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LGBTQ+ Social Services and Needs in Portland Oregon

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Abstract

Research shows a significant link between being LGBTQ+ and living in poverty, but little research has been done on what services are available to providers and individuals in need. This study was conducted to discover what types of social services are available to low-income LGBTQ+ people living in Portland, Oregon, and what services providers identify as unmet needs. This study consisted of a series of interviews with service providers to find out what services they offer and what they feel is still missing. Data was analyzed following a qualitative data analysis method. Data showed that housing was the largest unmet need identified by providers and community was the most common service offered. The largest barrier to more services identified is cultural misalignment. This data was used to create a resource list for individuals and service providers.

Introduction

Many LGBTQ+[1] scholars have written about the myth of gay affluence (DeFillipis, 2016; Hollibaugh & Weiss, 2015; Bettinsoli & Napier, 2021). However, it has been demonstrated repeatedly that not only is the LGBTQ+ community not made up entirely of middle class, white, monogamous couples with high levels of disposable income, but that queer people are more likely than their cisgender heterosexual counterparts to live below the poverty line. Being in poverty more often leads to higher rates of homelessness, physical illness, mental illness, and substance use with worse health outcomes overall. When low income LGBTQ+ people try to access resources, the providers are often not culturally competent to their specific situation, further worsening health outcomes and compounding minority stress because of microaggressions and the possibility of discrimination or stigma. It is important that people in need of services and the services they are accessing understand the local social service network to help get the services to the people that need it most.

This paper will focus on two research questions: 1) What social services are available to LGBTQ+ people in Portland, Oregon, particularly those living in poverty; and 2)What do social service providers identify as unmet needs facing Portland, Oregon's, low-income LGBTQ+ community members? This research is valuable as it will pull together a list of resources for those who serve the LGBTQ+ community as well as hopefully help to build connections between the different organizations. A more tightly woven resource net would mean better care for people in need.

[1] For the purposes of this paper, “queer” and “LGBTQ+” are used interchangeably. Within the community, there are key differences between these two labels and how they are used but for the purposes of this paper, they will be referring to the same community. Anyone that is not heterosexual and/or not heteroreomantic and/or not cisgender (gender identity aligns with gender assigned at birth) are inculded under these terms.

The specific aim of this study was to examine the social service network available in Portland, Oregon, to the LGBTQ+ community, particularly those living in poverty. For this project, "poverty" was defined as living at or below the federally set poverty line. In 2021, that line was set at "$12,880 for individuals, $17,420 for a family of 2, $21,960 for a family of 3" and so forth (ASPE, 2021). Here, "social service" was defined as

> the activities of human services personnel in promoting the health and well-being of people and in helping people become more self-sufficient; preventing dependency; strengthening family relationships; and restoring individuals, families, groups, or communities to successful social functioning (Barker, 2003, p. 407).

This includes services like low barrier mental and physical health care, drug addiction services, access to necessities and community resources, among others. For this specific population, social services would also include low barrier access to gender transition materials, legal help in discrimination cases or name changes, and gender affirming medical care.

Literature Review

The connection between the LGBTQ+ community and poverty hasn't been particularly well studied, but existing research has found higher rates of poverty in LGBTQ+ communities than in cisgender and straight communities (Badgett, Choi, & Wilson, 2019). Seventeen percent of LGBTQ+ adults have experienced homelessness in their lifetime as compared to the 6% of cisgender straight adults (Wilson et al., 2020). Struggling with poverty has many ramifications in the day-to-day lives of queer people. The UCLA Williams Institute (2013) pulled from four data pools to get the most up-to-date statistics they could on LGBTQ+ poverty and they found the queer populations experienced poverty at higher rates than hetero/cis populations in every category. For example, they found that single straight men had experienced poverty at a rate of

13.4% compared to 20.1% of single gay men. Or “among women 18-44 years old, more than a quarter of bisexual women are poor (29.4%) and over 1 in 5 lesbians are in poverty (22.7%), a rate higher than the poverty rate among heterosexual women (21.1%)” (Badgett et al., 2013, p.2), A prime example, and way to quantify poverty, is with food insecurity. “More than 1 in 4 LGBT adults (27%), approximately 2.2 million people, experienced a time in the last year when they did not have enough money to feed themselves or their families, compared to 17% of non-LGBT adults” (Gates et al., 2016, p.2). This shows that LGBTQ+ people are almost 10% more likely to be food insecure.

Food insecurity isn’t the only measure of the impact of poverty on the lives of LGBTQ+ people. Homelessness is also more common among queer populations than cis/het populations. “The Center for American Progress reported… that 320,000 to 400,000 gay and transgender youth out of 1.6 to 2.0 million total homeless youth experience homelessness at some point each year” (Krehely & Hunt, 2011, p.2). This means that gay and transgender youth made up almost 25% of the total homeless population in this study. The trend doesn’t improve once the population has reached adulthood: “Here, we find that 17% (of LGBTQ+ adults) reported experiencing homelessness at some point in their lifetime, whereas the estimate of lifetime prevalence of homelessness in another study of the general population was approximately 6%.” (Wilson.B et.al, 2020, p.4).

When populations struggle with homelessness and food insecurity, it stands to reason their health would suffer.

> Due to factors like low rates of health insurance coverage, high rates of stress due to systematic harassment and discrimination, and a lack of cultural competency in the health care system, LGBT people are at a higher risk for cancer, mental illnesses, and other diseases, and are more likely to smoke, drink alcohol, use drugs, and engage in other risky behaviors (Krehely, 2009, p.3).

Low income, LGBTQ+ health outcomes are worse for a variety of reasons. One is that many do not have health insurance and simply can't afford to see a doctor: "one-quarter of LGBT adults report they did not have enough money for healthcare needs at least once in the last year, compared with 17% of non-LGBT individuals" (Gates, 2014p, 1).

Another reason LGBTQ+ populations have worse health outcomes is because of minority stress. "*minority stress* may come from being alienated from "social structures, norms, or institutions" and may lead to internal and external conflicts" (Klein, 2017, p.222). Minority stress goes on to worsen physical and mental health outcomes for LGBTQ+ populations when they can afford treatment. This is because "of the stigma encountered or perceived discrimination from providers. This leads LGBT persons to be more reluctant to seek medical treatment, often not seeking services in a timely manner" (Klein, 2017, p.223). Waiting to see health care providers leads to a downward spiral of worsening health conditions and worse health outcomes.

Mental health outcomes also suffer as a result of minority stress. "LGBT individuals suffer from higher rates of depression, functional disabilities, and substance use than their heterosexual counterparts" (Klein, 2017, p.222). Stress of discrimination and stigma fstemming from homophobia and transphobia compounds with the stress of being low income, increasing the rates of mental illness. One form of mental illness common in the LGBTQ+ community is substance use disorder. "Past research continually shows that substance use rates of lesbian, gay, bisexual, transgender, queer, and other nonheterosexual and noncisgender (LGBTQ+) communities are higher compared with those of the general population" (Chaney, 2019, p.235). This same study reported that all categories of the LGBTQ+ community, gay and bi men, lesbian and bi women, and transgender individuals, engaged in higher rates of substance use than their cisgender heterosexual counterparts.

Despite research showing a connection between poverty and the LGBTQ+ community and all the negative health outcomes associated with poverty, there has been a lag in the responses of policymakers and advocates. The LGBTQ Poverty Collaborative was formed in 2014 as a hub for LGBTQ anti-poverty organizations (2021). However, their site has no data for resources in the Pacific Northwest. What resources they do offer are for advocacy and policy change, all important causes but not helpful to someone actively in need. In fact, most organizations that seemed concerned with the link between poverty and the LGBTQ+ community were advocacy groups, such as GLAAD, National Center for Lesbian Rights or the Human Rights Campaign. There was greater difficulty in finding resource lists for individuals currently living in poverty, something I am not alone in feeling is needed. DeFillipis (2016) has highlighted the need for a LGBTQ+ resource list:“Information in shelters about support services or resources for homeless LGBT people, as well as structured training on LGBT issues for shelter personnel, are nonexistent, and LGBT relationships are not validated in recovery groups and other therapeutic programs" (p. 152).

This study hopes to fill that gap by taking a mezzo or community level look at poverty and the LGBTQ+ community. By speaking with providers that offer special focus to the LGBTQ+ community, this study seeks a ground level look at the resources and needs of the community. Providers can offer insight into what they see the community facing, what their clients face and the difficulty in trying to find resources. This needs assessment was done in the hopes of making resources easier to find and shine a light on what still needs to be done.

Methods

This study consisted of one time interviews with representatives from different organizations in Portland, Oregon, that provide social services to the LGBTQ+ community and/or low-income populations, with a reputation of being LGBTQ+ affirming and safe. Participants were gathered using the "snowball" technique (Goodman, 1961). This means I asked participants at the completion of their interview who else they believe it would be beneficial for me to contact. At the start of the study, I identified 10 organizations to be interviewed. Over the study, this grew to 46 organizations. As many organizations as possible were contacted and included in the study. All organizations were contacted via email, phone call, or the message center on their website and given the opportunity to partake. A total of 21 organizations participated in my study. My recruitment period took place between September 2021 and concluded December 2021. Organizations that were recommended after this cut off point were added to the resource list without being contacted. I concluded when I did due to the constraints of the academic calendar.

Given the time of the study and the ongoing pandemic, interviews were conducted virtually, either over email, Zoom or over the phone. Participants were assured that confidentiality would be maintained and verbal consent was gained beforehand. Interviews were conducted primarily between October and December 2021, with some extending into 2022 if they had already agreed to be interviewed within the time frame. After that, attempts to contact organizations were halted and data analysis began.

All data was stored in written electronic notes. There were no individual names or physical descriptions saved. All subjects were given pseudonyms or referred to by their initials to ensure confidentiality. If the interview was conducted over email, at the completion of the

interview and data retrieval, all emails were deleted. All gathered data was stored on a password protected computer.

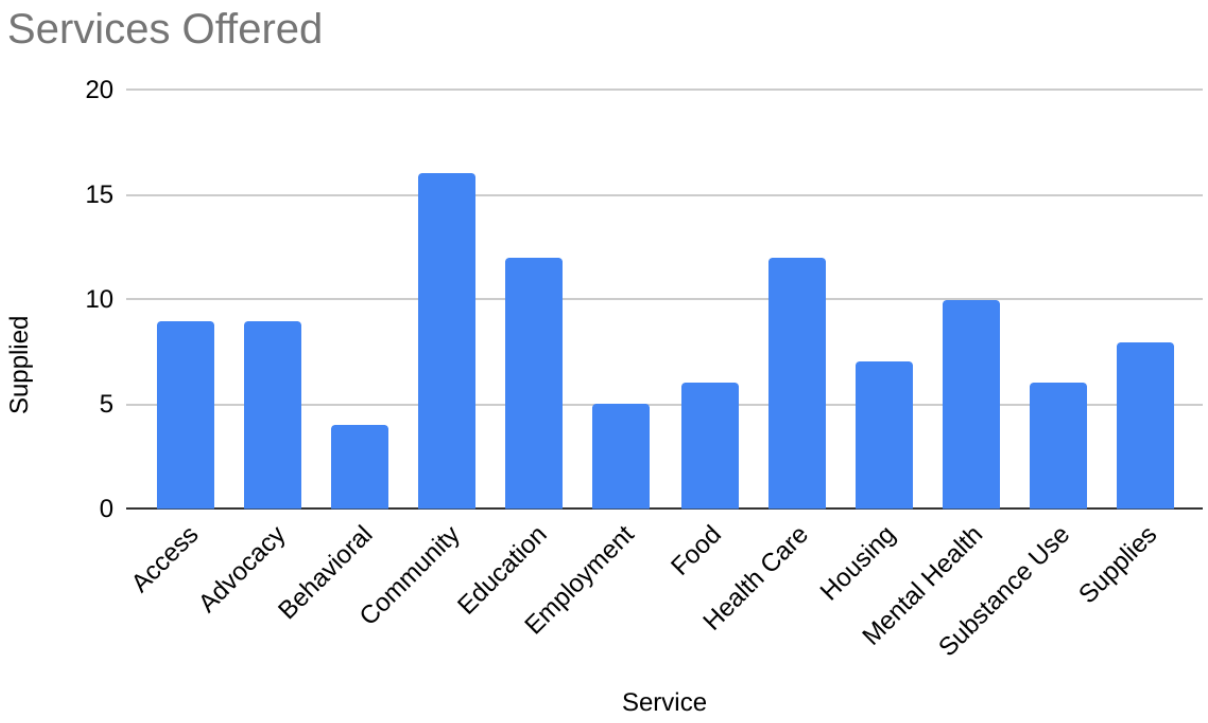
Coding

I used Atlas.Ti to code the research. The tags were lumped together in three primary categories: Services Offered, Needs Identified, and Barriers Identified. I also coded the percentage of clients each organization reports is LGBTQ+. Within Need Identified and Services Offered, I have a list of types of services. Appendix B provides information on the codes and how they were defined. Barrier Identified is where I conducted my thematic analysis and where I tried to understand the reasons providers gave for these needs continuing to exist. Here, I have four codes: culture, lack of safety net, low funding, and religious intolerance.

I did a mix of semantic and *in vivo* coding (Manning, 2017), which revealed some difficulty distinguishing some analytic codes from one another. The line between Mental Health, Behavioral Health, and Substance Use, for instance, was a tricky line to walk. Different sources claim different services as any one of these three tags. The University of Massachusetts says the difference between mental health and behavioral health is mental health affects moods and feelings while behavioral health impacts behaviors (2020), but addiction and many other examples seem to blur that line. In the end, I did that coding *in vivo*, only coding something as behavioral health if that term was used by the interviewee. The rest I have operationalized with definitions and examples.

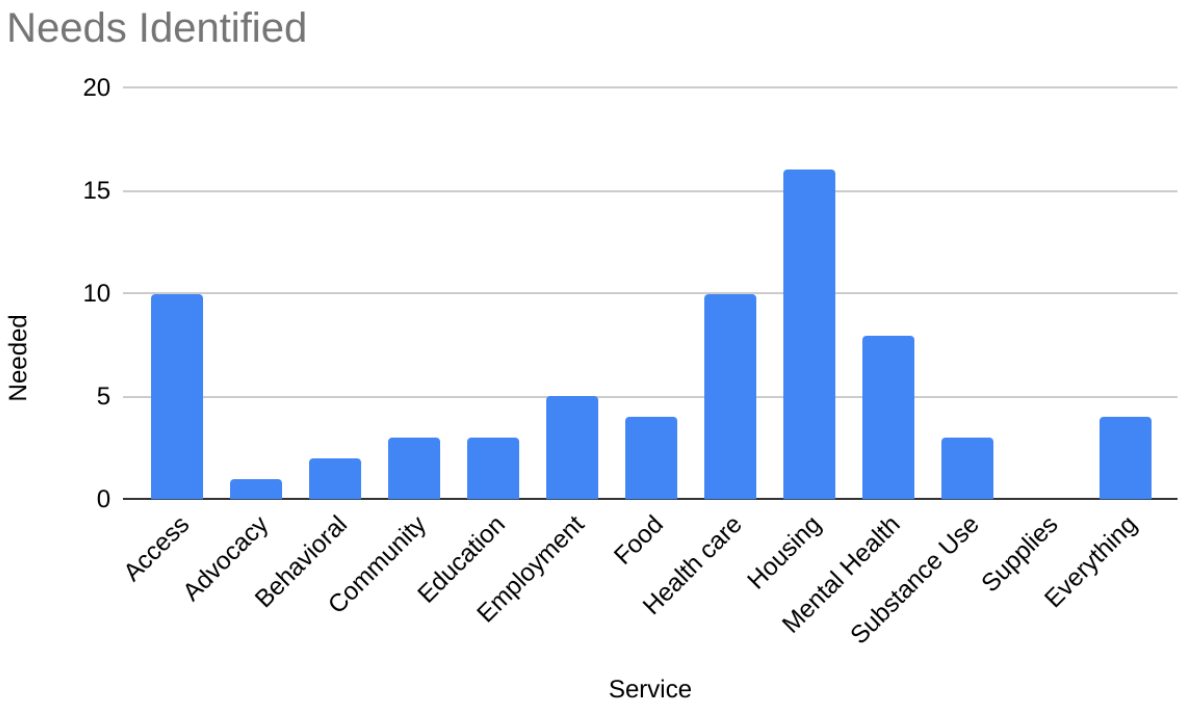
Findings

My initial findings focus on what services providers offer and what they identified as missing in the community. Three categories seem to be offered more often than the others. Community is the most commonly offered service, offered by 16 organizations interviewed (73%). Education and health care tied for second most offered, both cited 12 times (57%). It is worth noting that all categories of services were offered by multiple providers; behavioral services, the least commonly offered service, was still offered by 4 providers (19%). This shows that most organizations offer a variety of services to the community which is beneficial in strengthening the web of social services for low-income LGBTQ+ people. Organizations offering multiple services may suggest that people in need don't have to go to as many different places to have their needs met.



All the categories used in the study cover a fairly wide range of services. *Community* services ranged from board members at PFLAG meeting with family members of LGBTQ+ people for coffee, to support groups at Bradley Angle, to P:EAR taking youth experiencing homelessness out to the theater or museum, an activity that blurs the line between community and education and so was categorized as both. *Education* included trips to the museum or theater as well as Transhealth offering education on transgender issues to families or doctors and the skills building groups held at SMYRC. *Health care* includes things such as the community health workers and volunteer nurses the Equi Institute sends to the C3PO villages or STI testing and primary care at Prism.

Turning to remaining service needs identified, a good portion of the needs cited were mentioned infrequently, which is encouraging. This suggests that the existing social safety net is largely adequate, at least according to these providers. However, I hesitate to be too optimistic. While most participants shared as many examples of the services they offered as possible, most focused on one or two needs not being met. This observation may be the result of providers understanding the services they offer and having a more limited view of the remaining needs. Providers are likely most aware of those needs their services are designed to address and may simply be unaware of other unmet needs, contributing to a possible under-count of unmet community needs. If the questionnaire listed a wide range of service needs and asked participants to select which they believe are currently unmet, the numbers may be much higher. Four participants simply saying all needs are not being met adds weight to this assumption.



Housing was the most commonly identified need. It also had the biggest gap between organizations that offer it and organizations that identified it as a need. Seven organizations (33%) offer housing related services, while 16 (76%) claim it is a major need. *Health care* (48%) tied with access (48%) for the second most commonly cited need, which is interesting as health care was the second most commonly offered service. Twelve providers (57%) said they offered some form of health care, while ten (48%) said it was still a need. Right after *Health care* and *Access* was *Mental health,* with eight providers (38%) citing it as a need. The rest of the categories were cited less frequently as a need: five times or fewer and no one said that supplies were an unmet need. This is optimistic as it seems that most of these categories are largely managed. Further testing will be needed to see if this is truly the case.

Discussion

A lot of my findings are surprising and many are not. Housing, being the biggest need cited, makes me wonder if that is an issue related specifically to LGBTQ+ poverty, or poverty in Portland, Oregon, or possibly some combination of the two. Rent has increased at a higher rate in Portland Oregon than almost anywhere else in the nation according to a recent study by real estate website Redfin (2022). This is felt hardest by those who are barely making rent as it is. As the LGBTQ+ community is more commonly in poverty (Wilson et. al. 2020), skyrocketing rent increases the probability of community homelessness. Available data suggest that adequate available housing exists; the problem is that it isn't affordable. According to the National Alliance to End Homelessness, In January 2020, 580,466 people experienced homelessness in America (2021). This in comparison to the U.S Census stating that there were 15 million vacant homes in the US the same year (2022). That makes about 25 homes for each person experiencing homelessness in the country and raises questions about access rather than inventory.

In my thematic analysis, I looked at what providers believed to be the reason for needs remaining unmet. *Culture* was the most commonly cited theme. This was clearly shown when the representative from Joyful PDX said "There aren't nearly enough LGBTQ friendly shelters/non religious or gender specific day spaces." To a certain extent, it doesn't matter what services are offered if they are not accommodating or safe for the population in need. It was pointed out by a few providers that homophobia and transphobia, among other -isms and -phobias, are baked into the system we function in and can show up in many ways. For example, spaces or forums are often divided into male and female are not safe for gender nonconfirming and most transgender people. This can make even well intentioned spaces hostile.

Lack of intersectionality was another theme and explains why access was such a commonly cited need. Intersectionality, coined by Kimberle Crenshaw and defined as "the theory that the overlap of various social identities, as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual" (1989, p. 140), would explain why certain resources are available but the need still exists. A shelter is not accessible if it is not safe for a queer person. Small things that could make a space inaccessible would be enforcing a gender binary, needing to pay to access services, or microaggressions making it unsafe. There are also the large, more obvious things that make spaces inaccessible such as shelters refusing queer people due to religious affiliation or discrimination based on housing status. Safe access to services is a cornerstone of wellness. I spoke with one advocate separate from organizations and they said the biggest need for queer people in the city is access to wellness. Their definition of wellness is "access to health care - is food sovereignty - is right to ceremony - is support for housing - is wellness.".This could show that it is less that the services don't exist and more that they are not holistic enough or culturally competent enough for this community. The need for intersectionality goes beyond the crossings of queer and poverty. The advocate from Quest center shined a light on how those at the cross roads of queer, of color and in poverty are struggling even more. "when folx talk about LBGQI2S communities in Portland there is often an assumption of predominant whiteness of that community… I repeatedly hear from BIPOC queer clients, many of whom qualify for OHP, their needs are ***not*** being met" (italics from original email). This lines up with Crenshaw's theory of intersectionality, the more marginalized identities a person has causes them to have more barriers to fight against, and the theory of minority stress as these increasing barriers and areas of stigma decreases access to social services.

This lack of intersectionality in resources can increase minority stress and add to the worsening of health outcomes. When accessing resources that are not culturally competent or trauma informed, microaggression and discrimination adds to stress and increases the likeihood of the individual not returning when they need services in order to avoid the stressful and traumatic situation (Krehley, 2009). Due to the connection between prejudice, stigma, and discrimination and worsening health conditions (Flentje et al, 2020), mainstream health clinics are generally not suitable for this population. The strong drive to find health clinics tailored from the ground up for the queer population may explain why so many service providers offer some form of health care but also why it is still seen as such a need. Of the providers that offer some form of healthcare, only three of them offered primary care. Most queer specfic healthcare is focused on sexual heatlh, an important need but all health services need to be safe and affirming for LGBTQ+ people in order to fullfill this need.

Limitation to this Study

This was a broad stroke, initial study and so does not claim to or attempt to be all encompassing of every organization that serves this population or all the issues they still struggle with. As this is a bachelor's level thesis, the scope of this study was limited. The time constraints of the academic year made it difficult to contact every organization suggested particularly towards the end of the data collection period. Another limitation of this study was that it came from the point of view of the providers and is missing the perspective of those actively in need.

Conclusion

There is a lot of work to be done when addressing poverty in the LGBTQ+ community and the holes in our social net. This study opens the door to many future studies. I believe the next steps would be a similar series of interviews, but from the perspective of the community rather than the providers. This could highlight needs that providers are not yet aware of. Then a questionnaire could be made for both community members and providers to fill out.

This research has a lot of potential implications for social work practice. First, I used this research to build as comprehensive a list as possible of providers for queer people in Portland to access and for providers to reference. I intend for this resource guide to help fill a perceived information gap, giving low-income LGBTQ+ people access to the resources they need, and helping to tighten articulation and coordination of the existing safety net. Next, this can give organizations and service providers an idea of what services to add that are most needed. Finally, this shows a clear overlap between low-income status and LGBTQ+ identity that policy makers may take up as they consider policy addressing either individual group.

Appendix A: Resource Guide

Organizations that completed interview

Organization	Website	Population	Services
1. Aging Well	https://www.agingwellnw.org/	Aging adults living with or affected by HIV	Advocacy, community, employment, health care, housing, mental health
2. Beyond These Walls	http://www.beyondthesewallslgbt.org/	LGBTQ+ incarcerated people in Oregon and Washington	Advocacy, community, education, supplies
3. Bradley Angel	https://bradleyangle.org/	People affected by domestic violence	Advocacy, community, education, food, housing, supplies
4. Call to Safety	https://calltosafety.org/	Crisis line for women experiencing Domestic Violence	Advocacy, community, education
5. Cascade AIDS Project	https://www.capnw.org/	People living with HIV/AIDS in Oregon and Washington	Access, mental health, health care
6. Central City Concern	https://centralcityconcern.org/	People experiencing homelessness and drug addiction	Advocacy, Behavioral, Employment, Health Care, Housing, Mental Health, Substance Use
7. Equi Institute	https://www.equi-institute.org/	Any LGBTQ+ person, particularly those facing homelessness	Access, Advocacy, Community, Education, Health Care, Housing, Mental Health
8. Joyful Transitions	https://www.joyfulpdx.org/	Low income Transgender people needing supplies	Community, Education, Supplies,
9. OHSU	https://www.ohsu.edu/	Anyone	Access, Behavioral, Health Care, Mental Health, Substance Use
10. Our House	https://www.ourhouseofportland.org/	People living with HIV/AIDS	Community, Food, Health Care, Mental Health, Substance Use
11. Outside In	https://outsidein.org/	People experiencing homelessness and poverty, special services for young adults	Access, Advocacy, Behavioral, Community, Education, Employment,

		and youth	Health Care, Supplies, Substance Use
12. P:ear	https://www.pearmentor.org	Youth facing homelessness	Community, Education, Employment, Supplies
13. PFLAG	https://pflagpdx.org/	Families with LGBTQ+ members	Community
14. Pride Northwest	https://www.pridenw.org/	Occasionally offers services, not 100% of time	Supplies
15. Prism	https://prismhealth.org/	All LGBTQ+ people	Behavioral, Health Care, Housing
16. Q Center Portland	https://www.pdxqcenter.org/	All LGBTQ+ people	Access, Community, Education, Food, Substance Use
17. Quest for Integrative Health	https://quest-center.org/	Anyone	Access, Community, Food, Health Care, Housing, Mental Health, Substance Use
18. Rose Haven	https://rosehaven.org/	Women, children and gender diverse people experiencing homelessness and poverty	Access, Advocacy, Community, Education, Food, Health Care, Housing, Supplies
19. SMYRC	http://www.smyrc.org/	LGBTQ+ youth 13-23	Access, Community, Education, Food, Mental Health, Supplies
20. TransActive Gender Project	https://graduate.lclark.edu/programs/continuing_education/transactive/	Gender diverse children, adolescents and teens and their families	Advocacy, Community, Education, Employment, Health Care, Mental Health
21. Transhealth Legacy	https://www.legacyhealth.org/	Gender diverse people receiving services from Legacy Health and their families	Access, Community, Education, Health Care, Mental Health

Organizations that did not complete an interview.

Organization	Website	Population	Services
22. Basic Rights Oregon	http://www.basicrights.org/	LGBTQ+ Legal help	Advocacy

23. Brave Space	https://www.bravespacellc.com/	Transgender and nonbinary children, youth, adults and their families	Community, Mental Health, Supplies
24. Cascadia health	https://cascadiabhc.org/	Anyone	Community,Health Care, Housing , Mental Health, Substance Use
25. Friendly House	https://fhpdx.org/	Anyone	Community, Education
26. Full Spectrum Therapy	https://www.fullspectrumpdx.com/	LGBTQ+ People	Mental Health
27. GLAPN	https://www.glapn.org/	Anyone curious about LGBTQ+ history	Community, Education
28. Greater Portland Trans Unity	https://www.pridenw.org/transunity	Anyone interested in learning about LGBTQ+ community	Community, Education
29. Indigenous People's Power Project	https://www.ip3action.org/	Anyone interesting in Indigenous political issues	Advocacy, Community, Education
30. Latinx Pride	https://www.facebook.com/PDXlatinxpride/	LGBTQ+ Lantinx	Community
31. NW Gender Alliance	https://nwgenderalliance.org/	Anyone interested in learning about transgender and gender diverse issues and experiences	Advocacy, Community, Education
32. NW Pilot Project	https://www.nwpilotproject.org/	Low income seniors	Advocacy, Community, Housing
33. Options Counseling and Family Services	https://wp.options.org/	Anyone	Behavioral, Education, Mental Health
34. PCC QRC	https://www.pcc.edu/queer/	Students at Portland Community College	Access, Community, Education
35. PDX Trans Housing Coalition	https://www.facebook.com/pdxtranshousing/	Queer and transgender homeless people	Community, Housing

36. Portland Mental Health and Wellness	https://www.portlandmh.com/	Anyone	Mental Health
37. PSU QRC	https://www.pdx.edu/queer-resource-center/	Students at Portland State University	Access, Community, Education
38. Rapheal House	https://raphaelhouse.com/	People experiencing and escaping domestic violence and their families	Access, Advocacy, Community, Education, Food, Housing ,Supplies, Substance Use
39. SAGE Metro Portland at Friendly House	https://fhpdx.org/for-adults-seniors/sage/	Senior LGBTQ+ people	Advocacy, Community, Education, Housing
40. Sisters of the Road	https://sistersoftheroad.org/	Low income and homeless people	Access, Community, Food
41. The Living Room	https://www.thelivingroomyouth.org/	LGBTQ+ youth	Access, Community, Supplies
42. Two Spirit Society	https://www.facebook.com/Portland2Spirits/	LGBTQ+ Native American/ Alaska Natives	Community

Appendix B: Definition of Analytic Codes

Code	Definition	Examples
Service Offered	Broad category, the services organizations offer	Any service provided
Need Identified	Broad category, anything organizations identified as lacking	Anything identified, including “Everything”
Barrier Identified	Broad category, thematic analysis, why are there needs not being met?	Homophobia, transphobia, racism, rape culture
Access	The ability to reach needed and culturally accurate services	Computers, telehealth, low barrier, low income, access to showers, access to technology, gender affirming care
Advocacy	Supporting people in getting needs met through different means	Case management, legal help, referrals
Behavioral	Behavioral health not including mental health or substance use, coded if stated specifically	Marriage counseling, eating disorders, gambling addiction help
Community	Bringing people together to empower, educate and lessen loneliness	Support groups, mentors, outings, specific population resources
Education	Services that further education or make education accessible or educate the community on LGBTQ+ issues to combat homophobia	Tutorig, GED classes, study groups, skills groups, community meetings or classes
Employment	Services that increase the likelihood of someone getting and maintaining a job	Interview classes, vocational,
Food	Access to food	Pantries, Food stamps, meal vouchers
Health Care	Services relating to physical health	Primary care, specialty care, nurses, prescriptions, STI treatment and prevention
Housing	Services to lift people out of unhoused or underhoused situations or help them avoid homelessness	Housing vouchers, shelters, rental assistance, rental application
Mental Health	Services that help those struggling with mental health	Counseling, Psychraity,
Supplies	Access to basic necessities	Hygiene products, clothes

Substance Use	Services that help those struggling with or overcoming addiction and substance use disorder	Addiction services, recovery service
Everything	During some interviews, participants would everything is lacking	Specifically said everything or all needs

Appendix C: Interview Guide

There were six primary interview questions with the possibility for follow up questions. The interview questions for the organizations are:

1. Can you tell me a little bit about your organization and your mission?
2. What percentage of your clientele would you say is LGBTQ+?
3. What services do you offer? Are any of your services specific to the LGBTQ+ community?
4. Do you feel that there are any gaps in resources for an impoverished LGBTQ+ community member here in Portland? If so, what do you think that would be?
5. Is there anything else you would like to tell me?
6. What other organizations do you think I should contact?

There was a different set of questions used for independent advocates. These were:

1. What lens are you speaking from?
2. What needs do you feel aren't being met for an impoverished LGBTQ+ community member here in Portland?
3. What do you think would be the most useful service an organization could provide?
4. What do you think the biggest barriers are to service providers for the LGBTQ+ community?
5. Is there anything else you would like to tell me?
6. What other organizations do you think I should contact?

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