# WASHINGTON STATE LGBTQ+ EQUITY AND HEALTH REPORT 2020

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# TABLE OF CONTENTS

# EXECUTIVE SUMMARY

As Washington State continues to experience unprecedented growth, the diversity of sexual orientation, gender identity, and gender expression is also growing. Reflecting this diversity, Washington State is one of the top-ranked states for LGBTQ equality. State anti-discrimination laws[1] protect sexual orientation and gender identity, but despite these statewide protections, striking disparities exist.

The Washington State Equity and Diversity Project was developed to better understand the health, economic, and social needs and strengths of LGBTQ+ adults. The project was developed by the University of Washington, with research partners across the Schools of Social Work, Medicine, Public Health and Policy and Governance, as well as 45 community partner organizations, agencies, and groups statewide. We began by analyzing data from the Washington State Behavioral Risk Factor Surveillance System (WA-BRFSS) (N = 109,527). These data provide a snapshot of our community and illustrate disparities in economic, social, and health indicators among lesbian, gay, bisexual, and sexually diverse women and men compared with their straight counterparts and among transgender adults compared with cisgender adults. Next, we developed and disseminated a community-based anonymous survey to reach Washington State residents 18 and older who self-identify as lesbian, gay, bisexual, trans or gender non-binary and gender diverse, and queer or sexually diverse (LGBTQ+). These participants included hidden-within-hidden and hard-to-reach LGBTQ+ subpopulations to obtain information on distinct risk and protective factors in these communities (N = 1,845). Survey participants were recruited through various methods (e.g., social media, agency email lists, community events, conferences, and outreach workers). Through these diverse methods, we secured, likely, the most demographically diverse sample to date of LGBTQ+ adults in Washington State by sexual orientation, sex, gender identity and expression, race and ethnicity, age, income and education, and geographic region. Once the COVID-19 pandemic hit our state, we also gathered additional data from 264 LGBTQ+ Washington State participants to assess the impact on these communities.

**Key Findings**

The findings of this research highlight needs and barriers as well as strengths and resources in the lives of LGBTQ+ people across Washington State.

*Health and Access*

LGBTQ+ participants in Washington State are health disparate populations compared to straight and cisgender people. They show elevated rates of disability, poor general health, mental distress, and higher likelihood of chronic health conditions. Nearly a third have experienced suicidal ideation within the past year. Elevated risks of suicidal ideation are highest among those living with HIV, trans adults, Native Americans, and those living in the North Sound, Pacific Mountain, Southeast, and Northeast regions of the state. Elevated barriers to health care and other services are found among bisexual, queer, and sexually diverse adults, people of color, as well as those younger (18-29 years of age). The most common reasons for delayed medical care are distrust in doctors, financial barriers to care, perception of lack of availability of LGBTQ+ friendly services, and lack of transportation.

*Experiences of Bias, Trauma, and Microaggressions*

More than half of Washington State's LGBTQ+ adult participants have experienced discrimination or victimization in the past year. Nearly half have been verbally insulted and 21% have been threatened physically. In their day-to-day lives, eight out of ten are exposed to microaggressions including people using derogatory terms to refer to LGBTQ+ people in their presence. Forty percent feel isolated from others. Queer, trans, and gender-diverse partici-

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pants, as well as Hispanic, Black, Native American and multiracial LGBTQ+ participants, show higher rates of bias experiences and social isolation. Nearly 90% have been bullied at school, by family, or at work during their lifetime. More than 45% have been bullied in the past year, with over 60% having been bullied by family. Nearly 90% have experienced a traumatic event during their lifetime, yet nearly one-quarter have not received professional help. Experiences of traumatic and implicit bias and social isolation differ by region, with those in the Northeast and North Sound regions having the highest rates of microaggressions and social isolation.

*Economic and Housing Stability*

LGBTQ+ adults undergo a higher rate of living at or below 200% of the federal poverty level than straight and cisgender adults. More than half are experiencing housing burden and financial insecurity with elevated risks among Hispanic, Black, Native American, multiracial and younger (aged 18-29) LGBTQ+ participants. Trans and gender diverse, bisexual, and queer and sexually diverse participants also have heightened economic and housing instability. Fifteen percent have experienced homelessness multiple times in their lifetime. About one-third lack confidence about remaining in their current housing. More than one out of ten are business owners, primarily sole proprietorships with only one employee. About one-fifth of the business owners have experienced discrimination and biased treatment as an LGBTQ+ business owner.

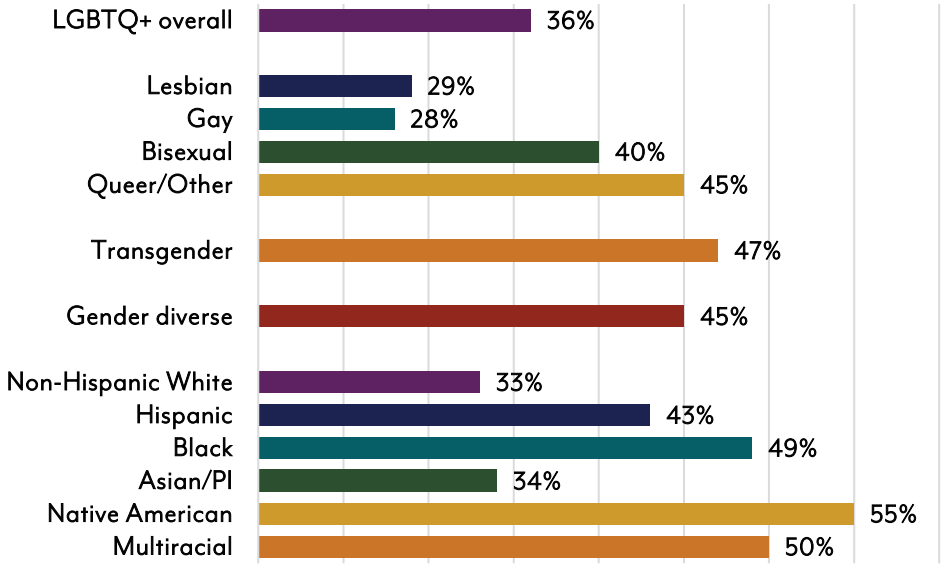
*Community and Social Resources and Engagement*

More than 90% of LGBTQ+ adult participants are socially engaged with friends and family and are actively engaged in LGBTQ+ communities including advocacy activities. High levels of mastery and resilience exist among LGBTQ+ participants, with those aged 65 and older reporting the highest levels of resilience. The top three philanthropic venues of the LGBTQ+ participants in Washington are charity for the community in general, art and cultural events and charity for the LGBTQ+ community. The Northeast and Southwest regions are the lowest in social participation and community engagement, including advocacy activities.

**COVID-19**

The COVID-19 pandemic has exasperated the already existing health, economic, and social disparities facing LGBTQ+ people in our state. LGBTQ+ adults aged 18 and older in Washington State are deeply concerned about the pandemic as they experience substantial changes in many important aspects of their lives. The participants report experiencing profound changes in their economic lives and employment. Many are also experiencing difficulties in their personal relationships as well as experiencing more limited social support, and many are increasing their use of substances. At the same time, much-needed services and programs are difficult and often impossible to find. Nevertheless, many exhibit resilience

**RATES OF POVERTY AMONG LGBTQ+ PARTICIPANTS**




> **"BEING FROM EASTERN WASHINGTON THERE IS DEFINITELY A DIFFERENCE THOUGH. I THINK THERE ARE LESS SERVICES AND LESS ACCESS ON THE EASTERN SIDE OF THE STATE. SOME LGBTQ+ FRIENDS OVER THERE HAVE A HARDER TIME WITH DISCRIMINATION AND ACCESS."**

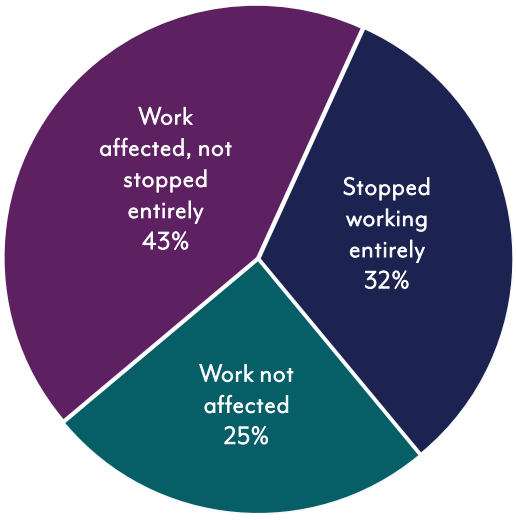
despite these challenges and engage in new activities and embark on new opportunities. As we move forward, we need responsive interventions to LGBTQ+ people and the challenges they face now and may continue to encounter as a result of the pandemic.

**Conclusion**

Despite state laws prohibiting discrimination based on sexual orientation or gender identity, the key findings of this report illustrate that LGBTQ+ people across the state of Washington experience systematic disparities, including inequities resulting from social, economic, and environmental disadvantages;[2,3] as well as poorer physical and mental health; less access to care and other services; higher rates of poverty and housing instability; and heightened risks of experiencing bias, traumatic events, and social isolation, which are being further exasperated by COVID-19. Despite these alarming disparities, LGBTQ+ people remain mostly invisible in policies and services across Washington State. The findings also illustrate the critical areas of strength, resilience, and resources of LGBTQ+ people as they continue to build and advocate for their communities and support the broader Washington State community. As we move forward to address the elevated rates of health, economic, and social disparities within LGBTQ+ communities, we must build upon the many community strengths. We must also address the social determinants and behavioral and clinical factors linked to adversity that occur at multiple levels (e.g., individual, interpersonal, institutional, community, and policy).

The findings of this project paint a portrait of the diverse lives of LGBTQ+ Washingtonians, contrasting inequities with resilience and strengths. Given the rapid growth of demographically diverse population[4,5,6] within our state, addressing the health, economic, and social lives across LGBTQ+ communities is imperative. Only through a holistic approach will the state be prepared to address their mounting needs. By creating equity for LGBTQ+ communities, we will be better equipped to address the needs of all Washingtonians.

**PANDEMIC'S IMPACT ON WORK AMONG LGBTQ+ PARTICIPANTS**



# CALL TO ACTION

We urge State, County and City officials, as well as communities across the state, to advance initiatives that will reduce LGBTQ+ health, economic, and social disparities. It is critical that efforts moving forward build upon the many strengths, resilience, and resources across these diverse communities. We have an important opportunity to implement an action plan that supports all LGBTQ+ communities that is designed to foster racial and ethnic equity, addresses needs across diverse ages, and is informed by the needs, experiences, and strengths across the many distinct regions of our diverse and growing state.

**Data collection**

1. Develop and implement more accurate data collection measures and methods to better ascertain sex, gender, gender identity and expression, sexual orientation, and sexual behavior at the state and local levels.

2. Ensure information on sex is collected beyond binary categories that is inclusive of intersex and other categories of sex.

3. Gather gender related information more accurately to incorporate non-binary and gender diverse identities and expressions.

4. Expand survey questions related to sexual orientation and identity to incorporate those who are gender diverse.

5. Incorporate information on sex, gender, gender identity and expression, and sexual orientation and behavior in all state and local data collection efforts and reports that are intended to reflect the profile, needs and experiences of Washingtonians.

**Promote LGBTQ+ Health Equity and Well-Being**

6. Ensure the availability of LGBTQ+ tailored health and wellness resources and materials across the state, including addressing the distinct needs of LGBTQ+ people, including trans, sexual and gender diverse people; Black, Indigenous, and/or People of Color; those living in poverty; and young as well as old.

7. Create a statewide culturally relevant and evidence-based training program for front-line health care, human service, and housing providers to increase their knowledge and skills using evidence based best practices for serving and addressing the needs of LGBTQ+ people across communities and regions.

8. Promote COVID-19 prevention and aid that directly addresses the unique experiences and concerns of LGBTQ+ people, including efforts to reduce the heightened health disparities, economic hardship, and social isolation resulting from the pandemic.

**Increase Access to Health Care and Other Services**

9. Develop a statewide plan to address LGBTQ+ health care access and behavioral health issues through affordable patient-centered, coordinated, and comprehensive care, including mental health, substance and tobacco use, and stress-related physical health challenges.

10. Expand educational campaigns across the state, including in rural areas, to promote prevention and early detection in LGBTQ+ communities, e.g., mammogram outreach programs, Initiatives addressing HIV, memory loss and social isolation.

11. Expand suicide-prevention programs addressing both common risk factors, e.g., depression, as well as distinct risk factors, e.g., untreated traumatic events, on-going microaggressions, and hate speech. Work to educate providers, community leaders and the public about suicide risk and prevention strategies tailored for the LGBTQ+ community, addressing groups at elevated risk.

**Reduce Experiences of Bias across All Levels**

12. Implement policy to expand curriculum on bullying within schools, including bystander training to intervene in traumatic and implicit bias across settings. Implement a tailored anti-bullying program in long-term care facilities, equipping geriatric and long-term care workers with the skills and knowledge to reduce incidents of bias among staff and residents.

13. Expand trauma-informed care support for LGBTQ+ people across the state, reaching those with the most limited access, including LGBTQ+ people of color, those living in poverty or with limited financial resources, and those who have heightened risk by age, e.g., higher PTSD symptoms among those younger and lower disclosure and fewer prevention efforts aimed at those older.

**Foster Economic Stability**

14. Ensure the state recognizes the documented economic disparities that LGBTQ+ people face in WA state. Include the LGBTQ+ community in efforts to assess and diminish such economic disparities and all types of discrimination that result in limited opportunities for economic advancement.

15. Extend the state's supplier diversity efforts to all recognized WA protected classes, including LGBTQ+ people.

16. Expand employment training and opportunities in the LGBTQ+ communities and develop classes on financial training to enhance financial literacy. These classes should include employment training, financial planning, and independent living skills for teens and young adults.

**Promote Housing Stability**

17. Enhance the supports necessary for LGBTQ+ people to retain their current housing. Ensure LGBTQ+ friendly, affordable housing is accessible to those who have heightened risks of housing insecurity, including those living in poverty, seniors, youth and young adults. Ensure that the needs and experiences of LGBTQ+ communities are addressed in homelessness prevention, transitional housing, and related service efforts.

18. Ensure that all public dollars for housing support, including homeless shelters, require adherence to WA's antidiscrimination laws. Priority should be provided to and investments made in those organizations and agencies that can provide the public good to all Washingtonians, including upholding all antidiscriminatory laws.

**Strengthen Social and Community Resources**

19. To build upon and strengthen efficacy in LGBTQ+ communities, expand university and community based partnerships to design, implement, and evaluate evidence based programs to support social engagement and promote health and well-being.

20. Enhance LGBTQ+ individual and community resilience and strengths by expanding multi-generational opportunities to confront racial and age inequities and to build bridges across generations. Models are needed that can be implemented across the state, including urban, suburban, and rural communities.

# FORWARD

I'm so pleased to release this report. It has been wonderful working with so many Washingtonians to make this project possible. We want to gratefully acknowledge the generous support that made the Washington State LGBTQ+ Equity and Diversity Project a success and extend our gratitude to the individuals and organizations whose time, effort, and resources supported this important project. We want to thank the University of Washington's Population Health Initiative for funding this research. We extend a tremendous thanks to our University of Washington partners on this project, including Barbara Cochrane, PhD, RN, FAAN Professor, Family & Child Nursing, School of Nursing; Corinne S. Heinen, MD, Associate Clinical Professor, School of Medicine, Department of Family Medicine; Marieka Klawitter, PhD, Professor, Evans School of Public Policy & Governance; Charles A. Emlet, PhD, Professor, School of Social Work & Criminal Justice, Tacoma; and Hyun-Jun Kim, PhD, Research Scientist, School of Social Work, as well as our research staff.

We deeply appreciate the engagement and contributions made by the Washington State Equity and Diversity Project Advisory Committee members representing the following organizations: Aging & Long-Term Care of Eastern Washington, Central Washington University's Aging and Long-Term Support Administration, Children's Home Society of Vancouver WA, City of Seattle's Human Services Department, City of Seattle's Office of the Mayor, City of Seattle's Department of Children, Youth, and Families, Eastern Washington University, Entre Hermanos, Equal Rights Washington, EWU Pride Center, Family Support/Triple Point, Gay City: Seattle's LGBTQ Center, Gender Identity/Expression and Sexual Orientation Resource Center, Gender Justice League, GenPRIDE, GLSEN Washington State, Greater Seattle Business Association, Ingersoll Center, Lifelong, Pierce County AIDS Foundation, Rainbow Alliance and Inclusion Network, SAGE Olympia, Seattle & King County's Public Health Departments, Seattle Counseling Service, Skagit Valley College Student Club, Spokane Falls Community College, Tacoma Older LGBT, The Queer Resource Center, Three Rivers Coalition, UW School of Social Work, UW School of Nursing, UW School of Medicine's Department of Family Medicine, UW's Queer Center, UW Evans School of Public Policy & Governance, UW School of Social Work & Criminal Justice Tacoma, Virginia Mason Medical Center, Washington State University's Child, Youth, and Family Behavioral Health Section, WA State Department of Social and Health Services, WA State Health Care Authority, WA State Long-term Care Ombudsman Program, Western Washington University, Whitman College, Whitworth University, Youth Eastside Services.

Finally, we want to extend our most profound appreciation to the thousands of LGBTQ+ Washingtonians who graciously participated in the project, taking the time to share their experiences, resilience, and needs. We hope that this project will lead to increased visibility of LGBTQ+ people in Washington State and guide actions designed to reduce bias and improve their health and well-being and economic and social lives. We offer our heartfelt thanks to all who made this project possible through their many contributions.

Karen Fredriksen Goldsen, PhD
Director, Washington State Equity and Diversity Project
Director, Goldsen Institute
Endowed Professor, University of Washington

# INTRODUCTION

Diversity among Washington State residents is increasing dramatically along with the state's population growth. Washington State's growth rate is ranked 13th in the nation[4] gaining over 118,800 new residents since 2018 and over 800,000 since 2010.[5] In 2019, the population exceeded 7.5 million. With these profound demographic shifts, diversity by race, ethnicity, culture, and age has been increasing rapidly statewide since 2000. In 2019, more than 30% of the state's population were racial and ethnic minorities, an increase from 21% in 2000. The largest increases were among the Hispanic population, which grew by over 110%, Asian and Pacific Islanders by over 95%, African Americans by 50%, and American Indians and Alaska Natives by 40%.[6] Concurrently, as part of the graying of America, over 16% of Washingtonians are over 65 years of age, up from 12% in 2010. It is estimated that within two decades, one in five Washingtonians will be over 65 years old.[7] Projections show that one in four Americans will be 65 years and older by 2060.[8]

We are also witnessing increasing diversity in the state population by sexual and gender diversity yet this increase is rarely recognized as part of the dynamic demographic shifts. It is estimated that more than 5% of Washington adults are lesbian, gay, bisexual, transgender, or queer (LGBTQ)[9] while 4.5% of the U.S. population overall self-identifies on public health surveys as LGBTQ.[10] When taking into consideration the number of adults who are in same-sex relationships, engage in same-sex sexual behavior, or are sexually or gender diverse but who do not publicly identify as LGBTQ, the number increases substantially, representing more than 10% of the adult population.[11]

Washington State is one of the top-ranked states for LGBTQ+ equality with sexual orientation and gender identity protected under state non-discrimination laws.[1] Still, the health, economic, and social needs of LGBTQ+ people are rarely addressed in services, policies, or research in the state of Washington.

Utilizing a health equity perspective,[12] the goal of the Washington State Equity and Diversity Project is to better understand the strengths of LGBTQ+ Washingtonians and what is needed for them to reach their full health, economic, and social potential given the context of their lives. To better understand the lives of LGBTQ+ people across the state requires integration of an intersectional analysis attending to race and ethnicity, socio-economic status, sexual orientation, and gender identity and expression. Additionally, our goal was to examine similarities as well as differences by distinct age groups and by differing geographic regions. To meet these goals, we implemented a community-engaged approach to ensure representation and engagement of diverse communities throughout the project.

The Washington State Equity and Diversity Project was designed to meet the following goals: through extensive outreach and data collection, engage with LGBTQ+ Washingtonians and ensure the inclusion of hard to reach populations; assess key health, economic and social indicators by sexual orientation, gender, gender identity and expression, and race/ethnicity; identify inequities and those at greatest risk as well as the resilience and strengths in these populations; and articulate key findings and actionable recommendations.

**"IT SEEMS LIKE HATE AGAINST THE LGBTQ+ COMMUNITY IS ON THE RISE. WE NEED ALLIES OUTSIDE THE COMMUNITY ADVOCATING ON OUR BEHALF."**

# MAKING IT ALL POSSIBLE

The Washington State Equity and Diversity Project was conducted by the University of Washington, with research partners across the Schools of Social Work, Medicine, Public Health and Policy and Governance, as well as with 45 community partners, organizations, agencies, and groups statewide. The success of the project would not have been possible without the help, engagement, and participation of our Community Advisory Committee members, community groups, organizations, advocates, outreach workers who work directly within and across diverse communities, and especially our participants.

The Washington State Equity and Diversity Project Community Advisory Committee began meeting in January 2019 by initially reviewing available information on the health, economic, and social needs of the LGBTQ+ communities, as well as demographic trends within the state of Washington. We then analyzed population-based data from the Washington State Behavioral Risk Factor Surveillance System (WA-BRFSS)[13] (N = 109,527). Next, we developed and disseminated a community-based anonymous survey that was distributed to diverse LGBTQ+ communities between April 2019 and September 2019 to reach Washington State residents 18 and older who self-identify as lesbian, gay, bisexual, trans or gender diverse, and queer or sexually diverse adults to obtain information about their lives (N = 1,845).

We developed and implemented multi-prong outreach and recruitment techniques to ensure diverse participation, including offering our materials in English and Spanish. Additionally, we worked directly with many diverse communities, community agencies, and community-based outreach workers engaging hard to reach participants. For more information about the project, see Methodology. As a result of this rigorous recruitment process, an unprecedented number of LGBTQ+ people from hard-to-reach and generally under-represented groups across all regions of the state completed the survey.

This is the first statewide project to fully assess LGBTQ+ health, economic, and social disparities (i.e., adverse outcomes systematically experienced by communities as a result of disadvantages creating greater obstacles to their well-being and health)[2,3]. Providing a window into the critical issues facing LGBTQ+ communities, this report sheds light on what is needed now as well as in the future.

The report is organized into the following sections: Who Participated; Health and Well-being; Access to Care and Services; Experiences of Discrimination, Bias and Trauma; Economic and Housing Insecurity; and Social Resources. We conclude with a Call to Action with recommendations. All findings in the sections below are from the Washington State Equity and Diversity Survey unless otherwise indicated as findings from WA-BRFSS and we have included direct quotes from the participants who shared their experiences with us.



# WHO PARTICIPATED?

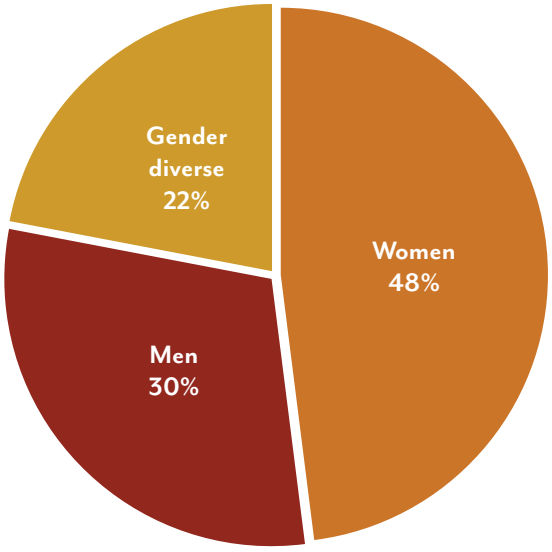
Washington State LGBTQ+ communities are tremendously diverse by sexuality, gender identity and expression, age, race and ethnicity, income, education, and geographic location, reflected in the demographically diverse sample secured by this project. Across the state 1,845 LGBTQ+ people 18 years of age and older participated, which is likely the most diverse sample to date of LGBTQ+ people across the state. A primary project goal was to ensure the representation of demographically diverse and hard to reach segments of the population and thus may not reflect all LGBTQ+ people in the state. Below is the profile of those who participated.

**Sexual orientation.** A third of the LGBTQ+ participants (32%) identify as queer and sexually diverse; 24% as gay; 22% lesbian; 22% bisexual; and 1% as straight.

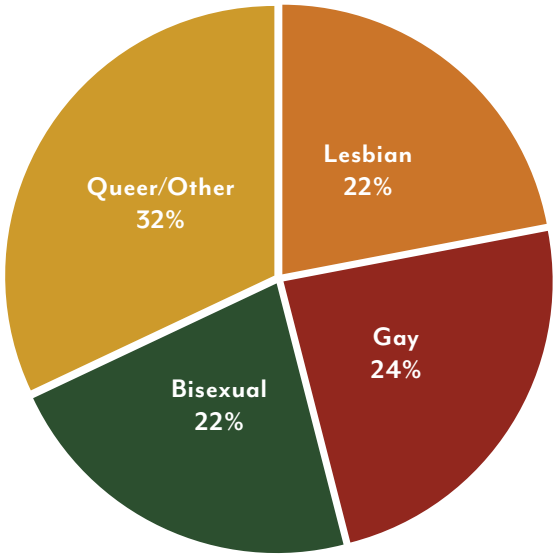
**Gender:** Over a fifth (22%) of the participants identify as transgender or trans. In terms of gender, 48% identify as women, 30% as men and 22% as gender diverse or non-binary (hereafter, gender diverse).

**Race and ethnicity.** The participants are more diverse by race and ethnicity than in most previous surveys, with 25% LGBTQ+ people of color. The survey includes 75% non-Hispanic White, 10% Hispanic, 5% Black/African American, 5% Asian/Pacific Islander, and 3% Native American/Two-Spirit (includes American Indian and Alaskan Native), 2% are multiracial. Five percent were born outside of the United States or U.S. Territories.

**GENDER OF LGBTQ+ PARTICIPANTS**




**SEXUAL IDENTITY OF LGBTQ+ PARTICIPANTS**




> **"AS AN ASEXUAL, I OFTEN FEEL INVISIBLE. PEOPLE SEE SEXUALITY AS A LINEAR THING BETWEEN HETERO TO AND HOMO, WITH BI IN THE MIDDLE. I'M NOWHERE ON THAT LINE."**

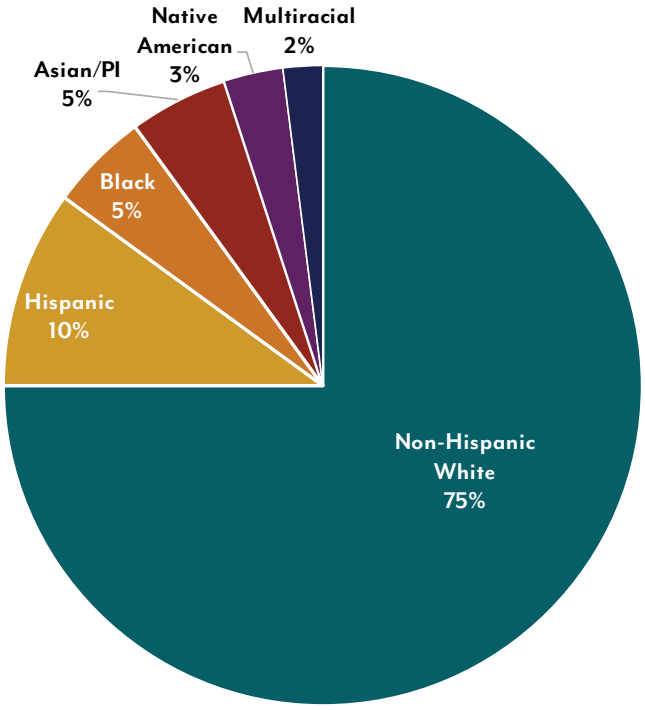
**Age.** Participants range from 18 to 103 years of age. More than one-third (35%) are 18 to 29 years of age, 37% are age 30 to 49, 20% are age 50 to 64, and 8% are age 65 and older.

**Income and poverty.** When asked about their annual household income, more than a fifth (21%) have an annual household income of less than $20,000, 30% between $20,000 and $49,999, 29% between $50,000 and $99,999, and 20% have $100,000 or more. When taking both household income and size into account, more than 36% have incomes at or below 200% of the federal poverty level.[14]

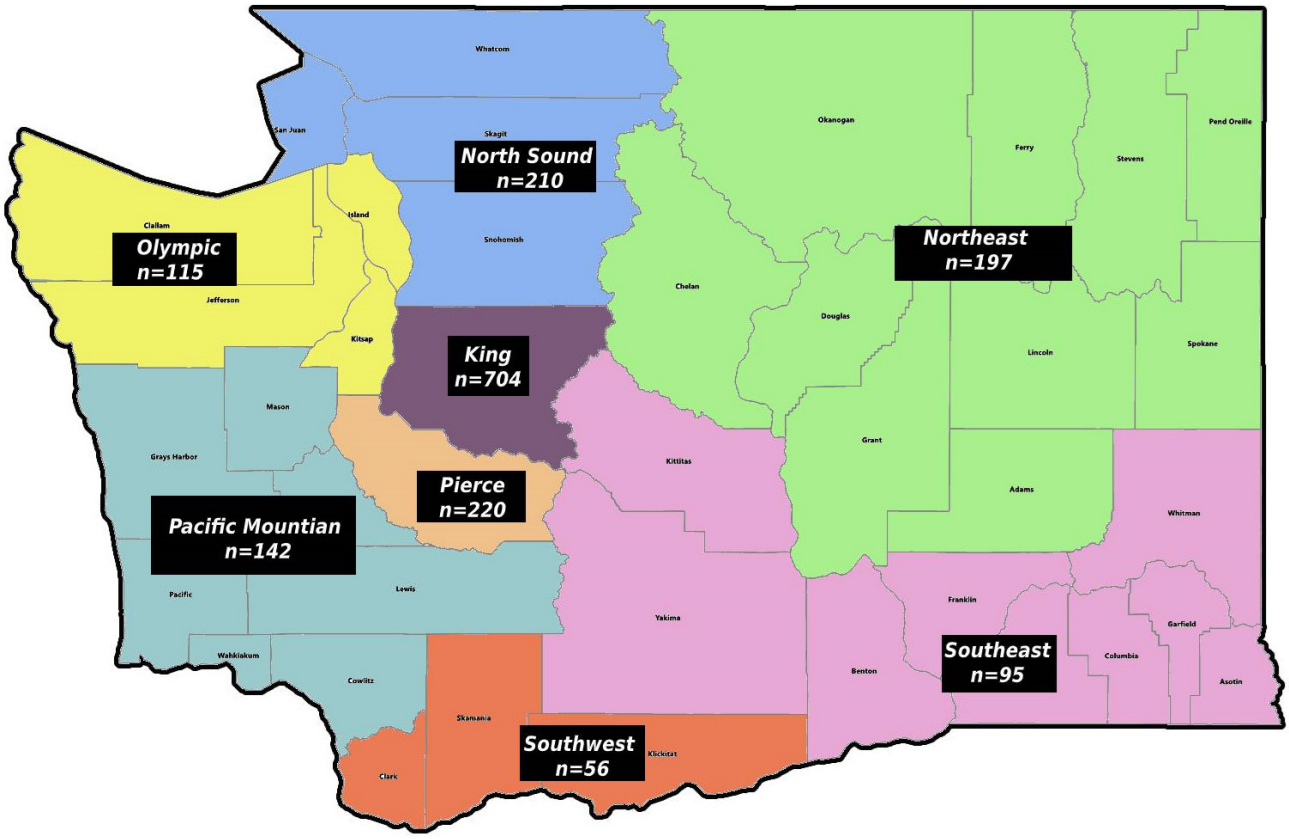
**Veteran status.** Almost one out of 14 (7%) have served in the military including 12% men and 5% women. About 11% of trans and gender diverse participants served in the military.

**Employment.** Among the LGBTQ+ participants, 57% are working for others in paid employment with an additional 7% self-employed. Among those under 65, 7% are not employed. Of those 65 and older, 72% are retired.

**RACE/ETHNICITY OF LGBTQ+ PARTICIPANTS**



**NUMBER OF WASHINGTON STATE PARTICIPANTS BY REGION**




**Education.** More than half (57%) have a 4-year college degree or more; 31% some college; 12% a high-school degree or less than a high-school education. Almost seven out of ten (67%) LGBTQ+ participants 65 and older have a bachelor's degree or higher.

**Marital and partnership status.** Nearly half (47%) are single, including 7% divorced, 2% widowed, 1% separated, and 28% never married or partnered. Just over half (53%) are married or partnered.

**Region.** Geographic locations where participants resided are grouped into 8 regions largely based on the Washington State Health Care Authority's Accountable Communities of Health regions,[15] including King County (40%); Pierce County (13%); North Sound (12%), includes Snohomish, Skagit, Whatcom, Island, and San Juan counties; Northeast (11%), includes Spokane, Lincoln, Adams, Ferry, Stevens, Pend Oreille, Okanogan, Chelan, Douglas, and Grant counties; Pacific Mountain (8%), includes Mason, Thurston, Lewis, Grays Harbor, Pacific, Wahkiakum, and Cowlitz counties; Olympic (7%), includes Kitsap, Clallam, and Jefferson counties; Southeast (5%), includes Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, and Whitman counties; and Southwest (3%), includes Clark, Skamania, and Klickitat counties.

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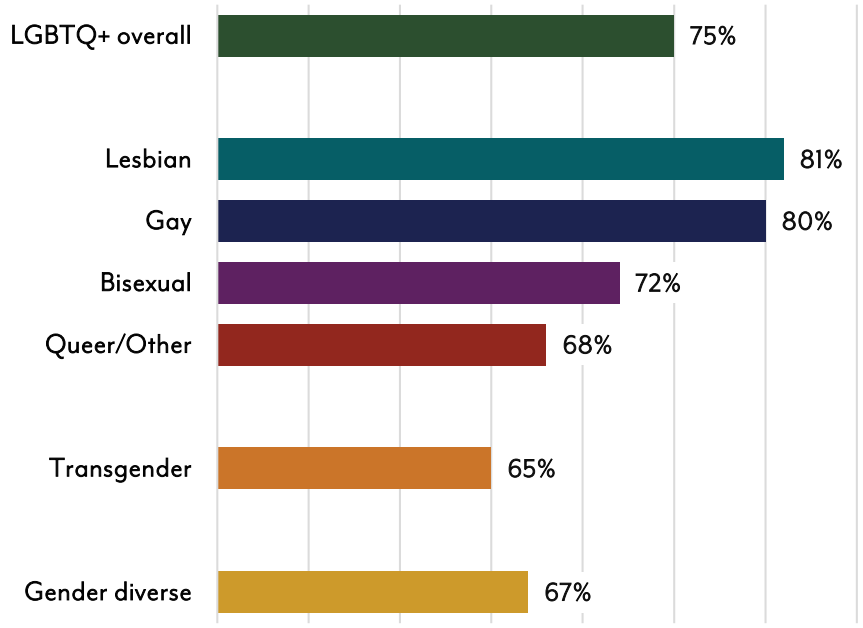
# HEALTH AND WELL-BEING

**KEY FINDINGS**

- LGBTQ+ people in Washington State compared to straight and cisgender people are a health disparate population, with elevated rates of disability, poor general health, frequent mental distress and multiple chronic conditions.
- Trans and gender diverse adults and those living in poverty among LGBTQ+ community survey participants show elevated risk of health disparities.
- Lesbian, bisexual, and sexually diverse women compared to straight women have higher rates of cardiovascular disease (CVD), arthritis, asthma, and obesity as well as heightened risk of substance use, smoking and excessive drinking. Gay, bisexual, and sexually diverse men, compared to straight men, have higher rates of smoking and diabetes. More than one in ten gay men of the community survey report living with HIV.
- More than half (58%) of participants have experienced suicidal ideation during their lifetime. Nearly one-third (29%) experienced suicidal ideation in the past year, and among trans and gender diverse adults, as well as those age 18 to 29, multiracial, and living in poverty, 40% reported suicidal ideation in the past year.

**PERCENTAGE OF LGBTQ+ PARTICIPANTS WITH GOOD GENERAL HEALTH**




This research illustrates significant health disparities among LGBTQ+ adults in Washington State. They are at elevated risk of adverse physical and mental health, even when accounting for differences in age, income and education. Despite the alarming findings regarding health disparities in the LGBTQ+ adult population, they remain generally invisible in health services, programs, and policies in Washington State.

**Physical health.** Evidence of health disparities among sexual and gender minority populations is mounting.[16,17] Utilizing data from the WA-BRFSS, we find that LGBTQ+ adults, when compared with their straight and cisgender counterparts, have significantly higher rates of disability and poor general health. The WA-BRFSS data also indicates that lesbian, bisexual, and sexually diverse women have higher rates of frequent poor physical health and more chronic conditions (including CVD, arthritis, asthma and obesity) than straight women, while gay, bisexual, and sexually diverse men are more likely to have diabetes and asthma than straight men. While most LGBTQ+ community survey participants in Washington have good general health (75%) trans and gender diverse adults (vs. cisgender adults) are at heightened risks of poor physical health and disability. Gay men report the highest rate of living with HIV (13%) among LGBTQ+ participants.

**Mental health.** Data from the WA-BRFSS also indicates that LGBTQ+ Washingtonians are more likely to experience frequent mental distress


“WORKING AT AN LGBTQ+ ORGANIZATION PROVIDING DIRECT SERVICES AND RESOURCES TO THE COMMUNITY CONNECTED ME TO THE COMMUNITY MORE AND WAS AN AFFIRMING PLACE TO WORK. IT HELPED INFORM MY KNOWLEDGE OF OTHERS DOING WORK IN THE COMMUNITY, AS WELL.”

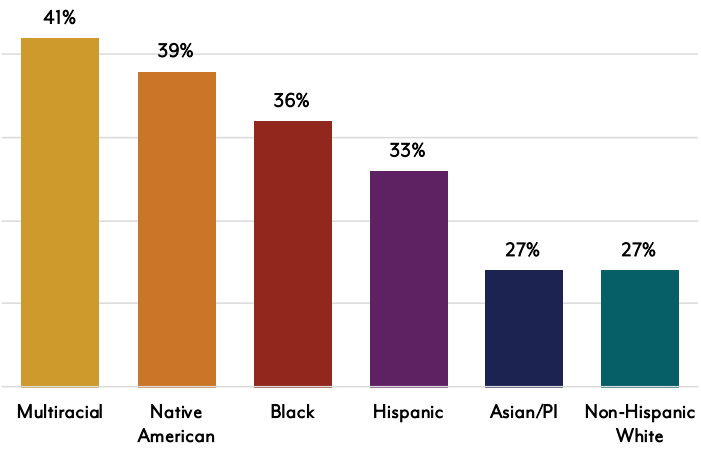
than their straight and cisgender counterparts. More than half of LGBTQ+ community survey participants have had depression (56%) or anxiety (58%). The risk of frequent mental distress is especially high among bisexual, queer and sexually diverse, trans and gender diverse participants. More than half (58%) also report suicidal ideation over their lifetime, and nearly a third (29%) have experienced suicidal ideation within the past year. Heightened risk of recent suicidal ideation is found among trans (43%), gender diverse (40%), age 18-29 (40%), bisexual (32%), and queer and sexually diverse (37%) participants. About 43% of those living with HIV report recent suicidal ideation.

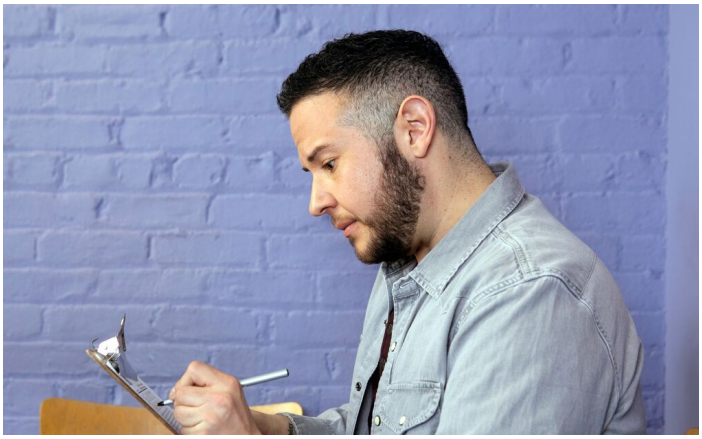
**Health behaviors.** Most LGBTQ+ participants (79%) are engaged in physical activity, over 60% consume vegetables daily, and about one third eat fruit daily. According to findings from the WA-BRFSS data, lesbian, gay, bisexual, and sexually diverse adults are more likely to smoke than straight adults, and lesbian, bisexual, and sexually diverse women also have a higher likelihood of excessive drinking.

**Key Differences Between Groups**

Hispanic, Black, Native American/Two-Spirit, and multiracial LGBTQ+ adult participants experience disparities in health,

**SUICIDAL IDEATION AMONG LGBTQ+ PARTICIPANTS IN THE PAST YEAR**



including frequent mental distress, disability, and cognitive impairment as well as chronic health conditions (e.g., higher HIV/AIDS among Blacks (15%) and higher obesity (34%), arthritis (39%), and hypertension (42%) among Native Americans/Two-Spirits). The highest rates of suicidal ideation in the past year are among Native Americans/Two-Spirit and multiracial participants.

Those aged 65 and older show the highest rates of disability, while the younger age groups are more likely to experience elevated rates of mental distress and suicidal ideation. Those aged 18 to 29 have the highest rate of suicidal ideation in the past year compared to other age groups.

Those living at or below 200% of the federal poverty level (FPL) have heightened risks of adverse physical and mental health, disability, cognitive impairment, and suicidal ideation, along with lower rates of physical activity.

Those residing in Eastern Washington (Northeast and Southeast regions) compared to the other regions have heightened risks in adverse physical and mental health outcomes, as well as substance use. Those living in the North Sound, Pacific Mountain, Southeast, and Northeast regions of the state have the highest rate of suicidal ideation in the past year compared to the other regions.

**"I AM A DISABLED, CHRONICALLY ILL MEMBER OF THE LGBTQ+ COMMUNITY SO I AM OFTEN ISOLATED."**

# IMPACTS OF COVID-19

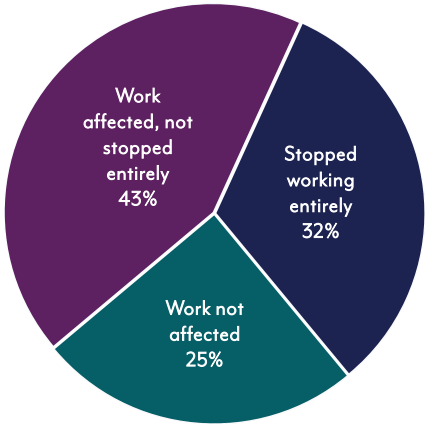
Since September 2020, 286 individuals aged 18 and older in Washington State LGBTQ+ communities have participated in a follow-up study to assess the coronavirus pandemic's impact in various areas of life. The demographic and socioeconomic characteristics are similar to those who participated in the 2019 Washington State Equity and Diversity Survey.

**Experiences of COVID-19.** Over two-thirds (67%) of the participants know someone diagnosed with the COVID-19, and approximately one-quarter (23%) know someone who has died of the disease. The self-reported infection rate is 9% among the participants with certainty (2%) or probable (7%) infection, of which 44% are experiencing lingering health effects.

**Concerns about the pandemic.** Over 70% of the participants express substantial concerns about the pandemic. Their primary worries lie in what will happen in the future followed by concerns for family members' health.

**Economy and finance.** Over three-quarters of workers (75%) have had their work affected by the pandemic, and 32% have stopped working entirely. Only a third who had stopped working have found a new job. Compared to before the pandemic, one third (33%) report they are more stressed and worried about paying their rent or mortgage, and 27% about buying nutritious meals. Three out of 10 are now living with a significant reduction in income.

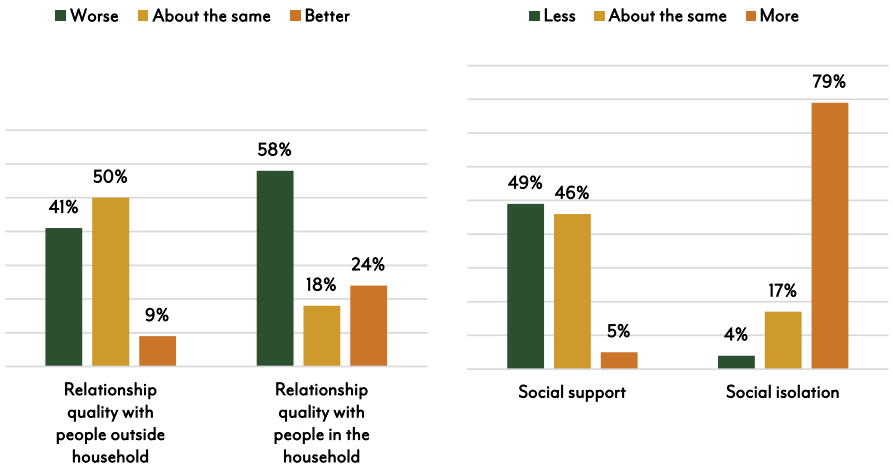
## PANDEMIC'S IMPACT ON WORK AMONG LGBTQ+ PARTICIPANTS




**Social relationships.** Although one-half of the participants experience increased virtual contact with friends and family since the pandemic, more than three-quarters feel more isolated from others (79%) and lack sufficient in-person contact (76%). Social and emotional support is more limited for nearly half (49%) of the participants, and their relationship quality is worse overall. The majority (58%) report a substantial decline in the relationship quality with people in their household, while 41% are experiencing a decline in relationship quality with people outside the home.

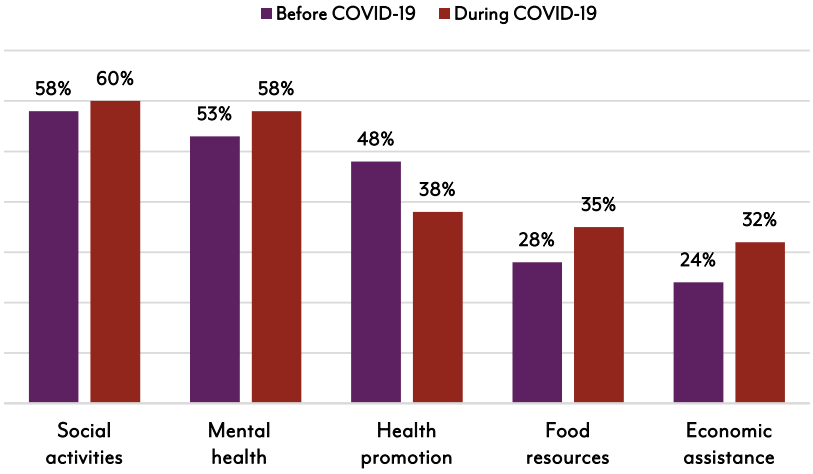
**Substance use.** A substantial number of participants are experiencing increased use of substances during the pandemic, with 47% smoking more, 41% using marijuana more, 39% e-cigarettes more, 34% drinking alcohol more, and 11% using other substances more.

## CHANGES IN SOCIAL RELATIONSHIPS DURING THE PANDEMIC AMONG LGBTQ+ PARTICIPANTS




**Need for services and programs.** While the participants report needing more services and programs, nearly two-thirds (65%) have had difficulty locating them during the pandemic. More participants indicate they now need mental health services compared to before the pandemic. Noticeable increases in the need for food resources and economic assistance are also observed.

## TOP 5 MOST NEEDED SERVICES BEFORE AND DURING COVID-19




**Daily activities.** Nine out of ten are less engaged in activities such as shopping and traveling to visit friends or family than they were before the pandemic. Many participants report an increase in sedentary activities, such as watching TV, movies, or shows (68%), followed by reading (45%) and listening to music (41%). There is also an increase in participants' engagement in hobbies and crafts (41%). Furthermore, participants are more physically active with garden work or home repairs (45%) and are more likely to take walks outside (33%) and/or exercise at home (36%). More than a quarter pray (30%) or meditate (27%) more than before the pandemic. Since the pandemic, about two out of five (39%) have learned how to use a new device, application, or computer program.

In summary, LGBTQ+ adults aged 18 and older in Washington State are deeply concerned about the pandemic as they experience substantial changes in essential aspects of their lives. Many are undergoing profound changes in work and economic circumstances, worsening interpersonal relationships, limited social support, and increased use of substances. At the same time, much-needed services and programs are difficult and often impossible to locate. Nevertheless, many exhibit strengths and resilience and are engaging in new activities and exploring new opportunities. Efforts to support and encourage one another at the societal, community and interpersonal levels will benefit this community in this unusual and, for many, difficult time.

# ACCESS TO HEALTH CARE AND OTHER SERVICES

## KEY FINDINGS

- LGBTQ+ adults, compared to straight and cisgender adults, show elevated or equivalent rates of accessing preventive health care, including routine checkup and health screening tests, HIV tests and flu shots; however, lesbian, bisexual, and sexually diverse women show a lower rate of having a mammogram compared to straight women.

- While most LGBTQ+ adult participants have health insurance (92%), nearly 80% have delayed needed medical care, including 63% who postponed medical care when sick.

- Common barriers to medical care include distrust in doctors (51%), financial barriers (48%), lack of LGBTQ+ friendly services (44%), and lack of transportation (17%). Fourteen percent report receiving inferior health services in the past year.

- Lower preventive health care and greater barriers to care were reported among bisexual, queer and sexually diverse adult participants, as well as among those younger (especially those aged 18-29).

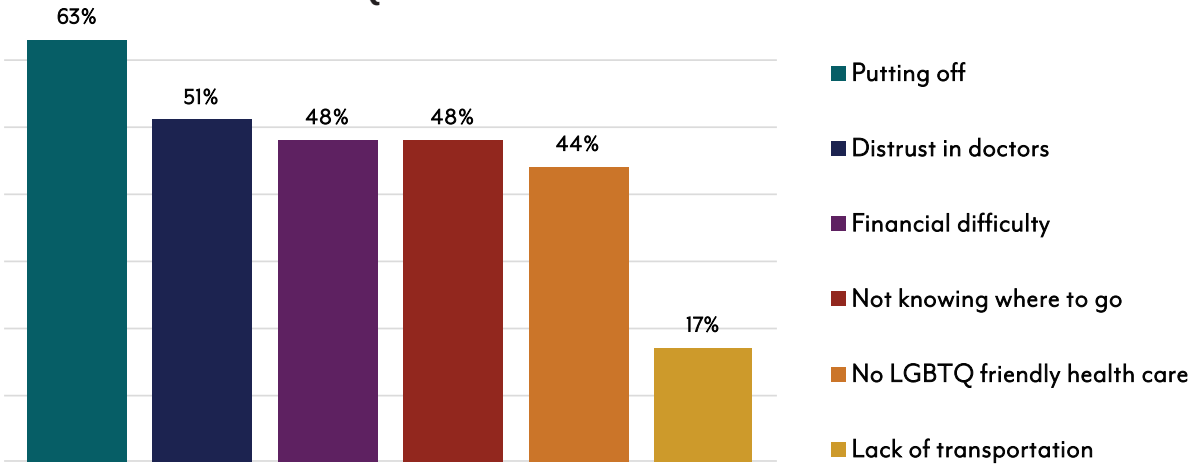
- About three-quarters (74%) of LGBTQ+ adult participants have disclosed their sexual orientation and/or gender identity and expression to their health care provider. However, only half of bisexual participants and 57% of the youngest participants (aged 18-29) have disclosed.

- The five services and programs identified as most needed are social and recreational activities (58%); mental health services (53%); health promotion, wellness, and exercise classes (48%); groceries and food resources (28%); and employment and job seeking support (28%).

Lack of access to quality health care can have sweeping adverse consequences for anyone. This research finds that LGBTQ+ adults face distinct barriers to care. Yet, most services and programs are geared toward the general population and often do not take into account the unique needs of LGBTQ+ people, such as stigma and prior experiences of discrimination and bias.

**Preventive health care.** Access to preventive health care is essential to good health and well-being.[18] Based on WA-BRFSS data, we find that LGBTQ+ adults, compared to straight and cisgender adults, show higher rates of accessing preventive health care, such as being tested for HIV, getting a routine checkup for gay, bisexual, and sexually diverse men, and obtaining flu vaccination for gay, bisexual, and sexually diverse men. However, lesbian and bisexual women aged 40 and older show a lower likelihood of having a mammogram within the last two years, as compared to their straight counterpart.

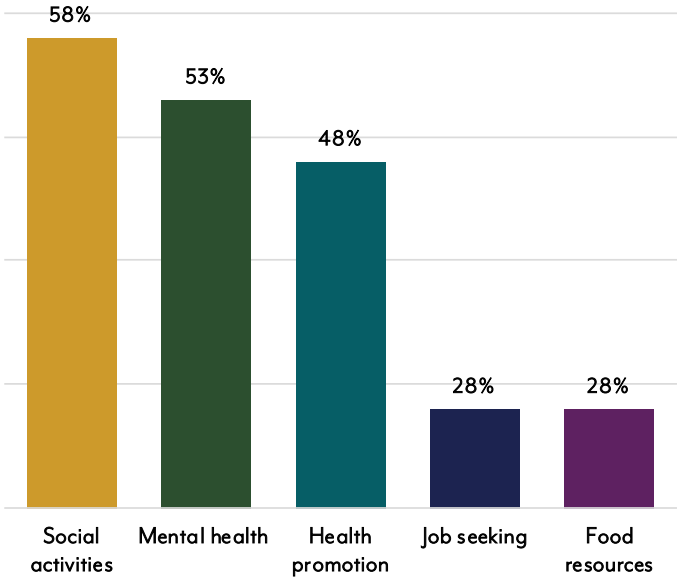
**COMMON BARRIERS TO HEALTH CARE AMONG LGBTQ+ PARTICIPANTS**



**Health care access.** Most (92%) of LGBTQ+ adult participants have health insurance. Nearly three-quarters (73%) have a primary health care provider, with bisexual, queer and sexually diverse adults reporting lower rates of having a provider.

**Barriers to health care.** Among LGBTQ+ adult participants, 76% have delayed needed health care including nearly two-thirds (63%) who postponed health care even when sick. Half (51%) report a distrust in doctors, 48% are unsure of where to obtain care, and 44% feel there is no LGBTQ+ friendly health care in their area. In terms of financial barriers, nearly half (48%) need medical care but cannot afford it. Bisexual, queer, and sexually diverse participants report the highest rates of not accessing needed medical care and being distrustful of doctors. They experience financial barriers to care and lack available information, services and transportation to access care.

**TOP 5 SERVICE NEEDS AMONG LGBTQ+ PARTICIPANTS**




**Identity disclosure to health care provider.** Nearly three-quarters (74%) of LGBTQ+ adult participants disclose their sexual orientation and/or gender identity and expression to their health care provider. The disclosure rate is significantly lower for bisexual adults (50%). Trans adults (83%) are more likely to disclose their sexual orientation and/or gender identity and expression to their health care provider than cisgender adults (72%). Women (68%) and gender diverse adults (67%) are less likely to disclose their sexual orientation or gender identity and expression to health care providers compared to men (88%).

**Service needs.** The five services and programs identified as most needed by the LGBTQ+ participants include social and recreational activities (58%); mental health services (53%); health promotion, wellness, and exercise classes (48%); employment and job seeking support (28%); and groceries and food resources (28%). Bisexual (58%), queer and sexually diverse (69%), trans (68%), and gender diverse adults (72%) identified mental health services as a priority need. More than two thirds (68%) of queer and sexually diverse identify the need for social and recreational activities.

**Informal care and needs.** About a quarter of participants are providing regular assistance to a friend or family member who has a health problem or disability. The most needed support services for those providing informal care for others includes help in getting access to services (36%), time-off from work (35%), counseling to help cope (32%), respite care (24%), and support groups (21%).

**"I WAS DENIED A NECESSARY PROCEDURE BECAUSE I WAS TRANS."**

**Key differences between groups**

Hispanic, Native American/Two-Spirit, and Asian/Pacific Islander LGBTQ+ participants are less likely to have a health care provider than the other ethnic and racial groups. Black, Hispanic, and Asian/Pacific Islander participants are also less likely to disclose their sexual orientation or gender identity and expression to health care providers. Black and multiracial participants have a higher likelihood of experiencing financial barriers to health care compared to other groups.

Living in poverty is associated with lower rates of preventive health care and health care coverage and a higher rate of barriers to care. LGBTQ+ participants living in poverty have lower rates of obtaining mammograms, more financial barriers to care, and three-quarters have not accessed needed medical care.

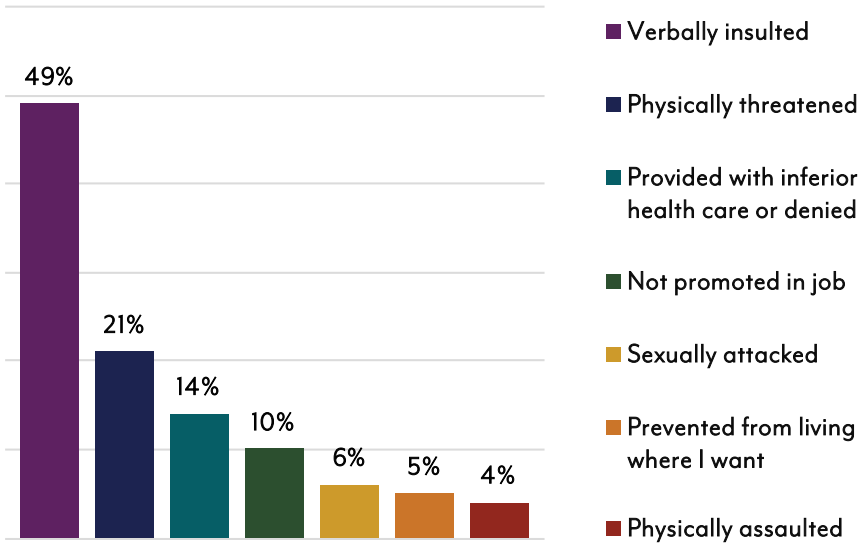
The North Sound and Southwest regions show lower rates of preventive health care, including HIV testing and Pap smears. Compared to King County, the participants in other regions reported lower rates of LGBTQ+ friendly health services and were less likely to disclose their sexual orientation and/or gender identity and expression to providers.

# EXPERIENCE OF BIAS AND TRAUMA

**KEY FINDINGS**

- More than half of Washington State's LGBTQ+ adult participants have experienced discrimination or victimization in the past year, nearly half (49%) have been verbally insulted, and more than one in five have been threatened physically.
- Eight out of ten are exposed to on-going microaggressions (indirect and subtle forms of bias), including people using derogatory terms to refer to LGBTQ+ people in their presence.
- Nearly 90% have been bullied at school or work or by family over their lifetime. Almost half have been bullied in the past year.
- Nearly 90% have experienced a traumatic event in their lifetime, yet approximately one-quarter have not received professional help. More than half of those who have experienced a traumatic event report post-traumatic stress disorder (PTSD) symptomatology.
- Four out of ten feel isolated from others.
- Heightened experiences of discrimination, bias, trauma, and social isolation are observed among bisexual, transgender, queer and sexually diverse, and gender diverse adults.

**RATES OF DISCRIMINATION AND VICTIMIZATION IN THE PAST YEAR AMONG LGBTQ+ PARTICIPANTS**



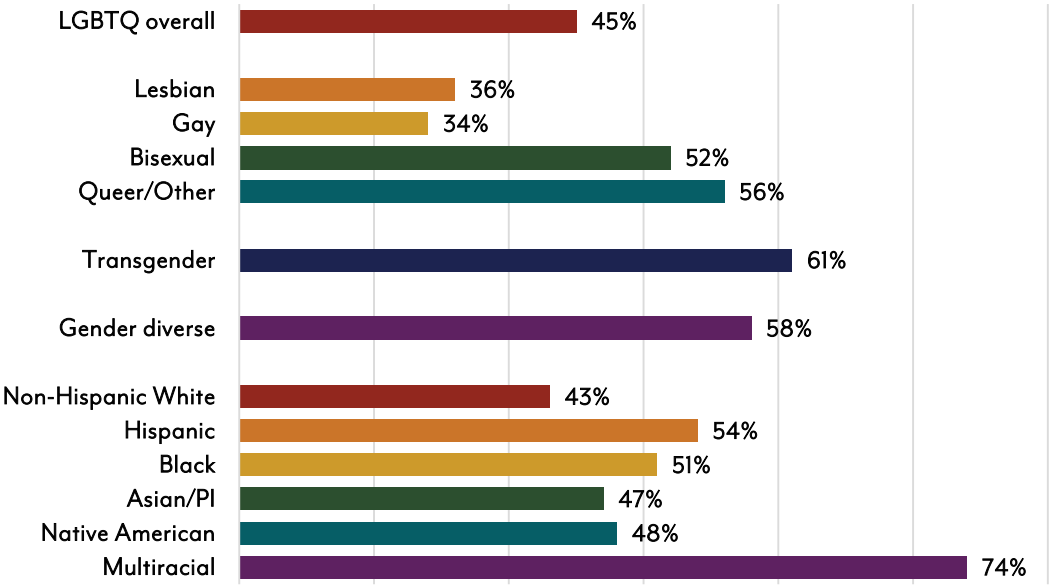

Discrimination, acts of aggression, and bullying that result from bias and prejudice have been shown to have far-reaching negative effects, including adverse physical and mental health, lack of employment mobility, and social exclusion and isolation.

**Discrimination and victimization.** Lifetime experiences of discrimination and victimization are known to be strong predictors of poor health-related quality of life, disability, and depression for LGBTQ+ individuals.[19,20] More than 8 of 10 (86%) of the LGBTQ+ adult participants report lifetime experiences of discrimination and victimization.

Over a half (51%) of LGBTQ+ adult participants have experienced discrimination in their lifetime, including being denied a job promotion (32%) and being prevented from living in their desired neighborhood (12%). The rates of lifetime discrimination are similar among lesbian, gay, queer and sexually diverse participants. Bisexual participants report lower rates of discrimination (38%).

About one out of five report having experienced discrimination in the past year including having received inferior health care (14%), denial of job promotion (10%), and housing discrimination (5%). Queer, sexually diverse, transgender and gender diverse participants show higher rates of lifetime and recent discrimination, as do men compared to women.

**RATES OF BULLYING IN THE PAST YEAR AMONG LGBTQ+ PARTICIPANTS**




More than 80% of LGBTQ+ adult participants have experienced LGBTQ-related victimization in their lifetime; half report victimization in the past year. The most common types of lifetime and recent victimization are verbal insult (81% and 49%, respectively) followed by physically threatened (54% and 21%, respectively), sexual assault (22% and 6%, respectively), and physical assault (22% and 4%, respectively). Lifetime and recent victimization are more likely reported by queer and sexually diverse (87% and 60%, respectively), transgender (91% and 68%, respectively), and gender diverse participants (89% and 63%, respectively). A higher rate of lifetime victimization is also observed among gay participants (86%).

**Interpersonal bias and microaggressions.** The common types of interpersonal bias experienced by LGBTQ+ adult participants are being treated with less courtesy or respect compared to others (56%); experiencing an unfriendly or hostile environment (56%); being treated as if they are not as smart as others (47%) or are inferior (40%); being devalued or humiliated (40%); and receiving poorer service than others at restaurants or stores (34%). The majority also reported experiencing microaggressions, such as people using derogatory terms to refer to LGBTQ+ stereotypes (80%); media portraying LGBTQ+ stereotypes (70%); people referring to sexual orientation or gender identity and expression as "lifestyle choices" (61%); and people saying they understand an LGBTQ+ person since they have LGBTQ+ friends (55%). Experiencing interpersonal bias and microaggressions were heightened among bisexual and queer and sexually diverse adults, as well as among trans and gender diverse adults.

**Bullying.** About 90% of LGBTQ+ participants have been bullied in their lifetime; about 88% of the bullying occurred at school, 38% at work and 45% by family members. More than 45% have been bullied in the past year, with bisexual (52%) and queer and sexually diverse (56%), trans (61%), and gender diverse adults (58%) at heightened risk.

> **"IN SEATTLE I WENT OUT FOR A BIRTHDAY DINNER FOR A FRIEND AND BROUGHT MY GIRLFRIEND. WE WERE IGNORED BY ALL THE WAIT STAFF THE ENTIRE TIME AND HAD TO HAVE OUR FRIENDS ORDER FOR US BECAUSE THE WAITERS REFUSED TO SERVE US."**

**Domestic violence.** Sixteen percent of participants have been verbally abused and 5% physically abused by a spouse, partner, family member, or close friend in the past year. Trans (26%) and gender diverse (21%) participants as well as bisexual (24%) and queer and sexually diverse (17%) participants are at heightened risks of verbal abuse.

**Traumatic experiences.** About 90% of LGBTQ+ adult participants have had a distressing, traumatic experience in their lifetime. Of them, 77% have talked to a health professional, while nearly one-quarter (23%) have not. Lesbian, queer and sexually diverse, trans and gender diverse adults are more likely than other groups to have received professional help. Of those who have had a traumatic experience, 54% evidenced post-traumatic stress disorder (PTSD) symptomatology. Gender diverse (69%), trans (66%), bisexual (60%), queer and sexually diverse (64%) participants show higher rates of PTSD symptomatology when compared with lesbian (41%) and gay (45%) participants.

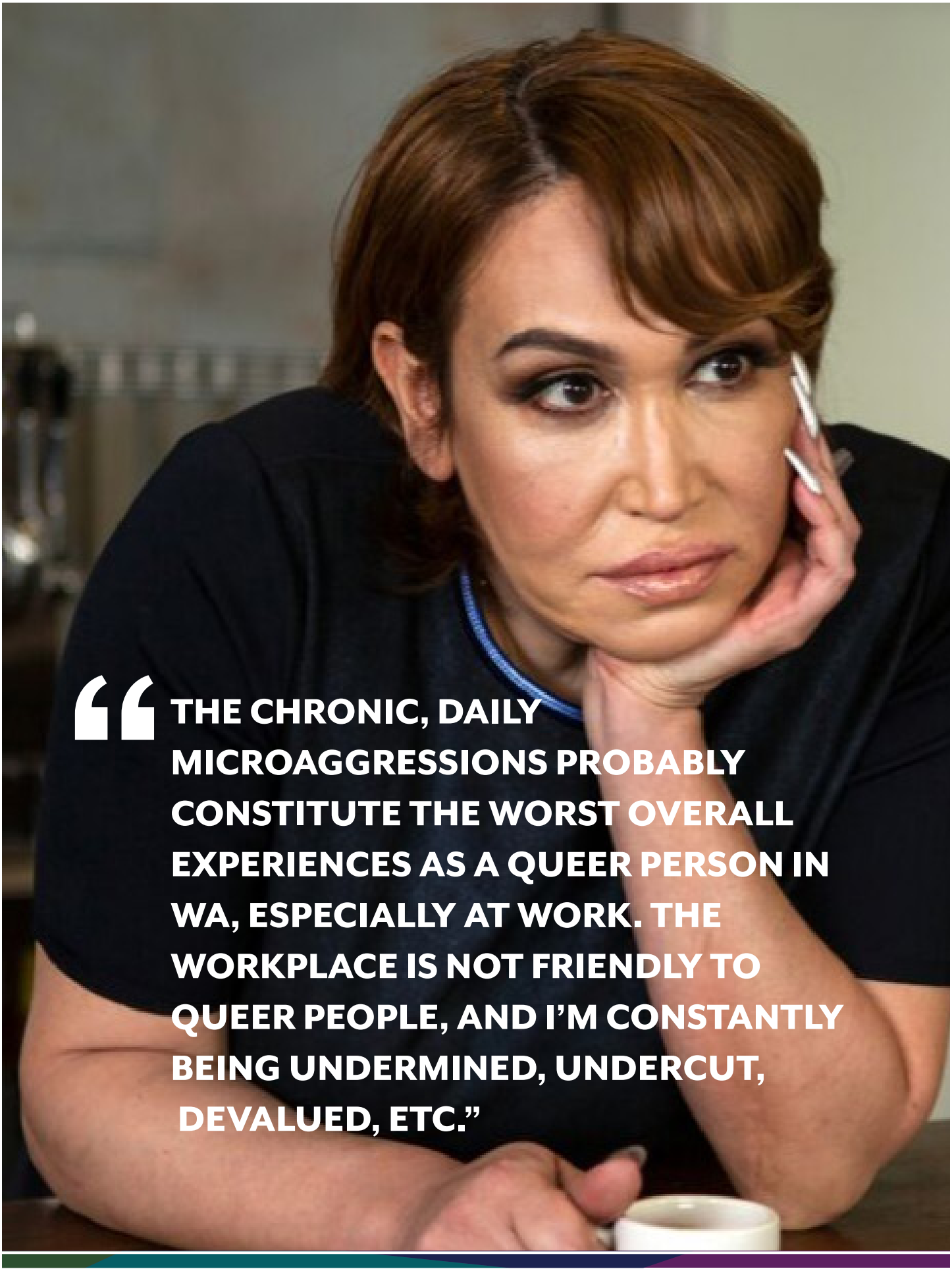
**Social isolation.** More than 40% of LGBTQ+ adult participants report they fairly or very often feel isolated from others. About 30% report that they feel left out and lacking companionship. Social isolation is highest among bisexual, queer, and sexually diverse adults, as well as trans and gender diverse adults compared to other groups.

**Key Differences Between Groups**

Poverty and younger age are associated with higher rates of bias experiences, PTSD symptomatology, and social isolation.

Hispanic, Black, Native American/Two-Spirit and multiracial LGBTQ+ adults show higher rates of bias experiences and social isolation. Hispanic, Black, and multiracial LGBTQ+ adults show a higher rate of being bullied.

LGBTQ+ adults residing in the North Sound and Northeast regions show higher levels of microaggressions and social isolation. Bullying is most common in the North Sound and Southeast regions.

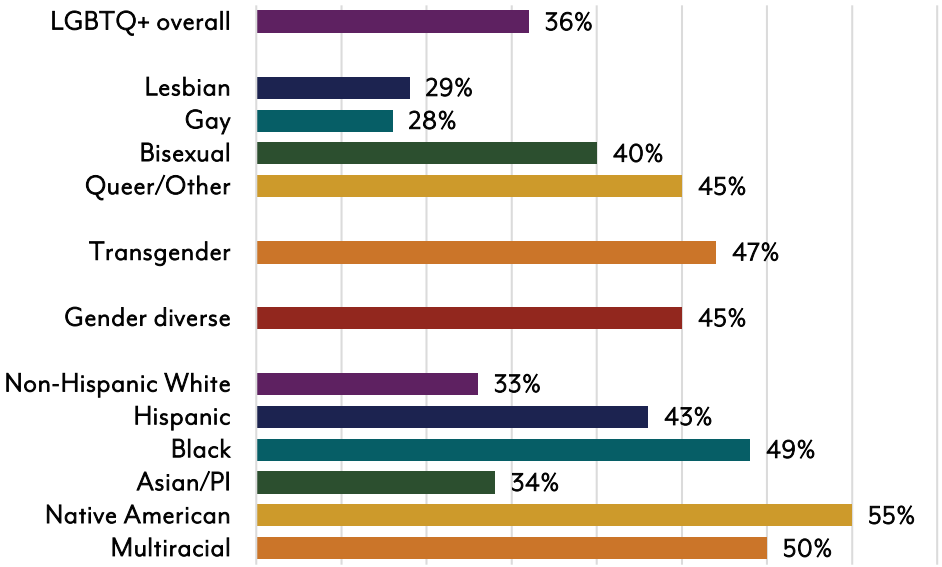

“THE CHRONIC, DAILY MICROAGGRESSIONS PROBABLY CONSTITUTE THE WORST OVERALL EXPERIENCES AS A QUEER PERSON IN WA, ESPECIALLY AT WORK. THE WORKPLACE IS NOT FRIENDLY TO QUEER PEOPLE, AND I’M CONSTANTLY BEING UNDERMINED, UNDERCUT, DEVALUED, ETC.”

# ECONOMIC AND HOUSING STABILITY

**KEY FINDINGS**

- LGBTQ+ adults are more likely to live at or below 200% of the federal poverty level compared to straight and cisgender adults. Half of the LGBTQ+ participants report difficulties in paying bills and securing food due to income instability and are worried about paying their rent or mortgage.
- Sixty percent of the LGBTQ+ participants are housing-cost burdened. More than half (54%) are renting, while slightly more than one-third (36%) own their homes.
- One third lack confidence about remaining in their current housing. Fifteen percent have experienced homelessness multiple times in their lifetime.
- Heightened risk of housing insecurity and financial volatility is found among trans, gender diverse, bisexual, queer and sexually diverse adults as well as those aged 18-29 and living in poverty.
- More than one out of ten (11%) participants are business owners, with most being sole proprietors (61%) and about one-quarter (23%) having one paid employee.
- About one in five (19%) LGBTQ+ business owners report experiencing discrimination and biased treatment as business owners and at their place of business.

**RATES OF POVERTY AMONG LGBTQ+ PARTICIPANTS**

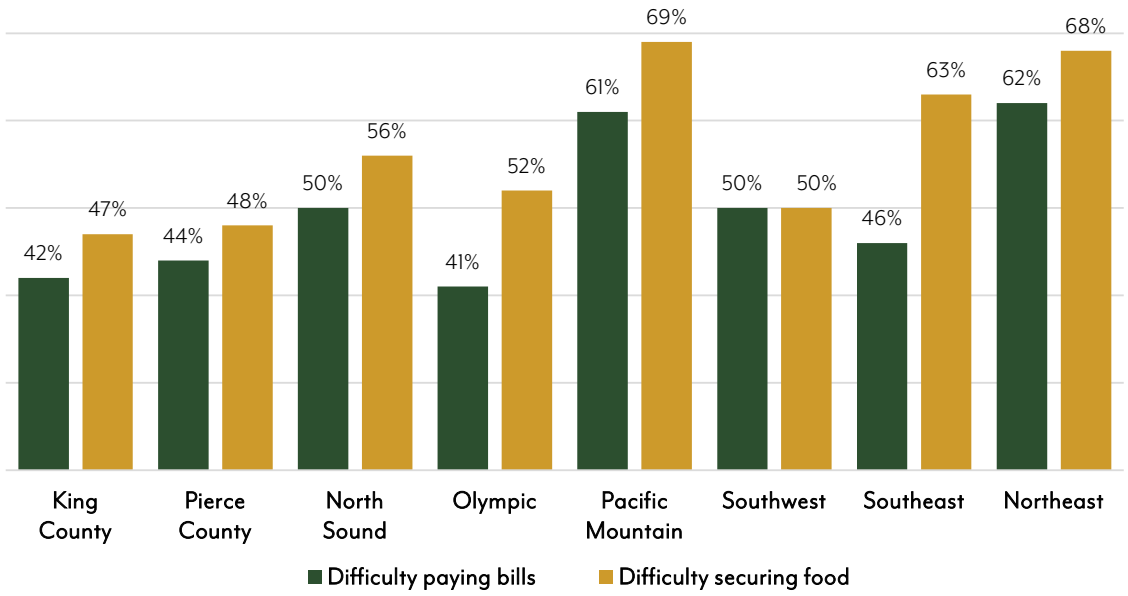



As Washington continues to increase in population, the demand for services, jobs, and housing are heightened, creating many serious challenges. Washington State had the fastest growing economy in the nation in 2018 and is now one of the nation's ten largest economies.[21] This strong population and economic growth has propelled home prices in the state to double between 2000 and 2018[22] while statewide annual wages have grown by only 22%, from $50,903 in 2000 to $61,893 in 2017.[23]

**Financial volatility.** Overall, 7% of LGBTQ+ participants are unemployed, which is much higher than the 4.5% state unemployment rate in 2018,[24] and 36% live at or below 200% of the federal poverty level (FPL). According to the WA-BRFSS data, the rates of living at or below 200% of the federal poverty level for LGBTQ+ adults are significantly higher than those for straight and cisgender adults. Nearly one-half (48%) of participants report difficulties in paying bills due to income instability; and more than half (54%) are often worried about securing food. Transgender, gender diverse, bisexual and queer and sexually diverse adults report the highest likelihood of being unemployed, living at or below 200% FPL, having difficulties paying bills and securing food due to income instability.

**Housing ownership and burden.** Over half (54%) of the LGBTQ+ participants are renting, while 36% own their homes. Sixty percent are housing cost burdened, spending more than

**FINANCIAL INSTABILITY BY REGION AMONG LGBTQ+ PARTICIPANTS**




30% of their monthly income on housing. Half are worried about paying their rent or mortgage. Bisexual, sexually diverse adults, trans and gender diverse adults have the highest rates of renting, being housing-cost burdened and/or being worried about paying their rent or mortgage. These groups are also more likely to experience housing insecurity (39%) and repeated homelessness (22%).

**Housing insecurity.** More than a quarter (27%) of LGBTQ+ participants have experienced homelessness in their lifetime, and 15% have experienced repeated homelessness (two or more times). More than 30% are not confident about their ability to remain in their current housing. Fifteen percent have moved two or more times in the past year. Trans and gender diverse participants report the highest rates of repeated homelessness (21%), recent multiple moves (21%), and housing security (39%).


© Carla Lewis

**"I AM ON THE BRINK OF HOMELESSNESS DUE TO THE IMPOSSIBLE HOUSING MARKET IN AND NEAR SEATTLE AND I AM NOT ABLE TO AFFORD RENT ON A CONSISTENT BASIS."**

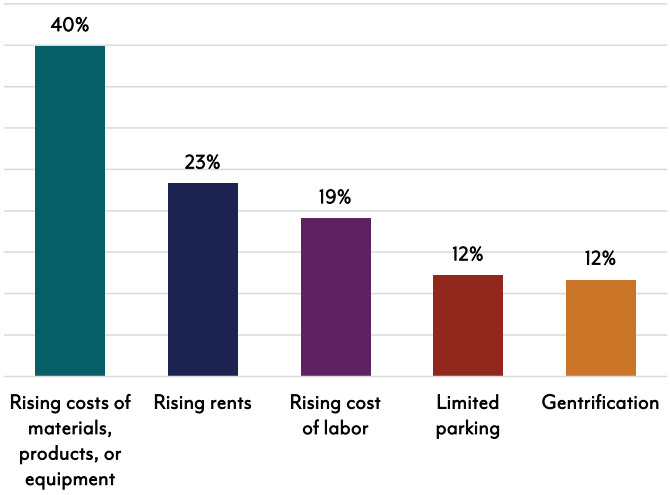
**Business ownership.** Among LGBTQ+ participants, 11% own a business or farm. The majority of these businesses (61%) are sole proprietorships; 48% are incorporated. In terms of the source of initial capital for these businesses, 9 out of 10 participants used personal or family savings and assets. Forty percent of the participants have been denied a loan in their lifetime; 31% refrained from applying for loans due to fear of being denied. Nearly two in ten LGBTQ+ business owners have experienced discrimination at their place of business. Other barriers reported include rising cost of materials, products, or equipment (40%), rising rents (23%), rising cost of labor (19%), gentrification of the business neighborhood (12%), and lack of available parking (12%).

### Key Differences Between Groups

Hispanic, Native American/Two-Spirit, and multiracial LGBTQ+ participants show heightened risk of housing insecurity and financial volatility; Blacks have heightened risk of financial volatility. Trans business owners report high rates of rising rents and gentrification of neighborhoods.

The Northeast, Southeast, and Pacific Mountain regions show the highest rates of housing insecurity and financial volatility. Those in the Pacific Mountain, Southeast, and Northeast regions report higher rates of living at or below 200% FPL, having difficulties paying bills and securing food due to income instability.

**KEY BARRIERS AMONG LGBTQ+ BUSINESS OWNER PARTICIPANTS**




# SOCIAL RESOURCES

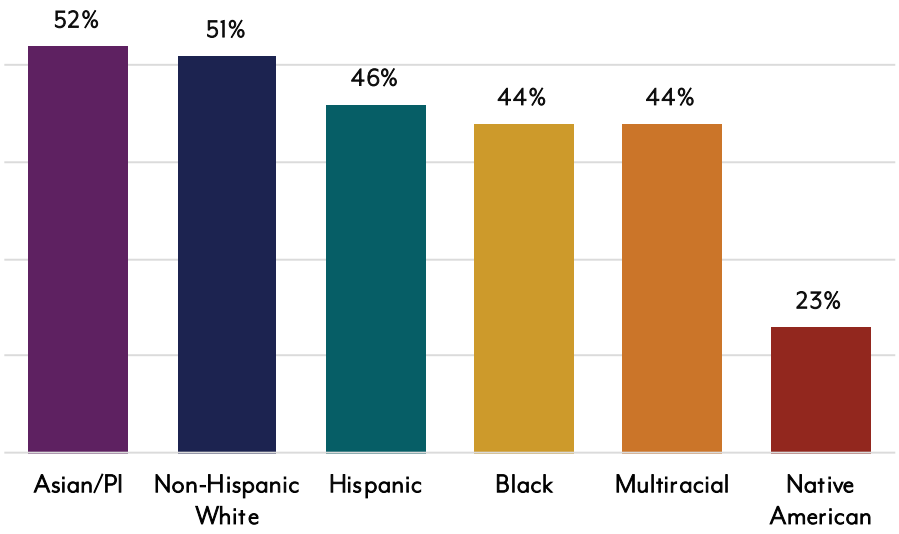
**KEY FINDINGS**

• More than 90% of LGBTQ+ adult participants are socially engaged with friends and family and are actively engaged in LGBTQ+ communities includ-ing advocacy activities. Queer and sexually diverse and trans and gender diverse adults report the highest levels of community engagement.

• There are high levels of resilience and mastery among LGBTQ+ parti-ci-pants. Those aged 65 and older report the highest levels of resilience.

• The top three philanthropic venues for participants include charity for com-munity in general (62%), art and cultural events (59%), and support and charity specific to the LGBTQ+ community (58%).

**RATES OF SOCIAL AND EMOTIONAL SUPPORT BY RACE/ETHNICITY AMONG LGBTQ+ PARTICIPANTS**




Though LGBTQ+ people often face bias and invisibility, this project finds high levels of resilience and the cultivation of networks and on-going community engagement. These sustaining supports provide the resources necessary for LGBTQ+ adults and their communities to thrive.

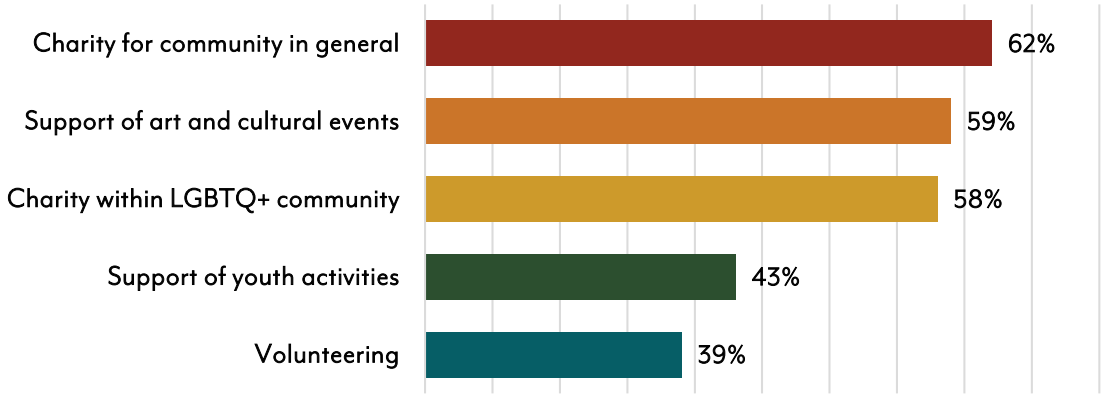
**Social network and support.** More than half (58%) of LGBTQ+ adult participants report they have three or more people that they can count on for practical help, such as picking up groceries or talking about a problem. Most LGBTQ+ participants (93%) socialize with friends and family and 81% go out for enjoyment monthly or more often. About 50% participate in group meetings and activities while 16% attend spiritual/religious activities.

Nearly 9 out of 10 help others and three-quarters feel part of the LGBTQ+ community. More than two-thirds (65%) engage in on-going advocacy activities. Queer and sexually diverse participants (70%) and gender diverse participants (71%) are the most likely compared to other groups to engage in advocacy activities.

> **"THE REGULAR MICROAFFIRMATIONS! I LOVE BEING PART OF A QUEER COMMUNITY THAT LOVES AND AFFIRMS ME. I GET THIS MOSTLY FROM OTHER QUEER PEOPLE BUT ALSO RARELY FROM CISHET PEOPLE.**


“I STARTED A QUEER MEETUP GROUP FOR MY LOCAL AREA IN PUYALLUP AND IT HAS BEEN REALLY AMAZING IN BUILDING QUEER COMMUNITY LOCALLY.”

**PHILANTHROPIC ACTIVITIES AMONG LGBTQ+ PARTICIPANTS**




**Resilience and mastery.** Overall, LGBTQ+ participants have high levels of resilience and mastery. Two-thirds (66%) report they bounce back quickly after hard times. More than 8 out of 10 (82%) report that when they really want to do something, they usually find a way to succeed at it.

**Identity disclosure.** Most of the LGBTQ+ participants disclose their sexuality and/or gender identity and expression to their best friend (97%) and family (93%). Many of them also disclose their identity to their supervisor (67%) and faith community (57%). Less than half (46%) openly disclose or "come out," to a neighbor. Lesbian and gay participants are more likely to disclose their identities compared to bisexuals and those who are queer and sexually diverse.

**Philanthropic activities.** The majority of the participants give back to their communities. For example, their top six philanthropic venues are as follows: charity for the community in general (62%), art and cultural events (59%), support and charity specifically within the LGBTQ+ community (58%), support of youth activities (43%), and volunteering (39%).

**Key Differences Between Groups**

Black (24%), Native American/Two-Spirit (26%), and multiracial (28%) LGBTQ+ participants are more likely to engage in spiritual/religious activities than non-Hispanic Whites (15%). Black and Hispanic LGBTQ+ participants (35%) are the least likely to disclose their sexual identity or gender identity and expression within their faith community.

Asian/Pacific Islander (52%), non-Hispanic White (51%), Hispanic (46%), Black (44%), and multiracial participants (44%) are more likely to receive needed emotional and social support compared to Native American/Two-Spirit LGBTQ+ participants (23%).

Those aged 65 and older report significantly higher levels of resilience and mastery when compared to the youngest age group.

Participants from King County and the Olympic region are the most active in community, social engagement, and philanthropic activities, including volunteering. Those in the Northeast and Southwest regions of the state have the lowest rates of social participation and community engagement, including advocacy activities.

> **"VOLUNTEERING FOR 2019 TRANS PRIDE HELPED ME FEEL SEEN, VALUED, AND RESPECTED WHILE GIVING BACK TO MY OWN COMMUNITY."**

# CALL TO ACTION

We urge State, County and City officials, as well as communities across the state, to advance initiatives that will reduce LGBTQ+ health, economic, and social disparities. It is critical that efforts moving forward build upon the many strengths, resilience, and resources across these diverse communities. We have an important opportunity to implement an action plan that supports all LGBTQ+ communities that is designed to foster racial and ethnic equity, addresses needs across diverse ages, and is informed by the needs, experiences, and strengths across the many distinct regions of our diverse and growing state.

**Data collection**

1. Develop and implement more accurate data collection measures and methods to better ascertain sex, gender, gender identity and expression, sexual orientation, and sexual behavior at the state and local levels.

2. Ensure information on sex is collected beyond binary categories that is inclusive of intersex and other categories of sex.

3. Gather gender related information more accurately to incorporate non-binary and gender diverse identities and expressions.

4. Expand survey questions related to sexual orientation and identity to incorporate those who are gender diverse.

5. Incorporate information on sex, gender, gender identity and expression, and sexual orientation and behavior in all state and local data collection efforts and reports that are intended to reflect the profile, needs and experiences of Washingtonians.

**Promote LGBTQ+ Health Equity and Well-Being**

6. Ensure the availability of LGBTQ+ tailored health and wellness resources and materials across the state, including addressing the distinct needs of LGBTQ+ people, including trans, sexual and gender diverse people; Black, Indigenous, and/or People of Color; those living in poverty; and young as well as old.

7. Create a statewide culturally relevant and evidence-based training program for front-line health care, human service, and housing providers to increase their knowledge and skills using evidence based best practices for serving and addressing the needs of LGBTQ+ people across communities and regions.

8. Promote COVID-19 prevention and aid that directly addresses the unique experiences and concerns of LGBTQ+ people, including efforts to reduce the heightened health disparities, economic hardship, and social isolation resulting from the pandemic.

**Increase Access to Health Care and Other Services**

9. Develop a statewide plan to address LGBTQ+ health care access and behavioral health issues through affordable patient-centered, coordinated, and comprehensive care, including mental health, substance and tobacco use, and stress-related physical health challenges.

10. Expand educational campaigns across the state, including in rural areas, to promote prevention and early detection in LGBTQ+ communities, e.g., mammogram outreach programs, Initiatives addressing HIV, memory loss and social isolation.

11. Expand suicide-prevention programs addressing both common risk factors, e.g., depression, as well as distinct risk factors, e.g., untreated traumatic events, on-going microaggressions, and hate speech. Work to educate providers, community leaders and the public about suicide risk and prevention strategies tailored for the LGBTQ+ community, addressing groups at elevated risk.

**Reduce Experiences of Bias across All Levels**

12. Implement policy to expand curriculum on bullying within schools, including bystander training to intervene in traumatic and implicit bias across settings. Implement a tailored anti-bullying program in long-term care facilities, equipping geriatric and long-term care workers with the skills and knowledge to reduce incidents of bias among staff and residents.

13. Expand trauma-informed care support for LGBTQ+ people across the state, reaching those with the most limited access, including LGBTQ+ people of color, those living in poverty or with limited financial resources, and those who have heightened risk by age, e.g., higher PTSD symptoms among those younger and lower disclosure and fewer prevention efforts aimed at those older.

**Foster Economic Stability**

14. Ensure the state recognizes the documented economic disparities that LGBTQ+ people face in WA state. Include the LGBTQ+ community in efforts to assess and diminish such economic disparities and all types of discrimination that result in limited opportunities for economic advancement.

15. Extend the state's supplier diversity efforts to all recognized WA protected classes, including LGBTQ+ people.

16. Expand employment training and opportunities in the LGBTQ+ communities and develop classes on financial training to enhance financial literacy. These classes should include employment training, financial planning, and independent living skills for teens and young adults.

**Promote Housing Stability**

17. Enhance the supports necessary for LGBTQ+ people to retain their current housing. Ensure LGBTQ+ friendly, affordable housing is accessible to those who have heightened risks of housing insecurity, including those living in poverty, seniors, youth and young adults.

Ensure that the needs and experiences of LGBTQ+ communities are addressed in homelessness prevention, transitional housing, and related service efforts.

18. Ensure that all public dollars for housing support, including homeless shelters, require adherence to WA's antidiscrimination laws. Priority should be provided to and investments made in those organizations and agencies that can provide the public good to all Washingtonians, including upholding all antidiscriminatory laws.

**Strengthen Social and Community Resources**

19. To build upon and strengthen efficacy in LGBTQ+ communities, expand university and community based partnerships to design, implement, and evaluate evidence based programs to support social engagement and promote health and well-being.

20. Enhance LGBTQ+ individual and community resilience and strengths by expanding multi-generational opportunities to confront racial and age inequities and to build bridges across generations. Models are needed that can be implemented across the state, including urban, suburban, and rural communities.


“THERE ARE A LOT MORE ‘OUT’ PEOPLE HERE THAN IN OTHER STATES I’VE LIVED IN, AND IT’S BEEN REALLY LOVELY HAVING EXPERIENCES WITH COWORKERS AND CLASSMATES WHERE WE CAN BOND OVER BOTH BEING LGBT.”

# METHODOLOGY

To better understand the health, social, and economic needs and resources among LGBTQ+ adults in Washington State, we analyzed two datasets. Population-based data from the Washington State Behavioral Risk Factor Surveillance System (WA-BRFSS) was merged and analyzed for the years 2011 through 2019.[13] We also conducted the first statewide survey of LGBTQ+ adults in Washington, the Washington State Equity and Diversity Survey. Data analyses were performed using Stata/SE 14.2.

**WA-BRFSS**

Each US state conducts an annual telephone survey in partnership with the Centers for Disease Control and Prevention (CDC) using the random-digit-dial method. Noninstitutionalized individuals aged 18 and older are selected each year through stratified random sampling. Households are selected using landline numbers, and one adult from each household is randomly selected. Beginning in 2011, individuals are also directly contacted using cellphone numbers.[25] We aggregated the WA-BRFSS data from 2011 to 2019 (N = 121,101). Valid responses to the sexual orientation question yielded the study sample size of 109,527. Sampling weights provided by the WA-BRFSS were used to address any sampling bias. According to weighted estimation among women (unweighted n = 61,549), 1.61 % (unweighted n = 914) identified as lesbian, 3.81% (unweighted n = 1,339) as bisexual, and 1.32% (unweighted n = 625) as other. Among men (unweighted n = 47,952), 2.33% (n = 1,052) identified as gay men, 1.69% (unweighted n = 613) as bisexual, and 1.02% (unweighted n = 419) as other. The age range in the sample was 18 – 99.

For data analysis, we estimated the weighted prevalence of health indicators by sexual orientation, i.e., health outcomes, chronic conditions, health behaviors, preventive health care, and health care access. Sexual minority individuals (lesbians, gay men, bisexuals, and other sexually diverse individuals) were compared with their straight counterparts. Significance tests for logistic regressions were performed adjusting for age, income, and education.

**Washington State Equity and Diversity Survey**

This is the first statewide project to assess the health, economic, and social needs and resources of LGBTQ+ (self-identifying as lesbian, gay, bisexual, transgender, gender diverse, queer or sexually diverse) adults, 18 years of age and older living in Washington State. We administered a self-administered anonymous survey over a six-month period from April 2019 to September 2019. Survey participants were recruited through social media and the email lists of more than 40 community agencies and organizations in Washington State serving sexual and gender minorities. Postcards, including the survey website link, were also distributed at community venues and events, meetings, and conferences. Furthermore, community outreach workers went out to community events, venues, and meetings to share the survey announcement and to ask potential participants to complete the survey at the site using the paper version or online. As an expression of gratitude, $200 gift cards were awarded to ten randomly selected participants who completed their survey and submitted their raffle participation form. The total N (sample size) for the survey was 1,845. All study procedures were reviewed and approved by the University of Washington Institutional Review Board.

For data analysis, descriptive statistics (i.e., frequencies, means, and ranges) of health, economic, and social needs and resources among LGBTQ+ adults were initially estimated. Next, similarities and differences by sexual orientation, gender identity and expression, age, gender, race/ethnicity, household income, and region were examined via ANOVA and chi-squared tests, as appropriate. The OLS regressions and logistic regressions were further conducted to clarify the similarities and differences as needed.

Self-report data are based on participants' perceptions and memory and do not replace objective measures. The research design and sampling procedures of the community-based survey limit the generalizability of the findings. Some variables have sample sizes that are insufficient for reliable statistical analyses of similarities and differences among subsamples (e.g., race/ethnicity, region), and such findings should be considered as preliminary and warranting additional attention in a follow-up study. For a full description of key measures used in this study, contact AgePride@uw.edu.

# KEY TERMS (IN ALPHABETICAL ORDER)

**Barriers as business owner.** Business owners selected challenges and barriers for all that applied: (1) Rising rents, (2) gentrification, (3) lack of parking close or near your business, (4) rising cost of labor, (5) rising cost of materials, products, or equipment, and (6) other.

**Barriers to health care.** Participants were asked about seven different types of barriers to health care including distrust in doctors, unavailability of LGBTQ+ friendly health care, lack of knowledge of where to go, unavailability of needed services, lack of transportation, postponing, and financial barriers. Participants reported on the frequency of experiencing each barrier during the past 12 months, which was dichotomously coded to indicate Yes – "happened sometimes, usually, or always" or No – "never happened."

**Bias experiences at business.** Business owners were asked whether there had ever been property damage, verbal assault, physical assault, and/or other discrimination or bias at their business, and to whom: "to you as a business owner," "to your employees," and/or "to customers." Any occurrences were counted as having had bias experiences.

**Bullied.** Whether participants had ever been bullied at school, at work, by family, by friends, by roommates or those living in the same building, or by others. Those with lifetime bullying experience were further asked whether each had happened in the past 12 months.

**Chronic conditions.** Assessed by asking if participants had ever had a doctor, nurse, or other health professional diagnose them with any of the following conditions: HIV and/or AIDS, arthritis, diabetes (excluding prediabetes and diabetes during pregnancy), asthma, cardiovascular disease (i.e., heart attack, angina or coronary heart disease, and/or a stroke), and hypertension.[26]

**Cognitive impairment.** Yes or No response to question asking if participants were limited in any way because of difficulty remembering or periods of confusion.[27]

**Community engagement and advocacy activity.** Assessed with mean scores of five items (e.g., "I help other people in the community") on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree).[28] Cronbach's alpha was 0.75. Each item was also dichotomized to indicate agreement or disagreement with each statement.

**Confidence to remain in current housing.** Participants indicated how confident they were that they could continue living in their current housing for as long as they would like. Answers were dichotomized to indicate "confident" (very or somewhat) vs. "unconfident" (a little or not).

**COVID-19.** Participants were asked about their experiences with COVID-19, such as questions about their health, the health of those they know, and their concerns about the pandemic. We also asked about changes in their employment and financial status, social and personal relationships, engagement in various types of activities, and use of alcohol and other substances. In addition, we assessed their use of services, the services they need as well as barriers to care.

**Depression and anxiety.** Yes or No response to question asking whether participants had a doctor, nurse, or other health professional diagnose them as having a depressive disorder (including depression, major depression, dysthymia, or minor depression) or anxiety.[26]

**Disability.** Any of the following six conditions endorsed was defined as a disability[29] including (1) being deaf or having serious difficulty hearing, (2) being blind or having serious difficulty seeing even with glasses, (3) having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition, (4) having serious difficulty walking or climbing stairs, (5) difficulty dressing or bathing, and (6) having difficulty doing errands alone, such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. Variables to assess disability accordingly are available in WA-BRFSS since 2016.[26]

**Discrimination and victimization.** Participants were asked to indicate how many times "in your life" and "during the past 12 months" they had experienced three types of discrimination (e.g., "I was not given a job promotion") and four types of victimization (e.g., "I was punched, kicked, or beaten,") because they were, or were thought to be LGBTQ.[30,31] Each was dichotomized to indicate Yes (once or more) or Never.

**Domestic physical and verbal violence.** Assessed by asking if in past year participants were "hit, slapped, pushed, shoved, punched or threatened with a weapon" and "severely criticized, made fun of, told you were stupid or worthless, or threatened verbally to harm you, your possessions or pets" by a spouse, partner, family member or close friend.

**Education.** Determined by the highest level of education completed using categories: High school/GED or less, some college (less than 4 years of college), 4-year college graduate (bachelor's degree), or graduate or professional degree.

**Excessive drinking.** Having five or more drinks for men and four or more drinks for women on one occasion during the past 30 days.[32]

**Frequent poor physical health and frequent mental distress.** Number of days during the past 30 days when physical (including illness and injury) or mental (including stress, depression, and problems with emotions) health was not good. Both were dichotomized into 14 days or more vs. less than 14 days.[26]

**Fruit and vegetable consumption.** Yes or No response to question of whether during the past 30 days participants had drunk 100% fruit juice or eaten fruit or eaten vegetables (a green leafy or lettuce salad, any kind of potato, or other vegetables) every day.

**Gender.** Participants selected their current gender from the following categories: woman, man, gender diverse (including gender non-binary and gender non-conforming), and not listed above.

**General health.** Participants were asked how in general they would rate their health.[26] Response categories were dichotomized as Poor (poor, fair) and Good (good, very good, excellent).

**Homelessness.** Assessed with a question, "During your lifetime, how many times have you left regular housing and begun staying in a shelter, transitional housing, voucher hotel, car, abandoned building, or anywhere outside?"[33] Homeless was dichotomized into "once" vs. "repeated" (twice or more).

**Household income.** Annual household was categorized: Less than $10,000; $10,000 to less than $15,000; $15,000 to less than $20,000; $20,000 to less than $25,000; $25,000 to less than $35,000; $35,000 to less than $50,000; $50,000 to less than $75,000; $75,000 to less than $100,000; $100,000 or more. Income was dichotomized by factoring annual household income with household size to determine whether participants were above 200% of the federal poverty level (FPL) or at or below 200% of the FPL.[14]

**Identity disclosure.** If participants told the following people about their sexual and/or gender identity and expression: family (mother, father, sibling, and other family), best friend, current or most recent supervisor, members of a faith community, personal doctor or health care provider, or neighbor.

**Informal caregiving and caregiver needs.** Participants indicated if they had provided regular care or assistance to a friend or family member with a health problem or disability during the past 30 days. Caregivers then selected the two most needed services from the following: classes about giving care (e.g., giving medications), getting access to services, support groups, individual counseling to help cope, time-off from work, and respite care.

**Insufficient money to buy nutritious meals.** Assessed with a question, "How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?"

**Insufficient money to pay bills.** Yes or No response to question, "In the past 12 months, did you have any months when you struggled to pay your bills because your income was lower than normal?"[26]

**Interpersonal bias.** Mean scores of six items (e.g., "You are treated with less courtesy or respect than other people") were used to measure day-to-day discrimination, i.e., experiences of unfair treatment that may occur on a daily basis.[28] The range of scores is 0 (= never) to 5 (= almost every day). Cronbach's alpha was 0.88.

**Legal entity.** Business owners selected from the following regarding their business: Sole proprietorship, partnership, corporation, limited liability company (LLC), or other.

**Loan denial and fear.** Business owners were asked if they had ever been denied a loan for their business, and if they have ever not applied for a business loan(s) due to the fear of being denied.

**Marital and partnership status.** Yes or No response to question of whether participants were married or partnered. If No, they were asked to check all that apply from the following: Never married or partnered, not currently married or partnered, divorced, widowed, or separated. If Yes, they were asked to select from the following: married, legally recognized; married, not legally recognized; partnered, legally recognized; or partnered, not legally recognized.

**Mastery.** Mean scores of four items (e.g., "I can do just about anything I really set my mind to") measured on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree; $\alpha$=0.79).[36] Each item was also dichotomized to indicate "agreement" or "disagreement."

**Microaggressions.** Mean scores of four items (e.g. "You experience media portraying LGBTQ+ stereotypes") assessed LGBTQ+-related, micro-invalidation/insult; micro-assault; and hostile environment.[28] The range is 0 (= never) to 5 (= almost every day). Cronbach's alpha was 0.75.

**Military service.** Yes or No response to question asking whether participants had served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit.

**Obesity.** Participants indicating that they had a BMI of 30 or higher (calculated from weight and height) were defined as obese.[34]

**Philanthropic activities.** Participants indicated in which philanthropic activities they had participated, and how (personally, through work, or through an organization of which they were a member). Activities included (1) gifts to charities supporting LGBTQ+ communities, (2) gifts to charities supporting communities in general, (3) supporting art and cultural events, (4) community development programs, (5) youth activities, (6) management advice to minority-owned firms, (7) gifts to organizations supporting LGBTQ+ communities, (8) student internships, (9) church or faith community, and (10) other.

**Physical activity.** Yes or No response to question of whether during the past month participants had participated, other than in their regular job, in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.

**Race and Ethnicity.** Categorized into non-Hispanic White, Hispanic (Latino/a/x or Spanish origin), Black (or African American), Asian/Pacific Islander, Native American/Two-Spirit (includes American Indian and Alaskan Native), or multiracial.

**Region.** Considering Washington State Health Care Authority's Accountable Communities of Health regions,[15] we included the following 8 regions: King County, Pierce County, North Sound (Snohomish, Skagit, Whatcom, Island, and San Juan counties), Northeast (Spokane, Lincoln, Adams, Ferry, Stevens, Pend Oreille, Okanogan, Chelan, Douglas, and Grant counties), Pacific Mountain (Mason, Thurston, Lewis, Grays Harbor, Pacific, Wahkiakum, and Cowlitz counties), Olympic (Kitsap, Clallam, and Jefferson counties), Southeast (Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, and Whitman counties), and Southwest (Clark, Skamania, and Klickitat counties).

**Resilience.** Assessed with mean scores of three items (e.g., "I tend to bounce back quickly after hard times") on a 6-point scale (1 = strongly disagree to 6 = strongly agree; $\alpha$=0.83).[28] Items were dichotomized to indicate agreement or disagreement.

**Service needs.** Participants were asked whether they had needed the following services in the past 12 months: suitable and affordable housing; social or recreational activities; employment or job seeking support; economic assistance; legal services; health promotion, wellness, or exercise classes; case manager or social worker; in-home care (home health aide, personal care); groceries and food resources; alcohol recovery services; substance recovery services; support for caregivers; mental health services; support groups; or other.

**Sexual orientation.** Participants selected their sexual identity from the following categories: lesbian, gay, bisexual, queer, straight or heterosexual, and not listed above. In analysis of WA-BRFSS, lesbians, gays, bisexuals, and sexually diverse individuals (those who marked other) were compared to straight/heterosexuals.

**Smoking.** Current smokers were defined as those who are currently smoking some days or every day and have smoked at least 100 cigarettes in their lifetime.[26]

**Social and emotional support.** Assessed with a question, "How often do you get the social and emotional support you need?"[26] Answers were dichotomized to indicate "Always or usually" vs. "Never, rarely, or sometimes."

**Social isolation.** Assessed with a question, "How often do you feel isolated from others?" Answers were dichotomized to indicate feeling of social isolation "sometimes, fairly often, or very often" vs. "never or almost never".[37]

**Social participation.** Participants indicated how often during the past month they had done the following activities: (1) Socializing with friends and family, (2) going out to enjoy, (3) attending spiritual or religious activities, (4) attending club meetings or group activities, and (5) volunteering.[28] Each item was dichotomized into Yes (some days, most days, or every day) vs. No (never or rarely).

**Sources of initial capital.** Dichotomized into personal (personal or family savings and assets and other sources including personal credit card, personal/family home equity loan, or home equity line of credit) and business (business credit card, government-guaranteed business loan from a bank or financial institution, and business loans).[35]

**Support network.** "How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?" Dichotomized into 0 - 2 vs. 3 or more.

**Trans and transgender.** Yes or No response to question of whether participants considered themselves trans or transgender. Incongruities reported between sex at birth and current gender (e.g., male at birth and currently woman) were coded as gender diverse.

**Traumatic experience and post-traumatic stress disorder (PTSD).** Participants were asked whether they ever had a distressing, traumatic experience in their lifetime. Those who had such an experience were further asked if they had ever talked to any health professional or asked for help, and also assessed for PTSD using the seven-item screen[36]; the presence of four or more symptoms out of seven was coded to indicate PTSD.[37,38]

**Worry about rent or mortgage.** Assessed with a question, "How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?"[26] Dichotomized to indicate "sometimes, usually, or always" vs. "rarely or never."

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Publications based on this data will be available on our website as they become available.