2024

# Pennsylvania LGBTQ Health Needs Assessment

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


BRADBURY-SULLIVAN LGBT Community Center
*Serving the LGBTQ+ Community of the Greater Lehigh Valley*

RESEARCH & EVALUATION GROUP at PHMC

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## BACKGROUND

Historically, LGBTQ[1] communities have not been identified 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, 2020 and 2022.

In late spring and summer 2024, Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2024 Pennsylvania LGBTQ Health Needs Assessment. A total of 3,394 LGBTQ Pennsylvanian respondents participated in the online English/Spanish survey. New and expanded topics were added to the 2024 Needs Assessment tool.

The 2024 Pennsylvania LGBTQ Health Needs Assessment provides a robust data set and rich feedback. Findings and related recommendations 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 within the context 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

The 2024 Health Needs Assessment gives voice to 3,394 LGBTQ Pennsylvanians and provides timely information on LGBTQ peoples' interactions with and need for healthcare and social services. Findings come from respondents across 65 of Pennsylvania's 67 counties. Respondent feedback underlines the importance of addressing the needs of neurodivergent and disabled LGBTQ Pennsylvanians; seeking solutions to violence against the LGBTQ community; and bolstering messaging around recommendations for vaccinations, HIV care, and more.

- More than one in six respondents do not have a doctor or health care provider (17.4%).
- Almost a quarter of respondents have not visited a doctor for a routine check-up in the past year (21.7%). This is even more common among respondents reporting a disability (27.9%) and people of color (26.0%).
- Although a majority of respondents have disclosed their LGBTQ identity to at least some providers (82.0%), only two out of five have disclosed to all (40.8%), and nearly one in five report they are out to no providers (17.9%). This is even more common among respondents 25 and younger.
- One third of respondents report they have experienced a negative reaction from a healthcare provider when they learned they were LGBTQ (33.4%). Negative reactions are even more common among respondents who identify as transgender, people of color, having a disability, and are neurodivergent.
- Two in five respondents fear seeking healthcare services due to past or potential negative reactions from providers (40.7%). Fears were even more common among respondents who are younger, transgender, people of color, disabled, and neurodivergent.
- Of respondents who identify as transgender, one in five (19.9%) want to but have not yet accessed hormone therapy and more than one in three (36.2%) want to but have not yet accessed gender-affirming surgeries.
- Only just over one in ten respondents feel safe expressing their LGBTQ identity all of the time (11.4%). Overall respondents who feel less safe report this is especially true at work (38.7%) and in their neighborhood (33.4%).

- More than nine in ten respondents (96.0%), the vast majority, are at least somewhat interested in incorporating healthy living strategies, with the more than half indicating they are “very” or “extremely” interested (55.5%).
- About three in ten respondents (30.2%) have experienced unstable housing in their lifetime, with about one third (32.8%) of those respondents having been unstably housed within the past 12 months.
- Half of respondents have experienced physical or sexual violence in their lifetime (51.1%).
- Nearly half of respondents say they do not have any money left over at the end of the month (46.0%) —either having just enough to make ends meet or not enough to make ends meet. Four in 10 sometime or often worry their food will run out before they have money to buy more (39.1%).
- Almost half of respondents share their mental health was poor for more than ten days out of the last 30 days (46.8%).
- Almost one in four rarely or never received the social and emotional support they need (23.6%).
- The majority of respondents facing one or more primary HIV risk factors report not currently taking PrEP (82.3%).
- Among respondents who currently or previously menstruate, one in three have been unable to participate in various activities due to not having the needed menstruation products (33.7%).
- Over one in three respondents report binge drinking at least once in the past 30 days (37.2%).
- Of respondents who report using any of the listed substances, nearly one in three indicate wanting to cut down or stop using substances (31.0%). Over one in ten of all respondents report they are a person in recovery (11.9%).
- Among respondents who sought substance use treatment, over half report having a negative experience from an alcohol or drug treatment provider (53.3%).
- 43.8 percent of all responding to questions about tobacco, have tried cigarettes in their lifetime. Just under one in three of adult respondents who ever tried cigarettes currently uses flavored tobacco or vape products, including menthol (26.9%). Those who currently smoke cigarettes or use e-cigarettes are interested in quitting (69.0%) but differ on readiness to quit.
- Of those who report ever having a cancer diagnosis, more than three in ten are currently receiving treatment for cancer (35.2%). Across all respondents, six in ten prefer to access LGBTQ cancer-related support at a LGBTQ community organization (60.8%).
- One third of those recommended for a diabetes screening have not been screened within the past three years (33.6%).
- Nearly three quarters respond that they believe they can have a “big impact” or “moderate impact” on making their community a better place to live (71.7%).
- Roughly nine in ten respondents are registered and prepared to vote (94.9% and 93.6% respectively).
- Violence was the most frequently selected community health priority issue, selected by more than four in ten respondents (43.9%). As prioritized by more than a third of respondents, access to welcoming care (38.6%) and depression/anxiety (36.7%) closely follow at the number two and number three priorities respectively.

## RECOMMENDATIONS

- Support Connections to LGBTQ-competent Providers
- Prioritize the Health Needs of Transgender, Non-binary, Genderqueer, and Intersex Individuals
- Identify Housing Safety Nets and Emergency Housing Options
- Promote and Facilitate Connections to Programs that Help Overcome Cost Barriers
- Strengthen Mental Health Supports
- Support and Fund Chronic Disease Prevention, Management and Navigation of Supports
- Promote Tobacco Cessation Opportunities
- Encourage Health Education and Conversations about Health Screenings
- Bolster Community Supports for People of Color
- Increase Awareness of Health Needs among Individuals with a Disability or who are Neurodivergent and Engage Activists to Design Programming
- Offer Attention to Issues Tied to Safety and Violence
- Continue and Enhance Data Collection
- Encourage Partnerships between Public Health, Healthcare, and 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 2024, the Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center and the Research & Evaluation Group at Public Health Management Corporation partnered to administer the 2024 Pennsylvania LGBTQ Health Needs Assessment. Between early May and mid-September 2024 (a four and a half-month period), the anonymous, internet-based survey was available for completion by any age thirteen or older (13+) Pennsylvania resident who self-identifies as LGBTQ.[4] The survey was estimated to take less than 25 minutes to complete. The 2024 survey was available in both English and Spanish.

LGBTQ-focused community-based organizations supported the purposive, convenience, snowball sample by making survey links available at Pride events, distributing links to community members, posting links on their communication platforms (including printed fliers, email, websites, social media posts and paid ads), and otherwise making links available to their LGBTQ constituents. Outreach was conducted in English and Spanish languages. Outreach and survey promotions took place primarily at Pride in-person events, 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, the potential for online survey datasets to include some duplicate or unintended respondents.[5]

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 or they could choose to donate the $50 to a local LGBTQ-focused community-based organization.[6]

Data analysis for this report was conducted using SPSS 25 or newer and Excel. All between-groups comparisons in this report were subject to a chi-squared testing and met statistical significance at $p<0.01$. A total of 3,394 LGBTQ-identified Pennsylvanians participated in the 2024 Pennsylvania LGBTQ Health Needs Assessment. The total number of responses for questions varied, as all questions beyond eligibility confirmation were optional. In this report, when an n is listed in a chart title it is the total response for the related question; n in text refers to the number of participants selecting a given response, not the total answering the question. N is only used when question was answered by every respondent.

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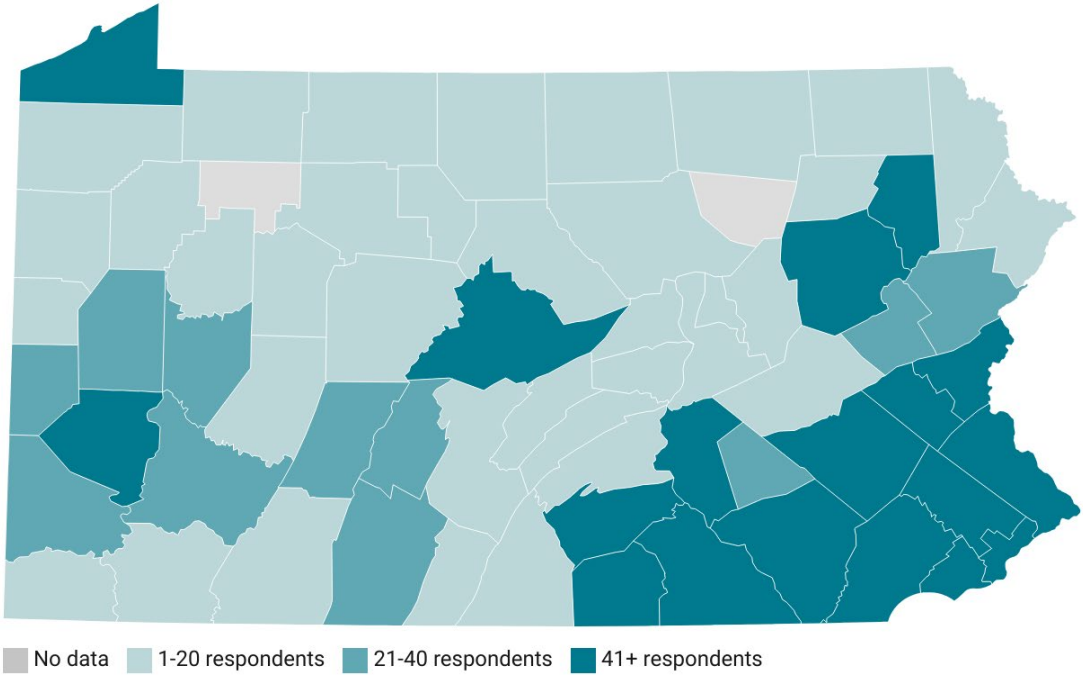
[4] Start of age range is in alignment with CDC Youth Behavior Surveillance System (YRBSS) which has asked sexual orientation and gender identify (SOGI) questions of youth in grades 9 through 12 since 2017.

[5] Data team used their best judgment in data cleaning to remove responses that did not present as legitimate (e.g., bot-like, fraudulent, ill intent/malice) or looked to be duplicative (i.e., identical and back-to-back). ReCAPTCHA was utilized to validate human responses.

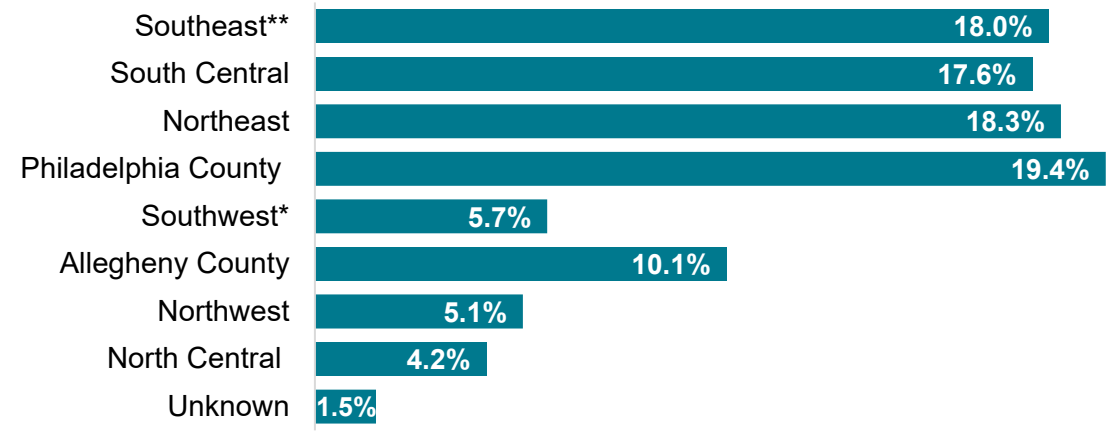
[6] Raffle entries were at no point connected to needs assessment responses. All needs assessment responses remained anonymous regardless of entry into the incentive raffle or raffle selection.

# Pennsylvania 2024 LGBTQ
## Health Needs Assessment Response




Respondents live across the Commonwealth of Pennsylvania and reside in all eight Pennsylvania Department of Health Division of Tobacco Prevention and Control health district regions, across 65 of Pennsylvania's 67 counties.[7]

Respondents live across Pennsylvania. (N=3,394)




*Excluding Allegheny County **Excluding Philadelphia County

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

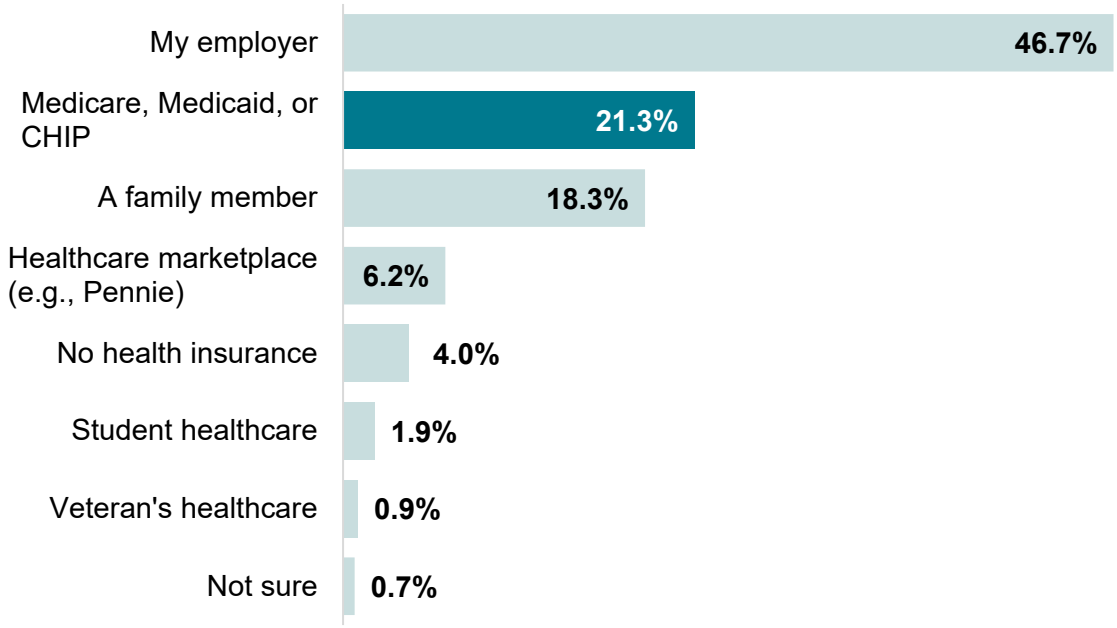
[7] Forest and Sullivan Counties are not represented in the 2024 Needs Assessment. 50 respondents indicate they do not know their county. No geolocation, IP address or ZIP code was collected to support anonymous administration.

# Health Care

## HEALTH INSURANCE

One in twenty-five respondents do not have any health care coverage (4.0%). The most common types of insurance sources are employers (46.7%), Medicare/Medicaid/CHIP (21.3%), or through a family member (18.3%).

More than 1 in 5 respondents receive health insurance through **Medicare, Medicaid, or CHIP.** (n=3,385)

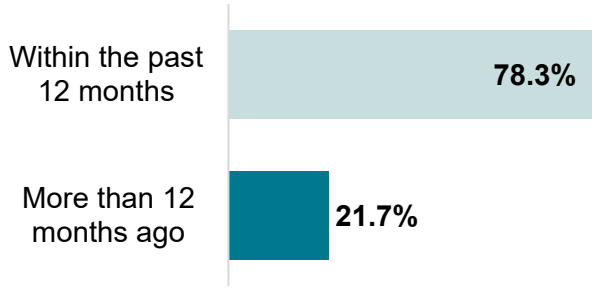



## HEALTHCARE VISITS & VACCINATIONS

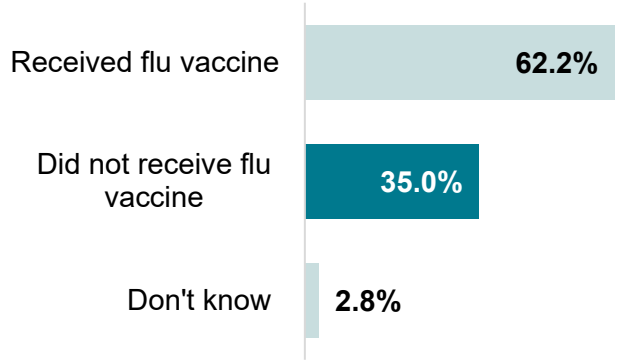
**More than one in six respondents do not have a doctor or health care provider** (17.4%). However, just over half of respondents have someone they think of as their personal doctor or health care provider (53.1%). Fewer than one third of respondents have more than one person they think of as their provider (29.5%).

Generally, it is recommended to get a medical check-up at least once per year. **Almost a quarter of respondents have not visited a doctor for a routine check-up in the past year** (21.7%). This is even more common among respondents with a disability (27.9%) and who self-identify as a person of color (POC) (26.0%). Though annual flu vaccines are a general health care recommendation, more than one in three respondents have not received an annual vaccine (35.0%).

Over 1 in 5 respondents have **not visited a doctor** for a routine check-up in a year or longer. (n=3,383)




Over 1 in 3 respondents **have *not* had a flu vaccine** in the last year. (n=3,214)




COVID-19 vaccines first became available in the United Stated in December 2020. Nuanced recommendations around vaccination and booster eligibility and availability continue through to the publication of this report in 2025. During this survey's administration period (May to September 2024), all individuals over age five were eligible for vaccination.[8]

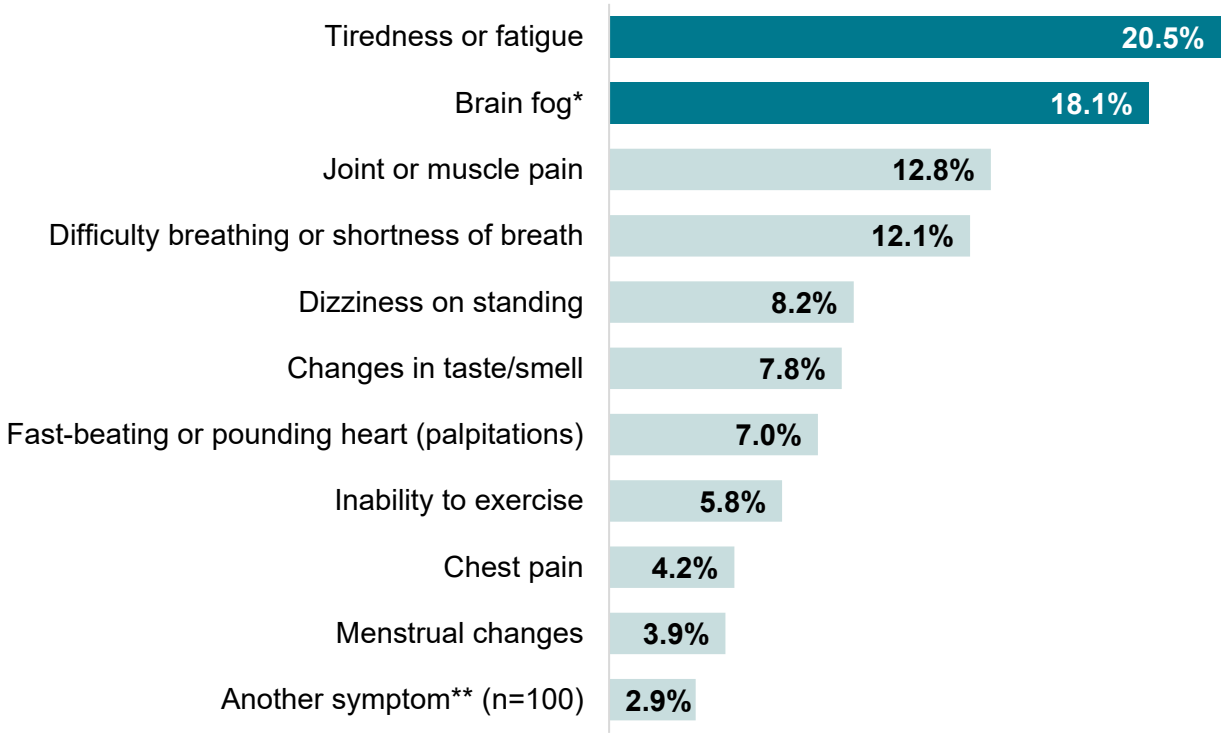
In 2024, nearly two thirds of respondents report they have received a COVID vaccine and/or booster during the past year (65.8%, n=2,122). Almost one third indicate no recent COVID vaccine or booster (31.3%), and very few respondents do not know if they have received one in the past year (2.9%).

Respondents are asked if they have ever tested positive for COVID or been told by a doctor or other health care provider that they have or had COVID. **More than three in five respondents report a history of COVID** (61.0%), almost one in three report no history of COVID (31.0%), and a small portion of respondents could not get a test to confirm whether they had COVID when they experienced symptoms (3.0%).

[8] The CDC's Bridge Access Program made COVID vaccines no cost for all until September 3rd, 2024.

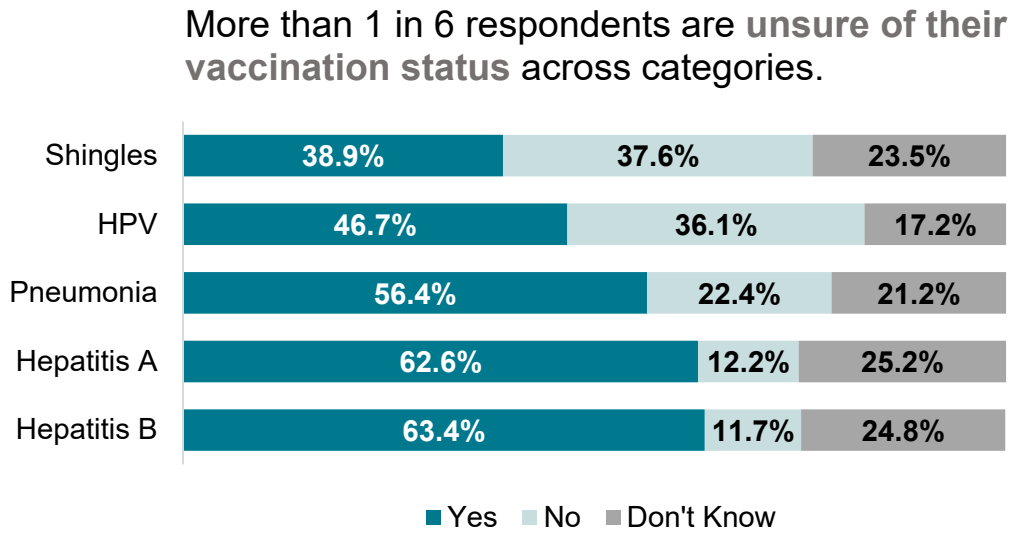
When asked about long COVID, or symptoms lasting three months or longer that were not experienced prior to having COVID-19, many respondents indicate several lasting symptoms (31.4%, n=1,067). Tiredness or fatigue (20.5%) and brain fog (18.1%) are the most common lingering symptoms. Among those who experienced symptoms of long COVID, about one quarter still have symptoms (23.0%), more than a third have symptoms that come and go (35.7%), and the remainder report symptoms have passed (41.3%).

## Long COVID symptoms lasting three months or longer are common, with **tiredness or fatigue** and **brain fog** being the most frequent.



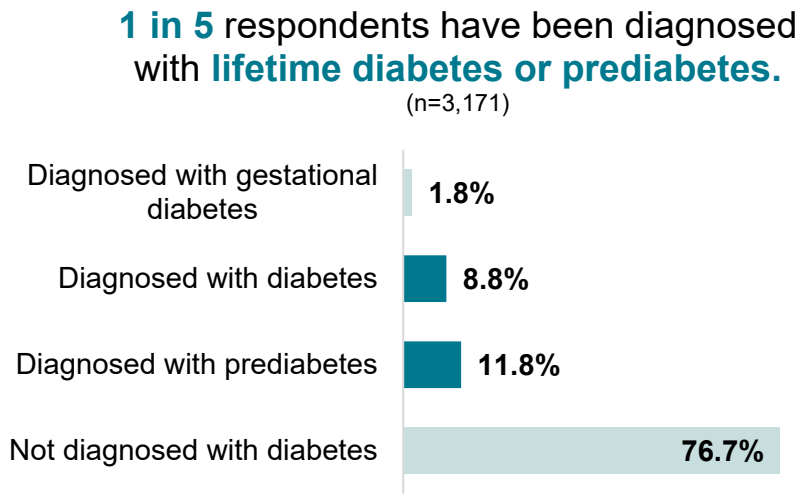

Note: Respondents could check all symptoms that apply. Full question wording: "Did you have any of the following symptoms lasting 3 months or longer that you did not have prior to having COVID-19?"
*Brain fog refers to difficulty thinking or concentrating, forgetfulness, or memory problems.
**100 respondents report other symptoms; examples include chronic/lingering cough, dry mouth, circulation issues, neuropathy, pain, gastrointestinal issues, headaches/migraines, sleep disruption, etc.

Respondents also share if they have received other vaccines that may be recommended across their lifespan. For all vaccines, over one in six respondents were unsure of their vaccination status. [9]




## DIABETES

Almost half of all respondents have not had any test for high blood sugar or diabetes within the past three years (47.8%). Nearly one in ten respondents indicate a doctor or nurse has told them they have diabetes (8.8%, n=280),[10] and an additional 56 respondents indicate being diagnosed with gestational diabetes (1.8%). Altogether, over one in five respondents report being diagnosed with lifetime diabetes or prediabetes outside of pregnancy (20.6%).




Among Hispanic and Latino[11] respondents, similar to respondents overall, 7.2 percent have been told they have diabetes. Additionally, 10.5 percent of Hispanic and Latino respondents were told they have prediabetes or borderline diabetes, similar to the percent of respondents overall with prediabetes.

[9] Vaccines with more than one common name were noted in survey question, for example: Shingles or zoster vaccine; HPV or "Gardasil," "Cervarix"; Pneumonia or Pneumococcal vaccine.

[10] Among all adult Pennsylvanians, about 11.5% have been told they have diabetes and an additional 11.2% have been told they have prediabetes or borderline diabetes according to the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2022.

[11] Respondents were asked the yes/no question: "Do you identify as Hispanic or Latino/Latina/Latinx/Latine?"

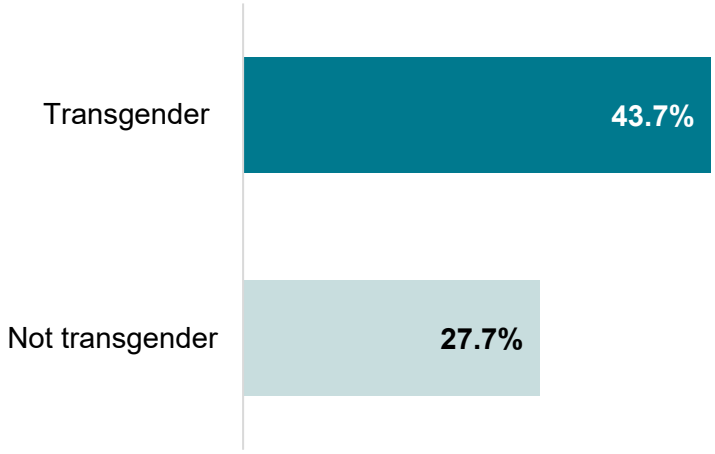
# Appropriate Care

## DISCLOSURE OF IDENTITY & PROVIDER REACTIONS

To be able to provide the most appropriate physical or mental healthcare, a provider many need to know that their patient is LGBTQ. Although most respondents disclosed their LGBTQ identity to at least some providers (82.0%, n=2,768), only two in five disclosed to all providers (40.8%, n=1,386), and nearly one in five report they are out to no providers (17.9%, n=607). **Among respondents aged 25 and under, one in three have not disclosed their LGBTQ identity to any healthcare providers** (29.5%, n=231).

A key aspect of appropriate care depends on providers showing basic respect to patients who disclose they are LGBTQ. **One third of respondents report they have experienced a negative reaction from a healthcare provider learning they are LGBTQ** (33.4%, n=1,127). Significantly more respondents who identify as transgender report negative reactions from healthcare providers upon learning their LGBTQ identity compared to respondents who do not identify as transgender (43.7% versus 27.7%; n=499, n=610 respectively).

Transgender respondents more frequently report experiencing **negative reactions** from healthcare providers when disclosing their LGBTQ identity.




Of transgender respondents, those who report being perceived as transgender more often[12] also report a higher frequency of negative reactions from providers (48.4%, n=284) compared to peers who are less often perceived as transgender (38.6%, n=213).

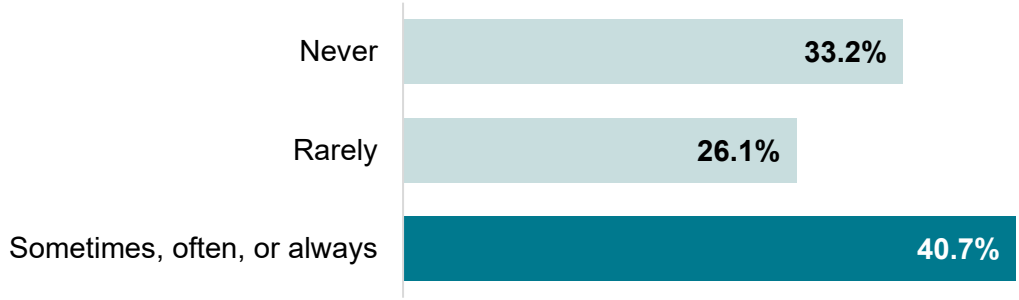
Two in five POC respondents report providers have had negative reactions when disclosing their LGBTQ identity (41.0%, n=243), while less than one in three non-POC respondents experience this (n=31.7%, n=878). Those who are disabled (44.6%, n=371, compared to 29.8%, n=756, of non-disabled) or

[12] Respondents who indicate they are read as transgender "half the time, "most of the time," or "all the time."

neurodivergent (37.4%, n=608, compared to 29.4, n=495 of neurotypical) are also more likely to report negative reactions from providers.

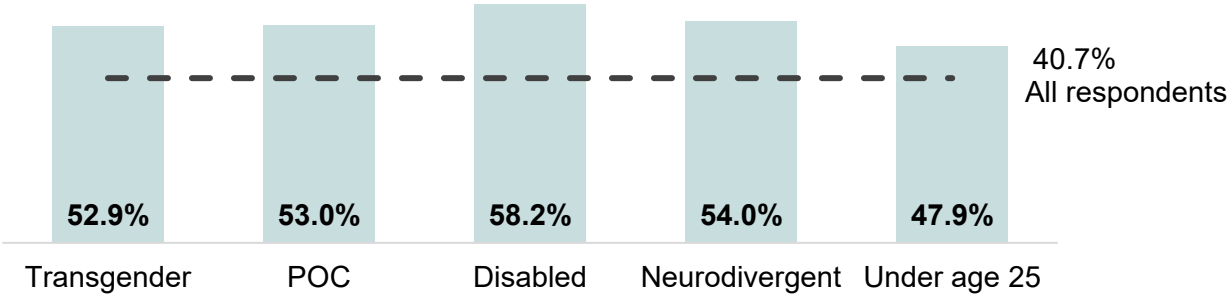
**Over two in five respondents who self-identify as POC report a negative experience with a provider due to race** (41.3%, n=245). Transgender respondents of color report more negative experiences with providers due to race (48.1%, n=113) compared to other respondents of color (36.7%, n=130). These experiences are important to understanding access to care for LGBTQ people in Pennsylvania.

**2 in 5** respondents **fear seeking healthcare services** due to past or potential negative reactions from providers. (n=3,373)



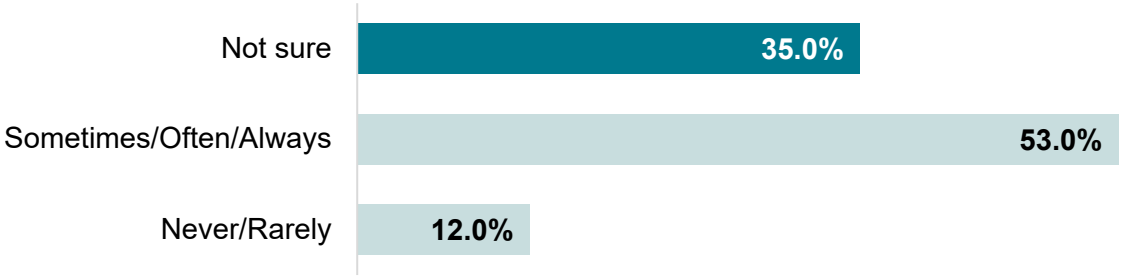

Two in five respondents fear seeking healthcare services due to past or potential negative reactions from providers (40.7%). Fears were even more common among respondents who are younger, transgender, people of color, disabled, and neurodivergent. More than half of respondents who are transgender express fear of seeking healthcare services due to past or potential negative provider reactions (52.9%, n=606 vs. 34.1%, n=751), similar to POC (53.0%, n=316 vs. 38.1%, n=1,054), disabled (58.2%, n=485 vs.34.9%, n=888), and neurodivergent (54.0%, n=877 vs. 28.1%, n=471) respondents. Young people ages 25 and under also report these fears significantly more often (47.9%, n=375), compared to older respondents (38.5%, n=998).

Respondents who are transgender, POC, disabled, neurodivergent, and under 25 **fear seeking healthcare services more frequently** than other respondents.



## AFFIRMING & COMPETENT CARE

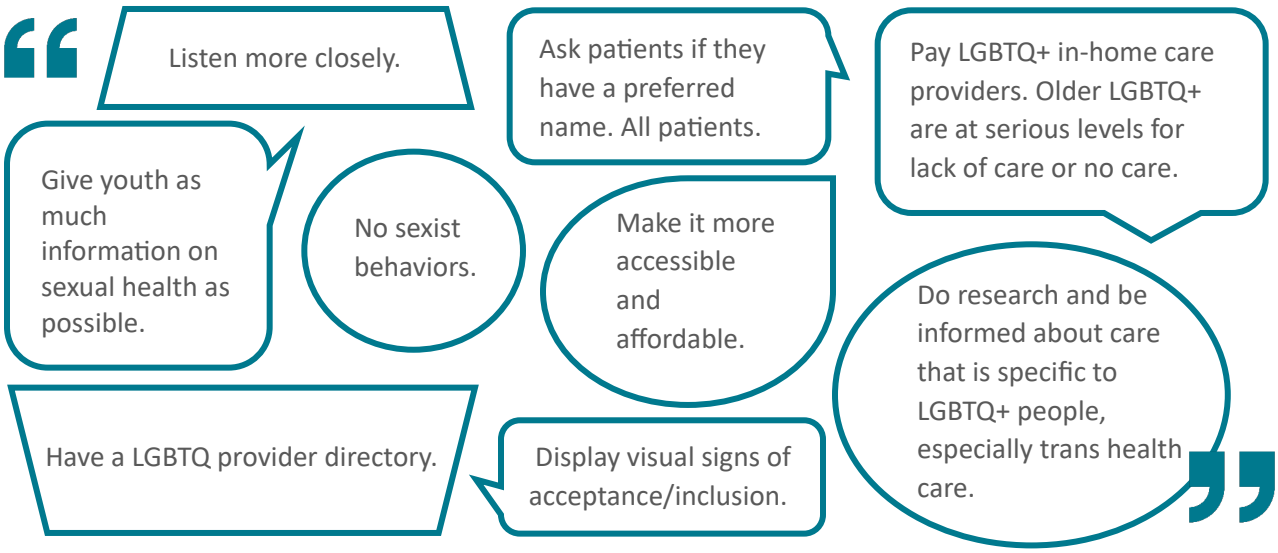
### Over **1 in 3** respondents are **unsure if their healthcare providers are affirming** to the LGBTQ community. (n=2,500)




Although over half of respondents indicate that their healthcare providers are affirming to the LGBTQ community sometimes, often, or always, many respondents indicate that they are "not sure" (35%, n=875). These responses fit with "hesitation to disclose" and "fear of seeking healthcare from providers who may not be affirming." Among transgender (74.4%) and POC (66.5%) respondents, having experiences with affirming providers sometimes, often, or always is **more common** than among counterparts who are not-transgender (58.6%) and non-POC (63.1%). Smaller percentages of disabled (62.5%) and neurodivergent (62.8%) respondents indicate their providers are affirming to the LGBTQ community sometimes, often, or always compared to non-disabled (64.1%) and neurotypical respondents (64.6%).

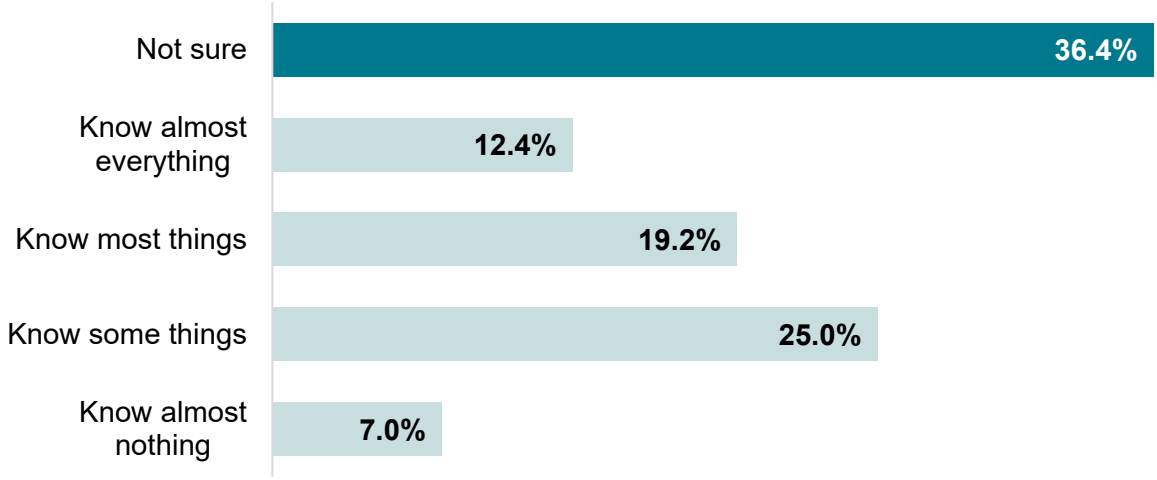
Respondents ages 25 and under less frequently report that their providers are always affirming (14.4%, n=106), compared to older respondents (25.3%, n=634). Older respondents also report being unsure more often (27.8%, n=695, compared to 24.3%, n=179 of respondents 25 and under).

Respondents are asked how their providers could be more affirming. The following suggestions provide a brief snapshot into the respondents' insights.



Another important aspect of providing appropriate care is the competence to provide LGBTQ-specific care. Transgender patients may have specialized needs, and social context factors are relevant to all LGBTQ people. Respondents are asked if their providers know about health care for LGBTQ people, such as suggesting care for their individual needs.

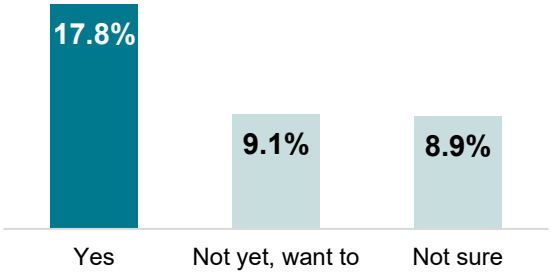
Over **1 in 3** respondents are unsure if their providers know about **healthcare for LGBTQ people.** (n=3,242)



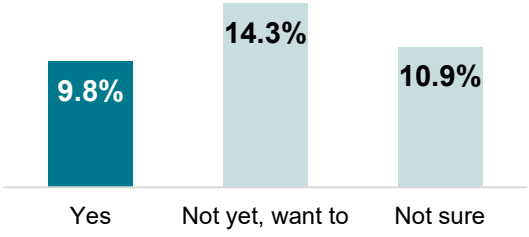

Although about one of three participants say that their providers know "most things" or "almost everything" about LGBTQ-specific healthcare, nearly half either are not sure or feel their provider knows "almost nothing." A majority of transgender respondents report that their providers know some, most, or almost everything about LGBTQ care (70.6%, n=775, significantly more than 49.3%, n=1,047 of respondents in counterpart group). This could be due to seeking out providers who specialize in health care for transgender people.

Although most respondents do not intend to access gender-affirming surgeries (such as top surgery, bottom surgery, or facial feminization/masculinization) or hormone replacement therapy (also known as HRT, including estrogen, testosterone, or puberty blockers), a substantial group of respondents have accessed, want to access but have not yet, or are questioning if they want to access these types of care.

Over 1 in 6 respondents have accessed **hormone replacement therapy.** (n=3,234)




Almost 1 in 10 respondents have received **gender-affirming surgery.** (n=3,236)



More than one in six of all respondents have accessed hormone replacement therapy (17.8%), and nearly one in ten want to access hormone replacement therapy but have not yet (9.1%); **of respondents who identify as transgender, one in five want to but have not yet accessed hormone replacement therapy** (19.9%, n=219). Significantly more respondents of color indicate they want to access hormone therapy but have not yet received (15.2%, n=86, compared to 7.7%, n=206 of non-POC), as do more disabled respondents (14.1%, n=112 compared to 7.4%, n=181 of non-disabled) and neurodivergent respondents (11.7%, n=184 compared to 6.4%, n=103 of neurotypical respondents). Similar proportions of younger and older age groups report receiving hormone replacement therapy, but younger respondents are more likely to want but have not yet received this care (17.6%, n=131, compared to 6.5%, n=162 of older respondents).

About one in ten respondents report receiving gender-affirming surgery (9.8%), while one in seven want gender-affirming surgery but have not yet accessed (14.3%); **more than one in three of transgender respondents want but have not yet accessed gender-affirming surgery** (36.2%, n=399). More than one in five disabled (21.3%, n=169, compared to 12.1%, n=295 of non-disabled) and neurodivergent respondents (20.9%, n=329, compared to 8.1%, n=130 of neurotypical respondents) report they want gender-affirming surgery and have not yet accessed. Slightly fewer age 25 and under respondents have had desired surgeries (8.5%, n=63) compared to older respondents (10.2%, n=253), but more than one in four wants but has not yet accessed (25.0%, n=186, compared to 11.2%, n=278 of older respondents).

## BARRIERS TO CARE

When asked about barriers to care, more than two in five respondents report experiencing at least one barrier (42.5%), while over half of respondents indicate no current barriers to care (57.5%). Respondents report **the most common barrier to care is fearing negative reactions to being LGBTQ from healthcare providers** (20.4%). Other barriers include not being able to find LGBTQ-affirming providers for the care needed (13.3%); LGBTQ-affirming providers identified are not covered by health insurance (10.6%); and LGBTQ-affirming providers being too far away (10.5%). Two hundred and eighty-four respondents also write in other barriers experienced, including: transportation, cost, past trauma, long waits, and more.

In the past 12 months, **over half of respondents have received counseling or other mental health treatment** (56.9%, n=1,779). Nonetheless, many barriers to receiving mental health treatment exist and persist, especially for the LGBTQ population. Respondents report the three most common barriers to mental health care as fearing negative reactions to being LGBTQ from providers (15.0%), finding a LGBTQ-affirming mental health provider (14.7%), and LGBTQ-affirming mental health providers not being covered by health insurance (14.2%).

Additional useful insights from prompt asking about mental health care barriers include:

- “I would need neurodivergent-affirming mental health care.”
- “I work all the time and it’s hard to find time to go to therapy.”
- “Low availability/Full wait lists when using Medicaid.”
- “Personal discomfort unrelated to my identity.”
- “I depend on family who would not accept it [mental health care].”

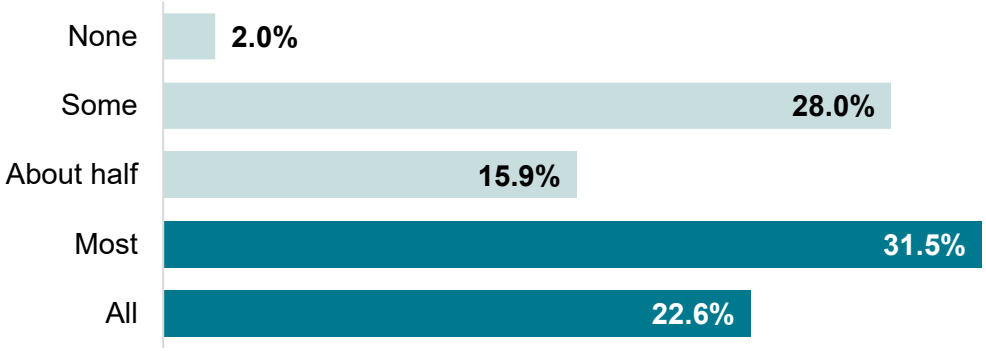
Myriad open-ended responses discuss effects of stigma, intersectional oppression, lack of monetary resources, and other topics further.

# Experiences

## COMING OUT

Almost all respondents say that at least some people in their lives know they are LGBTQ (98.0%, n=3,319). However, of these respondents, less than one quarter is out to everyone in their life (22.6%, n=764). About one in two respondents is out to most (31.5%) or half (15.9%) the people in their life. Just under one in three of all respondents is out to only some (28.0%, n=947) or no one (2.0%, n=67) in their life.

Over half of respondents are **out to everyone or almost everyone** in their lives. (n=3,386)




Most respondents perceive that people read them as LGBTQ at least some of the time when they are in public (83.1%, n=2,810).[13] [14] Transgender, genderqueer, genderfluid, non-binary, and respondents with "other" write-in gender identities were asked how often they are read as transgender or gender-expensive in public spaces; of these respondents, half perceive they are read as transgender or gender-expansive in public more than half of the time (51.4%, n=590).

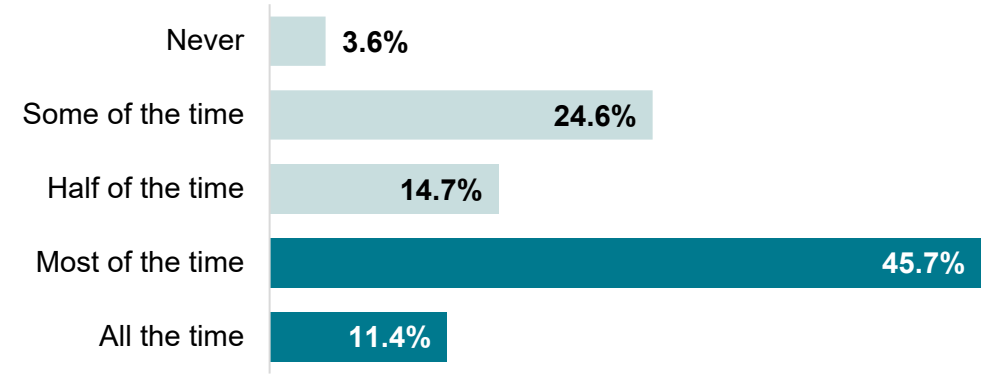
## SAFETY

The question "Do you feel safe expressing your LGBTQ identity?" is about a general sense of security in one's gender and sexuality expression. **Across all respondents, more than half feel safe expressing their LGBTQ identify most or all of the time** (57.1%). Transgender respondents less frequently feel safe expressing their LGBTQ identity than other respondents: 68.3 percent of trans respondents feel safe

[13] All respondents were asked "In general, how often do people read you as LGBTQ when you are in public?"
[14] Response options given for all questions about public perception, feelings of safety, and feelings of affirmation were: "Never," "Some of the time," "Half of the time," "Most of the time," and "All the time."

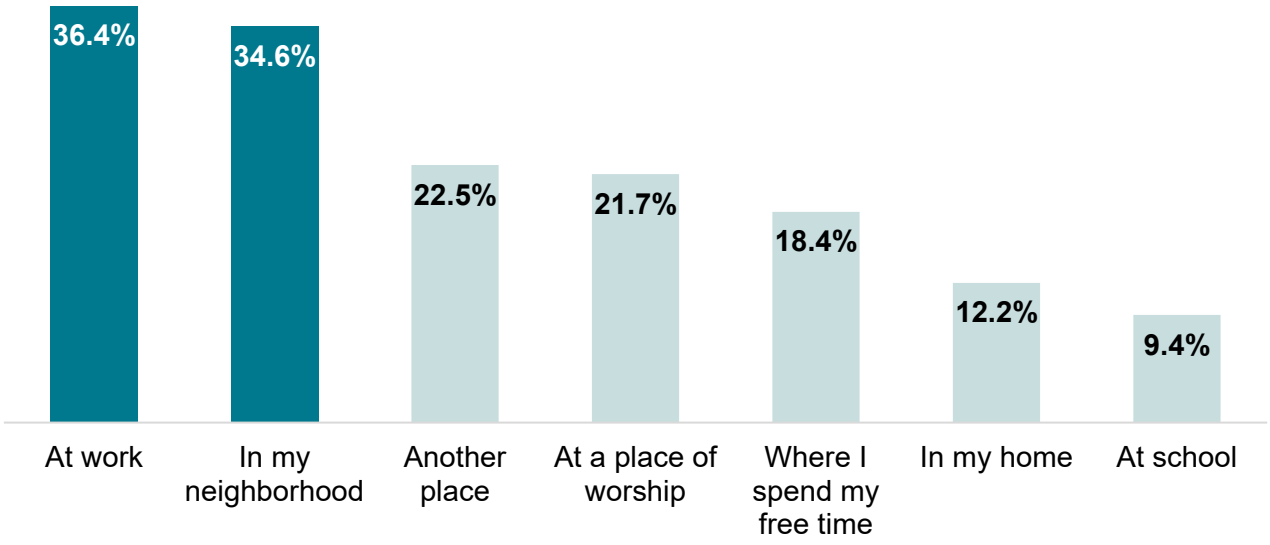
more than half of the time, whereas 73.9 percent of other respondents feel safe more than half of the time (n=779, n=1,632 respectively). POC also experience feeling safe expressing their LGBTQ identity at least half the time at a lower percentage than non-POC (65.1% versus 73.2%; n=383, n=2,030 respectively).

Over half of respondents feel **safe expressing their LGBTQ identity.** (n=3,371)



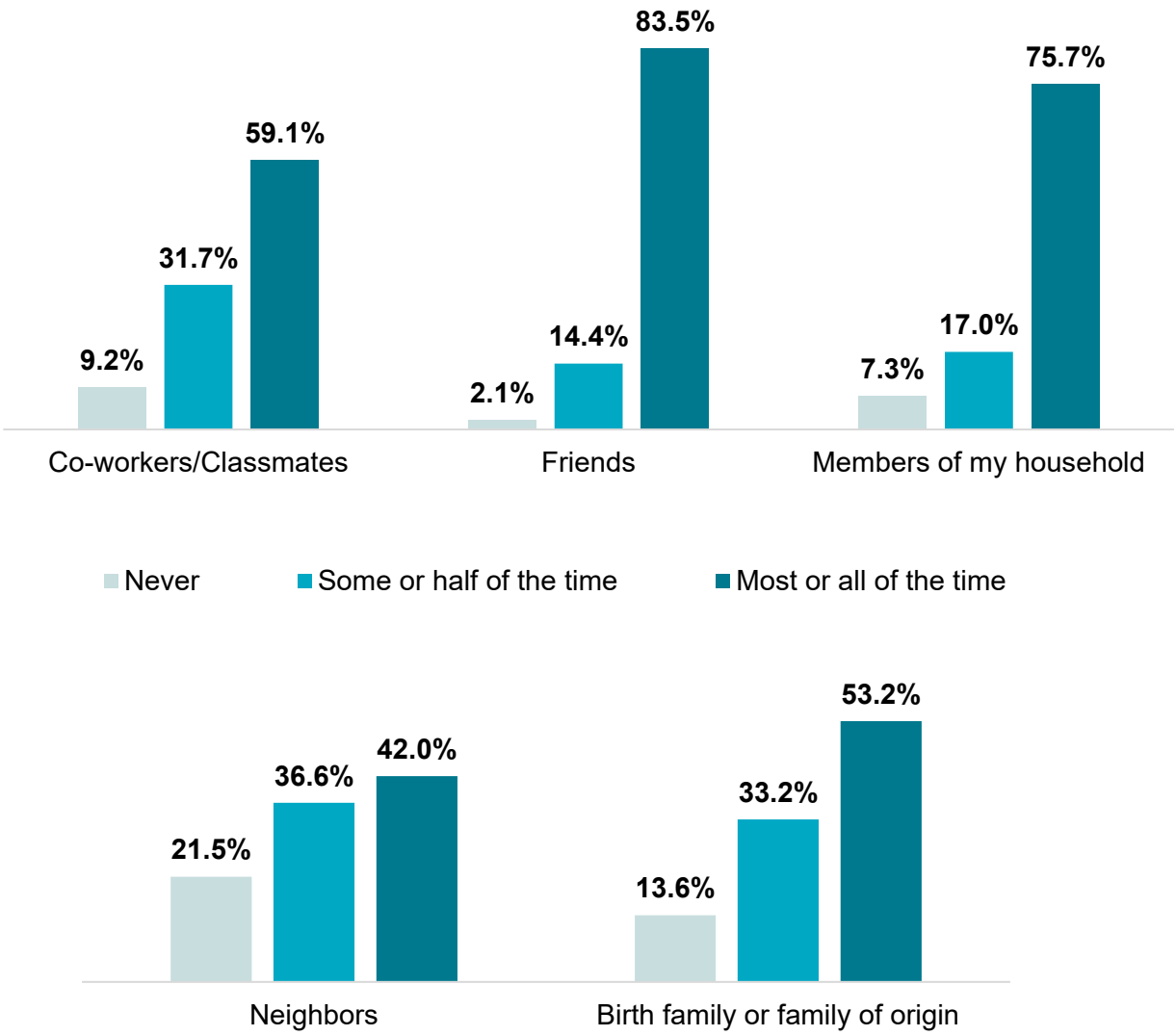

For those who indicate that they feel less safe, the assessment follows up with a location-specific inquiry: "Where do you feel less safe expressing your LGBTQ identity?" **The places most often selected for where respondents feel less safe are "at work"** (36.4%, n=1,237) **and "in my neighborhood"** (34.6%, n=1,173).

Over 1 in 3 respondents report feeling **less safe at work** and **in their neighborhood.**



When asked "Do people in the following groups affirm your identity?" **the majority of respondents indicate their friends are affirming most or all of the time** (83.5%, n=2,795). More than three in four respondents indicate members of their household affirm their identity most or all of the time (75.7%), and about half of respondents indicate their co-workers/classmates (59.1%) and family of origin (53.2%) affirm their identity most or all of the time. **Less than half of respondents feel their neighbors affirm their identity the majority of the time** (42.0%).

## **4 in 5** respondents feel **friends affirm their identity.**

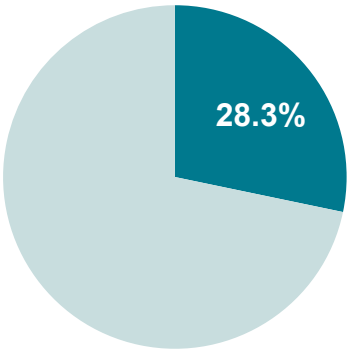


## BATHROOM AVOIDANCE

For many members of the LGBTQ community the prospect of entering public bathrooms can pose a threat to safety. Public bathrooms are typically gendered. Building codes and transphobic rhetoric continues to focus on gender binary as it relates to public bathrooms.

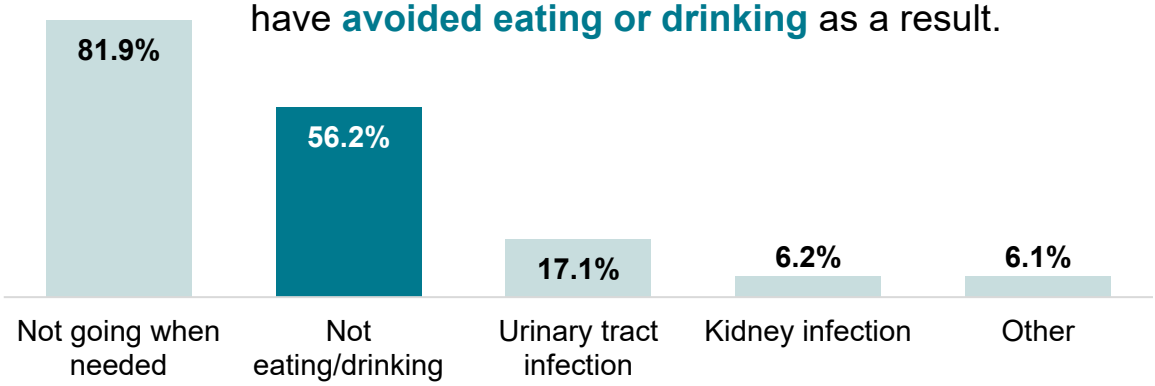
When asked "Have you ever avoided using bathrooms in public, at work, or in school because you are LGBTQ+?" almost one in three respondents responded "yes." (28.3%, n=946). **Among transgender respondents, more than half report avoiding bathrooms** (60.5%, n=686).

Nearly **1 in 3** respondents have **avoided bathrooms.** (n=3,348)




Respondents who indicate avoiding bathrooms are also asked "Have you experienced any of the following because you avoided bathrooms?"; of these respondents, **most report at least one repercussion due to avoiding bathrooms** (87.6%).[15] The results of avoiding bathrooms include not eating or drinking and developing urinary tract or kidney infections. 58 respondents share varied "other" experiences with not going to the bathroom when necessary—from developing longstanding pelvic floor issues to not being able to address wound care in a timely fashion, these responses highlight safe public bathrooms as a necessity for LGBTQ health.

Over half of those who have avoided bathrooms also have **avoided eating or drinking** as a result.



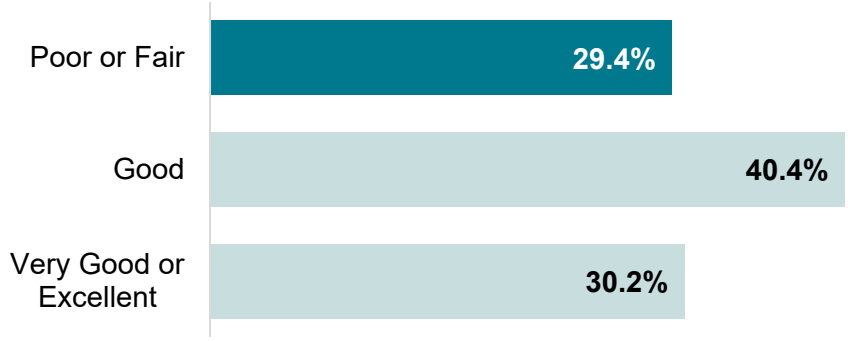

[15] The additional 12.4% indicate no repercussion from avoiding bathrooms.

# General Health

## OVERALL HEALTH

About one in three respondents self-report their health as poor or fair (29.4%). Most respondents report their health as good, very good, or excellent (70.6%).

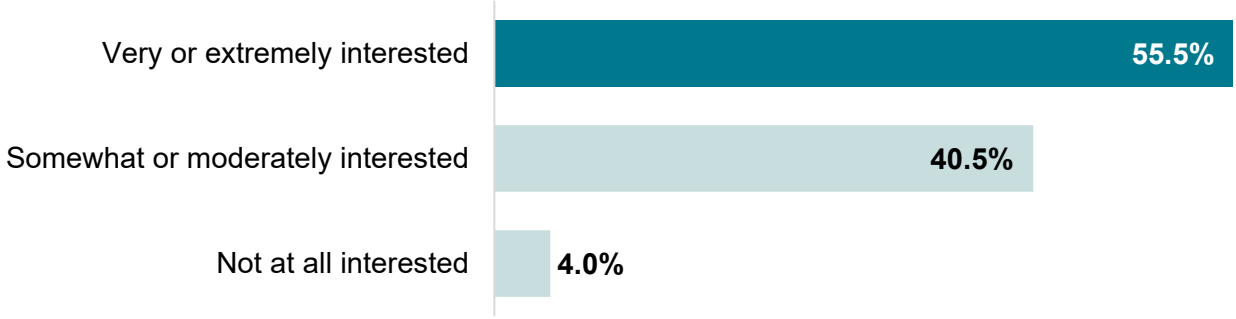
**3 in 10** respondents self-report their overall health as **poor or fair.** (n=3,178)




## HEALTHY LIVING STRATEGIES

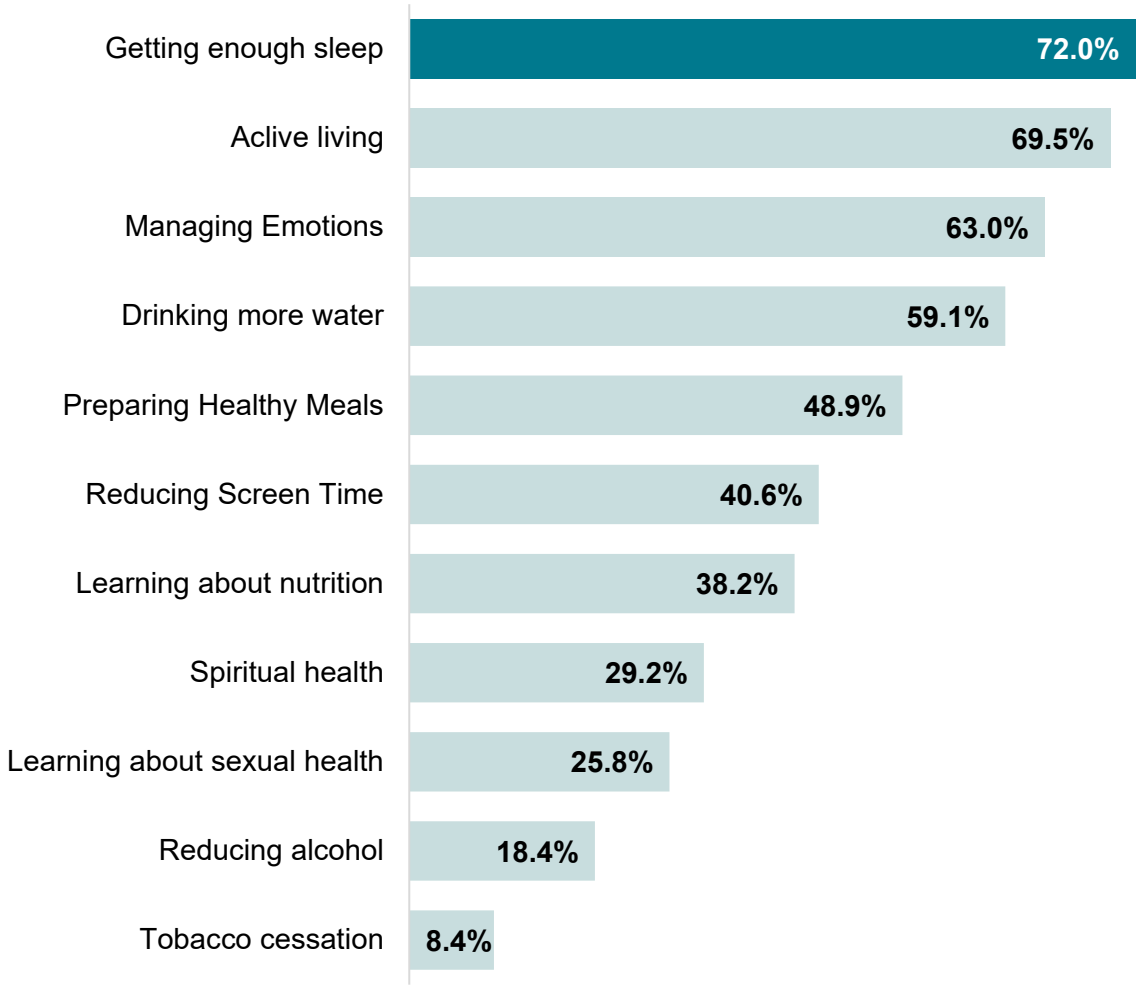
**More than nine in ten respondents are at least somewhat interested in incorporating healthy living strategies** (96.0%), with the largest percent of respondents indicating they are "very" interested (36.8%). Very few respondents say they are not at all interested in incorporating healthy living strategies into their lives (4.0%).

**Over half** of respondents are very or extremely interested in **healthy living strategies.** (n=3,173)



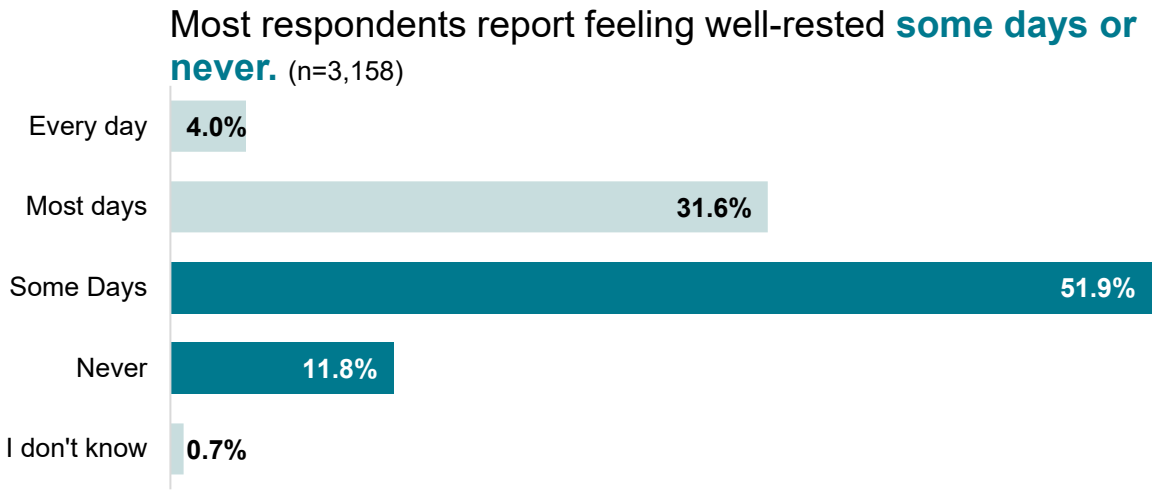
The most common healthy living strategies respondents are interested in incorporating include “getting enough sleep” (72.0%), “active living” (69.5%) and “managing emotions” (63.0%), with about two in three respondents selecting at least one of these categories. This finding aligns with results from prior LGBTQ needs assessments and demonstrates resiliency and ongoing readiness for incorporating healthy living strategies.

Respondents are interested in numerous healthy living strategies, with **getting enough sleep** receiving the most interest.



## 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 (11.8%), and about half felt well-rested only on some days (51.9%).



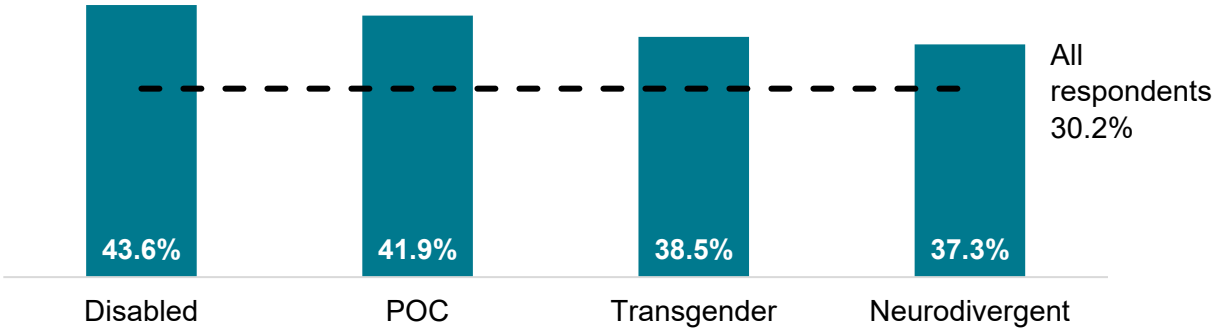

One in six of transgender respondents report never feeling rested (16.6%), and **one quarter of respondents with a disability report never feeling rested** (25%).

# Basic Needs

## UNSTABLE HOUSING

**Nearly one in three respondents have experienced unstable housing in their lifetime** (30.2%, n=943). Here, the definition of unstable housing includes couch-surfing, being unhoused, or staying in a temporary living situation because of no alternatives. 309 respondents, or **32.8 percent of those who had ever experienced unstable housing, indicate they have been unstably housed in the past 12 months**.

More disabled, POC, transgender and neurodivergent respondents have **experienced unstable housing** compared to respondents overall.



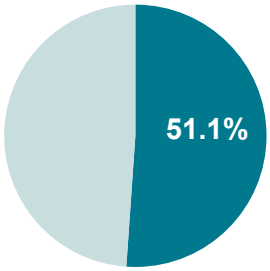

An even greater proportion of respondents who have a disability have ever experienced unstable housing (43.6% compared to 25.8% of respondents who do not (n=336, n=607). Over four in ten of POC respondents (41.9%, n=225) and nearly four in ten transgender respondents (38.5%, n=400) have experienced unstable housing in their lifetime—these frequencies are significantly higher than among counterparts (27.9% of non-POC counterpart, n=722; 27.7% of non-transgender counterpart, n=714). More than one third (37.3%) of all neurodivergent respondents have experienced unstable housing, whereas almost one quarter (22.9%) of the neurotypical counterpart have experienced it (n=571, n=350 respectively). These significant disparities persist by group analysis when looking at experience being unstably housed in the last 12 months, except for by neurodivergent status.

## VIOLENCE

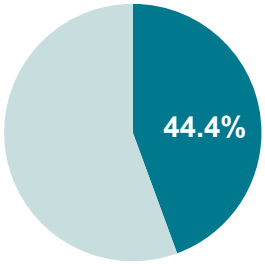
**Half of respondents have experienced physical or sexual violence in their lifetime** (51.1%, n=1,596). Almost half have experienced violence from a family member, partner, or spouse (44.4%, n=1,386). Among transgender respondents (56.6%, n=589), neurodivergent respondents (60.7%, n=930), and respondents with a disability (65.6%, n=506), lifetime experiences of physical or sexual violence are significantly more common than among their counterparts. Trauma and safety services may require

tailored approaches to meet the unique needs that people with different, intersecting identities bring to the table. A one-size-fits all set of services may not be sufficient to address the high need inferred by these Health Needs Assessment results.

**Over half** of respondents have experienced **physical or sexual** violence. (n=3,122)




Over **2 in 5** respondents have experienced violence from a **family member, partner, or spouse.** (n=3,122)



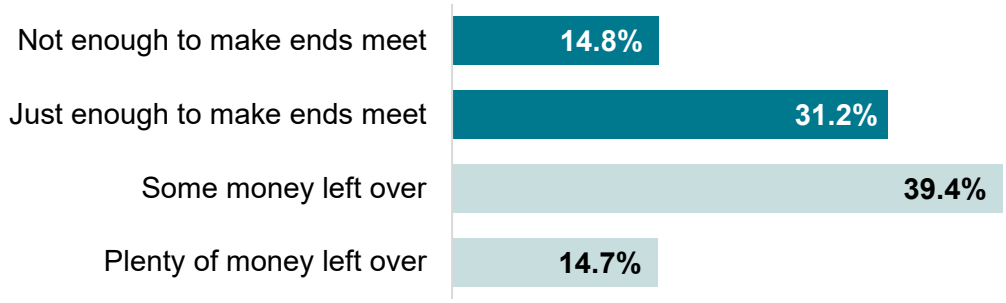

The Health Needs Assessment also asked whether participants feel safe at home. While this question lacks specificity, physicians often use this same questions to gauge any urgent need that follow up questions and services could address. Across all respondents, nine in ten indicate they feel safe at home (90.5%, n=2,930), 6.3 percent do not (n=196), and 3.3 percent select "not applicable"[16] (n=102). Transgender respondents (9.4%) and those identifying as people of color (11.2%) were more likely than counterpart groups to select that no, they did not feel safe at home (n=98; n=60). When asked about feelings of safety in their current relationship (if any), 95.2 percent of respondents with applicable relationships share they feel safe in the relationship (n=2,193).

[16] "Not applicable" could mean unstably housed or otherwise not living in a home setting.

## FINANCIAL SECURITY

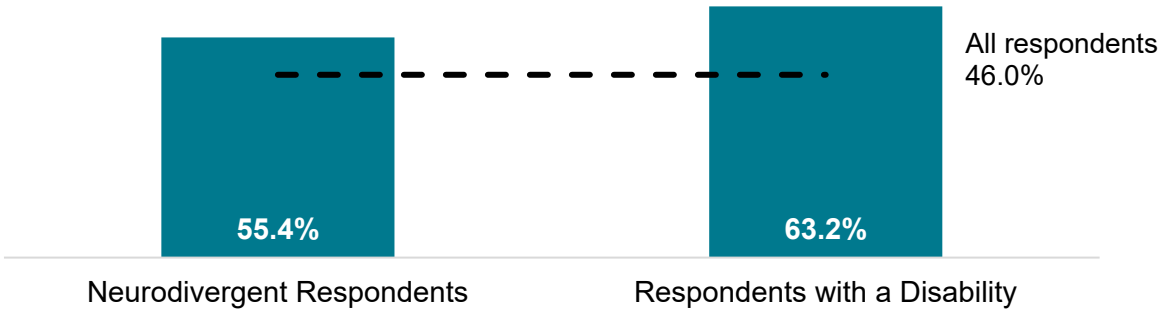
Respondents were asked whether they have money left over at the end of the month. **Nearly half of respondents say they do not have any money left over at the end of the month** (46.0%) —either having just enough, or not enough, to make ends meet (n=1,551).

Almost half of respondents have **not enough or just enough money** to make ends meet at the end of the month. (n=3,374)



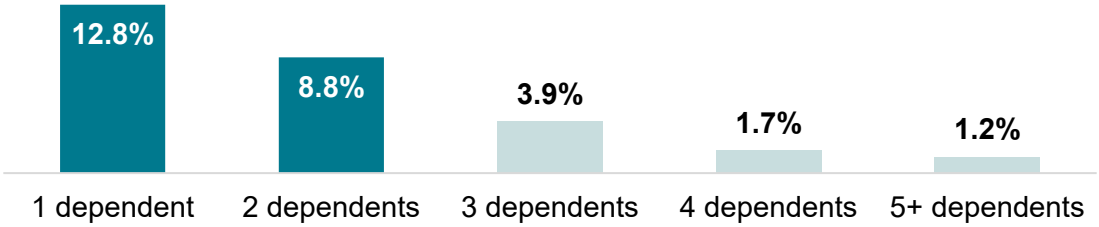

Half of neurodivergent respondents (55.4%) do not have money left over at the end of the month, compared to just over a third (37.0%) of neurotypical respondents (n=898, n=624 respectively). More than six in ten respondents with a disability (63.2%) do not have money left over at the end of the month, compared to four in ten (40.3%) respondents who do not have a disability (n=533, n=1,026 respectively).

More respondents who are **neurodivergent** or have a **disability** have **no money left over** at the end of the month.




In addition to having just enough or not enough money at the end of the month, many respondents also support dependents —over one in four have at least one dependent or person they financially caretake (28.5%, n=965).

Most respondents with dependents have **one** or **two.**



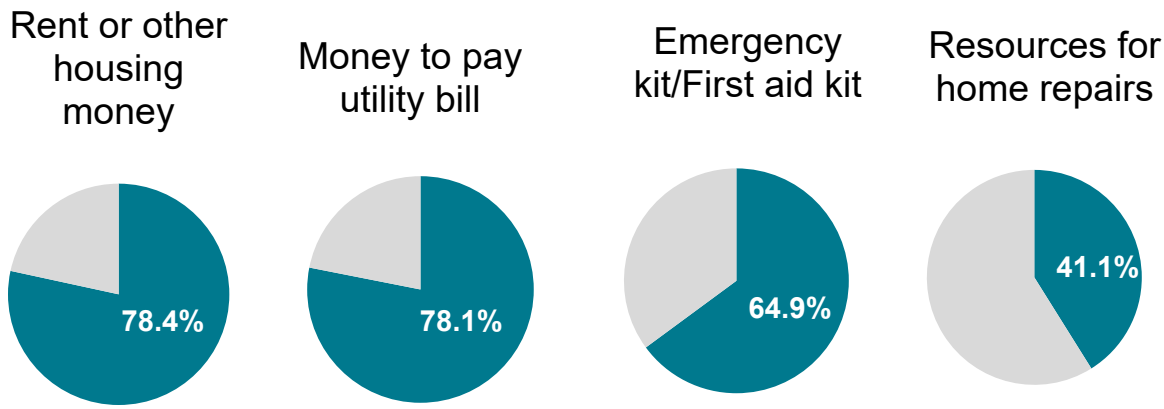

## FOOD INSECURITY

Food insecurity impacts many respondents. The Health Needs Assessment asks how often the following statement is true over the last 12 months: "The food that I bought just did not last, and I did not have money to get more." About one in three respondents indicate this is sometimes or often true for their households (32.0%, n=1,076). Again referring to the last 12 months, respondents selected a level of agreement with the statement: "I worried whether my food would run out before I got money to buy more." A greater percentage of respondents sometimes or often have this experience (39.1%, n=1,314).

Nearly **4 in 10** respondents worried **food would run out** before they got money to buy more in the past year. (n=3,366)

## RESOURCES

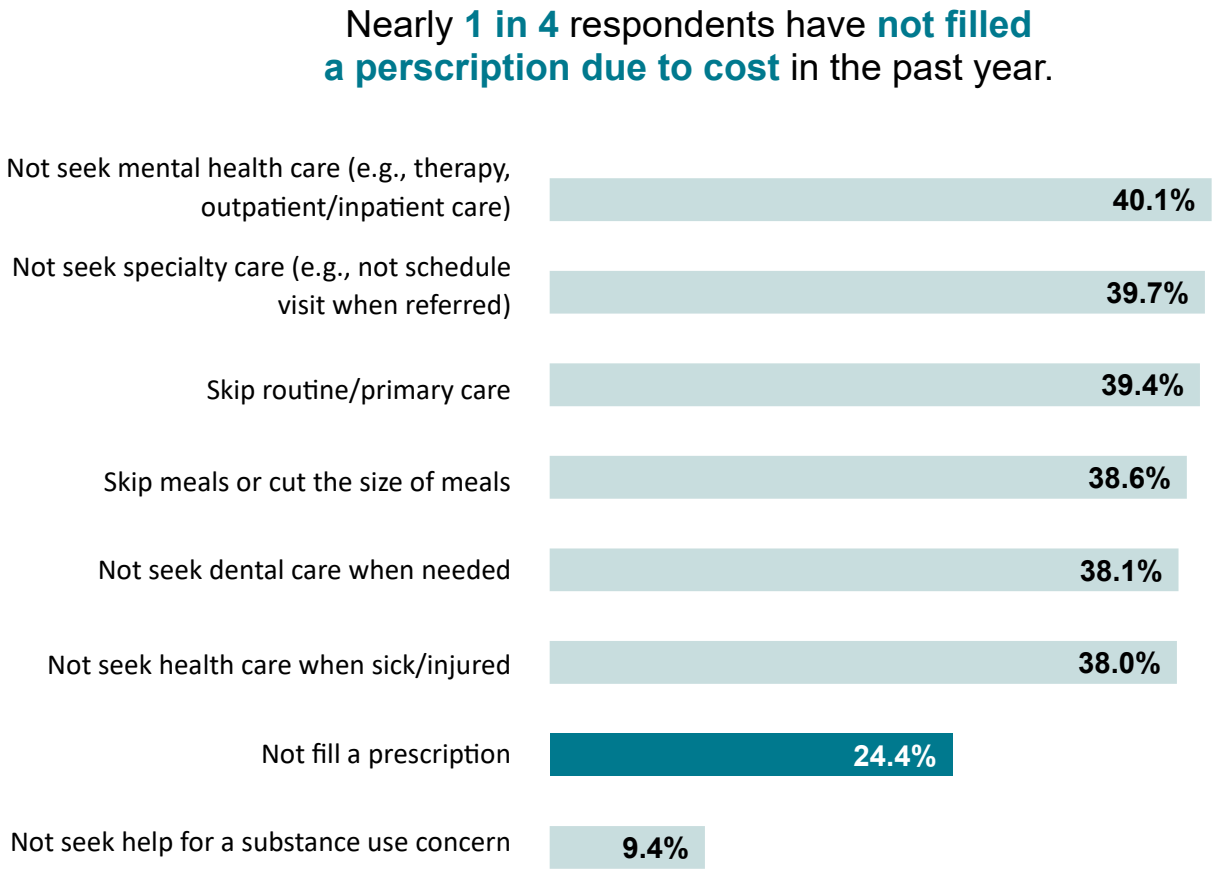
The Health Needs Assessment also inquired about other important material resources for the first time in its four iterations.[17] About four in five respondents are confident they have enough money this month to cover their rent or mortgage (78.4%), and enough money to pay their utility bill (78.1%). Most are confident they can access an emergency kit or first-aid kit (64.9%), but less than half are confident they have access to resources for home repairs if needed (41.1%, n=1,396).




[17] The assessment question about resources asked, "Please select the resources you are confident you can access if you are to need them this month."

## COST-RELATED BARRIERS

High costs deter people from healthy behaviors and seeking health care. The Health Needs Assessment asked respondents "In the past year, has there been any time when you did the following because of the cost?" followed by a list of items such as skipping meals or not seeking care. For most categories, over one in three respondents has experienced a cost-related barrier.




Transgender respondents, POC respondents, neurodivergent respondents, and respondents with a disability more frequently indicate they have experienced skipping meals or cutting the size of meals due to cost. Looking at more cost-related barriers across intersections of identity yields similar results; not filling a prescription or skipping dental care, for instance, is more common among transgender, POC, neurodiverse, and disabled respondents compared to counterparts.

# Mental Health

## MENTAL HEALTH CHALLENGES

Many of the individuals responding to the Health Needs Assessment have experienced mental health challenges in the past 12 months (69.6%, n=2,167). **Almost half of respondents share their mental health was poor for more than ten days out of the last 30 days** (46.8%, n=1,061).

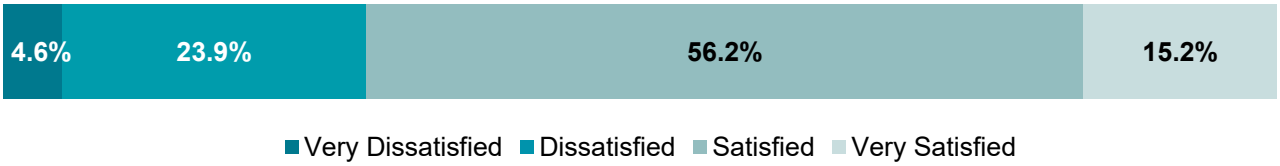
**Half of respondents have thought about harming themself at some point during their life** (50.2%, n=1,704). Respondents with this experience often have their first thoughts of self-harm at a very young age; almost half first had these thoughts between the ages of 10 and 14 (45.0%, n=765).

Most respondents report satisfaction with their lives overall (71.4%, n=2,222); nearly one in three report being dissatisfied or very dissatisfied with their lives (28.5%).

**WANT TO TALK ABOUT IT?**

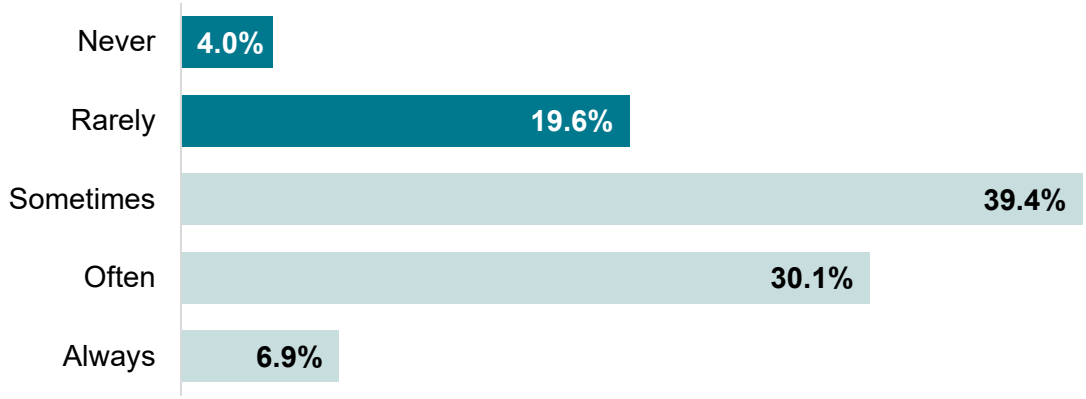
- Call 988 Suicide & Crisis Lifeline
- Trans Lifeline at 1-877-565-8860
- Trevor Project Lifeline for LGBTQ youth text START to 678-678 or call 1-866-488-7386
- SAGE x Hearme LGBT Elder Support app https://www.sageusa.org/hearme/

Almost **1 in 3** respondents report being **very dissatisfied or dissatisfied** with their life. (n=3,111)



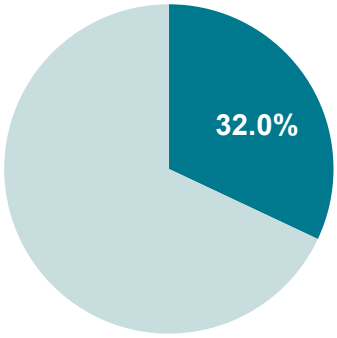

Many respondents report not receiving necessary social and emotional support, and lacking feelings of community and connectedness to others, highlighting the need for community support and programs that foster connections for isolated individuals. Over one in three respondents report they often or always receive the social and emotional support they need (37.0%, n=1,153), and an additional one in three sometimes receives this support (39.4%, n=1,225); **almost one in four respondents report they rarely or never received the social and emotional support they need** (23.6%, n=735).

Almost **1 in 4** respondents **rarely** or **never** receive the **social and emotional support** they need. (n=3,113)

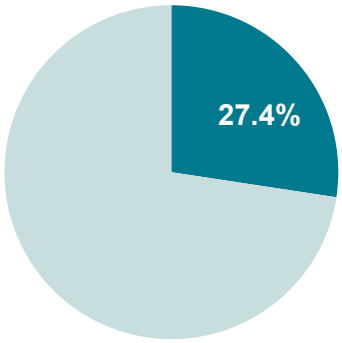



Feelings of isolation over the past twelve months are common among respondents. About one third of respondents always (7.6%, n=238) or often (24.4%, n=759) feel isolated from others; another one in three sometimes feel isolated from others (35.2%, n=1,097); the final third of respondents rarely (20.6%, n=642) or never (12.2%, n=379) feel isolated from others.

Almost **1 in 3** respondents **often or always feel isolated** in the past year. (n=3,115)

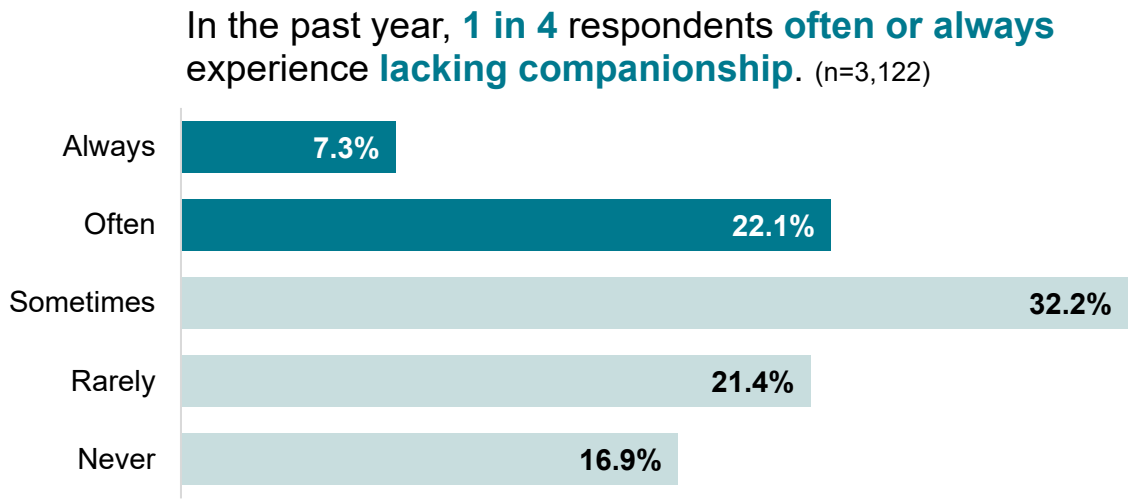



Over **1 in 4** respondents report **often or always feeling left out** in the past year. (n=3,124)




Among LGBTQ Health Needs Assessment respondents, more than one in four report often or always experiencing feelings of being left out over the last year (27.4%, n=855). More than one in three sometimes had feelings of being left out (38.3%, n=1,196) and the remainder have rarely or never experienced this in the last year (34.4%, n=1,073).

Over three in five respondents report feeling they lacked companionship sometimes, often, or always during the past year (61.6%, n=1,925), while the rest never (16.9%, n=529) or rarely (21.4%, n=668) feel they lack companionship.



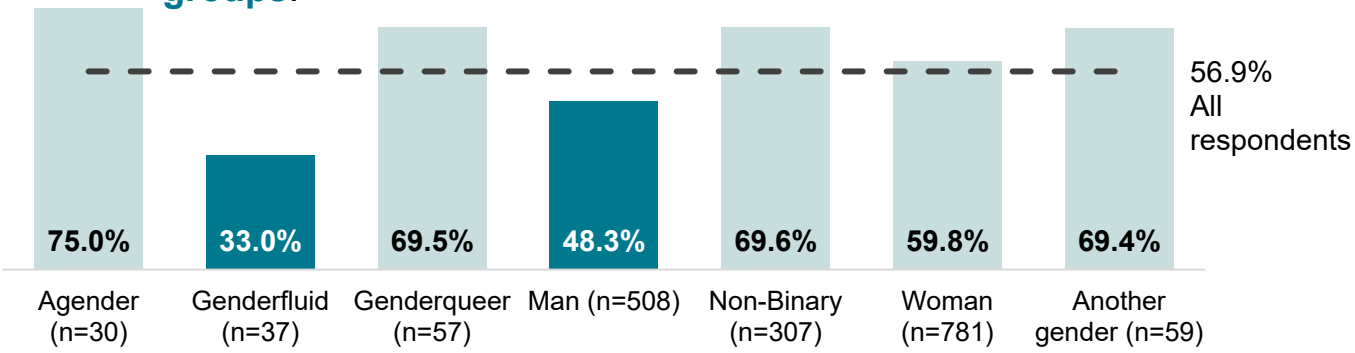

## MENTAL HEALTH & IDENTITY

When considering stress over the past month, most participants feel stressed or upset sometimes, often, or always (86.7%, n=2,699). People may or may not conceptualize their feelings of stress as related to their identity. Many factors from the political landscape to workplace and social decisions about coming out, gender presentation, and discrimination confer minority stress on people. To understand the relationship between stress and identity better, the Health Needs Assessment also asks a follow-up to those who indicate feeling some level of stress: “When you felt stressed or upset, was it related to being LGBTQ+?” Nearly half of participants indicating any feelings of stress (48.0%) also indicate that being LGBTQ+ sometimes, often, or always has to do with these feelings (n=1,458). Conversely, more than half (52.0%) share that their being LGBTQ+ is never or rarely related to feelings of stress and being upset (n=1,583).

## COMMUNITY MENTAL HEALTH DIFFERENCES

LGBTQ+ men less frequently report receiving mental health care in the past year, compared to other gender identities (48.3%, n=508). Genderfluid respondents have received mental health care over the last year even less frequently—about one in three had received any (33.0%, n=37). Rather than not needing mental health services, these the majority of these respondents indicate they have experienced mental health challenges: over three in five men (60.9%, n=639), and over half of genderfluid people (51.4%, n=57).

In the past 12 months, **genderfluid people and men have received mental health treatment less frequently than other groups**.



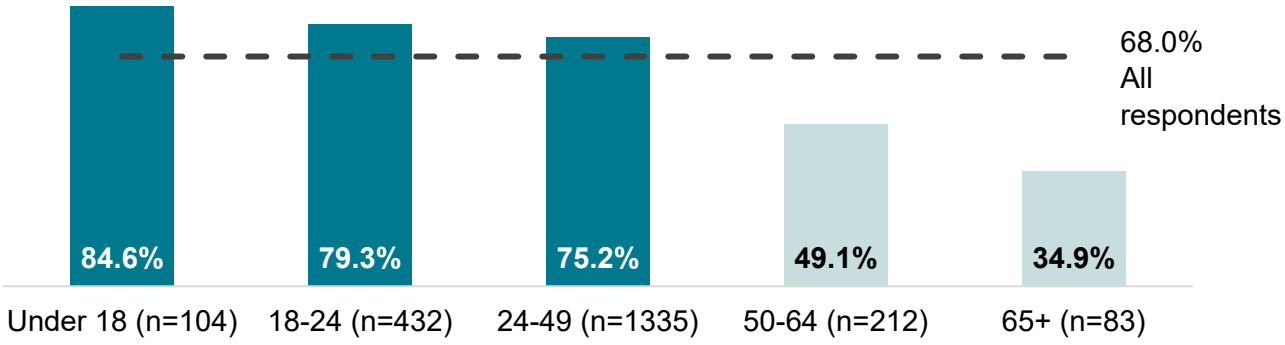

While not all transgender people want to medically transition, the guidelines set out by The World Professional Association for Transgender Health (WPATH) recommend mental health needs assessment prior to gender-affirming surgery.[18] Transgender respondents and neurodivergent respondents have higher percentages of having received mental health treatment than respondents in counterpart groups, respectively (66.7%, n=692; 70.3%, n=1,075). Respondents with a disability, too, are more likely to have received mental health treatment than respondents without a disability (66.2%, n=510).

**Transgender** respondents receive **mental health treatment** more frequently.


[18] WPATH 2024. Standards of Care, Version 8. https://wpath.org/publications/soc8/chapters/

Younger respondents more frequently indicate mental health challenges in the past year. Additionally, younger respondents report at higher percentages they have ever thought of harming themselves, they have less life satisfaction, they feel more isolated, and they feel more left out. Among all respondents, frequencies of all these experiences decline with age progression. However, not all experiences related to poor mental health decline as age increases; 80.5% of respondents in the age range 50-64 have felt they received the social and emotional support they need at least sometimes (n=346), compared to 78.5% of respondents over the age of 65 (n=190).

**Younger respondents** are more likely to report **mental health challenges.**

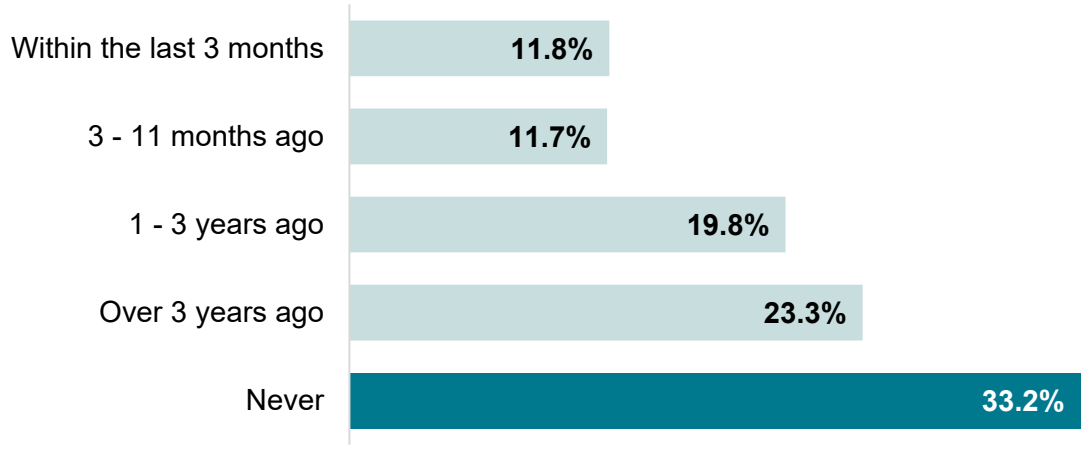


# Sexual Health

## HIV

The majority of respondents have been tested for HIV in their lifetime (66.8%); **one in three respondents report never being tested for HIV** (33.2%). Respondents aged 35 to 44 (80.9%, n=475), 55 to 64 (80.2%, n=219), and 45 to 54 (77.7%, n=240) are most likely to have ever been tested for HIV, followed by respondents aged 25 to 34 (68.9%, n=704), 65 and older (68.6%, n=164); respondents aged 18 to 24 (44.9%, n=240) and under 18 (16.7%, n=21) are the least likely to have ever been tested.

**1 in 3** respondents have **never been tested for HIV.** (n=3,092)




144 respondents report being diagnosed with HIV (4.7%). Among age groups, respondents 55 to 64 years old most frequently report being diagnosed with HIV (14.8%) followed by respondents aged 65 and older (10.9%). Respondents 54 and younger are less likely to report being diagnosed with HIV at less than 5% of respondents ages 45 to 54 (4.8%), under age 18 (4.8%), 25 to 34 (3.0%), 35 to 44 (2.4%), and 18 to 24 (2.3%). **A higher percentage of respondents who self-identify as POC report being diagnosed with HIV** (10.6%) compared to respondents who are not POC (3.4%).

Respondents report experiences that the Centers for Disease Control and Prevention (CDC) consider primary risk factors for HIV.[19] Overall, two in five respondents ages 18 to 64 face one or more primary risk factors (39%, n=1,159); this is much higher than the general population in Pennsylvania ages 18 to 64

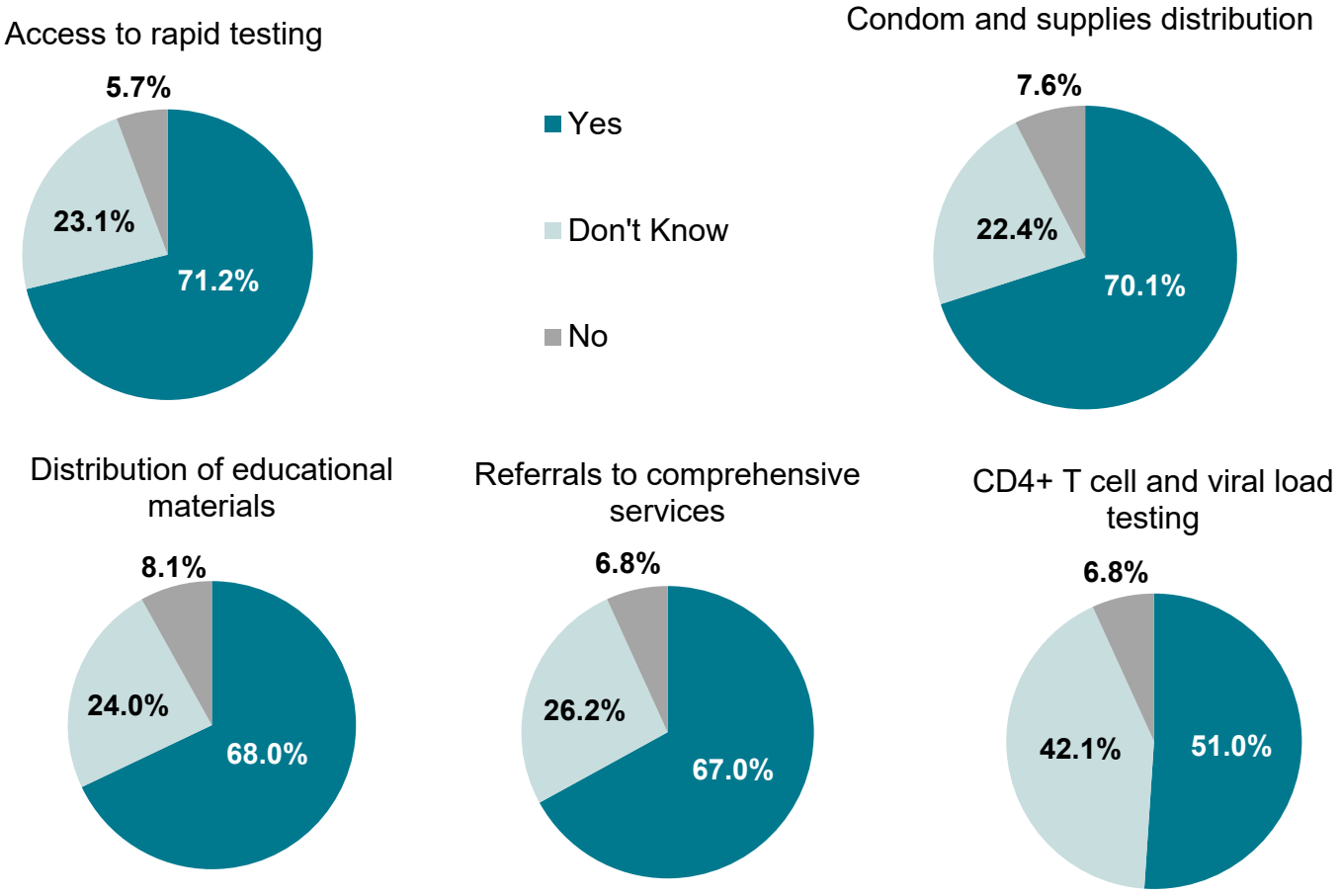
[19] CDC primary Risk Factors for HIV are a) being treated for STDs/ STIs, b) exchanging sex for money or drugs, c) injecting any unprescribed drug, d) having anal sex without a condom, or e) having 4+ sex partners in the past year, based on Behavioral Risk Factor Surveillance System Survey Questionnaire.

(7%).[20] HIV risk can be mitigated using Pre-Exposure Prophylaxis (PrEP)[21]; about one in ten respondents not diagnosed with HIV ages 18 to 64 report currently taking PrEP (9.7%).

**The majority of respondents facing one or more primary risk factors report not currently taking PrEP** (82.3%, n=912). Among respondents who do not take PrEP the most frequent primary risk factors are engaging in receptive anal sex (bottoming) or vaginal sex without a condom (31.6%, n=833) followed by being diagnosed with a sexually transmitted disease or infection (6%, n=159).

Respondents of color are more likely to report currently taking PrEP (13.7%, n=62) compared to other respondents (8.0%, n=196); respondents of color are also more likely to report experiencing one or more primary risk factors (43.8%, n=261) compared to other respondents (34.6%, n=963). Of those who do not take PrEP, a larger proportion of respondents of color report experiencing at least one primary risk factor (41.6%, n=163) compared to non-POC respondents (33.1%, n=748).

## Respondents rated **access to rapid testing** as most important for **HIV testing and care.**




[20] Among all adult Pennsylvanians, 7% face one or more primary risk factors according to the Pennsylvania BRFSS, 2022.
[21] 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: Preventing HIV with PrEP

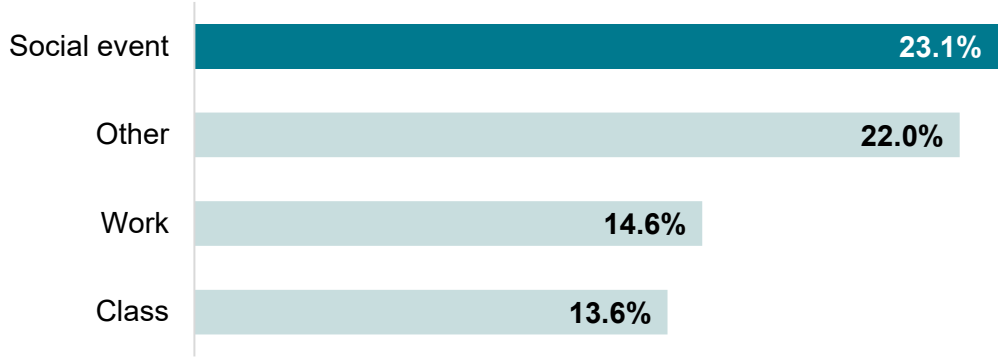
Respondents were asked to rate which resources are most important for HIV testing and care. “Access to rapid testing” (71.9%) and “condom and other supplies distribution” (71.0%) rank as most important to respondents with over seventy percent selecting these categories. Closely following is “distribution of educational materials” (68.8%) and “referrals to comprehensive services” (67.7%) with more than one in three respondents selecting these categories.

The lowest ranked category is “CD4+ T cell and viral load testing” which over half respondents believe is important (51.6%); notably, this category has the largest proportion of respondents who selected “don’t know” when asked if it is important (42.7%). Less than ten percent of respondents indicate any of the listed categories are unimportant.

## MENSTRUATION & PREGNANCY

Over half of respondents currently menstruate or have menstruated (58.6%, n=1,896). Of these respondents, over **one in three have been unable to participate in least one type of activity due to not having the needed menstruation products** (33.7%), with social events being the most common.

Nearly **1 in 4 respondents who menstruate** have been unable to participate in **social events** due to **not having the needed products.**




Half of participants have ever needed birth control or contraceptives (50.0%, n=1,620); of these respondents, five percent were unable to get the contraceptives they needed (5.1%, n=82).

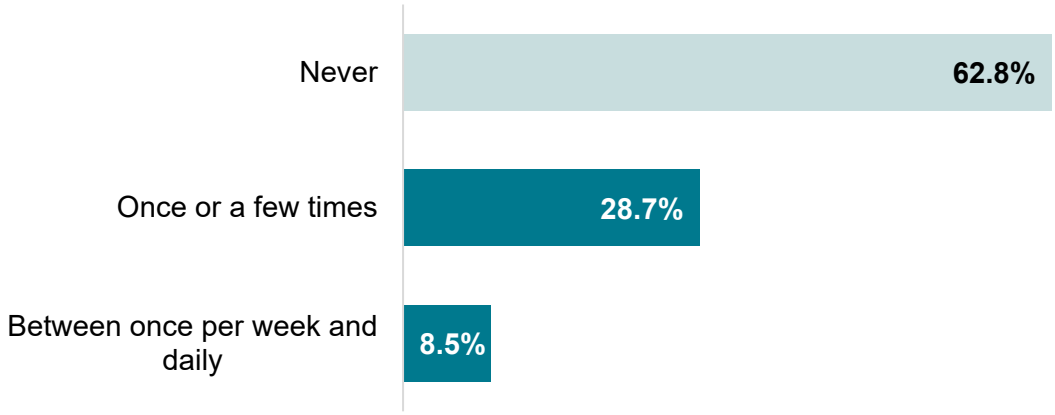
Over one in eight respondents have needed help ending a pregnancy (13.8%, n=436); ten percent of respondents who have needed this support were unable to get the help they needed (10.1%, n=44).

# Substance Use

## ALCOHOL USE

Nearly two thirds of respondents report using alcohol within the past year (64.1%). Almost one in ten respondents report binge drinking[22] once per week or more in the past 30 days (8.5%, n=261), and over one in four respondents report binge drinking once or a few times in the past 30 days (28.7%, n=880). Combined, **over one in three respondents report binge drinking at least once in the past 30 days** (37.2%).

Over **1 in 3** respondents report **binge drinking** in the last 30 days. (n=3,068)

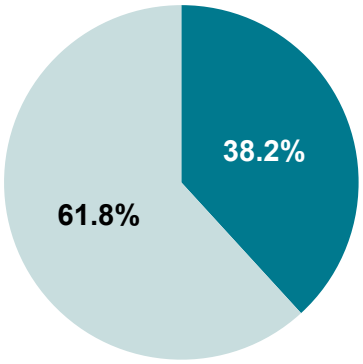



## DRUG USE

In the past year, more than one third have used marijuana (38.2%). One in twelve respondents report use of psychedelics in the past year (8.5%) and one in fifteen report using poppers or other alkyl nitrates in the past year (6.5%). Less than one in twenty report using cocaine (3.5%), and fewer report using MDMA (2.6%), ketamine (2.4%), and methamphetamine (1.3%).

[22] 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)."

**Marijuana** is the **most common drug** participants report using in the past year, after alcohol. (n=3,394)




One in forty respondents report using opioids (2.4%, n=81). Of these respondents[23], one in ten report exposure to xylazine (9.9%, n=8). Xylazine (or "tranq") is a substance often intentionally added to fentanyl or another opioid. Xylazine is not an opioid and overdose cannot be reversed by naloxone.[24]

## SUBSTANCE USE TREATMENT

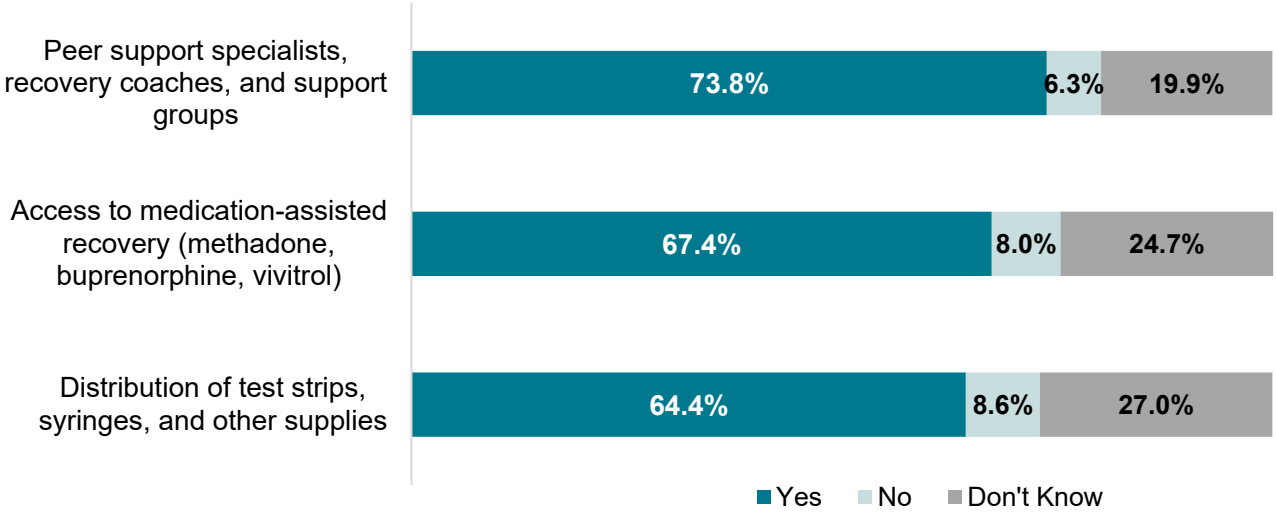
Of respondents that report using any of the listed substances, **nearly one in three indicate wanting to cut down or stop using substances** (31.0%, n=720); of respondents who want to cut down or stop using substances, over four in five respondents report success in cutting down or stopping substance use (81.4%, n=586). **Over one in nine of all respondents report they are a person in recovery** (11.9%, n=364).

One in ten respondents report seeking treatment for alcohol or other drug-related use (9.8%, n=302). Among respondents who sought treatment, **over half report having a negative experience from an alcohol or drug treatment provider** (53.3%, n=162). Of all respondents who report negative experiences, over two in five indicate the experience relates to their LGBTQ+ identity (43.9%, n=72); over two in five respondents of color indicate the experience relates to their race (44.9%, n=22).

**Over half** of respondents who sought substance-related treatment report **negative experiences** with treatment providers.

[23] Respondents who indicate using opioids were asked the yes/no question: "To your knowledge, have you been exposed to xylazine/tranq?"
[24] Xylazine is almost always found in combination with opioids, and naloxone should be administered if an opioid-involved overdose is suspected. For more information and resources, see: Substance Use Philly: Xylazine (tranq) https://www.substanceusephilly.com/tranq

Respondents rated **individual and group support** services as most important for harm reduction and recovery. (n=3,030 to 3,037)



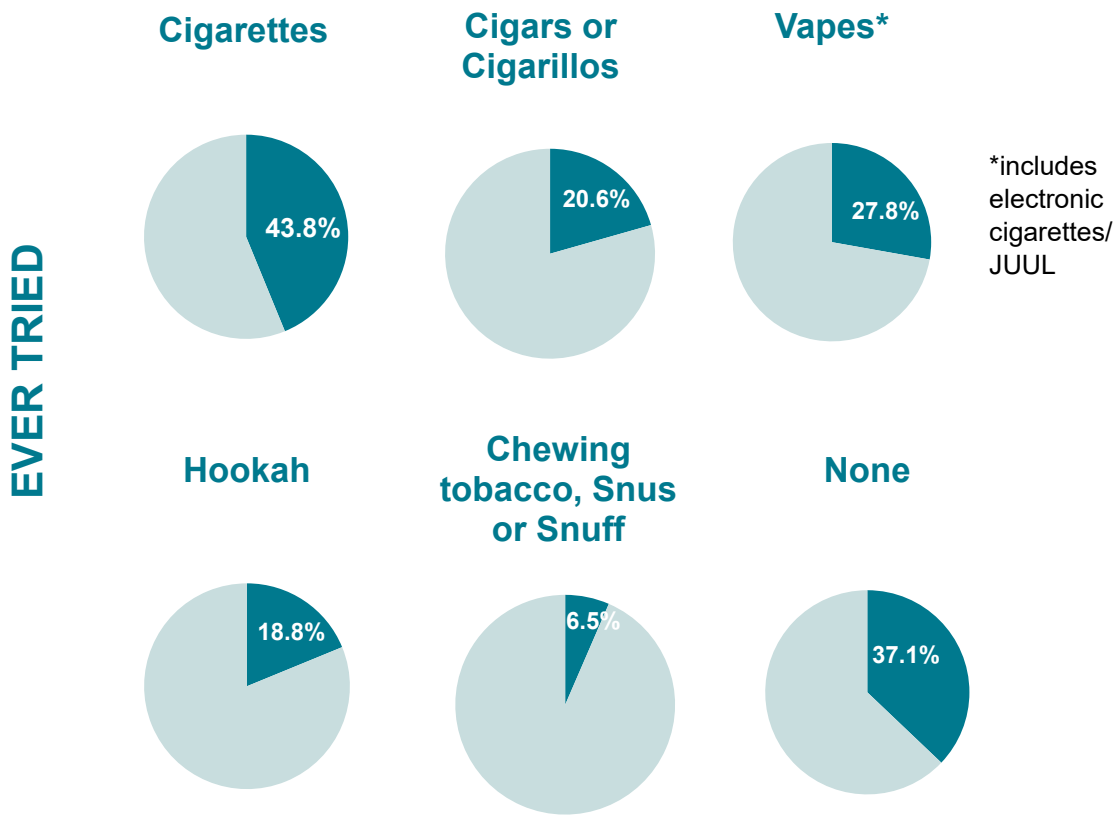

Respondents were asked which support services are most important for harm reduction and recovery in their communities. The majority of respondents believe all specified types of support are important; "peer support specialists, recovery coaches, and support groups" is the top response with nearly three in four respondents believing this type of support is important (73.8%, n=2,240). Over half of respondents also believe access to medication-assisted recovery (67.4%, n=2,043) and distribution of supplies such as test strips and syringes (64.4%, n=1,950) are important systems of support for harm reduction and recovery.

# Tobacco Use

Historically, tobacco companies have leveraged culturally specific marketing to target LGBTQ+ individuals, people of color, and other marginalized groups as consumers. Tobacco products have several well-documented, detrimental health effects. People with multiple marginalized identities are more likely to have limited resources to get treatment or to initiate tobacco cessation.[25] In addition to holding the tobacco industry accountable, it is important to monitor the tobacco use of the diverse LGBTQ+ population in Pennsylvania so that adequate culturally responsive resources can be directed to those who need them.

## TOBACCO PRODUCT USE

Respondents are asked about lifetime experiences with different tobacco products. 1,486 respondents, or **43.8 percent of all responding to questions about tobacco, have tried cigarettes in their lifetime**.




[25] Garrett, B. E., Dube, S. R., Babb, S., & McAfee, T. (2015). Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities. Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco, 17(8), 892–897. https://doi.org/10.1093/ntr/ntu266

Out of all respondents ages 18 and up, over one in ten, or 13.9% (n=411), smoke cigarettes currently. This percentage is close to, but lower than the 2022 Behavioral Risk Factor Surveillance System cigarette smoking frequency for all adults in Pennsylvania (14.9%). Over one in ten (11.5%, n=341) adult respondents use e-cigarettes currently, surpassing the Pennsylvania adult e-cigarette smoking frequency from BRFSS (7.5%). The age distribution of the representative BRFSS sample differs from the LGBTQ Needs Assessment's, which skews younger—the differing cigarette and e-cigarette use percentages seem to reflect different adult age groups' preferences in tobacco/nicotine products. Nearly one in five adult respondents (16.4%), currently use flavored tobacco or vape products, such as menthol (n=484).

Out of all adult respondents, **more than one in ten adult respondents smoke** some days or every day (n=3,080)


***Adult smoking percentage***

Among **ever-smokers** (n=1,464), almost **three in ten currently smoke**


***Adult smoking percentage*** *among ever-smokers only*

To better understand continued use, the Health Needs Assessment asks respondents indicating they had ever used cigarettes, "How often do you currently smoke cigarettes?" Among this group current adult cigarette use (some days or every day) is 28.1%; among those who have ever used e-cigarettes, current adult e-cigarette use is 37.6%. **More than one in four adult respondents who ever tried cigarettes currently uses flavored tobacco or vape products, including menthol** (26.9%).

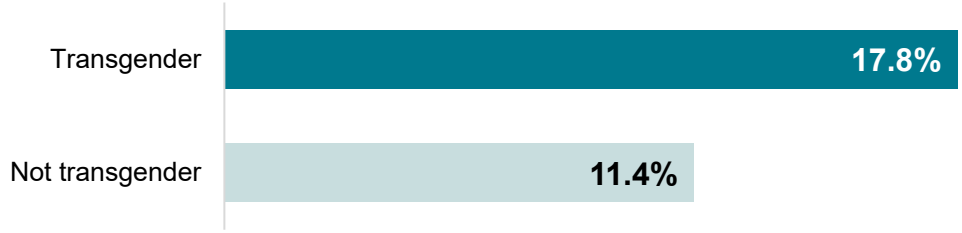
Among youth aged 17 and younger, 69.8% have never used a tobacco product of any kind (n=88). Respondents in this age range most frequently had experience using e-cigarettes or vapes (23.8%), and second most frequently had experience using cigarettes (15.1%). One in three young adult respondents aged 18-24 have used e-cigarettes (36.0%), with a similar proportion of this age group also having ever smoked cigarettes (30.9%).

Roughly one out of every three adult respondents aged 25-49 (35.3%) have ever used e-cigarettes, vapes, or JUUL. In contrast, only 19.9% of adults 50-64 have ever used e-cigarettes, and just 6.3% of adults over the age of 65 have ever used them.

## CIGARETTE SMOKING DIFFERENCES

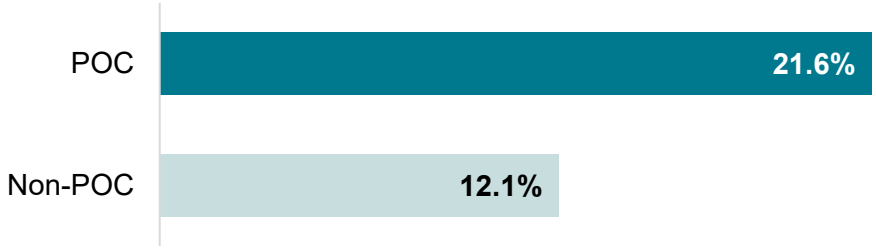
Transgender respondents indicate they smoke cigarettes at a higher frequency (17.8%, n=183) than other respondents (11.4%, n=231).

**Transgender** respondents have a **greater smoking percentage** than respondents who do not identify as trans.




Another disparity is evident among the one in five respondents of color smoking cigarettes (21.6%), compared to the one in nine (12.1%) non-POC respondents smoking cigarettes.

Roughly **one in five responding POC** indicate they have **smoked cigarettes** every day or some days.

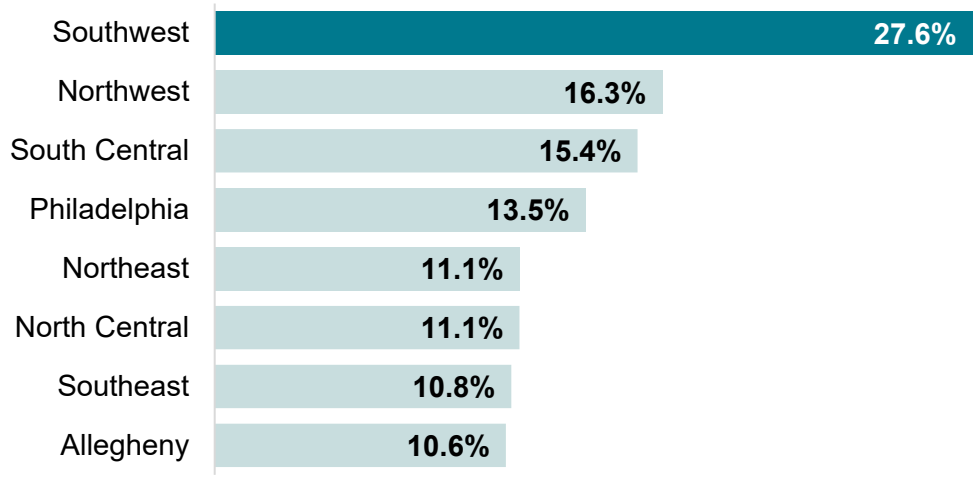



Between lesbian, gay, and bisexual or pansexual respondent groups, the gay respondent group has the highest current smoking percentage, 17.2% or over one in six (n=115).

**Gay** respondents have the highest **smoking rate** among LGB groups.

Respondent smoking percentages differ across Pennsylvania regions as well, from 10.6% (Allegheny region, n=33) to 27.6% (Southwest region, n=45).

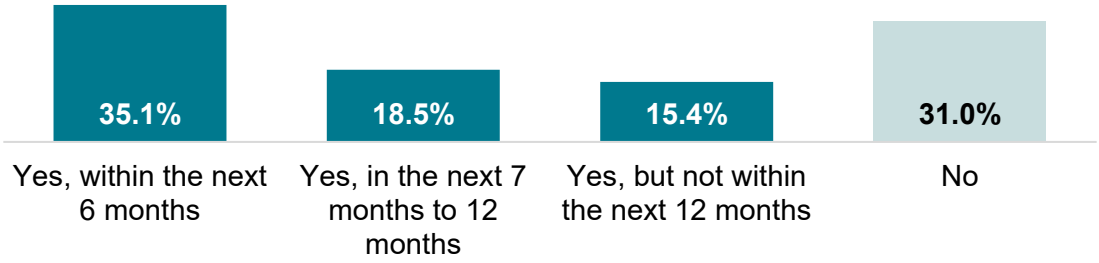
The highest region's smoking percentage is in the **Southwest.**




## QUITTING

**Those who currently smoke cigarettes or use e-cigarettes are interested in quitting** (69.0%, n=291) **but differ on readiness to quit.** Out of all respondents, more than four in ten have heard of 1-800-QUIT-NOW, the PA Quitline (44.1%, n=1,356). Out of those who indicate cigarette use or e-cigarette use in the past month, over six in ten have heard of the resource (63.0%, n=262).

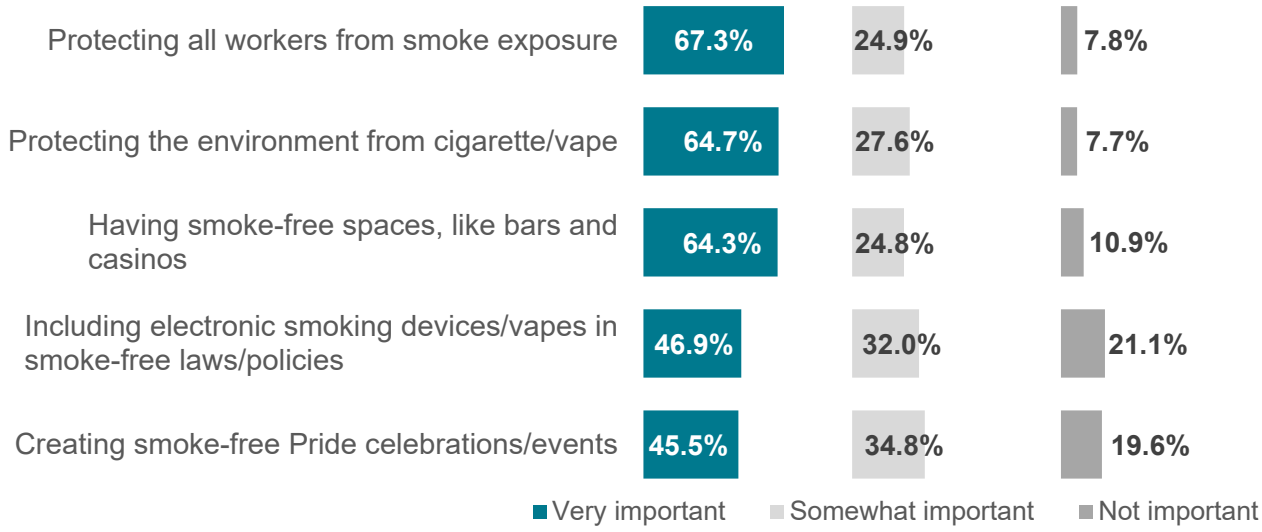
**Nearly 7 in 10** of respondents who currently use cigarettes or e-cigarettes **are interested in quitting.**
(n=422)



## OPINIONS ON TOBACCO

The Health Needs Assessment lists the following smoke-free initiatives and asks respondents which, if any, are the most important to them. The prioritized interventions among the surveyed population are protecting workers from smoke exposure, protecting the environment, and having smoke-free spaces.

Many respondents express that **smoke-free initiatives** are **very important.**



# Cancer

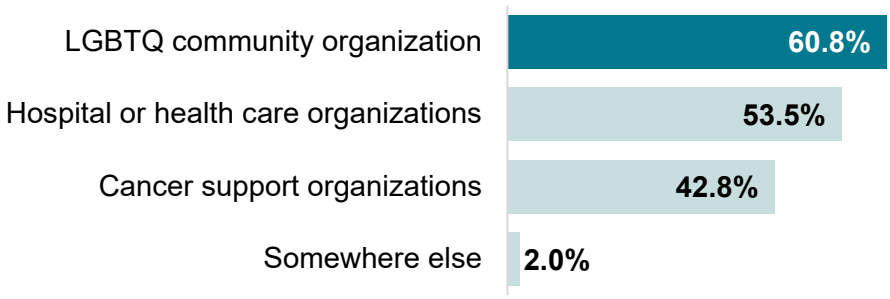
## CANCER EXPERIENCES

Among all respondents, one in 13 (7.8%, n=239) have received at least one cancer diagnosis in their lifetime (a few respondents had multiple diagnoses). The most commonly reports are of cancer is skin cancer (37.7% of respondents reporting cancer in the Needs Assessment). Cancer diagnoses with reports in the needs assessment from 10 or more respondents include: breast cancer (19.2% of respondents with a cancer diagnosis); HPV-related cancers, like cervical or anal (14.2%); lung cancer (10.5%); non-HPV related gynecological cancers, such as uterine, ovarian, or endometrial cancer (7.9%); colorectal cancer (7.1%); blood cancers, such as myeloma, lymphoma, or leukemia (7.5%); thyroid cancer (5.9%); and prostate cancer (5.9%). Although these cancers cover most cancer types reported, 7.5 percent of cancers were another type, including bladder, brain, kidney, pancreatic, oral, and testicular.

**Of those who report ever having a cancer diagnosis, more than one in three are currently receiving treatment for cancer** (35.2%).

## CANCER RESOURCES

**3 in 5** respondents prefer connecting with **LGBTQ community organizations** for cancer-related support. (n=3,051)




24.6% of respondents **did not know** where they would want to seek LGBTQ cancer-related support

Most respondents were interested in receiving LGBTQ cancer-related support, such as support groups or legal information, where it would be accessible. The most commonly mentioned location under "somewhere else" was online (including both virtual groups and asynchronous discussion groups on social media). However, one in four respondents did not know where they would want to seek cancer-related support; this uncertainty was slightly but significantly elevated in respondents who were transgender (27.5%, n=280) or disabled (28.9%, n=217).

Many respondents lack information about where they could go to receive specific forms of cancer-related support for themselves or a loved one. Nearly half do not know where to access a bereavement support group (47.8%, n=1,446) or a caregiver support group (47.8%, n=1,449); a similar number (43.1%, n=1307) do not know where to go for cancer support groups. Four in ten (39.9%, n=1,206) do not know

where to find welcoming providers. Transgender respondents were even more likely to indicate they do not know where to go to access appropriate bereavement groups (56.2%, n=567), caregiver support groups (55.8%, n=566), cancer support groups (50.4%, n= 510), or welcoming providers (45.5%, n=459).

When asked to rate whether four different cancer support services are “most important” for support in their community, all were rated highly: about two out of three indicate transportation or lodging near treatment (68.8%, n=2,068); care navigation (67.3%, n=2,026); caregiver support groups (65.6%, n=1,980); and bereavement support groups (62.6%, n=1,875) as “most important.” Generally, younger respondents rate each service more positively overall than older respondents.

# Health Screenings

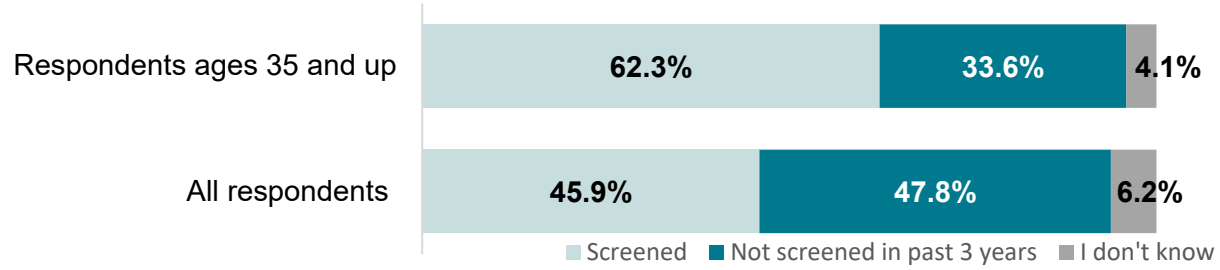
Health screenings serve not only as an indicator of personal health, but also as an indicator of access to care and public health outreach. Health screening recommendations vary and often have tailored conditions related to timing and frequency.

## DIABETES SCREENING

The American Association of Clinical Endocrinology Clinical Practice Guideline recommends periodic diabetes screenings for all adults aged 35 or older and those with risk factors.[26] The risk factors are numerous, including having a relative with diabetes, having a sedentary lifestyle, and being a member of an at-risk racial or ethnic group, just to name a few. The Health Needs Assessment looks at respondent groups needing screenings based on their age category, but beyond this distinction, there are other individuals who also need screenings.

Among respondents who would be recommended based on their age, almost two thirds of respondents (62.3%) indicate they have been screened for diabetes in the past three years (n=895). This leaves **one third of those recommended for a screening not screened at the recommended frequency (33.6%)**. 59 respondents who would be recommended a diabetes screening do not know if they have had a diabetes screening within the past three years.[27]

Over one third of respondents ages 35+ **have not had a diabetes screening** in the past three years.



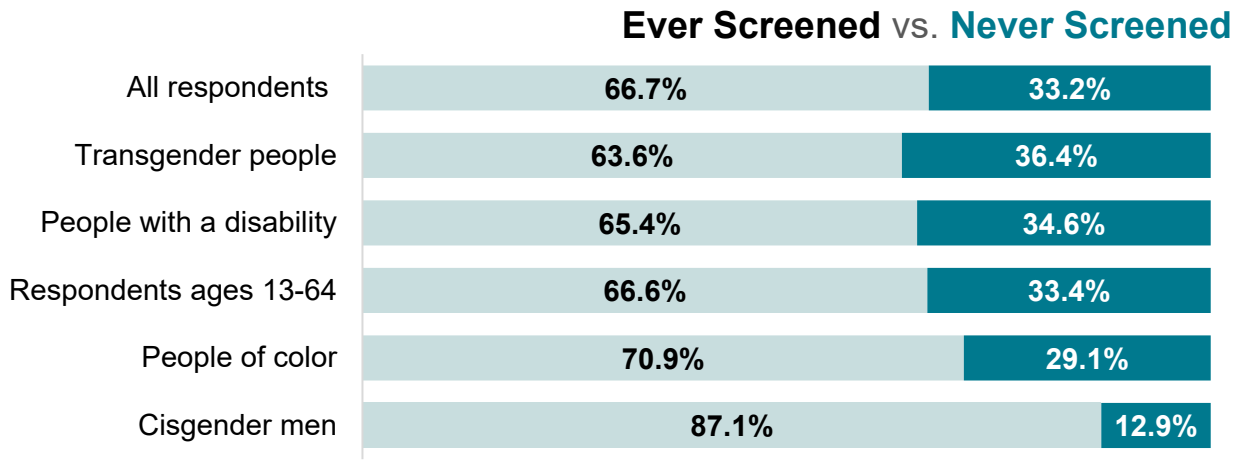

[26] American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan- 2022 Update (Endocr Pract., 2023).

[27] In Pennsylvania, among adults without diabetes, 81% (CI:79-83) have had a test for high blood sugar or diabetes in the past three years (BRFSS tables at pa.gov, 2022).

## HIV TESTING

CDC recommends everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime. For those who may be at higher risk, such as people who have had more than one sex partner since their most recent HIV test, sexually active men who have sex with men, people who inject drugs, or people who are partnered with people who inject drugs, routine screening for HIV is recommended. The Pennsylvania Department of Health has information and links to resources for HIV testing on its website.[28]

Public health programs and campaigns have a historical legacy of designing HIV testing efforts inequitably. Cisgender men most frequently have received HIV testing during their lifetimes among the 2024 Health Needs Assessment respondents (87.1%, n=659). While progress has been made in making HIV testing more accessible and universal, one third (33.4%) of respondents ages 13 to 64 have never had an HIV test (n=953). Transgender respondents least frequently indicate they have ever had an HIV test (36.4% not screened, n=656).



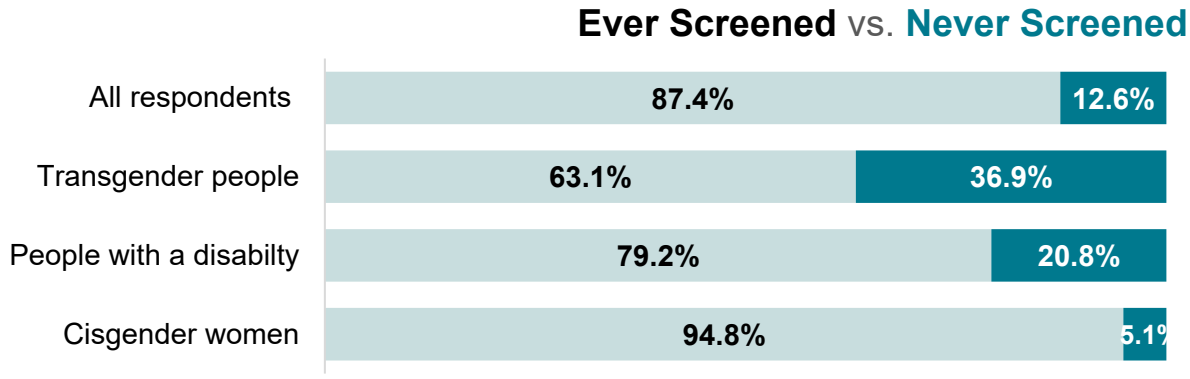

## MAMMOGRAM SCREENING FOR BREAST CANCER

Mammograms are used to screen for early signs of breast cancer. Mammograms are most 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 between 50 and 74 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, and those who did were asked about their history with mammography.[29,30]

Among the 459 respondents in the appropriate age group, self-identifying as eligible, and reporting sufficient breast tissue for a mammogram, one in eight (12.6%) had never had a mammogram. Although more than nine in ten of cisgender women had ever had a mammogram, more than one in three

[28] For more information, see the HIV Testing Sites webpage.
[29] This question was only asked of respondents 40 years or older.
[30] To learn more about protecting the LGBTQ community against breast cancer, see this Fact Sheet for LGBTQ People.

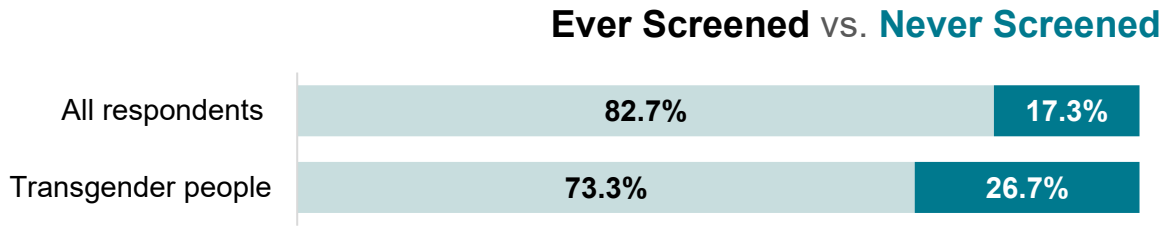
transgender people who are eligible and have breast tissue (36.9%, n=53) never had a mammogram. One in five people with disabilities (20.8%, n=22) who were eligible for mammogram had never received one.




Exact breast screening frequency guidelines vary between organizations. However, many organizations, such as American Cancer Society, National Comprehensive Cancer Network, and U.S. Preventive Services Task Force, recommend rescreening every other year. Of the 459 eligible respondent, three in four report having a mammogram within the past 2 years (75.4%), which is similar to the BRFSS rate for Pennsylvanians who identify as female, age 50-74.[31] The mammogram disparities experienced by transgender people with breast tissue worsens using these guidelines, with just over half (54.8%) receiving a mammogram in the recommended time, while four in five of cisgender women received mammograms within the past 2 years (80.2%, n=299). Similarly, fewer than six in ten of the eligible people with a disability received a mammogram in the recommended time period (58.5%, n=62).

## CERVICAL PAP TEST FOR CERVICAL CANCER

Cervical Pap tests are used to screen for HPV and cervical cancer; they 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.[32] Respondents self-identified whether they would be recommended for a cervical Pap test based on these criteria (n=1,394).

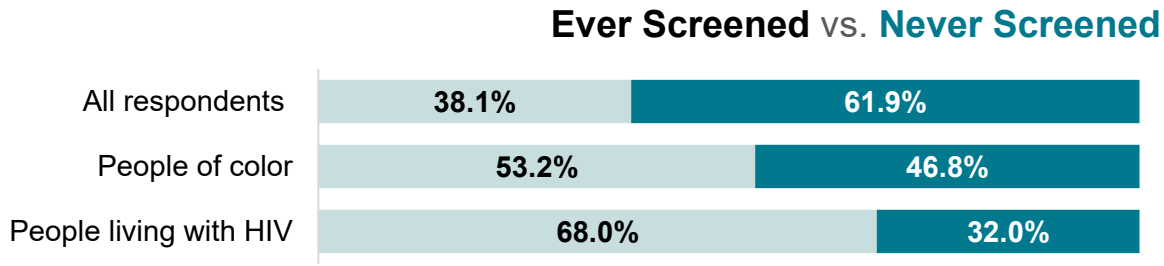



[31] In Pennsylvania, among females age 50-74, 75.7% (95% CI 71.8 - 79.6) had a mammogram in the past two years (BRFSS, 2022)
[32] For more information see U.S. Preventive Services Task Force (2018), Cervical Cancer: Screening.

More than one in six respondents who report they would be recommended for a cervical pap have never had one (17.3%, n=241); which increased to more than one in four (26.7%) of transgender people with a cervix. Compared to BRFSS data from female Pennsylvania residents who had not had a hysterectomy,[33] fewer eligible respondents overall (68.8%) report receiving a cervical Pap within the past 3 years; and two of five transgender respondents with a cervix (38.5%, n=167) did not have a Pap in the recommended time frame.

## ANAL PAP TEST FOR ANAL CANCER

Anal Pap tests are used to test for anal cancer as well as HPV. 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. Anal Pap tests are sometimes recommended for people ages 21 or older who are HIV-positive or are a receptive partner in anal sex (also called bottoming),[34] and respondents self-identified whether they would be recommended for an anal Pap test based on these criteria. Of the 567 respondents ages 21 and older who self-identified as eligible for an anal Pap and reported whether they received one, fewer than two in five (38.1%) were ever screened, and 30.7 percent screened within the past 3 years. However, more than two-thirds (68.0%) of people living with HIV and more than half of eligible people of color (53.2%) report ever receiving an anal Pap.




## PROSTATE CANCER SCREENING

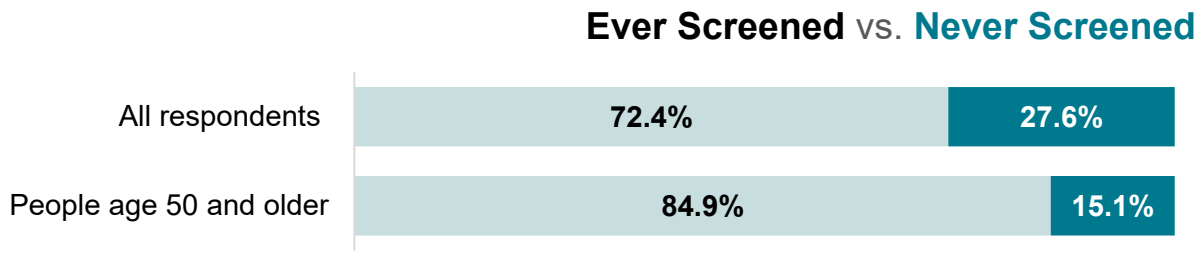
The American Cancer Society recommends discussions about prostate cancer screening begin at age 40 for people with prostates who have more than one "first-degree relative" (parent or sibling) diagnosed with prostate cancer; age 45 for people with prostates who are at high risk, including those of African-American descent and/or those have one first-degree relative diagnosed with prostate cancer; and age 50 for all other people with prostates. However, the most recent recommendation is not that everyone be screened, but that they discuss the prostate-specific antigen (PSA) blood test with their doctor and make a decision together. Guidelines do not recommend screenings over age 75.[35] Guidelines have changed over time, and previously included either a PSA or digital rectal exam (DRE) to check for enlargement of the prostate.

[33] In Pennsylvania, the most recent age-adjusted available data showed among females age 21-65, 79.1% (95% CI 76.1 - 82.0) had a cervical Pap in the past two years (BRFSS, 2020)

[34] For more detailed information about anal cancer screenings, see American Cancer Society(2020), Can Anal Cancer be Found Early?

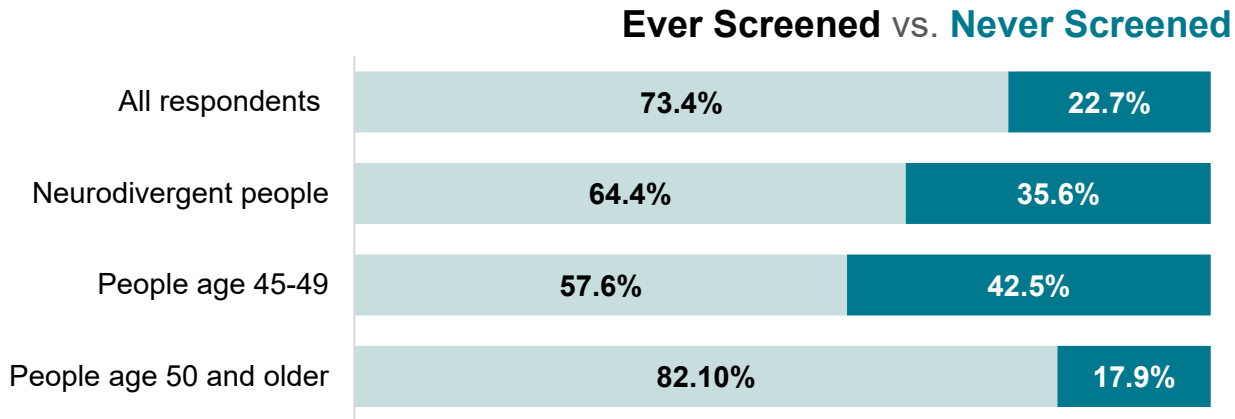
[35] For more detailed information about prostate cancer screening guidelines with a cisgender lens, see American Cancer Society (2023), American Cancer Society Recommendations for Prostate Cancer Early Detection

Respondents ages 40-75 were asked if they had a prostate, and if so, about their screening history with the PSA blood test or the DRE. Of 548 people with a prostate in this age group, about three in four had ever been screening (72.4%), increasing to about five in six people with prostates age 50 and older (84.9%).




## SIGMOIDOSCOPY OR COLONOSCOPY FOR COLORECTAL CANCER

The U.S. Preventive Services Task Force recommends adults ages 45 to 75 be screened for colorectal cancer. Until recently, the recommendation was specific to getting a colonoscopy or sigmoidoscopy at least every 10 years (or more frequently for those who are at high risk), though the current recommendations include annual stool-based tests for individuals at average or lower risk.[36] Respondents in this age group were asked about their sigmoidoscopy/colonoscopy history, which remains the gold standard for colon cancer screening for most people. Of the 775 respondents in that age group, nearly one in four (22.7%) had never received a colonoscopy or sigmoidoscopy. However, of those who had ever received one, most did so within the recommended time; only 3.9 percent received one longer than 10 years ago. The lower end of the age range recommendation has changed from 50 to 45 in the past 10 years, and it may be taking younger respondents time to catch up with that recommendation: respondents ages 50 and older have a much higher screening rate (82.1%) compared to those ages 45-49 (57.6%). For the over-50 age group, more than one in six respondents had still never received a colonoscopy or sigmoidoscopy.




[36] For a full and clear summary of the nuanced colon cancer screening recommendations and test options, see American Cancer Society (2024), American Cancer Society Guideline for Colorectal Cancer Screening

## LOW-DOSE CT SCAN FOR LUNG CANCER

Low-dose CT or CAT scans are tests used to screen for lung cancer. The US Preventive Services Task Force recommends annual low-dose CT scans are often recommended for people ages 50 to 80 who have a history of heavy smoking (e.g., a 20 pack-year history or more of smoking[37]) and who smoke now or have quit within the past 15 years.[38]

Among the 142 respondents who self-identified as meeting the recommended criteria for an annual low-dose CT scan, a third (32.4%) have never had a low-dose CT scan. Nearly a third (29.6%) had a low-dose CT scan, but more than 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.

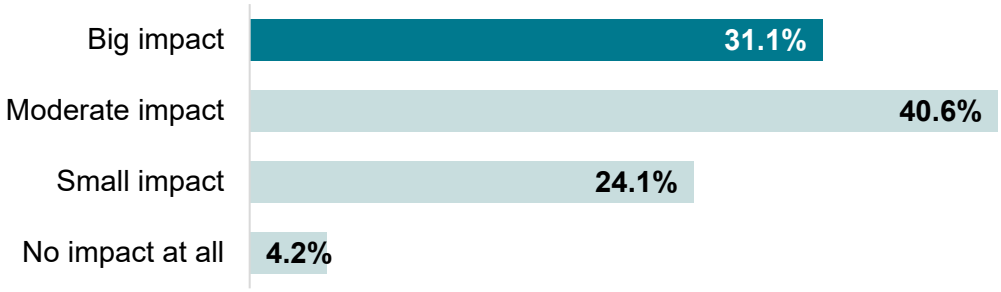
**One third of eligible respondents never had a low-dose CT scan** (n=142)


[37] A pack-year is a measure of exposure equal to an average of one pack of cigarettes per day for one year. Someone could have a 20 pack-year history by smoking one pack a day for 20 years, two packs a day for 10 years, or half a pack a day for 40 years.
[38] For more information about low-dose CT screening for lung cancer, see Centers for Disease Control and Prevention (2024), Screening for Lung Cancer.

# Community Engagement

Many LGBTQ respondents have a high sense of efficacy when it comes to their ability to affect their community. When asked "How much impact do you think people like you can have in making your community a better place to live?" nearly three quarters respond that they believe **they can have a "big impact" or "moderate impact"** (71.7%, n=2,178).

Close to **1 in 3** respondents believe they can have a **big impact.** (n=3,036)



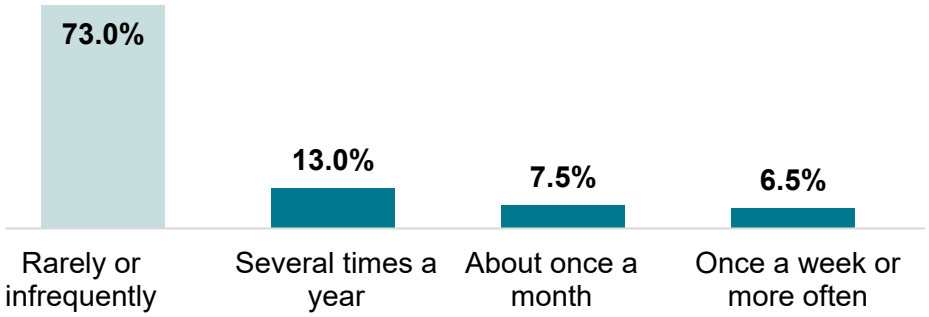

Respondents aged 18 and older are asked about voting. **Almost all are registered to vote** (94.9%, n=2,779), indicate they voted in the last election (87.7%, n=2,527), and **plan to vote in any type of election over the next 12 months** (93.6%, n=2,737).

**Roughly 9 in 10 respondents are registered and prepared to vote.**

Unmet transportation needs can hinder people from participating in their communities, accessing health care, working, and obtaining resources. A small but relevant group of respondents state they cannot get where they need to go due to lacking transportation on a weekly basis (6.5%, n=199).[39] Transportation problems are more frequent in Southwest Pennsylvania, where one in five cannot get where they need to go several times a year or more often (40.9%, n=65).

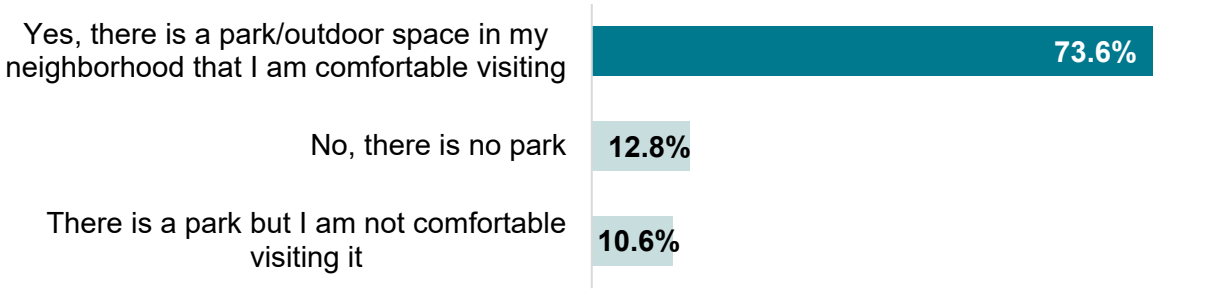
[39] "How often are you unable to get where you need to go because of not having a way to get there?"

**1 in 4** participants have trouble getting places due to **no transportation.** (n=3,047)




Shared outdoor spaces promote healthy behaviors and connections to others.[40] Communities need access to outdoor spaces where they feel safe. Almost three in four respondents share there is a park or other outdoor space in their neighborhood that they feel comfortable visiting during the day (73.6%, n=2,243). For others, there is no available park, and still others know of a local park nearby but do not feel safe visiting there.

Almost **3 in 4** respondents have a **park or outdoor space in their neighborhood** they can visit. (n=2,956)

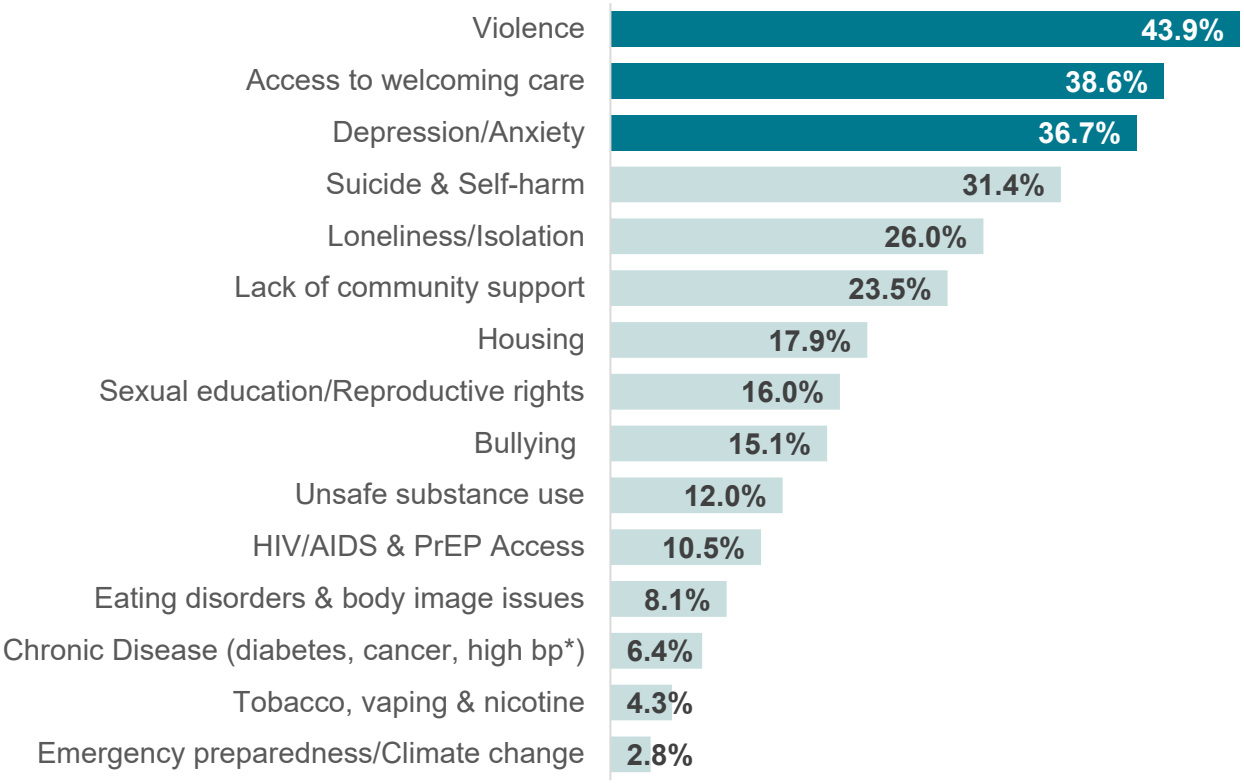



[40] https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/parks-recreation-and-green-spaces.html

# Community Priorities

Respondents were asked what they would prioritize as the top three health issues impacting LGBTQ communities. **Violence was the most frequently selected priority issue, selected by more than four in ten respondents** (43.9%). Violence was noted as including hate crimes, gun violence, intimate partner violence, rape, and sexual assault. While violence has been a top three priority among select groups in past needs assessment iterations, 2024 marks the first report year where violence is the top community priority. As prioritized by more than a third of respondents, **access to welcoming care** (38.6%) and **depression/anxiety** (36.7%)[41] **closely follow at the number two and number three priorities** respectively.

The top three health priorities among respondents are **violence, access to welcoming care, and depression/anxiety,** closely followed by suicide and self-harm, loneliness/isolation and lack of community support. (n=3,101)




*blood pressure

[41] Depression was also highly reported as a top health challenge in the 2016, 2018, 2020 and 2022 Needs Assessments.

Other health priorities also relate to mental health, with many participants selecting suicide and self-harm (31.4%), loneliness and isolation (26.0%) and lack of community support (23.5%) as top three priorities. Housing (17.9%), sexual education/reproductive rights (16.0%), bullying (15.1%), unsafe substance use (12.0%), and HIV/AIDS and PrEP assess (10.5%) are also top priorities identified by more than ten percent of respondents.

The top three most commonly selected priorities overall are even more popular among select subgroups. Regarding access to welcoming care, transgender respondents prioritize it more often than their counterparts (47.5% vs. 34.1%), as do neurodivergent respondents (46.1% vs. 31.3%). Regarding violence, neurodivergent respondents prioritize it more often than their counterparts (49.5% vs. 39.0%).

When considering differences in priority ranking over the lifespan, violence is selected as a top three priority by more than one-third of each age group.[42] Access to welcoming care is more often rated as a top three priority by younger age groups, with less prioritization in the 50-64 and 65-98 age groups. Depression and anxiety receive top priority ranking by more than three in ten from every age group, but prioritization increases with age, being most commonly prioritized by respondents 50 to 64 (47.0%) and 65+ (45.6%).

When considering priorities by Pennsylvania Health District, plus Philadelphia and Allegheny Counties, priority ranking is more common for some topics:

- Housing is more often ranked in the top three in Philadelphia (27.9%) and Allegheny (22.5%);
- Lack of community support is more commonly ranked in the North Central region (30.4%); and
- Unsafe substance use is more commonly ranked in Philadelphia (18.2%).

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

- acceptance/inclusion/allyship
- access to gender-affirming care
- access to green space
- access to restrooms in public/work/service spaces
- addressing poverty, income inequality, rising cost of living, financial instability
- aging/care over lifespan/valuing older people
- affordable and comprehensive care (including mental health and behavioral health care)/health insurance, access to medications
- affordable transportation
- alcohol abuse/cultural norms around alcohol
- anti-LGBTQ legislation/lack of consistent legal protections/equal protections/political violence/ political stress/violent discourse
- assistance for unsupported minors
- asylum/refugee supports/immigration resources
- bodily autonomy
- bullying/ostracism/conflict/in-fighting/gatekeeping/abuse within LGBTQ communities
- body image issues
- book bans and restricting information around being LGBTQIA+
- cannabis/THC use
- capitalism/corporate lobbying
- chronic pain

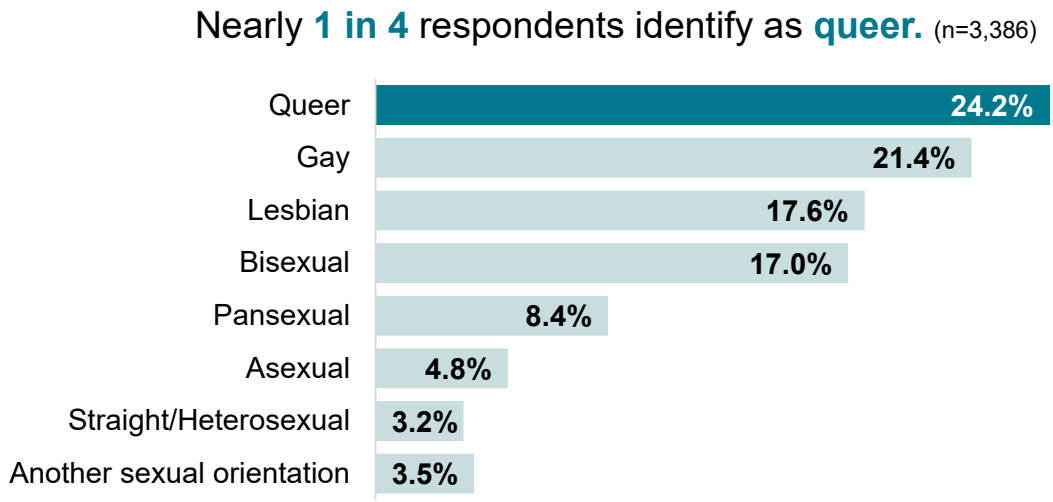
[42] Includes traditional age group and by decade age groupings.

- civil rights/human rights/freedoms, fear about the future, fear of losing rights
- coming out supports
- conversion therapy
- confounding of gender identify and sexual orientation
- COVID/long COVID
- criminalization of sex work
- discrimination in systems (health/hospital systems, military/armed forces, foster care/adoption, housing, criminal justice, insurance)
- employment access
- ending hate/discrimination, slander/fearmongering & hate speech/crimes, including racism, anti-blackness, classism, misogyny, ableism, fatphobia, antisemitism, transphobia, homophobia
- family acceptance/healthy family resources
- financial education/supports
- food security/basic needs
- inclusive sports/recreation activities
- international attacks on rights/war and genocide
- intersectional care/wraparound supports
- invisibility of sexual minority groups under LGBTQ umbrella (e.g., bi-erasure)
- lack of political support/representation
- lack of respect (e.g., intersectional discrimination, not using pronouns/preferred names)
- lack of safe spaces to gather/have fun, including sober spaces
- lack of training for health professionals
- lack of LGBTQ therapists/health professionals
- language and online accessibility
- LGBTQ community centers/resource centers/nonprofit funding
- marriage rights/discrimination
- media targeting transgender and gender-expansive people, including youth
- medical gaslighting
- medical interventions without consent
- medical privacy
- Monkey Pox virus/vaccine
- normalizing men's health issues, including erectile dysfunction
- overabundant screen time
- police brutality/incarceration
- public education/LGBTQ history/visibility
- publicly LGBTQ affirming faith groups, addressing religious exclusion/persecution/trauma
- safety, violence against BIPOC queer people
- self-esteem/acceptance/internalized homophobia
- sense of community/networks, affirming community/being valued
- sexually transmitted diseases and infections (STIs) care
- steroid use
- stigma around gender, sexuality, and sexual health
- support groups for parents/grandparents to help them better understand LGBTQ+ community
- reproductive rights/family planning
- resources in rural communities
- welcoming work/school environments

# Demographics

## SEXUAL ORIENTATION

Respondents had the opportunity to select which sexual orientation best describes them.[43] Just under one quarter of respondents who participated in the Needs Assessment identify as queer (24.2%, n=820) and more than one fifth identify as gay (21.4%, n=725). This is followed by lesbian (17.6%, n=595) and bisexual (17.0%, n=575). Slightly fewer respondents identify as pansexual (8.4%, n=283), asexual (4.8%, n=161), or straight/heterosexual (3.2%, n=107). 3.5% (n=120) identify with another sexuality; these write-in responses include demisexual, omnisexual, and sapphic.[44]




Respondents also had the opportunity to select *all* applicable sexual orientations.[45] Bisexual (27.4%), gay (26.7%), and queer (25.5%) are the most frequently selected orientations with more than one in every four respondents identifying with at least one of these sexualities. Over one in five respondents identify as lesbian (21.8%). Over ten percent of respondents identify as pansexual (14.2%) and asexual (11.1%). Fewer respondents identify as straight/heterosexual (3.2%) and as another sexuality (3.5%).

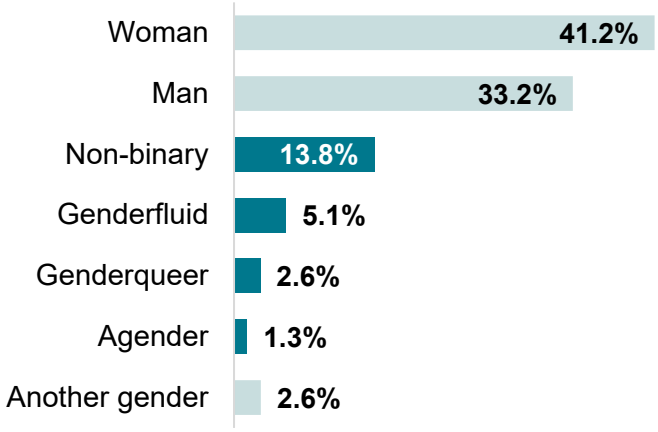
When looking at all selected orientations versus one selected orientation, the largest selection differences are seen within bisexual (27.4% vs. 17.0%) and asexual (11.1% vs. 4.8%). There is no frequency difference for straight/heterosexual (3.2%) and another sexual orientation (3.5%).

[43] Respondents who identify with multiple sexual orientations were asked an additional follow-up question: "If you had to choose, which of the following **best** describes your sexual orientation?"
[44] To learn more about different sexual orientations and gender identities, Human Rights Campaign provides a resource on definitions: bit.ly/2G2rTGy. Note that definitions of sexual orientations and gender identities can vary from person to person.
[45] Respondents were shown a list of sexual orientations and asked to check all that apply; only those who checked multiple identities were asked to specify which orientation best describes them.

## GENDER IDENTITY

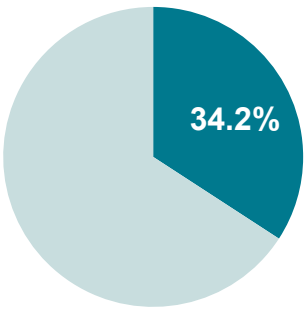
Respondents had the opportunity to select which gender identity best describes them.[46] With more than two in every five respondents, the largest proportion identify as women at (41.2%), followed by men (33.2%). Over one in every eight respondents identify as non-binary (13.8%). Smaller proportions of respondents identify as genderfluid (5.1%), genderqueer (2.6%), and agender (1.3%). Over two percent identify with another gender (2.6%[47]); these write-in responses include trans masculine/man, trans woman, demi-girl/woman/femme, and demi-boy.

More than **1 in 5** respondents identify **outside of the gender binary.**
(N=3,394)




Respondents also had the opportunity to select *all* applicable gender identities.[48] Similar proportions of respondents select ”woman“ (41.9%) and ”man“ (33.9%), maintaining their position as the two most frequently selected identities. An increased number of respondents identified as non-binary (18.1%), genderqueer (9.3%), and genderfluid (9.1%). Fewer respondents selected ”agender“ (3.5%) and ”another gender“ (3.5%). When looking at all selected gender identities versus one selected identity, the largest frequency differences are genderqueer (9.3% vs. 2.6%) followed by non-binary (18.1% vs. 13.8%).

More than **1 in 3** respondents identify as **transgender.** (n=3,368)




Over one third of respondents who participated in the Needs Assessment identify as transgender (34.2%, n=1,151).[49] Of these respondents, over one in four identify their gender as ”non-binary“ (26.9%) or ”man“ (26.6%). Over one in five identify their gender as ”woman“ (24.1%). Fewer transgender respondents identify as ”genderfluid” (11.6%), ”another gender“ (5.1%), ”genderqueer“ (3.5%), or ”agender“ (2.1%).

[46] Respondents who identify with multiple gender identities were asked an additional follow-up question: “If you had to choose, which of the following **best** describes your gender?”
[47] n=89 includes 9 respondents who chose not to specify one gender identity which they identify with most.
[48] Respondents were shown a list of gender identities and asked to check all that apply; only those who checked multiple identities were asked to specify which best describes them.
[49] All respondents were asked, “Do you identify as transgender?” This is a separate question from gender identity.

## SEX

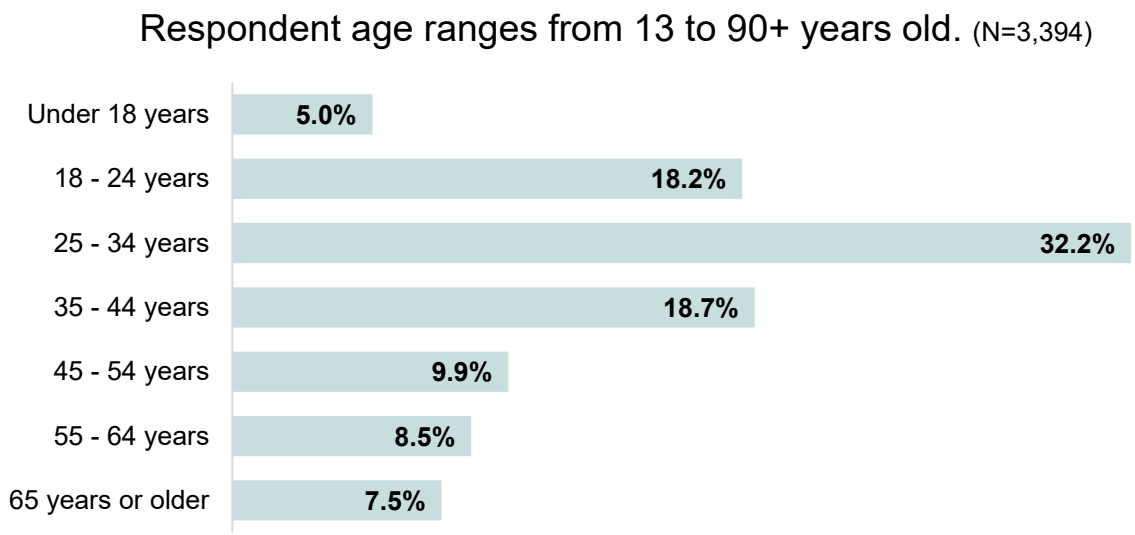
Just like gender identity, biological sex is a spectrum; however, most people are assigned either male or female at birth. About three in every five respondents were assigned female at birth (59.4%, n=2,010); two in five respondents were assigned male at birth (40.6%, n=1,374).

**164** respondents were born **intersex**.

Nearly five percent of respondents report they were born intersex (4.9%, n=164). This respondent group is the largest known sample of people with intersex traits in a Pennsylvania dataset. While definitions of "intersex" vary, it is generally used as a term to describe people born with differences in their sex traits and/or reproductive anatomy. 1.7% of people in the U.S. are 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 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 genitals appear more typically binary (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.[50, 51, 52]

## AGE

Respondents vary in age from 13 to 90+ years old. More than half of respondents are between the ages of 25 and 49 (55.9%). More than one in five respondents are under the age of 25 (23.3%).



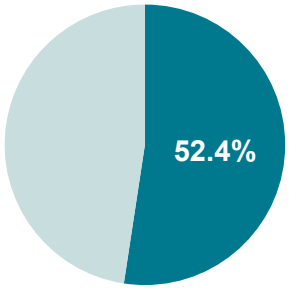

[50] For more information see Blackless, et al.(2000), "How sexually dimorphic are we? Review and synthesis.".
[51] For more information see Human Rights Watch (2017), US: Harmful Surgery on Intersex Children.
[52] For more information see Intersex Society of North America (2008), How come many people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

## RACE AND ETHNICITY

Respondents were asked about their race and ethnicity and could select all applicable identities. More than three in four respondents identify as white (78.2%), and 6.5% identify as Black or African American.

About one in twenty respondents identify as American Indian/Native American/Alaska Native (4.7%). Of all Native respondents[53], over half are Two-Spirit (52.4%, n=122).

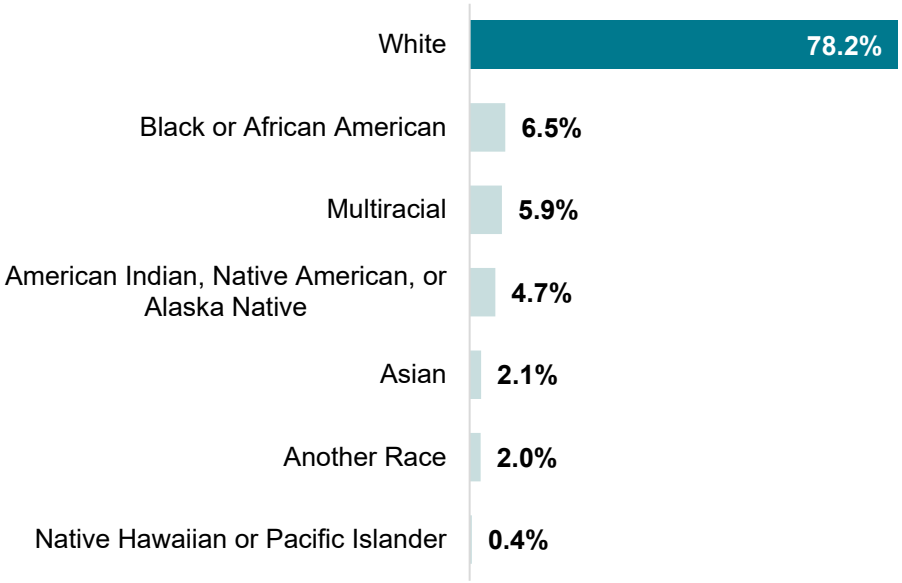
**More than half** of Native respondents identify as **Two-Spirit.** (n=233)




Smaller numbers of respondents identify as Asian (2.1%), and Native Hawaiian/Pacific Islander (0.4%). Two percent of respondents identify as "another race" (n=69). Respondents who selected "another race" wrote in responses such as Puerto Rican, Romani, and multiracial/cultural. Nearly six percent of respondents selected multiple racial identities (5.9%, n=200).

Less than fifteen percent of respondents identify as Hispanic or Latino[54] (14.4%) and about five percent identify as Middle Eastern or North African[55] (4.8%). Less than one in five respondents self-identified as a person of color[56] (17.6%, n=596).

More than **3 in 4** respondents identify as **White.** (n=3,369)




The percent of Needs Assessment respondents who identify as Black or African American (6.5% vs. 12.3%) and Asian (2.1% vs. 4.2%) are smaller than the general population in Pennsylvania; the percent of respondents who identify as American Indian/Native American/Alaska Native (4.7% vs. 0.5%), multi-racial (5.9% vs. 2.4%), and

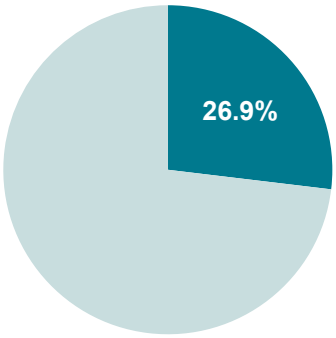
[53] 257 identify as American Indian/Native American/Alaska Native inclusive of multiracial respondents.
[54] Respondents were asked the yes/no question: "Do you identify as Hispanic or Latino/Latina/Latinx/Latine?"
[55] Respondents were asked the yes/no question: "Do you identify as Middle Eastern or North African?"
[56] Respondents were asked the yes/no question: "Are you a person of color (POC)?"

Hispanic/Latino (14.4% vs. 8.9%) are larger in this Needs Assessment than the general population in Pennsylvania.[57]

## DISABILITIES

The Needs Assessment asks if respondents have difficulty with everyday tasks such as seeing, hearing, walking, speaking, concentrating, and self-care.[58] Overall, almost three in four respondents report any level of difficulty[59] (73.1%, n=2,481) and about one in four report "a lot of difficulty" or being unable to do at least one of these categories (24.6%, n=835). Of the respondents selecting "a lot of difficulty" and "cannot do at all": almost two in three report difficulty remembering or concentrating (62.4%, n=520); over one in four report difficulty walking or climbing steps (25.7%, n=215); over one in five report difficulty seeing, even if wearing glasses (22.3%, n=186) and/or difficulty with self-care, such as washing or dressing (20.7%, n=173); and about thirteen percent report difficulty using their usual (customary) language (13.2%, n=110) and/or difficulty hearing, even if using a hearing aid (12.6%, n=105).

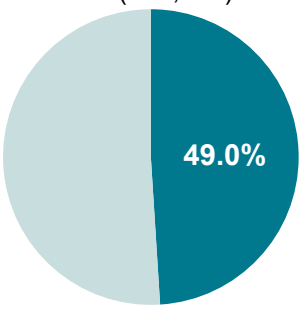
More than **1 in 4** respondents report **difficulty with everyday tasks.** (N=3,394)




## NEURODIVERSITY

Respondents had the chance to share if they identify as neurodivergent, referring to learning, thinking, and sensory differences. About half (49.0%, n=1,630) identify as neurodivergent.

About **half** of respondents identify as **neurodivergent.** (n=3,324)



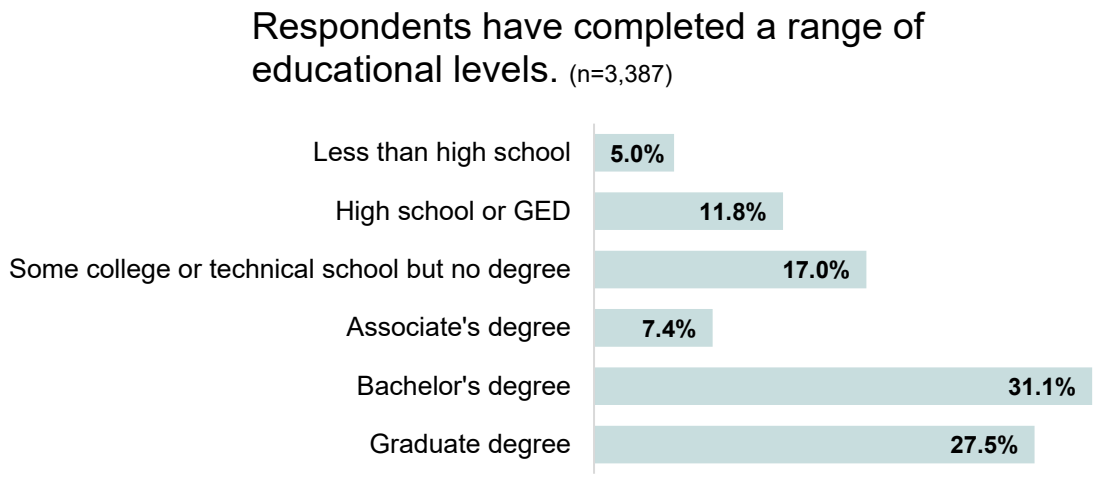

Of neurodiverse respondents: over two in five report mental health-related neurodiversity (43.7%); over half have attention deficit hyperactivity disorder (ADHD) (54.2%); over one third have autism spectrum disorder (ASD) (34.3%); over one in ten have learning disabilities such as dyslexia (12.9%); and less than three percent have dyspraxia (2.5%) and Tourette's syndrome (2.4%). Over seven percent of respondents indicate possessing other diagnoses related to neurodivergence (7.2%, n=117); write-in responses include anxiety, auditory processing disorder, sensory processing disorder, and PTSD.

[57] For more information see U.S. Census Bureau (V2023), QuickFacts Pennsylvania.
[58] Analyses/scale used the Washington Group Short Set of Disability Questions (WG-SS). More information can be found here: https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Washington_Group_Questionnaire_1_-_WG_Short_Set_on_Functioning__October_2022_.pdf
[59] Any level of difficulty includes responses "some difficulty," "a lot of difficulty," and "cannot do at all."

Almost five percent are unsure of diagnosis (4.6%). One in five respondents have not received diagnosis at the time of completing the Needs Assessment survey (19.9%, n=324).

## EDUCATION

The majority of respondents have high school degrees or beyond. More than half of respondents 18 years and older hold associate, bachelor's, or graduate degrees (69.5%); an additional one in six respondents 18 and older have completed some college or technical school without obtaining a degree (17.8%); over one in ten respondents 18 and older have obtained a high school degree or GED as their highest level of school (11.5%). Most respondents under 18 have completed less than high school (78.2%), while some have attained a high school degree or GED (17.6%).



# Discussion & Recommendations

From across Pennsylvania, LGBTQ individuals have shared critical information on health, social needs, and interactions with health systems. Information about the LGBTQ population's health needs clarifies how public health can reinforce and expand supports for LGBTQ people. Multidisciplinary teams including providers, researchers, government officials, advocates, and community members may be able to operationalize the following recommendations and interpret the data in different ways.

Health disparities do not just exist between Pennsylvania's LGBTQ population and its general population, but also within the LGBTQ population. The Health Needs Assessment's large sample allows for meaningful comparisons and highlighting the needs of groups that are often invisible. In addition, this sample includes 164 respondents who were born intersex, making this respondent sample the largest known intersex data set in Pennsylvania. Evidence of health disparities reinforces the need for programs, partnerships, linkages, and policies to address them.

Regular community feedback over time is needed to enhance our understanding of health needs among LGBTQ communities. The inclusion of more voices in future health needs assessments will empower Pennsylvanians to dismantle barriers, enhance community health, and further expand resilience.

## RECOMMENDATIONS

**Support Connections to LGBTQ-competent Providers** – More than 40 percent of respondents report at least one barrier to care, many of which are related to access to providers who can provide competent care. Over 500 respondents (n=508) report fearing a negative reaction to their LGBTQ identity as a barrier to mental health care; over half of these respondents identify as transgender or non-binary (44.7% and 9.4% respectively). 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 protocols that reinforce LGBTQ health competency as a necessary skill among providers. Providers and local LGBTQ organizations can partner for ongoing cultural competency discussions, sharing of cultural humility practices, and preparation to implement welcoming/inclusivity principles (e.g., ask gender, sex, and sexual orientation questions on forms as needed to provide accurate care; use correct pronouns; etc.). As recommendations for screenings are increasingly complex and rely on joint decision-making, the importance of strong primary care relationships continues to increase; LGBTQ community members should be encouraged to develop these relationships.

**Prioritize the Health Needs of Transgender, Non-binary, Genderqueer, and Intersex Individuals** – It remains critical to expand provider knowledge and competent care, including appropriate primary care from knowledgeable and affirming providers (including routine care, cancer screenings, and chronic condition management), to support people who specifically identify as transgender, non-binary, gender nonconforming, genderqueer, agender, and other gender expansive identities, as well as people born with intersex traits. Competent care for transgender, non-binary, and other gender expansive individuals includes improved access to gender-affirming health care, including hormone replacement therapy and surgery; advancing mental health supports; and availability of appropriate substance use treatment. Health also depends on the creation of economic opportunities and safe, affordable housing options for transgender, non-binary, gender nonconforming, genderqueer, agender, gender expansive, and intersex people. Ensure gender-neutral (preferably single-user) bathrooms are available; nearly one in three respondents have avoided bathrooms and most report repercussions from avoiding bathrooms.

**Identify Housing Safety Nets and Emergency Housing Options** – Unstable housing is high among respondents; three in ten have ever experienced unstable housing in their lifetime (30.2%), and among this group, nearly one third (32.8%) have been unstably housed in the past twelve months. More than one in five participants (21.6%) are not sure they will have sufficient money for rent or other housing this month. Some geographic regions, Philadelphia (27.9%) and Allegheny County (22.5%), rank housing as a top three community priority more often than other regions.

**Promote and Facilitate Connections to Programs that Help Overcome Cost Barriers** – Healthcare, housing, utilities, food, and other important expenditures compete for prioritization when people have limited resources. Cost barriers profoundly affect respondents to the 2024 Pennsylvania LGBTQ Health Needs Assessment— approximately one in four respondents has not sought mental health care (40.1%), not sought specialty care (39.7%), skipped primary care (39.4%), skipped meals (38.6%), and/or not sought dental care (38.1%) due to cost at some point. More affordable transportation as well as financial education and supports also were raised by respondents as priorities. Developing tailored responses to a given area's economic-related barriers will be important. For example, four in ten respondents in Southwest Pennsylvania cannot get where they need to go due to lacking transportation several times a year or more frequently (40.9%).

**Strengthen Mental Health Supports** – The majority of respondents report experiencing a mental health challenge within the past year (69.6%). Provider education needs to expand on the topics of depression management, suicide prevention, and social isolation mitigation. Most respondents report feeling some level of isolation (61.7%); nearly one in four respondents report never or rarely receiving the social and emotional support they need (23.6%). Training for mental health clinicians on LGBTQ issues must be prioritized, along with support for LGBTQ individuals to build careers in the mental health field to expand the number of LGBTQ-identified therapists available to the community. LGBTQ community organization can more consistently post vetted mental health resources on their websites and social media platforms. There continue to be opportunities to 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, Management and Navigation of Supports** – Continued work to raise awareness about tobacco prevention and cessation/treatment, sexual health, healthy living (including nourishing nutrition, healthy sleep, and the benefits of activity), diabetes and prediabetes, the benefits of vaccines, and cancer screening, treatment, and supports as important health issues among

LGBTQ communities and Pennsylvanians at-large remains important. Funding for service expansion to address tobacco use, health screenings, behavioral and mental health challenges, and other health and wellness risks for LGBTQ communities continues to be needed. Concerns about COVID and long COVID remain among respondents, with almost a third experiencing lingering symptoms (31.4%), suggests a substantial burden from long COVID among LGBTQ communities that needs to be addressed with research and access to treatment. Providers can think creatively about how to maximize the already high interest among LGBTQ communities for incorporating healthy living strategies. Providers can partner with community organizations to share resources and facilitate connections to LGBTQ-affirming statewide and community-based services.

**Promote Tobacco Cessation Opportunities** – Nearly three quarters of respondents who currently smoke cigarettes or vape have interest in quitting (69.0%). Promotion of free cessation opportunities available to all Pennsylvanians should continue. As of 2024, over six in ten respondents who currently smoke have heard of the PA Free Quitline (63.0%), leaving room for increased awareness efforts and opportunities to add e-cigarette education to tobacco prevention/cessation messaging. Tobacco-free campaigns focused on protecting the environment may be best positioned to make an impact, as most respondents rated this smoke-free initiative as "very important" (67.3%).

**Encourage Health Education and Conversations about Health Screenings** – Strategies to facilitate discussions on improving access to and frequency of routine health screenings for LGBTQ populations, especially for community members who may not have a strong relationship with a primary care provider, continue to be a need. Screening differences within LGBTQ communities need mitigation by increasing access to LGBTQ-competent 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 (e.g. genderless messaging, gender-neutral environments to receive mammograms and cervical pap tests, etc.). Tailored messages that address screening gaps and provide resources to competent and compassionate care, that includes shared decision-making for more complex screening decisions, are needed. Organizations/Institutions should look to enhance health education resources for the LGBTQ community, including access to timely and accurate health information for young people, to more adequately address health screening needs.

**Bolster Community Supports for People of Color** – Racism continues to be a public health issue and an LGBTQ issue. Provider education and self-reflection around implicit bias, microaggressions, and racism in health fields, including mental and behavioral health, need expansion. Respondents who self-identified as people of color (POC) are more likely to experience challenges with access to care that are both directly related to their race/ethnicity and their LGBTQ identity; more POC respondents experience negative reactions from providers upon learning of their LGBTQ identity (41.0% vs. 31.7%). POC respondents also report feeling less safe expressing their LGBTQ identity, with feeling safe expressing their identity less than half the time (34.9% vs. 26.8% of other respondents). It is critical to examine and change systems within the medical industry that exclude POC – specifically Black and Indigenous POC (BIPOC) – from care, decision-making, and research studies on which clinical standards are founded. Funding for health inequities research, targeted public health programs for BIPOC LGBTQ people, and violence prevention programs in Pennsylvania is critical. Violence ranked as the top priority among both Black and Indigenous respondents (43.7% of Black and 39.6% of Indigenous respondents rated as a top three issue).

**Increase Awareness of Health Needs among Individuals with a Disability or who are Neurodivergent and Engage Activists to Design Programming** – Respondents with disabilities and who are neurodivergent experience more access to care issues with both routine and specialty care as well as challenges with basic life conditions (unstable housing, for example) at greater percentages than others. Multiples axes of accessibility (e.g. physical access, availability of sensory-friendly and rest areas) need to be considered when planning community-based opportunities to ensure access and to reduce isolation. The experiences of LGBTQ+ people with disabilities must inform the design of health systems to address the cycle of marginalization and disability.[60]

**Offer Attention to Issues Tied to Safety and Violence** – Violence takes precedence as community health topic priority, selected by more than four in ten respondents (43.9%). One in two respondents has experienced physical or sexual violence in their lifetime (51.1%), and just under one in two respondents has experienced violence from a family member, partner, or spouse (44.4%). Special attention needs to be paid to the community's experiences of proximal family or partner relationship violence. Out of respondents who do not always feel safe expressing their identity, more than one in three select work (36.4%) and their neighborhood (34.6%) as places they feel less safe. Just under one in three respondents (28.3%) and more than half of transgender respondents (60.5%) report avoiding using the bathroom in public, at work, or in school because of being LGBTQ+. These striking percentages demonstrate experiences with violence are common among the LGBTQ Pennsylvanians surveyed; and that public health has a long way to go toward establishing safeguards for LGBTQ people in general. Beyond preventive efforts, provision of support for those healing from experiences continues to be important across medical, community and work settings.

**Continue and Enhance Data Collection** – Maintenance of a two-year schedule of the Pennsylvania LGBTQ Health Needs Assessment with state-wide administration will continue to support understanding of and changes in health and wellness. Each data collection effort needs to maintain a commitment to collection of data among a large geographically and demographically diverse LGBTQ population. Data analysis and data sharing efforts should continue to document resilience and strengths of LGBTQ communities in addressing health and other challenges. Further qualitative research and data collection to focus specifically on the experiences of 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 should be explored. Each iteration of assessment tools over time can continue to be enhanced with feedback from LGBTQ stakeholders and informed by the survey field. The overall advocacy need for sexual orientation and gender identity questions in state and local data collection systems and surveys continues.

**Encourage Partnerships between Public Health, Healthcare, and LGBTQ Community-Based Organizations** – Healthcare professionals, public health agencies, and health researchers should consider partnerships with LGBTQ community-based organizations (and vice versa) to develop and implement strategies to promote and support a high-quality of life among the LGBTQ community, bolstered by good physical health, mental health, affirming spaces, and community connections. Organizations/Institutions can continue to connect people unsure of where to receive resources, support, and/or services with their local LGBTQ community-based organizations.

[60] Neurodivergent-U. What is Disability? https://www.neurodivergentu.com/issues/disability

# Acknowledgements

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Thank you also to the 2024 data collection, media, and outreach partners:

- Attic Youth Center
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- Compton's Table
- Disability Pride Philadelphia
- Eastern PA Trans Equity Project
- Erie Gay News
- GALAEI
- Governor's Advisory Commission on LGBTQ Affairs
- The Greater Lehigh Valley Chamber of Commerce
- Hugh Lane Wellness Foundation
- Independence Business Alliance
- Keystone Business Alliance
- Latino Connection
- LGBT Center of Central PA
- LGBT Center of Greater Reading
- LGBT Equality Alliance of Chester County
- Lititz Chooses Love
- Mazzoni Center
- New Hope Celebrates
- NEPA Rainbow Alliance
- NWPA Pride Alliance
- Pennsylvania Youth Congress
- PFLAG Nazareth
- PFLAG Philadelphia
- Philadelphia FIGHT Community Health Centers
- Philadelphia Gay News
- Planned Parenthood Keystone
- Prevention Meets Fashion
- Proud Haven
- QBurgh
- Rainbow Rose Center
- Reading Pride Celebration
- Silk Lehigh Valley
- SisTers PGH
- Trans Central PA
- TriVersity – The Pride Center
- UDTJ
- Washington County Gay Straight Alliance
- William Way LGBT Community Center

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2024 Community Summary

# LGBTQ Health Needs Assessment

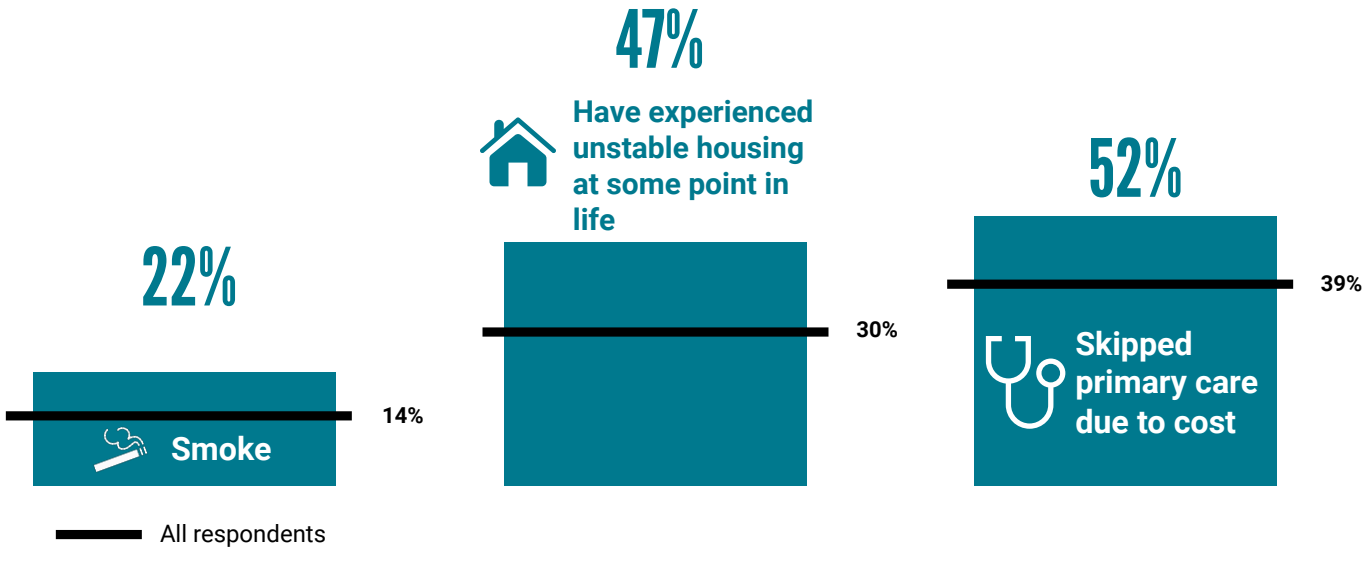
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 304 respondents who identify as Black or African American. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**95%**

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

## Black and African American




**COMMUNITY PRIORITIES:**

1) Violence
2) Access to Affirming Care
3) Depression/Anxiety

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

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.

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

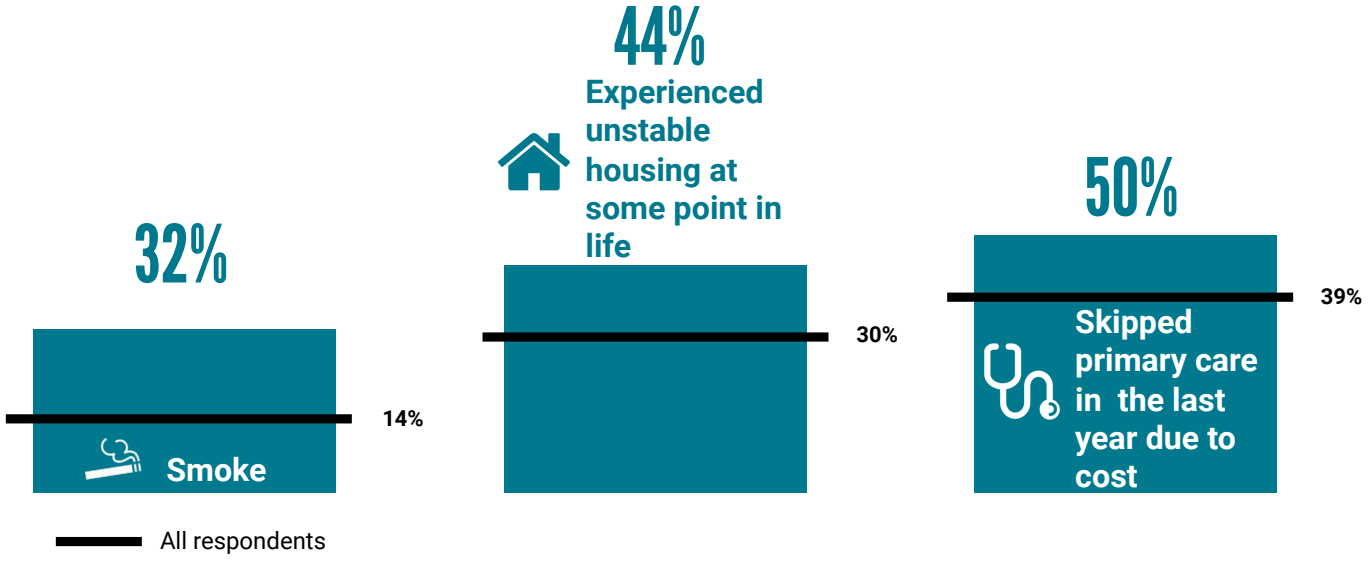
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 485 respondents who identify as Hispanic or Latino/Latina/Latinx/Latine. Check out some 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.

## Hispanic and Latino




**COMMUNITY PRIORITIES:**

1) Violence

2)Depression

3) Access to Affirming Care

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

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.

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

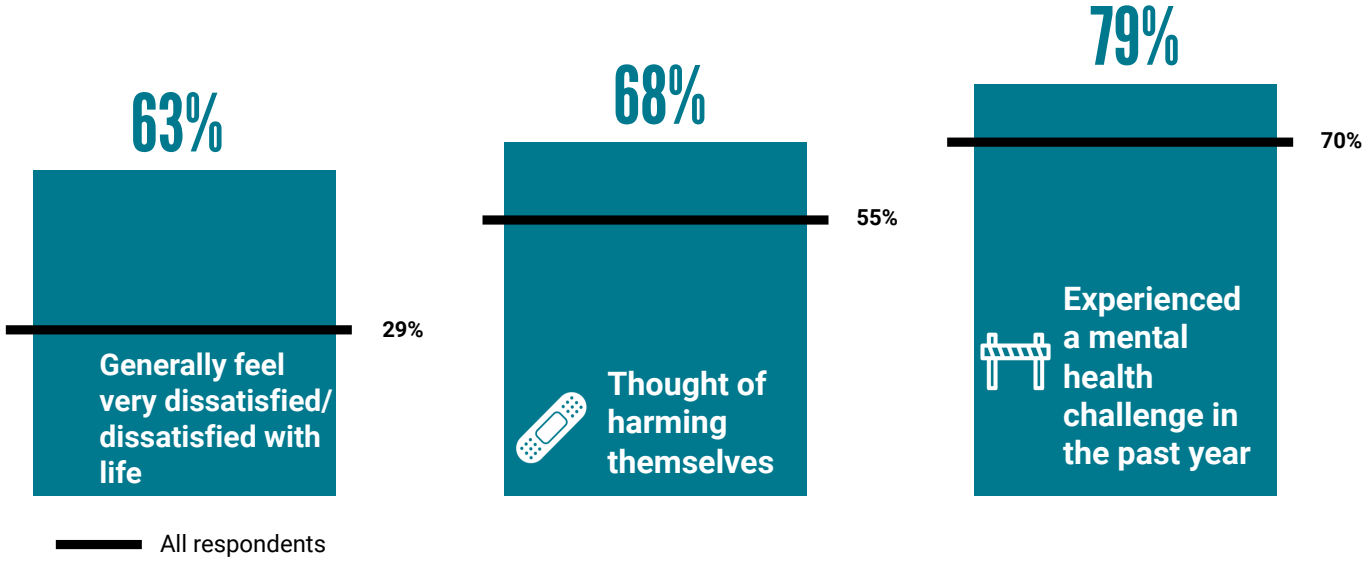
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 1,766 respondents identify as transgender or nonbinary. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**96%**

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

## Trans or Nonbinary




**COMMUNITY PRIORITIES:**

1) Violence
2) Access to Affirming Care
3) Suicide/Self Harm

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

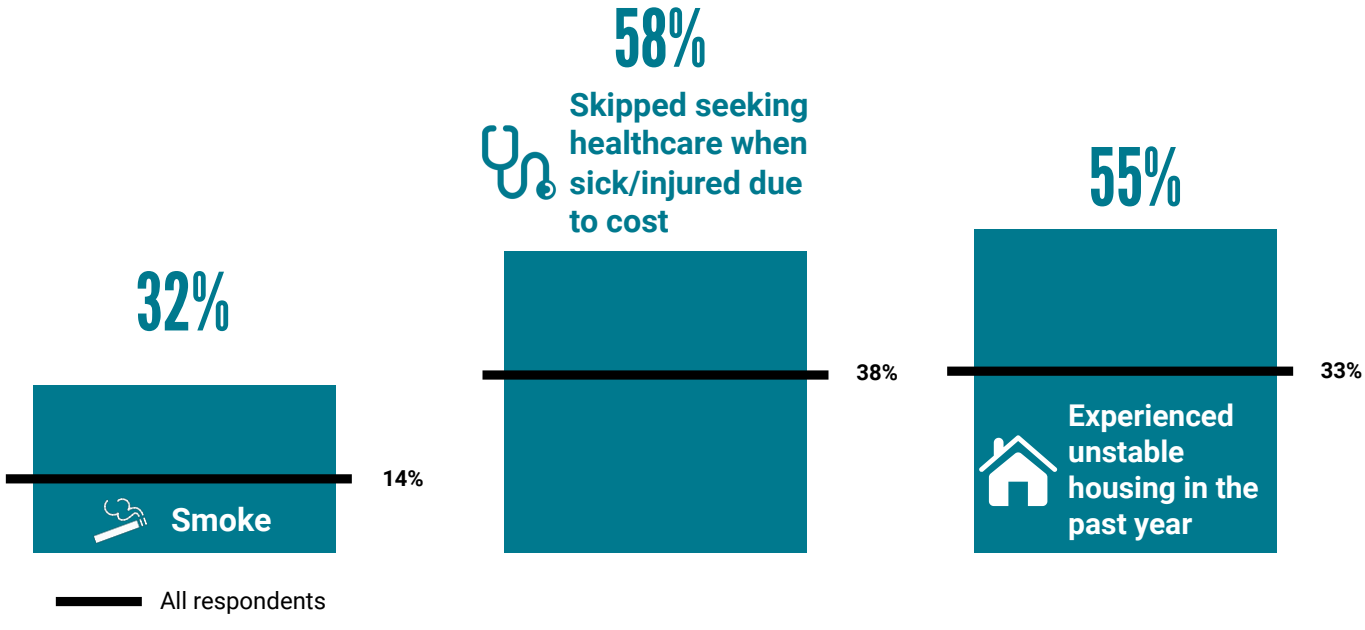
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 237 respondents who identify as transgender people of color. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**98%**

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

## Transgender People of Color




**COMMUNITY PRIORITIES:**

1) Violence
2) Access to Affirming Care
3) Housing

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

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.

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

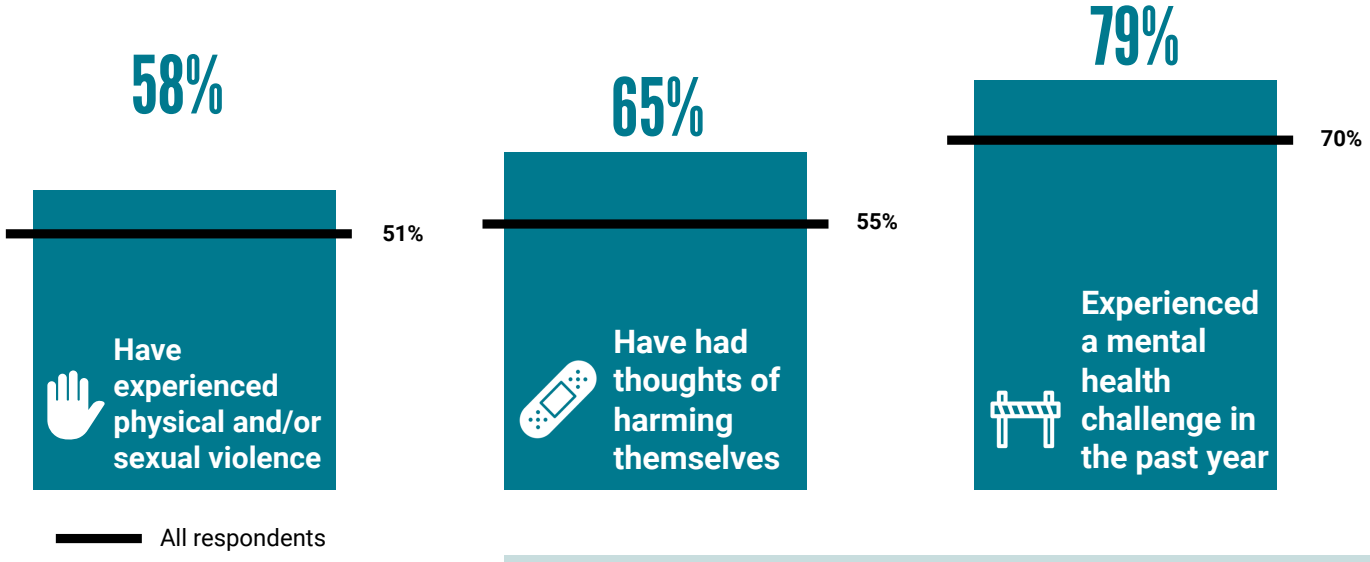
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 1,794 respondents who identify as bisexual or pansexual. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**97%**

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

## Bisexual/Pansexual




**COMMUNITY PRIORITIES:**

1) Violence
2) Access to Affirming Care
3) Depression/Anxiety

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

For more visit: bit.ly/PALGBTQ

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

2024 Community Summary

# LGBTQ Health Needs Assessment

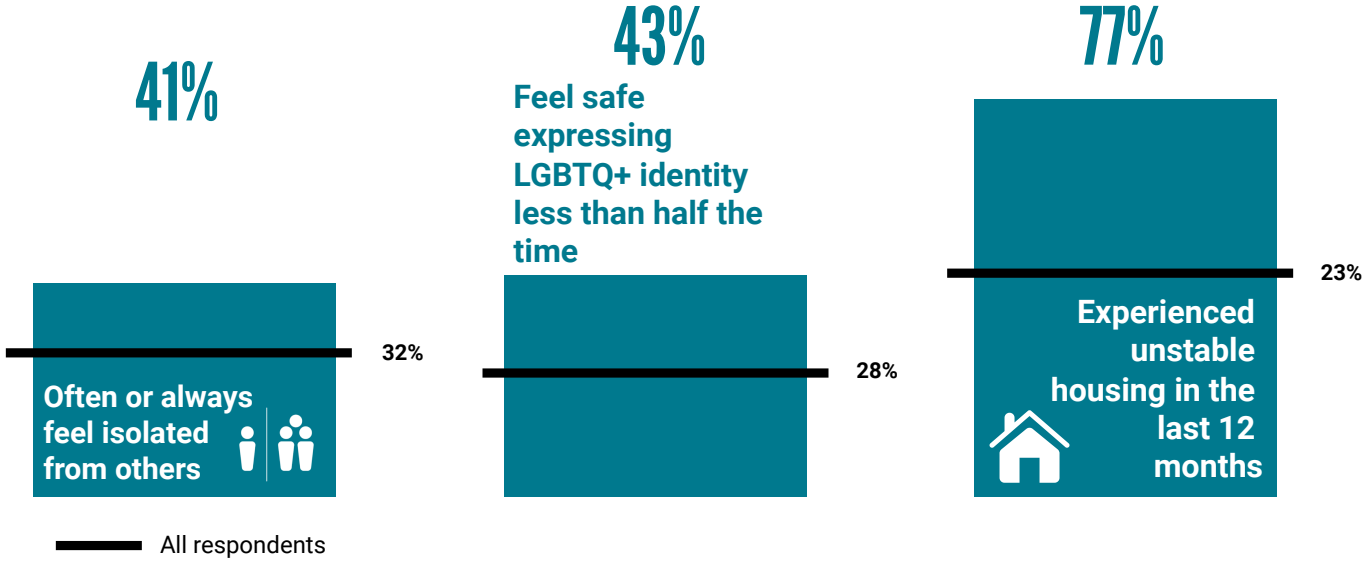
We have health and wellness feedback from 3,492 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 164 respondents who identify as intersex. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**95%**

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

## Intersex




**COMMUNITY PRIORITIES:**

1) Violence
2) Access to Affirming Care
3) Loneliness/Isolation

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

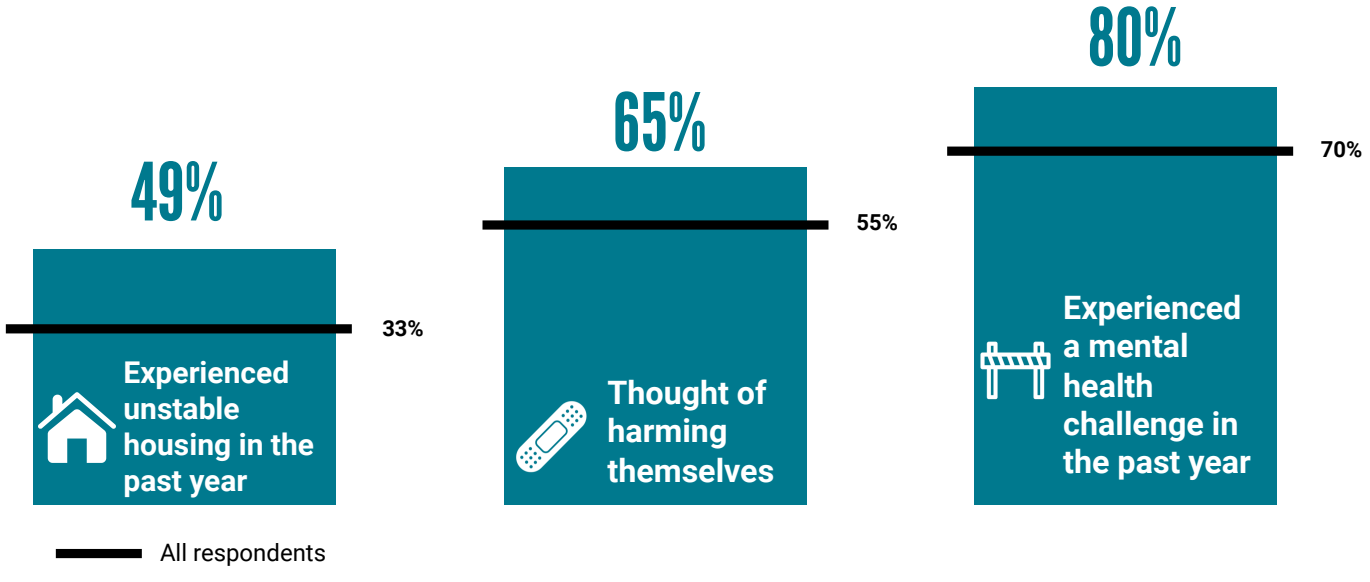
We have health and wellness feedback from 3,394 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 798 respondents ages 24 or younger. Check out some data points specific to this subgroup 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) Violence
2) Access to Affirming Care
3) Suicide/Self Harm

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

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

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

For more visit: bit.ly/PALGBTQ

2024 Community Summary

# LGBTQ Health Needs Assessment

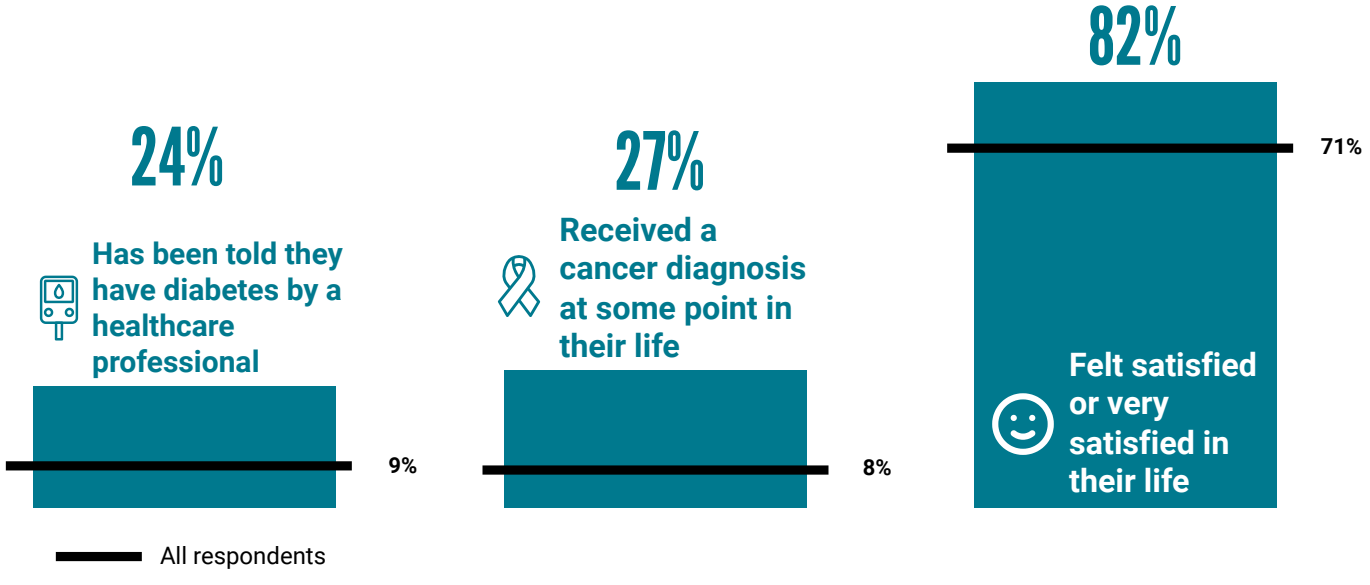
We have health and wellness feedback from 3,392 LGBTQ+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, policy change, and service proposals. We received information from more than 254 respondents who are 65 years of age or older. Check out some data points specific to this subgroup and how they compare to all respondents.

**RESILIENCE**

**96%**

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

## Older Adult (over 65)




**COMMUNITY PRIORITIES:**

1) Depression
2) Loneliness/Isolation
3) Violence/Homicide

### Calls to action:

Support connections to LGBTQ-competent providers; Prioritize the health needs of transgender, non-binary, genderqueer, and intersex Individuals; Identify housing safety nets and emergency housing options; Promote and facilitate connections to programs that help overcome cost barriers; Strengthen mental health supports; Support and fund chronic disease prevention, management and navigation of supports; Promote tobacco cessation opportunities; Encourage health education and conversations about health screenings; Bolster community supports for people of color; Increase awareness of health needs among individuals with a disability or who are neurodivergent and engage activists to design programming; Offer attention to issues tied to safety and violence; Continue and enhance data collection; and Encourage partnerships between public health, healthcare, and LGBTQ community-based organizations.

For more visit: bit.ly/PALGBTQ

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

Data source: 2024 Pennsylvania LGBTQ Health Needs Assessment

2024

Research & Evaluation Group at Public Health Management Corporation and Bradbury-Sullivan LGBT Community Center. (2025). 2024 Pennsylvania LGBTQ Health Needs Assessment. Available at **bit.ly/PALGBTQ**