



# **Pennsylvania 2018 LGBT Health Needs Assessment**

**– Summary Report**

August 2018

Prepared for the Pennsylvania Department of Health  
Division of Tobacco Prevention and Control



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# Executive Summary

## Background

Pennsylvania, like the nation and many states, has traditionally had limited data on LGBT health and wellness. In an effort to learn more about the health and wellness of Pennsylvania's LGBT communities, the Pennsylvania Department of Health partnered with LGBT centers across the state to gather health and wellness information in 2015/2016 and again in 2018. The 2018 Pennsylvania LGBT Health Needs Assessment collects data on LGBT health and supports identification of health disparities in tobacco use, cancer, HIV, obesity, mental health, access to care, and more.

In 2018, Pennsylvania partnered with Bradbury-Sullivan LGBT Community Center to reach a statewide purposeful sample. The Pennsylvania 2018 LGBT Health Needs Assessment was conducted in collaboration with LGBT HealthLink, a program of CenterLink. This collaboration allowed Pennsylvania to use a CDC-vetted tool, and opens future possibilities for improved trend analyses and state-to-state comparison data.

## Key Findings

A total of 4,679 Pennsylvania LGBT respondents participated in the 2018 LGBT Health Needs Assessment. Respondents are from over 800 different ZIP codes across 64 of Pennsylvania's 67 counties.

One in four respondents sometimes, often, or always experience a health care provider react poorly when they come out as LGBT. In addition, more than half of all respondents sometimes, often or always fear a negative reaction by a health care provider if they come out as LGBT. Over a third of respondents report their health is fair, poor, or very poor. However, resiliency factors are strong and almost all respondents report at least some interest in incorporating healthy living strategies into their lives. While overall LGBT respondents report higher current smoking than the general population, smoking reports are even higher among transgender and gender non-conforming respondents. Health disparities also exist within LGBT communities in health screenings and other health areas. Respondents identify mental health needs as a priority when considering LGBT community health.

## Recommendations

- 1 Support Connection to LGBT-competent Providers**
- 2 Encourage Health Screening Discussions**
- 3 Prioritize Chronic Disease Prevention**
- 4 Promote Tobacco Cessation Opportunities**
- 5 Identify Community-wide Mental Health Supports**
- 6 Continue and Enhance Data Collection**
- 7 Partner with LGBT Community-Based Organizations**



# Pennsylvania 2018 LGBT Health Needs Assessment Overview

Lesbian, gay, bisexual, transgender (LGBT) individuals and others in the LGBT community are disproportionately impacted by tobacco use.<sup>1 2 3</sup> Estimates across studies show LGBT adults smoke at rates between 35 and 200 percent higher than the general population.<sup>4 5</sup> The Center for Disease Control and Prevention (CDC) estimates over 30,000 LGBT people die each year of tobacco-related diseases.<sup>6</sup> Of course, tobacco use is not a standalone issue. Higher prevalence rates in other high-risk behaviors, psychosocial and structural barriers, and reduced access to trusted care impact overall risk for negative health outcomes in the LGBT community.<sup>7 8 9</sup>

Pennsylvania, like the nation and many states, has traditionally had limited data on LGBT health and wellness. In an effort to learn more about the health and wellness of Pennsylvania's LGBT communities, the Pennsylvania Department of Health partnered with LGBT centers across the state to gather health and wellness information. In 2015 and 2016, Pennsylvania Department of Health and Bradbury-Sullivan LGBT Community Center piloted regional health needs assessments to better measure LGBT health disparities in Pennsylvania. Regional findings identified pervasive health disparities in tobacco use, cancer, HIV, obesity, mental health, access to care, and more. In 2018, Pennsylvania expanded the scope of the assessment to include a statewide purposeful sample, again partnering with Bradbury-Sullivan LGBT Community Center to facilitate connection with a broad network of Pennsylvania LGBT-focused service agencies.

The Pennsylvania 2018 LGBT Health Needs Assessment was conducted in collaboration with LGBT HealthLink, a program of CenterLink. CenterLink's LGBT HealthLink program, one of eight CDC-funded cancer and tobacco disparity networks, is a community of experts and professionals working to advance LGBT health by eliminating tobacco use, reducing cancer incidence, and improving wellness within LGBT communities. This collaboration has allowed Pennsylvania to use a CDC-vetted tool, and opens future possibilities for improved trend analyses and state-to-state comparison data.

The 2018 findings presented here cover a variety of health topics, chronic disease risks, and healthcare experiences. These data are intended to identify needs and inform plans to close gaps. Opportunities remain for additional data analyses and future data collection.

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<sup>1</sup> CDC, Smoking and Tobacco use: <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>

<sup>2</sup> The DC Center for the LGBT Community: <http://thedccenter.org/outtoquit/>

<sup>3</sup> The Truth Initiative: <https://truthinitiative.org/news/tobacco-social-justice-issue-smoking-and-lgbt-communities>

<sup>4</sup> The Network for LGBT Health Equity, MPOWERED: <http://www.lgbthealthlink.org/Assets/U/documents/mpowered.pdf>

<sup>5</sup> Lee, J. G., Griffin, G. K., Melvin, C. L. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. *Tobacco Control*, 18(4), 275-282.

<sup>6</sup> CDC, Smoking and Tobacco use: <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>

<sup>7</sup> HealthyPeople2020: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

<sup>8</sup> Emler, C. A. (2016). Social, Economic, and Health Disparities Among LGBT Older Adults. *Generations* (San Francisco, Calif.), 40(2), 16–22. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373809/>

<sup>9</sup> Hoffman, L., Delaharty, J., Johnson, S. E., and Zhao, X. (2018). Sexual and gender minority cigarette smoking disparities: An analysis of 2016 Behavioral Risk Factor Surveillance System data. *Preventative Medicine*, 113, 109-115. Available at: <https://www.sciencedirect.com/science/article/pii/S0091743518301646>



# Needs Assessment Methodology

In spring 2018, Pennsylvania Department of Health and Bradbury-Sullivan LGBT Community Center partnered to administer the 2018 LGBT HealthLink Wellness Needs Assessment. Over a seven-week period, the anonymous, internet-based survey was available for completion by any Pennsylvania resident who across their lifetime consider themselves to be lesbian, gay, bisexual, or transgender. LGBT HealthLink estimated the survey took approximately 15 minutes to complete.

The purposive, convenience, snowball style sample was supported by LGBT-focused community partners who distributed/posted the tool link and otherwise made the link available to their LGBT stakeholders. Additional indirect recruitment occurred via social media. No participant recruitment occurred in LGBT bars. Data collection partners are listed in Acknowledgment section of this report.

Method limitations include: online-only tool; English-only tool; cross sectional (single point in time) data collection.

Participants were informed the data they provided were being collected anonymously and they could stop the survey at any time or refuse to answer any questions. At the conclusion of the survey, participants were given the option to participate in an unlinked opportunity to be entered to win one of ten \$50 gift cards for Amazon.<sup>10</sup>

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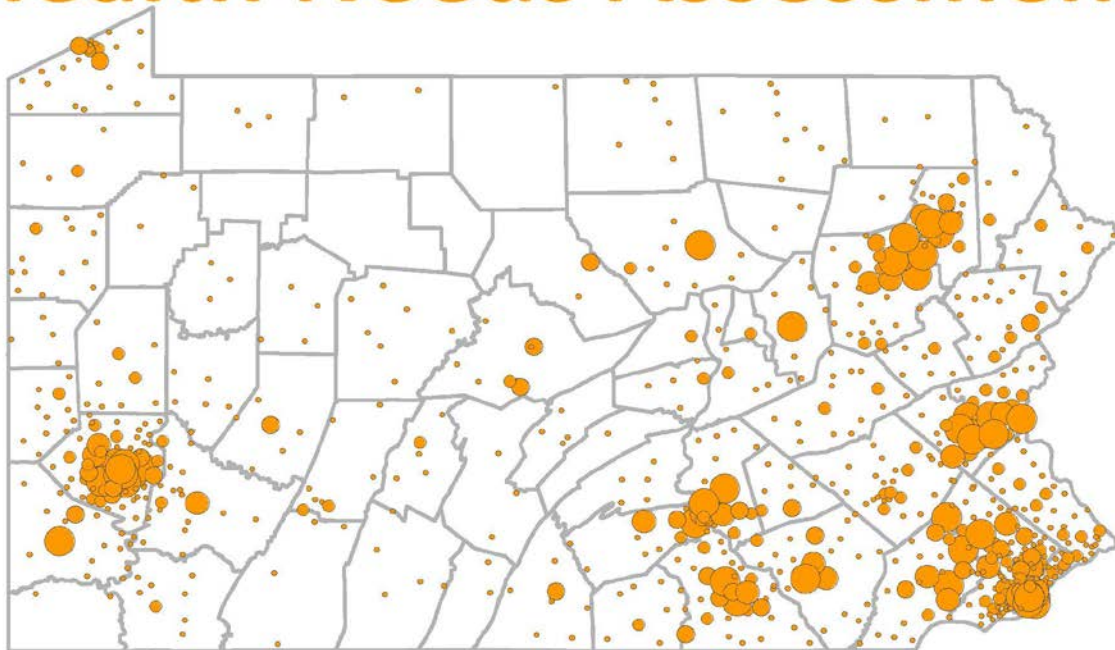
<sup>10</sup> Raffle entries were at no point connected to needs assessment responses. All needs assessment responses remained anonymous regardless of entry into the incentive raffle.



# Findings

A total of **4,679 Pennsylvania<sup>11</sup> LGBT<sup>12</sup> respondents participated** in the 2018 Needs Assessment. Respondents are from over 800 different ZIP codes across 64 of Pennsylvania's 67 counties.

## Pennsylvania 2018 LGBT Health Needs Assessment



**Number of Respondents grouped by ZIP Code**

- 1 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- 21+

Notes: 4,679 Pennsylvania LGBT+ respondents participated in the Needs Assessment. Respondents came from over 800 different Pennsylvania ZIP codes across 64 counties.

Considering Pennsylvania's health districts and two most populated counties, respondents are part of all regions.

Northwest	Southwest <sup>13</sup>	Allegheny County	North Central	South Central	Northeast	Southeast <sup>14</sup>	Philadelphia County
4.1%	5.5%	17.2%	4.8%	12.9%	24.0%	20.7%	10.7%
191	259	802	224	604	1,123	967	501

<sup>11</sup> Respondent provided a Pennsylvania ZIP code (150xx-196xx) and/or selected PA as state. County name alone was used as a PA qualifier in one case.

<sup>12</sup> Respondent selected Yes to question: Across your lifetime, do you consider yourself to be Lesbian, Gay, Bisexual or Transgender?

<sup>13</sup> Excluding Allegheny County.

<sup>14</sup> Excluding Philadelphia County.

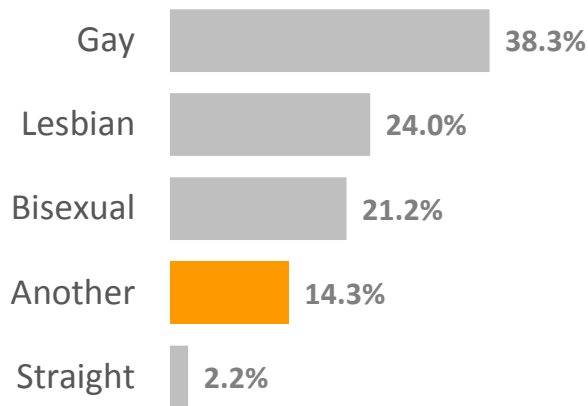


## Sociodemographics

Respondents identify across LGBT communities. At the time of the survey, over a third of respondents identify as gay (38.3%), almost a quarter as lesbian (24.0%), bisexual (21.2%), another<sup>15</sup> (14.3%) and straight (2.2%).

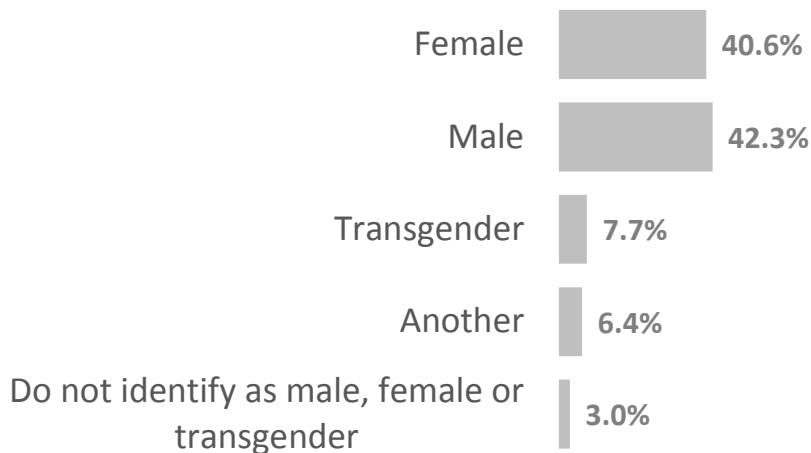
### Sexual Orientation

**538 respondents wrote-in their description,**  
most commonly **Pansexual, Queer, and Asexual.**



Respondents identify as female, male, transgender and gender non-conforming. Two hundred and forty respondents provided a write-in response to the question: How do you describe yourself? The most common write-in responses included, non-binary, genderqueer, and genderfluid. When considering reported sex at birth, the respondent sample includes 21.7 percent transgender and/or gender non-conforming respondents.

### Self-Identification

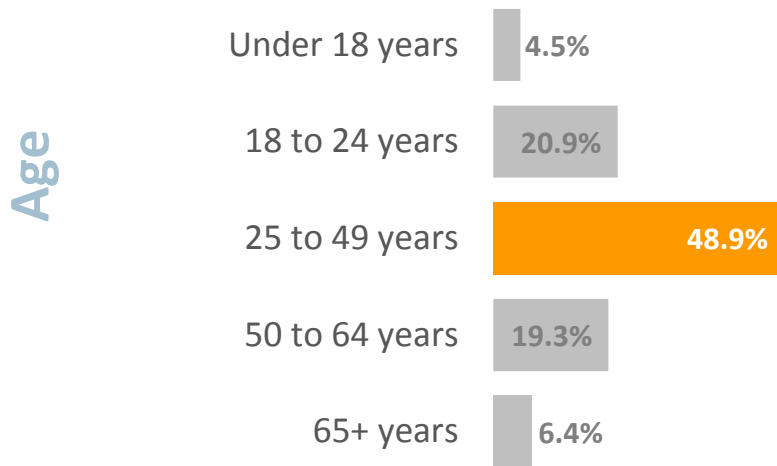


<sup>15</sup> "Other" category in the original survey tool has been modified to "Another" on this report in order to use more inclusive language.



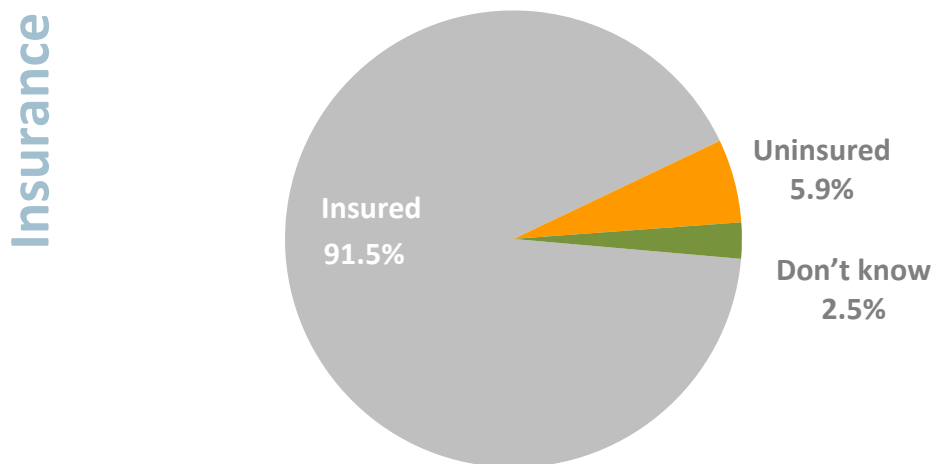
Respondents vary in age from 10 to 87, with an average age of 37.6.<sup>16</sup> A quarter of respondents are over 50 years of age (n=1,203, 25.7%) and a quarter are under 25 years of age (25.4%).

**Just under half** of all respondents are between ages **25 and 49**.



While the majority of respondents are insured, more than one in twenty are uninsured or are not sure of their insurance status. This is a slightly lower estimate than the Pennsylvania age 18-64 population, where 9 percent (CI:7-10%) have no health insurance (BRFSS<sup>17</sup>, 2016).

**Almost 6%** of respondents have **no insurance** and not all are sure of their insurance status.



<sup>16</sup> Age was missing in only four cases.

<sup>17</sup> All Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) data in this report were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. Data available via <https://www.phaim1.health.pa.gov/EDD/>

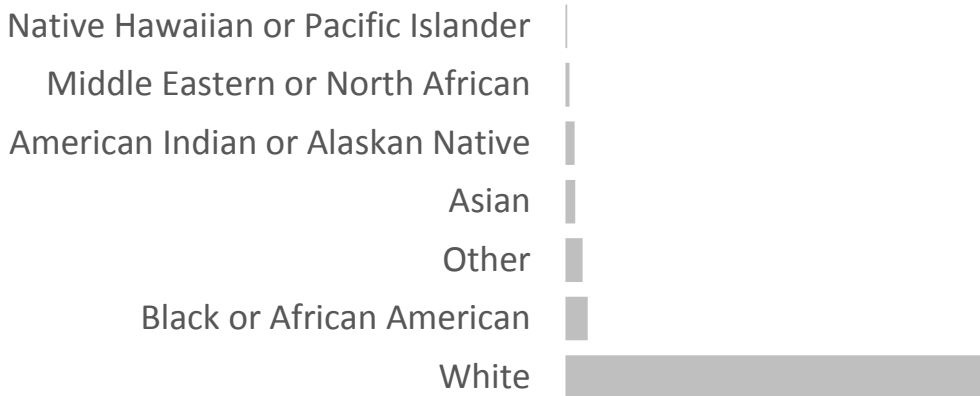




The majority of respondents describe themselves as White (74.1%), but may also identify as another race. Six percent of respondents are Hispanic or Latino/a.

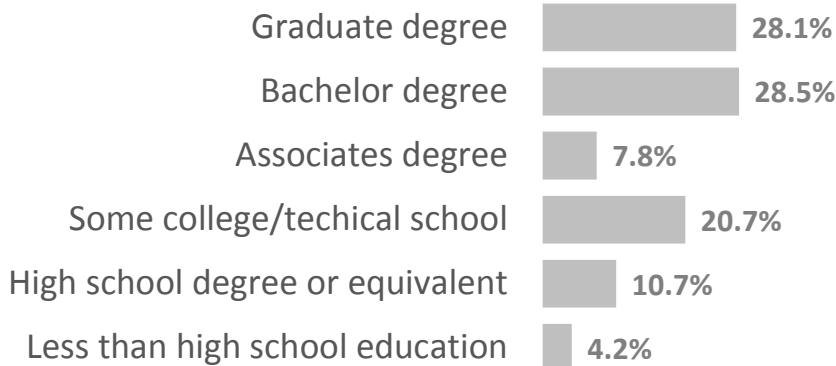
## Race & Ethnicity

**Almost 3 out of 4 respondents are White, but more than one race could be selected.**



The vast majority of respondents have a high school degree or beyond for their education level. Three out of four respondents with less than a high school education are under 18 years of age.

## Education



Additional data findings by select sociodemographic and geographic groups can be found in appendices.



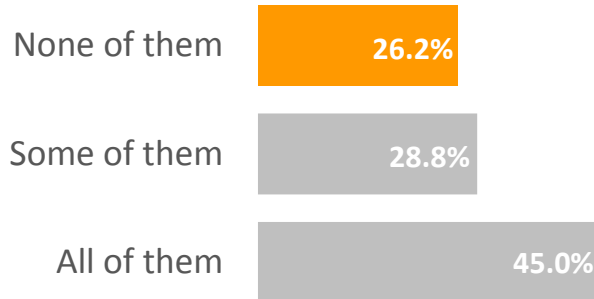
# Health Care

Most respondents had at least one personal doctor or health care provider, however, 17 percent do not or are unsure if they think of any provider as personal. This is a slightly higher estimate than the general Pennsylvania adult population, where 14 percent (CI:13-15%) do not have a personal health care provider (BRFSS, 2016). There is variation across respondents on whether they have advised their provider(s) that they are LGBT.

## Communication with Providers

When asked: Have you advised your personal provider(s) that you are LGBT?

**More than 1 in 4 report they have not advised any provider.**



One in four respondents sometimes, often, or always experience a health care provider react poorly when they come out as LGBT (25.1%). In addition, more than half of all respondents sometimes, often or always fear a negative reaction by a health care provider if they come out as LGBT (56.8%). While this proportion is high on its own, fear of a negative reaction is significantly higher for transgender and gender non-conforming respondents (p=.000). Three in four transgender and gender non-conforming respondents sometimes, often or always fear a negative reaction by a health care provider if they come out as LGBT (75.1%).

## Fear

**More than half of all respondents sometimes, often or always fear a negative reaction by a health care provider. 3 in 4 transgender and gender non-conforming respondents report this fear.**



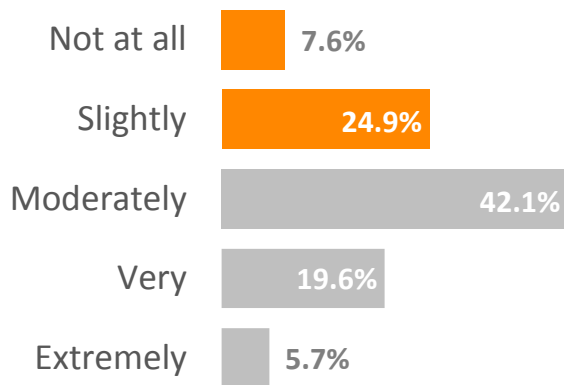
Respondents find their health care providers, on average, vary in their knowledge about LGBT issues. While just under a quarter consider their health care providers to be extremely (5.6%) or very (18.2%) knowledgeable, over a third report much room for improvement with health care provider knowledge on LGBT issues reported as slight



(26.9%) or none (7.3%). Similarly, respondents report varied average competency about LGBT issues among health care providers. Respondents identify opportunities for improvement among providers in competency about LGBT issues with three in four respondents reporting average competency as moderate, slight or none (74.6%).

## Provider Competency

Respondents find their health care providers, on average, vary in their competency about LGBT issues. **Almost 1 in 3 report their provider is not at all or slightly competent.**

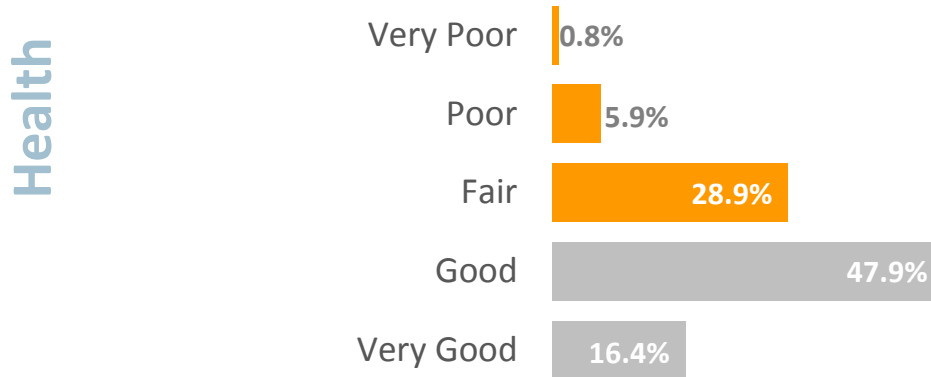




## Personal Health

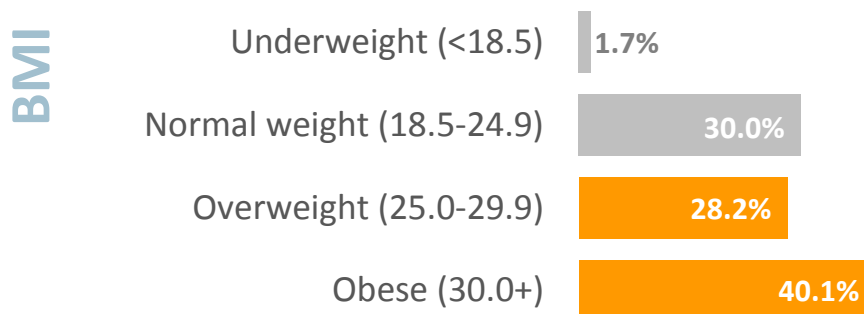
Respondents most commonly report their health as good (47.9%), but this leaves over a third of respondents who report their health is fair, poor, or very poor (35.6%). This is much higher than estimates for the general Pennsylvania adult population, with 17 percent (CI:15-18%) reporting being in fair or poor general health (BRFSS, 2016).

Over a third of respondents **report their health as fair, poor or very poor.**



As an indicator of health, respondents self-report height and weight and body mass index (BMI) was calculated. While BMI is limited as a health indicator,<sup>18</sup> BMI reports show the majority of adult respondents (18+) are overweight or obese based on standard BMI category breaks (68.3%). This is slightly higher than estimates for the general Pennsylvania adult population, with 64 percent (CI:63-66%) identified as overweight or obese (BRFSS, 2016). Underweight respondents fall in largely similar proportions across cisgender males (32.3%), cisgender females (29.0%) and transgender and gender non-conforming individuals (38.7%).

While **BMI is limited**, BMI varies with more than **2 in 3** adult respondents classified as **overweight or obese.**



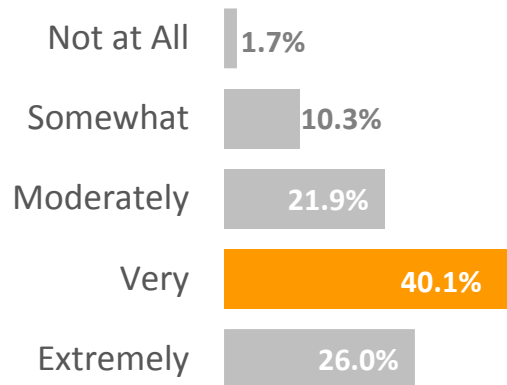
<sup>18</sup> National Heart Lung and Blood Institute (NIH): [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)



Another indicator of personal health and resiliency is interest in healthy living. Almost all respondents report at least some interest in incorporating healthy living strategies into their lives (98.3%).

## Healthy Living

Respondents are **interested in incorporating healthy living strategies** (such as healthy eating, exercise, tobacco cessation, etc.) into their lives.



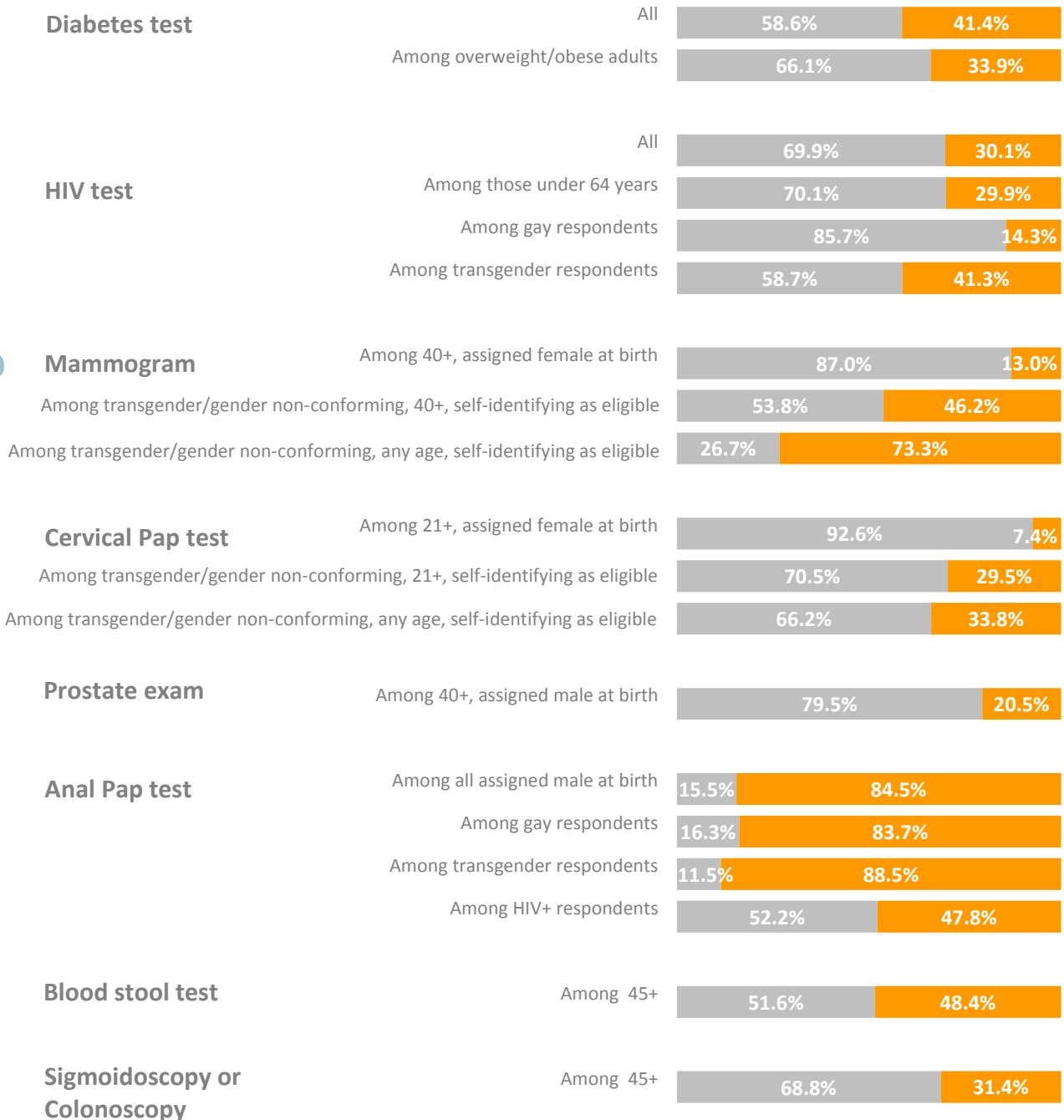
Respondents had the opportunity to report specific healthy living practices as well. During the past month, three in four respondents report physical activity or exercise outside of their job (75.4%). Respondents also report sugar sweetened beverage intake. While the sugar sweetened beverage consumption recommendations largely focus on reduction rather than a limit to a certain number of soda/pop or other sugar sweetened drinks per week, more than one in 20 respondents report 15 or more sugar sweetened beverages per week in the past month (5.6%). This estimate is conservative as almost an additional one in 20 report estimates that may exceed 14 beverages across the two sugar sweetened beverage categories (4.7%). Related to healthy living, outside of pregnancy, more than three in 20 respondents report having been told by a health care professional they have pre-diabetes or borderline diabetes (16.7%).



Health screenings may also serve as an indicator of personal health and/or access to care. Health screening recommendations vary and often have tailored conditions related to timing and frequency. Rates in chart below relate to ever being screened among the primary categories of eligible individuals. It is important to note individuals outside of the primary categories of eligible individuals may be recommended for screening based on personal health risk, family risk, gender-affirming hormone therapy or other hormone intake, and other discussions with care providers.

## Ever Screened vs. Never Screened

### Health Screening

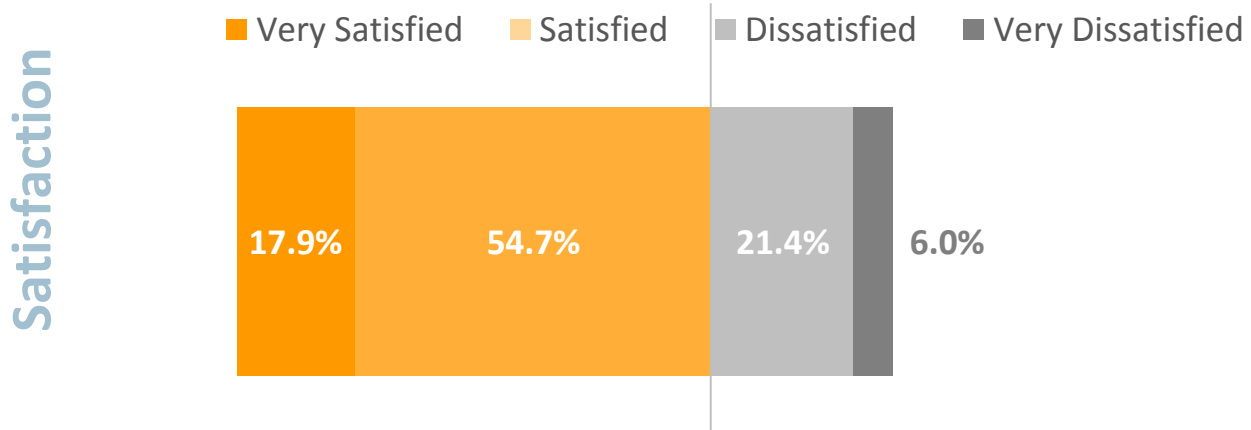




# Mental Health

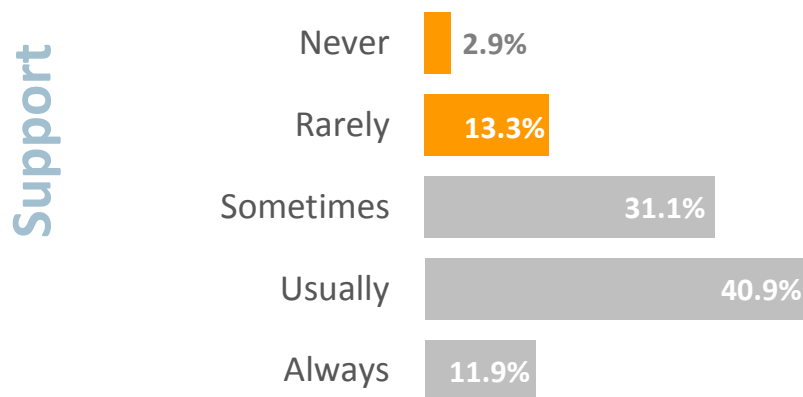
Several aspects of survey findings relate to mental health, both personally and among LGBT communities in general (see LGBT Community Health Section). While the majority of respondents report general satisfaction with their life (72.6%), more than one in four report not being satisfied with their life (27.4%).

In general, how **satisfied** are you with your life?



Respondents find it to be more common to get the social and emotional support they need than not, with just over half of respondents reporting they usually or always get the support they need (52.8%). Unfortunately, this leaves almost a third of respondents who get the support they need only some of the time (31.1%) and about one in six respondents who report not getting the support they need (16.2%).

**1 in 6** report they **rarely or never** get the support they need.

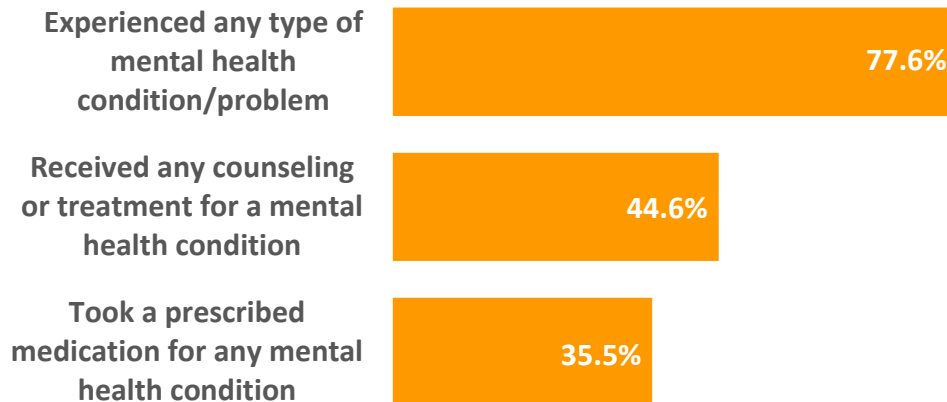




When thinking about the past year, more than three in four respondents report experiences with a mental health condition or problem (77.6%). Counseling or treatment, as well as prescription medication for mental health conditions such as depression, anxiety, stress, suicidal ideation, etc. were also part of many respondents' recent experiences.

## In the past 12 months, respondents:

### Mental Health Experiences



Experience with any type of mental health condition was more common among cisgender females, transgender, and gender non-conforming respondents. This same experience also shows a pattern by age group. The youngest age groups most often report experiencing a mental health condition/problem in the past year and reports decline with age group progression. Counseling or treatment was more than 1.5 times more likely among transgender and gender non-conforming respondents compared to cisgender counterparts and more common among younger age groups. Age group rates for taking prescribed medications hang together more closely and did not show the same ramp pattern.

## HIV

As reported in Health Screenings, three in ten respondents report never being tested for HIV (30.1%). HIV ever testing reports are highest among gay respondents (85.7%), followed by bisexual men (72.1%). HIV ever testing reports are lower among transgender respondents (58.7%). When considering most recent test, gay men (23.9%) and bisexual men (20.3%) were the most likely to report a test within the last three months. Almost half of gay men (48.6%) and more than two in five bisexual men (43.2%) report an HIV test within the past year. Just over one in 20 across all respondents report being HIV positive as of their last test. Respondents report feeling most comfortable getting an HIV test in an LGBT community-based setting and with a primary care provider.

Respondents report some risks for HIV at much higher rates than others. Most common risk reports include four or more partners in the past year (20.0%) and anal sex without a condom in the past year (26.8%). Less frequent risks among respondents include: intravenous drug use in past year (1.9%); past year exchange of sex for money or drugs (2.5%); and past year treatment for sexually transmitted disease (8.3%). Over one in three respondents have at least one of the BRFSS identified primary risk factors<sup>19</sup> for HIV (36.0%). Please note survey limitation: Risk factors questions did not account for PrEP usage.

<sup>19</sup> BRFSS primary risk factors are treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year.

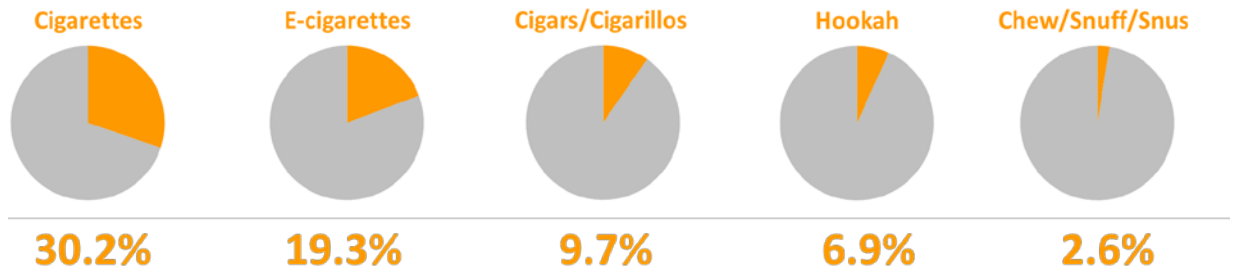




# Tobacco Use & Opinions

Cigarettes are the most commonly used tobacco product with almost a third of respondents reporting cigarette use every day or some days (30.2%). Based on this survey, current smoking among LGBT communities is well over the smoking rate estimate for all Pennsylvania adults at 18 percent (CI: 17-18%) (BRFSS, 2016).

## Current Tobacco



While overall LGBT respondents report higher current smoking than the general population, smoking reports are even higher among transgender and gender non-conforming respondents (36.9%) than among cisgender males (28.8%) and cisgender females (28.1%).

Cigarette use reports also vary by age and region in Pennsylvania. Overall, the highest smoking rate estimates are among 18 to 24 year olds, averaging 42.6 percent. Regionally, the Northwest, Southwest, North Central, and Northeast have smoking estimates above the overall respondent estimate of 30.2 percent. All regions have rates higher than BRFSS 2016 estimates for all Pennsylvania adults.

	Under 18 years	18 to 24 years	25 to 49 years	50 to 64 years	65+ years	All LGBT	Transgender & Gender non-conforming
<b>Northwest</b>	n/a	50.0%	51.7%	40.9%	n/a	<b>42.9%</b>	n/a
<b>Southwest<sup>20</sup></b>	n/a	62.5%	29.4%	38.5%	n/a	<b>35.4%</b>	n/a
<b>Allegheny County</b>	n/a	32.3%	29.8%	11.0%	n/a	<b>24.1%</b>	<b>33.8%</b>
<b>North Central</b>	n/a	38.5%	46.0%	30.4%	n/a	<b>40.4%</b>	<b>42.9%</b>
<b>South Central</b>	n/a	26.3%	38.6%	15.3%	n/a	<b>28.1%</b>	<b>34.2%</b>
<b>Northeast</b>	n/a	47.4%	42.0%	24.7%	n/a	<b>37.4%</b>	<b>44.9%</b>
<b>Southeast<sup>21</sup></b>	n/a	52.8%	28.4%	20.0%	n/a	<b>27.3%</b>	<b>35.2%</b>
<b>Philadelphia County</b>	n/a	34.6%	23.1%	20.0%	n/a	<b>22.0%</b>	<b>31.8%</b>
<b>Any Region</b>	<b>n/a</b>	<b>42.6%</b>	<b>34.2%</b>	<b>21.3%</b>	<b>10.7%</b>	<b>30.2%</b>	<b>36.9%</b>

Note: Percent removed for categories with <5 respondents.

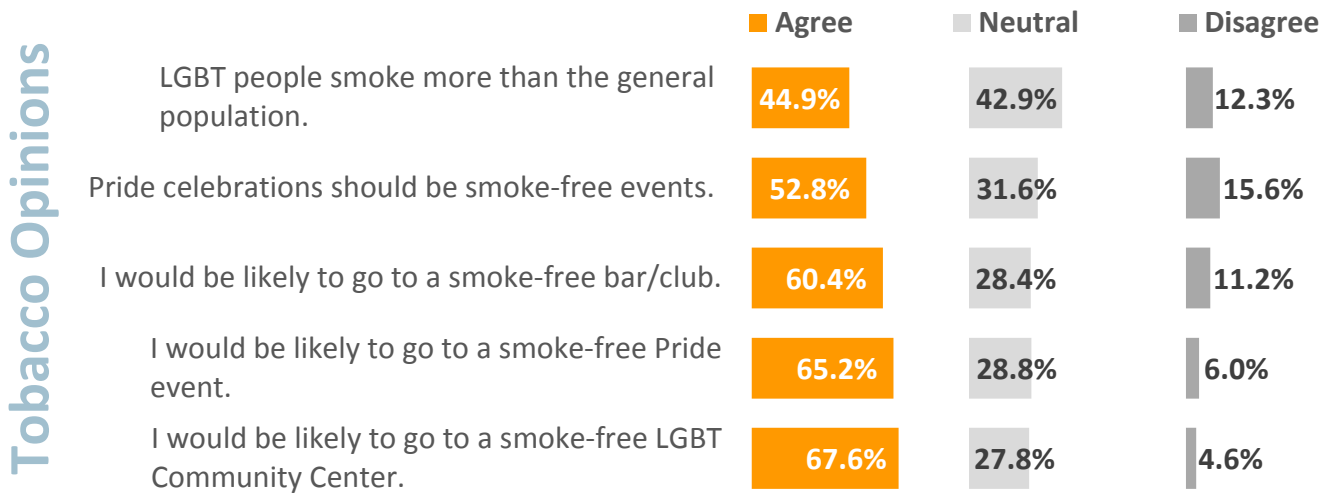
<sup>20</sup> Excluding Allegheny County.

<sup>21</sup> Excluding Philadelphia County.



Respondents have some interest in quitting, with about a one in four looking to quit within six months (24.3%). However, few are most likely to go to a Quitline for assistance (2.6%). When reporting where respondent would be most likely go for assistance to quit smoking, one in 20 respondents selected a cessation class or program at an LGBT organization (5.3%).

Respondents also share their opinions on several tobacco-related statements, demonstrating majority support for all smoke-free opportunities discussed. With greater than six in 10 respondents saying they would likely go to a smoke-free bar/club, pride event, or LGBT community center.



## Substance Use & Alcohol

More than four in ten respondents report 5 or more alcoholic drinks per day (commonly referred to as binge drinking) at some point in the past year (43.1%), with close to one in 10 reporting this daily or weekly (9.1%). Respondents report use of 12 other substances outside of alcohol with wide variation. Over a third of respondents report past year use of marijuana (36.6%), with one in ten reporting daily or almost daily use (10.4%). Past year usage of other drugs include: opioids (6.7%); inhalants (5.5%); cocaine (4.8%); ecstasy (3.3%); and crystal meth (2.1%). All other drugs listed were reported by less than two percent of respondents.



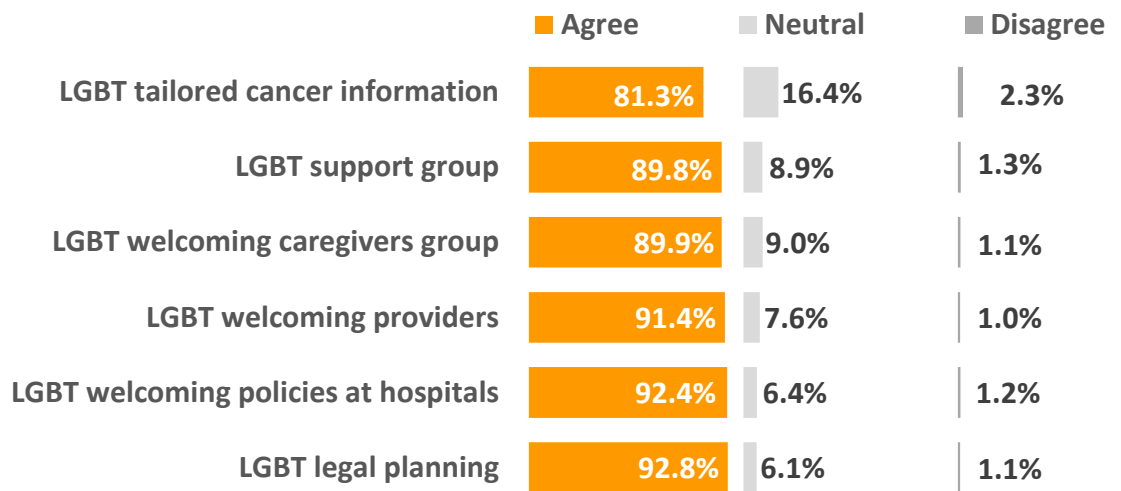
# Cancer

As reported in Health Screenings, reports of cancer screenings vary by test and population. Among respondents 40 and over assigned female at birth, three in four had a mammogram within the last three years (75.3%). Similarly, among respondents 21 and over assigned female at birth, over three in four had a cervical Pap test within the last three years (77.5%). Over one in four respondents report HPV vaccination<sup>22</sup> (26.6%). Among those who have not had the HPV vaccine, a portion report their provider refused to give the vaccine when they asked (2.4%).

When asked about specific skin cancer risks, almost four in 10 report prior indoor tanning (38.9%). Prior indoor tanning is more common among cisgender males (43.6%) than among cisgender females (39.1%) or transgender and gender nonconforming respondents (23.0%). More than four in 10 report infrequent or never use of sun protection during peak hours (44.2%). One in 10 respondents reports a cancer diagnosis during their lifetime (11.2%). Skin cancer is by far the most common, however, each of the other six cancers<sup>23</sup> listed is reported by no fewer than three respondents.

Regardless of experience with cancer prevention, screening, or treatment, respondents overwhelmingly agree services are needed to help LGBT cancer survivors.

## Survivor Supports



<sup>22</sup> Survey question included additional terms for the HPV vaccine, including: cervical cancer or genital warts vaccine, HPV shot, Gardasil or Cervarix.

<sup>23</sup> Cancers list included: lung, skin, prostate, breast, cervical, colorectal, anal, and other.



## LGBT Community Health

Respondents' perceptions of priority health issues for LGBT communities was also collected. Across 15 answer options the top three selections for issues perceived to be the most impactful for LGBT communities in Pennsylvania all relate to mental health. **Depression** is the most common issue selected, with recognition as a top three issue by over half of respondents (58.1%). **Suicide** (36.3%) and **Loneliness/Isolation** (34.1%) round out the top three most commonly selected issues. Over a quarter of respondents rank **HIV/AIDS** (28.6%) and **Access to Welcoming Care** (27.6%) as top issues. Over 280 respondents also wrote in other issues and comments in the ranking question. A wide variety of issues were covered that were not on the original list of 15 options, including, but not limited to: domestic violence; eating disorders; employment discrimination; gender-affirming care; homelessness; and trauma-informed care.

Some topic areas are selected more often by certain age groups. Alcohol use, for example, grew steadily as a top three issue from younger to older groups, peaking among 65+ respondents at almost 30 percent (29.1%). Elder care followed this same pattern, peaking at about a third of 65+ respondents (34.4%). Bullying, on the other hand, as a top three classification ramped in the other direction with <18 respondents classifying as a top three issue at over 40 percent (43.9%). Depression as an overall top three selection, was more frequently selected by the younger age groups with ramped decline in older age groups as well, but never dipping below 44.5 percent for any age group.

Also of note, several respondents critiqued the break out of specific drugs in the original 15 options. The identification of the top three issues may have been impacted if all drugs or addiction (general) were available for selection. One respondent summarized this issue by responding, "**Addiction in general**, I don't think it can be narrowed down to just one addiction."



# Discussion & Recommendations

LGBT+ respondents from across Pennsylvania shared critical information on personal and community health opportunities. Service gaps can be closed and support systems can be reinforced/expanded. A variety of players must be part of addressing LGBT community needs, including government agencies, community-based agencies, advocates/allies, and LGBT individuals.

## Recommendations

**Support Connections to LGBT-competent Providers** – Support connections to LGBT-welcoming care for LGBT communities. Support training on LGBT issues for healthcare professionals through improved cultural competency, continuing medical education on LGBT health issues, and training for medical students in LGBT health.

**Encourage Health Screening Discussions** – Identify strategies to facilitate discussions on improving access to and frequency of health screenings for the LGBT community. Consider development of an online health screening recommendation summary tool to support a range of screenings discussions acknowledging the diversity within the LGBT community. Develop tailored messages specific to the LGBT community.

**Prioritize Chronic Disease Prevention** – Continue work to raise awareness about tobacco, HIV, obesity and cancer as LGBT issues among LGBT communities and Pennsylvanians at-large. Support service expansion to address tobacco use, HIV, obesity and cancer risks for LGBT communities. Maximize interest among LGBT communities for incorporating healthy living strategies by sharing resources and facilitating connections to LGBT-welcoming statewide and community-based services.

**Promote Tobacco Cessation Opportunities** – Expand promotion of free cessation opportunities available to all Pennsylvanians, like the PA Free Quitline. Build skills among tobacco cessation professionals and promote use of evidence-based cessation and tobacco recovery supports among LGBT communities. Develop LGBT focused tobacco-free campaigns. Engage in direct outreach to the LGBT community. Partner with LGBT community centers, LGBT bars, and pride celebrations to effectively reach the LGBT community with tailored tobacco-free messages.

**Identify Community-wide Mental Health Supports** – Identify ongoing opportunities to support mental health services within LGBT communities. Prioritize training for mental health clinicians on LGBT issues. Plan to incorporate discussions about depression management, suicide prevention and social isolation mitigation into provider education. Post vetted mental health resources on LGBT community organization websites and social media platforms. Increase availability of mental health programs at LGBT community-based organizations.

**Continue and Enhance Data Collection** – Maintain a 2-year schedule of the Pennsylvania LGBT Health Needs Assessment with broad administration. Maintain a commitment to collection of LGBT health and wellness data among a large geographically and demographically diverse LGBT population. Support further research and data collection to focus specifically on LGBT people of color, transgender people, LGBT youth, LGBT older adults, and LGBT adults without a college degree. Consider opportunities to expand responses from Hispanic/Latinx LGBT populations, including a Spanish-language survey instrument. Improve all tools over time with feedback from LGBT stakeholders and informed the survey field.

**Partner with LGBT Community-Based Organizations** – Healthcare professionals, public health agencies, and health researchers should consider partnerships with LGBT community-based organizations to develop and implement strategies to promote a high-quality of health for the LGBT community.



# Acknowledgements

Thank you to all respondents for your time, feedback, and ideas.

The Pennsylvania Department of Health and Bradbury-Sullivan LGBT Community Center would also like to thank all of the 2018 data collection partners:

- Equality Pennsylvania
- Erie Gay News
- Fighting AIDS Continuously Together
- Greater Erie Alliance for Equality
- Grindr for Equality
- Human Rights Campaign
- LGBT Center of Central PA
- LGBT Center of Greater Reading
- LGBT Equality Alliance of Chester County
- LGBTQmunity Center of Montgomery County
- Metropolitan Community Church of Lehigh Valley
- Montgomery County LGBT Business Council
- Pennsylvania Youth Congress
- Persad Center
- Philadelphia Gay News
- Rainbow NEPA
- Triversity
- Washington County GSA
- William Way LGBT Community Center
- York Equality Fest

Special thanks to CenterLink's LGBT HealthLink program, for survey oversight and administration, and to Adrian Shanker from Bradbury-Sullivan LGBT Community Center, for recruitment coordination and ongoing commitment to data dissemination and use.

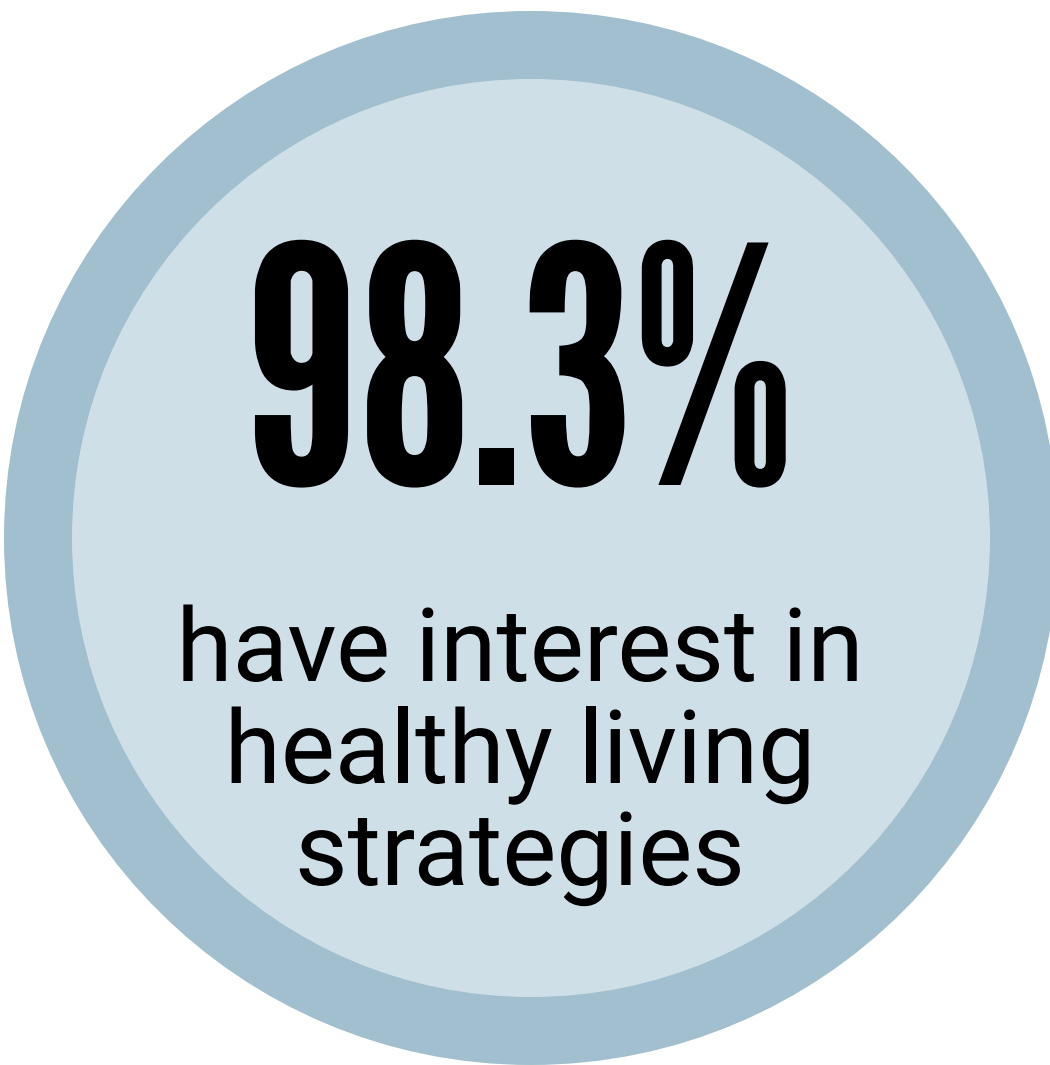
Funding to complete the needs assessment and conduct analyses was provided by the Pennsylvania Department of Health. Analyses were completed by the Research & Evaluation Group at Public Health Management Corporation.

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Research & Evaluation Group at Public Health Management Corporation. (2018).  
*Pennsylvania 2018 LGBT Health Needs Assessment*. Philadelphia, PA: Author.



# Appendices



**98.3%**

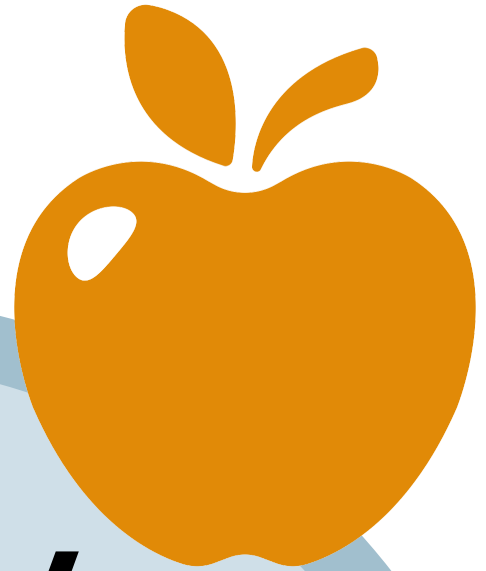
have interest in  
healthy living  
strategies



**68.3%**

are overweight or  
obese





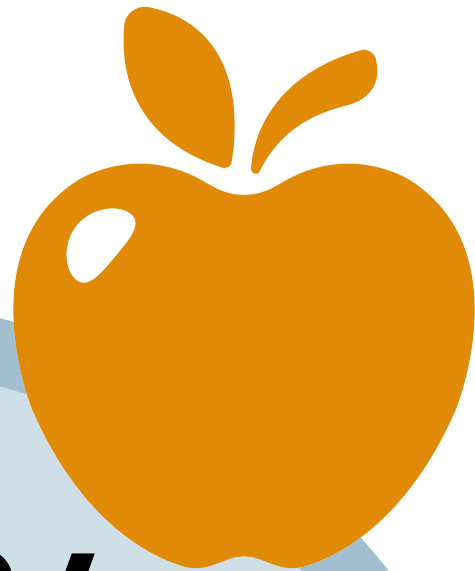
**76.3%**

overweight or obese

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**64%**

BRFSS 2016  
comparison for  
all PA adults



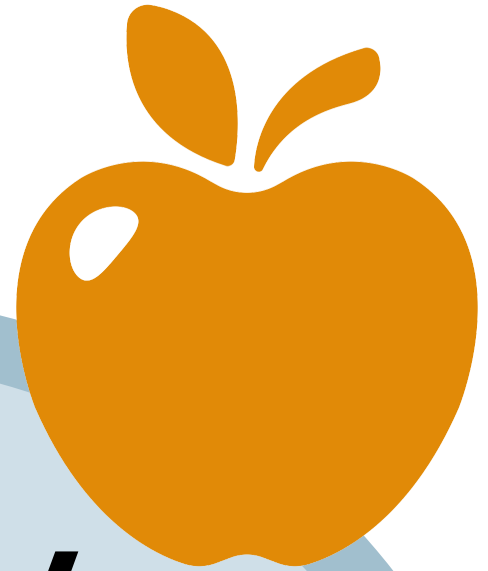
**68.5%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



**65.1%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



**71.7%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



**75.3%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



**70.9%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



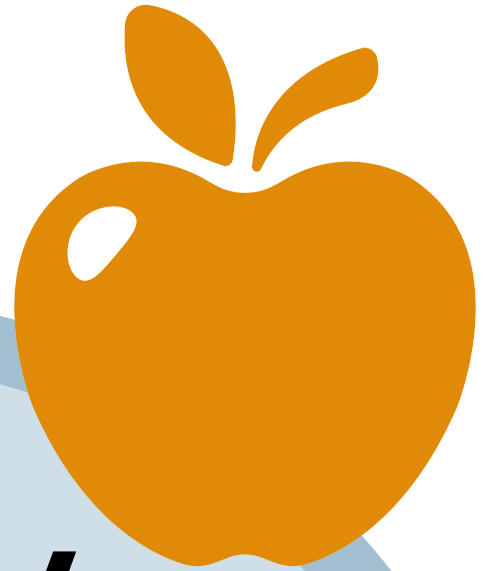
**66.0%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults



**59.1%**

overweight or obese

---

**64%**

BRFSS 2016  
comparison for  
all PA adults





**29.1%**

have not advised any  
providers they are LGBT

---

**26.2%**

comparison across  
all respondents




**29.9%**

have not advised any  
providers they are LGBT

---

**26.2%**

comparison across  
all respondents



**90.4%**

experienced any type of  
mental health issue in  
past 12 months

---

**77.6%**

comparison across  
all respondents



**73.1%**

overweight or obese

---

**66.0%**

comparison across  
all respondents



**46.4%**

have not advised any  
providers they are LGBT

---

**26.2%**

comparison across  
all respondents

