/friends	15%	

Children

Parents

9%

7%

EXHIBIT 9

There are almost as many renters as owners

Respondents were asked if they lived in a home they owned/co-owned, rented, or had another form of tenure. The proportion of owners and renters is almost the same (46% own and 44% rent). The percentage of renters is about the same as for the population at large in Ottawa, where according the last Census, 43% of residents rent their home (Statistics Canada, 1996). The remaining 9% of respondents either live rent-free (7%) which is probably the case for those still living at home with parents, or pay room and board (2%).

Most respondents live in a private house

In terms of the type of home occupied, 60% of the respondents indicated they live in a private house, another 38% live in an apartment building, and a small number (less than 2%) live either in a rooming house, a student residence or some other type of housing.

EXHIBIT Percent satisfi their housin tenure	ied with
Owners	83%
Renters	68%

Satisfaction with housing is high

Respondents were asked how satisfied they were with their current place of residence. As Exhibit 10 illustrates, the majority of residents are satisfied, however, owners are more satisfied (83%) than renters (68%).



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Why most respondents are satisfied with their housing

"it (my place) is central, close to gay services and activities, comfortable and affordable."

"I feel free to be myself, I feel safe, secure and have great neighbours."

"I am satisfied because its a clean well run building, close to downtown where I spend a lot of my social life"

"Even though I am the only gay guy on the block, I have great neighbours with which I can be myself around and be comfortable..."

Reasons why some respondents are dissatisfied with their housing

"my place is very small and over priced...Rental housing in this city is ridiculous!"

"The landlord and management respond poorly and slowly to requests for service."

"I live 25-40 min bus ride away from the GLBT Community..."

"I don't like living with my parents, but can't afford to move out at the moment."

"Seclusion from the downtown community due to lack of sufficient public transportation at night"

"My home is not in a gay friendly area"

Most respondents have had stable living arrangements

The majority (78%) of respondents have lived in their current place of residence for at least one year, and half have lived there at least 5 years. Ten percent, however, indicate they have moved 3 or more times in the last two years.

Main activity, education and income

Most respondents work full-time

When asked to describe their main activity, 59% of respondents reported they were employed full-time. About two thirds (67%) of those employed full-time work in the public sector and one third work in the private sector. A fair percentage of respondents (16%) are self-employed. Other main activities reported by respondents include:



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- Volunteer work 14%
- Part-time employment 12%
- Full-time school 10%
- Retired 8%
- On disability 7%
- Part-time school 6%
- Caring for family 4%
- Looking for work 3%

The employment figures are not far off from what was found in the CLGRO Study¹³. The Ontario study reported a 70% employment rate. Although the measures are not identical, it is interesting to note that the percentage of respondents who reported that they were looking for work at the time of the survey (3%) is less than the 5% unemployment rate for the population at large in Ottawa at the time of the survey.

Some respondents carry out more than one main activity

Most (64%) respondents report being involved in only one of the above main activities, however, 23% indicate they have 2 main activities such as working and going to school part-time. A smaller number (13%) report carrying out 3 or more activities at the same time.

Respondents are highly educated

Exhibit 11 reveals that the majority (67%) of respondents have completed a college or university degree. Just under twenty percent (19%) have some college or university and 13% have a high school degree or some high school. This distribution is influenced by the fact that 16% of the respondents are still attending school full- or part-time.

If only those aged 25 or older are considered—the age when most people have completed their education—the same trend appears. Fully 75% of respondents in this age group report having completed a university or college degree. The comparable percentage for the population aged 25 or older at large in Ottawa is 51% (Statistics Canada, 1996).

EXHIBIT 11 Highest level of education completed	1
Some secondary	5%
Completed secondary	8%
Some college/university	19%
College diploma	16%
University undergraduate degree	30%
University graduate degree	21%
Total number	802

The Ottawa community needs survey education results are similar to those found in some GLBT studies and higher than in others. For example, in the CLGRO study¹⁴, 21% of the respondents reported a graduate degree, and 51% reported an

¹³ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, (Coalition for Lesbian and Gay Rights in Ontario), 1997.

¹⁴ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, (Coalition for Lesbian and Gay Rights in Ontario), 1997.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

undergraduate university or college degree—almost exactly the same percentage as the Ottawa study. However, in a national study¹⁵ of gay and bisexual men, the percentage of respondents in the Ontario sample who reported a university or college undergraduate or graduate degree was only 40%.

EXHIBIT 12 Household inco	me
<\$20,000	8%
\$20K-\$39,999	12%
\$40K-\$59,999	16%
\$60K-\$79,999	18%
\$80,000+	46%
Total number	452

Respondents report higher household income levels

Exhibit 12 shows the household income levels reported by respondents who were able to provide an amount. It needs to be stated that 45% of respondents did not give the income for their household and were excluded from the analysis. As the Exhibit reveals, almost half (46%) of those who provided household income figures reported total incomes of \$80,000 or higher. At the other end of the spectrum, 20% have household income levels of under \$40,000 and 8% report having a household income of under \$20,000.

Many respondents do not have high personal incomes

As Exhibit 13 indicates, a different story is told when personal incomes are examined. In this case the Exhibit shows the personal income of respondents aged 25 or older—the age when most persons have entered the labour force full-time. Almost the same proportion of respondents report the highest income \$80,000+ (13%) as the lowest, \$20,000 or less (14%). The average income of persons aged 25 or older in Ottawa is \$30,000 (Statistics Canada, 1996). According to the results of the GLBT community needs survey, the average personal income for respondents in this same age group id about \$45,000.

The Ottawa GLBT population may be fairing better than those living in other parts of Ontario. In the CLGRO study¹⁶, 36% of the respondents reported personal income levels of below \$20,000. This is mainly because as many as 24% of the respondents in the Ontario study were on social assistance.

EXHIBIT 13 Personal income respondents ag 25 and older	ed
<\$20,000	14%
\$20K-\$39,999	24%
\$40K-\$59,999	31%
\$60K-\$79,999	17%
\$80,000+	13%
Total number	763

Physical and mental health

This section provides a picture of the general physical and mental health of respondents. Many of the health related questions discussed in this section have came from Statistics Canada's population health surveys, the 1996/97 Ontario Health Survey (OHS) (Ontario

¹⁵ The Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey. By Ted Myers, Gaston Godin, Liviana Calzavara, Jean Lambert, David Locker in collaboration with The Canadian Aids Society, 1993.

¹⁶ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, Coalition for Lesbian and Gay Rights in Ontario, 1997.

EXHIBIT 14

Perceived

health

Excellent

Good

Fair

Poor

Very good

Total number

28%

39%

24%

7%

2%

805

THE WELLNESS PROJECT



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Ministry of Health and Long Term Care) and other studies. Wherever possible, comparisons to the general population in Ottawa are cited.

Perceived health, stress level and health one year ago

Most respondents perceive themselves to be in good health

Exhibit 14 shows that when respondents are asked how they are feeling in general, most reported feeling either in excellent (29%) or very good (39%) health. This is almost the same as for the general population in Ottawa where 70% reported feeling in excellent or very good health (OHS, 1996/97).

Bisexual and/or transgendered respondents less likely to report good health

There is a significant difference in the way respondents feel about their health by GLBT identity. The percentage of respondents who report excellent/very good health by GLBT identity is shown in Exhibit 15. As the Exhibit reveals, gay (71%) and lesbian (69%) are more likely to report

feeling in excellent or very good health than either bisexual (52%) or transgendered (56%) respondents. These findings were validated during the focus group with transgendered persons. Participants spoke about the many health related difficulties and stress related to the transitioning process experienced by transgendered persons.

Percent of respondents repo very good or excellent heal GLBT identity	
Gay	71%
Lesbian	69%
Bisexual	52%
Transgender	56%

Age is related to perceived health but not in the expected direction

The youngest and the oldest respondents are less likely to report very good or excellent health. While 68% of respondents in general report very good or excellent health, only 54% of respondents under the age of 25, and 63% of those aged 60 or over reported feeling this well. These results are the reverse of what one might expect. The last Ontario Health Survey (1996/97) for the general population in Ottawa found that 73% of youth under the age of 25, and 50% of those aged 60+ reported very good or excellent health.

Education and income related to perceived health

Education and income are established determinants of health. Respondents with higher education and higher levels of personal income are more likely to report excellent or very good health—a finding which is consistent with other health studies including the Ontario Health Survey. Just under half (47%) of respondents aged 25 or older without a high school diploma reported very good or excellent health compared to 68% of those with some college or university and 79% of those with a college or university degree.



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

The same trend was found for income. Just under half (47%) of respondents with less than \$20,000 personal income reported very good or excellent health compared to 68% of those with personal income levels between \$20,000 and \$39,999, and 78% of those with personal incomes of \$40,000 or more.

High stress is a part of daily life for many respondents

Using a measure taken from Statistics Canada's Community Health Survey (2000), respondents were asked how life was most days—very stressful, quite a bit stressful, a bit stressful, or not at all stressful. As Exhibit 16 shows, 42% of respondents indicated that life was quite a bit or very stressful most days. There will be comparable data in the future from the CHS for the general population in Ottawa, since the survey was conducted at the same time. Unfortunately, the data were not available at the time of this report.

EXHIBIT 16 How respondents feel their life is most days	
Very stressful	8%
Quite a bit stressful	34%
A bit stressful	39%
Not very stressful	16%
Not at all stressful	3%
Total number	803

There is no difference in reported stress level by GLBT identity, however, younger respondents—those under the age of 25—were more likely to report feeling guite a bit or very stressful (49%) than respondents aged 25–39 (43%), aged 40–59 (44%), or those age 60+ (12%).

More respondents reported feeling in better health than one year ago than in worse health

Most respondents (58%) indicated that they felt about the same as one year ago. Just over one quarter (28%) of respondents reported that they felt better than one year ago and 14% felt worse. There was no difference in the responses to this question by GLBT identity or age.

Health related difficulties, conditions and activity limitations

Most respondents have no health related difficulties

Respondents were asked how often they had health related difficulties such hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any other similar activities. Most respondents (68%) indicated that they never have any of these difficulties About one quarter (26%) say they sometimes have at least one of these difficulties, and 6% report that they often have difficulties.

The fact that most respondents report few difficulties is reflected in the finding that only a small percentage use aids including:

a mobility aid such as a cane, walker or wheelchair 3%



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- a hearing aid 2%, or
- a sight aid such as a white cane or guide dog <1%.

Some respondents, particularly older respondents, are limited in their daily activities by their health

When respondents are asked if they are limited in the kinds of activities they can do because of a long-term (6 months or longer) physical or mental health activity, 19% report that this the case. This percentage is twice as high as for the general population in Ottawa, where according the 1996/97 OHS, 9% of Ottawa respondents reported an activity limitation.

Respondents over the age of 60 are the most likely to report being limited by their health. Over one third (37%) of respondents in this age group are limited followed by 21% of those aged 40–59, 16% of those aged 25–39, and 8% of those aged 25 and under.

Mental health conditions reported most often by those diagnosed with health problems Just over forty percent (44%) of respondents have one or more health conditions that have been diagnosed by a health professional, and that have lasted or are expected to last 6 months or more. The types of conditions mentioned most often were:

- Depression
- Anxiety and/or panic disorder
- Chronic fatigue syndrome
- **Arthritis**
- **Asthma**

In the CLRGO study¹⁷, 21% of the respondents indicated they were disabled or had a chronic illness of more than 6 months in duration.

Older respondents more likely to report having a health condition

Age is directly related to whether or not health conditions are reported. Respondents in the oldest age group—aged 60+ —were the most likely to report having a health condition (55%), followed by those aged 40-59 (49%), those aged 25-39 (38%), and those under the age of 25 (34%).

HIV/AIDS

Just under ten percent (9%) of the respondents to the community needs survey reported that HIV/AIDS is an issue for them right now. Almost all of these respondents (90%) are

¹⁷ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, Coalition for Lesbian and Gay Rights in Ontario, 1997.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

gay men. In fact, 16% - almost proportionately twice as many as respondents in general of gay respondents indicated that HIV/AIDS is an issue for them now. These results are difficult to compare with other studies since the measures are often very different. A national survey of gay men in Canada¹⁸ found that while overall in Ontario 6% of respondents indicated that they tested positive for the HIV antibody, this percentage was higher for respondents from Toronto where 18% tested positive. A survey of gay men in Vancouver ¹⁹ released results in July, 2000 that reported that 17% of survey respondents were HIV positive.

Most respondents (79%) who report HIV/AIDS as an issue of concern in the Ottawa community needs survey are getting the help and support they need although almost twenty percent indicate they are not getting the right help.

Depression, suicide and other issues related to physical and mental health

There are many issues that can affect a person's health and wellness. Respondents were presented with a list of twenty possible health related issues and asked to check which ones were a concern for them at the time of the survey. For each issue checked, respondents were asked to indicate whether or not they were getting the help and support they needed. Eighty percent of the respondents checked at least one issue of concern. Forty percent of respondents indicated three or more issues of concern.

GLBT identity and age related to the number of issues reported

The number of issues reported differs significantly by GLBT identity and age. Of a possible 20 issues, the average number of issues respondents reported was 3.2. This number varied by GLBT identity ranging from a mean of 2.9 for lesbian respondents, 3.2 for gay respondents, 3.9 for bisexual respondents and 4.0 for transgendered respondents. Age also appears to make a difference with the youngest respondents reporting the most needs. The mean number of issues reported by respondents age 25 or under was 4.5, compared to 3.2 for those aged 25–39, 2.9 for those aged 40–59, and 2.0 for older respondents age 60 or over.

Depression reported most often as an issue of concern

The health related issues checked most often by respondents and the percentage of respondents who indicated each issue were:

- depression 37%
- finding friends 35%
- finding a partner 33%
- loneliness/isolation 33%
- family relationships 31%

¹⁸ The Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey. By Ted Myers, Gaston Godin, Liviana Calzavara, Jean Lambert, David Locker in collaboration with The Canadian Aids Society, 1993.

¹⁹ Gay Health in Vancouver: A Quality of Life Study. The Community-Based Research Centre, July, 2000.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- homophobia 29%
- parenting 27%
- staying in school 24%
- coming out 21%
- job search/job loss 20%

Issues checked off by fewer respondents but nevertheless a concern for some were:

- end of a relationship 18%
- death of a loved one 14%
- feeling suicidal 13%
- caring for an ill loved one 11%
- substance use 10%
- child custody 9%
- violence in a relationship 4%
- pregnancy/adoption 3%
- involvement in the criminal justice system 3%

A number of studies have suggested that mental health problems in general and depression in particular may be more of an issue for the GLBT population compared to the general population. 20

Depression and suicide highest among youth, particularly teens

Compared to all respondents (37%), youth under the age of 25, and in particular teens

EXHIBIT 17 Percent who report depression is an issue by age

Teens	62%
< age 25	50%
25–39	36%
40-59	35%
Age 60+	25%

(N=50) are far more likely to report that depression is an issue for them. Exactly half of respondents under the age of 25 and 62% of teens indicated that depression was an issue. The focus group with youth validated this result. In fact, participants of the youth focus group felt that the percentage of GLBT young people with depression in the Ottawa community at large was higher than the survey indicated.

Respondents under the age of 25 and teens were also more likely to report that feeling suicidal is an issue. About one quarter (26%) of youth and over one third (36%) of teens indicated that feeling suicidal was an issue for them at the time of the survey compared

to 13% of all respondents. Although not exactly comparable, a recent study in Ottawa²¹ of high risk youth found that 22% of respondents had seriously considered trying to kill themselves.

²⁰ Please refer to pages 20-23 of the Literature review found in Appendix B.

²¹ Report on Snapshot Survey of Participants in Programs of Network of Youth Service Providers in the Ottawa-Carleton Are. By Sarah Pantin and Robert Flynn, Centre for Research on Community Services, University of Ottawa, October, 2000.

HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

The high incidence of depression and suicidal feelings and behaviour has been established in other surveys of GLBT populations. In a 1997 study funded by the Massachusetts Department of Public Health²² the authors report that gay and lesbian young people are two to three times more likely to kill themselves than heterosexual youth and account for 30% of all youth suicides. A recent McGill study²³ came to a similar conclusion when they state that young gay men and lesbians appear to have more emotional, social and physical health problems than their heterosexual peers. The authors go on to state that suicide is a significant issue in the lives of young gay men and lesbians going through the coming out process.

EXHIBIT 18 Percent who report feeling suicidal by age		
Teens	36%	
< age 25	26%	
25–39	11%	
40–59	11%	
Age 60+	5%	

Combination of age and identity may increase risk

Respondents who identify as bisexual and/or transgender were more likely to report depression and feeling suicidal as an issue. Over half (52%) of transgendered respondents, and almost half (46%) of bisexual respondents indicated that depression was an issue compared to 34% of lesbian respondents and 36% of gay respondents. As well, bisexual respondents (21%) and transgendered respondents (20%) were more likely than lesbian respondents (6%) and gay respondents (14%) to report that feeling suicidal is an issue.

The focus group with transgendered persons suggests that the survey trends may reflect what is happening in the transgendered community at large. Participants of the focus group felt that depression and suicide were a concern. As one participant expressed it...

"I know people who've committed suicide. They had been stuck in transition for years. They had been very lonely and isolated—had cut themselves off completely from support."

About half of all respondents have some unmet needs

When respondents were asked if they were getting the help and support they needed, 51% of respondents with issues reported at least one unmet need, 32% had one or two unmet needs, and 19% reported three or more unmet needs. Areas of concern where the needs are unmet, according to respondents and the percentage of respondents who are not getting the help they need are:

²² Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community. 2nd Edition, funded by the Massachusetts Department of Public Health, produced by the Medical Foundation, June, 1997.

²³ Access to Care: Exploring the Health and Well-being of Gay, Lesbian, Bisexual and Two-Spirit People in Canada. Bill Ryan, Shari Brotman, Bill Rowe, McGill School of Social Work, with the collaboration of EGALE, Equality of Gays and Lesbians Everywhere. May, 2000.



LE PROJET MIEUX-ÊTRE

HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

- violence in a relationship 75% (although highest in unmet needs, violence as an issue was reported by 4% of respondents)
- finding a partner 69%
- finding friends 62%
- child custody 59%
- loneliness/isolation 57%
- staying in school 53%
- job search/job loss 52%
- homophobia 50%

- involvement with the criminal system 50%
- pregnancy/adoption 50%
- substance use 48%
- family relationships 45%
- parenting/child rearing 43%
- feeling suicidal 43%
- caring for an ill loved one 39%
- the end of a relationship 38%
- coming out 33%
- depression 30%
- death of a loved one 26%

The list above indicates that for most areas of concern half or more of the respondents who report these issues are not getting the help and support they need.

Many youth and transgendered respondents not getting the help they need for depression

In terms of the number one issue of concern—depression—the results indicate that a significant number of youth may not getting the help they need. Almost half (49%) of respondents under the age of 25 who reported depression as an issue indicated they were not getting the help they need. The percentage was even higher for teens (55%).

As well, GLBT identity may make a difference in terms of who is getting help and who is not. Almost half (46%) of transgendered respondents, and 39% of bisexual respondents report not getting the help they need for depression compared to 30% of gay respondents and 23% of lesbian respondents. One youth focus group participant expressed the reason for the gap this way:

EXHIBIT 19	
Percent not getting	
the help they need	
for depression by	
age	

Teens	55%
< age 25	49%
25-39	36%
40-59	21%
Age 60+	14%

"The GLBT community is there for support after the crisis is over. While you are in it you are paralysed and can't move to help yourself or reach out for those services that could help"

Sexual health

The majority of respondents are in a sexual relationship

Almost two thirds (62%) of respondents report that they are in a sexual relationship—mainly a same sex relationship (52%). In some instances (20%), the same sex relationships are less than one year old. However, exactly half of respondents in a same sex relationship have been with their partner five years or longer, and one quarter of respondents have



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

been together with their partner ten years or more. The same trend was found for the 5% of respondents in an opposite sex relationship.

The percentage of respondents reporting that they are in a relationship in the Ottawa GLBT community needs survey is somewhat lower than what was found in the CLGRO Study²⁴. The Ontario study reported that 66% of respondents were involved in a same-sex relationship.

Identity and age related to living together

Most (67%) respondents who are in a same or opposite sex relationship live with their partner. Exhibit 20 depicts the living arrangements by GLBT identity. As the Exhibit shows, those most likely to report living with their partner are lesbians (71%) followed by

gay men (69%), transgendered respondents (58%) and bisexual respondents (42%).

Whether or not respondents live with their partner also differs by age. Respondents in the older age categories are more likely to report living with their partner than younger respondents. Almost eighty percent of respondents aged 60 years or older (79%) and age 40-59 (77%) live with their partner compared to 65% of those aged 25-39 and 28% of those under the age of 25. The percentage of older respondents living with their partner is considerably higher in the Ottawa study than was found in another survey of gay

EXHIBIT 20 Percent living with currer partner by GLBT identity	
Gay	69%
Lesbian	71%
Bisexual	42%
Transgender	58%
Total number	506

and lesbian seniors. In a 1997 survey of gay and lesbian seniors in Winnipeg²⁵, the researchers found that only 44% of respondents were living with their same-sex partner.

No sex	17%
	, .
Sex with men only	49%
Sex with women only	27%
Sex with men and women	4%
Sex with transgender persons	1%
Total number	788

Most respondents are sexually active

Exhibit 21 shows the reported sexual activity for respondents in the past 12 months. The results displayed in the Exhibit reveals that while most respondents report engaging in some form of sexual activity in the last year, almost twenty percent (17%) indicate no sexual activity.

The percentage of respondents who reported being sexually active in the past 12 months (83%) is less than was found in the CLGRO Study²⁶ where 95% of respondents reported being sexually active in the past

²⁴ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems, Final Report, Coalition for Lesbian and Gay Rights in Ontario, 1997.

A Report on the Needs Assessment Survey of Senior Gay and Lesbians, Sum Quod Sum Foundation Inc., September 26, 1997. $Systems\ Failure: A\ Report\ on\ the\ Experiences\ of\ Sexual\ Minorities\ in\ Ontario's\ Health-Care\ and\ Social-Services\ Systems\ , Final\ Fina$ Report, (Coalition for Lesbian and Gay Rights in Ontario), 1997.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

year. This may be partly because of a difference in the age breakdown of the two samples. In the Ontario-wide study, 80% of the sample was between the ages of 26 and 54.

GLBT identity and age related to sexual activity

The percentage of respondents reporting no sexual activity in the past 12 months by GLBT identity is shown in Exhibit 22. According to the Exhibit gay men are the most sexual active (12% report no sexual activity) and transgendered persons the least active (37% report no sexual activity).

EXHIBIT 22 Percent reporting no sexual activity by GLBT identity

Gay	12%
Lesbian	22%
Bisexual	18%
Transgender	37%
Total number	761

Age is also related to sexual activity. Compared to all respondents, those over the age of sixty and teens are more likely to report no sexual activity over the past year (29%; 30% respectively compared to 17% for all respondents)

Gay respondents report the most number of partners, lesbians the least

Respondents who were sexually active during the past 12 months were asked how many partners they had had. For gay men, the number ranged from 1 (36%) to 100+ (1%) with a median number of 3. Most (86%) lesbian respondents

reported only one partner and for a small percentage up to as many as four. Bisexual respondents reported as many as 13 partners—the majority (57%) reported at least three partners. Transgendered respondents, reported between 1 (50%) and up to as many as 3 partners (17%).

Other studies have found that a small percentage of gay men have multiple sexual partners over a short period of time. The Canadian Survey of Gay and Bisexual Men²⁷ reported, for example, that 10% of the respondents had 25 male sexual partners or more in the past year. This is twice as high as in the Ottawa GLBT community needs survey, where the comparable percentage is 5%.

Issues related to sexuality are a concern for some respondents

Issues related to sexuality of most concern to respondents are:

- keeping sex life alive in a long-term relationship 39%
- differences between respondent and partner(s) about sexual relations 24%
- finding a place that is comfortable to discuss my sexual health 22%
- finding services for a sexual problem/concern 17%

²⁷ The Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey. By Ted Myers, Gaston Godin, Liviana Calzavara, Jean Lambert, David Locker in collaboration with The Canadian Aids Society, 1993.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

How respondents are looking after their own health

Most respondents are taking positive steps to improve or maintain their health and wellness

When respondents were asked to indicate from a list of 16 activities and strategies the types of things that they did to improve or maintain their health and wellness over the last 12 months, most respondents (74%) reported up to as many as three different activities or strategies. Only 2% indicated they did none of the things listed. The health related activities (where applicable) practiced most often in the last year were:

- 1. Improved diet 65%
- 2. Practiced safer sex 65%
- 3. Exercised regularly 63% (This is higher than found in a survey of gay men in Vancouver²⁸ where 55% of respondents reported that they were involved in regular fitness activities)
- 4. Developed ways to relax more 59%
- 5. Learned to manage stress better 59%
- 6. Participated in social activities 58%
- 7. Had a pap smear 54% (female respondents)
- 8. Had a mammogram 51% (female respondents > age 50) (A recent article in the Globe & Mail, February 6, 2001, reported that 54% of Canadian women of the same age group in the general population have a mammogram every two years)

Activities and strategies to improve or maintain health reported by fewer respondents (where applicable) were:

- Left a bad relationship 40%
- Quit/reduced substances 37%
- Had an HIV/AIDS test 37% (The "Gay Health in Vancouver" 29 study reported that 49% of respondents had used testing services in the last year)
- Had a check for prostrate cancer 35%
- Performed monthly breast self-exam 31% (The National Lesbian Survey³⁰ reported that 21% of respondents performed monthly breast examinations)
- Had a check for testicular cancer 26%
- Went back to school 25%
- Had a check for colon cancer 13%

²⁸ Gay Health in Vancouver: A Quality of Life Study. The Community-Based Research Centre, July, 2000.

²⁹ Gay Health in Vancouver: A Quality of Life Survey. The Community Based Research Centre, July 2000.

³⁰ Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community, 2nd. Edition. Funded by the Massachusetts Department of Public Health, Produced by The Medical Foundation, June, 1997.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Some respondents are prevented from doing the things they should to maintain or

About one third (36%) of respondents indicated that there were factors or reasons preventing them from doing the things they should to maintain or improve their health and wellness. Reasons given most often by those who feel they are prevented from doing positive things for their health include:

Not enough time 28%

improve their health and wellness

- Lack of personal motivation 22%
- Lack of money 15%
- Physical health problem prevents access 15%
- Do not feel welcome/out of place 7%

The internet becoming a popular source of advice for health and wellness

Respondents were asked where they go first when they need information or advice about their health and well-being. The response given most often was their regular health provider (42%) followed by friends (23%), the internet (16%), family (10%), and other sources (9%).

Access to health related services

This section examines access to health related services—the types of services respondents are using or are not using. Patterns of use by GLBT identity and age are presented where significantly different.

Not everyone has a regular health care provider

Respondents were asked whether or not they had a regular health care provider (such as a family doctor, nurse practitioner or health centre) where they would go for routine medical check-ups or for specific health concerns. Exhibit 23 reveals that not everyone

EXHIBIT 23 Type of regular health care provider

Family doctor 77% Other (i.e. Chiropractor, Community Health 18% Centre, walk-in clinic) None 14%

(14% do not) has a regular health care provider. While most respondents (77%) report that they have a family doctor, this percentage may be less than for the general population—according the 1996/97 OHS, 90% of people in Ottawa have a family doctor.

It is interesting to note that almost twenty percent (18%) of respondents are seeing

another type of regular health care provider as an alternative to or in addition to a general physician. Chiropractors were listed most often followed by community health care centres and walk-in clinics. Participants at the results workshop were not surprised at the number of people accessing alternative providers and expressed the view that there may be a general trend away from traditional providers.



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Younger respondents are less likely to have a regular health care provider

Almost half (48%) of respondents under age 25 indicate they have no family doctor. In fact, as Exhibit 24 shows, one third of young respondents report having no regular health care provider of any type. This is compared to 18% of those aged 25–39, and 8% of those aged 40–59. 100% of the respondents aged 60+ report having a regular provider of some type—90% have a family doctor.

Respondents who prefer services in French only are less to have a regular health care provider

Respondents were asked what language they would prefer to receive health related services. Just over three quarters (77%) of the respondents indicated English only, 8% reported French only, and 14% said English or French. As Exhibit 25 reveals, language may be an issue for access to regular health care. Almost one quarter (24%) of the respondents who prefer services in French only reported that they had no regular health care provider, compared to 13% of respondents who prefer services in English only and 16% of bilingual respondents.

EXHIBIT 24 Percent with no regular health care provider by age		
	< age 25	33%
	25–39	18%
	40–59	8%
	Age 60+	0%

EXHIBIT 25 Percent with no regular health care provider by preferred language

English only 13%
French only 24%
Either English or French 16%

Reasons why respondents do not have a regular health care provider

Respondents who didn't have a regular health care provider of any type were asked why not. Their responses could be grouped into three types of answers.

- 1. Not comfortable going to a "straight" health care provider
- Looking for a new doctor/provider—just moved to Ottawa, provider retired, doctor preferred not taking on new clients etc.
- 3. No need for a regular provider—prefer health/walk-in clinics when needed

Percent who report they are very satisfied with their regular health provider by GLBT identity Gay | 44% Lesbian | 51% Bisexual | 30% Transgender | 30%

Most respondents are happy with their regular health care provider

Of those who have regular health care providers, 10% of respondents indicate they are dissatisfied and 14% are neutral. Over three quarters of respondents (76%), however, are satisfied.

Age and GLBT identity related to satisfaction with regular health care provider

Exhibits 26 and 27 reveal that age and GLBT identity are related to how satisfied respondents are with their regular health care provider. Exhibit 26 shows that lesbian



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

respondents are most likely to report that they are very satisfied with their health care provider followed by gay respondents (44%). Bisexual and/or transgendered respondents are least likely to say they are very satisfied (30% each).

The differences in satisfaction by age are more dramatic. As Exhibit 27 shows, respondents in the older age groups are more likely to report they are very satisfied with their regular health care provider than those in the youngest age group. Just over one quarter (26%) of those aged 25 or younger

EXHIBIT 27 Percent who report they are very satisfied with their regular health provider by age < age 25 26% 25-39 42%

40-59

Age 60+

49%

62%

report being very satisfied with their regular health care provider. At the other end of the age spectrum, 62% of those aged 60 and over are very satisfied.

Reasons for dissatisfaction with regular health care provider

Some of the reasons why respondents expressed dissatisfaction with their regular health care provider are much the same as has been found in studies of the general population. Other reasons relate to a lack of awareness on the part of health care providers about health issues relevant to the GLBT population. Common reasons given were:

"My physician always seems rushed..."

"My doctor does not listen to my questions or needs"

"... I feel like I'm moving through a factory. I'm not sure how comfortable I am speaking about gay health related issues..."

... "while open to discussing HIV my provider doesn't seem to have any resources for HIV negative men who are concerned about some of the risks they sometimes take and want to discuss this"

"My provider makes me feel uncomfortable"

Discussion during the focus group with transgendered persons provided reasons why many transgendered people may not be satisfied with their regular health care provider. As one participant expressed it...

"I have to educate all new service providers I see—there's not much information out there that's good, solid and truthful; I've run across a couple of doctors that are willing to be consulted by other doctors, but few doctors take the time to call for a consult."



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Other researchers have found that transgendered and transsexual persons frequently encounter difficulties accessing health care. A recent study (July 2000)³¹ in Boston concluded that many providers lack the knowledge to adequately treat many of the routine health care needs of transgendered and transsexual persons when such treatment related to issues of hormone use, gynaecological care, HIV prevention counselling or other concerns related to gender or sexuality.

Most respondents have seen a regular health care provider in the last year

All respondents—those with and with out a regular health care provider now—were asked when they had last seen a health care provider of any sort for a general medical

EXHIBIT 28 When last saw a health care provider for a check up		
Less than one year ago	65%	
1–2 years ago	21%	
2–5 years ago	9%	
More than five years ago	4%	
Never	1%	
Total number	803	

check-up. Exhibit 28 shows that the majority (65%) of respondents reported that they have seen a health care provider within the last year. Just over twenty percent (21%) have seen a health care provider within the last two years.

Gay respondents most likely to have a "GLBT" regular health provider

Twenty percent of respondents indicated that their regular health care provider had told them (or it was generally understood) that he/she is gay, lesbian, bisexual and/or transgendered. There was a difference in this percentage, however, by GLBT identity. Gay respondents are more likely

to report that their provider is GLBT than lesbian, bisexual and/or transgendered respondents. Thirty percent of gay respondents indicated that their regular health care provider was GLBT compared to 10% of lesbian respondents, 6% of bisexual respondents and 3% of transgendered respondents.

Younger respondents would prefer a "GLBT" health care provider

Most respondents (69%) who did not have a GLBT health care provider, reported that it did not matter to them if their regular health care provider was gay, lesbian, bisexual and/or transgender, and a small percentage (5%) would prefer not to have a GLBT health care provider. However, as Exhibit 29 shows, almost forty percent (38%) of respondents under the age of 25 would prefer to have a regular health care provide who is gay, lesbian, bisexual and/or transgender.

EXHIBIT 20 Percent of respondent prefer a GLBT health ca age	ts who would
< age 25	38%
25–39	28%
40–59	21%
Age 60+	6%

There is no difference in health care provider preference by GLBT identity.

³¹ Access to Health Care for Transgendered Persons in Greater Boston. JSI Research & Training Institute, Inc., GLBT Health Care Access Project, July 2000.

HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Couple relationships are recognized by most regular health care providers

Respondents in a couple relationship who had a regular health care provider (46%) were asked if their provider acknowledged their partner's role in their life. Most respondents (84%) in this situation reported yes, however, 16% indicated this was not the case. There was no difference by age or GLBT identity.

What other wellness related services do respondents use?

Using a question adapted from a Vancouver study³², respondents were presented a list of 23 health and social services and asked to indicate which services they had used in the last five years. For each service used, respondents were asked if they felt they had received negative or poor treatment because they were gay, lesbian, bisexual and/or transgender.

Respondents have used on average between 3 and 4 services

Almost ninety percent (86%) of respondents indicated using at least one health or social service in the past five years. Of the 23 possible services listed, respondents reported using anywhere from 1 to 14 different services in the past 5 years. The average number of services used, however, was between 3 and 4 services.

The services used most often in the past 5 years were:

- Dentist 68%
- Chiropractor 44%
- Counselling/therapy 40%
- Walk-in medical clinic 34%
- Hospital emergency 30%
- Youth services 23% (for those < age 25)
- Hospital out-patient 23%
- Alternative therapies 19%
- Transportation services 17%
- Hospital in-patient services 14%
- Ambulance, fire etc. 14%
- Mental health services 11%

Services used by fewer numbers of respondents in the past 5 years were:

- Funeral services 10%
- Social services (Welfare) 9%
- Divorce services 6%

³² LGBT Health Care Access Project. LGBT Health Association, Vancouver, B.C. Funded by Population Health Fund, Health Canada, March 1999.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- Addiction services 4%
- Suicide/crisis line 4%
- Home support services 3%
- Public housing 3%
- Child care services 2%
- Senior services <1%
- Immigrant services <1%
- Shelters < 1%

A small percentage of respondents report receiving poor or negative treatment

Just over ten percent (12%) of respondents felt they had received poor or negative treatment because they were gay, lesbian, bisexual and/or transgender. The services where the highest percentage of respondents reported poor or negative treatment were:

- Child care services 25%
- Public housing 18%
- Home support services 17%
- Social services (Welfare) 17%
- Suicide/crisis lines 15%
- Ambulance, fire etc. 14%
- Addiction services 14%
- Youth services 13%
- Mental health services 13%
- Hospital in-patient 11%
- Hospital emergency 11%
- Divorce services 11%

Overall, the range in the percentage of respondents reporting negative treatment is similar to the results of the Vancouver study on GLBT health care access which used the same measure.³³ Depending on the type of service, anywhere from 5% to 28% of the respondents to the Vancouver study reported receiving negative treatment. The highest percentage of negative treatment—28%—in Vancouver was reported for hospital emergency services. This percentage was higher than In the Ottawa study where 11% of respondents reported receiving negative treatment at a hospital emergency department over the last five years.

³³ LGBT Health Care Access Project. Final Research Report, LGBT Health Association, Vancouver, B.C. Funded by Population Health Fund, Health Canada, March 1999.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

According to focus group participants, service provider education about GLBT health related issues is needed across the board. Negative or poor treatment is often due to a lack of awareness on the part of service providers. As one transgendered participant commented...

"A problem for me is finding the right service providers who I don't have to educate because they don't know about transgender issues; or who are open to taking the time to learn what they need to know, particularly for:

- Health services—primary care
- Counselling services
- Endocrinologists"

Who has access to extra health related benefits?

Respondents were asked if they had any extra health related benefits such as a dental plan, or disability insurance offered to them through their work or elsewhere (in addition to the universal benefits available through OHIP). Most (72%) respondents indicated they did have access to extra benefits. Of those who had access to extra benefits, the majority (72%) reported that their benefits covered same sex partners. Almost everyone (92%) indicated that they felt comfortable accessing their benefits.

Bisexual and transgendered respondents have less access to extra benefits

There is a difference by GLBT identity with respect to who reports having extra health related benefits. Transgendered (48%) and bisexual (66%) respondents are less likely to report having extra health related benefits than gay (74%) and lesbian respondents.(75%). For transgendered respondents this may be an even bigger issue, according to focus group participants, since the cost of most surgeries required are not covered by OHIP. The financial burden is a large one.

Younger respondents less likely to have extra benefits

Younger respondents are less likely to report having extra health related benefits. Only about half (49%) of respondents under the age of 25 indicate they have access to extra health related benefits, compared to 70% of those aged 25-39, 78% of those aged 40-59, and 83% of those aged 60 and over.

The main reason why younger respondents have less access to extra health benefits may be because they are less likely to be working full-time. Only 27% of respondents under the age of 25 report working full-time compared to 58% of all respondents. The majority (83%) of respondents who work full-time either in the government or in the private sector report having access to extra health care benefits.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Coverage of transgender health costs not known

When asked if their health plan covered transgender health costs (such as surgery, hormones), most (86%) respondents indicated they did not know. Only 1% reported that their plan covered these types of costs.

Access to extra coverage related to use of regular provider

Respondents who report no extra health care benefits other than those available from OHIP are less likely to see a family doctor for regular health care and more likely to report not having a regular health care provider of any sort. Just over ten percent (12%) of respondents with extra health care insurance do not have a regular health care provider compared to 21% of respondents without extra coverage.

Over eighty percent (81%) of respondents with extra insurance have a family doctor compared to 71% of those without extra insurance. There is no difference between respondents with and without extra insurance when it comes to the use of alternative health care providers.

What is needed in Ottawa according to respondents?

To help prioritize what is needed in Ottawa to support the GLBT population, respondents were presented with a list of options. For each option, respondents were asked to indicate if this option was needed a lot, somewhat or not at all. Exhibit 30 lists the options and the percentage of respondents who indicated that this option is needed "a lot".

EXHIBIT 30 What is needed "a lot" in Ottawa	
An Internet online registry of "GLBT friendly" service providers	65%
More places to socialize (non-alcohol)	56%
A resource guide of wellness information and advice	56%
A centrally located community centre offering GLBT services	55%
More services exclusively designed for GLBT persons	35%
Sensitivity training for mainstream health and social service providers	35%

The focus groups and results workshop supported the survey findings on what may be most needed in Ottawa to support the health and wellness of the GLBT population of Ottawa. Participants at all three events concurred that the types of options and resources listed in Exhibit 30 would be most beneficial.

GLBT identity, age and language groups differ in their priorities about what is needed

The individual options listed in Exhibit 30 appeal more to some respondents than others depending on their GLBT identity, age and language. For example, compared to all respondents (55%), youth under the age of 25, are the most likely to say that a community



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

centre is needed (68%). This option also appeals more to respondents who prefer to receive services in French only (73%) than respondents as a whole (55%).

Transgendered respondents are more likely than all other respondents to choose an internet online registry (77% vs. 65%)) as well as the resource guide (72% vs. 56%), more sensitivity training (62% vs. 35%) and more exclusive services (48% vs. 35%) as needed resources. Youth would also like to see more exclusive services designed for them (47% vs. 35%).

More places to socialize as an option that is needed a lot appeals most to French language respondents (74% vs. 56%), youth, in particular teens (73% vs. 56%), and lesbian respondents (68% vs. 56%).

Community and family support

Knowing that support is available when needed from family and friends is beneficial to ones overall health and well-being. The survey addressed a number of areas related to community and family support including participation in GLBT events, groups and organizations, types of informal support from loved ones and friends, and the role faith communities play in providing support.

Participation in the GLBT community and a sense of identity

Many respondents are actively involved in the GLBT community

The majority (60%) of respondents have participated in and/or volunteered in GLBT activities, organizations and support groups (such as PTS, PRIDE, P-FLAG, SAGE, Pink Triangle Youth) in the past 12 months. About half (49%) report that they are currently (at the time of the survey) involved in GLBT organizations, groups and/or events. When asked what the main thing was they got out of their participation, the types of responses given were:

- Making friends
- Having a sense of belonging
- Personal satisfaction and fulfillment
- Giving back to the community
- Pride and peer support

Not everyone agrees that there are enough "GLBT friendly" places and activities

Despite the high level of involvement in GLBT activities, almost half (46%) of the respondents were of the opinion that there are not enough "GLBT friendly" places to go and things to do in Ottawa. Most of all, respondents would like to see more "alcohol free" events and establishments. As Exhibit 31 shows, there is a difference in how respondents answered this question by GLBT identity. Transgendered respondents (71%) and lesbian



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

respondents (65%) are far more likely to say that there are not enough places to go and things to do than gay (46%) and bisexual (47%) respondents.

EXHIBIT 31

Tr

Percent who say there are not enough "GLBT friendly" places to go to and things to do by GLBT identity

46%	395
65%	240
47%	59
71%	31
	65% 47%

Most current volunteers would like to continue their participation

Most (66%) of the respondents who are currently taking part and/or volunteering in GLBT organizations, groups and/or events indicate they are interested in future participation. At the same time, about half (49%) of the respondents who indicated they would be interested in taking part in activities

have not participated in the last 12 months. These results suggest that there is some opportunity to re-engage volunteers from the past and/or encourage first time volunteers.

Most respondents feel accepted by the Ottawa community at large

Respondents were asked to indicate, on a scale of 1 to 5, where 1=very accepted, and 5=very unaccepted, how accepted they feel in Ottawa as a gay, lesbian, bisexual and/or transgendered person. Sixty percent of respondents reported that they feel either very (18%) or somewhat (42%) accepted and 28% are neutral. A sample of comments that illustrate why many respondents feel accepted in Ottawa are:

"there are a large number of gay people out in the city and generally there is a high level of acceptance/tolerance"

"Ottawa has made great strides to accept its GLBT community, including mayoral presence at Pride, councillors who are gay, etc."

"It doesn't seem to be an issue with most people."

"Ottawa is an open-minded community."

A smaller percentage (12%), however, feel unaccepted. Some of the reasons why respondents feel this way are reflected in their open-ended comments:

"I feel as though people are not educated about the GLBT community."

"I feel we are barely tolerated... not accepted..."

"We're just looked on as being weird, crazy, and a natural target for abuse"



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Bisexual and /or transgendered respondents feel less accepted

As Exhibit 32 reveals, there is a difference in the percentage of respondents who feel unaccepted by GLBT identity. Transgendered respondents (26%) and bisexual respondents (20%) are more likely to indicate they feel unaccepted by the community at large than lesbian respondents (11%) and gay respondents (9%). As one transgendered respondent expressed:

EXHIBIT 3 ercent who feel u a GLBT person ir GLBT iden	naccepted Ottawa by
Gay	9%
Lesbian	11%
Bisexual	20%
Transgender	26%

"There are too many people in all aspects who do not understand transgenderism and are afraid of us. The typical response to us is that we are pedophiles and perverts because we have this desire to dress in the opposite genders clothing. The general feeling is that most people do not want to learn about what we are and prefer to ignore our existence if they can."

A bisexual respondent who did not feel accepted by the Ottawa community at large expressed her feelings in this way:

"I still fear that my bisexuality will cause other parents to judge me and to discriminate against my children."

Not all respondents feel they belong to the "GLBT community" in Ottawa

A two part question asked respondents if they felt like they belonged to the Ottawa GLBT community in some way, and if yes, how strong their sense of belonging to the GLBT community was. As Exhibit 33 reveals, not everybody feels a strong sense of belonging. In fact, almost twenty percent (18%) reported they feel no sense of belonging and 43% indicate that their sense of belonging is weak.

Sense of identi community	ty with GLBT
None	18%
Weak	43%
Strong	39%

Discussions during the focus groups with transgendered persons and youth shed further light on why some survey respondents may not have a strong sense of belonging to the GLBT community. As one focus group participant expressed it...

"I see lots of racism in the GLBT community, and no access for people who are in wheel chairs—o me, the community doesn't care about everyone who is queer".



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

A youth participant commented on how he felt...

"I feel connected because I'm part of it, but I also feel disconnection. Like with Pride—people seem to be connected for a while. It feels big for a week, but then there is nothing".

Younger respondents do not feel as strong a bond

There is a difference in how strong people feel about belonging to a GLBT community by age and GLBT identity. Compared to all respondents (39%), younger respondents under the age of 25 (24%) and bisexual respondents (20%) are less likely to say they feel a strong sense of belonging.

Support from friends and family

Not all close friends are GLBT

Respondents were asked how many people, including relatives, they considered to be their close friends, that is people they feel at ease with and whom they could talk to frankly. A handful of people said they had no one, and about 2% reported they had only one confidant. The single largest percentage (48%), however, reported they had anywhere from 5 to 10 close friends.

According to respondents not all close friends are GLBT. About one third (32%) report that less than half of their close friends are GLBT; 45% report that between half and three quarters of their friends are GLBT; and 23% report that more than three quarters of their friends are GLBT.

Respondents receive much support from GLBT friends and loved ones

The majority (84%) of respondents indicated that they can turn to their GLBT friends and loved one when they need help and support. This is almost the same percentage reported in a study of gay men in Vancouver³⁴ where 81% of respondents agreed they had a supportive group of friends in the city.

A smaller percentage (16%) of respondents say there is no one in the GLBT community they could turn to, and an even smaller percentage (4%) say they have no one at all, including family that they could turn to. The reasons why respondents turn to their GLBT friends and loved ones in order of percentage are to have:

- Someone to relax and have fun with 79%
- Someone to listen to them 77%
- Someone to show them love 73%
- Someone to provide advice 69%
- Someone to call in an emergency 68%

³⁴ Gay Health in Vancouver: A Quality of Life Survey. The Community-Based Research Centre, July 2000.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- A helping hand with things like meals, rides, child care 64%
- A loan 55%

Birth family provides less support

Over forty percent (41%) of respondents feel they cannot turn to their birth family for help and support. In fact a small percentage (4%) say they are not in touch with any of their parent(s)/stepparent(s), and 8% are not in touch with any of their siblings (for those who have siblings).

It is interesting to note that the main types of support some respondents receive from their birth family are different from the main reasons why they turn to their GLBT friends and loved ones. The reasons why respondents turn to their birth family and the percentage who feel they can turn to their birth family are to have:

- A loan 48%
- Someone to call in an emergency 42%
- Someone to show them love 39%
- A helping hand with things like meals, rides, child care 36%
- Someone to listen to them 36%
- Someone to relax and have fun with 27%
- Someone to provide advice 27%

Support from the faith community

Many respondents do not feel supported by their faith community

The majority (62%) of respondents to the community needs survey reported that spirituality was important to their physical and emotional well-being as a GLBT person. However, only 23% indicated that they currently participate in a faith community and only 18% participate in their childhood faith community. Most of these respondents (61%) say that their faith community does not provide meaningful and emotional support for their needs as a GLBT person. In fact, 40% have felt oppressed by their faith community.

The reasons why many respondents feel the way they do about their faith community are reflected in the comments below:

"Being raised Catholic, I was told over and over that I was sinful."

"My minister preached that being gay was sinful and evil."

"They've called me ill"

"My childhood church is very conservative and homophobic, I don't attend there anymore"

"Catholic church is not open to cross-dressing"

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

There were no significant differences in how respondents answered the questions related to their spirituality and faith community by GLBT identity and age.

Safety, Crime and Harassment

Feeling safe and free of crime and harassment is an important issue for everyone, but especially for persons who are gay, lesbian, bisexual and/transgendered. The survey included a number of questions related to safety, crime and harassment.

How safe do respondents feel in Ottawa?

Respondents were asked on a scale of 1 to 5, where 1 = very safe, and 5 = very unsafe, how safe they feel living in Ottawa as a gay, lesbian, bisexual and/or transgendered person. The majority of respondents (68%) selected 1 or 2, indicating a general feeling of safety. Ottawa may be a safer place for GLBT persons than other parts of Ontario. Although the measures and samples are not totally comparable, the CLGRO study³⁵ reported that 62% of respondents generally felt safe being out in their community.

The following open-ended comments illustrate how many respondents feel about living in Ottawa:

"I have never encountered any major discrimination, and feel that Ottawa is generally fairly liberal."

"I have established a group of friends with whom I feel safe."

"People in the city are generally tolerant although they may not fully accept my lifestyle"

"Generally a low crime area, police very friendly."

"Ottawa is relatively sophisticated and cosmopolitan for a city this size; I love downtown and not in the suburbs or a rural area; the local police has gone to great lengths to be open to the concerns of the GLBT community."

EXHIBIT 3 Percent o respondents feel safe i Ottawa by G identity	f who n
Gay	72%
Lesbian	68%
Bisexual	54%
Transgender	47%

Transgendered and bisexual respondents less likely to report feeling safe

As Exhibit 34 reveals, however, there is a difference in how safe respondents feel by GLBT identity. Gay (72%) and lesbian (68%) respondents are more likely to indicate that feel very safe or safe in Ottawa than bisexual (54%) and/or transgendered (47%) respondents. Younger respondents—those age 25 or under—are also less likely (61%) than respondents in general (68%) to report feeling safe.

³⁵ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health Care and Social Services Systems. Final Report, Coalition for Lesbian and Gay Rights in Ontario, 1997.

HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Many respondents do not feel safe going out at night

As Exhibit 35 shows, however, there is a difference in how safe respondents feel in Ottawa by time of day. Respondents were asked if there is anywhere in Ottawa where they don't

EXHIBIT 35 Percent who feel safe by time of day

Feel safe going out in the day time 81% Feel safe going out at night time 56% feel safe as a gay, lesbian, bisexual and/or transgendered person. During the daytime, most (81%) respondents report they feel safe everywhere. However, at night, 44% of respondents report there are places in Ottawa where they don't feel safe. The location of concern given most

often by those who do not feel safe going out at night time was outside the nightclubs in the market area. There were no clear differences in the response to this question by GLBT identity or age.

The following comments reflect why some respondents feel unsafe in Ottawa:

"When coming out of most gay-bars, you still get the snide-remarks, and even threats from (usually) groups of men walking nearby..."

"We don't hold hands in public. Fear of being scorned or worse... homophobic violence."

"There is still some gay bashing going on."

"Realistically, there are many people who treat transsexuals as weirdos if they find out."

Places where many respondents still do not feel safe being themselves

In a series of questions aimed at how safe respondents feel being themselves in various settings, respondents were asked about how safe they felt at work, at school, in their neighbourhood and at their place of worship. For those where the setting applied, the survey found that many respondents do not feel safe all the time particularly in their neighbourhood and at school (for respondents who are students). The percent of respondents who reported feeling safe all the time for each setting in order of the percentage who report feeling safe were:

- The work place 56%
- Place of worship 56%
- At school 46%
- In the neighbourhood 42%



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

Bisexual and transgendered respondents do not feel as safe being themselves

For some settings, in particular the work place and the neighbourhood, there differences by GLBT identity and age in terms of who reported feeling safe being themselves. As Exhibit 36 shows, for these settings, gay

Perce	EXHIBIT 36 ont who feel safe by G	GLBT identity
100	In the workplace	In the neighbourhood
Gay	63%	49%
Lesbian	52%	37%
Bisexual	37%	34%
Transgender	37%	22%

and lesbian respondents were more likely to report feeling safe than bisexual and transgendered respondents.

As Exhibit 37 shows, age may also make a difference in how safe people feel in some settings. In terms of feeling safe in the neighbourhood, respondents under the age of 25 were least likely to report feeling safe. Less than thirty percent (29%) of respondents in

EXHIBIT 37 Percent who feel safe in their neighbourhood by age			
< age 25	29%		
25–39	39%		
40–59	46%		
Age 60+	58%		
Of KA			

this age groups report feeling safe in their neighbourhood compared to 39% of those age 25-39, 46% of those aged 40-59, and 58% of those aged 60 or over.

There were no significant differences by GLBT identity or age in how safe respondents feel at their place of worship or at school. There was some indication, however, that racial identity may be an added factor in the school setting. Respondents who identified themselves as being part of a visible minority group, were twice as likely as those who

identified themselves as "white" to report not feeling safe at all being themselves at school (26% versus 13%).

How many respondents have been victims of crime and harassment?

Respondents were asked how often they had been victims of verbal abuse, threats of violence, and/or victims of a crime because someone believed they were gay, lesbian, bisexual and/or transgendered. They were also asked if they had ever been discriminated against in a job, housing or services for the same reason. These questions were modified from a study³⁶ focusing mainly on crime and safety issues in the GLBT population.

³⁶ Northern California Men's Health Study. Questionnaire designed by Gregory Hines, Ph.D. 1997

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Verbal abuse is common, threats of violence and crime not experienced by most

Respondents were asked how often—never, once, twice, three or more times—they had experienced any of the following because someone believed they were gay, lesbian, bisexual and/or transgendered:

- Verbal abuse or insults
- Threats of violence
- Acts of crime or attempted crime such as domestic violence, physical attack, sexual assault, robbery, or vandalism

To illustrate the extremes, the percentage of respondents who indicated "never" and the percentage of respondents who reported "three or more times" for each of the above is shown in Exhibit 38.

The Exhibit shows that for verbal abuse, almost as many people say they have never experienced it (35%) as those who report they have experienced it three or more times (38%). Most respondents, however, indicate they have never been threatened (66%) or have been victims of crime or attempted crime (72%).

EXHIBIT Incidence of verbal abus		and crime
1999	Never	Three or more times
Verbal abuse	35%	38%
Threats of violence	66%	13%
Acts of crime or attempts	72%	9%

The CLGRO study³⁷ found a similar trend. In the Ontario wide study, 71% of respondents reported that they had been verbally harassed. About one guarter (23%) of the respondents in the Ontario study reported being physically assaulted because of their sexual orientation—almost the same percentage as in the Ottawa study.

GLBT identity and age may make a difference in who is a victim

Respondents who identify as gay and/or transgender are more likely to report having experienced verbal abuse, threats of violence and/or acts of crime. In the case of verbal abuse, 45% of gay respondents and 50% of transgendered respondents reported that they had been verbally abused three or more times compared to 21% of bisexual respondents and 30% of lesbian respondents. The same differences were found for acts of violence. Transgendered respondents (13%) and gay respondents (11%) were more likely than lesbian respondents (6%) or bisexual respondents (3%) to report being victims of a crime three or more times.

³⁷ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health Care and Social Services Systems. Final Report, Coalition for Lesbian and Gay Rights in Ontario, 1997.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

The Vancouver gay health study³⁸ also found relatively high rates of anti-gay violence and abuse. In this study, 45% of respondents reported having experienced acts of violence and harassment.

With respect to age, it is the oldest group of respondents that appear to have less problems in this area. Compared to respondents of all ages (35%), those aged 60 and over were far more likely (61%) to say they had never experienced verbal abuse. The trend held true for threats of violence (66% for all respondents versus 80% for those aged 60+), and actual acts of violence (72% versus 78%).

Most crime victims do not report incidence to the police

Most of the respondents who have been a victim of crime indicated that, the last time this happened, they did not report it to the police. Just over one third (37%) of respondents indicated that the last time they were a victim of crime they reported it to the police. According to the results workshop participants representing the police department, this percentage may be higher than the reporting percentage of the general population, which is estimated to be about 10%.

Younger respondents less likely to report crimes to police

Younger victims of crime are less likely to report crimes to the police than those from older age groups. The last time they were victimized, only 17% of those under the age of 25 reported the crime to the police compared to 36% of those aged 25-39, 43% of those aged 40-59, and 61% of those aged 60 or over.

How many respondents have been victims of discrimination?

Respondents were asked if they had ever been discriminated against in a job, housing or services. The majority (79%) reported no discrimination, however, 21% of respondents felt they had been discriminated against at some point in time. There was no difference in the response to this question by GLBT identity or age.

Most respondents do not report incidence of discrimination

Regardless of the type of discrimination experienced, most respondents do not report the incidence of discrimination to the proper authorities. About one quarter of respondents who reported being discriminated against in a job (26%) or in a service (25%) reported the discrimination to the proper authorities. Only 12% of those who felt they were discriminated against in housing reported the discrimination.

In many cases, according to the respondents, the reason they did not report the discrimination is because it is not clear who the proper authorities are. Another reason for not reporting is because some respondents feel that there is no point—that no one would pay attention to them, or that there is nothing that can be done.

³⁸ Gay Health in Vancouver: A Quality of Life Survey. The Community-Based Research Centre, July 2000.

Respondents who reported acts of discrimination were asked what happened as a result. Their responses perhaps reveal why some people do not report suspected acts of discrimination.

Discrimination in a job

"reported it to the CEO—Pressure subtle, but they wanted me out of there."

"reported it to union—nothing was done"

"I was fired"

"reported it to management, was told I should leave the company"

"reported it to the Human Resources Director—I lost my job and they denied everything"

Discrimination in housing

"reported it to rental board, they did nothing"

"reported it to the politicians - they aren't listening"

"reported it to my employer, housing authority did nothing for me but after I notified the Police Liaison Committee—action"

"reported it to the superintendent—no concrete evidence"

Discrimination in services

"I challenged the person serving me and then asked to speak with the manager—nothing changed."

"reported it to the GLBT centre. A complaint and a protest was launched."

"Doctor - no report, changed Physicians"

"reported it to the Ontario Human Rights Commission—they ignored it"

"Prevented from giving blood. I complained that this was absolutely unfair behaviour."



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Who is doing well and why—an analysis of factors related to health and wellness

To begin to understand who is doing well and why, a strong indicator of overall health and well being—perceived health was examined in more depth. A series of two-way analyses³⁹ were performed between the level of perceived health and a range of factors described in this report including demographic and socio-economic background, other health factors, access to and use of services, community and family support, and safety, crime and harassment factors. The factors that were found to be significantly related to perceived health begin to give a picture of the types of strategies and supports that could be put in place to maintain and improve the well-being of GLBT persons in Ottawa.

Factors related to very good or excellent perceived health

As shown in Exhibit 14 earlier, 67% of the respondents to the community needs survey reported that their overall health was very good or excellent. The results reported earlier showed that bisexual respondents (52%), transgendered respondents (56%), and respondents under the age of 25 (54%) were less likely to report very good or excellent health.

Respondents who were more likely to report very good or excellent health, according to the two-way analyses were those who:

- Had no chronic health conditions (84%)
- Did not report depression as an issue (81%)
- Never experienced any health related difficulties such as hearing, seeing, communicating, walking, climbing stairs etc. (80%)
- Were not limited in their activities by their health (77%)
- Exercised regularly (79%)
- Completed college/university (79%) (respondents aged 25+)
- Reported a personal income of \$40,000 or more (78%) (respondents aged 25+)
- Improved their diet (73%)
- Conducted monthly self breast exams (73%) (women only)
- Had a pap smear in the last year (71%) (women only)
- Were in a relationship with someone (71%)
- Reported support from their birth family (71%)
- Were satisfied with their housing (71%)
- Reported support from their GLBT friends and loved ones (70%)

³⁹ Different types of appropriate two-way analyses were performed including cross tabulation, pearson correlation, and difference of means testing. Only the results that were to be statistically significant are reported.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

SERVICE PROVIDER SURVEY

Who responded to the service provider questionnaire?

The service provider questionnaire was distributed to approximately 200 service providers. By the end of the field period, the survey had generated 47 respondents. Most (60%) of the respondents received the survey through a mail-out that was done to service providers who advertise in Capital Xtra and In the Pink. Twenty-one percent of respondents received the survey through a colleague, and 9% through a friend—surveys were distributed through service provider networks such as the Ottawa-Carleton Council on AIDS, and the Rainbow Youth Coalition. Four percent received surveys from their clients. (Community members who received surveys were invited to pass service provider questionnaires on to service providers who they found to offer GLBT-appropriate services.)

Seventy-five percent of the responding service providers specifically target the GLBT population in their practice—by using informal networks, and some by advertising in GLBT media.

One of the limitations of the service provider questionnaire is that it was not translated into French due to resource restrictions. All of the 47 respondents provide services only in English, so Francophone service providers are not represented in these data.

Exhibit 39 lists the types of service providers who responded to the survey. As the Exhibit shows, the respondents represent a wide range of health and social service providers in the community including traditional and alternative health care providers.

Types of services provided			
	Youth counselling	26	
	Primary medical care	119	

FXHIRIT 40

Youth counselling	26%
Primary medical care	11%
Psychological consult	11%
Massage	9%
Chiropractic	9%
Psychiatric	6%
Legal services	6%
Other	14%

Not all GLBT-friendly service providers are GLBT themselves

Thirty-two percent of the service providers who responded to the questionnaire identify as heterosexual. The majority are lesbians (42%), with 17% gay, and 11% bisexual.

Majority provide counselling to youth

As Exhibit 40 shows, those who provide counselling to youth are most highly represented in the results (26%), with primary care medical providers and psychological service providers accounting for 11% respectively.

EXHIBIT 39 Type of service providers who responded to the survey

Counsellors	28%
Physicians General Specialists	21% 50% 50%
Social workers	15%
Psychologists	13%
Educators	10%
Chiropractors	8%
Massage Therapists	8%
Community workers	8%
Holistic/alternative health practitioners	6%
Financial advisors	4%
Lawyers	4%
Psychiatrists	4%
Nurses	4%



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

EXHIBIT 41 Percent of practice targeting GLBT clients

<10% GLBT clients 23% 10-24% GLBT clients 30% 25-49% GLBT clients 17% >50% GLBT clients | 17%

Most have "mixed" practices

Although 75% target their practices to GLBT, the majority report that less than 25% of their practice is comprised of people who identify as GLBT. As Exhibit 41 shows, 53% reported that only about one quarter of their practice was predominantly comprised of clients who are GLBT.

Specialties

Exhibit 42 shows that most of the respondents reported specialties—with the majority specializing in working with lesbians or gay men. A range of service specialties are offered.

What service providers say about the strengths of the GLBT community

From the perspective of the service providers, community connectiveness is the most prominent strength among people

EXHIBIT 43 Perceived strengths of **GLBT** people in Ottawa

Community connectiveness	40%
Diversity	21%
Support	21%
Sensitivity	15%
Acceptance	15%
Commitment and social justice	15%
Courage	11%
Pride	9%

who are GLBT in Ottawa. As Exhibit 43 demonstrates, diversity and support also featured as valued strengths by service providers.

Most Urgent Community Needs

The questionnaire asked service providers about what needs they thought needed to be most urgently addressed in the Ottawa area. A number of needs were listed, and respondents were asked to rate them as "not a need, in my view", "adequately met", "needs attention", and "critical and urgent unmet need".

The top perceived most urgent needs, according to Exhibit 44, were: self esteem (28%), substance abuse (28%), and dealing with coming out (26%).

When combining those needs checked as either urgent and critical or "needs attention", those needs that rate the highest level of concern (see Exhibit 45) are: safety/homophobia, discrimination, and isolation.

Interestingly, the community needs survey identified depression as the highest need—which is confirmed by the service providers' perception of self-esteem as the most urgent need. Community members may tend to label self-esteem issues or the

EXHIBIT 42 Type of GLBT specialties

Lesbians	60%
Gay men	49%
Bisexual women	38%
Bisexual men	32%
Two Spirit	17%
Transgendered	24%

For those who specialize in working with Transgendered People:

Male to female	21%
Female to male	17%
Intersex	9%
Other	6%

Specialize in working with:

Couples	32%
Chronic illness	32%
Family of GLBT	30%
Mental illness	28%
Youth	23%
HIV/AIDS	20%
Seniors	19%
Children of GLBT	19%
Ethnocultural	6%



HOW WELL ARE WE DOING?

A Survey of the GLBT Population of Ottawa

experience of "feeling low" as one of "depression", whereas trained counsellors and professionals would be thinking more clinically about the term "depression".

EXHIBIT 44 Top perceived most urgent needs		
Self esteem	28%	
Substance abuse	28%	
Dealing with coming out	26%	
Sexual issues	23%	
Dealing with identity issues	23%	
Safety/Homophobia	20%	
Depression	21%	
HIV/AIDS	21%	
Access to medical services	21%	
Discrimination	19%	
Suicide	19%	
GLBT positive supported living	19%	

EXHIBIT 45 Top perceived needs (combining "urgent" and "needs attention")				
Safety/Homophobia	80%	Finding friends	69%	
Discrimination	79%	Sexual issues	68%	
Isolation	79%	HIV/AIDS	68%	
Substance abuse	77%	Care-giving	68%	
Self esteem	75%	Dealing with coming out	64%	
Violence in relationships	75%	End of relationships	62%	
Suicide	74%	Finding support	62%	
GLBT positive supported living	72%	Dealing with identity issues	61%	
Family relationships	71%	Coping with death of loved one	56%	
Depression	71%	Access to medical services	55%	
Partner relationships	71%	GLBT positive home support	54%	
Child custody	71%	Aging	53%	
Managing stress	70%	1/		

Community needs survey respondents also identified "finding friends, finding a partner, and loneliness/isolation" as prevalent issues of concern to them. Service providers identified "isolation" as the third highest issue when combining "urgent" and "needs attention". This would support an argument for a GLBT community centre and other initiatives that strengthen opportunities to build supportive friendships. Fifty-six percent of community respondents to the community needs survey said they wanted more places to socialize.

As Exhibit 46 shows, the changes that service provider respondents would like to see to support the wellness of people who identify as GLBT were better training (81%), anti-harassment/respect in the workplace policies (68%), and diversity training (66%). Training was more frequently mentioned by service providers as a change they wanted to see than by community needs survey respondents (35%

EXHIBIT 46 Changes respondents would like to see

Better training	81%
GLBT sensitivity	64%
Transgender issues	57%
Anti-harassment workplace policies	68%
Diversity training	66%
Free or lower cost counselling	60%
Visible symbols (e.g. rainbow)	60%
GLBT community centre	57%
Board members	57%
Workplace ethics, values	55%
"out" workers, volunteers	51%
Dev't of GLBT specific programs	49%
Free or lower cost services	43%
More available evening primary care	32%



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

of respondents to the community needs survey said they wanted to see GLBT sensitivity training offered.)

As Exhibit 46 also reveals, the majority of service providers would like to see free or lower cost counselling (60%), services posting visible symbols of welcome for GLBT clients (e.g. rainbow flags) (60%), and services offered from a GLBT community centre (57%), as well as more openly-GLBT people serving as board members on the boards of various non-profit organizations offering services.

Over half of respondents (57%) indicated that they would like to see a community centre offering a range of formal and informal services and supports specifically for people who identify as GLBT. Approximately 20% of respondents indicated that they would be interested in exploring the possibility of partnering with such a centre and/or offering services on-site.

The services where respondents would most like to see changes made are in the area of counselling (57%). Respondents mentioned that they'd like counselling to be lower cost, offered in secondary schools, offered from a GLBT centre.

EXHIBIT 47 What would help respondents in providing service

Directory of service providers	85%
Printed material providing guidance	
Intake 23%	
History 28%	
Alternate families 21%	49%
Specific health/wellness issues 45%	
How to work around discomfort with	
sexuality 38%	
More opportunity to meet other providers	45%
Training, workshops on working with GLBT	36%

What do service providers need?

Service directory highly favoured

As Exhibit 47 shows, eighty-five percent of service providers said that they would find a directory of other GLBT-friendly service providers helpful. Community members in the community survey also rated a registry of GLBT-friendly service providers as the most highly-supported change to support wellness.

Half of service providers (49%) said that they would like to have printed material which would give them guidance on GLBT-

specific issues, with most looking for information on specific health and wellness issues, and how to work with people with discomfort around their sexuality. Forty-five percent indicated they would like more opportunity to meet other service providers targeting GLBT clients.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

CONCLUSIONS

The "Rose-Coloured Glasses" Caveat

Questionnaires were distributed through networks, so people who are "out" and who are connected to associations, informal groups and friends are more likely to have received one. People who are literate and used to filling in surveys, have access to internet, and the time to fill in a lengthy survey, and see the usefulness of survey results are more likely to have responded. Given this, the real story about GLBT-identified people in Ottawa is that the strengths are probably somewhat weaker, and the needs are probably greater than illustrated by the survey results. So, while some of the strengths will be acknowledged, these conclusions will pay particular attention to the needs that were identified by the survey.

More research is required to investigate the needs of disadvantaged GLBT residents, in particular people with low incomes, low education levels or who are marginalized in other ways. The response of seniors aged 65 and over who identify as GLBT was lower than expected and the researchers are not sure whether this is due to higher rates of isolation among seniors, lower numbers of seniors who identify as GLBT, or survey distribution being less among this population.

Strengths

For most, Ottawa is a Place of Tolerance: Most respondents (60%) indicated that Ottawa is a place where they feel either very or somewhat accepted. Sixty-eight percent feel generally safe living in Ottawa. However, 44% said there are places in Ottawa where they don't feel safe at night. Threatening behaviour and some gay bashing still go on here. Over 37% of respondents indicated that the last time they were a victim of crime they reported it to the police. While this rate doesn't seem high, Ottawa police say that it is high compared to other communities, where ten percent reporting rates are the norm. Ottawa has a strong network of GLBT organizations: Survey respondents and workshop participants recognized the value of the range of well-organized organizations of volunteers offering services, supports, social opportunities, and recreation. These organizations include Pink Triangle Services including its affiliated sub-groups such as Pink Triangle Youth, and Sage (for seniors), and other groups such as EGALE, several choruses, Lesbian Outdoor Group, Prime-Timers, Time Out, Gender Mosaic, and Rainbow Youth Coalition.

Survey respondents, in general, demonstrate wellness: There are a number of people who identify as GLBT in Ottawa who are well resourced - have good educations, and higher than average incomes. As an overall group, survey respondents report a high level of wellness. Respondents are "out" and are connected in some way to a network of people who are also GLBT. It could be hypothesized from these results that being out as a GLBT person is correlated with wellness and resilience.

A Practice of Caring for Each Other: Eighty-four percent of survey respondents say that they can turn to GLBT friends and loved ones when they need help and support.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

Past efforts at change have worked well: There are many people and groups who have devoted time to providing public education and working towards change on behalf of all people who are GLBT. This has led to some model initiatives in Ottawa, such as Police Hate Crimes Unit, inclusive faith communities such as First United and the First Unitarian Congregation, Youth Service Bureau programs, some inclusive high schools (Glebe and Canterbury High Schools were mentioned), Bruce House and many other organizations focused on HIV/AIDS, and others.

Untapped volunteer capacity: Almost half (49%) of respondents said they'd like to be more involved in volunteer activities and they have not been involved in the past year. This untapped potential could be recruited to take action on some of the needs identified below.

Needs

The population survey and related focus groups and service provider survey identified four areas that need attention to improve wellness among the GLBT population in Ottawa:

- 1. High Needs among Teens
- 2. Supporting Wellness in Transgendered People
- 3. Breaking Isolation and Strengthening Mutual Support
- 4. Improving Services for All GLBT Residents

1. High Needs among Teens

Most people who are GLBT will say that growing up, and particularly fitting in at school was one of the most difficult experiences of their lives. This was confirmed by the survey results. Sixty-two percent of teens said that depression was an issue for them in their lives. Thirty-six percent said that feeling suicidal is an issue for them. Compared even to mental health statistics among "high-risk" youth in the general population, these statistics are alarming and warrant urgent action.

Youth in focus groups confirm these findings and say that they have trouble finding help at the time when they really need it. Only 52% have a family doctor, and 33% report having no regular health provider of any kind. Fifty-six percent of youth are not out to their health provider, and so are not talking to them about any issues related to sexual or gender identity.

Schools got mixed reviews from youth focus group participants. While there have been some improvements in certain schools, (particularly those in which a teacher is openly gay and is prepared to offer support to students who need it) there are still many instances of homo-, bi- and trans-phobia in schools fostered often unwittingly by teachers and students.

A high proportion of GLBT youth (57%) respondents live in suburban residential areas—a long bus ride away from downtown GLBT youth support groups. Even those who do participate in these groups say that there are not enough places where they can go to



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

socialize where alcohol is not being served and where they won't be "hit on". They want more social opportunities both downtown and also closer to where they live and attend school. Sixty-eight percent of youth respondents supported the idea of creating a GLBT community centre.

Youth would also like to see more services designed specifically for GLBT youth. They would like to get help from service providers who have visibly identified themselves as GLBT-friendly (e.g. by displaying a rainbow flag decal prominently).

2. Supporting People who are Transgendered

Depression was reported as an issue among 52% of transgendered respondents. Almost half of transgendered respondents report not getting the help they need for depression. Almost half of transgendered survey respondents would like to see specific services for transgendered people offered such as support and counselling groups.

Seventy-one percent of transgendered respondents indicated that there are not enough GLBT friendly places to go and things to do in Ottawa. Twenty-six percent indicated that they don't feel accepted by other members of the GLBT community. Participants in a focus group for transgendered people indicated that it is difficult and stressful to search for service providers who are educated about the realities and needs associated with being transgendered. Transgendered respondents report that they are frequently required to educate the service provider in order to be able to work with them. Some service providers are open to learning—others are not. The availability of a registry of service providers who are GLBT-friendly was of highest importance to transgendered respondents (77%). They also wanted to see a resource guide (72%) and more sensitivity training for professionals (62%).

For those undergoing the long and often isolating process of transition to the other gender, covering the cost of medication and surgery is a formidable barrier to accessing the help they need. Another barrier that contributes to depression and isolation, particularly during the childhood, teen and young adult years, is the lack of transgender role models.

3. Breaking Isolation

Isolation of people who are GLBT was identified by 79% of service providers as a high priority issue that needs addressing in Ottawa. Thirty-three percent of community members said that isolation was an issue for them, 57% of those who reported it as an issue weren't getting the help they needed to deal with it. This was reported particularly by youth and transgendered people, but also by other respondents.

Thirty-three percent of respondents indicated that "finding a partner" was an issue of concern in their lives. French language respondents (74%) and lesbians (68%), in



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

particular, report that more places to socialize are needed. Forty-three percent of respondents feel either a weak sense or no sense of belonging to the "GLBT community". Ideas that were mentioned in the May 5th community workshop to help people overcome isolation were:

- More development of a GLBT district—an identifiable geographic area downtown for gathering/shopping/ and community events such as exists in Toronto and Montreal.
- The development of a GLBT community centre (55%) that would provide recreation, health and social services, and other forms of support for all age groups. This idea was particularly supported by 68% of youth and by 73% of people who prefer to receive services in French only,
- Semi-annual town hall meetings for people identified as GLBT to gather and organize,
- More fun small events as a complement to large community events such as Pride, where people can gather in an environment that does not involve alcohol.
- More communication tools: Capital Xtra is valued by many as a source of
 information, but it is not seen as embracing the diversity of the community
 adequately; some workshop participants said they'd like to see additional ways of
 spreading news, information, and fostering discussion. Particular mention was
 made of greater use of the Internet.

4. General Access to Wellness

All Human Services Should be GLBT-Friendly: The majority of respondents (65%) would like to be able to use the variety of wellness services available to all Ottawa residents without having to hide their sexual or gender preference and without having to explain and educate how to work appropriately with GLBT people. Here's what would help:

- A Directory of GLBT-Friendly Service Providers: A high proportion of community members (65%) as well as a high proportion of service providers (85%) would like to see an up-to-date directory of service providers who are GLBT-friendly. At the May 5th community workshop, one group developed the idea of a "rainbow flag" campaign that would educate service providers about how to assess whether they qualify to fly the flag, and if they do, to prominently display it and register their names in the directory. The directory should be on-line and available in hard copy.
- **Resource Guide**: Fifty-six percent of community survey respondents would like to see a resource guide offering wellness information and advice to people who are GLBT living in Ottawa. This guide could also be used by service providers to orient themselves to unique issues faced by people who are GLBT. This option was even more popular among transgendered respondents (72%) to help them allay misunderstandings and myths.
- **Sensitivity Training And Resources For Service Providers**: Thirty-five percent of general survey respondents would like to see sensitivity training for mainstream



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

health and social service providers and more services exclusively designed for GLBT persons. Eighty-one percent of service providers who responded to the survey would like to see more training and resources for service providers on GLBT sensitivity (64%) and on transgender issues (57%). Workshop participants indicated that sensitivity training should take the following into consideration:

- o GLBT inclusive language on information material,
- Questions of gender and orientation should use wording that best allows those who identify as GLBT to see themselves in the questions,
- Intake and assessment forms acknowledging the possibility of a same-sex spouse, and
- Trans-positive language, paying particular attention to pronouns, and sensitizing service providers to using preferred names.
- Priority should be given to those services which the consumer often doesn't have a choice about using such as crisis services, emergency services, social services, housing, etc.
- Service providers are looking for more specialized training, particularly in the area
 of transgender health. Workshop participants suggested a train-the-trainer
 approach to training with both hard copy and on-line resources.

Some Services should be Designed Specifically for People who are GLBT: Forty-nine percent of service providers indicated that they would like to see more GLBT-specific programs. Thirty-five percent of survey respondents would like to see more services designed for GLBT. As mentioned above, GLBT-exclusive services are more important for people who are transgendered (48%)—where access to appropriate services is a barrier to wellness. They were also important for youth.

GLBT Community Centre: There was general support (55%) for a GLBT community centre, particularly from youth (68%) as well as service providers (57%). Workshop participants suggested starting by taking advantage of existing venues such as Jack Purcell, and McNabb Community Centres and CHCs. They suggested designating a GLBT day or evening each week or month at key centres throughout Ottawa, including youth GLBT services at suburban centres.

Some Services should be Low-Cost or Free: The results show that those with the greatest need (youth, bisexuals and transgender) are also those with the least resources to pay. Almost a third (28%) of respondents do not have any extra health-related benefits beyond OHIP. Forty-eight percent of transgender respondents and 66% of bisexual respondents report that they have extra health related insurance benefits, compared to 74% of gay and 75% of lesbian respondents. For transgender respondents undergoing surgical and/or hormonal treatment, this is a bigger issue, since the cost of most surgeries required is not covered by OHIP. The financial burden is a large one.

Only about half (49%) of respondents under the age of 25 indicate they have access to extra health benefits, compared to 70% of those aged 25-39, 78% of those aged 40-59,



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

and 83% of those aged 60 and over. Cost was mentioned as being a barrier to access for psychologist counselling and therapy and dentists.

RECOMMENDATIONS

The GLBT Wellness Project has been successful in bringing community members together to focus on wellness. It's important that the momentum not be lost as the shift is made from identifying needs and strengths to working toward action to address the needs. The GLBT Wellness Project Management Committee has considered all the evidence and discussion arising from the community and service provider surveys, the focus groups, and the community results workshop. It makes the following recommendations.

1. Establish an Inter-Sectoral GLBT Wellness Council to Address the Needs Identified in the Survey:

The Council should bring together community leaders responsible for services that can address these needs. The aims of the Council should be:

- To increase access to wellness services for GLBT residents within the City of Ottawa by:
 - Increasing the supply of (range, capacity and number of access points) GLBTfriendly human service providers within the City, and
 - Increasing the supply of (range, capacity and number of access points) of GLBT-specific human service programs within the City.
- To increase the wellness of GLBT and questioning youth. Specifically, to:
 - reduce the rate of bullying related to GLBT stereotypes,
 - o reduce the rate of suicidal and para-suicidal behaviour by GLBT and questioning youth,
 - reduce the rate of school absenteeism and drop-out by GLBT and questioning youth.
- To increase levels of tolerance within the City of Ottawa for GLBT people as measured by Florida's "Gay Index"

The Council should be modeled on effective community initiatives such as the *Alliance to End Homelessness*, *Success by 6*, *the Ottawa-Carleton Council on AIDS or the Round Table on Women*. The Council should be comprised of leaders within the GLBT community, the Boards of Education, Ottawa Police Services, people's services, youth-serving agencies, hospital services, community health organizations, and others. The Council would aim to facilitate the working together of the wide range of community organizations in Ottawa to address the needs identified in this study and the recommendations below. One of the Council's roles should be to ensure that progress on these goals is tracked. Resources for the Council, including dedicated administrative and coordination support,

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

should be contributed by participating organizations, as well as sought from funding and granting bodies that support human services inter-sectoral planning and service development.

2. Develop a Strategy to Make Ottawa a Better Place for Youth who are GLBT or Questioning their Sexual or Gender Identity:

Ottawa is doing comparatively well in some areas, but it is failing youth. Youth in the survey report alarming rates of depression and suicidal thoughts. It is recommended that, as a top priority, the following organizations take leadership to develop effective strategies that support the needs and foster the well being of GLBT and "questioning" teens and youth:

- GLBT youth and other youth committed to creating a climate of tolerance and diversity
- Boards of Education,
- youth-serving agencies,
- GLBT organizations,
- Ottawa Police Services,
- community health and resource centres,
- parents,
- spiritual leaders, and others.

The strategy should ensure that GLBT and "questioning" teens and youth to be safe from harassment and intimidation and to be encouraged to express who they are. Provincial policies on education have a bearing on resources available for providing individual and school-wide services to support a safe environment for all. This group should work with provincial educational policy-makers to develop policies that will complement and enable the strategy developed.

It is further recommended that the Boards of Education and children's psychiatric and mental health organizations develop data collection systems to monitor:

- GLBT-related incidents of bullying,
- the school absentee and drop-out rate, and
- the rate of suicidal and para-suicidal behaviour of youth who are GLBT or who are questioning.

These data should be summarized annually and reported to the GLBT Wellness Council.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

3. Work with the City of Ottawa to Foster Conditions of Tolerance and Diversity for **People who are GLBT:**

Richard Florida, in addressing the Ottawa 20/20 Smart Growth Summit (www.ottawa2020.com), identified "tolerance" as one of the key factors contributing to a city's growth potential and attractiveness to knowledge workers. He specifically mentioned the "Gay Index" as an indicator that he and his team of researchers have shown to be indicative of growth potential. The City of Ottawa is on-track to take action toward increasing tolerance—it is establishing the "Equity and Diversity Committee". It is recommended that GLBT residents be one of the sub-populations included in the development of city-wide diversity strategies. Specific initiatives that have been identified by this research as important in fostering diversity include:

- Establishing a GLBT Community Centre: to include recreation, leisure, health and social services, and other activities. This study has demonstrated both a need and a demand for a GLBT community Centre.
- **Developing a GLBT District**: where GLBT-oriented businesses would be encouraged
- Fostering A Wider Range of Activities and Events: particularly for GLBT youth, for lesbians, and for francophones which would encourage the development of mutual support and provide an alternative to bars.
- **Profiling Local GLBT Role Models:** in mainstream events and media.

It is recommended that the City adopt Florida's "Gay Index" ⁴⁰ as an indicator that it tracks on a regular basis.

4. Develop and Implement a GLBT Service Access Strategy:

This strategy should have several components:

- GLBT-Friendly Service Provider Visibility Campaign: to increase recognition and awareness of service providers who are GLBT-friendly, by involving service providers in a self-assessment and client feedback process and awarding those who are GLBTfriendly with a sign or emblem which would indicate that GLBT clients will be appropriately served.
- GLBT-Friendly Service Provider Directory: build on the service provider list that has been developed by the GLBT Wellness Project, complementary to the visibility campaign. Post the directory on the Internet and distribute written directories to listed service providers, human service organizations, and consumers.
- Service Provider Training and Resources: The universities and colleges, professional associations, and major organizations providing wellness-related services (hospitals, community health and social services) should be engaged in an initiative to

 $^{^{}m 40}$ Richard Florida and Gary Gates-"Technology and Tolerance: The Importance of Diversity to High Technology Growth", The Brookings Institute, http://www.brook.edu/es/urban/floridaexsum.htm

develop on-line and train-the-trainer resources to enable front-line service providers from various professions to work effectively with clients and patients who are GLBT. It is further recommended that human service professional associations and training programs evaluate and track their effectiveness in preparing professionals to work with clients who are GLBT and report on results annually to the GLBT Wellness Council.

Appropriate Service Development: It is recommended that the GLBT Wellness Council work with human service planning groups in Ottawa to develop services to respond to the needs identified in this report, which should include some GLBTspecific services, and easier access to services that do exist now (lower cost, more widely located across the area).

5. Undertake More Research:

It is recommended that research be undertaken to follow up from this survey. Further investigation into the needs and strengths of population groups that are underrepresented in this survey is needed, particularly:

- have a low income,
- have low education levels
- are isolated from GLBT networks,
- are seniors; and/or
- identify as bisexual.

The GLBT Wellness Project encourages researchers to access the Wellness Survey database for further analysis of the Survey data.

6. Monitor Progress:

It is recommended that key questions from the Wellness Survey instruments be included in any general population surveys completed by public health and social service agencies as part of their planning process. In general, it is recommended that any surveys or studies of health or wellness that are done by the City, or supported by the City, should ask respondent's gender and sexual identity, and recognize the families of GLBT residents. Results of the Wellness Survey can serve as a base line measure against which to mark progress.





NOTES





APPENDIX A

METHODOLOGY







HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

How the study was conducted

To arrive at a credible and reasonable approach for the study, several important steps were taken beginning with a literature review—available on-line (www.pinktriangle.org/wellness) The literature review identified some of the challenges of surveying the GLBT population, suggested possible data collection strategies based on the successes and failures of studies completed in other North American communities, and helped guide the development of the survey instruments. Other important aspects of the methodology used in the study are described below.

Designing a meaningful questionnaire

An iterative process was used to arrive at the final data collection instruments for the community and service provider survey. The goal was to develop reliable and valid data collection instruments which could be self-administered, take no longer than 30 minutes to complete by hand or on the internet, be comparable to similar studies conducted in other jurisdictions where appropriate, and include some standard questions from Statistics Canada to benchmark the results for the GLBT community needs survey against the general population. The questionnaire design process included:

- an examination of survey instruments from similar studies conducted elsewhere
- selected key informant interviews with other researchers including Statistics Canada
- brainstorm session with the Wellness Project Management Committee
- review of draft questionnaires by external reviewers
- two questionnaire workshops—one conducted in English and one in French—to pre-test the draft instruments with: (a) 38 people representing all walks of life in the GLBT community of Ottawa—participants included youth, seniors, differentlyabled persons, persons on low income and persons from ethnic minority groups; (b) 10 service providers offering a range of service to the GLBT community online pre-test

Although somewhat broader in scope, the GLBT community needs questionnaire follows the general framework of Statistic Canada's 2000 Canadian Community Health Survey (CCHS) and includes a number of comparative health and wellness questions. The CCHS was conducted in major communities across Canada including the city of Ottawa at the same time (Fall, 2000) as the Ottawa GLBT Wellness Survey. This provides the opportunity for comparative "benchmarking" analysis between the two survey samples (general population in Ottawa and GLBT population in Ottawa) in the future. Future comparative analysis is also possible with similar GLBT studies conducted in other communities. The Ottawa GLBT community needs questionnaire contains a number of comparative questions from "GLBT" surveys conducted in other jurisdictions including:



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- 1. Project Affirmation—Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems
- 2. The Vancouver LGBT Health Care Access Study
- 3. The Winnipeg GLBT Seniors Study
- 4. The Northern California Men's Health Study

A copy of the community needs questionnaire and the service provider questionnaire is available on-line, <u>www.pinktriangle.org/wellness</u>.

How and where the questionnaires were distributed

Reaching out with the community needs survey

A systematic "snowball" non-probability sampling approach was used to reach out to as many corners of the GLBT community as possible. A distribution plan for the community needs survey was developed with the help of the Project Management Team and a committee of outreach volunteers who were responsible for the distribution of the questionnaires. The plan identified distribution channels throughout the GLBT community that would best reach various sub-groups of the GLBT population.

The distribution channels included existing mailing and membership lists for GLBT organizations, the internet (GLBT listserv41, websites, e-mail, newsgroups etc.), all community health centres, other health and social service providers (traditional and non-traditional), the downtown YMCA, GLBT and other downtown businesses, social and leisure clubs, informal support and self-help groups, church groups, other voluntary groups, baths, bars, coffee houses, bookstores, and other informal gathering places. The sub-groups the survey intended to reach through these various channels were:

- gay men
- lesbians
- bisexual men
- bisexual women
- transgendered persons
 - o male to female
 - female to male
 - intersex
- differently-abled persons
- youth aged less than 25
- seniors aged 60 and over

⁴¹ Social Data Research Ltd. a firm specializing in health related surveys, in partnership with Anne Wright and Associates Inc, a community-based health-planning firm, worked with the GLBT Health Task Group and the GLBT Wellness Project Management Committee to conduct the study on behalf of PTS.



HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

- rural persons
- persons with specific health issues (psychiatric, HIV/AIDS, Hep C)
- Aboriginal persons
- GLBT parents with children
- Persons from visible minority/ethnocultural groups

The distribution points and the numbers to be distributed at each point were finalized with the volunteer outreach committee based on population estimates and the literature. The survey was widely promoted through various channels in the media including a month long "Advertisement Campaign" on 300 Ottawa city buses covering all routes in the city just prior to and during the survey field period.

The survey instrument was available in hard copy and online in both official languages.

The hard copy survey was distributed by over 30 volunteers

A volunteer orientation meeting was held at the start of the field period. At this meeting each volunteer was given their designated survey package including the number of questionnaires for distribution. To protect anonymity the hard copy questionnaires were distributed in a self-addressed return envelope with the postage prepaid.

Throughout the eight week study field period—from mid November, 2000 to mid January, 2001—a confidential survey "hotline" was established for survey respondents who require assistance completing the survey or those with questions about the study.

Obtaining the views of service providers

Two different distribution channels were used for the service provider survey and accompanying resource directory form: (a) an existing mailing list of known service providers in the GLBT community; and (b) service providers who advertise in the GLBT media (In the Pink and Capital Xtra) were also mailed the questionnaire and resource directory form.

As well, service providers who completed the questionnaire were invited to pass a copy of the questionnaire on to other service providers who they believe provided GLBTappropriate services.

Focus groups help validate the results

After the community survey was completed, focus groups were held with two sub-segments of the GLBT population—youth, and transgendered people. The purpose of the focus groups was twofold:

- 1. To help validate the survey results, and
- 2. To gain further insight into the needs of youth and/or transgendered persons.

HOW WELL ARE WE DOING? A Survey of the GLBT Population of Ottawa

The results of the focus groups are available on-line, www/pinktriangle.org/wellness.

Results workshop to discuss next steps

A results workshop was held prior to the drafting of this report with 62 invited participants. In addition to the study team, participants included community leaders from the GLBT voluntary and business sector, health and social service providers, City public health officials, City politicians, and others with an interest in the results of the project. The purpose of the workshop was to:

- 1. share the results of the community survey
- 2. validate the results—did they make sense from the perspective of the participants? Did they agree with the findings based on their knowledge and experience in the GLBT community?
- 3. what are the implications of the results for the GLBT community? Service provider community?
- 4. What are next steps for action?

The workshop began with a presentation by the consultants of the key results from the community needs survey. The presentation followed five critical themes that emerged from the analysis of the data:

- 1. general health and wellness
- 2. mental health
- 3. access to services
- 4. community and social support
- 5. safety and crime

Following the overview presentation and general discussion, participants selected a theme and met in small groups to discuss the implications of the findings and the next steps. At the conclusion of the workshop, participants came together once more to share the findings of their small group discussions and agree on the next steps.





NOTES





NOTES