

# Rhode Island LGBTQIA+ Community Needs & Experiences Survey

2024

# Executive Summary

East Bay Community Action Program, with the support of the Rhode Island Foundation, created and delivered a statewide LGBTQIA+ Needs and Experiences Assessment during the summer and fall of 2024. This assessment included more than 100 questions relating to demographics, health, social experiences, discrimination, affirmation, priorities, concerns, messages of hope, and more. Data was collected from June-October 2024 using electronic surveying technology. 234 LGBTQIA+ Rhode Islanders participated, providing a detailed description of the lived experiences of queer folks in our state. The response count was fewer than our team hoped, however much of the *initial* statistical analysis has proven significant at the 95% confidence level. This Initial Insights report shows trends in our findings. Trends show widespread negative experiences with and concern over lack of access to culturally appropriate health and human services, changing political landscapes, the housing and food crises facing our nation, and interpersonal discrimination. Initial insights do show patterns suggesting those with multiple marginalized identities report higher rates of these negative experiences, with more research needed. However, there is much more data to explore. Additional deep-dive reports will be released over the next several months. Additionally, it is our intention to make data available to those who will use it to improve the lives of LGBTQIA+ Rhode Islanders. While the exact means of accessing the data have not yet been solidified, community partners are welcome to make specific data requests using the contact information at the back.

PREPARED BY

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## Welcome to the Initial Insights Report on the 2024 Rhode Island LGBTQIA+ Needs and Experiences Assessment.

This report serves as an introduction to the 2024 survey and the robust data collected herein. Over the next several months, additional focused reports will dive deeper into the data to reveal detailed patterns, priorities, and experiences. It is our intention to make this data both publicly accessible and maintain both privacy and safety for our community. We will continue to adjust our practices as needed to center safety for the most vulnerable at all times.

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Summaries, descriptions of the project, collection procedures, etc.

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National Comparisons, project team, references, and more.

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# Introduction & Background

This report is the result of the collaborative efforts of Rhode Island's LGBTQIA+ Community and our allies.

East Bay Community Action Program (EBCAP) created the Transgender Whole Healthcare (TWH) program in July 2022 in order to help meet the needs of the LGBTQIA+ communities we support in East Providence, Barrington, Bristol, Warren, Portsmouth, Middletown, Newport, Tiverton, Little Compton, and Jamestown.

In the first years of the program, EBCAP built relationships with LGBTQIA+ focused organizations across the state, supporting much of the incredible work already being done and seeking perspectives on the best ways to fill gaps in programming, supports, and services for the community. It became apparent that LGBTQ-specific data, especially data beyond demographic identification estimates, is rarely accessible at the state and local levels. This lack of specific, robust, and localized data creates barriers to solving the problems that are overwhelmingly recognized anecdotally. In many cases, no data means no funding. No funding means no access, and no access means nothing gets better. To solve this problem, TWH enlisted the support of the Rhode Island Foundation and community partners to develop a Statewide LGBTQIA+ Needs and Experiences Assessment.

This survey was created as a *starting point*, recognizing from the beginning that it could not be perfect or all-encompassing. It is our hope that this assessment will grow and repeat every other year, meeting the data needs and priorities of the community with each iteration. The data collected focuses on demographics, holistic health outcomes and experiences, discrimination, affirmation, priorities, and services.

## Survey at a Glance

234 total participants responded to the survey, between June-October 2024. The survey was collected anonymously using SurveyMonkey, an online surveying platform with added HIPAA protections. Responses were collected electronically, and advertising included flyers with QR codes, direct emailing, posting on social media, announcements to LGBTQIA+ organizations, raffle entries at Pride festivals, and public focus groups.

According to the Rhode Island Foundation, 6.5% of Rhode Island residents identify as a member of the LGBTQIA+ community. It is critical to collect data that specifically addresses the experiences of the LGBTQIA+ community because they are more likely to experience discrimination and challenges such as: unstable housing, lack of personal safety, intimate partner violence, food insecurity, suicidality and many serious health conditions. These data are critical to observe and compare to non-LGBTQIA+ populations as well as state and national samples.

In future survey and data-collecting projects relating to the LGBTQIA+ community in the East Bay and throughout Rhode Island, the collectors would hope to connect more deeply with queer communities who are Black, Indigenous, and People of Color. Our survey data, while representative of Rhode Island's racial census, it has an underrepresentation of BIPOC voices. We also recognize the importance of compensating participants for the emotional labor of providing such rich and robust data. While we were unable to provide significant compensation this year, we are dedicated to investigating options for compensation.

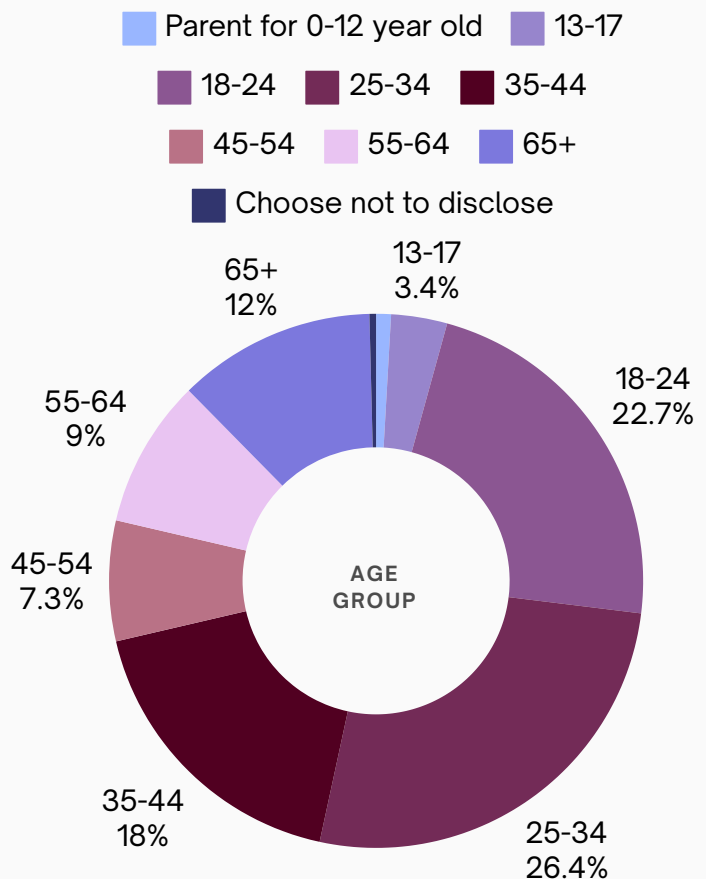
# Demographic Trends

“ You are not alone. It gets so much better and the world is better with you in it. Surviving is a radical act. ”

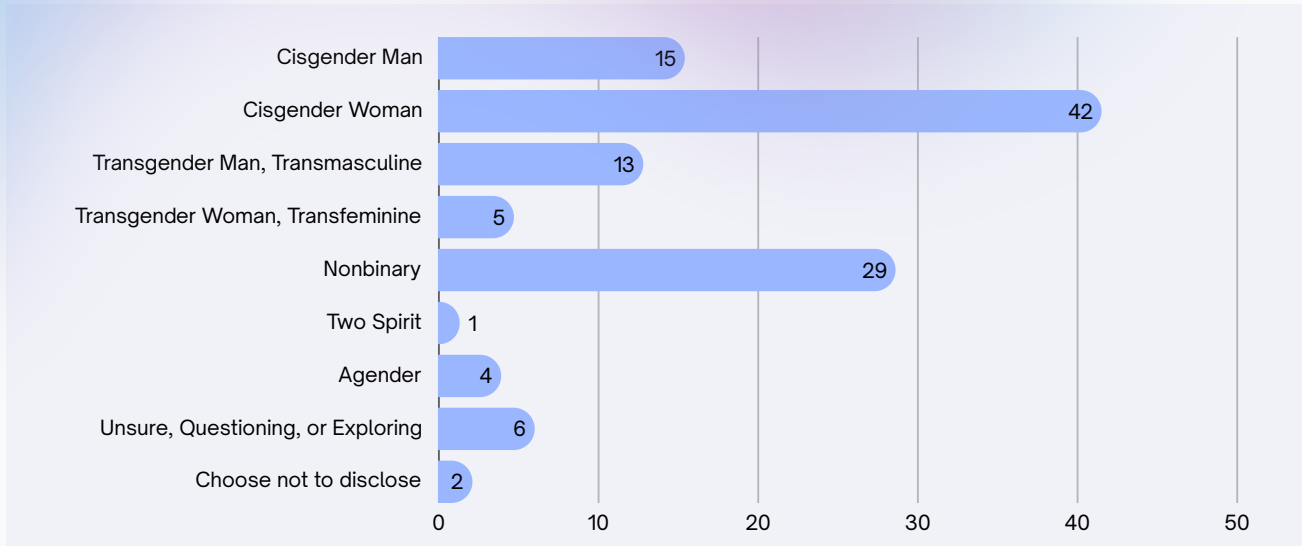
## AGE

The assessment was open to all Rhode Island residents who identify as LGBTQIA+, including minors 12 and younger, whose surveys were completed by a guardian on their behalf. Adults 18 or older made up more than 95% of respondents. Approximately 23% of respondents reported ages 18-24, 27% reported ages 25-34, 18% reported ages 35-44, 16% reported ages 45-64, and 12% reported ages 65 or older.

Several open focus groups were planned in community spaces, to increase representative data collection across multiply marginalized communities. Importantly, only the focus group for older adults provided increased participation. Responses also spiked during and immediately after Pride festivals, where EBCAP staff and select community partners including LGBTQ-focused and community-based organizations, LGBTQ stakeholders, and local health and human service organizations, featured the survey in their outreach and information booths.

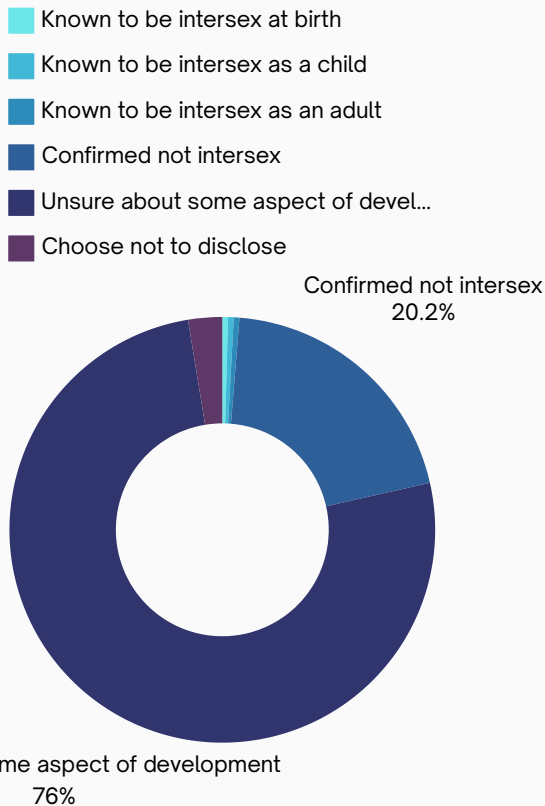


# Gender Identities & Expressions



Participants were asked to select all gender identities and expressions that align with their experience. As this was a select-all, many participants chose multiple labels that align with their experiences. The most frequently selected response was cisgender woman at 41.5%, followed by nonbinary at 28.6%, cisgender man at 15.4%, transgender man/transmasculine at 12.8%, unsure/questioning/exploring at 6%, transgender woman/transfeminine at 4.7%, agender at 3.9%, and two spirit at 1.3%.

## Intersex Development?

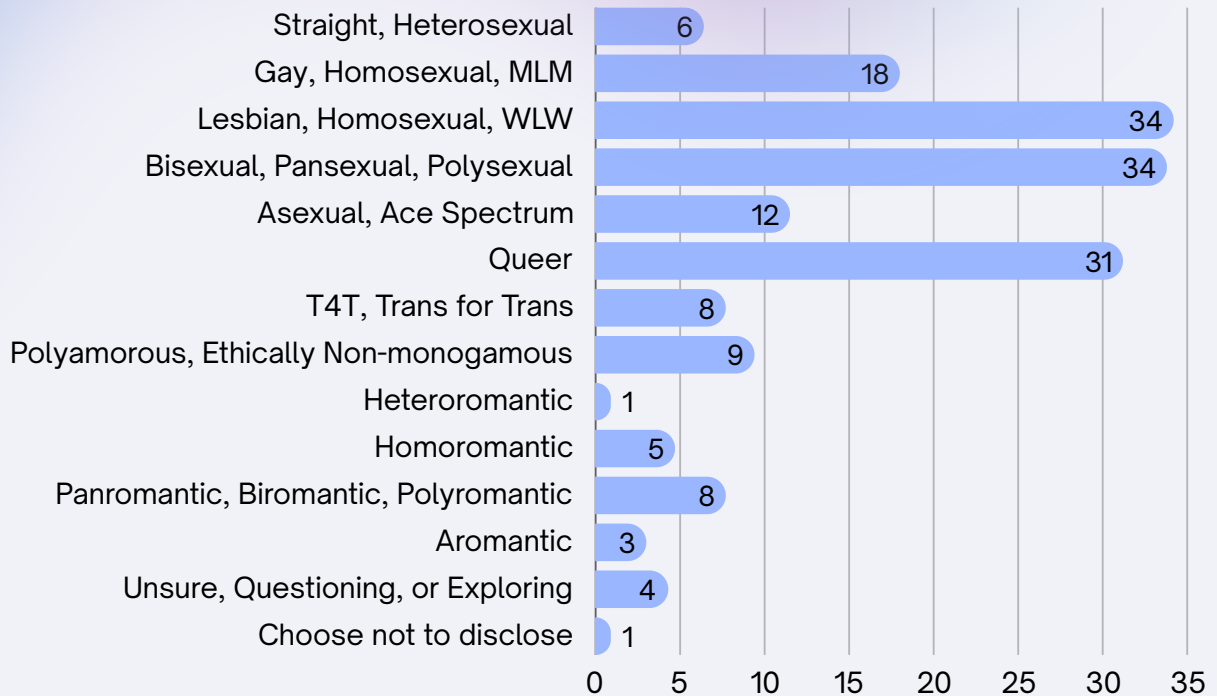


A separate question was asked about participants' knowledge of their biological sex. Response options included 3 stages of development during which participants may have found out about their differences of sexual development, an option stating they have had all relevant testing completed and have no differences of sexual development, and an option indicating they are unsure about at least one aspect of their development. This lack of certainty was the most frequently reported level of knowledge, representing 76% of participants. About 20% of participants were sure they had no DSD, while only one participant each found out at birth, during childhood, and as an adult that they are intersex.

It is important to ask about intersex experiences, as their perspective is often left out of conversations about the LGBTQIA+ community. The intersex community is diverse. Some find their intersex status to be a central part of their identity, while some place little importance on this portion of their medical history.



# Sexual & Romantic Orientations



Participants were asked to select all sexual orientations, romantic orientations, and relationship descriptors that aligned with their experience. This question was formatted as a select-all, and many participants chose more than one label. Lesbian/Homosexual/WLW was the most frequently selected response at 34.2% of respondents identifying with that label, followed closely by Bisexual/Pansexual/Polysexual at 33.8%, and Queer at 31.2%. All other labels were chosen significantly less frequently: Gay/Homosexual/MLM at 18%, Asexual/Ace Spectrum at 11.5%, Polyamorous/Ethically Non-Monogamous at 9.4%, T4T/Trans for Trans and Panromantic/Biromantic/Polyromantic at 7.7%, Straight/Heterosexual at 6.4%, Homoromantic at 4.7%, Unsure/Questioning/Exploring at 4.3%, Aromantic at 3%, and Heteroromantic at 0.9%.

While one may at first find it odd to include straight people in a survey of the LGBTQIA+ community, let us remember that this community is heterogenous, comprised of folks who are marginalized not just regarding sexuality but also gender identity, gender expression, assigned sex, romantic orientation, and more. Straight transgender people are real, and they belong in queer spaces. Straight intersex people are real, and they belong in queer spaces.

“ You don’t *have to* label yourself to be a part of the community. ”

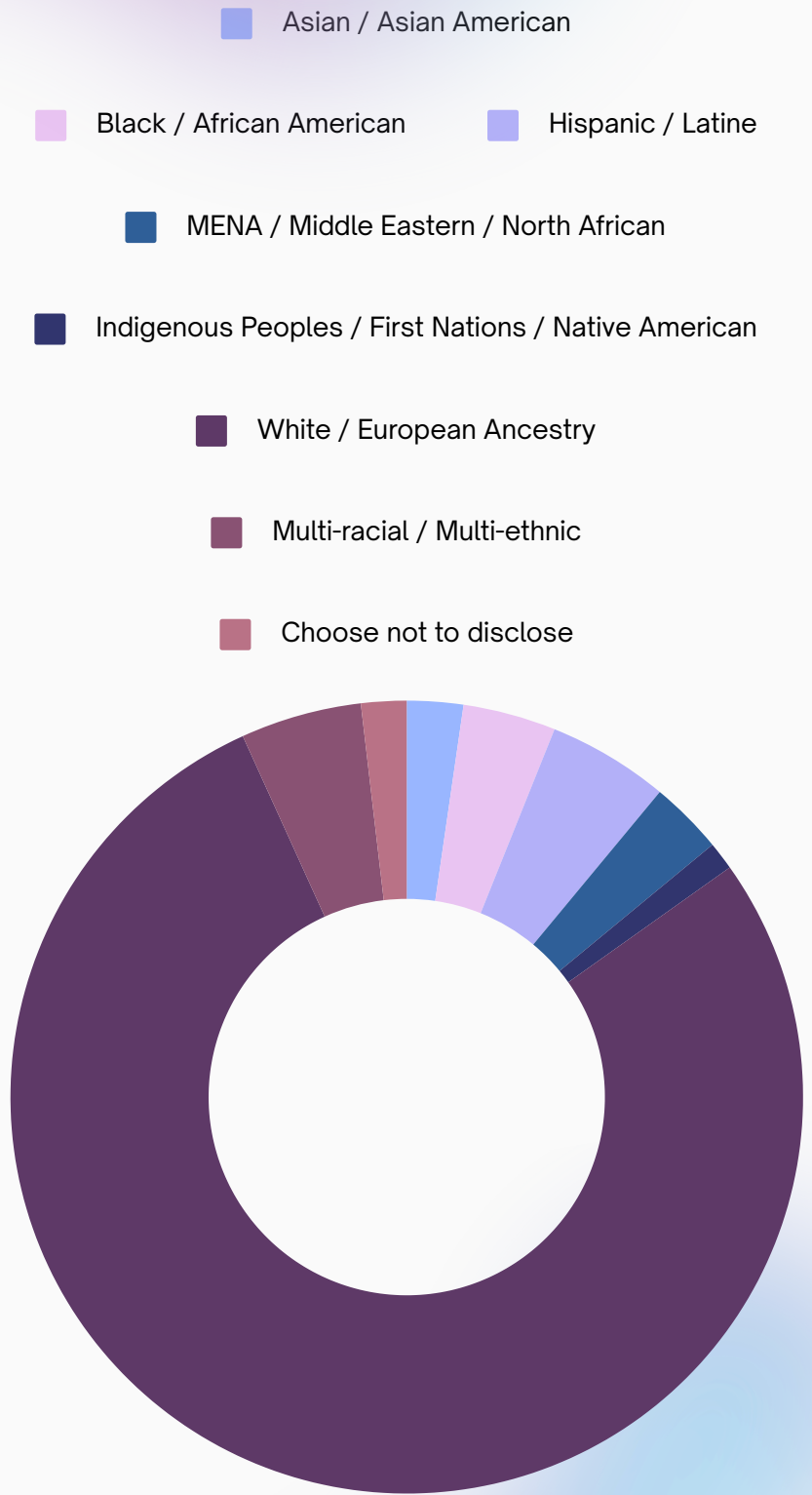
“ Be YOU and be PROUD. Life is too short. ”

# Race & Ethnicity

Participants were asked to select all racial / ethnic labels that aligned with their experiences. Many participants selected multiple descriptors.

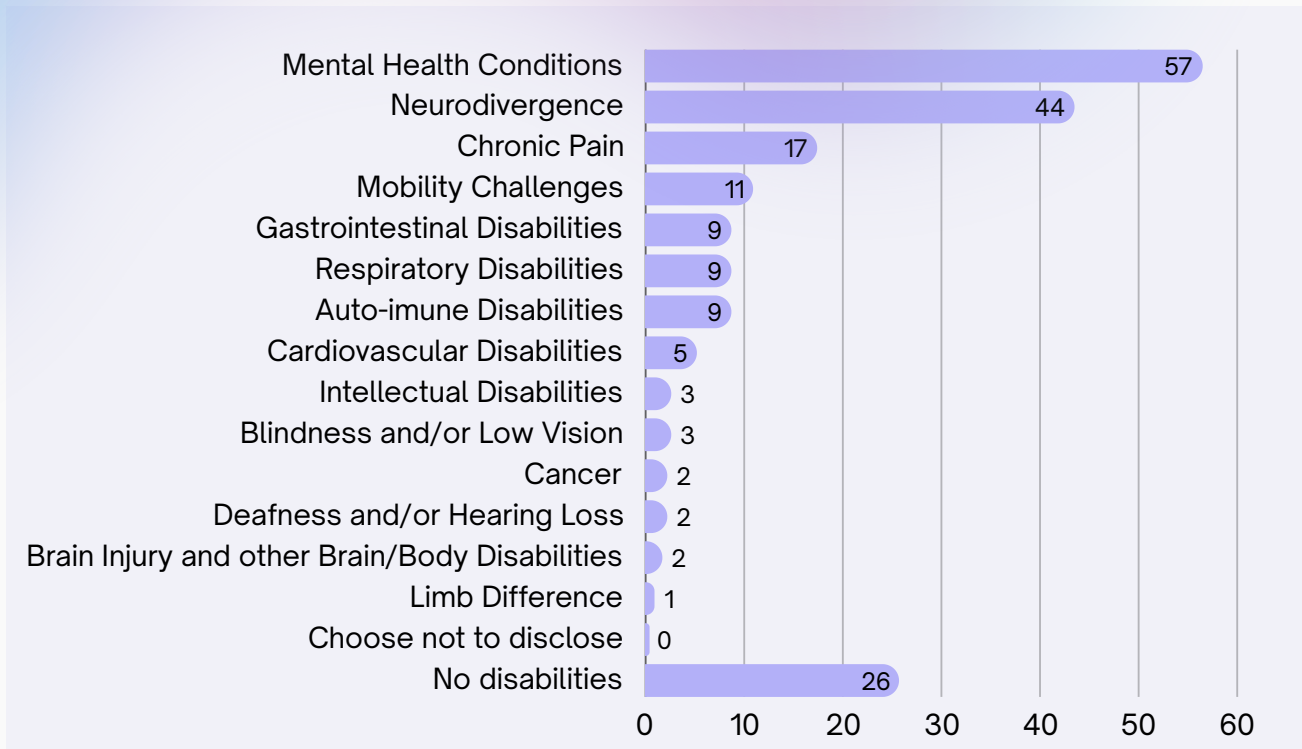
The most frequently reported racial / ethnic category was White/European Ancestry at 88.5%, followed by Multi-racial / multi-ethnic and Hispanic / Latine at 5.6% each, Black / African American / African Ancestry at 4.3%, MENA / Middle Eastern/North African at 3.4%, Asian/ Asian American at 2.6%, and Indigenous Peoples / First Nations / Native Americans at 1.3%.

This is relatively close to the census-reported racial/ethnic makeup of Rhode Island; while not exactly representative, it should be noted that Rhode Island is lacking racial diversity both in the general population and in healthcare spaces participants were most likely to find this survey. It is also important to note that the make-up of this sample necessarily influences its contents, and that the conclusions herein may not resonate as closely with queer and trans Black, Indigenous, and People of Color (QTBIPOC).





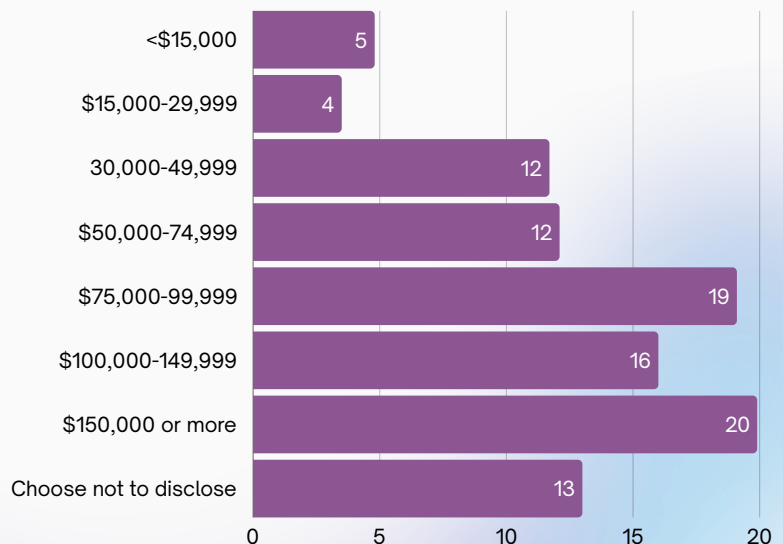
# Disability



LGBTQIA+ people are at much higher risk of disability and disabling medical conditions than the general population of the United States. Participants were asked to select all disabilities, or conditions that may be considered disabilities in some circumstances, with which they live. Many participants chose multiple lived experiences. The most frequently reported disabilities were Mental Health conditions at 56.5%, Neurodivergence at 43.5%, Chronic Pain at 17.4%, and Mobility Challenges at 10.9%. Importantly, only 25.7% of respondents did not have any disabilities.

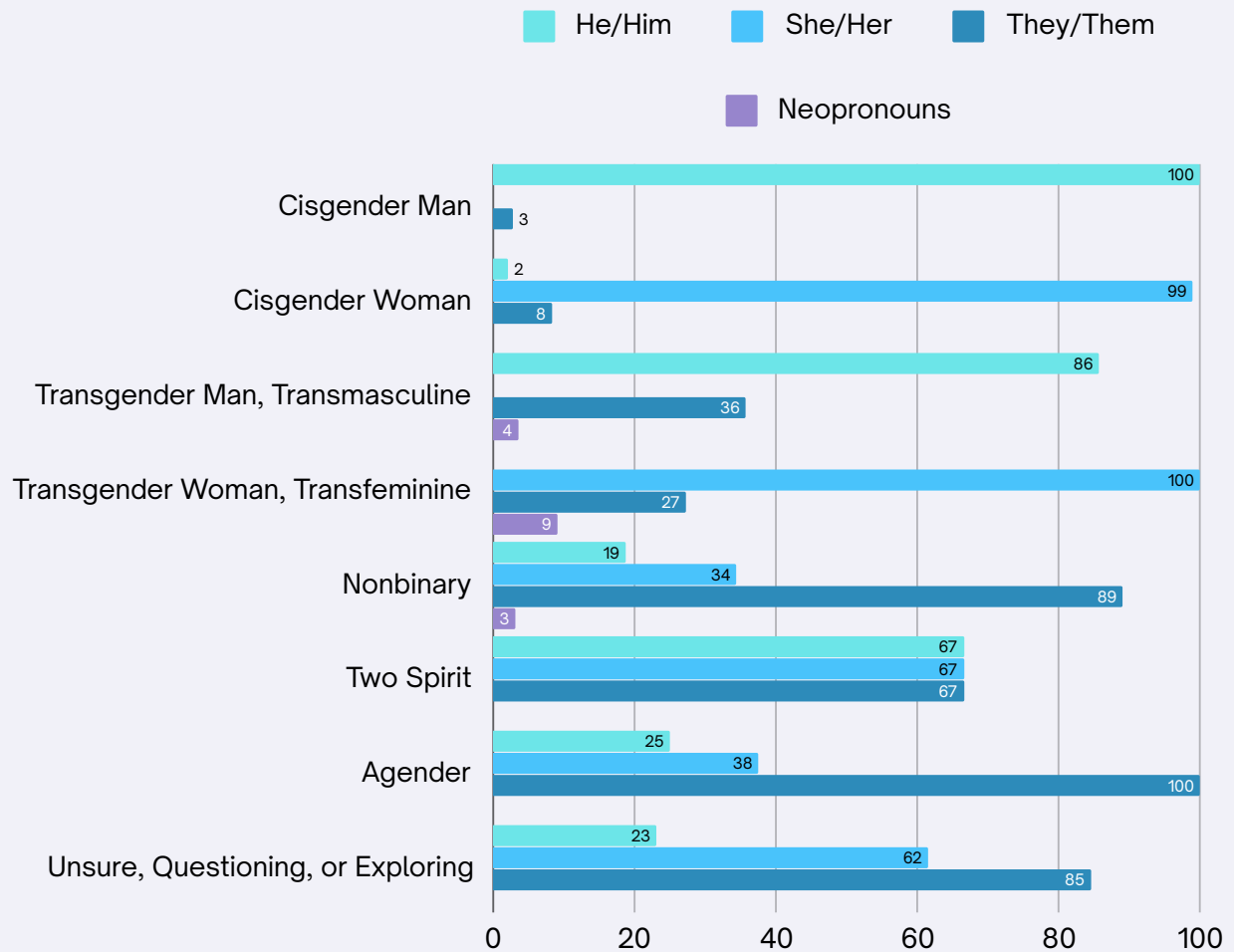
# Household Income

Participants were asked about total household income. About 8% reported a total household income of less than \$30,000; about 24% reported between \$30,000-\$75,000; about 19% reported \$75,000-99,000; 16% of respondents reported \$100,000-149,999; and about 20% of respondents reported \$150,000 or more. In 2023, the median household income in Rhode Island was \$81,860 according to Statista.



# Gender Identities & Pronoun Use

Participants were asked to select all pronouns that they use. Participants were able to select multiple sets of pronouns. The median number of selections was 2, meaning that many participants chose multiple sets of pronouns. Above, participants' responses are shown according to gender identity. For example, 100% of cisgender men surveyed report using He/Him pronouns. About 3% of them also use They/Them pronouns!



“ People [don't ask] my pronouns but [do ask] my friends because I don't “look queer enough” to ask “

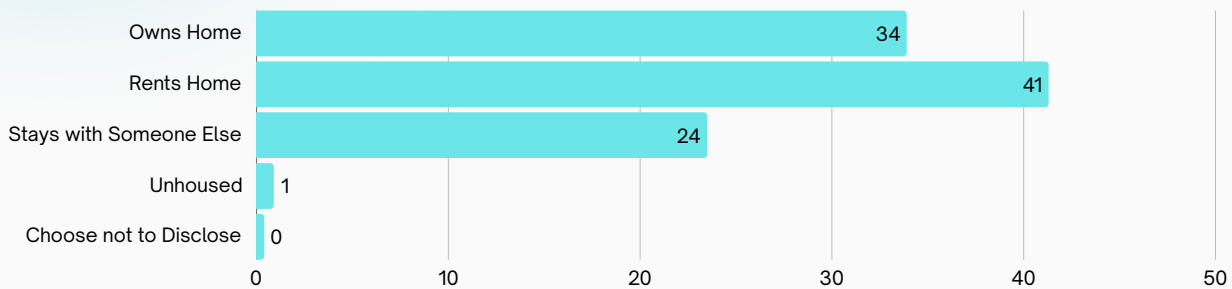
“ Many colleagues and associates are resistant to using the correct pronouns and do not seem to respect or understand that this is important. “

## Location

Respondents reported primary residency in 22 zip codes across the state and from all five counties: Bristol, Kent, Newport, Providence, and Washington (South County). The highest concentration of responses came from respondents in Providence, West Warwick, and Bristol, followed by Woonsocket.

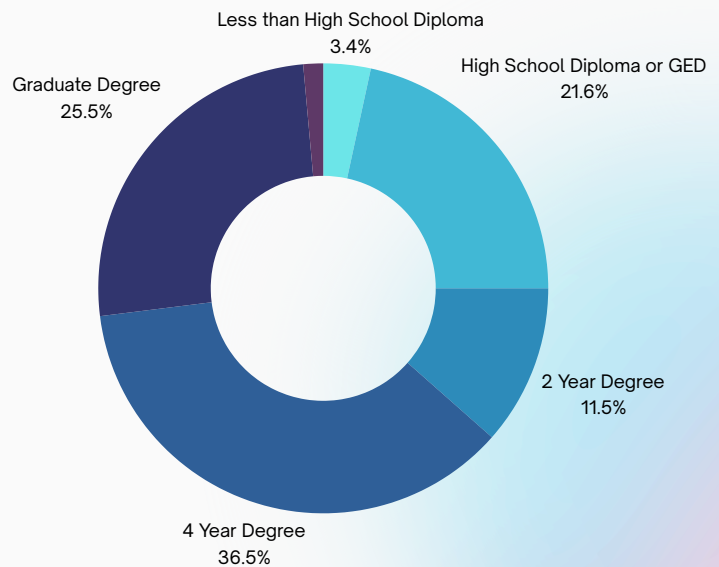
## Housing at Present

In most housing surveys, participants are asked to select “own”, “rent”, or “lacking housing.” LGBTQIA+ communities often experience “partial homelessness” where they are denied access to their biological families and cannot afford to rent or buy their own homes, but also cannot access unsafe, often hyper-gendered emergency housing placements. This community is resilient and finds safe spaces in shared living, couch hopping, or other creative solutions. For this reason, we expanded response options to reflect that ingenuity. In this sample, 41.3% of participants rent, 33.9% own their home, about 1% are traditionally and critically unhoused, and a significant 23.5% fall into that middle category of “staying with someone else.”



## Educational Attainment

Regarding the highest level of education attained, participants reported a wide range of experiences. About 3% had not completed high school or equivalent, almost 20% hold a high school diploma or GED, about 10% completed a 2-year degree, a full 33.3% hold bachelor's degrees, and about 23% hold a postgraduate degree such as a Master's or Doctoral degree. In total, just over 75% of participants have a degree of some kind.



# Societal Drivers of Health

## SDOH

Social Determinants of Health (SDOH) include those societally maintained factors of life that impact health outcomes, outside of the healthcare one receives and the health behaviors one participates in such as diet and exercise. Research shows that SDOH can account for at least 30-55% of health outcomes!

SDOH can be divided in many ways, but CDC divides them into 5 focus categories: Education Access and Quality, Healthcare Access and Quality, Neighborhood and Built Environment, Economic Stability, and Social and Community Context. Each has a significant impact on someone's holistic experience of life. In this report, we refer to them as *societal drivers* of health rather than social determinants, as we feel it is important to reinforce the understanding that these are man-made conditions and that individuals retain self-determination amidst the influence of these factors.

When asked about access to certain SDOH related needs last year, most participants (71.3%) reported no significant lack of access. The most common basic needs participants went without included: healthcare (20%), medicine (11.8%), and food (9.7%), followed by internet (5.1%), utilities (4.6%), clothing (4.6%), and phone (4.1%). Childcare (1%) was the least frequently reported basic need participants went without last year.

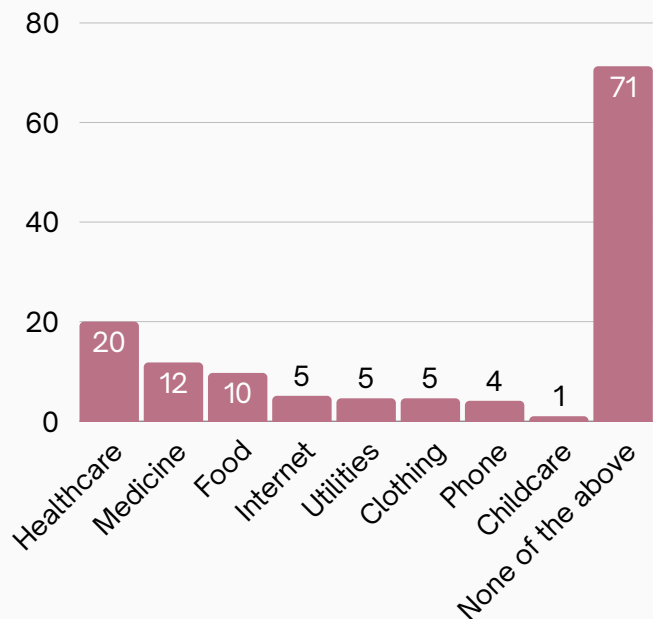
### Social Determinants of Health



Social Determinants of Health  
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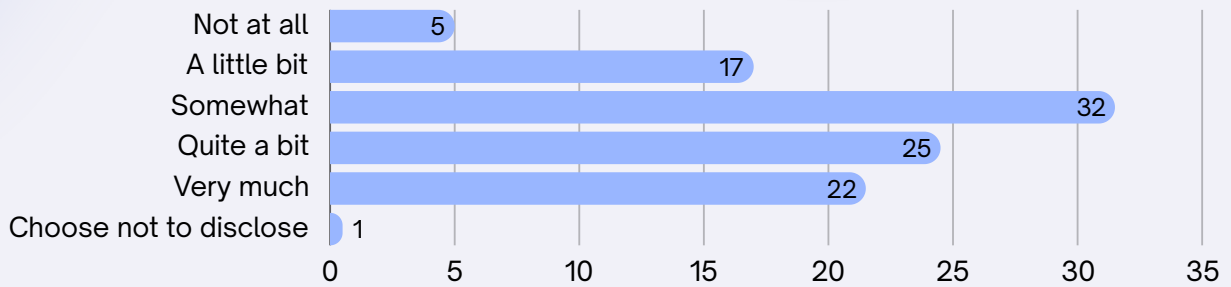
Healthy People 2030

IN THE LAST YEAR, HAVE YOU BEEN UNABLE TO GET ANY OF THE FOLLOWING WHEN IT WAS REALLY NEEDED?

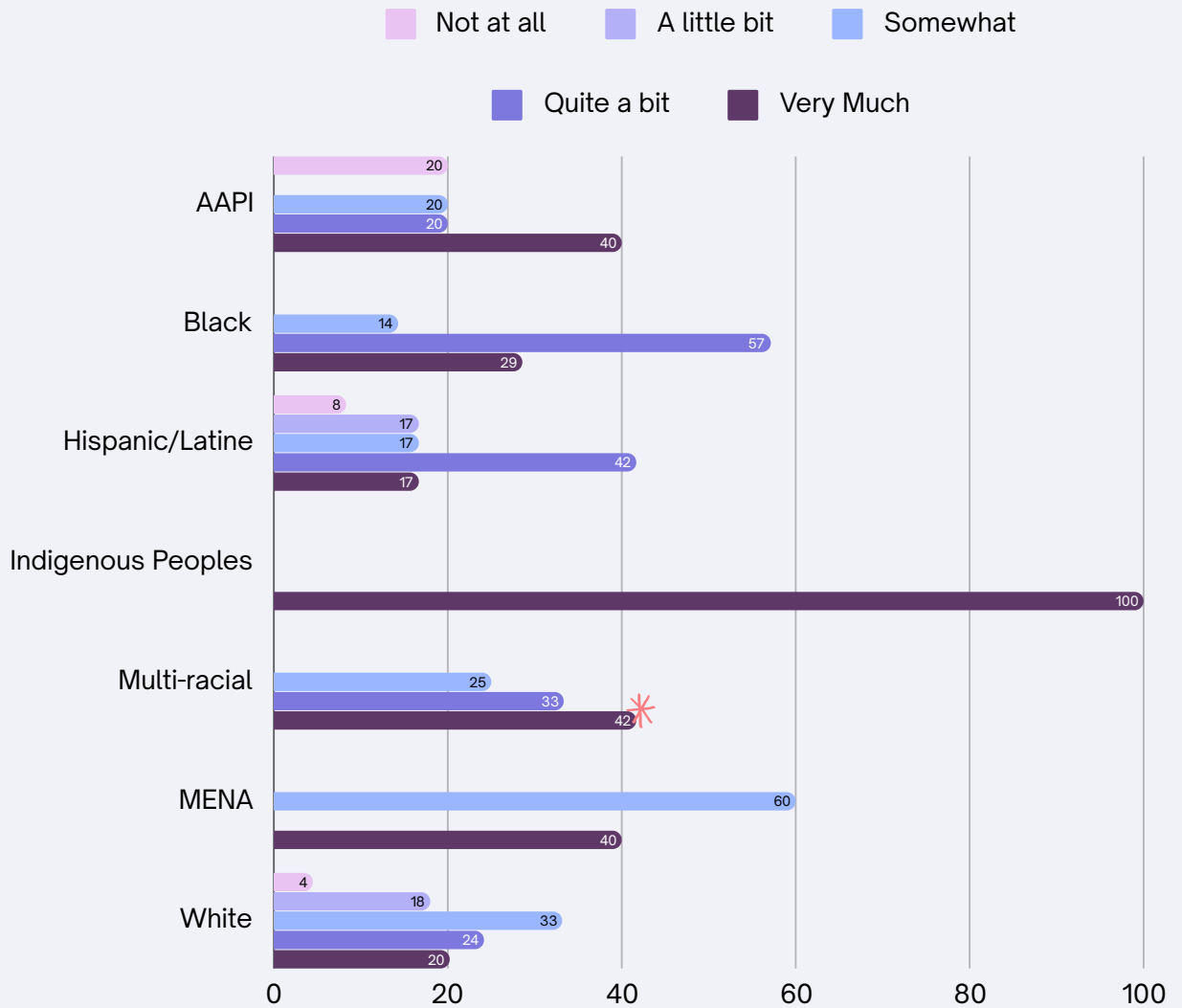


# Stress Levels

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. Participants were asked: How stressed are you on average? Importantly, 46% of respondents were “quite a bit” or “very much” stressed on average, while 31.5% were “somewhat” stressed, 17% reported being “a little bit” stressed, and 5% reported being “not at all” stressed on average.



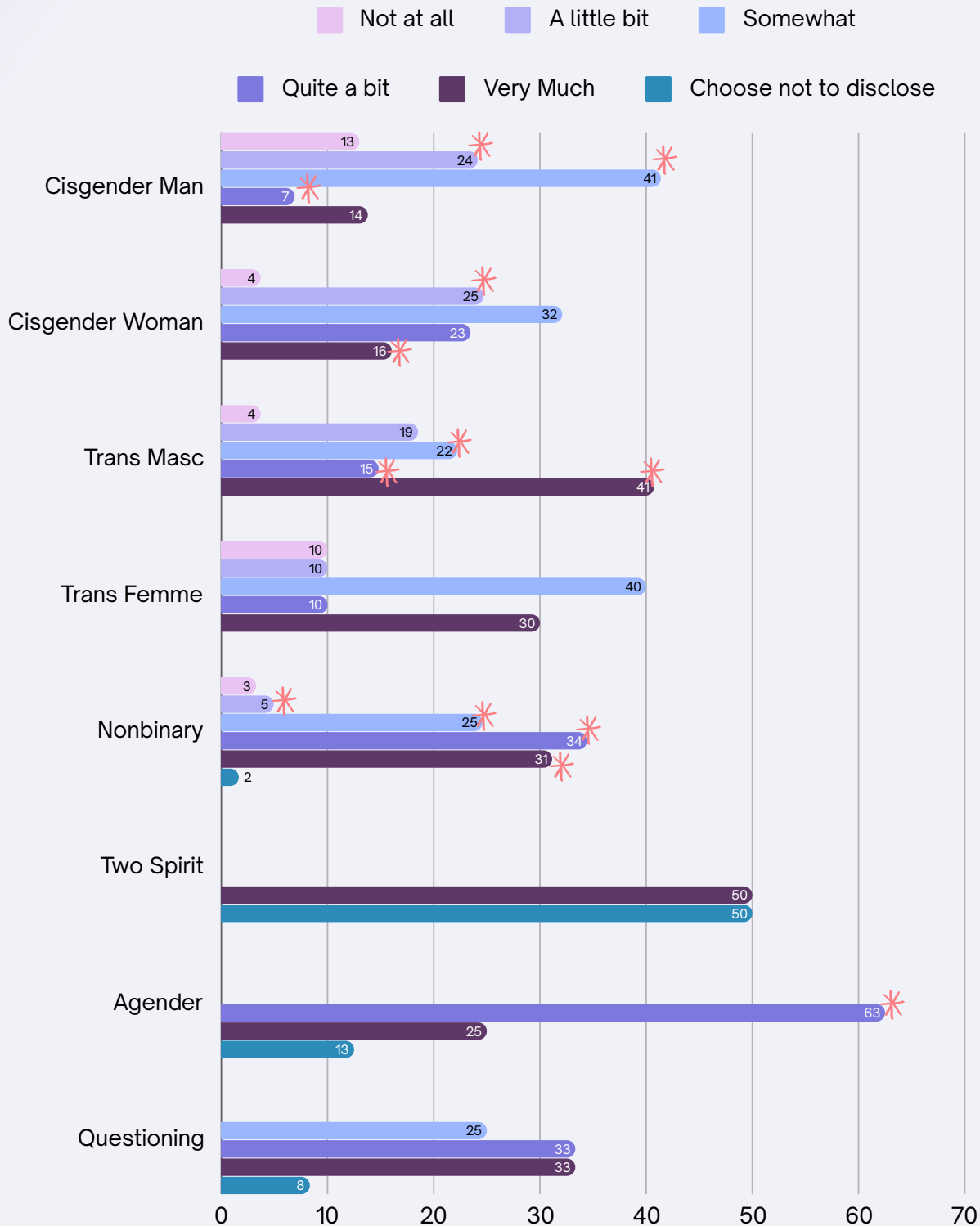
Importantly, the LGBTQIA+ community is diverse. Members have vastly different lived experiences based on shared or differing identities such as: gender identity, race/ethnicity, and age. Below we have considered stress levels across genders and racial/ethnic groups.





# Stress Levels

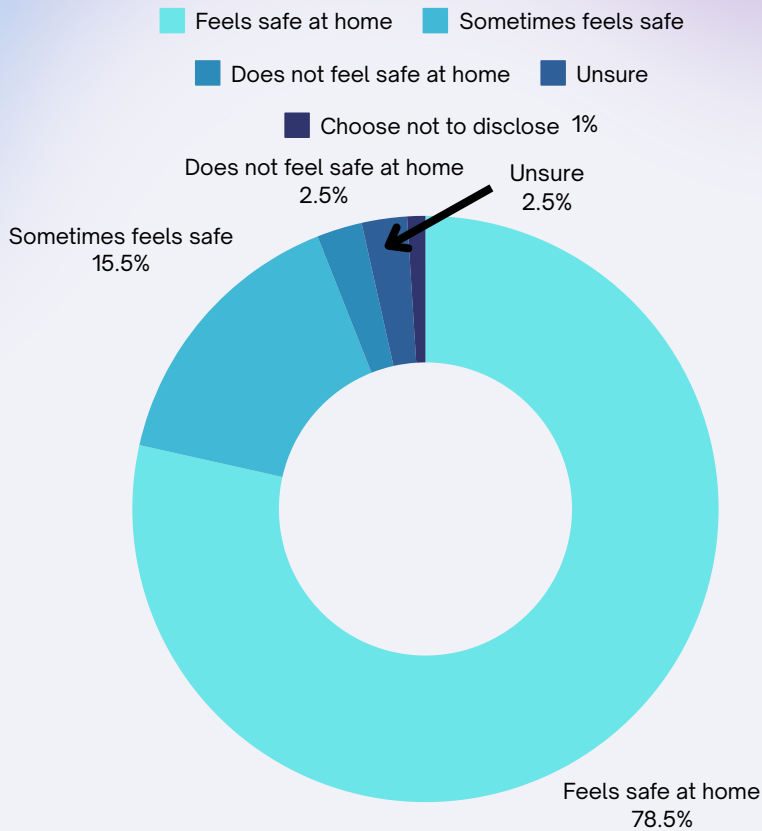
Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. When participants' stress levels are graphed based on gender identity, a pattern appears: **those identities at the margins of power and privilege (gender diverse) show higher levels of stress on average versus those identities that are viewed as the default (cisgender).** Importantly, many of these correlations are statistically significant at the 95% confidence interval.



\* Statistically significant at 95% confidence level



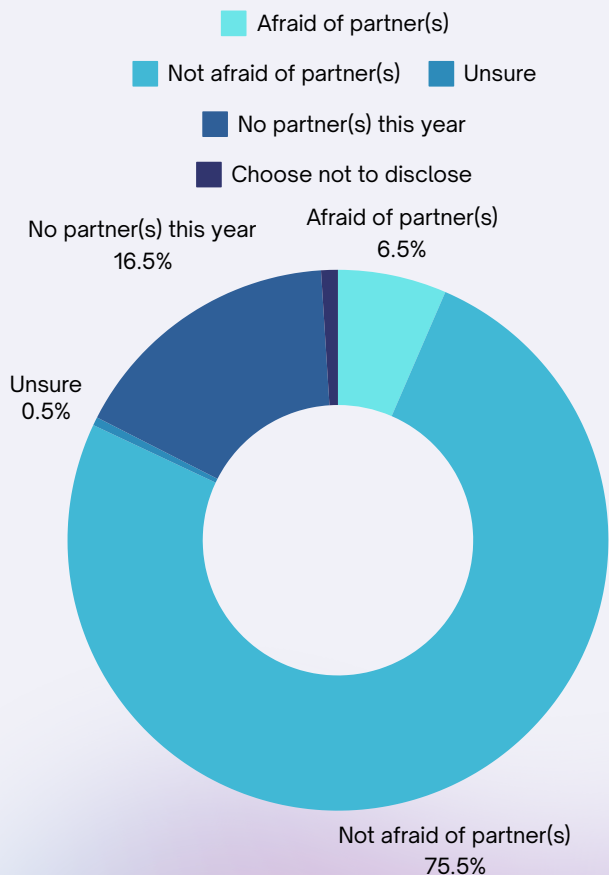
# Personal Safety



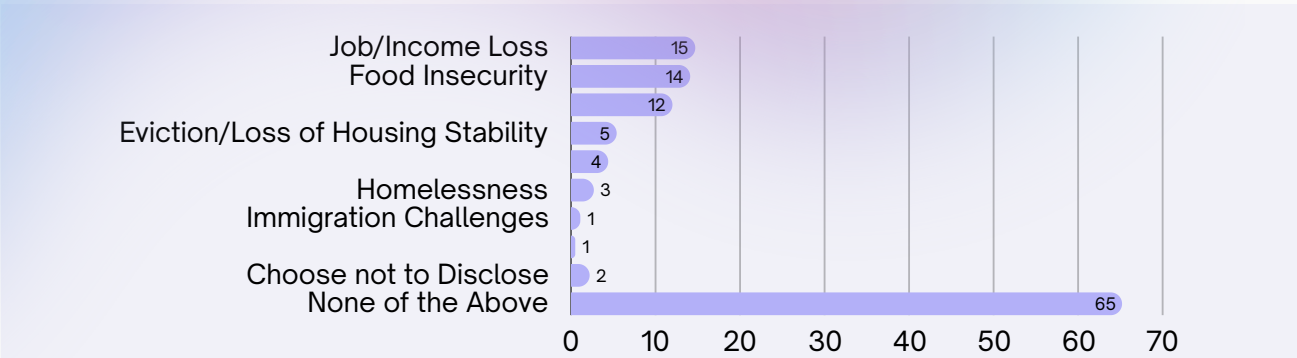
An important portion of healthy living is personal safety. Personal safety includes not only having a place to sleep, eat, work, and play, but also includes your feelings of stability, safety, and security in your spaces and relationships.

A majority of LGBTQIA+ Rhode Islanders (78.5%) feel consistently physically and emotionally safe where they live, and about 15.5% report feeling safe sometimes.

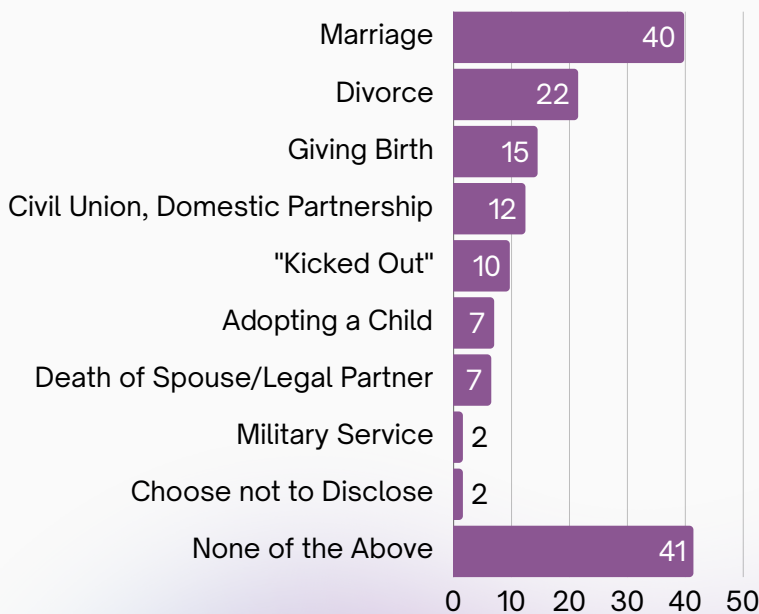
Similarly, 75.5% of LGBTQIA+ Rhode Islanders reported they have not been afraid of their partner(s) or ex-partner(s) in the last year, 16.5% did not have any partners in the last year, and about 6.5% reported fear of partner(s) or ex-partner(s). This is important information to collect, as data on perceived safety and Intimate Partner Violence often is not stratified based on gender identity or sexual orientation.



# Socio-Economic Experiences



Another important factor to understanding the lived experiences of LGBTQIA+ Rhode Islanders is socio-economic positionality. Participants were asked about their socio-economic status and experiences over the last year, and most respondents (65.2%) shared no significant socio-economic crisis in the last year. The most frequently reported experiences were the following: “Job or income loss,” (14.7%), “food insecurity,” (14.1%), and loss or lack of health insurance (12%), followed by Eviction or housing instability (5.4%), “loss of benefits such as WIC or SNAP,” (4.4%), and “homelessness” (2.7%). Challenges to immigration status and emergency shelter stays were reported at less than 2% each. These challenges are both significant in impact and over-represented in LGBTQIA+ communities here in Rhode Island. For example, the State’s homelessness rate is 0.16% (HMIS) whereas 2.7% of LGBTQIA+ Rhode Islanders reported homelessness here. Similarly, according to the RI Food Council, about 11.7% of Rhode Islanders struggled with food insecurity in 2022, while more than 14% of LGBTQIA+ Rhode Islanders reported this experience here. When examined by race and by gender, no statistically significant correlations appear. However, trends can be observed in both examinations showing that QTBIPOC experience significantly higher rates of all socioeconomic challenges surveyed as compared to their white queer counterparts. Similarly, trends show gender expansive people facing significantly higher rates of all socioeconomic challenges compared to their cisgender queer counterparts.



# Social Connections

Participants were also asked to indicate any social situations they have encountered in their lifetime, referring to experiences such as marriage, divorce, and family building. Almost 40% of LGBTQIA+ Rhode Islanders are or have been married, about 21.5% are or have been divorced, and 12.4% are or have been in a Civil Union or Domestic Partnership. Approximately 14.5% have given birth to a child, and 7% have adopted children. About 10% have experienced being “kicked out” by family due to their LGBTQIA+ identity, 6.5% have lost a spouse or partner, and almost 2% served, or are serving, in the military.

# Health Experiences

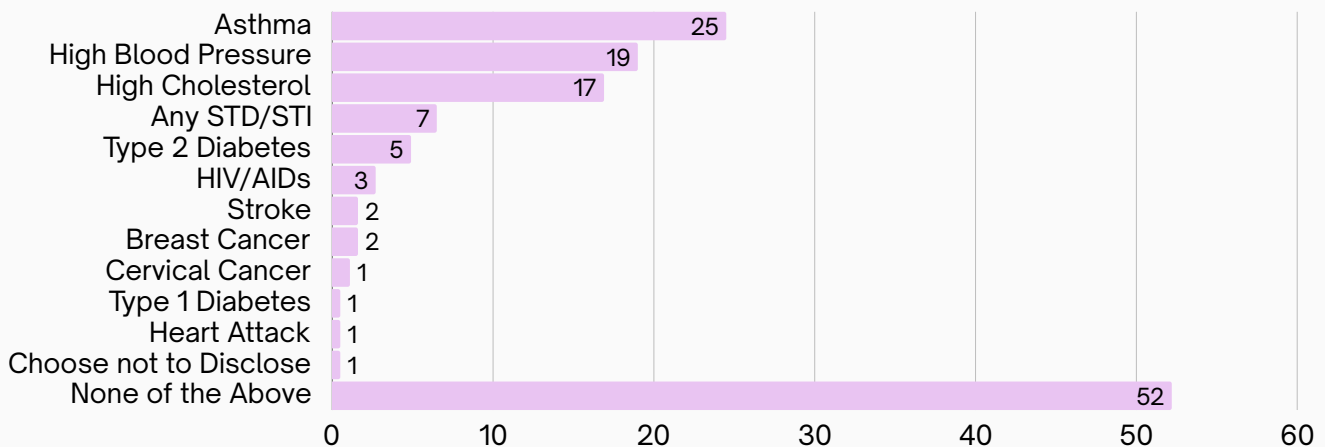
## Chronic and Serious Illness

According to the research, LGBTQIA+ people are significantly more likely to develop, and suffer from serious symptoms of, a wide variety of chronic and serious illnesses. Theories suggest that a combination of factors including high rates of adverse childhood experiences (ACEs), frequent experiences of discrimination, the chronic impact of minority stress, and high rates of healthcare avoidance create a perfect environment for the development and progression of these conditions. Western research frequently focuses on chronic conditions of interest, including high blood pressure, high cholesterol, asthma, type 2 diabetes, HIV/AIDs, stroke, and heart attacks. Our survey also included a few other illnesses known to impact minoritized populations more harshly, including several cancers and STIs.

When asked about experiences with these conditions over their whole lifetime, 52% of participants reported no chronic health conditions. The most frequently reported chronic conditions across the lifetime included: asthma (24.5%), high blood pressure (19%), high cholesterol (17%), any STD/STI (6.5%), Type 2 Diabetes (5%), HIV/AIDs (2.7%), and all other conditions were reported at a 2% or lower rate.

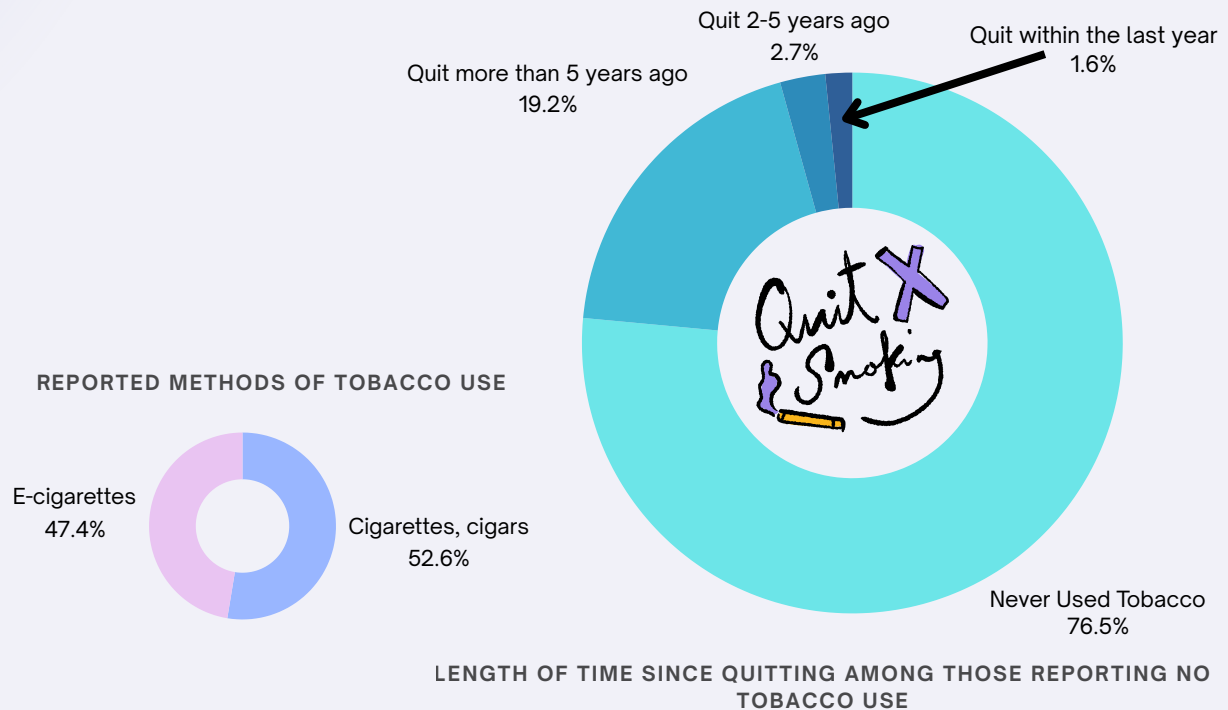
When asked about new diagnoses in the last year, the most common new conditions that were reported included the following: high blood pressure (17.6%), asthma (15.4%), high cholesterol (13.7%), Type 2 Diabetes (5%), any STD/STI (2.8%), and HIV/AIDs (2.2%). All other tracked conditions were reported at lower than 1%.

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING CONDITIONS IN YOUR LIFETIME?



# Tobacco Use

The graph below shows the distribution of respondents who indicated that they use tobacco products, not including culturally relevant tobacco practices such as those used in Indigenous cultural ceremonies. 70% of respondents answered that they never use tobacco products or no longer use tobacco. Of the remaining respondents, 53% reported using cigarettes and cigars and 47% reported using e-cigarettes. None of the respondents reported using smokeless tobacco or chew. This is significant for a variety of reasons, not the least of which is the long-term targeting of LGBTQIA+ communities by Big Tobacco companies (ACSCAN, 2022).

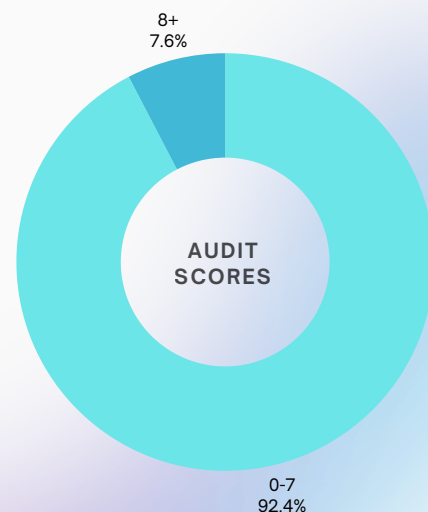


Quit rates among the LGBTQIA+ respondents surveyed here were high. Of the 70% of respondents who report they do not currently use tobacco products, 76.4% have never used them and 19.2% quit more than five years ago!

# Alcohol Use

National research shows that rates of alcohol use disorder and binge drinking are higher in LGBTQIA+ young adults compared with their straight, cisgender peers. For this reason, we chose to employ a commonly used alcohol use screening questionnaire, called the Alcohol Use Disorders Identification Test (AUDIT), to screen participants for alcohol misuse in the last 6 months.

**144** respondents indicated that they drink alcohol and were further surveyed on their alcohol use. **The vast majority of respondents (92.4%) had an overall score of 7 or less.** A score of 8 or more indicates hazardous or harmful alcohol use. The average overall score among all respondents is 3.9.

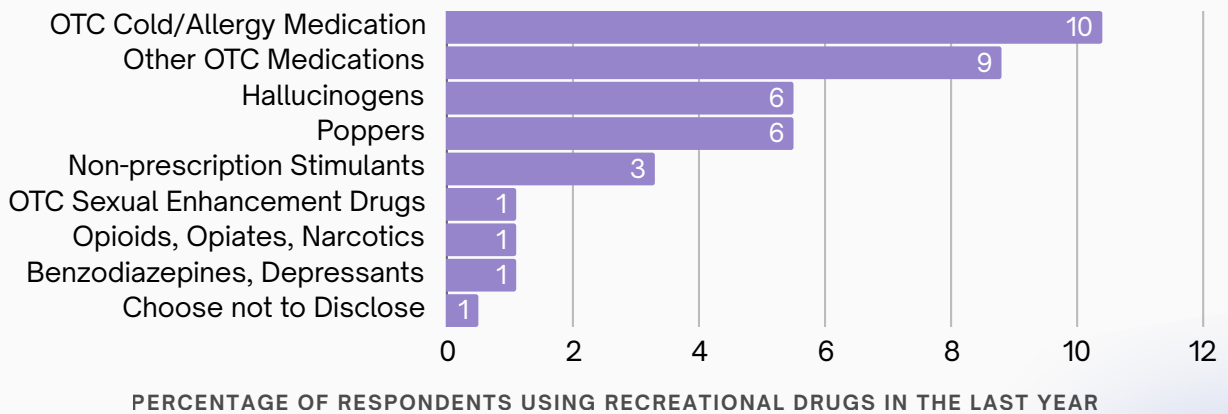
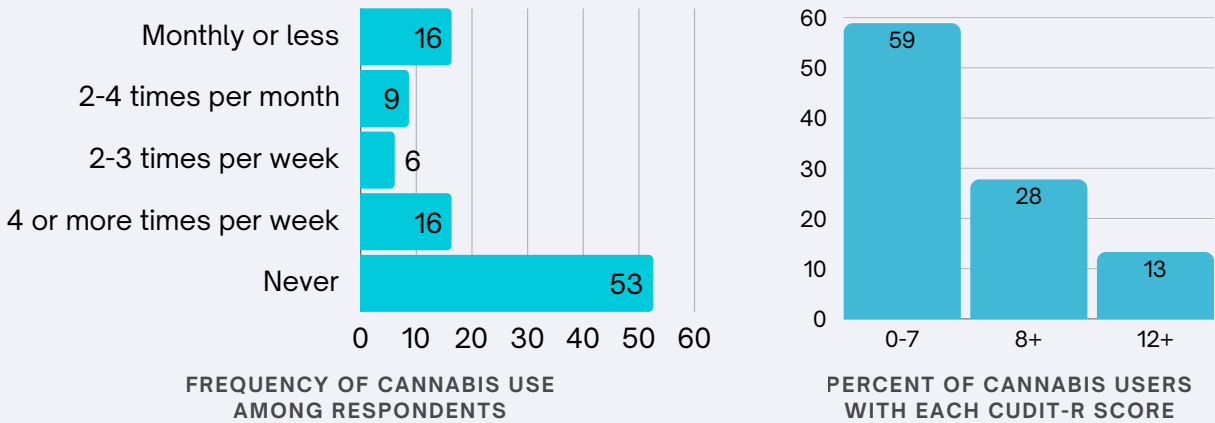




# Cannabis & Recreational Substance Use

The graph below (right) shows the distribution of scores on the Cannabis Use Disorder Identification Test-Revised (CUDIT-R), a standardized screening tool used to obtain information on the respondent's cannabis use over the past 6 months. **90** survey respondents indicated they use cannabis and were further surveyed on their cannabis use.

Many respondents had an overall score of 7 or less. 25 respondents scored 8 or more, which indicates hazardous cannabis use, and 12 respondents scored 12 or more, which indicates a possible cannabis use disorder for which further intervention may be required. The average overall score among all respondents was 7.

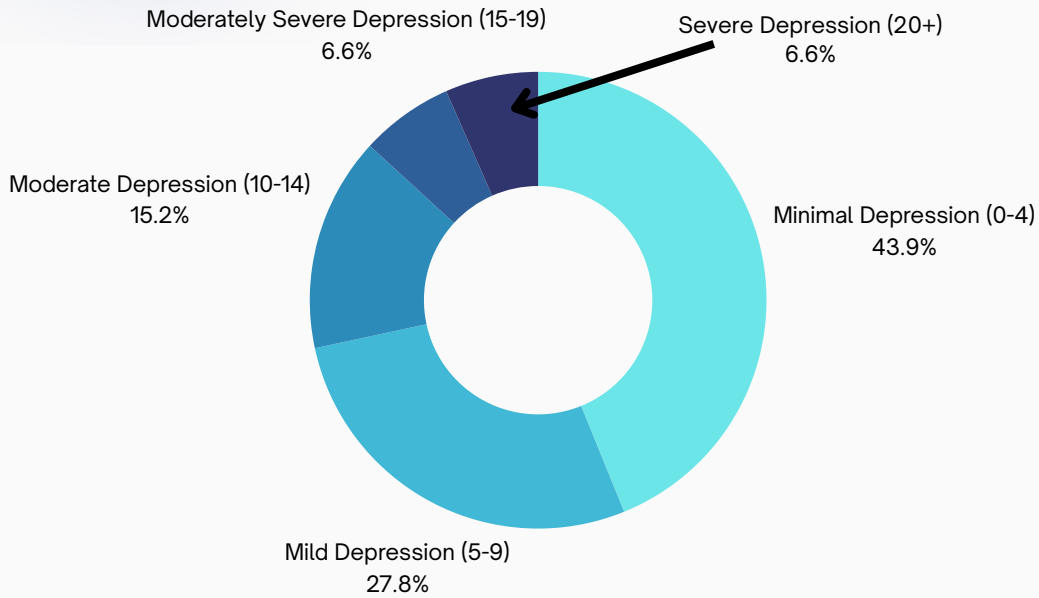


The graph above shows the percentage of participants who reported using recreational drugs in the past one year. **The vast majority of participants surveyed (80%) reported no recreational drug use.**

# Depression Screenings

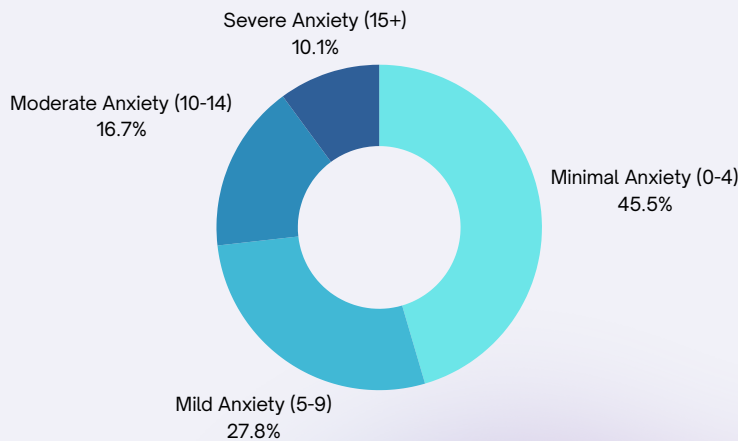
Another important screening built into the 2024 RI LGBTQIA+ Needs & Experiences Survey was the Patient Health Questionnaire (PHQ-9). This is a standardized screening for depressive symptoms, frequently used in healthcare. National research has repeatedly shown sexual and gender minorities experience heightened rates of depression compared to their straight and cisgender peers.

The chart below shows the distribution of scores on the Patient Health Questionnaire (PHQ-9), a standardized tool to screen for depression. 198 participants responded to these questions. Most participants reported minimal (43.9%) or mild (27.8%) depression. The average overall score among respondents is 7.4, which falls into the Mild Depression range



# Anxiety Screenings

LGBTQIA+ people of all ages and backgrounds are also at higher risk for clinical levels of anxiety. The graph below shows the distribution of scores on the General Anxiety Disorder (GAD-7) questionnaire, a standardized screening tool designed to measure or assess the severity of generalized anxiety disorder (GAD). 198 participants responded to these questions. The majority of participants scored as having minimal anxiety (45.5%), followed by mild anxiety (27.8%). 16.7% of participants scored as having moderate anxiety, and 10.1% of participants scored as having severe anxiety. The average overall score of participants was 6.3, which falls into the Mild Anxiety range.

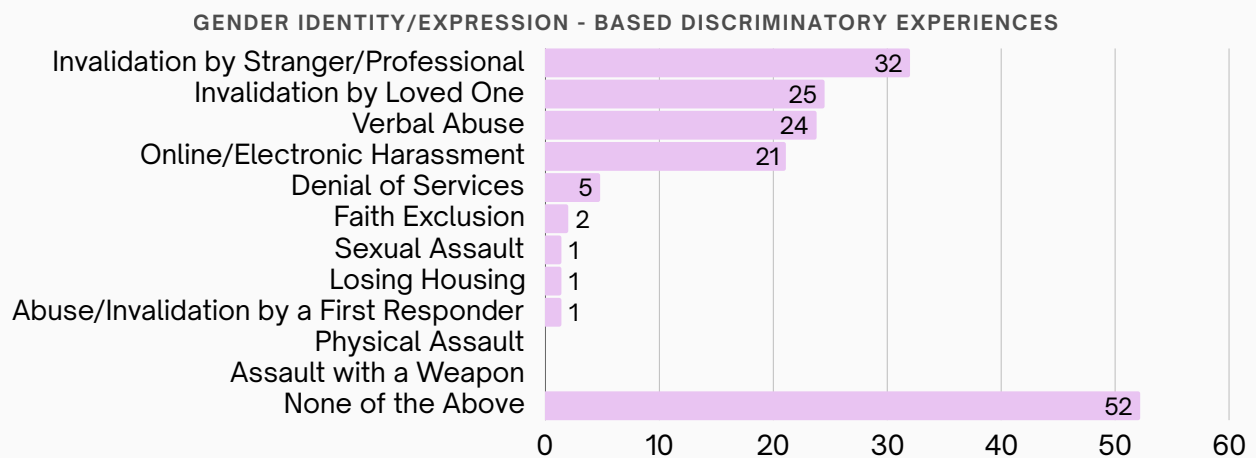




# Discrimination & Affirmation

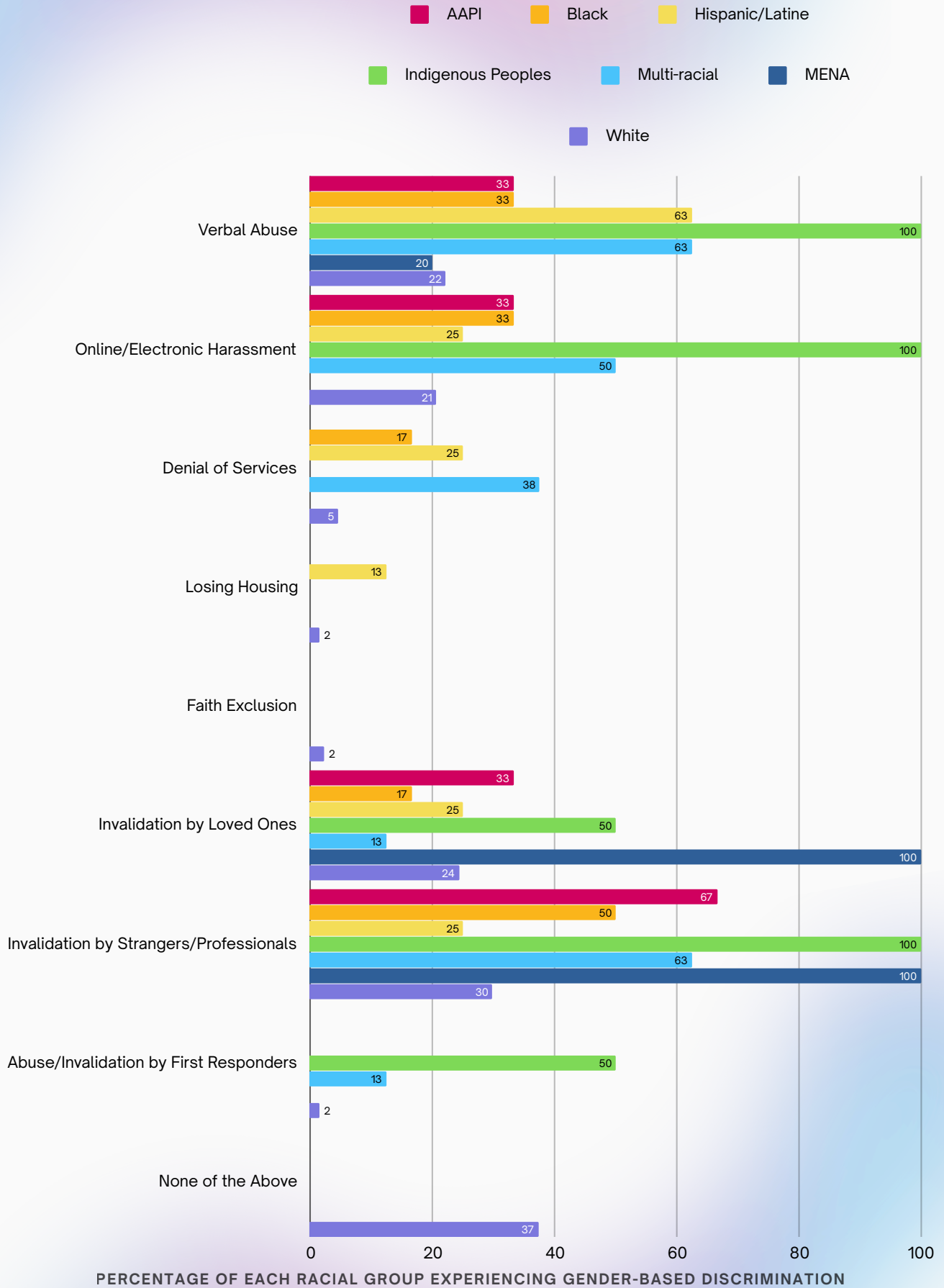
## Discriminatory Experiences

Both sexual and gender minorities in the United States experience considerable discrimination in most aspects of life. Whether it be systemic exclusion, erasure, invalidation of one’s identity, harassment, verbal or physical or sexual assault, or even murder, the rates in LGBTQIA+ communities are over-representative. Our identities are constantly politicized and debated, despite enormous progress such as the legalization of same-sex marriage and the recent appearance of transgender civil servants in federal government. Unfortunately, this progress has been met with enormous push-back, especially from conservative lawmakers. When this data was being collected over the summer and autumn of 2024, the United States had just seen the greatest number of anti-trans bills ever submitted to state legislatures. At the writing of this report, 26 states had outlawed best practice medical care for transgender youth, at least 17 states had laws negatively impacting or ending entirely the ability of transgender people to use the restroom that aligns with their gender identity, and only 20 states had banned the use of “gay panic” or “trans panic” as a valid legal defense (Movement Advancement Project, 2024). Considering that transgender Americans have been targeted not only in state and local government, but also in federal planning and policy, it is understood that by the time this report is circulated, things may have changed considerably for the LGBTQIA+ community at large.



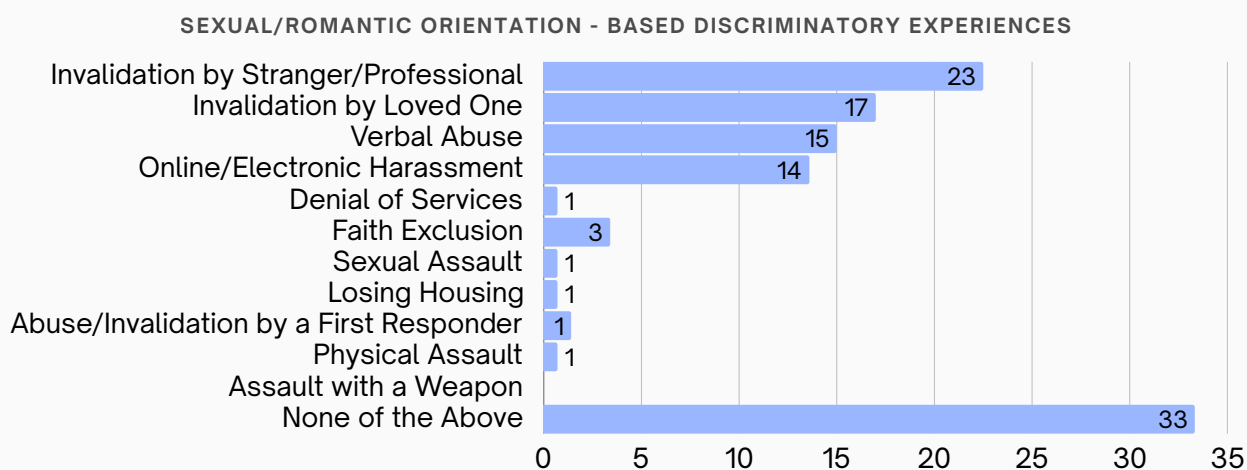
While there are many reasons LGBTQIA+ people may be mistreated, participants were asked here specifically about discrimination based on gender identity or expression. 147 participants responded to this question, and just over half (52%) had not experienced this type of discrimination. The most participants who had experiences with discrimination reported “invalidation by a stranger or professional,” (32%). This was followed by reports of “invalidation by a loved one” (24.5%), “verbal abuse” (23.8%), and “online or electronic harassment” (21.1%). Neither physical assault nor assault with a weapon were reported.

# Gender-Based Discrimination

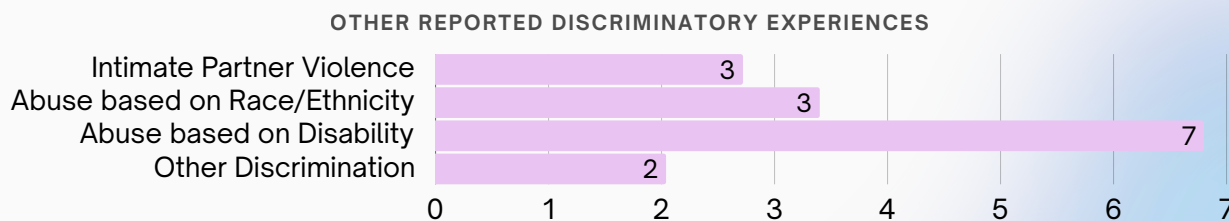


# LGBTQIA+ Focused Discrimination

The graph above portrays the percentage of participants' experiences of discrimination based on gender identity or expression, then sorted by the self-identified racial and ethnic groups. "Invalidation by a stranger or Professional" was selected at high rates by people who identified as Indigenous/First Nations/Native American, MENA/Middle Eastern/North African, and Asian/Asian American. "Invalidation by a loved one" was selected at the highest rate by people who identified as MENA/Middle Eastern/North African. "Faith exclusion" was only selected by those who identified as having White/European Ancestry. "Online or electronic harassment" and "Verbal Abuse" were selected at high rates by people who identified as Indigenous/First Nations/Native American. All of this may be skewed by how many, or few, participants of each racial/ethnic group have taken the survey. For example, if only one person identified with one of these groups, that percentage for categories they selected would appear very high for that group. This is one reason it is important to collect data from a wide range of diverse groups.



While there are many reasons LGBTQIA+ people may be mistreated, participants were asked here specifically about discrimination based on sexual or romantic orientation. 147 participants responded to this question, and one third (33%) had not experienced this type of discrimination. The graph above breaks down the participants' experiences with discrimination on the basis of sexual or romantic orientation. Overall, most of the discrimination reported was "invalidation by a stranger or professional" (22.5%), "invalidation by a loved one" (17%), and "verbal abuse" (15%). It is important to note that while the current climate is targeting gender minorities at an unprecedented rate, sexual minorities are still experiencing significant rates of discrimination in all facets of life. LGBTQ+ folks who are cisgender are still frequently discriminated against in housing, healthcare, family, and faith settings, usually because of their identities or family structure.



LGBTQIA+ folks have complex and intersectional identities and may experience discrimination for reasons other than their LGBTQIA+ identities. For that reason, we asked participants about a few other types of discrimination they may have experienced in the last year: Intimate Partner Violence or Domestic Violence, and Physical, Verbal, or Sexual Assault based on Race/Ethnicity or Disability. There are many other kinds of discrimination folks may have experienced; however, the survey was limited to these focus topics out of respect for participants' already considerable time commitment to the survey.

## Emerging Trends

This section will list several basic statistical trends found across different portions of the survey. The Needs Assessment included more than 100 questions of various types, which will continue to be analyzed and reported on in the coming months. In order to provide a timely initial insights report, many questions are reported at face value herein and will be examined more deeply at a later date. Many forms of analysis, such as continued comparing of responses across racial and age groups, are being planned for future reports. Please use this section as a jumping-off point; keep in mind that many questions have not yet been addressed by the Initial Insights Report that will appear in future deeper dive analyses.

### Out of 234 LGBTQIA+ Rhode Islanders who participated:

- **Fewer than 10%** were EBCAP patients or clients in any program
- **27%** worried about losing housing last year
- **14%** experienced food insecurity last year
- **30%** went without needed healthcare or medicine last year
- **21%** experienced transportation insecurity last year
- **15%** lost a job or income last year
- **53%** report drinking alcohol monthly or less, including **27%** who never drink
- **80%** report no recreational substance use (excluding cannabis and alcohol)
- **94%** report interest in seeing more LGBTQIA+ Adult Support Groups offered in RI
- **93%** report interest in seeing more public education sessions offered on LGBTQIA+ topics
- **90%** report interest in seeing more Peer Navigation Services offered to LGBTQIA+ people
- **57%** reported being unlikely or very unlikely to feel safe seeking help from police
- **44%** reported knowing where to seek safe and affirming support to combat social isolation
- **72%** reported anti-transgender political discourse has worsened or significantly worsened their mental health over the last year
- **74%** reported being concerned or significantly concerned about the possibility of losing access to *adult* gender affirming care in Rhode Island, while **over 80%** reported that same level of concern over gender affirming care for RI *youth*
- **68%** reported being concerned or significantly concerned about the possibility of a transgender bathroom ban in Rhode Island, and **nearly 80%** reported that same level of concern about transgender sports exclusion
- **86%** would describe themselves politically as “liberal” or “very liberal”
- Almost 11% of those surveyed had moved to RI to escape discrimination in the last year. Of those, 76% were from states in the USA and 24% from another country
- When asked, **45%** chose to share a message of hope with a local LGBTQIA+ person just starting their coming out journey, and **40%** chose to share a message of hope for gender diverse youth
- When asked to list favorite LGBTQIA+ affirming organizations, more than **1 in 4** mentioned **Youth Pride Inc.** by name, and nearly **1 in 5** mentioned **Thundermist** by name!



# Conclusions

LGBTQIA+ individuals face significant health disparities, including higher rates of anxiety, depression, substance misuse, suicidal ideation, and physical health issues, compared to their heterosexual and gender-binary counterparts. They are also less likely to access preventive health services, with barriers such as stigma, discrimination, lack of knowledgeable providers, and negative interactions in healthcare settings contributing to delayed or avoided care. These disparities underscore the critical need for inclusive, culturally competent care and targeted health equity initiatives. Research, such as community health assessments, is essential to understanding the unique health needs of diverse LGBTQIA+ subgroups and informing strategies to reduce disparities, improve health outcomes, and increase access to preventive services.

Although Needs Assessment Surveys are often used to identify and address gaps in care for various populations and in multiple contexts, the LGBTQIA+ population is consistently overlooked in the number of assessments that are implemented. This lack of data, and representation, significantly hinders the ability to provide programs, services and support to this marginalized population. There are only a few communities and/or states that have been able to gather data using this method, Cleveland, San Francisco, and Nassau/Suffolk counties in NY, and have published their findings; Pennsylvania has been one of the few states that has conducted more than one assessment and can provide comparison data from a 2020 and 2022 needs assessment. What has become apparent as we compare this data to the data EBCAP has been able to capture, there are under representations of youth, BIPOC, and non-English speaking LGBTQIA+ groups. We hope to address the participation of these communities members in the next needs assessment.

Using comparison data from across the country, it can be confirmed that there are consistencies that are significant when reviewing access/usage of medical services, behavioral health services and safety. Needs assessments from New York, San Francisco and Pennsylvania all reflected similar findings:

- **Insurance:** an average of 41-49% of respondents have private medical insurance.
- **Routine Checkup:** an average of 25% of those with medical insurance have not had a routine check-up within the past year.
- **Medical Providers:** an average of 25% of those who have a primary care provider feel that their provider is not sensitive to their needs as an LGBTQIA+ identified person.
- **Discrimination:** 1 in 3 of those respondents who identify as BIPOC, multi-racial or Asian report that they always/sometimes feel discriminated against in a medical setting due to their race/ethnicity.
- **Homelessness:** Based on respondents, 3 out of every 10 have experienced homelessness in their lifetime.
- **IPV:** Between 37-45% of respondents have experienced violence from a family member, partner or spouse.
- **Harassment:** Between 35-42% of respondents who identify as BIPOC or multi-racial have experienced verbal and/or physical harassment based on their sexual orientation and gender identity.

# Project Team

The Rhode Island Foundation grant that funded this project was written by the Strategic Initiatives Department at East Bay Community Action Program (EBCAP).

The unique survey questions were written by EBCAP's Director of Transgender Whole Healthcare. Many questions were modeled from existing surveys or used as part of a validated tool such as a screening questionnaire. Feedback on questions was provided by community members and professionals in healthcare, education, government, social services, and more.

EBCAP's Quality Improvement Department provided support with statistical analysis. The survey data was cleaned, organized, and analyzed using Microsoft Excel and SurveyMonkey analytic tools. The analysis involved summarizing the raw data and comparing responses across demographic and SOGI groups. Most of the analysis in this report is descriptive in nature. When applicable, significance tests were conducted using Chi Square. Further detailed analyses will be conducted in the future as part of an ongoing exploratory research process with specific analytic objectives.

The Initial Insights Report was written as a collaboration between staff in the Transgender Whole Healthcare Program, Strategic Initiatives Department, and Quality Improvement Department.

This project would not have been possible without the significant investment of emotional energy and trust of Rhode Island's LGBTQIA+ Community. We recognize how difficult it is to share profound personal stories and intimate information of this kind. We appreciate your willingness to let us steward this information, and we thank you for your honesty. It is our sincerest hope that our work does not stop here, and that having this small pool of information will propel Rhode Island to dig deeper and use these data to create positive, lasting change for all of you. Thank you.



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# Thank you!

A special “Thank You” to the Rhode Island Foundation, not only for funding this important project, but for believing in our community and consistently showing up to support us. Your support makes an enormous difference, now more than ever.

Thank you for taking the time to read this report. If you have any questions, suggestions for future reports, or would like to discuss our findings further, please don't hesitate to reach out to us.



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