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Hess, Daniel Baldwin; Bitterman, Alex

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Hess, D. B., & Bitterman, A. (2023). Community Support Organizations in Gay Neighborhoods: Assessing Engagement During the Covid-19 Pandemic. *Urban Planning*, 8(2), 235-248. <https://doi.org/10.17645/up.v8i2.6404>

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Article

Community Support Organizations in Gay Neighborhoods: Assessing Engagement During the Covid-19 Pandemic

Daniel Baldwin Hess ^{1,*} and Alex Bitterman ²

¹ Department of Urban and Regional Planning, University at Buffalo, USA

² Department of Architecture & Design, Alfred State College, USA

* Corresponding author (dbhess@buffalo.edu)

Submitted: 31 October 2022 | Accepted: 9 March 2023 | Published: 22 May 2023

Abstract

Volunteerism, grassroots activism, and mutual aid have been critical to the advancement of rights and opportunities for LGBTQ+ people. These activities are institutionally anchored within supportive organizations embedded in LGBTQ+ communities. But these supportive organizations can be stressed by external crises, such as the Covid-19 pandemic, limiting the capacity for providing routine services. This article provides a typology of community support organizations—including healthcare providers, business improvement districts, neighborhood planning organizations, and social groups and clubs—to better understand how non-governmental organizations and non-profit entities provide services not traditionally provided by government agencies for LGBTQ+ people. We characterize how community support organizations continued to provide critical services to the LGBTQ+ community—consistent with the missions and aims of these organizations—while also providing services and information related to health and safety during the Covid-19 pandemic. The article concludes with takeaway messages that synthesize the functions and services of community support organizations and explain how various types of supportive organizations in gay neighborhoods responded to the Covid-19 pandemic.

Keywords

community; gay neighborhood; human services; LGBTQ+; non-profit organizations

Issue

This article is part of the issue “Queer(ing) Urban Planning and Municipal Governance” edited by Alison L. Bain (Utrecht University) and Julie A. Podmore (John Abbott College / Concordia University).

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1. Introduction

Volunteerism, grassroots activism, and mutual aid have been critical to the advancement of rights and opportunities for LGBTQ+ people. These activities are institutionally anchored within supportive organizations embedded in LGBTQ+ communities both large and small. Various types of organizations support the LGBTQ+ community by promoting the rights of individuals who identify as sexual minorities; these organizations also support the LGBTQ+ community by providing health and educational services and other support networks (Gato et al., 2020) at multiple scales from hyper-local neighborhood networks to larger national and international networks.

Community support and service organizations (CSOs) serving the LGBTQ+ community reflect a decades-long history of engaging with LGBTQ-identifying people. These organizations provide critical health- and community-related services which have often been delivered under the challenging circumstances of prejudice and discrimination against sexual minorities. For example, LGBTQ+ community organizations can support access to housing and services, redress economic instability, reinforce access to medical care, and aid LGBTQ+ community members in coping with fear and isolation. CSOs take various forms of organization: some are small and informal and operate on a shoestring budget, others span international borders and are well-funded and highly organized, while others fall somewhere in

between these two extremes. All aim to serve the LGBTQ+ population and cause. The commonality is that CSOs, regardless of size, tend to render services to the underserved LGBTQ+ population, offering uniquely focused connections that are relevant to LGBTQ+ individuals. These unique services tend to be different from the typical responsibilities of non-governmental organizations and government-led ministries. Notably, CSOs stepped in to provide services when government failed to do so, and this was inarguably the case when the HIV/AIDS pandemic ravaged the LGBTQ+ community in the 1980s and 1990s and government inaction was addressed—of necessity—by community organizing and grassroots activism. LGBTQ+-focused CSOs forged new methods to deliver necessary but at times controversial services to underserved populations of LGBTQ+ individuals. New types of services were required by LGBTQ+ CSOs as the people identifying as sexual minorities lived “out” un-closeted lives and the LGBTQ+ community slowly gained greater acceptance (Seidman, 2004) and presented unique needs that were not being met by other sectors of mainstream society.

In this article, we explore the various types of LGBTQ+ organizations that exist—along with the missions and aims of these organizations—to better understand how the organizations serve the communities they intend to support. To do so we construct a typology of LGBTQ+ community organizations and clarify the goals and functions of various types of organizations. We explore public policy support for community organizations, and we characterize the potential funding opportunities and the future viability of the organizations. We identify best and noteworthy practices among organizations with similar functions, and we also identify innovative and unusual approaches that may become best practices in the future.

2. Background and Context

Previous research has explored potential community approaches—at the local level—to address both individual and community needs for LGBTQ-identifying people (Kay & Musgrove, 2020). The needs of LGBTQ+ people are rooted in disadvantage due to persecution, stigmatization, and discrimination. These needs cut across economic class, race, and gender identity, but are evident throughout the LGBTQ+ community. For example, access to equal and affordable housing in the LGBTQ+ community is notably different from mainstream housing trends, especially for subgroups such as older gay and lesbian adults. This access is critical (Hillier & Bunten, 2020) though gay and lesbian homeowners are often at a disadvantage in securing financing related to housing (Mostaghim, 2021). CSOs can help to connect LGBTQ+ to housing resources, provide legal support related to fair housing, and connect potential lenders with homeowners.

Similarly, CSOs provide critical support for health-

care and mental health support for the typically underserved and marginalized LGBTQ+ community. People in the LGBTQ+ community experience greater exposure to stressors than the general population (Snapp et al., 2015; Weinke et al., 2021). Certain subpopulations in the LGBTQ+ community—especially youth (Fish et al., 2020)—experience an even higher level of stress. Certain LGBTQ+ subpopulations struggle—especially elderly individuals—with ease of access to services that are more readily available to non-LGBTQ+ people (Bitterman & Hess, 2016). Rejection from families compounds risk factors associated with the mental health of LGBTQ+ youth (Snapp et al., 2015). Youth with substance abuse or mental health concerns are more likely to participate in LGBTQ+ community-based organizations (Fish et al., 2019). For LGBTQ+ youth, the presence of community support is a strong predictor of positive outcomes, especially in life situations and self-esteem (Snapp et al., 2015). At the risk of poorer health outcomes and mental health outcomes, LGBTQ+ youth engage with LGBTQ+ youth organizations and events for support (Eisenberg et al., 2017). The community aspects of participating are particularly valuable. LGBTQ+ youth also benefit from media presence of the LGBTQ+ community and the visibility of LGBTQ+ adults (Eisenberg et al., 2017). Fish et al. (2019) conclude that LGBTQ+ community organizations are an underutilized resource for promoting health in the LGBTQ+ youth population. In response, CSOs help to connect at-risk LGBTQ+ youth with critical services and care.

At the other end of the generational spectrum, older adults who identify as part of the LGBTQ+ community also demand special services (Bitterman & Hess, 2016). The share of older adults (age 65 or more) continues to increase with an aging population in the US, and the number of older adults identifying with the LGBTQ+ community continues to grow and is projected to reach 20 million in the next 40 years (Fredriksen-Goldsen et al., 2019). Nonetheless, older adults in the LGBTQ+ community are largely absent in specialized services and policies for aging (Fredriksen-Goldsen, 2016; Turesky, 2021). Barriers encountered by LGBTQ+ couples in adopting children prohibited the formation of multi-generation LGBTQ+ family units, negatively impacting older adults and their long-term care in the LGBTQ+ community. CSOs have begun to step in to address these entrenched inequalities.

Other LGBTQ+ sub-populations struggle with invisible prejudices and inequality in access to care and services. For example, in the heteronormative world, male/female spousal access rights in healthcare situations are rarely questioned, however, the rights of same-sex couples are often scrutinized. CSOs have led the fight for equality and recognition for LGBTQ+ couples and individuals.

Participating in the organization of pride parades and pride events gives LGBTQ+ community members a chance to build connections—both internally and externally—with LGBTQ+ organizations (Bruce, 2016; Joseph, 2010). Participation in LGBTQ+ events (such as

gay pride parades) can increase individuals' sense of belonging and lead to positive life outcomes (Hahm et al., 2017). Participation brings about a greater connection for individuals to the LGBTQ+ community (Montagno & Garrett-Walker, 2021) and the non-LGBTQ+ community. LGBTQ+ individuals who engage in community activism help to reduce mental health risks related to discrimination (Montagno & Garrett-Walker, 2021). Participation in activism among the LGBTQ+ community can result in less internalized heterosexism (Montagno & Garrett-Walker, 2021). These issues are important since with the changing generations there are different perspectives about what it means to identify with the LGBTQ+ community (Bitterman & Hess, 2021b). The efforts of CSOs to bring pride events into the mainstream over the past three decades suggest the diversity of the LGBTQ+ community and the quest to advocate for equality and acceptance.

All of these important (and often unsung) efforts by CSOs provide vital services that underpin the health and well-being but also the vitality of gay neighborhoods. In previous research, we explain that:

LGBTQ+ people migrate to new districts when they find safe, inclusive, and convenient access to everyday services and amenities—especially LGBTQ-friendly businesses and services—and now, perhaps now more so than before 1990, the presence of services that support LGBTQ+ families including schools, libraries, childcare centers, and family healthcare facilities. (Hess & Bitterman, 2021, p. 34)

3. CSOs Shift as a Result of the Covid-19 Pandemic

The Covid-19 pandemic produced shock shifts across communities. Although the Covid-19 pandemic is a global event, individual community response is paramount (Kay & Musgrove, 2020); the worldwide pandemic has been referred to as a “‘glocal’ phenomenon, one with transnational as well as local expressions and implications” (Miles et al., 2021, p. 396). For LGBTQ+ communities and organizations within gay neighborhoods, the Covid-19 pandemic is reminiscent of the HIV/AIDS pandemic, during which the LGBTQ+ community proved itself to be well-equipped to respond with grassroots activism, particularly in the face of government inaction or apathy:

For many LGBTQ+ people, the current situation is reminiscent of the HIV/AIDS pandemic; even those too young to have experienced it first hand still grew up in its cultural shadows. This prior experience is productive—the gayborhood is uniquely equipped to respond with grassroots activism, particularly in the face of government inaction or apathy—but it is also potentially problematic, as it may trigger negative memories of trauma, encourage individualistic withdrawal from human contact, or provide historical models that delimit reimagining what LGBTQ+ geographies could become. (Miles et al., 2021, p. 396)

During the Covid-19 pandemic, the mandate to quarantine had negative effects on the general population, but it affected LGBTQ+ individuals even more (Gato et al., 2020; Miles et al., 2021). Lockdowns forced people to stay at home, and financial strain and job loss forced some LGBTQ+ people to move in with relatives. Consequently, the community support offered by human service organizations (HSOs) was a critical need, particularly among those who sheltered at home during the pandemic with families of origin (Drabble & Eliason, 2021; Miles et al., 2021).

For LGBTQ-identifying people, pre-Covid-19 mental health disparities resulted in poorer outcomes during the pandemic (Drabble & Eliason, 2021). Certain subpopulations of the LGBTQ+ community were more significantly impacted. For example, the daily negative effects of the pandemic were associated with higher levels of depression and anxiety for LGBTQ+ youth (Gato et al., 2020). For some LGBTQ-identifying women, substance abuse was a means to cope with fear, stress, loneliness, and boredom (Drabble & Eliason, 2021).

In this article, we focus on the special position of gayborhoods—or urban spaces with high shares of same-sex couples or LGBTQ-identifying people and/or established acceptance for sexual minorities—as the home base for LGBTQ+ community organizations. That is, gay neighborhoods and their gay-identifying and straight-identifying communities both create demand for and provide a myriad of services to support community wellbeing. Researchers have argued for the need for greater inclusion in queer space (Doan, 2015). Yet gay neighborhoods have undergone significant shifts in recent years, as demographic and cultural change has made the neighborhoods “less gay” as more non-LGBTQ-identifying inhabit and use the neighborhoods (Bitterman, 2020; Bitterman & Hess, 2021a; Hess, 2019; Podmore, 2021). Same-sex couples have dispersed from gay neighborhoods (as the residential mix includes more non-LGBTQ-identifying people) and settled in other places across metropolitan space (Spring, 2021) as new gay neighborhoods form in other places (Bitterman, 2021).

Scholarly researchers and advocacy groups are beginning to examine the importance and relevance of community and social service organization (CSO) support to LGBTQ+ communities. The Movement Advancement Project (MAP) conducted longitudinal research on LGBTQ+ CSOs and in a 2018 report noted that in a typical week, LGBTQ+ CSOs serve 40,550 people “and refer nearly 5,550 individuals each week to other agencies for services and assistance” (MAP, 2018). Of the 113 CSOs that reported revenue data to MAP (2018) the CSOs have “combined revenue of \$226.7 million” and nearly half (47%) rely, at least in part on local, state, or federal government grants of more than \$10,000 to continue operations. The CSOs tracked by MAP (2018) employ “2,000 paid staff and engage with more than 14,000 volunteers for nearly half a million volunteer hours” each year. According to the MAP (2018) study, “more than

three-quarters of centers (78%) that engage in policy-related activities work to advance policy at the local level, 67% at the state level, and 31% at the national level.”

The body of scholarship reported here—combined with national data from MAP (2021) about LGBTQ+ CSOs—emphasizes the existence of a number of community-based organizations providing a wide array of services in gay neighborhoods to the LGBTQ+ community and the non-LGBTQ+ community. In this way, gay neighborhoods are composed of much more than bars, nightclubs, and underwear stores (Bitterman & Hess, 2021a; Hess & Bitterman, 2021). CSOs, in the function of providing community services, can anchor neighborhoods. Consequently, CSOs must be understood so that their capacities as key neighborhood supports can be bolstered by the community at large. Therefore, with this research we fill a gap in scholarship concerning the various types of CSOs that support gay neighborhoods, the functions and missions of the CSOs, and how the roles of the CSOs have evolved from the HIV/AIDS pandemic to the covid-19 pandemic.

4. Method

During the Covid-19 pandemic, many CSOs shifted to bolster their online presence and programming. This provided a unique opportunity to review changes to CSOs websites and associated programming. To meet our aim of better understanding the functions of CSOs and their roles in gay neighborhoods, we performed a survey of websites of the top LGBTQ+ CSOs based on repeated internet searches using the DuckDuckGo search engine. Using the terms “gay,” “LGBT,” “community,” “neighborhood,” and “organization” the search survey universe included 227 CSOs in North America (213 in the US and 14 in Canada). We further retrieved information about organizational leadership through a search of LGBTQ+ community directories for cities and metropolitan areas. For each CSO, we additionally noted its location, primary and secondary services and functions, target audience(s), and mission statement. Our data collection occurred between May and July 2021, approximately one year after the onset of the Covid-19 pandemic. Data were collected at a single point in time, and we therefore acknowledge a limitation of this study: we cannot address changing functions over time, especially given the dynamic stressors of the Covid-19 pandemic. We also noted operational changes for each CSOs in response to Covid-19 and specific resources offered relating to the pandemic. Naturally, this digital survey is not comprehensive, however, it is intended to suggest a cross-sectional snapshot of CSOs’ engagement with the Covid-19 pandemic.

We recognize the grassroots and self-organized “doers” in gay neighborhoods, like the men who founded Gay Men’s Health Crisis in New York City or the founders of Indy Bag Ladies in Indianapolis (Guervitz, 2016), and the founding leaders in comparable organization in other

cities. These often unsung heroes took action—when governments and other organizations could not or would not—to ensure the health and well-being of LGBTQ+ neighbors. These efforts bolstered gay neighborhoods and underscored the many positive benefits of gay neighborhoods. By providing “Cinderella services” (Hess & Bitterman, 2021), these courageous trailblazers formed an alternative network of assistance and support for the LGBTQ+ community and helped to propel gay neighborhoods as safe and convenient places to live, work, and play. Over time, this effort was repaid through economic development, recognition, and desirability.

Despite the importance of LGBTQ+ CSOs, most are lumped together and broadly identified as “gay” organizations that exist to serve the LGBTQ+ community. However, most LGBTQ+ CSOs we examined serve a broader population. The need to better identify, categorize, and recognize the efforts of these organizations requires a careful study first but also provides an opportunity to develop a basic taxonomy to understand these organizations and benchmark and compare their growth and change—and indeed their wider impact on gay neighborhoods.

5. Macro Trends in LGBTQ+ CSOs During Covid-19 as Compared to HIV/AIDS

During the Covid-19 pandemic, many CSOs moved services online. For other organizations, this was not possible and some CSOs at times stepped in to fill critical needs where local, state, and regional governments could not. During the pandemic, because most people were isolated at home, LGBTQ+ service organizations stepped in with innovative online programming to provide continuity of their vital work and outreach to the community of sexual minorities, many organizations also added additional service offerings such as online pride events, online social events, and dissemination of information about Covid-19 testing. Additionally, some LGBTQ+ service organizations in the health services sphere also began—as they had during the early days of the HIV/AIDS pandemic in the 1980s—to work with the state and local governments to offer health-related services to marginalized populations, not only LGBTQ+ individuals. This strong vote of confidence from state and local governments during a time of unprecedented crisis underscores the commitment with which LGBTQ+ organizations operate and the value of the services they offer.

The LGBTQ+ community experiences significant health inequities related to poverty, lack of access to healthcare, and homelessness. LGBTQ+ persons may experience discrimination from healthcare workers and the general public. This discrimination has the potential to negatively impact healthcare outcomes, including mental health and the vitality of their relationship with their providers. According to the National Association of County and City Health Officials (2021), the LGBTQ+

community is at a disproportionately increased risk for infectious diseases, including sexually transmitted infections and tuberculosis. This is in part due to the effects of systemic and structural discrimination, such as lack of access to health care, discrimination within the health care system, and poverty or homelessness.

The social determinants of health and poverty are inextricably linked. Access to healthcare is a social determinant of health. LGBTQ+ persons experience a higher risk of poverty, making them more vulnerable to illness. The Health Indicators Warehouse, produced by the United Health Foundation, found that the SSOs in the LGBTQ+ community focus on individualized support, education, and personal growth.

During crises, CSOs respond with acute intervention to the challenges and hardships created by the disparate impact of discrimination and prejudice. This includes mental health functioning and individuals' self-actualization and self-acceptance related to identifying as a sexual minority in a heterosexual-dominant society (Hess & Bitterman, 2021). The challenges this dynamic presents can manifest in depression, alcohol and drug addiction, loneliness, domestic violence, post-traumatic stress, and other barriers to LGBTQ+ holistic wellness that may not be routinely considered in a hetero-dominant society. Importantly, as the public perception of LGBTQ+ changes and society becomes increasingly more accepting and inclusive, the mission of LGBTQ+ CSOs shifts. During the Covid-19 pandemic, many CSOs began to fulfill a double duty, serving a wider range of clients from outside the organizations' target populations. LGBTQ+ health services organizations at the forefront of the Covid-19 pandemic stood at the crux of cutting-edge public healthcare, while also faithfully serving as community centers, for example. This was a significant departure for some small CSOs, but ultimately increased awareness and opened accessibility to a broader range of LGBTQ+ clientele.

5.1. Establishing a New Taxonomy

Frequently, LGBTQ+ organizations are consolidated into a generic description that fails to recognize the diversity of mission and the diversity of individuals served among these important entities. Examining LGBTQ+ organizations provides the means to reveal the nuances of the vast diversity encompassed by the LGBTQ+ community and specifically of gay neighborhoods which serve as the physical place or "home" for community services for sexual minority-identifying people. While differences are evident in the mission and target population served by individual LGBTQ+ organizations, the end goal of each one is common: to support LGBTQ+ individuals. For example, a LGBTQ+-focused health clinic primarily serving gay men with a focus on health and wellness. This is a different mission that encompasses vastly different day-to-day operating objectives than a LGBTQ+ youth services organization. These organizations

serve different target populations and accordingly have different missions. However, common to both is the focus on serving LGBTQ+ individuals. Such variance is evident in the mission of LGBTQ+ CSOs. The mission of some LGBTQ+ CSOs is to offer a broad range of supports including social services, legal advocacy, health services, and community supports, while other CSOs specialize in offering services for a specific demographic group like LGBTQ+ youth, LGBTQ+ older adults or retired individuals, LGBTQ+ people of color, gay men, or trans+ individuals. Still, other organizations focus on service offerings rather than demographic groups, providing career services, training, and placement for all LGBTQ+ individuals.

While the heteronormative world may conveniently amalgamate LGBTQ+ CSOs into a composite, we urge researchers engaged in LGBTQ+ scholarship to unravel this concentrated entanglement to better understand the nuances and individual organizations and the specific values they may provide. We consequently examine LGBTQ+ organizations by type in an effort to uncover similar service organizations principally in terms of mission and services offered. During the Covid-19 pandemic, LGBTQ+ service organizations adjusted services offered and modes of service delivery and in many cases substantially amplified the types of services offered and the clientele served. For this reason, LGBTQ+ CSOs are perhaps more impactful in the heteronormative realm than before. As LGBTQ+ CSOs have proven their importance to the LGBTQ+ community, these same organizations increasingly provide value to the non-LGBTQ+ community. For example, learning how LGBTQ+ CSOs function helps us understand how these organizations anchor the development of gay neighborhoods and the urban space in which they ground their activities. As demographics change, and whether social acceptance of LGBTQ+ individuals increases or decreases, it is vital to identify the types of LGBTQ+-focused CSOs—including the missions and visions of these important organizations—to better understand LGBTQ+ cultural advancement.

6. The Hess-Bitterman Taxonomy of LGBTQ+ Social Service Organizations

The Hess-Bitterman Taxonomy of LGBTQ+ CSOs categorizes CSOs into six non-exclusive broad categories based on the functional service area of CSOs: (a) health service; (b) legal, lobbying, and advocacy; (c) business, professional networking, and boosterism; (d) social, religious, and recreational; (e) cultural and research; and (f) social service (including age-specific organizations). These categories correspond to Maslow's hierarchy of needs (Maslow, 1943). For example, health and well-being organizations (HWO) ensure the physiological well-being of LGBTQ+ individuals, while HSOs help to ensure the need for human safety and shelter. The taxonomy is elaborated in Table 1, while the interaction between Maslow's hierarchy of needs and the Hess-Bitterman taxonomy is depicted in Figure 1.

Table 1. Hess-Bitterman taxonomy of LGBTQ+ community service organizations.

| CSO Type | Abbreviation | General Mission | Example Organizations |
|--|--------------|--|--|
| Health & Well-Being | HWO | To improve access to health care and health information for LGBTQ+ individuals | <ul style="list-style-type: none"> • GMHC • ACT UP • Health Professionals Advancing LGBTQ Equality (GLMA) • North Carolina AIDS Action Network • Evergreen Health |
| Legal, Lobbying, & Advocacy | LLO | To improve access to legal representation and represent LGBTQ+ individuals in civil rights and discrimination matters in the pursuit of justice | <ul style="list-style-type: none"> • Lambda Legal • Equality California • Human Rights Campaign • Out Miami Foundation • interact • GLAAD • Equality Federation • LPAC • National Black Justice Coalition (NBJC) • National Center for Transgender Equality (NCTE) • National LGBTQ Task Force |
| Business, Professional, Networking, & Boosterism | BNO | To recognize and support LGBTQ+ owned and LGBTQ+ friendly businesses and LGBTQ+ friendly destinations | <ul style="list-style-type: none"> • LA! Pride Christopher Street West Association • West Hollywood Chamber of Commerce • Philly Pride • Austin LGBT Chamber of Commerce • Modern Military Association of America • National Lesbian and Gay Journalists Association (NLGJA – The Association of LGBTQ Journalists) • StartOut • Trikone |
| Social, Religious, & Recreational | SRO | To build supportive community among LGBTQ+ people and allies that promotes acceptance and betterment | <ul style="list-style-type: none"> • Campus Pride • Gay Men’s Chorus of Charlotte • One Voice Chorus • House of Mercy • Affirmation LGBTQ Mormons • The Loft • GSA Network |
| Cultural & Research | CRO | To commemorate, investigate, and document LGBTQ+ history and to advocate in the intellectual sphere for equality, recognition while maintaining an expansive historical record | <ul style="list-style-type: none"> • GLBT Historical Society • Consortium of Higher Education LGBT Resource Professionals • Lesbian Herstory Archives • The American LGBTQ Museum • LGBT+ Archives Project of Louisiana |
| Human Service (Including Age-Specific Organizations) | HSO | To ensure access to food, clothing, shelter, and necessary human services for LGBTQ+ individuals of all ages and income groups | <ul style="list-style-type: none"> • The Montrose Center • Services & Advocacy for LGBT Elders (SAGE) • Time Out Youth • Los Angeles LGBT Center • Ali Forney Center |

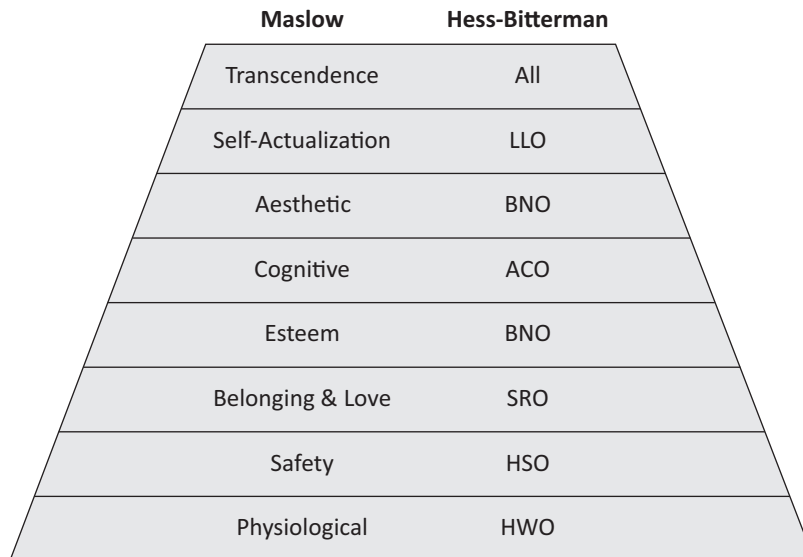


Figure 1. Relationship between Maslow’s hierarchy of needs and Hess-Bitterman distribution of community service organizations.

A relationship between the Hess-Bitterman taxonomy and Maslow’s hierarchy of needs is nearly direct: each group or “type” of CSO relates to a functional level of Maslow’s hierarchy. For example, Maslow discusses physiological needs as fundamental to human existence, and health-wellness CSOs provide health and psychological support to LGBTQ+ communities. Similarly, the sense of belonging and love discussed by Maslow, we argue, is largely fulfilled by social, religious, and recreation (SRO) CSOs, and so on. Like Maslow’s hierarchy, basic requirements need to be satisfied before others can be achieved, therefore demonstrating that a broad range of CSOs are necessary to support LGBTQ+ individuals and the actualization of gay neighborhoods, civil rights, and equality.

We acknowledge that the manner by which CSOs offerings are made to individual demographic groups or mission-focused areas will likely continue to evolve over time. Consequently, CSOs may shift from these proposed categories over time, and other categories may emerge as the needs and social placement of LGBTQ+ individuals continues to unfold. In the same way, this proposed taxonomy may also evolve as conditions and circumstances change. Certainly, no CSO can be perfectly categorized into only one area, and indeed, many CSOs fulfill multiple missions that straddle a variety of divergent agendas, but all are in the service of advocating for or supporting LGBTQ+ individuals.

6.1. Health and Well-Being

HWOs support access to healthcare and health information for LGBTQ+ individuals. Some of the very first HWOs were established in the 1980s and 1990s borne of the necessity of the HIV/AIDS pandemic. Initially, HWOs helped to fight the AIDS pandemic by focusing chiefly on HIV treatment and prevention and STD awareness

but later began to provide other health-related services (Wolcott et al., 1986). At the advent of the HIV/AIDS pandemic, governments withheld funding and heteronormative healthcare organizations shunned those with HIV/AIDS, magnifying a brutal social stigma that became associated with HIV infection. In contrast, HSOs aimed to provide health services to LGBTQ+ individuals in a dignified, non-judgmental, and non-stigmatized manner. Some organizations like GMHC even pursued legal action to force the government into action (*see Gay Men’s Health Crisis v. Sullivan*, 1989). Eventually and on multiple fronts, HSOs succeeded and forged a new model of community-centered healthcare in the US.

Over time, HWOs began to serve other disenfranchised groups, fostering care for a broad range of at-risk individuals. Today, HWOs endeavor to ensure equal access to healthcare for LGBTQ+ individuals and increasingly offer a complete complement of healthcare services for LGBTQ+ individuals and families as well as those who do not identify with the dominant group.

While HSOs were an outgrowth of the HIV/AIDS pandemic, HWOs possessed a strategic advantage during the Covid-19 pandemic: these organizations had the institutional know-how to handle the public health challenges of a pandemic, and many did so with aplomb. While the rest of the world was isolating and in quarantine, Evergreen Health in Buffalo, New York did not shut its doors. Instead, girded by the fearless courage that is the hallmark of the organization that was firmly established in 1983 as AIDS Community Services, Evergreen Health partnered with New York State in the early days of the Covid-19 pandemic to offer coronavirus testing and to provide critical health care needs when other medical offices and clinics were closed. This lifeline for the LGBTQ+ community suddenly found itself in the spotlight, providing critical healthcare not just for LGBTQ-identifying people but for the community at large.

Years before the Covid-19 pandemic, the names of many HWOs changed from monikers like Gay Men’s Health Crisis (New York City) and AIDS Community Services (Buffalo) to more generic-sounding names that underscored the growth of the mission and reach of these critical organizations. For example, AIDS is increasingly expunged from the name of these HWOs. In Buffalo, AIDS Community Services became “Evergreen Health.” Gay Men’s Health Crisis in New York City formally became “GMHC Health Services.” These new names do not suggest the specific population (LGBTQ+, HIV+, or otherwise) that may have been a part of the foundational mission for these CSOs, but the commitment to inclusive LGBTQ-focused care remains, and in most cases grows to include a broader population of clientele at-risk and marginalized by government or mainstream organizations.

HWOs support the physical and psychological health of residents of gay neighborhoods, but also invest critical resources in “anchor” projects such as walk-in clinics and care facilities, and they also support the vitality of adjacent businesses and services, such as specialized pharmacies and group mental health counseling. These critical health services serve to ensure the well-being of residents of gay neighborhoods.

6.2. Legal, Lobbying, and Advocacy

Legal, lobbying, and advocacy organizations (LLO) assist LGBTQ+ individuals in the ongoing fight for civil rights by improving access to legal representation and representing LGBTQ+ individuals in civil rights and discrimination matters in the pursuit of equal rights and justice. LLOs sometimes support the LGBTQ+ community with housing equality and affordable access, marriage equality, adoption, and workplace discrimination, and help to provide pro bono services to those with financial constraints. LLOs also assist LGBTQ+ individuals in navigating complex bureaucracies or the pursuit of justice. LLOs may also work at a broader level by influencing policy and legislation to support LGBTQ+ individuals. For example, LLOs may lobby to persuade lawmakers and politicians to support LGBTQ+ civil rights and equality, keeping these matters at the forefront of public awareness. This important work ensures that hard-fought equalities for LGBTQ+ individuals remain for generations to come.

Borne out of the need for advocacy, the National Black Justice Coalition, Lambda Legal, Equality California, GLAAD, Equality Federation, and LPAC, all operate in the LLO sphere. In the days of the HIV/AIDS pandemic, organizations like Lambda Legal supported legal action in federal and state courts that advocated for the rights of people with HIV to have access to adequate healthcare, health resources, and spousal and family rights.

Similarly, during the Covid-19 pandemic, organizations like Lambda Legal did not slow in their ongoing fight to support civil rights and equality. Most recently, Lambda Legal advocated for Sander Saba, a nonbinary transgender New York resident who sought to obtain

a New York driver’s license that accurately reflects their nonbinary gender identity by using the gender marker “X” (see *Saba v. Cuomo*, 2021). Lambda Legal also filed an amicus brief to the US Supreme Court in opposition to the actions of Lorrie Smith and her company, 303 Creative LLC, who sought to discriminate against LGBTQ+ individuals by claiming religious belief as a means to deny a same-sex couple of services (see *303 Creative LLC v. Elenis*, 2021). The Covid-19 pandemic “exposed fault lines of inequality, leaving some more vulnerable than others regarding infection, prognosis, and economic impact—including within LGBT communities” (Reid, 2021), though LLOs did not slow down during this critical and unprecedented time.

LLOs serve gay neighborhoods in a variety of ways. They do so directly, by ensuring that residents of gay neighborhoods have access to robust legal recourse in issues of housing discrimination and business development opportunities, but also indirectly by advocating and fighting for policy changes that ensure civil rights for residents of all gay neighborhoods.

6.3. Business, Professional, Networking, and Boosterism

Business support, professional networking, and boosterism organizations (BNO) endeavor to recognize and support LGBTQ-owned and LGBTQ-friendly businesses and promote LGBTQ-friendly cities and vacation destinations. BNO include LGBTQ+ business professionals who collaborate and support LGBTQ-owned and operated businesses and provide professional growth opportunities for LGBTQ+ people to share expertise through mentoring and professional development alongside shared promotion and marketing for independent shops and businesses, grants for business development, and tax abatement programs. Examples of BNO include the West Hollywood Chamber of Commerce, the San Jose Community District, the Miami-Dade Gay and Lesbian Chamber of Commerce, and the Austin LGBT Chamber of Commerce.

During the HIV/AIDS pandemic, BNOs supported the growth, development, and vitality of gay neighborhoods, which in turn provided a vital macroeconomy that helped to support a critical mass for HSOs and ensured that neighborhoods were able to deliver the business services and support needed to endure the HIV/AIDS pandemic. Many of these BNOs were immensely successful. Fueled by an entrepreneurial spirit and grassroots efforts, BNOs were often the driving factor behind gay neighborhood development and sustainability.

Throughout the Covid-19 pandemic, BNOs worked as conduits for LGBTQ+ business owners to access federal support programs such as the Pandemic Paycheck Protection Program, which helped small businesses to make payroll during a time of unprecedented shutdown. However, BNOs worked in innovative ways during the Covid-19 pandemic, creating opportunities for online shopping and experiences, again demonstrating the resilience and ingenuity of BNOs.

The efforts of BNOs are critical and became more so during the Covid-19 pandemic. A 2022 study by the Center for LGBTQ Economic Advancement & Research and MAP (2022) examined federally available data to find that while LGBTQ+ businesses applied for loans and financing at about the same rate as non-LGBTQ+ businesses, LGBTQ+ businesses were far less likely to receive loans or financing. LGBTQ-owned businesses were denied funding 11% more than non-LGBTQ-owned businesses. Astonishingly, LGBTQ-owned businesses “were more likely than non-LGBTQ+ businesses to explain their denial was due to lenders not approving financing for ‘businesses like theirs’” (Center for LGBTQ Economic Advancement & Research & MAP, 2022). The report findings also parallel the results of our own longitudinal research study that examined a sharp disparity in the dispersal of federal funds to LGBTQ+ organizations (Miller & Bitterman, 2021). The Center for LGBTQ Economic Advancement & Research and MAP (2022) showed that though LGBTQ+ businesses were more likely to apply for pandemic relief during the Covid-19 pandemic they were less likely to receive it. The study notes that while a majority of LGBTQ-owned businesses applied for financial relief in 2021 through the Paycheck Protection Program, 17% of LGBTQ+ businesses did not receive pandemic-related subsidies while 10% of non-LGBTQ+ businesses did not receive pandemic-related subsidies. This finding suggests that LGBTQ+ businesses were denied federal pandemic-related support at nearly double the rate of non-LGBTQ+ businesses (Center for LGBTQ Economic Advancement & Research & MAP, 2022).

BNOs are especially critical to the development and livelihood of gay neighborhoods, but also for the economy at large. According to research conducted by the National Gay and Lesbian Chamber of Commerce, LGBTQ-owned businesses account for \$1.7 trillion of the American economy which, if compared with national economies around the globe, makes LGBTQ-owned businesses, collectively, in terms of economics, 10th in the world (Hoyos & Moll-Ramirez, 2020; National LGBT Chamber of Commerce, 2018).

6.4. Social, Religious, and Recreational

SROs focus on providing opportunities for recreation and cultural enhancement that help to build a supportive community among LGBTQ+ people and allies, thus promoting acceptance. Social organizations include gay social groups and drag bingo events and are often affinity-group specific. Religious-affiliated organizations typically provide some degree of outreach or services to the LGBTQ+ community through a faith-based organization (LGBTQ Mormons is one example). Recreational groups, such as Pride Events, Dykes on Bikes, and various metropolitan gay choruses, provide creative outlets situated within affirming and inclusive environments.

At the onset of the HIV/AIDS pandemic, energy was funneled into survival and the ongoing fight for civil

rights in the LGBTQ+ community. Little time was left to rejuvenate or recreate in an organized manner. Largely, this need was filled by gay bars, which provided sheltered enclaves to which LGBTQ+ individuals could escape. However, over time, as LGBTQ+ individuals became increasingly accepted by the heteronormative mainstream, the emergence of LGBTQ-focused recreational and social groups emerged that promote social activities, engagement, and fellowship among LGBTQ+ individuals.

LGBTQ-affiliated faith groups followed a somewhat different trajectory. While some religious organizations worked diligently to deny LGBTQ+ individuals of basic civil rights, other faith-based groups stepped in to assist HSO and HWO to minister to those with HIV/AIDS. That compassionate and caring work continues today. Pope Francis has, for example, had a “moderating influence with regard to discrimination based on sexual orientation—both through his ‘who am I to judge?’ stance and his refocus on critical issues of our time such as poverty, inequality and climate catastrophe over traditional sexual moral issues” (Reid, 2021).

These sorts of overtures open the door for more faith-based LGBTQ+ support.

During the Covid-19 pandemic, large in-person group activities were curtailed significantly. The pervasive social isolation that became a hallmark of the Covid-19 pandemic impacted LGBTQ+ individuals more significantly than non-LGBTQ+ individuals. Those within the LGBTQ+ community suffered greater from the loss of social networks. Approximately 44% of LGBTQ+ households reported serious problems coping with social and physical isolation during the pandemic, compared to 23% of non-LGBTQ+ households (Pezenick, 2020). This prompted SROs to become more ingenious in moving pride and LGBTQ-focused events online. Moving SRO offerings online did help to expand availability to audiences who might not otherwise have convenient access to such events or services.

As the number of gay and lesbian bars continues to decrease (Eeckhout et al., 2021), SROs step in to deliver many of the functions that were once the exclusive domain of gay and lesbian bars. As informal social centers of gay neighborhoods, gay bars provided the means for LGBTQ+ individuals to network, communicate, identify common threats, celebrate, organize, retreat, and recreate. Now, as the number of bars rapidly diminishes, informal socialization has moved, at least in part, to online homes and platforms. However, the power and energy of face-to-face interaction should not be underestimated. A strong social fabric underpins each gay neighborhood and SROs play a significant role in the vitality and well-being of nearly every gay neighborhood.

6.5. Cultural and Research

Cultural and research organizations (CROs) endeavor to commemorate, investigate, and document LGBTQ+ history and to advocate in the intellectual sphere for

equality and recognition (Poynter & Washington, 2005) while maintaining an expansive historical record of LGBTQ+ history and achievements. In general, CROs include LGBTQ+ cultural groups, LGBTQ+ libraries and archives, LGBTQ+ history organizations, museums, as well as student—and university-focused groups. Examples include LGBT Historical Society, Consortium of Higher Education LGBT Resource Professionals, LGBT+ Archives Project of Louisiana, and the American LGBTQ Museum.

At the onset of the HIV/AIDS pandemic, CROs helped to memorialize the stories of generations of people that were being lost to a terrifying and deadly disease, along with the progression of the disease, and how others came to offer help.

Social historian Robert W. Fieseler meticulously recounted the horrific arson on June 24, 1973 at the Upstairs Lounge in New Orleans (Fieseler, 2018). His book is a snapshot of not only the largest mass murder of LGBTQ+ individuals in the US until the Pulse Nightclub shooting in 2016, but also a snapshot of how LGBTQ+ people were marginalized and shunned in the early 1970s. Fieseler's work would not have been possible without the meticulous records kept at New Orleans' LGBT+ Archives Project of Louisiana. These histories and events long faded into the collective LGBTQ+ experience, are important to remember and commemorate.

During the Covid-19 pandemic, CROs helped to document the Covid-19 pandemic and also offered innovative online programming, lectures, presentations, and discussions via Zoom and other digital platforms, bringing new awareness to the important and unsung work CROs do every day. The reach and impact of the archives, culture, and scholarship are pervasive and are becoming increasingly less place-based, serving a wide and international audience of LGBTQ+ scholars, researchers, and curious minds.

CROs chronicle the genesis and evolution of gay neighborhoods. This critical function helps researchers to discern the driving factors that help gay neighborhoods form and dissolve and how gay neighborhoods change over time.

6.6. Human Service (Including Age-Specific Organizations)

HSOs are, along with BNOs, perhaps the most closely related to the livelihood of gay neighborhoods. HSOs ensure access to food, clothing, shelter, and necessary human services for LGBTQ+ individuals of all ages and income groups and in so doing ensure the dignity and sustenance of LGBTQ+ individuals that live in those neighborhoods.

HSOs ensure access to critical services—food, clothing, and shelter—to members of the LGBTQ+ community, alongside acting as a single point of contact for important referrals to other CSOs. LGBTQ+ individuals experience greater exposure to stressors than the general population (Snapp et al., 2015; Weinke et al., 2021),

and some subpopulations in the LGBTQ+ community—especially youth (Fish et al., 2020)—experience an even higher level of stressors including rejection from families (Snapp et al., 2015) and isolation among social peers. In this way, CSOs often fill the need for LGBTQ+ individuals that heteronormative families might otherwise provide for straight individuals. Similarly, as LGBTQ+ individuals age, many are childless and rely on CSOs to help provide care for aging.

While CSOs indeed serve all members of the LGBTQ+ population, CSOs especially serve younger, older, and at-risk members of the LGBTQ+ community, including those with addictions and those in financial distress.

Throughout the early days of the HIV/AIDS pandemic, CSOs helped to organize medical care and treatment, housing, and food delivery for people with AIDS. CSOs stepped in when government and mainstream SSOs would not. Similarly, during the Covid-19 pandemic, CSOs moved many programs and offerings online to ensure housing security and food justice for members of the LGBTQ+ community impacted by Covid-19.

Through careful and considered ministry to LGBTQ+ individuals, CSOs help to make gay neighborhoods both stable and inclusive by ensuring that everyone—regardless of financial background—has the opportunity to integrate into an inclusive and welcoming community.

7. Conclusions: Takeaway Messages

Throughout the Covid-19 pandemic, each type of LGBTQ+ CSO played an important role in meeting the needs of LGBTQ+ individuals and in many cases the broader public. At the time, with an unprecedented number of unknowns related to Covid-19 and an overall lack of planning and preparedness, government institutions scrambled to focus on acute crisis management. In the absence of pandemic management plans in place, governmental organizations were overburdened or unable to adequately deliver services. During the Covid-19 pandemic, everyone—including businesses, human services, and health organizations—had to cope with sudden closures and lockdowns. This was not experienced during the HIV/AIDS pandemic. But it was necessary to maintain services delivered to the LGBTQ+ community—including social services, acute and routine health services, etc.—during the Covid-19 pandemic, similar to the HIV/AIDS pandemic (Miles et al., 2021).

Many LGBTQ+ community organizations, however, had experienced during the HIV/AIDS pandemic dealing with the upheaval caused by sickness, disease transmission, and public health crises. Consequently, LGBTQ+ organizations were well-positioned to maintain continuity of operations and services to some of the most vulnerable populations—and not only LGBTQ+ populations but the population in general—when public policy and government efforts failed or could not keep pace with the swift current of demand and necessity. Some LGBTQ+ HWOs played a vital role in accessible Covid-19 testing

and test processing, for example. This may have helped to stem the spread of the pandemic.

The low-risk actions of the LGBTQ+ CSOs demonstrated that LGBTQ+ organizations were not only efficient and capable but also resilient. This resilience is a hallmark of LGBTQ+ CSOs. Just as with the HIV/AIDS pandemic in the 1980s, during the more recent Covid-19 pandemic, LGBTQ+ CSOs overwhelmingly accepted the unprecedented challenge as a call to action. Nearly all CSOs studied did not shut down, kept offering services, and in many cases were pressed into special service or took on additional responsibilities with little or no additional resources. LGBTQ+ CSOs were unflappable at a time when the world shut down. Undoubtedly this fearless ability stems from the resilience of having done this before.

Many currently working in LGBTQ+ CSOs were not yet born or were very young in the days of the HIV/AIDS pandemic. However, a “can do” spirit and attitude of many LGBTQ+ CSOs underscore an enduring legacy that stems from the grassroots actions of the early activists and advocates decades ago. Even if the new generation did not work in community service during the AIDS crisis, the legacy of the HIV/AIDS pandemic is so strong that it acted as a beacon during Covid-19 in supporting local, regional, and state governments in battling the Covid-19 pandemic, emanating from the LGBTQ+ community and gay neighborhoods. We offer, in this context, the following six takeaway messages:

1. LGBTQ+-focused CSOs provide an anchor for gay neighborhoods:

The MAP data (MAP, 2021) on LGBTQ+ CSOs introduced earlier in this article, coupled with our exploration of CSOs in gayborhoods, combine to create a vivid picture of the value of community supports on the livelihood and well-being of gay neighborhoods.

2. LGBTQ+ CSOs provide important and valuable services for all communities, not only LGBTQ-focused populations:

CSOs dramatically expanded their reach and efforts throughout the Covid-19 pandemic. We noted the efforts of Evergreen to support needle exchange for all residents (not just LGBTQ+ individuals), since the beginning of the pandemic. Most CSOs broadened service offerings from LGBTQ-focused to inclusive services, helping everyone. This demonstrates, in part, that the LGBTQ+ community reflects a remarkable level of diversity and inclusion and is fearless in its support of marginalized groups.

3. LGBTQ+ CSOs of all sorts stepped up to the plate:

For the LGBTQ+ population, Covid-19 was not the first pandemic, and learning from AIDS/HIV gave LGBTQ+

organizations time to hone their systems and operations in order to quickly and adeptly respond in an unflappable and uninterrupted manner. When the rest of the world shut down during the Covid-19 pandemic, LGBTQ+ organizations kept soldiering through. The LGBTQ+ community is a community of leadership (Miles et al., 2021). It is also a community that is not afraid to confront challenges and helps itself when no other organizations will (and it has done so for decades).

4. CSOs continue to take responsibility for supplying communities with “Cinderella services,” or the functions that no other organization undertakes:

Many services for LGBTQ+ people are not provided by other organizations. Our research and the MAP data (MAP, 2021) both find that there are underappreciated organizations—working from a grassroots model—engaged in “Cinderella” services for LGBTQ+ people that governments fail to provide due to a lack of interest, a lack of capacity, or possibly discrimination. Despite a structural inability or unwillingness on part of the government, LGBTQ+ CSOs provide these services and continued to do so throughout both the HIV/AIDS and Covid-19 pandemics.

5. There was a growing need for the digital service capabilities of LGBTQ+ CSOs during the Covid-19 pandemic:

Although there is a perception that gay neighborhoods are declining, we find demand for community services (for both the LGBTQ+ and non-LGBTQ+ community), and in LGBTQ+ neighborhoods, those demands can be met by CSOs (Hess & Bitterman, 2021). Service adaptations by CSOs during the Covid-19 pandemic suggest that people were able to satisfy their need for community by reaching out to neighborhood-embedded LGBTQ+ CSOs. This is evidenced in modifications to LGBTQ+ events (such as gay pride events becoming virtual during the pandemic) and modifications to services of LGBTQ+ CSOs (Miles et al., 2021). People turned to LGBTQ+ organizations for connection in a community in the early months of the pandemic, and for the most part, LGBTQ+ organizations delivered and provided comfort and continuity.

6. LGBTQ+ digital communities received a boost from Covid-19:

In the past, density and physical proximity equaled community. Now, as people become more familiar with digital connection, greater opportunities exist for LGBTQ+ individuals to form supportive organizations and communities that are not necessarily place-based (Knee & Anderson, 2021; Miles et al., 2021). For example, digital pride events replaced in-person parades

and became wholly inclusive and provided otherwise excluded or marginalized LGBTQ+ individuals to participate and celebrate. This changed the paradigm of how we communicate and connect. Digital events may represent a change with lasting value in which LGBTQ+ people in non-metropolitan or remote locations could readily connect to other supportive community members and organizations from a distance. These digital communities are an overlay for physical communities and can “fill in” among communities that have no significant LGBTQ+ place-based presence (i.e., rural areas), or in areas in which the LGBTQ+ community is more difficult to consolidate because of distance or isolation. Policy changes including community wi-fi and rural high-speed internet are important to supporting LGBTQ+ individuals in this effort.

Acknowledgments

The authors acknowledge helpful insights from Justin Azzarella and Don Hinrichs and capable research assistance from Mark Saba.

Conflict of Interests

The authors declare no conflict of interests.

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About the Authors

Daniel Baldwin Hess is a professor in the Department of Urban and Regional Planning at the University at Buffalo, State University of New York. His research addresses interactions between housing, transport, and land use through new pathways for understanding the complex socio-economic and ethnic landscape of cities and spatial inequalities. Hess is co-editor of the journal *Town Planning Review* and the book *The Life and Afterlife of Gay Neighborhoods: Renaissance and Resurgence* (Springer, 2021). He is a Fulbright Scholar and winner of the SUNY Chancellor's Award for Teaching Excellence.

Alex Bitterman is a professor in the Department of Architecture and Design at Alfred State College, State University of New York. His research investigates the complexities of urban space and how different people engage in neighborhoods and spaces. He is co-editor of the book *The Life and Afterlife of Gay Neighborhoods: Renaissance and Resurgence* (Springer, 2021).