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Greater Richmond LGBTQ+ Needs & Opportunities Assessment

Final Report to the Richmond Memorial Health Foundation



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Executive Summary

This study highlights findings from an assessment of the current needs among LGBTQ+ people in the Greater Richmond Area, as well as seeks to increase our understanding of which needs are currently being met by existing services already in place in our community. The goal is to support and ensure continuation of services where there are concrete benefits to our community, while also recognizing the opportunity for increased service provision in areas where needs are unmet or the community underserved. Understanding both of these aspects is critical in planning for future initiatives and programs that will ensure that LGBTQ+ Richmonders are not just surviving but thriving.

Data were collected through online surveys targeted to the LGBTQ+ community members, online surveys of service providers working with the LGBTQ+ community, and key informant interviews. The work was advised by a group of organizational and individual leaders serving the LGBTQ+ community. A total of 105 community and 8 service provider surveys were completed. In addition, 12 key informant interviews were completed.



KEY FINDINGS

Many community respondents reported that their physical health was 'Excellent' or 'Very Good' (41.4%). However, only about a third of respondents (36.5%) agreed or strongly agreed that doctors in the community provide quality care to LGBTQ+ individuals and about a quarter of respondents (25.6%) indicated experiencing mistreatment from healthcare providers because they were LGBTQ+. In addition, only 36.7% of respondents reported that their mental health was 'Excellent' or 'Very Good' and improved mental health services were an important priority for respondents, with 18.3% indicating mistreatment from mental health providers. Action to address the potential lack of quality physical and mental health care resources appears a significant need.

Racial and ethnic discrimination was rated as the most important policy priority among community members responding to the survey (74.5%). This is not mirrored in the service provision by community organizations, with only 25% of service providers indicating that this was an area in which they do substantial work. This lack of alignment in community perception and service availability warrants attention.



41.4%
physical health
'Excellent' or
'Very Good'



36.5%
agreed doctors
provide quality
care to LGBTQ
individuals



25.6%
indicate
mistreatment
from healthcare
providers



36.7%
mental health
'Excellent' or
'Very Good'



18.3%
indicate mistreatment from
mental health providers



74.5%
rate racial & ethnic
discrimination as
most important
policy priority



25%
community orgs
provide service
related to racial &
ethnic discrimination



Climate issues for the LGBTQ+ community were described as improving over time, but experiences vary widely depending on membership in groups defined by race, socioeconomic status, and gender identity. Responses to both the community survey and from individual interviews indicated that transgender people, especially those of color, often have needs that are unmet by the current services provided in Richmond. Likewise, providers indicated less certainty about their ability to meet the needs of or to serve transgender clients.

Availability of resources and services to address basic needs (e.g., shelter, food) remain an urgent concern and were described as notably exacerbated during the COVID-19 pandemic. Efforts to address immediate needs as well as the limitations in educational and employment opportunities and other services that place people, especially transgender individuals and people of color, at greater risk are needed.

The needs assessment was conducted during 2020 and the effects of the COVID-19 pandemic and significant community engagement around issues of racial injustice and inequity may have contributed both to the content of responses and a reduced response rate.

Table of Contents

EXECUTIVE SUMMARY	2	Housing and Finances	17	POLICY PRIORITIES AND EFFORTS	26
Key Findings	3	Experiences	18	SUMMARY	28
BACKGROUND	6	Religion	19	INTERVIEWS	29
METHODS	8	Priorities	20	Climate	29
COMMUNITY SURVEY	10	Summary	21	Safety	29
DESCRIPTION OF RESPONDENTS	10	PROVIDER SURVEY	22	Service Use	31
Gender and Gender Identity	10	DESCRIPTION OF STAFF	22	Gaps in Service	31
Sexual Orientation	11	Gender and Gender Identity	22	COVID-19	32
Education	12	Sexual Orientation	23	ADDITIONAL INFORMATIONAL RESOURCES	33
Income	12	Race/Ethnicity	23	CONCLUSION	35
Race/Ethnicity	12	Education	23	Key Recommendations	35
Employment	13	DESCRIPTION OF CLIENTS	23	APPENDICES	40
Living arrangements	13	Gender and Gender Identity	23	Appendix 1: Community Survey	40
Relationship Status	14	Sexual Orientation	24	Appendix 2: Provider Survey	49
Children in Household	14	Race/Ethnicity	24	Appendix 3: Interview Schedule	53
Differences in Abilities	14	HEALTH OF CLIENTS	24		
Health Care	15	SERVICES PROVIDED	25		



Background

Drs. Eli Coston and Kevin Allison were engaged by the Richmond Memorial Health Foundation (RMHF), with support from the Laughing Gull Foundation, to conduct a needs and opportunities assessment focusing on the LGBTQ+ community of Richmond, Virginia. Working with input from a local Advisory Board¹ convened by RMHF, the community needs assessment was designed to be based on inputs including a survey of members of the LGBTQ+ community in Richmond along with a survey of organizations providing services to the LGBTQ+ community. This work was also supplemented by key informant interviews in order to engage specific LGBTQ+ communities including individuals who are Latinx, African

American, older members of the LGBTQ+ community and individuals who are transgender.

Links to the surveys and information on the needs assessment were posted on the RMHF website, shared through RMHF's newsletter and mailing, as well as based on requests to advisory board members to distribute and post information about the needs assessment. The research team has also hired liaisons within the LGBTQ+ community to assist in distribution of materials through social media platforms and worked with members of the Advisory Board to support access for opportunities to participate in the needs assessment.

CONTEXT

The development and deployment of the needs assessment were notably impacted by the COVID-19 pandemic, including shifting from pursuing in-person focus groups, interviews and distribution of information at LGBTQ+-focused venues within the community, to purely on-line platforms for surveys and interviews. In addition to the pandemic, 2020 was a year also marked by national protests on social justice and equity, ignited by the deaths of George Floyd, Breonna Taylor and Ahmaud Arbery. Protests were notable in Richmond whose history as Capital of the Confederacy had been enshrined in multiple monuments across the city, the majority of which were pulled or taken down during the year. The year was also notable because of the passing of the Virginia Values Act, which seeks to provide protections seeking nondiscrimination in employment, credit, housing and public accommodations for LGBTQ+ individuals within the Commonwealth and is the first such legislation enacted within the South.

It is also important to consider the context of Richmond itself. Richmond is a city with a population of 230,436.² As a moderately sized city surrounded by more rural areas, it is also important to note that the Richmond Metropolitan Statistical Area (MSA) is much larger, with just over 1.2 million people. Because of the number of rural outlying areas, LGBTQ+ organizations in Richmond sometimes serve individuals from areas even larger than the MSA with community members coming from all across the state to access the services available in our area.

Like many moderately sized cities in the South, Richmond also has a relatively large Black population, at 47%.³ Given that there tends to be higher number of Black LGBTQ+ people living in the South, we must interpret the findings from our predominantly White sample with caution.⁴

METHODS

The purpose of this study was to identify the needs of the LGBTQ+ community in the greater Richmond Area, identify the services that are currently available, and pinpoint gaps in service where community needs are not being met. To that end, this study employs multiple methods: (1) a community survey to document the needs and experiences of LGBTQ+ people in the greater Richmond area; (2) a survey to service providers to understand what services exist in the community currently; and, (3) key informant interviews to understand provider and community members' experiences with service provision.



1 The community needs assessment survey relied on open recruitment and snowball sampling over a 6-month period. Information about the study and an invitation to participate were advertised and distributed through social media due to the impacts of COVID-19.

Respondents were asked to complete and anonymous online survey.⁵ Interested participants were provided with a detailed informed consent statement, as well as a statement about the potential risks and benefits to the participant. Respondents who consent to participation will then need to verify that they are LGBTQ+ identified, 18 or older, and live in the greater Richmond area.

The full survey took approximately 30 minutes to complete. Participation was completely voluntary, and respondents were instructed that they could skip any questions in the survey (other than initial screening questions) and that they could end their participation at any point during the survey. The survey is modeled after other national, regional, and local surveys of LGBTQ+ people and their experiences around health care, housing, and safety.

2 The survey to service providers was designed to understand what services exist in the community currently, who is being served, and to identify gaps in coverage. The provider survey is meant to parallel the community survey in many respects to accomplish this goal. The provider survey was distributed to local LGBTQ+ organizations identified by the researchers over a 6-month period, with snowball sampling used to identify additional organizations not identified in our initial search.

LGBTQ+ organizations and service providers who are interested were recruited via email to complete the service provider survey asking about the nature of the services they provide and their client population. No identifying information about clients or individuals working for an organization were collected.

3 Semi-structured key informant interviews were used to understand provider and community members' experiences with service provision. Key informants were recruited with the assistance of the Advisory Committee to the project, which consists of the leaders and representatives of several local LGBTQ+ organizations. Advisory board members were asked to submit the contact information of key informants, central to the LGBTQ+ community in Richmond. These consisted of community members, service providers, and local faith-based leaders who support the LGBTQ+ community, etc. Key informants were contacted by the researchers and asked to participate in a semi-structured interview. Those who agreed to participate underwent informed consent procedures prior to the interview.



Community Survey⁶

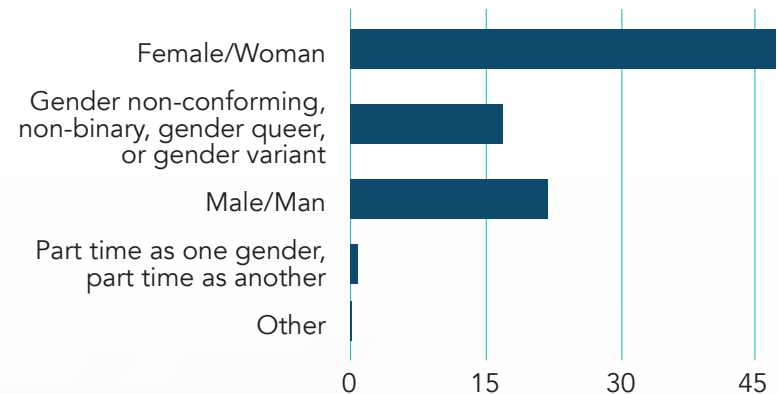
DESCRIPTION OF RESPONDENTS

Demographic Information

The consent process for the survey was completed by 135 people, but 30 of those respondents did not complete any additional questions. This resulted in a total of 105 usable responses for the community survey. Although we will provide an integrated overview of interview findings later in the report, in this section we will note where survey data is further informed by specific key-informant interview responses. Subsequent sections will cover responses from service provider surveys and a broader overview of responses from key informant interviews.

Gender and Gender Identity

A slight majority of respondents indicate that their current gender identity is female/woman (54%) with 25.3% indicating that there are Male or a Man and 19.5% indicating that they identify themselves as 'Gender non-conforming, non-binary, gender queer, or gender variant.'⁷



Gender Identity	Counts	Frequency
Female/Woman	47	54%
Gender non-conforming, non-binary, gender queer, or gender variant	17	19.5%
Male/Man	22	25.3%
Part time as one gender, part time as another	1	1.1%
Other	1	1.0%
Total that did not respond	32	

Almost a third of respondents (n=34 or 29.3%) indicated that they consider themselves in some way 'transgender/ gender non-conforming,' that is individuals whose gender expression 'is different, at least part of the time' from the sex assigned to them at birth.'

In terms of gender identity and expression, there were recurring themes within key-informant interviews that suggested, **"climate is pretty good"** (if white, male middle class) from political leadership, embraces the community but there can be great variation depending on skin color and gender identity. **"... for Black and trans [people]... life can be very challeng[ing] here in the city ... there is some lip service paid to that community, but I don't know that there is enough that is being done either politically or socially to address the needs of that community."** This concern was noted as being especially true as individuals moved further from the city center and into more rural surrounding areas.

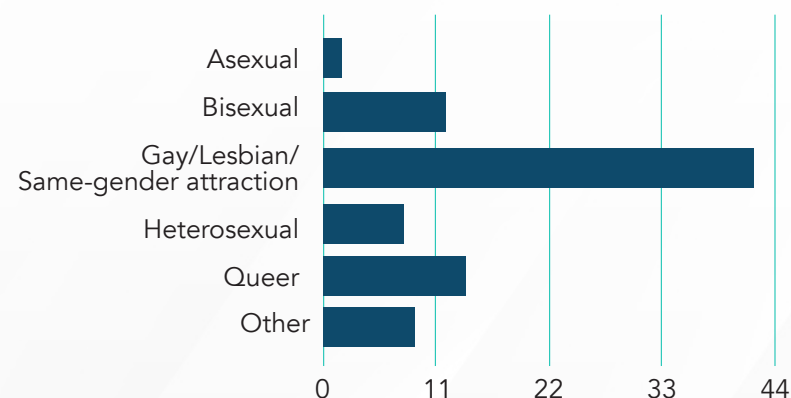
Sexual Orientation

With respect to sexual orientation, almost half of respondents who provided data indicated that they were 'Gay/Lesbian/Same-gender attraction' (48.3%), 16.1% reported being 'Queer,' 13.8% indicated that they were 'Bisexual,' and 10.3% reporting their sexual orientation as 'Other.'

In interviews, respondents frequently discussed the community in Richmond, one respondent stating, **"There is a rich and vibrant community here for the queer population ... it is small but robust."**

Respondents attributed this to several factors, such as the number of LGBTQ+ organizations active in Richmond,

local Pride celebrations, including Black Pride events, and increased acceptance of LGBTQ+ issues in mainstream media in Richmond.



Sexual Orientation	Counts	Frequency
Asexual	2	2.3%
Bisexual	12	13.8%
Gay, Lesbian, Same-gender attraction	42	48.3%
Heterosexual	8	9.2%
Queer	14	16.1%
Other	9	10.3%

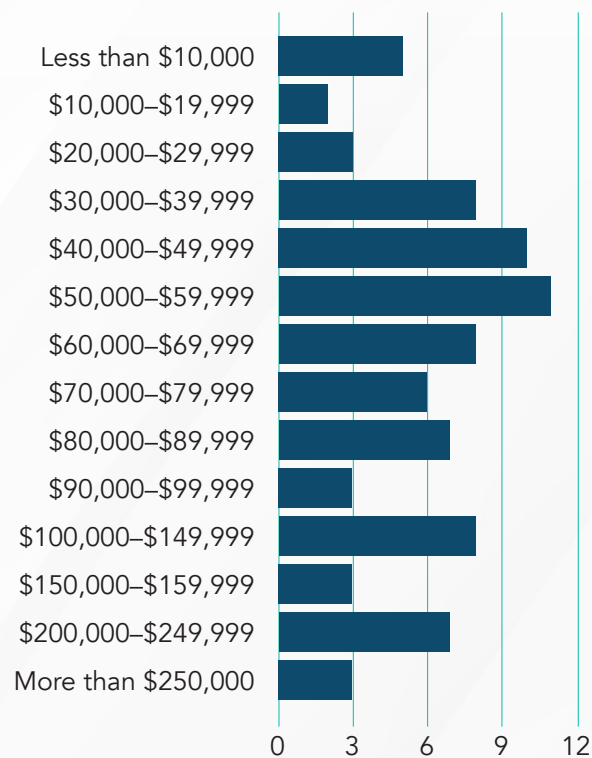
Education

Respondents indicated most often than they held bachelor's degrees (46.5%) or master's degree (29.1%)⁸.



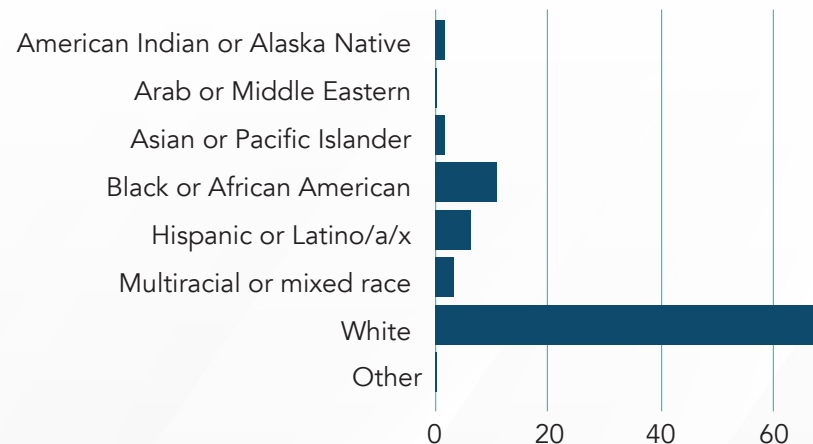
Income

Respondents reported incomes in the range of \$50,000 to \$59,999 most frequently, with about half of incomes falling above \$60,000 to \$69,999 and about half below.



Race/Ethnicity

Most of the sample reported their race/ethnicity as White or European American (80.5%), with 13.8% indicating that they were Black or African American and 6.9% indicating that they were Hispanic or Latino/a/x.⁹



	Counts	Frequency
American Indian or Alaska Native	1	1.1%
Arab or Middle Eastern	0	0%
Asian or Pacific Islander	1	1.1%
Black or African American	12	13.8%
Hispanic or Latino/a/x	6	6.9%
Multiracial or mixed race	3	3.4%
White	70	80.5%
Other	0	0%
Total that did not respond	32	

Employment

Over two-thirds of respondents indicated that they were employed full-time.¹⁰ However, employment was not without its challenges as noted in several interviews. "Employment is incredibly tricky ... you run the risk of not being taken seriously if you are out or queer presenting and you often find that you walk into an organization thinking that they are going to be welcoming and because their values or they might say they are welcoming." Interviews with key informants indicated that this was especially challenging for individuals who are non-binary or trans, and particularly for trans women of color.



you run the risk of not being taken seriously if you are out or queer presenting..."

Living arrangements

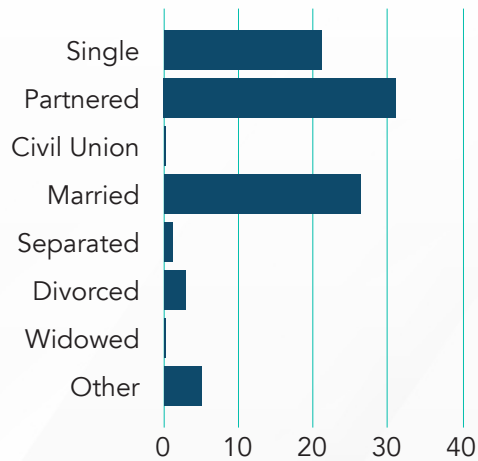
A notable majority of respondents reported either 'Living in house/apartment/condo I RENT alone or with others' (40.7%), or 'Living in house/apartment/condo I OWN alone or with others' (45.3%).¹¹

This may reflect a difference in the reach of the community survey and the experiences of those who seek services. In both the provider survey and in key-informant interviews, there were numerous concerns about how housing instability or homelessness impact LGBTQ+ people in Richmond, and particularly how trans and non-binary people are impacted by those issues due to lack of access to (or comfort in) shelters.



Relationship Status

The most frequent choices of respondent's relationship status were: Single (24.4%), Partnered (36.0%), or Married (30.2%).



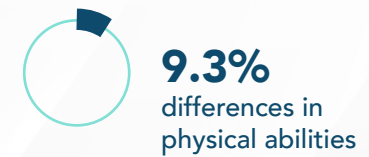
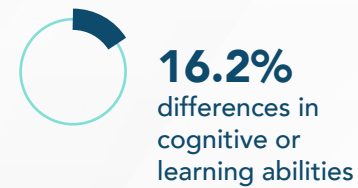
Children in Household

Among respondents, 12.6% reporting living with children under age 19.



Differences in Abilities

Within the sample, 16.2% indicated that they experienced differences in cognitive or learning abilities and 9.3% reported differences in physical abilities.



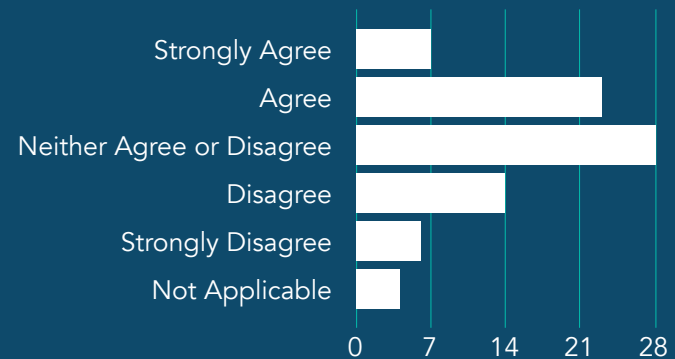
HEALTH CARE

Most respondents reported that their physical health was 'Excellent' or 'Very Good' (41.4%), with somewhat fewer (36.7%) rating their mental health at a comparable level. However, transgender people reported lower rates of overall physical (28.6% 'Very Good' or better) and mental health (21.4% 'Very Good' or better). Likewise, people of color reported lower rates of overall physical (11.7% 'Very Good' or better) and mental health (9.8% 'Very Good' or better).

The overwhelming majority of respondents (95.4%) indicated having health insurance although 16% indicated that their needs are not well met or not met at all by their insurance coverage. Only about a third of respondents (36.5%) agreed or strongly agreed that doctors in the community provide quality care to LGBTQ+ individuals and about a quarter of respondents (25.6%) indicated experiencing mistreatment from healthcare providers because they were LGBTQ+, with somewhat fewer (18.3%) indicating mistreatment from mental health providers. Notably, almost 1/3 of transgender respondents reported experiencing mistreatment from either a healthcare provider (32.3%) or mental health provider (28.5%)

Concerns about the health care provided to LGBTQ+ people were echoed in the provider survey, as well as in interviews. Some providers expressed that staff were uncomfortable addressing LGBTQ+ issues, particularly in regard to the ability to provide for the needs of trans patients. Key-informant interview respondents similarly indicated a **"lack of comfort, acceptance, understanding among health care providers and, despite providing services, lack of willingness to be identified as a service provider, sometimes with transgender populations in particular."**

Number of respondents agreeing that "Doctors in my community are able to provide quality medical care to LGBTQ+ individuals."



A notable percentage of those responding indicated having experienced or been diagnosed with depression (85.9% of those who responded) or anxiety (81.3% of those who responded) although it is important to note the level of missing data for this item (41.6% of all respondents or 25.7% of those who completed surveys).

Just over 10% of respondents indicated not knowing their HIV status (10.8%) with 88% indicating they were HIV negative and 1.2% positive. With respect to HIV testing, 15.7% reported testing in the last 6 months, 14.5% within the last 12 months, 15.7% in the last 3 years and 26.5% indicating that they had never been tested.

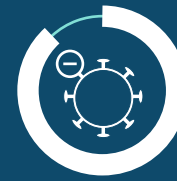
Nineteen respondents indicated access to hormone treatment resources from a medical provider, one indicated hormone access not from a medical provider and two reported lacking but desiring access to hormonal treatment. A modest number of respondents (n=7 out of 76 respondents) indicated insurance coverage for hormone treatment with a notably larger number (three times as many) indicated being unsure if such coverage was available (n=21).



85.9%
experienced or
diagnosed with
depression



81.3%
experienced
or diagnosed
with anxiety



88%
HIV negative



1.2%
HIV positive



10%
do not know
their HIV status



15.7%
HIV tested
within the last
6 months



14.5%
HIV tested
within the last
12 months



15.7%
HIV tested in
the last 3 years



26.5%
never been
HIV tested

HOUSING AND FINANCES

Although almost two-thirds of respondents indicated that they never experienced a time when they were unable to pay all their rent or mortgage, 6.2% indicated this challenge in the last 6 months, 7.4% in the last 12 months, 3.7% in the last 3 years and an additional 21% having this challenge more than 3 years ago. One respondent reported experiencing homelessness within the last 3 years with an additional 13 indicating experiencing homelessness during a time more than 3 years ago (16%)¹². Over a quarter of respondents (28%) indicate that they had experienced some period of time more than 3 years ago when they worried that their food would run out before they had resources to get more, 4.9% experienced this challenge within the last 3 years, 6.1% in the last 12 months and 2.4% in the last 6 months. White respondents more frequently indicated that they had never experienced these issues (58.1%) compared to respondents from other racial or ethnic groups (47.3%).



66%
never unable
to pay rent
or mortgage



6.2%
unable to pay rent
or mortgage in
the last 6 months



7.4%
unable to pay rent
or mortgage in
the last 12 months



21%
unable to pay rent
or mortgage more
than 3 years ago



28%
experienced worry that
food would run out
more than 3 years ago



58.1%
of white
respondents
indicated that
they had never
experienced
these issues



47.3%
of non-white
respondents
indicated that
they had never
experienced
these issues

EXPERIENCES

When asked about experiences of harassment, discrimination and violence, respondents were most likely to report that strangers had been the most frequent perpetrators of harassment, although intimate partners, family members and members of religious communities were also notable as reported perpetrators of harassment. With respect to discrimination, strangers and members of religious communities were more often reported as those from whom respondents experienced discrimination although family members, coworkers and friends were also noted sources of experiences of discrimination. Violence was reported most often by strangers or intimate partners followed by family members.

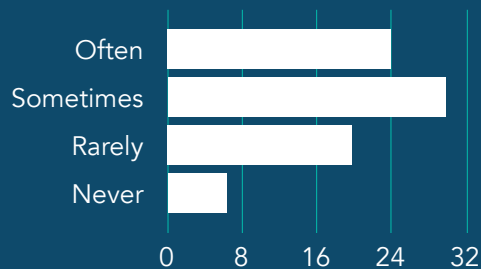
	Harassment	Discrimination	Violence
Friend	18	23	3
Family Member	22	28	8
Intimate Partner	8	3	12
Coworker	21	26	1
Religious Community	23	36	1
Health Care	9	20	2
Police	13	12	3
Strangers	46	38	12

With respect to where experiences of harassment, discrimination and violence took place, respondents indicated that they experienced harassment most frequently in public spaces or online, while discrimination was reported most often as occurring at work or online. Violence was reported as occurring most often in public, at home or at school.

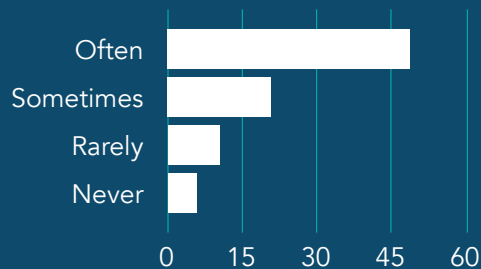
	Harassment	Discrimination	Violence
Home	11	13	4
School	22	16	4
Work	20	33	3
Place of Worship	14	22	0
Health Care	11	20	2
Local Business	15	20	1
Online	29	27	2
In public	32	23	7
L Business	2	4	
Community Org	5	8	

Respondents indicated that they often (21.8%) or sometimes (37.2%) felt that they lacked companionship and 63.5% felt often or sometimes left out. Although 67.1% indicated that they often or sometimes felt isolated from others, 84.9% often or sometimes felt there was someone that they could turn to.

Feeling Isolated from Others



Feeling That There Is Someone You Can Turn To

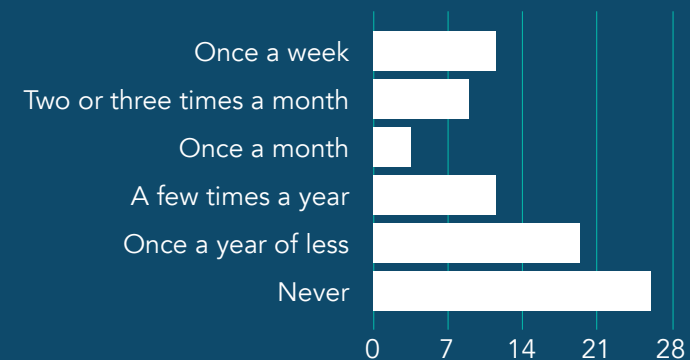


RELIGION

The largest percentage of respondents (43.6%) indicated that they held no religious preference, with 21.8% indicating "Other" as their preference, 17.9% Protestant, 12.8% Jewish and 3.8% Catholic.

With respect to the importance of their religious faith, 23.7% reported that it was 'Very important,' with 27.6% indicating 'Somewhat important,' 18.4% reporting their faith was 'Somewhat unimportant' and 30.3% responding that it was 'Very unimportant.'

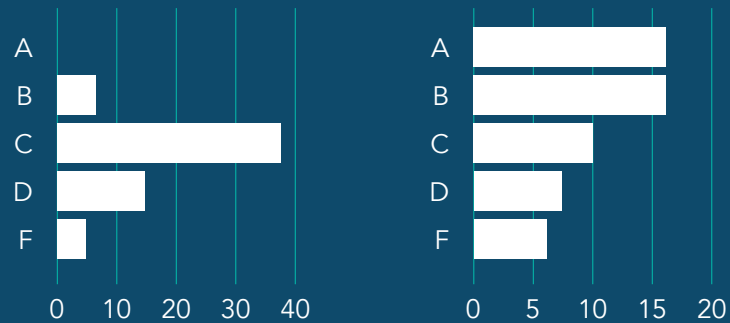
The largest percentage of respondents indicated that they never attend religious services (33.8%) with 24.7% indicating that they attend once a year or less and 14.3% indicating attendance a few times a year.



Over a third of respondents indicated that they would be more likely to attend services directed specifically toward LGBTQ+ communities (37.3%) and 28.9% indicated that their faith communities were either completely or very accepting although 46.1% indicated belonging to or having no faith community.

In grading how Richmond places of worship are handling LGBTQ+ issues, the grade given most often was a "C" (58.5%) although when reflecting on their own places of worship, grades of "A" (29.1%) and "B" (29.1%) were most frequent.

**'Grading' Richmond places of worship
(Left) versus Own Places of Worship
(Right) on handling LGBTQ+ Issues**



PRIORITIES

Respondents were asked to indicate which areas of concern were priorities for the LGBTQ+ community in Richmond. Examining items that were rated as 'Very Important', issues of racial/ethnic discrimination top the list of concerns, followed by concerns regarding the ability to access to mental and LGBTQ+-friendly physical health care. Other top concerns were related to financial insecurity (e.g., homelessness housing) and healthcare provider competency.

Racial Ethnic Discrimination	75.3%
Access to emotional/behavioral health care	75.0%
Access to LGBTQ+ Friendly Physical Health Care	71.1%
Housing/Homelessness	69.3%
Poverty/Income Insecurity	68.0%
Healthcare Provider Competency	67.6%
Housing Discrimination	67.1%
LGBTQ+ Youth Services	64.4%

Gender Discrimination	63.2%
Sexual Assault/Violence	60.5%
Access to specialized Healthcare	60.5%
LGBTQ+-Focused Violence	59.2%
Gender Transition	57.3%
Employment Discrimination	58.7%
HIV Education and Care	56.6%
Self-Harm	53.3%
LGBTQ+ Individuals with Disabilities	53.3%
Harassment/Bullying	52.6%
Women's Health	51.3%

SUMMARY

Based on these survey data, we find a sample that may be characterized as middle-to-upper middle class and predominately white or European American. Among preliminary trends in the data, it is notable that respondents report issues of racial and ethnic discrimination as among the most important for members of the LGBTQ+ community, along with concerns about

accessing quality mental health and LGBTQ+-relevant and -informed healthcare, and income-related issues (e.g., housing and homelessness). The current sample was not highly affiliated with religious organizations yet reported experience of discrimination and harassment from individuals in religious settings with some frequency.

These initial data also suggest that there may be notable experiences of isolation among respondents, although we should note that these data were collected during the pandemic which may be acting to exacerbate these feelings.

We note that these results relative to sample size of the data and the following sections of the report offers opportunities to verify and continue to deepen our understanding of the needs and opportunities perceived within the LGBTQ+ community.

Provider Survey¹³

Outreach (e.g., emails, completing forms on organizational websites, and calls) were made to approximately 40 organizations identified as providing services to the LGBTQ+ community. 16 providers completed the consent process for the survey data, however only 8 provided answers to additional survey questions.

DESCRIPTION OF STAFF

Gender and Gender Identity

With respect to gender and gender identity, **75% or more of organizations who responded indicated that half or more of their staff identified as women.** Half of the organizations reported having at least some employees who were transgender, non-binary, gender variant, or gender queer, although in each instance, this collective demographic category represented less than half of all staff members.



Sexual Orientation

With respect to sexual orientation, **most organizations (75%) had staff who identified as gay, lesbian, bisexual, or queer.** In some organizations the percentage of LGBTQ+ staff was as high as 75%, with the mean across organizations being 34%.

Race/Ethnicity

Seventy-five percent of organizations indicated that half or more of their staff was White. The other **25% indicated their staff was half or more Black or African American.**

However, there was also representation of American Indian/Alaskan Native, Asian or Pacific Islander, Mixed Race or Multiracial staff in most organizations. Regarding ethnicity, 50% of organizations reported having no staff who identified as Latino/a/x, while the mean across organizations was 4%.

Education

Seventy-five percent of organizations indicated that **half or more of their staff held bachelor's or advanced degrees.**



DESCRIPTION OF CLIENTS

Gender and Gender Identity

With respect to gender and gender identity, 75% of organizations who responded indicated that half or more of their clients identified as women. **Half of the organizations reported having at least some clients who were transgender, non-binary, gender variant, or gender queer;** though in most instances, this demographic represented less than 25% of all clients. Only one organization reported that the majority of the clients that they serve are transgender.

Sexual Orientation

With respect to sexual orientation, most organizations reported that they primarily serve clients who identified as gay, lesbian, bisexual, or queer. In some organizations, the percentage of LGBTQ+ clients was reported as high as 95%, with the mean across organizations being 62%.



95%
highest reported
percentage of
LGBTQ+ clients



62%
mean
percentage of
LGBTQ+ clients

Race/Ethnicity

All organizations indicated that **half or more of their clients are White, while the next largest demographic served by their organization was Black or African American**. There was little representation of American Indian/Alaskan Native, Asian or Pacific Islander, Mixed Race or Multiracial clients in most organizations. Regarding ethnicity, the highest percentage of Latino/a/x clients served at any organization participating in the survey was 10%, with some organizations serving no Latino/a/x clients (83% either did not respond or had no Latino/a/x clients).

HEALTH OF CLIENTS

Providers rated the overall physical health of their clients indicating that 75% of clients were in fair or good health, 25% were unsure of the health of their clients, but none rated the physical health of their clients as very good or excellent. Likewise, regarding mental health, **75% of providers rated their clients' mental health as poor or fair, with none selecting good, very good, or excellent.**

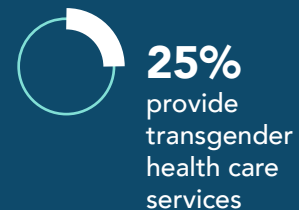
Providers also reported high levels of discrimination being experienced by their LGBTQ+ clients in accessing healthcare services. Fifty percent of organizations reported that half or more of their clients had experienced mistreatment by a health care provider or mental health provider due to being LGBTQ+. Half of organizations also report that their clients have experienced violence due to their sexual orientation or gender identity. Finally, 50% also report their clients having experienced harassment or abuse at the hands of police due to being LGBTQ+.

From the report of service providers, clients were frequently described as lacking access to adequate resources for basic needs, such as housing, food, or transportation. **All organizations reported that at least some of their clients had experienced homelessness, lack of access to food, and/or lack of access to transportation within the prior 6 months.** A quarter of these organizations noted that a majority of their clients lack access to these basic necessities.

Seventy-five percent of organizations in the sample agree that “The staff in my agency/organization are well trained and able to provide quality services, care and/or programming to LGBTQ+ individuals”. These rates were similar for being able “to provide quality services, care and/or programming to LGBTQ+ individuals of Color (i.e., African American/Black, Latinx, Native American, etc.).” However, only **50% of organizations agreed that they “are well trained and able to provide quality services, care and/or programming to transgender individuals.”**

SERVICES PROVIDED

In terms of mental and physical health, the most commonly provided services were counseling services regarding gender identity or sexual orientation, with all organizations offering some degree of those services. However, services supporting those efforts, especially for transgender clients, were notably lacking. For example, no organizations participating in the survey provided psychiatric or medication management services, only 25% provided transgender health care services, and only 50% provided specific mental health services for transgender patients. No organizations in the sample provided STI/HIV testing, treatment, and/or prevention services or women’s health services. Only 25% of the sample provided services relating to adolescent health. Even when not providing these services directly though, 75% of organizations indicated they provide referrals to LGBTQ+ friendly health care and mental health providers.



Services relating to an individual's physical safety and economic well-being were available, but sometimes limited. Seventy-five percent of organizations provide crisis intervention or response, while 50% operate hotlines and/or provide services for victims of abuse. While 75% of organizations provide housing referrals, 50% indicate that these services are a minimal part of their work. Likewise, only 25% indicate providing financial assistance, but qualify this as a minimal component of their services.

Some forms of social supports were provided by most organizations, with 50% offering one or more of the following: book clubs or lending libraries, participation in local pride celebrations, activities for older adults, sports or leisure programs, LGBTQ+ social programming, or arts and other cultural activities.



POLICY PRIORITIES AND EFFORTS

Organizations were asked to indicate which areas of concern were priorities for the LGBTQ+ community in Richmond. They were also asked the degree to which their organization was doing work in that area. Examining items that were rated as 'Very Important', access to emotional/behavioral health care, housing/homelessness, poverty/income insecurity, and LGBTQ+ youth services were all highest rated across all organizations. In comparison with how these are ranked, the percent of organizations that work on this issue or service area is shown for comparison. Notably, organizations do more work focused on LGBTQ+ focused violence, and harassment or bullying than other policy areas.

See graph on next page →

Issue	Very Important	Top Priority
Racial Ethnic Discrimination	75%	25%
Access to emotional/behavioral health care	100%	25%
Access to LGBTQ+ Friendly Physical Health Care	75%	
Housing/ Homelessness	100%	25%
Poverty/Income Insecurity	100%	25%
Healthcare Provider Competency	75%	
Housing Discrimination	50%	
LGBTQ+ Youth Services	100%	25%
Gender Discrimination	50%	25%

Issue	Very Important	Top Priority
Sexual Assault /Violence	50%	25%
Access to specialized Healthcare	75%	
LGBTQ+-Focused Violence	75%	50%
Gender Transition	75%	25%
Employment Discrimination	25%	
HIV Education and Care	50%	
Self-Harm	50%	
LGBTQ+ Individuals with Disabilities	50%	25%
Harassment/ Bullying	50%	50%
Women's Health	25%	

SUMMARY

Local organizations that serve the LGBTQ+ community and responded to the survey from the Greater Richmond area cover a broad range of services that benefit the LGBTQ+ community. Most notably, this includes counseling services for issues related to gender identity and sexual orientation; however, the extent to which those services are provided and how well trained in issues of gender identity and sexual orientation staff are varies across organizations. In general, providers are less well versed and less likely to offer services to transgender patients. Though providers indicated comfort in addressing the needs of clients of color, most providers also serve a largely White client base.

While these support services are certainly crucial, there were several concerns providers have about the well-being of their clients that did not directly align with the types of support that these organizations were able to provide. For example, basic needs like housing, food access, and transportation access were often lacking for clients, but these are services that organizations were less frequently to report providing. It is also notable that these concerns were raised also among interviewees, with particular concern for members of the transgender community and communities of color.



Moreover, there are differences and a lack of alignment between the priorities of community members, priorities of organizations, and the services provided by organizations. For example, addressing racial and ethnic discrimination was one of the top priorities to community members, and while a large majority of organizations ranked that as a policy priority, but only a small proportion of organizations indicated that these are issues they work on frequently.

Interviews¹⁴

A total of 12 interviews were completed with key informants.

Interviews were conducted with a broad range of key informants identified through the recruitment process. These individuals included community members, individuals working with local LGBTQ+ organizations, individuals who serve as liaisons to the LGBTQ+ community in their official capacities, and local faith-based leaders. These individuals come from unique and diverse backgrounds, and their experiences offer more detailed insight into many of the issues explored in the community and provider survey. Several themes emerged from these interviews and are described in greater detail below.

Climate

Overall, Richmond was described as having an atmosphere where LGBTQ+ individuals are **"tolerated not celebrated,"** but it was also noted that the climate has demonstrated notable improvement over the past 10 to 20 years. Several positive factors influenced the climate in Richmond, for example, the large number of community organizations addressing LGBTQ+ issues,

the presence of Virginia Commonwealth University and its efforts around inclusion, as well as Richmond being the central site for Virginia Pride events. However, this sense of acceptance and positive climate was described as varying greatly across different demographic groups within the community. Trans and non-binary individuals often felt or were perceived as less accepted within the community indicating that the specific challenges they faced were unaddressed within larger discussions in the community. In addition, there were divisions seen within the community and the experience of the climate in the community along lines of race, class, and gender, though several respondents indicated that having Black Pride RVA had been a move toward greater inclusivity. Finally, there was a large divide between the perception of the climate in Richmond city as opposed to the outlying suburbs and rural areas, with greater acceptance within the city and less acceptance as individuals move further out from the city center.

Safety

Feelings of safety varied widely for individuals based on their own identities, but also varied widely based on the physical locations they were in. **In public, non-LGBTQ+ specific spaces, participants felt especially vulnerable.**

These feelings were heightened by being visibly queer or trans, as well as by being the only queer or trans person in a public space. Even within 'LGBTQ+-friendly' spaces, individuals commented that some spaces felt safer than others, and that some spaces could be easily tainted for them by individual experiences of transphobia, sexism or racism, in what would otherwise seem or be presented as an LGBTQ+ affirming space.

An important theme was that police presence in specifically LGBTQ+ spaces was specifically critiqued as not being inclusive to transgender people and people of color, even when events were promoted by LGBTQ+ organizations. There was also concern that these differences in the experience and perceptions of safety were often not understood by LGBTQ+ organizations.

Spaces that had specific requirements or codes of conduct regarding being anti-racism, anti-sexism, anti-transphobia, etc. were pointed out as being specifically affirming and places where those negative interactions were less likely. Several local organizations were also mentioned as affirming these best practices.



Service Use

Though every LGBTQ+ service agency that the research team is aware of was mentioned at some point during interviews, **there are many community members who remain unaware of the breadth of the services available to them in Richmond.** Despite the availability of local databases and repositories of LGBTQ+ services, there are many people who are unaware of these resources. Moreover, there was question among respondents about how up to date these databases were, as well as how much they reflected “friendly” vs. knowledgeable providers vs. those who were LGBTQ+ themselves. This was an especially cumbersome process for trans people and compounded when LGBTQ+ people of color were seeking services that dealt with both gender identity and/or sexual orientation as well as seeking services competent in addressing or understanding issues of race and/or ethnicity.

In terms of service provision, interviews with members of service agencies indicated that **there was a disproportionate burden placed on LGBTQ+ organizations because other organizations fail to provide adequate services to LGBTQ+ individuals.**

There were also concerns relative to the funding challenges and discriminatory experiences that organizations may also face in their work to provide services, especially for organizations serving or led by persons of color.

Gaps in Service

The most notable gaps in service were those related to direct services related to basic needs provision. This included people who were unhoused, those that were unemployed or underemployed, and those who were currently incarcerated.

There were significantly lacking services for not only those who were unhoused in Richmond, but those experiencing housing instability. Few programs were able to provide concrete relief for those in the verge of losing their housing. Moreover, **Richmond has even fewer programs that support individuals who have lost their homes and are unhoused.** Of particular concern is how trans people are treated in the few shelter facilities that are available, where they may be turned away or feel unsafe due to their gender identity.



In terms of employment, many LGBTQ+ respondents in the community survey and in interviews noted the difficulties for LGBTQ+ people in finding employment. Despite Virginia having nondiscrimination laws that are meant to provide these protections, many indicated that **being openly “queer or trans” was a barrier to employment.** Moreover, finding employment during COVID-19 has been especially challenging for many, resulting in a turn to temporary work that still leaves them underemployed and lacking benefits such as health insurance or paid time off.

Several respondents noted the lack of programs designed to provide assistance to those who are currently incarcerated. Respondents also recognized that issues with housing, employment and a lack of mental health services often contribute to incarceration.

COVID-19

It is important to recognize that COVID-19 exacerbated many of the problems already reported. **Housing instability increased, many people lost their jobs or experienced drastic reductions in their income, health and mental health services became both more necessary but also more difficult to secure.** However, the pandemic has also brought to light other problems that may have been less apparent. Many people are isolated in their homes, exacerbating individual mental health concerns, but also intensifying any issues that are occurring within the household. For many this has resulted in living in unsafe situations, whether a person is unaccepted by family members or there is violence occurring in the home. The impact of isolation has not just been on individuals though, respondents noted that much of the work of community building had been halted and that progress on important work in the community had been slowed as well. Individuals lacking resources and capacity to connect online to services available in that virtual space may also be an additionally vulnerable population.



Additional Informational Resources

Beyond the surveys and interviews, additional data from other surveys and research acts to inform the current work. For example, although it was not possible to access youth for interviews or focus groups for the current needs assessment, recent data is available from the 2016 Youth Count conducted by Advocates for Youth, suggests that LGBTQ+ youth from Richmond may experience challenges of homelessness at rates similar to those reported from a range of recent national and regional studies¹⁵. The Richmond Youth Count project targeted young people ages 14 to 24 within the greater Richmond area who were experiencing homeless or unstable housing. Using participatory action research, which builds on the expertise of individuals most affected by the issue of focus, 67 surveys were completed either through online recruitment, administration through collaboration with youth serving agencies, and pop-up drop in events. Respondents ranged in age from 14 to 25, with an average age of 19. Over 35% of youth in the survey sample identified as



queer, gay, lesbian, bisexual, pansexual or transgender, reflecting the overrepresentation of LGBTQ+ youth which has been demonstrated in a series of studies. Overall, the majority of respondents (61%) were African American and 28% reported multiple racial identities (Wagaman, Obejero, Keel and Compton, 2016)

Additional data from a recent survey of LGBTQ+ individuals in the South¹⁶ conducted by the LGBTQ+ Institute at the National Center for Civil and Human Rights in collaboration with Georgia State University (GSU) is available to complement and inform results from the current needs assessment.

Key findings from the study indicated that:

- Reinforcing descriptions from the key informant interview respondents in the current needs assessment, transgender individuals were less likely to report working full time and reported experiencing workplace discrimination. This may be related to finding from Wright et al (2018) that respondents of color and individuals who identified as transgender tended to have lower levels of educational attainment.
- Notably, Black/African Americans in the State of the South report were more out about their transgender identities than non-Hispanic whites. In addition, younger, Hispanic, African American and Transgender Southerners tended to report poorer health status, more limited access to insurance and health care and greater discrimination attempting to access care than non-Hispanic white southerners.
- Black/African LGB respondents also reported having been threatened or attacked physically during their lifetimes because of their sexual orientation with Latinx transgender respondents indicating the most highly reported experiences of threat and physical attack.




CONCLUSION

There are many strengths of the Richmond LGBTQ+ community in the greater Richmond area, it is small, but robust community that provides important supports for individuals and opportunities and the climate for the community continues to improve. The current study, however, also identified several opportunities to strengthen our community and improve conditions for those who are most impacted, particularly transgender people and LGBTQ+ people of color.

Key findings from the study indicated that:

- Improve access to high quality physical and mental healthcare services that meet the needs of LGBTQ+ individuals. This is especially necessary for transgender people and LGBTQ+ people of color. This might take

place through the support of in-service and other professional training opportunities, including the engagement of successful providers in supporting the expansion and training in the provision of effective services. A LGBTQ+ 'Service Council' might be a mechanism for supporting improved services and work across public and nonprofit providers. There may also be the opportunity for funders to consider how these aspects of organizational capacity (i.e., to effectively or appropriately serve the LGBTQ+ community) might be relevant to funding processes (e.g., inclusion of questions addressing documented capacity to provide services inclusively, support of targeted training and professional development for areas of service such as medical/health care providers).



• Increase community capacity to support individuals' basic needs, including increased support for access to housing, emergency shelter, food, and services that help LGBTQ+ individuals find and secure stable employment. Efforts to address these concerns might include increasing stable funding for these core resources and ensuring that the available public resources are managed by providers knowledgeable, appropriate, and effective in providing services to the LGBTQ+ community. There may be opportunities to address the social determinants of health and improve the quality of life of members of the LGBTQ+ community by addressing educational and employment issues, especially for transgender individuals and persons of color. Efforts to update, expand and broaden access and awareness of networks and lists of available supports and resources within the community could also be useful strategies.

• Organizations working on LGBTQ+ issues should strive to make their organizations more inclusive, informed and effective in engaging issues of race and ethnicity. As a top policy priority of LGBTQ+ Richmonders, this commitment should be mirrored by community organizations. There should also be focus on investing in the capacity of organizations that serve and focus on services to members of the Trans community and LGBTQ+ individuals of color. Moreover, local organizations and establishments should seek to ensure that spaces are safe for all LGBTQ+ Richmonders, not just some. Mechanisms to address and redress experiences of discrimination, especially considering the recent passage of the Virginia Values Act, could be a focus of ongoing awareness and advocacy efforts.



Citations

1. Advisory group members represented organizations in the Richmond area providing targeted services to the LGBTQ+ community, including health services, violence prevention and intervention services and services addressing the specific needs of LGBTQ+ communities of color and members of the transgender community.
2. U.S. Census Bureau (2019). Quickfacts, Richmond City, VA. Retrieved from [<https://www.census.gov/quickfacts/richmondcityvirginiacounty>].
3. NOTE: African American comprise an estimated 30% of the population of the Metropolitan Statistical Area.
4. Movement Advancement Project. July 2020. Telling a New Southern Story: LGBTQ Resilience, Resistance, and Leadership. www.lgbtmap.org/regional-south.
5. See appendix for survey items and interview questions.
6. See appendix for survey items.
7. Percentages are based on total number of valid responses for that item unless noted otherwise.

8. Counts/frequency: Elementary and/or junior high (0, 0.0%), Some high school to 12th grade (0, 0.0%), High school graduate - high school Diploma or GED (0, 0.0%), Some college credit, but no degree (9, 10.5%), Technical school degree (such as cosmetology or computer technician) (0, 0.0%), Associate degree (for example: AA, AS) (5, 5.8%), Bachelor's degree (for example: BA, AB, BS) (40, 46.5%), Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) (25, 29.1%), Professional degree (for example: MD, DDS, DVM, LLB, JD) (4, 4.7%), Doctorate degree (for example: PhD, EdD) (3, 3.5%).
9. NOTE: To place the sample in context, recent 'Black or African American Alone' percentages are reported by the US Census for the City of Richmond at 46.9% and 'Hispanic or Latino' at 7.3% (Retrieved from <https://www.census.gov/quickfacts/richmondcityvirginiacounty>).
10. Counts/(frequency-percentage): Full-time (62, 71.3%), Part-time (9, 10.3%), More than one job (7, 8.0%), Own your own business, self-employed (4, 4.6%), Contract worker, self-employed (3, 3.4%), Unemployed but looking (2, 2.3%), Unemployed and stopped looking (0, 0.0%), On disability

(1, 1.1%), Student (6, 6.9%), Retired (9, 10.3%), Homemaker or full-time parent (1, 1.1%), Other (1, 1.1%).

11. Counts/frequency: Homeless (0, 0.0%), Living in a shelter (0, 0.0%), Living in a group home facility or other foster care situation (0, 0.0%), Living in a nursing/adult care facility (0, 0.0%), Living in campus/university housing (0, 0.0%), Living with parents or family you grew up with (7, 8.1%), Staying with friends or family temporarily (0, 0.0%), Living with a partner, spouse or other person who pays for the housing (5, 5.8%), Living in house/apartment/condo I RENT alone or with others (35, 40.7%), Living in house/apartment/condo I OWN alone or with others (39, 45.3%).
12. It is important to note that individuals who were currently homeless or having difficulty with stable housing, computers or internet access may be notably less likely to have access to the opportunity to respond to the survey.
13. See appendix for survey items.
14. See appendix for survey items.

15. Choi, S. K., Wilson, B. D. M., Shelton, J., Gates, G. (2015). Serving Our Youth 2015. Retrieved from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-Update-Jun-2015.pdf>; Durso, L. G. (2012). Serving Our Youth: Findings from a National Survey of Service Providers working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.; Whitbeck, P. L., & al, e. (2016). Administration for Children & Families Family and Youth Services Bureau Street Outreach Program: Data Collection Study Final Report. Washington: Administration on Children, Youth and Families. Morton, M.H., Dworsky, A., Matjasko, J.L., Curry, S.R., Schlueter, D., Chávez, R. & Farrell, A.F. (2018). Prevalence and correlates of youth homelessness in the United States. Journal of Adolescent Health. Retrieved from: [https://www.jahonline.org/article/S1054-139X\(17\)30503-7/fulltext](https://www.jahonline.org/article/S1054-139X(17)30503-7/fulltext)

16. Wright, Eric R., Joshua Simpkins, Michael Jo Saint, Ana LaBoy, Renee Shelby, Courtni Andrews, Madison Higbee, and Ryan M. Roemerma. 2018. State of the South: A Snapshot on the Conditions and Life Experiences of LGBTQ Southerners. Atlanta, GA: The LGBTQ Institute at the National Center for Civil and Human Rights. (NOTE: the sample for the study included individuals who reside in: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Data was collected through the collaborative efforts of 146 nonprofit, community, state, and regional organizations and led to responses from a sample of 6,502 LGBTQ individuals).



Appendices

APPENDIX 1: COMMUNITY SURVEY

Demographics

1. What is your current gender identity today?
 - ☐ Male/Man
 - ☐ Female/Woman
 - ☐ Part time as one gender, part time as another
 - ☐ Gender non-conforming, non-binary, gender queer, or gender variant
 - ☐ Other _____
2. “Transgender/gender non-conforming” describes people whose gender identity or expression is different, at least part of the time, from the sex assigned to them at birth. Do you consider yourself to be transgender/gender non-conforming in any way?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure
3. What is your sexual orientation?
 - ☐ Gay/Lesbian/Same-gender attraction
 - ☐ Heterosexual
 - ☐ Bisexual
 - ☐ Queer
 - ☐ Asexual
 - ☐ Other _____
4. What is your race/ethnicity? (Select all that apply)
 - ☐ White
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native
 - ☐ Hispanic or Latino/a/x
 - ☐ Asian or Pacific Islander
 - ☐ Arab or Middle Eastern
 - ☐ Multiracial or mixed race
 - ☐ Other _____
5. What is your current gross annual household income (before taxes)?
 - ☐ Less than \$10,000
 - ☐ \$10,000 to \$19,999
 - ☐ \$20,000 to \$29,999
 - ☐ \$30,000 to \$39,999
 - ☐ \$40,000 to \$49,999
 - ☐ \$50,000 to \$59,999
 - ☐ \$60,000 to \$69,999
 - ☐ \$70,000 to \$79,999
 - ☐ \$80,000 to \$89,999
 - ☐ \$90,000 to \$99,999
 - ☐ \$100,000 to \$149,999
 - ☐ \$150,000 to \$199,999
 - ☐ \$200,000 to \$250,000
 - ☐ More than \$250,000

6. What is your current employment status?

(Mark all that apply.)

- ☐ Full-time
- ☐ Part-time
- ☐ More than one job
- ☐ Self-employed, own your business
- ☐ Self-employed, contract worker
- ☐ Unemployed but looking
- ☐ Unemployed and stopped looking
- ☐ On disability
- ☐ Student
- ☐ Retired
- ☐ Homemaker or full-time parent
- ☐ Other _____

7. What are your current living arrangements?

- ☐ Homeless
- ☐ Living in a shelter
- ☐ Living in a group home facility or other foster care situation
- ☐ Living in a nursing/adult care facility
- ☐ Living in campus/university housing
- ☐ Still living with parents or family you grew up with
- ☐ Staying with friends or family temporarily
- ☐ Living with a partner, spouse or other person who pays for the housing
- ☐ Living in house/apartment/condo I RENT alone or with others
- ☐ Living in house/apartment/condo I OWN alone or with others

8. What is your current age?

Fill in _____

9. What is the highest degree or level of school you have completed? Mark ONE box. If you are currently enrolled, please mark the previous grade or highest degree received.

- ☐ Elementary and/or junior high
- ☐ Some high school to 12th grade
- ☐ High school graduate - high school Diploma or GED
- ☐ Some college credit, but no degree
- ☐ Technical school degree (such as cosmetology or computer technician)
- ☐ Associate degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, AB, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

10. What is your current relationship status?

- ☐ Single
- ☐ Partnered
- ☐ Civil Union
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

11. What type(s) of disabilities do you have? (Check all that apply.)

- ☐ Learning
- ☐ Cognitive
- ☐ Physical
- ☐ None

12. Do any children under the age of 19 currently reside in your home?

- ☐ Yes
- ☐ No

13. What is your current ZIP code?

Fill in _____

14. How many years have you lived in the Greater Richmond area?

Fill in _____

Health Care

15. How would you rate your overall physical health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

16. How would you rate your overall mental health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

17. Do you have health insurance?

- ☐ Yes
- ☐ No

18. How well would you say that your health needs are met by your insurance?

- ☐ Very well
- ☐ Somewhat well
- ☐ Not well
- ☐ Not at all
- ☐ I do not have insurance

19. How much do you agree with the following statement?

My regular care provider works with me as a partner to make sure all of my health needs are met.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

20. How much do you agree with the following statement?

My mental health care provider works with me as a partner to make sure all of my mental health needs are met.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

21. How much do you agree with the following statement?

Doctors in my community are able to provide quality medical care to LGBTQ+ individuals.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

22. How much do you agree with the following statement?

I have dealt with mistreatment from healthcare providers due to being LGBTQ+.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

23. How much do you agree with the following statement?

I have dealt with mistreatment from mental health providers due to being LGBTQ+.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

24. Have you ever been diagnosed with or have

experienced any of the following: (check all that apply)

- ☐ Depression
- ☐ Anxiety
- ☐ Chronic fatigue
- ☐ Bipolar disorder
- ☐ Schizophrenia
- ☐ Post-traumatic stress disorder
- ☐ Personality disorder
- ☐ Other _____

25. What is your HIV status?

- ☐ HIV positive
- ☐ HIV negative
- ☐ Unsure

26. Have you had an HIV test?

- ☐ Yes, in the last 6 months
- ☐ Yes, in the 12 months
- ☐ Yes, in the last 3 years
- ☐ More than 3 years ago
- ☐ Never

27. Do you have access to hormones if needed?

- ☐ Yes, from a medical provider.
- ☐ Yes, but not from a medical provider.
- ☐ No, but I would like to have access to hormones
- ☐ No, but I do not need hormones.

28. Does your insurance cover your hormone treatment?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I am not on hormone treatment

29. Have you ever engaged in any of the following behaviors? (check all that apply)

- ☐ Smoking
- ☐ Alcohol use
- ☐ Drug use
- ☐ IV drug use
- ☐ Unprotected sex
- ☐ Sex work

30. Do you have access to clean needles if needed?

- ☐ Yes
- ☐ No
- ☐ I do not need access to clean needles

Housing

31. Has there been a time when you were unable to pay all or part of your rent or mortgage?

- ☐ Yes, in the last 6 months
- ☐ Yes, in the last 12 months
- ☐ Yes, in the last 3 years
- ☐ More than 3 years ago
- ☐ Never

32. Have you delayed paying or been unable to pay your utility bills?

- ☐ Yes, in the last 6 months
- ☐ Yes, in the last 12 months
- ☐ Yes, in the last 3 years
- ☐ More than 3 years ago
- ☐ Never

33. Have you experienced homelessness?

- ☐ Yes, in the last 6 months
- ☐ Yes, in the last 12 months
- ☐ Yes, in the last 3 years
- ☐ More than 3 years ago
- ☐ Never

34. Have you been worried that your food would run out before you got money to buy more?

- ☐ Yes, in the last 6 months
- ☐ Yes, in the last 12 months
- ☐ Yes, in the last 3 years
- ☐ More than 3 years ago
- ☐ Never
- ☐ Safety

35. Have you ever experienced harassment, discrimination or violence based on your identity from the following people? (select all that apply)

- ☐ Harassment
- ☐ Discrimination
- ☐ Violence
- ☐ Friend
- ☐ Family member
- ☐ Intimate Partner
- ☐ Co-worker
- ☐ Member of religious community
- ☐ Health care provider
- ☐ Police
- ☐ Strangers

36. Have you ever experienced harassment, discrimination or violence based on your identity in the following settings? (select all that apply)

	Harassment	Discrimination	Violence
Home			
School			
Work			
Place of worship			
Health care facility			
Local business			
Online			
In public			
LGBTQ+ business			
Community organization			
Other			

37. Do you fear experiencing violence because you are LGBTQ+?

- ☐ Yes
- ☐ No

38. Which of the following, if any, would you consider to be safe spaces? (Check all that apply)

- ☐ Home
- ☐ School
- ☐ Work
- ☐ Place of worship
- ☐ Community Organizations
- ☐ LGBTQ+ spaces

39. Please list specific locations in Richmond you feel are safe spaces

Fill in _____

40. How out are you to the following people? (select one for each group)

	Out to all	Out to all	Not out
Friends			
Family members			
Neighbors			
Co-workers			
Supervisors			
Members of religious community			
Health care providers			

41. How often do you engage in the following activities

1 = *Several Times a Week*

2 = *A Few Times a Week*

3 = *Once a Week*

4 = *Once a Month*

5 = *Once a Year*

6 = *Less Than Once a Year*

7 = *Never*

Attending meetings of an organized group _____

Attend meetings of an LGBTQ+ group _____

Socializing with friends and relatives _____

Socializing with neighbors _____

Socialize with LGBTQ+ people _____

Engage in volunteer work _____

Engage in volunteer work with an LGBTQ+ organization _____

42. How often do you...

1 = *Often*

2 = *Sometimes*

3 = *Rarely*

4 = *Never*

Feel that you lack companionship _____

Feel left out _____

Feel isolated from others _____

Feel that there is someone you can turn to _____

Feel part of a group of friends _____

Feel part of the Richmond community _____

Feel part of the LGBTQ community _____

Feel part of the Richmond LGBTQ community _____

Religion

43. What is your current religion or religious preference?

☐ Protestant

☐ Catholic

☐ Islamic

☐ Judaism

☐ None

☐ Other _____

44. How important is your religious faith to you?

☐ Very important

☐ Somewhat important

☐ Somewhat unimportant

☐ Very unimportant

45. How important is your faith community to you?

☐ Very important

☐ Somewhat important

☐ Somewhat unimportant

☐ Very unimportant

46. How often do you attend religious services?

☐ Once a week or more

☐ Two or three times a month

☐ Once a month

☐ A few times a year

☐ Once a year or less

☐ Never

47. Are the religious services you attend directed specifically toward LGBTQ+ communities?
- ☐ Yes
 - ☐ No
 - ☐ No, but LGBTQ+ friendly
 - ☐ Don't know
48. Would you be more likely to attend religious services directed specifically toward LGBTQ+ communities?
- ☐ Yes
 - ☐ No
49. How accepting of your identity would you say your faith community is?
- ☐ Completely accepting
 - ☐ Very accepting
 - ☐ Somewhat accepting
 - ☐ Somewhat unaccepting
 - ☐ Very unaccepting
 - ☐ Not at all accepting
 - ☐ I do not have a faith community.
50. Overall, do you think messages on LGBTQ+ issues coming from Richmond's places of worship are generally positive, generally negative or do you think most places of worship do not talk about the issue?
- ☐ Positive
 - ☐ Negative
 - ☐ Don't talk about the issue
 - ☐ Don't know

51. If you had to grade Richmond's places of worship on how they are handling LGBTQ+ issues, what grade would you give them?
- ☐ A
 - ☐ B
 - ☐ C
 - ☐ D
 - ☐ F
52. If you had to grade your own place of worship on how it is handling LGBTQ+ issues, what grade would you give them?
- ☐ A
 - ☐ B
 - ☐ C
 - ☐ D
 - ☐ F

Policy Priorities

53. To what extent should the following be priorities for the Richmond LGBTQ+:

Response categories:

- *Not important*
- *Slightly important*
- *Important*
- *Moderately important*
- *Very Important*

LGBTQ+ senior and aging issues _____

Access to emotional or behavioral health care _____

Access to LGBTQ+-Friendly physical health care _____

Access to specialized health care for the LGBTQ+ Community _____

Harassment/Bullying _____

Employment discrimination _____

Housing discrimination _____

Fertility/adoption services _____

Gender discrimination _____

Gender transition _____

HIV Education and care _____

Housing and homelessness _____

LGBTQ+ Parenting _____

Healthcare provider LGBTQ+ Competency _____

Poverty/Income insecurity _____

LGBTQ+ individuals with disabilities _____

Sexual Assault/Sexual Violence _____

Self-harm _____

Racial/ethnic discrimination _____

Transgender health _____

LGBTQ+-focused violence _____

Women's health _____

LGBTQ+ Youth services _____

Other Priorities (Please describe): _____

Please let us know if there is any additional information that wasn't included in the survey that you think is important to consider in understanding the needs of the Richmond LGBTQ+ community:

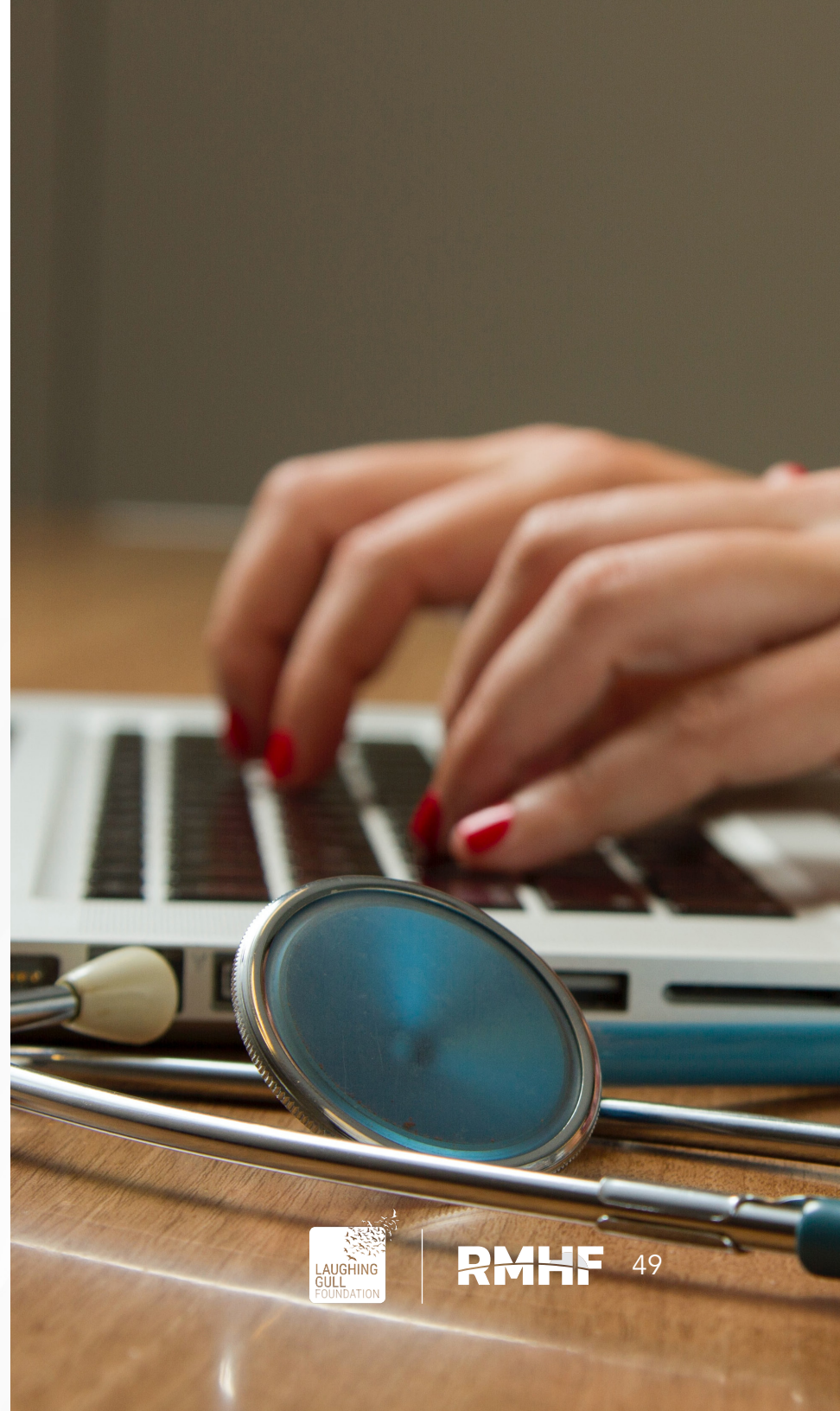
APPENDIX 2: PROVIDER SURVEY

Demographics of Staffing

1. Gender Identity _____
2. Transgender Identity _____
3. Sexual Orientation _____
4. Race/Ethnicity _____
5. Age _____
8. Education _____

Demographics of Client Population

1. Gender Identity _____
2. Transgender Identity _____
3. Sexual Orientation _____
4. Race/Ethnicity _____
5. Income _____
6. Employment Status _____
7. Age _____
8. Education _____
9. Relationship status (legal) _____
10. Children (current under 18) _____
11. How long lived in Richmond _____
12. Zip code of Current residence _____



Types of Services

To what extent does your agency/organization provide the following services:

Response categories:

0 = Not at all

1 = We provide some but minimal services

2 = We provide some, but a moderate amount of services

3 = We provide significant services and resources

Crisis Response/Crisis Intervention _____

Domestic Abuse/Violence Counseling _____

Gender identity/Orientation counseling _____

Help Lines _____

Mental Health Therapy/Counseling _____

Psychiatry/Medication Management _____

Group Therapy/Peer Support _____

Group Therapy/Peer Support _____

LGBTQ+ youth Behavioral Health _____

Transgender health care _____

Transgender mental health care _____

Financial Assistance _____

Prescription assistance _____

Referrals to LGBTQ+-Friendly health providers _____

Referrals to LGBTQ+-Friendly mental health providers _____

STD/HIV testing treatment, and/or prevention _____

Women's health _____

Children's Teen health _____

Career training, employment referrals, vocational skills _____

Youth mentoring _____

Book clubs, lending libraries _____

Local pride celebrations _____

Religious programming _____

Senior citizens activities _____

Sports and leisure programs _____

LGBTQ+ Social Activities _____

Arts/Cultural resources and activities _____

Youth recreational programming _____

Housing supports, referrals _____

Please describe additional services that your organization provides: _____

Health Care

1. For the clients your serve, what percentage would you estimate fall within each category?

1 = *Excellent*

2 = *Very Good*

3 = *Good*

4 = *Fair*

5 = *Poor*

N/A or Don't know

Overall Physical Health _____

Overall Mental Health _____

Access to Health Insurance _____

Physical Health Needs are met _____

Mental health needs are met _____

2. For the clients your serve, what percentage would you estimate have had the following experiences?

Percentage who have experienced this:

0= None

1= A few

2= Some, but not near half

3= About or around half

4 = A notable majority

5=N/A or Don't know

Have experienced mistreatment by healthcare providers due to being LGBTQ+ _____

Have experienced mistreatment by mental health providers due to being LGBTQ+ _____

Have experienced homelessness within the last 6 months _____

Have experienced homelessness within the last 3 years _____

Have experienced food insecurity within the last 6 months _____

Have experienced food insecurity within the last 3 years _____

Have experienced violence due to being LGBTQ+ _____

Have experienced harassment or discrimination from the police _____

Have felt unsafe because they are LGBTQ+ _____

Have had difficulty with access to transportation _____

Have access to a supportive religious or spiritual community _____

3. How much do you agree with the following statement?

The staff in my agency/organization are well trained and able to provide quality services, care and/or programming to LGBTQ+ individuals.

☐ Strongly agree

☐ Agree

☐ Neither agree or disagree

☐ Disagree

☐ Strongly disagree

4. How much do you agree with the following statement?

The staff in my agency/organization are well trained and able to provide quality services, care and/or programming to LGBTQ+ individuals of Color (i.e., African American/Black, Latinx, Native American, etc.).

☐ Strongly agree

☐ Agree

☐ Neither agree or disagree

☐ Disagree

☐ Strongly disagree

5. How much do you agree with the following statement?

The staff in my agency/organization are well trained and able to provide quality services, care and/or programming to transgender individuals.

☐ Strongly agree

☐ Agree

☐ Neither agree or disagree

☐ Disagree

☐ Strongly disagree

Policy Priorities

For each policy area, please tell us: (a) how important you think this is for the Richmond LGBTQ+ community; and (b) To what extent your organization is working on that issue.

IMPORTANCE

To what extent should the following be priorities for the Richmond LGBTQ+ community?

Please respond using the following scale:

0=Not important

1=Slightly important

2=Moderately important

3=Very Important

PART OF YOUR WORK

To what extent is your organization working on this issue?

Please respond using the following scale:

0 = Not at all

1= We are working on this a little

2=We are working on this issue somewhat

3= We are working on this issue a lot

LGBTQ+ senior and aging issues (a)_____ (b)_____

Access to emotional or behavioral health care (a)_____ (b)_____

Access to LGBTQ+-Friendly physical health care (a)_____ (b)_____

Access to specialized health care for the LGBTQ+ Community (a)_____ (b)_____

Harassment/Bullying (a)_____ (b)_____

Housing discrimination (a)_____ (b)_____

Gender discrimination (a)_____ (b)_____

Gender transition (a)_____ (b)_____

HIV Education and care (a)_____ (b)_____

Fertility/adoption services (a)_____ (b)_____

Employment discrimination (a)_____ (b)_____

Housing and homelessness (a)_____ (b)_____

LGBTQ+ Parenting (a)_____ (b)_____

Healthcare provider

LGBTQ+ Competency(a)_____ (b)_____

Poverty/Income insecurity (a)_____ (b)_____

LGBTQ+ individuals with disabilities (a)_____ (b)_____

Sexual Assault/Sexual Violence (a)_____ (b)_____

Racial/ethnic discrimination (a)_____ (b)_____

Self-harm (a)_____ (b)_____

Transgender health (a)_____ (b)_____

LGBTQ+-focused violence (a)_____ (b)_____

Risk of losing marriage equality

and protections (a)_____ (b)_____

Women's health (a)_____ (b)_____

LGBTQ+ Youth services (a)_____ (b)_____

Other Priorities (Please describe):_____

Please let us know if there is any additional information that wasn't included in the survey that you think is important to consider in understanding the needs of the Richmond LGBTQ+ community: _____

APPENDIX 3: INTERVIEW SCHEDULE

Service Providers

What types of services are provided by your organization?

What do you think the biggest challenges are that your client population faces?

Do you see any client needs that are currently unmet by the services you provide?

If so, do you know of other organizations that provide those services?

Can you identify any gaps in services that your clients would need?

What are the barriers that prevent those services from being offered?

Do you feel adequately trained in the services you offer?

What are opportunities for growth in this area?

What work does your organization do around advocating for clients?

What work does your organization do around policy change?

Do you feel effective in your work around policy and advocacy?

How were the priorities for the organization determined?

What "safe spaces" exist for LGBTQ+ people around Richmond?

What has been your experience in working with funders?

Are there unique challenges or opportunities you face because of your organization or client base?

Religious Leaders

How accepting of LGBTQ+ people is your place of worship? _____

How accepting of LGBTQ+ people are other leaders in your faith? _____

Leaders of other faiths here in Richmond? _____

Do you offer programming for LGBTQ+ people? _____

Do you offer programming to increase acceptance among non-LGBTQ+ members? _____

Are there any specific types of outreach that you do with members of the LGBTQ+ community? _____

What could you do to make your place of worship a more comfortable place for LGBTQ+ people? _____

Key Community Members

What would you say the climate is like for LGBTQ+ people living in Richmond? _____

Are there any specific things that are challenging or difficult about being an LGBTQ+ person in Richmond? _____

Are there any specific things that are good about being an LGBTQ+ person in Richmond? _____

What type of services do you know of that exist for LGBTQ+ people in Richmond? _____

Do you feel there are any areas in which services are lacking? _____

Have you ever used any services for LGBTQ+ people in Richmond? How was your experience? _____

Are there any spaces in Richmond that you would call safe spaces? _____

What makes them feel safe? _____

Are there specific spaces that you feel are unsafe for LGBTQ+ people? _____

What makes them feel unsafe? _____