

# Pennsylvania LGBTQ Health Needs Assessment

FINDINGS FROM A COMPREHENSIVE ASSESSMENT OF THE HEALTH AND WELLNESS NEEDS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER+ PENNSYLVANIANS



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**BRADBURY-SULLIVAN**  
LGBT COMMUNITY CENTER

*Serving the LGBT Community  
of the Greater Lehigh Valley*



at PHMC

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## BACKGROUND

Historically, LGBTQ communities have not been counted in large data systems, limiting widely shared information about this population’s health and wellness needs. In 2015, the Pennsylvania Department of Health partnered with Bradbury-Sullivan LGBT Community Center to broadly administer what is now the biannual Pennsylvania LGBTQ Health Needs Assessment. The Needs Assessment was piloted with six regional assessments in 2015 and 2016 and re-administered with a single statewide sample in 2018.

In spring 2020, Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2020 Pennsylvania LGBTQ Health Needs Assessment. A total of 6,582 LGBTQ-identified Pennsylvanian respondents participated in the online English/Spanish survey. Topics new to the 2020 Needs Assessment tool are financial security and health habits including dental visits, routine check-ups, vaccinations, exercise, nutrition and food access. Expansions of other topic areas include sexual health, interactions with healthcare providers, and barriers to care.

The 2020 Pennsylvania LGBTQ Health Needs Assessment provides a robust data set and rich feedback. Findings and related recommendations shared in this report can inform health and wellness work in Pennsylvania, enrich discussions around LGBTQ health needs and support action to improve LGBTQ health.

## FRAMEWORK

LGBTQ people experience health challenges at increased rates as a result of social, environmental, cultural, and institutional factors, which contribute to higher risk behaviors.<sup>1</sup> Experiences with discrimination, minority stress, familial homophobia and transphobia, and targeting by the tobacco industry are some of the factors contributing to barriers to health and healthcare. LGBTQ health challenges do not exist in silos but rather intersect and present as a syndemic where numerous biological (e.g. infectiousness, effectiveness of treatment), behavioral (e.g. tobacco use), and psychosocial/structural (e.g. discrimination, homophobia) factors can undermine LGBTQ individuals’ full potential for health and wellbeing.<sup>2</sup>

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<sup>1</sup> Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, Mass: Harvard University Press.

<sup>2</sup> Singer M. (1996). A dose of drugs, a touch of violence, a case of AIDS: conceptualizing the SAVA syndemic. *Free Inquiry Creative Sociology*. 24(2):99–110.



# Executive Summary

## SELECT FINDINGS

2020 Pennsylvania LGBTQ Health Needs Assessment respondents are LGBTQ-identified people from across the state (N=6,582). Respondents come from more than 900 different ZIP codes across 64 of Pennsylvania's 67 counties. Respondents identify across LGBTQ communities, including more than a quarter of respondents who identify across the trans spectrum, identifying as transgender, non-binary, or genderqueer (27%). In addition 110 respondents were born intersex, making this respondent sample the largest known intersex dataset in Pennsylvania. Findings presented in this report include:

- Depression and other mental health issues are top priorities for respondents, along with alcohol and other substance addiction.
- More than one in three respondents do not believe most of their healthcare providers have the medical expertise related to their health needs as an LGBTQ person (35.4%).
- Four in ten experience at least one barrier to healthcare (41.1%).
- Seven in ten respondents have experienced a mental health challenge in the past year (72.9%).
- Almost all respondents are interested in incorporating healthy living strategies into their lives, demonstrating strong resiliency and readiness for health supports (96.8%).
- About half of respondents ages 18 and older report having used cigarettes at some point in their lives (50.8%). A quarter of respondents ages 18 and older having used e-cigarettes at some point in their lives (25.5%). Among those 24 and younger, more than a third have used e-cigarettes (34.7%).
- In their lifetime, more than six in ten respondents have experienced discrimination based on their LGBTQ status (61.1%).
- Three in ten sometimes or often worry their food would run out before they had money to buy more (30.3%).
- More than two in ten respondents have experienced homelessness in their lifetime (21.1%). More than three in ten respondents of color (30.6%) and transgender, non-binary, or genderqueer respondents (30.7%) have experienced homelessness.

- Almost four in ten respondents have experienced violence from a family member, partner, or spouse (37.1%), and more than two out of ten have experienced violence based on their LGBTQ status (23.7%). Respondents of color, transgender, non-binary or genderqueer respondents are even more likely to experience violence.
- More than four in ten respondents do not have any money left over at the end of the month—either having just enough to make ends meet or not enough to make ends meet (41.7%).

## RECOMMENDATIONS

- 1 Support Connections to LGBTQ-competent Providers
- 2 Support Initiatives that Address Social Determinants of Health
- 3 Identify Community-wide Mental Health Supports
- 4 Support Chronic Disease Prevention
- 5 Promote Tobacco Cessation Opportunities
- 6 Encourage Health Screening Discussions and Health Education
- 7 Bolster Community Supports for Black, Indigenous, and People of Color
- 8 Prioritize the Health Needs of Transgender, Non-binary, Genderqueer, and Intersex Individuals
- 9 Continue and Enhance Data Collection
- 10 Partner with LGBT Community-Based Organizations

### TRIGGER WARNING:

This report contains information about thoughts of self-harm, suicide, violence, and other potentially sensitive issues in the LGBTQ community.



# Methodology

In spring 2020, Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2020 Pennsylvania LGBTQ Health Needs Assessment. Between early March and mid-May, 2020 (a ten and a half week period), the anonymous, internet-based survey was available for completion by any Pennsylvania resident who self-identifies as LGBTQ. The survey took approximately 15 minutes to complete. The 2020 survey was available in both English and Spanish languages.

The purposive, convenience, snowball style sample was supported by LGBTQ-focused community-based organizations who distributed the survey link to their community members, posted the link on their communication platforms (including email, mailed postcards, websites, Instagram, and Facebook), and otherwise made the link available to their LGBTQ stakeholders. Outreach was conducted in English and Spanish languages. Due to the COVID-19 pandemic, outreach and survey promotions occurred almost entirely online and from word of mouth. Additional recruitment occurred through in-app messages on Grindr's platform. No participant recruitment occurred in bars. Data collection partners are listed in Acknowledgment section of this report.

Method limitations include the online-only availability of the survey, the cross sectional (single point in time) method of data collection, and the COVID-19 pandemic impacting data collection. The pandemic and shutdowns resulted in alternative data collection outreach methods. While data collection was originally planned to include flyers in healthcare waiting rooms and community-organization spaces and other in-person outreach strategies, the shutdowns meant all communications occurred through online and word of mouth methods.

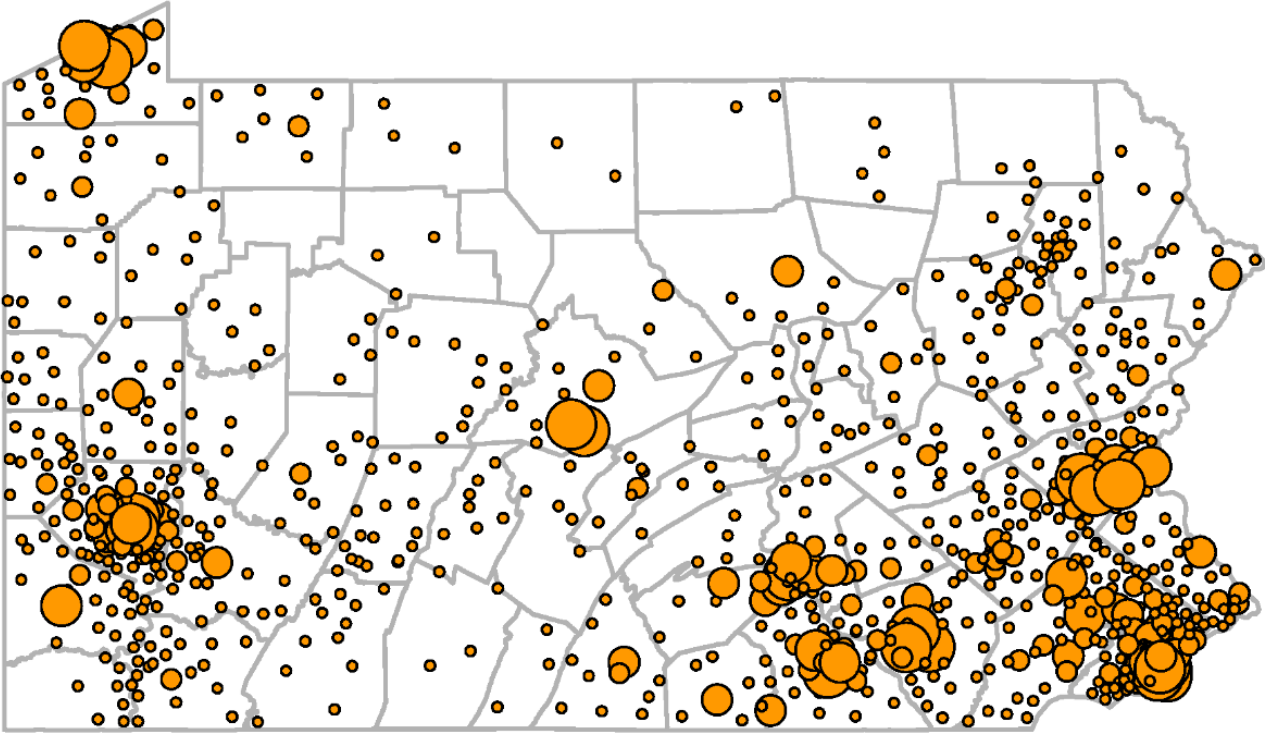
Participants were informed the data they provided were being collected anonymously and they could stop their participation in the survey at any time or refuse to answer any questions. At the conclusion of the survey, participants were given the option to fill out an unlinked form to be entered to win one of nine \$50 electronic gift cards.<sup>3</sup>

A total of 6,582 LGBTQ-identified Pennsylvanians participated in the 2020 Pennsylvania LGBTQ Health Needs Assessment.

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<sup>3</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.

**2020 Pennsylvania LGBTQ Health Needs Assessment**  
respondents are LGBTQ-identified people from across the state.



**Number of Respondents grouped by ZIP Code**

●	1 - 10	●	11 - 20	●	21 - 30	●	31 - 40	●	41 - 89
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Notes: Respondents are from 913 different Pennsylvania ZIP codes across 64 of the state’s 67 counties. Counties not represented in the Needs Assessment are Cameron, Sullivan and Forest Counties.



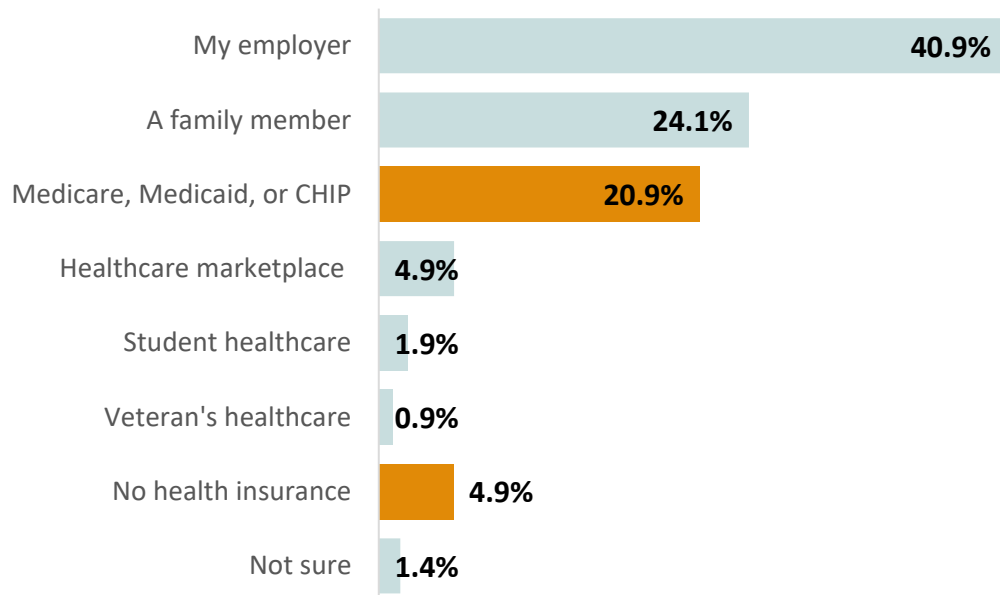
# Health Care

## HEALTH INSURANCE

About one in twenty respondents do not have any health care coverage (4.9%). A quarter of respondents receive insurance through a family member (24.1%), 19.2 percent of whom are 26 years or older.

A quarter of respondents either **do not have health insurance** or receive health insurance through **medicaid, medicare, or CHIP**.

(N=6,154)



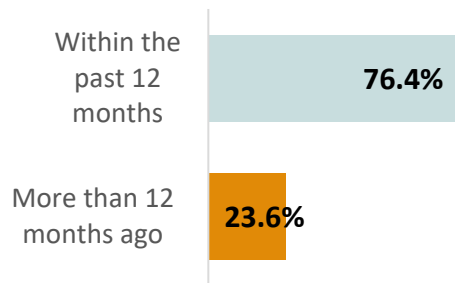
## HEALTHCARE VISITS

Most respondents have someone they think of as their personal doctor or health care provider (80.8%). More than half of respondents have more than one person they think of as their provider (53.1%). However, nearly 20 percent do not have a doctor or health care provider (19.2%).

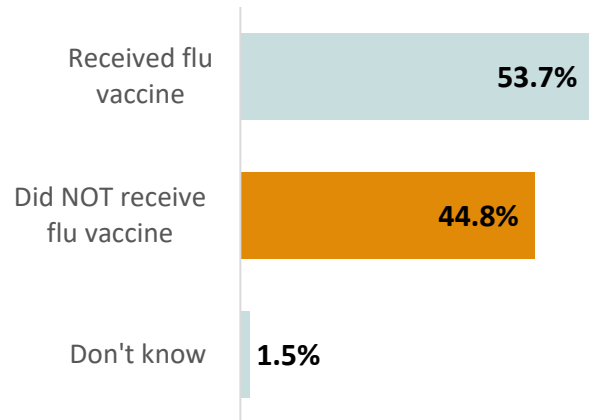
Generally, it is recommended to get a medical check-up at least once per year. Nearly a quarter of respondents have not visited a doctor for a routine check-up in the past year (23.6%).



Nearly a quarter of respondents have not visited the doctor for a routine check-up in **a year or longer**. (N=6,171)



More than two in five respondents **have NOT had a flu vaccine** in the last year. (N=6,173)



Dental check-up visits are generally recommended every six months. More than three in five respondents have visited the dentist or a dental clinic for any reason within the last 12 months (64.0%) and another one in five visited the dentist within the last three years (18.6%).

36% of respondents **have not visited the dentist in the past year**. (N=6,178)





# Discrimination

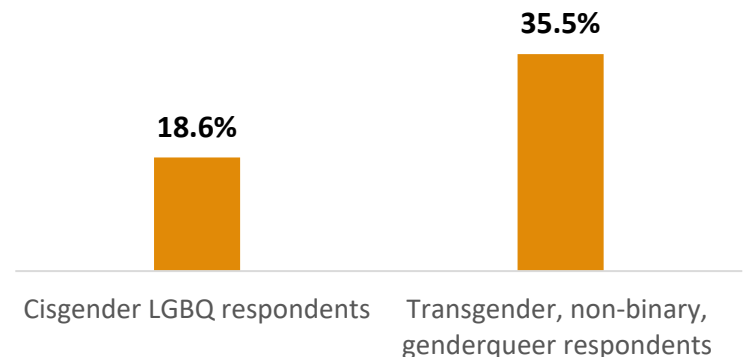
## HEALTHCARE PROVIDER INTERACTIONS

Nearly a quarter of respondents have experienced a negative reaction from a healthcare provider when they learned they were LGBTQ (23.4%). **Those who are sometimes or always read as LGBTQ in public (80.3% of respondents) are more likely to experience a negative reaction from a healthcare provider when they learned they are LGBTQ** (25.0% of those who are read as LGBTQ compared to 16.6% of those who are never read as LGBTQ;  $p < .001$ ).

A significantly smaller proportion of cisgender respondents report negative reactions from a healthcare provider compared to transgender, non-binary, and genderqueer respondents (see chart at right). Specifically, transgender, non-binary, and genderqueer respondents who are sometimes or always read as such are more likely to experience a negative reaction from a healthcare provider when they learned they are LGBTQ (37.2% compared to 31.0%;  $p < .05$ ).

A quarter of respondents have not disclosed their LGBTQ identity to any of their health care providers (25.9%). While some health care offices include questions on their medical forms about sexual orientation and gender identity with response options beyond male and female, many do not, leaving LGBTQ people vulnerable to inadequate care or microaggressions during their visit.

More transgender, non-binary, genderqueer respondents have **experienced a negative reaction from a healthcare provider when they learned their LGBTQ identity** than cisgender people. (N=5,814)

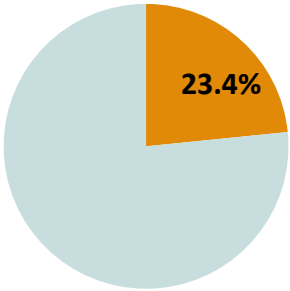


A quarter of respondents **have not shared their LGBTQ identity with any of their health care providers.** (N=5,851)

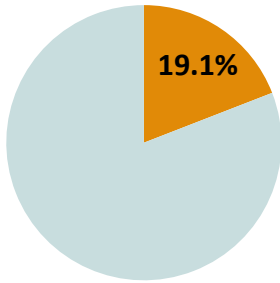


Fear of a negative reaction from health care providers is one reason LGBTQ people do not always share their identity when receiving medical care. This fear is often caused by real negative reactions experienced in the LGBTQ community, from microaggressions to providers' inability to provide the appropriate care due to lack of knowledge, implicit biases, or outright homophobia and transphobia.

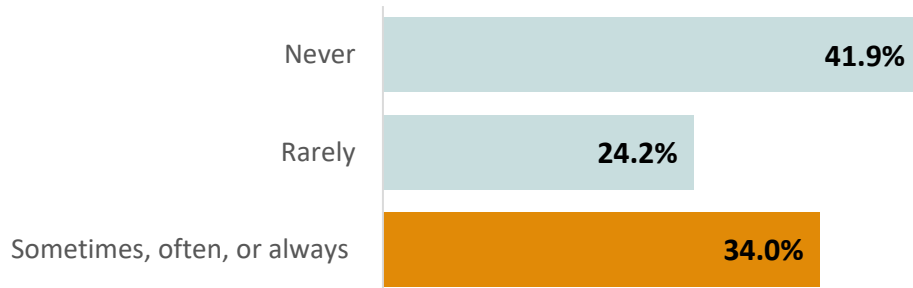
Nearly a quarter of respondents have **experienced a negative reaction from a health care provider** when they learned they are **LGBTQ.** (N=5,824)



Among non-white and Hispanic/Latinx respondents, nearly 1 in 5 have **experienced a negative reaction from a health care provider** because of their **race.** (N=984)



One in three respondents **fear seeking health care services because of past or potential negative reactions** from health care providers. (N=5,842)



One quarter of respondents do not believe most of their healthcare providers are culturally competent with respect to the LGBTQ community (25.3%) and even more (35.4%) do not believe most of their healthcare providers have the medical expertise related to their health needs as an LGBTQ person.<sup>4</sup>

### BARRIERS TO CARE

Many respondents are prevented from seeking health care for a multitude of reasons. More than one in six respondents are prevented from seeking care because they fear a negative reaction to the fact that they are LGBTQ (17.5%). More than one in ten respondents are prevented from seeking care because LGBTQ-affirming providers are too far away (11.3%) and a similar number are prevented from seeking care because LGBTQ-affirming providers are not covered by their health insurance (10.2%). Four hundred twenty six respondents (7.2%) report other barriers preventing them from seeking care, the large majority of which were related to not being able to afford the costs. Other barriers included anti-fatness among providers, ableism, racism, HIV stigma, transportation, family preventing the care they need, and not knowing where to find LGBTQ-affirming providers, among other barriers.

**41.1%**  
experience a  
barrier to health  
care.

**17.5%** of respondents are prevented from seeking care because **they fear a negative reaction to their LGBTQ identity.**

**11.3%** of respondents are prevented from seeking care because **LGBTQ-affirming providers are too far away.**

**10.2%** of respondents are prevented from seeking care because **LGBTQ-affirming providers are not covered by their health insurance.**

<sup>4</sup> Respondents reporting “not at all” or “slightly” on a five-point scale.

Respondents were asked **what is one thing you would like to tell healthcare providers to be more welcoming?** Here are some of their messages.



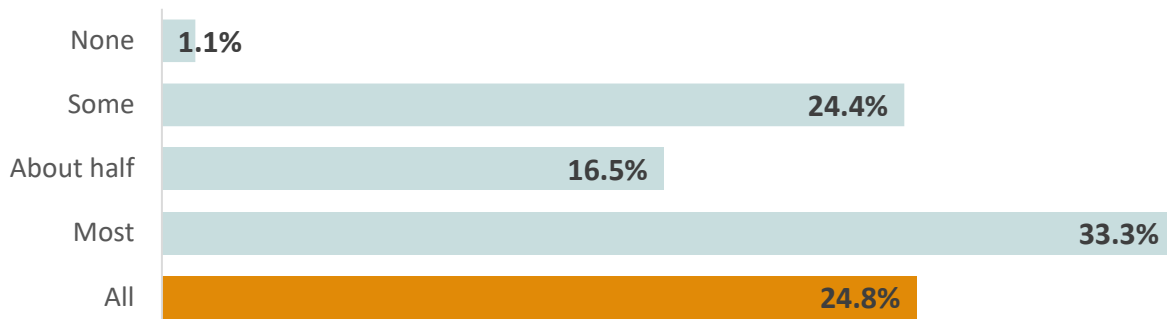
# Navigating

## COMING OUT

The vast majority of respondents say, in general, at least some people in their life know they are LGBTQ (98.9%). However, only a quarter of respondents are out to everyone in their life (24.8%).

Only a quarter of respondents are **out to everyone in their lives**.

(N=6,425)



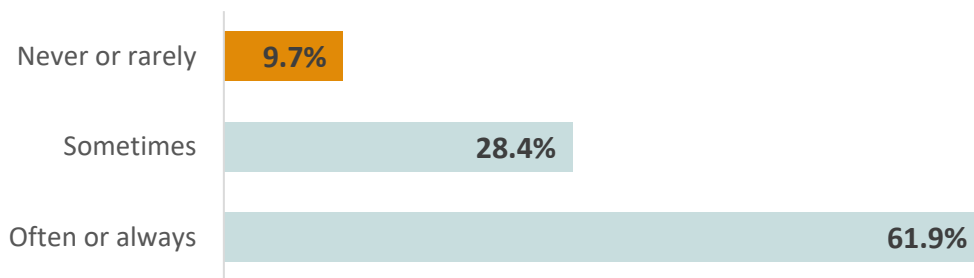
## RESPECT

About one in ten respondents (9.7%) rarely or never feel respected in their LGBTQ identity by the people in their life—specifically, birth family, members of their household, neighbors, coworkers, classmates, and friends.<sup>5</sup> Respondents most commonly report rarely or never feeling respected in their LGBTQ identity by their birth family (20.5%), followed closely by their neighbors (19.9%).

In contrast, more than six out of ten respondents (61.9%) often or always feel respected in their LGBTQ identity by the people in their life. Respondents most commonly report feeling often or always respected in their LGBTQ identity by their friends (93.0%), followed by members of their household (78.3%).

<sup>5</sup> Respondents were asked “How often do you feel respected in your LGBTQ identity by each of the following?”, and given the opportunity to answer separately for the following five groups: Neighbors, Birth family, Coworkers/ classmates, Friends, and Members of my household. Response options were: never, rarely, sometimes, often, always, and N/A- I don’t have this relationship. To calculate an aggregate respect score for all five statements, responses were assigned numerical values—never=1, rarely=2, sometimes=3, often=4, and always=5. The responses were then averaged to obtain a numerical overall respect score between 1 and 5. Any N/A responses were treated as missing and excluded from the average calculation. Average respect score values between 1 and 2.9 were recoded as “rarely or never” feeling respected in their LGBTQ identity by the people in their life; values between 3 and 3.9 were recoded as “sometimes”; and values between 4 and 5 were recoded as “often or always”.

About **one in ten** respondents **never or rarely feel respected in their LGBTQ identity** by the people in their life. (N=6,410)



Compared to gay and lesbian respondents, bisexual, asexual, and demisexual respondents were more than twice as likely to report rarely or never feeling respected in their LGBTQ identity (15.3% of bisexual and pansexual respondents, 16.6% of asexual respondents, and 20.6% of demisexual respondents, compared to 6.2% of gay and lesbian respondents,  $p < .001$ ).

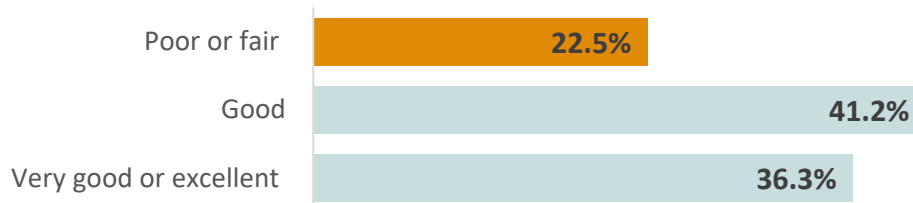
Compared to cisgender respondents, transgender, non-binary, or genderqueer respondents were about twice as likely to report rarely or never feeling respected in their LGBTQ identity (14.7% compared to 7.7% of cisgender respondents,  $p < .001$ ).

# General Health

## OVERALL HEALTH

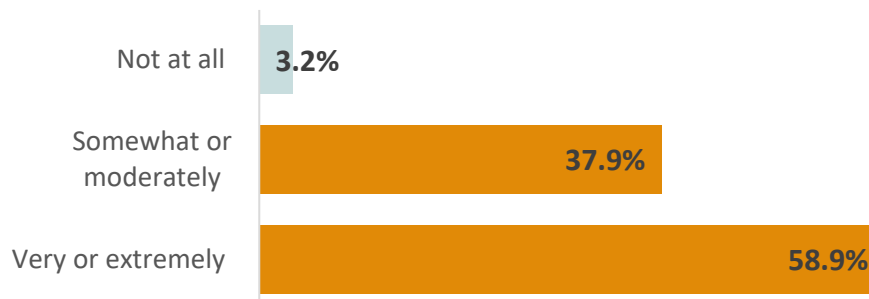
While most respondents feel positively about their health, a large percentage report poor (3.2%) or fair health (19.3%). Most respondents self-report their health as good, very good, or excellent (77.5%).

Nearly a quarter of respondents self-report their **overall health as poor or fair**. (N=5,514)



The large majority of respondents are at least somewhat interested in incorporating healthy living strategies – such as healthy eating, active living, and tobacco cessation, into their life – and the largest percent of respondents said they are “very” (37.2%) or “extremely” (21.7%) interested. Only a very few number of respondents said they are not interested in incorporating healthy living strategies at all (3.2%). This finding demonstrates strong resiliency among this population and readiness for health supports.

Most respondents are **at least somewhat interested in incorporating healthy living strategies** into their life. (N=5,532)





## EXERCISE

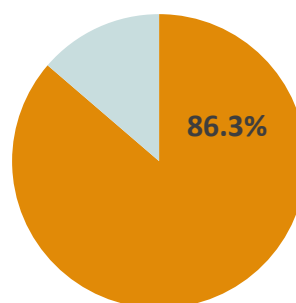
Respondents were asked how many minutes of exercise they get in a typical week, with exercise defined as physical activity that increases heart rate. **Three in ten respondents engage in less than 30 minutes of exercise per week** (29.0%, n=1,601) and another quarter of respondents engage in 30 to 59 minutes (about a half hour to hour) of exercise per week (26.1%). A quarter of respondents engage in 60 to 149 minutes of exercise per week (25.1%), which is equivalent to exercising for 30 minutes two to five times per week. Only 20 percent engage in 150 minutes or more of exercise per week (19.9%), which is the federally recommended number of minutes per week.<sup>6</sup>

## NUTRITION

Recommendations of fruits and vegetable servings vary, but the American Heart Association recommends people eat about nine servings per day (based on a 2,000 calorie diet).<sup>7</sup> The majority of respondents eat less than the *daily* recommendation in a *week*, with only 13.7 percent eating more than 15 servings per week. Fourteen percent of respondents say they eat less than three servings per week or rarely or never eat fruits or vegetables.

Some respondents also report drinking sugar-sweetened beverages. 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, a quarter of respondents report consuming five or more sugar-sweetened drinks per week (24.7%). One in 25 respondents drink more than 15 sugar-sweetened beverages per week (3.8%, n=212).

The majority of respondents **eat less than 15 servings of fruits and vegetables each week**, far below the weekly recommendation. (N=5,531)



## DIABETES

Seven percent of respondents (6.9%) have diabetes, as diagnosed by a doctor, nurse, or other health professional. An additional 8.7 percent of respondents have been told they have prediabetes or

<sup>6</sup> According to the U.S. Department of Health and Human Services Physical Activity Guidelines for Americans, 150 minutes of moderate exercise or 75 minutes of vigorous exercise per week is recommended.

<sup>7</sup> American Heart Association. (2020). Fruits and Vegetables Serving Sizes Infographic. Retrieved from <https://www.heart.org/en/healthy-living/healthy-eating/add-color/fruits-and-vegetables-serving-sizes>

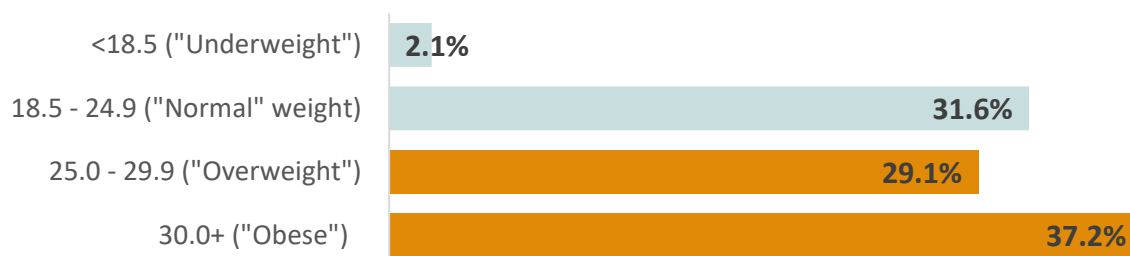
borderline diabetes.<sup>8</sup> **Half of all respondents (49.4%) have not had any test for high blood sugar or diabetes within the past three years.**

Among Black and African American respondents, the percent who have been told they have diabetes is slightly higher at 8.0 percent and the percent with prediabetes or borderline diabetes is 13.2 percent. Among Hispanic and Latinx respondents, 3.8 percent have been told they have diabetes and 9.4 percent have been told they have prediabetes or borderline diabetes.

## BMI

Body mass index (BMI) is limited as a health measure as it does not account for muscle mass, bone mass, or distribution of fat, all of which can affect an individual's health outcomes.<sup>9</sup> Additionally, discussions about BMI often pay little or no attention to weight-based stigma and discrimination, and the related social barriers to health commonly experienced by fat people.<sup>10</sup> However, BMI can provide some general information about population health.<sup>7</sup> BMI reports show the majority of adult respondents (66.3%) have BMIs 25.0 or higher, which is defined as "overweight" or "obese" based on standard BMI categories.<sup>11</sup> BMI was calculated based on respondents' self-reported height and weight.

While BMI is a limited measure of health, the majority of respondent fall under **overweight or obese BMI categories.** (N=4,563)



<sup>8</sup> Among all adult Pennsylvanians, 11% have been told they have diabetes (2019) and 8% have been told they have prediabetes or borderline diabetes (2017).

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017 & 2019.

<sup>9</sup> Department of Health and Human Services, Centers for Disease Control and Prevention. *Body Mass Index: Considerations for Practitioners*. Retrieved from <https://www.cdc.gov/obesity/downloads/bmiforpractitioners.pdf>

<sup>10</sup> Lee, J. A., & Pausé, C. J. (2016). Stigma in Practice: Barriers to Health for Fat Women. *Frontiers in psychology*, 7, 2063. <https://doi.org/10.3389/fpsyg.2016.02063>

<sup>11</sup> National Heart Lung and Blood Institute (NIH). Calculate Your Body Mass Index. Retrieved from [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)



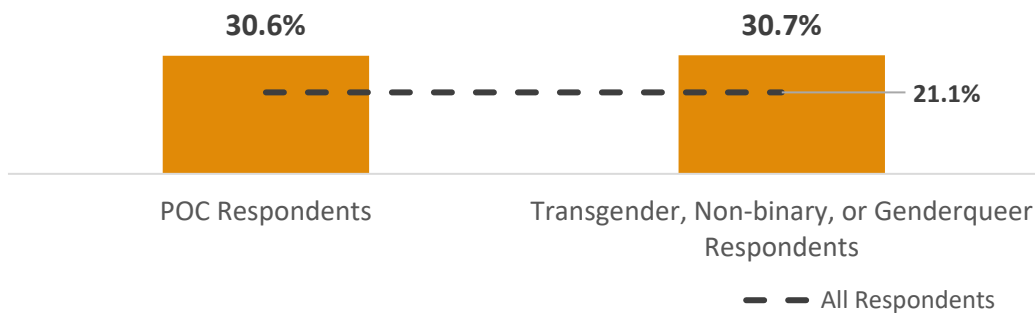
# Basic Needs

## HOMELESSNESS

More than two in ten respondents (21.1%) have experienced homelessness in their lifetime. More than three in ten respondents of color (30.6%) and transgender, non-binary, or genderqueer respondents (30.7%) have experienced homelessness.

More than **three out of ten respondents of color, and transgender, non-binary, or genderqueer respondents**, have experienced homelessness in their lifetime.

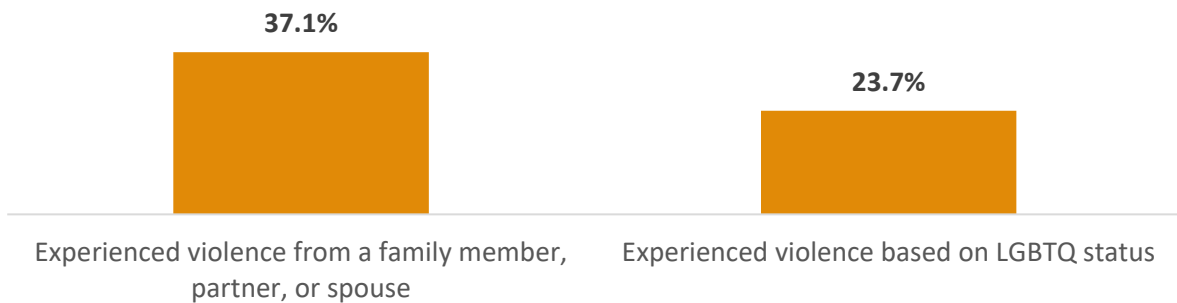
(N=851 POC respondents; N=1,509 transgender, non-binary, or genderqueer respondents)



## VIOLENCE

Almost four out of ten respondents (37.1%) have experienced violence from a family member, partner, or spouse, and more than two out of ten (23.7%) have experienced violence based on their LGBTQ status. Respondents of color are even more likely to experience violence from a family member, partner, or spouse (46.1%) compared to white respondents (35.1%,  $p < .001$ ). Transgender, non-binary, or genderqueer respondents are also more likely to experience family or partner violence (46.5%, compared to 33.4% of cisgender respondents,  $p < .001$ ), as well as violence based on their LGBTQ status (30.9%, compared to 20.9% of cisgender respondents,  $p < .001$ ).

A significant minority of respondents have **experienced violence in their lifetime**. (N=5,416 - 5,418)



## FINANCIAL SECURITY

More than two out of every ten respondents (23.6%) live in a household<sup>12</sup> with an annual income of \$24,000 or less. More specifically, almost one in every ten respondents (9.1%) lives in a household with an annual income of \$12,000 or less. More than one in ten live in households that annually earn between \$12,001 and \$24,000 (5.2% between \$12,001-\$16,000; 3.9% between \$16,001-\$20,000; and 5.4% between \$20,001-\$24,000).

Among respondents with higher annual household incomes, more than two out of every ten respondents (23.5%) live in a household with an annual income between \$75,000 and \$150,000, while slightly less than one in ten (7.8%) live in a household with an annual income of more than \$150,000.

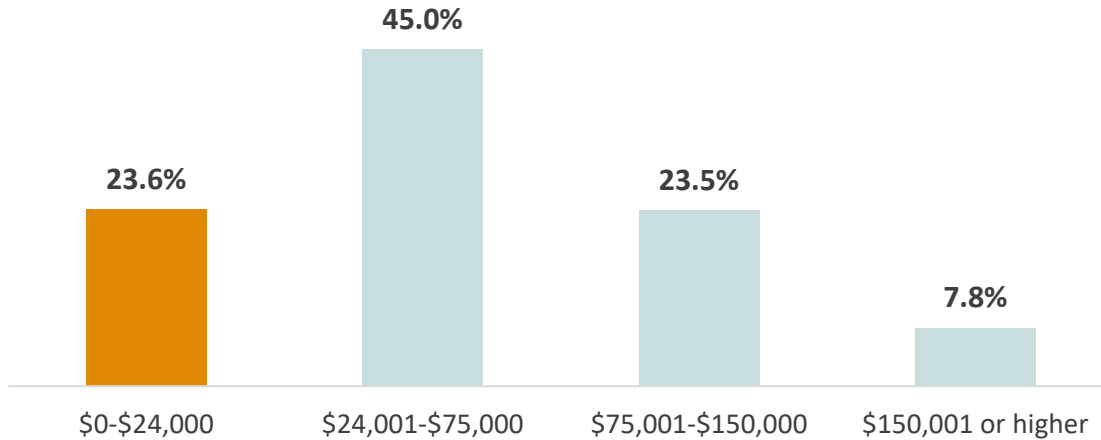
Respondents report slightly lower incomes than Pennsylvania households overall. According to the 2018 American Community Survey<sup>13</sup>, two in ten Pennsylvania households (20.1%) have an annual income of less than \$25,000, while more than one in ten households (12.7%) have an annual income of more than \$150,000. The median income for all Pennsylvania households is \$63,463.

<sup>12</sup> Respondents were asked, "What is your household income from all sources?" Household size is not captured in these findings, and household was not defined for respondents.

<sup>13</sup> U.S. Census Bureau. (2018). *2018 American Community Survey 1-Year estimates, table S1901*. Retrieved from [data.census.gov](https://data.census.gov)

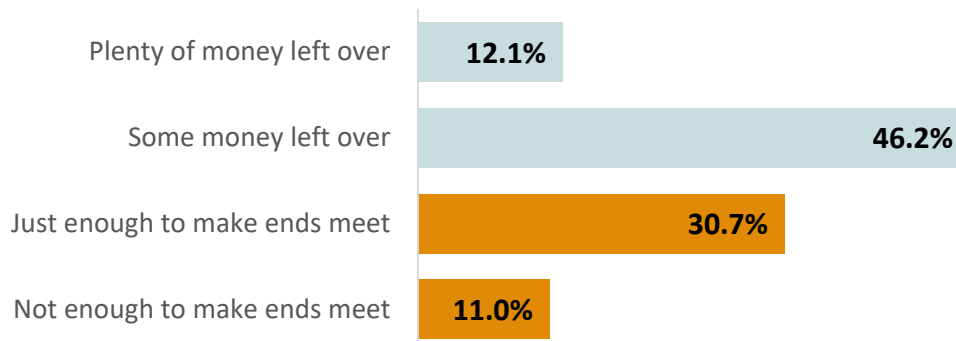
Almost **one in four respondents** have an **annual household income of \$24,000 or less.**

(N=6,181)



The questions asked on the Needs Assessment do not allow for a calculation of federal poverty level. However, respondents were asked whether they have money left over at the end of the month. More than four out of ten respondents (41.7%) say they do not have any money left over at the end of the month—either having just enough to make ends meet or not enough to make ends meet. This suggests many respondents are living paycheck to paycheck, unable to save money on a regular basis.

More than **four in ten respondents** have **no money left over at the end of the month.** (N=6,242)



Respondents of color report significantly lower household incomes compared to white, non-Hispanic respondents. A greater percent of respondents of color report an annual household income of \$24,000 or less compared to white, non-Hispanic respondents (32.5% vs. 21.6%,  $p < .001$ ). Half of respondents of color (49.7%) do not have money left over at the end of the month, compared to about 40 percent (39.8%) of white, non-Hispanic respondents ( $p < .001$ ).

Transgender, non-binary, or genderqueer respondents also report significantly lower annual household incomes compared to cisgender respondents. More transgender, non-binary, or genderqueer respondents report an annual household income of \$24,000 or less, compared to cisgender respondents (36.6% vs. 18.7%,  $p < .001$ ). Half of transgender, non-binary, or genderqueer respondents (49.7%) do not have money left over at the end of the month, compared to about 40 percent (38.7%) of cisgender respondents ( $p < .001$ ).

## FOOD INSECURITY

Many respondents indicate experiencing food insecurity.

Respondents were asked how often the following statement is true for them: “The food that I bought just did not last, and I did not have money to get more.” For more than one in five respondents, this experience was sometimes or often true (23.9%,  $n=1,680$ ).

Respondents were also asked how often the following statement is true: “I worried whether my food would run out before I got money to buy more,” which an even greater percent of respondents sometimes or often experienced (30.3%,  $n=1,680$ ).



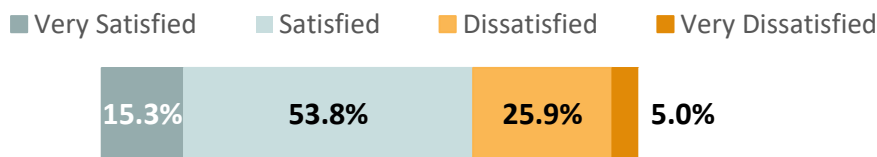
For **1 in 5** respondents, the food they bought didn't last and they did not have money to get more.



# Mental Health

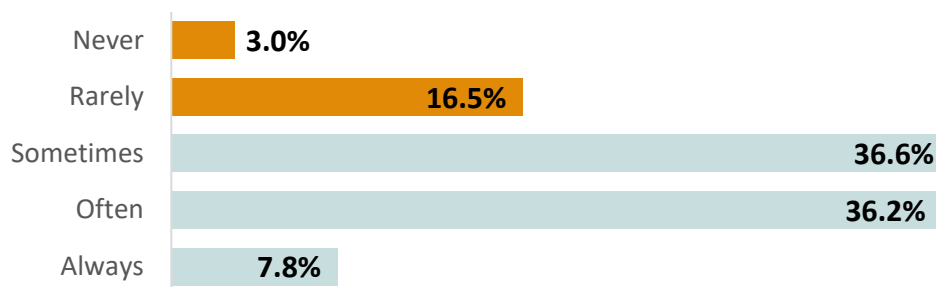
Several aspects of survey findings relate to mental health, both personally and among LGBTQ communities in general (see LGBTQ Community Health Section). While the majority of respondents report being satisfied or very satisfied with their life (69.2%), more than one in four report being dissatisfied with their life (30.8%). These percentages are similar to the 2018 PA LGBTQ Health Needs Assessment, where three out of four respondents (72.6%) reported being satisfied with their life and one out of four (27.4%) reported being dissatisfied.

More than **one in four respondents** report being **dissatisfied** with their life. (N=5,399)



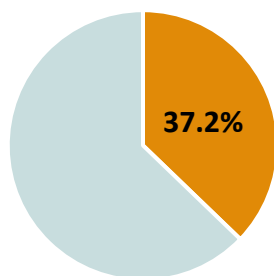
While the majority of respondents report overall satisfaction with their life, many respondents also report not always receiving necessary social and emotional support, and lacking feelings of community and connectedness to others. Slightly less than half of respondents (43.9%) report, in the past year, they often or always received the social and emotional support they need, while about one third (36.6%) sometimes received that support, and about a fifth (19.5%) rarely or never received it. The percent of respondents who rarely or never receive the emotional support they need about three percent higher in 2020 compared to the 2018 Needs Assessment.

Almost **1 in 5 respondents** report they **rarely or never receive the social and emotional support they need**. (N=5,403)



About one third of respondents report often or always lacking companionship (34.5%), feeling left out (33.3%), and feeling isolated (37.2%) in the past year. Notably, the Needs Assessment survey was administered between March and May 2020, at the start of the COVID-19 pandemic in Pennsylvania. Stay-at-home orders and physical distancing recommendations may have contributed to (but do not fully explain) the high percentages of respondents reporting feelings of isolation.

More than **one third of respondents** report **often or always feeling isolated** in the past year. (N=5,400)



When asked about the frequency of experiences related to being LGBTQ that left respondents stressed or upset, almost half of respondents report never or rarely having those experiences (46.3%), while one fifth (19.2%) of respondents say they often or always had those types of experiences. This percentage (19.2%) translates to more than 1,000 respondents—and undoubtedly many more people in the entire population of LGBTQ Pennsylvanians—who report often or always having experiences related to being LGBTQ that negatively impacted their mental health.

## MENTAL HEALTH CHALLENGES

In the past year, almost three in four respondents report experiencing a mental health challenge (72.9%). When asked more specifically about the past 30 days, over half (55.8%) of respondents report they had poor mental health for 10 days or less, while almost one in five (19.7%) report having poor mental health for 20 days or more.

Although mental health challenges are common among respondents, half (50.2%) have received counseling or other mental health treatment in the past year. This percentage increases to more than six out of ten (61.9%) among respondents who have experienced a mental health challenge in the past year.



Out of every ten respondents, about **seven have experienced a mental health challenge in the past year**. (N=5,409)



Of those seven, **three have not received counseling or mental health treatment** in the past year.

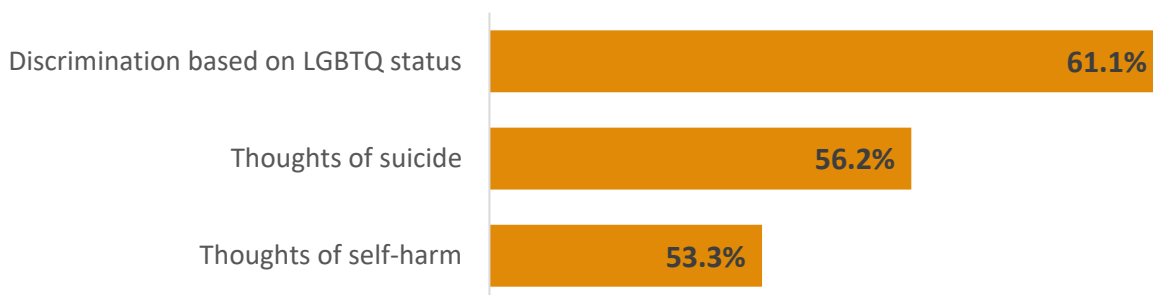
Respondents were asked about lifetime experiences of discrimination, which can have a significant impact on mental health and access to health care, and thoughts of self-harm and suicide. In their lifetime, more than six out of ten respondents (61.1%) have experienced discrimination based on their LGBTQ status. Over half of respondents (53.3%) report they have ever thought of harming themselves, with more than three out of four (85.6%) of those respondents first having thoughts of self-harm at age 19 or younger. Over half of respondents (56.2%) said they have considered suicide at some point in their life.

**WANT TO TALK ABOUT IT?**

Call the National Suicide Hotline at 1-800-273-TALK (8255), Trans Lifeline at 1-877-565-8860, Trevor Project Lifeline for LGBT youth at 1-866-488-7386, or SAGE LGBT Elder Hotline at 1-877-360-LGBT (5248). ALL AVAILABLE 24/7

### In their lifetimes, respondents have experienced:

(N=5,407 - 5,410)

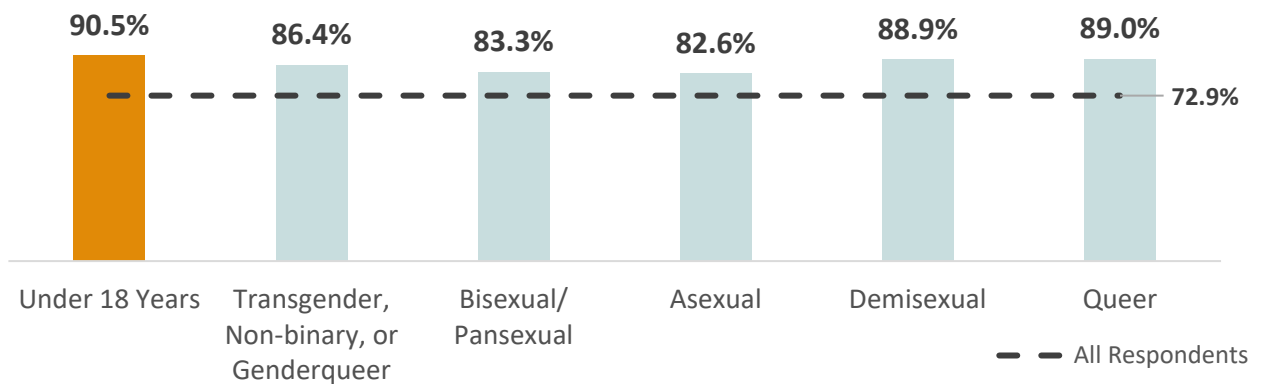


## COMMUNITY MENTAL HEALTH DISPARITIES<sup>14</sup>

Younger respondents were more likely to report negative experiences related to mental health, including being more likely to experience a mental health challenge in the past 12 months, having more days of poor mental health in the past month, having less life satisfaction and social and emotional support, and feeling more left out and isolated. Reports of all of these experiences declined with age group progression. Experiencing mental health-related challenges, including thoughts of self-harm and suicide, was more common for transgender, non-binary, and intersex respondents, and respondents who identified as bisexual, pansexual, asexual, demisexual, or queer. Transgender, non-binary, or genderqueer respondents were also significantly more likely to report lifetime experiences of LGBTQ+-based discrimination (72.3%, compared to 56.5% of cisgender respondents).

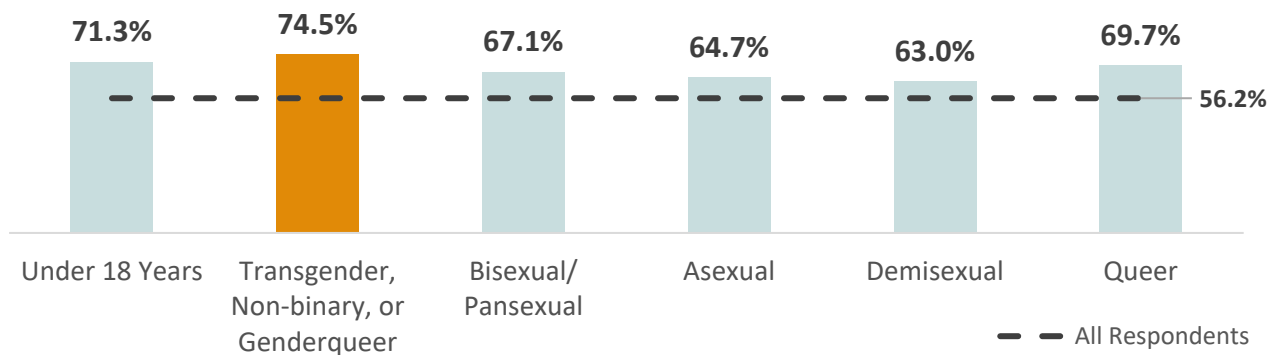
More than 9 in 10 respondents **under 18 years old** have experienced a **mental health challenge in the past 12 months**.

(N=464 under 18 years old)



About 3 in 4 **transgender, non-binary, or genderqueer** respondents have **considered suicide in their lifetime**.

(N=1,507 transgender, non-binary, or genderqueer respondents)



<sup>14</sup> All chi-square results in this section are statistically significant,  $p < .01$ .

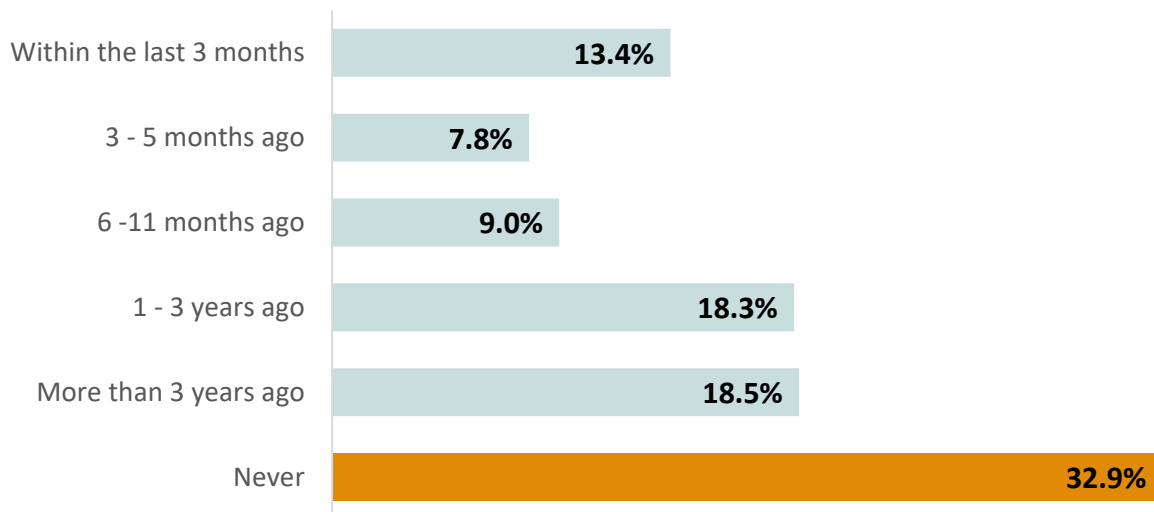


# Sexual Health

## HIV

While the majority of respondents (67.1%) have been tested for HIV in their lifetime, almost one in three respondents (32.9%) report never being tested for HIV. Respondents in age groups 25 to 49 and 50 to 64 are the most likely to ever have received an HIV test (81.6% and 81.9%, respectively), followed by respondents ages 65+ (69.3%) and 18 to 24 (42.6%). Rates of ever being tested for HIV are highest among gay cisgender men (89.8%), followed by bisexual and pansexual cisgender men (76.7%). Approximately one in four gay cisgender men (25.9%) and bisexual and pansexual men (22.3%) report having had an HIV test within the past 3 months. Lifetime HIV testing rates are lower for transgender, non-binary, or genderqueer respondents (59.7%) than cisgender respondents (70.2%) ( $p < .001$ ).

Almost one in three respondents have **never been tested for HIV**. (N=5,307)



Over 250 respondents (4.8%) report having been diagnosed with HIV. More than 200 of these respondents are gay cisgender men. Among all gay cisgender male respondents, more than one in ten (12.6%) report being diagnosed with HIV. When examining age groups, the percentage of all respondents with HIV is highest among those ages 50 to 64 (12.3%), followed by ages 65+ (9.8%). A slightly higher percentage of respondents of color report they have been diagnosed with HIV (7.8%), compared to white respondents (4.3%) ( $p < .001$ ).

**One in eight gay cisgender male** respondents have been **diagnosed with HIV**. (N=1,647)

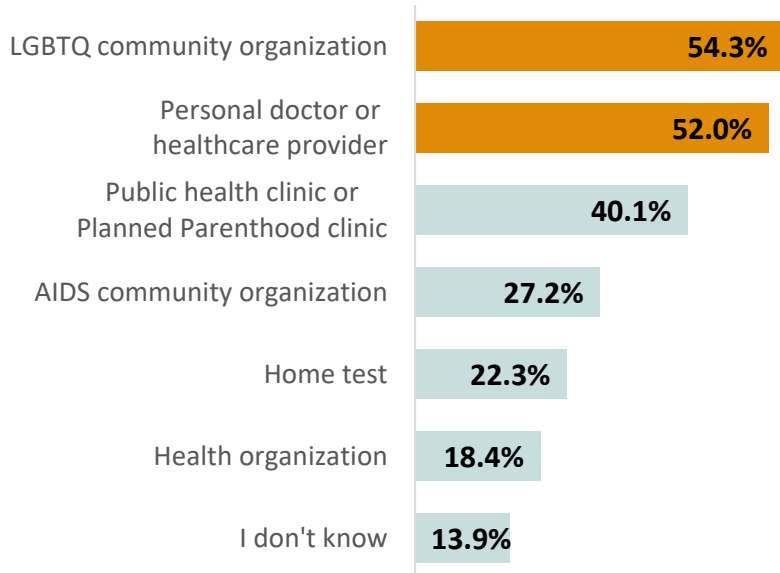


Respondents report experiences that the Centers for Disease Control and Prevention (CDC) consider primary risk factors for HIV.<sup>15</sup> Overall, 41.8% of respondents (ages 18-64) face one or more primary risk factors. This percent is significantly higher than the general population, of which 7 percent face one or more primary risk factors.<sup>16</sup> However, HIV risk can be prevented by the daily medication Pre-Exposure Prophylaxis (PrEP), which 9.8% of respondents ages 18-64 take. More than 20 percent of all gay cisgender men respondents currently take PrEP (21.1%). **Among respondents not taking PrEP, a third experience at least one primary risk factors for HIV (33%).** The most commonly reported risk factors among respondents who do not take PrEP are having four or more sexual partners in the past year (20.1%) and having receptive anal sex (bottoming) without a condom (18.8%).

Risk is higher among cisgender gay men; 58.1 percent of cisgender gay men respondents who are not on PrEP report at least one HIV risk factor. Among respondents of color who are not on PrEP, 41.3% report at least on risk factor and among respondents ages 25-49 who are not on PrEP, 39.8% report at least one risk factor.

When asked to indicate all of the places where they are comfortable receiving an HIV test, the greatest number of respondents select an LGBTQ community organization (54.3%), followed by their personal doctor or healthcare

More than **half of respondents** are comfortable receiving an HIV test at an **LGBTQ community organization**, or their **personal doctor**. (N=5,349)



<sup>15</sup> CDC Primary Risk Factors for HIV are a) being treated for STDs/ STIs, b) exchanging sex for money or drugs, c) using intravenous drugs, d) having anal sex without a condom, or e) having 4+ sex partners in the past year. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>16</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2017

provider (52.0%) and a public health or Planned Parenthood clinic (40.1%). More than one in ten respondents (13.9%) do not know where they would feel most comfortable receiving an HIV test.

## VACCINES

Respondents were asked whether they have received vaccines for Hepatitis A and Human Papillomavirus (HPV). Nearly two-thirds of respondents report not having received each of these vaccines (65.0% for Hepatitis A; 66.8% for HPV). Furthermore, a significant percentage of respondents—two out of five for Hepatitis A (40.0%) and one out of five for HPV (19.8%)—do not know whether they have received the vaccine.

## ADOLESCENT PREGNANCY RISK

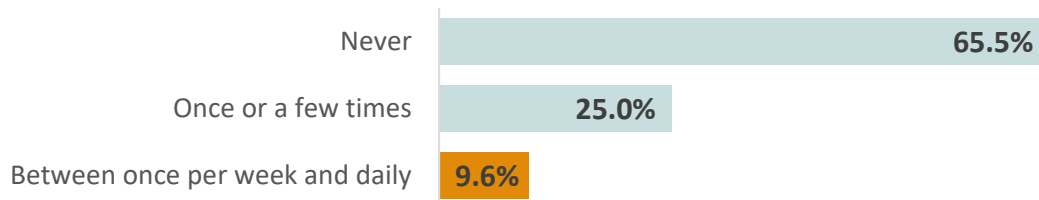
Of the 741 respondents ages 19 and younger, more than one in five (22.1%) report they have ever had penetrative penis-vagina sex. The percentage was significantly higher among bisexual and pansexual respondents (32.1%) compared to gay (14.4%) and lesbian (13.8%) respondents ( $p < .001$ ).

# Substance Use

## ALCOHOL USE

One in ten respondents binge drank<sup>17</sup> once per week or more in the past 30 days (9.6%, n=501). Another quarter of respondents binge drank once or a few times in the past 30 days (25.0%).

One in ten respondents engaged in binge drinking **once per week or more frequently** in the last 30 days. (N=5,221)



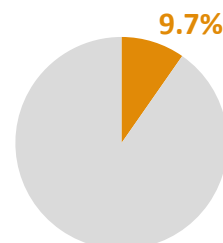
## OTHER SUBSTANCE USE

More than a third of respondents use marijuana for recreational, non-prescription purposes (37.8%). Some respondents use marijuana every day (8.5%, n=445).

One in ten respondents have used poppers or other alkyl nitrates in the past year (9.7%, n=510). About one in every 25 respondents used Ecstasy or Molly in the past year (3.8%) and a similar percent used opioids in the past year (3.6%). More than a hundred respondents used Crystal Meth in the past year (2.1%).

**A large percent of respondents have used alcohol or other drugs to help them have sex (28.2%), commonly referred to as “chemsex.”** Among men (38.2%) and genderqueer (35.8%) respondents, the percent is even higher.

One in ten respondents **used poppers** or other alkyl nitrates in the past year. (N=5,247)



<sup>17</sup> While binge drinking risk varies from person to person, in this report, binge drinking is defined as five or more alcoholic drinks in one day. Respondents were asked “In the past 30 days, how often did you drink 5 or more alcoholic drinks in a day? (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor).”

## **SUBSTANCE MISUSE TREATMENT**

Ten percent of respondents have sought treatment for alcohol or other drug-related use (10.2%, n=531). Of those respondents, more than two hundred respondents have had a negative experience from an alcohol/drug treatment provider based on their LGBTQ identity (7.4%).

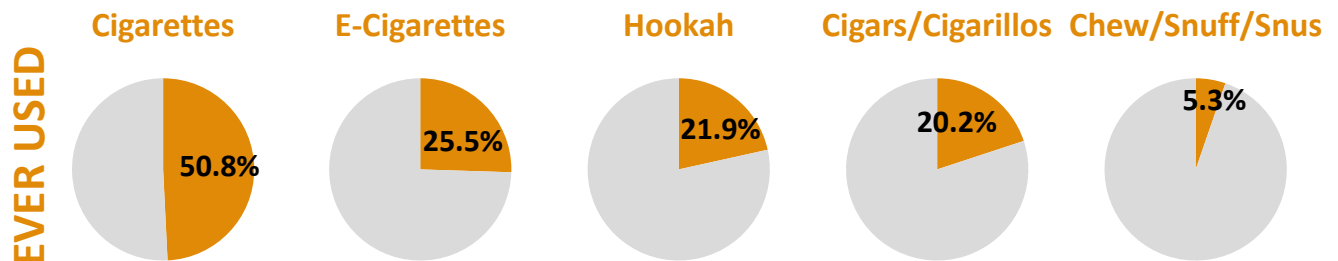


# Tobacco Use

The tobacco industry has historically targeted LGBTQ communities, using strategies like marketing at Pride festivals and advertising in LGBTQ publications to promote tobacco use among LGBTQ people. While there have been more LGBTQ-focused tobacco education campaigns and tobacco prevention policies in recent years, the legacy of aggressive marketing by tobacco companies has had a serious impact, contributing to higher rates of smoking among LGBTQ+ adults.

## TOBACCO PRODUCT USE

About half of respondents ages 18 and older report having used cigarettes at some point in their lives (50.8%). Among respondents, cigarettes are the most commonly used tobacco product. The second most common product is e-cigarettes, with a quarter of respondents ages 18 and older having used them at some point in their lives (25.5%). Among those 24 and younger, one in three have used e-cigarettes (34.7%). One in every five respondents who report ever using any tobacco product currently uses flavored tobacco or vape products, such as menthol (19.4%).



The current smoking rate of LGBTQ adult respondents is estimated as high as nearly twice that of the general population in Pennsylvania.<sup>18</sup> The smoking rate among adult respondents is 15.3 – 30.2 percent. Respondents were asked if, at any point in their life, they have used cigarettes, to which 47.6 percent report they had. This subset of respondents were asked if they *currently* smoke every day, some days, or not at all. Of those respondents 18 and older, almost a third report currently smoking cigarettes every

<sup>18</sup> Compared to the smoking rate estimate for all Pennsylvania adults at 17% (CI: 16-18%); LGB adults at 40% (CI: 31-49%) and “straight” adults at 17% (CI: 15-18%) (PA BRFSS, 2018). The smoking rate of LGBTQ adult respondents in the 2020 Needs Assessment is 15.3% - 30.2%. LGBTQ adult respondents smoke at a rate .9 to 1.8 times that of the general population in Pennsylvania.



day or some days (30.2%).<sup>19</sup> When all respondents are included, the rate is 15.3 percent.<sup>20,21</sup> A third of respondents 18 and older who report having used e-cigarettes at any point in their lives still currently use them every day or some days (33.9%).

## SMOKING RATES

	Under 25 years	25 to 49 years	50+ years	All LGBTQ
<b>Northwest</b>	11.6 – 43.6%	25.3 – 46.2%	13.3 – 25.0%	<b>18.0 – 40.1%</b>
<b>Southwest</b>	12.0 – 35.3%	25.5 – 41.1%	24.7 – 42.0%	<b>19.9 – 39.6%</b>
<b>Allegheny County</b>	13.1 – 36.4%	18.6 – 31.3%	21.3 – 35.7%	<b>17.9 – 32.6%</b>
<b>North Central</b>	7.4% – 41.2%	15.7 – 34.0%	4.2 – 10.5%	<b>10.5 – 30.0%</b>
<b>South Central</b>	8.9 – 31.1%	17.5 – 32.6%	11.2 – 20.4%	<b>13.5 – 28.9%</b>
<b>Northeast</b>	16.0 – 43.3%	16.2 – 31.7%	13.9 – 24.6%	<b>15.6 – 28.9%</b>
<b>Southeast</b>	7.1 – 36.1%	14.4 – 26.4%	11.6 – 20.4%	<b>11.4 – 25.9%</b>
<b>Philadelphia County</b>	6.2 – 19.0%	14.0 – 27.4%	13.9 – 21.5%	<b>12.6 – 24.8%</b>
<b>Any Region</b>	<b>10.0 – 35.9%</b>	<b>17.4 – 31.9%</b>	<b>14.1 – 24.7%</b>	<b>14.6 – 30.5%</b>

<sup>19</sup> Only respondents who report having used cigarettes at some point in their lives were asked if they currently smoke.

<sup>20</sup> When all respondents are included, those who report never using cigarettes were coded in the next measure as currently “not at all” smoking.

<sup>21</sup> 20.6% of the respondents who report not currently smoking had smoked a cigarette in the past 6 months and 30.8% had smoked a cigarette in the past year.

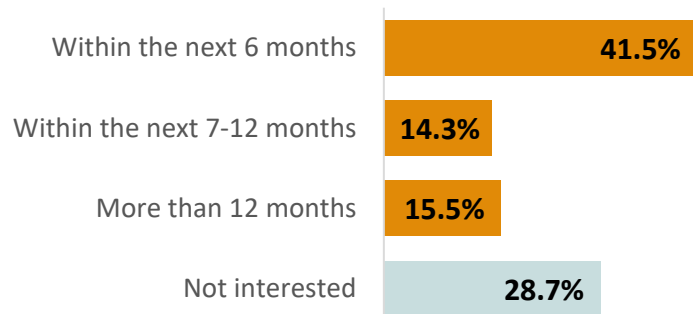
	Transgender, Non-binary, or Genderqueer	Bisexual and Pansexual	LGBTQ People of Color (POC)
Northwest	18.4 – 41.0%	18.7 - 42.6%	16.1 – 27.8%
Southwest	17.8 – 34.5%	14.0 - 28.8%	21.9 –46.7%
Allegheny County	17.2 – 31.2%	16.6 - 33.0%	27.4 –45.9%
North Central	7.5 – 28.6%	9.0 - 30.8%	9.5 –28.6%
South Central	14.0 – 34.4%	13.4 - 31.6%	20.0 –36.4%
Northeast	21.0 – 43.0%	21.8 - 41.7%	14.4 –36.7%
Southeast	10.4 – 26.2%	11.2 - 25.9%	15.3 – 32.5%
Philadelphia County	19.9 – 37.5%	13.0 - 28.6%	16.8 – 35.7%
Any Region	<b>15.7 – 34.2%</b>	<b>14.6 - 32.5%</b>	<b>18.1 – 37.0%</b>

## QUITTING

While smoking rate disparities persist, respondents demonstrate high levels in one resilience factor – an interest in quitting. Of the respondents who currently smoke cigarettes every day or some days, almost three quarters have an interest in quitting (71.3%), and more than half are interested in quitting in the next year (55.8%).

Among those who currently smoke, about half have heard of 1-800-Quit-Now, the Pennsylvania Free Quitline service (53.3%). Respondents who currently smoke or use e-cigarettes and are interested in quitting report they would feel most comfortable receiving cessation

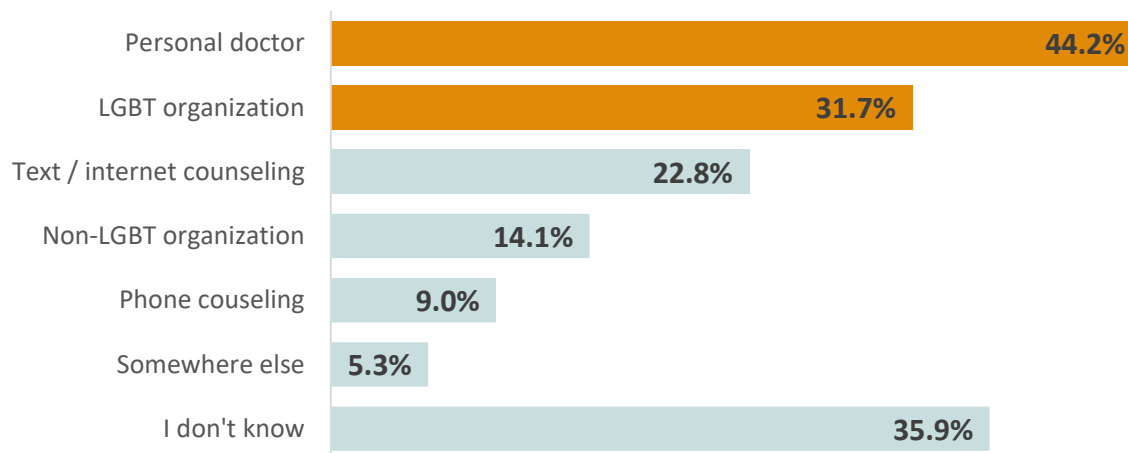
Most respondents who currently smoke are **interested in quitting smoking at some point in the future**. (N=1,063)



services from a personal doctor or healthcare provider or attending a tobacco cessation class at an LGBT-specific organization.

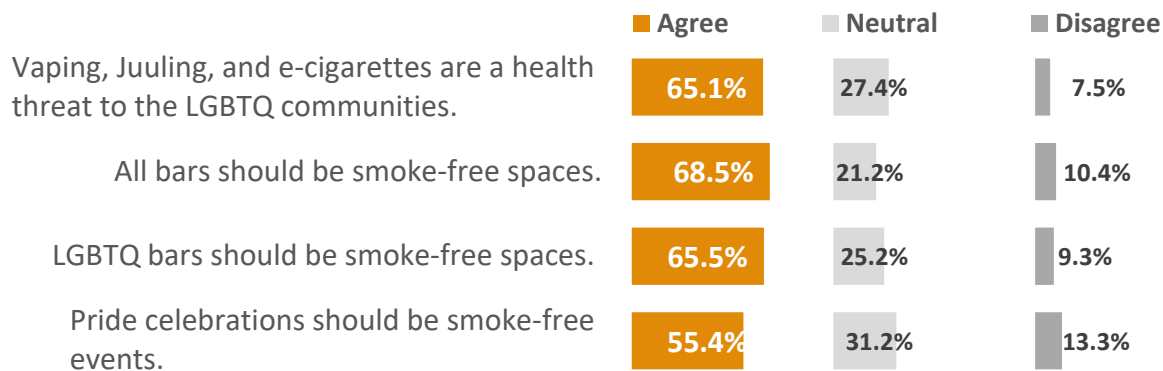
Respondents who are interested in quitting would feel most comfortable receiving cessation services from **a personal doctor** or **an LGBT-specific organization**.

(N=758)



## OPINIONS ON TOBACCO

More than half of respondents expressed **anti-tobacco opinions**. (N=5,229 – 5,236)





# Cancer

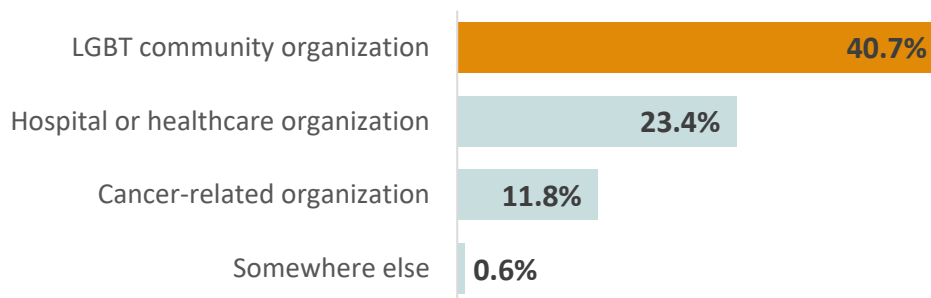
Among all respondents, 6.2 percent have received a cancer diagnosis at some time in their life. The most commonly reported cancer diagnosis is skin cancer (39.9% of cancer diagnoses reported in the Needs Assessment). Other cancer diagnoses include lung cancer (3.6% of cancer diagnoses reported in the Needs Assessment), breast cancer (7.4%), colorectal cancer (2.1%), HPV-related cancer (5.3%), non-cervical GYN-related cancer (5.9%), or oral cancers (0.6%). More than two-fifths of respondents wrote in other types of cancer with which they have received a diagnosis, the most frequently reported of which are bladder, brain, lymphoma, leukemia, prostate, testicular, and thyroid cancers.

**1 in 10**  
white gay men  
have used a **tanning device** in the past year.

The majority of respondents who have been diagnosed with cancer at some point in their lives are not currently receiving treatment (86.5%).

When asked about specific skin cancer risks, one in twenty respondents say they used an indoor tanning device, such as a sunlamp, tanning bed, or booth, in the past year (5.6%), 149 of whom had done so four or more times in the past year. Gay respondents (8.9%), men (8.4%), cisgender respondents (6.9%), and 50 to 64 year olds (6.9%) are all more likely to have used a tanning device in the past year. Further, only about half of respondents often or always protect themselves from the sun (such as using sunscreen, protective clothing, or staying in shady areas or inside), while 16.8 percent never or rarely do so.

## 40% of respondents prefer to access LGBT cancer-related support through an LGBT community organization. (N=5,147)



**23.5%**  
of respondents  
**don't know** where they would prefer to access LGBT cancer-related support.

Many respondents lack information on where to turn for cancer-related support. Half of respondents say they would not know where to go for bereavement support groups if they or their loved one needed cancer related support (49.7%) and a similar percent would not know where to go for caregiver support groups (48.2%). More than 40 percent of respondents would not know where to go for cancer support groups (42.6%) and a third would not know where to go for welcoming providers (33.8%).



# Health Screenings

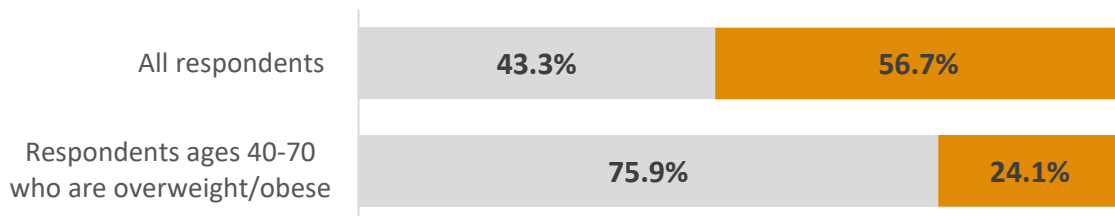
Health screenings serve not only as an indicator of personal health, but also as an indicator of access to care and public health outreach. Health screening recommendations vary and often have tailored conditions related to timing and frequency.

## DIABETES SCREENING

The U.S. Preventive Services Task Force recommends blood glucose or diabetes screenings as part of a cardiovascular risk assessment for adults 40-70 years old who have BMIs 25.0 or higher. For those whose results come back within the normal range, it is recommended they are rescreened every three years.<sup>22</sup>

Among respondents who would be recommended based on their age and BMI, three out of every four respondents (75.9%) had a diabetes screening in the past three years. While this exceeds the 58 percent of the general population who were tested for diabetes in the past three years,<sup>23</sup> this leaves nearly a quarter (24.1%) of those recommended for a screening not screened at the recommended frequency. Forty-one additional respondents who would be recommended a diabetes screening do not know if they received a test for diabetes within the past three years.

Nearly a quarter of those recommended **have not had a diabetes screening** within the past three years.



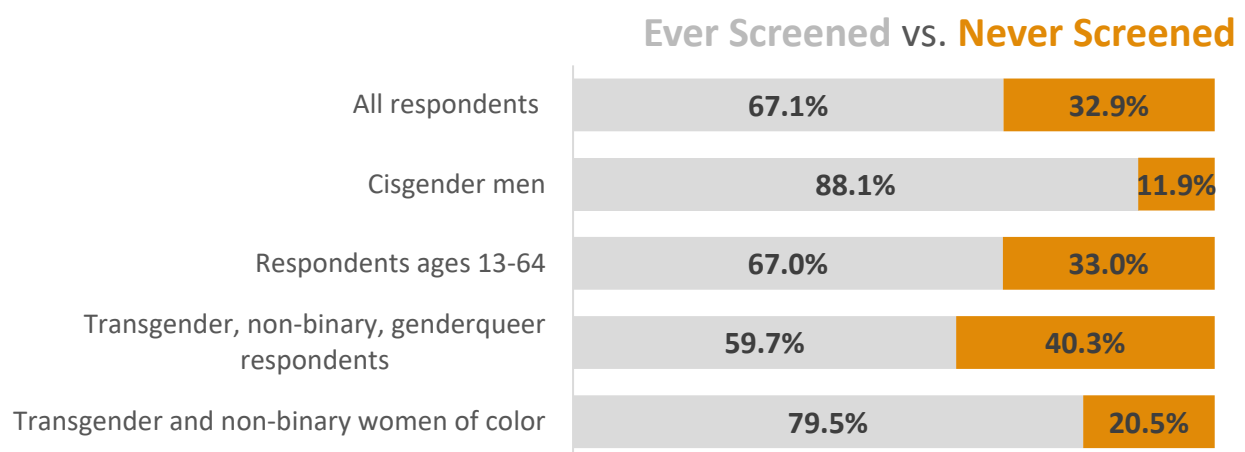
<sup>22</sup> U.S. Preventive Services Task Force. (2015, October). Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

<sup>23</sup> Pennsylvania BRFSS, 2017

## HIV TESTING

The CDC recommends everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime. For those at higher risk, specifically people who use intravenous drugs, have unprotected anal or vaginal sex, or have many sexual partners, CDC recommends getting tested at least once a year;<sup>24</sup> however, community advocates recommend more frequent HIV testing.

Historically, public health programs and campaigns have focused HIV testing efforts on cisgender gay men. While progress has been made in HIV testing, one in ten cisgender male respondents having never had an HIV test (11.9%) and a third of all respondents have never had an HIV test (32.9%). Transgender people (particularly transgender women) are at higher risk of getting HIV, but are the respondents least likely to have had an HIV test.<sup>25</sup>



## MAMMOGRAM SCREENING FOR BREAST CANCER

Mammograms are used to screen for early signs of breast cancer. Mammograms are often recommended for people assigned female at birth who have a family history of breast cancer; cisgender women or others who develop breasts who are over 50 years old; or people who are on long-term

<sup>24</sup> CDC. (2020, June). HIV Testing. Retrieved from <https://www.cdc.gov/hiv/testing/index.html>

<sup>25</sup> Jeffrey S. Becasen, Christa L. Denard, Mary M. Mullins, Darrel H. Higa, Theresa Ann Sipe, "Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017", *American Journal of Public Health* 109, no. 1 (January 1, 2019): pp. e1-e8. <https://doi.org/10.2105/AJPH.2018.304727>

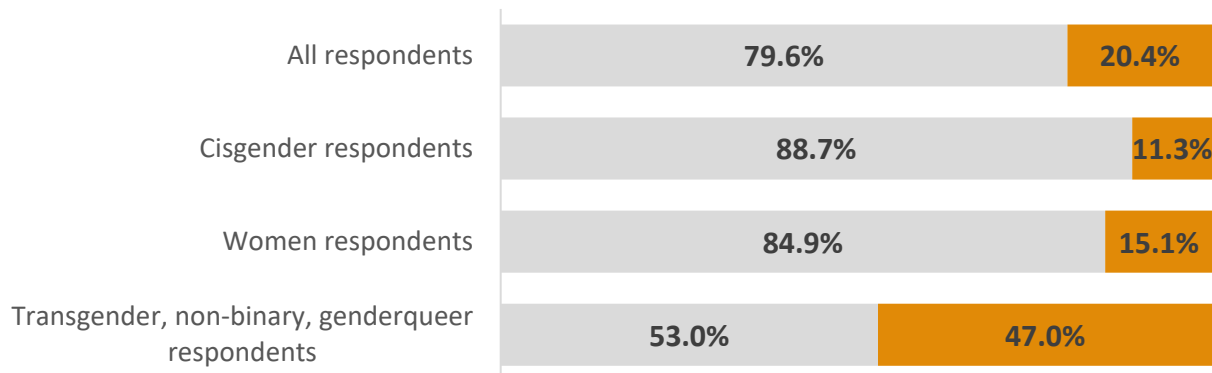
CDC. (2019, November). HIV and Transgender People. Retrieved from <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

<sup>26</sup> This question was only asked of respondents 40 years of age or older.

estrogen therapy. Based on this criteria, respondents self-identified whether they would be recommended for a mammogram.<sup>26,27</sup>

Among respondents self-identifying as eligible, about one in five respondents (20.4%) have never had a mammogram. Nearly half of transgender, non-binary, or genderqueer respondents (47.0%), self-identifying as eligible for a mammogram, have never had a mammogram, a large disparity between this community and the larger LGBTQ community.

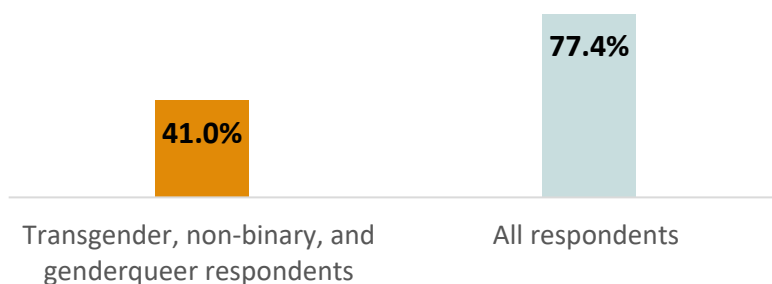
### Ever Screened vs. Never Screened



Note: among ages 40+, self-identifying as eligible

Breast cancer screening guidelines vary between organizations. However, many organizations,<sup>28</sup> such as American Cancer Society, National Comprehensive Cancer Network, and U.S. Preventive Services Task Force, recommend beginning breast cancer screenings between the ages of 40 and 50 years of age and rescreening every year or every other year. Overall, about half of all respondents self-identifying as eligible have had a mammogram in the last two years, which falls below the rate of the

**Only two in five transgender, non-binary, and genderqueer respondents** have had a mammogram in the last two years, significantly fewer than the general respondent sample. (N=183)



Note: among ages 40+, self-identifying as eligible

<sup>26</sup> This question was only asked of respondents 40 years of age or older.

<sup>27</sup> To learn more about protecting the LGBTQ community against breast cancer, visit: <https://komenpugetsound.org/wp-content/uploads/2018/04/LGBTQ-Breast-Health-Toolkit-final.pdf>

<sup>28</sup> Susan G. Komen. (2020, August). Breast Cancer Screening for Women at Average Risk. Retrieved from <https://ww5.komen.org/BreastCancer/BreastCancerScreeningforWomenatAverageRisk.html>

general population – 72.1%.<sup>29</sup> The disparity in breast cancer screenings between cisgender and transgender, non-binary, or genderqueer respondents remains present among those who have had a mammogram in the last year. About six in ten cisgender respondents (59.1%) had a mammogram in the last year, while about three in ten transgender, non-binary, or genderqueer respondents (31.7%) have had a mammogram in the last year.

## CERVICAL PAP TEST FOR CERVICAL CANCER

Cervical Pap tests are used to test for HPV and cervical cancer. Cervical Pap tests are often recommended for people who have a cervix and have not had a hysterectomy. Questions about cervical Pap tests were only asked of respondents ages 21 to 65—the recommended age range to receive regular Pap tests.<sup>30</sup> Respondents self-identified whether they would be recommended for a cervical Pap test.

Of those who self-identified as eligible for a cervical Pap test, 16.6 percent have never had a cervical Pap test. 14.0 percent of eligible cisgender respondents have never had a cervical Pap test, compared to 22.5 percent of eligible transgender, non-binary, or genderqueer respondents.

### Ever Screened vs. Never Screened



*Note: among respondents ages 21-65, self-identifying as eligible*

## ANAL PAP TEST FOR ANAL CANCER

Anal Pap tests are used to test for anal cancer as well as HPV. Anal Pap tests are sometimes recommended for people who are HIV-positive or are a receptive partner in anal sex (also called bottoming). However, anal Pap tests are not covered as an essential health benefit under the Affordable Care Act (ACA) and there are no official CDC or Pennsylvania guidelines for providers, resulting in many LGBTQ people not being recommended for/receiving this screening. Among all respondents who self-identified as eligible for an anal Pap test, three quarters of respondents (75.3%) have never had an anal

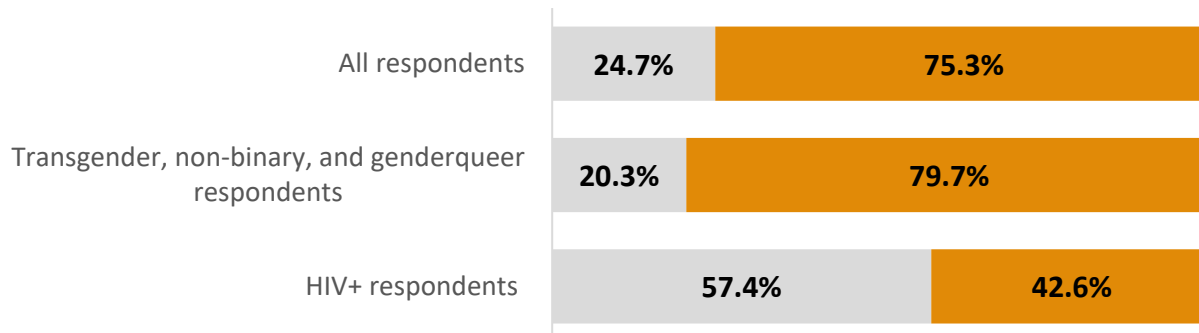
<sup>29</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. <https://www.cdc.gov/brfss/brfssprevalence/>

<sup>30</sup> U.S. Preventive Services Task Force. (2018). Cervical Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>



Pap test. This number was slightly higher among transgender, non-binary, and genderqueer respondents, with about eight in ten (79.7%) never having had an anal Pap test.

### Ever Screened vs. Never Screened

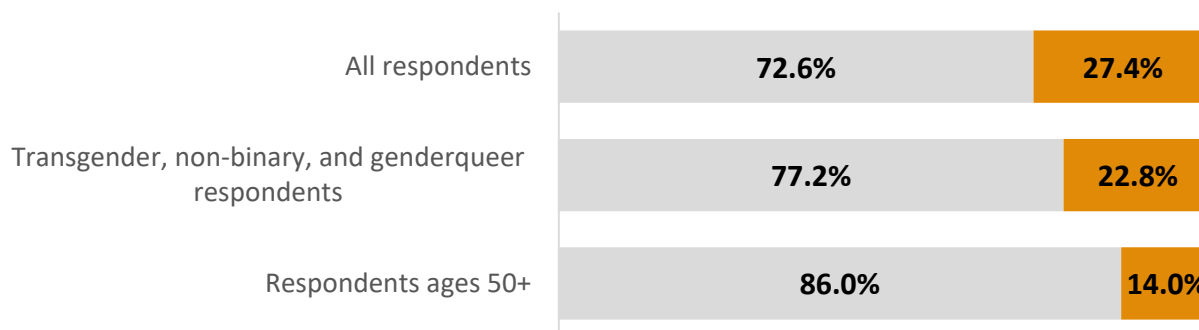


Note: among respondents self-identifying as eligible

## PROSTATE CANCER SCREENING

The American Cancer Society recommends discussions about prostate cancer screening begin at age 40 for people with prostates who have more than one “first-degree relative” (a parent or sibling) diagnosed with prostate cancer, age 45 for people with prostates who have one first-degree relative diagnosed with prostate cancer, and age 50 for all other people with prostates.<sup>31</sup> This is reflected in the chart below, with 72.6 percent of people with a prostate 40 and older having ever had a prostate exam, 79.6 percent of people over 45 have had a prostate exam, and 86.0 percent of people 50 and older having ever had a prostate exam.

### Ever Screened vs. Never Screened



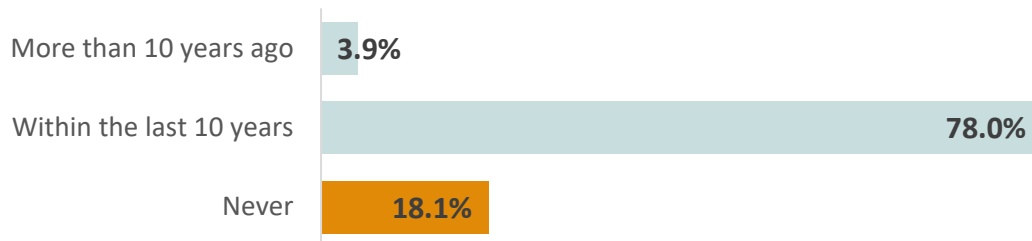
Note: among respondents with a prostate, ages 40+

<sup>31</sup> American Cancer Society. (2019). Recommendations for Prostate Cancer Early Detection. Retrieved from <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>

## SIGMOIDOSCOPY OR COLONOSCOPY FOR COLORECTAL CANCER

The U.S. Preventive Services Task Force recommends adults age 50 to 75 be screened for colorectal cancer by getting a colonoscopy or sigmoidoscopy every 10 years (or more frequently for those who are at high risk).<sup>32</sup> One in ten respondents who were within the 50 to 75 age range in the past 10 years have never had a colonoscopy. Among respondents ages 50 to 75, 18.1 percent have never had a colonoscopy.

One in five respondents ages 50-75 have **never had a colonoscopy**. (N=1,150)



## LOW-DOSE CT SCAN FOR LUNG CANCER

Low-dose CT or CAT scans are tests used to screen for lung cancer. Annual low-dose CT scans are often recommended for people ages 55 to 80 who have a history of heavy smoking (e.g., smoking one pack a day for 30 years or two packs a day for 15 years) and who smoke now or have quit within the past 15 years.<sup>33</sup> Among those who self-identified as meeting the recommendation criteria for an annual low-dose CT scan, more than a quarter (28.6%) have never had a low-dose CT scan. Another third (36.2%) had a low-dose CT scan over a year ago. LGBTQ communities have higher rates of smoking than the general population, making lung cancer screenings for former and current LGBTQ smokers particularly relevant for the community.

More than a quarter of eligible respondents **never had a low-dose CT scan**. (N=196)



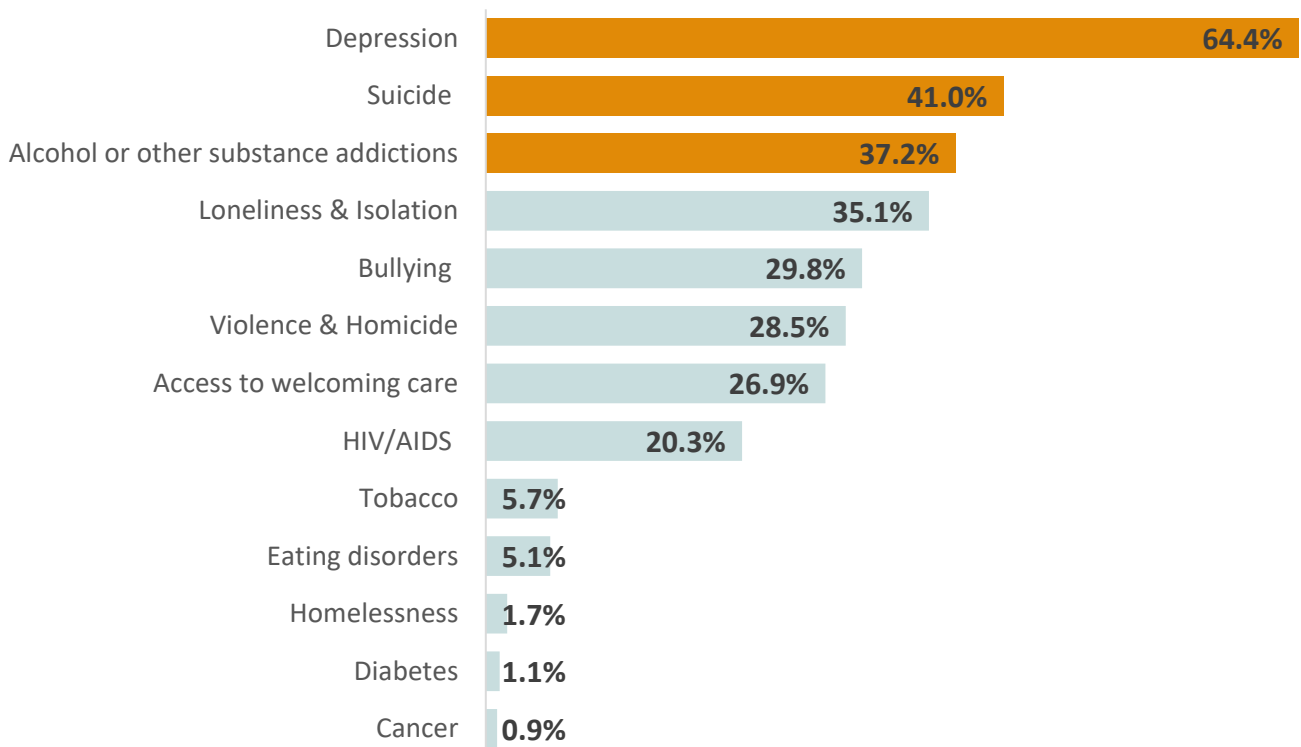
<sup>32</sup> U.S. Preventive Services Task Force. (2016). Colorectal Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

<sup>33</sup> U.S. Preventive Services Task Force. (2013). Lung Cancer: Screening. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

# Community Priorities

Respondents were asked what they would prioritize as the top three health issues impacting LGBTQ communities. Depression was the most frequently selected health issue, selected by more than half of respondents (64.4%). Depression was also highly reported as a top health challenge in the 2016 and 2018 Needs Assessments, increasing by 6.3 percent between 2018 and 2020. Two in five respondents say suicide is a top priority in the community (41.0%) and one in three respondents indicate alcohol and other substance addictions as top priorities (37.2%). Loneliness, isolation, bullying, violence and homicide, access to welcoming care, and HIV/AIDS are also top priorities identified by more than 20 percent of the respondents.

The top three health priorities among respondents are **depression, suicide, and alcohol and other substance addictions**. (N=5,384)



Respondents listed other priorities for improving the LGBTQ community's health, including poverty, racism (both within and toward people in the community), employment discrimination and other forms of discrimination, transphobia, trauma, systemic oppression, the need for more support generally, sexually transmitted diseases and infections (STIs), sexual abuse, self-loathing, non-acceptance, a lack of safe spaces, religious oppression, incarceration, in-fighting, ignorance of non-LGBTQ people, and anxiety.

Among respondents ages 24 and younger, depression (69.1%) and suicide (56%) were also top priorities, with violence and homicide selected third most frequently (36.2%) and bullying a close fourth (32.2%). Among respondents ages 65 and older, depression is also the top priority (56.7%) with loneliness and isolation also selected by more than half of older adult respondents (55.6%). Among people of color, depression and suicide are also the top two priorities (69.2%), with loneliness and isolation selected third most frequently (33.7%) and alcohol and other substance addictions a close fourth (32.5%).

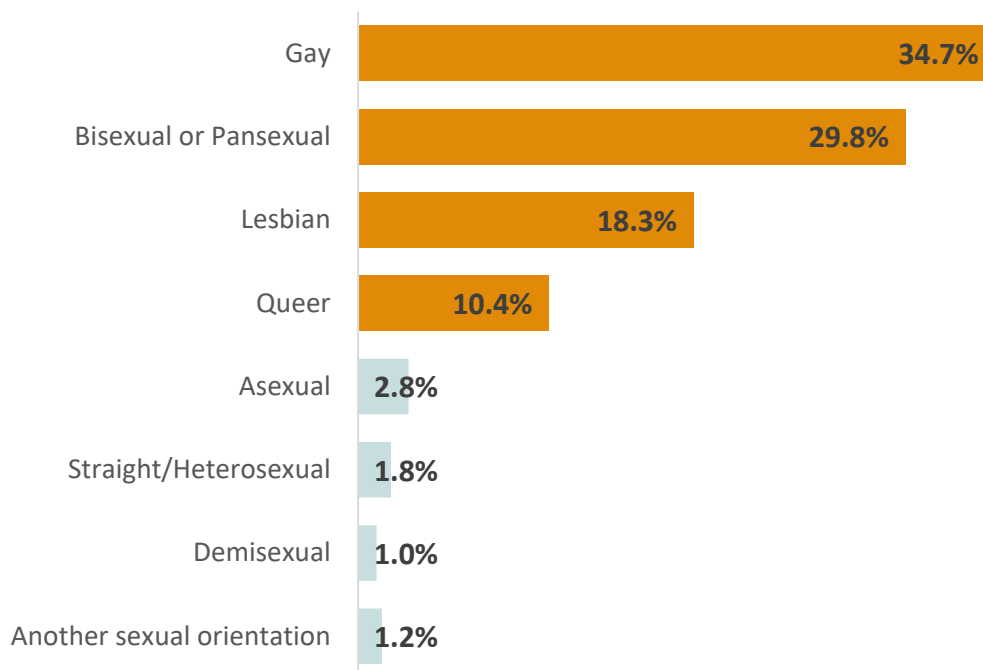


# Demographics

## SEXUAL ORIENTATION

Respondents identify across LGBTQ communities. Slightly over one-third of respondents who participated in the Needs Assessment identify as gay (34.7%, n=2,280), more than a quarter as bisexual or pansexual (29.8%, n=1,961; 20.6% bisexual and 9.2% pansexual), nearly one in five as lesbian (18.3%, n=1,202), and one in ten as queer (10.4%, n=684). A smaller percent of respondents identify as asexual (2.8%, n=181), straight/heterosexual (1.8%, n=118), demisexual (1.0%, n=66), or another sexual orientation (1.2%, n=81). Most respondents who identify as gay are men (94.9% of gay respondents), but gay respondents also include women (1.6%) and other genders (3.5%). The majority of straight/heterosexual respondents (82.2%) identify as transgender or non-binary. Other sexual orientations respondents share include fluid, unsure, transgender or transsexual, or a combination of multiple identities.<sup>34</sup>

The sexual orientation of most respondents is **gay, bisexual or pansexual, lesbian, or queer.**

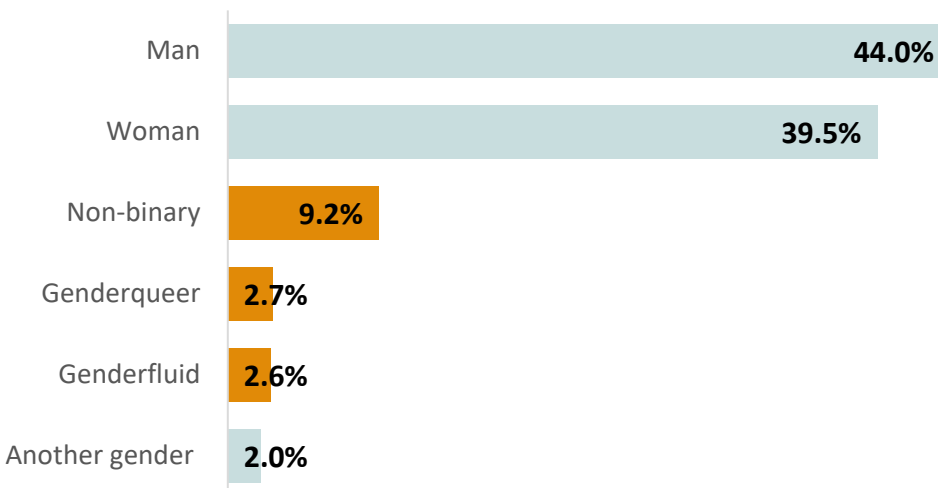


<sup>34</sup> To learn more about sexual orientations and gender identities, Human Rights Campaign provides a resource on definitions: [bit.ly/2G2rTGy](https://bit.ly/2G2rTGy). Note that individual definitions of sexual orientations and gender identities can vary from person to person.

## GENDER IDENTITY

Respondents' gender identities include man and woman (including transgender), non-binary, genderqueer, genderfluid, and other genders. More than two-fifths of respondents identify as men, including both cisgender and transgender men (43.9%), and another two-fifths of respondents identify as women, including both cisgender and transgender women (39.5%). More than 100 respondents wrote in other gender identities (n=132), including agender, demigender, transmasculine, transfeminine, two spirit, or combinations of multiple gender identities. Respondents were asked if they identify as transgender or non-binary in addition to their gender identity. Among the 1,722 who answered "yes," 34.3 percent identify as non-binary, 24.6 percent identify as men, 20.6 percent identify as women, 8.2 percent identify as genderqueer, 6.7 percent identify as genderfluid, and 5.7 percent identify as another gender. **Overall, more than a quarter of respondents identify along the trans spectrum, including identifying as transgender, non-binary, or genderqueer (27.0%).**

More than 1 in 7 respondents identifies as **non-binary, genderqueer, or genderfluid.**



## SEX

Just like gender identity, sex is a spectrum; however most people are assigned either male or female sex at birth. Slightly more than half of respondents were assigned female at birth (53.1%). Forty-six percent of respondents were assigned male at birth (46.6%). More than one hundred respondents report they were born intersex (1.7%, n=110). This respondent group is the largest sample of people with intersex traits in a Pennsylvania dataset. While definitions of "intersex" vary, it is generally considered a sex in which genitalia present variations of sex characteristics or there are differences in chromosomes or sex development. This percent matches that of the general population,

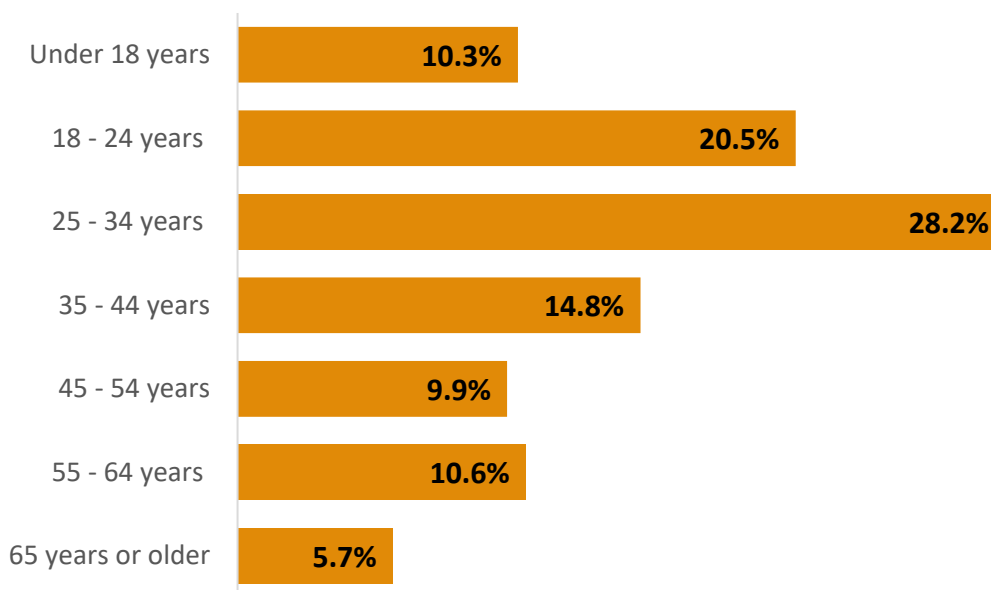
**110**  
respondents  
were born  
intersex.

with 1.7 percent of people in the U.S. estimated to have been born with variations of sex characteristics, like genital anatomy, sex chromosomes, or internal reproductive organs. Intersex traits are thought to be under-reported for a variety of reasons, including stigma, not discovering their intersex traits until later in life, not identifying with the label “intersex,” or concealment of medical history by a person's physicians. Many undergo surgeries in early childhood to make their genitals appear more stereotypically male or female. Such surgeries are rarely medically necessary and have been identified as a human rights violation when performed without the consent of the child.<sup>35, 36, 37</sup>

## AGE

Respondents vary in age from 8 to 92 years old. Almost half of respondents are between the ages of 25 and 49. More than two thousand respondents are young people, with three in ten respondents under age 25 (30.8%, n=2,024).

Respondents range in age from 8 to 92 years old.



<sup>35</sup> Blackless M, et al. "How sexually dimorphic are we? Review and synthesis." *Am J Hum Biol.* 2000;12(2):151-166.

<sup>36</sup> Human Rights Watch. (2017). *US: Harmful Surgery on Intersex Children.*  
<https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children>

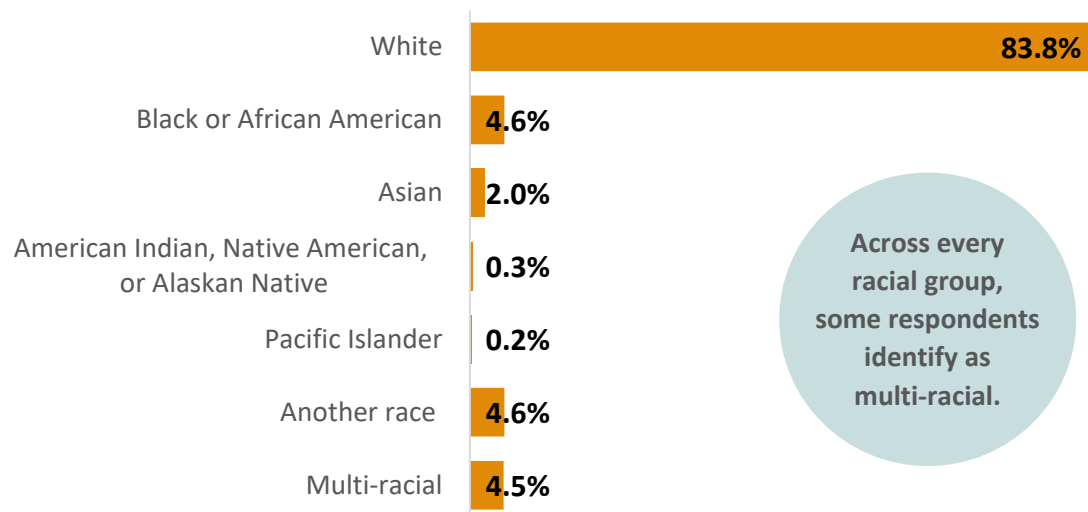
<sup>37</sup> Intersex Society of North America. (2008). *How come many people have never heard of intersex?*  
[https://isna.org/faq/end\\_secretcy](https://isna.org/faq/end_secretcy)

## RACE AND ETHNICITY

The majority of respondents identify as white alone (83.8%) and 4.6 percent identify as Black or African American alone. A small percent of respondents identify as Asian, Native American, American Indian, Alaskan Native, and/or Pacific Islander, and five percent identify as another race. Respondents who selected “another race” wrote in responses such as Hispanic, Latino, Ashkenazi, Indigenous, European, Middle Eastern, mixed race, and human.<sup>38</sup> About one in twenty respondents identify as more than one race (4.7%). Seven percent of respondents identify as Hispanic or Latinx (7.2%).

The respondent sample resembles that of the general population in Pennsylvania, however the percent of people who identify as Black or African American and Asian is smaller and the percent of people who identify as more than one race is larger in this Needs Assessment.<sup>39</sup>

### Respondents identify as the following races:



## EDUCATION

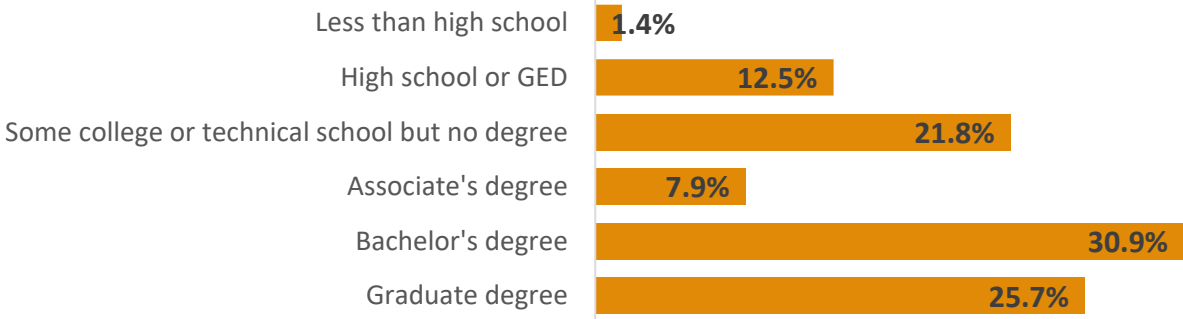
In general, respondents have high education levels. The majority of respondents have high school degrees or beyond. More than half of respondents 18 years and older hold Bachelor or Graduate degrees (56.6%).

<sup>38</sup> Respondents could select more than one race.

<sup>39</sup> U.S. Census Bureau (2010). QuickFacts Pennsylvania. Retrieved from [www.census.gov/quickfacts/PA](http://www.census.gov/quickfacts/PA).



# Adult respondents have completed a range of educational levels.

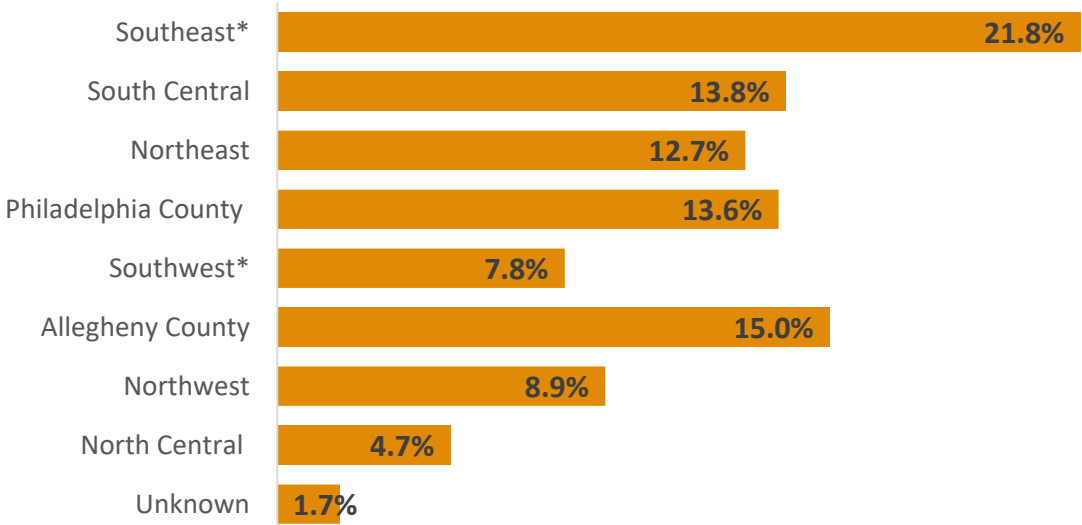


## LOCATION

Respondents live across the state of Pennsylvania. Respondents are part of all eight of Pennsylvania Department of Health Division of Tobacco Prevention and Control health district regions, from more than 900 different ZIP codes across 64 of the state’s 67 counties.<sup>40</sup>

# Respondents live across the state of Pennsylvania.

(N=6,582)



\*Excluding Allegheny County

\*\*Excluding Philadelphia County

*Note: Regions listed in order of total population size from highest to lowest.*

<sup>40</sup> Counties not represented in the 2020 Needs Assessment are Cameron, Sullivan and Forest Counties.



# Discussion and Recommendations

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

Data here demonstrate disparities between Pennsylvania's LGBTQ communities and the general population, as well as disparities within our LGBTQ communities. The large sample allowed for meaningful comparisons and a look at too often invisible groups, like those who are born intersex. This sample included 110 respondents who were born intersex, making this respondent sample the largest known intersex data set in Pennsylvania. These data can be used to support/strengthen partnerships, enhance connections, and improve services and policies alike.

Regular community feedback over time is needed to enhance our understanding of health needs among LGBTQ communities. More voices will support steps to dismantle barriers, enhance community health, and further expand resilience.

## RECOMMENDATIONS

**Support Connections to LGBTQ-competent Providers** – Support connections to LGBTQ-welcoming care for LGBTQ communities. Support training on LGBTQ health and wellness issues, especially those specific to the transgender community, for healthcare professionals through schooling, continuing medical education, and clinical workplace protocol that reinforces LGBTQ health competency as a necessary skill among providers. Partner with local LGBT organizations for ongoing cultural competency discussions, sharing cultural humility practices, and preparing to implement inclusivity principles (e.g. ask gender, sex, and sexual orientation questions on forms as needed to provide accurate care; use correct pronouns; etc.). Encourage LGBTQ community members to develop primary care relationships.

**Support Initiatives that Address Social Determinants of Health** – Provide proactive opportunities for all to thrive with inclusive job training, anti-discrimination policies in workplaces, access to food, safe housing, and affordable health insurance/care. Increase wrap-around supports for LGBTQ people experiencing homelessness. Drive funding and policy change toward housing support for people of color, transgender individuals, and other non-cisgender people.

**Identify Community-wide Mental Health Supports** – Identify ongoing opportunities to support mental health services for LGBTQ communities. Prioritize training for mental health clinicians on LGBTQ issues and support LGBTQ individuals' careers in the mental health field to expand the number of LGBTQ-

identified therapists available to the community. Plan to incorporate discussions about depression management, suicide prevention, and social isolation mitigation into provider education. Post vetted mental health resources on LGBTQ community organization websites and social media platforms. Increase availability of mental health programs – especially those accessible and targeted to young people – at LGBTQ community-based organizations.

**Support and Fund Chronic Disease Prevention** – Continue work to raise awareness about tobacco prevention/treatment, sexual health, nutrition, vaccines, and cancer as LGBTQ issues among LGBTQ communities and Pennsylvanians at-large. Fund service expansion to address tobacco use, behavioral/mental health challenges, and other health and wellness risks for LGBTQ communities. Maximize interest among LGBTQ communities for incorporating healthy living strategies by sharing resources and facilitating connections to LGBTQ-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 LGBTQ communities. Utilize proven and novel LGBTQ focused tobacco-free campaigns. Engage in direct outreach to the LGBTQ community. Partner with LGBTQ community centers, LGBTQ bars, and Pride celebrations to effectively reach the LGBTQ community with tailored tobacco-free messages. Hire LGBTQ people to work in tobacco cessation services and advocacy initiatives.

**Encourage Health Screening Discussions and Health Education** – Identify strategies to facilitate discussions on improving access to and frequency of health screenings for the LGBTQ community. Mitigate screening disparities within LGBTQ communities by increasing access to LGBTQ-welcoming care, provider education on the screening needs of people of all genders and sexualities, provider commitment on discussing screenings without desexualizing LGBTQ individuals, education for the LGBTQ community on screening recommendations, and gender-inclusive language surrounding screenings (i.e. genderless messaging on mammograms). Develop tailored messages specific to the LGBTQ community to build on established resilience and broad openness to implementing healthy living strategies. Enhance health education for the LGBTQ community, including enhancing sex education in public schools to more adequately address health needs relevant to the LGBTQ population.

**Bolster Community Supports for Black, Indigenous, and People of Color (BIPOC)** – Expand provider education and self-reflection around implicit bias, microaggressions, and racism in health fields throughout history. Examine and change systems within the medical industry that exclude BIPOC from care, decision-making, and research studies on which clinical standards are founded. Fund health disparities research, targeted public health programs for BIPOC LGBTQ people, and violence prevention programs in Pennsylvania. Acknowledge racism as a public health issue and an LGBTQ issue.

**Prioritize the Health Needs of Transgender, Non-binary, Genderqueer, and Intersex Individuals** – Expand provider knowledge and competent care related to transgender, non-binary, genderqueer health and the health of people born intersex. Improve access to gender-affirming and trans competent health care. Advance mental health supports for transgender, non-binary, gender non-conforming, genderqueer, agender and other individuals along the trans spectrum. Create economic opportunities and safe, affordable housing options for transgender, non-binary, genderqueer, and intersex people.

**Continue and Enhance Data Collection** – Maintain a two-year schedule of the Pennsylvania LGBTQ Health Needs Assessment with broad administration. Maintain a commitment to collection of LGBTQ health and wellness data among a large geographically and demographically diverse LGBTQ population. Support further research and data collection to focus specifically on LGBTQ people of color, transgender

people, people with intersex traits, asexual communities, LGBTQ youth, LGBTQ older adults, and LGBTQ adults without a college degree. Improve all tools over time with feedback from LGBTQ stakeholders and informed by the survey field. Include sexual orientation and gender identity questions on all data collection systems and surveys administered by the PA Department of Health, PA Department of Drug and Alcohol Programs, PA Department of Aging, and PA Department of Human Services.

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



# Acknowledgements

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

Thank you also to the 2020 data collection, media, and outreach partners:

- Alder Health
- Attic Youth Center
- Bradbury-Sullivan LGBT Community Center
- The Central Voice
- CenterLink
- Centre LGBTQA Support Network
- Eastern PA Trans Equity Project
- Erie Gay News
- GALAEI
- The Gay Journal
- Greater Erie Alliance for Equality
- Hugh Lane Wellness Foundation
- Keystone Business Alliance
- Lancaster LGBTQ+ Coalition
- LGBT Center of Central PA
- LGBT Center of Greater Reading
- LGBT Equality Alliance of Chester County
- Metropolitan Community Church of the Lehigh Valley
- Montgomery County LGBT Business Council
- New Hope Celebrates
- Pennsylvania Youth Congress
- Penn State University - President's Commission on LGBTQ Equity
- Persad Center
- Philadelphia FIGHT
- Philadelphia Gay News
- Rainbow NEPA
- Rainbow Rose Center
- SAGECare
- SisTers PGH
- Trans Central PA
- TriVersity
- Washington County GSA
- William Way LGBT Community Center

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**Report prepared by:**

**RESEARCH & EVALUATION GROUP AT PUBLIC HEALTH MANAGEMENT CORPORATION**

**MARA AUSSENDORF, MPH**

Project Manager

**KELSEY WEYMOUTH-LITTLE**

Research Coordinator

**JEN KEITH, MPH, CPH**

Deputy Director

**DARBY ANDRE**

Research Assistant

**BRADBURY-SULLIVAN LGBT COMMUNITY CENTER**

**ADRIAN SHANKER**

Executive Director

**KATIE SUPPES, M.ED.**

Director of Programs, Research, & Evaluation

**CHRISTINA BRASAVAGE, MPH**

Data & Evaluation Manager

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Binge drink

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Binge drink

A

35%

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Binge drink

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32%

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75%




53%

31%

Thought of harming themselves

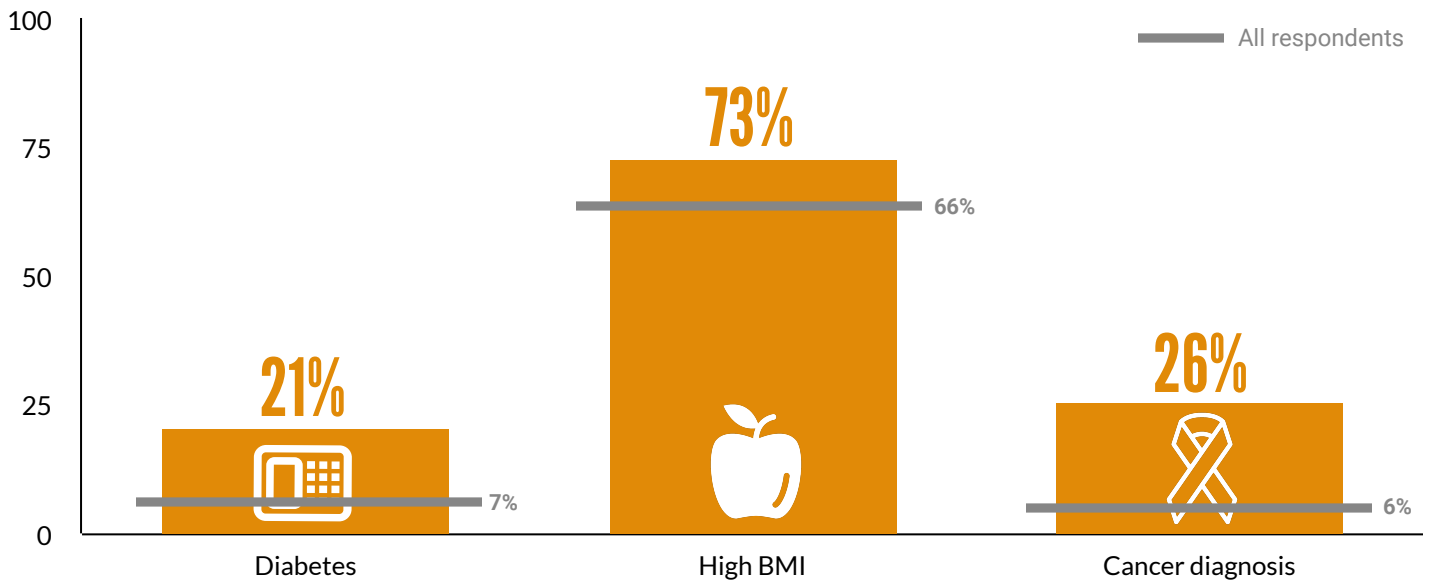


# LGBTQ Health Needs Assessment

We have health and wellness feedback from 6,582 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. The Needs Assessment includes 374 respondents 65 years of age and older. Check out some data points specific to this subgroup and comparisons to all respondents. 



## Older Adults (65 years and older)



### Community priorities:

- 1) Depression
- 2) Loneliness/Isolation
- 3) Alcohol/Drug addiction

### Call to action:

Support connections to LGBTQ-competent providers; support initiatives that address social determinants of health; identify community-wide mental health supports; support chronic disease prevention; promote tobacco cessation opportunities; encourage health screening discussions and health education; bolster community supports for black, indigenous, and people of color; prioritize the health needs of transgender, non-binary, genderqueer, and individuals born intersex; continue and enhance data collection; and partner with LGBT community-based organizations.

### RESILIENCE

# 96%

are interested in incorporating healthy living strategies in their lives.

[www.livehealthypa.com/lgbt](http://www.livehealthypa.com/lgbt)





43%



21%

31%

Smoke

S

A

31%

31%

21%

Experienced homelessness

A-



43%

37%

21%



Experienced violence from  
family/partner

84%

73%

26%




ity

Experienced a mental health challenge in the past year

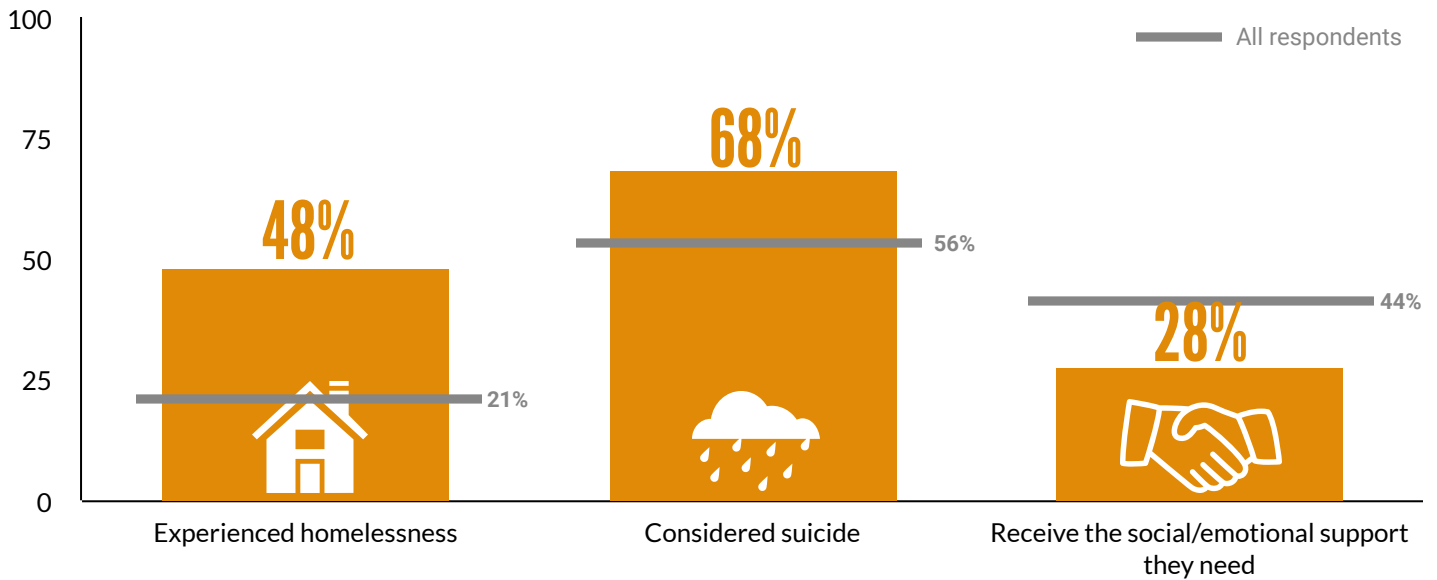


# LGBTQ Health Needs Assessment

We have health and wellness feedback from 6,582 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. The Needs Assessment includes 110 respondents born intersex. Check out some data points specific to this subgroup and comparisons to all respondents. 



## People Born Intersex



### Community priorities:

- 1) Depression
- 2) Suicide
- 3) Violence/Homicide

### Call to action:

Support connections to LGBTQ-competent providers; support initiatives that address social determinants of health; identify community-wide mental health supports; support chronic disease prevention; promote tobacco cessation opportunities; encourage health screening discussions and health education; bolster community supports for black, indigenous, and people of color; prioritize the health needs of transgender, non-binary, genderqueer, and individuals born intersex; continue and enhance data collection; and partner with LGBT community-based organizations.

### RESILIENCE

# 92%

are interested in incorporating healthy living strategies in their lives.

[www.livehealthypa.com/lgbt](http://www.livehealthypa.com/lgbt)



31%

31%

21%



Experienced homelessness

45%

31%

21%

Experienced homelessness

Ex

