# LGBTQ+ Communities in Rhode Island:

Joys, Challenges & Focused Priorities

CTC-RI September 18, 2024

Siri Colom, PhD

Photos from the report by Selene Means

# Background & Methods

#### Our process

Phase I: Oral History with Activists and Cultural Workers; Interviews with Local Experts and Leaders; Massive Public Health and Historical Literature Review on National and State Levels→ focused priorities & historical timeline

Phase II: Focus Group Studies: 7 focus groups with 48 participants across RI & additional thirteen 1:1 interviews. Analysis and coding of transcripts

Phase III: Data integration yielding final report



# Our Participants included

Folks from all over Rhode Island, with the largest number from within and around Providence.

- Movement organizers
- Older people navigating care and life after 65
- Youth and college students
- Sex educators
- Artists & musicians
- Lawyers
- Business owners
- Formerly incarcerated folks

- Sex workers
- Teachers
- Healthcare workers,
- Folks in government
- Veterans
- Folks in tourism
- Public health researchers
- People who have been working for LGBTQ+ rights since the 1970s and others who were just beginning their journey

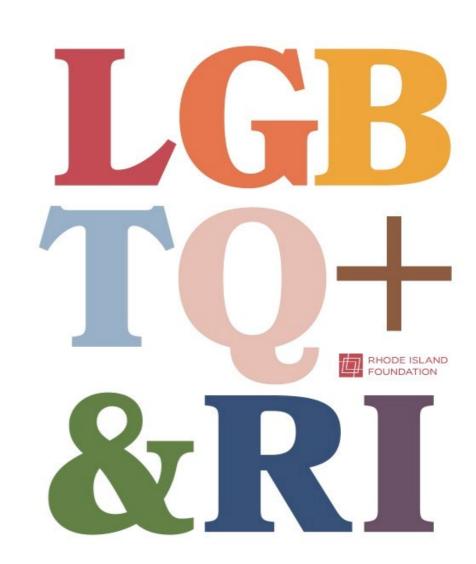
# Report Structure and Content

#### Part 1

Exploring the structural barriers that differentially impact the people that make up the rich diversity of our LGBTQ+ community in the state with a focus on housing and health care & wellness

#### Part 2

The art of building community and kinship as a powerful tool of survival and resource-sharing among LGBTQ+ folks in the face of challenging economic and political forces.



## Part I: Housing, Health Care & Wellness

#### Structural Barriers

#### Housing:

- Transgender housing struggles
- Youth Housing Needs
- Dignity of the life cycle:
   LGBTQ+ housing for our elders

#### **Health Care & Wellness**

- Supportive learning environments
- HIV/AIDS
- Trans focused health care
  - Healthcare competency
  - Gender-affirming healthcare
- Mental health support

## Part I: Housing, Health Care & Wellness

#### **Structural Barriers**

#### Housing:

- Transgender housing struggles
- Youth Housing Needs
- Dignity of the life cycle:
   LGBTQ+ housing for our elders

#### **Health Care & Wellness**

- Supportive learning environments
- •HIV/AIDS
- Trans focused health care
  - Healthcare competency
  - Gender-affirming healthcare
- Mental health support

# Framing this study

Not just about inequities of delivery.

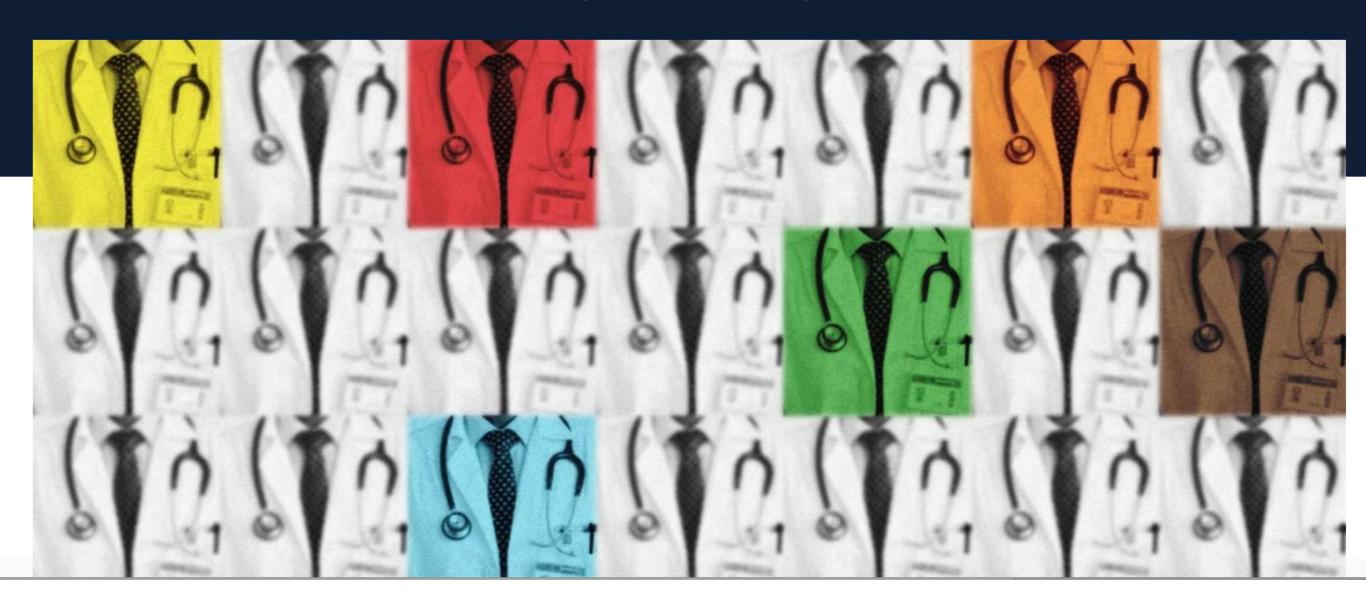
For the LGBTQ+ community there is a unique history of the community's **fraught relationship** to the medical field.

It makes the question of healthcare more than just about delivering a service, but also about how the medical field has played an historical role in limiting the humanity of the community.

# Some important context for this work

# The LGBTQ population is growing, but medical schools haven't caught up

Gender and sexual minorities often have difficulty accessing care that specifically addresses their health concerns and is not discriminatory, researchers say.



# The LGBTQ population is growing, but medical schools haven't caught up

Gender and sexual minorities often have difficulty accessing care that specifically addresses their health concerns and is not discriminatory, researchers say.

"As an increasing proportion of Americans identify as LGBTQ, leaders in sexual and gender minority health care say that the nation's medical schools are largely failing to adequately prepare the next generation of doctors to properly care for this population.

The need is critical, according to experts in medical education and LGBTQ care. Lesbian, gay, bisexual, transgender and queer people, as stigmatized minorities, often have difficulty accessing health care that properly addresses their health concerns, that is sensitive to their sexual and gender identities and that is not flat-out discriminatory, researchers have found."



**OPINION** 

# What Anti-LGBT Politics in the U.S. Means for Democracy at Home and Abroad

**June 2022** 

This article outlines how the recent slate of anti-LGBT legislation in the U.S. signifies an existential threat to democracy. It appeared in New America in June 2022.

# Voices from Rhode Island

# Health care competency

"So the hard part is that the health system in and of itself is a disaster. It's a mess. We have doctors that are seeing patients for only 15 minutes. We have folks at clinics that are way overworked, serving way more people that they should be serving...Therefore training and competency— well sometimes it's competency but I prefer the framework of cultural humility—is relegated to a secondary importance."

# Stigma around HIV/AIDS

"So things that are missing. When your doctor and your nurse are outside of your door talking about your HIV status as if it's like leprosy...So, how do you teach someone not to have a reaction to something that they maybe were reactive to? How do you teach someone to not make a whole bunch of facial expressions when they look at your chart and see that you have HIV? Or then how do I not internalize that knowing that I'm going into that space, and a new space, and I have to disclose my HIV status because that's what you do in medical spaces."

## Trans-focused care

"We want to normalize and integrate trans care into everyday care. So that it is not trans care, [instead] it is the basic minimum of how we treat people...that trans people are normal, that we're just people, that caring for bodies is what medical care is about. Not caring for cis bodies and then caring for trans bodies as a specialty, but caring for human beings."

## Navigating Healthcare as an LGBTQ Elder

"Navigating still the medical community is difficulty for many gay people of my generation and you know what do we do with long term care, many...

LGBTQ elders have been separated from their families or have no children and so as we get older what do we do about long term care. What do we do about our right to sexual expressions if you're in nursing homes or other kinds of communities for the service of the older community."

### Key concerns for the community are that:

Stigma,

providers who lack training in addressing the particular needs of the community,

an avoidance of talking about sex in general,

And the assumption of heteronormative and monogamous practices,

mean that people, especially LGBTQ folks, are not getting the care and information they need.



## State and National Resources

- RIDOH resources on health for Sexual Orientation and Gender Identity (SOGI):
  - https://health.ri.gov/partners/sogi/
- LGBTQ advocacy resources for physicians from AMA:
  - https://www.ama-assn.org/delivering-care/populationcare/lgbtq-advocacy-resources-physicians
- National Coalition for LGBTQ Health:
  - https://healthlgbtq.org/

RHODE ISLAND

**OUNDATION** 





https://rifoundation.org/news/lgbtq-voices-in-ri

Thank you!