LGBTQIA2S+ Health and Well-Being in Eastern Washington: A Community Survey

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Prepared by the Spokane Regional Health District
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Overview

We present findings from the LGBTQIA2S+ Life and Well-Being Survey, completed by 428 members of the LGBTQIA2S+ community living in Eastern Washington. The survey was administered online through social media channels and in-person through regional community outreach from April through July 2021 and included both multiple choice and open-ended items. The focus of the survey was to identify LGBTQIA2S+ community needs and barriers to health and well-being. Respondents were asked to reflect on their satisfaction with various aspects of life and experiences of discrimination in Eastern Washington, as well as their beliefs, attitudes, and preferences regarding disclosure of their gender identity and sexual orientation in health care settings.

The LGBTQIA2S+ Life and Well-Being survey included a total of 75 items. Sociodemographic data were collected including gender identity, sexual orientation, age, zip codes of residence, educational attainment, income, housing, and health insurance status. The survey also included 15 rating items to assess the lived experiences of LGBTQIA2S+ community members; respondents rated their satisfaction with various aspects of life in Eastern Washington (e.g., access to health care, transportation, and other services). Items were on a five-point response scale (*Very poor, Poor, OK, Good,* and *Very good*). After each item, an open-ended item appeared asking respondents to "tell us more about this aspect of your life" with additional prompts relevant to each item (e.g., for medical care, the prompt was "Think about things like ease of access, cost, and quality of providers."). LGBTQIA2S+ community members' experiences of discrimination were measured with 26 items; respondents indicated how often they have experienced discrimination in various situations in Eastern Washington (e.g., when applying for employment, in the workplace, interactions with law enforcement). Items were on a four-point response scale (*Never, Rarely, Sometimes,* and *Most of the time*); respondents could also indicate *Not applicable*. Other items included respondents' comfort level, preferences, and perceived barriers to disclosing their gender identity and sexual orientation when seeking health care services.

As with all data reports, there are some limitations:

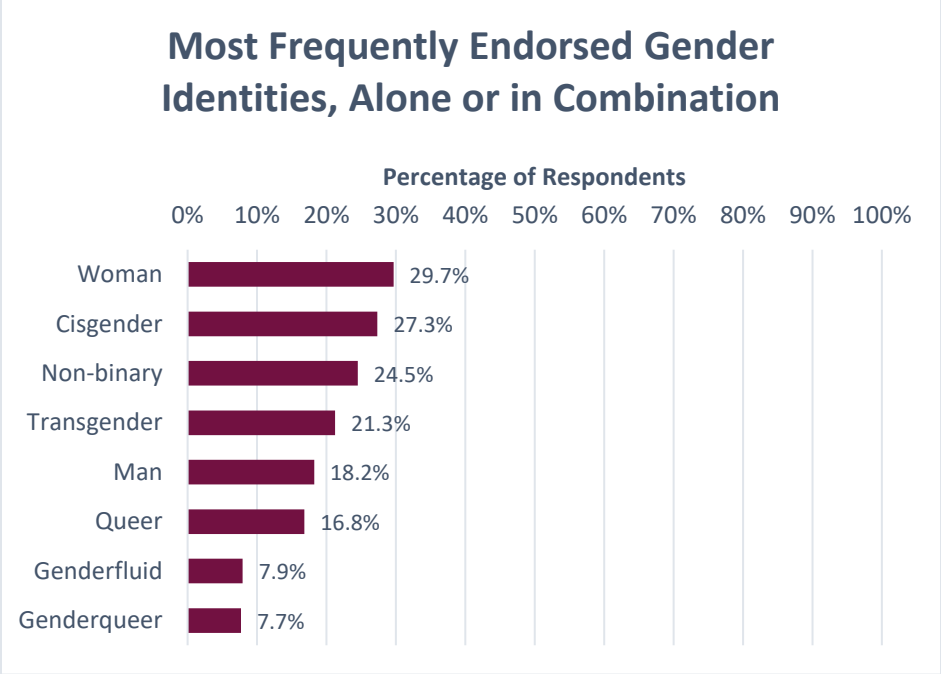
- This survey recruited a convenience sample as opposed to a random sample. Although this approach improved outreach and likely the survey response rates, this also means that respondents may not be fully representative of the LGBTQIA2S+ population in Eastern Washington. This limited the ability to generalize these results beyond this sample of 428 respondents.
- Small numbers for some sociodemographic categories also limited the ability to evaluate subgroup differences in lived experiences and discrimination. To address the issue of uncertainty and unreliable estimates due to small numbers for some of the demographic breakdowns, we bottom-coded categories with less than 25 respondents (i.e., replaced cell value with a range value of 0-25) and aggregated data when appropriate. Data aggregation was performed by combining data for certain respondent subgroups (e.g., adults above the age of 65 combined with middle-aged adult respondents, and those from racial or ethnic minority backgrounds analyzed together as BIPOC respondents). Although we acknowledge this is not ideal, especially given the history of erasure of identities experienced by this community, the purpose of doing so was not erasure of identities but rather for safety and privacy (i.e., to protect the confidentiality of survey responses and minimize the risk of being able to identify individual respondents based on reported characteristics like race, income, etc.).

- This was an exploratory analysis using multiple statistical comparisons. The increased number of comparisons increased the likelihood that statistically significant results were obtained by chance. Results from the comparative analyses should therefore be interpreted with caution. Even results that are not considered statistically significant, however, may have practical importance.

Description of Respondents

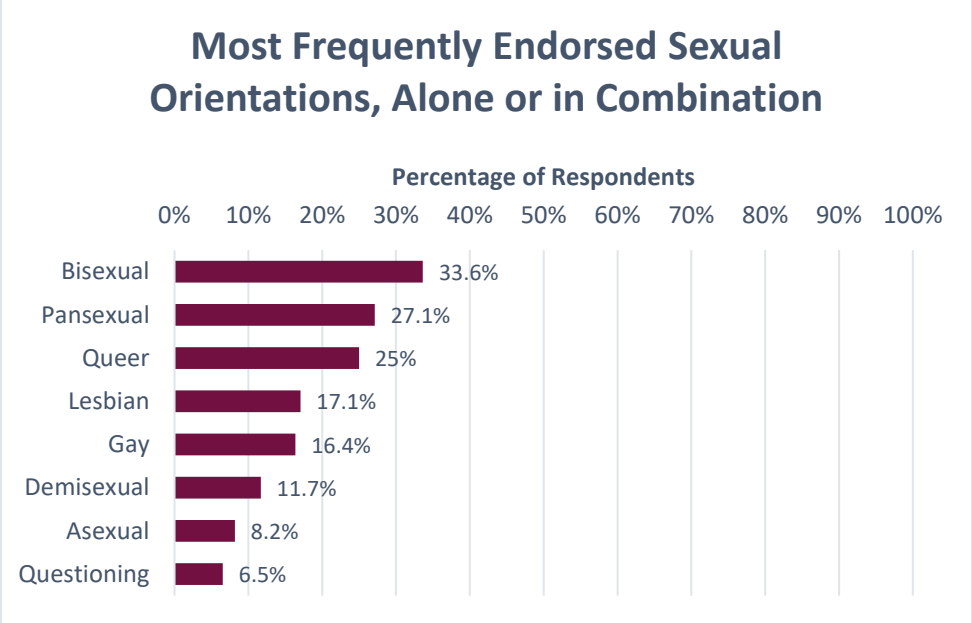
- Regarding gender identity, many respondents held more than one identity. Results are reported alone or in combination, and percentages therefore added up to more than 100%. Most of the LGBTQIA2S+ community respondents identified as women (29.7%), cisgender (27.3%) or non-binary (24.5%). More than one-third (37.1%) of respondents who identified as non-binary also identified as transgender. More than one-fifth of all respondents (21.3%) were transgender.
- Other identities included several write-in responses (e.g., genderflux, transmasculine), questioning, gender-nonconforming, agender, Two-Spirit, or undefined. The complete results for respondents' most frequently endorsed gender identities are displayed in **Figure 1** below.

Figure 1.



- Regarding sexual orientation, once again, respondents could select from multiple options as applicable and results are reported alone or in combination. Most respondents identified as bisexual (33.6%), pansexual (27.1%), or queer (25%). Less than one-fifth of respondents identified as either lesbian (17%) or gay (16.4%).
- Other sexual orientations included write-in responses (e.g., polyamorous, sapiosexual, panromantic, polysexual), undefined, and straight. The complete results for respondents' most frequently endorsed sexual orientations are shown in **Figure 2**.

Figure 2.



- Respondents were between the ages of 12 and 83 years-old and included 73 youth (ages 12-17 years-old), 205 young adults (ages 18-34 years-old), and 137 adults above the age of 35.
- Approximately one-fifth of the sample (18.7%) were Black, Indigenous, and other People of Color (BIPOC). Most of these individuals identified as Multi-racial or as American Indian/Alaska Native. Only 8.6% of respondents identified as Hispanic or Latino(a/x).

Table 1. Respondents' Race and Ethnicity, Alone or in Combination

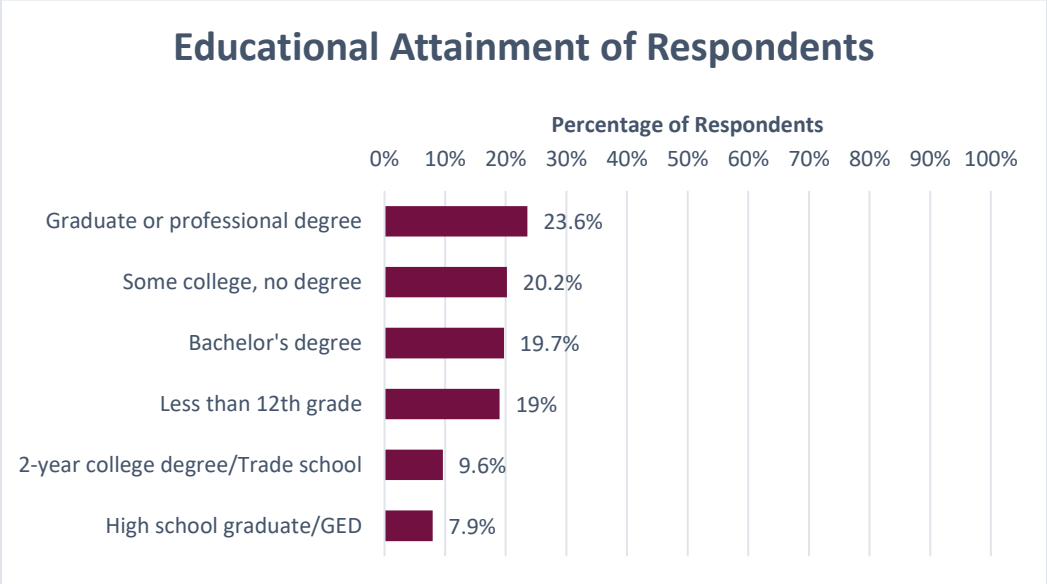
Race & Ethnicity	Percent
White	84.4
Black or African American	< 6
American Indian/Alaska Native	7.7
Asian	< 6
Native Hawaiian or other Pacific Islander	< 6
Two or More Races	8.6
Hispanic/Latinx	8.6
Non-Hispanic/Latinx	88.8

- The median educational attainment was a 2-year college degree. A quarter of respondents (23.6%) held a graduate or professional degree. Many respondents were still completing their education, however, with 20.2% reporting having completed "some college, no degree", and 19.0% reporting "less than 12th grade".

Table 2. Educational Attainment of Respondents

Educational Attainment	Percent
Less than 12th grade	19
High school graduate or GED	7.9
Some college, no degree	20.2
2-year college degree/Trade school	9.6
Bachelor's degree	19.7
Graduate or professional degree	23.6

Figure 3.



- The median annual household income range was between $35,000 to $49,999, and nearly one-third (32.3%) reported making less than $20,000 annually. Most respondents (68.4%) did not own a home. Specifically, 44% reported renting or sharing rental costs, 16.7% lived with parents or other family members (a small number transitioning between family and college/university campus housing), and slightly more than 6.9% reported insecure housing (e.g., either temporarily or chronically unhoused, residing in a shelter, subsidized housing, etc.).

Table 3. Annual Household Income Range of Respondents

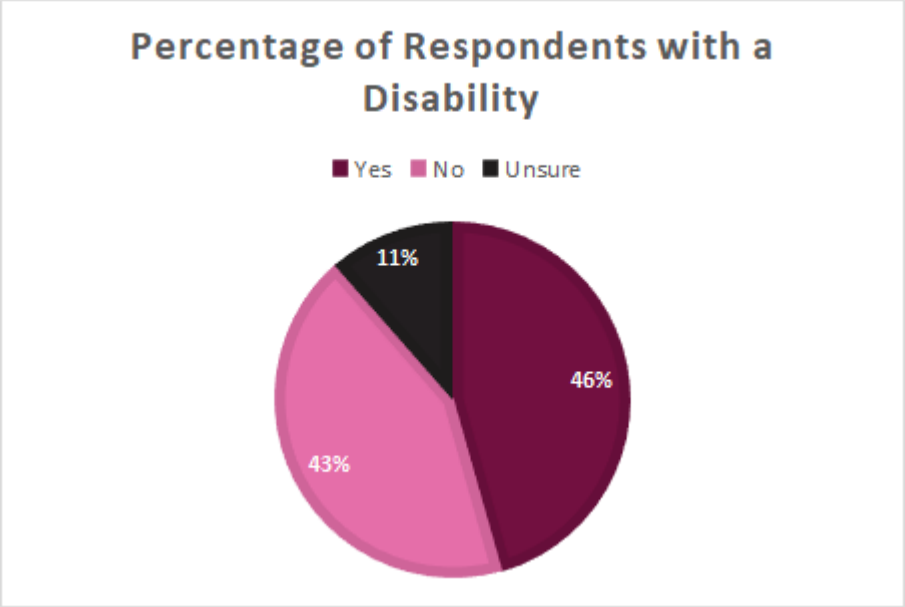
Annual Household income	Percent
Less than $20,000	32.3
$20,000 to $34,999	16.8
$35,000 to 49,999	14.4
$50,00 to $74,999	14.4
$75,000 to $99,999	8.7
$100,000 and above	13.4

Table 4. Living Arrangements of Respondents

Housing Status	Percent
Own a home, or contribute to mortgage	31.6
Rent, or share rental costs	44
Live with family	16.7
Insecure housing	>6.9

- Most respondents lived in the northwest and southeast regions of Spokane County (34.4% and 27.6%, respectively). Few respondents (6.3%) lived outside of Spokane County in other regions of Eastern Washington, and in bordering states of Idaho and Montana.
- Nearly half of respondents (45.6%) identified as a person with a disability (Figure 4).

Figure 4.



- Nearly half of respondents (49.8%) had private health insurance, whereas 37.2% were publicly insured through Medicaid or Medicare.

Qualitative Analysis: Lived Experiences, Barriers, and Facilitators

Accessing Health Care, Mental Health, and Substance Abuse Services

Barriers

- Respondents who had negative experiences getting medical and mental health care reported providers that were unknowledgeable in LGBTQIA2S+ concerns, being un- or under-insured, and/or having to pay for care out-of-pocket as the main reasons they did not seek out care.
- Some barriers specific to medical care included lack of transportation, availability of appointments (lack of nights and weekends), and constantly having to see new providers, which made it difficult to establish trust, because it felt like a “coming out” moment with every new provider.

"This means less of a personal relationship for safety, but also leads to multiple forced "coming out" moments with each new provider."

- Some barriers specific to mental health care were long waitlists, lack of scheduling flexibility, and difficulty finding culturally competent providers to address specific needs around gender identity, sexual orientation, and LGBTQIA2S+ relationships.

"I'm a veteran so getting mental health care is easier for me, but I feel like mental health care for being a trans man is very limited."

- The main barrier for finding help for substance use disorders was the lack of variety in treatment options, with many identifying religion-focused programs that do not work for everyone. Many respondents also stated that they would like to access LGBTQIA2S+ inclusive programs, but these are hard to find if available at all.

Facilitators

- Respondents who had positive experiences getting medical care reported having doctors that were knowledgeable about the LGBTQIA2S+ community, gender affirming, trans-knowledgeable, and welcoming. Overwhelmingly, respondents that reported having Medicaid or another insurance that provided little or no out-of-pocket expenses, especially for treatments like hormones, had positive experiences with accessing medical care.
- Regarding mental health care, respondents reported sliding fee scales, Medicaid, and other insurances helped them access these services. Many found it helpful to have a mental health provider that was part of the LGBTQIA2S+ community or openly accepting of the LGBTQIA2S+ community (including having this information on a provider's website) as a positive factor in accessing mental health care.

"It's taken a long time, but I finally have good mental health providers who are LGBTQ+ competent and accepting."

- For accessing care for substance use disorder, respondents mentioned using programs like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other "12-step" programs. A few respondents mentioned that a solid support system is crucial to finding help with substance use disorders.

Feeling Accepted

Barriers

- Respondents who felt less accepted by family reported not being out to all family or certain family members due to feeling like they wouldn't understand, mostly due to religious beliefs or political views.
- Many respondents reported family being okay with their identified sexual orientation, but not being accepting of their gender identity. Many said family would not be okay if they wanted to transition.

- Unaccepting families were reported as misgendering, using "dead names," and not approving of clothing/aesthetic choices.

"My family has always been accepting of my identity when they found out. I do worry that if my gender identity changes they might be a little less understanding."

Facilitators

- Many respondents who reported feeling accepted reported having supportive friends and family.
- Supportive families were reported as using the correct pronouns, accepting aesthetic choices (e.g., hair color/cut, tattoos, piercings, and clothes), and trying to educate themselves.

Civic Engagement

Barriers

- Respondents who were dissatisfied with their civic engagement were either too young to vote, couldn't vote, or felt their voices weren't heard.
- Some mentioned not feeling represented by politicians.
- Some did not know where to go to become involved in civic engagement.

Facilitators

"I vote in every election and donate to candidates. I would love to see more queer candidates run and get the resources they need to support them."

- Many respondents who had positive experiences with their participation in local, state, and national decision making felt that voting was easy (e.g., they liked mail-in ballots) and they were involved in activism. Activism included participating in committees, serving on boards or councils, protesting, supporting candidates, and fundraising. Voting was the most referenced civic engagement activity.

Income

Barriers

- Respondents who were dissatisfied with their household monthly income mention working at minimum wage jobs, having no income, or an unstable income.
- Some of these respondents were unable to meet basic needs. Cost of living was mentioned in general, but many mentioned the cost of housing and rent prices, specifically, as large expenses.
- Many reported being able to pay bills, but not having enough money left over to save anything and living paycheck-to-paycheck.

Facilitators

- Many respondents who were satisfied with their monthly income were able to save money, were good at budgeting, and felt comfortable in their situation.
- A few people said they felt like they had enough saved if there was an emergency expense.
- Some reported working on paying off debt.

Food Access

Barriers

- Respondents who were dissatisfied with their access to healthy, culturally appropriate food reported that food was too expensive, and that prices have been going up. Some respondents mentioned traveling greater distances from their residence to find cheaper prices.
- Variety was a concern for some individuals with food allergies or those who wanted culturally specific foods.

Facilitators

- Respondents who had a positive experience with access to food reported that it was affordable, accessible, and there was good variety.
- Many of these respondents reported having Supplemental Nutrition Assistance Program (SNAP) benefits and that this was a helpful resource in accessing healthy foods. A few respondents who also utilize SNAP benefits mentioned farmers market vouchers as a positive resource.
- Most of these respondents felt that they were within a reasonable distance to a grocery store.

"We have easy access to grocery stores, within walking distance. Foods available are culturally relevant to our family, though maybe not as diverse as the community we live in. There is a farmer's market and local grocery store within a 5 minute drive."

Safety Where You Live, Work, and Play

Barriers

- A few respondents who had negative experiences with their physical safety reported that they felt unsafe in situations as a woman, when walking at night, in bars, and in certain areas of town.
- Some respondents felt unsafe in certain geographical areas. Specifically, Idaho, Tri-Cities, Spokane Valley, Downtown Spokane, and Hillyard were mentioned as areas where people felt unsafe.
- A few people also mentioned feeling unsafe in areas that are historically politically conservative, or in areas that display signs supporting conservative politicians.
- Transgender individuals mentioned feeling unsafe when their clothes or appearance did not match their perceived gender.

"Walking the streets of Spokane with any clothes that don't match my perceived gender is always terrifying, especially when people with Trump flags and American flags are driving around. And people stare. It's hard to tell who's flirting, who's glaring, and who intends to hurt you, sometimes."

Facilitators

- Most respondents reported feeling safe. These respondents noted walking with others at night when safety was a concern.

- Some respondents reported leaving settings or situations in which they felt unsafe (e.g., jobs, geographical areas, and bars).

Other Factors that Contribute to Satisfaction in the LGBTQIA2S+ Community

An area of need that was mentioned overwhelmingly by respondents was building a sense of LGBTQIA2S+ community. Respondents requested having a safe space to gather. For example, some mentioned the need for a community center for the LGBTQIA2S+ community. Events for the queer community, including events that weren't focused on alcohol, were also requested. Support groups were mentioned as well, specifically for youth, elderly, and transgender individuals. A few respondents mentioned that there was a need for education and building community within the LGBTQIA2S+ community, because sometimes they didn't feel accepted (e.g., transgender and bisexual individuals). Many people mentioned wanting more visibility in the community. This meant knowing which businesses support the LGBTQIA2S+ community, having a list of services and resources for the LGBTQIA2S+ community (e.g., doctors, lawyers, contractors, etc.), and displaying pride flags in neighborhoods and around town.

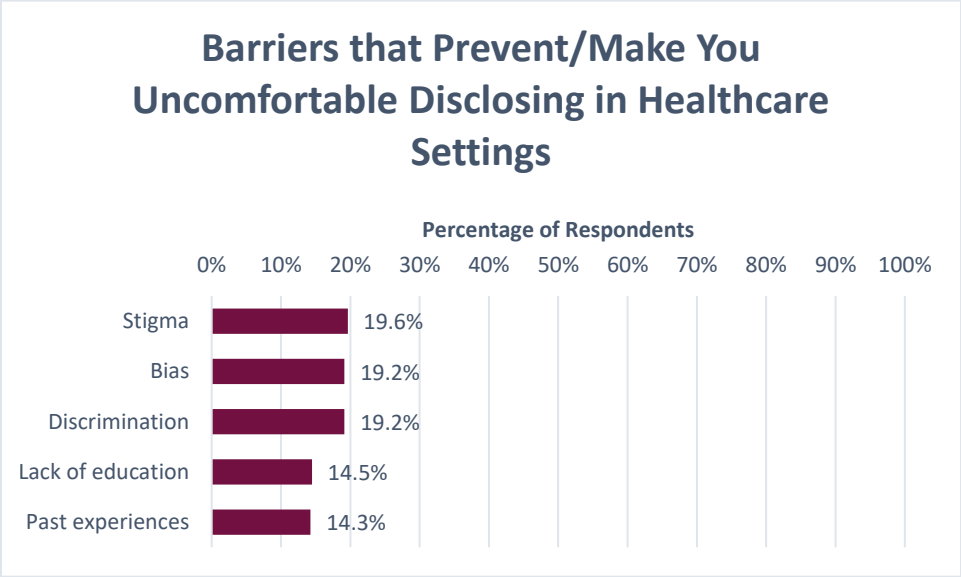
Most respondents were satisfied with their access to other community resources. Many respondents were no longer accessing education, but those who were had easy access to primary and secondary education. Of the respondents who were struggling to access education, the main barriers reported were cost and not feeling accepted. Many respondents had access to transportation, whether they drove themselves, rode with a friend, took the bus, or walked. Transportation was less accessible to respondents who did not have access to a bus route. A few respondents also mentioned the cost to maintain a car as a barrier (e.g., costs of gas, insurance, and maintenance). Lastly, most respondents reported having a job that was affirming, a positive environment, and where individuals felt comfortable being themselves. Many respondents reported being retired. Some respondents listed not having a job, but they did not indicate a reason. Gender identity and expression were, however, mentioned as barriers to employment. A few respondents who had negative experiences with finding or keeping a job felt that they could not be out at their jobs, or that they could not get jobs due to their appearance or being transgender.

Quantitative Analysis: Other Community Needs and Barriers to Health

Disclosure in Healthcare Settings

- Most respondents (69.1%) reported feeling comfortable disclosing their gender identity or sexual orientation when seeking health care services, but slightly more than half (52.2%) preferred a health care provider to bring it up rather than bringing it up themselves.
- The most strongly endorsed factor that would either prevent respondents from disclosing their gender identity or sexual orientation when seeking health care services or would make them uncomfortable doing so, was stigma, followed by bias and discrimination (**Figure 5**).

Figure 5.

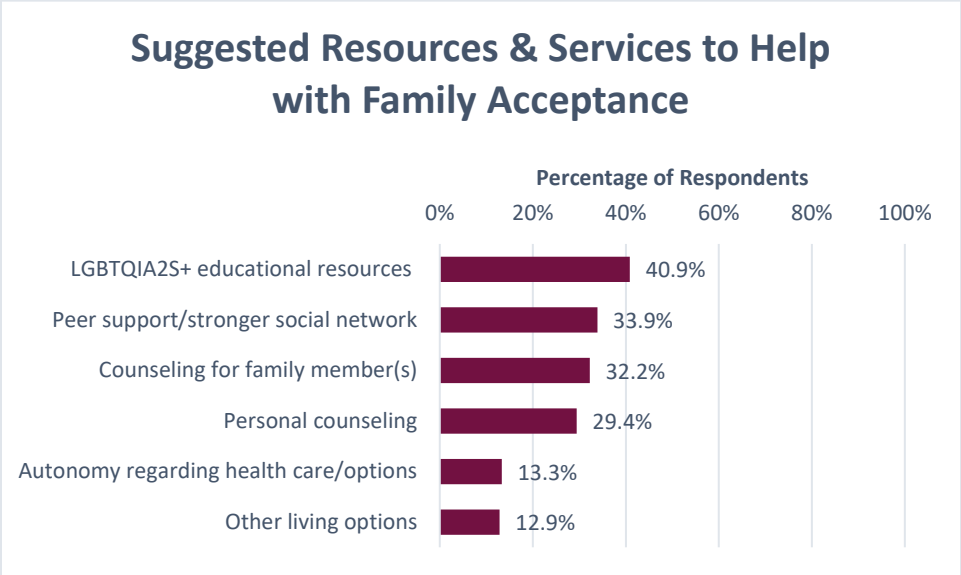


- Other less commonly reported barriers included assumptions that they are straight and cisgender, discomfort of family members, and exhaustion from lack of validation or feeling like it is just easiest not to disclose.

Life Satisfaction

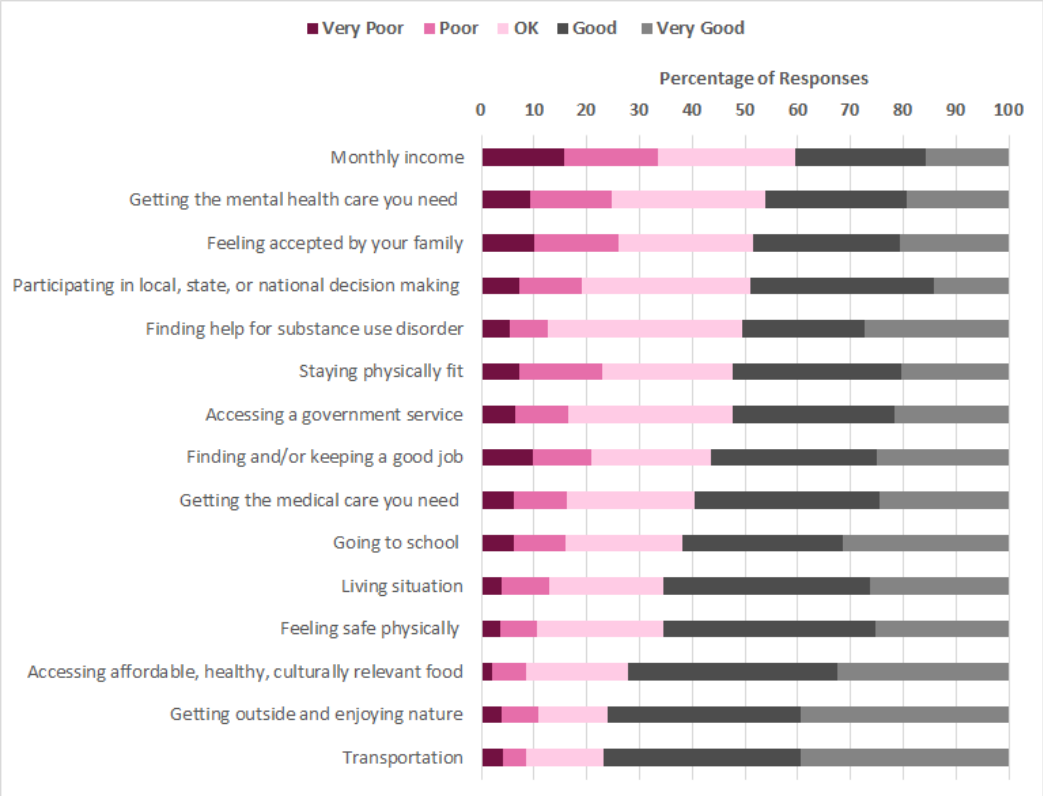
- The most widely reported areas of dissatisfaction with life in Eastern Washington included monthly income (59.6% of respondents reported a satisfaction level of "OK", "Poor", or "Very Poor"), accessing needed mental health care (53.9% dissatisfied), feeling accepted by family (51.6% dissatisfied), and participating in local, state, or national decision making (51% dissatisfied).
- Regarding family acceptance, the most strongly endorsed resource that respondents said would be helpful either currently or in the past was LGBTQIA2S+ educational resources for their family members, followed by peer support/stronger social networks, and counseling services for family (**Figure 6**).

Figure 6.



- Although a quarter of respondents did not complete the item regarding finding help for drug, alcohol, or other substance use disorder, of those who did respond, nearly half (49.5%) reported a negative experience (i.e., a satisfaction level of “OK”, “Poor”, or “Very Poor”).
- The complete results regarding satisfaction with aspects of life in Eastern Washington are summarized below in **Figure 7**.

Figure 7. Satisfaction with Aspects of Life in Eastern Washington



Discrimination

- Respondents most frequently experienced discrimination in Eastern Washington when in the workplace (38.1% of respondents reported experiencing discrimination "Sometimes" or "Most of the time" in this setting), when finding a place to worship or participate in religious activities (30.1% of respondents), and when interacting with law enforcement (27.8% of respondents).
- Other frequently reported experiences of discrimination included when using public services (26.7% of respondents), when disclosing gender identity or sexual orientation when seeking health care (25.2%), when using a public restroom (24.5%), when interacting with contractors or handyman services (23.5%), and when applying for employment (23.5%).
- The complete results regarding experiences of discrimination in Eastern Washington are summarized below in **Figure 8**.

Figure 8. LGBTQIA2S+ Experiences of Discrimination in Eastern Washington

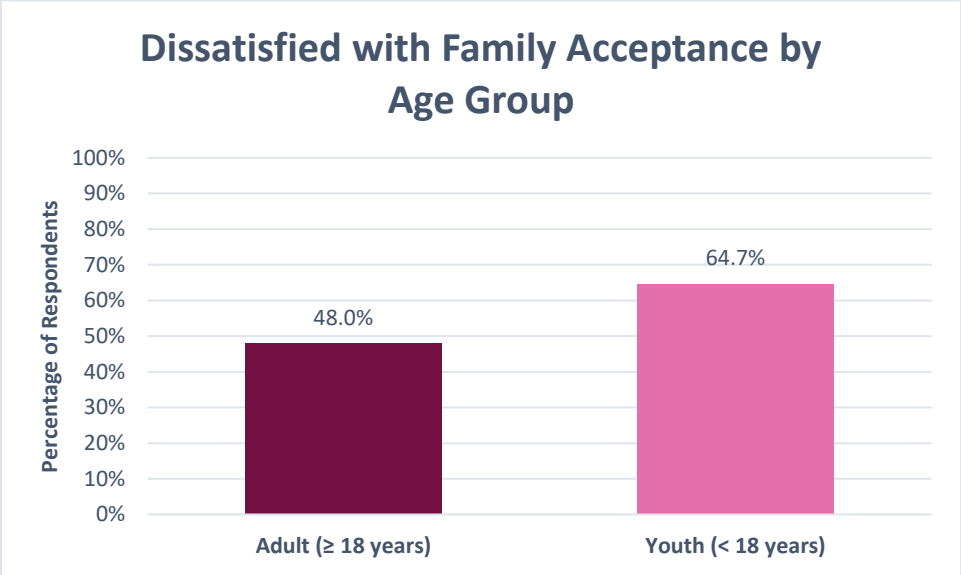
Intersectionality and Barriers to LGBTQIA2S+ Community Health

Intersectionality describes how different social identities occurring within the same individual or group (identities based on gender, race, class, age, disability, and other social groupings) can overlap to create unique lived experiences of disadvantage, discrimination, and systems of oppression (e.g., racism, ageism, sexism, heterosexism, classism, ableism, and other forms). We examined differences in LGBTQIA2S+ community members' responses regarding barriers to their health and well-being by age, gender, race, place, class, and disability. The main findings are summarized below.

Results by Age

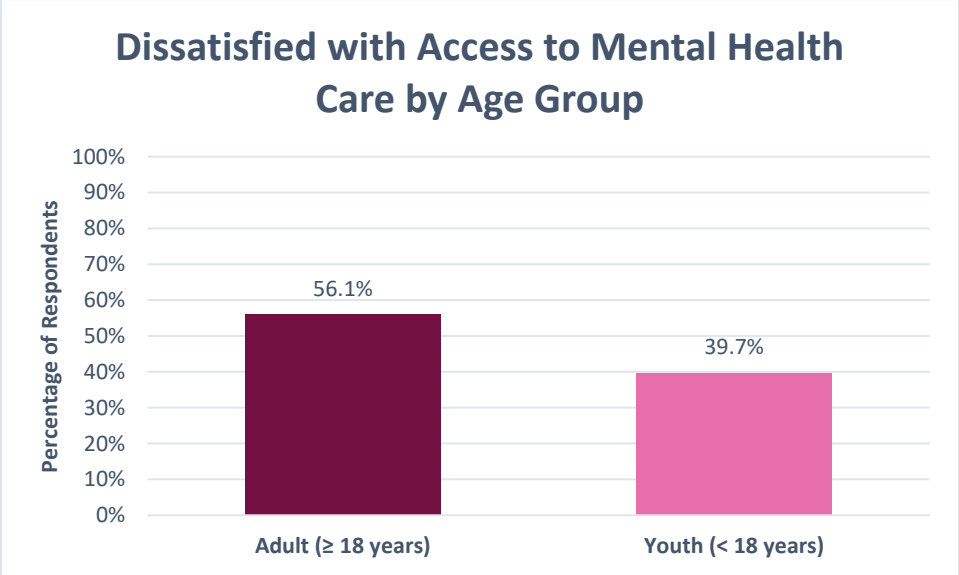
- LGBTQIA2S+ youth respondents were significantly more likely than adult respondents to report being dissatisfied with their family's acceptance (64.7% versus 48%, respectively; see **Figure 9**) as well as with their participation in local, state, and national decision making (66.7% of youth versus 48.2% of adults).

Figure 9.



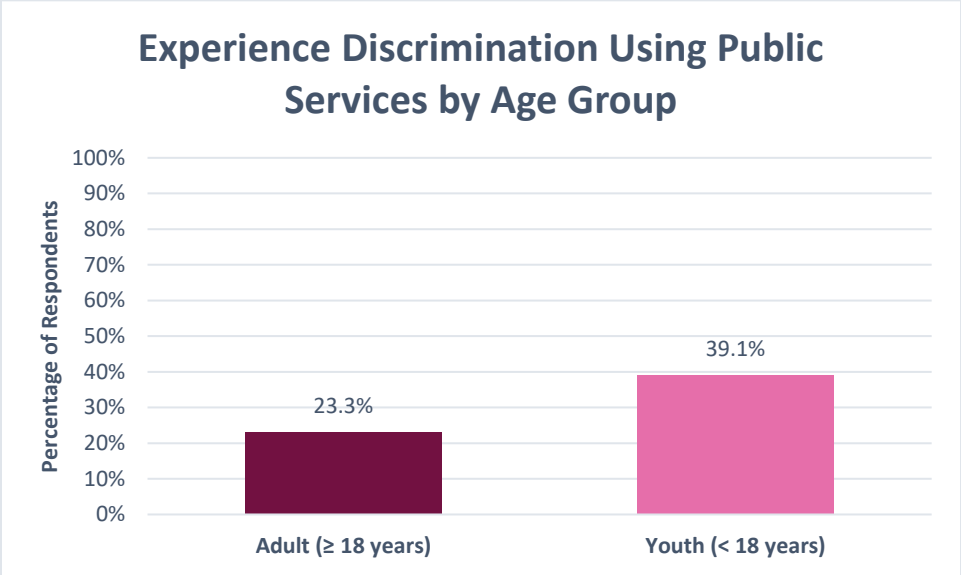
- Adult respondents, however, were more likely than youth respondents to be dissatisfied with their access to needed mental health care (56.1% versus 39.7%, respectively; Figure 10).

Figure 10.



- LGBTQIA2S+ youth respondents were also significantly more likely than adult respondents to report experiencing discrimination “Sometimes” or “Most of the time” when using public services (e.g., schools, buses, etc.) (39.1% of youth versus 23.3% of adults; Figure 11).

Figure 11.



Results by Gender

- Group differences were examined between transgender or non-binary respondents (i.e., those who identified as transgender and/or non-binary, either alone or in combination with other identities, and who did not identify as cisgender) as compared to cisgender respondents (i.e., those who identified as cisgender, either alone or in combination with other identities, and who did not identify as either transgender or non-binary).
- Transgender and non-binary respondents were significantly more likely than respondents who identified as cisgender to be dissatisfied with their monthly income (93% of transgender/non-binary respondents dissatisfied versus 81.8% of cisgender respondents), with their family's acceptance (64.4% dissatisfied versus 43% dissatisfied, respectively; **Figure 12**), and with feelings of physical safety where they live, work, or hang out (42.7% versus 24.6% dissatisfied, respectively; **Figure 13**).

Figure 12.

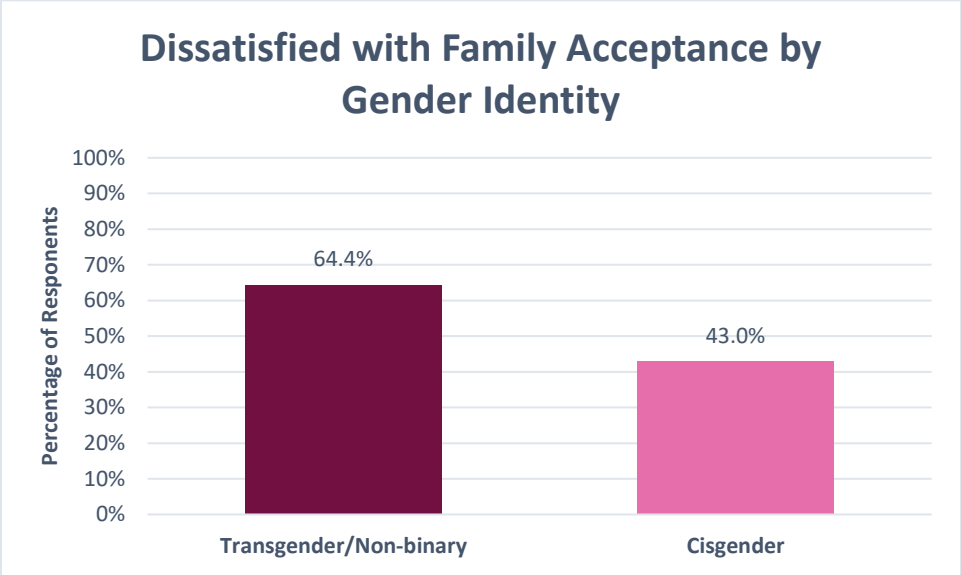
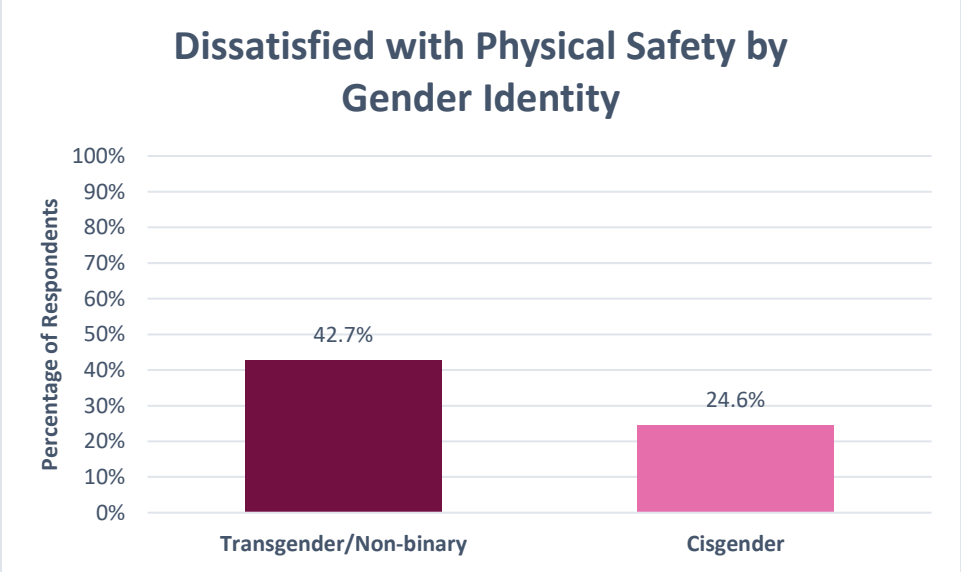


Figure 13.



- Transgender and non-binary respondents were also significantly more likely than cisgender respondents to experience discrimination in the workplace (47% of transgender/non-binary respondents versus 32.5% of cisgender respondents; Figure 14).
- Transgender and non-binary respondents were also nearly twice as likely as cisgender respondents to experience discrimination when using public services (31.7% versus 13.9% of respondents, respectively; Figure 15) and when disclosing their gender identity or sexual orientation when seeking health care services (28.3% versus 17.2%, respectively; Figure 16).

Figure 14.

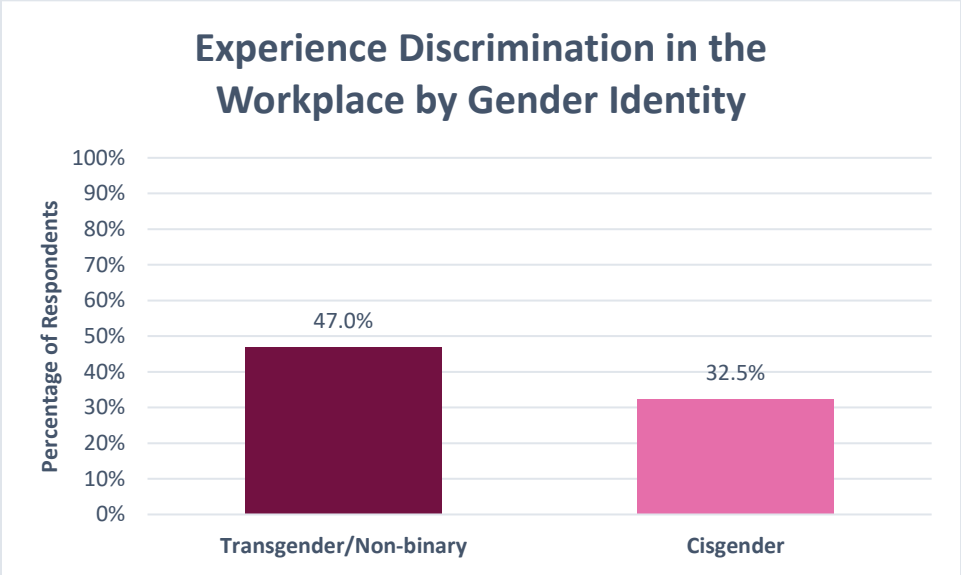
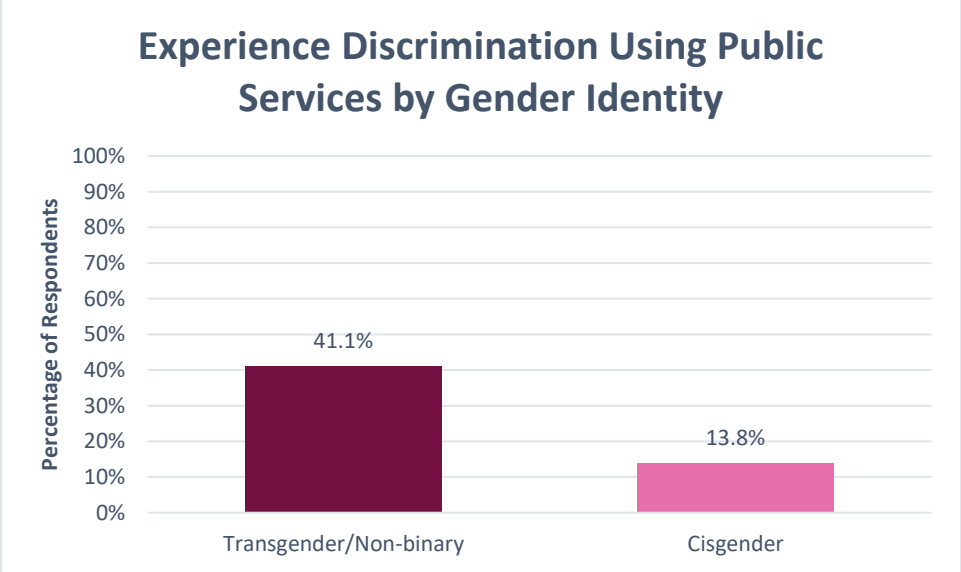


Figure 15.



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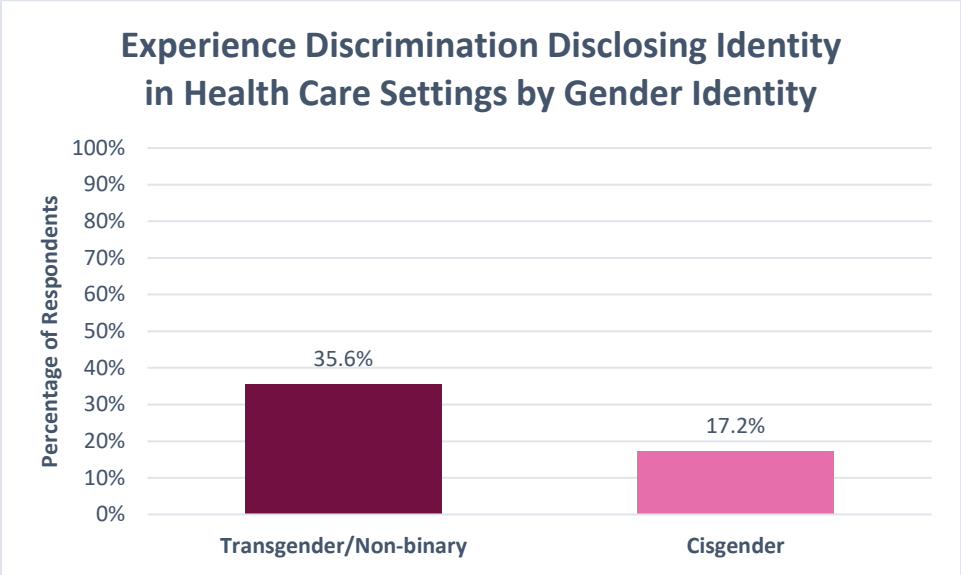
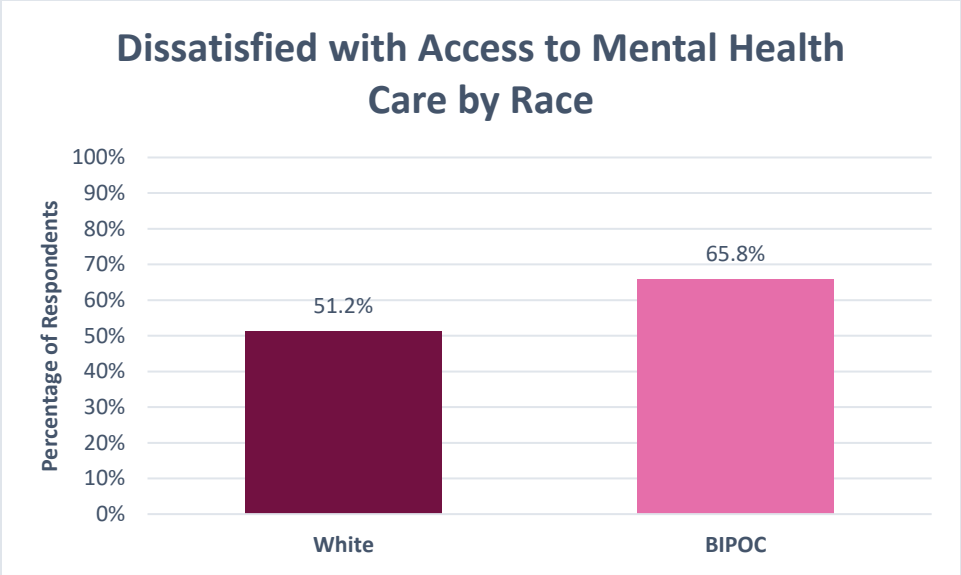


Results by Race

- LGBTQIA2S+ respondents who were Black, Indigenous, and other People of Color (BIPOC) were significantly more likely than LGBTQIA2S+ white respondents to report being dissatisfied with their monthly income (94.6% versus 82%, respectively) as well as with access to needed mental health care (65.8% versus 51.2%, respectively; Figure 17).

Figure 17.



- BIPOC respondents were also more likely than white respondents to report being dissatisfied with their feelings of physical safety where they work, live, or hang out (44% versus 32.3%), but this difference was not statistically significant.
- BIPOC respondents were significantly more likely than white respondents to report experiencing discrimination when in the workplace (50% versus 35.3%, respectively; Figure 18), when

interacting with law enforcement (41% versus 24.8%; Figure 19), and when using public services (44.7% versus 22.5%; Figure 20).

Figure 18.

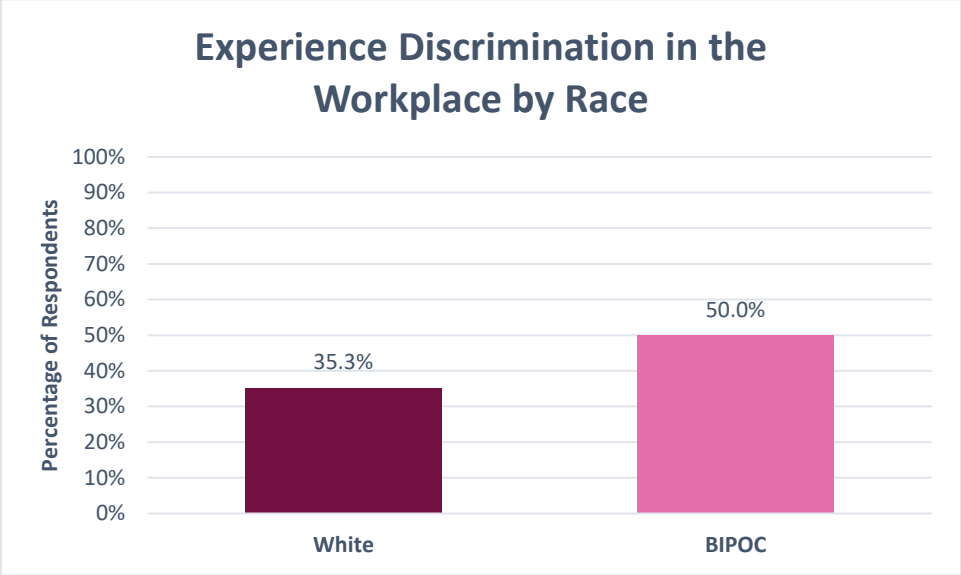


Figure 19.

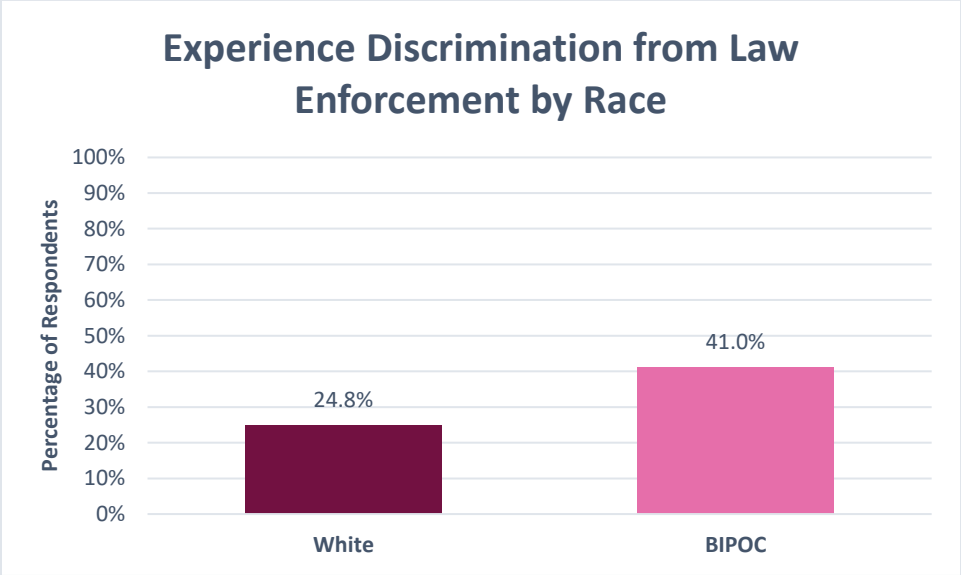
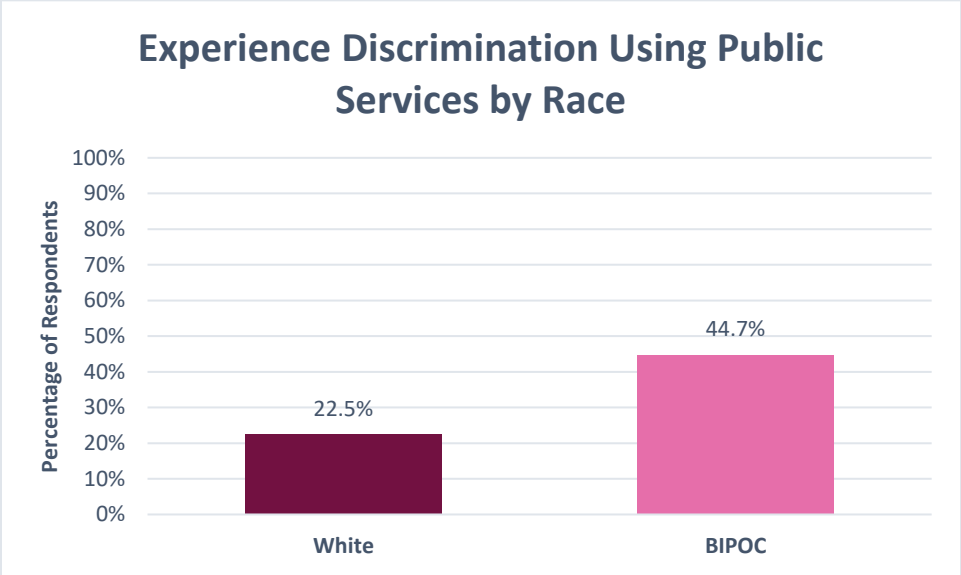


Figure 20.



Results by Place

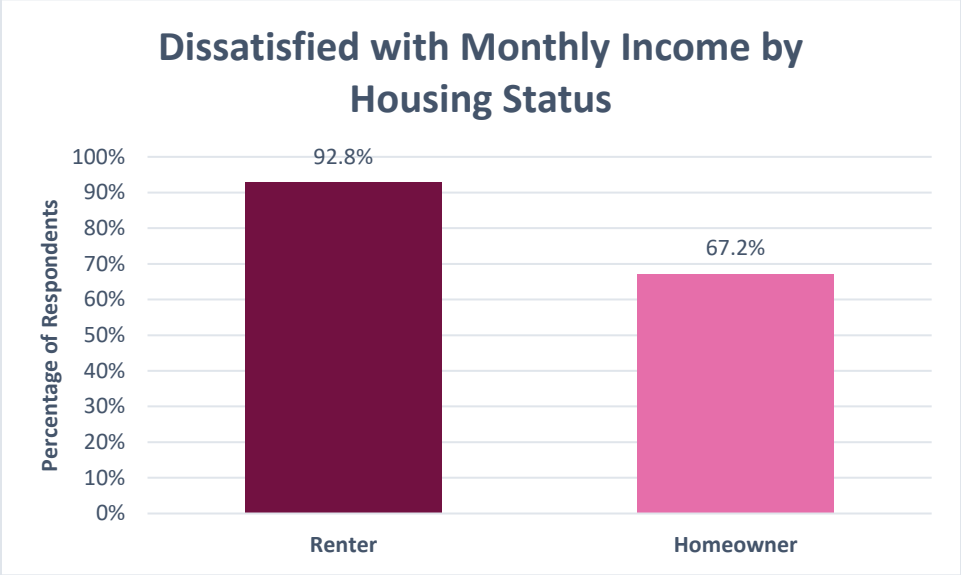
- There were no statistically significant regional differences within Spokane County (between northeast, northwest, southeast, and southwest regions of Spokane County) in LGBTQIA2S+ respondents' satisfaction with their income, family acceptance, access to needed mental health care, or civic engagement.
- There were also no significant differences between LGBTQIA2S+ respondents living in the city of Spokane and those living in Spokane Valley regarding satisfaction with their monthly income, family's acceptance, access to needed mental health care, civic engagement, or feelings of physical safety. There were also no differences in reported experiences of discrimination when in the workplace, engaging in religious activities, interacting with law enforcement, using public services, disclosing one's identity when seeking health care services, using a public restroom, interacting with contractors/handyman services, or applying for employment.
- LGBTQIA2S+ respondents living in areas defined by the U.S. Census as Urbanized Areas (i.e., areas including at least 50,000 residents) did not differ from respondents living in areas with less than 50,000 residents (i.e., Rural Areas or Urban Clusters) regarding satisfaction with their monthly income, family's acceptance, access to needed mental health care, civic engagement, or feelings of physical safety. There were also no differences in reported experiences of discrimination when in the workplace, interacting with law enforcement, using public services, disclosing one's identity when seeking health care services, using a public restroom, interacting with contractors/handyman services, or applying for employment.
- LGBTQIA2S+ respondents living in Urbanized Areas were more likely than respondents living in Non-Urbanized Areas, however, to report experiencing discrimination when trying to find a place to worship or engage in religious activities (32.7% versus 19% of respondents, respectively), but this difference did not reach statistical significance.

Results by Class

- Regarding housing status, LGBTQIA2S+ respondents who were renters or shared rental costs were significantly more likely to be dissatisfied with their monthly income as compared to

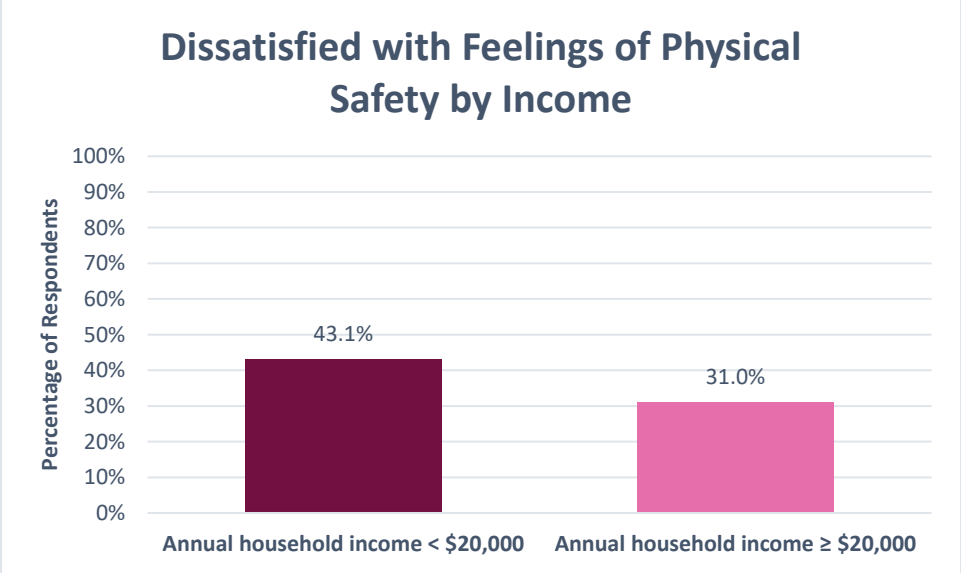
respondents who owned a home or contributed to a mortgage (92.8% versus 67.2% dissatisfied, respectively; Figure 21).

Figure 21.



- Regarding income level, LGBTQIA2S+ respondents who reported an annual household income of less than $20,000 were significantly more dissatisfied with feelings of physical safety where they live, work, or hang out as compared to those with annual household incomes greater than $20,000 (43.1% versus 31% dissatisfied, respectively; Figure 22).

Figure 22.

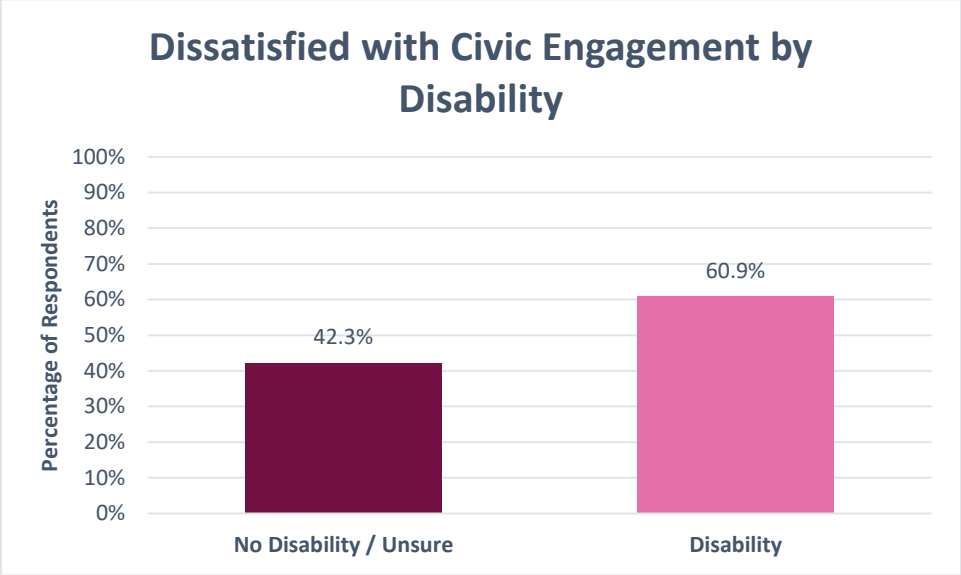


Results by Disability

- LGBTQIA2S+ respondents who identified as persons with a disability were significantly more likely than individuals without a disability to be dissatisfied with their monthly income (91%

versus 78.6% of respondents dissatisfied, respectively) and with their participation in local, state, and national decision making (60.9% versus 42.3%; Figure 23).

Figure 23.



- LGBTQIA2S+ respondents with a disability were significantly more likely than respondents without a disability to experience discrimination when interacting with law enforcement (34.4% versus 21.7% of respondents, respectively).
- LGBTQIA2S+ respondents with a disability were also nearly twice as likely as respondents without a disability to experience discrimination when using public services, like schools or buses (35.8% versus 18.7%; Figure 24), and when disclosing their gender identity or sexual orientation when seeking health care services (32.3% versus 18.6%; Figure 25).

Figure 24.

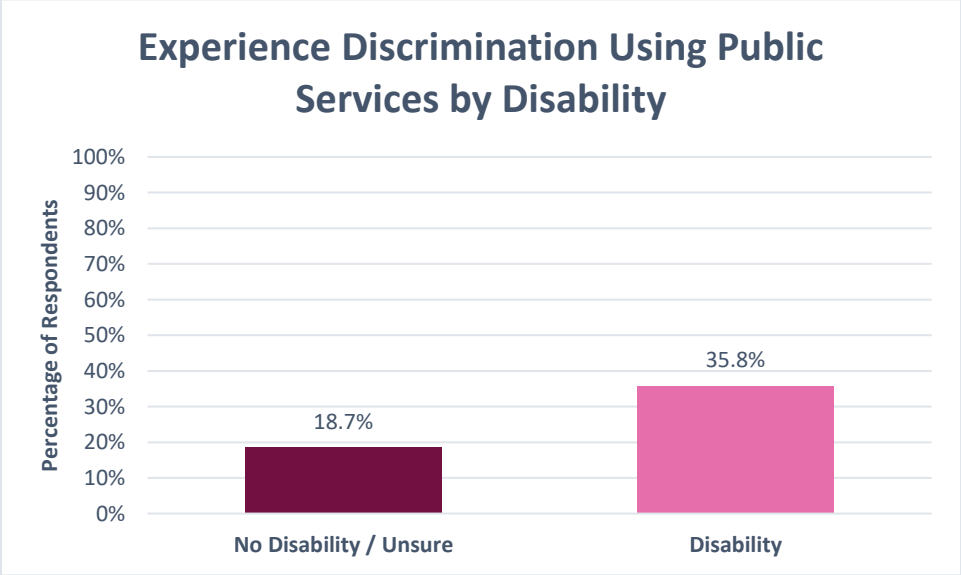
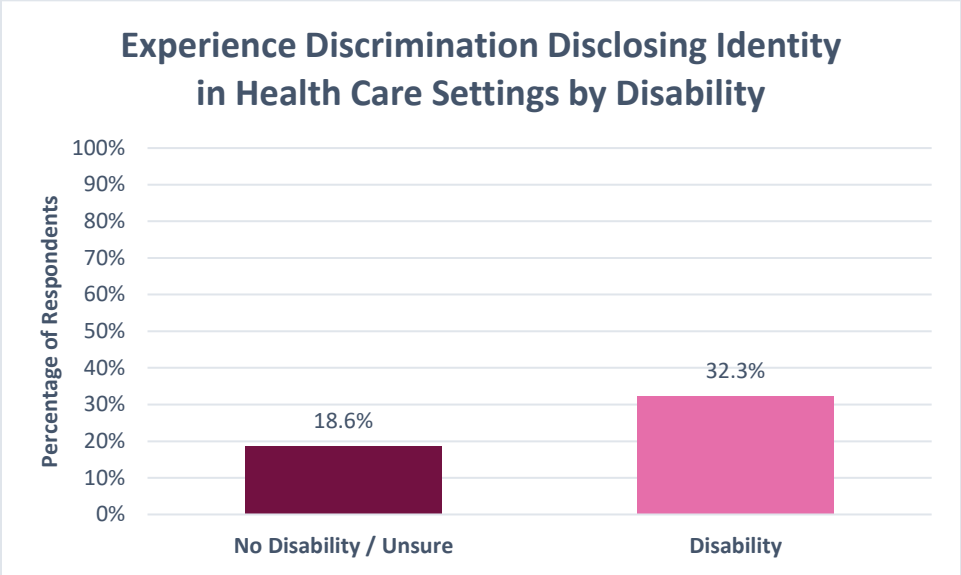


Figure 25.



Conclusions

The quantitative analysis supported the qualitative analysis regarding the need for more culturally competent health care providers in Eastern Washington who are both knowledgeable and accepting of LGBTQIA2S+ issues and concerns, and the difficulty that this gap poses to establishing trust and promoting access to medical and mental health care. Although nearly three quarters of respondents reported being comfortable disclosing their gender identity or sexual orientation when seeking health care services, more than half still preferred their health provider to initiate that conversation rather than bringing it up themselves. Furthermore, nearly a quarter reported experiencing discrimination when disclosing their identities in this setting, and stigma, bias, and discrimination were endorsed as primary barriers to disclosure. The availability of culturally competent providers who are openly accepting and welcoming to the LGBTQIA2S+ community was seen as a positive factor for establishing trust and access.

Many respondents were dissatisfied with both their income and ability to access mental health care, and open-ended responses revealed that being underinsured or having high out-of-pocket costs and inconvenient scheduling were the primary barriers to accessing this type of care. Adult respondents and respondents who are Black, Indigenous, and other People of Color (BIPOC) were particularly dissatisfied with their access to needed mental health care, as compared to youth and white respondents. Respondents who identified as transgender or non-binary as compared to cisgender, and who were renters as compared to homeowners, were most dissatisfied with their monthly income. The qualitative analysis supported rental prices and housing costs as the greatest barrier to saving or even being able to meet basic needs including accessing healthy foods. Those who reported positive experiences with food access cited the help of SNAP services (e.g., farmers' market vouchers) and conveniently located grocery stores.

Apart from income and access to mental health care, the other aspects of life in Eastern Washington that LGBTQIA2S+ community members were most dissatisfied with were family acceptance and civic engagement. These two areas were particularly difficult for youth respondents. Transgender or non-binary respondents and respondents with a disability were also more dissatisfied with their family's

acceptance as compared to respondents who identified as cisgender and individuals without a disability. Regarding civic engagement, respondents with a disability reported greater dissatisfaction in this area as compared to those without a disability, suggesting a need for new strategies to engage the voices of LGBTQIA2S+ community members with disabilities in community conversations.

LGBTQIA2S+ respondents reported experiencing discrimination most often when in the workplace, in their interactions with law enforcement, and when using public services. Both the quantitative and qualitative analyses highlighted the impacts of intersectionality on LGBTQIA2S+ community members' experiences of discrimination. Specifically, LGBTQIA2S+ respondents who were also Black, Indigenous, and Other People of Color (BIPOC) had more frequent experiences of discrimination as compared to white respondents across all three of these contexts. There were also important differences in experiences of discrimination by gender identity. Respondents who were transgender or non-binary reported more frequent discrimination in the workplace as compared to cisgender respondents, and they also felt less physically safe where they live, work, and hang out. Transgender or non-binary respondents reported more frequent experiences of discrimination when using public services and when disclosing their gender identity or sexual orientation when seeking health care services than cisgender respondents. The qualitative analysis also suggested that transgender respondents in particular face many barriers to health and well-being. Barriers included a lack of acceptance both within and outside of the LGBTQIA2S+ community, difficulty finding or keeping a good job due to being transgender and their appearance, and feeling unsafe where they live, work, or hang out when their clothes or appearance did not align with their gender identity. Lastly, respondents with a disability reported more frequent discrimination both when using public services and when disclosing their gender identity or sexual orientation in healthcare settings than those without a disability.

Another key finding was that some LGBTQIA2S+ community members living in Eastern Washington reported experiencing discrimination most often when trying to find a place to worship or engage in religious practices. Although nearly half of respondents reported that this situation was not applicable to them, the highest proportion of respondents reported that they experienced discrimination "most of the time" in this setting. In the open-ended responses, religion was mentioned as one of the key barriers to respondents' being accepted by their family members. Religion was also cited as a key barrier to seeking treatment or services for substance use disorder, as many reported the only available treatment programs were religion-based and therefore not as inclusive to the LGBTQIA2S+ community.

Despite these identified gaps and areas of need in Eastern Washington, respondents also reported a several positive factors promoting LGBTQIA2S+ health and well-being. These included strong social support systems, helpful insurance (i.e., Medicaid and sliding fee scales), and identifying providers that were either part of or openly accepting of the LGBTQIA2S+ community, all of which made accessing health care services easier. Supportive family and other strong support systems were helpful for accessing certain forms of care (e.g., services for substance use disorder) and for promoting resilience through feelings of acceptance and physical safety.

In sum, this report highlights the need for: LGBTQIA2S+ knowledgeable and accepting health care providers, employers, and law enforcement; resources for promoting family acceptance and LGBTQIA2S+ education; the creation of stronger supports and safe gathering spaces for the LGBTQIA2S+ community; and improving the public's knowledge and acceptance of gender identities, gender expression, and sexual orientation, particularly in certain geographic areas. It also supported a need for

developing more targeted resources for LGBTQIA2S+ youth, people of color, those with disabilities, and transgender individuals.