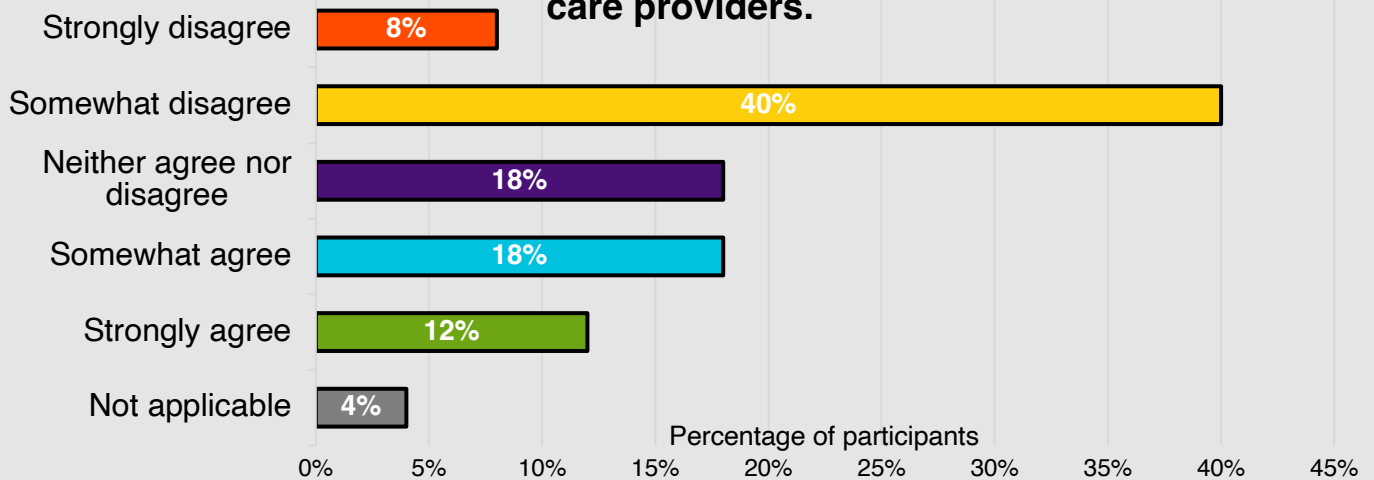


Healthcare and Healthcare Access

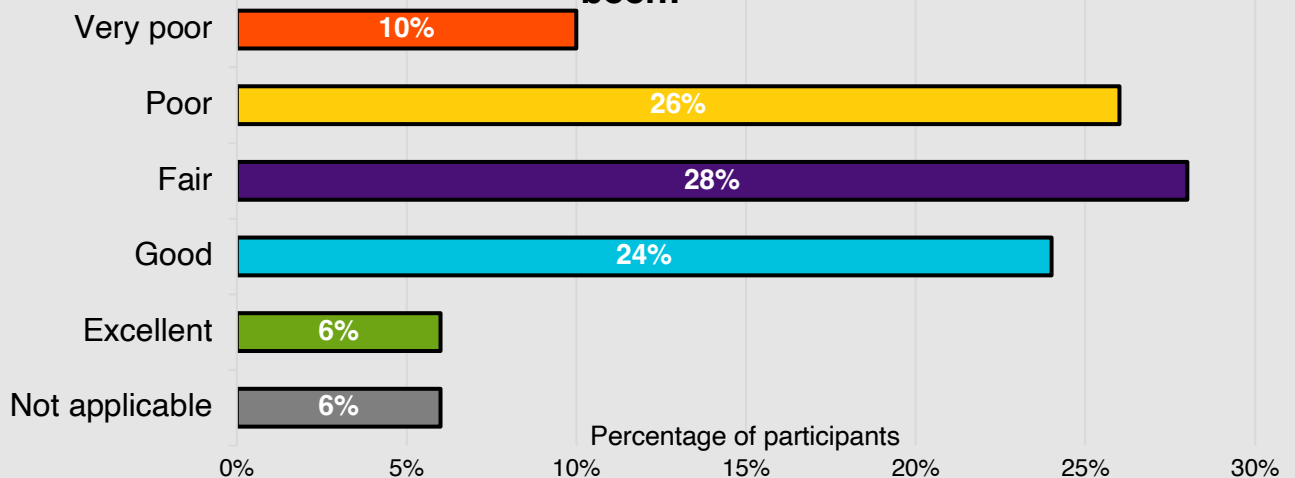
Only 50% of participants reported having health insurance. Participants who did not have health insurance were asked why they couldn't get health insurance, and the most commonly reported reason (20 respondents) was **“I think it will cost too much/I can't afford it.”**

Participants were also asked about the quality of their healthcare experiences. Nearly half (48%) of participants reported that they **do not believe their LGBTQIA2S+ identity is respected by their healthcare providers** overall, and 36% had **poor or very poor healthcare experiences** overall.

Overall, I believe my LGBTQIA2S+ identity is respected by health care providers.



Overall, my experience of getting medical care in Central Texas has been:



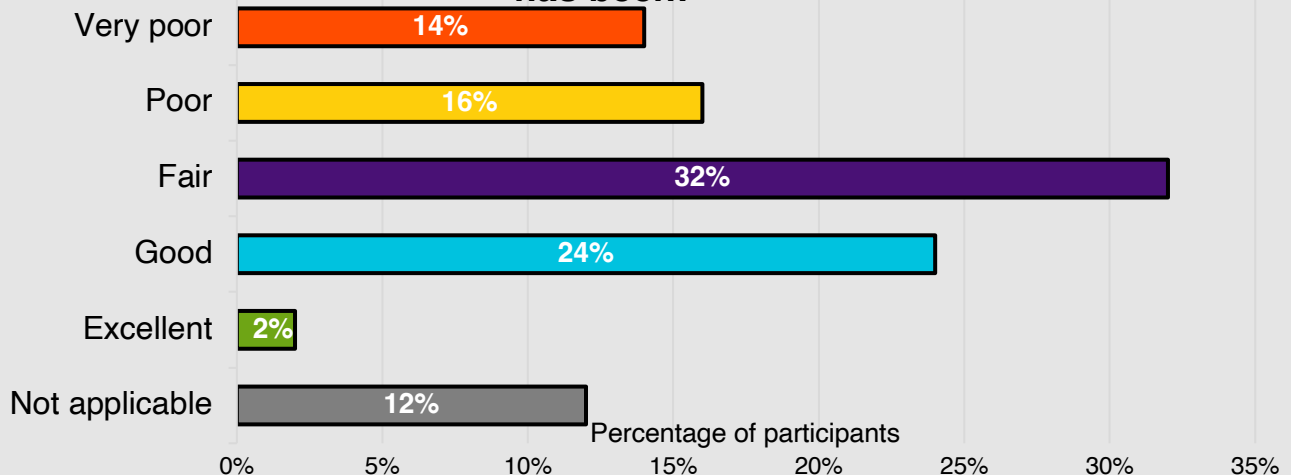
Mental Healthcare

62% of participants reported that they have had **difficulty accessing mental healthcare in Texas**. The most frequently reported mental health care needs for participants in the last 6 months were “**getting an individual counselor**” (25 participants) and “**getting an individual counselor I can afford**” (20 participants). When asked what participants look for in a mental health provider, the mostly commonly reported characteristic was “**someone who has specific experience with the LGBTQIA2S+ community**” (42 participants). The second most commonly reported characteristic was “**someone who is a person of color**” (28 participants).

Participant quote: “I have had the best experience with therapists who are people of color & have experience with LGBTQ+ individuals. They understand the unique dynamics/difficulties that come with intersectionality.”

30% of participants reported poor or very poor experiences of receiving mental healthcare in Texas:

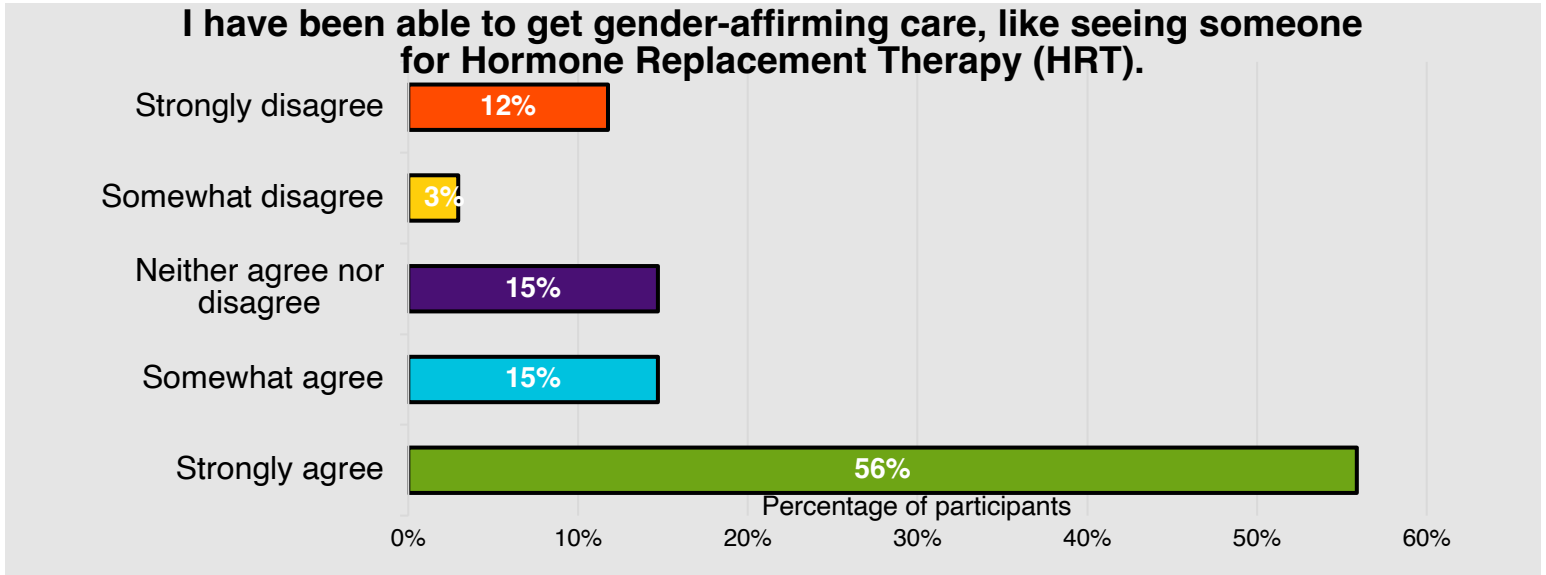
Overall, my experience getting mental healthcare in Central Texas has been:



Participant quote: “Specifically whenever I am hospitalized for my mental health issues, I’m often misgendered by staff, harassed by staff/ other patients, and on a few occasions have had my identity questioned and been denied my hormones.”

Gender Affirming Care

Of the 34 participants who reported that gender affirming care access was applicable to them, over half (56%) strongly agreed that they were able to access it when needed.



34% of participants reported that they have relied on credit cards to cover gender affirming expenses because they did not have any other means. Also importantly, a significant 62% of participants strongly agreed that the cost of gender affirming surgeries would affect or delay surgery access.

