2022

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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Serving the LGBT Community of the Greater Lehigh Valley

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Contents

BACKGROUND

Historically, LGBTQ[1] 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 biennial 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 and in 2020.

In spring 2022, Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2022 Pennsylvania LGBTQ Health Needs Assessment. A total of 4,228 LGBTQ Pennsylvanian respondents participated in the online English/Spanish survey. Topics new to the 2022 Needs Assessment tool include neurodiversity, disability, sleep, and COVID-19 vaccination status. Expansions of other topic areas include sexual health, mental health, interactions with healthcare providers, barriers to care, and tobacco use.

The 2022 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 health disparities.[2] 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; instead challenges intersect and compound each other. Numerous biological (e.g., infectiousness, effectiveness of treatment), behavioral (e.g., tobacco use), and psychosocial or structural (e.g., discrimination, homophobia) factors can undermine LGBTQ individuals' full potential for health and wellbeing.[3]

[1] LGBTQ abbreviation incorporates lesbian, gay, bisexual, transgender, and queer identities and in this report is an umbrella term also inclusive of intersex, asexual, and more gender-expansive identities and non-straight sexual orientations.
[2] For more information see Bronfenbrenner (1981), *The Ecology of Human Development: Experiments by nature and design*.
[3] For more information see Singer (1996), "A dose of drugs, a touch of violence, a case of AIDS: conceptualizing the SAVA syndemic."

Executive Summary

SELECT FINDINGS

2022 Pennsylvania LGBTQ Health Needs Assessment respondents are LGBTQ-identified people from across the state (N=4,228). Respondents come from more than 760 different ZIP codes across 66 of Pennsylvania's 67 counties. Respondents identify across LGBTQ communities, including more than 40 percent of respondents who identify as transgender, gender nonconforming, or non-binary (42.4%). Respondents were also able to share other identities, including over 1,000 respondents who identify as neurodivergent, autistic or as a person on the autism spectrum (24.4%). In addition, 123 respondents were born intersex, making this respondent sample the largest known intersex dataset in Pennsylvania. Findings presented in this report include:

- More than a quarter of respondents have not visited a doctor for a routine check-up in the past year (27.4%). More than two in five respondents have not visited any type of dentist within the past year (43.0%).
- Almost half of respondents have not had a flu vaccine in the past year (47.3%).
- More than nine in ten respondents report being fully vaccinated for COVID-19 at the time of this survey (92.7%). More than eight in ten of those fully vaccinated have also received a booster (82.9%) and another one in ten planned to get a booster (13.9%).
- Almost a third of respondents have experienced a negative reaction from a healthcare provider when they learned they were LGBTQ (32.1%). Nearly half of respondents fear seeking health care services because of past or potential negative reactions from health care providers (45.9%).
- 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 (37.7%).
- Over a third of respondents have faced a barrier to receiving care, both physical health care (37.6%) and mental health care (38.5%).
- More than nine in ten respondents (96.1%), the vast majority, are interested in incorporating healthy living strategies such as healthy eating, active living, and tobacco cessation into their life.

- More than two in ten respondents (21.0%) have experienced homelessness in their lifetime. More Black, Indigenous and people of color (BIPOC) respondents, transgender or non-binary respondents and respondents living with a disability have experienced homelessness in their lifetime compared to respondents overall.
- Three in 10 respondents worried their food would run out before they got money to buy more in the past year (29.7%).
- In the past year, three in four respondents report experiencing a mental health challenge (75.0%).
- In their lifetime, more than six out of ten respondents (62.4%) have experienced discrimination based on their LGBTQ identity.
- Nearly half of respondents (48.0%) report having ever thought of harming themself, with more than three out of four (83.3%) of those respondents first having thoughts of self-harm at age 19 or younger.
- Depression and other mental health issues are top priorities for respondents, along with alcohol and other substance addiction.
- Almost one in three respondents (28.1%) report never being tested for HIV. HIV risk can be prevented with the use of Pre-Exposure Prophylaxis (PrEP), which one in ten respondents ages 18-64 take (10.5%). Twenty percent of all gay cisgender men respondents currently take PrEP (20.8%). Among respondents not taking PrEP, almost one third experience at least one primary risk factor for HIV (31.6%).
- Over one third of respondents have used alcohol or other drugs to help them have sex (34.4%), also known as “chemsex.”
- More than half of respondents ages 18 and older report having tried cigarettes at some point in their lives (56.3%). The current smoking rate of LGBTQ adult respondents is estimated as 1.6 times higher than that of the general adult population in Pennsylvania. One in every five respondents who report ever trying any tobacco product currently uses flavored tobacco or vape products, such as menthol (19.8%).
- Four in ten respondents prefer to access LGBTQ cancer-related support through an LGBTQ community organization (41.5%).
- Depression was the most frequently selected community health priority issue (57.3%). Depression was selected as a top priority by more than half of every respondent age group. Other top three health priorities also relate to mental health, with more than one third of respondents selecting loneliness and isolation (37.4%) and suicide (35.5%). Alcohol or other substance addictions is also a top priority among more than a third of respondents (34.5%). One third also identify access to welcoming care (33.2%) as a top priority. Violence and homicide (30.9%) and bullying (24.9%) are also top priorities identified by more than 20 percent of the respondents.

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 and Fund 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. Increase Discussion of Health Needs Among Individuals Living with a Disability and who are Neurodiverse
10. Continue to Enhance Data Collection
11. Partner with LGBTQ 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 winter 2022, the Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2022 Pennsylvania LGBTQ Health Needs Assessment. Between early January and late March 2022 (a ten-and-a-half week period), the anonymous, internet-based survey was available for completion by any age 13+ Pennsylvania resident who self-identifies as LGBTQ. The survey took less than 25 minutes to complete. The 2022 survey was available in both English and Spanish.

The purposive, convenience, snowball 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 printed fliers, email, 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 took place primarily online, by word of mouth, and at the locations of the data collection and outreach partners. Data collection partners are listed in the Acknowledgment section of this report.

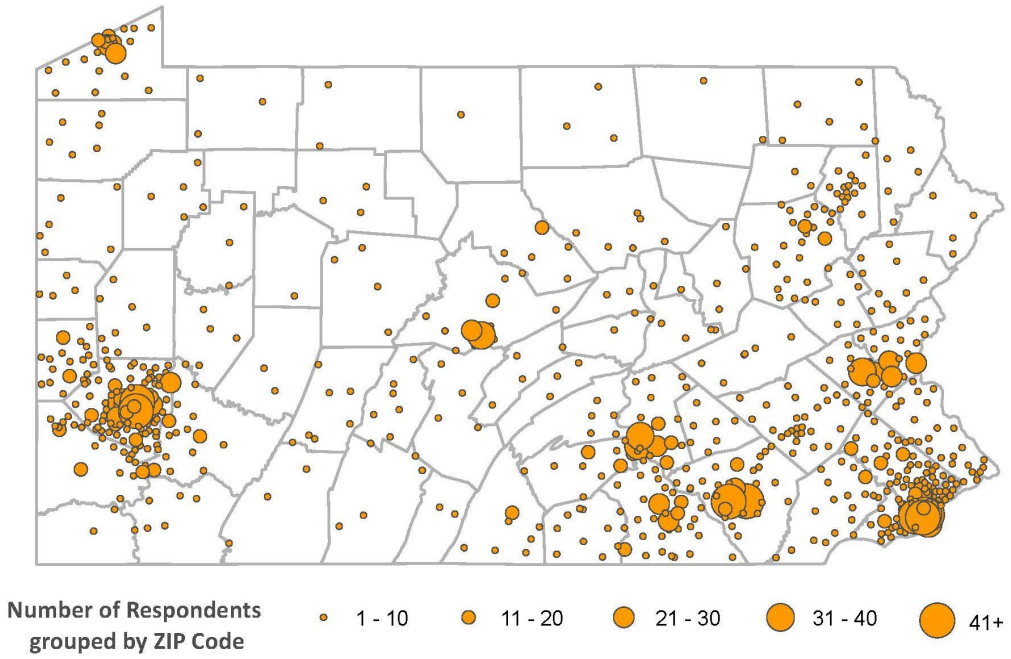
Method limitations include the online-only availability of the survey, the cross sectional (single point in time) method of data collection, very limited sharing of income information, and the impacts of the COVID-19 pandemic on data collection. The pandemic and related restrictions had significant impact on the data collection outreach methods that Bradbury-Sullivan LGBT Community Center and the data collection partner coalition determined would be best for reaching potential community participants. Data collection partners utilized in-person events, social media, emails, phone calls, and texts to share this important project with their communities. Many data collection partners were still operating at reduced capacity due to the COVID-19 pandemic; however, in-person outreach was still an important strategy used by partners to connect with potential respondents.

Participants were informed that the data they provided were being collected anonymously and that 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 ten $50 electronic gift cards.[4]

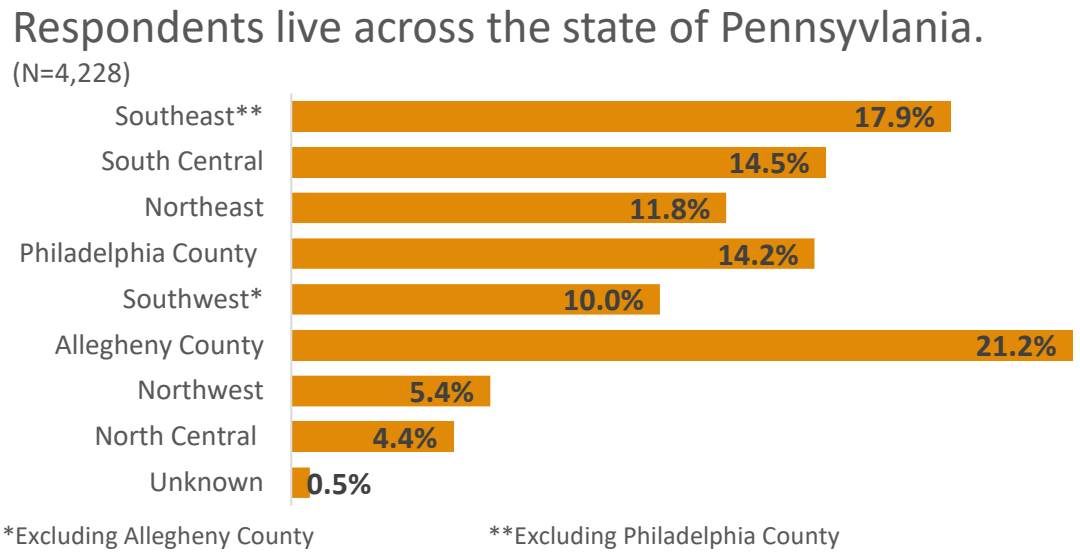
A total of 4,228 LGBTQ-identified Pennsylvanians participated in the 2022 Pennsylvania LGBTQ Health Needs Assessment.

[4] Raffle entries were at no point connected to needs assessment responses. All needs assessment responses remained anonymous regardless of entry into the incentive raffle.

Pennsylvania 2022 LGBTQ Health Needs Assessment



Respondents live across the state of Pennsylvania (N=4,228). Respondents are part of all eight Pennsylvania Department of Health Division of Tobacco Prevention and Control health district regions, from more than 760 different ZIP codes across 66 of the state's 67 counties.[5]



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

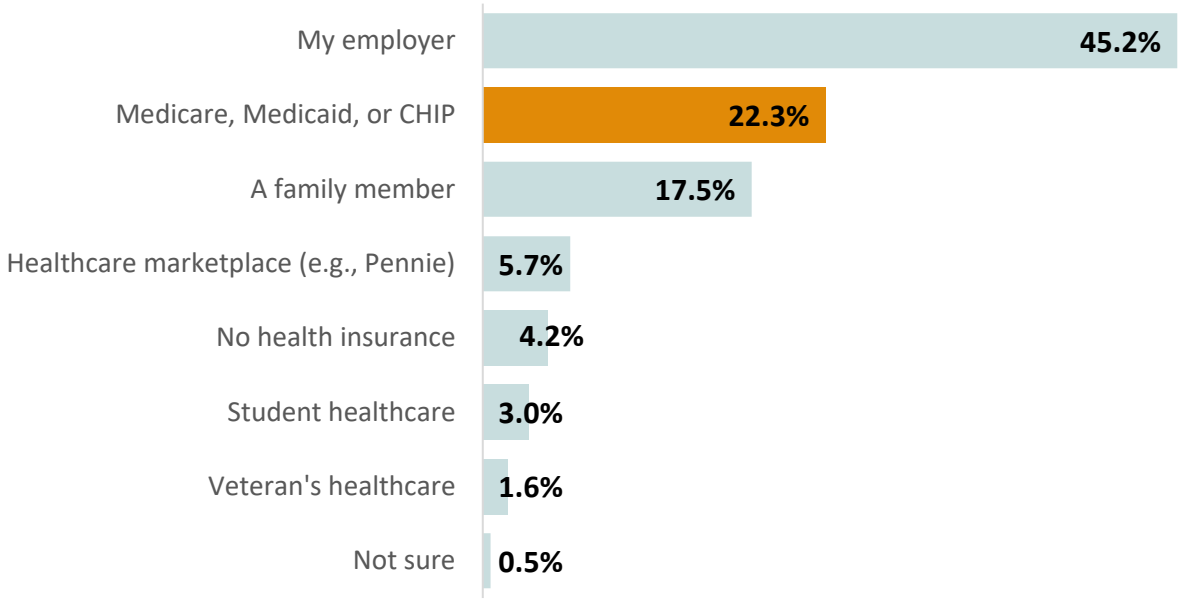
[5] Sullivan County is not represented in the 2022 Needs Assessment.

Health Care

HEALTH INSURANCE

About one in twenty-five respondents do not have any health insurance coverage (4.2%). The most common types of insurance sources are employers (45.2%), Medicare/Medicaid/CHIP (22.3%), and family members (17.5%).

Almost a quarter of respondents receive health insurance through **Medicare, Medicaid, or CHIP**.
(N=3,990)



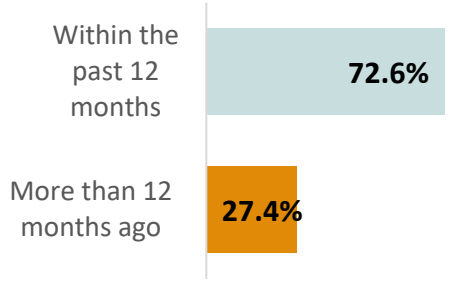
HEALTHCARE VISITS

One in six respondents do not have a doctor or healthcare provider (16.3%). Among Black, Indigenous, and people of color (BIPOC) respondents, the proportion is even higher, with one in five respondents not having a doctor or healthcare provider (20.5%). However, most respondents have someone they think of as their personal doctor or healthcare provider (83.7%). About a third of all respondents have more than one person they think of as their provider (32.9%).

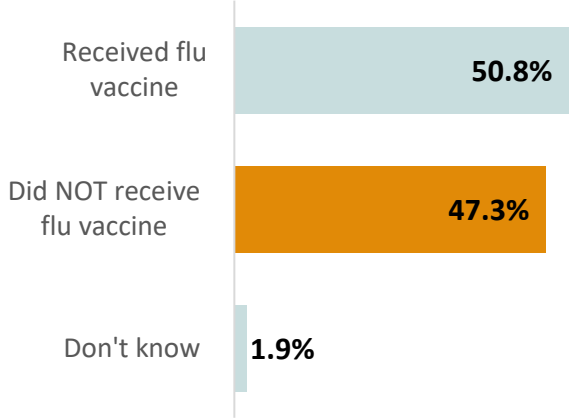
Generally, it is recommended to get a medical check-up or physical at least once per year. More than a quarter of respondents have not visited a doctor for a routine check-up in the past year (27.4%).

Another recommended annual precaution is a flu vaccine. Almost half of respondents have not had a flu vaccine in the past year (47.3%).

More than a quarter of respondents have not visited the doctor for a routine check-up in **a year or longer**. (N=3,979)

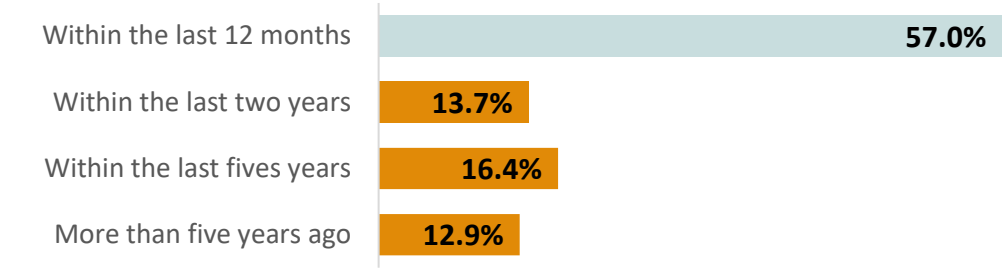


Almost half of respondents **have NOT had a flu vaccine** in the last year. (N=3,970)



Among respondents, more than one in four did not have dental insurance (21.2%) or were unsure if they have dental insurance (6.2%). Dental check-up visits are generally recommended every six months. More than half of respondents have visited any type of dentist or a dental clinic for any reason within the last 12 months (57.0%). More than one in ten had a last visit to any dentist more than five years ago (12.9%). About three in ten respondents report they experienced a time when they needed dental care but did not get it (28.9%).

43% of respondents **have not visited any dentist in the past year**. (N=3,976)



COVID-19 VACCINATION

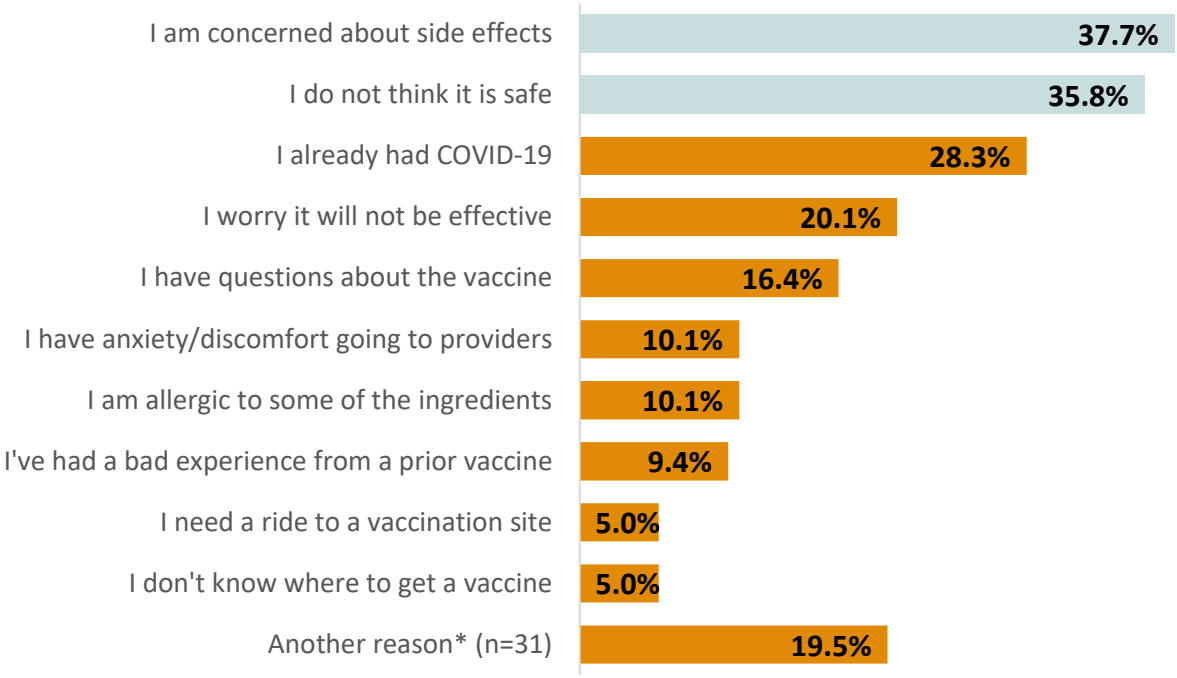
COVID-19 vaccines first became available in the United States in December 2020.[6] Nuanced recommendations around vaccination and booster eligibility and availability continued through to the publication of this report in 2022. At the time of this survey's administration, all over age five were eligible for vaccination. **More than nine in ten respondents report being fully vaccinated at the time of this survey** (92.7%, n=3,675), with additional respondents reporting partial vaccination (3.3%).[7] More than eight in ten of those fully vaccinated have also received a booster (82.9%) and another one in ten planned to get a booster (13.9%). It is important to note that community-based organizations across Pennsylvania, including LGBTQ servicing organizations, partnered with local health bureaus and healthcare networks to provide COVID-19 vaccination. The high rate of COVID-19 vaccination among 2022 respondents is likely due at least in part to these community-based efforts.

One hundred sixty respondents report not having any level of vaccination (3.8%). Among respondents who were not vaccinated, reasons for not receiving the COVID-19 vaccine were explored. Worry about side effects (37.7%) and safety (35.8%) were among top concerns. At the time of this survey's administration, very few respondents did not get the vaccine because of a logistical reason like not knowing where to go (5.0%) or needing a ride to a vaccination site (5.0%).

[6] For more information of the COVID-19 vaccine timeline, see: https://www.hhs.gov/coronavirus/covid-19-vaccines/index.html.

[7] Respondents were asked "Have you received a COVID-19 vaccine?" and could select from response options: Yes, I'm fully vaccinated (I received one dose of the Janssen/Johnson & Johnson vaccine or two doses of the Pfizer-BioNTech or Moderna vaccine); Yes, I'm partially vaccinated (I received one dose of the Pfizer-BioNTech or Moderna vaccine); No, I have not received any COVID-19 vaccine; or I don't know.

The vast majority of respondents are fully vacinated for COVID-19. Among those not vaccinated, **more than a third worry about side effects and/or safety**. (N=160)



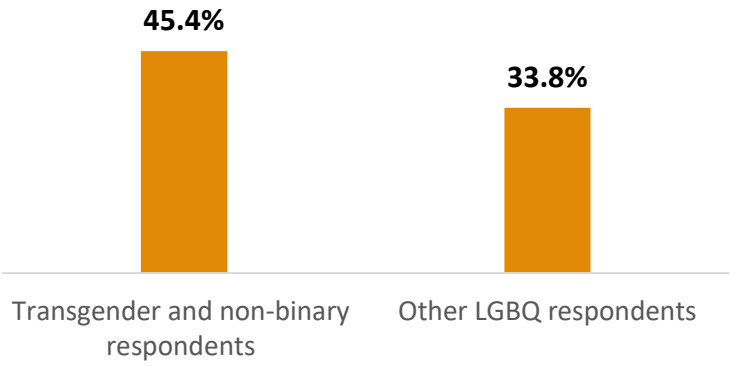
Note: Respondents could check all reasons that apply.
*Examples of other reasons include disbelief in need/effectiveness/intent (n=8), family influence/restriction (n=4), health reasons (n=3), fear of needles (n=2), religious exemption (n=2), busyness (n=2), politics (n=1), indifference (n=1), etc.

Discrimination

HEALTHCARE PROVIDER INTERACTIONS

Almost a third of respondents have experienced a negative reaction from a healthcare provider when they learned they were LGBTQ (32.1%). **Those who are sometimes or always read as LGBTQ in public** (82.2% of respondents) **are more likely to experience a negative reaction from a healthcare provider when they learned they are LGBTQ** (33.4% of those who are read as LGBTQ compared to 26.8% of those who are never read as LGBTQ; p<.001).

More transgender and non-binary respondents have **experienced a negative reaction from a healthcare provider when they learned their LGBTQ identity** than other respondents. (N=3,728)



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, respondents who are sometimes or always read as transgender, non-binary, genderqueer, or gender expansive are more likely to experience a negative reaction from a healthcare provider when they learned they are LGBTQ (42.5% compared to 33.2%; p<.05).

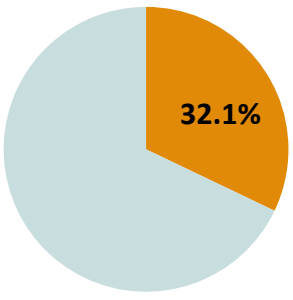
Respondents who identify as disabled are also significantly more likely to experience a negative reaction form a healthcare provider when they learn they are LGBTQ (42.8% of those who identify as disabled compared to 28.9% of those who do not; p<.001). Individuals who identify as **neurodivergent, autistic, or on the autism spectrum also experience negative reactions more often** than their counterparts (37.8% compared to 30.2%; p<.001).

Nearly a quarter of respondents have not disclosed their LGBTQ identity to any of their healthcare providers (23.5%). 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 and/or microaggressions during their visit.

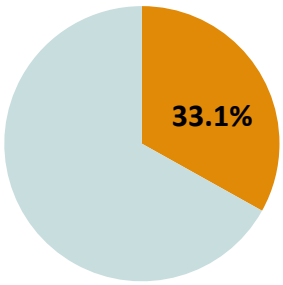
Almost a quarter of respondents **have not shared their LGBTQ identity with any of their health care providers**. (N=3,758)

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.

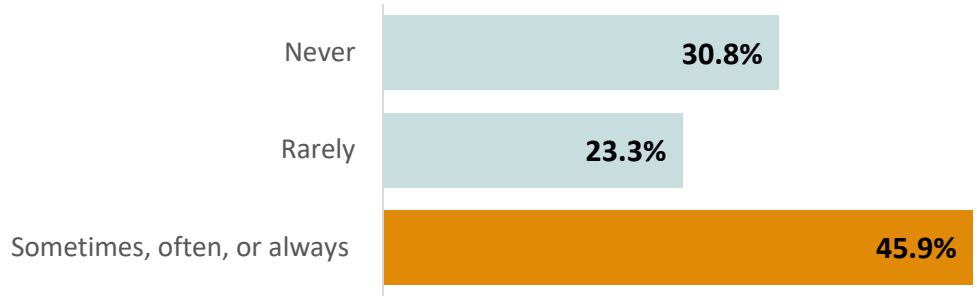
Nearly a third of respondents have **experienced a negative reaction from a health care provider** when they learned they are **LGBTQ**. (N=3,735)



Among non-white and Hispanic/Latino respondents, nearly 1 in 3 have **had a negative experience with a health care provider** because of their **race**. (N=652)



Nearly half of respondents **fear seeking health care services because of past or potential negative reactions** from health care providers.
(N=3,746)



Nearly a third of respondents do not believe most of their healthcare providers are culturally competent with respect to the LGBTQ community (31.8%), and even more (37.7%) do not believe most of their healthcare providers have the medical expertise related to their health needs as an LGBTQ person.[8]

BARRIERS TO CARE

PHYSICAL HEALTH

37.6% of respondents are prevented from seeking physical health care.

20.7% because **they fear a negative reaction to their LGBTQ identity**.

12.4% because **LGBTQ-affirming physical health providers are too far away**.

8.8% because **LGBTQ-affirming physical health providers are not covered by their insurance**.

7.7% because of **other barriers**,[9] including cost.

MENTAL HEALTH

38.5% of respondents are prevented from seeking mental health care.

15.9% because **they fear a negative reaction to their LGBTQ identity**.

10.2% because **LGBTQ-affirming mental health providers are too far away**.

12.4% because **LGBTQ-affirming mental health providers are not covered by their insurance**.

7.3% because of **other barriers**.

[8] Respondents reporting "not at all" or "slightly" on a five-point scale.
[9] Other barriers included anti-fatness among providers, ableism, racism, HIV stigma, transportation, waiting lists, family preventing the care they need, and not knowing where to find LGBTQ-affirming providers, among others.

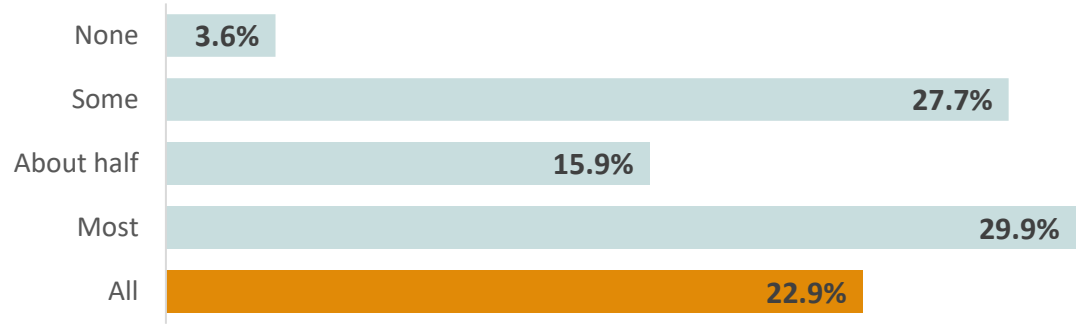
Respondents were asked **what is one thing you would like to tell healthcare providers to be more welcoming?** Here are some of their messages.

Navigating

COMING OUT

The vast majority of respondents say, in general, that at least some people in their life know they are LGBTQ (96.4%). However, less than a quarter of respondents are out to everyone in their life (22.9%). About one in three respondents are out to only some (27.7%) or no one (3.6%) in their lives.

Less than a quarter of respondents are **out to everyone in their lives.** (N=4,061)



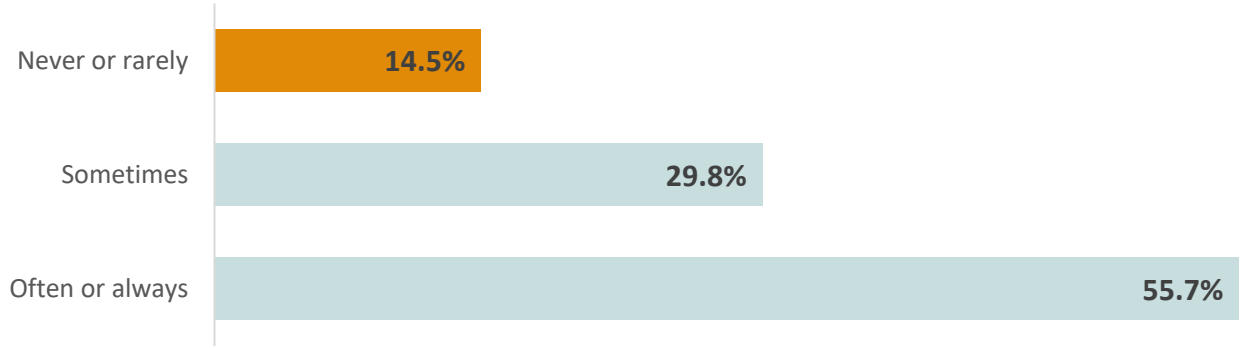
RESPECT

About one in seven respondents (14.5%) rarely or never feel respected in their LGBTQ identity by the people in their life—specifically, birth family/family of origin, members of their household, neighbors, coworkers, classmates, and friends.[10] Respondents most commonly report rarely or never feeling respected in their LGBTQ identity by their birth family/family of origin (23.7%), followed closely by their neighbors (22.6%).

In contrast, more than half of respondents (55.7%) 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 (84.7%), followed by members of their household (78.9%).

[10] 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/Family of origin, 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. Aggregate respect score was calculated by finding the average score across all rated groups. 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 seven** respondents **never or rarely feel respected in their LGBTQ identity**. (N=4,032)



Compared to cisgender respondents, transgender and non-binary respondents were more than three times as likely to report rarely or never feeling respected in their LGBTQ identity (25.1% compared to 6.7% of cisgender respondents, p<.001).

Respondents who identify as genderqueer, genderfluid, another gender, and agender also are more likely than respondents overall to never or rarely feel respected in their LGBTQ identity (18.6%, 22.1%, 18.6%, and 20.0% respectively, compared to 14.5% among all respondents).

General Health

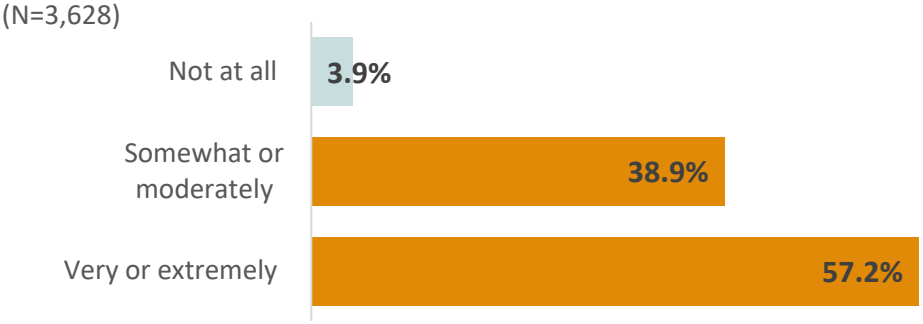
OVERALL HEALTH

More than one in four report poor (5.6%) or fair health (22.1%). Most respondents self-report their health as good, very good, or excellent (72.2%).

More than a quarter of respondents self-report their **overall health as poor or fair**. (N=3,619)

More than nine in ten respondents (96.1%), the vast majority, 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 say they are "very" (35.0%) interested. Very few respondents say they are not at all interested in incorporating healthy living strategies into their lives (3.9%). This finding aligns with findings from prior surveys and demonstrates strong resiliency among this population and ongoing readiness for incorporating healthy living strategies.

Almost all respondents are **at least somewhat interested in incorporating healthy living strategies** into their life.
(N=3,628)



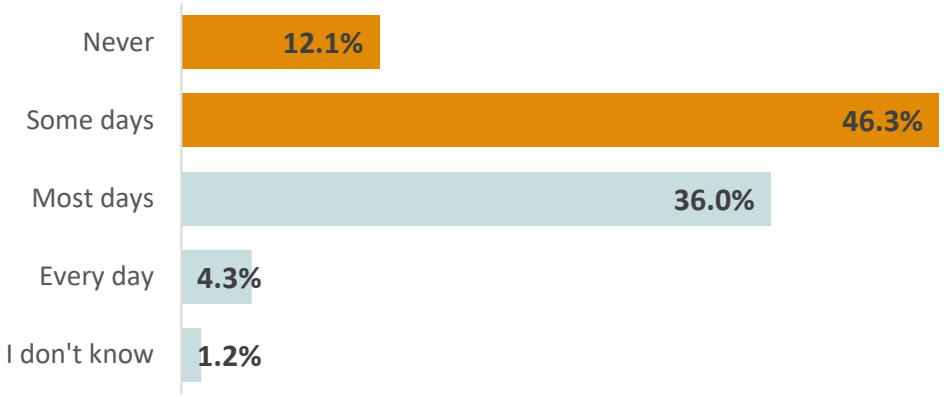
EXERCISE

Respondents were asked how many minutes of exercise they get in a regular week, with exercise defined as physical activity that increases heart rate. **One third of respondents engage in less than 30 minutes of exercise per week** (33.6%) and another quarter of respondents engage in 30 to 59 minutes (about a half hour to hour) of exercise per week (26.2%). About one in five respondents engage in 60 to 149 minutes of exercise per week (21.9%), which is equivalent to exercising for 30 minutes two to five times per week. Fewer than one in five engage in 150 minutes or more of exercise per week (18.2%), which is the federally recommended number of minutes per week.[11]

SLEEP

Sleep is a critical part of a healthy life. Respondents were asked about their sleep over the past month and how often they feel well-rested when they wake. More than one in ten respondents never felt well-rested (12.1%), and almost half felt well-rested only on some days (46.3%).

More than a half of respondents do not feel well-rested when they wake up, reporting feeling rested never or only on some days. (N=3,634)



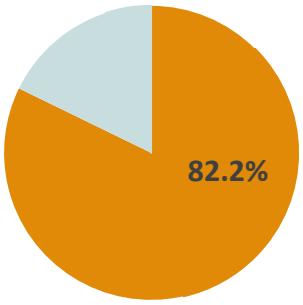
Younger respondents had even more trouble with their sleep. Respondents under 18 report the highest rates of never/some days feeling rested (17.8% and 50.3% respectively). Transgender and non-binary respondents (14.8%) and respondents living with a disability (21.3%) also experienced higher levels of never feeling rested.

[11] 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.

NUTRITION

Recommendations on 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).[12] The majority of respondents eat less than the *daily* recommendation in a *week*, with only 5.0 percent eating more than 8 servings per day or more than 50 servings per week. More than one in ten say they rarely or never eat fruits or vegetables (12.5%).

The majority of respondents **eat 4 or fewer servings of fruits and vegetables each day**, far below the daily recommendation. (N=3,629)



Respondents also report a pronounced sugary beverage intake, including regular soda, fruit drinks, sports drinks, sweetened waters, and coffee/tea beverages with added sugar. 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 third of respondents report consuming five or more sugar-sweetened drinks per week (32.4%). One in 25 respondents drink more than 15 sugar-sweetened beverages per week (3.9%, n=140). Just over a third of respondents rarely or never drink sugar-sweetened beverages in a regular week.

DIABETES

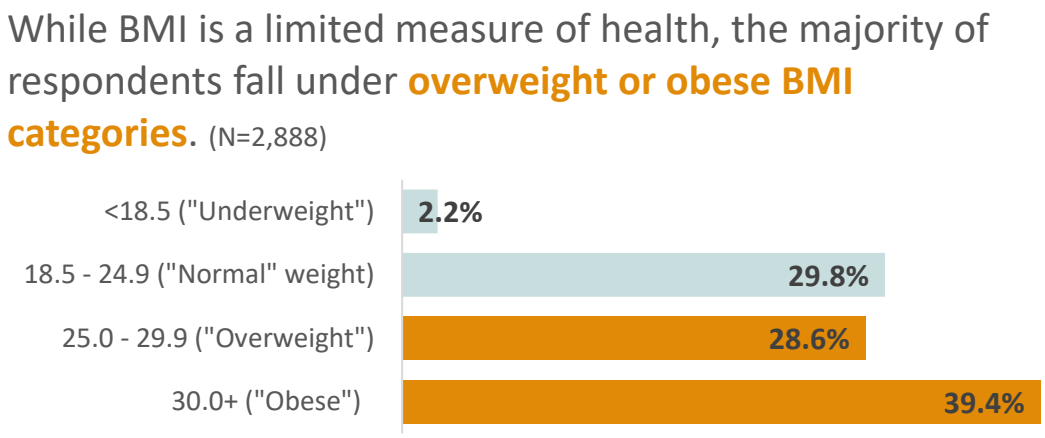
Seven percent of respondents (6.9%) have diabetes as diagnosed by a doctor, nurse, or other health professional. An additional 17.2 percent of respondents have been told they have prediabetes or borderline diabetes.[13] **Half of all respondents (50.4%) have not had any test for high blood sugar or diabetes within the past three years.**

Among Hispanic and Latino[14] respondents, similar to respondents overall, 6.7 percent have been told they have diabetes. However, **39.0 percent of Hispanic and Latino respondents have been told they have prediabetes or borderline diabetes,** double the percent of respondents overall with prediabetes.

[12] For more information see American Heart Association (2020), Fruits and Vegetables Serving Sizes Infographic.
[13] Among all adult Pennsylvanians, 11% have been told they have diabetes and an additional 11% have been told they have prediabetes or borderline diabetes according to the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2020.
[14] Respondents were asked the yes/no question: "Do you identify as Hispanic or Latino/Latina/Latinx/Latine?"

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.[15] 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.[16] However, BMI may provide some general information about population health. BMI reports show the majority of adult respondents (68.0%) have BMIs 25.0 or higher,[17] which is defined as "overweight" or "obese" based on standard BMI categories.[18] BMI was calculated among adult respondents based on self-reported height and weight.



[15] For more information see Department of Health and Human Services, Centers for Disease Control and Prevention, Body Mass Index: Considerations for Practitioners.
[16] For more information see Lee and Pausé (2016), Stigma in Practice: Barriers to Health for Fat Women.
[17] Among all adult Pennsylvanians, 67% are categorized as overweight with BMI greater than or equal to 25 according to the Pennsylvania BRFSS, 2020.
[18] For more information see National Heart Lung and Blood Institute (NIH), Calculate Your Body Mass Index.

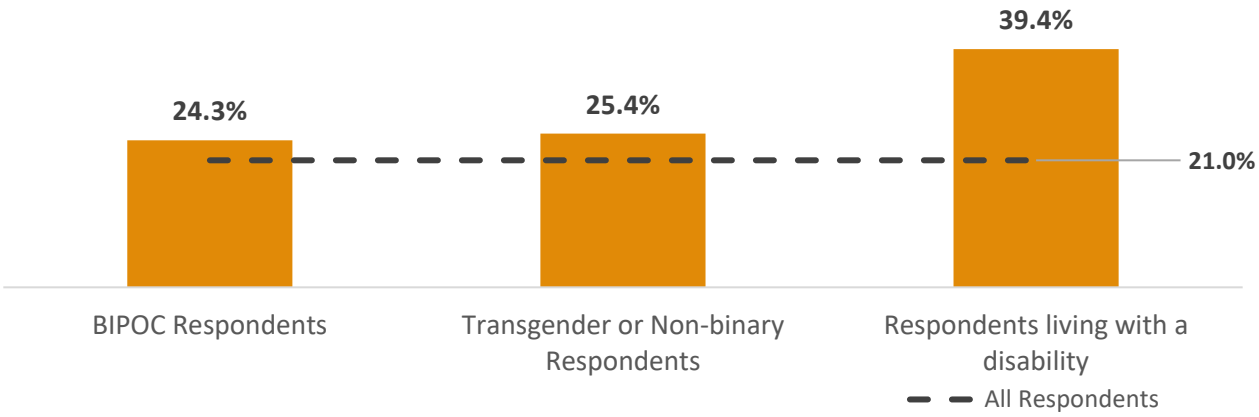
Basic Needs

HOMELESSNESS

More than two in ten respondents (21.0%) have experienced homelessness[19] in their lifetime. An even greater proportion of respondents living with a disability have experienced homelessness (39.4% compared to 15.4% of respondents who do not identify as disabled/living with a disability, p<.001). About a quarter of BIPOC respondents (24.3%) and transgender or non-binary respondents (25.4%) have experienced homelessness, which are levels significantly higher than among counterparts (19.7% of White non-Hispanic, not-Middle Eastern counterparts, p=.004; 17.7% of cisgender counterparts, p<.001).

More **BIPOC respondents, transgender or non-binary respondents and respondents living with a disability** have **experienced homelessness** in their lifetime compared to respondents overall.

(n=907 BIPOC respondents; n=1,506 transgender or non-binary respondents; n=809 respondents living with a disability)



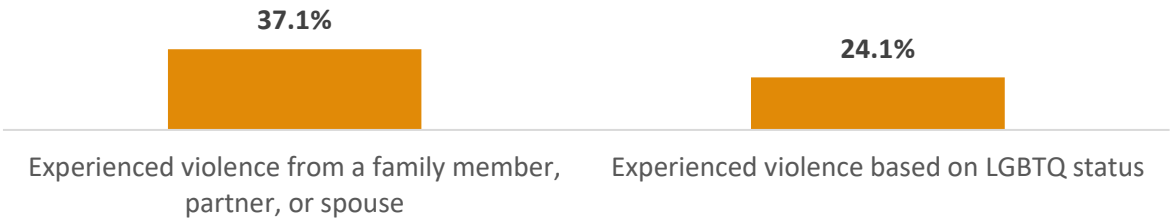
VIOLENCE

Almost four out of ten respondents (37.1%) have experienced violence from a family member, partner, or spouse, and almost a quarter (24.1%) have experienced physical and/or sexual violence based on their LGBTQ identity. Transgender and non-binary respondents are more likely to experience violence from a family member, partner, or spouse (39.8%, compared to 35.1% of cisgender respondents, p=.004). **Respondents living with a disability are much more likely to experience violence from a**

[19] Homelessness assessment question included the following clarification: At any point in your life have you experienced homelessness, including couch-surfing or staying in a temporary living situation because of no alternatives?

family member, partner, or spouse (58.5%, compared to 30.8% of respondents who do not identify as disabled/living with a disability, p<.001). Transgender and non-binary respondents are more likely to experience physical and/or sexual violence based on their LGBTQ identity (26.0%, compared to 22.7% of cisgender respondents, p=.023). Respondents living with a disability are much more likely to experience physical and/or sexual violence based on their LGBTQ identify (37.7%, compared to 20.0% of respondents who do not identify as disabled/living with a disability, p<.001).

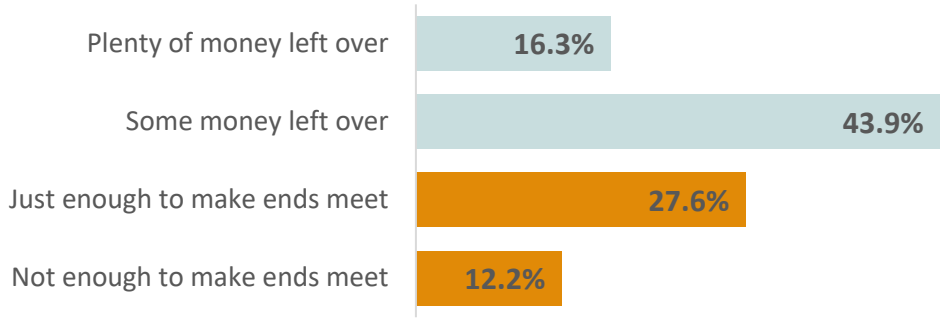
A significant minority of **respondents have experienced violence in their lifetime**, either from a family member or partner, or based on their LGBTQ status.
(N=3,563 family violence; N=3,559 physical/sexual violence)



FINANCIAL SECURITY

Respondents were asked whether they have money left over at the end of the month. Four out of ten respondents (39.8%) 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=4,021)

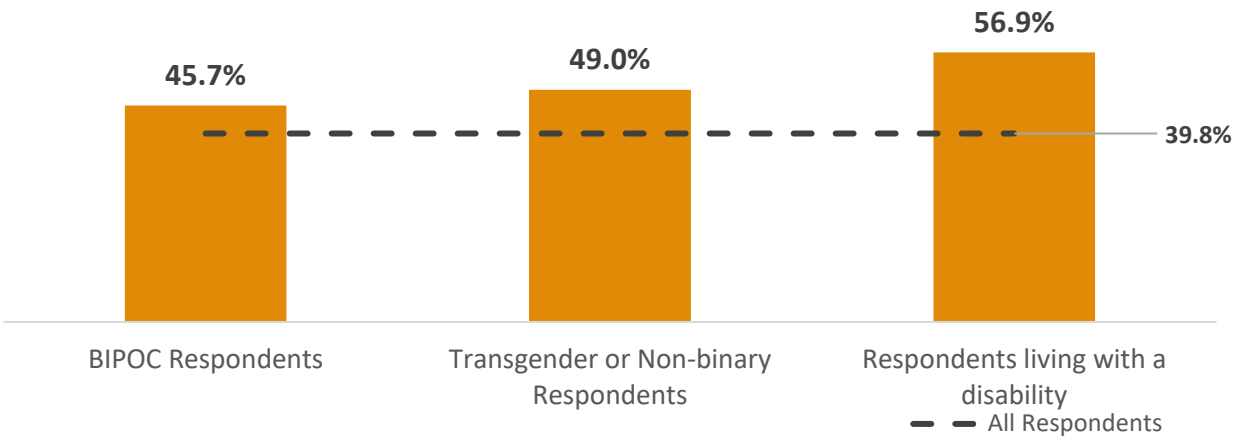


Almost half of respondents of color (45.7%) do not have money left over at the end of the month, compared to about 40 percent (37.5%) of white, non-Hispanic respondents (p<.001). Half of

transgender, non-binary, or genderqueer respondents (49.0%) do not have money left over at the end of the month, compared to a third (33.0%) of cisgender respondents (p<.001). More than half of respondents living with a disability (56.9%) do not have money left over at the end of the month, compared to a third (34.8%) of respondents who do not identify as having a disability (p<.001).

Compared to respondents overall, more respondents who are **BIPOC, transgender or non-binary, or living with a disability do not have money left over at the end of the month**.

(n=1,065 BIPOC respondents; n=1,700 transgender or non-binary respondents; n=911 respondents living with a disability)



Respondents also report a range of dependents they financially cared for at the time of the survey. While the majority of respondents had no dependents (68.6%), 1,260 respondents report between one and five or more dependents.

FOOD INSECURITY

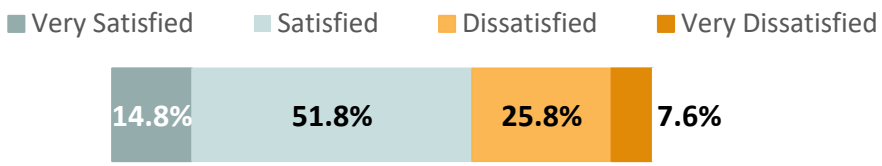
Many respondents indicate experiencing food insecurity. Respondents were asked how often the following statement is true for them in the last 12 months: “The food that I bought just did not last, and I did not have money to get more.” For almost one in four respondents, this experience was sometimes or often true (23.9%). Again referring to the last 12 months, respondents were asked how often the following statement is true: “I worried whether my food would run out before I got money to buy more.” An even greater percent of respondents sometimes or often had this experience (29.7%).

3 in 10 respondents worried their food would run out before they got money to buy more in the past year.

Mental Health

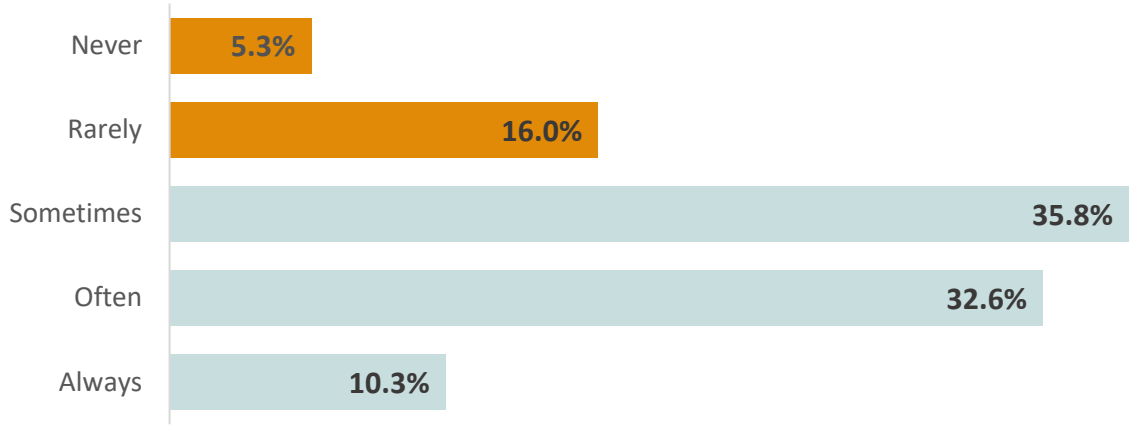
Several aspects of survey findings relate to mental health, both personally and among LGBTQ communities in general (see LGBTQ Community Health Section). While the majority of respondents report being satisfied or very satisfied with their life (66.6%; 51.8% satisfied and 14.8% very satisfied), more than one third report being dissatisfied with their life (33.4%; 25.8% dissatisfied and 7.6% very dissatisfied). These percentages are similar to the 2018 and 2020 PA LGBTQ Health Needs Assessments (69.2% and 30.8% in 2020, 72.6% and 27.4% in 2018).

More than **one in four respondents** report being **dissatisfied** with their life. (N=4,228)



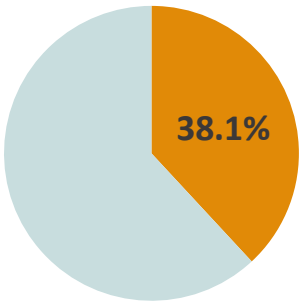
While the majority of respondents report overall satisfaction with their life, many respondents also report not always receiving necessary social and emotional support, and lacking feelings of community and connectedness to others, highlighting the need for community support and programs that foster connections for isolated individuals. Slightly less than half of respondents (42.9%) report that in the past year, they often or always received the social and emotional support they need, while about one third (35.8%) sometimes received that support, and about a fifth (19.5%) rarely or never received it.

1 in 5 respondents report they **rarely or never receive the social and emotional support they need.** (N=4,228)



About one third of respondents report often or always lacking companionship (32.3%), feeling left out (32.7%), and feeling isolated (38.1%) in the past year. The effects of the COVID-19 pandemic in Pennsylvania may contribute 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=4,228)



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 (45.8%), while one fifth (21.9%) of respondents say they often or always have those types of experiences. This percentage (21.9%) translates to nearly 1,000 respondents who report often or always having experiences related to being LGBTQ that negatively impacted their mental health.

MENTAL HEALTH CHALLENGES

In the past year, three in four respondents report experiencing a mental health challenge (75.0%). When asked more specifically about the past 30 days, over half (57.4%) of respondents report having poor mental health for 10 days or less, while over one in four (27.2%) report having poor mental health for 20 days or more. Among all respondents, half have received counseling or other mental health treatment in the past year (52.5%) and among respondents who have experienced a mental health challenge in the past year even more have received counseling or other mental health treatment in the past year (63.1%). However, mental health counseling and treatment needs persist.

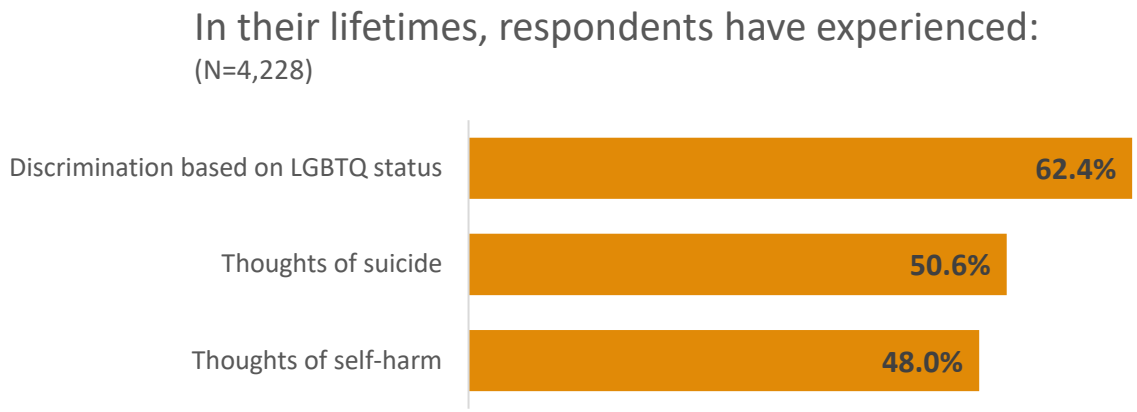
Out of every ten respondents, about **seven have experienced a mental health challenge in the past year.** (N=4,228)

Of those seven, **between two and 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 (62.4%) have experienced discrimination based on their LGBTQ identity. Nearly half of respondents (48.0%) report having thought of harming themself, with more than three out of four (83.3%) of those respondents first experiencing thoughts of self-harm at age 19 or younger. Over half of respondents (50.6%) say they have considered suicide at some point in their life.

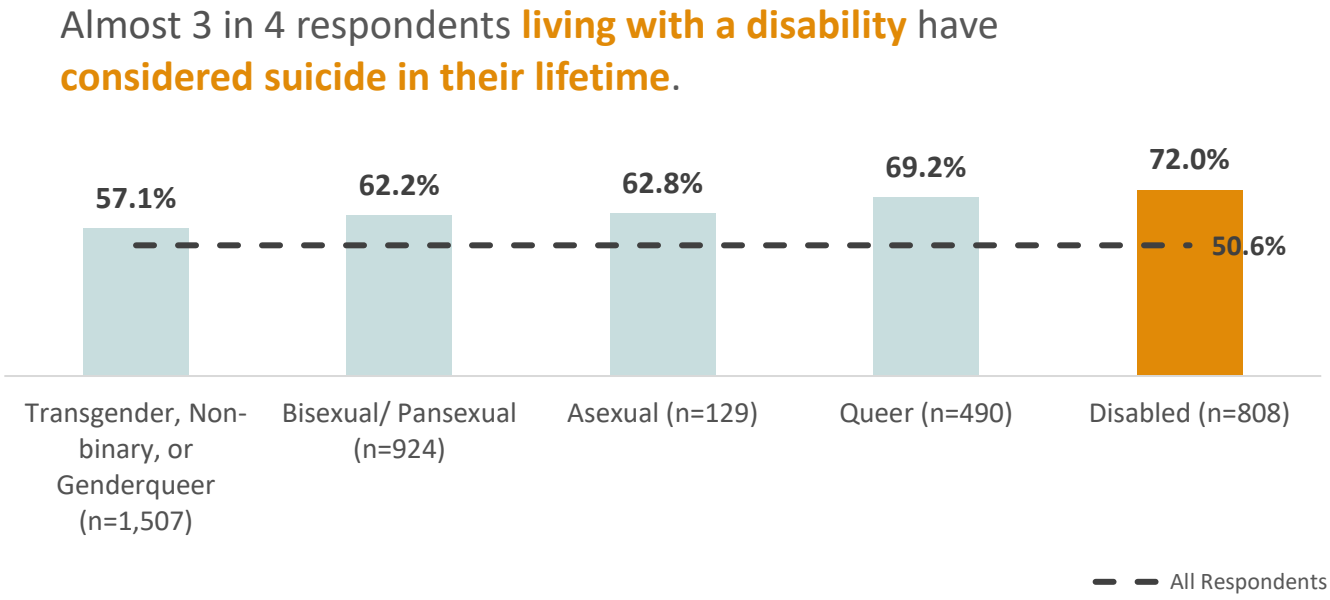
WANT TO TALK ABOUT IT?

Call 988 Suicide & Crisis Lifeline, Trans Lifeline at 1-877-565-8860, Trevor Project Lifeline for LGBTQ youth at 1-866-488-7386, or SAGE LGBT Elder Hotline at 1-877-360-LGBT (5428). ALL AVAILABLE 24/7



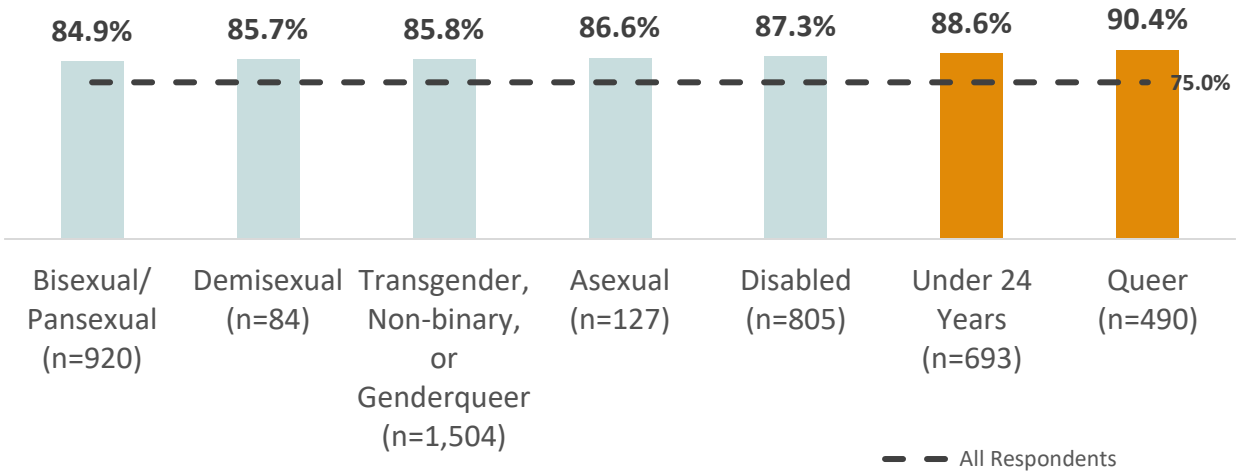
COMMUNITY MENTAL HEALTH DISPARITIES[20]

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 feeling more left out and isolated. Reports of all of these experiences declined with age group progression. However, the age group with the highest likelihood of reporting a lack of social and emotional support was respondents 50 to 64 years of age. Experiencing mental health-related challenges, including thoughts of self-harm and suicide, was more common for transgender and non-binary respondents, and respondents who identified as bisexual, pansexual, asexual, demisexual, or queer. Transgender and non-binary respondents were also significantly more likely to report lifetime experiences of LGBTQ-based discrimination (71.0%, compared to 56.1% of respondents who were not transgender or nonbinary).



[20] All chi-square tests for significance in this section are statistically significant, p<.01.

Nearly 9 in 10 **queer** respondents and respondents **under 24 years old** have experienced a **mental health challenge in the past 12 months**.

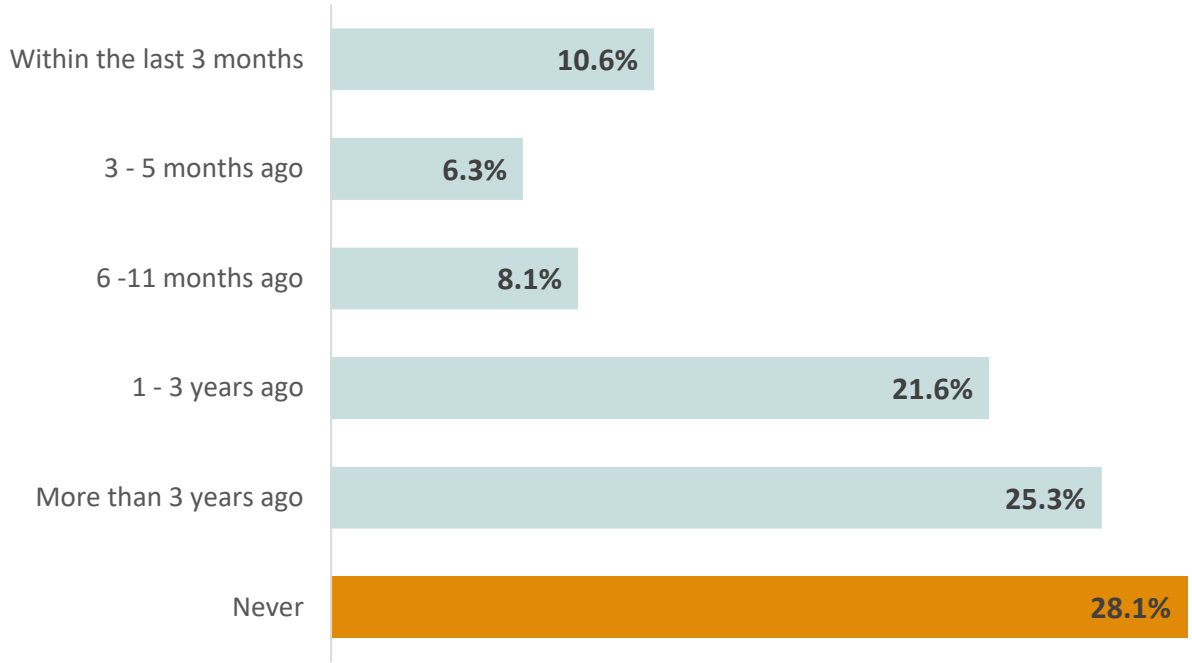


Sexual Health

HIV

While the majority of respondents (71.9%) have been tested for HIV in their lifetime, almost one in three respondents (28.1%) report never being tested for HIV. Respondents in age groups 25 to 49 and 50 to 64 are the most likely to have ever received an HIV test (78.9% and 82.8%, respectively), followed by respondents ages 65+ (71.0%) and 18 to 24 (45.1%). Rates of ever being tested for HIV are highest among gay cisgender men (92.4%), followed by pansexual cisgender men (80.9%) and bisexual cisgender men (80.7%). Approximately one in four gay or bisexual cisgender men (23.2% or 24.1% respectively) report having had an HIV test within the past three months, while almost one in three (28.5%) pansexual cisgender men report having had a test within the past three months. Lifetime HIV testing rates are lower for transgender respondents (68.7%) than cisgender respondents (74.3%).

Almost one in three respondents have **never been tested for HIV**.



Over 150 respondents (5.1%) report having been diagnosed with HIV. More than 100 of these respondents are gay cisgender men. Among all gay cisgender male respondents, more than one in ten (11.4%) report being diagnosed with HIV. When examining age groups, the percentage of all respondents with HIV is highest among those aged 65+ (9.9%), followed by ages 50-64 (8.8%). A higher percentage of respondents of color report they have been diagnosed with HIV (8.8%), compared to white respondents (3.8%).

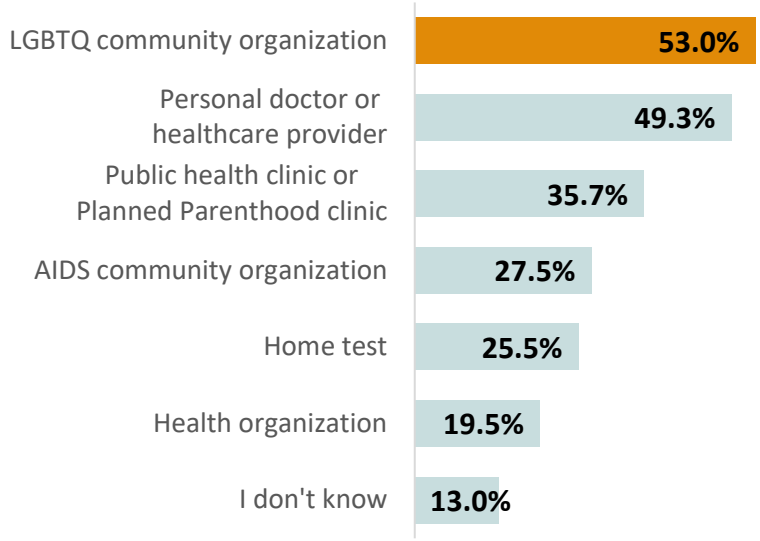
Over one in ten gay cisgender male respondents have been **diagnosed with HIV**. (N=779)

Respondents report experiences that the Centers for Disease Control and Prevention (CDC) consider primary risk factors for HIV.[21] Overall, one third (32.3%) of respondents ages 18 to 64 face one or more primary risk factors. This percent is significantly higher than the general population.[22] However, HIV risk can be prevented with the use of Pre-Exposure Prophylaxis (PrEP),[23] which one in ten respondents ages 18-64 take (10.5%). Twenty percent of all gay cisgender men respondents currently take PrEP (20.8%). **Among respondents not taking PrEP, almost one third experience at least one primary risk factor for HIV (31.6%).** The most commonly reported risk factors among respondents who do not take PrEP are having receptive anal sex (bottoming) without a condom (18.8%) and having four or more sexual partners in the past year (15.2%).

Risk for contracting HIV is higher among cisgender gay men; 47.5 percent of cisgender gay men respondents who are not on PrEP report at least one HIV risk factor. Over half of respondents of color not on PrEP report at least one risk factor (51.6%), and over one third of respondents ages 25-49 not on PrEP report at least one risk factor (36.0%).

When asked to indicate all of the places where they are comfortable receiving an HIV test, the greatest number of respondents selected an LGBTQ community organization (53.0%), followed by their personal doctor or healthcare provider (49.3%), or a public health or Planned Parenthood clinic (35.7%). More than one in ten respondents (13%) do not know where they would feel most comfortable receiving an HIV test.

More than **half of respondents** are comfortable receiving an HIV test at an **LGBTQ community organization**. (N=3,540)



[21] 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, based on Behavioral Risk Factor Surveillance System Survey Questionnaire.

[22] Among all adult Pennsylvanians, 7% face one or more primary risk factors according to the Pennsylvania BRFSS, 2020.

[23] PrEP is a medication in the form of daily pills or regular shots. "When taken as prescribed, PrEP is highly effective for preventing HIV." (CDC, 2022). For more information, see: cdc.gov/hiv/basics/prep.html.

HEP A AND HPV VACCINES

Respondents were asked whether they have received vaccines for Hepatitis A and Human Papillomavirus (HPV). Over one quarter of respondents report not having received vaccination for Hepatitis A (28.6%), and almost one half of respondents report not having received HPV vaccination (48.7%). Some respondents—one third for Hepatitis A (33.5%) and over one in ten for HPV (15.8%)—do not know whether they have received the vaccine. HPV vaccines are currently recommended for everyone through 26 years of age;[24] among this age group more than half have received the HPV vaccine (57.3%).

ADOLESCENT PREGNANCY RISK

Of the 299 respondents ages 18 and younger, about two in five report having had penetrative penis-vagina sex (39.0%). Half or more of these younger respondents who identify as demisexual (62.5%), gay (60.4%), and lesbian (50.0%) have had penetrative penis-vagina sex.

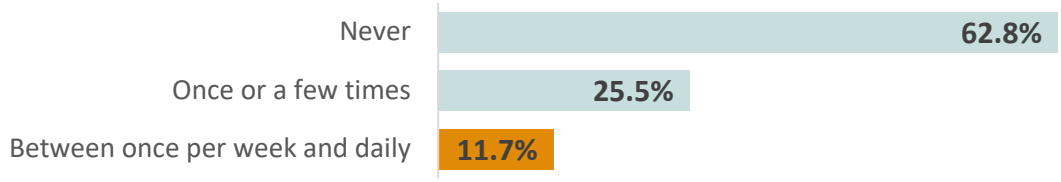
[24] For more information about the HPV vaccine, see: https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html.

Substance Use

ALCOHOL USE

More than one in ten respondents binge drank[25] once per week or more in the past 30 days (11.7%, n=404), while another quarter of respondents binge drank once or a few times in the past 30 days (25.5%).

Over one in ten respondents engaged in binge drinking **once per week or more frequently** in the last 30 days. (N=3,455)

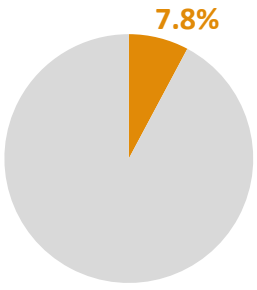


OTHER SUBSTANCE USE

More than a third of respondents use marijuana for recreational, non-prescription purposes (34.5%). Some respondents use marijuana every day (7.9%, n=271).

Nearly one in twelve respondents have used poppers or other alkyl nitrates[26] in the past year (7.8%, n=270), while 4.0% of respondents used opioids in the past year. About one in every 25 respondents used

Nearly one in twelve respondents **used poppers** or other alkyl nitrates in the past year. (N=3,463)



[25] 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)."

[26] The US Food & Drug Administration (FDA) warn "ingesting or inhaling nitrite poppers can cause severe injury or death" (FDA, 2021). For more information, see: https://www.fda.gov/consumers/consumer-updates/nitrite-poppers.

MDMA[27], known as Ecstasy or Molly, in the past year (3.4%) and a similar number used crystal meth in the past year (3.0%).

Over one third of respondents have used alcohol or other drugs to help them have sex (34.4%), also known as "chemsex." Respondent rates are even higher among men (44.0%) and transgender and non-binary (39.1%) respondents.

SUBSTANCE MISUSE TREATMENT

Nearly one in five (18.4%, n=636) respondents have sought treatment for alcohol or other drug-related use. Among those respondents who have sought treatment, almost three quarters have had a negative experience from an alcohol/drug treatment provider based on their LGBTQ identity (74.0%, n=194).

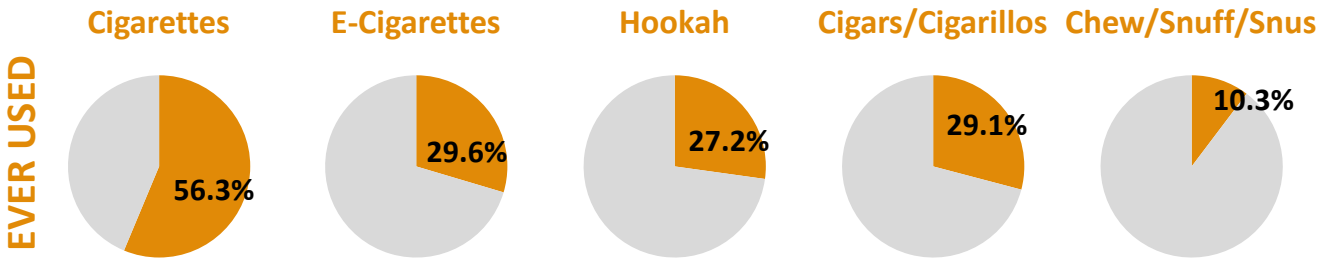
[27] National Institute on Drug Abuse (NIDA) describes and warns against methylenedioxy-methamphetamine (MDMA) here: https://nida.nih.gov/publications/drugfacts/mdma-ecstasymolly.

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

Among respondents, cigarettes are the most commonly tried tobacco product. More than half of respondents ages 18 and older report having tried cigarettes at some point in their lives (56.3%). The second most common product is e-cigarettes, with over a quarter of respondents ages 18 and older having tried them at some point in their lives (29.6%). Among those 24 and younger, one in three have tried e-cigarettes (34.6%). One in every five respondents who report ever trying any tobacco product currently uses flavored tobacco or vape products, such as menthol (19.8%).



The current smoking rate of LGBTQ adult respondents is estimated as 1.6 times higher than that of the general adult population in Pennsylvania.[28] The smoking rate among adult respondents is 25.3 percent. Respondents were asked if, at any point in their life, they have tried cigarettes, to which more than half report they had (56.3%). This subset of respondents were also asked if they *currently* smoke every day, some days, or not at all. Of those respondents 18 and older, more than one in four report currently smoking cigarettes every day or some days (25.3%).[29] When all respondents, including adolescents, are

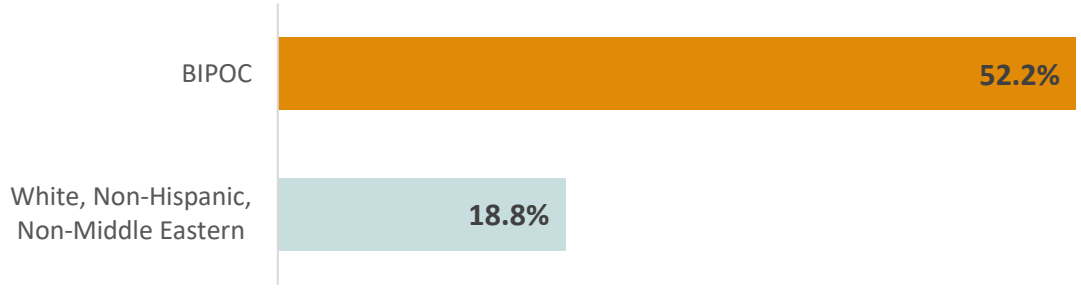
[28] Compared to the smoking rate estimate for all Pennsylvania adults at 16% (CI: 15-17%) (BRFSS, 2020). The smoking rate of LGBTQ adult respondents in the 2022 Needs Assessment is 25.3%.
[29] Only respondents who report having tried cigarettes at some point in their lives were asked if they currently smoke.

included, the rate is 26.4 percent.[30] More than a quarter of respondents 18 and older who report having tried e-cigarettes at any point in their lives currently use them every day or some days (27.6%).

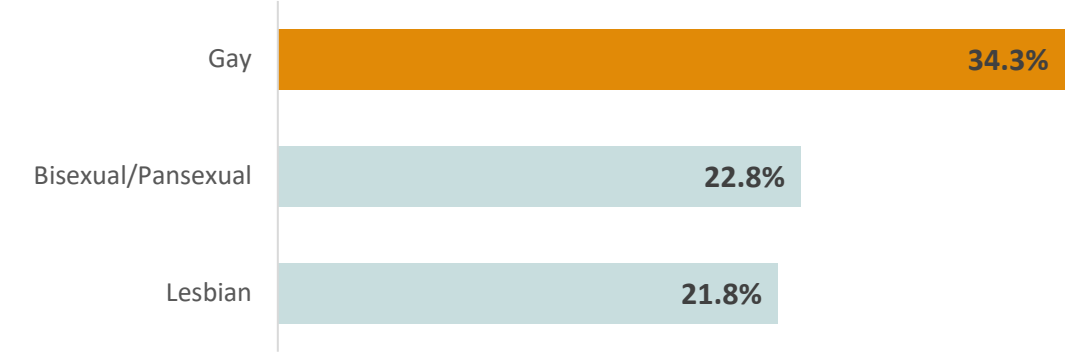
SMOKING RATES

For a variety of reasons and circumstances, including tobacco industry targeting, marketing tactics, and high tobacco availability in lower income and Black and Brown neighborhoods, smoking rates across select demographics demonstrate alarming tobacco use disparity. Some demographic groups and individuals in certain geographic areas are at great risk for negative health outcomes and likely have a high need for tobacco dependence/cessation services.

BIPOC have a smoking rate nearly three times that of White/Non-Hispanic respondents. (N=1,918)

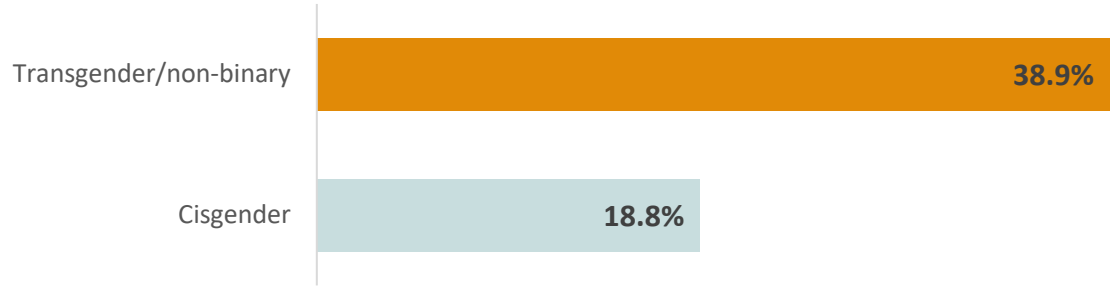


Gay respondents have the highest smoking rate among LGB groups. (N=1,923)

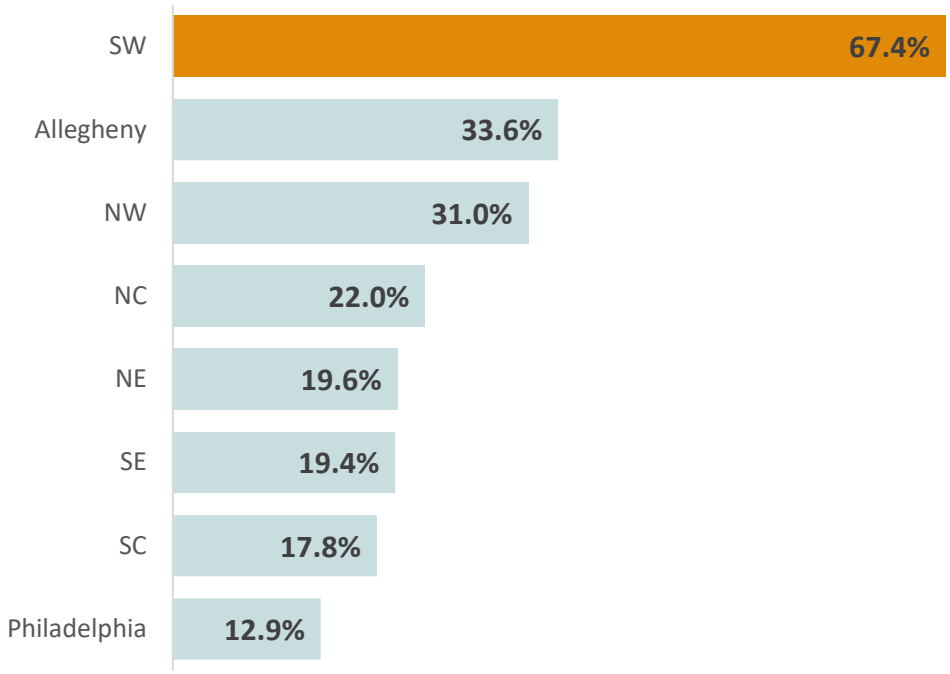


[30] When all respondents are included, those who report never using cigarettes were coded in the next measure as currently "not at all" smoking.

Transgender respondents have a smoking rate nearly twice that of cisgender respondents. (N=1,918)



Smoking rates differ by Pennsylvania regions. **Respondents from the Southwest (SW) region smoke at a significantly higher rate than any other region.** (N=1,917)

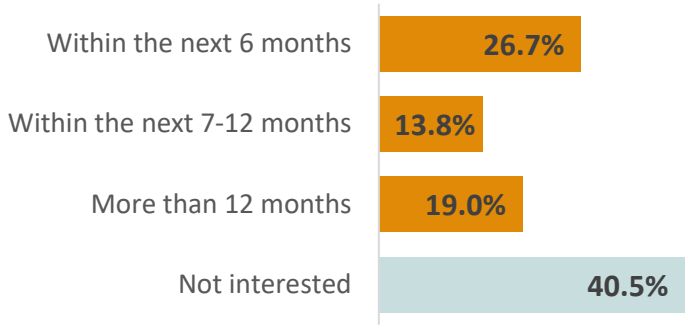


QUITTING

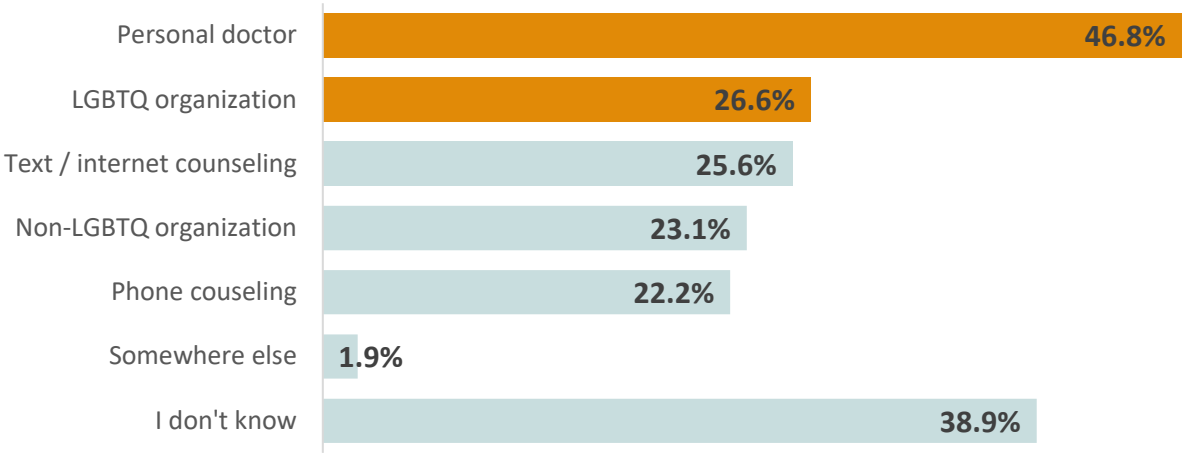
While smoking rate disparities persist, respondents demonstrate high levels in one resilience factor – an interest in quitting. Of the respondents who currently smoke cigarettes every day or some days, almost two thirds have an interest in quitting at some point in the future (60.0%), with four in ten are interested in quitting in the next year (40.0%).

Among those who currently use tobacco products, about four in ten have heard of 1-800-QUIT-NOW, the Pennsylvania Free Quitline service (38.0%). Respondents who currently use tobacco products and are interested in quitting report they would feel most comfortable receiving cessation services from a personal doctor or healthcare provider or attending a tobacco cessation class at an LGBTQ-specific organization.

Most respondents who currently smoke cigarettes are **interested in quitting at some point in the future**. (N=625)



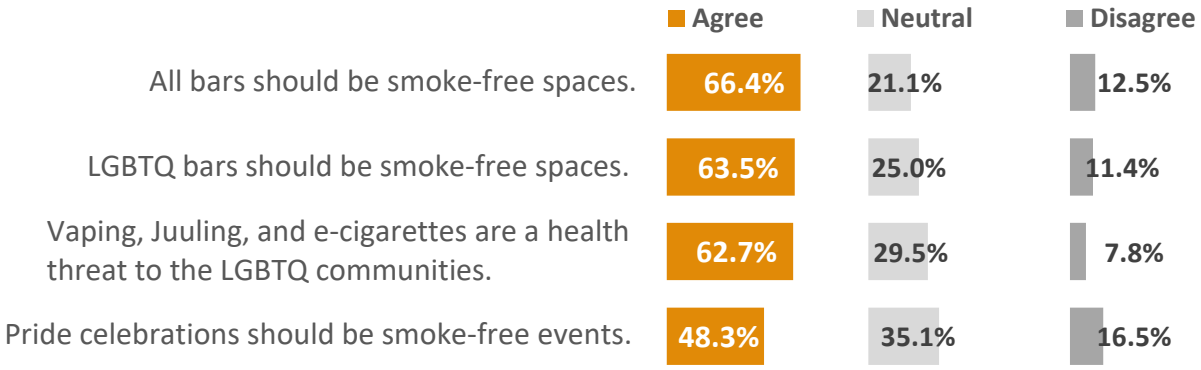
Respondents who are interested in quitting would feel most comfortable receiving cessation services from **a personal doctor** or **an LGBTQ-specific organization**. (N=316)



OPINIONS ON TOBACCO

Around two thirds of respondents agreed that LGBTQ bars should be smoke-free spaces. Around half agreed Pride celebrations should be smoke-free events.

Respondents expressed **anti-tobacco opinions**. (N=3,441 – 3,462)



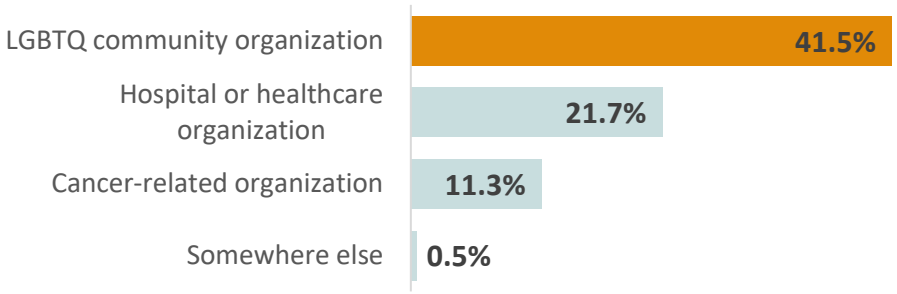
Cancer

Among all respondents, one in 12 have received a cancer diagnosis at some time in their life (8.5%). The most commonly reported cancer diagnosis is skin cancer (41.3% of cancer diagnoses reported in the Needs Assessment). Other cancer diagnoses include breast cancer (11.0% of cancer diagnoses reported in the Needs Assessment), colorectal cancer (7.6%), HPV-related cancer (7.2%), non-cervical GYN-related cancer (5.3%), lung cancer (4.2%), and oral cancers (1.9%). Nearly 40% of respondents wrote in other types of cancer with which they have received a diagnosis, the most common of which are anal, lymphoma, leukemia, prostate, and thyroid cancers. Among respondents who have been diagnosed with cancer at some point in their lives, more than one in five are currently receiving treatment (22.7%).

8.0% white gay men have used a **tanning device** in the past year.

When asked about specific skin cancer risks, more than one in ten respondents say they used an indoor tanning device, such as a sunlamp, tanning bed, or booth, in the past year (13.0%), 97 of whom had done so four or more times in the past year. Gay respondents (23.3%), transgender and non-binary respondents (22.1%), men (18.3%), and those under 18 years (27.6%) 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 close to 15 percent never or rarely do so (14.1%).

Four in ten respondents **prefer to access LGBTQ cancer-related support through an LGBTQ community organization.** (N=3,409)



17.8% of respondents **don't know** where they would prefer to access LGBTQ 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 (47.8%) and a similar percent would not know where to go for caregiver support groups (47.9%). More than 40 percent of respondents would not know where to go for cancer support groups (41.6%), and a third would not know where to go for welcoming providers (34.3%).

Health Screenings

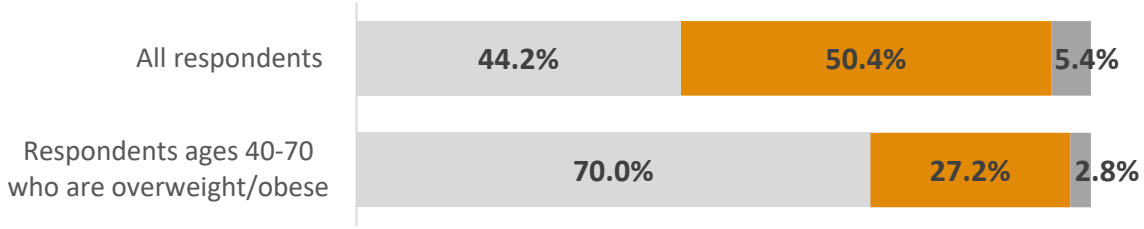
Health screenings serve not only as an indicator of personal health, but also as an indicator of access to care and public health outreach. Health screening recommendations vary and often have tailored conditions related to timing and frequency.

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.[31]

Among respondents who would be recommended based on their age and BMI, more than two thirds of respondents (70.0%) had a diabetes screening in the past three years. This leaves **about a quarter (27.2%) of those recommended for a screening not screened at the recommended frequency**. Twenty-three additional respondents who would be recommended a diabetes screening do not know if they received a test for diabetes within the past three years.[32]

Nearly half of those recommended **have not had a diabetes screening** within the past three years. Some respondents are **not sure if they were screened**.



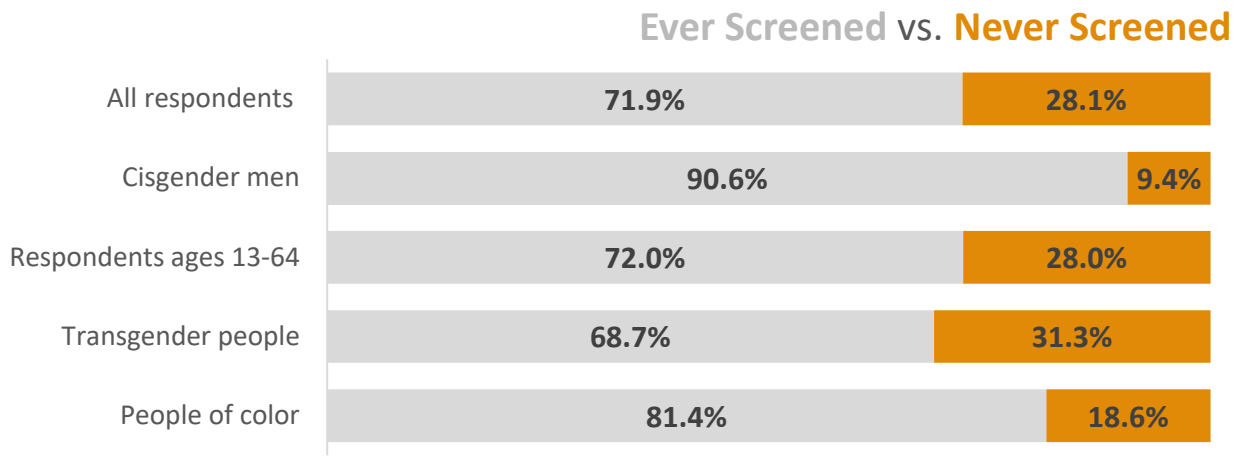
[31] For more information see U.S. Preventive Services Task Force (2015, October), Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening.

[32] In Pennsylvania, among adults without diabetes, 54% (CI:51-56) have had a test for high blood sugar or diabetes in the past three years (BRFSS, 2020).

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 multiple sexual partners, CDC recommends getting tested at least once a year;[33] 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, just under one in ten cisgender male respondents report having never had an HIV test (9.4%) and about a third of all respondents have never had an HIV test (28.1%). Transgender people (particularly transgender women) may have increased risk factors for HIV, but are the respondents least likely to have had an HIV test.[34,35]



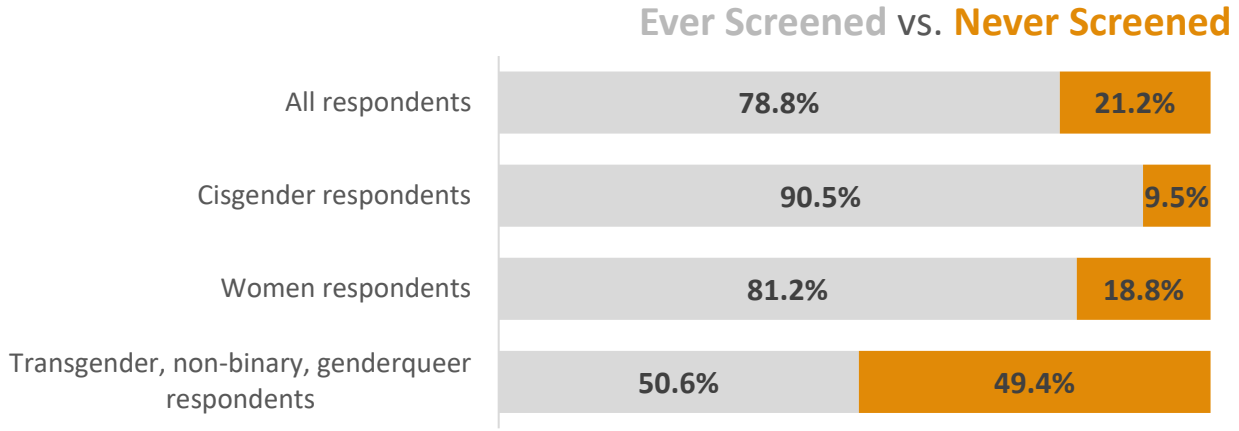
MAMMOGRAM SCREENING FOR BREAST CANCER

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 estrogen therapy. Based on this criteria, respondents self-identified whether they would be recommended for a mammogram.[36,37]

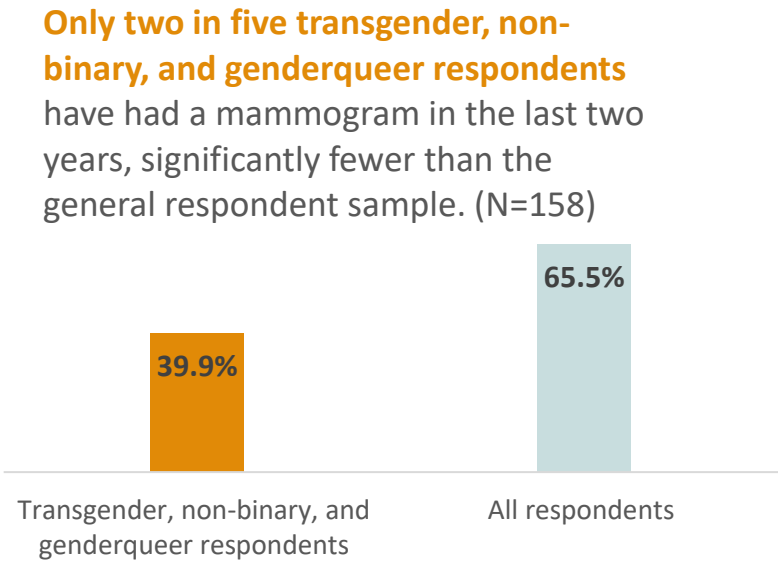
Among respondents self-identifying as eligible, about one in five respondents (21.2%) have never had a mammogram. Nearly half of transgender, non-binary, or genderqueer respondents (49.4%) self-

[33] For more information see CDC (2020, June), HIV Testing.
[34] For more information see Becasen, Denard, Mullins, Higa, and Sipe (2019), "Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017."
[35] For more information see CDC (June 28, 2022), HIV and Transgender People.
[36] This question was only asked of respondents 40 years of age or older.
[37] To learn more about protecting the LGBTQ community against breast cancer, see this Breast Health Toolkit for the LGBTQ Community.

identifying as eligible for a mammogram have never had a mammogram, a large disparity between this community and the larger LGBTQ community.



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



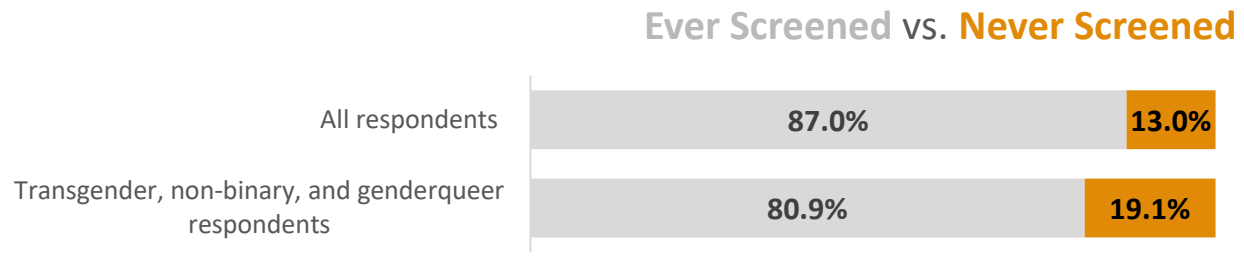
Breast cancer screening guidelines vary between organizations. However, many organizations,[38] such as American Cancer Society, National Comprehensive Cancer Network, and U.S. Preventive Services Task Force, recommend beginning breast cancer screenings between the ages of 40 and 50 years of age and 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 BRFSS rate for Pennsylvanians who identify as female age 50-74.[39] 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 (63.8%) had a mammogram in the last year, while about three in ten transgender, non-binary, or genderqueer respondents (31.6%) have had a mammogram in the last year.

[38] For more information see Susan G. Komen (2020, August), Breast Cancer Screening for Women at Average Risk.
[39] In Pennsylvania, among females age 50-74, 81% (CI:78-83) have had a mammogram in the past two years (BRFSS, 2020).

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.[40] 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, two in fifteen respondents have never had a cervical Pap test (13%). Nine percent of eligible cisgender respondents have never had a cervical Pap test, compared to 19.1 percent of eligible transgender and non-binary respondents.

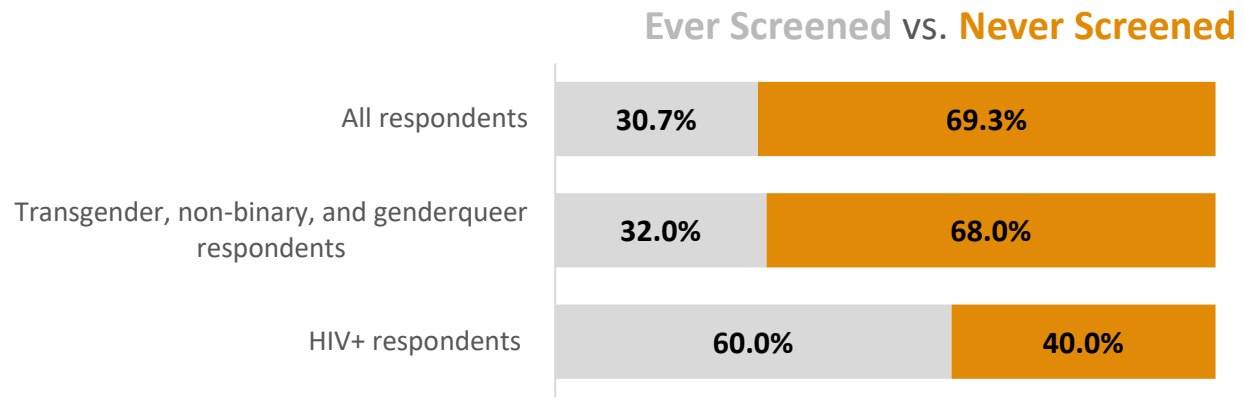


Note: among respondents ages 21-65, self-identifying as eligible

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 (69.3%) have never had an anal Pap test. This number was about the same among transgender, non-binary, and genderqueer respondents, with more than two thirds never having had an anal Pap test (68.0%).

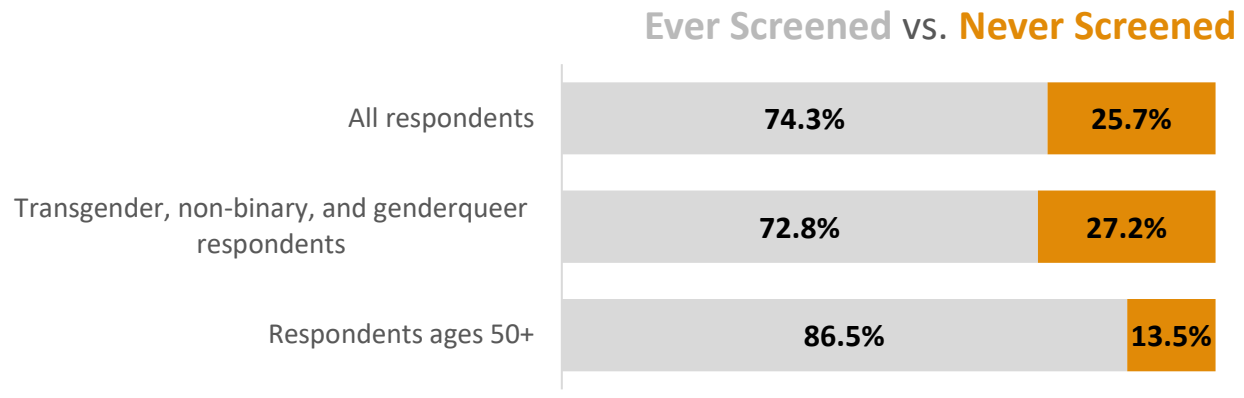
[40] For more information see U.S. Preventive Services Task Force (2018), Cervical Cancer: Screening.



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.[41] Considering this recommendation, the chart below reflects 74.3 percent of respondents with a prostate 40 and older having ever had a prostate exam. Among respondents over 45, 80.6 percent have had a prostate exam; among respondents 50 and over, 86.5 percent have ever had a prostate exam.

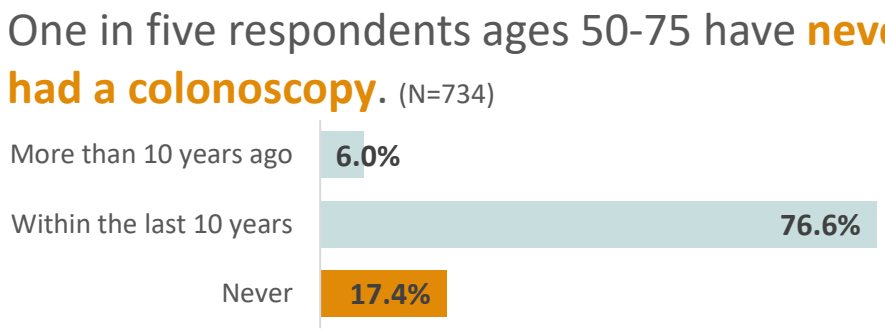


Note: among respondents with a prostate, ages 40+

[41] For more information see American Cancer Society (2019), Recommendations for Prostate Cancer Early Detection.

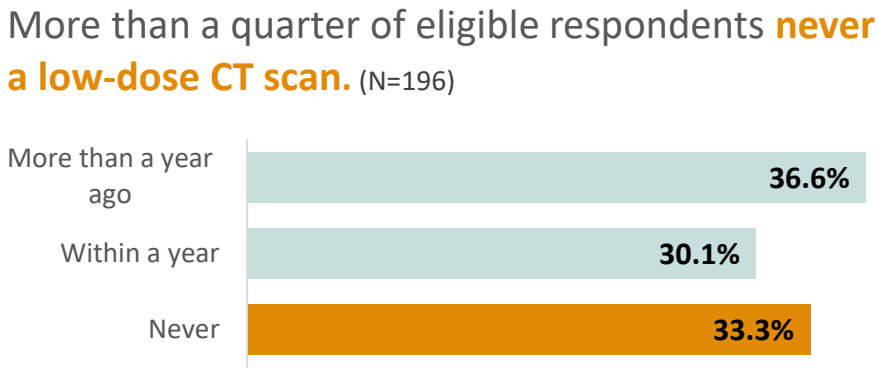
SIGMOIDOSCOPY OR COLONOSCOPY FOR COLORECTAL CANCER

The U.S. Preventive Services Task Force recommends adults age 50 to 75 be screened for colorectal cancer by getting a colonoscopy or sigmoidoscopy at least every 10 years (or more frequently for those who are at high risk).[42] Six percent of respondents who were within the 50 to 75 age range had their last colonoscopy more than 10 years ago. Among respondents ages 50 to 75, almost one in five have never had a colonoscopy (17.4%).



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.[43] Among those who self-identified as meeting the recommended criteria for an annual low-dose CT scan, a third (33.3%) have never had a low-dose CT scan. Another third (36.6%) 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.

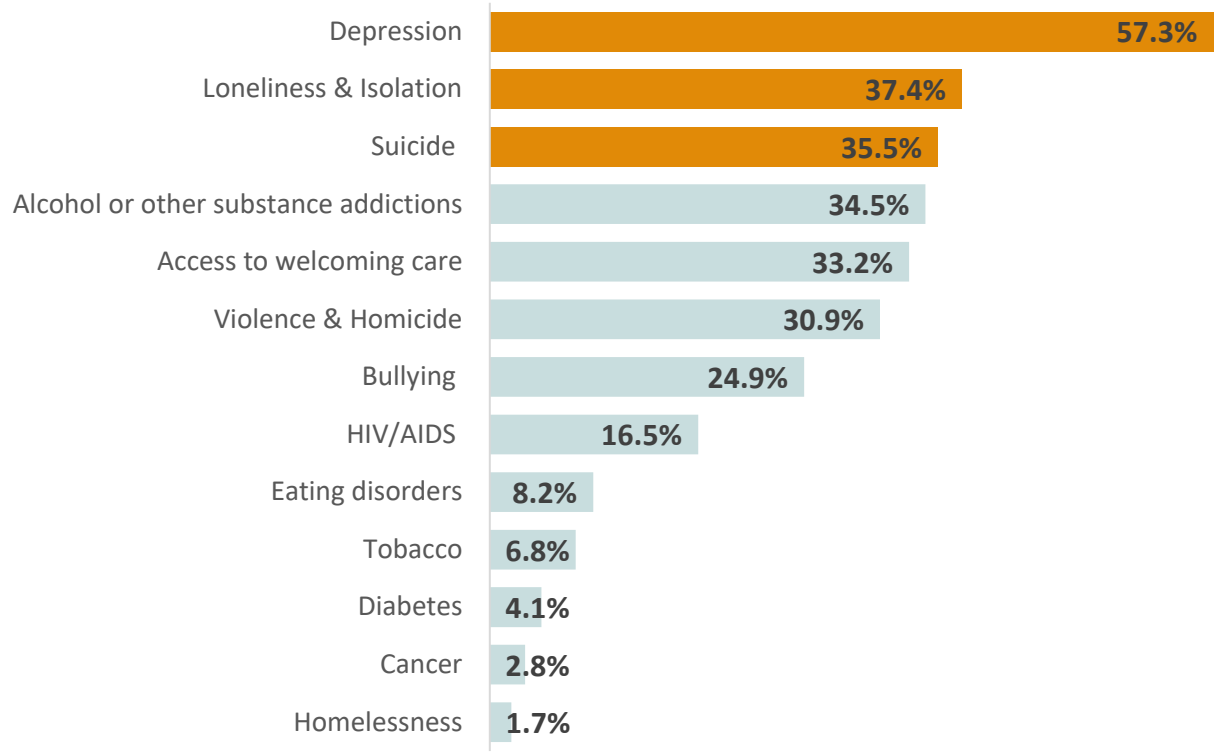


[42] For more information see U.S. Preventive Services Task Force (2021), Colorectal Cancer: Screening.
[43] For more information see U.S. Preventive Services Task Force (2021), Lung Cancer: Screening.

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 (57.3%). Depression was selected as a top priority by more than half of every respondent age group. Depression was also highly reported as a top health challenge in the 2016, 2018, and 2020 Needs Assessments. Other top three health priorities also relate to mental health, with more than one third of respondents selecting loneliness and isolation (37.4%) and suicide (35.5%). Alcohol and other substance addiction is also a top priority among more than a third of respondents (34.5%). One third also identify access to welcoming care (33.2%) as a top priority. Violence and homicide (30.9%) and bullying (24.9%) are also top priorities identified by more than 20 percent of the respondents.

The top three health priorities among respondents are **depression, loneliness/isolation, and suicide,** closely followed by alcohol or other substance addictions and access to welcoming care. (N=3,568)



Respondents listed other priorities for improving the LGBTQ community's health in addition to more support overall, including (in alphabetical order):

- acceptance/inclusion
- access to basic sexual education
- access to childcare/elder care
- access to gender affirming care
- access to restrooms in public/work/service spaces
- addressing poverty and financial instability
- adoption
- affordable and comprehensive care
- anti-LGBTQ media/legislation/politics
- anxiety/fear/PTSD/chronic stress
- a sense of community/unity
- body image issues
- COVID-19
- domestic violence and rape supports
- employment discrimination and other forms of discrimination (e.g., ageism, fatphobia, transphobia, etc.)
- ending racism and white supremacy
- family acceptance
- food/basic needs
- harm reduction options
- in-fighting/gatekeeping
- legal protections
- living wage/access to employment
- more queer medical personnel
- methamphetamine/meth use
- PrEP access
- safe housing
- safe spaces to gather
- self-harm
- sexually transmitted diseases and infections (STIs) care
- recovery housing
- religious exclusion
- reproductive rights
- resources in rural communities
- transportation
- welcoming schools

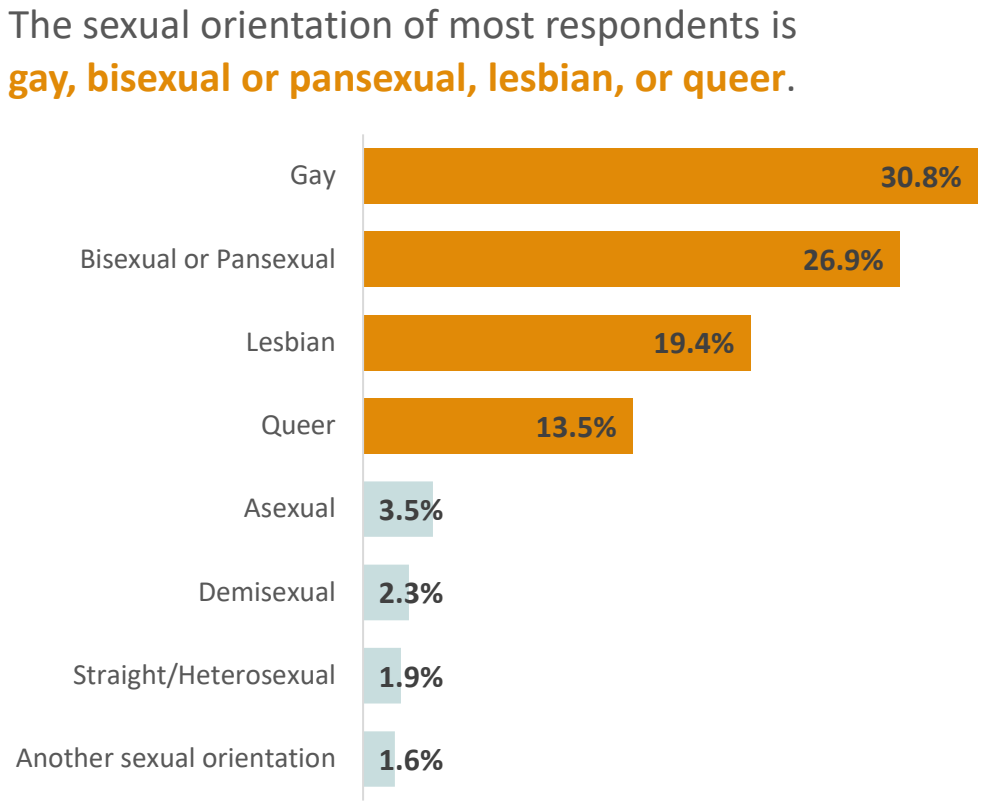
Across demographic groups, mental health remains as a leading priority. Report appendices include an additional look at select demographic groups, including community priorities.

- Among respondents **ages 20 and younger**:
  - Depression (53.4%) and suicide (48.6%) are top priorities, with violence and homicide selected third most frequently (33.0%) and bullying a close fourth (31.0%).
- Among respondents **ages 65 and older**:
  - Depression is the top priority (54.3%), with loneliness and isolation also selected by more than half of older adult respondents (57.2%).
- Among **Black, Indigenous and people of color** (BIPOC):
  - Depression (48.8%) continues as a top priority, but HIV/AIDS is also a significant priority compared to counterparts (24.9%).
  - BIPOC are also much more likely to cite eating disorders (12.2%), diabetes (11.8%), tobacco (11.1%), and cancer (8.4%) than their counterparts.
- Among **transgender and non-binary respondents**:
  - Depression (52.1%) and suicide (39.9%) are top priorities, closely followed by access to welcoming care (39.3%) and violence/homicide (36.1%).
- Among respondents identifying as someone **living with a disability**:
  - Depression (53.7%) and suicide (39.8%) are top priorities, also followed closely by access to welcoming care (38.4%) and violence/homicide (36.9%).
- Among respondents who identify as **neurodiverse**:
  - Access to welcoming care was rated among the top three (44.6%).

Demographics

SEXUAL ORIENTATION

Respondents identify across LGBTQ communities. Just under one third of respondents who participated in the Needs Assessment identify as gay (30.8%, n=1,273)[44], more than a quarter as bisexual or pansexual (26.9%, n=1,111; 18.3% bisexual and 8.6% pansexual), nearly one in five as lesbian (19.4%, n=801), and more than one in ten as queer (13.5%, n=557). A smaller percent of respondents identify as asexual (3.5%, n=146), demisexual (2.3%, n=96), straight/heterosexual (1.9%, n=80), or another sexual orientation (1.6%, n=66). The majority of straight/heterosexual respondents (76.3%) identify as transgender or non-binary. Additional sexual orientations respondents shared include: fluid, unsure, skoliosexual, gynosexual, or a combination of multiple identities.[45]



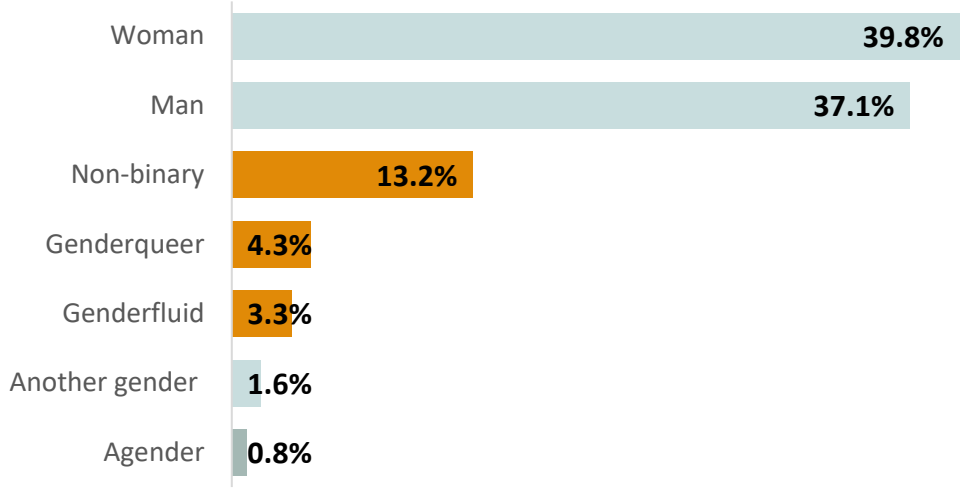
[44] Most respondents who identify as gay are men (84.3% of gay respondents), but gay respondents also include women (8.7%) and other genders (7.0%).

[45] To learn more about sexual orientations and gender identities, Human Rights Campaign provides a resource on definitions: 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 woman and man (including transgender), non-binary, genderqueer, genderfluid, and other genders. Almost a quarter of respondents identify as women, including both cisgender and transgender women (25.7%), and another almost third of respondents identify as men, including both cisgender and transgender men (30.9%). More than 130 respondents wrote in other gender identities (n=133), 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 1,749 (42.4%) who answered "yes," 30.6 percent identify as non-binary, 27.0 percent identify as men, 24.1 percent identify as women, 8.3 percent identify as genderqueer, 6.0 percent identify as genderfluid, 2.5 percent identify as another gender, and 1.6% as agender. **Overall, more than two in five respondents identify as transgender, gender nonconforming, and non-binary (42.4%).**

More than 1 in 5 respondents identifies as **non-binary, genderqueer, or genderfluid.**



SEX

123 respondents were born **intersex**.

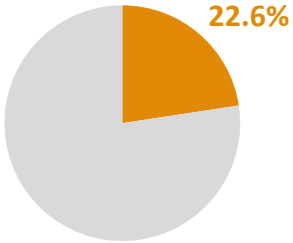
Just like gender identity, biological sex is a spectrum; however, most people are assigned either male or female sex at birth. More than half of respondents were assigned female at birth (56.4%). Forty-three percent of respondents were assigned male at birth (43.6%). More than one hundred twenty respondents report they were born intersex (3.0%, n=123). 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, 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.[46, 47, 48]

DISABILITIES

Respondents share information about several types of identity as part of this survey. Respondents were asked if they identify as disabled or as a person living with a disability, and more than one in five do (22.6%, n=932). This question was asked for the first time on the 2022 survey.

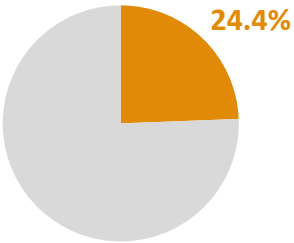
More than one in five respondents identify as a **person living with a disability**. (N=4,116)



NEURODIVERSITY

Respondents also had a chance to share if they identify as neurodivergent, autistic or as a person on the autism spectrum, and almost a quarter do (24.4%, n=1,004). This question was asked for the first time on the 2022 survey.

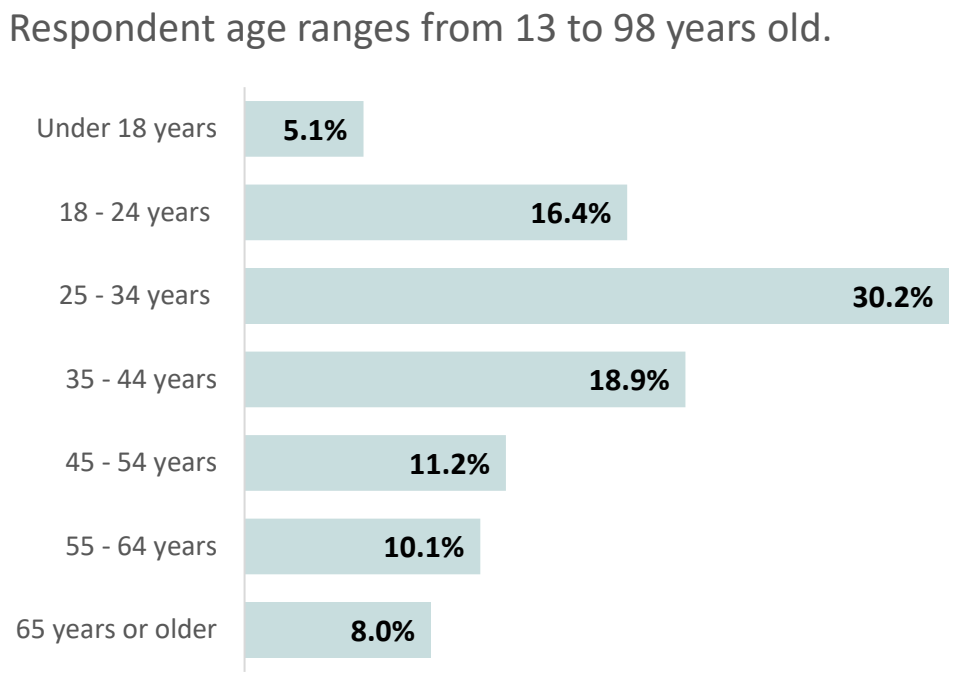
Almost a quarter of respondents **identify as neurodivergent or a person on the autism spectrum**. (N=4,120)



[46] For more information see Blackless, et al.(2000), "How sexually dimorphic are we? Review and synthesis.".
[47] For more information see Human Rights Watch (2017), US: Harmful Surgery on Intersex Children.
[48] For more information see Intersex Society of North America (2008), How come many people have never heard of intersex?

AGE

Respondents vary in age from 13 to 98 years old. More than half of respondents are between the ages of 25 and 49 (54.8%). More than nine hundred respondents are young people, with one in five respondents under age 25 (21.5%, n=909).



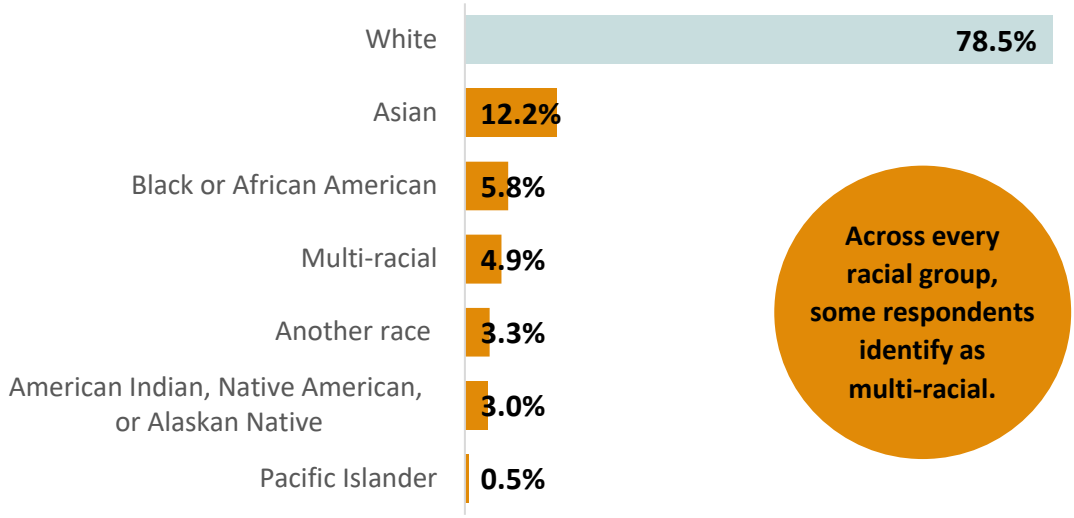
RACE AND ETHNICITY

Respondents were asked about their racial identity and could select more than one category. More than three in four respondents identify as white (78.5%) and 5.8 percent identify as Black or African American. A small percent of respondents identify as Asian, Native American, American Indian, Alaskan Native, and/or Pacific Islander, and 3.3 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. About one in twenty respondents identify as more than one race (4.9%). Ten percent of respondents identify as Hispanic or Latino[49] (10.2%) and just under three percent identify as Middle Eastern or North African (2.9%). Based on responses to race and ethnicity questions, about a quarter of respondents identify as BIPOC (26.5%).

The respondent sample resembles that of the general population in Pennsylvania, however, the percent of people who identify as Black or African American is smaller and the percent of people who identify as Asian, American Indian/Native American/Alaskan Native and multi-racial is larger in this Needs Assessment.[50]

[49] Respondents were asked the yes/no question: "Do you identify as Hispanic or Latino/Latina/Latinx/Latine?"
[50] For more information see U.S. Census Bureau (V2021), QuickFacts Pennsylvania.

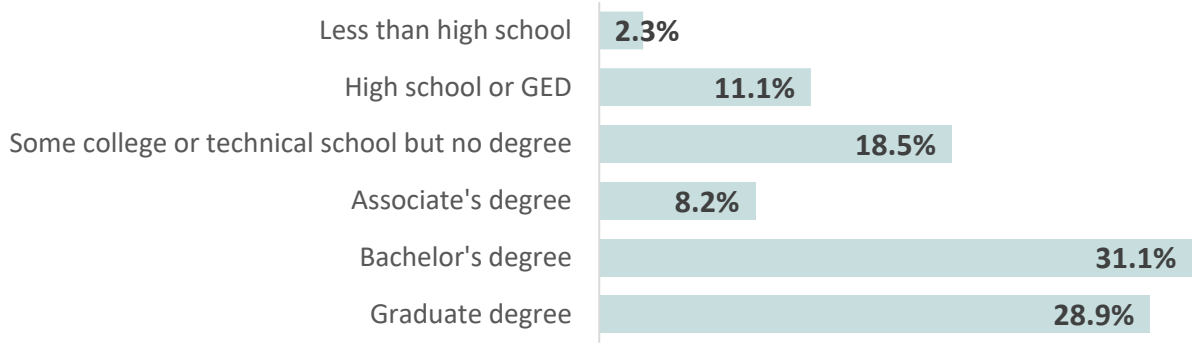
Respondents identify as the following races:



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 (60.0%). Among respondents 13 to 18 years, the majority two thirds have less than a high school degree (62.5%), and one third had at least a high school degree or GED (37.5%)

Adult respondents have completed a range of educational levels.



Discussion and Recommendations

LGBTQ respondents from across Pennsylvania shared critical information on personal and community health opportunities. With these insights comes the opportunity to close service gaps and reinforce and expand support systems. 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 and those with disabilities. This sample included 123 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. At this time, this assessment is the only statewide survey to allow LGBTQ individuals to identify as neurodiverse.

Regular community feedback over time is needed to enhance our understanding of health needs among LGBTQ communities. The inclusion of more voices will empower Pennsylvanians 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 LGBTQ organizations for ongoing cultural competency discussions, sharing of cultural humility practices, and preparation 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 and housing insecurity. 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 and cessation/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 and 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. Educate LGBTQ youth about the historical targeting efforts by the tobacco industry. Partner with LGBTQ community based organizations, affirming health care providers, 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 that addresses screening and education disparities by providing affirming resources to care. Enhance health education resources for the LGBTQ community, including access to timely and accurate health information and 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 trans health, including care for people who

specifically identify as transgender, non-binary, gender nonconforming, genderqueer, agender, and other gender expansive identities, and the health of people born with intersex traits. Improve access to gender-affirming and trans competent health care. Advance mental health supports for transgender, non-binary, and other gender expansive individuals. Create economic opportunities and safe, affordable housing options for transgender, non-binary, gender nonconforming, genderqueer, agender, other gender expansive identities and intersex people.

Increase Discussion of Health Needs Among Individuals Living with a Disability and who are Neurodiverse – Expand awareness of intersectionality and support ongoing provider care for all individuals living with a disability and who identify as neurodiverse, including those who identify as LGBTQ. Consider physical accessibility and other types of accessibility when planning community-based opportunities to provide services and connect with others.

Continue and Enhance Data Collection – Maintain a two-year schedule of the Pennsylvania LGBTQ Health Needs Assessment with state-wide 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, disabled LGBTQ people, rural LGBTQ communities, asexual communities, neurodiverse LGBTQ people, LGBTQ youth, LGBTQ older adults, and LGBTQ adults without a college degree. Improve all assessment 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 LGBTQ 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. Connect people unsure of where to receive resources and/or services with their local LGBTQ community-based organization.

Acknowledgements

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

Thank you also to the 2022 data collection, media, and outreach partners:

- Alder Health
- Attic Youth Center
- Bebashi
- Bradbury-Sullivan LGBT Community Center
- CenterLink
- Central Outreach Wellness Center
- Centre LGBTQA Support Network
- The Colours Organization
- Compton's Table
- Eastern PA Trans Equity Project
- Erie Gay News
- FACT Lehigh Valley
- GALAEI
- The Gay Journal
- The Greater Lehigh Valley Chamber of Commerce
- Hanover Area Diversity Alliance
- Hugh Lane Wellness Foundation
- Human Rights Campaign of Pennsylvania
- Keystone Business Alliance
- Lancaster LGBTQ+ Coalition
- LGBT Center of Central PA
- LGBT Center of Greater Reading
- LGBT Elder Initiative
- LGBT Equality Alliance of Chester County
- Mazzoni Center
- Metropolitan Community Church of the Lehigh Valley
- Montgomery County LGBT Business Council
- New Hope Celebrates
- NWPA Pride Alliance
- The Pennsylvania State University Center for Sexual and Gender Diversity
- Pennsylvania Youth Congress
- Philadelphia FIGHT Community Health Centers
- Philadelphia Gay News
- Proud Haven
- QBurgh
- Rainbow Alliance
- Rainbow Rose Center
- SAGECare
- SisTers PGH
- Trans Central PA
- TriVersity – The Pride Center
- Washington County Gay Straight Alliance
- William Way LGBT Community Center

We appreciate all of the many community organizations, collegiate groups, government agencies, and individuals who shared the assessment survey with their communities. Special thanks to Adrian Shanker at U.S. Department of Health and Human Services, Dr. Katharine Dalke, MD MBE at Penn State College of Medicine, and Dr. Scout, MA PhD at the National LGBT Cancer Network. We also want to thank Melinda Rossi for supporting appendices development as part of her APEx at the University of Michigan School of Public Health.

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. Recruitment coordination and report guidance and editing were completed by Bradbury-Sullivan LGBT Community Center.

Suggested Citation:

Research & Evaluation Group at Public Health Management Corporation and Bradbury-Sullivan LGBT Community Center. (2022). *2022 Pennsylvania LGBTQ Health Needs Assessment*.

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2022 Community Summary

LGBTQ Health Needs Assessment

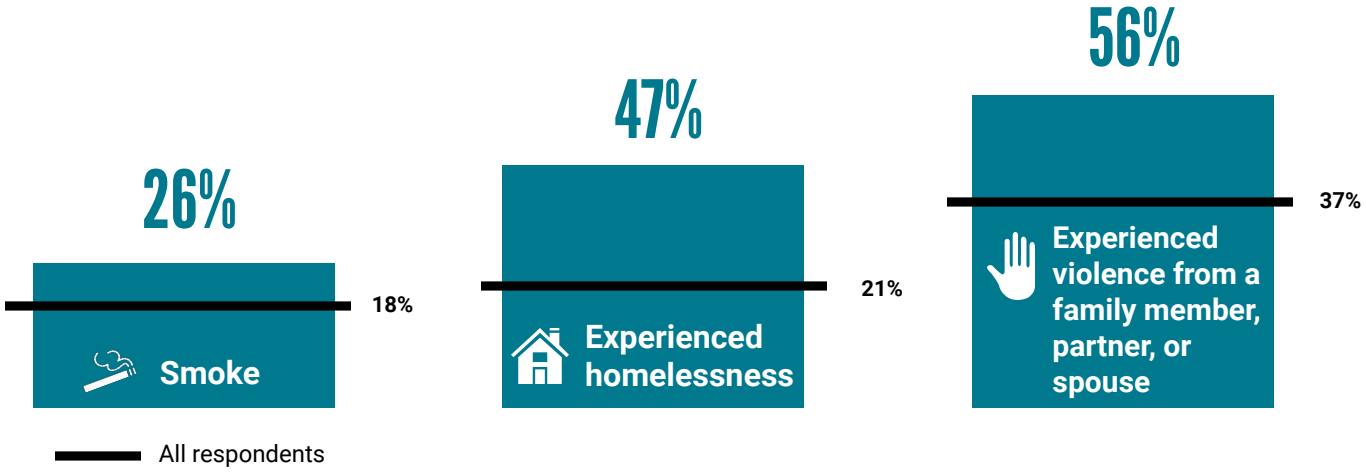
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 246 respondents who identify as Black or African American. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

96%

are interested in incorporating healthy living strategies* in their lives.

Black and African American



COMMUNITY PRIORITIES:

1) Depression
2) Violence/Homicide
3) Loneliness/Isolation and Alcohol or other drug addiction (tied)

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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Note: Smoking rates based on those prompted to provide current cigarette use, among those who have used cigarettes at any point. The upper rate range is reported here. See the "Tobacco Use" section for more information.

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

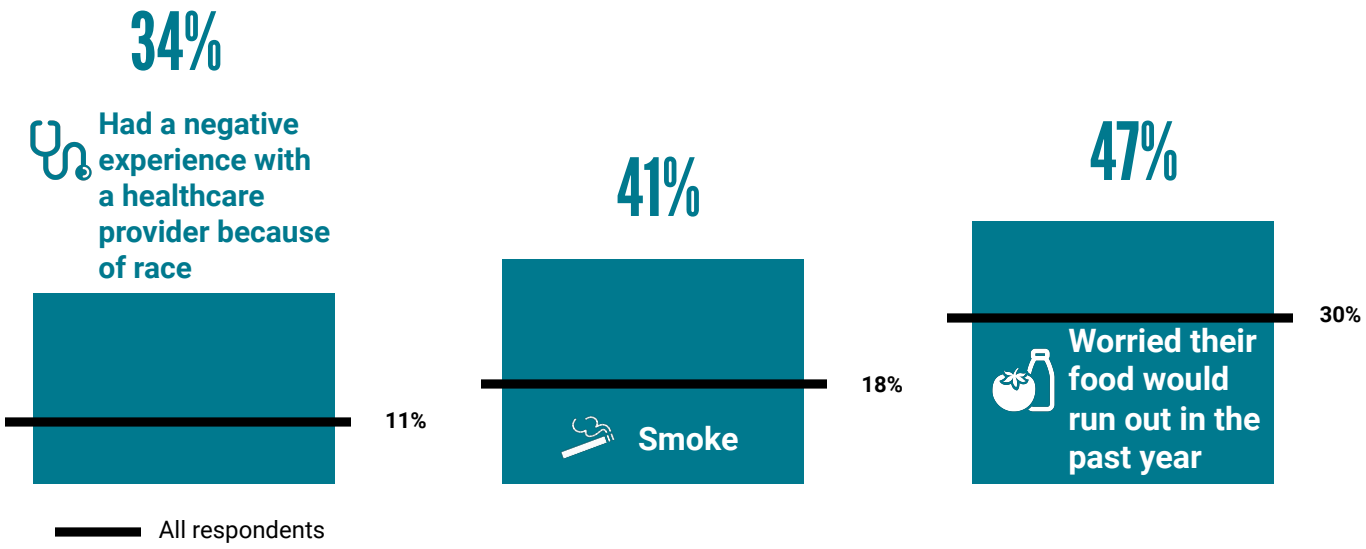
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 421 respondents who identify as Hispanic or Latino/a/e/x. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

93%

are interested in incorporating healthy living strategies* in their lives.

Hispanic and Latino



COMMUNITY PRIORITIES:

1) Depression
2) Access to welcoming care
3) Suicide and Violence/Homicide (tied)

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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Note: Smoking rates based on those prompted to provide current cigarette use, among those who have used cigarettes at any point. The upper rate range is reported here. See the "Tobacco Use" section for more information.

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

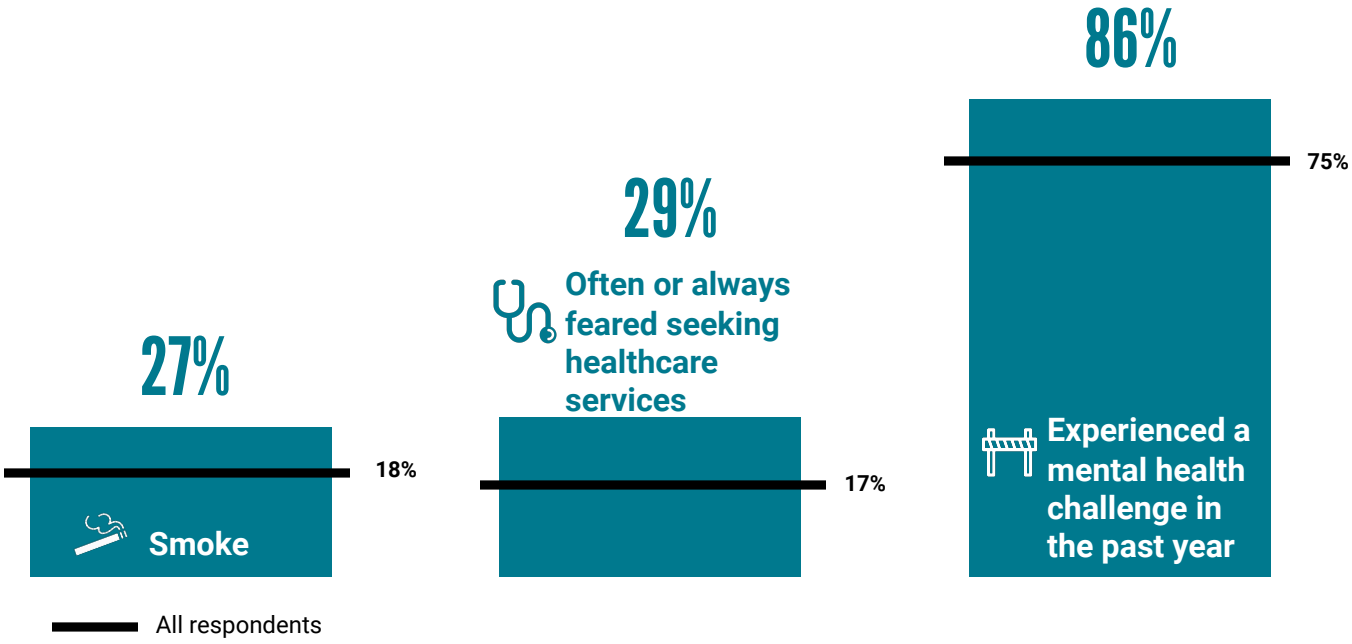
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 1,749 respondents who identify as transgender or nonbinary. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

95%

are interested in incorporating healthy living strategies* in their lives.

Transgender and Nonbinary



COMMUNITY PRIORITIES:

1) Depression
2) Suicide
3) Access to welcoming care

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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Note: Smoking rates based on those prompted to provide current cigarette use, among those who have used cigarettes at any point. The upper rate range is reported here. See the "Tobacco Use" section for more information.

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

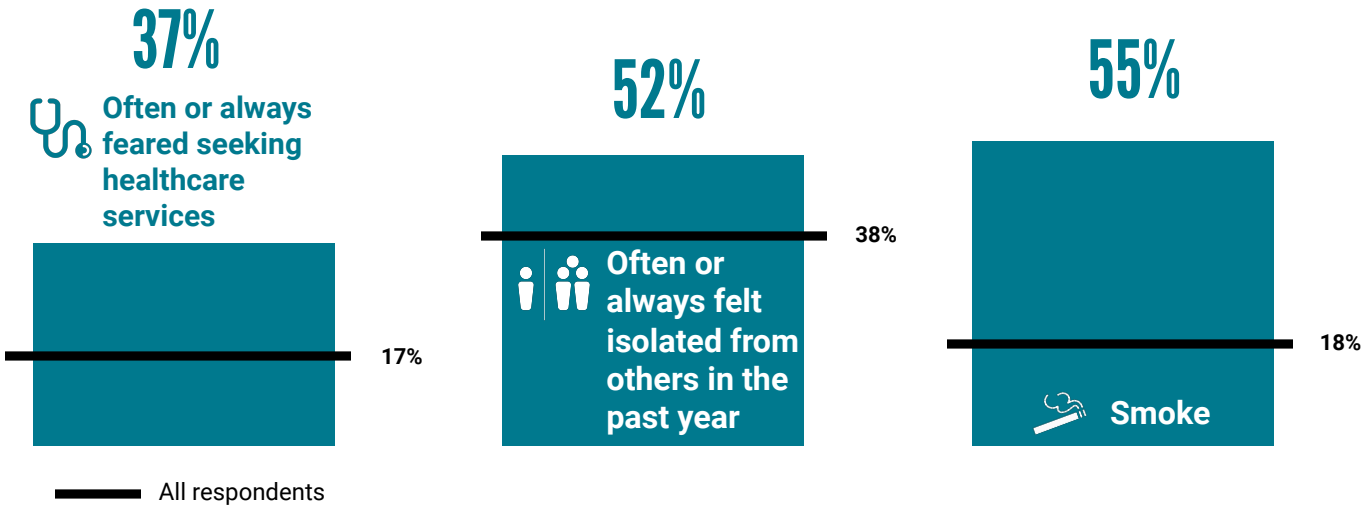
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 660 respondents who identify as transgender people of color. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

91%

are interested in incorporating healthy living strategies* in their lives.

Transgender People of Color



COMMUNITY PRIORITIES:

1) Depression
2) Loneliness/Isolation
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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Note: Smoking rates based on those prompted to provide current cigarette use, among those who have used cigarettes at any point. The upper rate range is reported here. See the "Tobacco Use" section for more information.

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

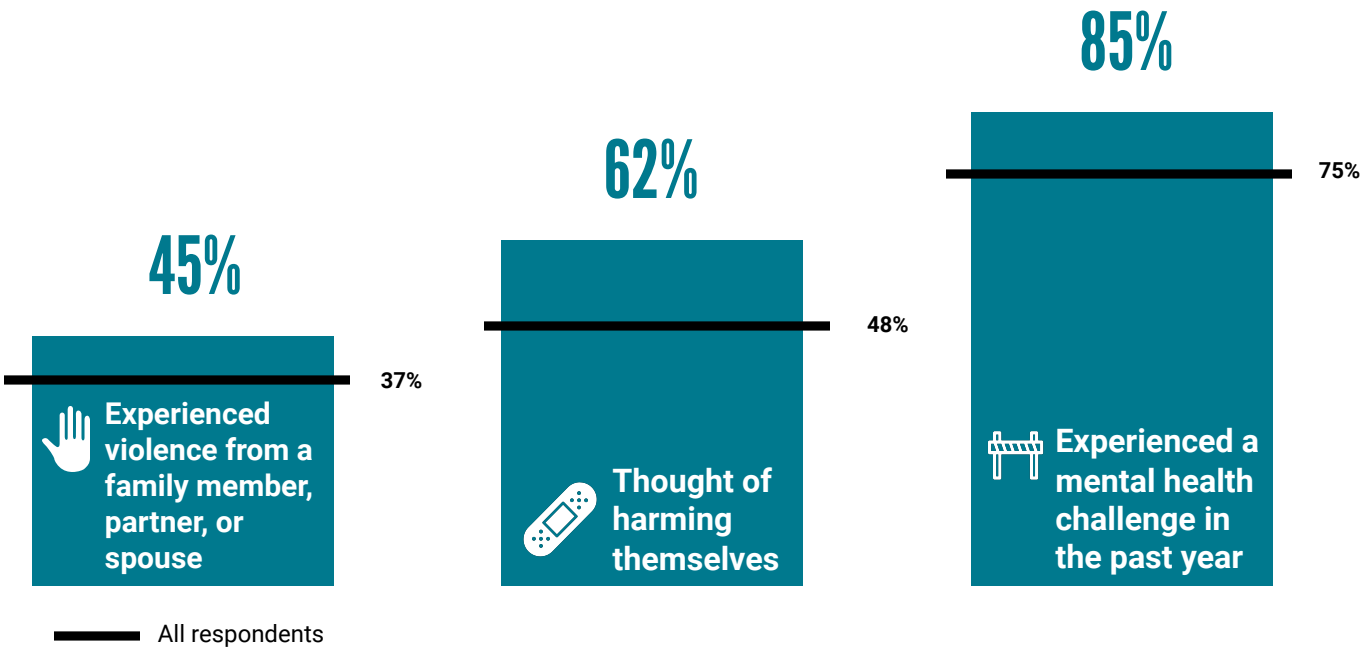
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 1,110 respondents who identify as bisexual or pansexual. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

98%

are interested in incorporating healthy living strategies* in their lives.

Bisexual and Pansexual



COMMUNITY PRIORITIES:

1) Depression
2) Suicide
3) Access to welcoming care and Violence/Homicide (tied)

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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Data source: 2022 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 123 respondents born intersex. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

94%

are interested in incorporating healthy living strategies* in their lives.

Intersex

COMMUNITY PRIORITIES:

1) Depression
2) Loneliness/Isolation
3) Access to welcoming care

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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Note: Smoking rates based on those prompted to provide current cigarette use, among those who have used cigarettes at any point. The upper rate range is reported here. See the "Tobacco Use" section for more information.

For more visit: bit.ly/PALGBTQ

2022 Community Summary

LGBTQ Health Needs Assessment

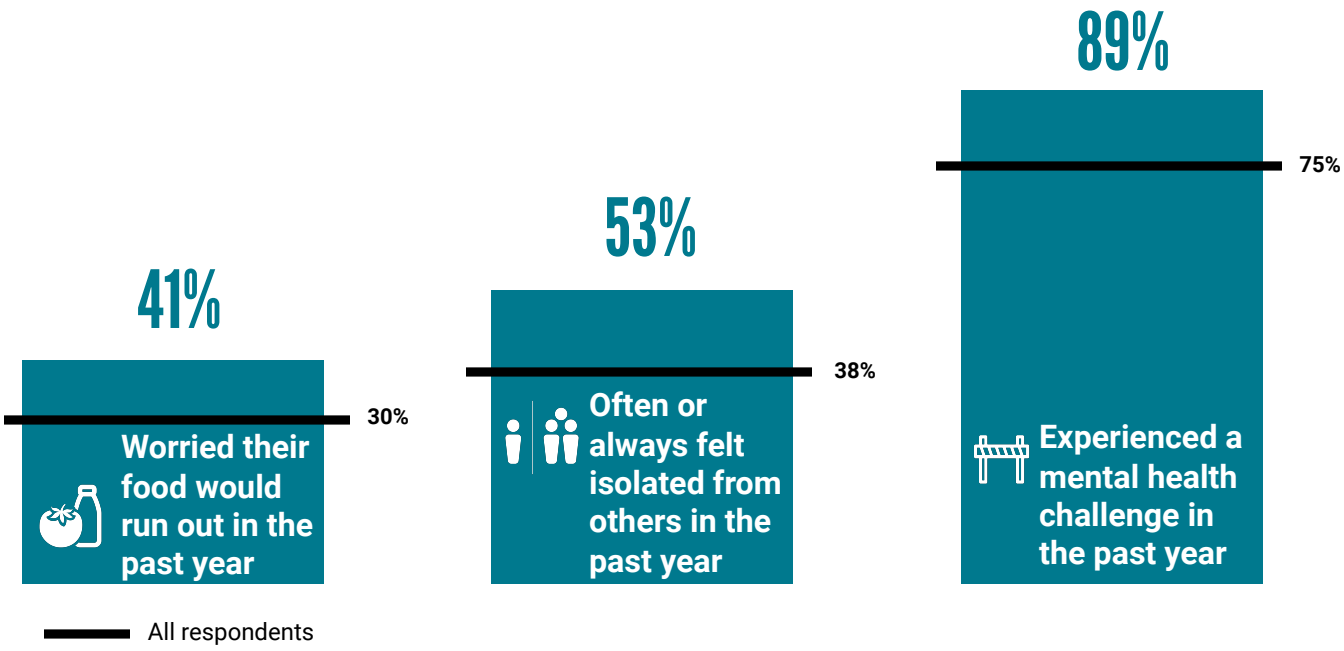
We have health and wellness feedback from 4,228 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from 909 respondents ages 24 or younger. Check out some data points specific to this subgroup and how they compare to all respondents.

RESILIENCE

95%

are interested in incorporating healthy living strategies* in their lives.

Young People (under 25 years)



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.

* Examples of healthy living strategies include healthy eating, active living, and tobacco cessation.

Data source: 2022 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ