

Statewide Needs Assessment – Final Results

David E. Moore

Pennsylvania Equality Project

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Pennsylvania Equality Project, Inc.

P.O. Box 976

Edinboro, PA 16412

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Abstract

While cities such as Philadelphia and Pittsburgh have relatively robust LGBTQ+ neighborhoods, culture, and night life, rural portions of Pennsylvania have not had the same access to LGBTQ+ resources. This report considers four primary needs of our community: medical, housing, education, and local LGBTQ+ friendly resources. Pennsylvania Equality Project wanted to determine what the community's needs are across Pennsylvania whether in urban, suburban, or rural communities. The survey was conducted between January 1, 2020 and February 29, 2020.

Keywords: education, housing, medical, LGBTQ+ resources

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The needs of the LGBTQ+ community across Pennsylvania vary considerably. Larger urban areas of Pennsylvania have community resource centers, shelters for homeless or at-risk youth, Pride events, and other social gatherings and resources. Meanwhile, rural areas across Pennsylvania lack these resources. For example, northwest Pennsylvania has several organizations working in tandem to address the needs of the community; however, neither a resource center nor shelter for at-risk youth exists in this region. Pittsburgh and Philadelphia have numerous medical resources specifically targeted to the LGBTQ+ community, while most of the rest of Pennsylvania has a patchwork of LGBTQ+ friendly doctors and medical teams.

This survey is intended to determine what resources are available and whether people have real access to them. We considered four primary areas of concern including: medical, housing, education, and LGBTQ+ resources are presently available. It is not enough to have these resources available within a given city if people lack the transportation and monetary resources to avail themselves of the provided services. Although most people who responded to our survey have adequate transportation and housing, many in the LGBTQ+ communities across Pennsylvania find themselves struggling financially. Only 39.7% reported that they have enough funds to pay for: rent or mortgage, utilities, food, health insurance, and other bills.

Methodology

The Pennsylvania Equality Project conducted an online survey of people aged 13 and above between January 1 and February 29, 2020. The survey consisted of a series of contact information and demographics questions regarding age, sexual orientation, gender identity, marital status, education, income, and race. The survey was divided into four parts: medical, housing, education, and available LGBTQ+ resources.

In the first part, survey respondents told us whether they have a primary care physician and health insurance. For the purposes of this survey, we use the expression “real access” to indicate that not only is a service readily provided in a 30-mile radius, but that the respondent has the transportation and financial means to use the services. The survey asked questions about what types of medical and mental health care they have sought, and if the respondent was interested in receiving information about smoking cessation.

In the second part of the survey, respondents answered questions related to housing. The survey considered whether the respondent owns, rents a home, or lives with family or friends. Having a place to call home that one can afford brings peace of mind. Thus, our next questions considered affordable rent or mortgage and if a person has stayed in a shelter in the last 12 months. The final question in this section considered housing discrimination. None of the respondents indicated any. We cannot conclude that housing discrimination does not happen in Pennsylvania, only that it did not happen to our respondents.

The third part of the survey asked respondents questions about continuing education. If students want to earn a GED, attend college, trade or technical school, they must be able to afford the overall costs. Within this section, we also asked respondents if their sex education class was LGBTQ+ inclusive. As we will show in our results, nearly nine out of ten said they had not.

The survey concluded by asking respondents about emergency services and LGBTQ+ resources in their area. It is insufficient to have community resource and drop in centers in targeted areas. As our respondents indicated in their comments, many asked for additional resources beyond large cities such as Philadelphia and Pittsburgh. Respondents from rural counties expressed that they didn't have real access to community resource and drop in centers.

Limitations

1. The survey ran for over two months. Typically survey respondents have considerably less time to submit responses to surveys. According to SurveyMonkey, surveys with between 50 and 500 responses receive 80% of all responses within the first 7 days of the survey release.¹
2. The survey was conducted online. As a result, only people with real access to technology could answer the questions. We contend that the results to the question about homeless shelter use are skewed.
3. The Pennsylvania Equality Project spent \$115 from an anonymous donor to promote this survey via Facebook. Neither government nor academic institutions assisted with the survey.
4. Some of the demographic subcategories had populations that were too small to be considered statistically significant. For example, only five people who identify as queer and six people who identify as asexual responded to the survey.

Demographics

The survey received a total of 126 responses from 40 of Pennsylvania's 67 counties. Respondents were categorized based on age, marital status, annual income, race and ethnicity, sexual orientation, and gender identity. In terms of race, 115 respondents are Caucasian and three chose not to say. The remaining eight are African American, Asian-American, Native American and Hispanic. In terms of ethnicity, of the 126 respondents, only 2 are Latinx.

Age		Marital Status	
Under 18	4	Never Married	71
18 – 24	22	Married Now	38
25 – 34	33	Divorced	8
35 – 44	25	Separated	3
45 – 54	22	Widowed	2
55 – 64	12	Prefer not to say	4
Over 65	8	Total	126
Total	126		

Table 1: Age and Marital Status of Respondents

Responses by Identity			
Sexual		Gender	
Asexual	6	Agender	2
Bisexual	24	Cis Female	43
Demisexual	4	Cis Male	48
Gay	39	Genderfluid	3
Lesbian	21	Non-binary	16
Prefer not to say	4	Other	1
Other	4	Transgender	7
Pansexual	19	Prefer not to say	6
Queer	5	Total	126
Total	126		

Table 2: Sexual Orientation and Gender Identity

For more information about the number of people who responded based on county and annual income, see Appendix A.

Findings

In November 2002, severe acute respiratory syndrome (SARS) was first diagnosed. SARS is a highly contagious and sometimes fatal illness that spread worldwide in only a few months. As a result of the collaboration of health experts around the world, doctors were able to quickly slow the spread of the disease. Since 2004, no new cases of SARS have been diagnosed anywhere in the world.²

The Novel Influenza A (H1N1) Virus was first diagnosed in the United States in 2009. The genes of this virus had not been identified in animals or people. At its worst between April 2009 and April 2010, the H1N1 virus spread to 60.8 Million people in the United States. Nearly 275,000 people were hospitalized with H1N1 and of those people, according to the CDC, 12,469 people died.³

An 18-month old boy in Guinea, Africa was diagnosed in December 2013 with the Ebola virus. Five additional cases of fatal diarrhea prompted an official medical alert. By March 23, 2014, with 49 confirmed cases and 29 deaths from the Ebola virus, the WHO declared the

outbreak of the disease. On August 8, 2014 WHO declared that the Ebola virus in West Africa had become a Public Health Emergency of International Concern. By the time the virus was contained in 2016, 28,600 cases had been confirmed and 11,325 people had died from the virus.⁵

In December 2019, in Wuhan, China, a variant form of SARS called Coronavirus was first diagnosed. The Novel Coronavirus 2019 (COVID-19) has spread to six continents and nearly every nation on the planet. The symptoms of COVID-19 are similar to the common cold, namely cough, fever, and shortness of breath, but also include breathing difficulties. More severe cases include severe acute respiratory syndrome, pneumonia, kidney failure and death.⁴ On March 6, 2020, Pennsylvania Secretary of Health Dr. Rachel Levine announced that Pennsylvania had its first presumptive case of COVID-19.⁶ On March 11, 2020, the World Health Organization declared COVID-19 a pandemic.⁷ As of March 28, 2020, 2,751 cases of COVID-19 have been confirmed with 34 deaths from the virus.⁸ These numbers are increasing at a rate of over 500 newly confirmed cases per day. As of March 28, 2020, Governor Tom Wolf has placed 22 counties on a “stay at home” order and has already closed schools through at least April 6.

Since 2002, approximately every five to seven years, the planet has faced severe viral illnesses which have spread rapidly. To lessen the spread of COVID-19 and other influenzae, it is essential that populations have access to medical care. The survey is intended to show whether the LGBTQ+ community in Pennsylvania has real access to medical and mental health care. It is purely coincidental that this report was prepared during the COVID-19 pandemic.

Having medical insurance in the United States is not the equivalent of having real access to medical and mental health care. Our respondents were asked whether they have a primary care physician, health insurance, access to medical and mental health care generally, what services

they have used in the last 12 months, and whether they are seeking tobacco use cessation services. Our overall results are shown here. Additional breakouts of subcategories by age, sexual orientation and gender identity appear in Appendix B.

Questions	Yes	No	Prefer not to say
1. Do you have a primary care physician?	100	24	2
2. Do you have health insurance?	117	8	1
3. Do you have access to medical care?	116	8	2
4. Do you have access to affordable mental health care?	90	31	5
5. Have you received treatment in an urgent care facility?	47	79	0

Table 3: Medical and Mental Health Care Access (126 respondents)

Real access to medical care empowers people to have some measure of control over their own health decisions. To maintain healthy individuals within the broader community, people must avail themselves to the medical care that they need. Some of the services considered in the survey are ones that most people would rather not need, such as treatment in an Emergency Room or a ride in an ambulance. Other services should happen on a much more frequent basis than our survey results show, such as STI and HIV testing. The results shown here are for all survey respondents. Appendix C shows the numbers based on age, sexual orientation, and gender identity. We asked respondents what services they have received in the last twelve months. Of the 126 respondents, 9 preferred not to answer the question.

Within the past twelve months, I have received...		
Treatment in an ER	25	19.8%
STI Testing	20	15.9%
HIV Testing	19	15.1%
Ob-Gyn Care*	25	19.8% (32.1%)
Dental	68	54.0%
Vision/Optical	59	46.8%
Imaging (X-rays, CT scan, etc.)	37	29.4%
Laboratory Services	62	49.2%
Mental Health	56	44.4%
Hospital Inpatient	11	8.7%
Ambulance	6	4.8%
Other	10	7.9%

Table 4: Medical and Mental Health Services Received (126 Respondents)

*Of the 126 respondents, 48 were male and not likely to need OB-GYN care. The percentage in parentheses reflects 25 out of as many as 78 sought OB-GYN care in the last 12 months.

We also asked respondents if they would be interested in receiving additional information about smoking cessation programs in their area or statewide. The overall results are promising, as 99 respondents out of 126 claim that they do not use tobacco products. Of the 24 who do use tobacco, five asked for additional information and 19 said they are not interested. Only three people preferred not to answer.

According to Forbes.com, 37% of homeowners nationwide do not have a mortgage on their homes.⁹ Of those people, 68% are over age 70. The U.S. Census Bureau reports as of July 1, 2018, that Pennsylvania has over 5,700,000 housing units with 69.0% of those units occupied by their owners.¹⁰ Our survey revealed that six out of every eight LGBTQ+ adults over 65 years old own their own home. Younger survey respondents reported vastly different living situations; nearly half (48.5%) of all LGBTQ+ people between the ages of 25 and 34 are living in rental units. Additionally, 10 out of 33 respondents in the same age range (30.3%) live with family.

Mortgage or rent affordability is one of the primary reasons why as many as 40 out of 126 respondents said that they live with family or friends. Our survey showed that 75% of all respondents have affordable rent or mortgage; however, for 25 of our respondents, their current housing is too expensive. Other costs such as food, utilities, medical insurance, and other bills are also too expensive for many of our respondents. None of the respondents admitted that they are living in a homeless shelter presently, but three said that they have lived in one in the past twelve months. For many LGBTQ+ Pennsylvanians, the difference between needing to live with family and friends or seeking a space at homeless shelter can be as little as one or two missed paychecks, or a medical emergency.

Own home	44	34.9%
Rent	39	31.0%
Live with family	38	30.2%
Live with friends	2	1.6%
Temporary shelter	0	0.0%
Homeless	1	0.8%
Prefer not to say	2	1.6%

Table 5: Housing for LGBTQ+ Pennsylvanians (126 Respondents)

Which of the following are too expensive, given your household income?		
Rent/Mortgage	25	19.8%
Utilities	22	17.5%
Food	16	12.7%
Health Insurance	21	16.7%
Other bills	41	32.5%
None of these	50	39.7%
Prefer not to say	11	8.7%

Table 6: Household expense affordability for LGBTQ+ Pennsylvanians (126 Respondents)

The educational background of our respondents plays a role not only in the likelihood that the respondents would have real access to medical and mental health care, but also in the likelihood that the respondents would be able to afford household expenses. As many as 99 of those who completed the survey reported that they have enrolled in college and completed at least one full year. One respondent preferred not to answer the question about educational background.

Grades K – 8	1	0.8%
Grades 9 – 11	3	2.4%
Grade 12	3	2.4%
High School Diploma/GED	19	15.1%
One year of college	23	18.3%
Associate Degree	10	7.9%
Bachelor’s Degree	39	31.0%
Some graduate school	4	3.2%
Master’s Degree	16	12.7%
Doctoral Degree	7	5.6%
Prefer not to say	1	0.8%

Table 7: Respondents’ Educational Level (126 Respondents)

Given the low number of respondents who have not yet graduated from high school or obtained a GED, the number of people looking to complete a GED program comes as no surprise (2 out of the 7 who have not yet obtained a high school diploma). The number of people who are interested in receiving a college level education (45) or trade/technical education (19) reflects that most people who have not obtained either do want to pursue their educational goals further. For some, the cost of attending further schooling beyond high school is too great. For other respondents, personal reasons ranged from mental health issues to needing to work to care for disabled loved ones. Table 8 explores these numbers further.

	Yes	No	Not say
1. Are you interested in taking GED classes in the next 12 months?	2	124	0
2. Are you interested in attending college or university?	45	80	1
3. Are you interested in receiving vocational or tech training?	19	103	4
4. Are financial aid issues preventing you from meeting your goal?	44	78	4
5. Are other factors preventing you from meeting your goal?	36	84	6

Table 8: Obtaining Educational Goals (126 Respondents)

Every student deserves a great public education. For LGBTQ+ youth, a great education would require that schools be safe, welcoming, and healthy environments where students and staff accept one another regardless of sexual orientation or gender identity. According to GLSEN, that is simply not the case. Although students deserve to work and learn “in setting inclusive of the experiences,”¹¹ most LGBTQ+ students in Pennsylvania did not receive LGBTQ+ inclusive sex education. Only 6 out of the 126 respondents received or are presently receiving such an education; 113 out of the 126 (89%) did not receive LGBTQ+ inclusive sex education. The Pennsylvania Equality Project firmly believes that LGBTQ+ inclusive education extends beyond the health classroom to other disciplines such as history and English literature. State Representative Brian Sims (D – 182) has introduced House Bill 1586, which would require “Pennsylvania school districts to integrate comprehensive sex education into the curriculum for all grade levels, teach contraception methods for older students and mandate affirmative sexual consent as part of the required sexual violence awareness educational program at higher education institutions.”¹²

Our survey concluded by asking respondents what resources that have used in the last twelve months, if they have adequate transportation, access to LGBTQ+ Resource centers in

their area, and if they would like additional information sent to them about such resource centers and mental health facilities in their area. Nearly three out of every four respondents said they had not used any emergency facilities in the last twelve months. Only two respondents preferred not to answer the question.

What emergency services have you used in PA in the last 12 months?		
Crime Victim Center	0	0.0%
Homeless shelter	4	3.2%
Emergency Room	23	18.3%
Mental Health Crisis	9	7.1%
Suicide Hotline	5	4.0%
Other	1	0.8%
None	93	73.8%
Prefer not to say	2	1.6%

Table 9: Use of Emergency Services in Pennsylvania (126 Respondents)

LGBTQ+ community resource centers can serve as a focal point for regions across Pennsylvania. Although such centers exist in Philadelphia, Harrisburg, Pittsburgh, and Allentown, no such center is operational in northwest Pennsylvania. These centers provide valuable information, speakers, and other social programming for the local LGBTQ+ community. Only 48 of the 126 (38.1%) reported that an LGBTQ+ community center is within their area. An additional 39 (31.0%) said that no such center exists near them, and 38 (30.2%) were unsure if such a center exists. One respondent chose not to answer this question.

Transportation for daily activities is one resource most Pennsylvanians have. For the purposes of this survey “adequate transportation” referred to both private automobiles, but also public transit (buses and trains), Lyft, Uber, or taxi services. Only 14 of the 126 (11.1%) people said that they lack adequate transportation for their daily needs.

Recommendations

One reason cited by our respondents as to why they lack a primary care physician (PCP) is that many physicians across the Commonwealth lack training regarding the specific needs of people who are LGBTQ+. Almost half of the people who do not have a PCP are between 25 and 34 years old. Thus, we recommend that physicians and medical staff receive additional training on working with the LGBTQ+ community. The Pennsylvania Department of Health already sponsors LGBTQ+ health conferences. We believe that medical staff should attend these conferences to be better equipped to work with their LGBTQ+ patients.

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Appendix A

Responses by County					
Allegheny	24	19.0%	Jefferson	1	0.8%
Beaver	1	0.8%	Lackawanna	3	2.4%
Blair	1	0.8%	Lancaster	7	5.6%
Butler	3	2.4%	Lehigh	5	4.0%
Cambria	2	1.6%	Luzerne	6	4.8%
Carbon	1	0.8%	Lycoming	3	2.4%
Centre	1	0.8%	Mercer	1	0.8%
Chester	6	4.8%	Montgomery	3	2.4%
Clearfield	2	1.6%	Northampton	3	2.4%
Clinton	2	1.6%	Northumberland	1	0.8%
Columbia	1	0.8%	Philadelphia	8	6.3%
Cumberland	2	1.6%	Pike	1	0.8%
Dauphin	1	0.8%	Tioga	1	0.8%
Delaware	3	2.4%	Union	1	0.8%
Erie	7	5.6%	Venango	3	2.4%
Fayette	5	4.0%	Warren	1	0.8%
Franklin	1	0.8%	Washington	2	1.6%
Greene	1	0.8%	Wayne	1	0.8%
Huntingdon	1	0.8%	Westmoreland	1	0.8%
Indiana	1	0.8%	York	8	6.3%
Total Counties:	40		Total Responses	126	

Annual Income

Less than 10 K	9
10 - 19,999	9
20 - 29,999	15
30 - 39,999	9
40 - 49,999	14
50 - 59,999	5
60 - 69,999	9
70 - 79,999	10
80 - 89,999	3
90 - 99,999	6
100 K - 149,999	10
150K +	12
Not say	15

Appendix B

Age	1. Do you have a Primary Care Physician?			2. Do you have healthcare insurance?		
	Yes	No	Not say	Yes	No	Not say
Under 18	1	2	1	4	0	0
18 - 24	18	4	0	20	2	0
25 - 34	22	11	0	31	2	0
35 - 44	18	6	1	22	2	1
45 - 54	21	1	0	22	0	0
55 - 64	12	0	0	10	2	0
65 and Over	8	0	0	8	0	0
Total	100	24	2	117	8	1

Sexuality	1. Do you have a Primary Care Physician?			2. Do you have healthcare insurance?		
	Yes	No	Not say	Yes	No	Not say
Asexual	6	0	0	6	0	0
Bisexual	18	5	1	22	1	1
Demisexual	4	0	0	3	1	0
Gay	33	6	0	37	2	0
Lesbian	16	5	0	21	0	0
Not say	4	0	0	4	0	0
Other	3	1	0	4	0	0
Pansexual	13	5	1	16	3	0
Queer	3	2	0	4	1	0
Total	100	24	2	117	8	1

Gender Identity	1. Do you have a Primary Care Physician?			2. Do you have healthcare insurance?		
	Yes	No	Not say	Yes	No	Not say
Agender	2	0	0	2	0	0
Cis Female	35	7	1	42	1	0
Cis Male	39	9	0	44	4	0
Genderfluid	3	0	0	3	0	0
Non-binary	12	4	0	14	2	0
Other	0	1	0	1	0	0
Transgender	4	2	1	5	1	1
Not say	5	1	0	6	0	0
Total	100	24	2	117	8	1

Age	3. Do you have access to medical care?			4. Do you have access to affordable mental health care?			5. Have you received treatment in an urgent care facility?		
	Yes	No	Not say	Yes	No	Not say	Yes	No	Not say
Under 18	4	0	0	1	2	1	1	3	0
18 - 24	14	2	0	10	6	0	4	12	0
25 - 34	26	1	0	21	5	1	10	17	0
35 - 44	15	1	2	11	6	1	9	9	0
45 - 54	14	0	0	12	1	1	7	7	0
55 - 64	6	0	0	6	0	0	2	4	0
65 and Over	2	0	0	2	0	0	0	2	0
Total	81	4	2	63	20	4	33	54	0

Sexuality	3. Do you have access to medical care?			4. Do you have access to affordable mental health care?			5. Have you received treatment in an urgent care facility?		
	Yes	No	Not say	Yes	No	Not say	Yes	No	Not say
Asexual	6	0	0	3	2	1	3	3	0
Bisexual	21	2	1	14	9	1	8	16	0
Demisexual	3	1	0	3	1	0	2	2	0
Gay	38	1	0	33	6	0	16	23	0
Lesbian	20	0	1	17	4	0	9	12	0
Not say	4	0	0	2	1	1	0	4	0
Other	3	1	0	4	0	0	1	3	0
Pansexual	16	3	0	10	7	2	6	13	0
Queer	5	0	0	4	1	0	2	3	0
Total	116	8	2	90	31	5	47	79	0

Gender Identity	3. Do you have access to medical care?			4. Do you have access to affordable mental health care?			5. Have you received treatment in an urgent care facility?		
	Yes	No	Not say	Yes	No	Not say	Yes	No	Not say
Agender	2	0	0	2	0	0	1	1	0
Cis Female	41	2	0	30	10	3	14	29	0
Cis Male	45	3	0	40	8	0	17	31	0
Genderfluid	3	0	0	2	1	0	1	2	0
Non-binary	15	1	0	9	7	0	7	9	0
Other	0	0	1	0	1	0	1	0	0
Transgender	4	2	1	3	3	1	4	3	0
Not say	6	0	0	4	1	1	2	4	0
Total	116	8	2	90	31	5	47	79	0

Appendix C