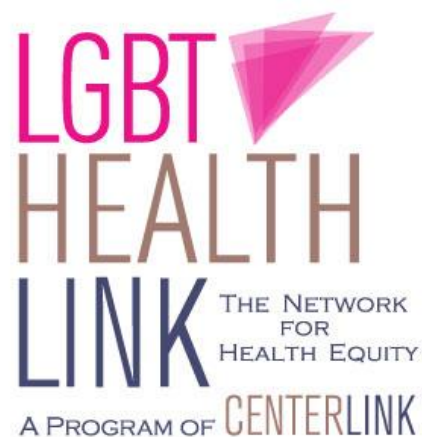


2015

LGBT Center of Central PA

LGBTQA Community Health Needs Assessment Results



Study Purpose

This study was conducted to assess the prevalence of tobacco use, other chronic disease risk behaviors, and determinants of health in the lesbian, gay, bisexual, transgender, queer, and asexual (LGBTQA) communities of Central Pennsylvania—the catchment area of the LGBT Center of Central PA.

Methodology

Brief, anonymous, Internet-based and hardcopy surveys were completed by LGBTQA people in the eight-county region served by the LGBT Center of Central PA, which includes Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York Counties in the state of Pennsylvania.

During a 3-week period in June 2015, LGBTQA participants were purposively sampled using both direct and indirect recruitment strategies. Direct recruitment strategies included sending personal emails and Facebook messages to LGBTQA people. Additionally, participants at Lancaster PA Pride Fest completed hardcopy surveys. Indirect recruitment strategies included geographically targeted and LGBTQA-targeted Facebook advertisements, as well as email blasts from the LGBT Center of Central PA, Alder Health Services, and Central Voice.

Participants were informed that the data they provided were being collected anonymously and that they could stop the survey or refuse to answer any questions at any time. At the conclusion of the survey, participants were given the option to be redirected to an unlinked database where they could input their contact information to be entered into a lottery drawing for one \$50 gift card incentive.

Acknowledgements

This study was commissioned by the LGBT Center of Central PA with funding from the Pennsylvania Department of Health and Tobacco Free Northeast PA. Robert W.S. Coulter, M.P.H., served as the Statistical Data Analyst for this project: he conducted the data analyses and wrote the results. Scout, Ph.D., from LGBT Health Link, designed the questionnaire, helped guide survey administration, assisted in interpreting results, and drafted the recommendations for this report.

Highlights

Sociodemographic Characteristics

In total, 642 LGBTQA individuals completed this survey. Nearly two-thirds of the sample identified as gay/lesbian, 15.6% as bisexual, and 13.1% as queer or pansexual. Additionally, 19.6% of the participants were transgender, 36.8% were cisgender men, and 42.1% were cisgender women. The sociodemographic characteristics of the participants in this sample were similar to the overall demographics of the catchment area of the LGBT Center of Central PA, despite LGBTQA participants in this report being conveniently sampled.

Health Care Access & Quality

Health care coverage was highly prevalent in the sample (90.6%), and slightly higher than the prevalence of health care coverage among Pennsylvania adults (which was 85% according to the 2013 Behavioral Risk Factor Surveillance System [BRFSS]). More than one-quarter (28.8%) of the sample had a health care provider react poorly to their LGBTQA status—and this varied by gender: transgender people (50.0%) were significantly more likely to have a provider react poorly than cisgender men (24.6%) or women (24.7%). Additionally, transgender people (50.4%) were more likely than cisgender men (10.3%) and women (10.8%) to always or often fear a negative reaction by a health care provider. Nevertheless, most participants (79.1%) were out as LGBTQA to one or more of their health care providers.

LGBTQA Acceptance

LGBTQA participants thought their friends were the most LGBTQA-accepting (83.0% thought their friends were very LGBTQA-friendly). Next most accepting were participants' workplaces (46.6%). Schools and birth families were not terribly accepting (37.9% and 35.6%, respectively, of participants thought they were very LGBTQA-friendly). Medical providers and neighborhoods were the least LGBTQA-friendly groups.

Overall Health

About two-thirds of participants reported their overall health status as good or very good. Importantly, participants' self-reported overall health status was significantly greater if they reported greater overall LGBTQA acceptance across the domains specified above. Nearly all respondents were interested in incorporating more healthy living strategies into their lives.

Body Mass Index

According to participants' body mass index (BMI), 37.7% were obese and 26.9% were overweight; this did not significantly vary by gender. Among the general population of Pennsylvania adults, 30.0% of adults were obese and 34.5% were overweight (BRFSS, 2013), suggesting that the LGBTQA population in the sample may be slightly more obese than the general Pennsylvanian population. Importantly, about 3 out of 5 LGBTQA participants were interested in health eating (59.5%) and active living strategies (65.0%).

Mental Health Treatment

In the past 12 months, 39.4% of participants received psychological counseling or treatment. In their lifetime, nearly two-thirds (63.7%) of the sample had taken medicine or received treatment for mental health problems.

HIV among Cisgender Men and Transgender People

HIV prevalence was 8.7% for cisgender men, and zero transgender people reported being HIV-positive. Regular HIV testing was low. Excluding HIV-positive participants, 41.3% of cisgender men and 21.3% of transgender people received their last HIV test within the past year. The Centers for Disease Control and Prevention (CDC) recommends that high-risk groups get tested for HIV at least once per year, and more often for sexually active high-risk groups.

Tobacco Use & Opinions

In the past year, 43.1% of participants used any tobacco/nicotine products, and this significantly varied by gender: transgender people (54.8%) reported higher tobacco use than cisgender men (37.4%) and women (42.2%). Specifically, cigarette smoking was higher among LGBTQA participants than the general Pennsylvanian population (35% versus 21%, respectively; BRFSS, 2013). On a positive note, LGBTQA participants used smokeless tobacco (e.g., chew or snuff) less than the general Pennsylvanian population (1% vs. 4%; BRFSS, 2013).

LGBTQA people had little knowledge about smoking disparities: 33.0% strongly or somewhat agreed that LGBTQA people smoke more than the general population. About three-quarters of participants were strongly or somewhat unappreciative that the tobacco industry advertises to the LGBTQA community; and over one-half strongly or somewhat agreed that pride celebrations should be smoke-free events.

LGBTQA smokers overwhelmingly wanted to quit (94.8%). When asked how they would quit, willingness to use effective cessation techniques was low: 31.9% of smokers would go to their health care provider, and 16.0% would enroll in a smoking cessation class or program; however, only 10.4% would use the quitline, and over one-fifth of smokers did not know where to go for cessation assistance.

Cancer

The lifetime prevalence of cancer was significantly higher among cisgender men (9.4%) than transgender people (2.4%), but both were similar to the prevalence among transgender women (6.8%). Participants reported moderately high levels of cancer screenings. Among participants 50 years or older: 76.9% were up to date with colonoscopies; 83.6% of those assigned female at birth were up to date with mammograms; and 86.1% of those assigned male at birth were up to date with prostate exams. However, half of all participants who were assigned female at birth reported not being up to date with cervical Pap smears. Only 17.9% of cisgender women, 10.7% of cisgender men, and 3.3% of transgender people reported ever having had an anal Pap smear. LGBTQA participants believed there was a high need for a variety of LGBTQA-welcoming practices for cancer care, including survivor support groups, caregiver support groups, and inclusive hospital policies.

Perceptions of LGBTQA Community Health Issues

Mental health, suicide, and STDs/HIV were perceived to be the top three health problems by LGBTQA participants.

Recommendations

Because tobacco use greatly affects the health of LGBTQA people, the lack of knowledge about LGBTQA smoking disparities and tobacco cessation programs are of particular concern. The following steps would help address this problem:

- Create LGBTQA-tailored smoking cessation groups;
- Train quitline providers to be LGBTQA friendly and affirming;
- Create LGBTQA-tailored quitline promotion campaigns to raise awareness for this cessation resource; and
- Create LGBTQA-tailored tobacco awareness campaigns to raise the knowledge level about LGBTQA smoking disparities and help people make healthier decisions.

Because many LGBTQA participants experienced LGBTQA-unfriendliness by a medical provider and perceived a high-need for LGBTQA-related cancer programs, enhancing the LGBTQA-friendliness of medical environments would have many benefits. The following steps would help address this need:

- Train medical providers to be LGBTQA culturally competent and to provide LGBTQA competent health care; and
- Design and disseminate LGBTQA-tailored materials that help make medical environments more LGBTQA-friendly.

To monitor the health of LGBTQA participants in the Central Pennsylvania region, LGBTQA health surveillance data should be routinely collected.

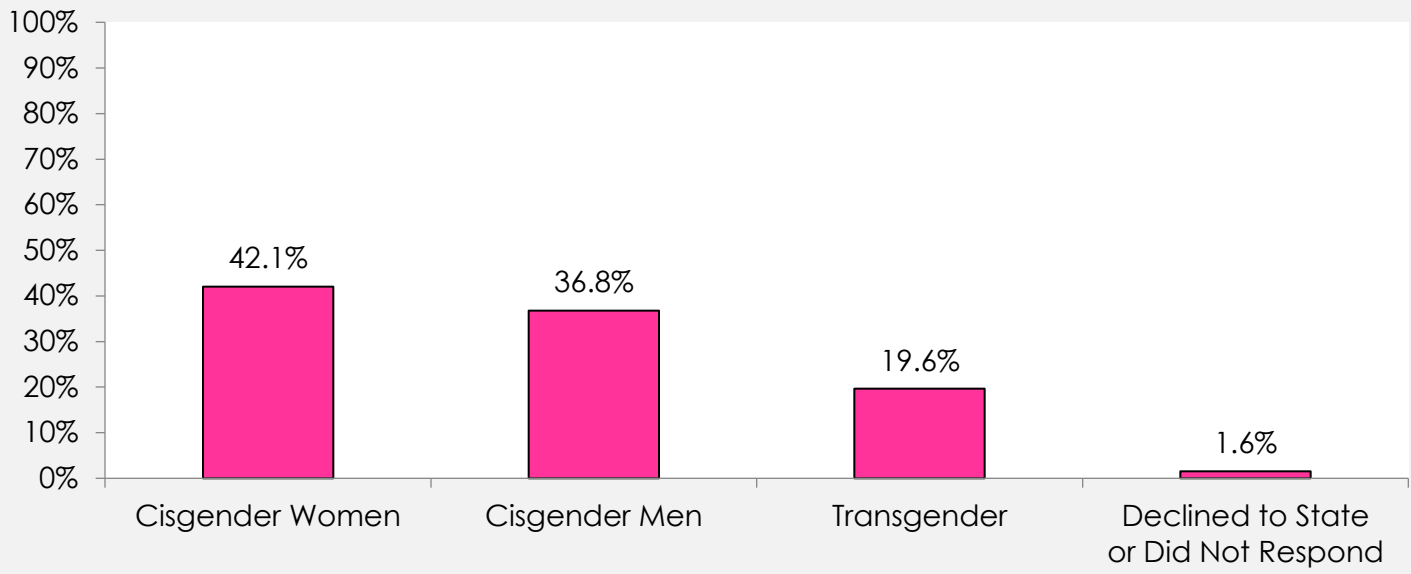
Results

In total, 642 LGBTQA individuals completed the survey. In this report, transgender is used as an umbrella term for the following individuals:

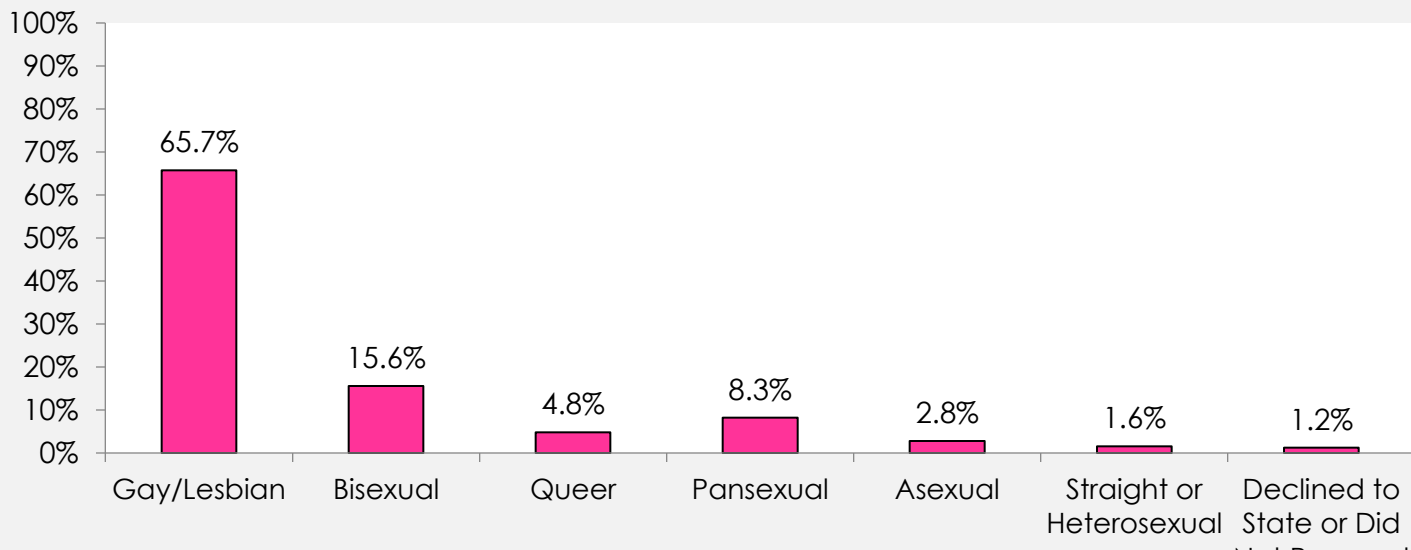
- People who identified as a trans man/woman or trans masculine/feminine
- People who identified as agender, bigender, demigirl, fluid, non-conforming, non-binary, genderqueer, or Two-Spirit
- People whose assigned sex at birth does not match their current gender identity (e.g., someone who was assigned male sex at birth and now identifies as female)

Results – Sociodemographic Characteristics

Gender

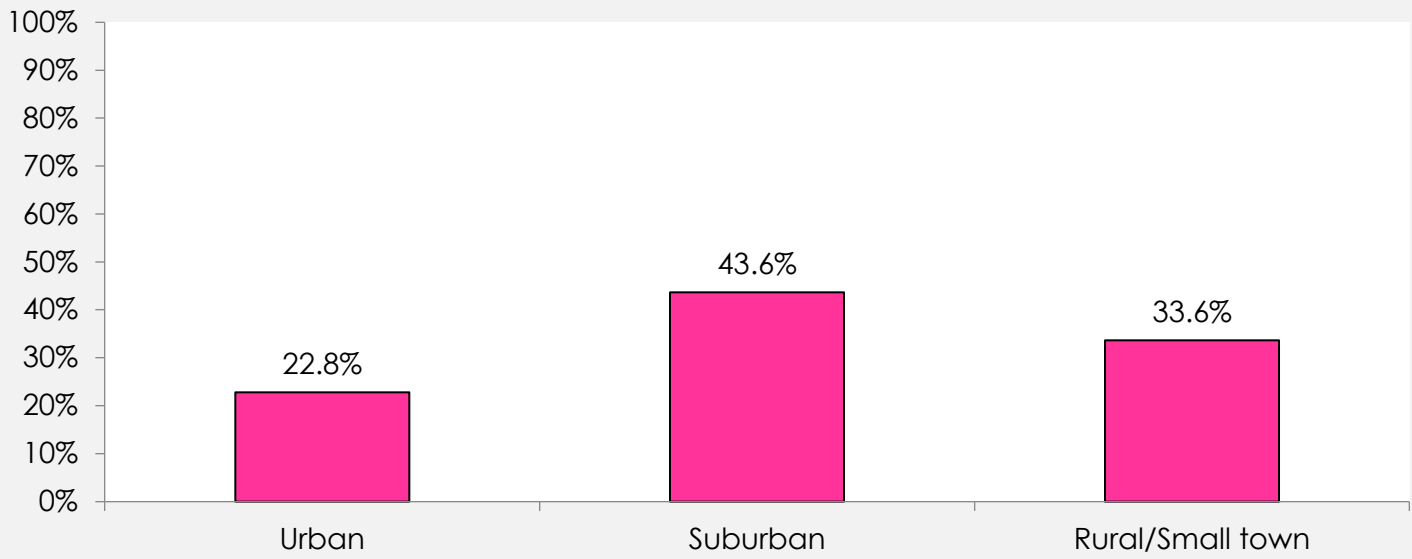


Sexual Orientation

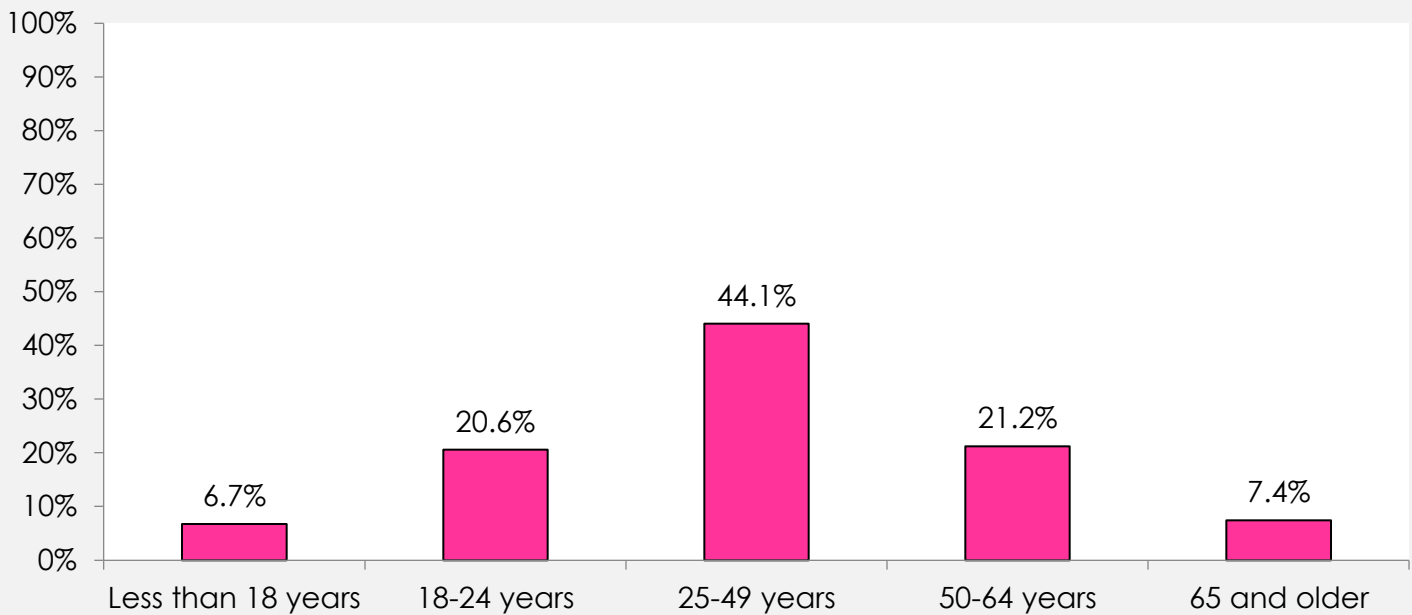




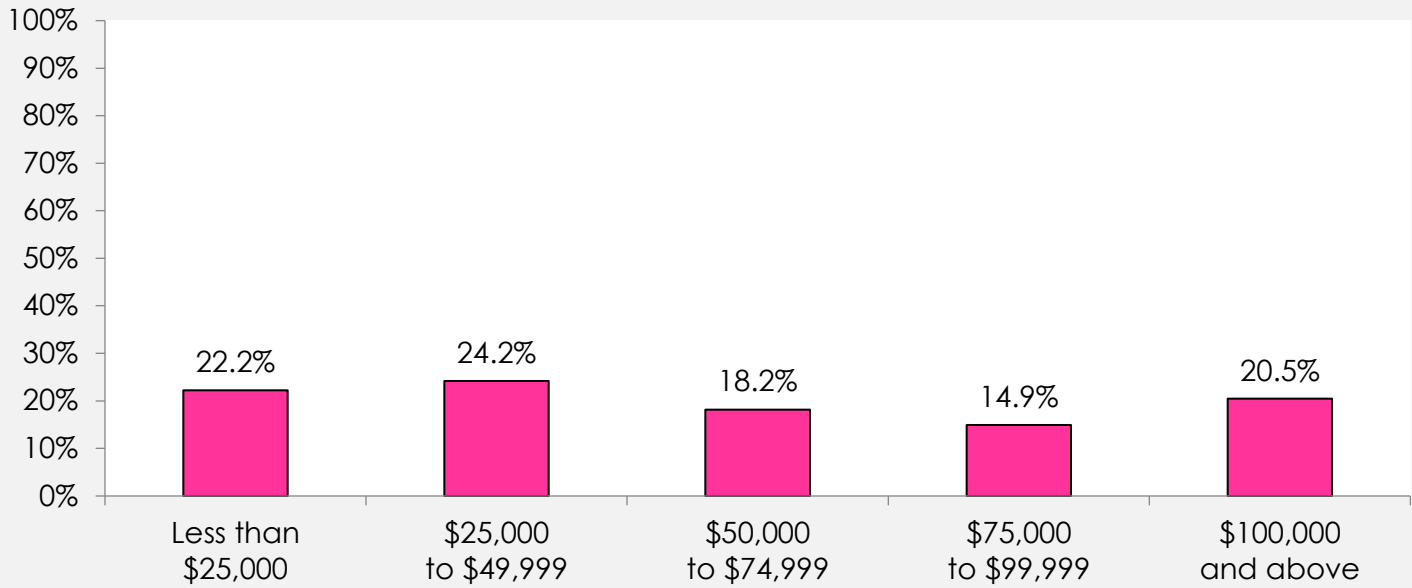
How would you describe your neighborhood?



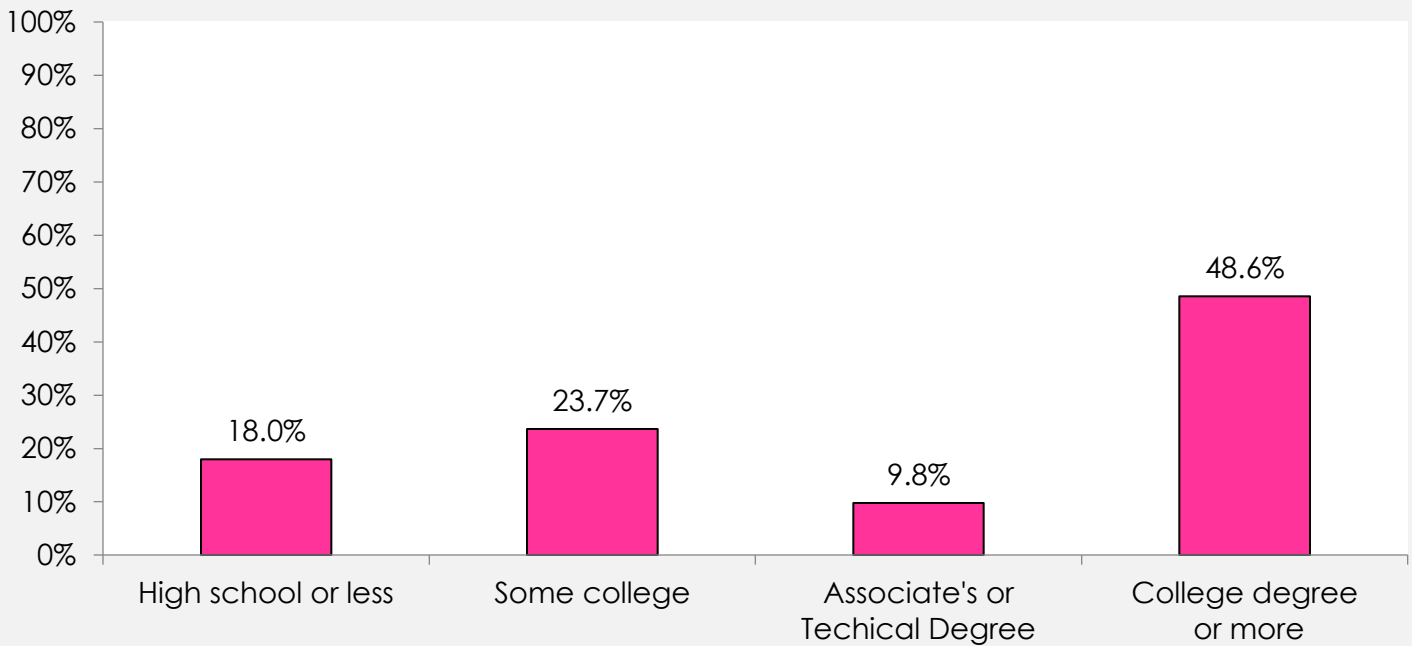
Age



What is your approximate average household income?

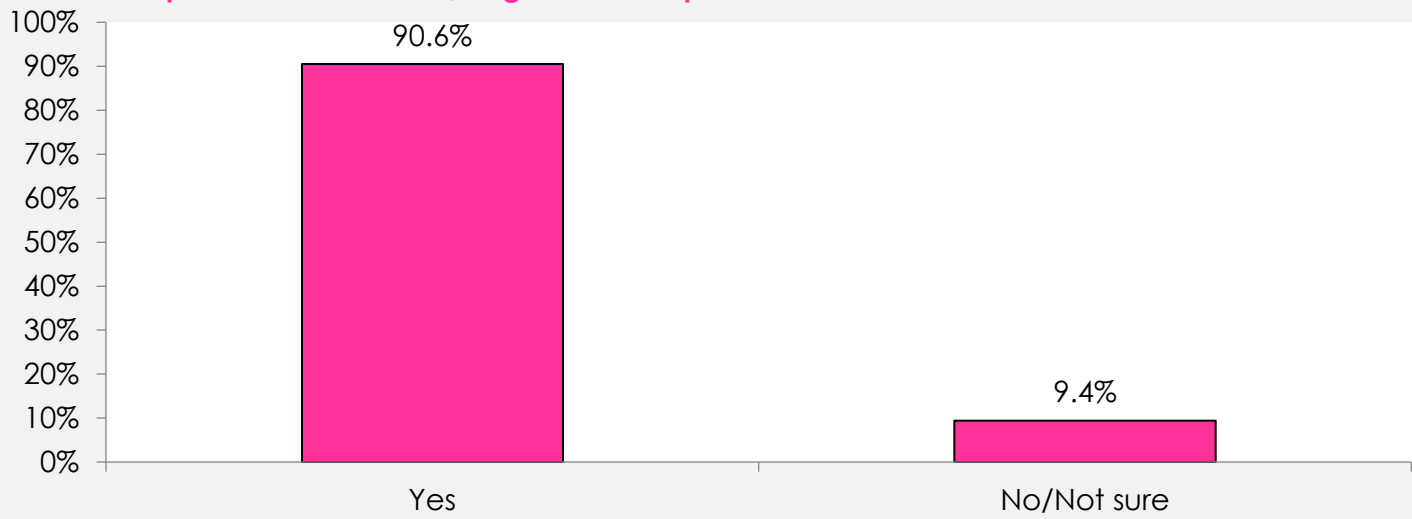


What is the highest level of education you have completed?

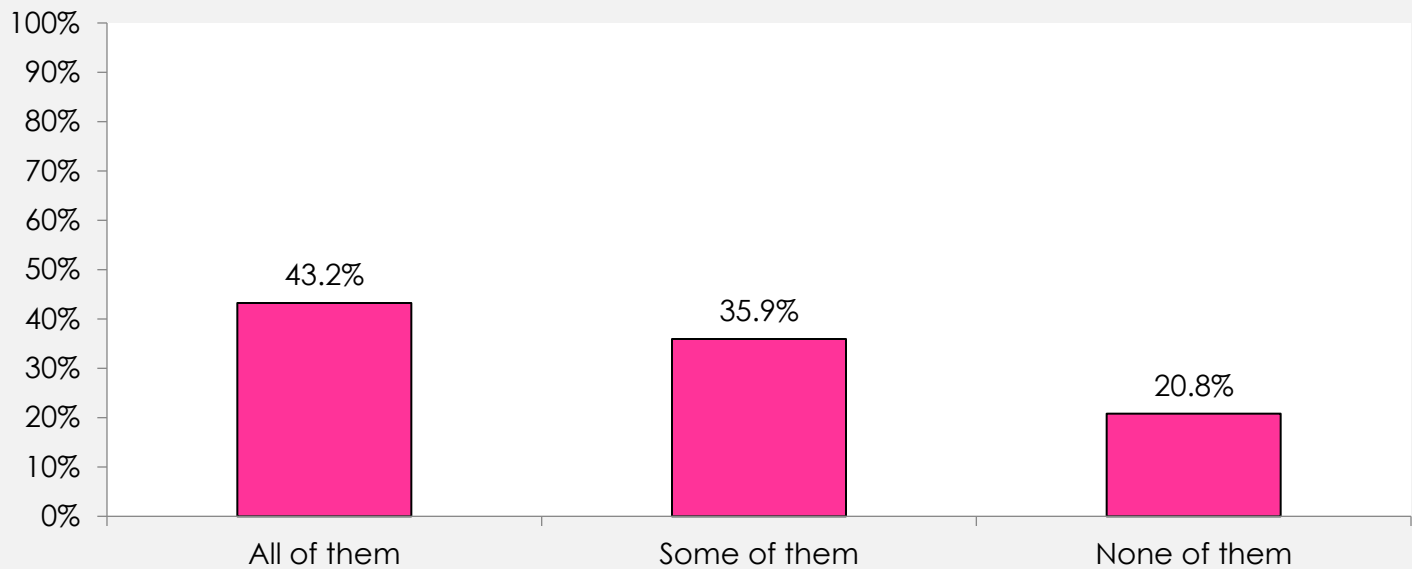




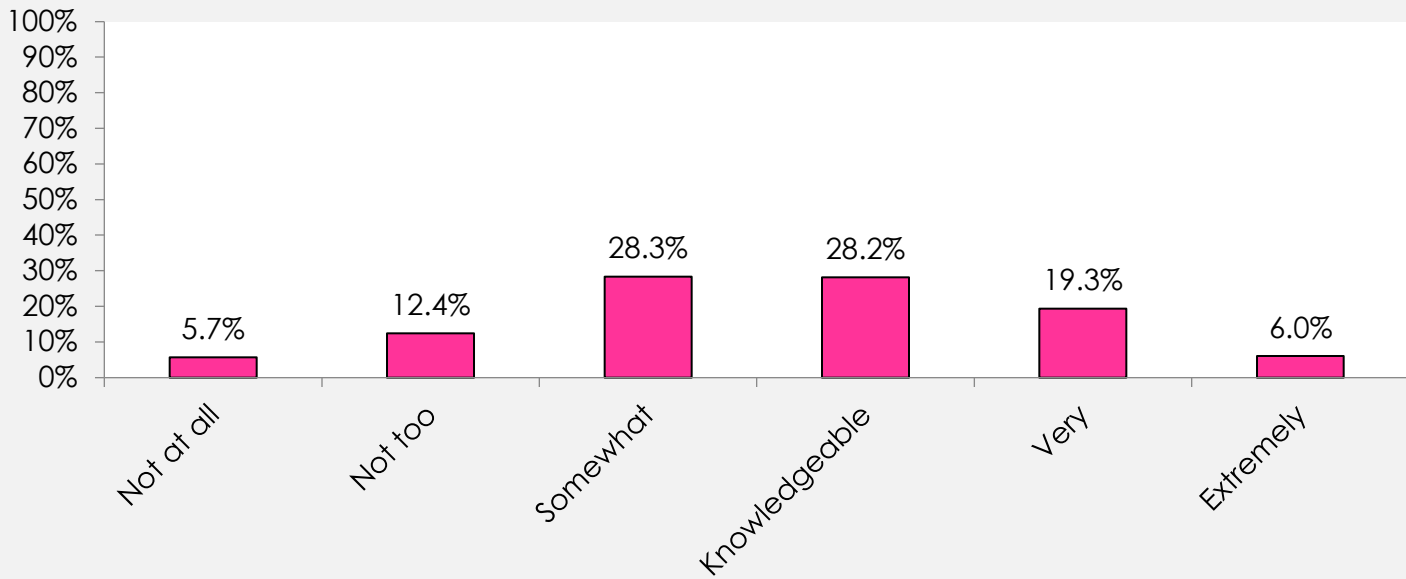
Do you have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health?



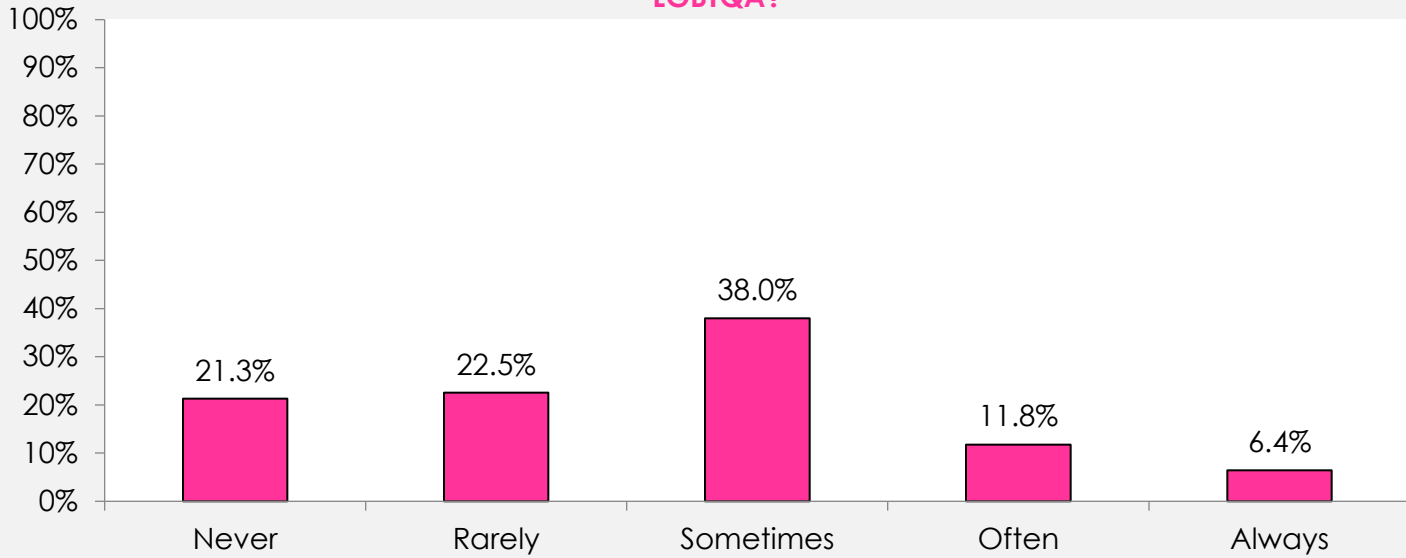
Are you out to your doctors/healthcare providers as an LGBTQA person?



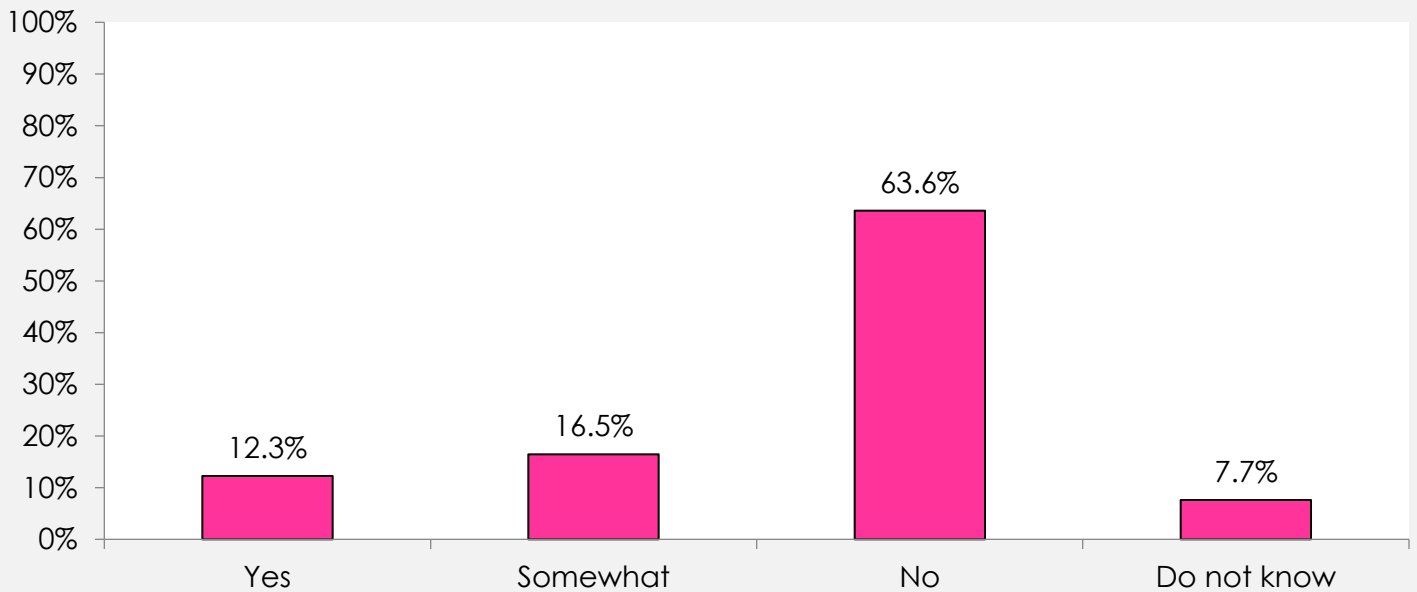
How knowledgeable are your providers about LGBTQ health?



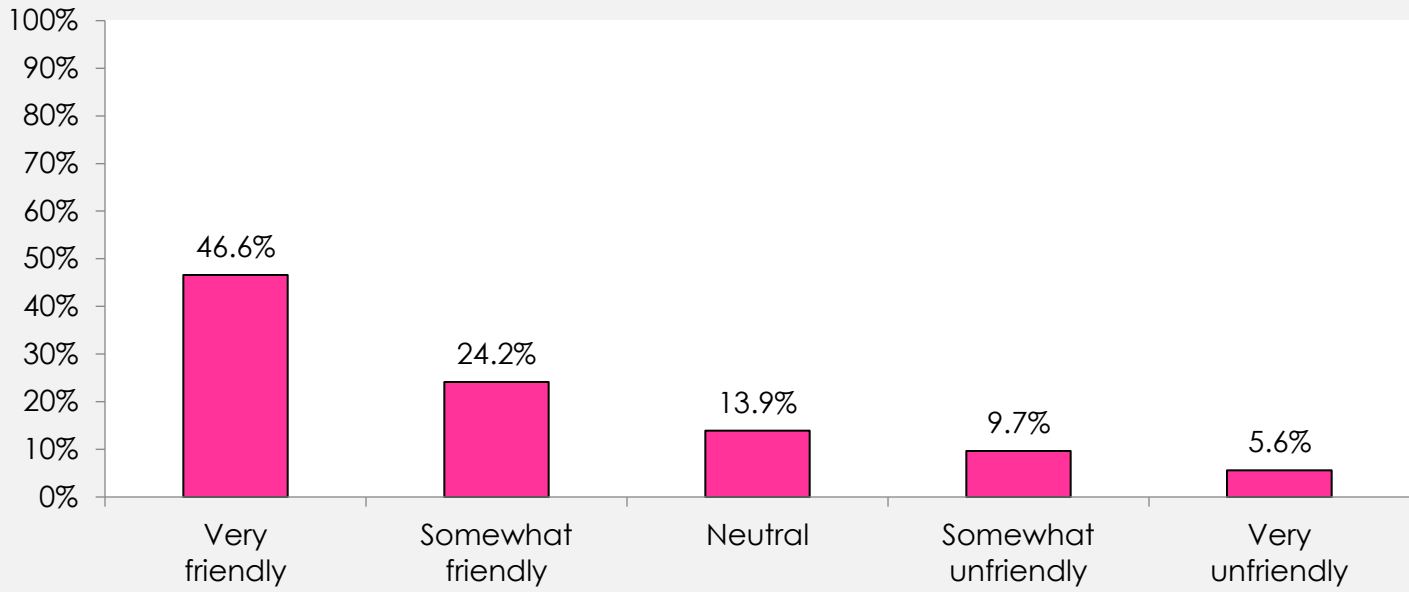
Do you fear a negative reaction by a healthcare provider if you come out as LGBTQA?



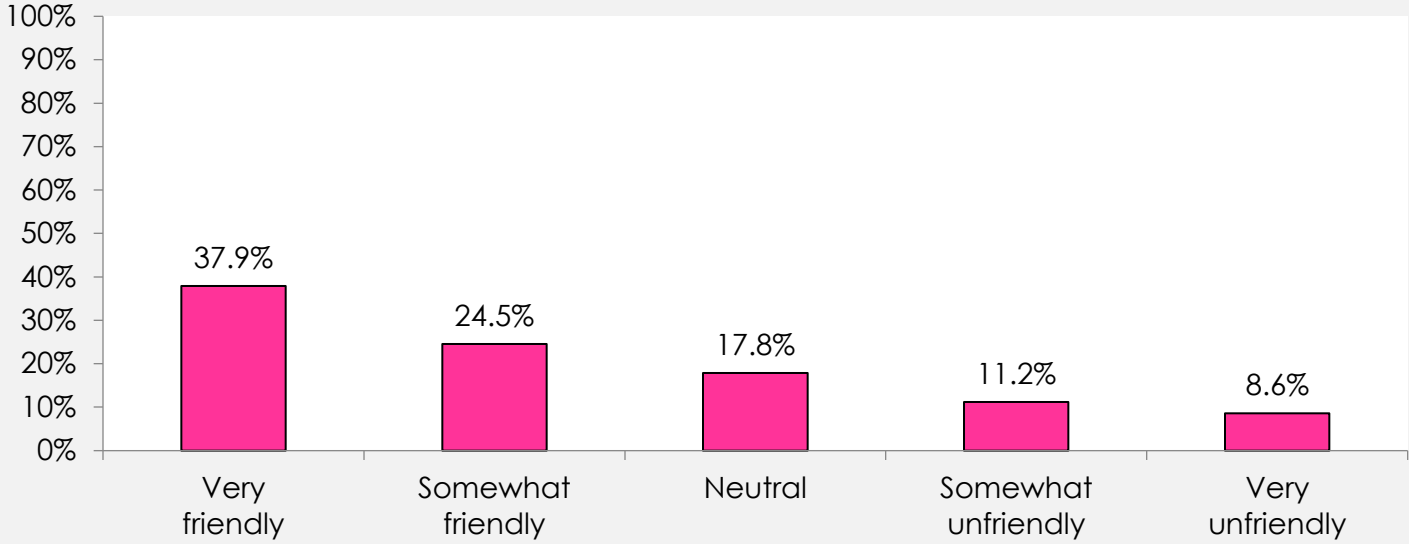
Has a health provider ever reacted poorly when they learned you were LGBTQA?



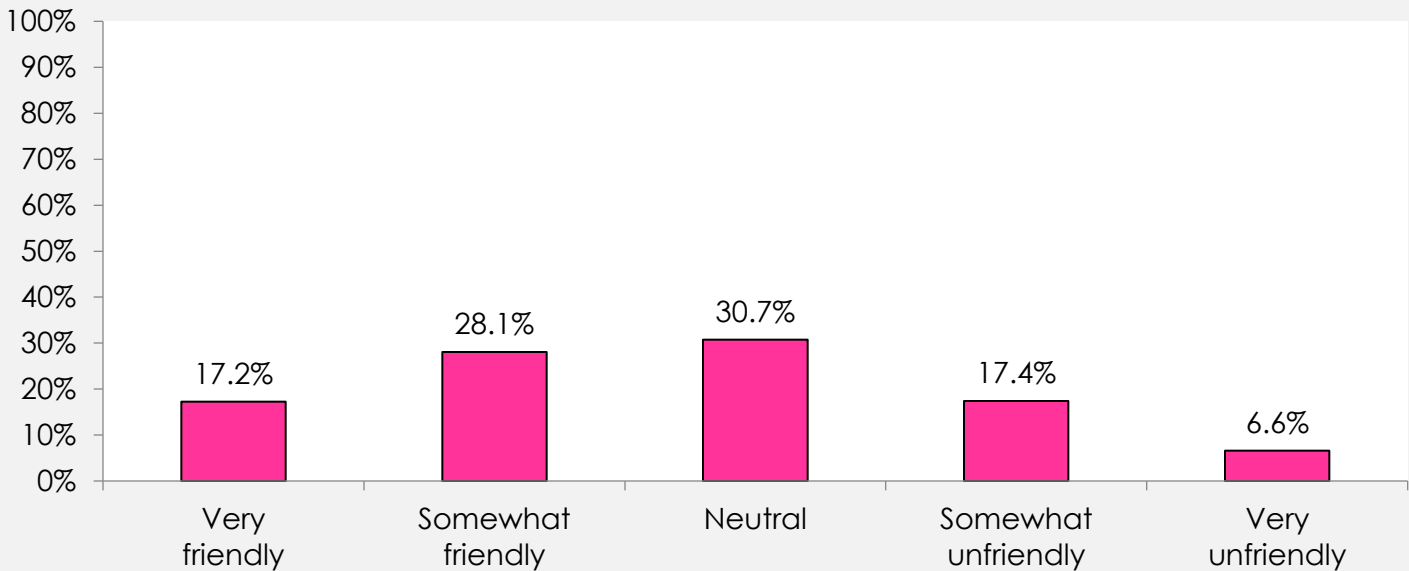
How LGBTQA-welcoming is your workplace?



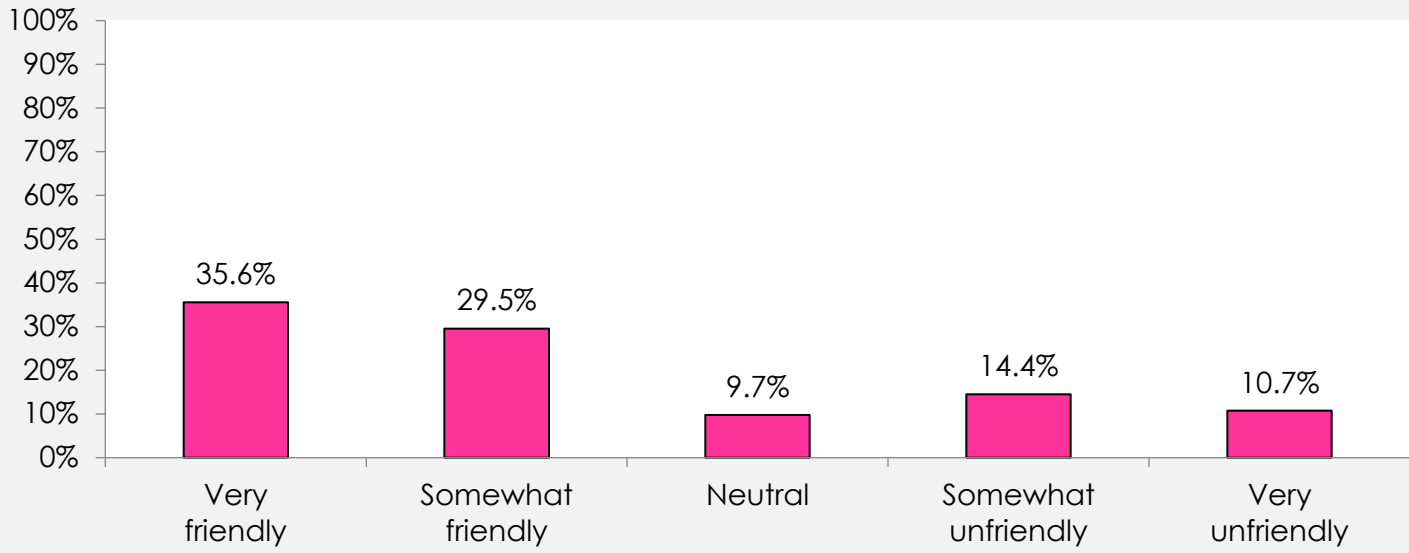
How LGBTQA-welcoming is your school?



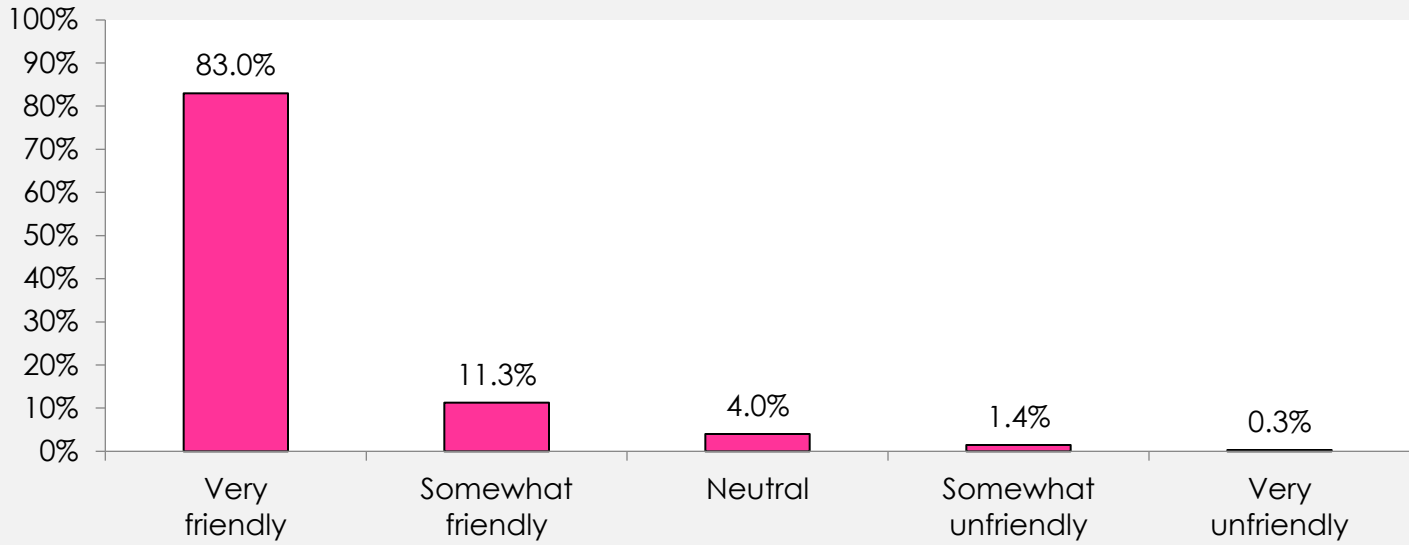
How LGBTQA-welcoming is your neighborhood?



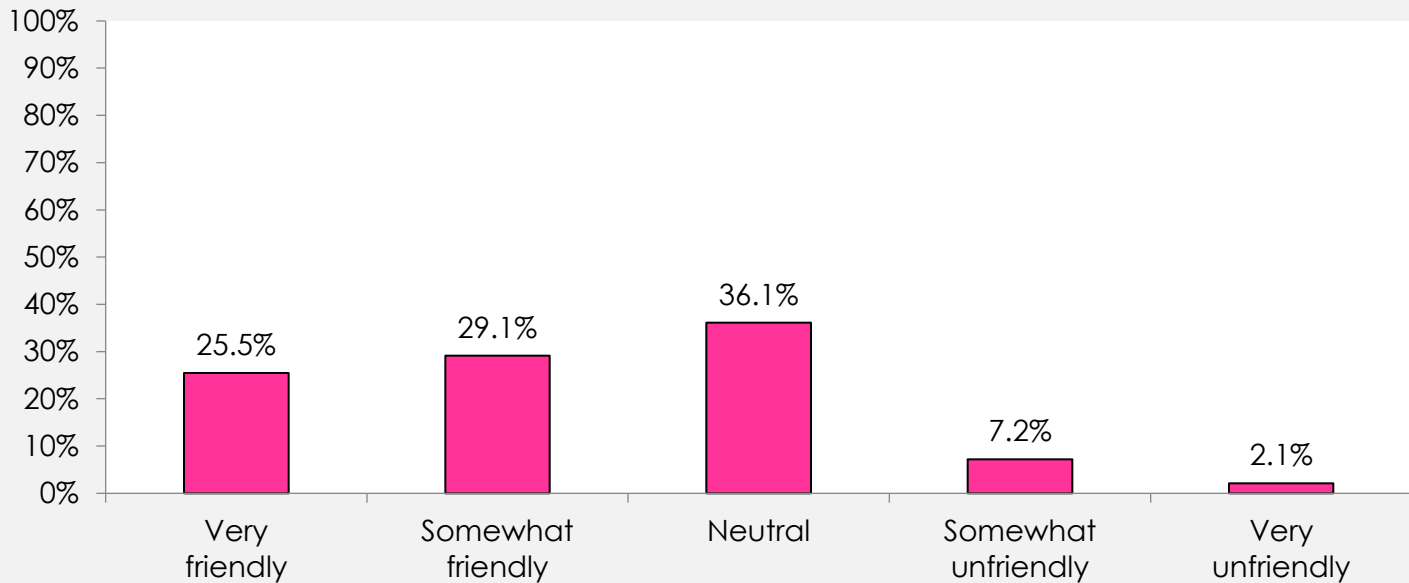
How LGBTQA-welcoming is your birth family?



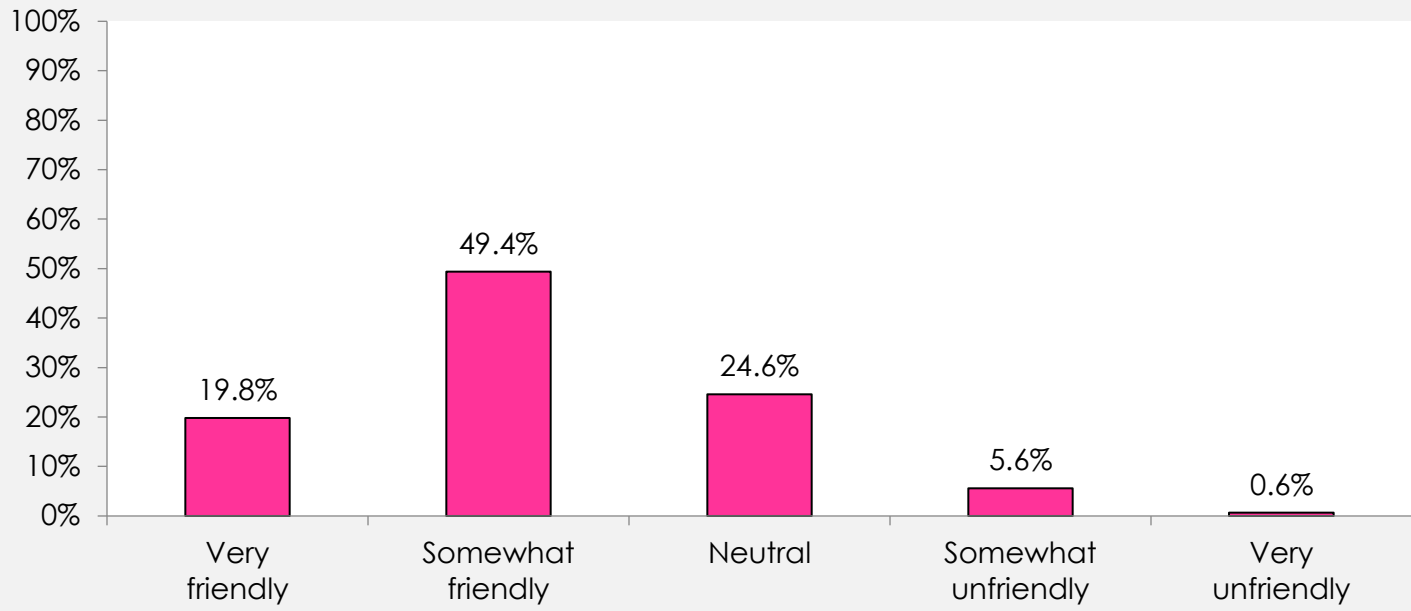
How LGBTQA-welcoming are your friends?



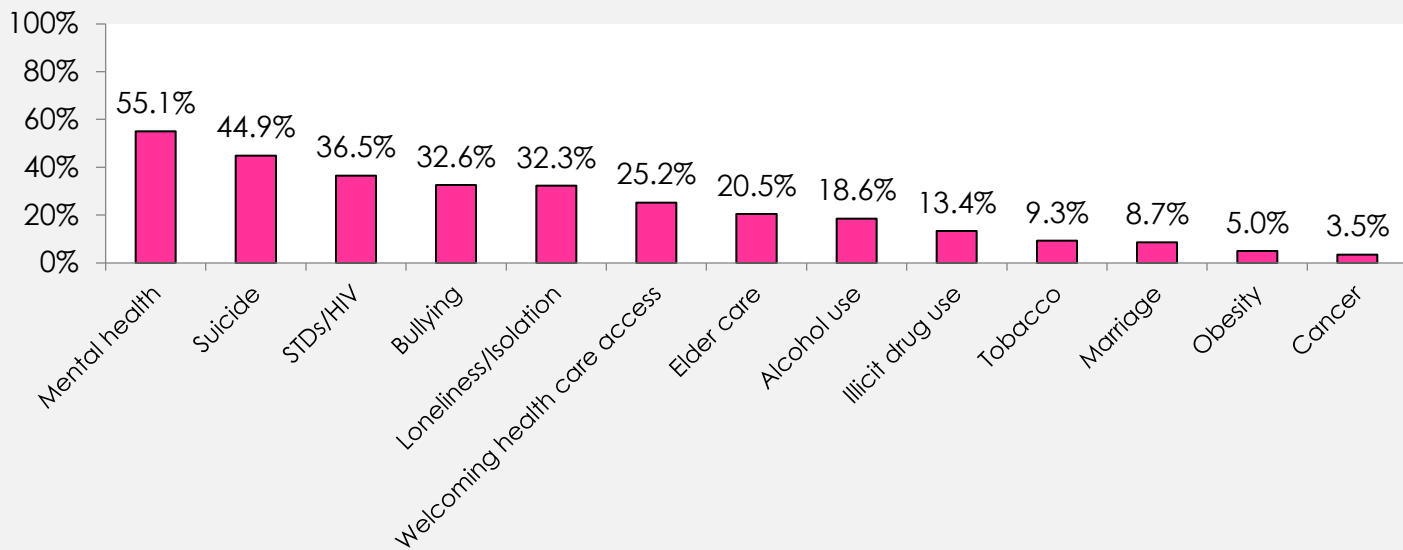
How LGBTQA-welcoming is your medical provider?



Average LGBTQA Acceptance Across All Domains



Top Health Issues for the LGBTQ Community

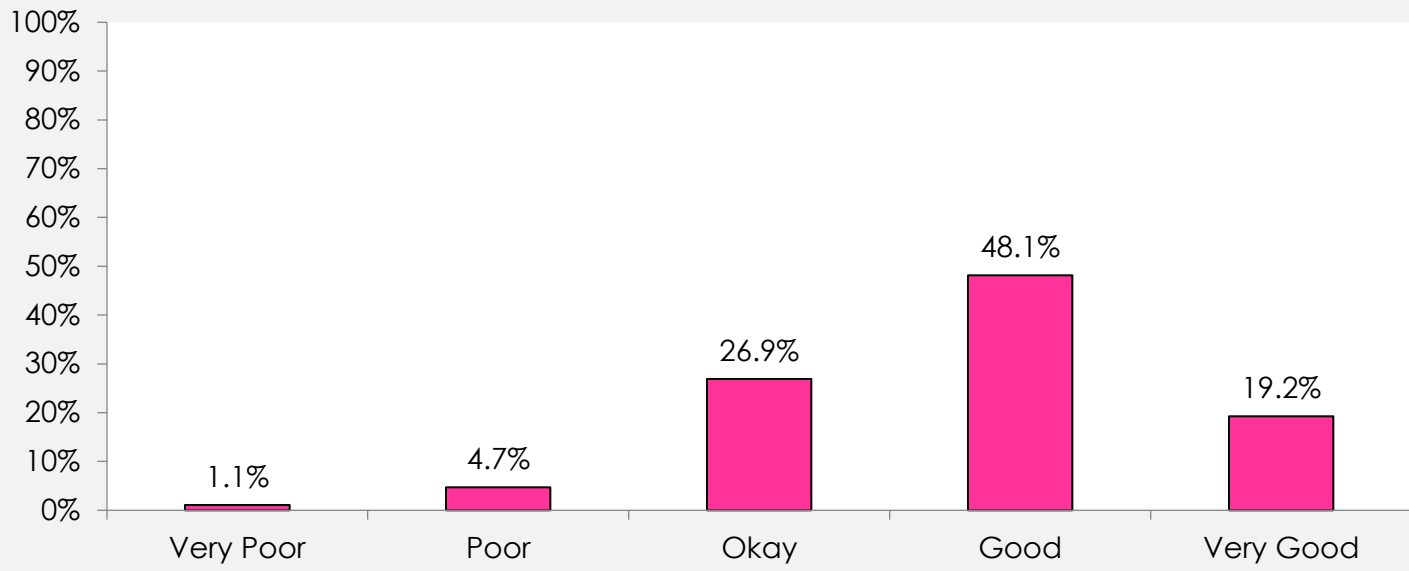


Results – Community Health & Wellness

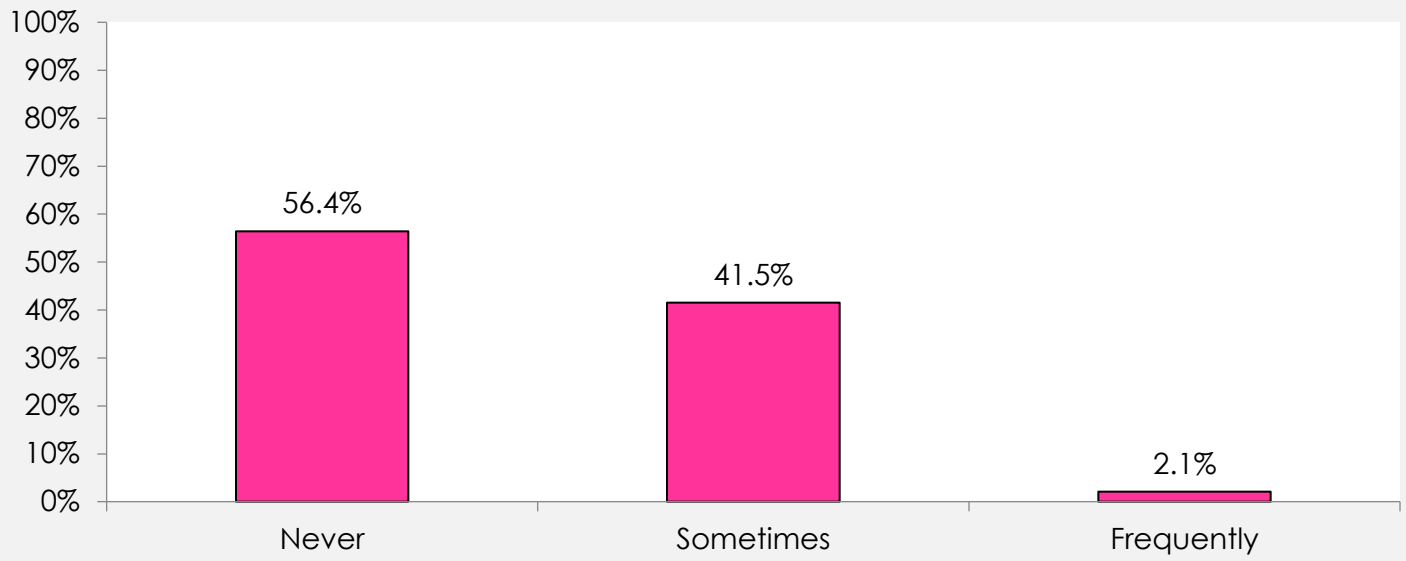


COMMUNITY

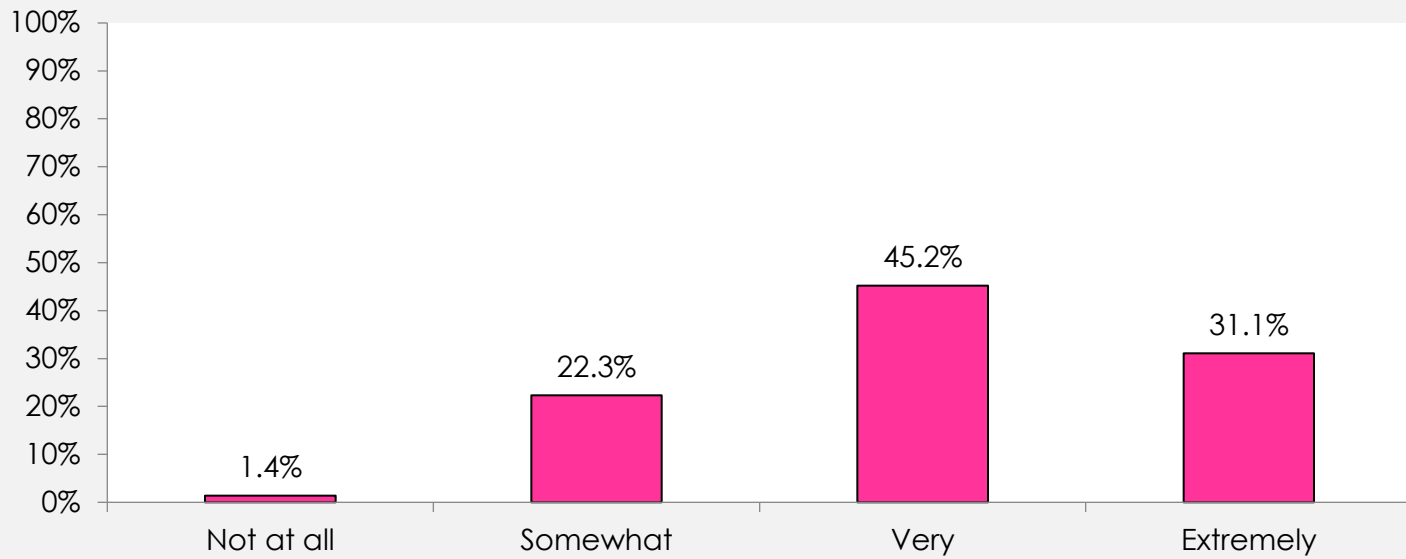
Self-reported Health Status



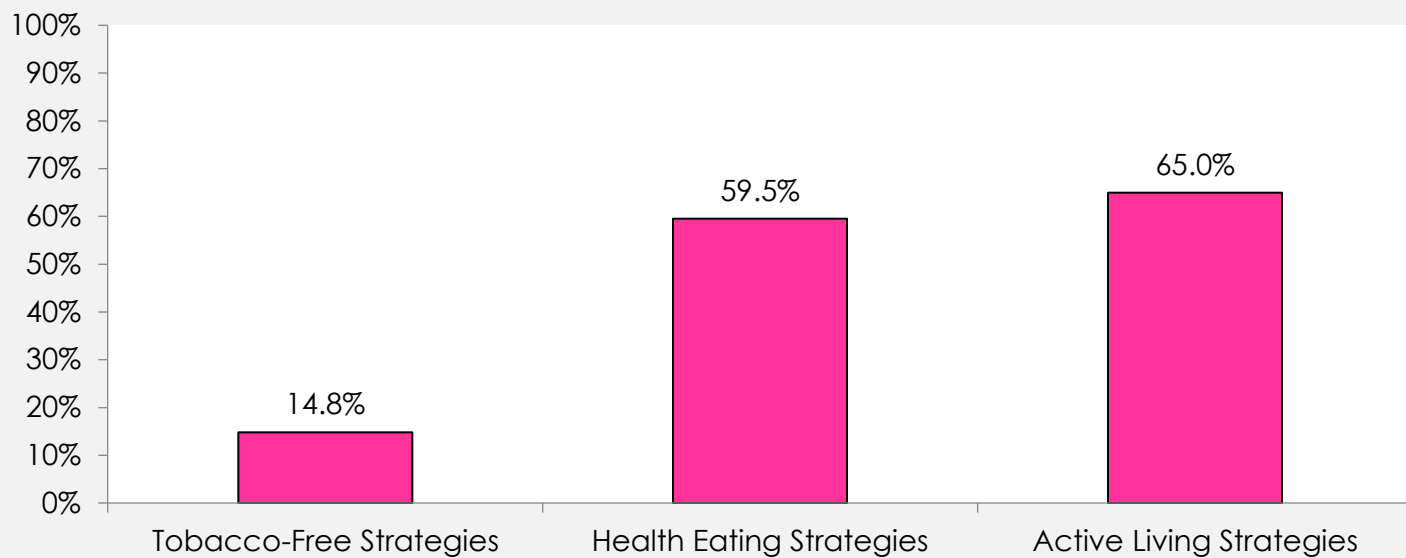
Have You Seen Wellness Campaigns Geared Toward LGBTQ Community?



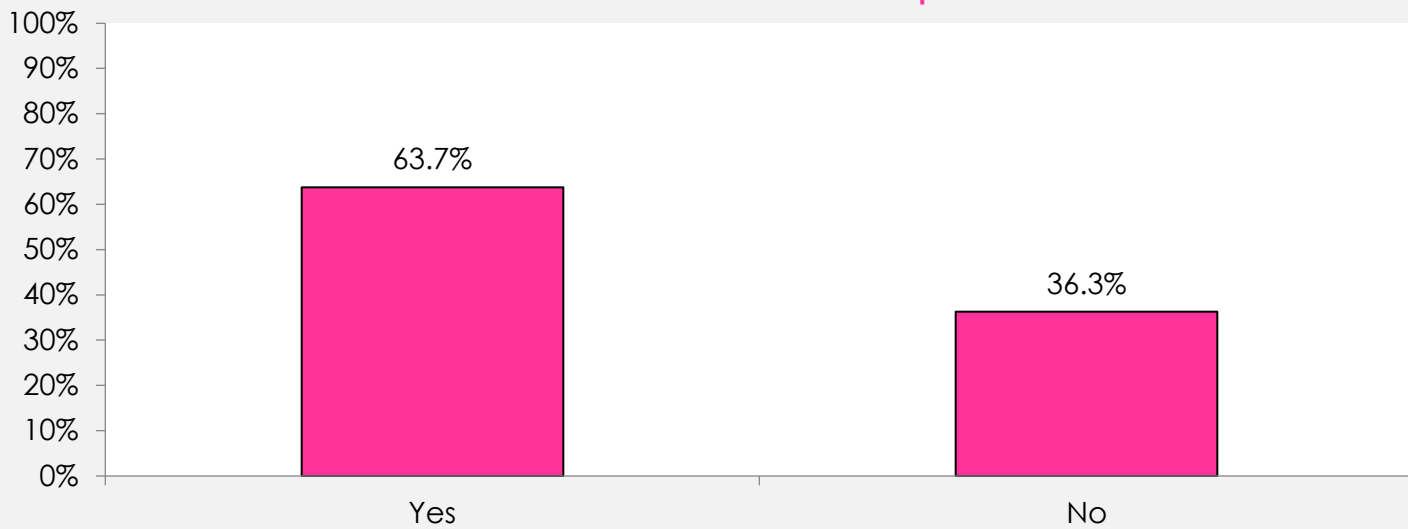
How interested are you in incorporating Healthy Living Strategies?



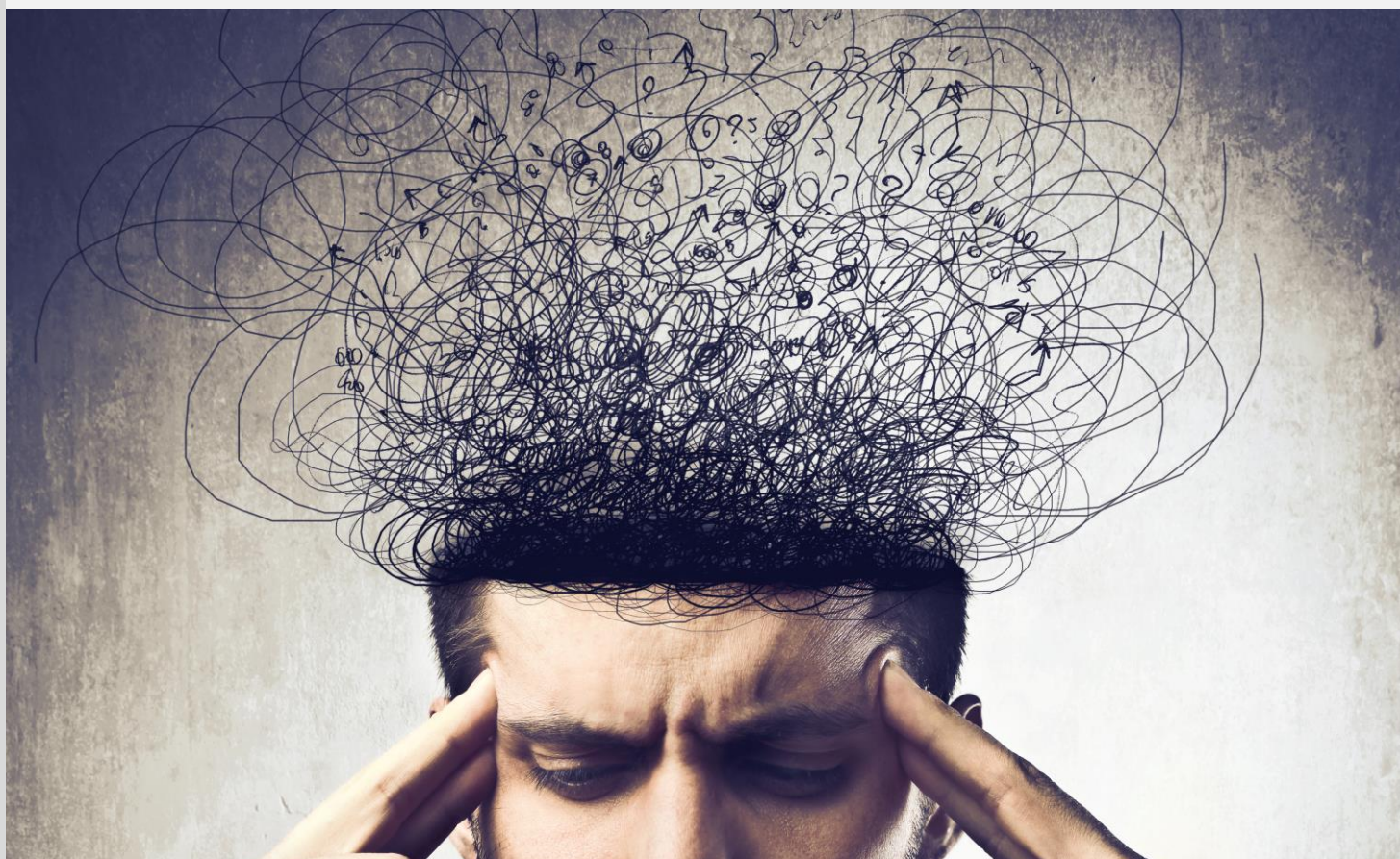
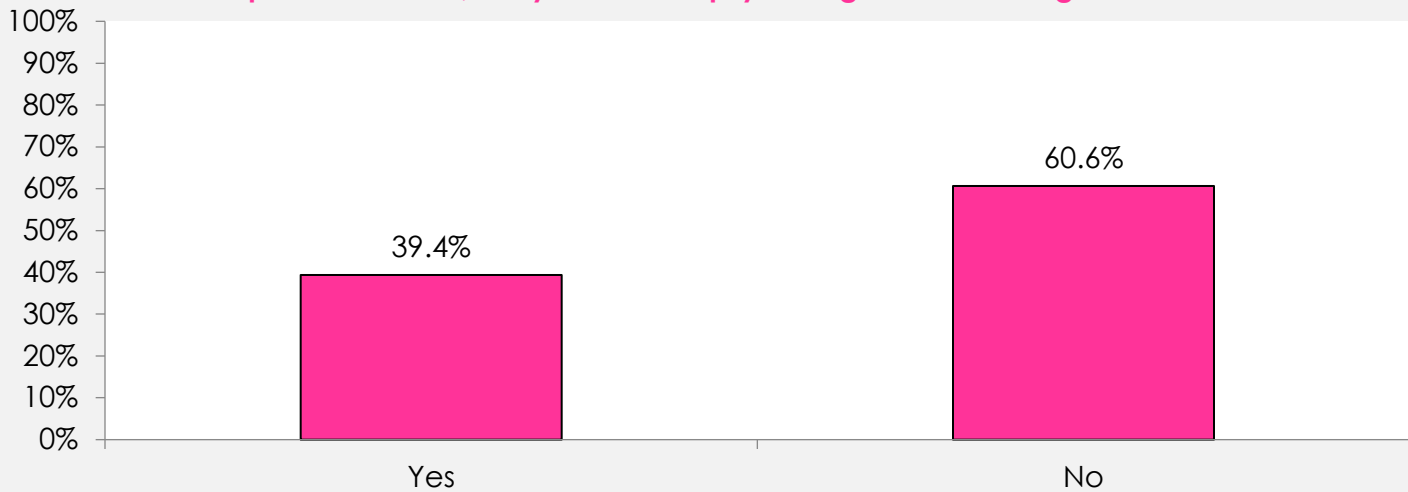
Are you interested in...



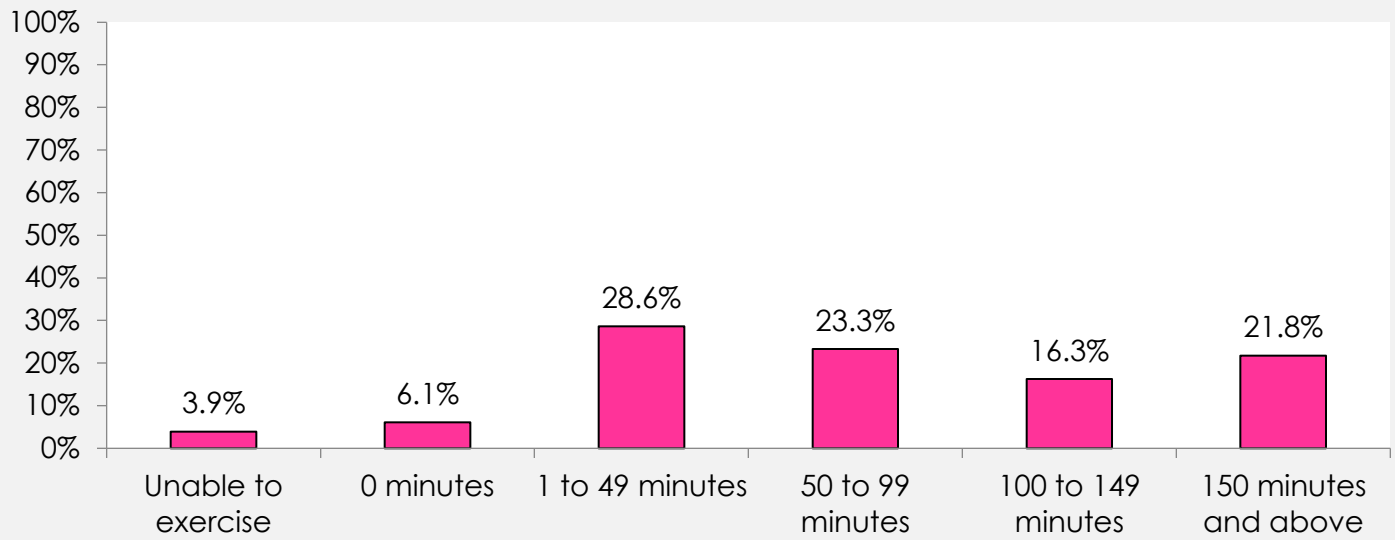
Are you now or have you ever taken medicine or received treatment for a mental health condition or emotional problem?



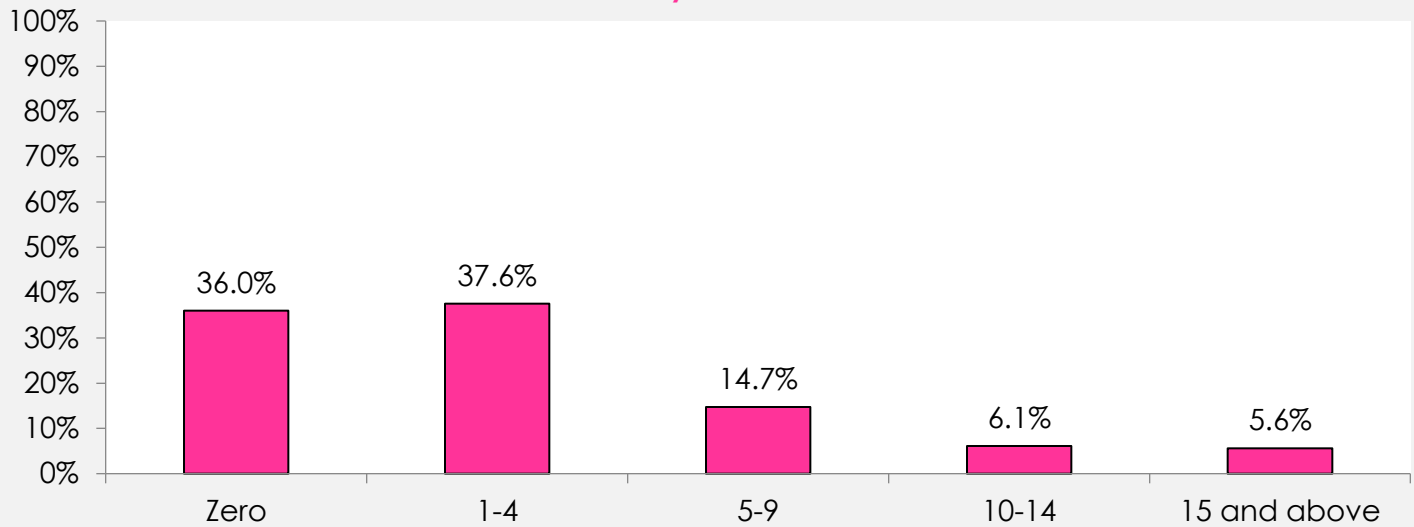
In the past 12 months, did you receive psychological counseling or treatment?



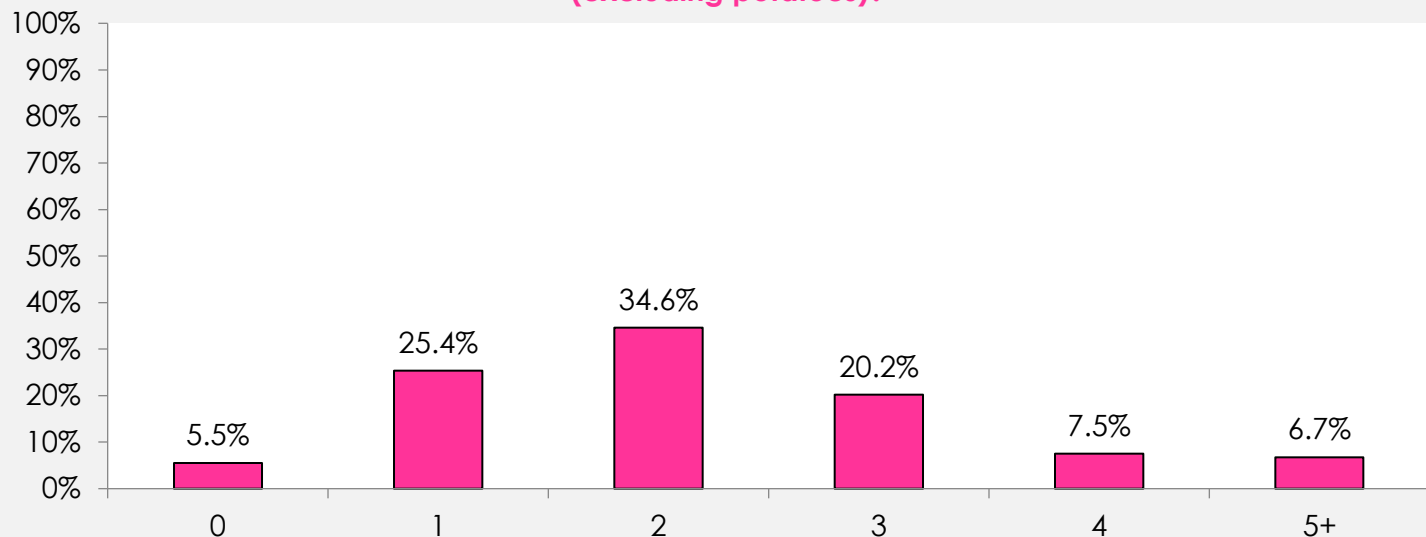
How many minutes per week do you engage in moderate or vigorous exercise?



In the past week, how many glasses, bottles, or cans of sugar-sweetened drinks did you have?

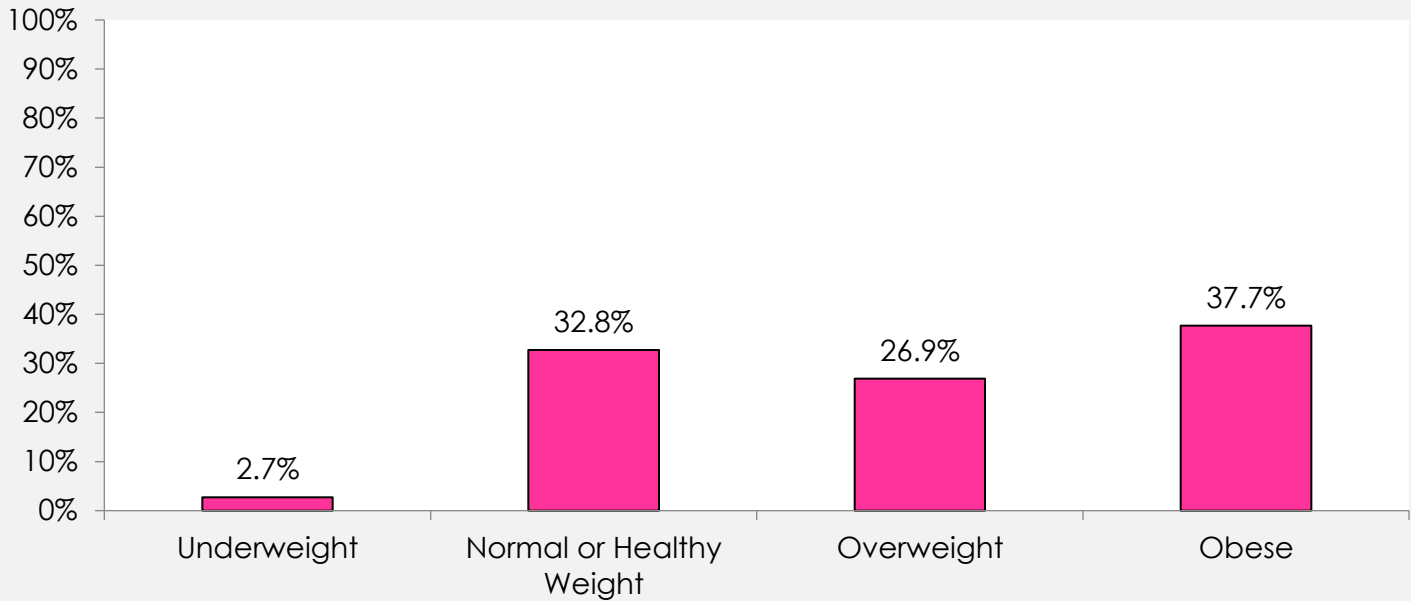


On average, how many serving of vegetables do you consume per day (excluding potatoes)?

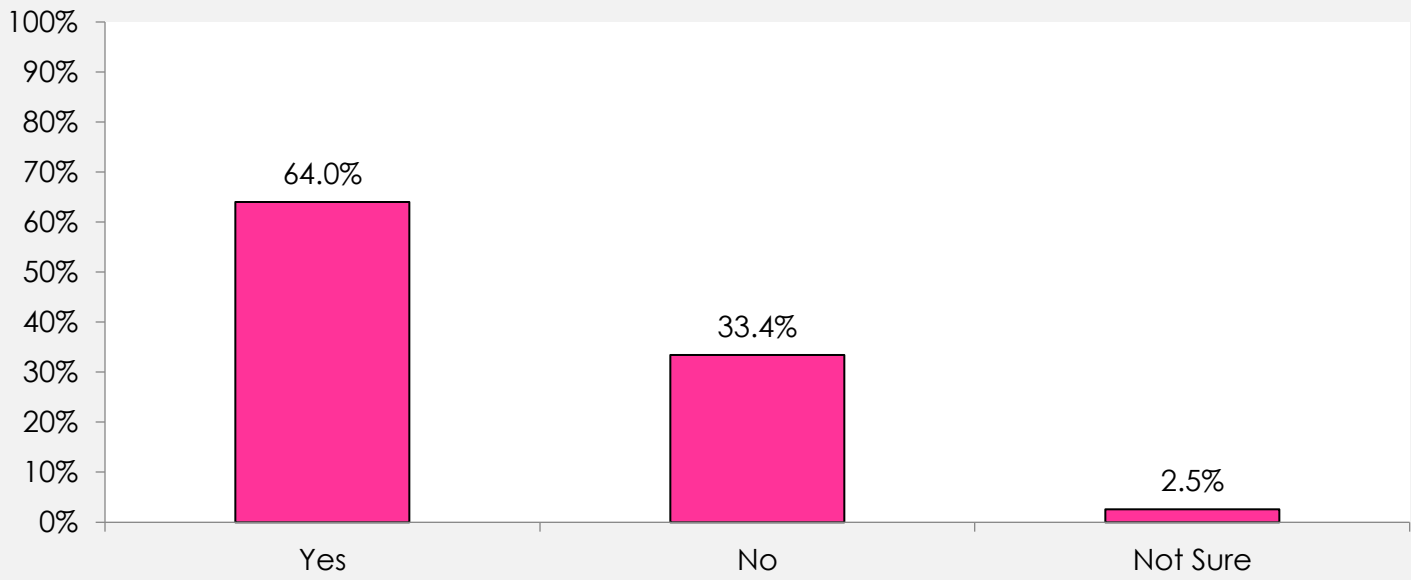


Results – Healthy Eating & Physical Activity

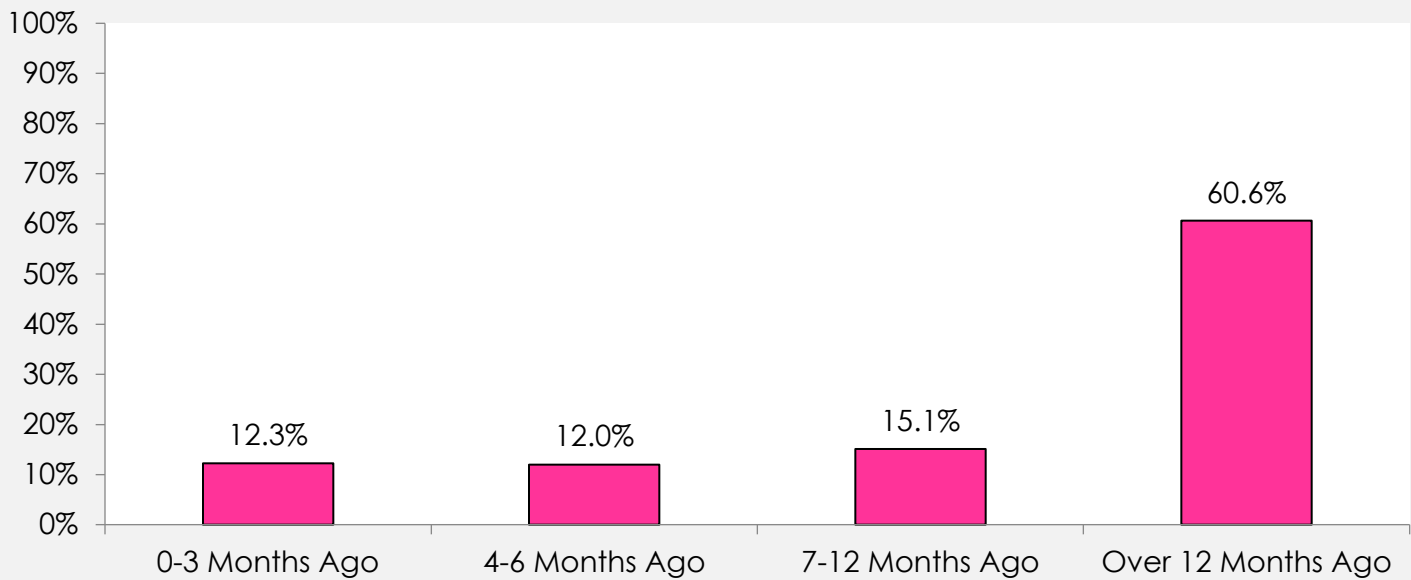
Body Mass Index



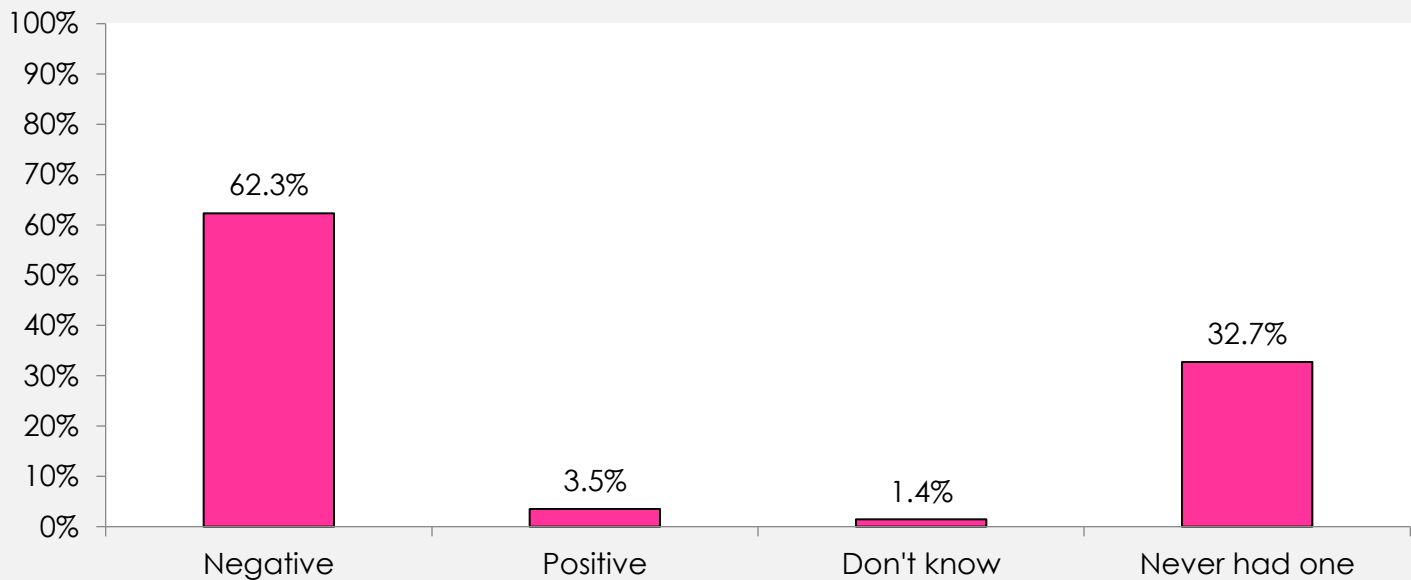
Have you ever been tested for HIV?



Among those who had an HIV test, when was their last HIV test?



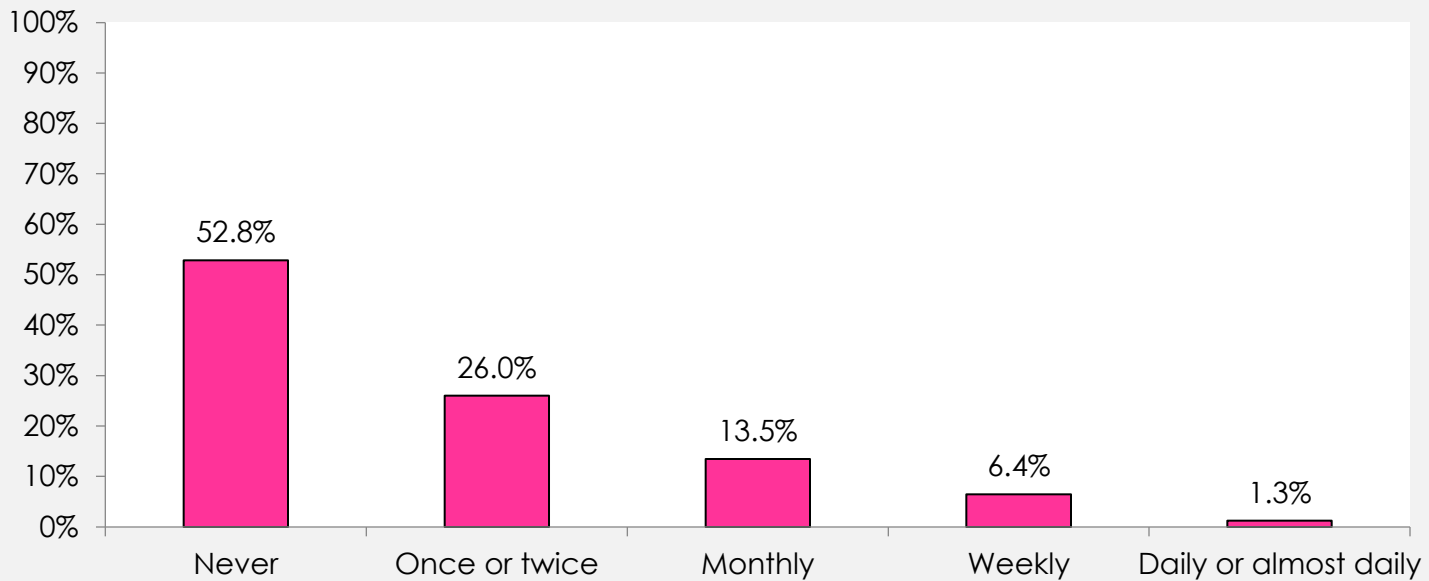
What were the results of your last HIV test?



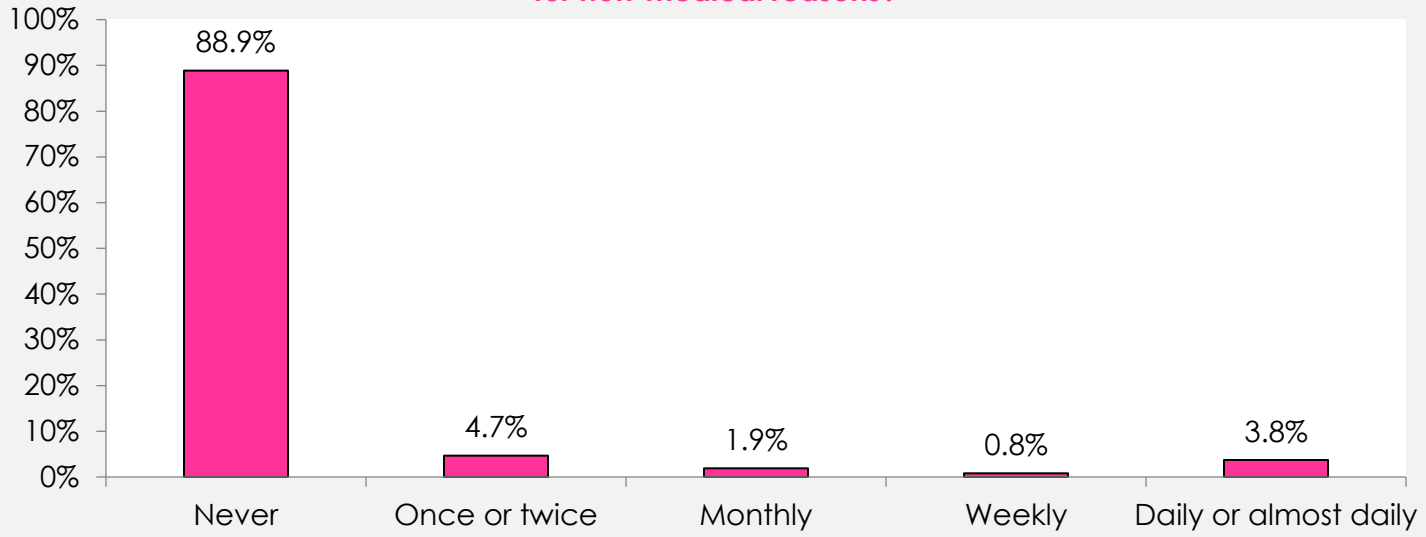
Results – Substance Use



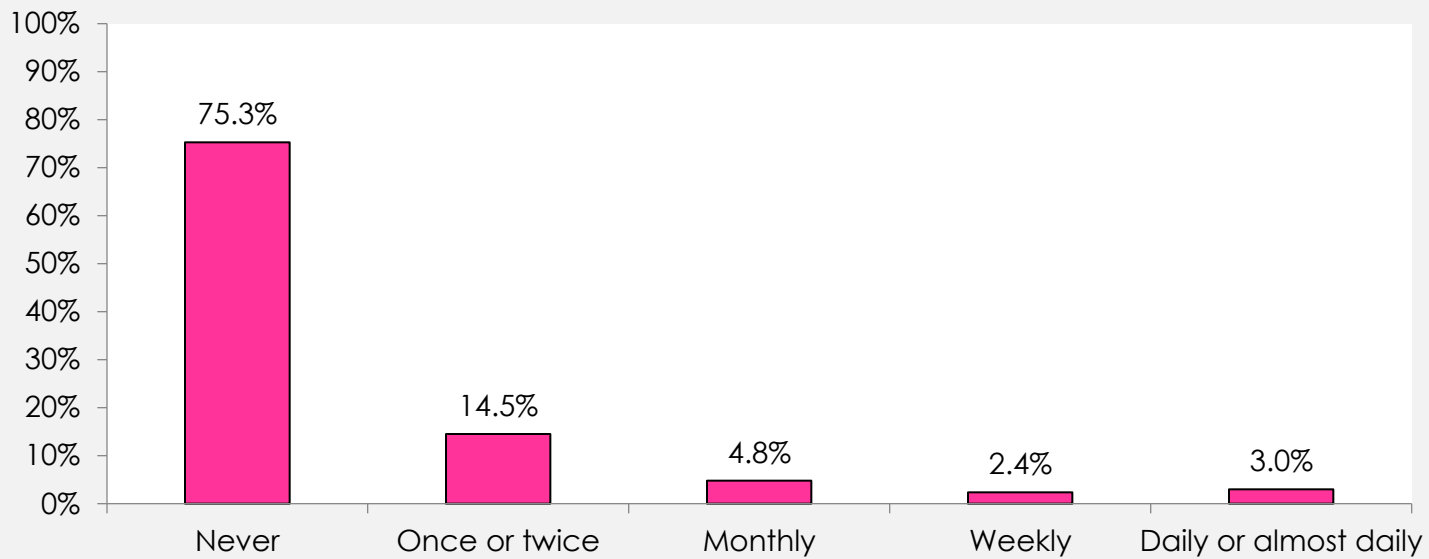
In the past year, how often did you consume 5 or more alcohol drinks/day?



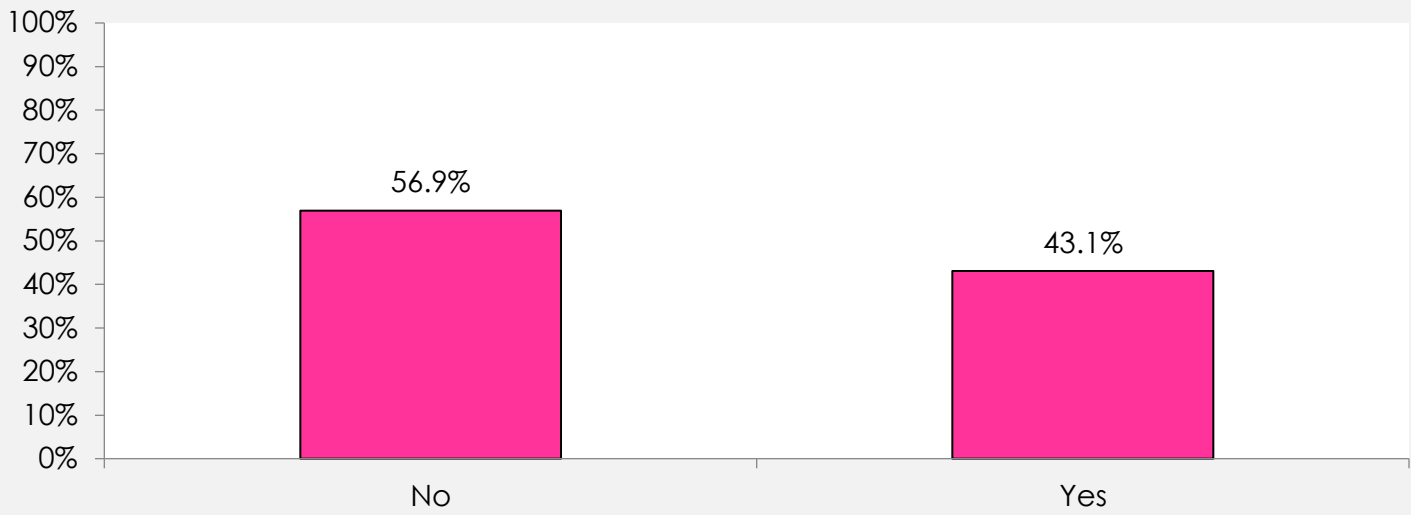
In the past year, how often have you used prescription drugs for non-medical reasons?



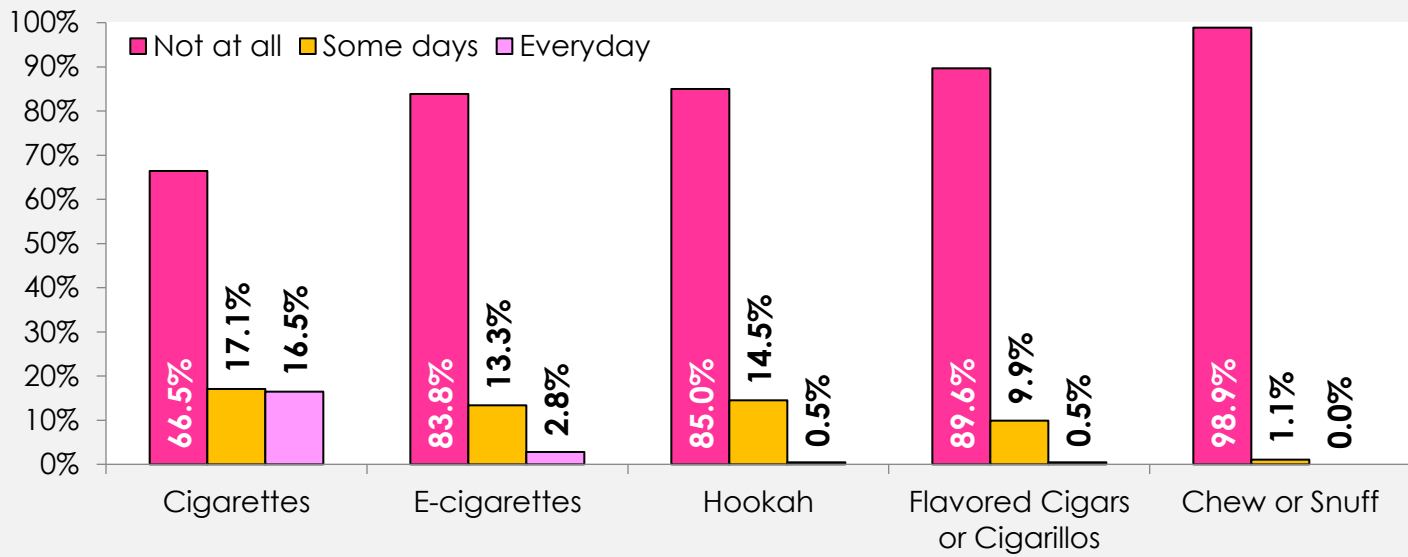
In the past year, how often have you used illegal drugs?



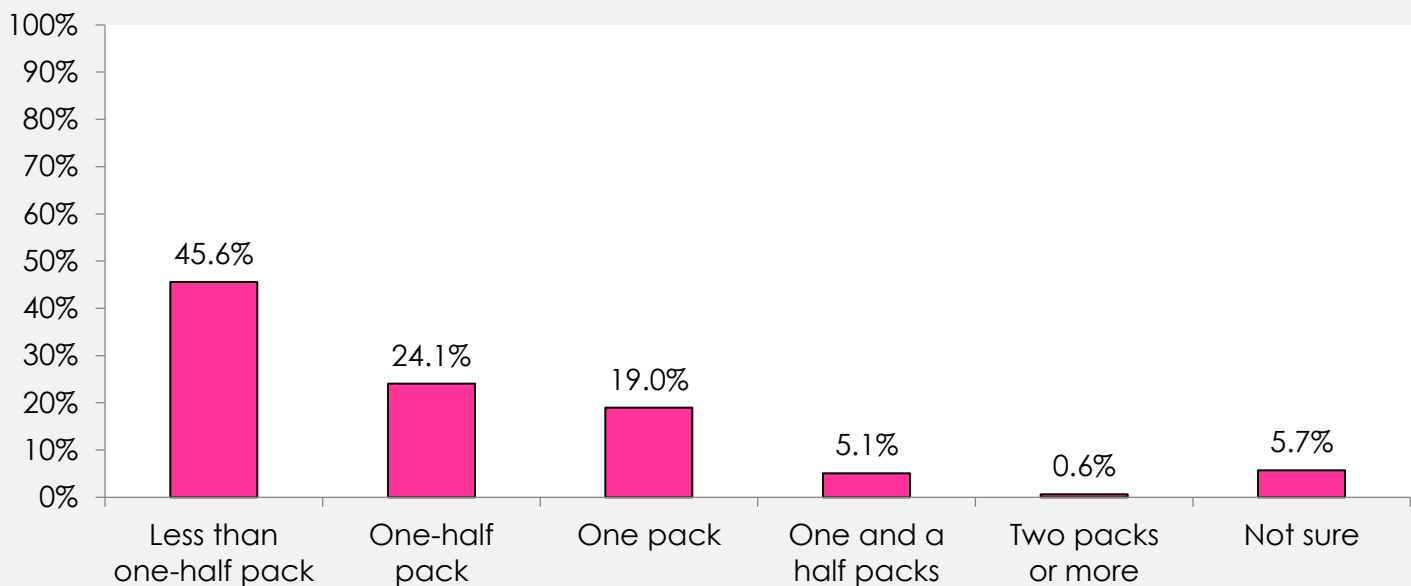
Have you used any tobacco products in the past year?



In the past year, how often have you used...

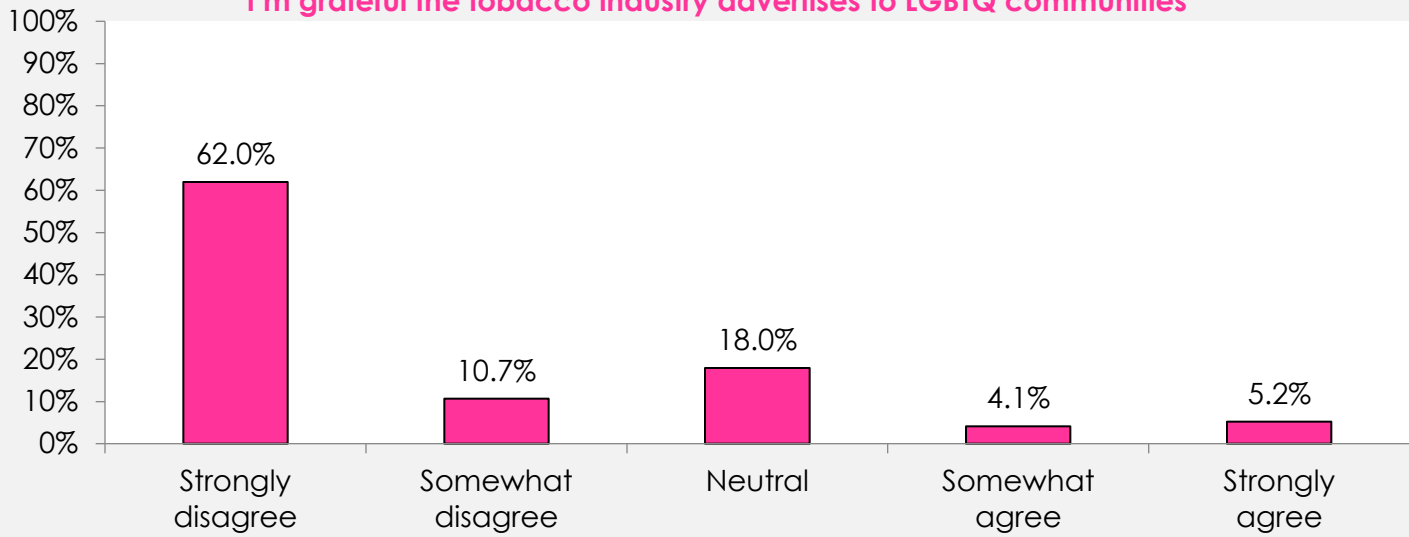


On the days you smoke, how many cigarettes/cigars do you smoke?

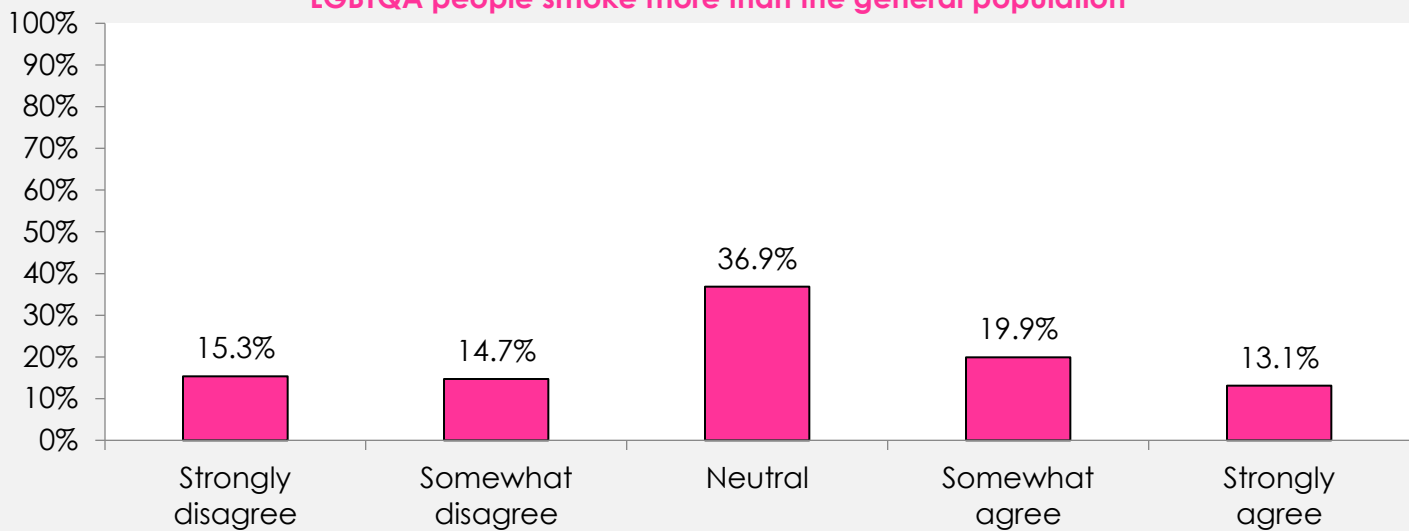




How much do you agree with this statement:
I'm grateful the tobacco industry advertises to LGBTQ communities

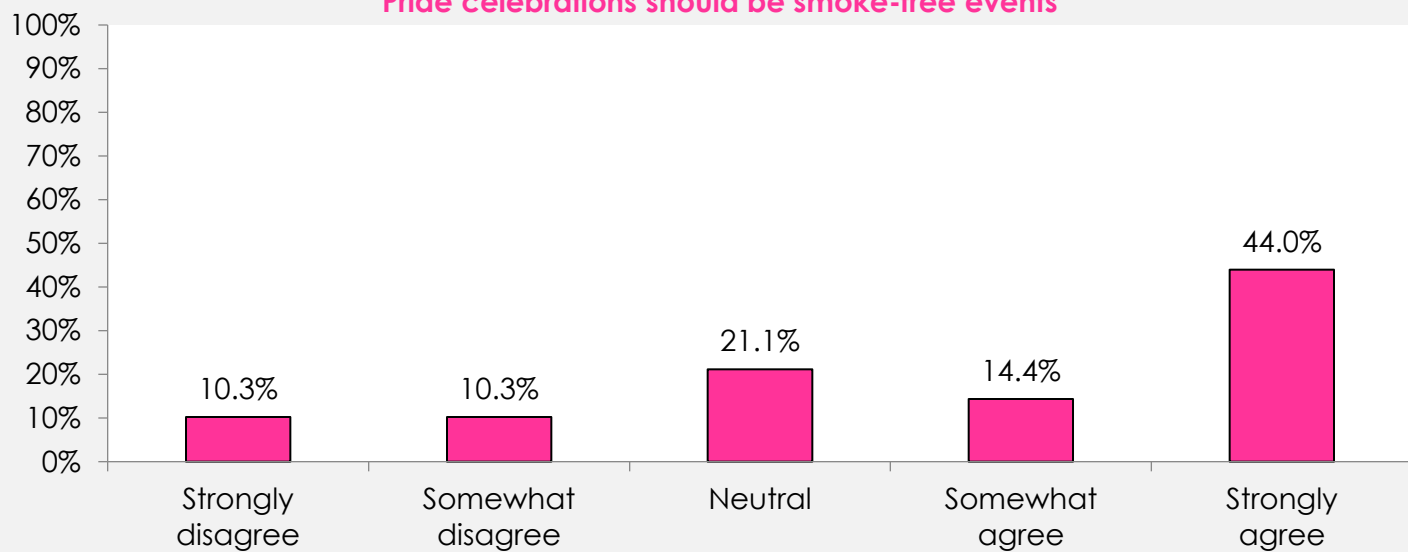


How much do you agree with this statement:
LGBTQA people smoke more than the general population



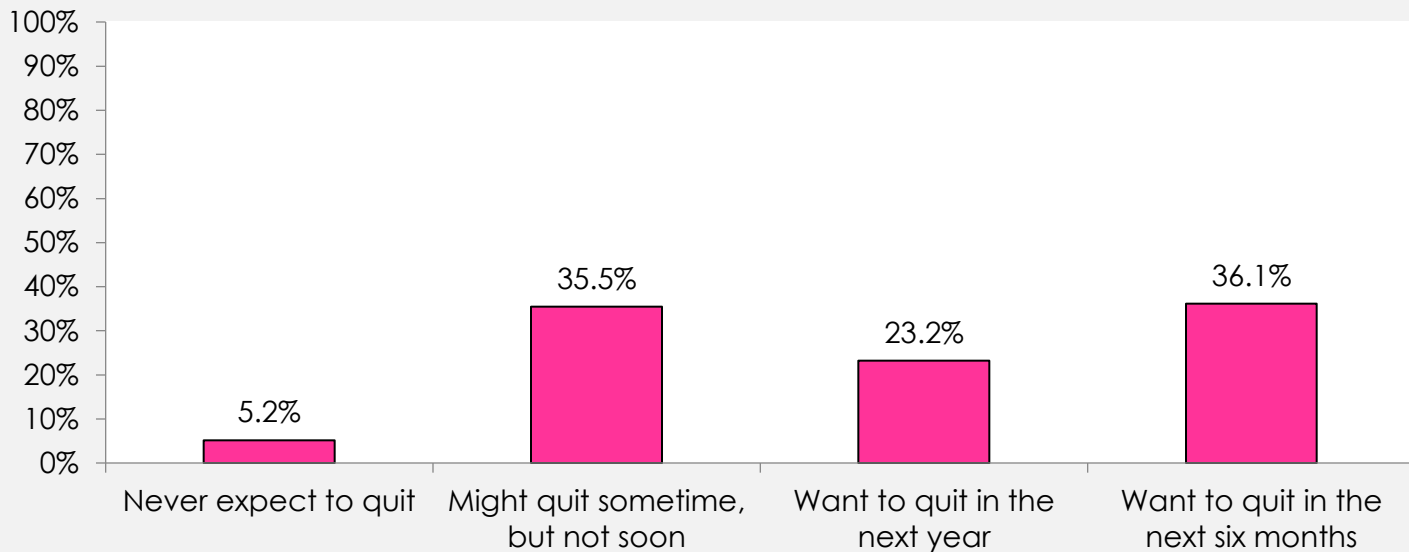


How much do you agree with this statement:
Pride celebrations should be smoke-free events



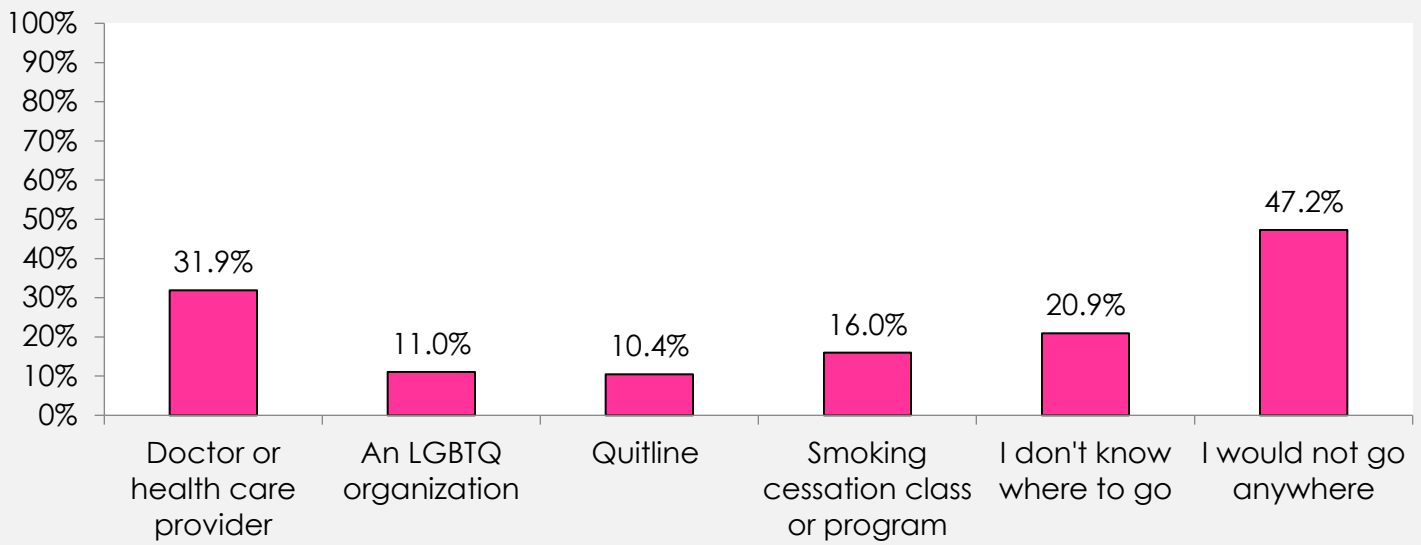


If you smoke, what are your intentions to quit?

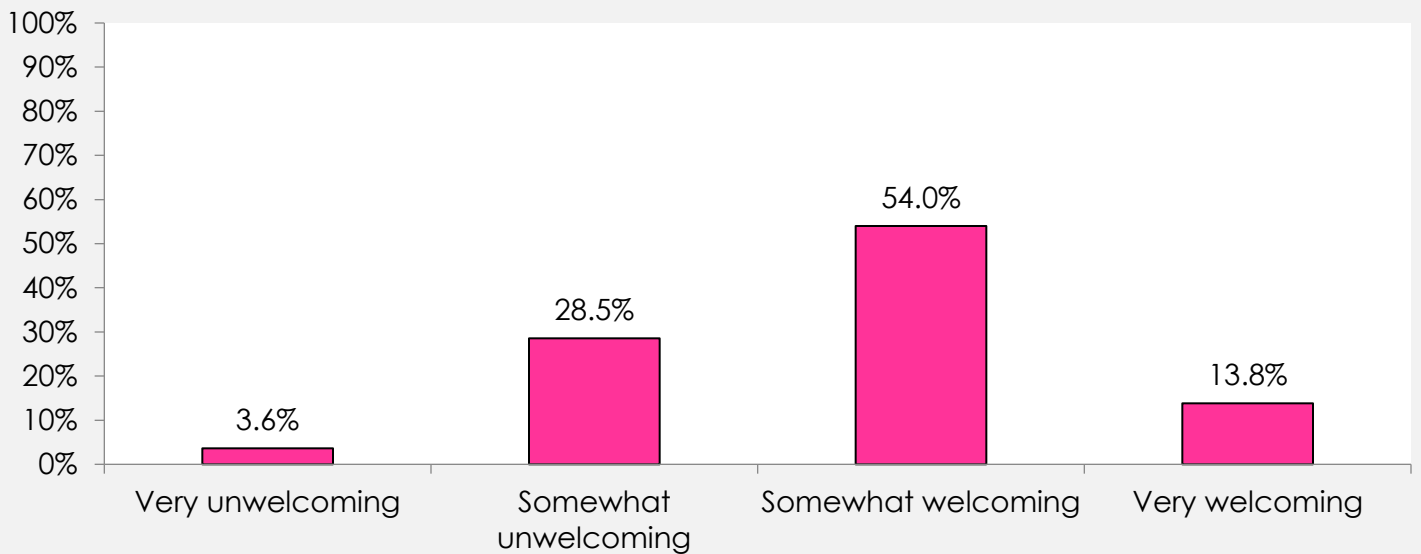




If you smoke, where would you most likely go for assistance to quit smoking?



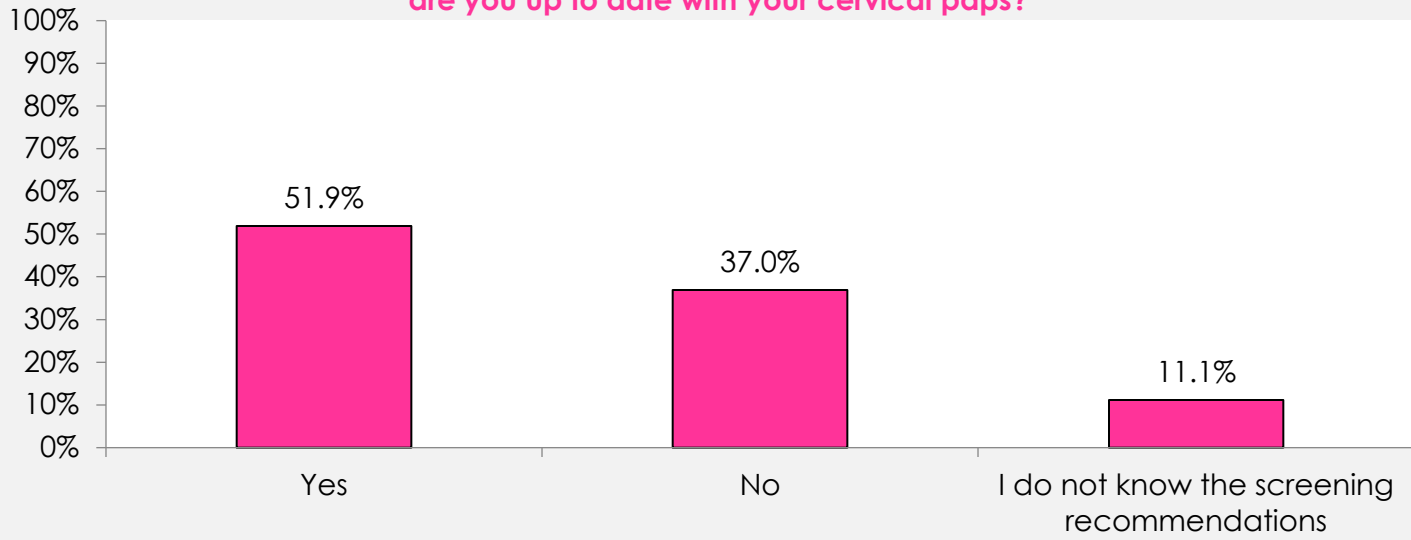
What is your best guess as to how LGBTQA welcoming your state quitline is?



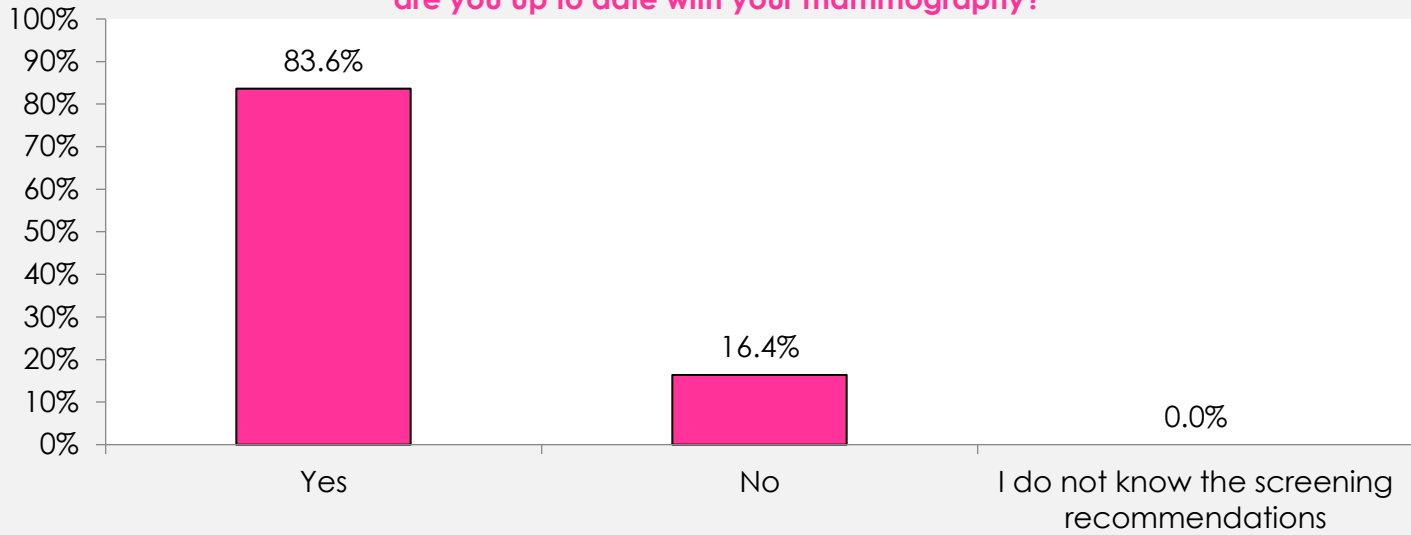
Results – Cancer



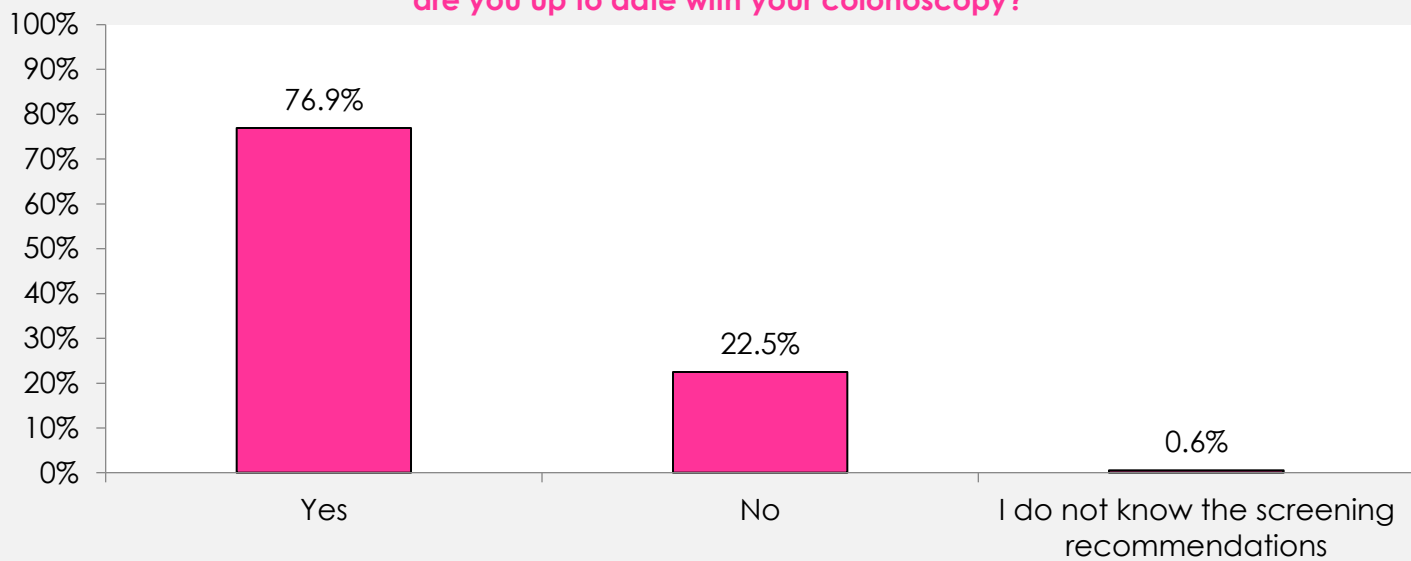
Among participants assigned female at birth, are you up to date with your cervical paps?



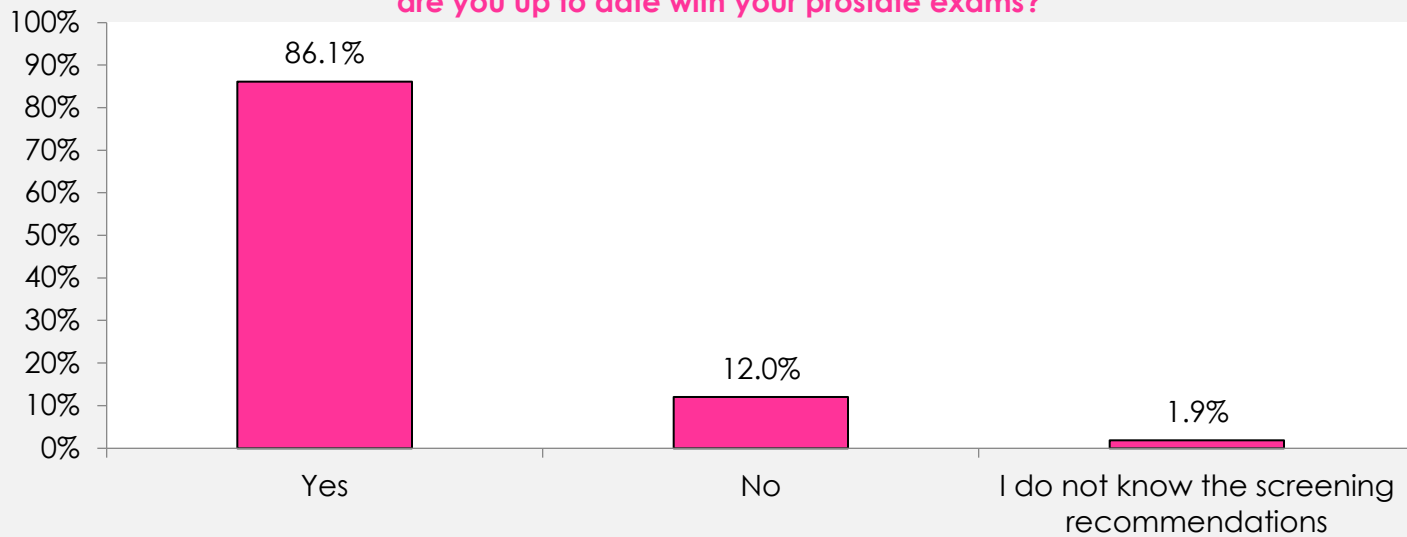
Among participants assigned female at birth aged 50 years or older, are you up to date with your mammography?



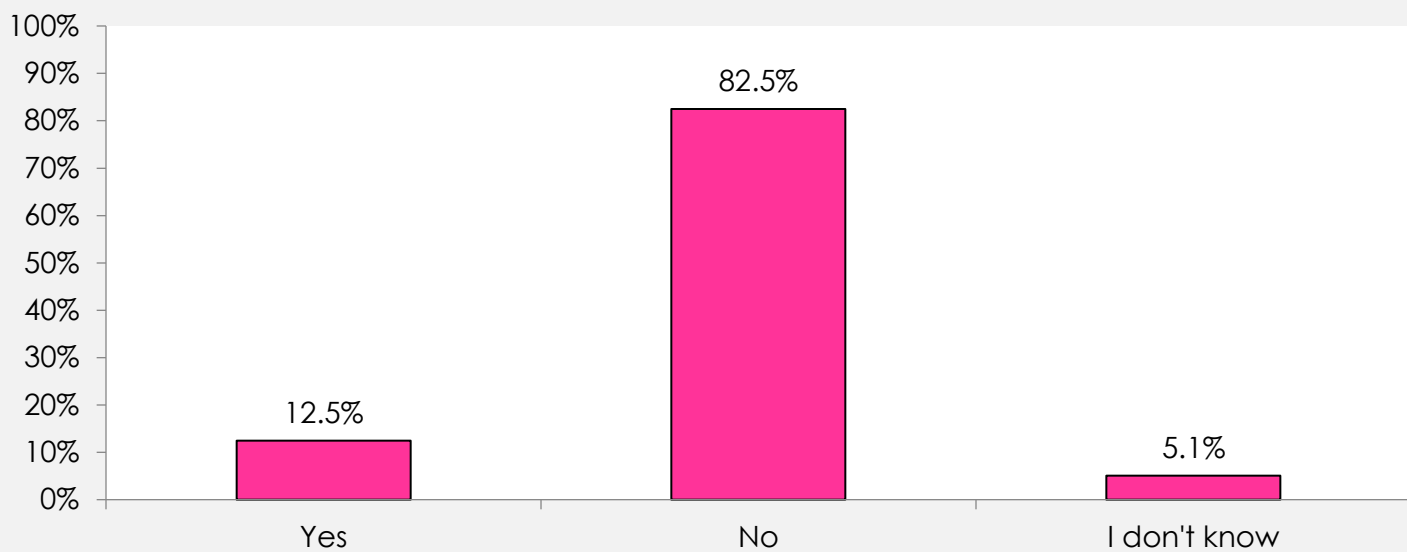
Among participants aged 50 years or older, are you up to date with your colonoscopy?



Among participants assigned male at birth and aged 50 years or older, are you up to date with your prostate exams?

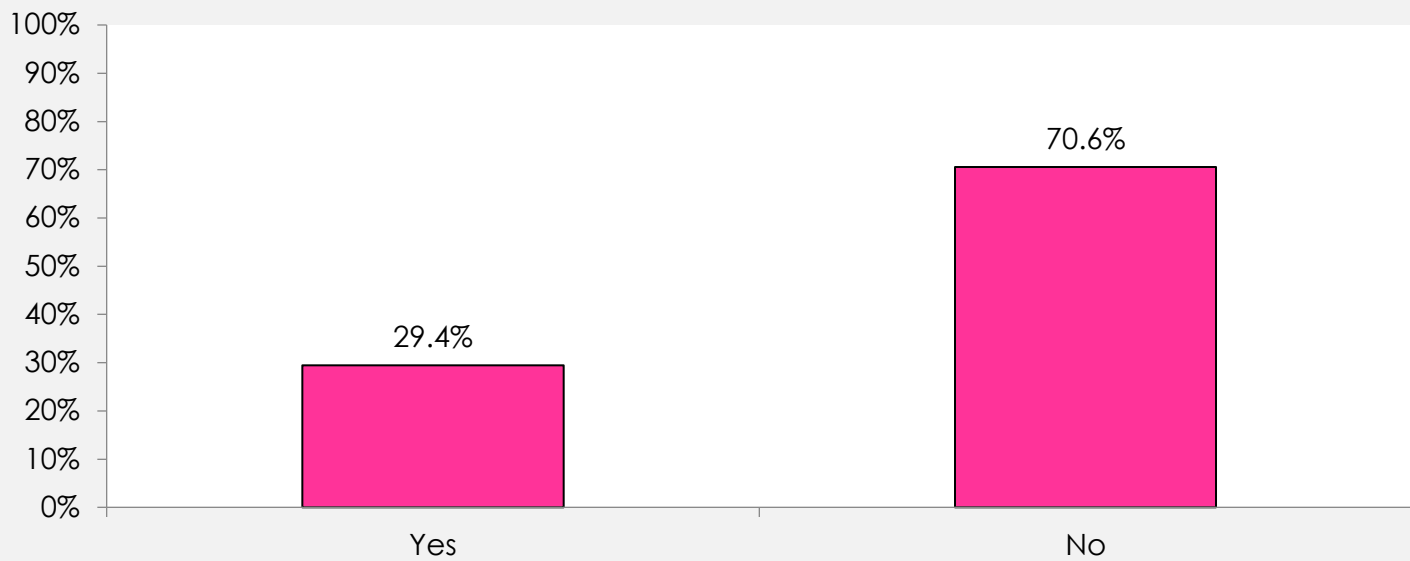


Among all participants, have you ever had an anal pap smear?

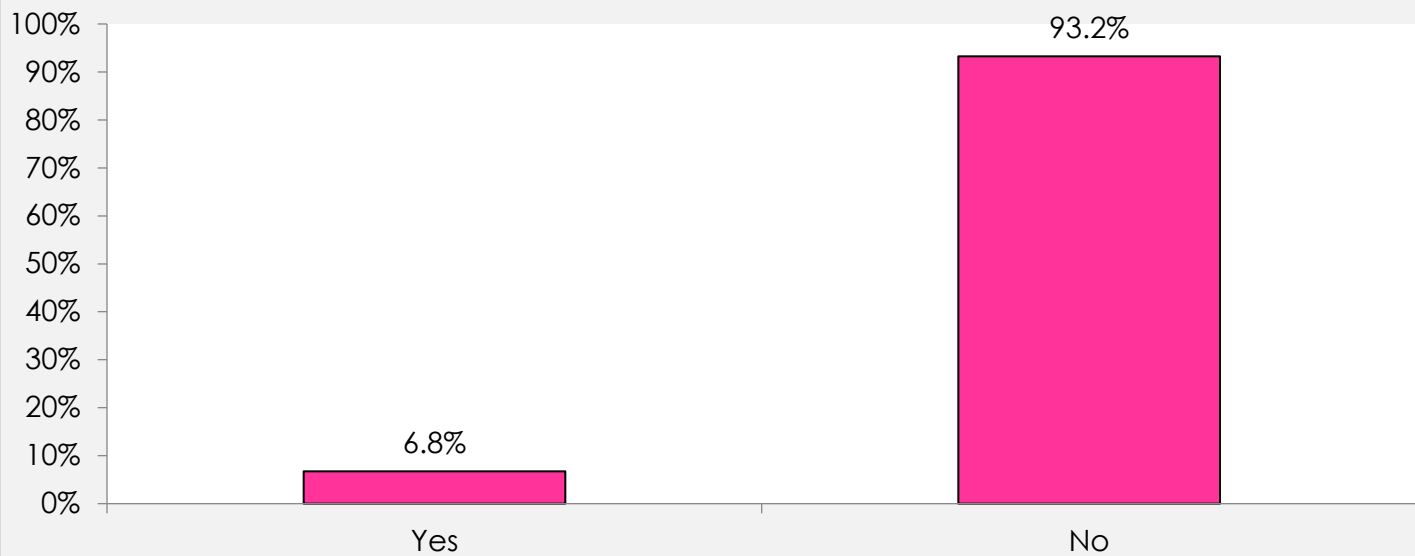




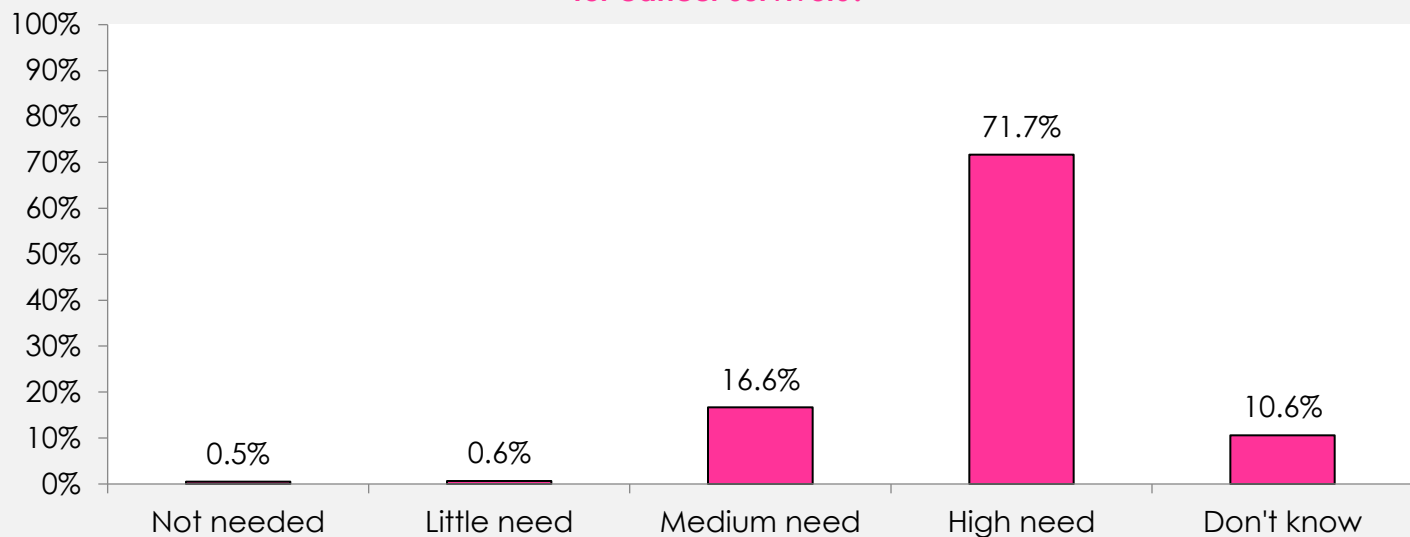
Have you ever been a caregiver of someone with cancer?



Have you ever been diagnosed with cancer?

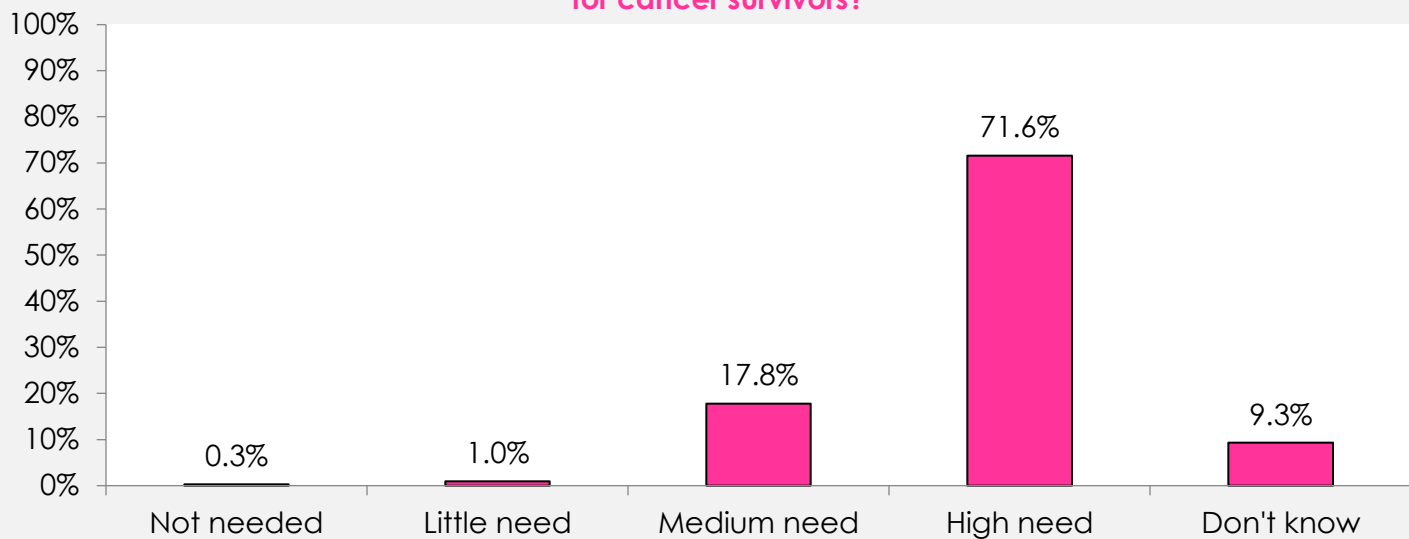


How much do you think LGBTQ welcoming providers are needed for cancer survivors?

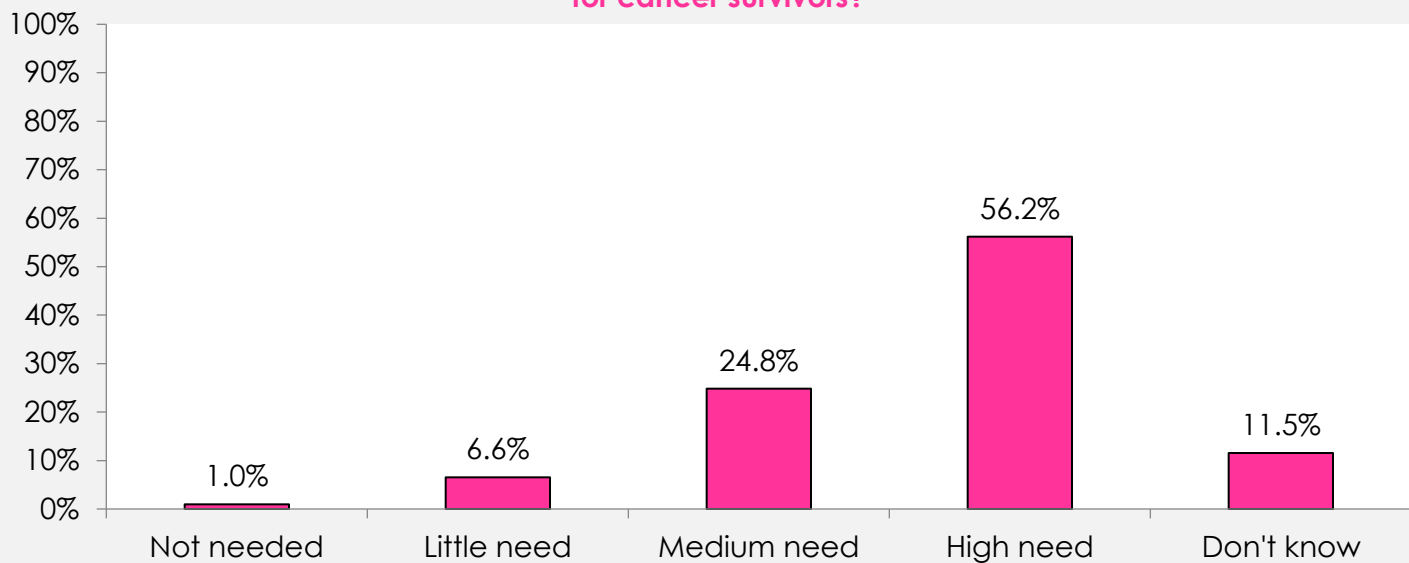




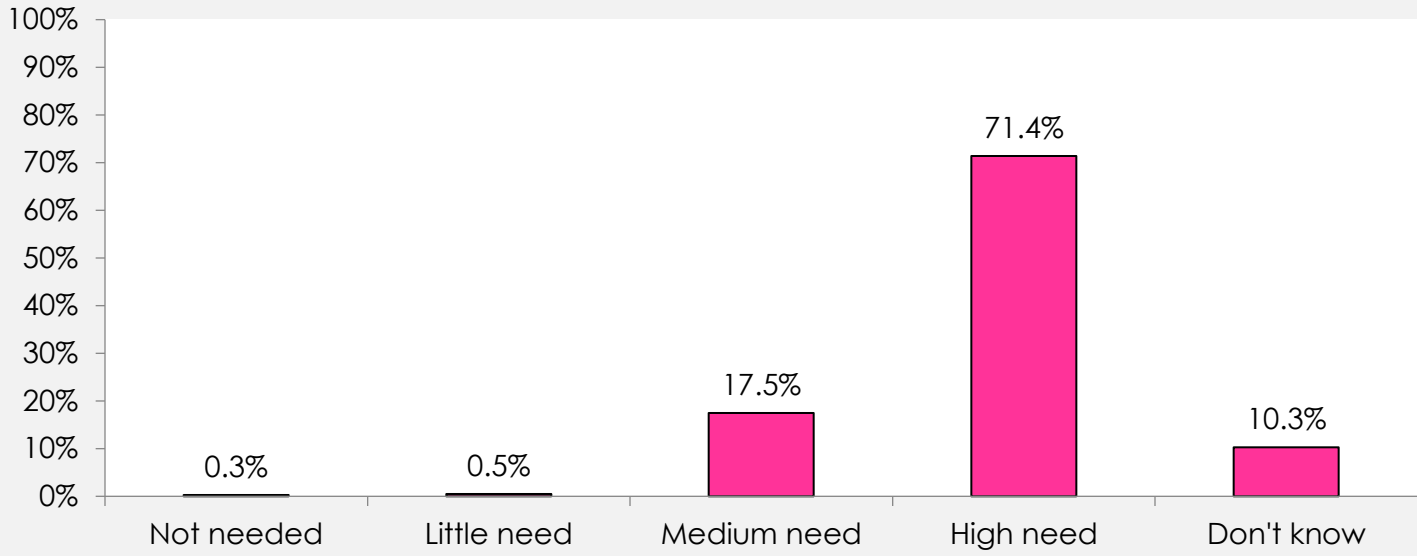
How much do you think LGBTQ support groups are needed for cancer survivors?



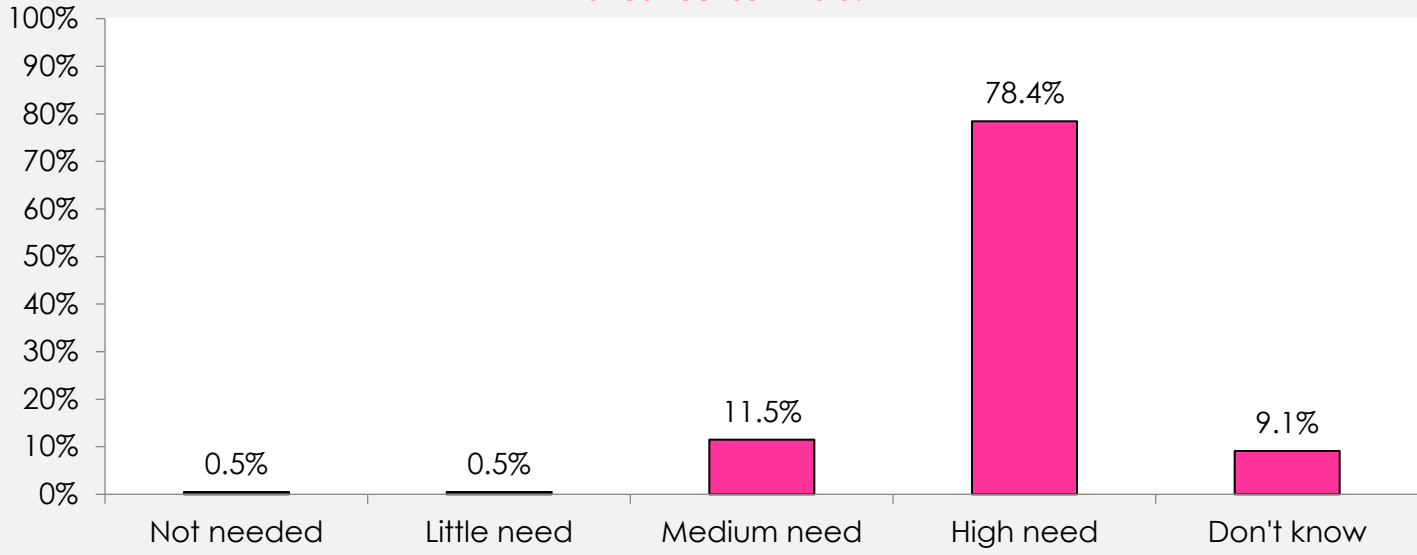
How much do you think LGBTQ-tailored cancer information are needed for cancer survivors?



How much do you think LGBTQ welcoming caregiver groups are needed for cancer survivors?



How much do you think LGBTQ welcoming policies at hospitals are needed for cancer survivors?



How much do you think LGBTQ legal planning at hospitals are needed for cancer survivors?

