

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

WHITMAN-WALKER CLINIC, INC., *et al.*,

*Plaintiffs,*

v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, *et al.*,

*Defendants.*

Case No. 1:20-cv-1630

**DECLARATION OF ADRIAN SHANKER, EXECUTIVE DIRECTOR,  
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER**

I, Adrian Shanker, declare as follows:

1. I am the Founder and Executive Director of Bradbury-Sullivan LGBT Community Center (“Bradbury-Sullivan Center”).

2. I assumed that role in 2014 when Pennsylvania Diversity Network restructured into Bradbury-Sullivan Center. I received a Bachelor’s degree from Muhlenberg College in Religion Studies and Political Science in 2009 and earned a Graduate Certificate in LGBT Health Policy & Practice from The George Washington University in 2017. I previously volunteered as Board President of Equality Pennsylvania, served on the Office of Health Equity Advisory Board for the Pennsylvania Department of Health, and co-chaired the community advisory committee for LGBT Healthlink, which was a CDC-funded national disparity network for LGBT tobacco and cancer disparity work.

3. Bradbury-Sullivan Center is a 501(c)(3) non-profit organization that is based in Allentown, Lehigh County, Pennsylvania, and incorporated in Pennsylvania. Bradbury-Sullivan Center is a comprehensive community center dedicated to advancing community and securing the health and well-being of the lesbian, gay, bisexual, and transgender (LGBT) people of the Greater

Lehigh Valley, a historically under-served region of Pennsylvania for the LGBT community. Bradbury-Sullivan Center provides programs and services to thousands of community members throughout the year.

4. At Bradbury-Sullivan Center, in addition to staff management, board development, fundraising, and strategic planning, I oversee administration of data collection for the Pennsylvania LGBT Health Needs Assessment. With Health Programs employees at Bradbury-Sullivan Center, I also develop health promotion campaigns to make behavioral, clinical, and policy changes to improve LGBT health. In 2017 and 2018, I led the successful community efforts to ban “conversion therapy” in the cities of Allentown, Bethlehem, and Reading, Pennsylvania. I currently serve as LGBTQ subcommittee chair of the Pennsylvania Department of Health’s COVID-19 Health Equity Response Team.

5. I am submitting this Declaration in support of Plaintiffs’ Motion for a Preliminary Injunction to prevent the revised regulation under Section 1557 of the Affordable Care Act (“ACA”), published by the U.S. Department of Health and Human Services (“HHS”) on June 19, 2020 (the “Revised Rule”), from taking effect. The Revised Rule eliminates explicit regulatory protections for LGBT people in health care that were included in the 2016 Final Rule, which was promulgated under Section 1557 in May 2016.

6. Bradbury-Sullivan Center’s programs and services for the LGBT community include arts and culture, health promotion, youth programs, pride programs, and supportive services. Youth services include healthy eating, active living, and HIV prevention in an every-day out-of-school program. Supportive services include providing non-judgmental HIV/STI testing, ACA open enrollment events, medical-marijuana enrollment assistance, and support groups, as well as hosting a free legal clinic. Bradbury-Sullivan Center also provides referrals to health care

providers, including providers engaged in services for transgender community members and family-planning services.

7. In addition to obtaining services from Bradbury-Sullivan Center, patrons of Bradbury-Sullivan Center often access health care services from health care providers in our area, including religiously-affiliated hospitals and organizations. Bradbury-Sullivan Center works with patrons who have experienced discriminatory treatment when accessing health care services from such organizations and advocates on behalf of those patrons by providing referrals to LGBT-welcoming health care providers and health care agencies, training agencies to provide LGBT-affirming health care services, and, when necessary, communicating with the agencies to inform them of their legal obligations to serve LGBT people. The Revised Rule has major effects on Bradbury-Sullivan Center's advocacy and ability to continue such services given that the Revised Rule invites health care providers to discriminate against LGBT patients and Pennsylvania has no explicit statutory protections against discrimination on the basis of sexual orientation, gender identity, or transgender status.

8. Bradbury-Sullivan Center has used the 2016 Final Rule's explicit regulatory protections for LGBT people and clear guidance in order to advocate on behalf of LGBT patrons and remind health care providers and insurance companies of their obligations to provide health care services in a nondiscriminatory manner. For example, last year Bradbury-Sullivan Center used the 2016 Final Rule to advocate on behalf of a transgender youth whose family insurer denied coverage for his hormone therapy to treat gender dysphoria. Only after the Bradbury-Sullivan Center contacted the insurer and advocated on the youth's behalf did the insurer reverse course, provide coverage for the child's medically necessary care, and apologize to our patron and their child for their discrimination. Bradbury-Sullivan Center used the 2016 Final Rule to inform the

insurer that its actions were at odds with the law and hold it accountable for its discrimination. If the Revised Rule takes effect, there will be additional instances of discrimination by health care providers and insurance companies,. At the same time, the Revised Rule's elimination of explicit nondiscrimination protections will make it more difficult for Bradbury-Sullivan Center to advocate for its patrons who encounter health care providers that discriminate against them or insurers that deny coverage for medically necessary treatments for LGBT patients.

9. Nondiscrimination protections in health care are necessary. Bradbury-Sullivan Center knows from its work with community members and from local and national research that we can never assume that care will be offered equitably to LGBT patients without these protections that reinforce health care providers' obligations to their patients. The 2016 Final Rule provided robust protections that strengthen Bradbury-Sullivan Center's ability to advocate for nondiscriminatory health care for its patrons who experience discrimination. The Revised Rule will make the success of our advocacy much more difficult if not impossible in many circumstances. Nondiscrimination protections in health care are essential to ensure that LGBT people receive health care necessary to survive.

10. Furthermore, it is particularly egregious for HHS to establish additional barriers to care for LGBT people during the global COVID-19 pandemic, when people may be in their most desperate times of need for medical care. Because of higher risk factors such as smoking, higher incidence of cancer and unsuppressed HIV, and decades of barriers to care that have caused many LGBT people to delay or avoid seeking healthcare when they are sick, LGBT people are uniquely vulnerable to COVID-19 and the worst effects of COVID-19.

11. Federal health care nondiscrimination protections, such as those in the 2016 Final Rule, are one of the most significant assurances Bradbury-Sullivan Center can provide to

community members to encourage them to seek care. For example, in late March 2020, early in the COVID-19 quarantine in Pennsylvania, a transgender community college student called Bradbury-Sullivan Center to ask if it would be safe to receive a COVID-19 test as a transgender person at one of the local hospitals in our region. Because of the 2016 Final Rule, I was able to assure the student that they should make an appointment for the COVID-19 test. I was then able to call an administrator at the hospital to remind them that the provision of COVID-19 testing and treatment must be done in a nondiscriminatory manner, in accordance with the 2016 Final Rule promulgated under Section 1557.

12. Because the Revised Rule will increase discrimination and, in turn, LGBT people's distrust in the health system, LGBT people are less likely to seek testing and treatment if they are experiencing symptoms potentially associated with COVID-19. This makes it harder for Bradbury-Sullivan Center and other health care organizations to help stem the pandemic, thereby potentially exposing more people to COVID-19, to which LGBT people are already more vulnerable.

13. Bradbury-Sullivan Center has already had to divert resources to educating the LGBT community about safety precautions necessary during the pandemic and their rights under the law to nondiscriminatory care should they need COVID-19 testing or emergency respiratory intervention. Bradbury-Sullivan Center also developed a specific webpage with local LGBT community information about COVID-19 and updated the site multiple times each week during the months of March, April, May, and June. And since the Revised Rule was published, given its invitation to discrimination against LGBT people, Bradbury-Sullivan Center has spent significant time contacting hospitals and treatment centers to ensure that they provide nondiscriminatory care

to LGBT patients throughout all of their practices, but particularly in their COVID-19 treatment and testing facilities.

14. The Revised Rule already has and will continue to frustrate the progress that Bradbury-Sullivan Center has made assisting access to health care for LGBT people. By increasing LGBT people's fear and distrust of health care providers, the Revised Rule has will continue to have devastating impacts on our patrons' lives and on the public health at large. Our patrons need to trust the health care system now more than ever during this pandemic. If people feel sick, we need them to receive a COVID-19 test and get treatment, if necessary. We cannot afford for people to avoid health care treatment when they are presenting COVID-19 symptoms out of fear of discrimination. The Pennsylvania Patient Safety Authority has already affirmed that "it is a patient safety issue if LGBT people delay or avoid seeking care due to a fear of mistreatment."

15. Bradbury-Sullivan Center knows from the 2018 Pennsylvania LGBT Health Needs Assessment that approximately 1 in 5 LGBT Pennsylvanians do not have a primary care physician to call if they fall ill. Patients right now are weighing the risk of COVID-19 versus the discrimination and attendant harms that they may face in the health care system when they arrive for COVID-19 treatment. In turn, Bradbury-Sullivan Center has had to redirect staff to focus on efforts to educate hospitals and patrons about COVID-19 and the importance of providing nondiscriminatory health care services to LGBT patients. The Revised Rule only increases people's fear and distrust of the health care system and causes them to further avoid testing and treatment, resulting in harm to our LGBT patrons, increased costs to the health care system, and harm to public health at large.

16. Bradbury-Sullivan Center services a region of Pennsylvania with limited options for LGBT-specific health care services. Finding LGBT-affirming health care options is already a struggle for the LGBT community in the region and becomes more challenging when seeking care for an LGBT-specific concern. LGBT patients experience both geographic barriers to health care and barriers to accessing LGBT-affirming health care. For some medical specialties, often only one or very few health care providers in the region have the training and experience necessary to treat a patient. The discrimination fostered by the Revised Rule could make it practically impossible for a patient to receive any specialty care at all. This is especially concerning given that several of the region's health care providers, including a hospital in the City of Allentown, are religiously-affiliated organizations that could claim religious-based objections to providing any and all care to LGBT patients, invoking the Revised Rule to claim an exemption from existing nondiscrimination laws, relevant medical ethical rules, and standards of care. The Revised Rule will worsen health disparities affecting the LGBT community and exacerbate the difficulties that members of the LGBT community have in finding and accessing necessary and respectful health care.

17. Bradbury-Sullivan Center patrons are already experiencing negative effects from discrimination in the provision of health care, compromising their health and wellbeing. For example:

- a. We heard from a community member whose family member was a patient in an inpatient-care setting and was forced to participate in a so-called "conversion therapy" support group. When the patient complained about such requirements, he faced harassment and retaliation.

- b. Another community member visited Bradbury-Sullivan Center for HIV testing after experiencing judgmental treatment from his primary health care provider. He told our staff that he did not feel comfortable receiving the service from his original health care professional as a result of the judgmental treatment.
- c. Additionally, a program participant in one of our transgender support groups shared with a staff member that her doctor made negative, religious-based comments to her three years ago and as a result she avoided medical care for those three years. She went back for a physical examination this year and the doctor refused to touch her during her physical.
- d. One patron struggled for years to find affirming providers to treat her gender dysphoria. After scheduling her gender confirmation surgery and preparing herself emotionally for the surgery, she learned that her surgeon was *not* in fact affirming and she was forced to cancel her surgery. She was devastated and called Bradbury-Sullivan Center in tears for our assistance. She had been so excited to finally live in the body that affirmed who she is. However, her discriminatory experiences caused her significant depression and distrust of health care providers. It took her two years to find another provider and reschedule her surgery. The nearest available surgeon with the appropriate medical training was 2.5 hours away from her home. Then, her second scheduled gender confirmation surgery was canceled due to COVID-19. This patron is at a loss for what to do next due to the

devastating impact of cancellation of medically-necessary gender affirming care.

18. Bradbury-Sullivan Center also assists patrons who contact the Center because they have difficulty finding LGBT-affirming health care services. Bradbury-Sullivan Center recently received an increase in referral requests. As a result of issuance of the Revised Rule, and the inevitable increase in denials of care and discrimination that will follow, Bradbury-Sullivan Center may need to hire a case-manager to address the community's need for referrals to welcoming providers. Faced with the Rule's imminent implementation, Bradbury-Sullivan Center already has invested additional staff time to strengthen its referral process through the creation of a supportive services referral guide. It is increasingly difficult for Bradbury-Sullivan Center to find local LGBT-affirming health care providers for certain specialties in particular, and the Revised Rule will further diminish the number of specialists available by emboldening additional providers to refuse health care treatment to LGBT patients and emboldening insurance companies to avoid coverage of medically necessary care that the LGBT community needs. This harms the community members whom Bradbury-Sullivan Center serves and results in a major drain on its resources that need to be diverted from other programming.

19. Bradbury-Sullivan Center spends a significant amount of resources documenting health disparities in the LGBT community. A copy of the Pennsylvania 2018 LGBT Health Needs Assessment that Bradbury-Sullivan Center helped conduct is attached as **Exhibit A**. Data gathered from that work confirmed that only about 17% of LGBT Pennsylvanians in 2018 had a provider whom they considered to be their personal physician. That means that in times of need, LGBT people are more likely to randomly select a health care provider with whom they do not have a relationship, putting them at increased risk of finding a provider who is not LGBT-welcoming.

With an increase in discrimination and refusals of care as a result of the Revised Rule, LGBT people will be far less likely to receive the health care treatment that they need because, after being discriminated against, they are unlikely to seek other care out of fear of repeated rejections and discrimination. Data from 2018 also indicated that over 50% of LGB and 75% of the transgender community fear going to a health care provider due to negative past experiences directly related to the patients' sexual orientation or gender identities.

20. These numbers will increase because additional health care providers will refuse to provide care to the LGBT community as a result of the Revised Rule. This directly affects the Bradbury-Sullivan Center because more community members will seek referrals to LGBT-affirming health care providers, there will be an increase in community members experiencing the trauma of discriminatory or unwelcoming health care experiences who will turn to its support groups, and community health outcomes among the population that Bradbury-Sullivan Center serves will worsen.

21. Bradbury-Sullivan Center's research into health disparities facing the LGBT community reveals that approximately one in four members of the community in our region experience a negative reaction from a health care provider when they come out as LGBT. More than half of respondents report fear of a negative reaction by a health care provider if they come out. Indeed, approximately three quarters of all transgender respondents fear such a negative reaction. Our research also identifies pervasive health disparities between LGBT people and the majority population with respect to tobacco use, cancer, HIV, obesity, mental health, access to care, and more, with LGBT people consistently experiencing worsened health outcomes. The same is true during the COVID-19 pandemic, where LGBT people are uniquely vulnerable to COVID-19. In other words, LGBT people, who are disproportionately likely to need a wide range

of medical care, already have reason to fear, and often do fear, negative consequences of disclosing to health care providers their sexual orientation, history of sexual conduct, gender identity, transgender status, history of gender-confirming medical treatment, and related medical histories.

22. By inviting discrimination against LGBT people based on their LGBT status, the Revised Rule encourages LGBT people to remain closeted to the extent possible when seeking medical care. Bradbury-Sullivan Center's research demonstrates that more than a quarter of LGBT respondents are not out to *any* of their health care providers. Fewer than half are out to all of them. The Revised Rule's removal of nondiscrimination requirements and invitation to discriminate on the basis of a providers' religious or moral beliefs undoubtedly will exacerbate those numbers.

23. Remaining closeted to a health care provider can result in significant adverse health consequences. When patients are unwilling to disclose their sexual orientation and/or gender identity to health care providers out of fear of discrimination and being refused treatment, their mental and physical health is critically compromised.

24. Bradbury-Sullivan Center will have to expend more resources on its health promotion campaigns to ensure that LGBT people have access to preventative screenings for cancer, testing services for COVID-19, HIV and other STIs, and tobacco-cessation services given that the Revised Rule will drastically change the health care landscape for the LGBT patient population. This is especially true for the transgender community because existing data predict that the transgender community will be especially afraid to seek out such care out of fear of mistreatment or rejection as a result of the Revised Rule that removes explicit protections based on gender identity and sexual orientation. Bradbury-Sullivan Center also anticipates it will have to initiate many other new services, including, but not limited to, education and community outreach programs, as a result of the Revised Rule. For example, Bradbury-Sullivan Center will

have to increase community-education efforts about the importance of having a primary health care provider to ensure that LGBT patients have a health care provider whom they can trust and do not avoid seeking necessary care. This is especially important given that Bradbury-Sullivan Center's patrons may need emergency assistance related to COVID-19.

25. Bradbury-Sullivan Center also works with independent clinics to help them implement nondiscriminatory policies and practices. Bradbury-Sullivan Center will have to work harder to ensure that these clinics maintain and establish clear policies that prevent discrimination against the LGBT community, including correct signage that will signal to LGBT people that they are still welcome and will not be mistreated despite the Revised Rule.

26. Bradbury-Sullivan Center has a dedicated team of employees who focus on fostering a welcoming, nondiscriminatory atmosphere for patrons to access supportive services. Many employees of Bradbury-Sullivan Center may be negatively impacted by the Revised Rule in the form of increased demand on their time and resources by patrons (especially to meet increased demand for referrals), a diminished number of affirming resources to provide, and the need to develop new resources and training materials from scratch.

27. The Revised Rule's elimination the unitary standard, as well as its removal of notice and tagline requirements, will also make it much more difficult for transgender and gender nonconforming patrons of Bradbury-Sullivan Center to understand their rights and how to advocate for such rights. The Revised Rule appears to have been drafted in such a manner that it will create public chaos and confusion. Bradbury-Sullivan Center patrons are further confused about the ramifications of the Revised Rule given its publication four days after the Supreme Court's ruling in *Bostock v. Clayton County, Georgia*, 590 U.S. \_\_\_, 2020 WL 3146686 (June 15, 2020), which held sex discrimination prohibitions necessarily protect LGBTQ people. Our patrons

are extremely confused and have been contacting our Center in panic about the Revised Rule and in need of our services.

28. As a result of confusion and panic the Rule has created, Bradbury-Sullivan Center has already expended and will continue to expend additional resources educating its clients and staff about the ramifications of the Revised Rule—resources that were already strained as a result of the COVID-19 pandemic. Many patrons have come to Bradbury-Sullivan Center after having been denied insurance coverage for transition related care, hormone treatment, Pre-exposure Prophylaxis (PrEP), birth control, and other medically necessary care. Right after the Revised Rule was released, our transgender and gender nonconforming patrons were panicked about their ability to receive care for gender dysphoria and the effects of the Revised Rule on insurance coverage for treatments and medications related to gender dysphoria. In our entire region of 800,000 people, for example, we have only three health care clinics who will market that they prescribe and manage clients on PrEP. This means that LGBT patients are forced to wait months to receive even the most basic health care services. Likewise, we already know that many insurance companies have tried to find ways to avoid paying for transition-related health care services and medications. If the Revised Rule takes effect and removes coverage requirements for insurance providers, our transgender and gender nonconforming patrons will most certainly experience increased denials of coverage for their medically necessary health care. The Revised Rule will decrease options for care for LGBT people and will result in increased discrimination against our patrons on all fronts, resulting in severe harm to our patrons and to public health generally.

29. As a result of the Revised Rule, Bradbury-Sullivan Center will be required to redirect additional staff and resources from providing our own services to assisting patrons in

finding health care providers in the region who will serve LGBT patients in a nondiscriminatory manner. Bradbury-Sullivan Center's staff and resources have already been diverted from other program activities to engage in advocacy, policy analysis, and creation of resources to address the ill-effects of the Revised Rule. For LGBT people in the Lehigh Valley, where Bradbury-Sullivan LGBT Community Center is located, the Revised Rule will have a chilling effect on the community's ability to access healthcare.

*[Signature in next page.]*

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated this 5th day of July, 2020.

DocuSigned by:  
*Adrian Shanker*  
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Adrian Shanker

# EXHIBIT A

*Pennsylvania 2018 LGBT Health Needs Assessment*



# **Pennsylvania 2018 LGBT Health Needs Assessment**

## **– Summary Report**

August 2018

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



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# Executive Summary

## Background

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

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

## Key Findings

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

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

## Recommendations

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



# Pennsylvania 2018 LGBT Health Needs Assessment Overview

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

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

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

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

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

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

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

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

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

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

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

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

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



## Needs Assessment Methodology

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

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

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

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

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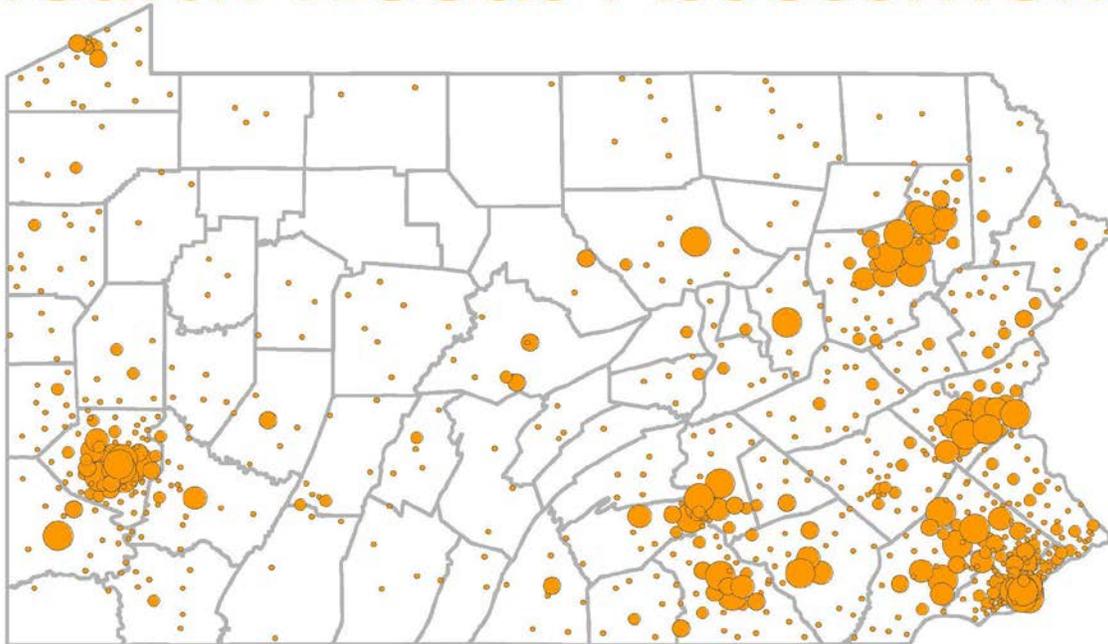
<sup>10</sup> Raffle entries were at no point connected to needs assessment responses. All needs assessment responses remained anonymous regardless of entry into the incentive raffle.



# Findings

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

## Pennsylvania 2018 LGBT Health Needs Assessment



**Number of Respondents grouped by ZIP Code**  
• 1 - 5   ● 6 - 10   ● 11 - 15   ● 16 - 20   ● 21+

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

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

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

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

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

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

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

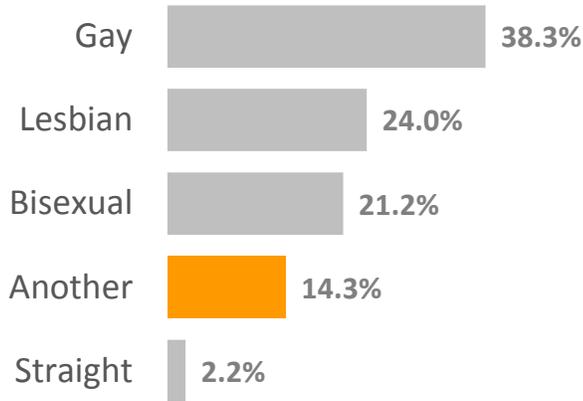


## Sociodemographics

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

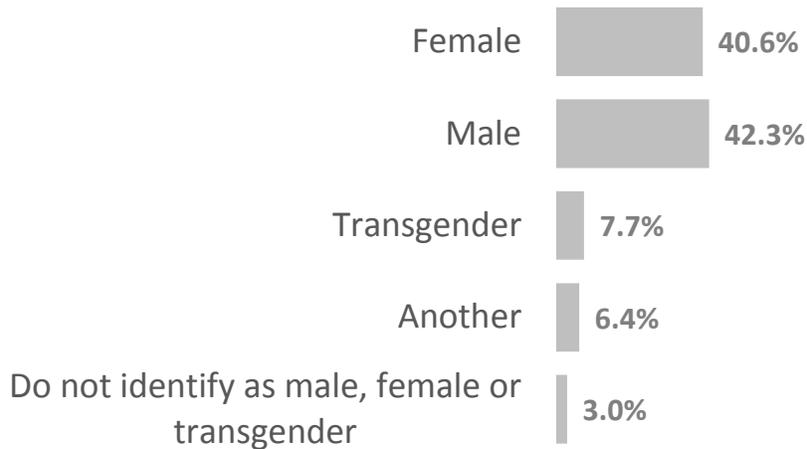
**538 respondents wrote-in their description,**  
most commonly **Pansexual, Queer, and Asexual.**

Sexual Orientation



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

Self-Identification

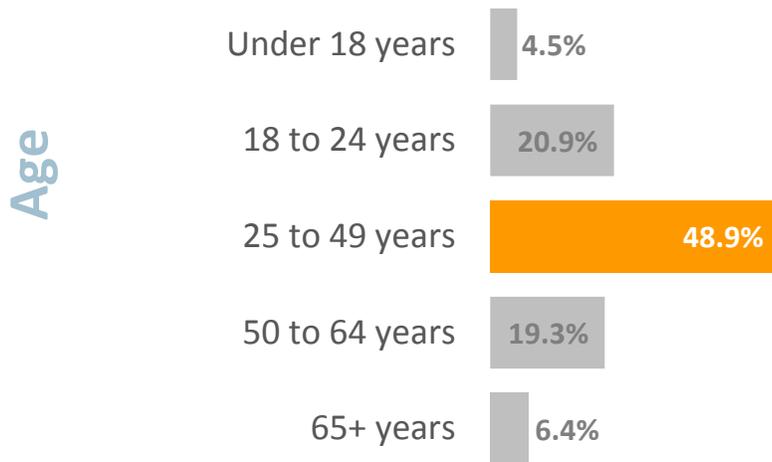


<sup>15</sup> "Other" category in the original survey tool has been modified to "Another" on this report in order to use more inclusive language.



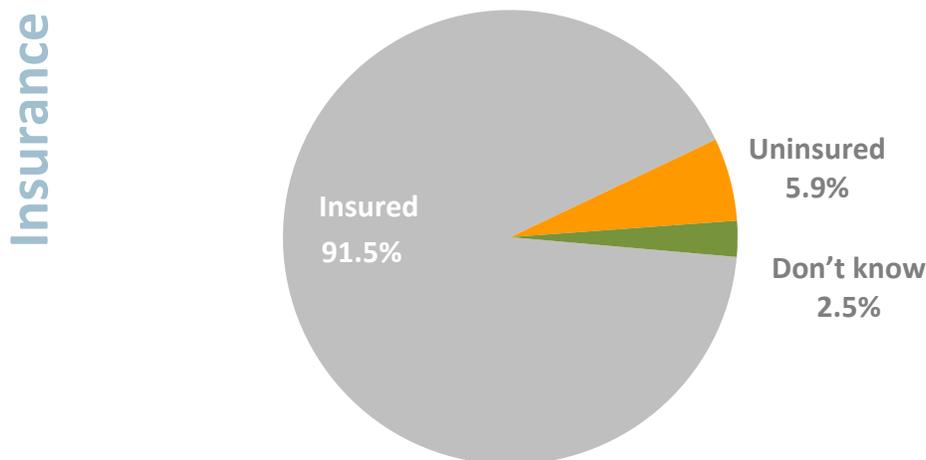
Respondents vary in age from 10 to 87, with an average age of 37.6.<sup>16</sup> A quarter of respondents are over 50 years of age (n=1,203, 25.7%) and a quarter are under 25 years of age (25.4%).

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



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

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



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

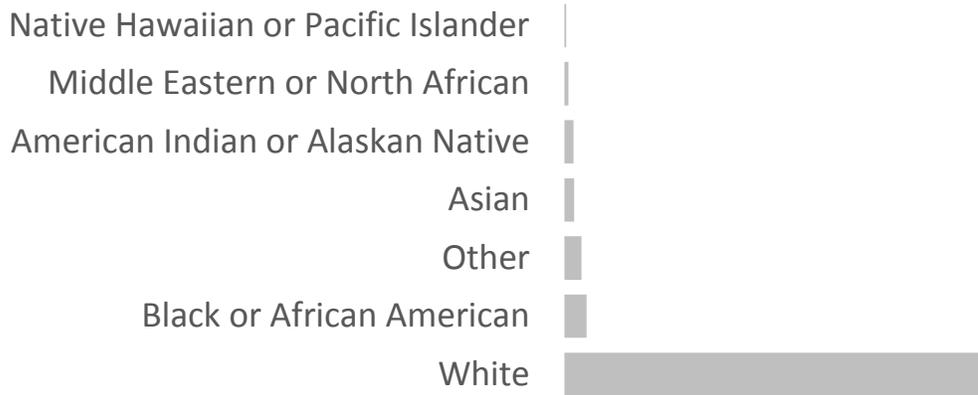
<sup>17</sup> All Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) data in this report were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. Data available via <https://www.phaim1.health.pa.gov/EDD/>



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

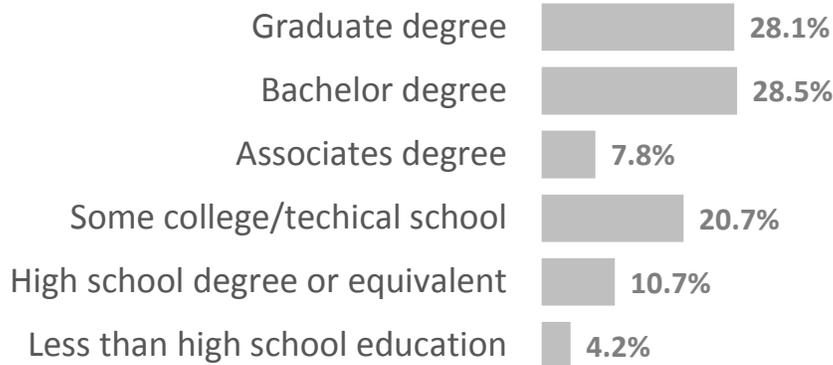
Race & Ethnicity

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



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

Education



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



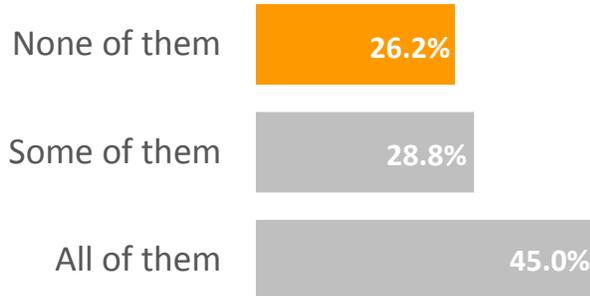
## Health Care

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

### Communication with Providers

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

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



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

### Fear

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



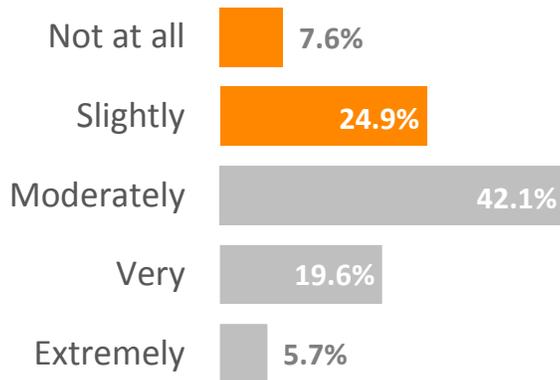
Respondents find their health care providers, on average, vary in their knowledge about LGBT issues. While just under a quarter consider their health care providers to be extremely (5.6%) or very (18.2%) knowledgeable, over a third report much room for improvement with health care provider knowledge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



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

## Provider Competency

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

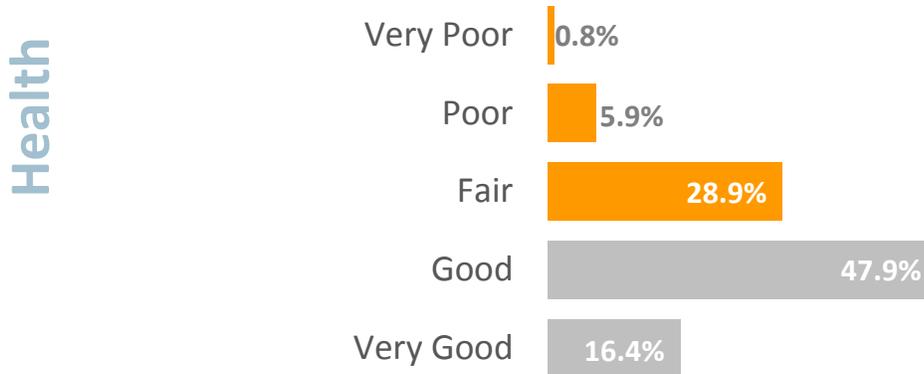




## Personal Health

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

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



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

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



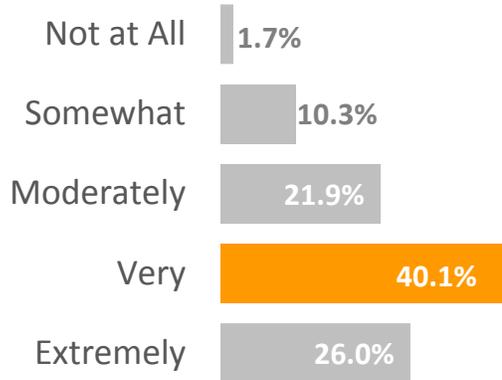
<sup>18</sup> National Heart Lung and Blood Institute (NIH): [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)



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

Healthy Living

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



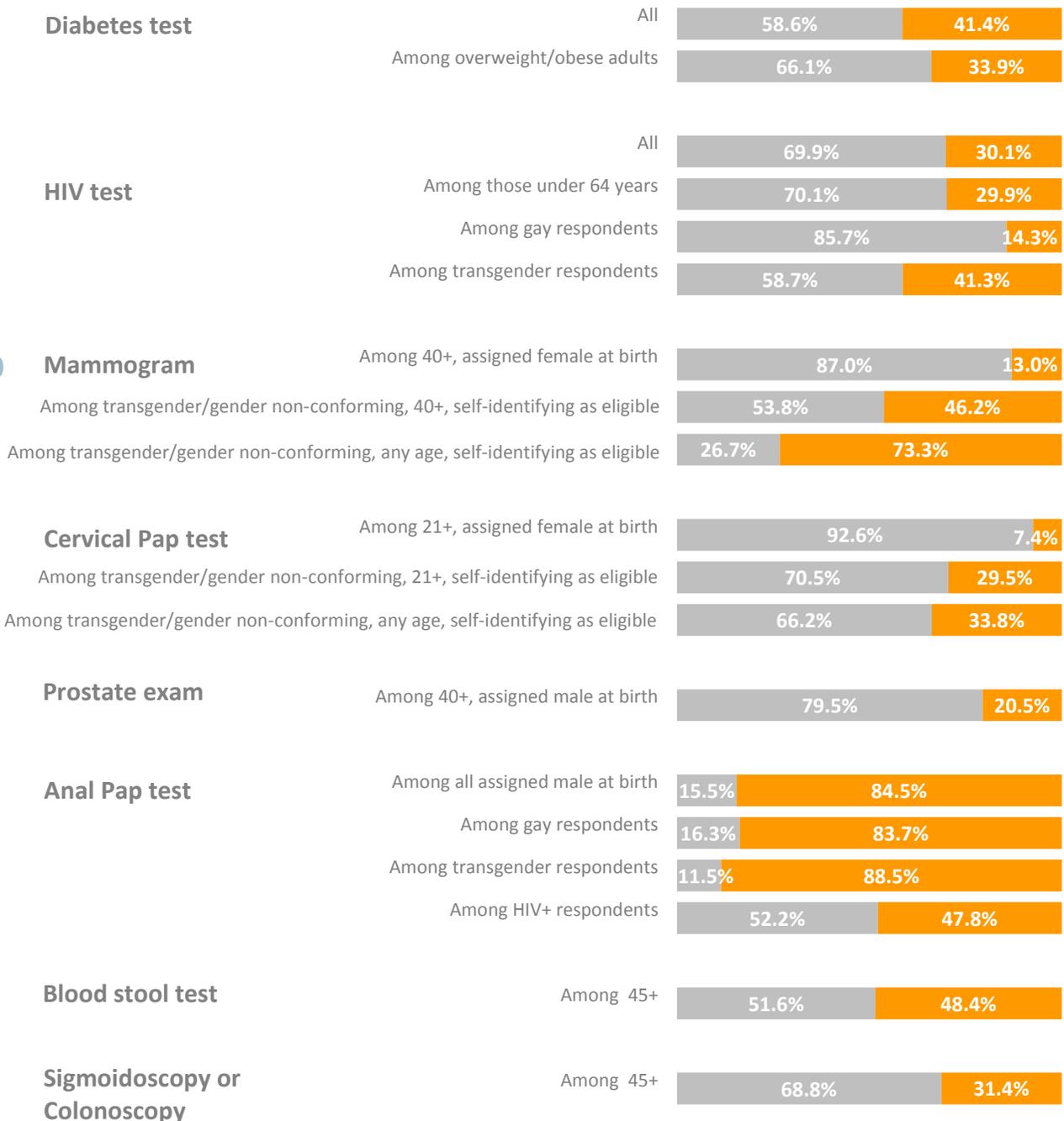
Respondents had the opportunity to report specific healthy living practices as well. During the past month, three in four respondents report physical activity or exercise outside of their job (75.4%). Respondents also report sugar sweetened beverage intake. While the sugar sweetened beverage consumption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



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

## Ever Screened vs. Never Screened

### Health Screening

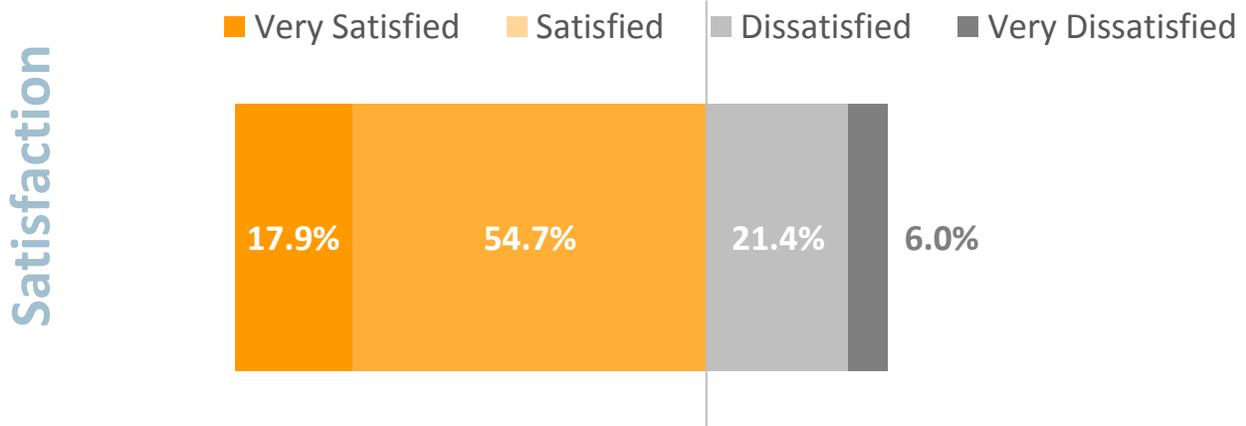




## Mental Health

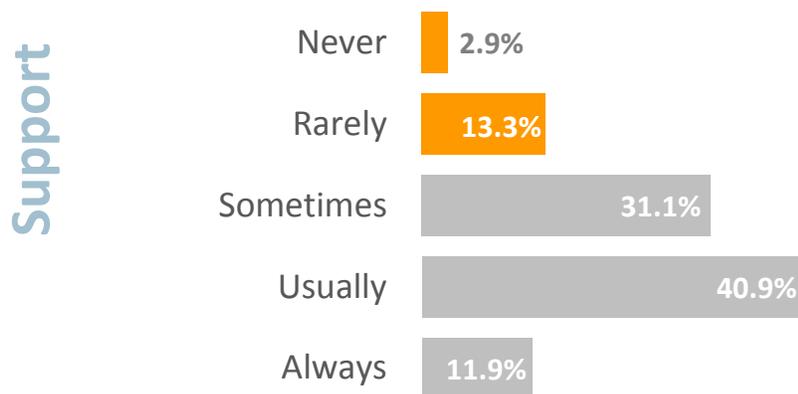
Several aspects of survey findings relate to mental health, both personally and among LGBT communities in general (see LGBT Community Health Section). While the majority of respondents report general satisfaction with their life (72.6%), more than one in four report not being satisfied with their life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

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



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

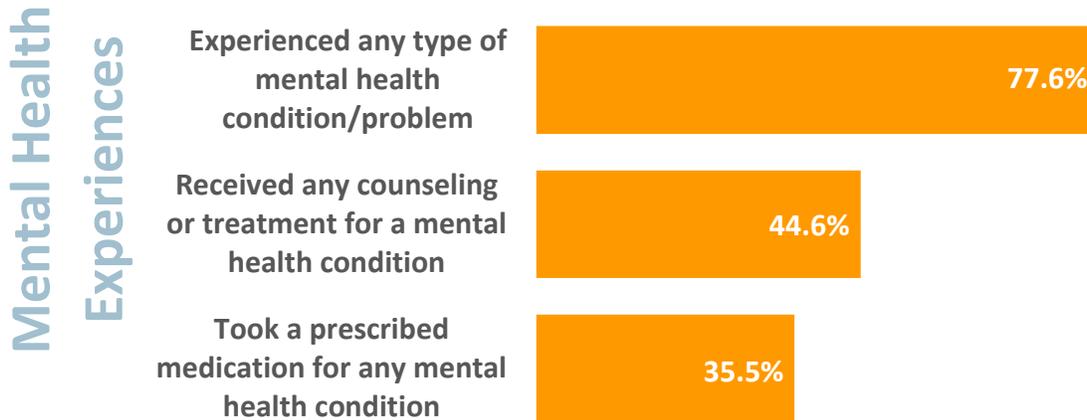
**1 in 6** report they **rarely or never** get the support they need.





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

### In the past 12 months, respondents:



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

## HIV

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

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

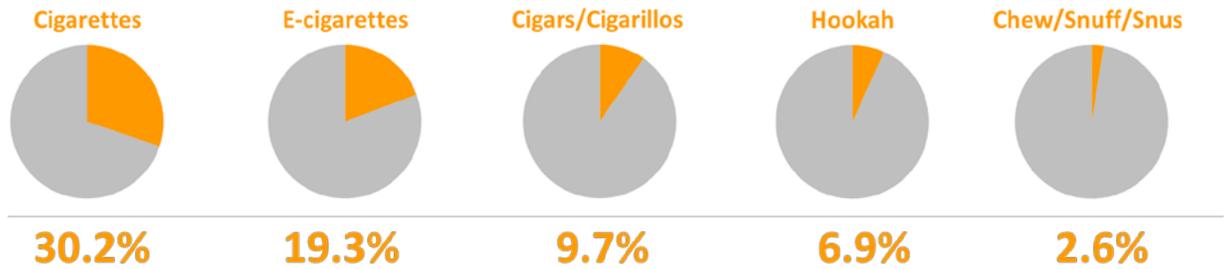
<sup>19</sup> BRFSS primary risk factors are treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year.



## Tobacco Use & Opinions

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

### Current Tobacco



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

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

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

Note: Percent removed for categories with <5 respondents.

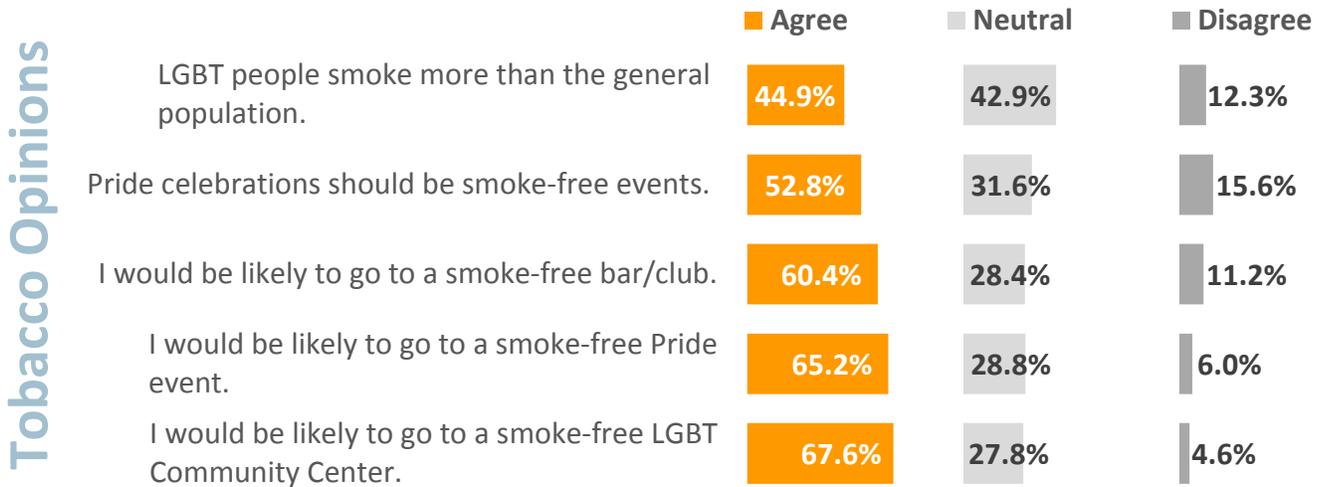
<sup>20</sup> Excluding Allegheny County.

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



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

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



## Substance Use & Alcohol

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



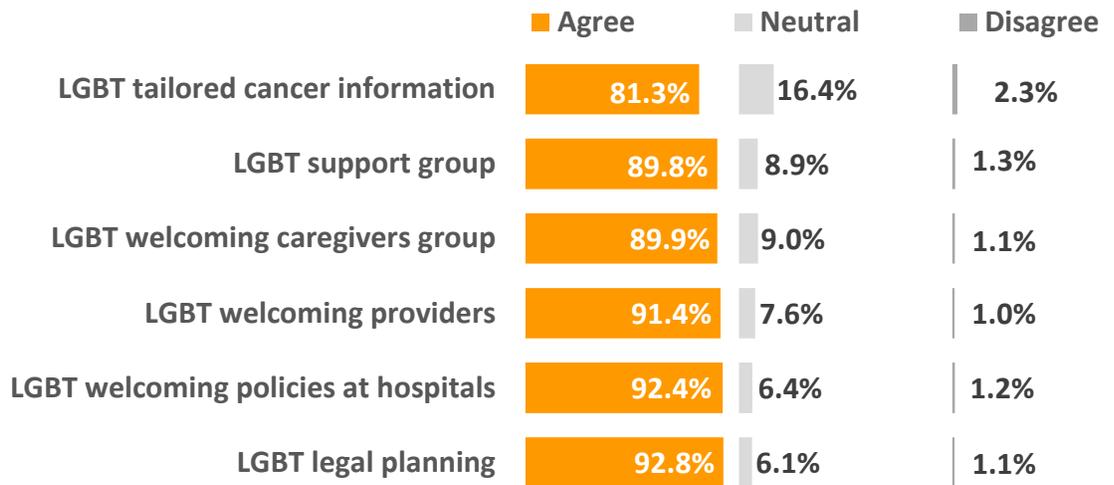
# Cancer

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

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

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

## Survivor Supports



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

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



## LGBT Community Health

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

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

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



## Discussion & Recommendations

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

### Recommendations

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

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

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

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

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

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

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



## Acknowledgements

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

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

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

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

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

Suggested Citation 

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



# Appendices



# 2018 Findings Summary

# LGBT Health

# Needs Assessment

Pennsylvania has health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposal. While these data have some limitations, we can use these data to better understand areas of resilience, health disparities and overall need. To collect these important data, Pennsylvania partnered with Bradbury-Sullivan LGBT Community Center to reach a statewide purposeful sample. The Pennsylvania 2018 LGBT Health Needs Assessment was conducted in collaboration with LGBT HealthLink, a program of CenterLink. 

**64.3%**

report good or very good health

**98.3%**

have interest in healthy living strategies

**44.6%**

report mental health treatment this year

**30.2%**

are current smokers

**68.3%**

are overweight or obese

**36.0%**

report a primary risk factor for HIV

LGBT+ respondents from across Pennsylvania shared critical information on personal and community health opportunities. Service gaps can be closed and support systems can be reinforced/expanded. A variety of players must be part of addressing LGBT community needs, including government agencies, community-based agencies, advocates/allies, and LGBT individuals. Data from the Pennsylvania 2018 LGBT Health Needs Assessment inform several recommendations for incorporation into future work:

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

Full report available here:  
[livehealthypa.org/lgbt](http://livehealthypa.org/lgbt)





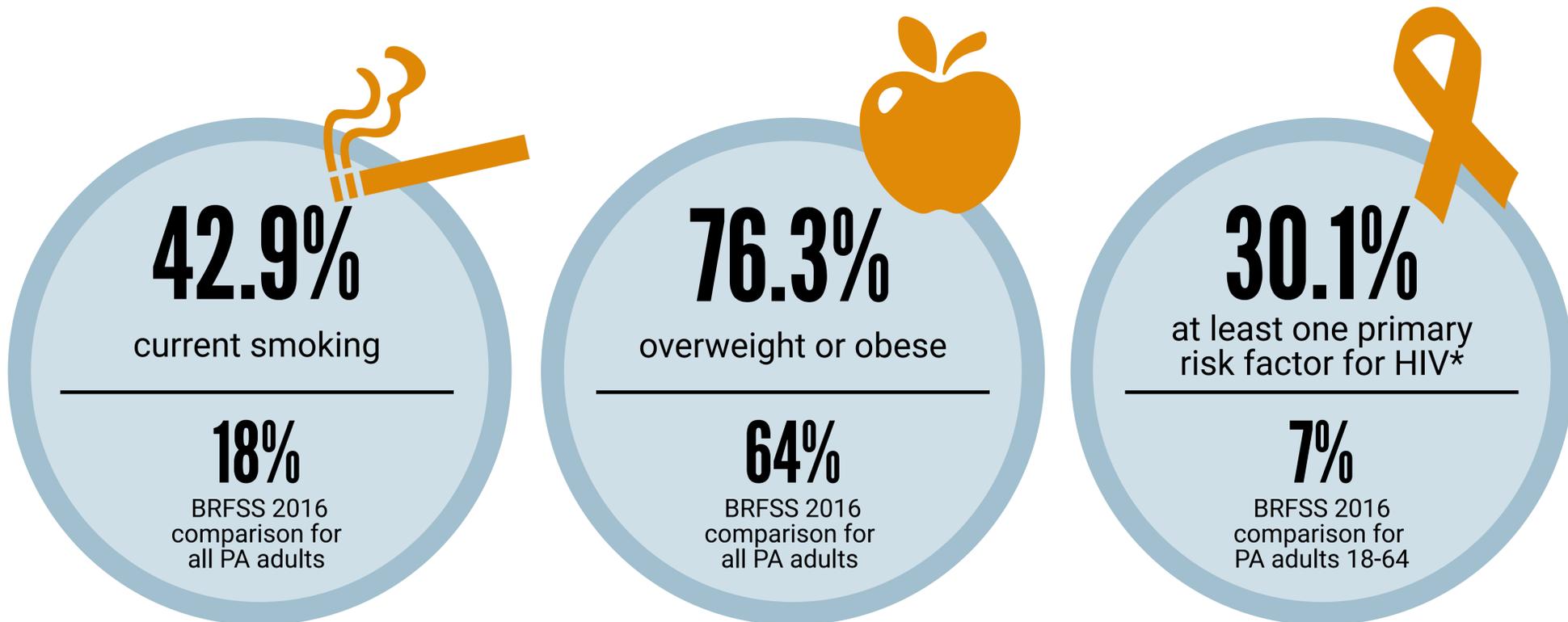
# 2018 Regional Summary

# LGBT Health Needs Assessment

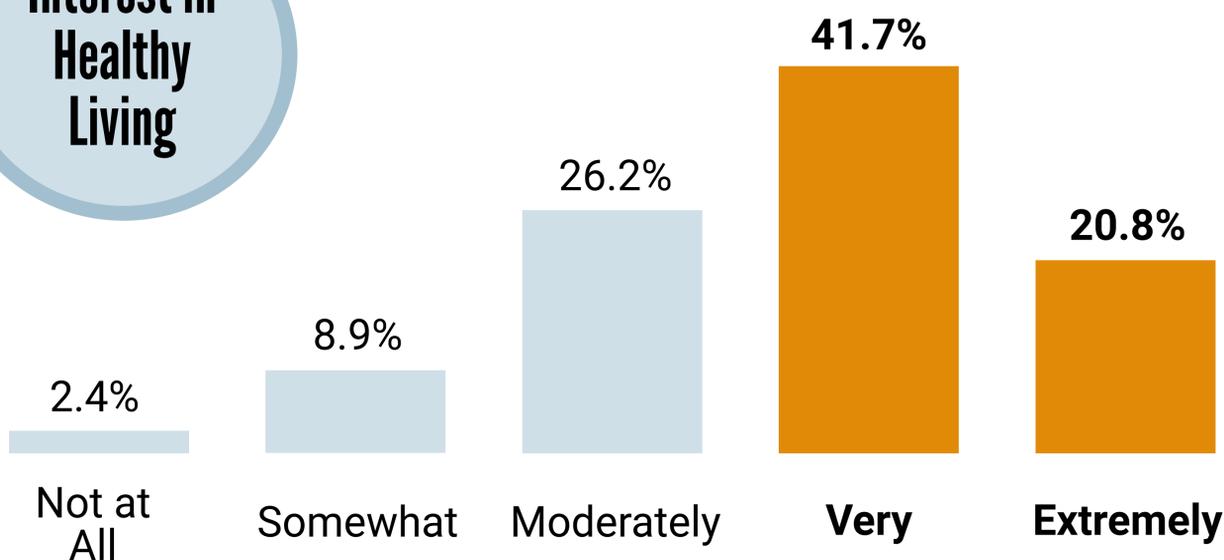
We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The Northwest Health District in Pennsylvania has information from 191 respondents. Check out some highlights below! 



## Northwestern PA



### Interest in Healthy Living



**Northwestern Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 62.5% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





# 2018 Regional Summary

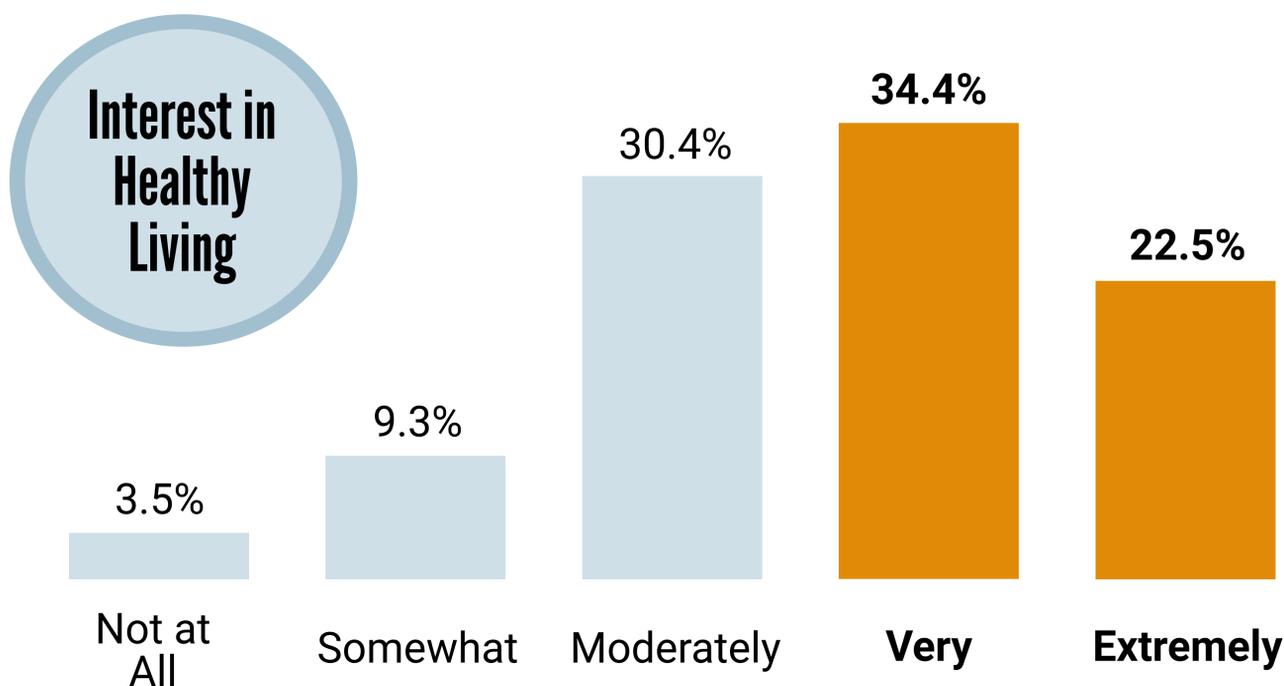
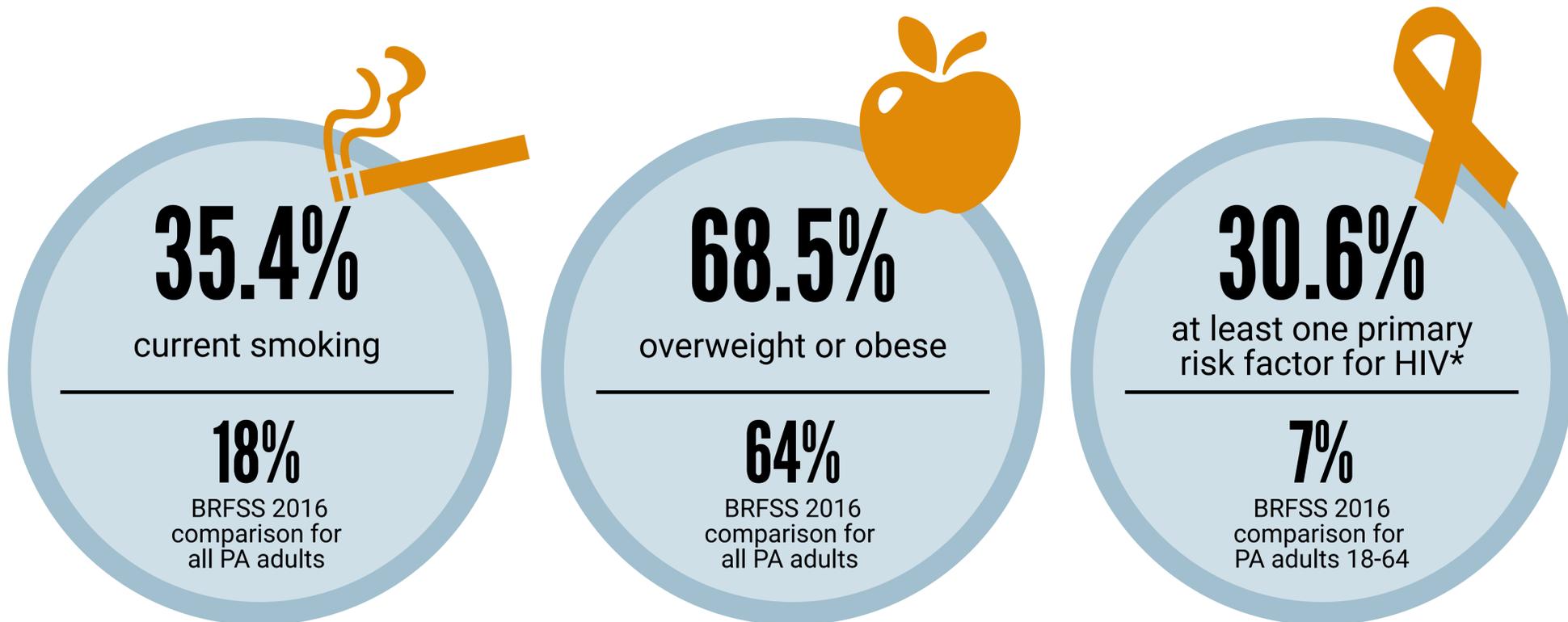
# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The Southwest Health District\* in Pennsylvania has information from 259 respondents. Check out some highlights below! 



## Southwestern\* PA

\* Excluding Allegheny County



**Southwestern Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 56.9% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





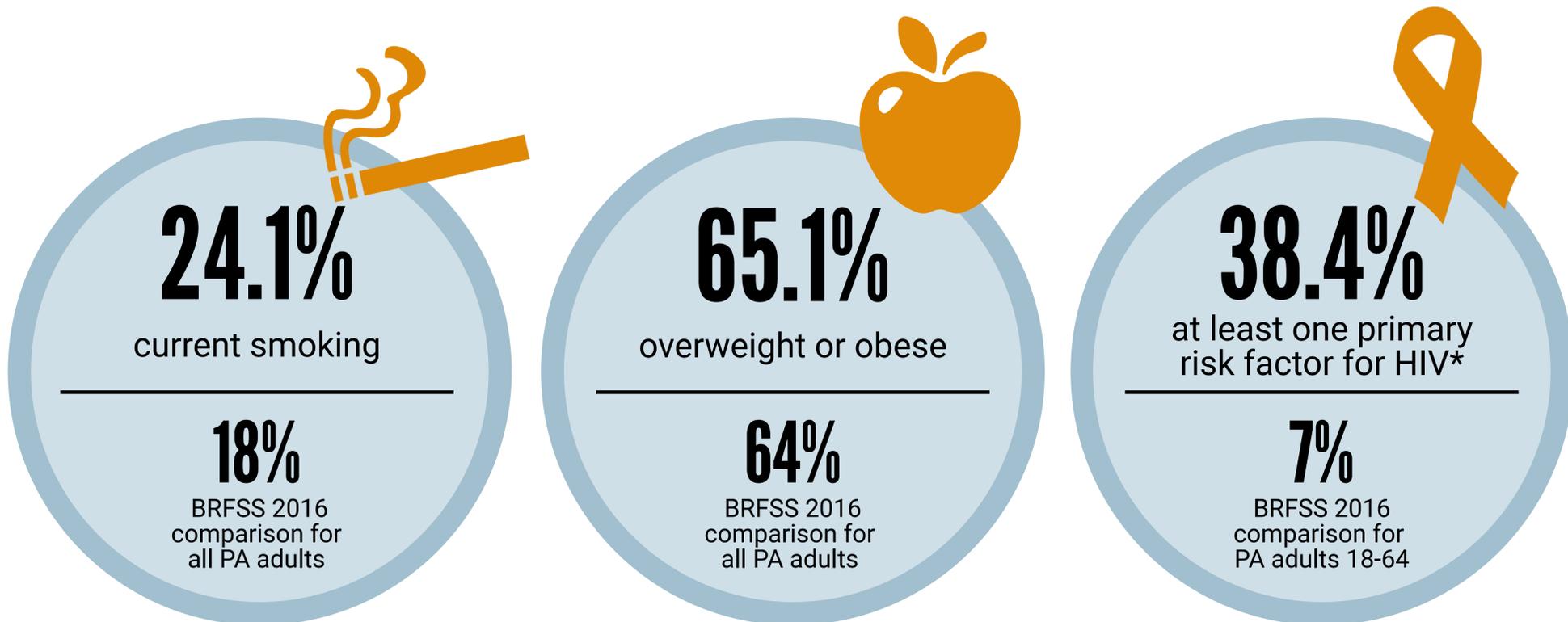
# 2018 Regional Summary

# LGBT Health Needs Assessment

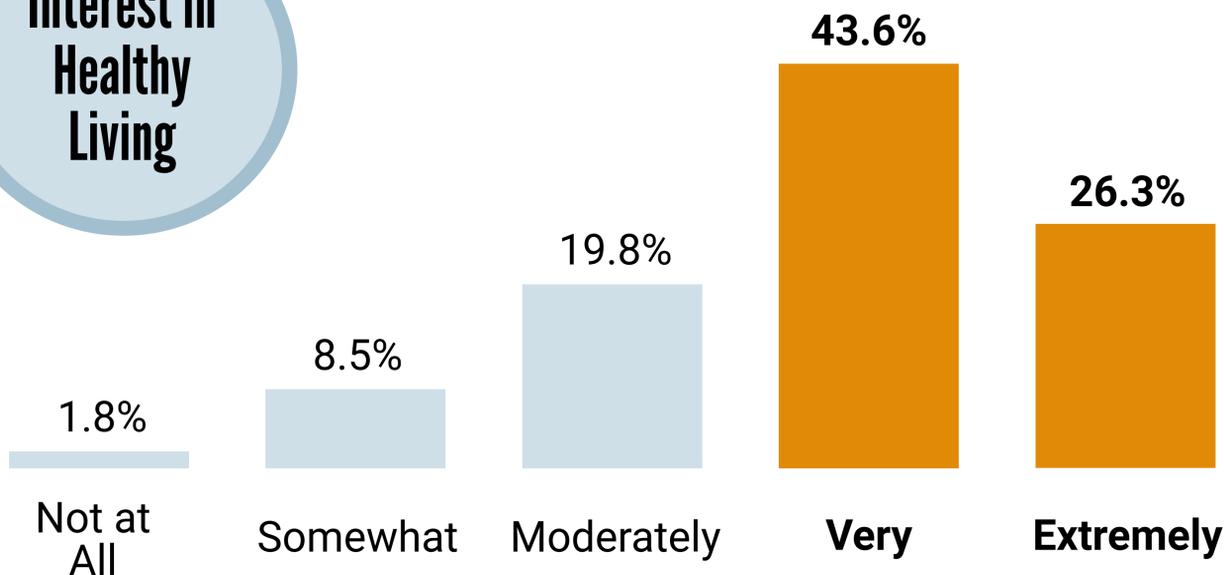
We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. Allegheny County, Pennsylvania has information from 802 respondents. Check out some highlights below! 



## Allegheny County PA



### Interest in Healthy Living



**Allegheny County respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 69.9% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





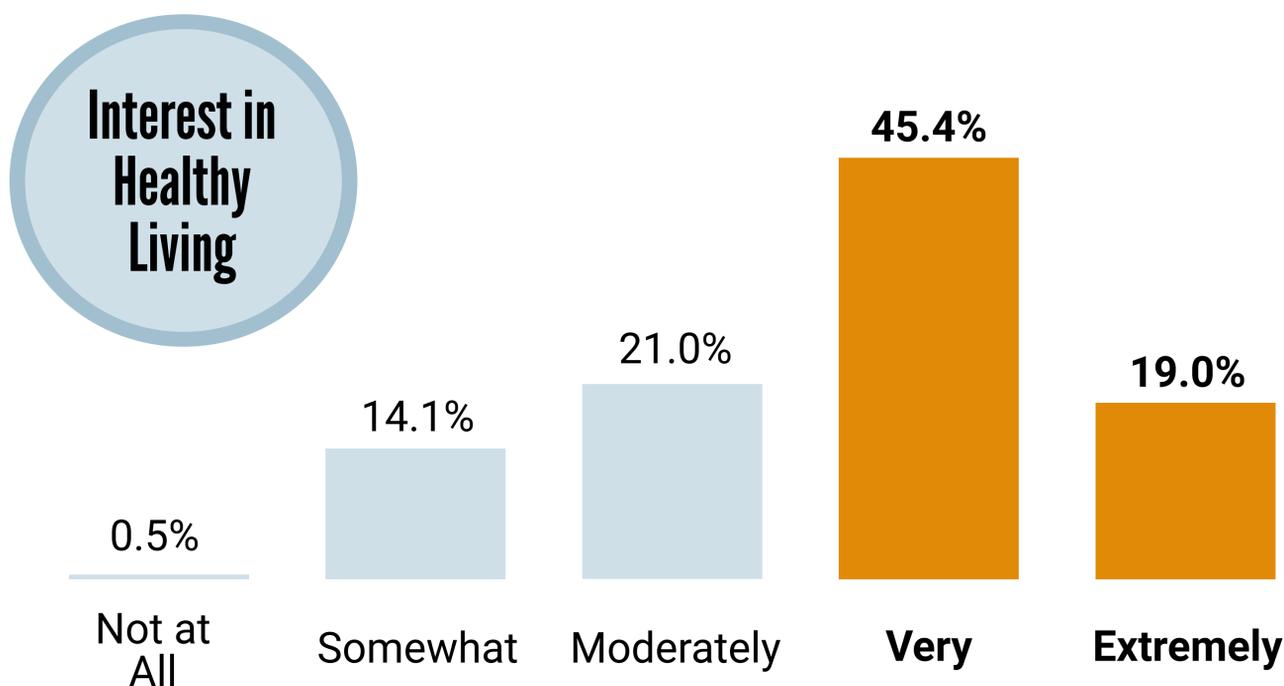
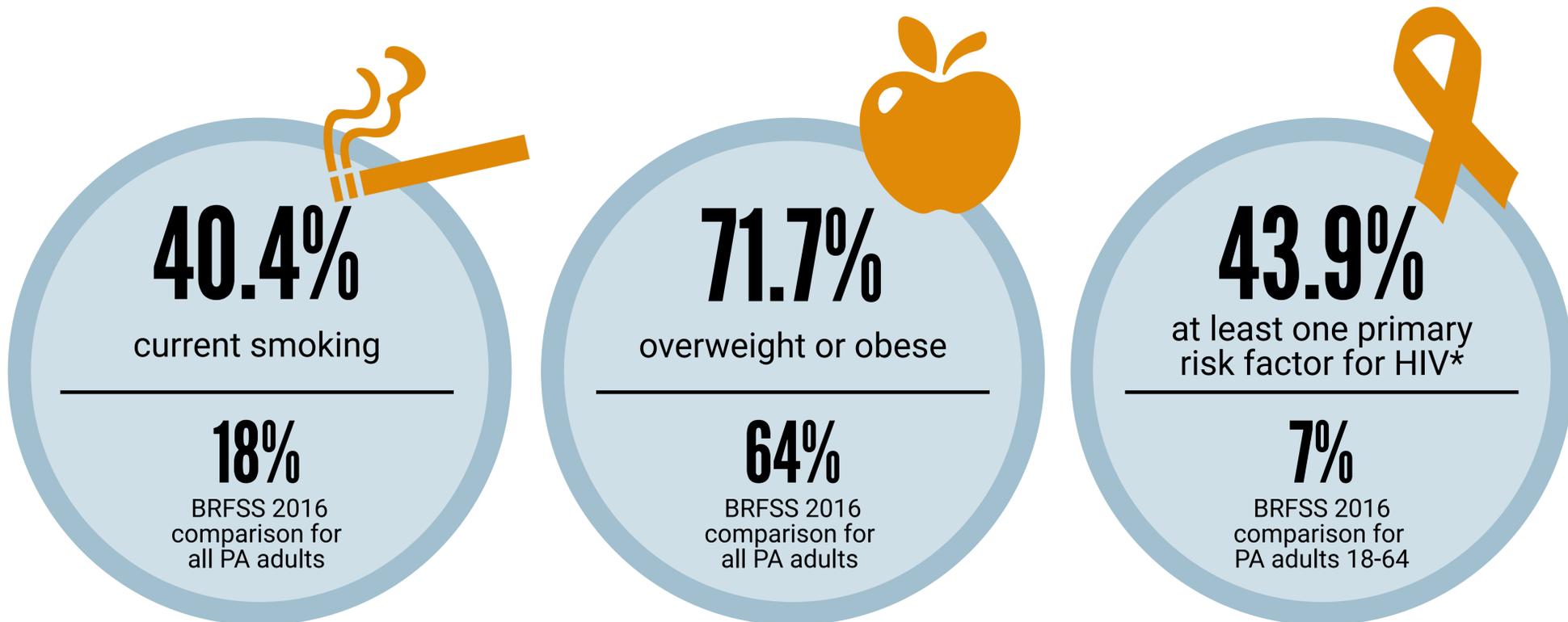
# 2018 Regional Summary

# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The North Central Health District in Pennsylvania has information from 224 respondents. Check out some highlights below! 



## North Central PA



**North Central Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 64.4% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





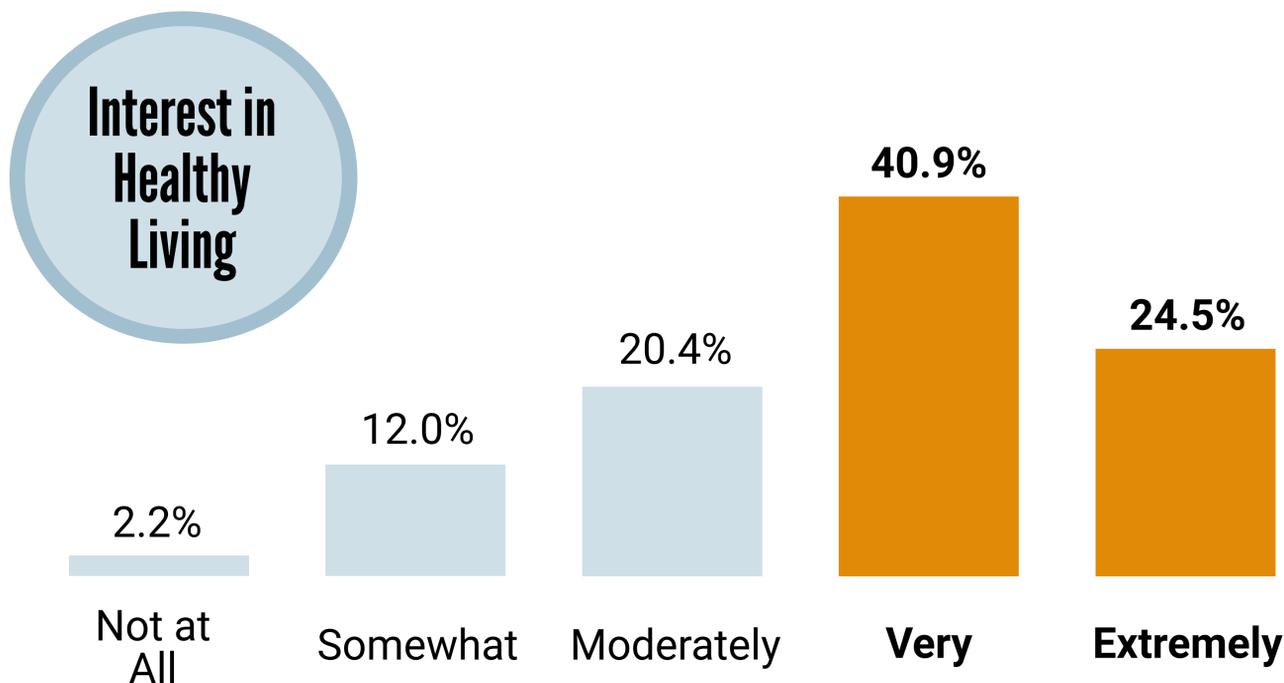
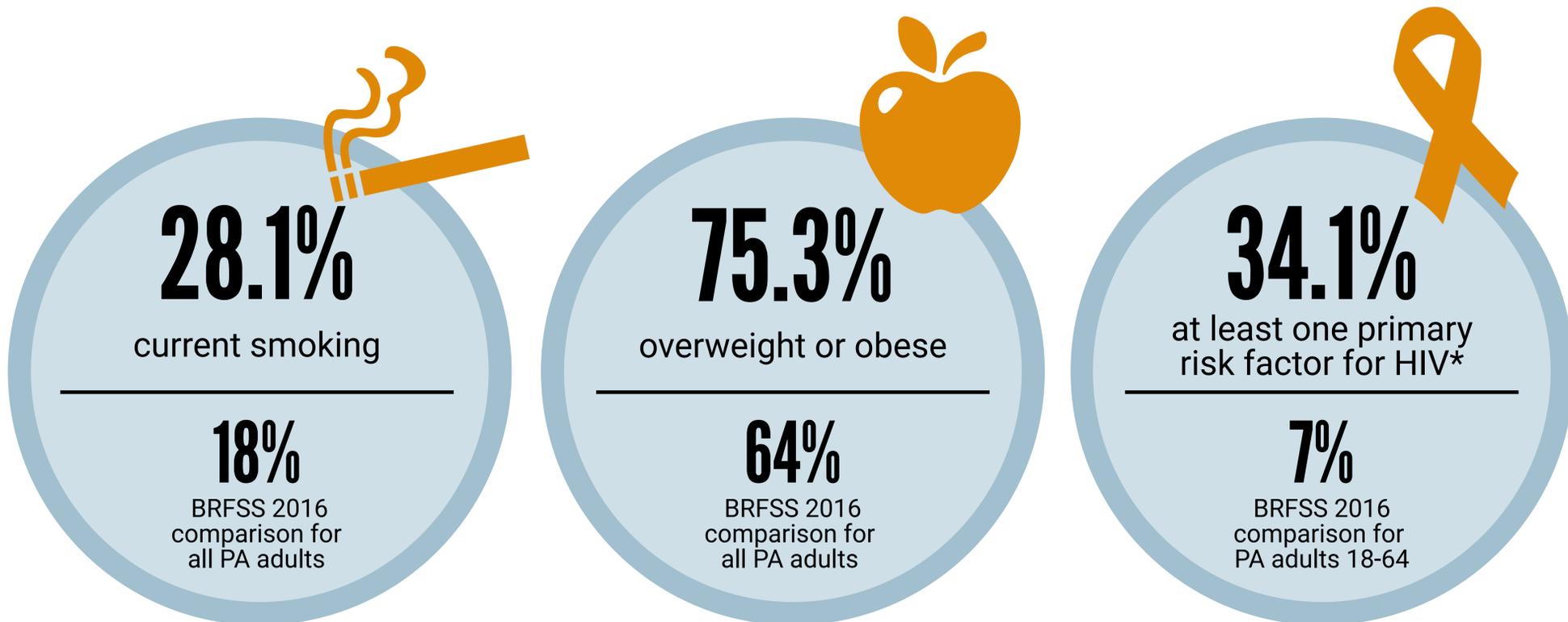
# 2018 Regional Summary

# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The South Central Health District in Pennsylvania has information from 604 respondents. Check out some highlights below! 



## South Central PA



**South Central Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 65.4% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





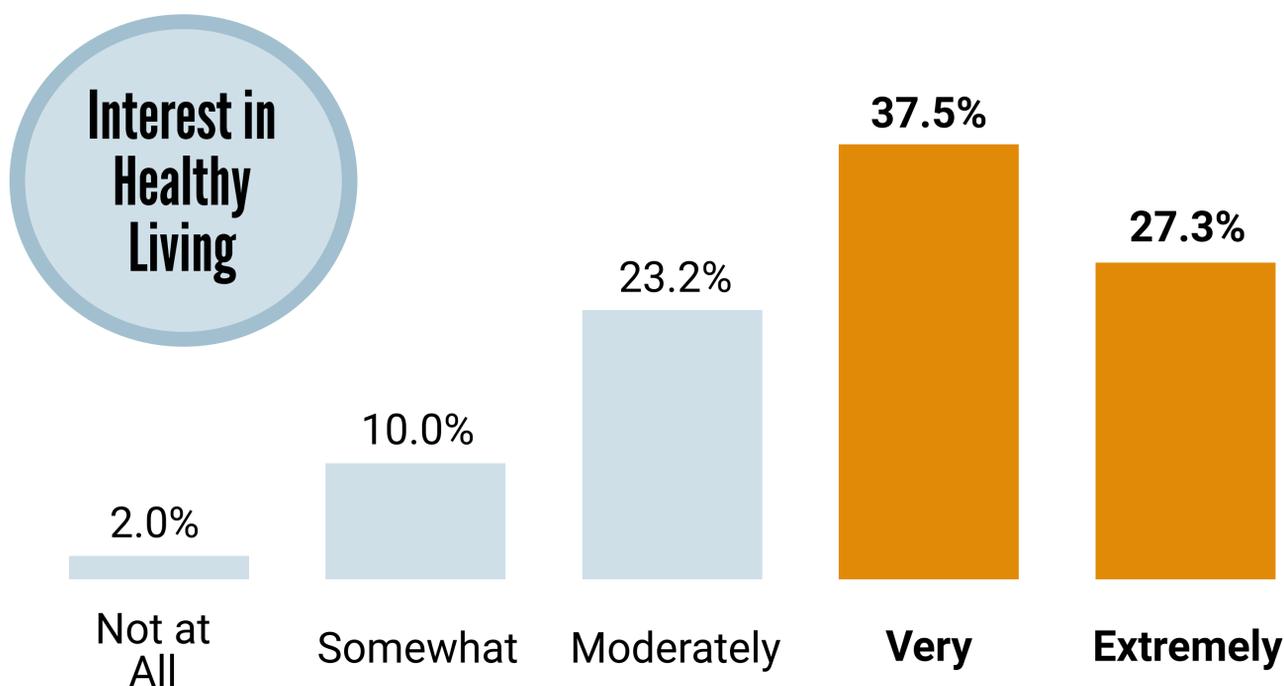
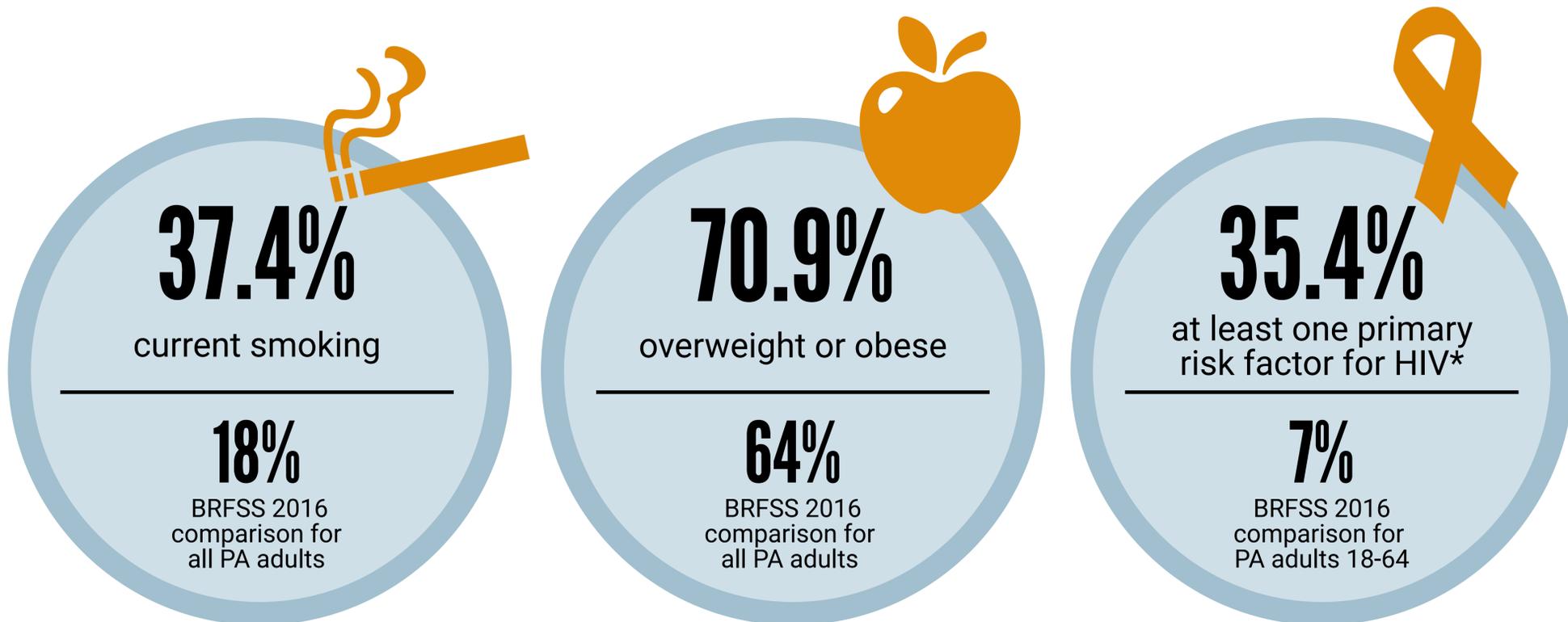
# 2018 Regional Summary

# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The Northeast Health District in Pennsylvania has information from 1,123 respondents. Check out some highlights below! 



## Northeastern PA



**Northeastern Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 64.8% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





# 2018 Regional Summary

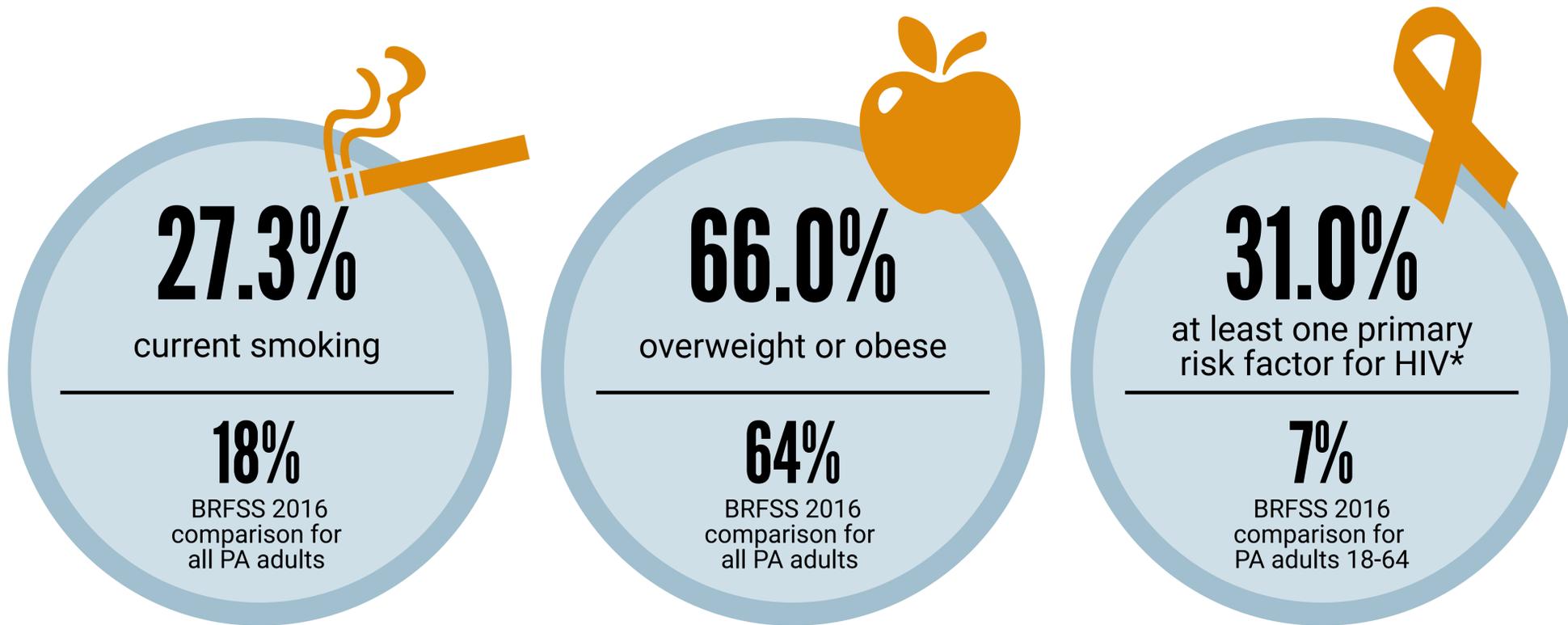
# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. The Southeast Health District\* in Pennsylvania has information from 967 respondents. Check out some highlights below! 

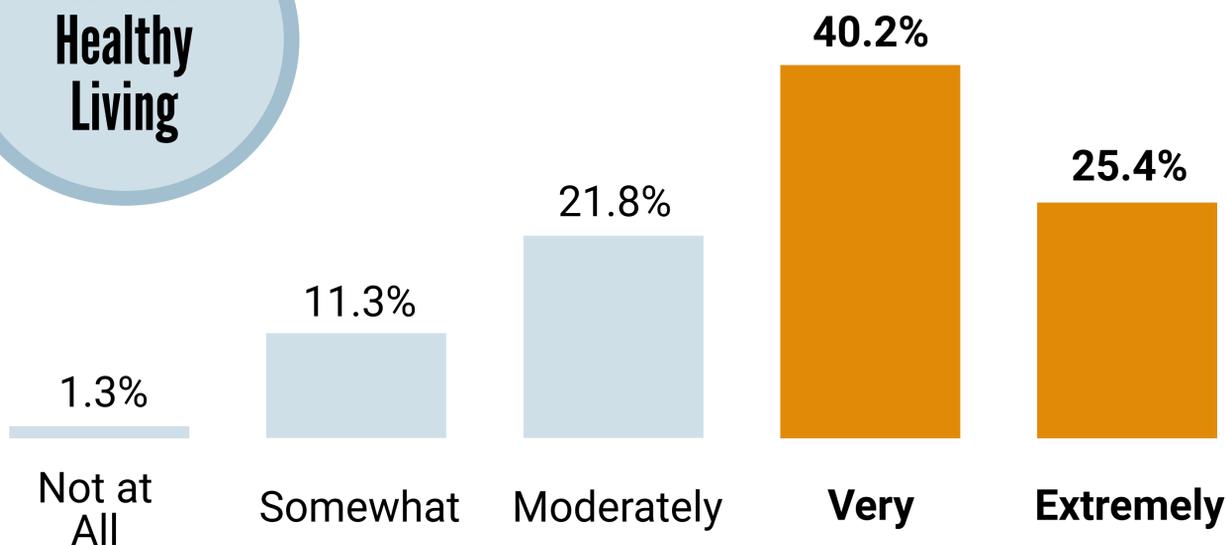


## Southeastern\* PA

\* Excluding Philadelphia County



### Interest in Healthy Living



**Southeastern Pennsylvania respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 65.6% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





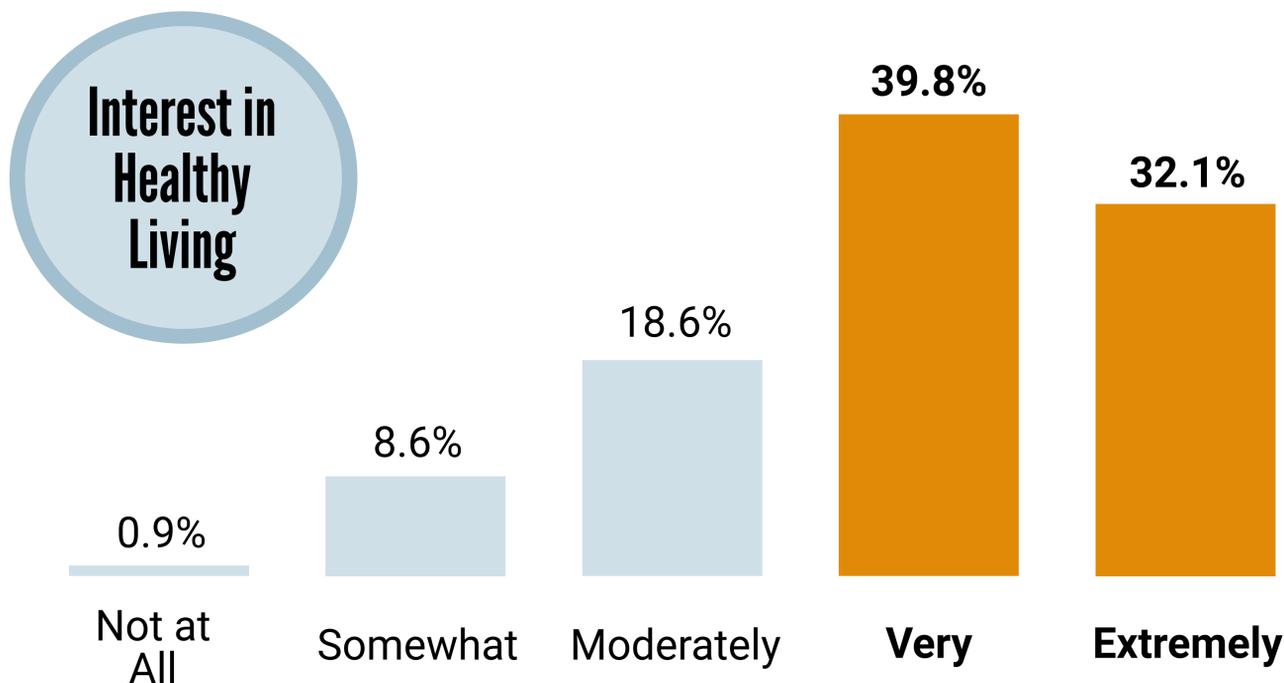
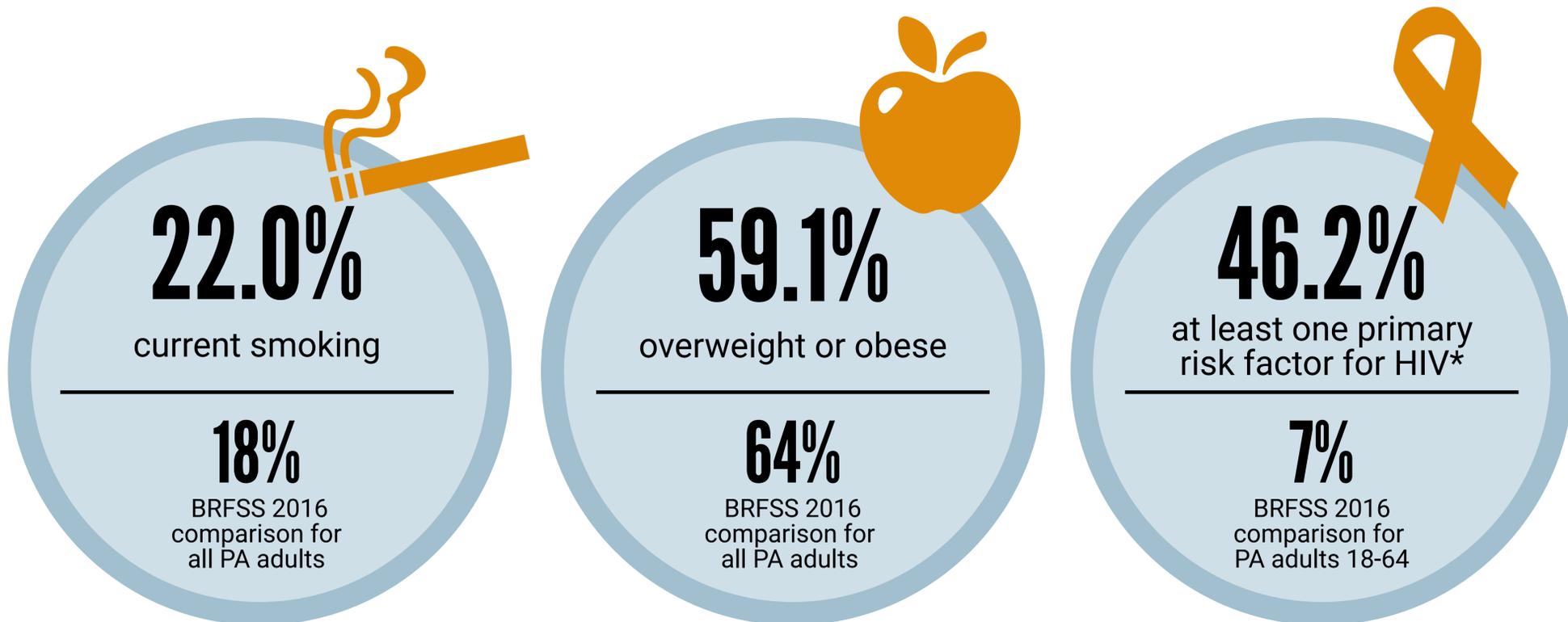
# 2018 Regional Summary

# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can also explore data from different parts of Pennsylvania. Philadelphia County, Pennsylvania has information from 501 respondents. Check out some highlights below! 



## Philadelphia County PA



**Philadelphia County respondents also demonstrate resiliency and are ready to incorporate healthy living strategies into their lives (such as healthy eating, exercise, tobacco cessation, etc.)... 71.9% report being very or extremely interested!**

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment and Pennsylvania BRFSS 2016.

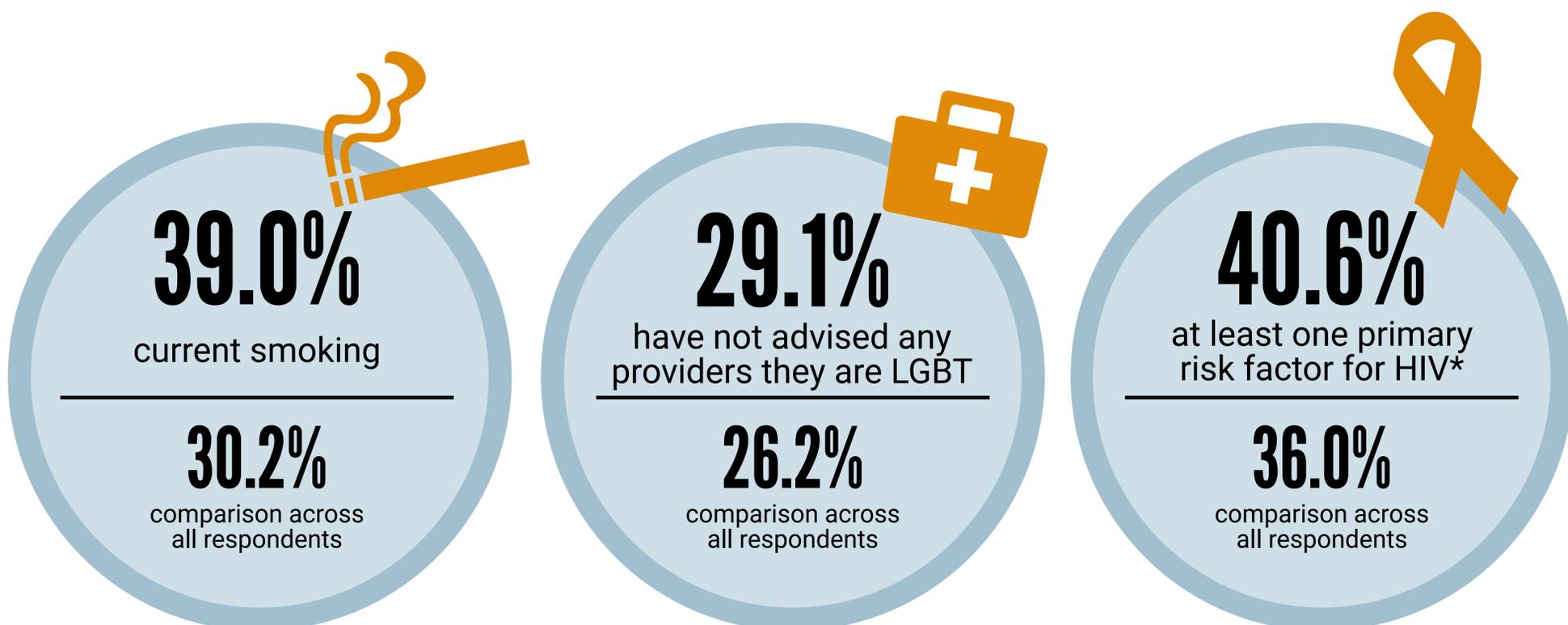
\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





# 2018 - Black & African American LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can explore health opportunities and differences within the LGBT community. One hundred eighty one of the 2018 needs assessment respondents are Black or African American. Below are a few data points specific to this subgroup and comparisons to all needs assessment respondents. 



**Depression - 60.8%**

**HIV/AIDS - 40.9%**

Priority of HIV/AIDS was recognized more often among Black and African American respondents than among respondents in general (28.6%)

**Suicide - 40.3%**

To better understand and address health opportunities and disparities, further research and data collection among LGBT people of color is needed.

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment

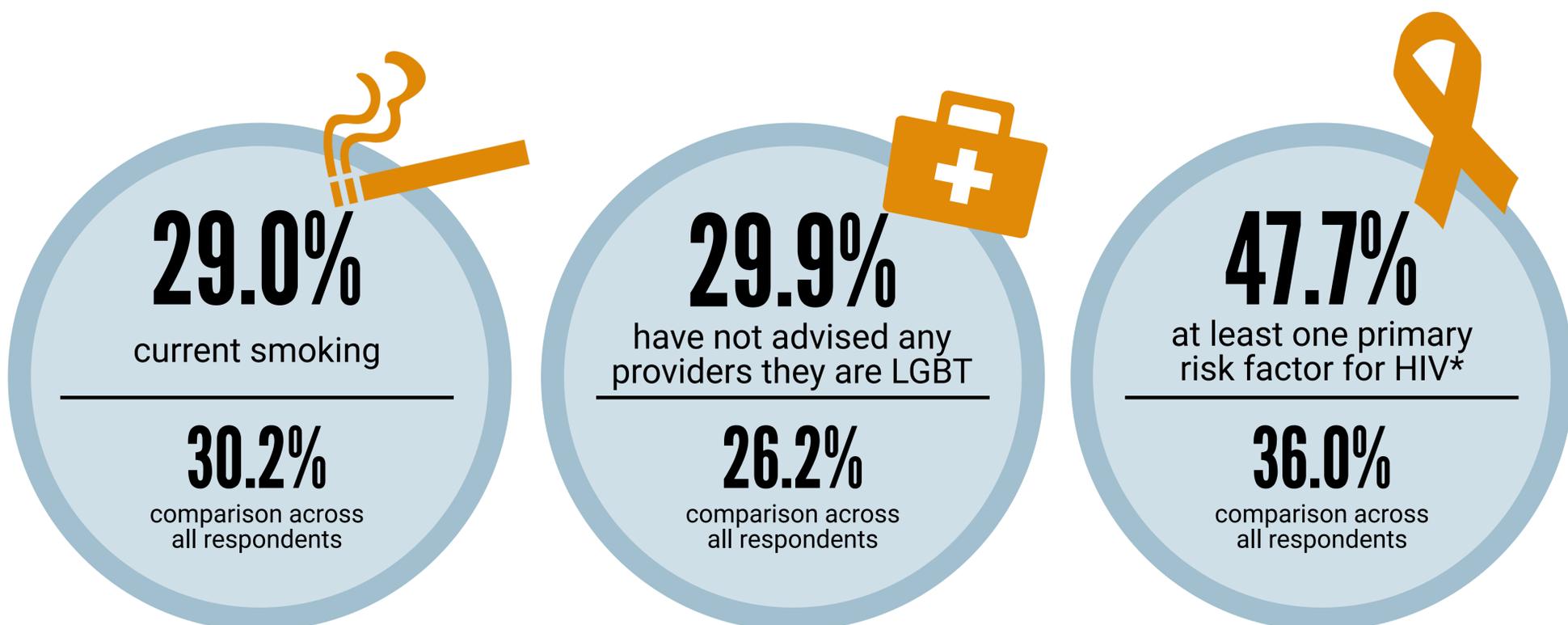
\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





# 2018 - Hispanic and Latinx LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can explore health opportunities and differences within the LGBT community. Two hundred twenty three of the 2018 needs assessment respondents are Hispanic or Latino/a. Below are a few data points specific to this subgroup and comparisons to all needs assessment respondents. 



**Depression - 70.0%**

**Suicide - 50.2%**

**HIV/AIDS - 44.8%**

Priority of HIV/AIDS was recognized more often among Hispanic and Latino/a respondents than among respondents in general (28.6%)

To better understand and address health opportunities and disparities, further research and data collection among Hispanic and Latinx LGBT is needed. Future LGBT needs assessments can incorporate Spanish survey tools.

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment

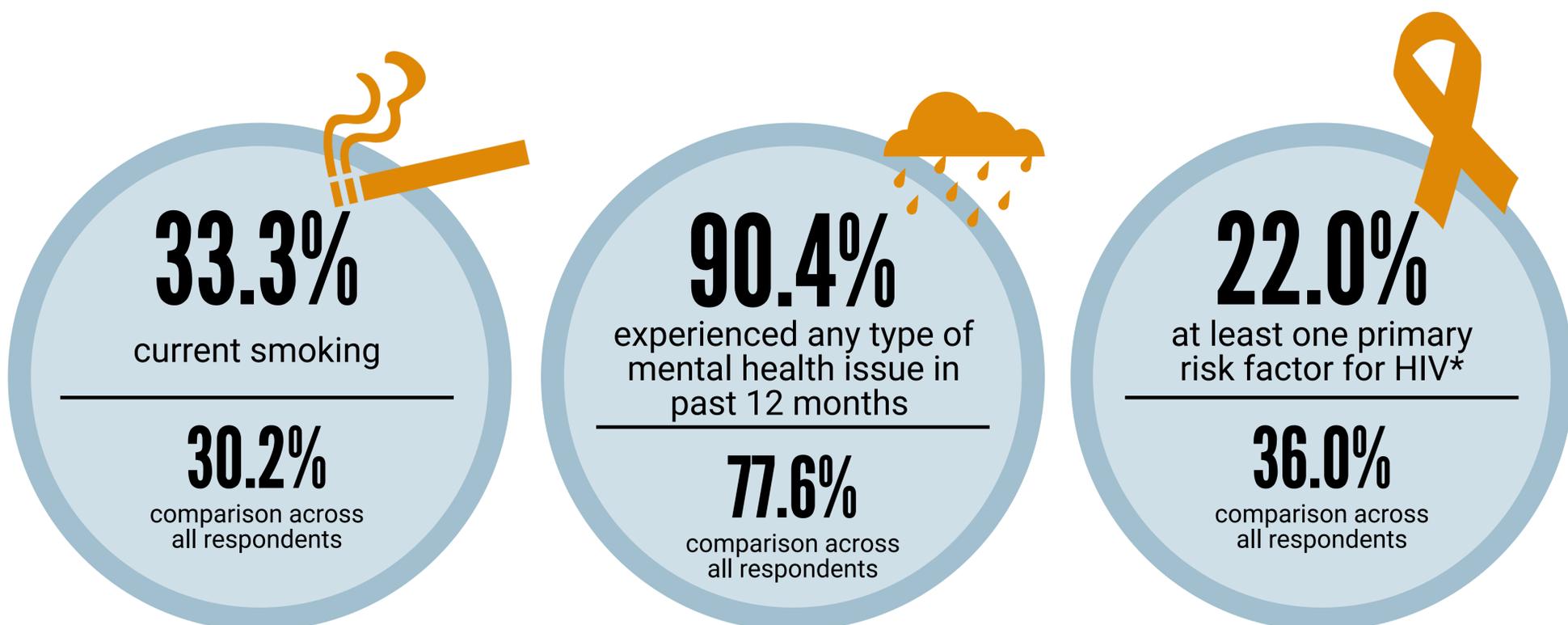
\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64





# 2018 - Transgender LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can explore health opportunities and differences within the LGBT community. Two hundred ninety one of the 2018 needs assessment respondents identify as transgender. Below are a few data points specific to this subgroup and comparisons to all needs assessment respondents. 



**Depression - 68.7%**

**Access to Welcoming Health Care- 55.0%**

Priority of access to welcoming health care was recognized more often among transgender respondents than among respondents in general (27.6%)

**Suicide - 50.9%**

To better understand and address health opportunities and disparities, further research and data collection among transgender people is needed.

Data sources: Pennsylvania' 2018 LGBT Health Needs Assessment

\*Risk factors are: treated for STDs/VDs, traded money or drugs for sex, had anal sex without a condom or had 4+ sex partners in the past year, age 18-64

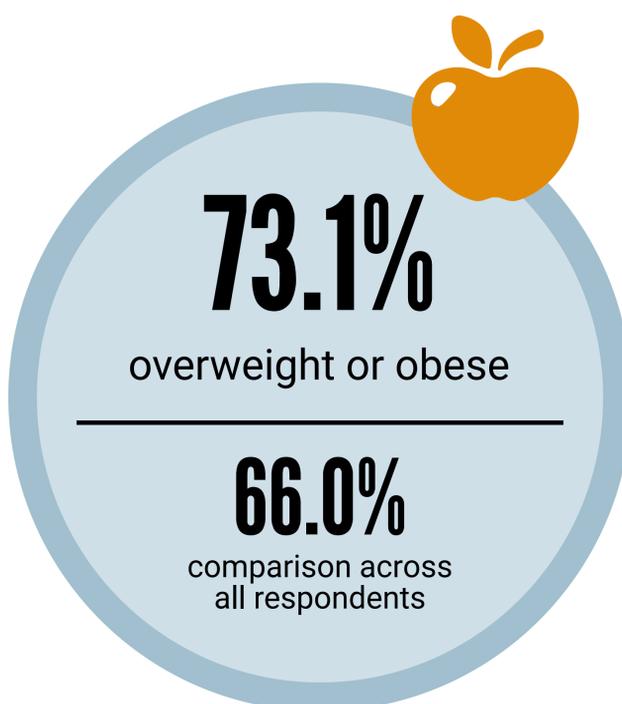
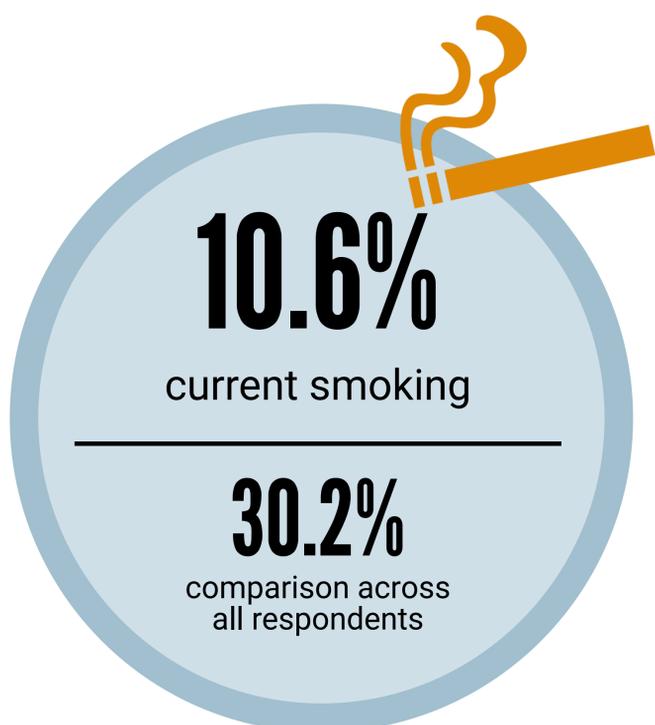




2018 - Older Adults (65+ years)

# LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can explore health opportunities and differences within the LGBT community. Two hundred ninety nine of the 2018 needs assessment respondents are 65 years or older. Below are a few data points specific to this subgroup and comparisons to all needs assessment respondents. 



**Isolation - 45.8%**

**Depression - 44.5%**

**HIV/AIDS - 37.1%**

**Elder Care - 34.4%**

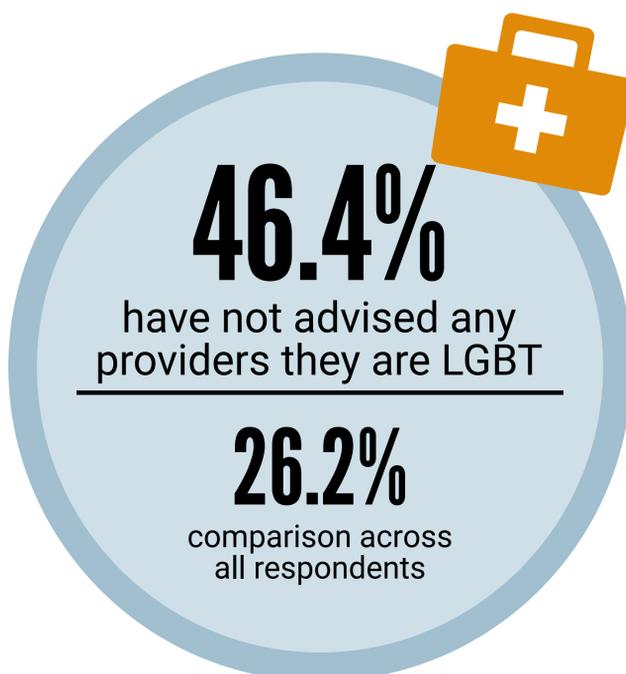
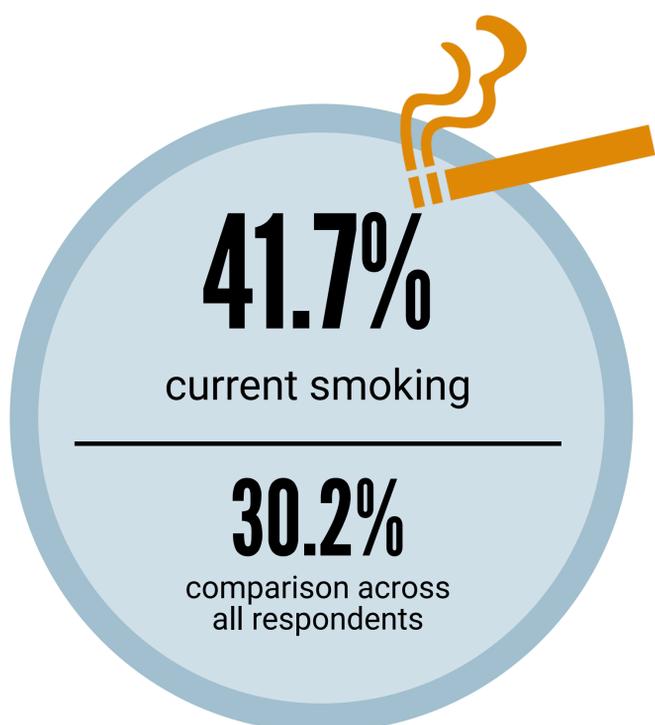
To better understand and address health opportunities and disparities, further research and data collection among LGBT older adults is needed.





# 2018 - Young People (<25 years) LGBT Health Needs Assessment

We have 2018 health and wellness feedback from 4,679 LGBT+ Pennsylvanians! These data can be used to inform program planning, outreach efforts, and service proposals. While these data have some limitations, we can explore health opportunities and differences within the LGBT community. One thousand one hundred eighty eight of the 2018 needs assessment respondents are under age 25. Below are a few data points specific to this subgroup and comparisons to all needs assessment respondents. 



**Priority Health Issues**

**Depression - 63.6%**

**Suicide - 49.5%**

**Isolation - 32.2%**

**Bullying - 30.2%**

To better understand and address health opportunities and disparities, further research and data collection among LGBT youth and young adults is needed.



