

THE REPORT OF THE 2019 SOUTHERN LGBTQ HEALTH SURVEY

FULL REPORT

**A PROJECT OF THE SOUTHERN
LGBTQ HEALTH INITIATIVE**



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November 2019

This report was produced by the Campaign for Southern Equality in partnership with Western NC Community Health Services as a part of our Southern LGBTQ Health Initiative.

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Campaign for Southern Equality

The Campaign for Southern Equality (CSE) is based in Asheville, North Carolina, and works across the South to promote full LGBTQ equality – both legal and lived. Our work is rooted in commitments to empathy and to equity in race, class, and gender.

Western North Carolina Community Health Services

Western North Carolina Community Health Services, Inc. (WNCCHS) is a federally-qualified health center that provides primary healthcare, HIV/AIDS care, and transgender healthcare to residents of Western North Carolina.

Southern LGBTQ Health Initiative

The Southern LGBTQ Health Initiative is a collaboration between CSE and WNCCHS that works to achieve health equity for LGBTQ Southerners by increasing access to LGBTQ-friendly primary care, HIV prevention and treatment, transgender health care and support services. Learn more about the initiative at: www.southernlgbtqhealthinitiative.org.

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WELCOME LETTER

When our teams at the Campaign for Southern Equality (CSE) and at Western North Carolina Community Health Services (WNCCHS)

made our initial plans for the Southern LGBTQ Health Survey in early 2018, we thought that maybe 500 people would take the time to sit down and answer 59 questions about their health.

Six months later, when we closed the survey, we were thrilled that the final number of respondents was 5,617- more than ten times higher than our estimate. Collectively, respondents spent 655 hours - an average of 7 minutes per person - answering intimate questions about their health histories, telling us about their lives, and sharing their perspectives on how Southern healthcare providers can better serve LGBTQ people.

We credit some of that high response rate to our amazing network of community partners and the innovative approaches of our talented Survey Ambassadors. But more broadly, the high number of responses is a testament to how passionate and concerned LGBTQ Southerners are about our health equity. A lot is at stake, and our community knows that.

Over the past eight years at CSE and twenty-four years at WNCCHS, we have listened to thousands of LGBTQ folks talk about their lives across the South, and invariably, at some point their health comes up. Few things are as foundational as being able to get the care you need, in the way that you need it, when you need it. That is true for all people.

For LGBTQ Southerners, there is often an additional layer to the conversation about health because it is inextricable from the discrimination and othering that too many of us have faced. The trauma that we have experienced is so frequently centered on our bodies. We have experienced discrimination or exclusion for our differences in gender presentation or because of how we show up in and move through the world.

All people's health and healthcare is deeply personal, but for LGBTQ people, there has often been a unique requirement for individual exploration and self-education. We have had to fill in the gaps during grade school health classes that have failed to see us. We must seek



specific resources to navigate our community's disproportionate rates of HIV, mental health diagnoses, and suicidal ideation. We are confronted with the challenge of educating our own providers about our identities and differences.

In the pages of this report, you'll read more about each of those barriers, illuminated by quantitative data from across the South and qualitative responses from individual participants. You'll see the ways that these data reflect experiences that have often haunted LGBTQ Southerners.

You'll also see that there is incredible hope in this region – and that LGBTQ Southerners are feeling empowered to take their care into their own hands, create their own systems, and work toward change in their own lives and in healthcare systems. You'll see people expressing pride in who they are and clarity about the health care they need.

We're inspired to read the stories of affirmation and inclusion in these pages – the doctor who proactively asks for a patient's pronouns, the community health program that has helped connect someone to a needed service, the therapist who does not assume the gender of a client's partner.

This survey is one of the largest samples ever of LGBTQ Southerners talking specifically about their health, their bodies, and their lives. It tells the story of 5,617 people's individual experiences with health and health care. And taken together, the data tell a powerful shared story.

It is a chapter of a broader story about what it's like in 2019 to live as an LGBTQ Southerner. There are ongoing challenges, and these need to be named and better understood so we can confront them head-on. There are also new opportunities for transformation in the region, and many positive cultural shifts are already underway. To sustain and strengthen this movement, we must shine a light on the challenges and celebrate this progress.

The Southern LGBTQ Health Survey is about doing all of this – and then continuing to push forward, toward our ultimate vision of a South where all people have equal opportunities to thrive. We're tremendously hopeful about what's possible.

Thank you,
Rev. Jasmine Beach-Ferrara
Executive Director
Campaign for Southern Equality

Kim Wagenaar, MSN
CEO
Western NC Community Health Services

“This survey tells the story of 5,617 individual people with their own lives and their unique experiences accessing health services. But taken together, it tells a powerful shared story.”

INTRODUCTION

Quality health care is a basic human right, one that everyone deserves and should be able to access within their hometowns.

Health care matters because our health matters – it's a foundational part of all of our lives. How we care for our own and our loved ones' physical, mental, and spiritual well-being is a driving force in so many of our decisions and the ways that we structure our lives. Experiences with health, illness, wellness, and mortality are often among a person's most significant and defining experiences.

For lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, these universal experiences can take on additional resonance because of the ways that health is connected to our bodies and to our sexual and gender identities. Often, our very first understanding of ourselves as LGBTQ people is mediated through a bodily experience, and we express our identities, in part, through our bodies. Like the bodies of other minority communities, ours have been politicized, celebrated, contested, loved, targeted, diagnosed (and misdiagnosed), pathologized, cared for, and turned away from care. These experiences are encoded in how LGBTQ people talk about their health and healthcare experiences.

Barriers to Health Care and Health Disparities Among LGBTQ People Nationwide

Nationwide, LGBTQ people face barriers to quality health care that non-LGBTQ people do not face. Some of these barriers relate to the different types of stigma that LGBTQ people experience, which the Institute of Medicine describes in its 2011 report *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.¹

- ◆ *Enacted stigma* – outright discrimination, violence, or disparagement people experience because of an actual or perceived LGBTQ identity
- ◆ *Felt stigma* – an awareness of difference that can lead LGBTQ people to adapt their behaviors to protect themselves from the possibility of discrimination, violence, or disparagement
- ◆ *Internalized stigma* – an LGBTQ person's own conscious or unconscious acceptance of negative views about LGBTQ people

Some of the barriers that LGBTQ people face are related primarily to a lack of knowledge and training among healthcare providers and their clinical and administrative staff. LGBTQ people have unique health care needs and concerns, and care must be administered with careful consideration of these identities. For example, advice on sexual health that is appropriate for a man who has sex with women may not be appropriate for a man who has sex with

¹ Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press.



Quality health care is a basic human right, one that everyone deserves and should be able to access within their hometowns.”

“A 2015 study from Stanford University School of Medicine found that 67.3% of medical students in schools across the United States and Canada rated their schools’ LGBTQ-related curriculum as fair or worse.”

men. Similarly, medical guidance that addresses the needs of a cisgender woman may not apply to a transgender woman.

Unfortunately, the lack of LGBTQ-specific training for health professional students remains a real gap, according to medical students themselves: A 2015 study from Stanford University School of Medicine found that 67.3% of medical students in schools across the United States and Canada rated their schools’ LGBTQ-related curriculum as fair or worse.² Dr. Madeline Deutsch, director of the Transgender Care program at the University of California, San Francisco, provided more context in 2019, saying, “There’s not really a consistent curriculum that exists around this content. Sexual and gender minorities have historically been not viewed as a key population, and that’s unfortunate because of the size of the population, and because of the extent of the disparities that the population faces. The health of ‘disparity populations’ is something that really should be the focus of health professional students.”³

Other structural barriers include a lack of policies that prioritize the health and well-being of LGBTQ people, and a lack of

nondiscrimination protections for LGBTQ patients.

The combined barriers that LGBTQ people face lead to worse health outcomes in various areas. Some disparities relate to poor self-rated physical health among LGBTQ people.⁴ Other disparities include a higher prevalence of both acute and chronic illnesses, from headaches and sore throats to asthma and some types of cancer.^{5,6,7} Due in large part to LGBTQ people’s exposure to minority stressors,^{8,9} studies routinely show that they are at greater risk of poor mental health outcomes, including substance use disorders¹⁰ and mood disorders.¹¹ A 2019 study published in the *Journal of Public Health Dentistry* reveals that these disparities extend to oral health as well, as lesbian, gay, and bisexual adults experience worse oral health and more barriers to dental care than their heterosexual counterparts.¹²

Health Disparities in Southern States

States in the American South consistently rank the lowest in the nation when it comes to residents’ health and wellness. In the United Health Foundation’s *America’s Health Rankings* report, which combines 30 metrics to capture a snapshot of a

4 Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, 38(1), 1–8.

5 Landers, S. J., Mimiaga, M. J., & K. J. Conron. (2011). Sexual orientation differences in asthma correlates in a population-based sample of adults. *American Journal of Public Health*, 101(12), 2238–2241.

6 Brown, J. P., & Tracy, J. K. (2008). Lesbians and cancer: an overlooked health disparity. *Cancer Causes and Control*, 19(10), 1009–1020.

7 National LGBT Cancer Network. (n.d.). HPV and Cancer. Retrieved on October 16, 2019 from <https://cancer-network.org/cancer-information/hpv-and-cancer/>.

8 Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56.

9 Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467.

10 Slater, M. E., D. Godette, B. Huang, W. J. Ruan, and B. T. Kerridge. (2017). Sexual orientation-based discrimination, excessive alcohol use, and substance use disorders among sexual minority adults. *LGBT Health*, 4(5), 337–344.

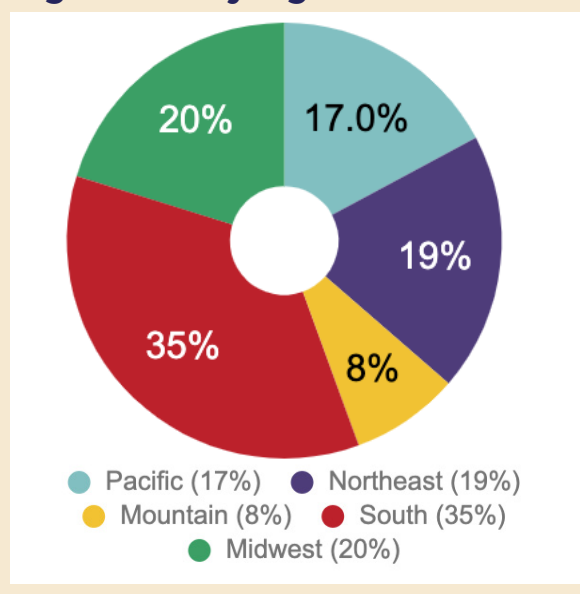
11 Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, 3(1), 353–375.

12 Schwartz, S. B., A. E. Sanders, J. Y. Lee, and K. Divaris. (2018). Sexual Orientation-Related Oral Health Disparities in the United States. *Journal of Public Health Dentistry*, 79(1), 2019, 18–24.

2 William W., S. Brenman, E. Paradis, E. S. Goldsmith, M. R. Lunn, J. Obedin-Maliver, L. Stewart, E. Tran, M. Wells, L. J. Chamberlain, D. M. Fetterman, & G. Garcia. (2015). Lesbian, Gay, Bisexual, and Transgender Patient Care: Medical Students’ Preparedness and Comfort. *Teaching and Learning in Medicine*, 27(3), 254–263

3 Cohen, R. D. (2019). Medical Students Push For More LGBT Health Training To Address Disparities. NPR.org. Retrieved October 16, 2019 from <https://n.pr/2QwRhUh>.

Fig. a: Distribution of adults in the United States who are LGBTQ segmented by region¹⁸



state population's health, nine out of the bottom ten states are in the South.¹³

A 2016 study from the Kaiser Family Foundation found that 20% of adults in the South report fair or poor health status, four points higher than the 16% of adults in the Midwest and Northeast who rated their health similarly. The study also found that Southerners have higher rates of chronic illnesses, diabetes, obesity, and infant mortality.¹⁴

A Centers for Disease Control on early death data from 2008-2010 found that the Southeast has the highest number of preventable deaths (diseases of the heart, cancer, chronic lower respiratory diseases, stroke, and unintentional injuries) when compared to other regions in the United States.¹⁵ Further, in a 2019 issue brief, the CDC reported that "Southern states bear the highest burden of HIV, accounting for

52% of new HIV diagnoses."¹⁶

Factors like high poverty rates and a disproportionately low number of medical service providers per capita in Southern states likely contribute to these health disparities across the region.¹⁷

Health Disparities Among LGBTQ Southerners

The South is home to an estimated 5.1 million LGBTQ people. According to data from the Williams Institute, an estimated 4.5% – or 14.8 million people – are LGBTQ across the country, and an estimated 35% live in the South.^{18, 19} The Southern LGBTQ population includes more than 507,000 transgender adults, comprising more than 36% of the total U.S. transgender population.²⁰ Our community is also diverse in race: An estimated 22% of LGBTQ Southerners are Black or African American, 59% are white, 16% are Latinx, 1% are Asian/Pacific Islander, and 2% identify as other races.²¹

LGBTQ people nationally and Southerners regardless of sexuality or gender identity each face disproportionate barriers to positive health outcomes. For LGBTQ Southerners, these two identities intersect to create an experience that is unique, different from that of non-LGBTQ Southerners and of non-Southern LGBTQ people. It is important to consider the ways that race, ethnicity, gender, and class intersect with these experiences as well.

16 National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Division of HIV/AIDS Prevention. (2019). HIV in the Southern United States. Centers for Disease Control and Prevention, CDC.gov. Retrieved October 16, 2019 from <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>.

17 Maddock, J. (2018). These Five Charts Help Explain Why the South Is So Unhealthy. VICE.com. Retrieved October 16, 2019 from https://www.vice.com/en_us/article/59kb4b/why-is-the-south-less-healthy.

18 Note: These LGBTQ population numbers are derived from percentages in relation to U.S. Census population data.

19 The Williams Institute, UCLA School of Law. (2019). LGBTQ Demographic Data Interactive. Retrieved on October 16, 2019 from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#demographic>.

20 Flores A.R., J.L. Herman, Gates G.J., & T. Brown. 2016. How Many Adults Identify As Transgender In The United States? The Williams Institute, UCLA School of Law. Retrieved October 16, 2019 from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>

21 Hasenbush A., Flores, A., Kastanis, A., Sears, B., & Gates, G.J. (2014). The LGBT divide: A Data Portrait of LGBT People in the Midwestern, Mountain & Southern States. Retrieved from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>

13 America's Health Rankings. (2019). Explore Health Measures in the United States | 2018 Annual Report." Retrieved on October 16, 2019 from <https://www.america'shealthrankings.org/explore/annual>.

14 Artiga, S. & A. Damico. (2016). Health and Health Coverage in the South: A Data Update. The Henry J. Kaiser Family Foundation (KFF.org). Retrieved October 19, 2019 from <https://www.kff.org/777f8e8/>.

15 Yoon, P.W., B. Bastian, R. N. Anderson, J. L., Collins, & H. W. Jaffe. (2014). Potentially Preventable Deaths from the Five Leading Causes of Death -- United States, 2008-2010. Morbidity and Mortality Weekly Report, CDC.GOV. Retrieved October 16, 2019 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6317a1.htm>.

Despite the number of LGBTQ people who call the South home and the specificity of our experience, to date there has been a significant lack of research on health and healthcare experiences for LGBTQ Southerners. With this report, we are honored to contribute to an emerging effort to fill this information gap regarding the lived experiences of LGBTQ Southerners.

For example, in 2019 the Transgender Law Center and Southerners On New Ground released the findings of a community-based survey to better understand issues that Southern transgender individuals prioritize. The LGBTQ Institute at the National Center for Civil and Human Rights released a 2018 report that examined and described the life circumstances and lived experiences of LGBTQ Southerners, including insights into health issues.^{22, 23} The Williams Institute²⁴ and Funders for LGBTQ Issues²⁵ have also published significant research on the LGBTQ South in recent years.

The Role of the Southern LGBTQ Health Initiative

Achieving LGBTQ health equity in the South is the mission of the Southern LGBTQ Health Initiative, a collaboration between the Campaign for Southern Equality and Western NC Community Health Services. Through a data-driven, evidence-based program that centers the experiences of LGBTQ Southerners, the Initiative aims to imagine and create accessible and affirming pathways to health for Southern LGBTQ people.

22 Southerners on New Ground and Transgender Law Center. 2019. *The Grapevine: A Southern Trans Report*. Retrieved October 9, 2019 from https://southernersonnewground.org/wp-content/uploads/2019/07/grapevine_report_eng-FINAL1.pdf

23 Wright, E.R., J. Simpkins, M. J. Saint, A. LaBoy, R. Shelby, C. Andrews, M. Higbee, & R. M. Roemer. (2018). *State of the South: A Snapshot on the Conditions and Life Experiences of LGBTQ Southerners*. Atlanta, GA: The LGBTQ Institute at the National Center for Civil and Human Rights.

24 The Williams Institute at the UCLA School of Law. (2019). *Impact Report 2019*. Retrieved October 16, 2019 from <https://williamsinstitute.law.ucla.edu/highlight/impact-report-2019/>

25 Funders for LGBT Issues. (n.d). *Region: South*. Retrieved on October 16, 2019 from <https://lgbtfunders.org/region-south/>

Read the Report of the 2018 Southern Trans Health Focus Group Project



www.southernequality.org/FocusGroup

Along with many others, we are working to create a South in which LGBTQ people can get the healthcare they need in their hometowns.

In 2018, we completed our first data collection project: the *2018 Southern Trans Health Focus Group Project*. A series of focus groups with trans and non-binary Southerners across six states, this project identified widespread barriers to care for transgender and non-binary Southerners and pointed to the transformative power of grassroots activism in the lives of marginalized people. The full report is accessible at www.southernequality.org/FocusGroup.

The *2019 Southern LGBTQ Health Survey* is the second data collection project of the Southern LGBTQ Health Initiative, conducted to improve public knowledge about the health and health care

“This report tells us that it is possible for LGBTQ people to get quality health care in the South. Positive change is happening – but it needs to happen faster, and it needs to reach everyone.”

experiences of LGBTQ Southerners. In the report, we identify overarching trends in LGBTQ health experiences, paying close attention to the ways that intersecting experiences of social difference – race and ethnicity, socioeconomic status, rurality – impact the health and wellness of LGBTQ Southerners.

A total of 5,617 respondents completed the Southern LGBTQ Health Survey, the largest known sample to date of respondents to a survey specifically on LGBTQ health and healthcare in the South.

This report captures information about the many barriers and challenges that LGBTQ Southerners face when it comes to their health. It also captures the reality that many Southerners have positive experiences accessing health care, mostly people with privileges related to race, gender, or class.

This tells us that it is possible for LGBTQ people to get quality health care in the South. Positive change is happening – but

it needs to happen faster, and it needs to reach everyone.

The Southern LGBTQ Health Initiative is working to accelerate this change. This is why we're training primary health care providers in affirming care. This is why we're providing direct funding to grassroots groups working on the frontlines of the intersections between HIV/AIDS, transgender health, and racial equity. And this is why we're conducting community-based research like this survey to shine a light on the specific experiences of LGBTQ Southerners.

As we discuss the concept of “health” throughout this report, we're not just talking about a lack of illness. Rather, we're focused on the World Health Organization's definition of health: “A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”²⁶

Every LGBTQ person across the South deserves to be healthy and to have access to quality health care. Together, we can push forward and realize that vision. This survey report is one step in that work.

We welcome your comments on and engagement with this report, as well as specific topics you would like to see examined in future research from the Southern LGBTQ Health Initiative. Learn how to contact us at www.SouthernEquality.org/Survey.

26 World Health Organization. (2019). Frequently Asked Questions. Retrieved on October 16, 2019 from <https://www.who.int/about/who-we-are/frequently-asked-questions>

Get in touch with the Southern LGBTQ Health Initiative at

www.southernequality.org/Survey

RESEARCH METHODS

Overview

The Southern LGBTQ Health Survey was developed in 2018 with the goal of understanding the health status and healthcare experiences of LGBTQ Southerners. Data collection began in the Summer of 2018 and concluded in the Winter of 2019. The Southern LGBTQ Health Survey combined both quantitative survey questions and in-depth qualitative short answers. The survey consisted of 59 questions divided into eight sections: (1) Health Insurance, (2) Health Experiences, (3) Overall Health Rating, (4) Mental Health, (5) HIV/AIDS, (6) Gender-Affirming Hormone Therapy (GAHT), (7) Qualitative Health Experiences, and (8) Demographics. Using an English and Spanish version of the instrument, the survey was self-administered through an online survey platform and on paper at LGBTQ events throughout the South.

A convenience/snowball sampling method was used to gather responses. Various LGBTQ and allied advocacy groups were recruited as community partners to help disseminate the survey to more LGBTQ Southerners. Digital graphics and physical flyers promoting the survey were created for community partners to share with their networks, and paid advertisements were used on social media. The survey was administered through an online survey platform, where participants could access a link to the survey. Additionally, paper versions of the survey were distributed during community events across the South to help increase engagement. The data from the paper surveys were then entered by project staff into the online database. Throughout the data collection, demographics of the responses were monitored to help ensure as representative of a sample as possible. An incentive of a \$25 dollar VISA gift card was offered to 15 participants,

who were chosen randomly. Additionally, the community partner who referred the most survey participants was eligible to receive a \$500 grant from the Southern Equality Fund, the Campaign for Southern Equality's grant-making program.

Survey Ambassadors

A team of Survey Ambassadors played a key leadership role in sharing the survey. This team of 12 received training and support to do survey outreach, inviting friends and people in their communities to complete the survey. The team was led by Kayla Gore, who provided coaching to Ambassadors. Each Ambassador received a stipend to compensate them for the time they worked on recruitment. Through the collective efforts of the Survey Ambassador team, the overall number of survey respondents and the racial and geographic diversity of respondents increased.

Southern Leadership

From the start, every aspect of this project was led by LGBTQ Southerners. This includes the team that designed, coordinated, and analyzed the survey; a team of Survey Ambassadors who did intensive outreach within their communities and networks across the South; and 25 community partners, who promoted the survey through their memberships.

Statement of Independence and Objectivity

The Southern LGBTQ Health Initiative is committed to rigorous, independent research. We did not alter our findings and conclusions to accommodate funders, other organizations, government bodies or officials.

Data Cleaning & Analysis

Quantitative Data

To prepare the data for the report, we first removed duplicate and inappropriate responses.²⁷ Out of the initial 5,646 participants in English and 70 participants in Spanish, we removed 99 sets of responses, bringing us to a total of 5,617 responses. We then translated the Spanish responses to English and recoded the necessary variables for analysis within the statistical program SPSS. In some instances, we grouped self-reported qualitative responses into categories. For instance, we chose to only provide a text box for gender identity, from which we coded the responses originally into 10 categories, then reduced to four categories for statistical strength. We similarly provided “Other, please specify _____” options throughout the survey, to which we were sometimes able to place more specific responses into the listed answer choices or new answer choices if there were enough responses. As a result, while some respondents might not ultimately agree with our categorization of their answers, we attempted to group our respondents within analytical categories while respecting the identity of the respondents. In rare instances, due to low response rates, we had to maintain that the response be classified as “other” for statistical strength.

We first ran frequencies of the data to examine overall trends in the data. From there, we cross tabulated the variables by demographics, including sexuality, gender presentation, transgender identity, income, and age.

²⁷ Note: Inappropriate responses are those that were incomplete or nonsensical in relation to the question.

Qualitative Data

In order to analyze the open-ended responses to the survey, our research team conducted a qualitative content analysis.²⁸ Using text-mining software in RStudio, commonly used words (e.g., the, an, a) were removed from the data. Once removed, the software identified the most commonly used words across all responses. Once these commonly used words were identified, our research team used an iterative categorization process²⁹ to code the responses, according to thematic content. The thematic categories were defined and refined until saturation was met with no new themes emerging.

Missing Data

Not all respondents answered each question presented in the survey, either because they skipped the question or because the question did not apply to them. Analysis of the data was completed for those who completed the question, with the noted limitation that generally only those respondents for whom the question was applicable were included in the tabulation. For instance, when analyzing respondents’ experiences with HIV, the analysis was limited to those who answered the questions and also reported living with HIV.

²⁸ Elo, S., M. Kääriäinen, O. Kanste, T. Pölkki, K. Utriainen, & H. Kyngäs. (2014). Qualitative Content Analysis: A Focus on Trustworthiness. *SAGE Open*, 4(1), 1-10.

²⁹ Neale, J. (2016). Iterative Categorization (IC): A Systematic Technique for Analysing Qualitative Data. *Addiction*, 111(6), 1096-106.

Limitations

Data Collection and Recruitment Methods

The use of a self-administered online survey as the main data collection tool posed certain limitations. Interviewers were not present to ensure every participant answered each question and that they fully understood each question. This can lead to missing data and response errors. Distribution techniques for the survey, which relied on the reach of the organizational network, also posed a limitation. While we attempted to increase participation and representation from underrepresented communities and areas, response rates from particular groups and geographic regions were higher than others. While the survey was offered in Spanish and on-paper at in-person events, future efforts should work towards making the online survey more accessible to those who speak different languages, have a lack of access to reliable internet, and other barriers to taking online surveys.

Unrepresentative Sample

Due to these limitations noted above, we note that our sample is not representative. Our sample skews disproportionately young and white. More focused research around the experiences of LGBTQ people of color, particularly among those who are Hispanic or Latinx, Asian or Asian American, Pacific Islander, or Indigenous, is needed. Furthermore, due to the disproportionate rates of respondents between states, we cannot compare LGBTQ individuals' experiences in one state to another.

Question Format

In reflecting back on the construction of our survey, a few data points ended up providing more limits in our analysis than initially expected, including not allowing for the selection of multiple racial identities, not asking about urgent care as a source of health care, not asking about disability status, and not discerning between needle use for illicit drug use or medication. We note these limitations throughout the text and encourage further research to examine these relationships.

Cisgender and Heterosexual Respondents

Additionally, 31 respondents identified as cisgender and heterosexual, which is not the population of interest for this survey. We included this population in our analysis because we believed that it was possible that respondents made an error in inputting their demographic information or that there was another reason why they felt like their participation was necessary. The number of these respondents is small enough that it does not significantly affect our results.

How to Read This Report

Findings in this report are presented in two formats: (1) Text with accompanying charts and (2) Tables corresponding with these findings in Appendix C. Contact us through www.southernequality.org/Survey to request the full tables.

In each section of the report, we discuss respondents' answers to questions about their health care, followed by additional discussion about intersectional differences in the data. Throughout our findings, whenever possible, we highlight respondents' experiences using quotes and findings from the qualitative data.

Throughout this report, we offer cross tabulations of multiple variables. Cross tabs do not suggest causation. Cross tabs give us an idea of the strength of the relationship between two variables.

The majority of the reported percentages in our cross tabulations throughout the report are column percentages, unless otherwise noted. They will total to 100% based on the column variable.

To read this, for example, on page 24, Figure 1c ("Gender, Segmented by Cis/Trans Identity"), the total percentage is based on the column variable: transgender identity. Therefore, out of those who identified as transgender, a certain percentage are of a particular gender presentation. Respondents were able to select more than one sexual

identity; therefore, when our sexuality variable is run as the row variable, the column percentages will not total 100%.

This is a comprehensive survey with a large sample size. However, the findings documented within this report cannot be generalized to the entire LGBTQ population in the South, the national LGBTQ population, or all Southern healthcare. Due to the large sample size, group differences often are found to be statistically significant, even when the differences are small and, therefore, not particularly meaningful for interpretation. Therefore, we do not report statistical significance levels throughout the report. Throughout this report, we occasionally use terms such as "correlate," "significant," and "compare" that trained researchers might interpret to mean that we ran statistical tests; rather, we use these terms in the way that a lay person uses such terminology. However, the research team considered other measures when pointing out meaningful differences among groups, and these tests can be made available upon request.

Finally, because the term "LGBTQ" is expansive and does not encompass a singular identity, our analysis examines the experiences of sexuality and gender separately. We also recognize that individuals may identify as both LGBQ and trans; therefore, when discussing these intersections, we will note this and use "LGBTQ."

KEY FINDINGS

1

A majority of respondents rated their **PHYSICAL HEALTH** as generally positive, but pronounced disparities exist for transgender individuals and those with lower incomes.

LGBTQ Southerners reported generally positive overall physical health, with the majority saying that their physical health is either excellent or good, that they generally have experienced good quality of care, and that they feel that their healthcare needs are being met. When asked about experiences with physical health providers, such as specialists or emergency room doctors, a majority of respondents said that they always or often have positive interactions.

However, transgender individuals and individuals with lower incomes reported higher rates of fair or poor physical health and

more negative experiences with accessing physical health care.

This stratification of experience suggests that LGBTQ-friendly healthcare is available in the South but is not universally available, and those living at the intersections of multiple marginalized identities face the most significant barriers in accessing this care.

Read more about this finding in section 2 on page 34.

2

Respondents reported higher rates of **LIVING WITH HIV** when compared to the general population; rates are significantly higher for respondents who are Black or African American, older, gay men, or transgender women of color.

The South is the modern-day epicenter of the HIV crisis in the United States, and our respondents reported disproportionately high rates of living with HIV. Of our full sample, 5.0% of respondents reported that they are living with HIV, four points higher than the general U.S. population, less than 1% of which is living with HIV.

HIV rates were significantly higher among Black or African American respondents (22% who are living with HIV); respondents ages 45 and older (9.6%); gay respondents (13.9%; 90.0% of which are gay men), and transgender women of color (90.9% of women who report living with HIV are trans women of color).

Read more about this finding in section 6 on page 68.

3

Respondents reported significantly high rates of poor **MENTAL HEALTH**, with pronounced disparities for individuals who are bisexual+, transgender, 18-24 years old, or those with lower incomes.

LGBTQ people are at an increased risk of negative mental health outcomes due to their exposure to stigma and discrimination. In the South, these minority stressors may be more pronounced.^{30,31} More than one-half of respondents in the total sample reported fair or poor mental health (50.1%).

Several subsets of the sample were significantly more likely to report worse mental health experiences. These include bisexual, pansexual, and queer respondents; transgender respondents; respondents ages 18-24; and respondents with lower incomes.

Rates this high speak to significant pain and struggle in the lives of many LGBTQ Southerners, across demographic identities. These findings merit significant attention and focused efforts to increase access to quality, affirming mental health services, mental health screenings in primary care settings, and additional research about this topic.

Read more about this finding in section 3 on page 40.

4

Respondents reported alarmingly higher rates of **SUICIDAL IDEATION** than the general population, with the rate particularly high for transgender and non-binary participants.

A quarter of all respondents in our survey said they have experienced suicidal thoughts, and one-fifth said they have practiced self-harming behaviors. These rates are twice as high as the 13.5% of all Americans who have experienced suicidal ideation in their lifetime.

The rates of suicidal ideation are even higher among transgender and non-binary respondents, bisexual+ respondents, and respondents with lower incomes.

Read more about this finding in section 3 on page 49.

30 Meyer, I. H. (2003). *Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*. *Psychological Bulletin*, 129(5), 674-697.

31 Hendricks M. L., and R. J. Testa. (2012). *A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model*. *Professional Psychology: Research and Practice*, 43(5), 460-467.

5

Respondents reported alarmingly high rates of **DEPRESSION AND ANXIETY** diagnoses and symptom experiences, with the rates especially high for respondents who are bisexual+,¹ transgender, non-binary, or who have lower incomes.

More than half of respondents (54.5%) said they have experienced or been diagnosed with depression, while just under half (46.1%) say they have experienced or been diagnosed with an anxiety disorder. These rates are disproportionately high when compared to the general population; according to the 2018 National Survey on Drug Use and Health (NSDUH), 6.9% of the general population have experienced a depressive episode, while 18.1% have experienced anxiety.

Rates of depression or anxiety are even higher among bisexual+ respondents, transgender or non-binary respondents, and respondents with lower incomes. Respondents who reported experiencing physical or emotional violence due to their LGBTQ identity also reported higher rates of depression or anxiety.

Read more about this finding in section 3 on page 46.

6

Many respondents **DELAY SEEKING CARE** because of out-of-pocket expenses or because of their LGBTQ identity.

When respondents were asked if they ever delay seeking care due to the out-of-pocket cost of services, almost 70% reported that they always, often, or sometimes did, which is slightly higher than what national data show. A national October 2018 survey showed that 54% of Americans have delayed care for themselves in the past year because of cost.³³

More than 10% of respondents separately said that they always or often delay care because of their LGBTQ status, with the rate significantly higher for transgender than cisgender respondents.

Read more about this finding in section 5 on page 64.

³² Note: Bisexual+ encompasses respondents who identify their sexuality as bisexual, pansexual, or queer.

³³ Griffin, Peter. *Waiting to Feel Better: Survey Reveals Cost Delays Timely Care.* (2018) <https://www.earnin.com/data/waiting-feel-better>

7

Being LGBTQ in the South uniquely informs respondents' **COMFORT** seeking health care in their local communities.

More than half of all respondents said they feel that being in the South makes it harder to access quality medical care for LGBTQ individuals, and many respondents said they don't feel comfortable seeking medical care in their community.

Transgender respondents were much more likely than cisgender respondents to report discomfort seeking care or say that being in the South makes accessing care harder.

Read more about this finding in section 5 on page 60.

8

Where you live matters: Respondents in more **RURAL AREAS** face significant health disparities.

There's a tendency to think about the LGBTQ Southern experience primarily through the lens of state lines. Findings from our survey suggest that an additional factor informing your experience is whether you live in a rural or urban area. Across state lines, respondents living in more rural areas show significant disparities across multiple health issues, while those in urban areas show slight disparities around a different set of health issues.

People who live in more rural areas, for example, rated their overall physical and mental health lower than respondents living in urban areas and reported less access to quality medical care; less

comfort seeking medical care within their community; higher rates of depression, anxiety, suicidal thoughts, and self-harming behaviors; and lower rates of feeling that their health care needs are being met. In urban areas, there is a higher prevalence of HIV and slightly higher rates of LGBTQ-related physical violence and emotional abuse.

This suggests a need for robust new strategies and resources focused specifically on LGBTQ rural experiences across Southern states and also suggests that targeted interventions should be developed to address variations between rural and urban experience.

Read more about this finding in section 8 on page 87.

DEMOGRAPHIC OVERVIEW

A total of 5,617 respondents completed the Southern LGBTQ Health Survey, the largest known sample to date of respondents to a survey specifically on LGBTQ health and healthcare in the South.

Table 1a: "Sample Overview"

	Number of Responses	Percentage of Sample
Gender Presentation (n= 3773)		
Agender	30	0.8%
Demigender	10	0.3%
Genderfluid	46	1.2%
Gender Non-conforming	35	0.9%
Genderqueer	98	2.6%
Man or Masculine	1375	36.4%
Non-binary	275	7.3%
Woman or Feminine	1811	48.0%
Other Gender	93	2.5%
Transgender Identity (n=3996)		
Cisgender	2791	69.8%
Transgender, Non-binary, Gender Non-Conforming	1205	30.2%
Sexuality (n=5714) *		
Asexual	89	1.6%
Demi/Omnisexual	23	0.4%
Bisexual	853	14.9%
Fluid	6	0.1%
Gay	1192	20.9%
Heterosexual	152	2.7%
Lesbian	1061	18.6%
Pansexual	505	8.8%
Polysexual	12	0.2%
Queer	832	14.6%
Questioning	8	0.1%
Other Sexuality	41	0.7%
Race (n=4032)		
American Indian or Alaska Native	35	0.9%
Asian/ Asian American	53	1.3%
Black/ African American	411	10.2%
Latinx	158	3.9%
Native Hawaiian or other Pacific Islander	6	0.1%
Multiracial	93	2.3%
Middle Eastern	8	0.2%
White	3233	80.2%
Other Race	35	0.9%

Annual Household Income (n=3951)

Under \$15,000	657	16.6%
\$15,000-29,999	762	19.3%
\$30,000-49,999	844	21.4%
\$50,000-74,999	695	17.6%
\$75,000-99,999	389	9.8%
\$100,000-149,999	389	9.8%
Over \$150,000	215	5.4%

Highest Level of Educational Attainment (n=4042)

Less than high school	82	2.0%
High school diploma or GED	379	9.4%
Some college	1061	26.2%
Technical/Trade License or Degree	100	2.5%
Associates Degree	274	6.8%
Bachelors Degree	1104	27.3%
Masters Degree	745	18.4%
Doctoral Degree	200	4.9%
Professional Degree	97	2.4%

Age (n=4047)

Under 18	43	1.1%
18-24	1125	27.8%
25-34	1290	31.9%
35-44	600	14.8%
45-54	467	11.5%
55-64	351	8.7%
65 and Over	171	4.2%

State of Residency (n=4032)

Alabama	386	9.6%
Arkansas	59	1.5%
Florida	187	4.6%
Georgia	366	9.1%
Kentucky	94	2.3%
Louisiana	99	2.5%
Mississippi	366	9.1%
North Carolina	927	23.0%
South Carolina	404	10.0%
Tennessee	552	13.7%
Texas	179	4.4%
Virginia	385	9.5%
West Virginia	28	0.7%

* Note: Some demographic responses were "check all that apply," which led to higher response rates than the sample total.

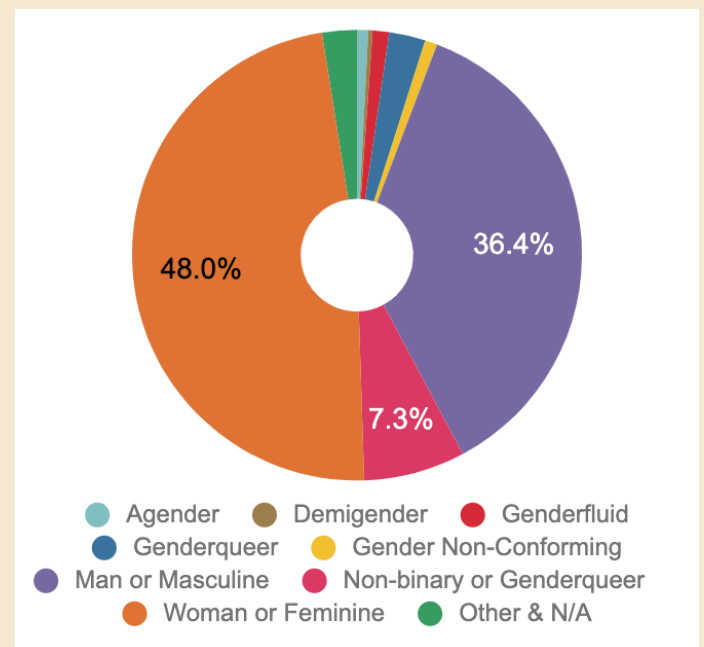
Gender Identity

Using a two-step method, we asked our respondents to write their gender identity using a text box and then asked whether or not they identify as transgender. Many times, respondents reported more than one gender and may or may not have identified as transgender, such as “genderqueer/ftm-spectrum” or “cisgender woman who identifies as genderqueer.” This suggests the expansiveness of trans as an identity category and the rich diversity of gendered experiences among trans people. Where more than one gender was reported, we categorized the respondent into the first category named.

Out of our respondents, nearly half (48.0%) self-identify as women, female, or feminine. This categorization includes those who reported any form of feminine identity, including non-binary femmes. A third (36.4%) of our respondents identify as men, male, or masculine. Fifteen percent of our respondents identify beyond these categories, including non-binary (7.3%), genderqueer (2.6%), genderfluid (1.2%), and less than 1% of each: agender, demigender, and gender non-conforming. Other respondents (2.5%) identify as genders that had fewer than 10 responses, such as two-spirit, various sexualities,³⁴ cis or trans (with no indication of masculine or feminine presentation), or questioning.

³⁴ Note: As Valentine finds in *Imagining Transgender* (2007), sexuality and gender categories are often understood within one another, rather than separate. As such, rather than re-classifying these identities as sexualities, we felt it important to keep as gender identities.

Fig. 1a: Gender Presentation in the total sample



For descriptions of what these identity terms mean, turn to Appendix A on page 111 and reference the **Glossary of Terms**.

When asked whether or not the respondent identifies as transgender, gender non-conforming (GNC), or non-binary, 30.2% of our population responded yes, while 69.8% responded no. Of those who identify as trans, gender non-conforming, or non-binary, almost one-fourth identify as men or masculine (25.7%). Further, of our trans respondents, 27.7% identify as women or feminine, and 24.3% identify as non-binary. These three categories represent over three fourths of respondents who identify as transgender. The remaining 25% of trans respondents identify as agender, demigender, genderfluid, non-conforming, genderqueer or some other gender identity, which are combined into a general "Other" category.

Fig. 1b: "Do you identify as transgender (transgender, gender non-conforming, or gender non-binary)?" in the total sample

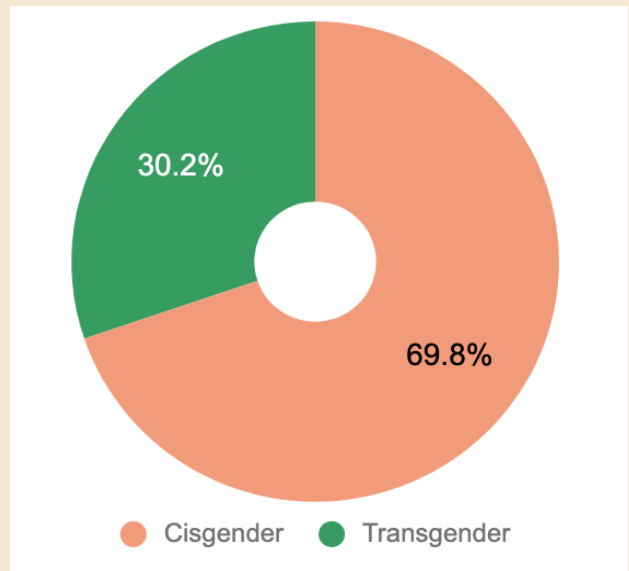
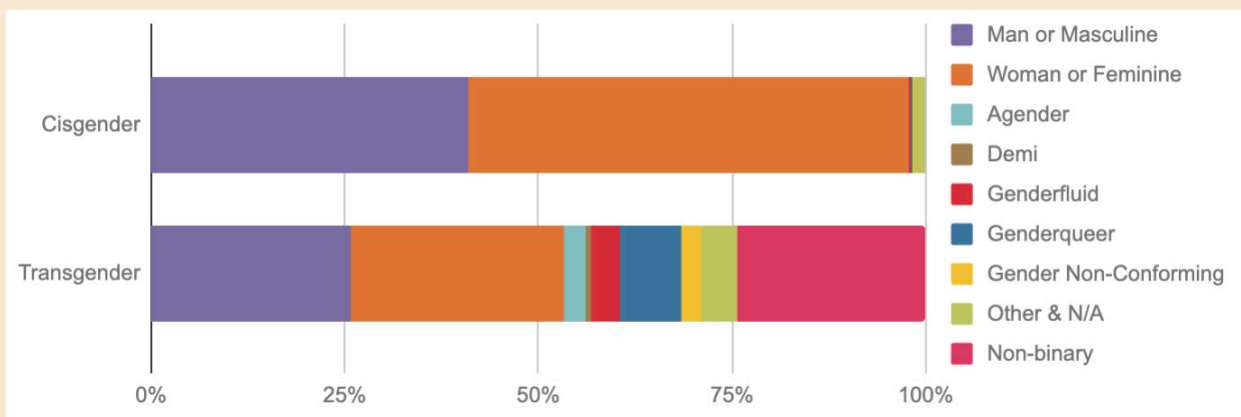


Fig. 1c: Gender, segmented by cis/trans identity



Sexuality

Respondents were provided a list of sexual identity categories and given the option to select as many sexualities as they identified with. The survey form also provided the option to add additional sexualities that were not listed. Therefore, the reported numbers may include a singular respondent more than once and may total over 100%.

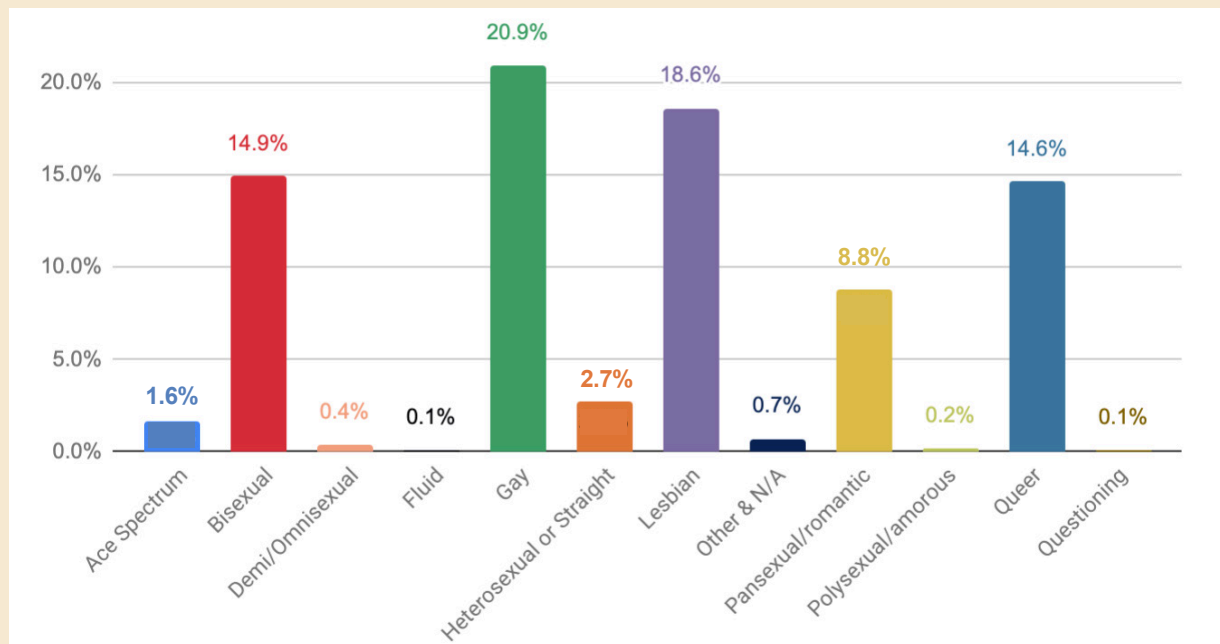
Unlike with gender, where we found that a majority of respondents identify within a binary, respondents reported a wider range of sexual identities. Gay (20.9%), lesbian (18.6%), bisexual (14.9%), and queer (14.6%) were the most frequently selected sexualities. Respondents also identify as pansexual or panromantic (8.8%) at a relatively high rate. Only a few respondents identify as heterosexual or straight

(2.7%), which we continued to include in the sample because they either identify with a secondary sexuality or with a non-cisgender identity.³⁵ Three percent of our total sample reported other sexual orientations, including asexual spectrum, demi or omnisexual, fluid, polysexual or polyamorous, questioning, or other identities, which are classified under “other sexualities” in further analysis.

More than one-quarter (27.6%) of our total respondents identify as both non-heterosexual and transgender, while a majority (69.1%) identify as non-heterosexual and cisgender. In other words, of the 30% of respondents who identify as transgender, 91.6% are identified as non-heterosexual. Of all respondents who are identified as non-heterosexual, 28.6% are transgender.

35 Note: 31 respondents indicated that they were both cisgender and heterosexual. We included their data in our analysis because we trust their understanding of themselves as members of the LGBTQ community.

Fig. 1d: Sexuality in the total sample



For descriptions of what these identity terms mean, turn to Appendix A on page 111 and reference the **Glossary of Terms**.

Race

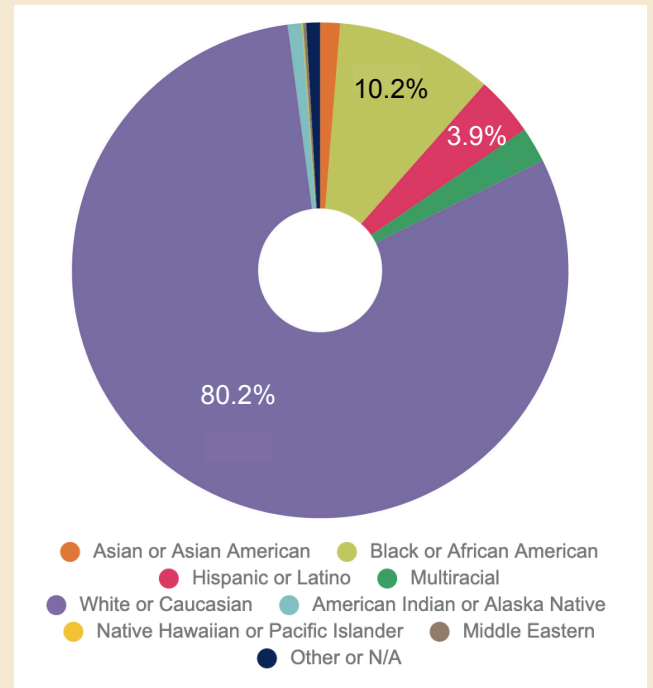
Respondents were given the following options for race: White or Caucasian; Black or African American; Hispanic or Latinx; Asian or Asian American; American Indian or Alaska Native; Native Hawaiian or Pacific Islander; and an additional text box, Other.³⁶ Based on the additional responses provided in the other box, we added a Multiracial and Middle Eastern category to our analysis.

The majority of our respondents identify as white or Caucasian (80.2%). Half of the remaining 20% of respondents of color identify as Black or African American (10.2% of total sample). Four percent of all respondents identify as Hispanic or Latinx (and 4.9% of these completed the Spanish version of the survey).³⁷ Multiracial respondents comprise 2.3% of the sample, while 1.3% of respondents identify as Asian or Asian American. Our smallest racial groups include American Indian or Alaska Native (0.9%), Native Hawaiian or Pacific Islander (0.1%), and Other (0.9%), which are combined into a general “Other” category in subsequent analysis.

³⁶ Note: One noted limitation of this question is that we only allowed respondents to select one racial/ethnic category. Many respondents indicated in the other response option the need for multiple selections or a multiracial/ethnic option.

³⁷ Note: Within the Spanish version of the survey, out of the 37 people who responded to the race question, 13.5% did not indicate a Hispanic or Latinx racial/ethnic identity.

Fig. 1e: Race in the total sample



For full demographic breakdowns in table format, turn to Appendix C on page 123 and reference the **Tables**.

Of those who identify as non-heterosexual, 81.1% are white, while 18.9% are people of color.

Of those who identify as trans, 23.2% are people of color and 76.8% are white. Within communities of color specifically, 33.3% of Asian or Asian American, 32.3% of Black or African American, 36.4% of Hispanic or Latinx, and 44.10% of respondents who selected “other” identify as transgender.

Cisgender, non-heterosexual, white people comprised the majority of respondents in our sample (56.6%).³⁸ Trans, non-heterosexual, white people make up the second largest subgroup at 21.8%, followed by cisgender, non-heterosexual people of color (12.5%). Less than 10% of respondents are part of each of the remaining groups: trans non-heterosexual people of color (5.8%), trans heterosexual people of color (1.2%), and trans heterosexual white people (1.3%).

³⁸ Note: In this context, non-heterosexual means someone who identified their sexual identity as lesbian, gay, bisexual, pansexual, queer or “other” including asexual, polysexual, or another non-heterosexual sexuality that had low response rates.

Fig. 1f: People of color or white in the total sample

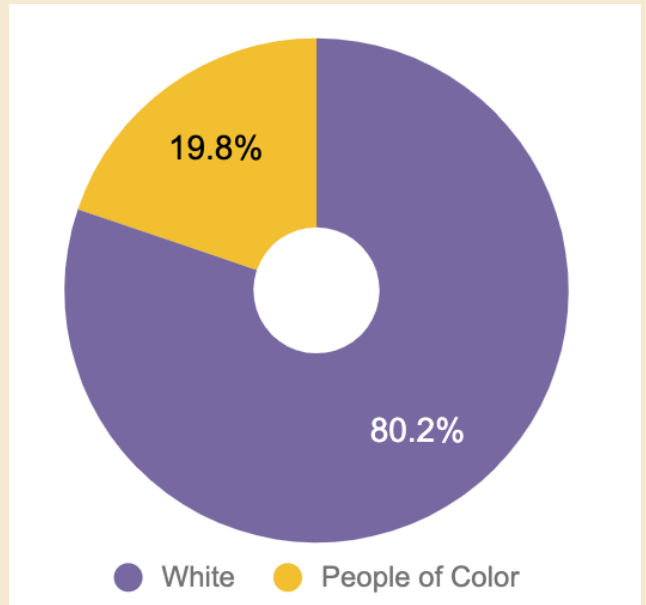
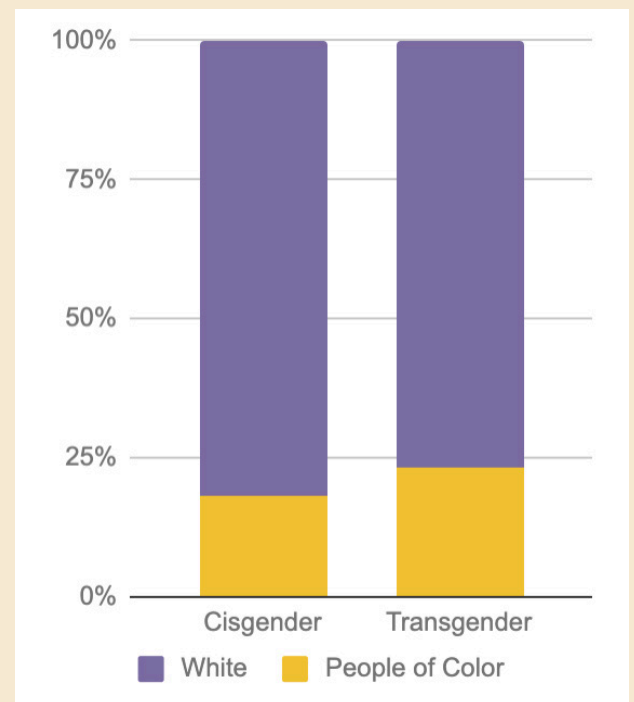


Fig. 1g: People of color or white, segmented by transgender or cisgender identity



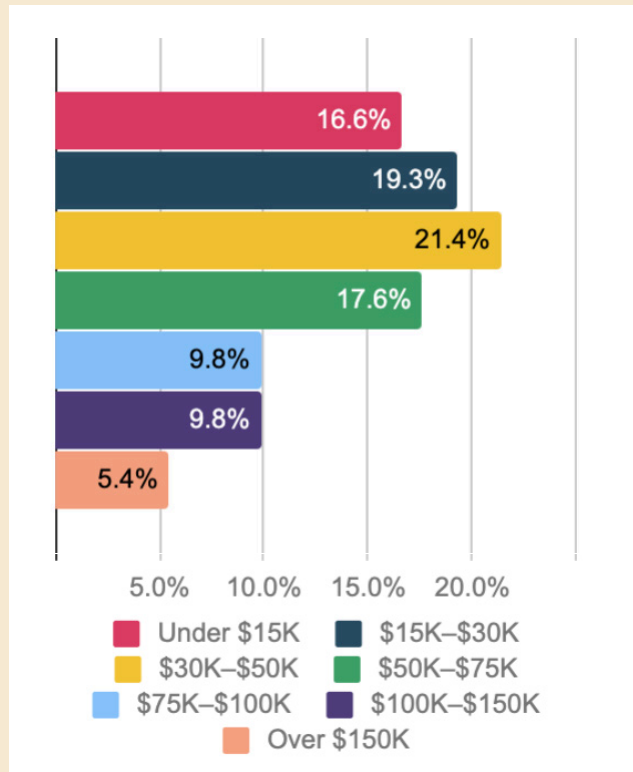
Income

Our sample features a wide distribution when it comes to income. Over half of our respondents (57.3%) reported incomes of less than \$50K annually, including 16.6% of the total sample whose reported incomes are less than \$15K per year. More than a quarter (25.1%) of our respondents have incomes of \$75K or more.

When we break the numbers down further, we see that in our sample there are important relationships between respondents' socioeconomic status, race, and gender identity. In general, people of color and transgender people are less likely to have higher incomes. For instance, of the respondents who identify as transgender, 70.1% have incomes lower than \$50K, compared to 51.7% of cisgender respondents. Similarly, 71.5% of respondents of color have incomes lower than \$50K, compared to 53.6% of white respondents.

This disparity is especially telling for Black or African American respondents: 33.0% of Black or African American respondents in our sample have incomes below \$15K, but only 0.8% have incomes over \$150K. Among white respondents, we see that 13.8% have incomes below \$15K and 5.8% have incomes over \$150K. Of trans respondents of color, 80.3% have incomes less than \$50K, compared to 66.9% of white trans respondents and 48.2% of white cisgender respondents.

Fig. 1h: Income in the total sample



For full demographic breakdowns in table format, turn to Appendix C on page 123 and reference the **Tables**.

Fig. 1i: Income segmented by people of color or white

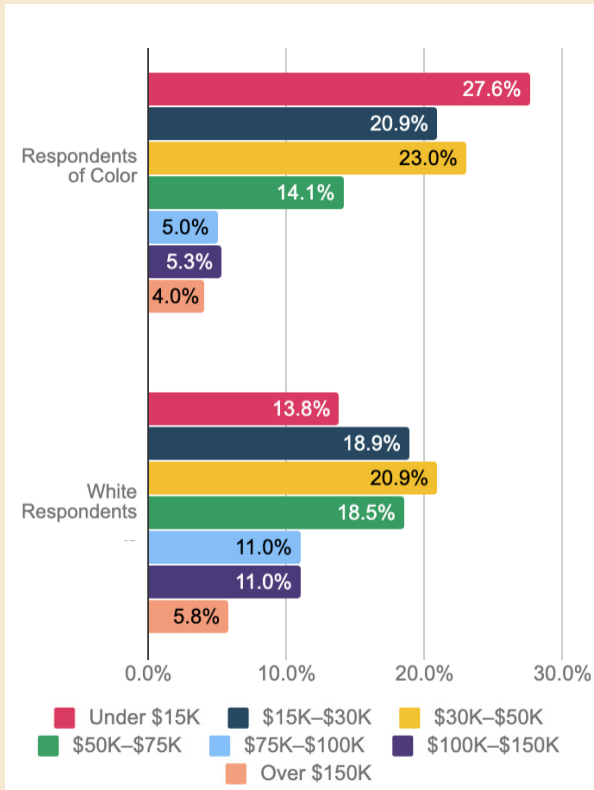
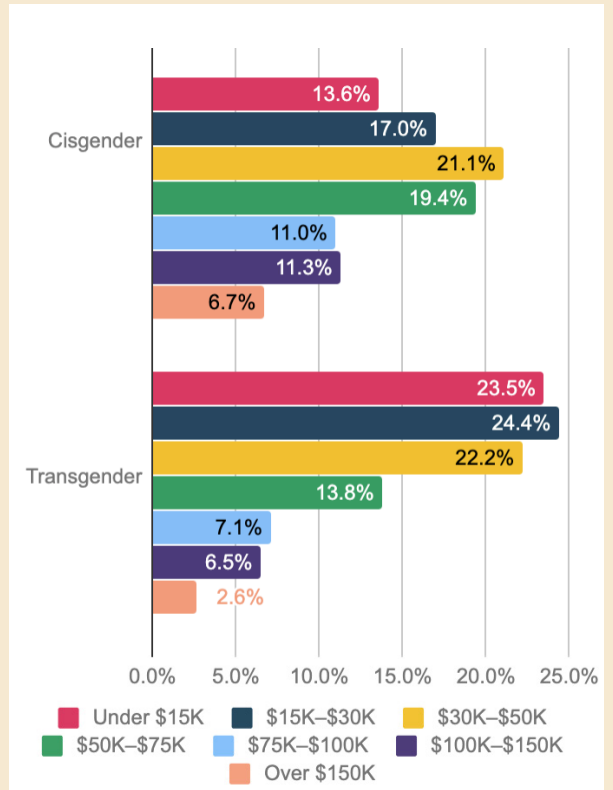


Fig. 1j: Income segmented by transgender identity



While national reports suggest that LGBTQ people have incomes roughly 9-10% more than their heterosexual peers, this trend does not hold true for LGBTQ people living in the South.³⁹

LGBTQ people in the South experience a higher number of structural and institutional barriers that impede economic mobility when compared to their heterosexual and cisgender peers, such as workplace discrimination, lower rates of employment, and a lack of nondiscrimination protections. When compared to their heterosexual Southern peers, LGBTQ individuals are more likely

to have incomes of less than \$24K a year and report higher rates of food insecurity. Southern LGBTQ individuals are less likely to have health insurance when compared to other parts of the country, which creates a barrier when accessing health care.⁴⁰

These disparities are even more pronounced among transgender individuals; a national survey found that transgender individuals were more likely to report significantly lower income when compared to cisgender individuals.⁴¹

³⁹ Carpenter, C. S., & S. T. Eppink. (2017). Does It Get Better? Recent Estimates of Sexual Orientation and Earnings in the United States. *Southern Economic Journal*, 84(2), 426-41.

⁴⁰ Badgett, M. V. L., L.E. Durso, & A. Schneebaum. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. The Williams Institute. Retrieved October 16, 2019 from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>.

⁴¹ Grant, J.M., L.A. Mottet, J.Tanis, J. Harrison, J. L. Herman, & M. Keisling. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

Education

Among respondents, 27.3% hold a bachelor's degree, and an additional 25.7% hold some type of advanced postsecondary degree. In our sample, 2% of respondents have less than a high school diploma, and 9.4% have a high school diploma or GED equivalent. The remaining 28.7% of respondents have some college or hold a technical degree or an associate's degree.

Respondents with lower levels of education have disproportionately lower incomes. For those who have less than a high school education, for example, 41.6% have incomes of less than \$15K annually, whereas of those with a Bachelor's Degree or an advanced degree (Master's, Doctoral, or Professional), between 40% and 79.2% have incomes of over \$50K.

Fig. 1k: Education in the total sample

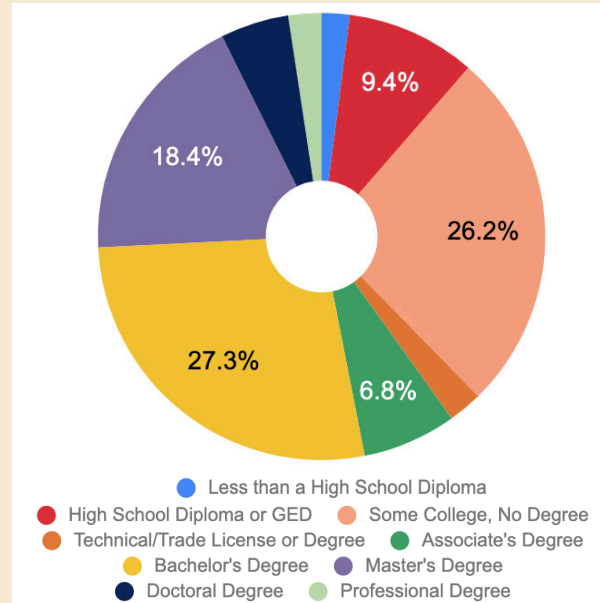
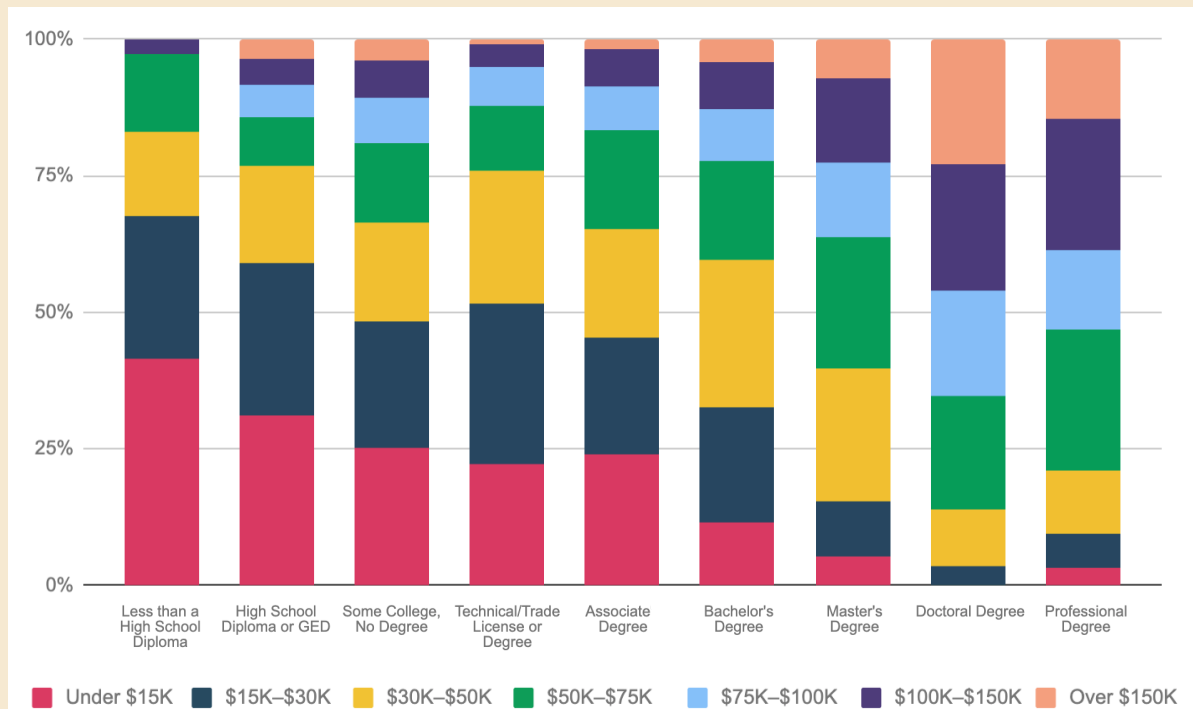


Fig. 1l: Income, segmented by education



Age

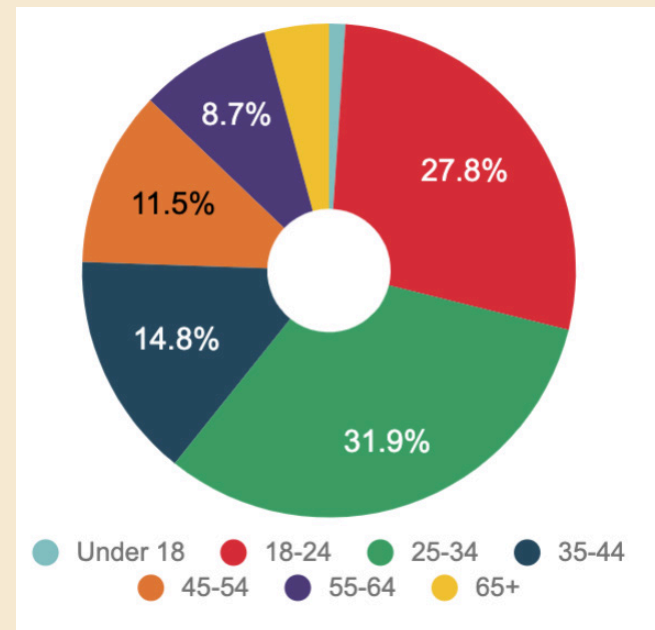
Our sample includes a majority of younger respondents, with over 60% under the age of 34 and the average age for the sample in the mid-30s. Further research is needed to know whether the difference in age between our respondents and the population as a whole is a result of our research methods (especially the use of an online survey), reflects differing experiences of gender and sexual identity among different generations, or is impacted by some other factor.

People who are under the age of 35 were more likely to report being bisexual and/or queer. Of respondents ages 18-24, 29.4% identified as bisexual, while 24.6% identified as queer. Respondents older than 45 were more likely to identify as gay or lesbian, with 74% of respondents ages 45-54, 82.6% of respondents ages 55-64, and 84.2% of respondents older than 65 identifying as either gay or lesbian.

Younger respondents were more likely than older respondents to identify as transgender, with 38.4% of respondents ages 18-24 and 32.4% of respondents 25-34 identifying as transgender. In comparison, 14.7% of respondents ages 55-64 and 16.1% of respondents older than 65 identify as transgender.

Respondents under 35 reported higher rates of gender non-binary or non-conforming presentation, with 20.4% of respondents ages 18-24 and 16.7% of respondents ages 25-34 identifying as gender non-binary or non-conforming. In comparison, 1.6% of respondents ages 55-64 and 1.5% of respondents older than 65 identify as gender non-binary or non-conforming.

Fig. 1m: Age in the total sample



For full demographic breakdowns in table format, turn to Appendix C on page 123 and reference the **Tables**.

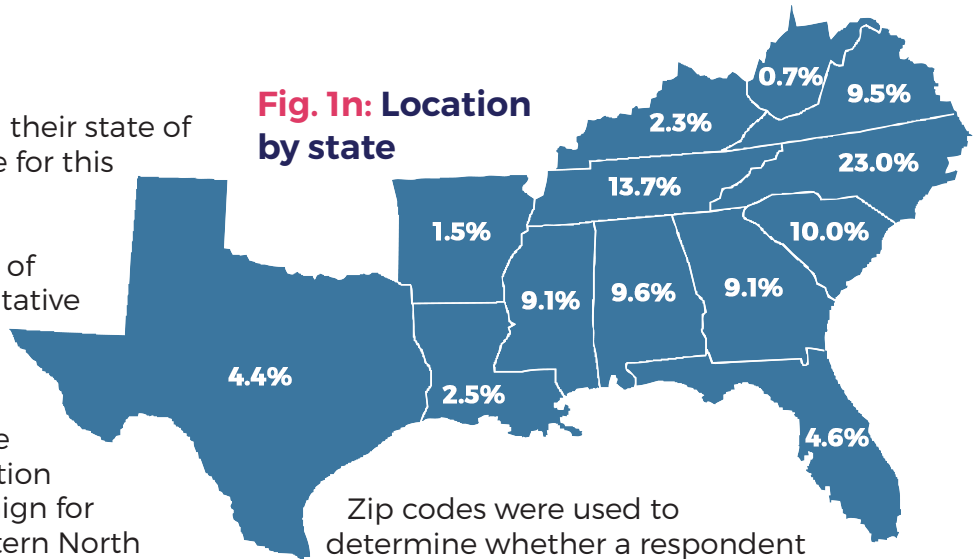
Location

Respondents reported both their state of residency and their zip code for this survey.

The geographic distribution of respondents is not representative of the demographics of each state's LGBTQ population as a whole; response rates for each state are a result of both the location and networks of the Campaign for Southern Equality and Western North Carolina Community Health Services. We attempted to obtain more representative samples in other states through the recruiting efforts of our Survey Ambassadors and partners, by running online ads targeted at individuals in these states, and by sending recruitment emails to other LGBTQ organizations and LGBTQ student groups at university campuses in the South.

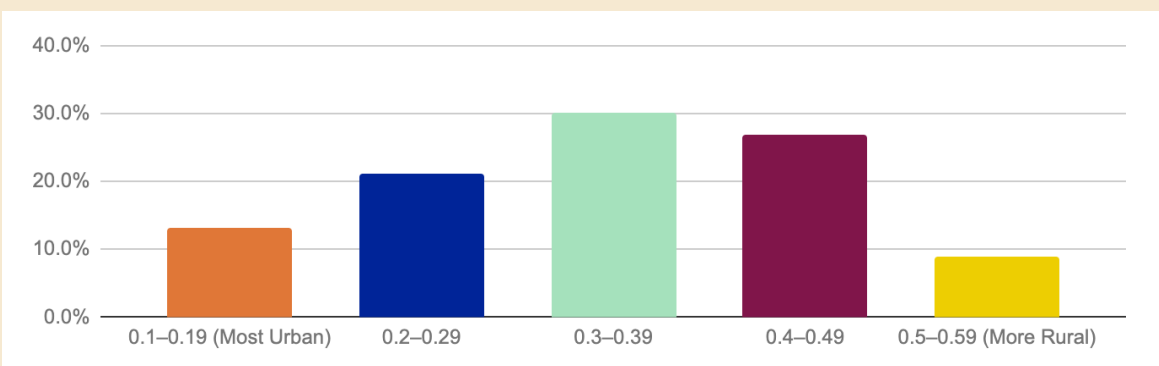
The largest number of respondents reside in North Carolina (23.0%), followed by Tennessee (13.7%), South Carolina (10.0%), Alabama (9.6%), Virginia (9.5%), Georgia (9.1%), and Mississippi (9.1%). The states with the lowest representation are Arkansas (1.5%), Florida (4.6%), Kentucky (2.3%), Louisiana (2.5%), Texas (4.4%), and West Virginia (0.7%).

Fig. 1n: Location by state



Zip codes were used to determine whether a respondent lives in a rural or urban area. To determine regionality, we used the Index of Relative Rurality, a measure developed by Waldorf and Kim (2015). The index ranges between 0 (least rural – i.e., urban) and 1 (most rural), taking population size, density, network distance, and the ratio of urban area as a part of total land area into account. Our respondents live in a wide range of regions across the South, from relatively urban (0.10 on the IRR scale) to mid-rural (0.59 on the IRR scale), with the average respondent living in a suburban setting (0.35 mean on IRR scale). For example, Hyde County, NC is considered a 0.59 on the IRR scale, while Chesapeake, VA is considered a 0.30, and Atlanta (Fulton County), GA registers as a 0.13. For respondents in our sample, 13.1% live in the most urban areas, 8.9% live in mostly rural areas, and 30.2% live in the mid-range (0.30-0.39).

Fig. 1o: Regionality in the total sample



Voting

Finally, we asked respondents about their voting status and behaviors. The majority of respondents (91.6%) reported that they are registered to vote. About a third of all respondents (34.1%) said they feel that voting has a positive impact on social and political issues, while 45.6% feel that it has a somewhat positive impact. Along with this question, we provided a link so that those who were not registered to vote but were eligible to do so could sign up.

Of those who are registered to vote, a majority feel that voting has a positive (35.5%) or *somewhat* positive impact (46.6%). Among unregistered respondents, 47.1% said that voting does not have a positive impact, compared to only 18.4% of registered respondents who felt this way.

Fig. 1p: “Are you registered to vote?” in the total sample

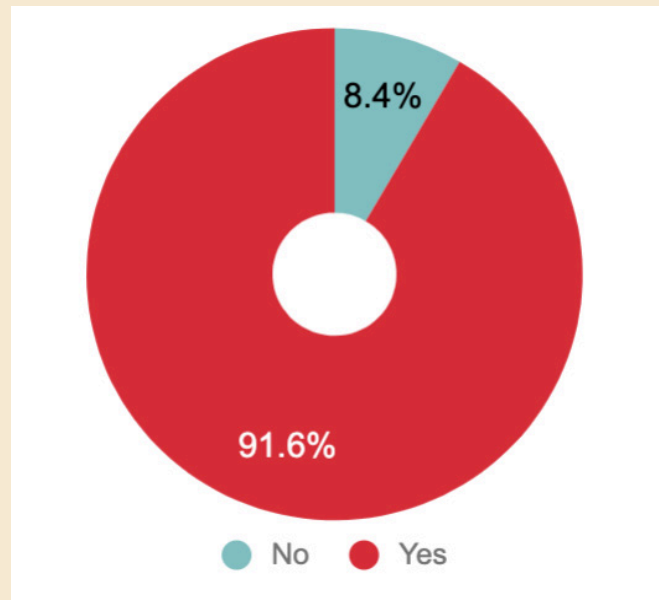
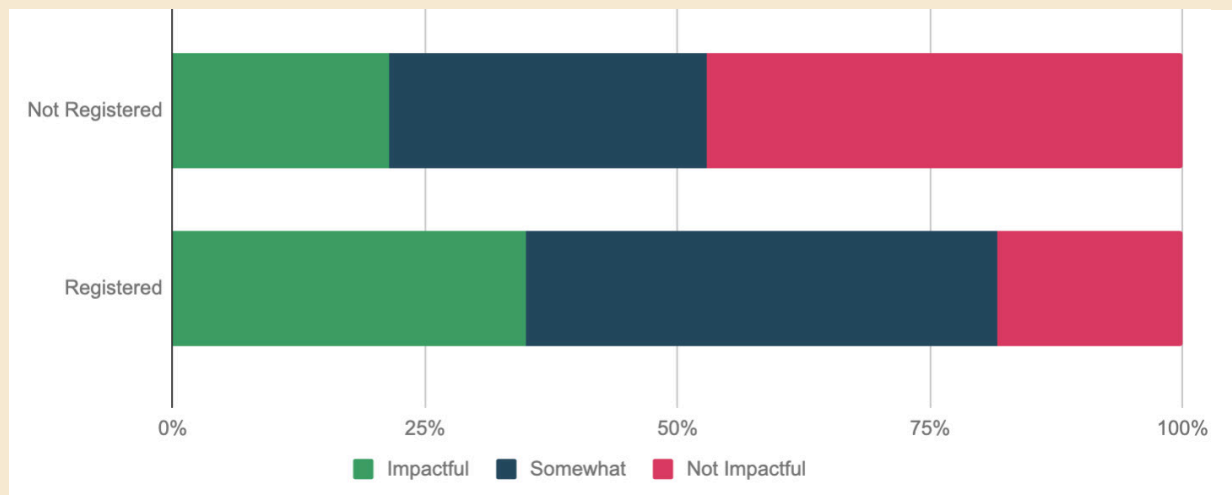


Fig. 1q: “When you vote, do you feel it has a positive impact?” segmented by voter registration



If you want to register to vote, visit the following website to learn how to register in your state at www.vote.org.

PHYSICAL HEALTH

Physical Health Ratings

The majority of respondents to the 2019 Southern LGBTQ Health Survey reported generally positive experiences about their overall health, with 69.9% of respondents reporting their physical health to be either *excellent* (15.2%) or *good* (54.7%). Less than 30% of respondents said that their physical health is *fair* (25.4%) or *poor* (4.7%).

We cross-tabulated respondents' overall health ratings by sexuality and gender, as well as by race, income level, and age. Overall, physical health ratings did not vary significantly by race, with roughly equal proportions of white respondents and respondents of color choosing either *excellent* or *good* health (70.4% and 69.9%, respectively). Our sample's responses across age also did not vary significantly.

Physical Health Ratings by Sexuality

A majority of respondents, regardless of sexuality, reported generally positive physical health. Gay respondents reported the most positive health ratings, with 22.10% choosing *excellent* and 54.8% indicating *good* health, closely followed by lesbian respondents (14.5% *excellent* and 57.0% *good*, respectively). Pansexual (7.5%), bisexual (11.6%), and queer (13.1%) respondents were least likely to indicate *excellent* health.

Fig. 2a: Reported physical health ratings in the total sample

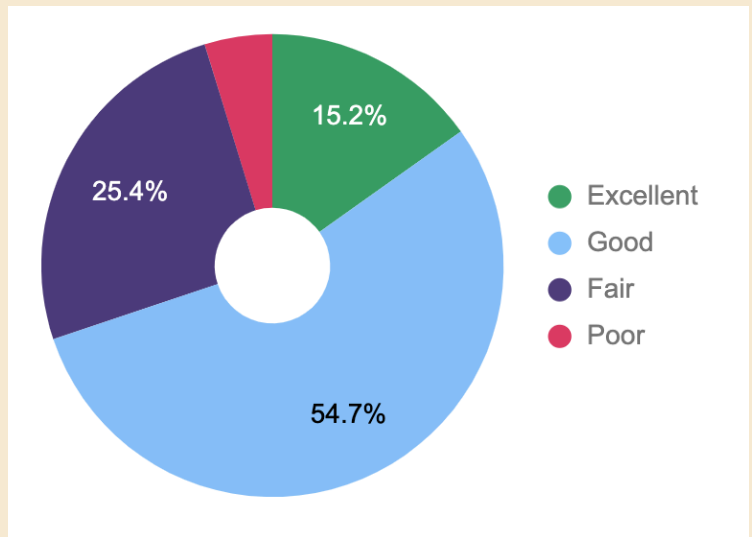
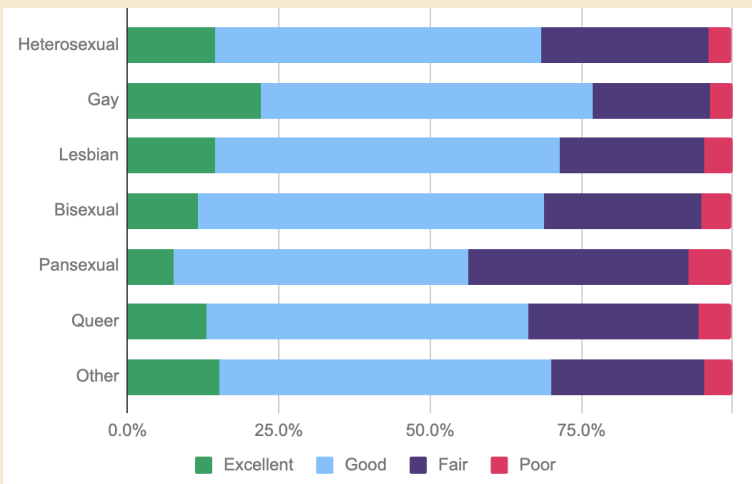


Fig. 2b: Reported physical health ratings, segmented by sexuality



Physical Health Ratings by Cis/Trans Identity and Gender

Transgender respondents reported less positive physical health than cisgender respondents. Nearly 40% of trans respondents rated their physical health as either *fair* or *poor*, compared to 26% of cisgender respondents. Non-binary respondents had the highest response rate of *fair* or *poor* physical health (43.1%), compared to 25.2% of men or masculine respondents and 29.2% of woman or feminine respondents who reported *fair* or *poor* health.

Physical Health Ratings by Income

Respondents with higher incomes reported significantly better physical health than those with lower incomes. Of respondents with incomes above \$150K, for example, nearly 90% reported *good* or *excellent* health, compared to 81.0% with incomes between \$50K and \$75K and only 44.2% with incomes less than \$15K. And while 20% or less of respondents with incomes higher than \$75K described their physical health as *fair* or *poor*, 55.8% of respondents with incomes of less than \$15K and 41.8% of respondents in the \$15K-\$30K bracket did.

These findings are consistent with the health findings of the LGBTQ Institute's Southern Survey. Participants of that survey reported generally positive levels of overall health. However, respondents of that survey who are transgender reported lower rates of excellent or good health when compared to cisgender respondents.⁴²

⁴² Wright, E.R., J. Simpkins, M. J. Saint, A. LaBoy, R. Shelby, C. Andrews, M. Higbee, & R. M. Roemer. (2018). *State of the South: A Snapshot on the Conditions and Life Experiences of LGBTQ Southerners*. Atlanta, GA: The LGBTQ Institute at the National Center for Civil and Human Rights.

Fig. 2c: Reported physical health ratings, segmented by cis/trans identity

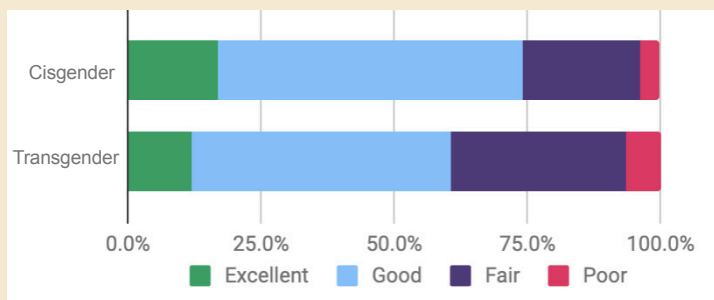


Fig. 2d: Reported physical health ratings, segmented by gender

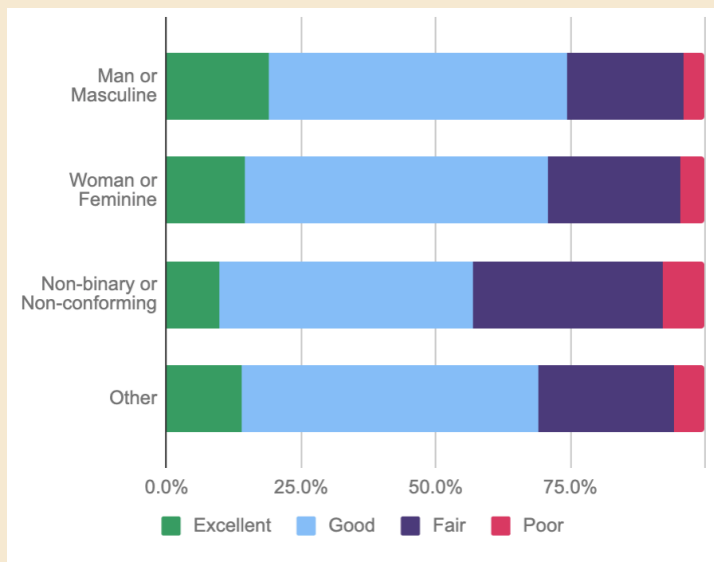
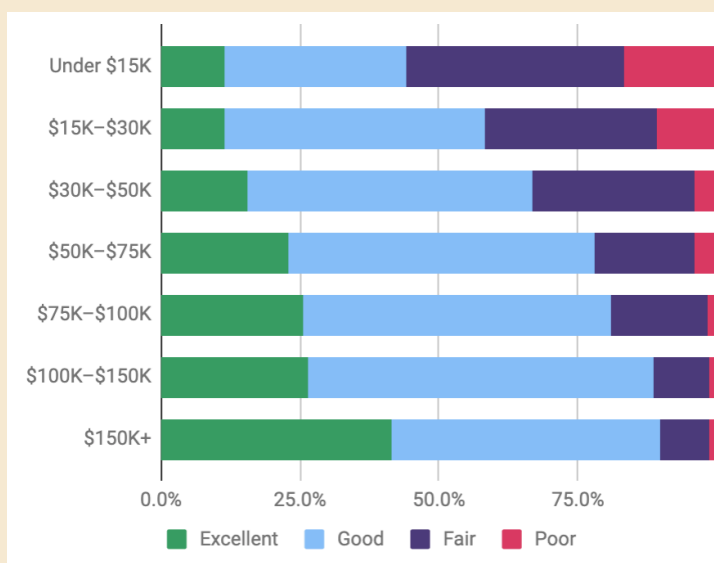


Fig. 2e: Reported physical health ratings, segmented by income



Quality of Care

A majority of respondents (68.2%) said that, overall, they generally have experienced *good* (49.4%) or *excellent* (18.8%) quality of care and feel that their healthcare needs are being met (47.3% *yes*, 39.9% *somewhat*, 12.8% *no*).

When asked about experiences with physical health providers such as specialists or emergency room doctors, 64.3% of respondents said that they *always* or *often* have positive interactions, while only 6.4% *rarely* or *never* have positive interactions.

Respondents who are gay, cisgender, men or masculine, or older, and respondents with higher incomes reported more positive quality of care, having their needs met, and positive interactions in physical health providers.

Fig. 2f: “How would you rate your overall quality of medical care?” in the total sample

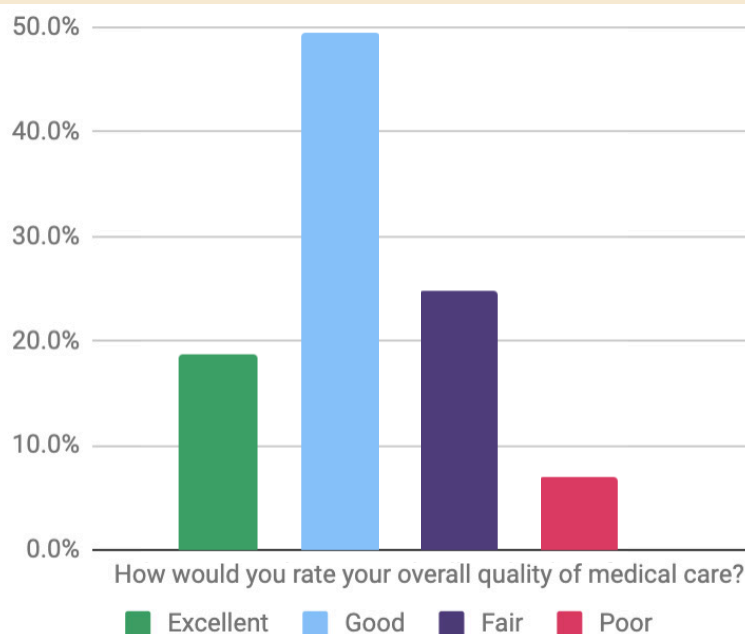


Fig. 2g: “Do you feel your health care needs are being met?” in the total sample

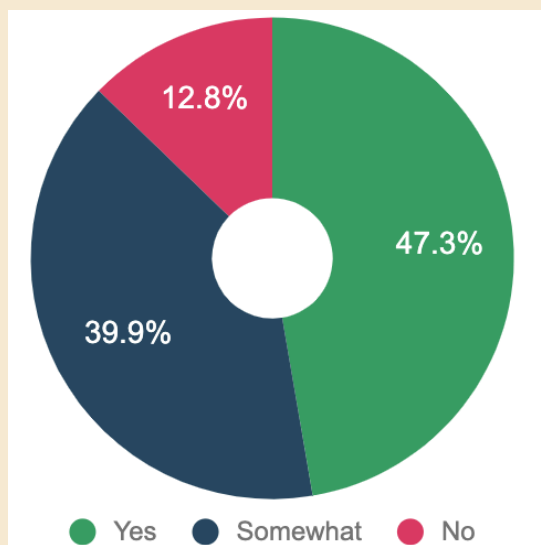
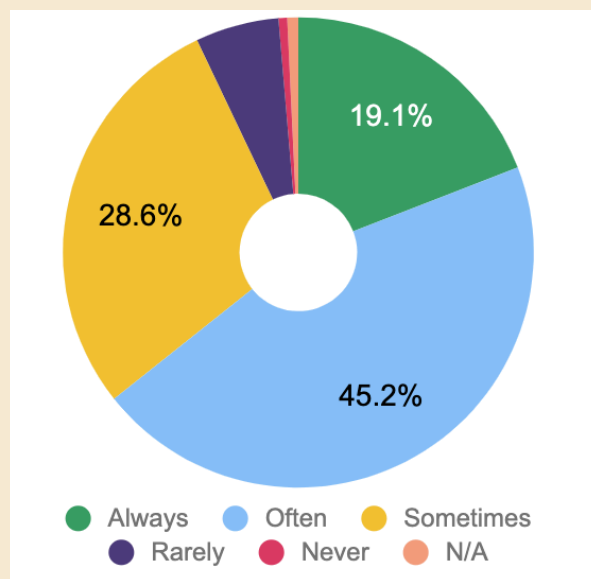


Fig. 2h: “My experience with physical health providers has been positive” in the total sample



Quality of Care by Cis/Trans Identity

However, the numbers dropped sharply for transgender respondents. While one-quarter (25.2%) of cisgender respondents rated their overall medical care as *fair* (20.2%) or *poor* (5.0%), nearly half (46.8%) of transgender respondents chose *fair* (35.9%) or *poor* (10.9%). Nearly one-fifth of transgender respondents said they do not feel that their healthcare needs are being met (20.6%), compared to 9% of cisgender respondents who said the same. Around 12% of trans respondents also indicated that they *rarely* or *never* have positive experiences with physical health providers (compared to 3.8% of cisgender respondents).

Quality of Care by Sexuality

Pansexual and queer respondents disproportionately described their overall quality of care as *poor* (12.3% and 10.8%, respectively), compared to 4.8% of gay and 3.9% of heterosexual respondents who said the same.

Fig. 2i: “Do you feel your health care needs are being met?” by cis/trans identity

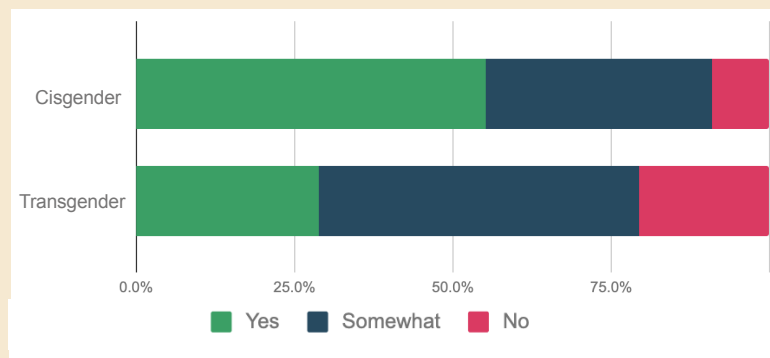


Fig. 2j: “How would you rate your overall quality of medical care?” by cis/trans identity

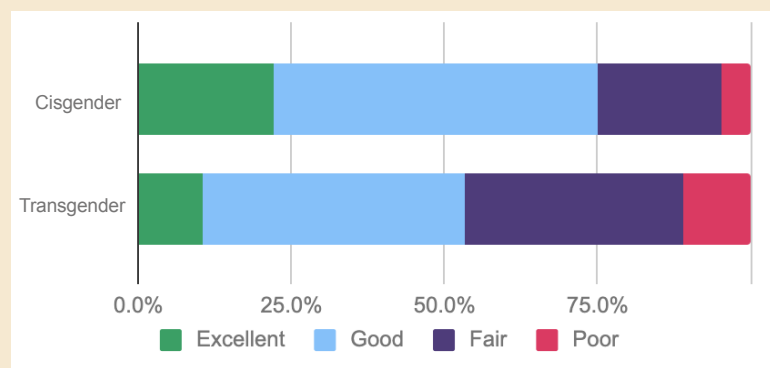
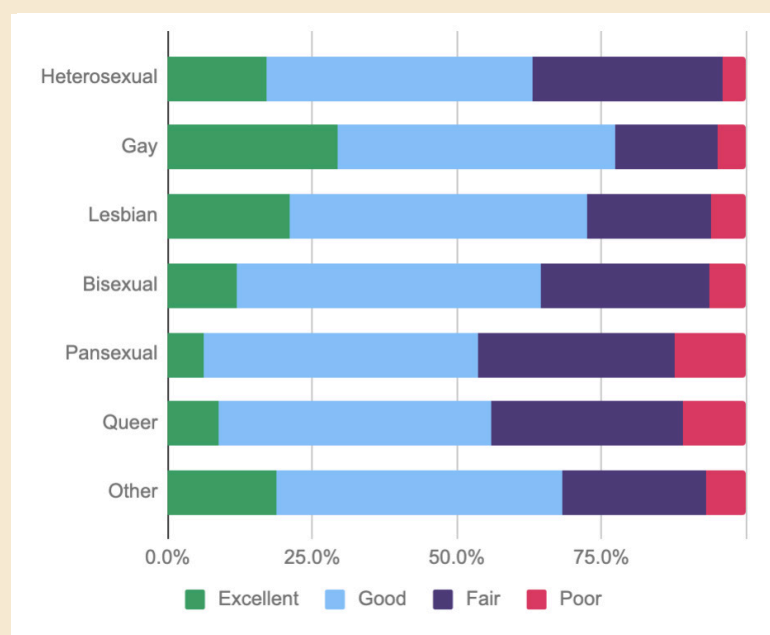


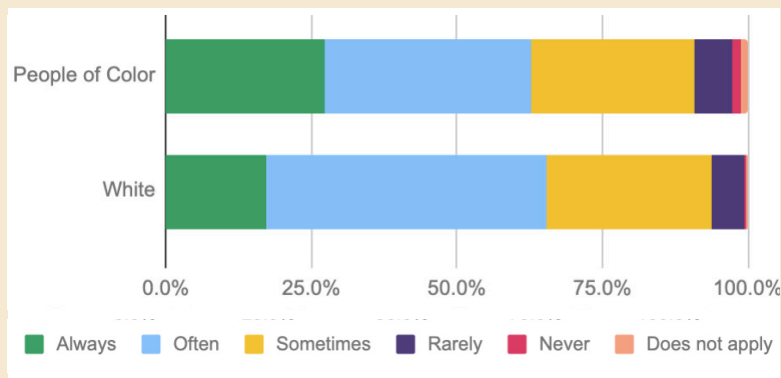
Fig. 2k: “How would you rate your overall quality of medical care?” by sexuality



Quality of Care by Race

Respondents of color were more likely to report *always* having positive interactions with health providers (27.4%) compared to white respondents (17.2%), though the sample features a wider distribution of responses among people of color, with 8.0% of respondents of color reporting *rarely* or *never* having positive experiences, compared to 5.9% of white respondents.

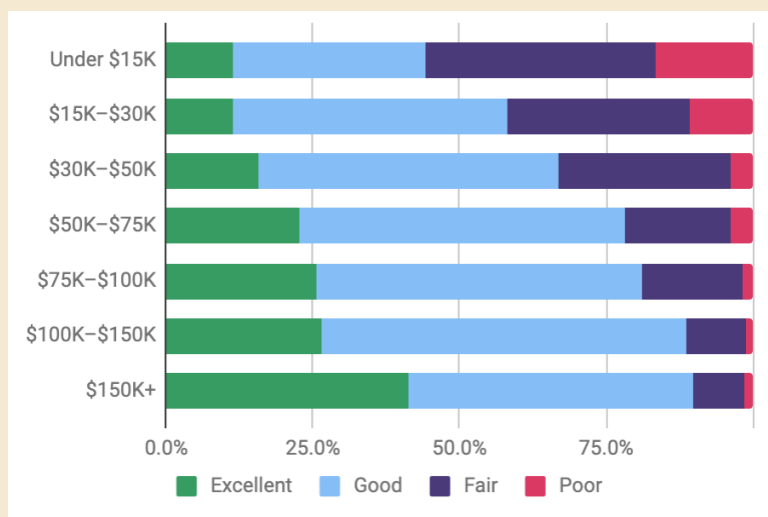
Fig. 2l: “How would you rate your overall quality of medical care?” by race



Quality of Care by Income

Respondents with incomes of less than \$30K per year were more likely to report *poor* quality of care (10.9% of respondents with incomes between \$15K–\$30K and 16.7% for those with incomes under \$15K, compared to between 1-2% for those with incomes higher than \$75K). Of respondents in the lowest income groups, 26.9% feel that their healthcare needs are not being met, compared to 2.8% in the highest income group.

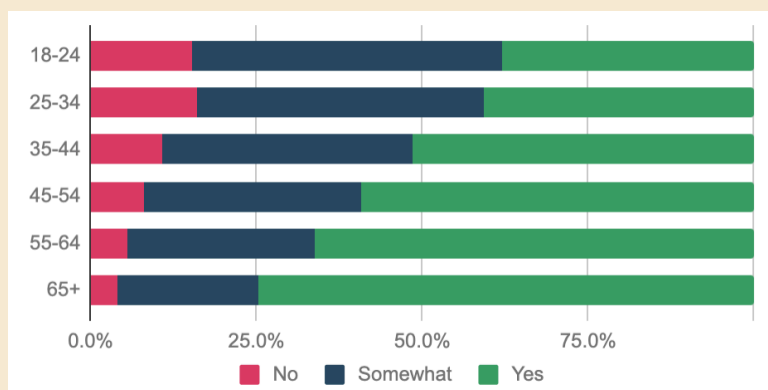
Fig. 2m: “How would you rate your overall quality of medical care?” by income



Quality of Care by Age

Older respondents generally reported more positive responses about the quality of their care. For example, 38.1% of respondents ages 18-24 said their needs are being met, while 66.4% of respondents 55-64 said the same. The majority of respondents over 65 years indicated *good* or *excellent* healthcare (87.7%), compared to 62.9% who are 18-24.

Fig. 2n: “Do you feel your health care needs are being met?” by age



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Physical Health

"All of my doctors are aware of my sexual identity; my husband and I both use the same care teams. They do not appear to treat us any differently than they would a couple who is not same-sex. Same applies to our dentist. We feel like we are treated equally and as well as anyone who might walk into their practices."

"I often have medical providers conflate every concern with my transgender identity, and often get misinformation about the effects of my HRT on various health concerns."

"I've been able to find queer/trans/polyamory-friendly physical health providers, but they are few and far between! They often have wait lists or are not very responsive as a result of being overbooked. This is especially true for folks who do sliding scale/low-income services for folks without insurance."

"I remember a time when a heterosexual primary care doctor acknowledged that being queer can be emotionally stressful and he asked if I knew where to get mental health services if I felt like I needed them. He did this as a part of a general check-up, and it came across very sincerely and sympathetically. I really appreciated it."

MENTAL HEALTH

Mental Health Ratings

LGBTQ people are at an increased risk of negative mental health outcomes due to their exposure to stigma and discrimination. In the South, these minority stressors may be more pronounced.^{43, 44} More than one-half of respondents in the total sample reported *fair* or *poor* mental health (50.1%).

Rates this high speak to significant emotional pain and mental health struggles in the lives of many LGBTQ Southerners, across demographic identities. These findings merit significant attention and focused efforts to increase access to quality, affirming mental health services, mental health screenings in primary care settings, and additional research about this topic.

Mental Health Ratings by Sexuality

Bisexual, pansexual and queer respondents were significantly more likely to report worse mental health experiences, with 62.1%, 73.5%, and 63.8% respectively describing their mental health as *fair* or *poor*. These rates are around 20 points higher than the 35.6% of gay respondents, 43.6% of lesbian respondents, and 42.7% of heterosexual respondents who described their mental health as *fair* or *poor*.

⁴³ Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56.

⁴⁴ Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467.

Fig. 3a: Reported mental health in the total sample

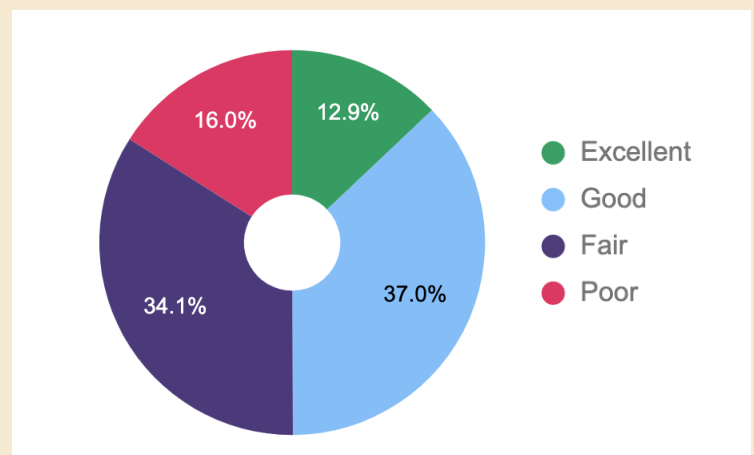
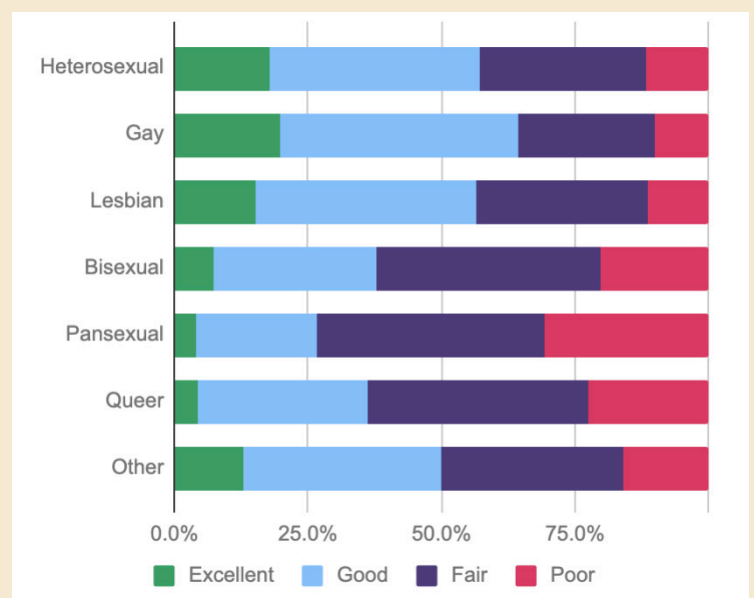


Fig. 3b: Reported mental health, segmented by sexuality



Mental Health Ratings by Cis/Trans Identity

Transgender respondents were significantly more likely to report worse mental health than their cisgender peers: 66.5% of trans people described their mental health as *fair* or *poor*, compared to 42.6% of cisgender respondents. Three-quarters of non-binary respondents rated their mental health as *fair* or *poor*.

Mental Health Ratings by Income

In the lower income brackets (under \$15K and \$15K–\$30K), 64.8% and 62.5% rated their mental health care as *fair* or *poor*. For respondents with mid-range income (\$50K–\$75K), 42.5% chose *fair* or *poor*. And the trend continued linearly, with 32.7% of people making \$100K–\$150K choosing *fair* or *poor*.

Mental Health Ratings by Age

Younger respondents reported their mental health as *fair* or *poor* at a much higher rate than older respondents: 69.5% in the 18-24 range compared to 29.3% of ages 45-54 and 22.6% of ages 55-65.

Mental Health Ratings by Race

Respondents of color were more likely than white respondents to report *excellent* mental health (18.7% compared to 11.7%); Black or African American respondents were the most likely of all racial groups to report *excellent* mental health (23.2%).

Fig. 3c: Reported mental health, segmented by cis/trans identity

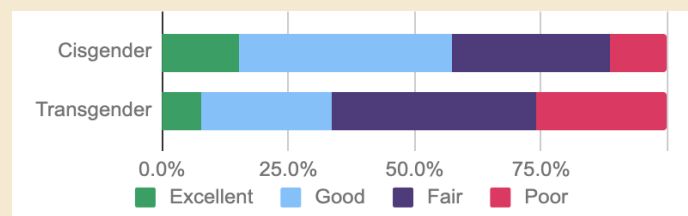


Fig. 3d: Reported mental health, segmented by income

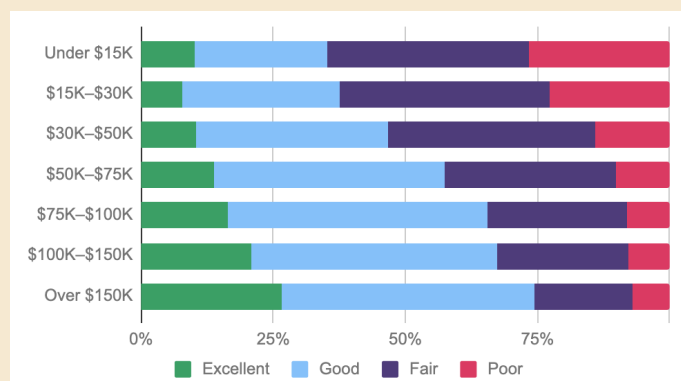


Fig. 3e: Reported mental health, segmented by age

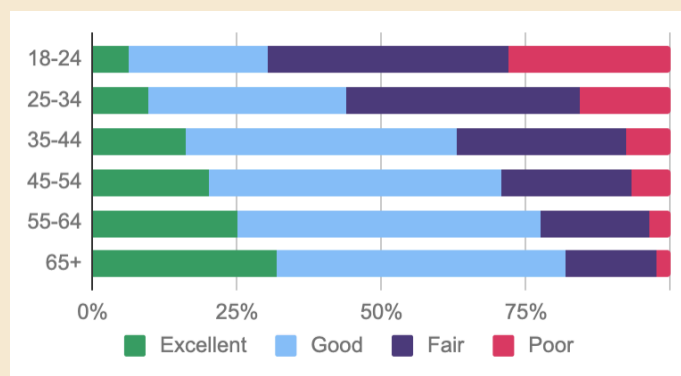
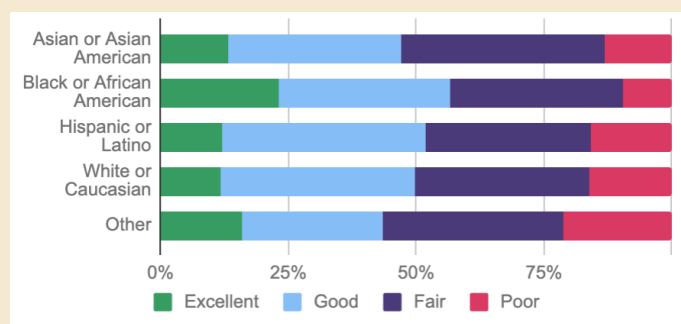


Fig. 3f: Reported mental health, segmented by race



Emotional Abuse and Physical Violence Related to LGBTQ Identity

Nearly one-quarter of respondents (23.4%) reported that they have experienced physical violence due to their LGBTQ identity, while a majority (71.1%) reported that they have experienced emotional abuse due to their LGBTQ identity.

Emotional Abuse and Physical Violence by Transgender Identity

Transgender respondents said they have experienced abuse at significantly higher rates than cisgender respondents: 35.7% of transgender participants said they have experienced physical violence or abuse (compared to 19.0% of cisgender respondents), and 82.6% of transgender respondents said they have experienced emotional harassment or abuse (compared to 67.0% of cisgender respondents).

Fig. 3g: “Have you ever experienced violence or abuse due to your LGBTQ identity?” in the total sample

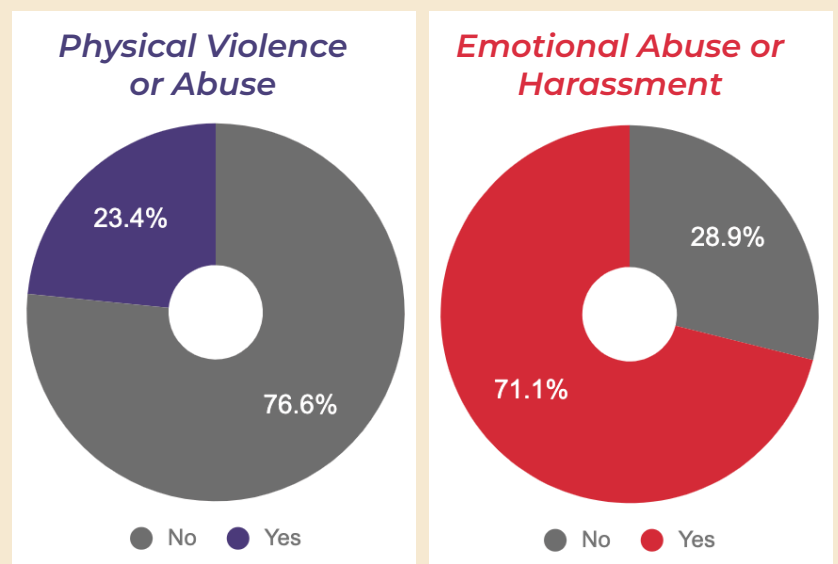
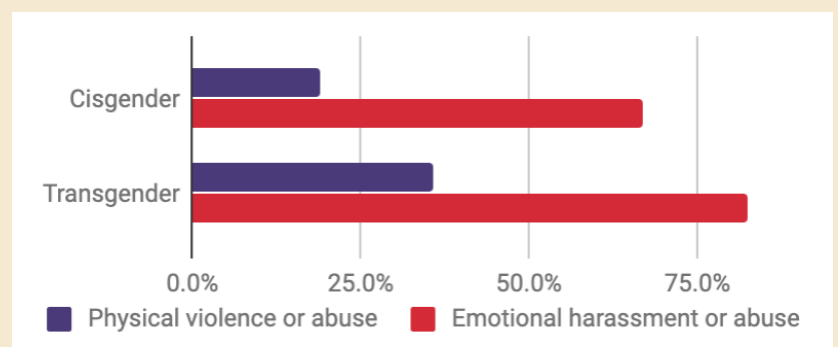


Fig. 3h: “Have you ever experienced violence or abuse due to your LGBTQ identity?” segmented by cis/trans identity



Emotional Abuse and Physical Violence by Gender

Non-binary respondents reported similarly disproportionate rates, with 30.7% saying they have experienced physical violence or abuse and 84.1% saying they have experienced emotional harassment or abuse.

Emotional Abuse and Physical Violence by Race

There are significant differences in experiences with physical violence and emotional abuse for respondents across different racial groups and those with different incomes; smaller differences are evident for those in different age brackets. Respondents of color were more likely to indicate that they have experienced physical violence (31.7% compared to 22.0% of white respondents), while white respondents were more likely to experience emotional abuse or harassment (73.0% compared to 65.7% of respondents of color). More specifically, Black or African American respondents reported the highest rates of physical violence (32.7%) while white and Hispanic or Latinx respondents reported the highest rates of emotional abuse (73.0% and 72.8%, respectively).

Emotional Abuse and Physical Violence by Income

Rates of emotional abuse or harassment tend to slightly increase as the respondents' income decreases, with the trend especially striking when it comes to physical violence or abuse: Respondents in lower income brackets (35.5% of people with incomes lower than \$15K) were twice as likely to experience physical violence as those with higher incomes (16.5% of people with incomes higher than \$100K).

Fig. 3i: “Have you ever experienced violence or abuse due to your LGBTQ identity?” segmented by gender

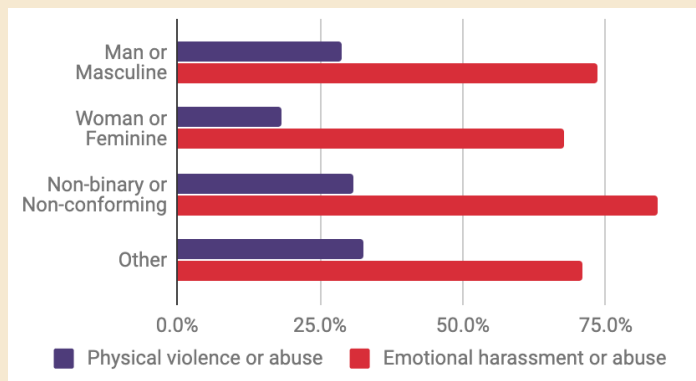


Fig. 3j: “Have you ever experienced violence or abuse due to your LGBTQ identity?” segmented by race

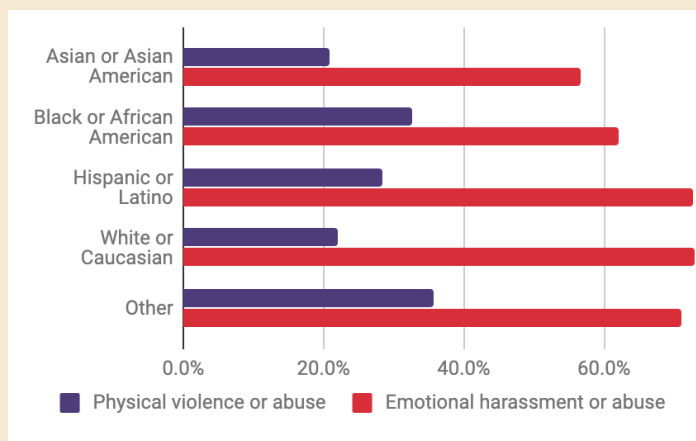
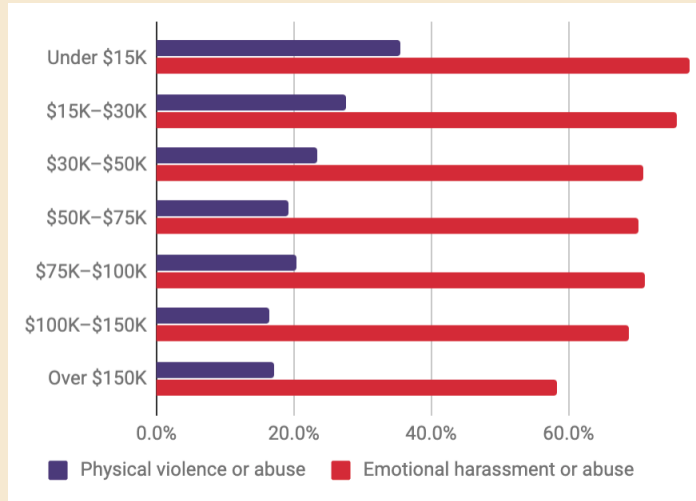


Fig. 3k: “Have you ever experienced violence or abuse due to your LGBTQ identity?” segmented by income



Emotional Abuse and Physical Violence by Age

Age does not meaningfully impact rates of physical violence, but it does slightly impact rates of emotional abuse. Older respondents were less likely to report emotional abuse, with 73.6% of respondents ages 18–24 reporting emotional harassment or abuse, and 66.5% of respondents ages 55–64 doing the same.

Fear of Emotional Abuse and Physical Violence

We also asked if respondents are afraid of experiencing physical violence and emotional abuse or harassment due to their LGBTQ identity. Of the total sample, 11.9% said they are *always* afraid, 13.6% said they are *often* afraid, 29.8% said they are *sometimes* afraid, 28.9% said they are *rarely* afraid, and 13.5% said they are *never* afraid of experiencing physical violence. Generally, respondents said they were more fearful of emotional abuse: Nearly 20% of all respondents said they are *always* afraid of emotional abuse, while 22.9% and 30.8% said they are *often* and *sometimes*, respectively, afraid of emotional abuse.

There is a strong association of a fear of violence among transgender respondents: While 17.3% of cisgender respondents said they are *always* or *often* afraid of experiencing physical violence and 32.0% said they are *always* or *often* afraid of experiencing emotional abuse, 44.2% of transgender respondents said they are *always* or *often* afraid of physical violence, and 62.0% said they are *always* or *often* afraid of emotional abuse.

Fig. 3l: “Have you ever experienced violence or abuse due to your LGBTQ identity?” segmented by age

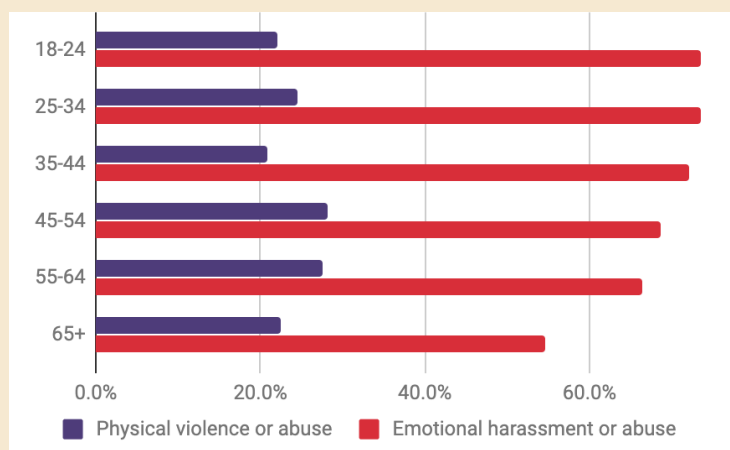


Fig. 3m: “I am afraid of experiencing violence or abuse due to my LGBTQ identity” in the total sample

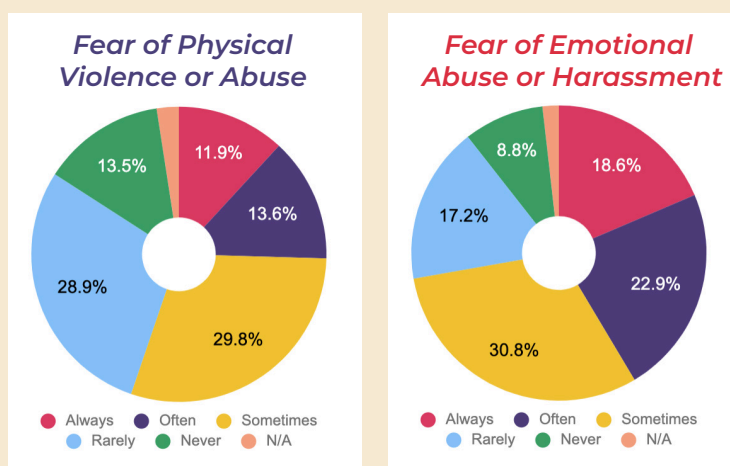
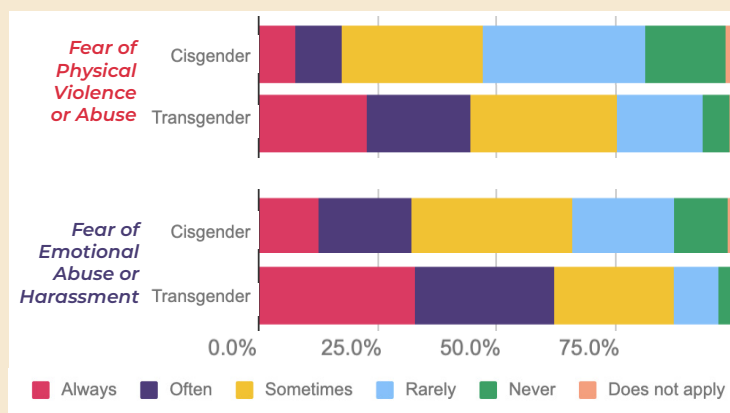


Fig. 3n: “I am afraid of experiencing violence or abuse due to my LGBTQ identity” by cis/trans identity



Mental Health Diagnoses

Respondents also reported high rates of being diagnosed with mental health illnesses or disorders.

Respondents reported high rates of diagnoses of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (14.5%), Bipolar Disorder or mania (9.3%), and Obsessive Compulsive Disorder (8.9%). All of these rates from our respondents are higher than national studies about the rates of these diagnoses in the general U.S. population.⁴⁵

Participants were also asked to report any mental health diagnoses that were not captured by the close-ended

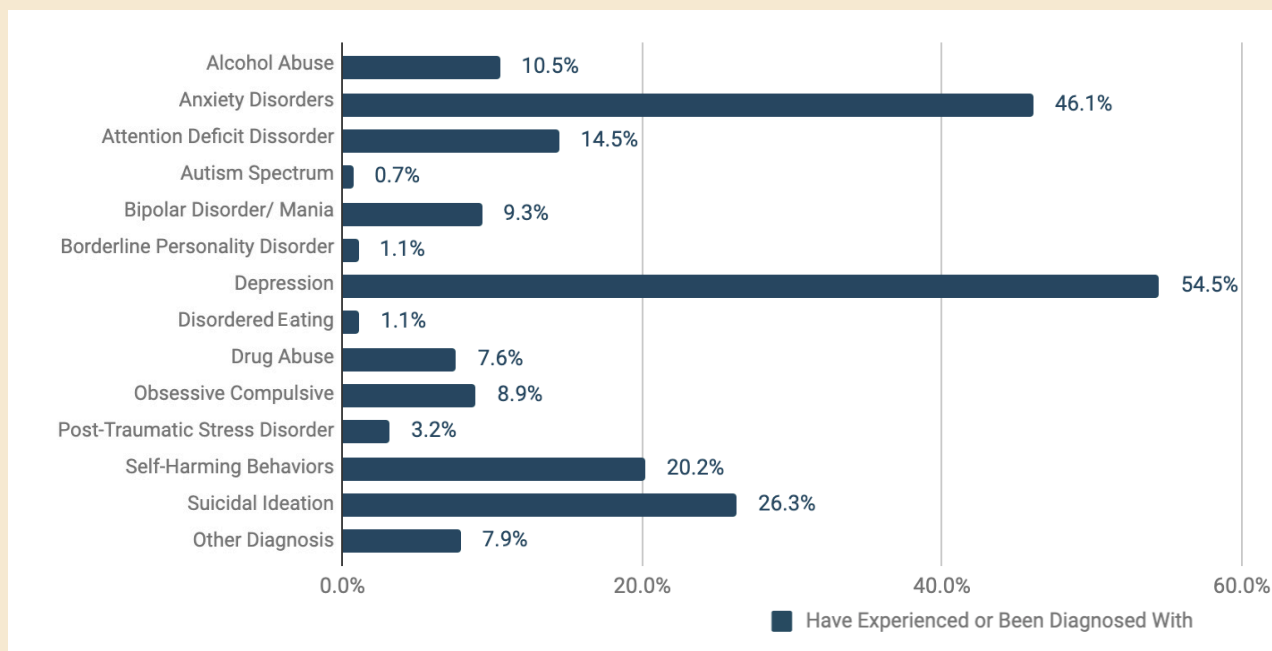
responses. In participants' responses to this open-ended question, there was notable mention (1.1%) of eating disorder-related diagnoses, including both restricted and binge eating, Post-Traumatic Stress Disorder (3.2%), and Borderline Personality Disorder (1.1%). The rates of these mental health diagnoses in our sample are consistent and generally in line with national data about the general population.⁴⁶

Next, we discuss the most commonly reported diagnoses: depression, anxiety, and suicidal ideation or self-harming behaviors.

⁴⁵ Note: Data from the National Institute of Mental Health ([nimh.nih.gov/health](https://www.nimh.nih.gov/health)) finds that 2.8% of Americans have bipolar disorder, 4.4% of American adults and 8.7% of American adolescents have ADHD, and 2.3% of Americans have ever had Obsessive Compulsive Disorder (OCD).

⁴⁶ National Institute on Mental Health. (2018). Statistics. Retrieved October 16, 2019 from <https://www.nimh.nih.gov/health/statistics/index.shtml>.

Fig. 3o: Respondents who have been diagnosed with or have experienced the following, in the total sample



Depression and Anxiety

More than half of respondents (54.5%) said they have experienced or been diagnosed with depression, while just under half (46.1%) say they have experienced or been diagnosed with an anxiety disorder. According to the 2018 National Survey on Drug Use and Health (NSDUH), among the general population 6.9% of people have experienced a depressive episode, while 18.1% have experienced anxiety.⁴⁷

These alarming rates of depression and anxiety among survey participants merit increased attention, specific focus, and additional research.

Depression & Anxiety by Sexuality

Large majorities of bisexual (75.0%), pansexual (82.8%), and queer (79.9%) respondents said they have experienced or been diagnosed with depression, which is at least 15 percentage points higher than gay respondents (58.4%). Rates of reported anxiety were also elevated among these respondents.

Depression & Anxiety by Cis/Trans Identity

In our sample, 80.7% of transgender respondents said they have experienced or been diagnosed with depression, and 68.3% said that they experienced or have been diagnosed with an anxiety disorder. In comparison, 63.8% and 53.2% of cisgender respondents said they experienced or have been diagnosed with depression or anxiety, respectively.

⁴⁷ NAMI: National Alliance on Mental Illness. (2019). Mental Health By the Numbers. Retrieved October 16, 2019 from <https://www.nami.org/learn-more/mental-health-by-the-numbers>.

Fig. 3p: Depression and anxiety among respondents and general U.S. population

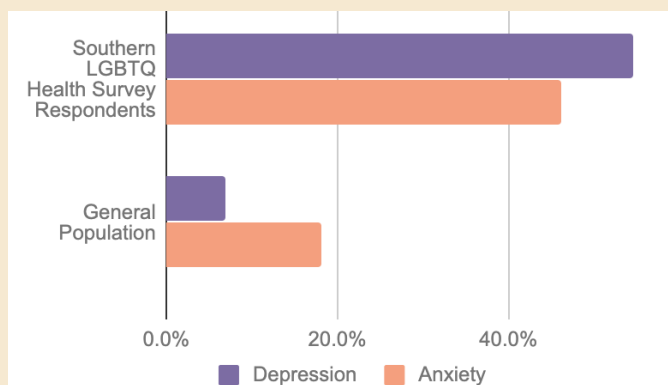


Fig. 3q: Depression and anxiety, segmented by sexuality

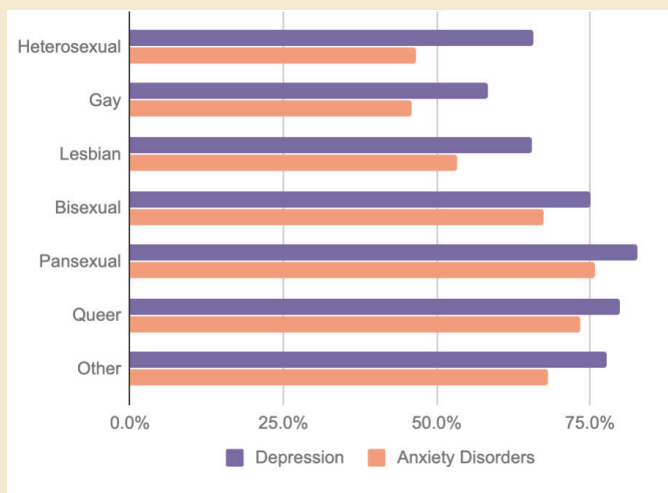
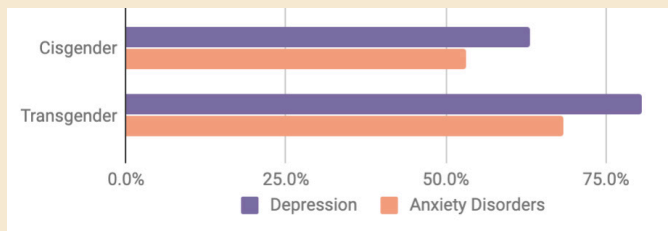


Fig. 3r: Depression and anxiety, segmented by cis/trans identity



Depression & Anxiety by Gender

Non-binary individuals reported the highest rates of depression and anxiety when compared to other genders. Among non-binary respondents, 86.0% said that they have experienced or been diagnosed with depression, while 77.3% said they have experienced or been diagnosed with anxiety.

Depression & Anxiety by Income

In our sample, 77.4% of respondents with lower incomes (less than \$30K) said they have experienced or been diagnosed with depression, and 65.4% said that they experienced or have been diagnosed with an anxiety disorder. In comparison, 55.0% of respondents with incomes of higher than \$75K said they have experienced or been diagnosed with depression, and 46.8% said that they have experienced or been diagnosed with an anxiety disorder.

Depression & Anxiety Among Respondents Who Have Experienced Physical Violence or Emotional Abuse

Among respondents who reported physical violence or abuse due to their LGBTQ identity, 79.4% reported that they have experienced or been diagnosed with depression, and 63.1% said they have experienced or been diagnosed with an anxiety disorder.

Among those who experienced emotional harassment or abuse related to LGBTQ identity, 74.3% reported that they experienced or have been diagnosed with depression and 62.7% reported experiencing or being diagnosed with anxiety.

Fig. 3s: Depression and anxiety, segmented by gender

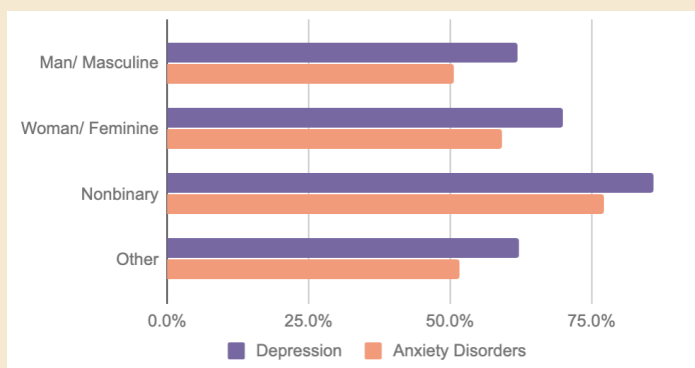


Fig. 3t: Depression and anxiety, segmented by income

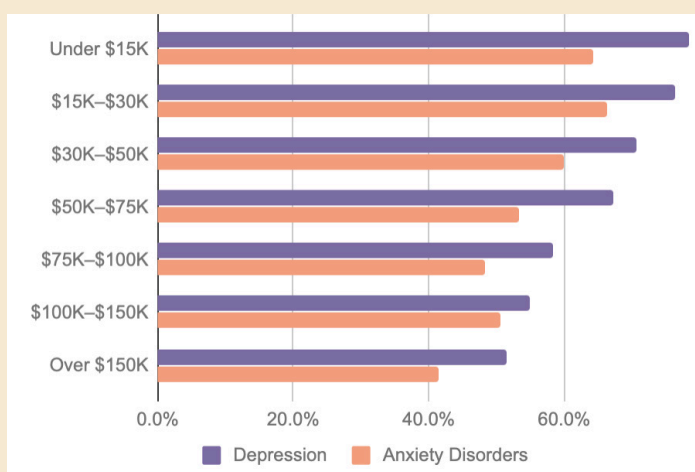
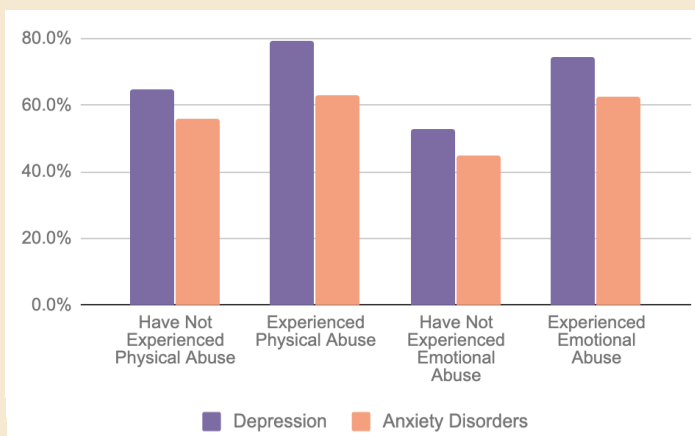


Fig. 3u: Depression and anxiety, segmented by responses to “Have you ever experienced physical abuse or emotional abuse due to your LGBTQ identity?”



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Depression and Anxiety

"I was having a big bout of depression and anxiety over understanding my gender identity and recognizing that I was trans. I had not told anyone yet but a family friend recommended a local therapist in NC to help with the anxiety/depression. I decided to come out to the therapist in the first session. I expected I would get passed along to another 'specialist.' Instead this therapist had a transgender son and was well educated and was able to be great provider for my mental health and a great resource through the coming out process."

"When speaking to a doctor about my depression, asking for a referral, he asked me if I didn't think my depression might be caused by my 'lifestyle.'"

"I have chronic depression and there have been healthcare professionals that told me to pray to get over my "illness" so I wouldn't be depressed."

"When I told my doctor I was severely depressed, he looked at me with real concern and no judgment, and proceeded to treat my mental health as seriously as he would have treated my physical health. That meant I got treatment, and it probably saved my life."

Suicidal Ideation and Self-Harming Behavior

A quarter of all survey respondents (26.3%) said they have experienced suicidal thoughts, and 20.2% said they have practiced self-harming behaviors. These rates are much higher than national rates, which show that 13.5% of Americans reported suicidal thoughts and 5% of American adults reported engaging in self-harming behaviors.^{48, 49}

Suicidal Ideation and Self-Harming Behavior by Cis/Trans Identity and Gender

More than half – 51.7% – of transgender Southerners in the survey said they have experienced suicidal ideation. The rate is even higher for non-binary respondents, with 58.9% saying they have had suicidal thoughts.

Just over 40% of transgender respondents and 45.1% of non-binary respondents reported self-harming behaviors, more than double the 18.2% of cisgender respondents who said they have engaged in self harm.

48 Kessler, R.C., P. Berglund, G. Borges, M. Nock, & P.S. Wang. (2005). Trends in Suicide Ideation, Plans, Gestures, and Attempts in the United States, 1990–1992 to 2001–2003. *JAMA: Journal of the American Medical Association*. 293(20), 2487–2495.

49 DeAngelis, T. (2015). Who self-injures? *Monitor on Psychology*, 46(7). Retrieved on October 16, 2019 from <http://www.apa.org/monitor/2015/07-08/who-self-injures>.

Fig. 3v: Suicidal ideation among respondents and in the general U.S. population⁴⁸

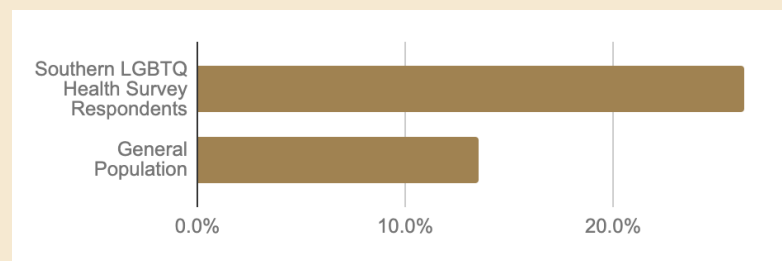


Fig. 3w: Suicidal ideation and self-harming behaviors, segmented by cis/trans identity

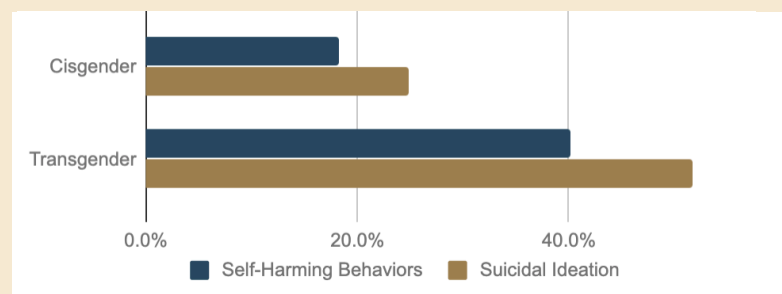
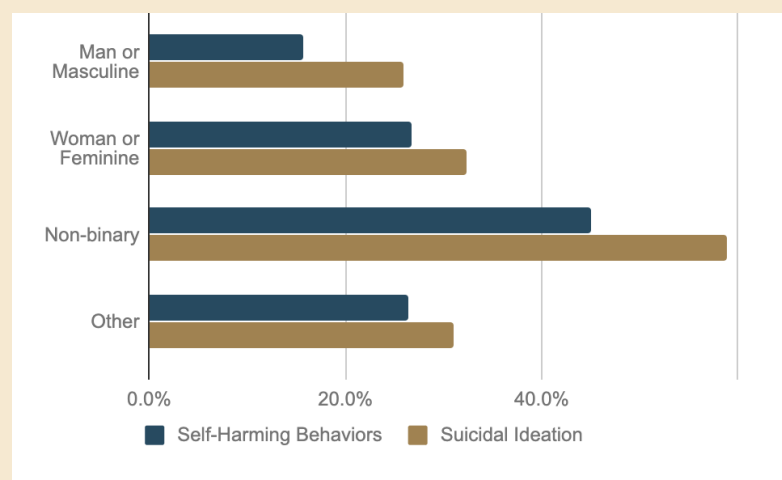


Fig. 3x: Suicidal ideation and self-harming behaviors, segmented by gender

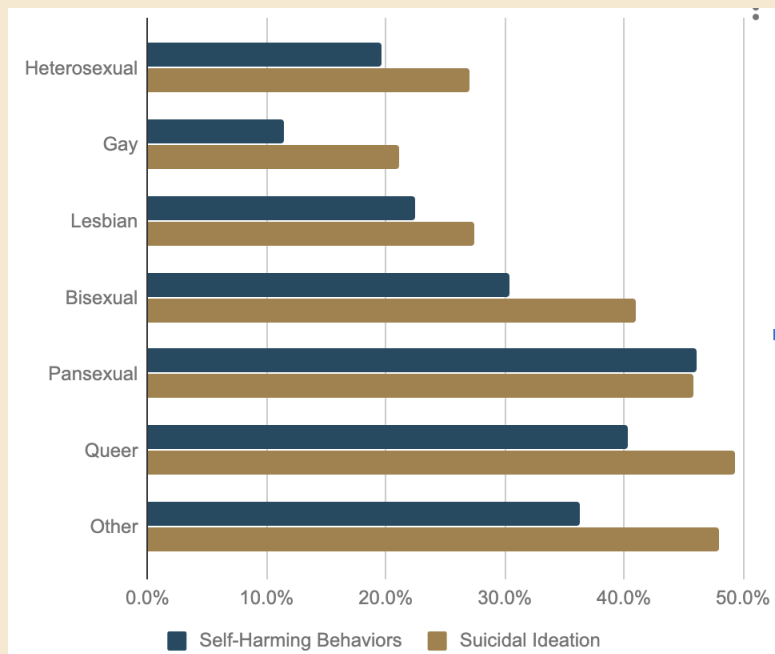


Suicidal Ideation and Self-Harming Behavior by Sexuality

Bisexual, pansexual, and queer respondents also reported disproportionately high rates of suicidal ideation and self-harming behaviors: More than 40% of bisexual+ respondents said they have experienced suicidal ideation, while 30.4% said they have engaged in self-harming behaviors.

In comparison, between 21% and 27% of heterosexual, gay and lesbian respondents reported suicidal thoughts and between 11% and 22% engaged in self-harming behaviors.

Fig. 3y: Suicidal ideation and self-harming behaviors, segmented by sexuality

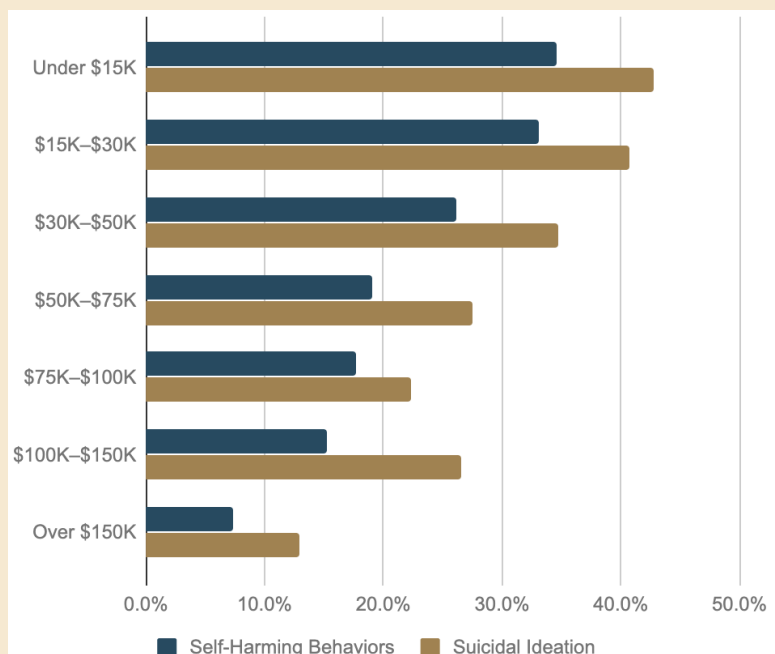


Suicidal Ideation and Self-Harming Behavior by Income

There is a strong relationship between income and suicidal ideation, too. Respondents with lower incomes reported far higher rates of experiencing suicidal thoughts. Nearly 43% of respondents with incomes of less than \$15K reported experiencing suicidal thoughts, while 13% of respondents with incomes higher than \$150K did.

The same holds true for self-harming behaviors: 34.6% of respondents with incomes of less than \$15K have engaged in self-harming behaviors, while 7.4% of respondents with incomes higher than \$150K have.

Fig. 3z: Suicidal ideation and self-harming behaviors, segmented by income



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Suicidal Ideation and Self-Harming Behaviors

"I was in a mental health facility after a suicide attempt, and one of the therapists told me that I needed to 'suck it up' and 'stop throwing a pity party for myself.'"

"I have had many good experiences in recent months, including mental health providers that really stepped up as I have struggled with suicide and anxiety, providing a backstop and making me feel safe."

"When I was younger, I told my mental health provider at the time that I was cutting myself and showed the wounds. They literally shrugged and said, 'Oh well.'"

"A graduate learning student working in the mental health office at my university saved my life during my last year of college. She was attentive and kind, and when I told her that I didn't feel uncomfortable with my sexuality (asexual) or feel that it was contributing to my suicidal ideation, she never brought it up again, even though I was afraid people would assume I was depressed because I was single."

Mental Health Services

While the high rates of mental health concerns suggest a high need for LGBTQ-affirming mental health care, respondents also reported they sometimes have difficulty finding such care. Of the total sample, 20.7% said they *always* have positive experiences with therapists or mental health counselors, while 26.3% reported they *often* have a positive experience. Another 20.1% indicated they *sometimes* have positive experiences, 11.4% *rarely* or *never* have a positive experience with mental health providers, and 21.4% chose *Does Not Apply*.

Mental Health Experiences by Sexuality

Only about 40% of respondents within each sexuality category reported either *always* or *often* having positive experiences with therapists or counselors.

Mental Health Experiences by Cis/Trans Identity

There is a five-point difference between cisgender and transgender respondents in positivity of their experiences with mental health care, with cisgender respondents having more positive experiences (49.5% versus 44.5%).

Fig. 3aa: “My experience with mental health providers has been positive” in the total sample

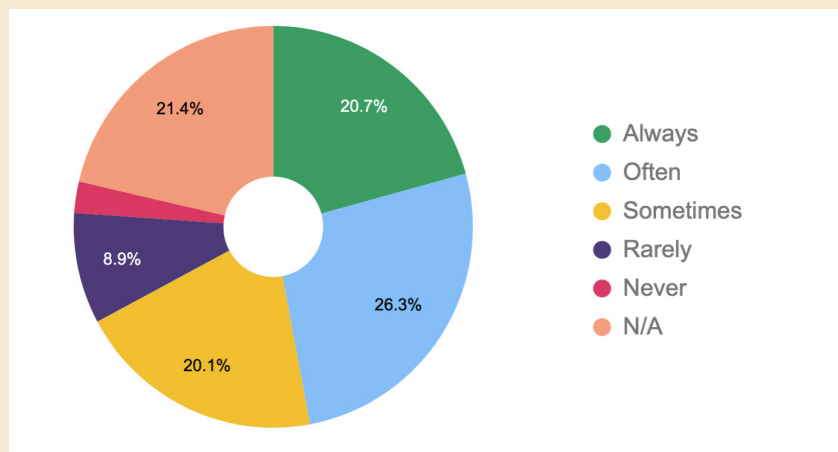


Fig. 3ab: “My experience with mental health providers has been positive” by sexuality

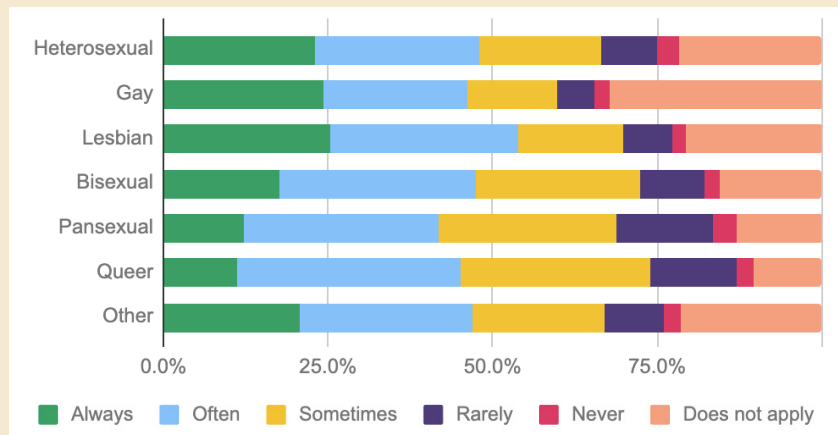
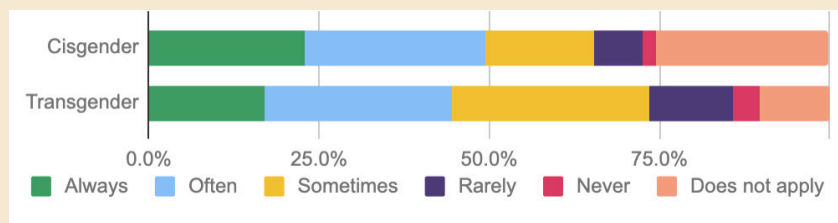


Fig. 3ac: “My experience with mental health providers has been positive” by cis/trans identity



Mental Health Experiences by Race

Across races, respondents reported generally consistent experiences with mental health providers.

Asian or Asian American respondents reported the highest rates of *always* or *often* having positive experiences (56.6%). Hispanic or Latinx respondents reported the highest rates of *rarely* or *never* having positive experiences with mental health providers (14.2%).

Mental Health Experiences by Income

Respondents in lower income brackets were even more likely to say that their experiences with mental health providers have *rarely* or *never* been positive: 18.9% in the under \$15K bracket and 16.0% in the \$15K-\$30K bracket answered this way, while 7.4% in the \$50K-\$75K bracket, 7.4% in the \$75K-\$100K bracket, and 4.6% in the \$100K-\$150K bracket chose *rarely* or *never*.

Mental Health Experiences by Age

Among respondents ages 18-24, 15.3% reported *rarely* or *never* having positive experiences with mental health providers, while 8.2% of ages 45-54 reported the same. Older respondents were also more likely to select *Does Not Apply*.

Fig. 3ad: “My experience with mental health providers has been positive” by race

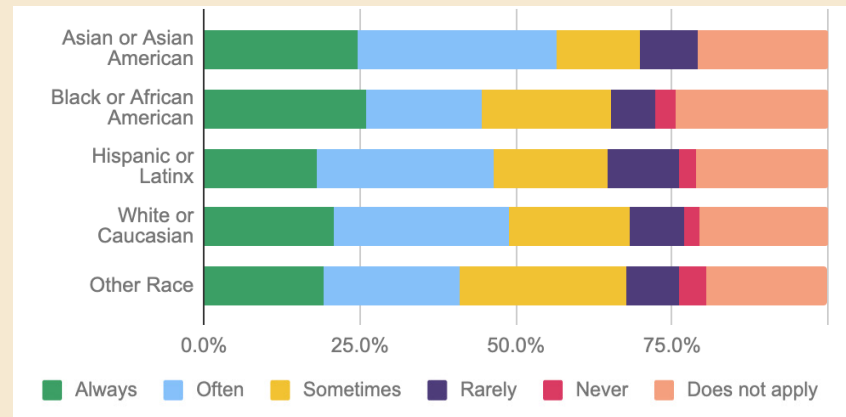


Fig. 3ae: “My experience with mental health providers has been positive” by income

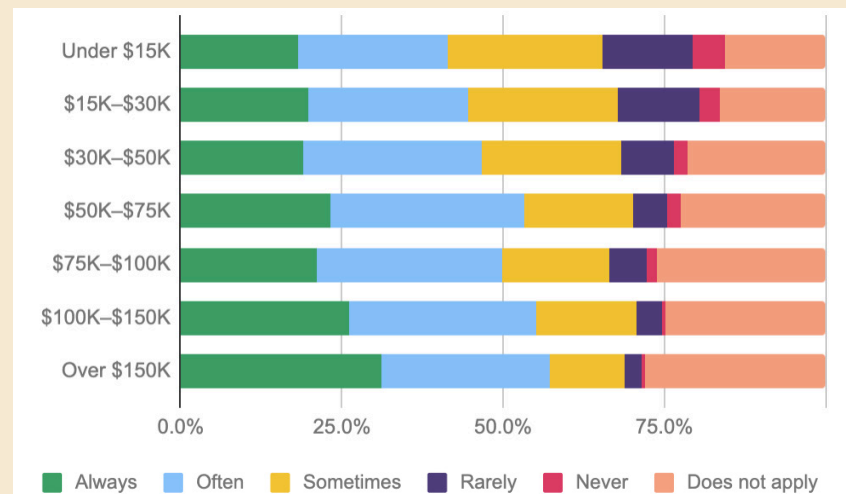
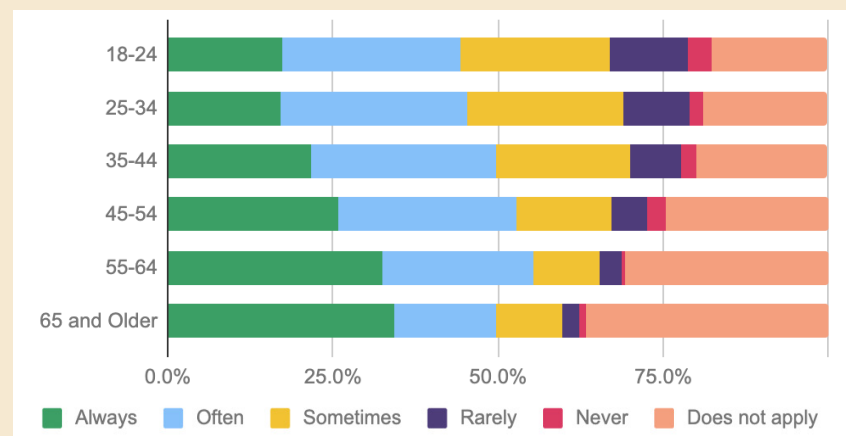


Fig. 3af: “My experience with mental health providers has been positive” by age



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Mental Health Care

"[I have been] told that my being trans and bisexual was due to mental health issues."

"After discussing my mental health with my doctor today, she listened, agreed to change medications, and even gave me a hug before I left the appointment. I felt listened to and cared for, but other providers have not provided that."

"I had a mental health provider who was excellent at using the correct pronouns for myself and my partner and navigating complicated or new terms for gender and for relationship dynamics. Even though it didn't seem second nature for him, he made every effort while we were in sessions."

"I am more worried about seeking mental health help than physical health help. My physical health is not directly (in any way that is obvious to me) affected by my being a lesbian, but I do have concerns about how mental health practitioners would approach it."

HEALTH INSURANCE

We asked all respondents about their current health insurance coverage, offering nine options to choose from. The majority of respondents said they have health insurance through their own employer (34.1%) or their parent's employer (20.7%). The next largest group of respondents said they are uninsured (14.2%). Nearly equal percentages of respondents said they have insurance through the government marketplace (6.6%), Medicaid (5.7%), Medicare (6.6%), or their partner's employer (6.1%). The smallest percentage of respondents said they have their own private insurance (3.4%) or have insurance through school (2.6%).

Most respondents (85.8%) reported having some type of coverage, slightly lower than findings from the LGBTQ Institute Southern Survey (90.6%) and the overall rate of insurance coverage in the general U.S. population (91.2%).⁵⁰

Insurance by Sexuality

Gay, lesbian, and queer respondents were more likely to have insurance coverage, while approximately 17% of heterosexual and pansexual respondents each reported having no insurance.

Insurance by Cis/Trans Identity

Around 17% of transgender respondents reported having no insurance, compared to 11% of cisgender respondents.

Fig. 4a: Health insurance in the total sample

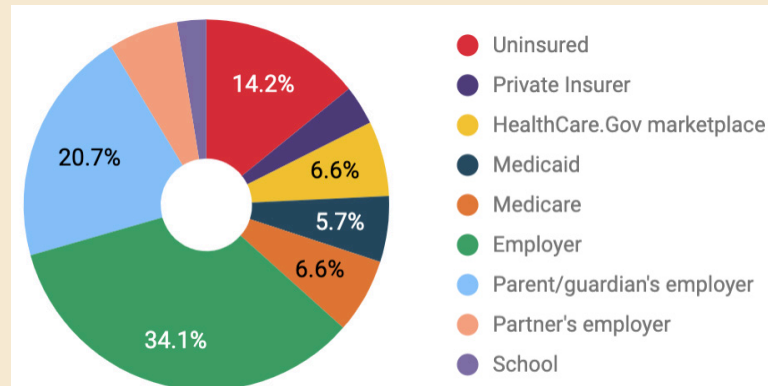


Fig. 4b: Health insurance segmented by sexuality

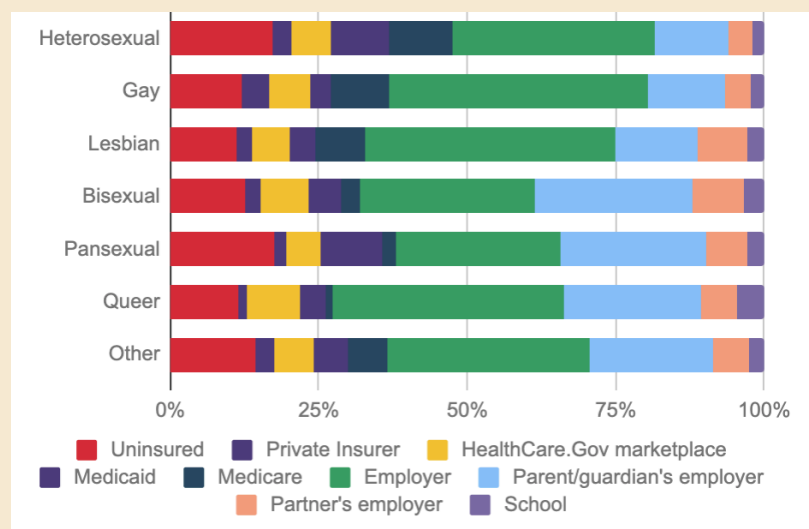
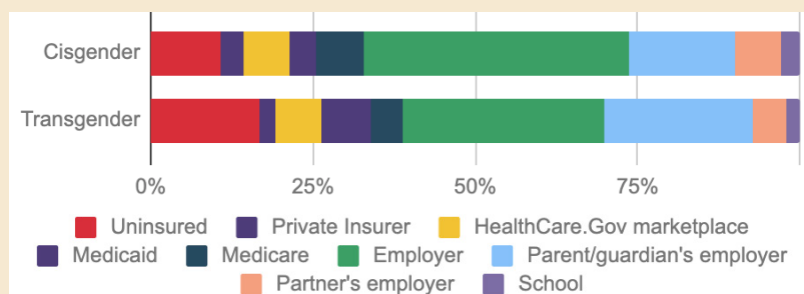


Fig. 4c: Health insurance by cis/trans identity



⁵⁰ Berchick, E.R., Hood, R., & Barnett, J. (2018). Current Population Reports: Health Insurance Coverage in the United States: 2017. p. 60-264.

Insurance by Gender

Non-binary, gender nonconforming, and people who chose “other” as their gender were significantly more likely to report being uninsured than other groups (15.9% and 26.4%, respectively, compared to 10.8% and 11.9% for men or masculine respondents and women or feminine respondents, respectively).

Insurance by Race

Certain communities of color were significantly less likely to have health insurance, especially Black or African American and Hispanic or Latinx respondents (21.2% and 19.6% who reported not having insurance, respectively).

Insurance by Income

Respondents with lower incomes are also significantly more likely to report being uninsured (32.1% of respondents making less than \$15K and 20.3% of respondents making \$15K–\$25K, compared to 5.5% or less of respondents making more than \$50K). Respondents in lower income brackets are also more likely to have healthcare through the government (HealthCare.gov, Medicaid, or Medicare) than those in higher income brackets (33.6% of respondents making less than \$15K and 28.1% of respondents making \$15K–\$25K, compared to 12% or less of respondents making more than \$50K).

Fig. 4d: Health insurance segmented by gender

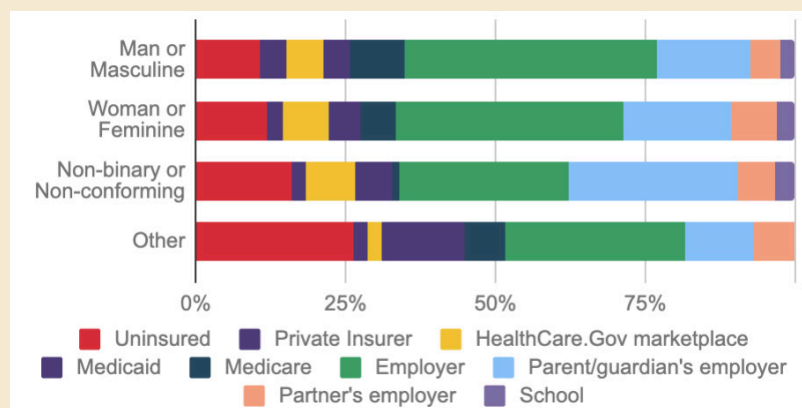


Fig. 4e: Health insurance segmented by race

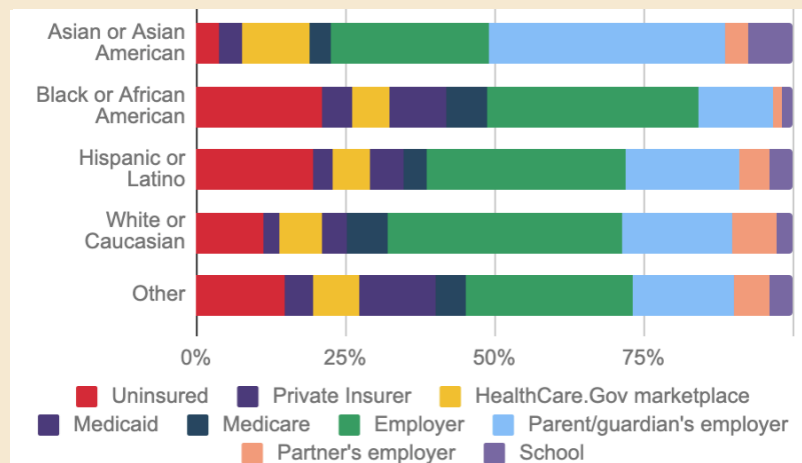
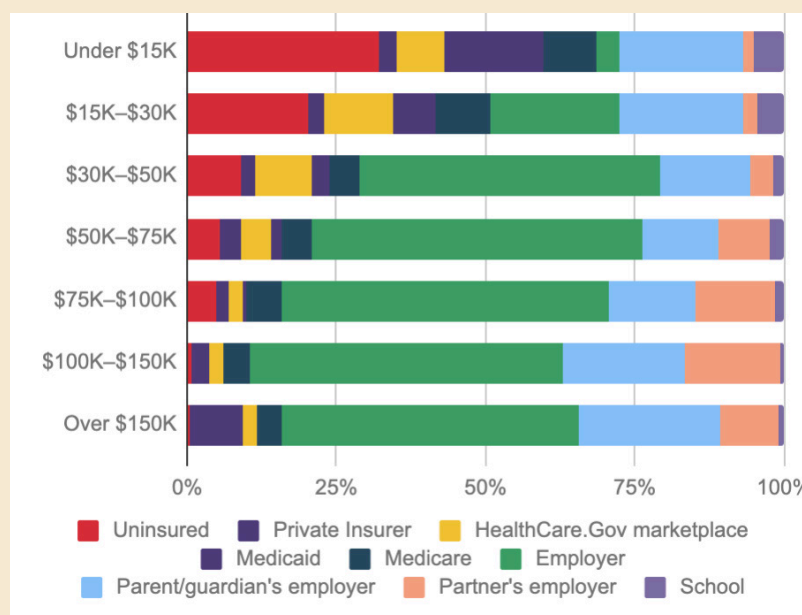


Fig. 4f: Health insurance segmented by income



Understanding Coverage of Insurance Benefits

We asked respondents if they understood what services were covered by their plan. Only 41.5% of the total respondents said that they do understand their insurance benefits. Nearly half (47.2%) said that they only *somewhat* understand their coverage, while 11.3% said that they do not know.

This pattern is generally consistent across groups, though transgender, non-binary, and bisexual+ respondents reported slightly less confidence in knowing what their insurance coverage provides.

Fig. 4g: “Do you know what services are covered by your health insurance plan?” in the total sample

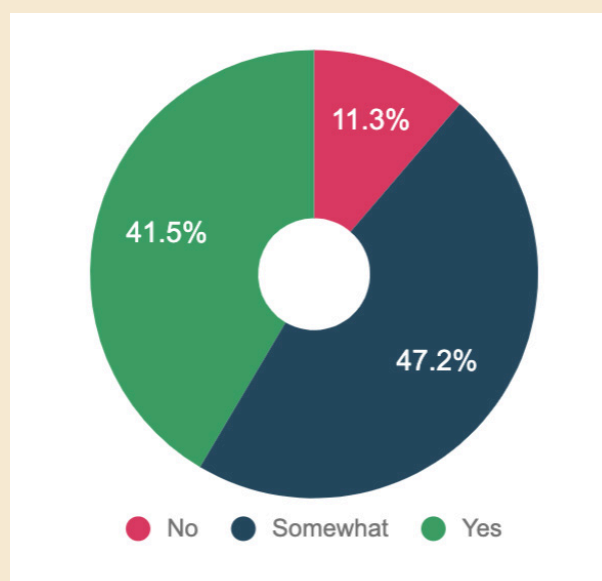


Fig. 4h: “Do you know what services are covered by your health insurance plan?” by cis/trans identity

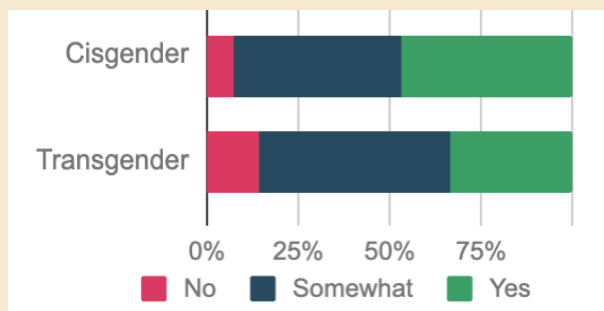


Fig. 4i: “Do you know what services are covered by your health insurance plan?” by gender

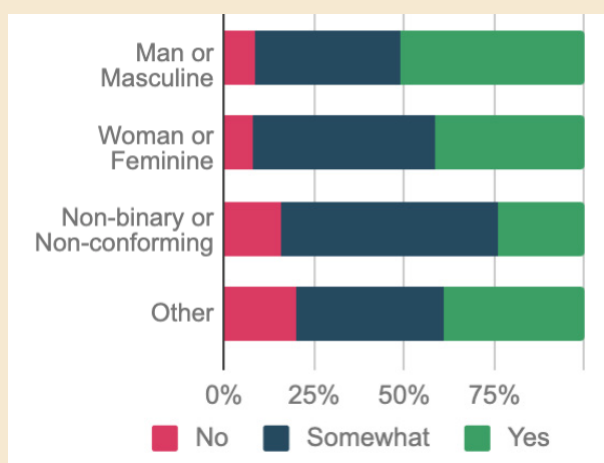
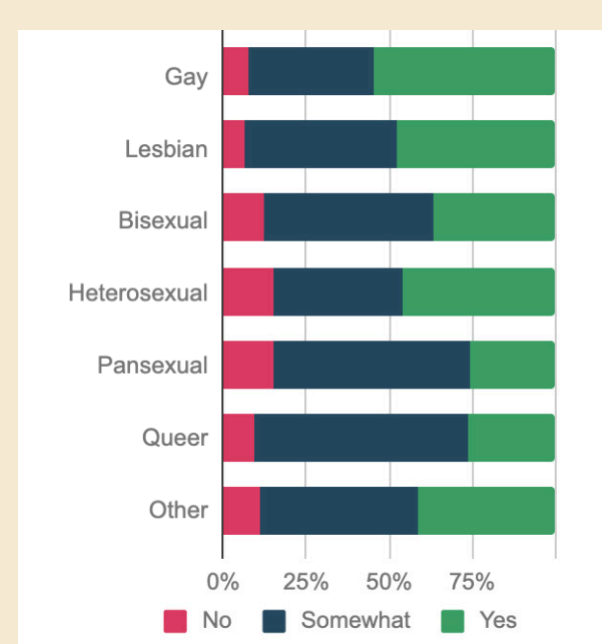


Fig. 4j: “Do you know what services are covered by your health insurance plan?” by sexuality



Fear of Losing Coverage

Finally, we asked respondents whether or not they worried about losing their health insurance coverage, with loss of coverage a result of either unemployment, nonpayment, or a number of other life circumstances. Overall, 56.1% of respondents said they are worried about losing their health insurance, while 43.9% said they are not worried about losing coverage.

Between a quarter and a third of respondents across all sexualities and genders in our sample reported being afraid of losing their coverage, though transgender, pansexual, and queer respondents each indicated higher rates of worry (70-72% worried or somewhat worried).

Fig. 4k: “Do you worry about losing your health insurance coverage?” in the total sample

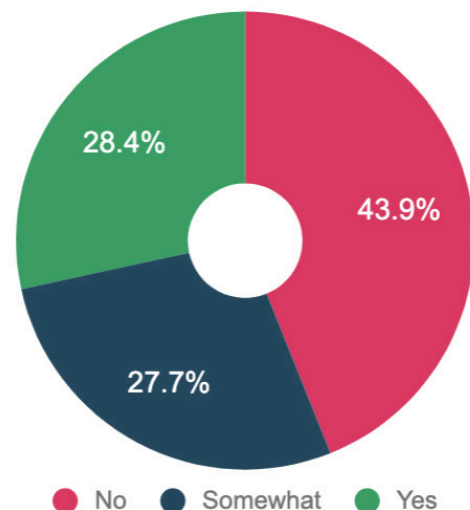


Fig. 4l: “Do you worry about losing your health insurance coverage?” by cis/trans identity

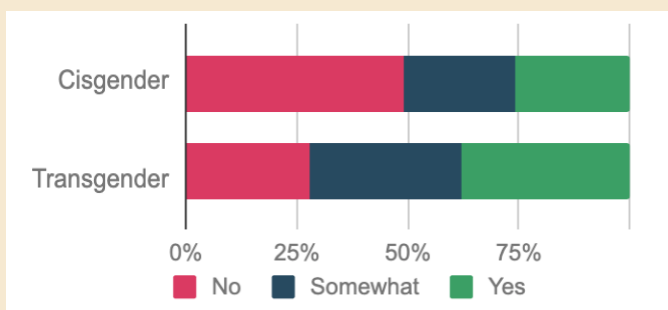


Fig. 4n: “Do you worry about losing your health insurance coverage?” by sexuality

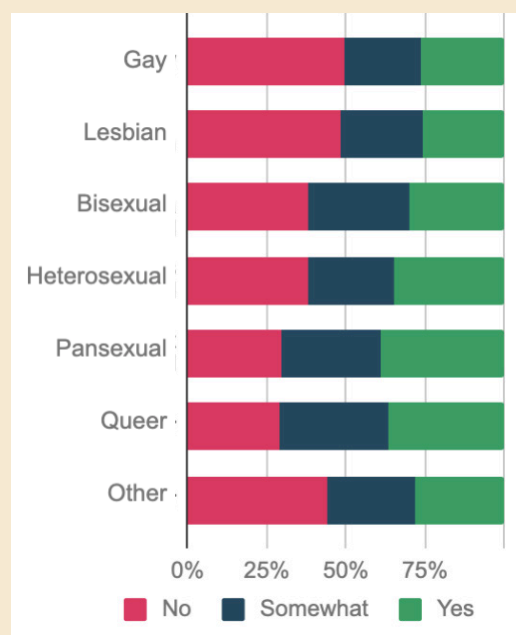
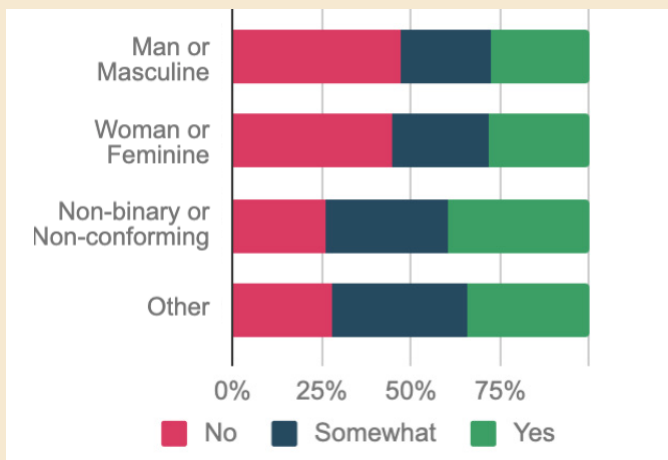


Fig. 4m: “Do you worry about losing your health insurance coverage?” by gender



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Health Insurance

"Being LGBTQ+ affects my health insurance because I am under my parents' insurance. I have always had a strained relationship with my parents; however it became significantly worse after I came out and began dating my girlfriend. I have an extensive mental health history (depression, anxiety, anorexia/bulimia, and PTSD) and currently do not have medication or therapy because of fear of putting these services on my parents' insurance and them relating it back to my sexual orientation and trying to force me to no longer be in my relationship."

"I am a trans man who has been without testosterone for over a year because I am uninsured and can't afford to pay out-of-pocket for blood work. There are no resources available to me in my area and being without hormone therapy has made me isolate myself from friends, family and the world outside. I want to work so that I can have health insurance, but I find it too difficult to do the necessary things in order to get a job with adequate health coverage because of my lack of HRT and its effects on my physical, emotional and psychological health. It's a vicious cycle."

"I worry that I would lose my health insurance coverage if I lost my job, and there are no employment nondiscrimination laws in this state."

"I recognize the many inherent privileges I have as a white gay cis-male with adequate health insurance living in a progressive community in the South."

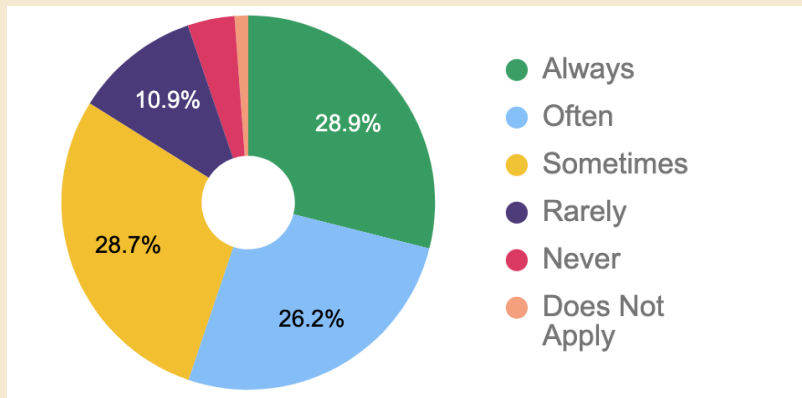
"I want to get a prescription to PrEP; but I am hesitant because I am on my parents' health insurance."

HEALTH CARE BEHAVIORS AND EXPERIENCES

Comfort Seeking Care

Among the overall sample, only slightly more than half of respondents generally feel comfortable seeking medical care within their community. Nearly 30% of respondents said they are *always* comfortable, closely followed by 26.2% of respondents who *often* feel comfortable. Another 28.7% of respondents only *sometimes* feel comfortable seeking care, and 14.9% said that they *rarely* or *never* feel comfortable seeking medical care within their community.

Fig. 5a: “I am comfortable seeking medical care within my community” in the total sample

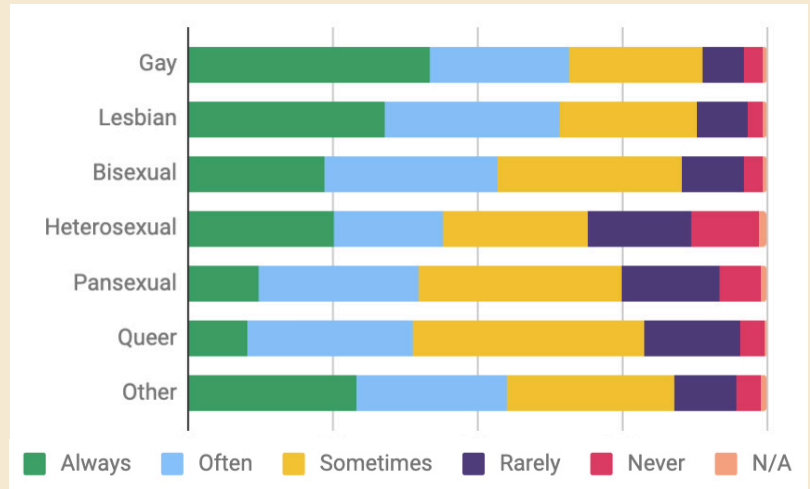


Comfort Seeking Care by Sexuality

A majority of gay (65.6%), lesbian (64%), and bisexual (53.5%) respondents said they are *always* or *often* comfortable seeking care.

A minority of pansexual (39.7%), queer (38.7%), and heterosexual (44.1%) respondents said they are *always* or *often* comfortable seeking care. At least one-fifth of respondents with these sexualities said that they *rarely* or *never* feel comfortable seeking care (23.8% pansexual, 20.6% queer, 29.6% heterosexual), compared to 14% or less of gay, lesbian, and bisexual respondents.

Fig. 5b: “I am comfortable seeking medical care within my community” by sexuality



Comfort Seeking Care by Cis/Trans Identity

Transgender respondents in general reported not feeling comfortable seeking care in their communities, with 12.6% indicating that they *always* feel comfortable and more than a quarter of respondents (26.5%) indicating that they *rarely* or *never* feel comfortable.

Comfort Seeking Care by Gender

Non-binary or non-conforming respondents were far less likely to say they *always* feel comfortable seeking care (7.7%) and slightly more likely to say they *rarely* or *never* feel comfortable (25.7%).

Comfort Seeking Care by Race

Black or African American respondents reported a higher rate of *always* feeling comfortable seeking care (36.1%), but they also reported the highest rate of *rarely* or *never* feeling comfortable (16.6%). Meanwhile, Hispanic or Latinx respondents reported the lowest rate of *always* feeling comfortable (24.1%) as well as the lowest rate of *rarely* or *never* feeling comfortable (11.4%).

Comfort Seeking Care by Income

Respondents with incomes higher than \$150K were more than twice as likely to report *always* feeling comfortable (54.0%) than those with incomes lower than \$15K (21.1%). Conversely, respondents with incomes less than \$15K were five times as likely to report *rarely* or *never* feeling comfortable (26.5%) than those with incomes higher than \$150K (5.6%).

Fig. 5c: "I am comfortable seeking medical care within my community" by cis/trans identity

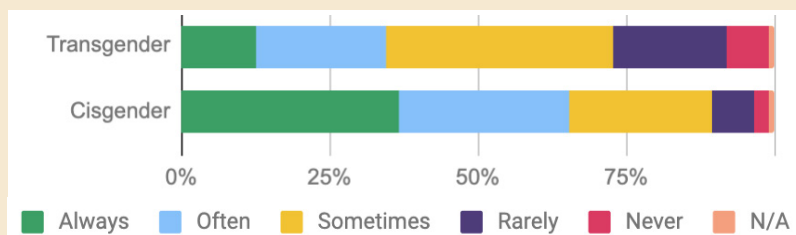


Fig. 5d: "I am comfortable seeking medical care within my community" by gender

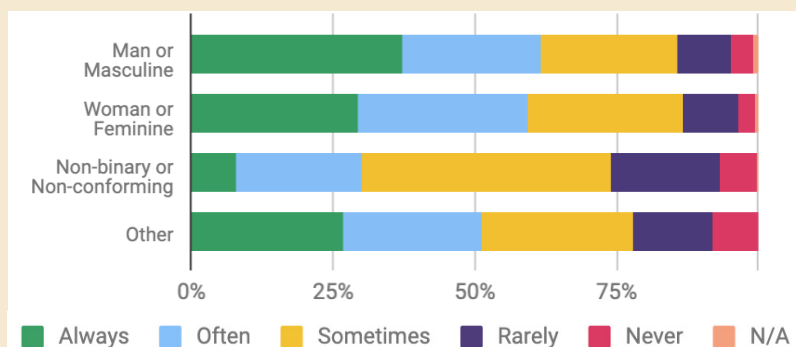


Fig. 5e: "I am comfortable seeking medical care within my community" by race

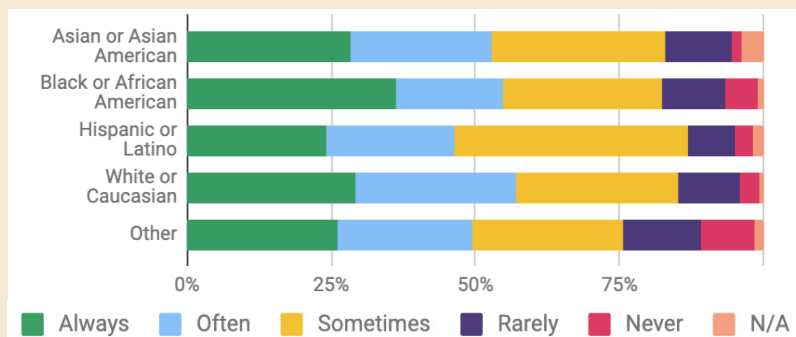
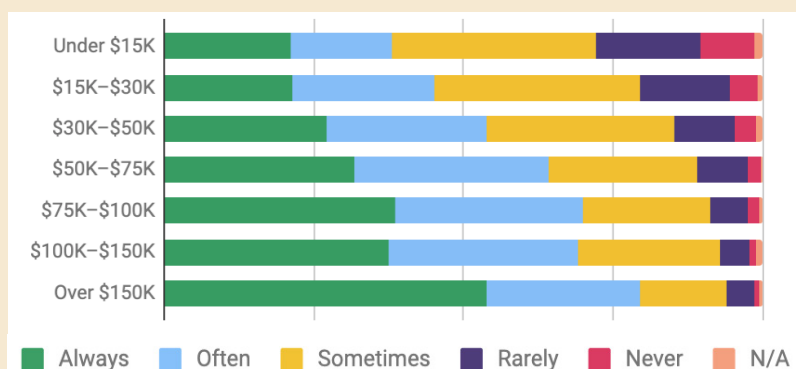


Fig. 5f: "I am comfortable seeking medical care within my community" by income



Dental Care

Just under a majority of respondents in the total sample (48.7%) said they *always* have access to dental care within their community. The remaining 51.3% who do not always have access indicated that they only *often* (17.4%), *sometimes* (13.2%), *rarely* (8.3%), or *never* (10.3%) have access to dental care.

Dental Care by Income

The best predictor of whether a respondent has access to dental care is their income: Respondents with higher incomes report higher rates of *always* being able to access dental care and lower rates of *never* being able to access. The reverse is true for respondents with lower incomes.

Dental Care by Cis/Trans Identity

Transgender respondents are 11 points more likely than cisgender respondents to report *rarely* or *never* being able to access dental care within their communities (26.6% compared to 15.2%, respectively).

Dental Care by Race

Respondents also revealed a racial disparity in access to dental care, with only 36.5% of Hispanic or Latinx respondents and 44.4% of Black or African American respondents saying they can *always* access dental care, compared to 50.7% of white respondents and 58.5% of Asian or Asian American respondents.

Fig. 5g: “I have access to dental care within my community” in the total sample

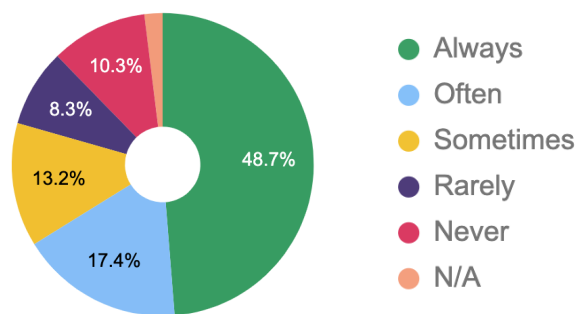


Fig. 5h: “I have access to dental care within my community” segmented by income

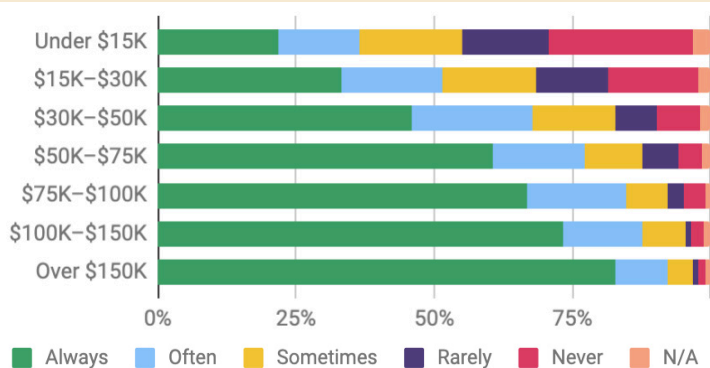


Fig. 5i: “I have access to dental care within my community” by cis/trans identity

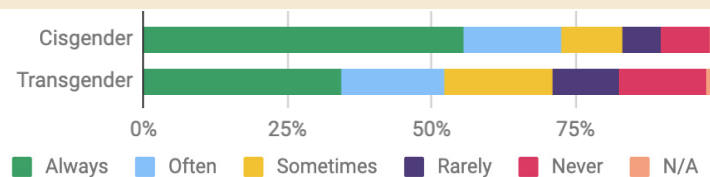
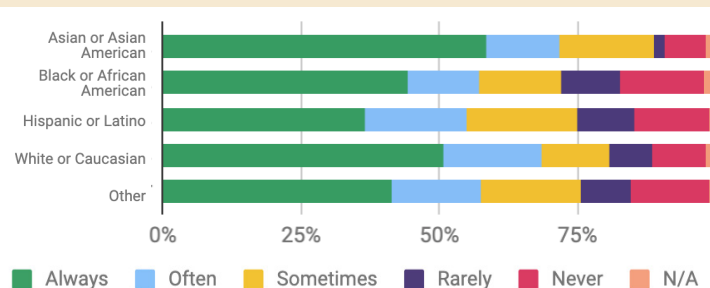


Fig. 5j: “I have access to dental care within my community” segmented by race



Educating Medical Providers

We asked respondents if they have to educate medical providers about their healthcare needs; 8.2% of respondents said they *always* have to educate their providers, while 16.0% chose *often*, 32.9% *sometimes*, 20.5% *rarely*, and 18.4% *never*.

We also asked respondents if they have to educate medical providers about their LGBTQ identity, and 26.9% of respondents said they *always* or *often* have to do so.

Educating Medical Providers by Cis/Trans Identity and Gender

Transgender respondents were much more likely to report having to educate their providers about their needs and identity: 41.3% of trans respondents reported *always* or *often* having to educate their providers about their health care needs. Nearly half (47.5%) of trans respondents said they *always* or *often* have to educate medical providers about their LGBTQ identity. Similarly, 40.4% and 48.8% of non-binary respondents said they *always* or *often* have to educate medical providers about their health care needs or LGBTQ identity, respectively.

Educating Medical Providers by Race

Respondents of color were twice as likely than white respondents to say that they *always* need to educate their medical providers about their health care needs (13.3% compared to 7.1%, respectively). Responses were more consistent across race when it came to educating providers about LGBTQ identities.

Fig. 5k: “I have to educate medical providers about...” in the total sample

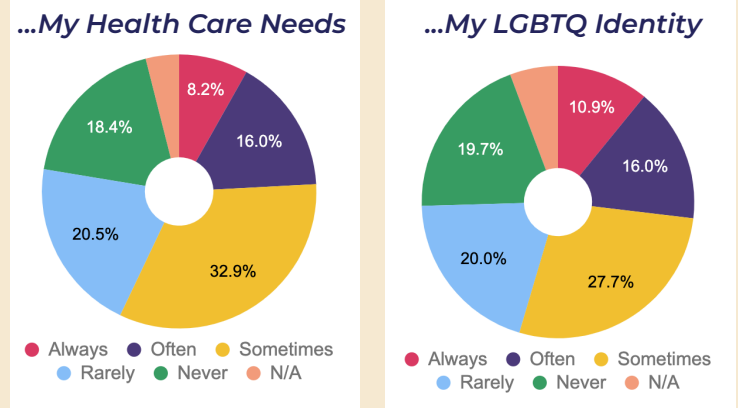


Fig. 5l: “I have to educate medical providers about...” by cis/trans identity

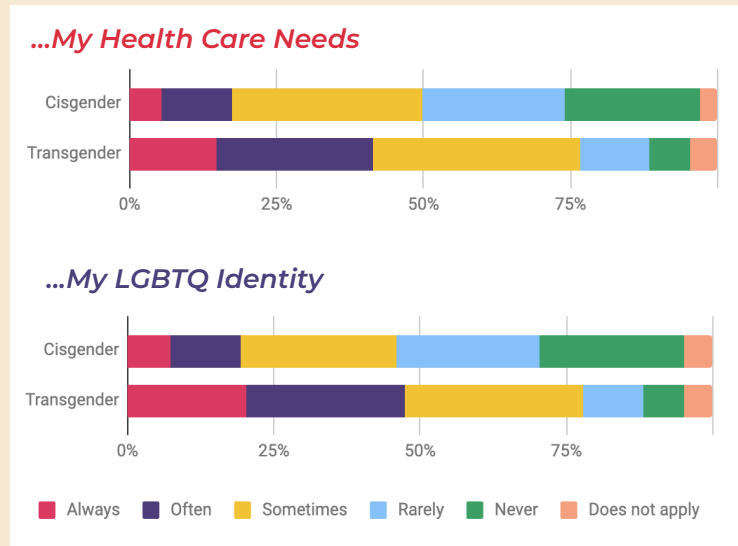
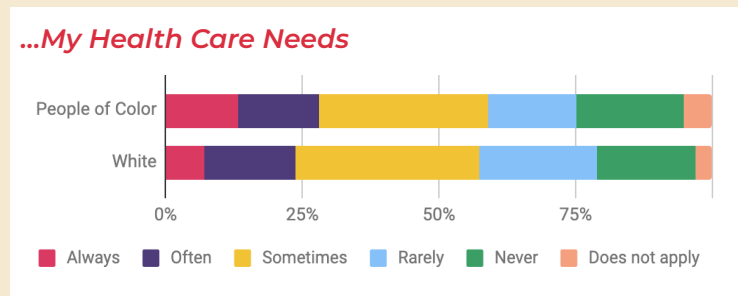


Fig. 5m: “I have to educate medical providers about...” by people of color or white



Delaying Care

Rates of Delaying Care for Financial Reasons

When respondents were asked if they ever delay seeking care due to the out-of-pocket cost of services, almost 70% reported that they *always* (22.3%), *often* (21.2%), or *sometimes* (25.9%) delay care.

These findings are slightly higher than what national data show. A national October 2018 survey showed that 54% of Americans have delayed care for themselves in the past year because of cost.⁵¹ Since 2006, Gallup has consistently tracked that around one-third of Americans delay care due to cost.⁵²

A majority of transgender respondents (54.2%) said they *always* or *often* delay care due to cost, higher than the 38.2% of cisgender respondents who said the same.

Respondents with lower incomes reported even higher frequency of delayed care due to cost. Nearly 60% of those with incomes less than \$30K said they *always* or *often* delay care due to cost, versus less than 20% of respondents with incomes greater than \$75K. Even among those in the second highest income bracket (\$100K - \$150K), 19.5% said that they *always* or *often* delay care due to costs.

Rates of Delaying Care Because of LGBTQ Identity

Among all respondents, 10.8% said that they *always* or *often* delay seeking care because of their LGBTQ status. 25.8% of transgender respondents agreed that they delay care because of their LGBTQ identity, while less than 5% of cisgender respondents reported similar rates.

⁵¹ Griffin, P. (2018). Waiting to Feel Better: Survey Reveals Cost Delays Timely Care. (2018) Earnin. Retrieved on October 16, 2019 from <https://www.earnin.com/data/waiting-feel-better>

⁵² Saad, L. (2018). Delaying Care a Healthcare Strategy for Three in 10 Americans. Gallup. Retrieved on October 16, 2019 from <https://news.gallup.com/poll/245486/delaying-care-healthcare-strategy-three-americans.aspx>.

Fig. 5n: "I delay seeking medical care..." in the total sample

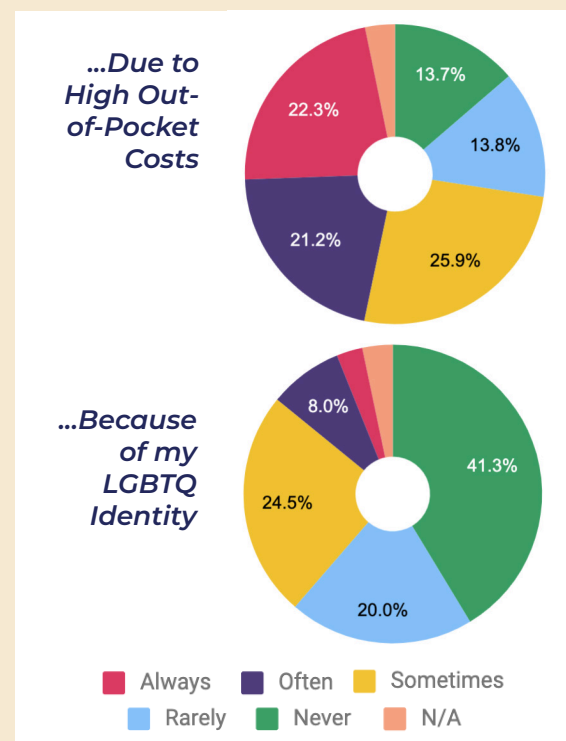
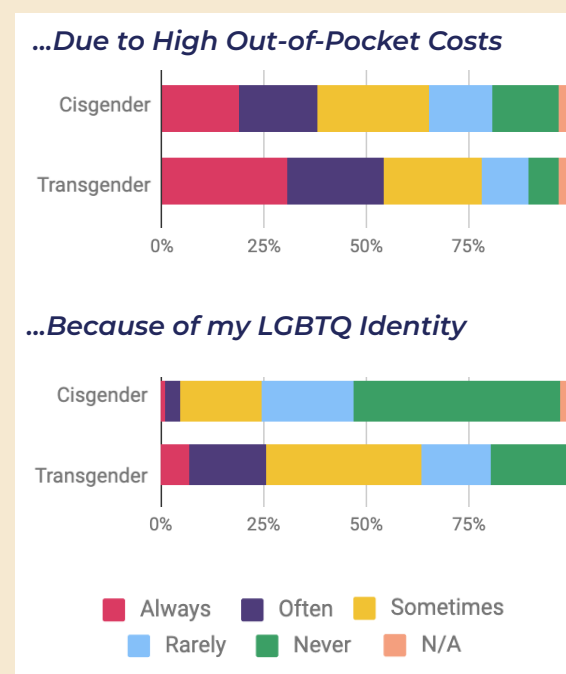


Fig. 5o: "I delay seeking medical care..." by cis/trans identity



LGBTQ Identity in Care

We asked respondents how their LGBTQ identity affected their treatment-seeking behavior and their interactions with providers. Overall, 43.7% of respondents reported that they *always* or *often* think that doctors in their community are able to provide affirming care for LGBTQ patients.

The percentage of respondents who fear anti-LGBTQ mistreatment is slightly higher than the percentage of respondents who actually experience anti-LGBTQ mistreatment. Nearly 11% of respondents said they *always* or *often* delay seeking care due to their LGBTQ identity, and 7.4% of respondents said they *always* or *often* deal with mistreatment in care due to their LGBTQ identity.

Just over 36% of respondents reported feeling that being LGBTQ *always* or *often* changed how a medical professional interacts with them.

More than half – 51.5% – of respondents said they feel that being in the South makes it *always* or *often* harder to access quality medical care for LGBTQ individuals.

Fig. 5p: “I think doctors in my community are able to provide quality medical care to LGBTQ individuals” in the total sample

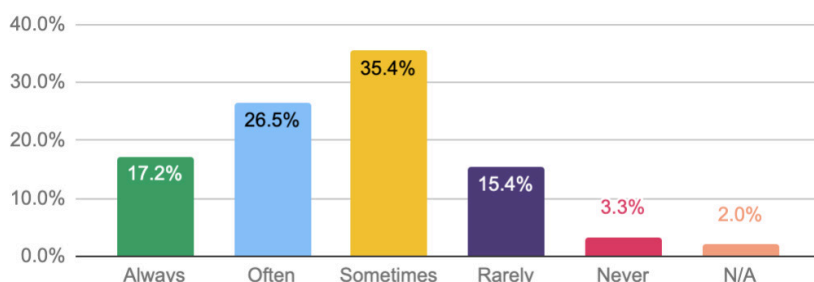
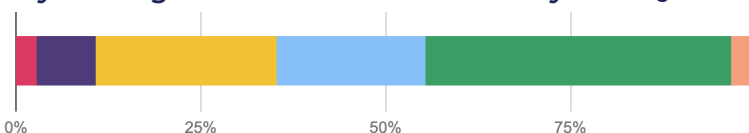
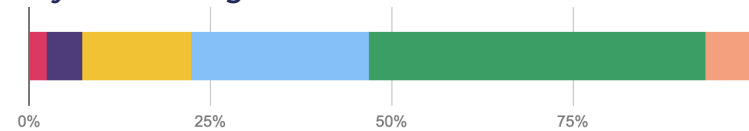


Fig. 5q: Experiences with and fears about anti-LGBTQ mistreatment in the total sample

I delay seeking medical care because of my LGBTQ identity

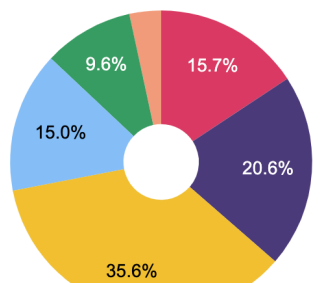


I deal with mistreatment due to my LGBTQ identity in order to get medical care



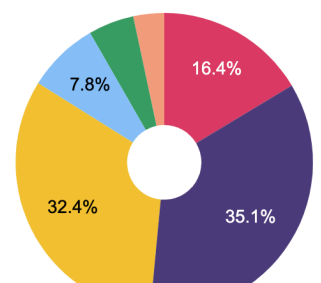
Legend: Always (red), Often (purple), Sometimes (yellow), Rarely (blue), Never (green), Does not apply (orange)

Fig. 5r: “I think being LGBTQ changes how a medical professional interacts with me” in the total sample



Legend: Always (red), Often (purple), Sometime (yellow), Rarely (blue), Never (green), N/A (orange)

Fig. 5s: “Being in the South makes it harder for LGBTQ individuals to access quality medical care” in the total sample



Legend: Always (red), Often (purple), Sometimes (yellow), Rarely (blue), Never (green), N/A (orange)

LGBTQ Identity in Care by Sexuality

Pansexual, queer, and heterosexual respondents were least likely to believe doctors in their communities could provide quality care for members of the LGBTQ community, with 29.4%, 29.2%, and 27.2%, respectively, saying that doctors *rarely* or *never* could provide such care to LGBTQ patients.

LGBTQ Identity in Care by Cis/Trans Identity

The percentage of transgender respondents who *always* or *often* deal with mistreatment due to their identity is 14 points higher than that of cisgender respondents. Transgender respondents were three times as likely as cisgender respondents to say that being LGBTQ *always* changes how a medical professional interacts with them (30.1% compared to 10.8%). And nearly three-fourths (72.7%) of all trans respondents said being in the South *always* or *often* makes accessing quality care harder.

LGBTQ Identity in Care by Income

Respondents with lower incomes were more likely to agree that being in the South makes it harder for LGBTQ people to access quality care, with 25.9% of respondents with incomes lower than \$15K choosing *always* (compared to 7.0% of those with incomes higher than \$150K).

Fig. 5t: “I think doctors in my community are able to provide quality medical care to LGBTQ individuals” by sexuality

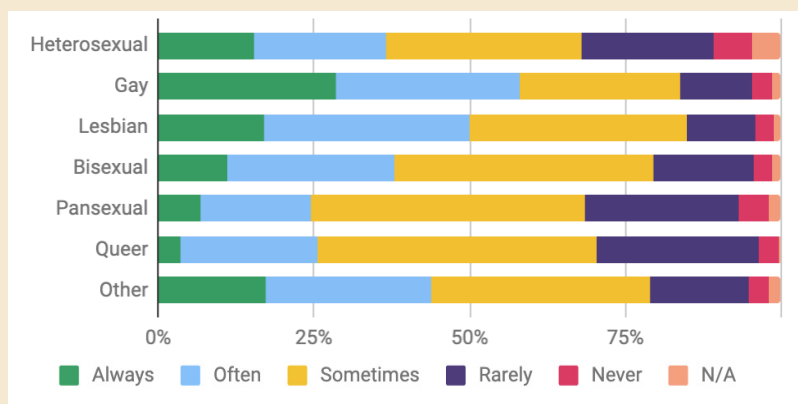
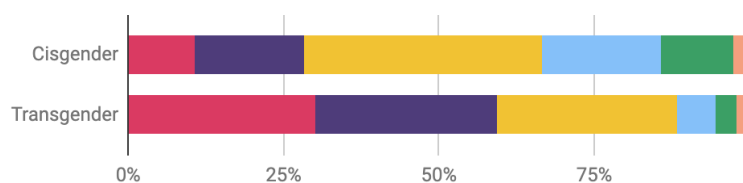


Fig. 5u: Accessing care by trans/cis identity

Being LGBTQ changes how a medical professional interacts with me



Being in the South makes it harder for LGBTQ individuals to access quality medical care

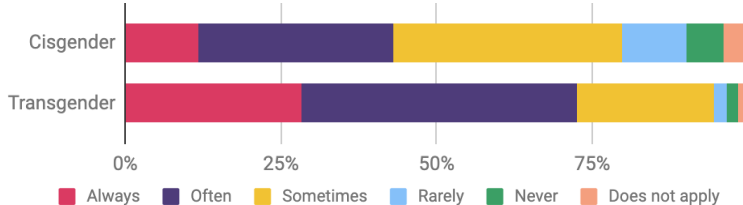
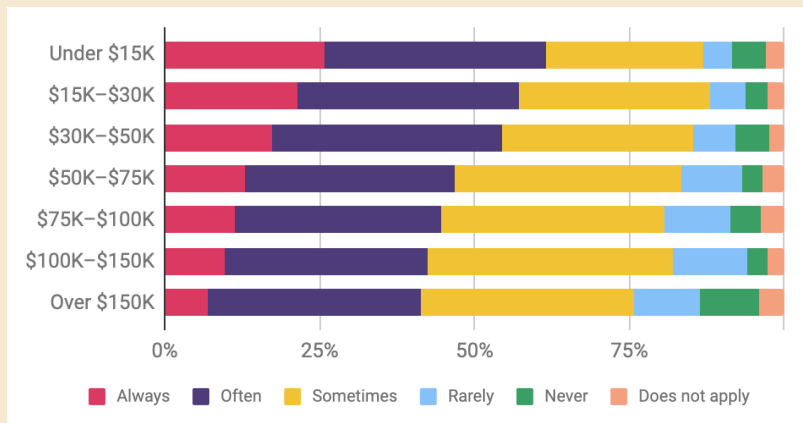


Fig. 5v: “Being in the South makes it harder for LGBTQ individuals to access quality medical care” by income



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Health Care Behaviors and Experiences

"I've had a few doctors who made me feel very uncomfortable as a bisexual individual with the obvious judgmental body language when I answered questions about my sexual activity (as I had recently within the past few months been with a man and a woman). From that point on in the appointment, it was more about getting me out the door than actually treating me."

"I haven't had many issues but mainly because I keep my identity hidden. The fear, despite having little to no first hand abuse from being LGBT, is strong in the South. I'm especially afraid to talk about mental health in the South."

"I stay closeted and use my deadname to avoid the risk of harassment and denial of care. I don't let myself consider the possibility of any medical transition. I have no idea what I'm going to do when I'm kicked off my parents' health insurance in less than a year."

"Even when I am able to find a medical professional that I am comfortable with, almost always the office support staff and nursing staff treats me with disrespect and makes me feel my health information is at risk because I am LGBTQ."

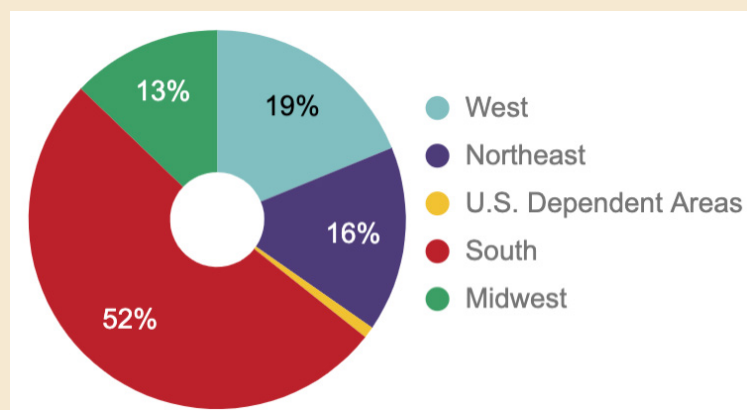
HIV STATUS, PREVENTION, TESTING & TREATMENT

National Data on HIV

We asked all respondents a series of questions regarding HIV status, prevention, and testing and then asked an additional set of questions regarding medication for respondents who indicated living with HIV.

The South is the modern-day epicenter of the HIV crisis in the United States. In September 2019, the Centers for Disease Control (CDC) wrote, “The South now experiences the greatest burden of HIV infection, illness, and deaths of any U.S. region, and lags far behind in providing quality HIV prevention and care to its citizens. Closing these gaps is essential to the health of people in the region and to our nation’s long-term success in ending the HIV epidemic.”⁵³ According to 2016- 2017 CDC data, one-half of all HIV diagnoses occur in the South, 47% of HIV related deaths happened in the South, and 46% of people living with HIV live in the South. Furthermore, people in Southern states were less likely than people in other regions to know their HIV status.^{54,55}

Fig. 6a: Rates of new HIV diagnoses in the United States in 2017, segmented by geographic region⁵⁴



Regionally, the South accounts for the majority of Blacks newly diagnosed with HIV (63% in 2017) and Blacks living with an HIV diagnosis at the end of 2016 (58%), according to a 2019 report from the Kaiser Family Foundation.⁵⁶ Approximately half of all trans people who received an HIV diagnosis from 2009 to 2014 lived in the South, and half of all trans people who were diagnosed with HIV were Black.⁵⁷ Furthermore, 23% of new HIV diagnoses in the South are in non-metro areas – a higher rate than in any other region in the country.⁵⁸ “The South’s larger and more geographically dispersed population of people living with HIV creates unique challenges for prevention and treatment,” the CDC notes in a report on HIV and regionality.⁵⁷

53 Centers for Disease Control and Prevention. (2019). *Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report*, 24(1). Retrieved on October 16, 2019 from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

54 Centers for Disease Control and Prevention. (2019). *HIV in the United States by Region*. Retrieved on October 16, 2019 from <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>.

55 Centers for Disease Control and Prevention. (2016). *HIV in the Southern United States*. Retrieved on October 16, 2019 from <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>.

56 The Henry J. Kaiser Family Foundation. (2019). *Black Americans and HIV/AIDS: The basics*. Retrieved on October 29, 2019 from: <https://www.kff.org/hiv/aids/fact-sheet/black-americans-and-hiv-aids-the-basics/>.

57 Centers for Disease Control and Prevention. (2019). *HIV and Transgender People*. Retrieved on October 16, 2019 from [cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf](https://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf).

58 Centers for Disease Control and Prevention. (2019). *HIV in the United States by Region*. Retrieved on October 16, 2019 from <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>.

Rates of Living with HIV

Of our full sample, 5.0% of respondents reported that they are living with HIV, compared to 0.3% people in the general U.S. population who are living with HIV.⁵⁹

More than 10% of survey respondents reported that they did not know their HIV status. At the same time, nearly 40% of respondents said that they have never been tested. This suggests that some participants reported being HIV-positive or HIV-negative while also reporting that they have never been tested. Some research shows that gay males' self-perception of their HIV risk influences their rate and tendency to get tested. If an individual perceives their risk of HIV as low, then they may be less likely to get tested.⁶⁰ We recommend additional research in this area focused on the entire LGBTQ community.

Rates of Living with HIV by Race

Black or African American respondents reported the highest rate of living with HIV among racial groups. More than 22% of Black or African American respondents reported living with HIV, compared to 6.3% of Hispanic or Latinx, 5.9% Asian or Asian American, 3.0% of white respondents, and 4.5% respondents who selected *other* as a racial identity.

⁵⁹ Centers for Disease Control and Prevention. (2018). HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 29. Retrieved on October 31, 2019 from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

⁶⁰ Gallagher, T. M., L. Link, M. Ramos, E. Bottger, J. Aberg, & D. Daskalakis. (2014). Self-Perception of HIV Risk and Candidacy for Pre-Exposure Prophylaxis Among Men Who Have Sex with Men Testing for HIV at Commercial Sex Venues in New York City. *LGBT Health*, 1(3), 218–224.

Fig. 6b: HIV status in the total sample

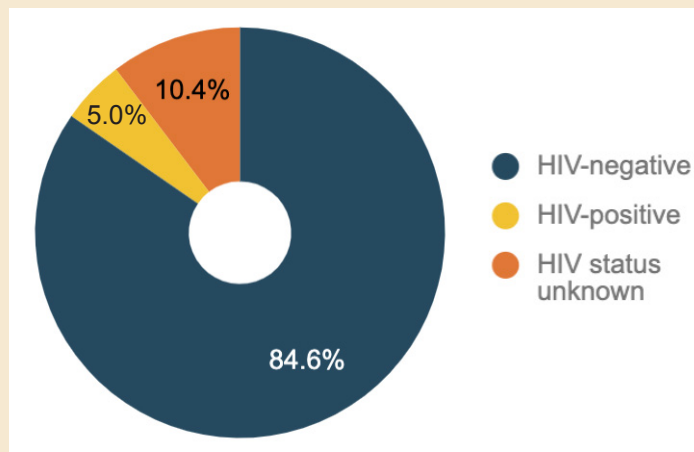


Fig. 6c: Rates of living with HIV among respondents and in the general population

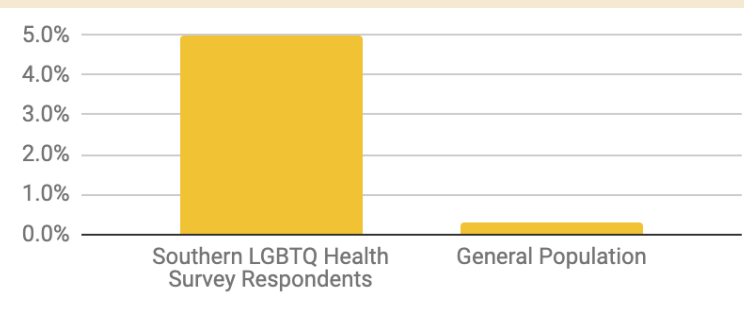
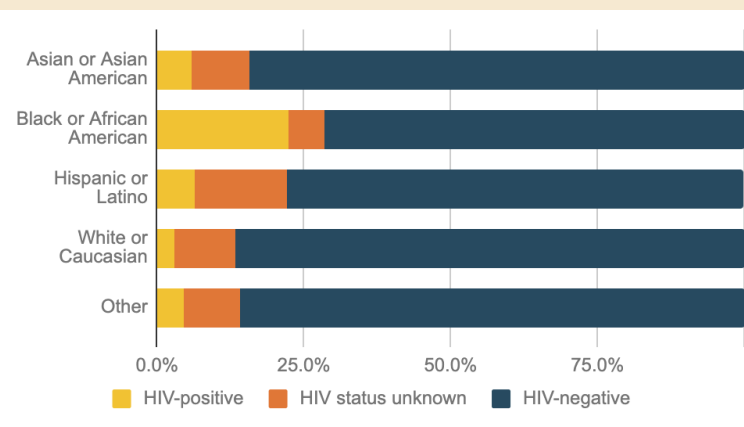


Fig. 6d: Rates of living with HIV, segmented by race



Rates of Living with HIV by Age

Older respondents reported higher rates of living with HIV than younger respondents: nearly 10% of respondents within each age category above 45 (45-54, 55-64, 65+) reported living with HIV, compared to 0.9% of respondents ages 18-24. It's important to note, however, that among 18-24 year olds, 19% reported not knowing their status (compared to 10% of the total survey sample).

Rates of Living with HIV by Sexuality

Thirteen percent of gay respondents reported living with HIV, which is comparable to rates among heterosexual respondents and the highest rate when compared to respondents of other non-heterosexual sexualities, who reported rates no higher than 5%.

Rates of Living with HIV by Cis/Trans Identity

Overall, transgender respondents reported living with HIV at a rate of 4.6%, while cisgender respondents reported at a rate of 5.5%. However, 13.2% of trans respondents do not know their status, compared to 8.6% of cis respondents.

Rates of Living with HIV by Income

Survey participants with lower incomes reported higher rates of living with HIV (7.0% under \$15K, 6.8% between \$15K-30K).

Fig. 6e: Rates of living with HIV, by age

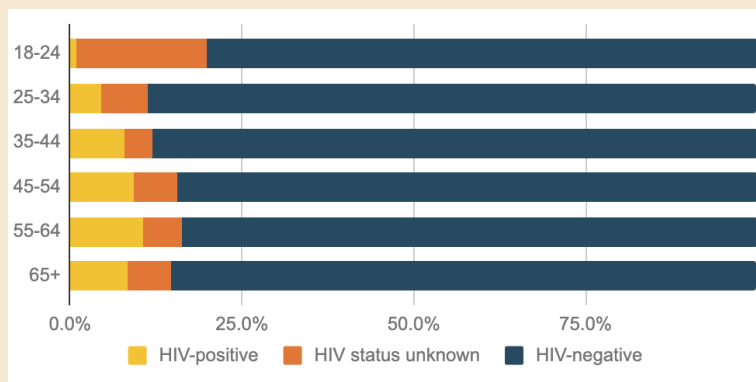


Fig. 6f: Rates of being living with HIV, segmented by sexuality

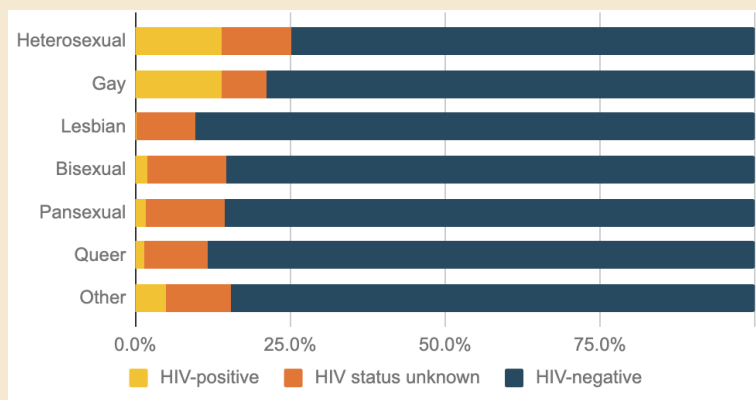


Fig. 6g: Rates of being living with HIV, segmented by cis/trans identity

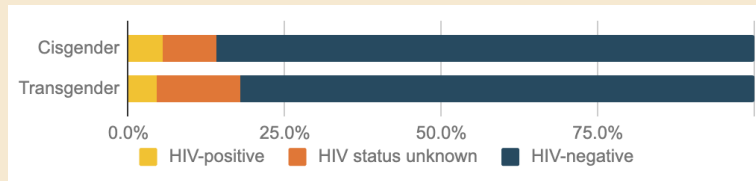
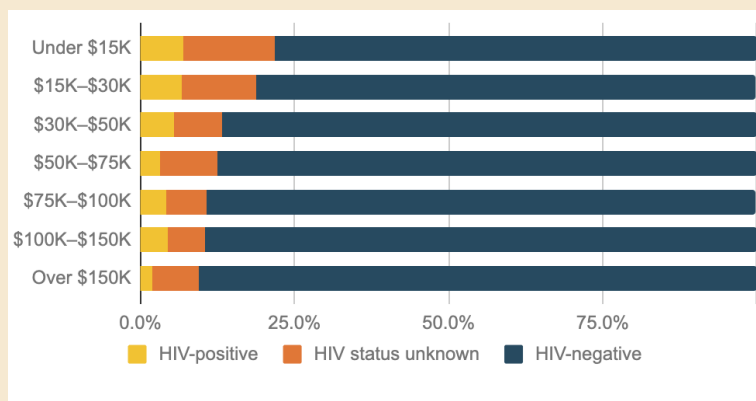


Fig. 6h: Rates of living with HIV, by income



Demographics of Respondents Who Report Living with HIV

Racial Demographics of Respondents Living with HIV

Of all respondents who reported living with HIV, 45.9% are white, 44.0% are Black or African American, 4.8% are Hispanic or Latinx, 1.4% Asian or Asian American, and 3.9% are other racial identities.

Sexuality Demographics of Respondents Living with HIV

Of respondents who are living with HIV, 73.3% identified as gay.

Among gay respondents who are living with HIV, 90.0% identify as men or masculine.

Among gay male respondents who are living with HIV, 59.3% are white and 31.9% are Black or African American.

Fig. 6i: Respondents who report living with HIV, segmented by race

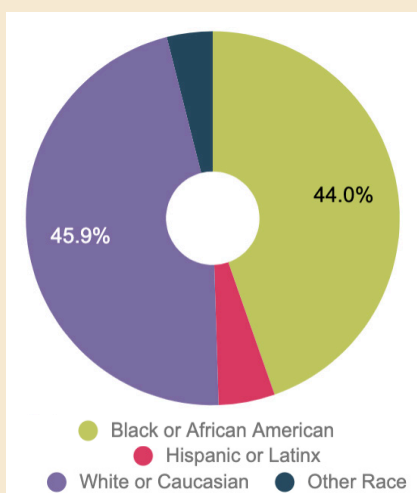


Fig. 6j: Respondents who report living with HIV, segmented by sexuality

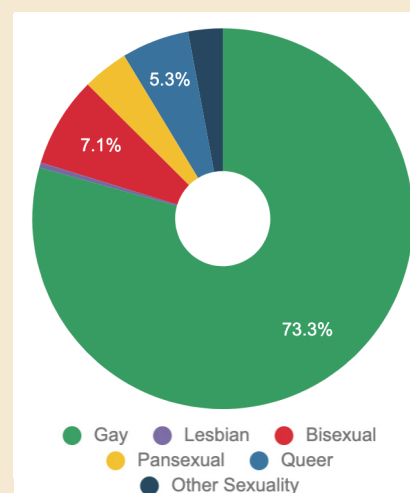


Fig. 6k: Respondents who report living with HIV and being gay, segmented by race

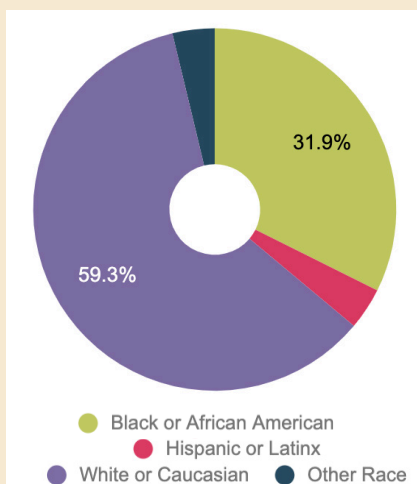
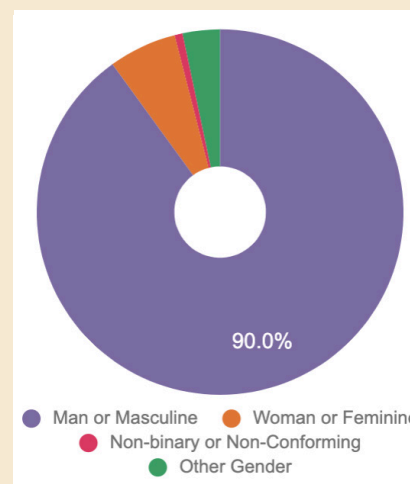


Fig. 6l: Respondents who report living with HIV and being gay, segmented by gender



Cis/Trans Identity of Respondents Living with HIV

Of respondents who reported living with HIV, the majority are cisgender (73.6%), compared to the 26.4% of respondents who reported living with HIV who are transgender.

A majority, 74.5%, of transgender people who reported living with HIV are female identified, with the remaining 25% identifying as non-binary or *other* gender. The vast majority of any women who reported living with HIV in this sample are transgender women of color (90.9%); within the subsample of women who are living with HIV, 81.8% are Black or African American, 6.1% are Hispanic or Latinx, and 3.0% identify as other racial identities. Of respondents who said they are living with HIV and men or masculine, 100% are cisgender, meaning that zero transgender men from this survey sample reported living with HIV.

Of all trans respondents who reported living with HIV, 67.9% identify as Black or African American; among cisgender respondents who report living with HIV, 35.3% identify as Black or African American.

Fig. 6m: Respondents who report living with HIV, segmented by cis/trans identity

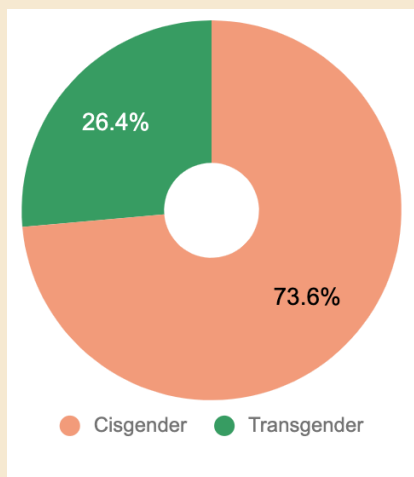


Fig. 6n: Respondents who report living with HIV and being trans, segmented by gender*

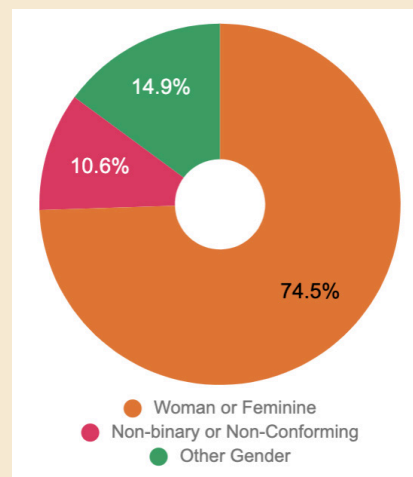


Fig. 6o: Race of respondents who report living with HIV, segmented by cis/trans identity

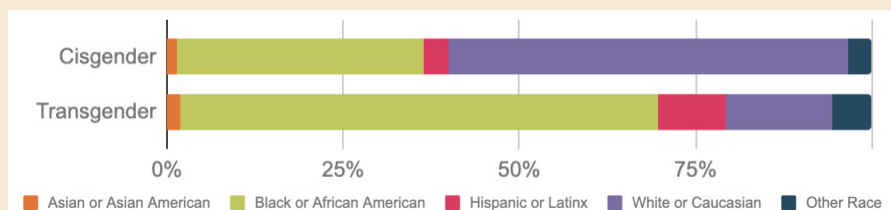


Fig. 6p: Respondents who report living with HIV and being men or masculine, segmented by race**

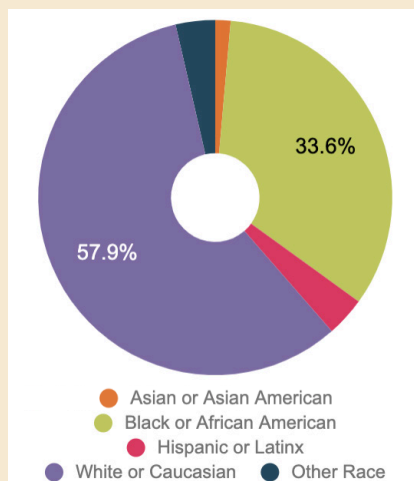
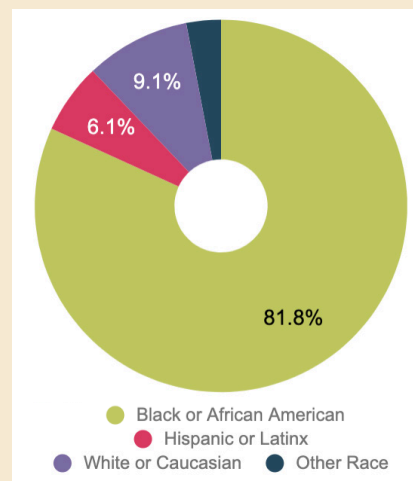


Fig. 6q: Respondents who report living with HIV and being women or feminine, segmented by race***



* 0% of transgender respondents living with HIV identified as men or masculine.

** 100% of respondents living with HIV who identify as men or masculine in this study are cisgender.

*** 100% of respondents living with HIV who identify as women or feminine in this study are transgender.

HIV Knowledge and Prevention

A majority of respondents in the total sample reported *excellent* (46.5%) or *good* (37.3%) knowledge about HIV testing and prevention. Only 3.7% reported having *poor* knowledge about HIV testing and prevention.

Respondents who reported living with HIV were generally more knowledgeable about prevention than respondents who reported being HIV-negative, with 96.4% and 86.3%, respectively, reporting *excellent* or *good* knowledge about HIV prevention. Of those who did not know their status, 57.0% reported *excellent* or *good* knowledge about prevention.

Knowledge about HIV prevention by race

The majority of all respondents, regardless of race, indicated that they felt knowledgeable about HIV prevention. Black or African American respondents reported the highest rates of knowledge, with 90.6% indicating that they had *excellent* or *good* knowledge about prevention, closely followed by 84.0% of white respondents and 72.8% of Hispanic or Latinx respondents.

Fig. 6r: “How would you rate your knowledge about HIV prevention?” in the total sample

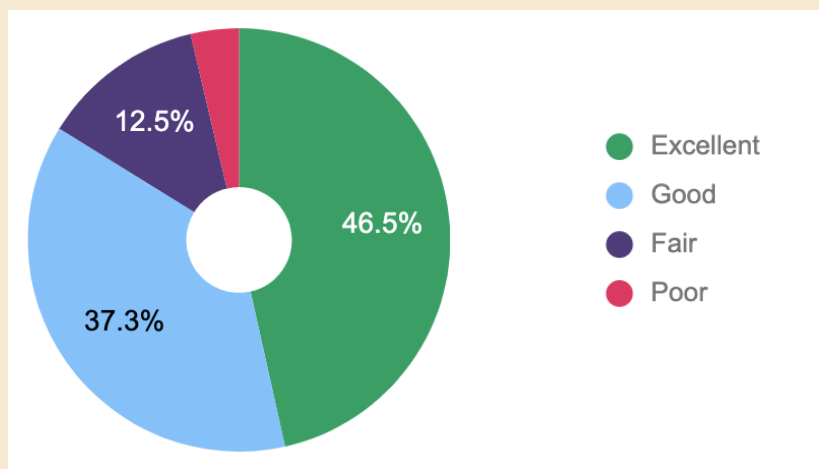


Fig. 6s: “How would you rate your knowledge about HIV prevention?” by HIV status

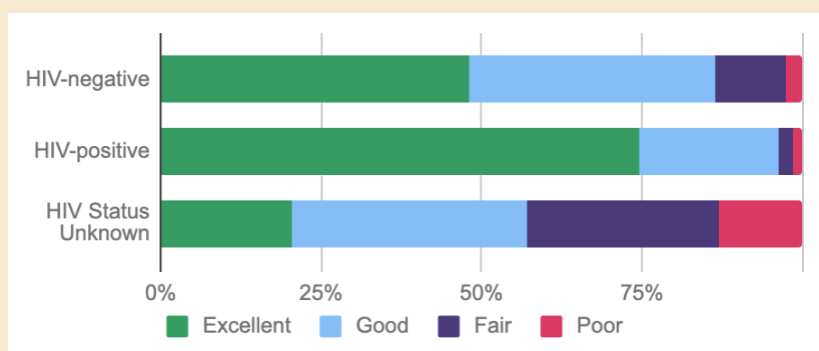
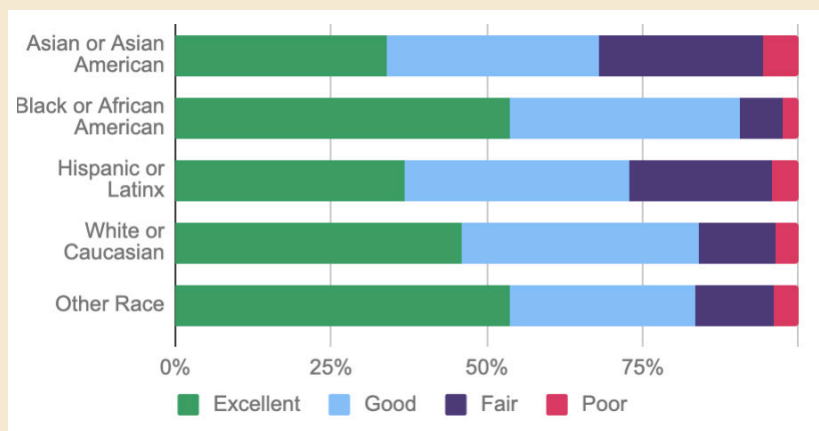


Fig. 6t: “How would you rate your knowledge about HIV prevention?” segmented by race



Knowledge about HIV prevention by sexuality

Gay respondents who said they are living with HIV also reported high rates of knowledge (90.0% *excellent* and *good*). Around 70% of respondents with sexual identities other than gay indicated the same level of knowledge.

Knowledge about HIV prevention by cis/trans identity

A majority of transgender and cisgender respondents said they are knowledgeable about HIV prevention, with 78.7% and 86.3% respectively reporting *excellent* or *good* knowledge.

However, transgender respondents were somewhat less likely than cisgender respondents to report *excellent* knowledge (38.8% compared to 49.8%).

Knowledge about HIV prevention by gender

Those who identified or presented as masculine reported slightly higher rates of knowledge (88.8% *excellent* or *good*). Over one-fourth of non-binary respondents, however, said they have *fair* or *poor* knowledge about prevention.

Fig. 6u: “How would you rate your knowledge about HIV prevention?” by sexuality

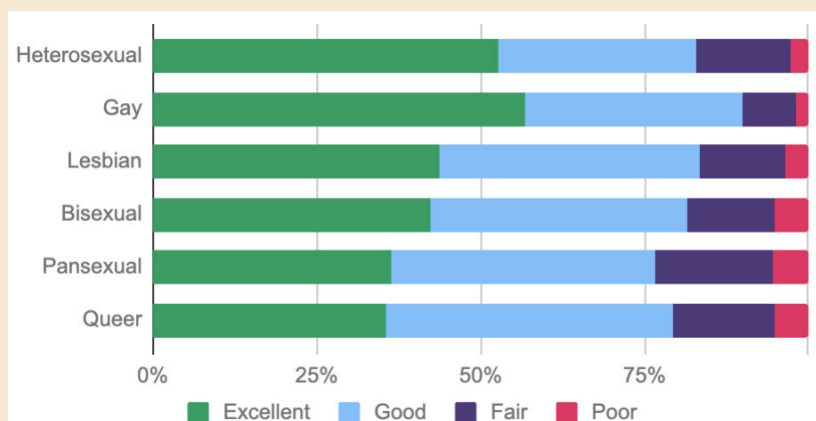


Fig. 6v: “How would you rate your knowledge about HIV prevention?” by cis/trans identity

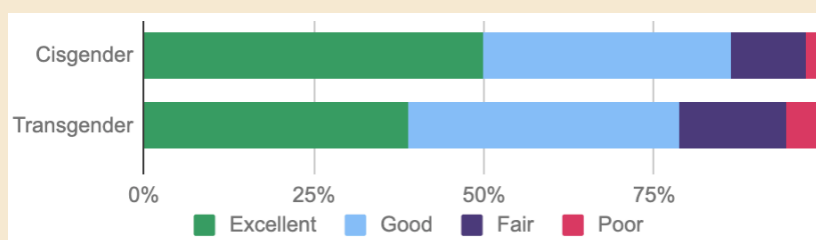
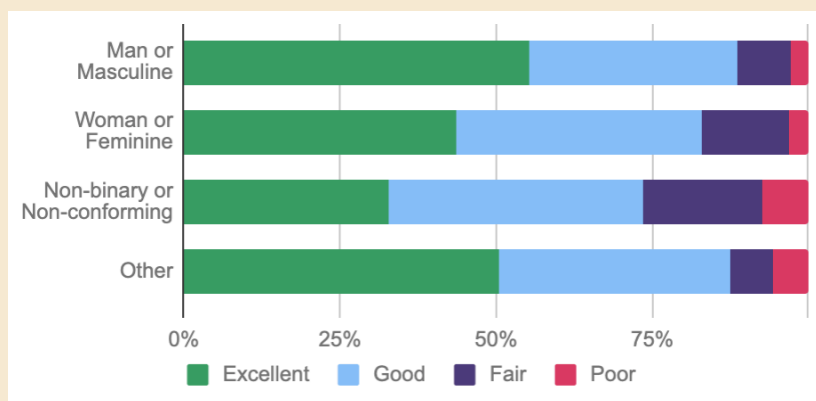


Fig. 6w: “How would you rate your knowledge about HIV prevention?” by gender



HIV Testing & Prevention

Frequency of HIV Testing

Over half of respondents reported *never* or *rarely* (*less than every 3 years*) getting tested for HIV. Almost 40% of respondents have *never* been tested for HIV, while 23.2% are tested for HIV about every 3-5 years. The remaining respondents are either tested *yearly* (19.4%), *once every six months* (17.4%), or *monthly* (2.1%).

The lack of regular testing is concerning because the South experiences higher rates of HIV compared to the rest of the nation.⁶¹ According to the CDC, individuals should get tested annually, with some considerations for LGBTQ people to get tested every 3-6 months. This issue is further complicated by the fact that 1 in 7 individuals who are living with HIV are unaware of their diagnosis.⁶²

Frequency of Testing by HIV Status

This differed significantly by HIV status – those who reported not knowing their status said they are tested least frequently, with 91.8% saying they are tested *never* or *every 3-5 years*. Almost 20% of respondents who are HIV-negative are tested at least *once every six months*.

Frequency of HIV Testing by Gender

Among non-binary respondents, over 63.9% said they get tested either *every 3-5 years* or *never*. Women and feminine respondents get tested the least frequently, with 46.4% *never* being tested.

⁶¹ Centers for Disease Control and Prevention. (2019). *Hiv testing*. Retrieved from: <https://www.cdc.gov/hiv/testing/index.html>

⁶² Centers for Disease Control and Prevention. (2019). *U.S. Statistics*. Retrieved from: <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

Fig. 6x: “How often do you get tested for HIV?” in the total sample

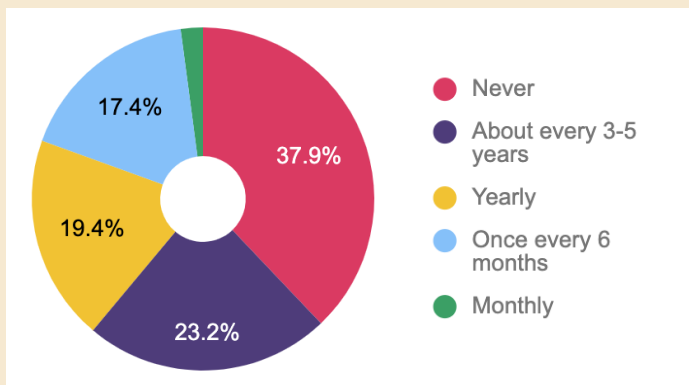


Fig. 6y: “How often do you get tested for HIV?” segmented by HIV status

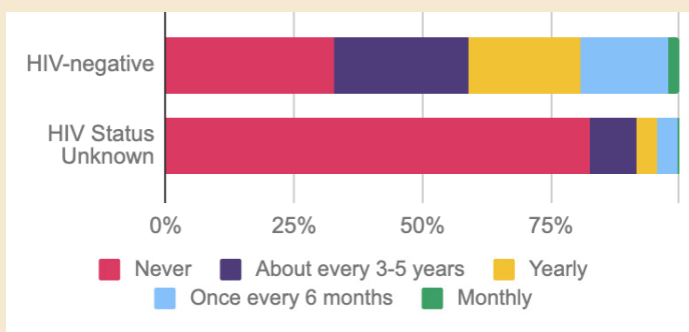
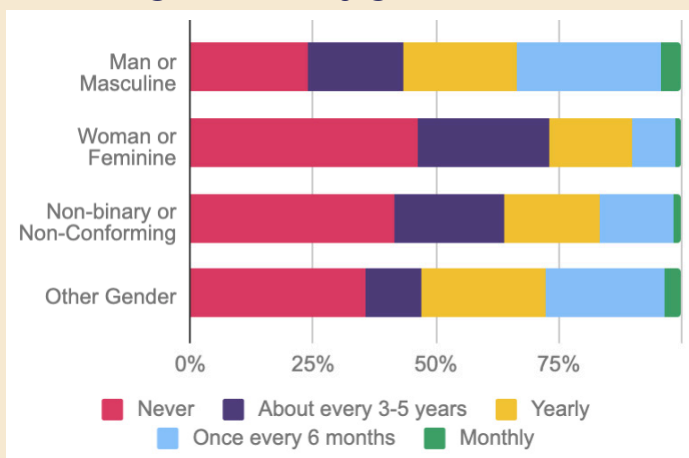


Fig. 6z: “How often do you get tested for HIV?” segmented by gender



Frequency of Testing by Race

Black or African American respondents reported getting tested for HIV at more frequent rates when compared to other survey respondents; Black or African American respondents were two times more likely to be tested *every one to six months* than Asian or Asian American respondents, Hispanic or Latinx respondents, and respondents of other racial minorities – and three times more likely to be tested *every one to six months* than white respondents.

Access to HIV Testing and Prevention-Related Services and Care

Despite the relative infrequency of testing among respondents, the majority of all respondents said they feel comfortable getting tested and can easily access testing in their community. For both questions, over 40% of all respondents indicated *always* (41.2% comfortable getting tested, 41.4% access to testing) and over 15% indicated *often* (14.2% comfortable, 16.3% access).

Similarly, 40.3% of respondents said they *always* know where to access HIV treatment, and 11.8% said they *often* know. That leaves 13.5% of respondents who said they *rarely* or *never* feel comfortable being tested, and 11.6% who said they *rarely* or *never* can access testing in their community.

Fig. 6aa: “How often do you get tested for HIV?” segmented by race

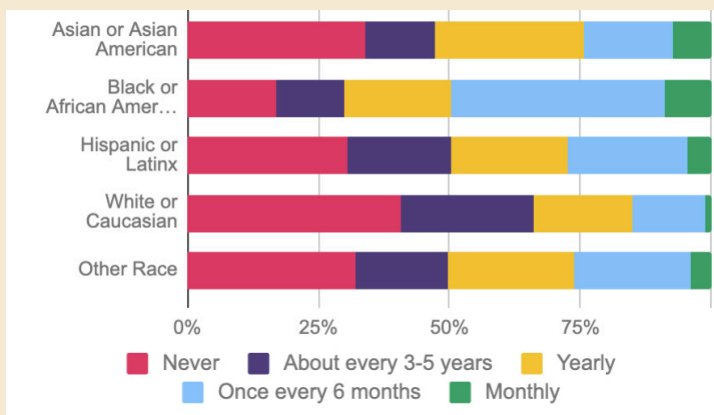


Fig. 6ab: “I feel comfortable getting tested for HIV” segmented by HIV status

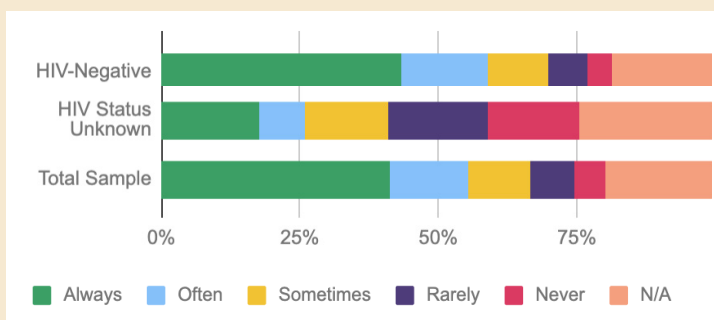


Fig. 6ac: “I can easily access HIV testing in my community” segmented by HIV status

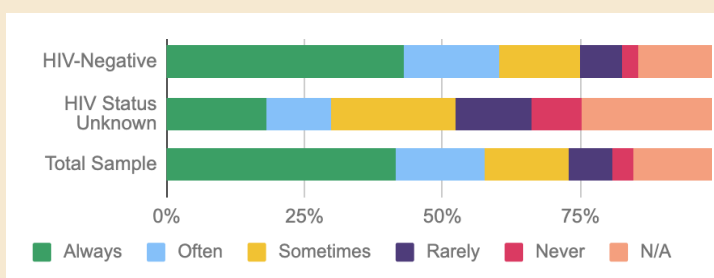
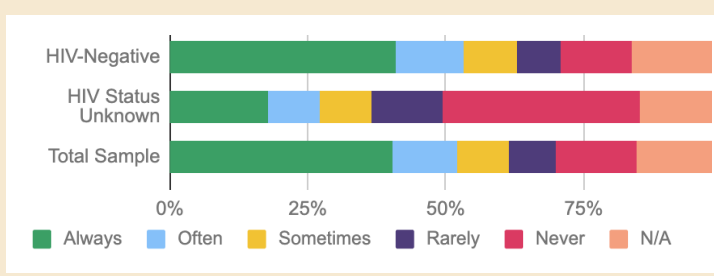


Fig. 6ad: “I know where to access HIV treatment in my community” by HIV status



Comfort Talking to Providers About HIV

Among all respondents, 22.7% said that they *always* and 13% said that they *often* feel comfortable talking with their medical provider about HIV-related prevention needs.

Access to Safe-Sex Resources

We asked respondents about access to safe-sex resources. Most respondents said they are *always* (56.0%) or *often* (11.0%) able to easily access condoms.

Access to Safe Needles

We also asked participants about their ability to access clean needles⁶³ for either illicit or prescription drug injection, and one-quarter of all respondents reported that this question is applicable to them. Of those who reported the question is applicable to them, 46.7% said they can *always* access safe needles, while about one-third (32.3%) said they can *rarely* or *never* access safe needles.

⁶³ Note: Please note that the term "safe" is preferred to the term "clean" by advocates in the field of harm reduction because it reduces stigma. For this reason, although we used the term "clean needles" in the survey question, we will use "safe needles" throughout our report.

Fig. 6ae: "I feel comfortable talking with my medical provider about my needs related to HIV prevention" segmented by HIV status

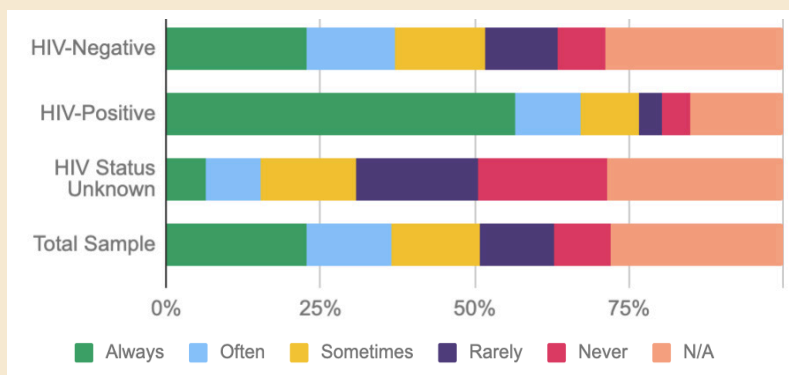


Fig. 6af: "I can easily access condoms" segmented by HIV status

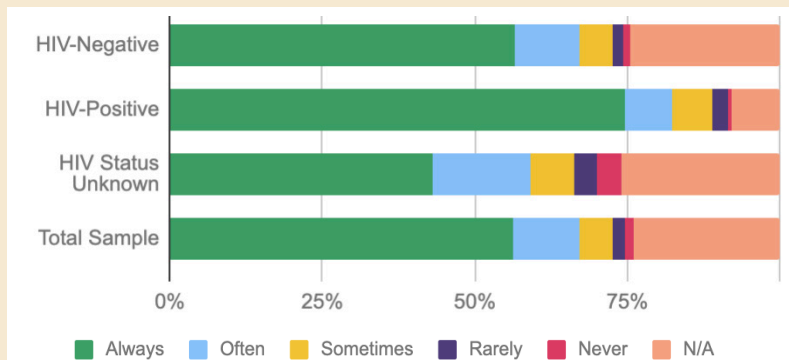


Fig. 6ag: "I can easily access clean needles" in the total sample

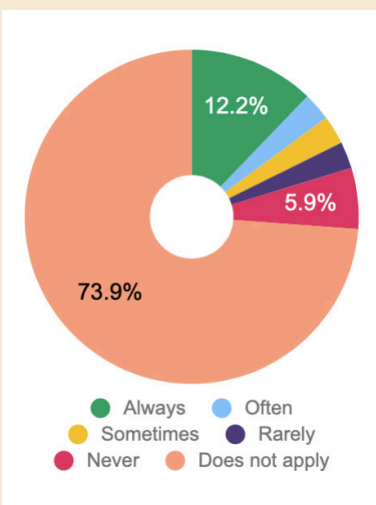
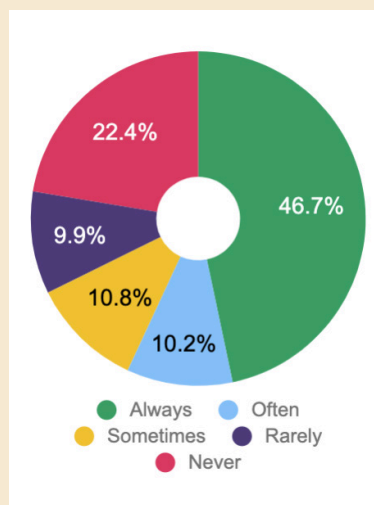


Fig. 6ah: "I can easily access clean needles" in the total sample, excluding those who chose N/A



Knowledge and Experiences of Respondents Living with HIV

In this section, we discuss the specific HIV-related experiences of the 5% of our sample that reported living with HIV.

Over half of respondents who are living with HIV are tested *once every six months* (50.9%), while nearly 30% *never* get tested.

Most said that they *always* or *often* feel comfortable talking with their medical care provider (56.5% *always*, 10.8% *often*) and know where to access treatment (73.8% *always*, 8.9% *often*).

Most can *always* easily access condoms (74.7%). Regarding access to safe needles, 69.2% selected *Does Not Apply* and 15.6% indicated they can easily access safe needles (55.0% of those to whom it did apply indicated *always* or *often* having access).

Experiences of Respondents Living with HIV by Sexuality

Almost all gay respondents who are living with HIV (97.5%) reported *excellent* or *good* knowledge about HIV, while 68.9% said they are *always* or *often* comfortable talking about prevention with their doctor. A majority said that they know where to access treatment (83.7%), know where to access condoms (82.4%), and know where to access safe needles (13.9%, with 74.5% selecting *Does Not Apply*).

Fig. 6ai: “How would you rate your knowledge about HIV prevention?” among respondents living with HIV

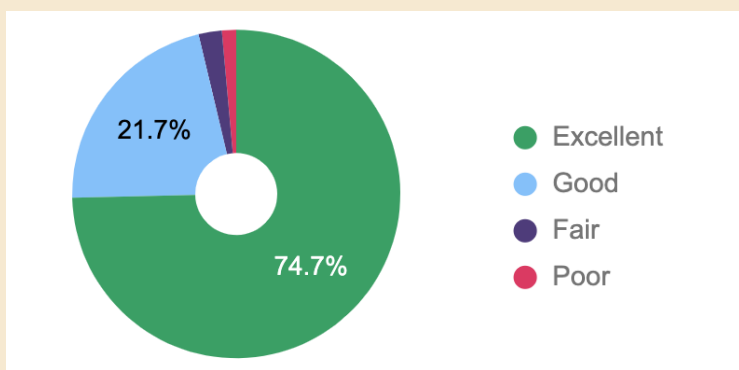


Fig. 6aj: Experiences among respondents who report living with HIV

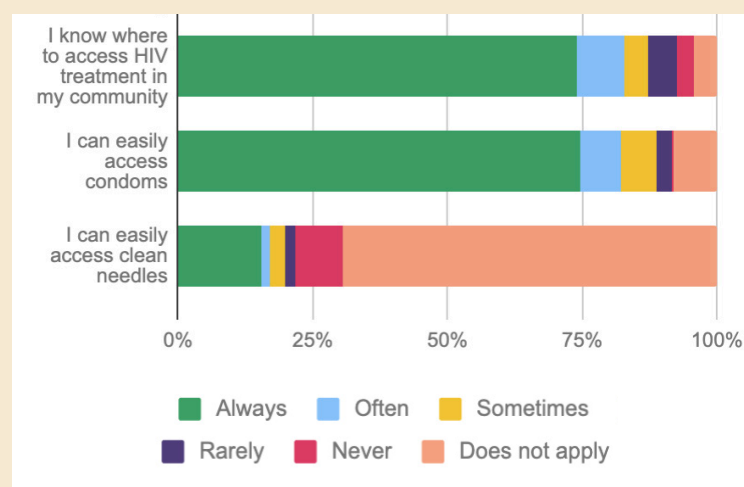
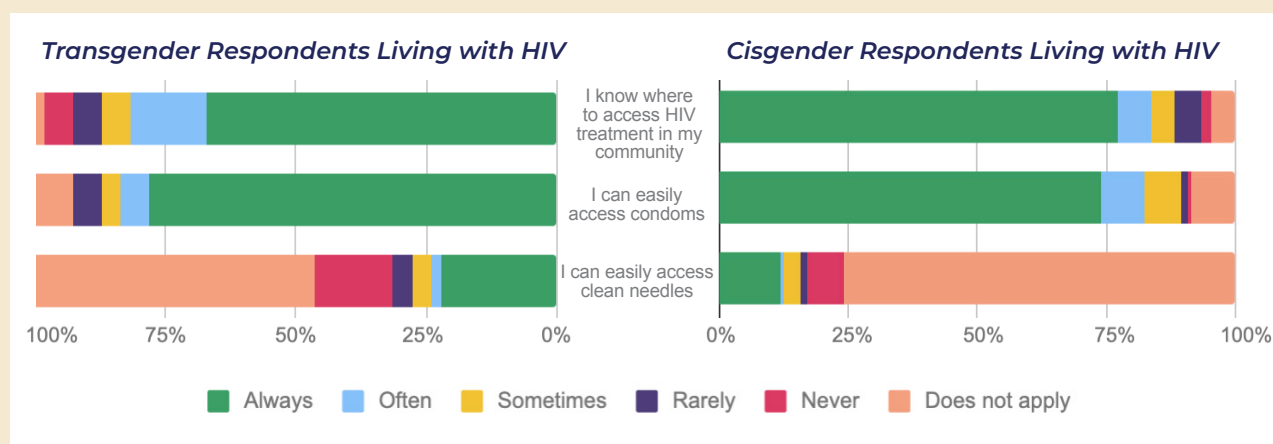


Fig. 6ak: Experiences among respondents who report living with HIV, segmented by cis/trans identity



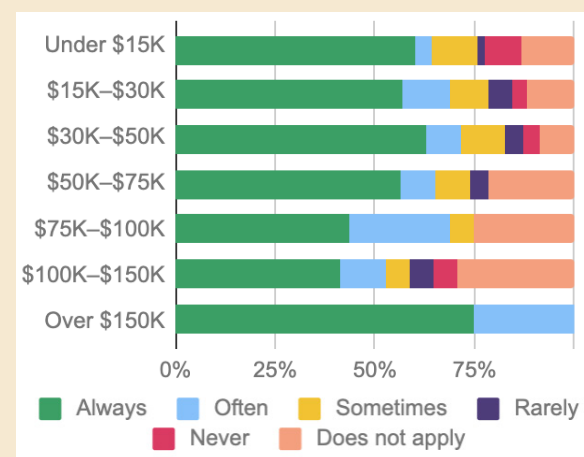
Experiences of Respondents Living with HIV by Cis/Trans Identity

Cisgender respondents who reported living with HIV generally reported slightly more positive experiences accessing HIV-related care than transgender respondents who are living with HIV. Respondents who are living with HIV and are cisgender reported higher rates than those who are transgender of *excellent* or *good* knowledge (98.0% compared to 92.7%), comfort talking about prevention with their doctor (69.7% compared to 61.1%), and knowledge on where to access treatment (83.6% compared to 81.8%). In two questions, transgender respondents who reported living with HIV rated their experiences more highly than cisgender respondents who reported living with HIV. Knowledge about accessing condoms (83.7% for trans respondents compared to 82.4% for cis respondents) and knowledge on where to access safe needles (24.1% compared to 12.5%, with 53.7% and 75.8%, respectively, selecting *Does Not Apply*).

Experiences of Respondents Living with HIV by Income

While most respondents who are living with HIV, regardless of income, reported positive experiences, a significant

Fig. 6al: “I feel comfortable talking with my health care provider about HIV prevention” among respondents living with HIV, segmented by income



difference emerged when looking at how comfortable respondents were talking about prevention. Respondents with higher incomes reported lower rates of feeling *always* or *often* comfortable than respondents with lower incomes, with the exception of those earning more than \$150K. Respondents in lower income brackets (under \$30K) ranged between 64.4% and 68.7% of feeling *always* or *often* comfortable, while 53% of those with incomes between \$100K and \$150K reported *always* or *often* feeling comfortable.

Experiences of Respondents Living with HIV by Race

Black or African American and white respondents who are living with HIV reported generally positive experiences regarding HIV-related knowledge and access, while Hispanic or Latinx respondents reported less-than-positive experiences. For example, while 97.7% of Black or African American respondents who are living with HIV indicated *excellent* or *good* knowledge about prevention, Hispanic or Latinx respondents were nearly 18 points behind, at 80%.

Similarly, a majority of Black or African American respondents who reported living with HIV *always* or *often* felt comfortable talking about prevention with their doctor (74.4%), knew where to access treatment (82.4%), and could easily access condoms and safe needles (87.9% for condoms and 26.4% for safe needles, with 58.2% indicating that the question about needles *Does Not Apply*). White respondents living with HIV reported slightly lower rates of satisfaction, with 61.7% *always* or *often* feeling comfortable talking about HIV prevention, 82.1% knowing where to access treatment, 79.0% able to access condoms, and 6.4% able to access to safe needles (with 85.1% choosing *Does Not Apply*).

Fig. 6am: “How would you rate your knowledge about HIV prevention?” among respondents living with HIV, segmented by race

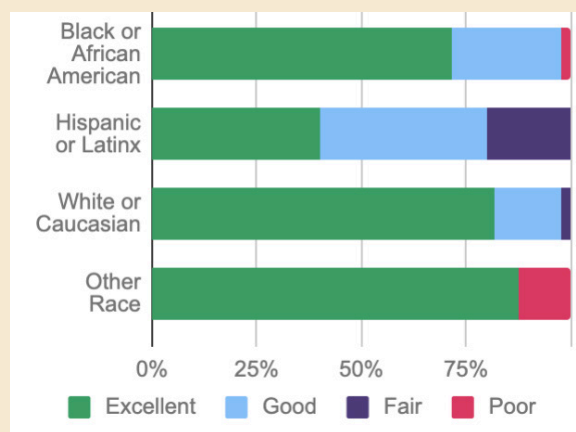
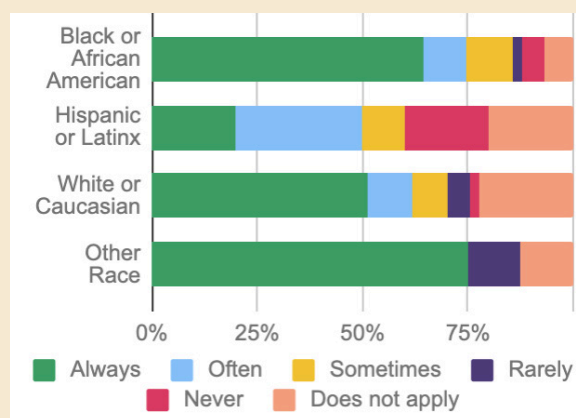


Fig. 6an: “I feel comfortable talking with my health care provider about HIV prevention” among respondents living with HIV, segmented by race



Medication for HIV

Finally, we asked respondents who are living with HIV about their medication experiences. The majority of respondents living with HIV take medication prescribed by their doctor (88.0%). Five percent of respondents living with HIV have taken but are not currently taking medication prescribed by their doctor. Around 3% of respondents have taken medication not prescribed by their doctor (including 0.9% who are currently doing so and 2.2% who have done so in the past). Nearly 3% of respondents who are living with HIV have never taken any medication.

The majority of respondents living with HIV, regardless of sexuality, trans identity, race, or class, access their medication as prescribed by their doctor, with slight variations across groups.

Medication by Sexuality and Cis/Trans Identity

Across sexualities, 90.5% of heterosexual, 90.3% of gay, 100.0% of lesbian, 75.0% of bisexual, 87.5% of pansexual, 66.7% of queer, and 66.7% of respondents with other sexualities reported taking medication prescribed by their doctor. Similarly, the majority of cisgender (92.2%) and transgender respondents (80.0%) take medications prescribed by their doctor, though a larger percentage of trans respondents have taken medication by their doctor in the past but not currently (12.7%).

Medication by Race

Across racial groups, we found that Black or African American respondents who are living with HIV have more varied medication experiences, with 8.8% having taken medication prescribed by their doctor in the past but not currently, 2.2% taking medication not prescribed by their doctor, 2.2% having taken medication not prescribed by their doctor in the past but not currently, and 4.4% never having taken medication. The majority of white respondents who report living with HIV take medication prescribed by their doctor (93.7%).

Medication by Income

Income plays a significant role in how people who are living with HIV take medication – those with lower incomes reported higher rates of finding non-medically prescribed methods to take medications or not taking medications at all, compared to respondents with higher incomes. Between 93% and 100% of respondents who report living with HIV and have incomes higher than \$75K take medication prescribed by their doctor to treat their HIV. Comparatively, around 87% of respondents across income levels below \$75K do the same. There is more variation in medication experiences among groups with lower incomes: Between 2% and 8% have taken but do not currently take medication prescribed by their doctor; and between 2% and 4% have taken or currently take medication not prescribed by their doctor. Over 4% of those in the lowest income category who reported living with HIV have never taken medication.

IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

HIV Status, Prevention, Testing and Treatment

“Almost every time I’ve gone to a [doctor at a drop-in clinic], I’ve had to explain my PrEP usage. They have asked if it is for HIV, mental health, and even heart problems. Aside from that, there’s a lot of stigma surrounding PrEP usage and sexual health in general. Most providers that I’ve experienced do not have the bedside manner or do not exhibit the proper behavior towards myself or other LGBTQ folks when seeking treatment and having to simply explain our bodies, medications, etc.”

“When I was diagnosed with HIV, the staff at [an HIV/AIDS organization] were amazingly helpful, supportive, and involved. They helped me get connected to treatment and offered help getting connected to mental health resources.”

“Telling a doctor at a walk in clinic that my partner was HIV-positive and the doctor refusing to touch me because I might be contagious.”

“I’ve had [doctors] refuse to see me because of my HIV-positive status. I’ve had nurses refuse to care for me in the hospital.”

GENDER-AFFIRMING HORMONE THERAPY

We asked respondents a series of questions about their experiences accessing Gender-Affirming Hormone Therapy (GAHT). Of the total sample, 13.8% of respondents said they are currently using GAHT – 91.9% who identify as transgender and the remaining 8.1% who identify as cisgender.

Among respondents who identify as transgender, 43.4% said they are using GAHT. Trans respondents who are white (73.8%), have lower incomes (68.8% under \$50K), are between the ages of 25-34 (32.1%), or identify as women or present femininely (42.0%) reported higher rates of using GAHT than the total sample. Further, 92.5% of trans respondents who said they take GAHT reported knowing how to safely administer their hormone therapy. This was consistent across racial and income groups.

In a previous report from the Southern LGBTQ Health Initiative, we focused on the healthcare experiences of transgender people across the South. One major finding from that report suggested that normative assumptions of transgender experiences led providers to overemphasize GAHT for their transgender patients, which consequently emphasized stereotypical ideals of masculinity and femininity.

Fig. 7a: “Are you currently taking hormones or undergoing hormone replacement therapy (HRT)?” in the total sample

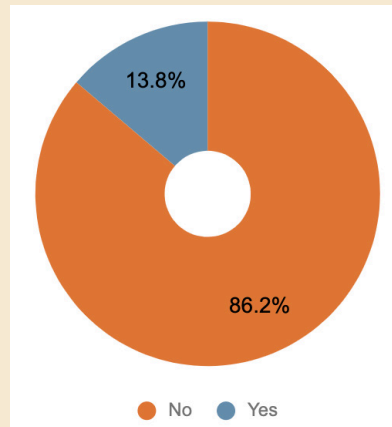


Fig. 7b: “Are you currently taking hormones or undergoing hormone replacement therapy (HRT)?” among trans respondents

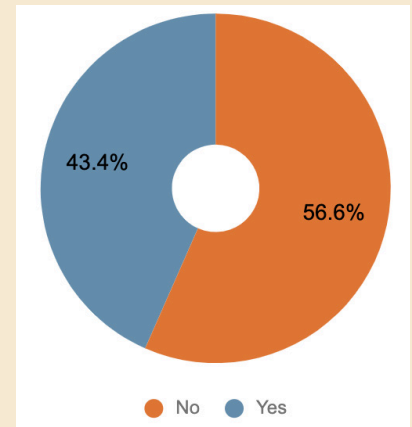


Fig. 7c: Respondents who take hormones and are transgender, segmented by race

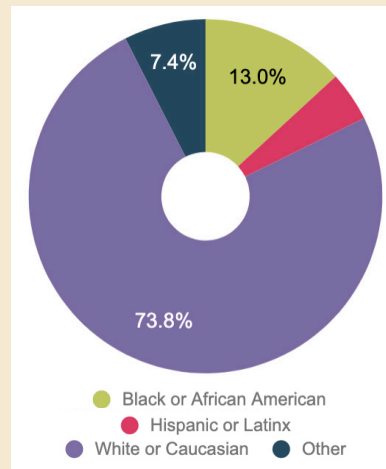
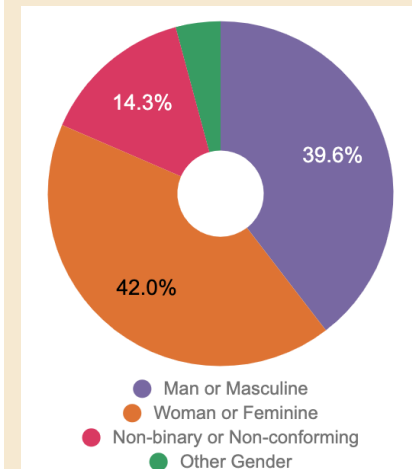


Fig. 7d: Respondents who take hormones and are transgender, segmented by gender



Hormone Access

Of the 43.4% of trans respondents who said they use GAHT, just over 75% reported being under the supervision of a medical professional for their treatment. The largest percentage of trans respondents (46.4%) said they were prescribed GAHT by a doctor who specializes in LGBTQ or transgender health, and 12.3% said they were prescribed GAHT by an endocrinologist who specializes in transgender health. Nearly half of the respondents, however, said they were not prescribed GAHT from specialists in LGBTQ or transgender care: 27.4% percent of respondents said they were prescribed GAHT by a doctor who does not specialize in transgender health, and 10.7% by an endocrinologist who does not specialize in transgender health. The remaining respondents said they were either prescribed GAHT by another type of doctor (5.6%), were not prescribed GAHT (1.9%), or secured GAHT from a non-medical source (6.5%).

While these findings held true across income groups, different patterns emerged across racial and gender differences. For example, Black or African American trans respondents were more likely to secure their hormone medication from a non-medical source (22.4%) than other respondents. Women and feminine-presenting respondents were more likely to obtain their hormones from a non-medical source (10.0%), though respondents who identified with genders other than woman, man, or non-binary were significantly more likely to not be prescribed hormones at all (9.5%) or obtain them from non-medical sources (19.0%).

Fig. 7e: “Are you under the supervision of a medical professional for hormone treatment?” among respondents who are trans and take hormones

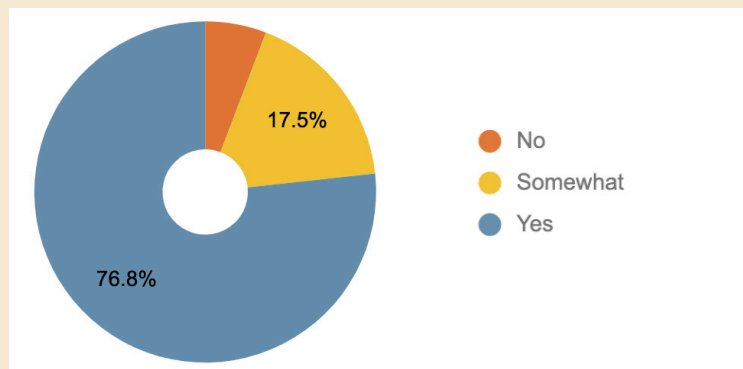


Fig. 7f: “Which of the following best describes your hormone access?” among respondents who are trans and take hormones

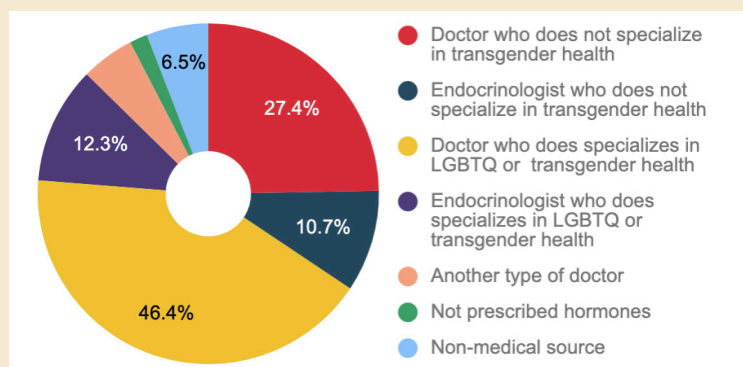
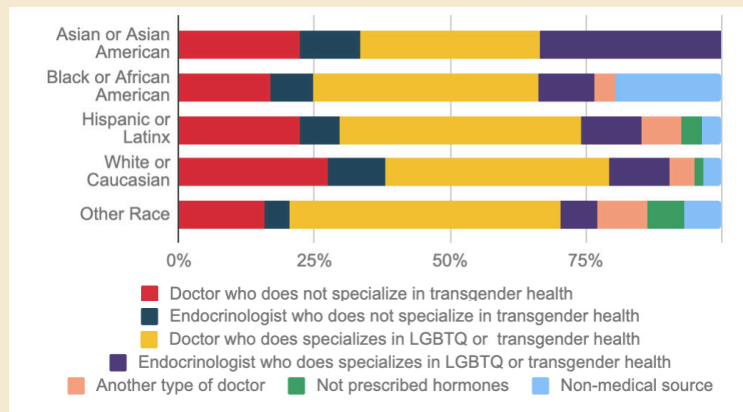


Fig. 7g: “Which of the following best describes your hormone access?” among respondents who are trans and take hormones, segmented by race



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Gender- Affirming Hormone Therapy

"Multiple doctors in my hometown, some even after me being referred to them, refused to provide assistance to me regarding HRT because they had no experience in that area and were not willing to educate themselves or learn anything. It was easier to just send me away."

"I had a doctor in a rural area whose name I picked from a list, and it turned out he had trained with one of the doctors known to be LGBT-friendly and was more than willing to learn about HRT."

"I was required to see a therapist to begin HRT, and she denied me writing the letter for months (despite being self-proclaimed LGBT friendly and a lesbian) because she was worried about my mental health."

"It is really difficult to find someone in my area who will help me with HRT. I am having to drive [several hours] for an HRT appointment."

"The local free clinic's transgender 'specialist' did not understand how to dose HRT and misgendered trans patients."

REGIONALITY

We analyzed the effect of where respondents live on their healthcare experiences, bearing in mind that health care perspectives and experiences are affected by both the structural and cultural context of place.

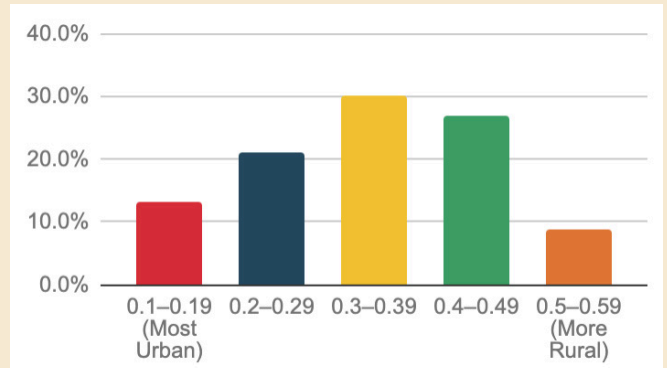
Our respondents live in the following states: Alabama (9.6%), Arkansas (1.5%), Florida (4.6%), Georgia (9.1%), Kentucky (2.3%), Louisiana (2.5%), Mississippi (9.1%), North Carolina (23.0%), South Carolina (10.0%), Tennessee (13.7%), Texas (4.4%), Virginia (9.5%), and West Virginia (0.7%). We will be publishing state reports for Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia; these will be available at www.SouthernEquality.org/Survey.

Experiences Segmented by Rurality

Our respondents live in a wide range of regions across the US South, from relatively urban (.10 on the IRR scale) to mid-rural (.59 on the IRR scale), with the average respondent living in a suburban setting (.35 mean on IRR scale).

There's a tendency to think about the LGBTQ Southern experience primarily through the lens of state lines. Findings from our survey suggest that an additional factor informing your experience is whether you live in a rural or urban area. Across state lines, respondents living in more rural areas show significant disparities across multiple health issues, while those in

Fig. 8a: Regionality in the total sample



urban areas show slight disparities around a different set of health issues.

This suggests a need for robust new strategies and resources focused specifically on LGBTQ rural experiences across Southern states. While there has been a significant increase in funding resources to the LGBTQ South in recent years, most of that funding is directed toward established nonprofit organizations in large metro areas, and very little is currently reaching rural communities or grassroots organizers.

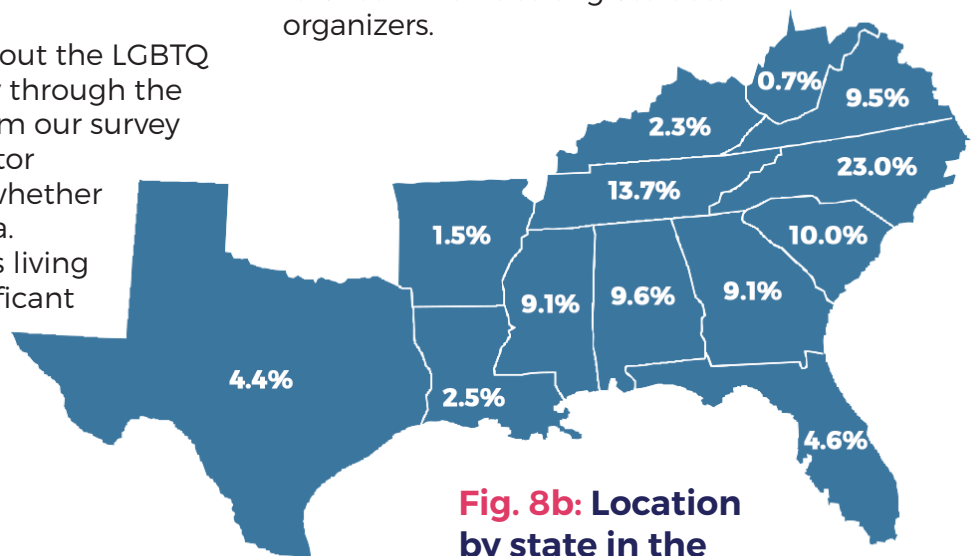


Fig. 8b: Location by state in the total sample

Challenges Faced by Rural LGBTQ People

In a 2019 report, the Movement Advancement Project explained many of the unique challenges that LGBTQ people in rural areas face, including those related to health and healthcare:⁶⁴

“Healthcare access can be difficult in rural communities, with hospitals closing and fewer providers available – not to mention the ongoing opioid crisis – making it extremely challenging for LGBT patients to find knowledgeable and affirming health care. Rural areas are also more likely to be served by religious healthcare providers, who may be covered under religious exemptions laws that may allow them to discriminate. When LGBT patients do experience discrimination, they may have no alternative healthcare provider from whom to seek help. Experiences or fear of discrimination may also lead LGBT people to avoid health care or receive inadequate care or no care at all, putting the health and wellbeing of LGBT people in rural communities especially at risk.”

“There’s a tendency to think about the LGBTQ Southern experience primarily through the lens of state lines. Findings from our survey suggest that an additional factor informing your experience is whether you live in a rural or urban area.”

These are challenges that regularly confront the 2.9–3.8 million LGBTQ people who live in rural areas in the United States – especially in the South, where every state but Florida is a “majority-rural state,” or a state where, in a majority of counties, a majority of people live in rural areas.⁶⁴

Our findings also suggest that targeted interventions should be developed to address variations between rural and urban experience. In urban life, the interventions may include a more specific focus on HIV, while in rural areas, interventions may be focused on ensuring that residents can access basic services and that providers take an affirming and inclusive approach to care.

⁶⁴ Movement Advancement Project. (2019). *Where we call home: LGBT People in Rural America*. Boulder, CO: Movement Advancement Project. Retrieved on October 16, 2019 from <http://www.lgbtmap.org/file/lgbt-rural-report.pdf>.

Disparities in Reported Health Ratings by Regionality

While generally LGBTQ Southerners' experiences with health and healthcare varied little (between 2-5%) in urban and rural areas and generally matched the sample as a whole, there are a few differences that are significant to note.

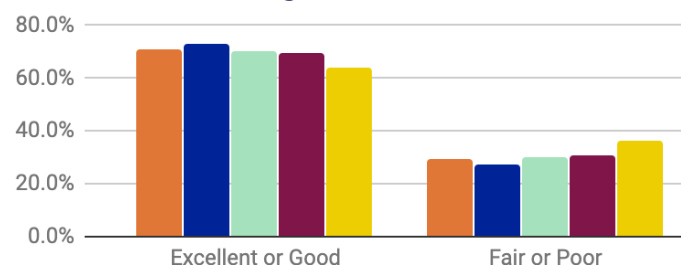
People who live in more rural areas rated their overall physical and mental health lower than respondents living in urban areas. There is a 7% gap between physical health ratings between urban and more rural respondents (70.9% compared to 63.7% *excellent or good*), and 21.7% of more rural respondents described their mental health as *poor*, compared to 15.6% of urban respondents.

Depression (74.4% compared to 66.5%) and anxiety (64.0% compared to 54.5%) rates are higher in more rural areas than urban areas. Additionally, respondents in more rural areas reported higher rates of bipolar disorder (15.9% compared to 9.6%), obsessive compulsive disorder (13.4% compared to 9.6%), and post-traumatic stress disorder (5.2% compared to 3.5%).

Rates of self-harming behaviors and suicidal ideation were elevated in more rural areas (27.4% and 36.6%, respectively) compared to urban areas (21.9% and 32.8%, respectively).

Fig. 8c: Health ratings by regionality

Physical Health Ratings



Mental Health Ratings

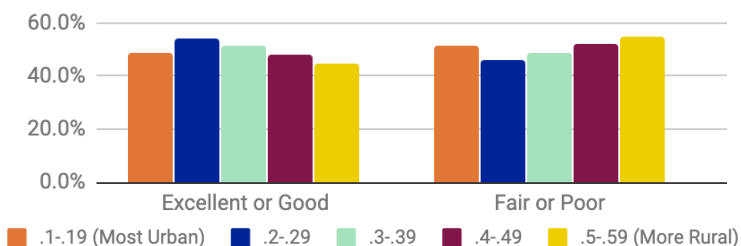
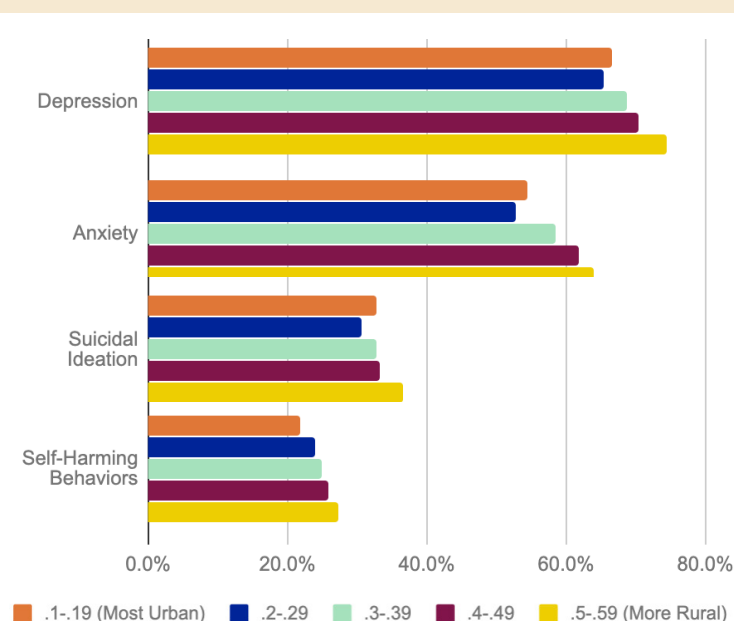


Fig. 8d: Depression, Anxiety, Suicidal Ideation, and Self-Harming Behaviors, segmented by regionality



Disparities in Healthcare Behaviors & Experience by Regionality

Respondents in more rural areas reported less access to quality medical care and less comfort seeking medical care within their community. Respondents in more rural areas also reported that their health care needs were being met at rates lower than those in more urban areas.

For example, 38.7% of respondents in more rural areas rated their overall quality of medical care as *fair* or *poor*, compared to 26.9% of respondents in the most urban areas.

The percentage of more rural respondents who said their health care needs were being met is ten points lower than that of urban respondents (42.4% compared to 52.4%).

And while 45.2% of those in the most rural areas within our sample noted always or often being comfortable seeking medical care within their community, 60.0% of those in the most urban settings reported the same (20.2% of more rural respondents said they *rarely* or *never* feel comfortable, compared to 13.2% of the most urban respondents).

Fig. 8e: “How would you rate your overall quality of medical care?” by regionality

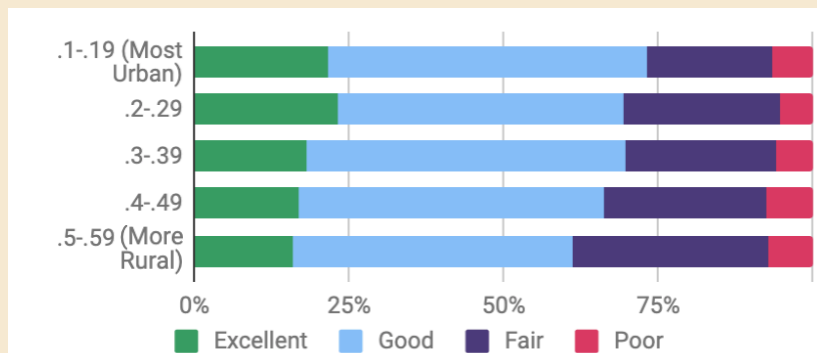


Fig. 8f: “Do you feel your health care needs are being met?” by regionality

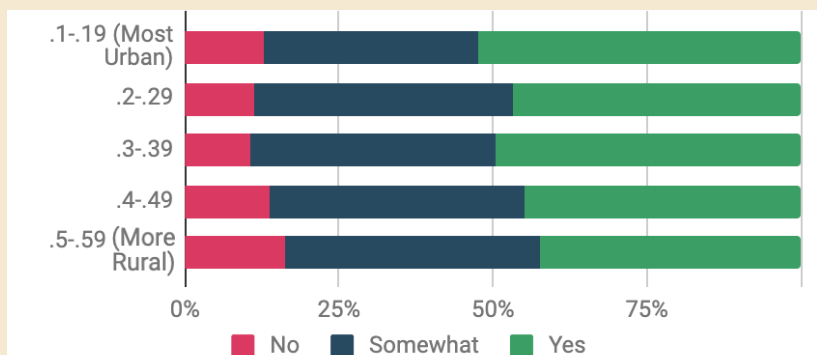
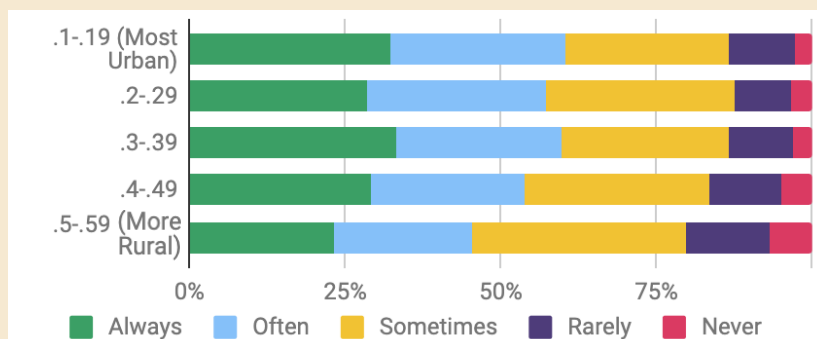


Fig. 8g: “I am comfortable seeking medical care in my community” by regionality



Respondents in more rural communities had less access to dental care in their community (25.4% *rarely* or *never*, compared to 17.3% of urban respondents).

Nearly 65% of respondents in the most rural areas reported *always* or *often* having positive experiences with physical health providers, and 44.6% with mental health providers.

Around 7% of those in more rural areas (compared to 2.1% in more urban areas) indicated that they *never* think doctors in their community would be able to provide quality medical care to LGBTQ individuals and 21.0% in more rural areas (compared to 13.3% in urban areas) think that being in the South *always* makes it harder for LGBTQ individuals to access quality care.

Fig. 8h: “I have access to dental care in my community” by regionality

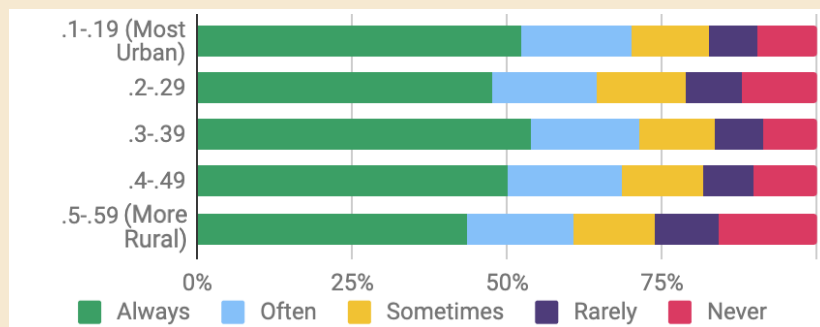
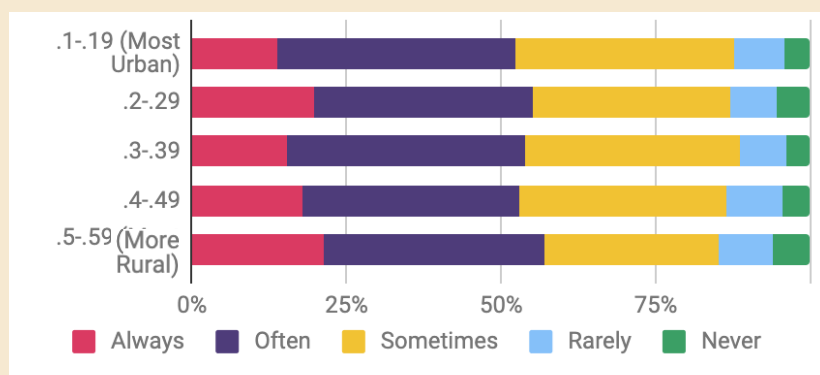


Fig. 8i: “Being in the South makes it harder for LGBTQ individuals to access care” by regionality



HIV by Regionality

While respondents in more rural areas reported higher rates of negative overall health experiences compared to urban respondents, there is a higher prevalence of HIV and slightly higher rates of LGBTQ-related physical violence and emotional abuse in more urban areas.

Respondents living in the most urban areas reported living with HIV at around three percentage points higher than in the most rural areas (6.7% compared to 4.3%), though those in the second most urban category reported the highest rates of living with HIV (7.9%) and those in the second most rural category reported the lowest (2.5%).

While knowledge and prevention experiences regarding HIV does not vary widely between rural and urban areas in our sample, looking only at those who are living with HIV within these areas tells a different story.

Of those who reported living with HIV, respondents in the most rural areas reported the highest rates of *excellent* knowledge about HIV prevention (85.7%, 7.1% *good*), though 100% of those in the most urban areas reported *excellent* or *good* knowledge.

Respondents in more rural areas reported higher rates of *never* getting tested for HIV: 38.8% of respondents in more rural areas reported *never*, compared to 30.4% in the most urban areas.

Respondents in more urban areas also reported feeling *always* or *often* comfortable talking with their medical provider about HIV prevention (87.6% compared to 57.1%) and knowing where to access treatment (90.7% compared to 78.5%). Respondents who are living with HIV in more urban areas also reported easier access to both condoms and safe needles (90.6% and 28.1% compared to 64.2% and 14.3% respectively).

Fig. 8l: HIV status by regionality

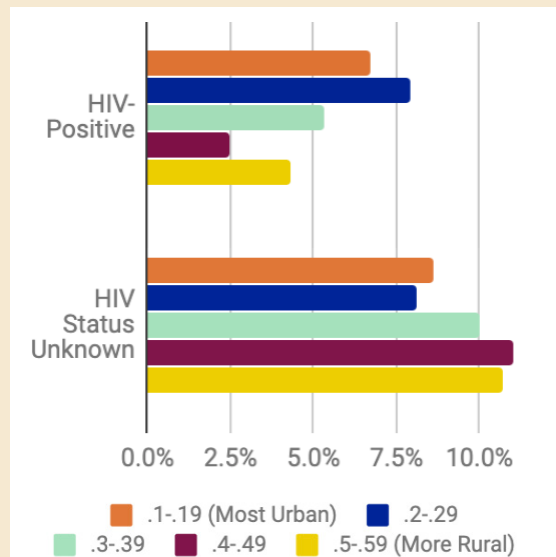
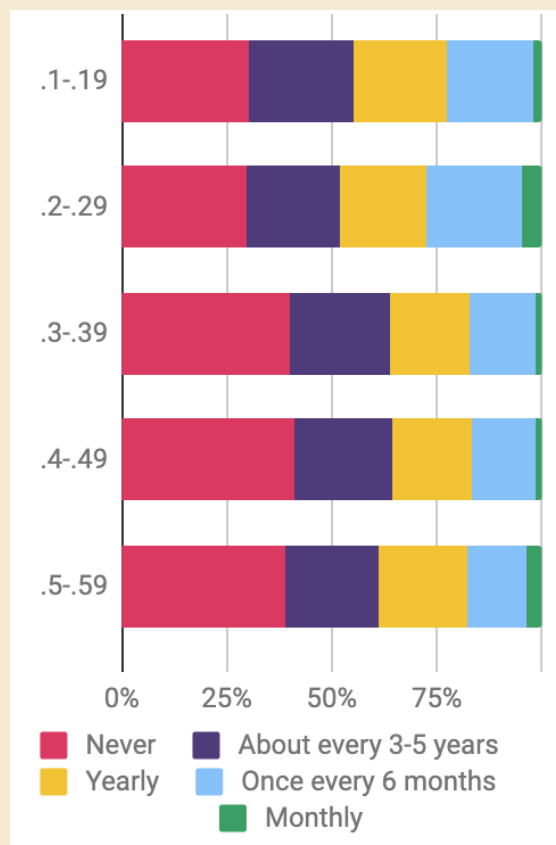


Fig. 8m: Frequency of HIV Testing, Segmented by Regionality



IN THEIR OWN WORDS

Qualitative Responses
from the Survey on

Regionality

"I've been very careful to seek out medical professionals who are recommended to me by other members of the trans community. When I lived in a smaller, more rural town, I drove 45 minutes each way to see my doctor. Fortunately I never had a medical emergency and had to see someone locally. Every time I passed the local hospital I prayed for my health so I wouldn't have to experience care there. My negative experience is really lack of trust that doctors or medical professionals in my community would be sympathetic to my experience. I have an enormous amount of privilege to be able to drive almost an hour each way to visit the doctor and the dentist."

"My experience is that health care in a rural environment is sub-standard in comparison to an urban environment with access to medical centers/medical schools."

"I'm lucky to live in a big city where there are plenty of LGBT resources. And I also have the money to take care of my out-of-pocket costs now. But rural areas have been much worse for me. And not having money in the past used to stop me from getting necessary care."

IN THEIR OWN WORDS

To gain a better and more robust understanding of the health care experiences of LGBTQ Southerners, it is important to hear people's direct experiences and perspectives. Respondents were asked to share a memorable positive experience with health care and a memorable negative one. This section highlights some of the responses.

Positive Experiences

Thousands of LGBTQ Southerners shared positive experiences regarding their healthcare. These stories help us gain a better understanding of what LGBTQ Southerners believe a positive healthcare experience should encompass. While these stories and experiences are unique and specific to each individual, similar themes emerged among them. Some positive stories included having providers who are knowledgeable about LGBTQ-related health care.

"My counselor is very embracing of my identity and doesn't treat me any differently."

"My doctor, a straight male, knew about PrEP and didn't ask any extra questions when I said I wanted to be on it."

"I came out to my psychiatrist as non-binary, and he was already familiar with the gender spectrum and aspects of transition, which made things a lot easier!"

Other positive experiences highlighted concrete – and often simple – ways in which providers can create a more supportive and affirming care environment for LGBTQ people. Participants described how their own providers have created this supportive environment:

“My new Primary Care Provider was very open and understanding about me as a gay male. I picked him intentionally because of his practice’s reference to working with the Transgender community. Even though I am not Trans, I knew he would be accepting.”

“Upon visiting a new provider’s office, the staff noted that I identified as LGBTQ+ and that I had a partner. Since returning for visits I’m asked about my partner and how I’m doing.”

“My OB did not assume my gender or the gender of my partners, asked straightforward questions, and knew which STI testing I needed without asking unnecessary questions.”

“Every time I visit my primary care physician it’s a positive experience. I can see other images of LGBTQ people in the reading material in his waiting room, the staff is always friendly and respectful of my pronouns, the doc is thorough, takes his time, allows time for questions, and is a great person.”

“I had a bad reaction to some insect bites a couple years ago and ended up in my school’s health center a lot of times in a very short period. The doctor and nurse who I saw the most often were both unfailingly kind to me and were careful to explain why they were doing what they were doing, seek my opinion on things, and warn me about steps they needed to take that would be painful.”

Negative Experiences

Participants were also invited to share negative healthcare experiences to help better understand practices that providers should avoid. Much like the positive experiences, these moments are unique to the individual. However, shared themes emerged. Respondents described encounters where medical providers' attitudes and behaviors shifted negatively once they learned of the patient's LGBTQ identity.

"A PA at urgent care kept asking if I was pregnant. I finally told him I was a lesbian and his whole attitude changed. He dismissed me, refused to give me drugs that 'would make it faster to get over' the cold I had, and walked out of the room while yelling directions to leave the place."

"After answering the typical sexual activity questions, the doctor I was seeing for the first (and last) time had a swift change of attitude and was very brisk and dismissive of my health concerns."

"I had been seeing the same PCP [Primary Care Provider] for 3-4 years during my late teens/ early twenties. I was starting to realize my trans identity during this time. Once I was sure of my identity, I decided to talk to my PCP to see what next steps I could take to begin hormones. His response was one of shock and concern and overall very negative. He spoke down to me as if I didn't know what I was talking about and that I needed to spend a lot more time thinking about it. I felt very unsupported and was offended that I couldn't possibly know my own identity."

"I had been seeing a primary care doctor for over five years and had a good relationship with him and all of his staff, but when marriage equality passed and my insurance changed to coverage under my spouse (that I had been in a relationship with for over twenty years), I guess they realized that I was gay [because] the office manager made a point of questioning me about my new insurance card and my spouse's name with a very derogatory tone in the waiting room in front of 20 other people. I was then ushered to a back room where my doctor walked in and informed me that he would no longer be able to treat me (no reason or explanation why) and I should find another doctor. As I was leaving, a nurse gave me a religious pamphlet."

Many participants described being refused services due to their LGBTQ identity, whether they were denied services altogether or their provider refused to provide certain medications. Participants also reported providers' refusal to acknowledge their LGBTQ identity. And one participant offered a history of repeatedly being denied adequate treatment and services by medical providers and the impact it has had on their health.

"I went to a doctor two years ago that ignored what I was telling him and refused to prescribe the meds I needed. That was a local doctor and why I drive 130 miles to my current doctor."

"Nurse refused to draw blood for HIV test."

"My medical doctor refused to listen to me about my complaints about my symptoms."

"I've had one therapist who actively refused to learn my name and referred to me with overly feminine terms despite telling her it was uncomfortable. Another therapist told me my mom probably didn't like that I am trans and just pretends to accept it."

"I was denied and refused treatment because the doctor disagreed with my identity."

"A gynecologist refused to give me a full STD panel/would not allow me to get tested for HPV because [they said] a diagnosis wouldn't matter. I've had more than one verbally abusive therapist. I've been frequently dismissed by professionals upon mentioning pain or other issues and told that they were in my head. I have had significant health issues go undiagnosed for much of my life because of doctors' refusal to listen to my description of my symptoms."

Survey Respondents' Top Three Ways to Promote Better Health Care for LGBTQ Southerners

Survey participants were asked to list three factors that would improve healthcare for LGBTQ people in the South. Based on these results, three major themes emerged from participants' responses: (1) Improve and increase access to education for medical and service providers to learn the skills to best treat LGBTQ clients, (2) Increase access to comprehensive and affirming healthcare providers within their communities, (3) Increase access to and understanding of necessary medical interventions that promote better LGBTQ health (e.g. GAHT, PrEP).

While these three themes are related, each speaks to a unique set of needs and opportunities in the landscape of Southern LGBTQ healthcare. They also demonstrate that respondents display an understanding of the necessary factors that could positively impact the healthcare experiences of LGBTQ Southerners.

1

Improve and increase access to LGBTQ-affirming healthcare education for medical and direct care service providers

See Page 99

2

Increase access to LGBTQ comprehensive and affirming providers within local communities

See Page 100

3

Increase access to and understanding of necessary medical treatment options and modalities that promote better LGBTQ health

See Page 101

1

Improve and increase access to LGBTQ-affirming healthcare education for medical and direct care service providers

The most mentioned suggestion from survey respondents on how to increase the quality of healthcare for LGBTQ Southerners was improving the education that medical providers receive on best practices when treating LGBTQ clients. Through the use of text mining software, the word **education** and close variations (e.g., *educate*) are mentioned more than 500 times, making it the most commonly mentioned word from respondents. Respondents called for a general increase in education for medical providers. Examples of responses included:

"Better education and training for doctors on providing care for LGBT people"

"Better education for doctors about the unique needs of LGBTQ+ individuals"

Some respondents specifically called for an increase in education around issues of gender identity and sexual identity. Individuals mentioned that it is important for medical providers to understand the spectrum of identity for LGBTQ people:

"Mandatory nuanced training on sex, gender, sexuality, identity, performativity, intersectionality"

"Education for providers on the spectrum of queer identity"

"Education of healthcare professionals on LGBTQ identity and issues"

Participants also noted that provider education should extend beyond focusing on medically defined problems and content and should also include content to reduce stigma and bias to help create a more supportive clinical environment for LGBTQ patients.

"Better understanding of the social issues we face so that accessing care doesn't contribute to them"

"Doctors should all be required to do in-depth Safe Zone trainings, both in med school and as continuing education."

"Education surrounding how to casually talk to LGBTQ people without making their identity seem like such a big deal."

2

Increase access to LGBTQ comprehensive and affirming providers within local communities

The word **access** was the second most commonly used word among participants, with 469 mentions. While access has different meanings, respondents often used the word in reference to increasing the availability of LGBTQ-affirming providers in their community. Participants are acutely aware of the lack of access to LGBTQ-affirming providers within their communities and believe that increased access to affirming providers would help improve healthcare experiences for LGBTQ Southerners.

"Better access to basic healthcare needs"

"Increased visibility of LGBTQ-friendly providers"

Participants noted a need for increased access to affirming specialists in their communities.

"Closer access to LGBTQ friendly fertility specialist"

"I wish there was an OBGYN who specialized in LGBTQ care."

Participants also noted the need for increased access to affirming mental healthcare providers in their communities:

"Better affordability/ general access to mental health services"

"Better mental healthcare with promotion aimed at LGBTQ youth"

"Access to free/ affordable mental health professionals who are actually affirming"

3

Increase access to and understanding of necessary medical treatment options and modalities that promote better LGBTQ health

Finally, respondents described the need for increased understanding of and availability of both prescription and over-the-counter resources relevant to LGBTQ health. These ranged from specific types of medication to contraception methods; we categorized them as medical treatment options since participants discussed using them in a way that helps promote better LGBTQ health. An analysis of the responses suggests that respondents have a robust knowledge of available and needed treatment options for their own health needs.

Participants described how access to items to promote better sexual health would be helpful for improving LGBTQ healthcare in the South, specifically through the prevention of sexually transmitted infections. Participants specifically mentioned condoms and PrEP.

"Affordable and more access to PrEP"

"Making it easier/less embarrassing to access condoms and STD testing"

"Readily available STD prevention materials"

Respondents also noted access to hormone replacement therapy as a key piece of improving the quality of LGBTQ healthcare:

"More doctors who can reliably prescribe hormones"

"Free and accessible hormones"

SURVEY AMBASSADORS

A team of Survey Ambassadors played a key leadership role in sharing the survey. This team of 12 received training and support to do survey outreach, inviting friends and people in their communities to complete the survey. Each Ambassador received a stipend to compensate them for the time they worked on recruitment. Through the collective efforts of the Survey Ambassador team, the overall number of survey respondents and the racial and geographic diversity of respondents increased. The team was led by Kayla Gore, who provided coaching to Ambassadors. **Get to know Kayla and learn more about the role of the Ambassadors:**

When Kayla Gore took on the role of being the lead Survey Ambassador for the Southern LGBTQ Health Survey, she knew how critical it was to think about creative ways to fill key gaps in representation among survey respondents and to reach people where they are, especially folks in traditionally under-resourced communities.

"I wanted to be sure we were getting the survey into the right hands to reach the people we were interested in hearing from," Kayla said. "We know that there are people living in the South with lots of intersecting identities; for example, there are people who are black, trans, living in a small rural town, living with HIV, suffering from mental illness, and also dealing with a socioeconomic status. That person's experience is going to be very different from someone without those distinctions. And often, those people are not as heard. We were super intentional about making sure that we reached communities that have all of those different identities."

Innovative Approaches to Outreach

One of Kayla's most ingenious – and effective – strategies was working with Anthony Curry (@HypemanAntman), who promotes clubs all over the South, including in Florida, Georgia, Mississippi, and Tennessee.

Over the years Curry has built a list of more than 35,000 people, many of them LGBTQ folks, who receive his text blasts announcing

discounted or free entry to a club. "I wanted to find a way to utilize that for public health," Kayla said. "So we reached out and asked him to push the survey on his text line – this time, to get the discount into the club people had to take the survey. The promoter's base of 18-30-year-olds who live in both urban and rural Southern areas was unique, and we probably wouldn't have been able to reach them unless we were physically in the club."



Kayla Gore, Lead Survey Ambassador

Working with Kayla and staff from the Campaign for Southern Equality, Curry crafted a series of targeted messages, focusing on cities and regions where we hoped to get more survey engagement. Within days of the message blasts, we'd see an increase in completed surveys from those communities.

The Importance of Data Collection

Again and again in her personal outreach about the survey, Kayla heard the same initial reactions from LGBTQ Southerners: "I don't go to the doctor." "I can't afford hormones." "I don't have health insurance." And, not infrequently: "What's the point of taking this survey?"

"It was our job as Survey Ambassadors to explain to folks how important data is," Kayla said. "People who are in positions to fund the work that needs to be done, they want to see data. They want to see what a great and resilient community of people we are. They want to see what our lived experiences are. They want to know: For people who are trans and living with HIV, how are you showing up in your daily life?"

“ The Southern LGBTQ Health Survey was about us surveying our own people. Nothing for us without us.”

– KAYLA GORE

How are you accessing – or not accessing, especially people in rural towns – support for your transition and your HIV status at the same time?"

"It's super important because the data that's already out there about the South shows that there are disparities here," Kayla said, discussing her passion for the Southern LGBTQ Health Survey. "But most of the data has not been driven by the South. It's very important for us to own our data...It even starts with the very creation of the project: there are questions that we as Southerners would ask that folks who have not had the experience of being in the South wouldn't even think to ask. The Southern LGBTQ Health Survey was about us surveying our own people. Nothing for us without us."

Stories from other AMBASSADORS



"I'm the CEO of a club promoting business, and I worked with the team to send out a text to thousands of people on my distribution lists. I think it was a wonderful thing to push – I deal with these customers on a weekly basis, and being able to get this information in their hands was great. I

would love to continue to leverage my work for undertakings like this – including getting involved in health risk management, HIV awareness, suicide prevention. There are so many people dealing with different challenges in our community."

– Anthony Curry @HypemanAntman



"Collecting this data is important for our understanding of health issues that LGBTQ people face, and it's also important so that we are able to be better equipped when we're before

representatives in our cities and at the federal level. The only way that we can have accurate numbers is from surveys like this one. Data is important."

– Rev. Debra Hopkins

RECOMMENDATIONS

Our Recommendations to Improve Access to Quality Health Care and Positive Health Outcomes for LGBTQ Southerners

In closing, we offer recommendations for best practices that everyone can take to combat the health disparities that LGBTQ Southerners face and help ensure that all LGBTQ people can access quality, affirming health care and experience positive health outcomes.

Everyone Can...

- ✓ Listen to and believe LGBTQ people regarding their health care needs.
- ✓ Advocate for local, state, and federal policies that guarantee access to LGBTQ-affirming health care and that protect LGBTQ people from discrimination in public accommodations, employment, housing, and healthcare/health care settings.
- ✓ Advocate for Medicaid Expansion in Southern states that have not yet taken this policy step, which can save lives, increase access to care (including behavioral health care), and save public funding.⁶⁵
- ✓ Get tested for HIV and encourage friends, family members, and community members to get tested regularly.
- ✓ Talk about mental health issues and help reduce the stigma around seeking support and help around mental health needs.
- ✓ Create LGBTQ-affirming spaces in homes, schools, workplaces, community settings, places of worship, and online.
- ✓ Stand up against anti-LGBTQ stereotypes, bullying, harassment, violence, and legislation.
- ✓ Learn how to support friends and family who are experiencing anxiety, depression, and other mental health issues.

⁶⁵ Baker, K., A. McGovern, S. Gruber, & A. Cray. (2016). *The Medicaid Program and LGBT Communities: Overview and Policy Recommendations*. Center for American Progress, Retrieved on October 16, 2019 from <https://www.americanprogress.org/issues/lgbt/reports/2016/08/09/142424/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/>.

Health Care Facilities and Institutions Can...

- ✓ Train providers, medical support staff, and administrative staff on how to create an LGBTQ-affirming care environment based on evidence-based practices.
- ✓ Provide work-based compensated trainings to practicing clinicians, medical support staff, and administrative staff. Integrate this training into the onboarding process for new staff to ensure that practices take hold and are sustained within the organization.
- ✓ Maintain resources and information on evidence-based LGBTQ-affirming practices for providers and staff to access when needed.
- ✓ Ensure representation of LGBTQ people and people living with HIV/AIDS among staff members and decision-making boards, with an emphasis on representation in race, gender, and class.
- ✓ Integrate HIV screening, testing, and treatment (including offering PrEP and PEP) into primary care settings.
- ✓ Integrate sexual health history taking and STI testing into primary care settings.
- ✓ Integrate a trauma-informed lens into providing HIV/AIDS care and transgender care.
- ✓ Offer Gender-Affirming Hormone Therapy in primary care settings.
- ✓ Screen for behavioral health issues related to depression, anxiety, and suicidal ideation and be knowledgeable of available LGBTQ-affirming mental health providers.
- ✓ Create inclusive clinical environments signaling support for LGBTQ patients, including issues such as signage and posters, language and questions on forms, pronoun pins, and screening protocols related to sexual health and transgender health. When displaying such support, ensure that providers and staff are adequately trained to provide affirming care.
- ✓ Collaborate with local LGBTQ advocacy organizations to develop targeted strategies to address local needs, disparities, and opportunities.
- ✓ Assign LGBTQ-affirming personnel and direct financial resources to providing care where disparities are the greatest: rural areas, low-income communities, and communities of color.
- ✓ Be a professional voice opposing anti-LGBTQ policies, legislation, and media, all of which foster a hostile cultural environment that exacerbates the mental health crisis in LGBTQ communities.

Health Care Providers, Medical Support Staff, and Administrative Staff Can...

- ☑ Seek out trainings and resources to educate yourself about LGBTQ experiences and identities, as well as the community's unique needs, including primary care and transition-related care.
- ☑ Ask open-ended questions of patients, mirroring the terms and pronouns patients use to describe themselves and others rather than making assumptions about sexual orientation or gender identity. For example, ask patients, "Are you in a relationship?" or "Do you have a partner?" rather than "Do you have a boy/girlfriend?" or "Are you married?"
- ☑ Ask for and consistently use patients' correct names and pronouns when referring to them, and avoid using terms like mister, miss, misses, ma'am, and sir based on patients' voices or appearance.
- ☑ Be proactive in screening for, assessing, and providing referrals for mental health concerns.
- ☑ Provide the opportunity for trans and non-binary patients to communicate the following necessary information during intake: name and gender to be filed for insurance; name to be called in the waiting room, with their doctor and clinical staff, and with their family; pronouns to be used in the waiting room, with their doctor and clinical staff, and with their family.
- ☑ Use telemedicine and consultations to access specialists and providers experienced in LGBTQ health.
- ☑ Familiarize yourself with the ICD-10 codes commonly used for trans and non-binary health care.
- ☑ Develop skills and comfort taking a sexual health history and talking about sexual health using inclusive questions and terms.

Medical Training Institutions Can...

- ☑ Provide education and training in LGBTQ health and cultural competency for medical students and residents.
- ☑ Recruit faculty who are knowledgeable in LGBTQ health issues and capable of providing evidence-based LGBTQ-affirming care.
- ☑ Integrate evidence-based LGBTQ-affirming health care content into both classroom curricula and clinical education, with an emphasis on transgender health and on HIV/AIDS prevention and treatment.
- ☑ Support the creation of LGBTQ student affinity groups.
- ☑ Train medical providers in screening for and assessing mental health concerns.

Mental Health Providers Can...

- ✓ Educate yourself about LGBTQ experiences, identities, and unique needs.
- ✓ Seek continuing education and training focused on providing the highest standard of culturally competent mental health care to LGBTQ people.
- ✓ Keep informed about best practices for transition-related mental health protocols for trans patients.
- ✓ Consistently ask for pronouns and avoid gendered greetings and honorifics when interacting with patients when you have not asked their pronouns.
- ✓ Do not assume that patients are heterosexual or cisgender.
- ✓ Offer teletherapy to patients who are unable to access mental health services in their local communities.
- ✓ Provide the opportunity for trans and non-binary patients to communicate the following necessary information during intake: name and gender to be filed for insurance; name to be called in the waiting room, with their doctor and clinical staff, and with their family; pronouns to be used in the waiting room, with their doctor and clinical staff, and with their family.
- ✓ Provide gender neutral restrooms, display signage that is inclusive of LGBTQ people, and shape your physical space in other ways to include and welcome your LGBTQ patients.
- ✓ Familiarize yourself with local mental health resources – other providers, facilities, support groups, organizations – that are LGBTQ-friendly.
- ✓ Be knowledgeable about and help connect transgender and non-binary clients who are interested with gender-affirming medical services in their community. Research suggests that transgender and non-binary individuals who seek and receive gender-affirming medical interventions experience positive benefits to their mental health.⁶⁶ For those who want it, this can include Gender-Affirming Hormone Therapy, which also has been shown to lower rates of negative mental health experiences among transgender and non-binary individuals.⁶⁷
- ✓ Be a professional voice opposing anti-LGBTQ policies, legislation, and media, all of which foster a hostile cultural environment that exacerbates the mental health crisis in LGBTQ communities.
- ✓ Advocate for LGBTQ-affirming homes, schools, workplaces, places of worship and online spaces as a public health response to the mental health crisis.

⁶⁶ Butler, R. M., Horenstein, A., Gitlin, M., Testa, R. J., Kaplan, S. C., Swee, M. B., & Heimberg, R. G. (2019). Social anxiety among transgender and gender nonconforming individuals: The role of gender-affirming medical interventions. *Journal of Abnormal Psychology*, 128(1), 25–31. <https://doi.org/10.1037/abn0000399>

⁶⁷ Colizzi, M., Costa, R., & Todarello, O. (2014). Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: Results from a longitudinal study. *Psychoneuroendocrinology*, 39, 65–73. <https://doi.org/10.1016/j.psyneuen.2013.09.029>

LGBTQ Advocacy Organizations and Funders Can...

- ✓ Collaborate with affirming local providers to develop targeted strategies to address local needs, disparities, and opportunities.
- ✓ Advocate for local, state, and federal policies that guarantee access to health care and that recognize LGBTQ equality.
- ✓ Develop an analysis of the LGBTQ South through the lens of rural and urban experiences, in addition to experiences within states.
- ✓ Integrate health education, testing, and the promotion of healthy behaviors into programming and events.
- ✓ Develop strategies, programming and funding streams that focus on the experiences of LGBTQ Southerners in rural communities across states.
- ✓ Provide multi-year general operating funding to build the infrastructure and capacity of the LGBTQ Southern movement.

Researchers Can...

- ✓ Support community-based research focused on LGBTQ life in the South.
- ✓ Identify practices that effectively reach hard-to-survey populations to ensure marginalized communities' perspectives and experiences are being included in research efforts. Certain demographics were under-represented in our sample, based on race and geography. Future research should make an effort to engage these populations to help grow understanding of LGBTQ life in the South.
- ✓ Partner with LGBTQ advocacy groups to conduct research including creating paid opportunities to assist with projects.
- ✓ Ask questions specifically about LGBTQ identity, including in studies where sexual orientation and gender identity may not be the focus.

Government Officials Can...

- ✓ Implement local, state, and federal policies that guarantee access to health care and that recognize LGBTQ equality.
- ✓ In Southern states that have not yet done so, work toward Medicaid Expansion as a life-saving way to save public funding and increase access to care, including behavioral health care.
- ✓ Repeal anti-LGBTQ health curriculum laws in Southern states where they are still on the books, creating a barrier or complete roadblock to LGBTQ-inclusive health education.
- ✓ Introduce policies to ensure that school-based health curricula provide accurate information about sexual health that includes LGBTQ experiences.
- ✓ Advocate for state-level laws that protect LGBTQ minors from so-called “conversion therapy.”
- ✓ Push for policies and resources that guarantee quality mental health services for all people, particularly in underserved communities.
- ✓ In communities without LGBTQ-inclusive non-discrimination protections, push toward comprehensive policies in health care, public accommodations, employment, and housing.
- ✓ In communities with LGBTQ-inclusive non-discrimination protections, share information publicly about what folks can and should do if they experience anti-LGBTQ discrimination in health care, public accommodations, employment, and housing.

Businesses Can...

- ✓ Provide healthcare plans that meet the needs of LGBTQ employees and that offer mental health care.
- ✓ Actively recruit LGBTQ employees. Employment for LGBTQ people is a key factor in boosting income and creating access to health care.
- ✓ Support the creation of LGBTQ employee resource groups to create an environment of support and inclusion.

ABOUT THE AUTHORS

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Chase is the Research and Evaluation Consultant at the Campaign for Southern Equality. He has experience with field research through designing program evaluations with various advocacy groups across the South and conducting survey research to better understand how to support marginalized communities. His research interests include reducing disparities in LGBTQ healthcare, improving access to mental healthcare services in rural settings, and increasing understanding of the lived experiences of transgender and gender non-conforming individuals living in the South.

Megan Nanney

Megan (Maggie) Nanney is a doctoral candidate in the Department of Sociology at Virginia Tech. Maggie's research focuses on gender inequality in "diversity and inclusion" policies. Through this research, Maggie strives to complicate understandings of how policies work, how gender inequality is reinforced in the organizational setting, and seeks to transform institutional practices through a trans justice framework. Maggie's work is supported by the National Science Foundation and the National Academy of Education/ Spencer Foundation, and previously as a Five College Women's Studies Research Center Associate. Maggie also serves as a member of the executive council for Sociologists for Trans Justice and is co-author of the #TransJusticeSyllabus.

Austin H. Johnson

Austin H. Johnson is an Assistant Professor of Sociology at Kenyon College and is Research Director of the Southern LGBTQ Health Initiative at the Campaign for Southern Equality. He is a scholar-activist whose research is geared toward better understanding social problems that face LGBTQ+ Southerners in order to offset their effects on queer and trans people's health and well-being. Austin also serves on the Board of Directors of Gender Benders, a regional non-profit serving trans and non-binary people in the U.S. Southeast.

Adam Polaski

Adam Polaski is the Communications Director at the Campaign for Southern Equality. He is a writer, digital strategist, and graphic designer who works to harness the power of narrative, digital organizing, social media, and creative design to advance social justice. Before coming to the Campaign for Southern Equality he worked on the digital and communication teams at Freedom to Marry, the successful campaign to win marriage for same-sex couples across the United States, and Freedom for All Americans, a national organization committed to securing LGBTQ-inclusive nondiscrimination protections. He has also consulted on projects with the National Center for Transgender Equality, Freedom to Marry Global, Local Solutions Support Center, Supermajority Education Fund, the National Immigration Law Center, and GLSEN.

Jasmine Beach-Ferrara

Raised in North Carolina, Rev. Jasmine Beach-Ferrara is a minister in the United Church of Christ and Executive Director of the Campaign for Southern Equality. She is a graduate of Brown University and received a MFA from the Program for Writers at Warren Wilson College and a MDiv from Harvard Divinity School. She has worked on LGBTQ rights campaigns since 2004 and founded the Campaign for Southern Equality in 2011. Jasmine has written and been interviewed widely about LGBTQ issues in the South. Her first collection of short stories, *Damn Love*, won the 2014 PEN/Hemingway Honorable Mention Award for Debut Fiction. Jasmine lives with her family in Asheville, NC, and also serves on Buncombe County Commission.

GLOSSARY

Bisexual

A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.

Bisexual+

An umbrella term to encompass people who identify as bisexual, pansexual, or queer.

Cisgender/Cis

Individuals whose current gender identity and assigned sex at birth align. In this report, we use the term cis to refer to self-identified cisgender people.

Cross-Tabulation

A statistical method where two variables are run against one another to see the overlap in responses.

Gay

An adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex, regardless of the primary person's gender.

Gender / Gender Identity

An individual's sense of their gender, which may or may not align to their sex or gender assigned at birth. One's gender identity is not necessarily perceived by or visible to others. In this report, we use this term to refer generally to the full range of identities that our respondents identified with.

Heterosexual

An adjective used to describe people whose enduring physical, romantic, and/or emotional attraction is to people of the opposite sex. Also referred to as "straight."

Human Immunodeficiency Virus (HIV)

A virus that harms the immune system by destroying the white blood cells that fight infection. Can be transmitted through unprotected sex with an infected person or through use of unsafe needles.

Hormone Replacement Therapy (HRT) or Gender-Affirming Hormone Therapy (GAHT)

The administering of hormones to facilitate the development of secondary sex characteristics as part of a medical transition process. Those medically transitioning from female to male may take testosterone while those transitioning from male to female may take estrogen and androgen blockers.

Intersectionality

The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Lesbian

A woman whose enduring physical, romantic, and/or emotional attraction is to other women.

LGBTQ

Acronym for lesbian, gay, bisexual, transgender, and queer.

Non-binary

A gender identity that is outside of the binary of man or woman. Non-binary individuals may or may not identify as transgender and may or may not physically transition.

Non-Heterosexual

Used throughout this report to refer to respondents whose sexualities are lesbian, gay, bisexual, pansexual, queer, or “other” sexuality.

Non-Response

Respondents who did not respond to a question or questions within the survey. Does not include those who chose “not applicable.”

Other

Respondents who categorized themselves outside of the survey options.

People of Color

Term used to refer to people who are Native Hawaiians and Pacific Islanders; Hispanic or Latinx; Asian or Asian American; American Indians and Alaska Natives; and Black or African American.

Queer

A term used to refer to sexuality or gender identity. For some, it refers to the community as a whole. Used as a reclaimed epithet for empowerment by many, it is still considered by some to be a derogatory term. In this survey, we include queer as a sexual orientation. The term is included in “other” genders due to low response rates.

Regionality

The area in which a person resides. For this survey, we used the Index of Relative Rurality to determine a respondent’s regionality. See Page 32 for more information.

Sexuality / Sexual Orientation or Identity

A term describing a person’s attraction to members of the same gender and/or different gender. Usually defined as lesbian, gay, bisexual, or heterosexual, queer, pansexual and asexual, among others.

South

Refers to the region of 13 focal states in the United States: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Statistical Significance

The likelihood that a finding is not due to random chance.

Transgender / Trans

Generally, a term for a person whose gender identity or expression is different than that typically associated with their assigned sex at birth, including transsexuals, androgynous people, cross-dressers, genderqueers, and other gender non-conforming people who identify as transgender. Some, but not all, of these individuals desire to transition gender; and some, but not all, desire medical changes to their bodies as part of this process.

Two Step (Gender)

A survey method by which respondents are asked to identify their gender and whether or not they identify as transgender. This allows respondents to be descriptive regarding their gender identity without being classified into pre-determined categories, while also indicating whether or not they are transgender.

SURVEY INSTRUMENT

I. Welcome to the Southern LGBTQ Health Survey

This short survey is intended for LGBTQ people, aged 18 and older, in the South* and will take 5 -10 minutes to complete. This survey is voluntary and you may chose to skip any question. All responses will be kept confidential.

This survey will help provide a better understanding of the experiences of LGBTQ people living in the South related to their health and their access to health care. It is part of the Southern LGBTQ Health Initiative, a new collaboration between the Campaign for Southern Equality and Western NC Community Health Services to increase access to LGBTQ-friendly health care in the South.

*People in the following states are eligible to take the survey: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, West Virginia, and Virginia.

II. Health Insurance

1. Which of the following best describes your current health insurance status?

- | | |
|---|---|
| <input type="checkbox"/> I am uninsured. | <input type="checkbox"/> I have health insurance through my partner's employer. |
| <input type="checkbox"/> I have health insurance through Medicaid. | <input type="checkbox"/> I have health insurance through my parent/guardian's employer. |
| <input type="checkbox"/> I have health insurance through Medicare. | <input type="checkbox"/> I have health insurance through a private insurer. |
| <input type="checkbox"/> I have health insurance through my school. | <input type="checkbox"/> I have health insurance through HealthCare.Gov marketplace. |
| <input type="checkbox"/> I have health insurance through my employer. | |

2. Do you worry about losing your health insurance coverage?

- ☐ Yes
- ☐ Somewhat
- ☐ No

3. Do you know what services are covered by your health insurance plan?

- ☐ Yes
- ☐ Somewhat
- ☐ No

II. Health Experiences

4. Please rate how much you agree with the following statements.

	Never	Rarely	Sometimes	Often	Always	Does Not Apply
I delay seeking medical care because of my LGBTQ identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think doctors in my community are able to provide quality medical care to LGBTQ individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to go to the emergency room for medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to go to the doctor's office for medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable seeking medical care within my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think being LGBTQ changes how a medical professional interacts with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please rate how much you agree with the following statements.

	Never	Rarely	Sometimes	Often	Always	Does Not Apply
My experience with physical health providers (doctors/specialist/emergency room doctors) has been positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My experience with mental health providers (therapist/counselors) has been positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in the South makes it harder for LGBTQ individuals to access quality medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of experiencing physical violence/abuse due to my LGBTQ identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of experiencing emotional abuse/harassment due to my LGBTQ identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I delay seeking medical care due to high out of pocket costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please rate how much you agree with the following statements.

	Never	Rarely	Sometimes	Often	Always	Does Not Apply
I have access to dental care within my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My alcohol consumption interferes with my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My drug consumption interferes with my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to educate medical providers about my health care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to educate my medical providers about my LGBTQ identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I deal with mistreatment due to my LGBTQ identity in order to get medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Is there anything else you would like to share about your health care experiences?

III. Overall Health

8. How would you rate your overall physical health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

9. How would you rate your overall mental health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

10. How would you rate your overall quality of medical care?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

11. Have you ever experienced physical violence OR abuse due to your LGBTQ identity?

- ☐ Yes
- ☐ No

12. Have you ever experienced emotional abuse OR harassment due to your LGBTQ identity?

- ☐ Yes
- ☐ No

IV. Mental Health

13. Have you ever been diagnosed with and/or have experienced any of the following? (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Suicidal ideation |
| <input type="checkbox"/> Bipolar disorder/mania | <input type="checkbox"/> Self-harming behaviors |
| <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Obsessive compulsive disorder | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (please specify) | |

V. HIV/AIDS

14. How would you rate your knowledge about HIV prevention?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

15. Which of the following best describes how often you get tested for HIV?

- ☐ Monthly
- ☐ About every 3-5 years
- ☐ Once every 6 months
- ☐ Never
- ☐ Yearly

16. Please rate how much you agree with the following statements.

	Never	Rarely	Sometimes	Often	Always	Does Not Apply
I feel comfortable talking with my medical provider about my need related to HIV prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable getting tested for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily access HIV testing in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to access HIV treatment in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily access condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily access clean needles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What is your HIV status?

- ☐ HIV- (negative)
- ☐ HIV+ (positive)
- ☐ I do not know.

18. If you answered HIV+ (positive) to the question above, which of the following best describes you? (Check all that apply).

- ☐ I am taking medication prescribed by my doctor to treat my HIV.
- ☐ I have but am not currently taking medication prescribed by my doctor to treat my HIV.
- ☐ I am taking medication that was not prescribed by my doctor to treat my HIV.
- ☐ I have but am not currently taking medication that was not prescribed by my doctor to treat my HIV.
- ☐ I have never taken any medication to treat my HIV.

VI. Hormones/HRT

19. Are you currently taking hormones or undergoing hormone replacement therapy (HRT)?

- ☐ Yes
- ☐ No

20. Which of the following best describes your hormone access? (Check all that apply).

- ☐ I am prescribed the hormones I need by a doctor who does not specialize in transgender health.
- ☐ I am prescribed the hormones I need by an endocrinologist who does not specialize in transgender health.
- ☐ I am prescribed the hormones I need by a doctor who specializes in LGBTQ or transgender health.
- ☐ I am prescribed hormones I need by an endocrinologist who does specialize in transgender health.
- ☐ I am prescribed hormones that I need by another type of doctor.
- ☐ I am not prescribed hormones.
- ☐ I get my hormones from a non-medical source.

21. Are you under the supervision of a medical professional for your hormone treatment?

- ☐ Yes
- ☐ No

22. Do you know how to safely administer your hormone treatment?

- ☐ Yes
- ☐ No

VII. Health Experiences

23. Do you feel your health care needs are being met?

- ☐ Yes
- ☐ Somewhat
- ☐ No

24. In a few words, please describe a positive experience with a medical provider (physical or mental) that was memorable to you.

25. In a few words, please describe a negative experience with a medical provider (physical or mental) that was memorable to you.

26. Please list three things you think would help improve the quality of health care for LGBTQ individuals in your community.

- 1
- 2
- 3

27. Is there anything else you would like to share about your health or health care experiences as a LGBTQ person in the South?

VIII. Demographics

28. Race

- | | |
|--|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Other (please specify) | |

29. Age

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 35-44 | |

30. Gender Identity

31. Do you identify as transgender, gender non-conforming, or gender non-binary?

- ☐ Yes
- ☐ No

32. Sexual Orientation

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Other (please specify) | |

33. Annual Household Income

- | | |
|--|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> Between \$75,000 and \$99,999 |
| <input type="checkbox"/> Between \$15,000 and \$29,999 | <input type="checkbox"/> Between \$100,000 and \$150,000 |
| <input type="checkbox"/> Between \$30,000 and \$49,999 | <input type="checkbox"/> Over \$150,000 |
| <input type="checkbox"/> Between \$50,000 and \$74,999 | |

34. What is the highest level of schooling you have completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Technical/Trade License or Degree | |

35. What state do you live in?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Mississippi | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Tennessee | |

36. Zip Code

37. Are you registered to vote?

- ☐ Yes
- ☐ No

38. When you vote, do you feel it has a positive impact?

- ☐ Yes
- ☐ Somewhat
- ☐ No

39. Where did you hear about this survey? (If you heard about it through an organization, please list their name).

TABLES

SECTION 1: DEMOGRAPHIC OVERVIEW

Table 1.A1: "Sample Overview"

	Number of Responses	Percentage of Sample							
Gender Presentation (n= 3773)									
Agender	30	0.8%							
Demigender	10	0.3%							
Genderfluid	46	1.2%							
Gender Non-conforming	35	0.9%							
Genderqueer	98	2.6%							
Man or Masculine	1375	36.4%							
Non-binary	275	7.3%							
Woman or Feminine	1811	48.0%							
Other Gender	93	2.5%							
Transgender Identity (n=3996)									
Cisgender	2791	69.8%							
Transgender, Non-binary, Gender Non-Conforming	1205	30.2%							
Sexuality (n=5714)									
Asexual	89	1.6%							
Demi/Omnisexual	23	0.4%							
Bisexual	853	14.9%							
Fluid	6	0.1%							
Gay	1192	20.9%							
Heterosexual	152	2.7%							
Lesbian	1061	18.6%							
Pansexual	505	8.8%							
Polysexual	12	0.2%							
Queer	832	14.6%							
Questioning	8	0.1%							
Other Sexuality	41	0.7%							
Race (n=4032)									
American Indian or Alaska Native	35	0.9%							
Asian or Asian American	53	1.3%							
Black or African American	411	10.2%							
Hispanic or Latinx	158	3.9%							
Native Hawaiian or other Pacific Islander	6	0.1%							
Multiracial	93	2.3%							
Middle Eastern	8	0.2%							
White or Caucasian	3233	80.2%							
Other Race	35	0.9%							

Sample Overview									
Annual Household Income (n=3951)									
Under \$15K	657	16.6%							
\$15K-\$30K	762	19.3%							
\$30K-\$50K	844	21.4%							
\$50K-\$75K	695	17.6%							
\$75K-\$100K	389	9.8%							
\$100K-\$150K	389	9.8%							
Over \$150,000	215	5.4%							
Highest Level of Educational Attainment (n=4042)									
Less Than High School	82	2.0%							
High school diploma or GED	379	9.4%							
Some College	1061	26.2%							
Technical/Trade License or Degree	100	2.5%							
Associates Degree	274	6.8%							
Bachelor's Degree	1104	27.3%							
Master's Degree	745	18.4%							
Doctoral Degree	200	4.9%							
Professional Degree	97	2.4%							
Age (n=4047)									
18-24	1125	27.8%							
25-34	1290	31.9%							
35-44	600	14.8%							
45-54	467	11.5%							
55-64	351	8.7%							
65 and Over	171	4.2%							
State of Residency (n=4032)									
Alabama	386	9.6%							
Arkansas	59	1.5%							
Florida	187	4.6%							
Georgia	366	9.1%							
Kentucky	94	2.3%							
Louisiana	99	2.5%							
Mississippi	366	9.1%							
North Carolina	927	23.0%							
South Carolina	404	10.0%							
Tennessee	552	13.7%							
Texas	179	4.4%							
Virginia	385	9.5%							
West Virginia	28	0.7%							

Table 1.B1: "Gender Presentation" - By Transgender Identity

	Cisgender	Transgender	Total					
Agender	0.0%	2.6%	0.8%					
Demisexual	0.0%	0.9%	0.3%					
Genderfluid	0.2%	3.6%	1.2%					
Gender Non-Conforming	0.2%	2.6%	0.9%					
Genderqueer	0.3%	7.9%	2.6%					
Man or Masculine	41.0%	25.7%	36.4%					
Non-binary	0.0%	24.3%	7.4%					
Woman or Feminine	56.8%	27.7%	48.0%					
Other Gender	1.5%	4.7%	2.5%					
Total	100.0%	100.0%	100.0%					

Table 1.C1: "Sexuality" - By Transgender Identity

		Cisgender	Transgender	Total				
Heterosexual*	% within Sexuality	23.5%	76.5%	100.0%				
	% within Gender	1.1%	8.4%	3.3%				
	% of Total	0.8%	2.5%	3.3%				
Non-Heterosexual	% within Sexuality	71.4%	28.6%	100.0%				
	% within Gender	98.9%	91.6%	96.7%				
	% of Total	69.1%	27.6%	96.7%				
Total	% within Sexuality	69.8%	30.2%	100.0%				
	% within Gender	100.0%	100.0%	100.0%				
	% of Total	69.8%	30.2%	100.0%				

*Note: Includes respondents who only identified as heterosexual. Queer may include those who indicated heterosexual along with another sexuality.

Table 1.D1: "Binary Race" - By Sexuality

	Heterosexual*	Non-Heterosexual	Total					
White or Caucasian	53.8%	81.1%	80.2%					
People of Color	46.2%	18.9%	19.8%					
Total	100.0%	100.0%	100.0%					

*Note: Includes respondents who only identified as heterosexual. Queer may include those who indicated heterosexual along with another sexuality.

Table 1.D2: "Binary Race" - By Transgender Identity

	Cisgender	Transgender	Total					
White or Caucasian	81.7%	76.8%	80.2%					
People of Color	18.3%	23.2%	19.8%					
Total	100.0%	100.0%	100.0%					

Table 1.D3: "Transgender Identity" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Cisgender	66.7%	67.7%	63.6%	71.2%	58.5%	69.9%		
Transgender	33.3%	32.3%	36.4%	28.8%	41.5%	30.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 1.D4: "Binary Race" - By the Intersection of Transgender Identity and Sexuality

	Cisgender Heterosexual*	Cisgender Non-Heterosexual	Transgender Heterosexual	Transgender Non-Heterosexual	Total			
White or Caucasian	0.5%	56.6%	1.3%	21.8%	80.2%			
People of Color	0.3%	12.5%	1.2%	5.8%	19.8%			
Total	0.8%	69.1%	2.5%	27.6%	100.0%			

*Reported % of total

Note: Includes respondents who only identified as heterosexual. Queer may include those who indicated heterosexual along with another sexuality.

Table 1.E1: "Income" - By Transgender Identity

	Cisgender	Transgender	Total					
Under \$15K	13.6%	23.5%	16.6%					
\$15K-\$30K	17.0%	24.4%	19.2%					
\$30K-\$50K	21.1%	22.2%	21.4%					
\$50K-\$75K	19.4%	13.8%	17.7%					
\$75K-\$100K	11.0%	7.1%	9.8%					
\$100K-\$150K	11.3%	6.5%	9.8%					
Over \$150K	6.7%	2.6%	5.4%					
Total	100.0%	100.0%	100.0%					

Table 1.E2: "Income" - By Binary Race

	White or Caucasian	People of Color	Total					
Under \$15K	13.8%	27.6%	16.5%					
\$15K-\$30K	18.9%	20.9%	19.3%					
\$30K-\$50K	20.9%	23.0%	21.4%					
\$50K-\$75K	18.5%	14.1%	17.6%					
\$75K-\$100K	11.0%	5.0%	9.9%					
\$100K-\$150K	11.0%	5.3%	9.9%					
Over \$150K	5.8%	4.0%	5.4%					
Total	100.0%	100.0%	100.0%					

Table 1.E3: "Income" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Under \$15K	7.5%	33.0%	19.2%	13.8%	28.8%	16.5%		
\$15K-\$30K	13.2%	23.8%	20.5%	18.9%	17.1%	19.3%		
\$30K-\$50K	22.6%	23.3%	19.9%	20.9%	25.3%	21.4%		
\$50K-\$75K	24.5%	12.8%	17.9%	18.5%	10.6%	17.6%		
\$75K-\$100K	3.8%	4.0%	9.9%	11.0%	3.5%	9.9%		
\$100K-\$150K	17.0%	2.5%	6.0%	11.0%	7.6%	9.9%		
Over \$150K	11.3%	0.8%	6.6%	5.8%	7.1%	5.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 1.E4: "Income" - By Intersection of Race and Transgender Identity

	White Cisgender	Non-White Cisgender	White Transgender	Non-White Transgender	Total			
Under \$15K	11.2%	24.1%	20.4%	33.7%	16.5%			
\$15K-\$30K	16.6%	19.0%	24.3%	24.4%	19.2%			
\$30K-\$50K	20.4%	23.7%	22.2%	22.2%	21.4%			
\$50K-\$75K	20.1%	16.8%	15.2%	9.3%	17.8%			
\$75K-\$100K	12.0%	6.1%	8.3%	3.0%	9.8%			
\$100K-\$150K	12.6%	5.7%	7.0%	4.8%	9.9%			
Over \$150K	7.1%	4.7%	2.6%	2.6%	5.4%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 1.F1: "Educational Attainment" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Less than high school diploma	41.6%	26.0%	15.6%	14.3%	0.0%	2.6%	0.0%	100.0%
High school diploma or CED	31.0%	27.9%	17.8%	9.0%	5.8%	4.9%	3.6%	100.0%
Some college, but no degree	25.0%	23.3%	18.1%	14.6%	8.2%	7.0%	3.8%	100.0%
Technical/Trade License or Degree	22.2%	29.3%	24.2%	12.1%	7.1%	4.0%	1.0%	100.0%
Associates Degree	24.1%	21.1%	20.0%	18.1%	8.1%	6.7%	1.9%	100.0%
Bachelors Degree	11.5%	21.1%	27.0%	18.1%	9.5%	8.7%	4.1%	100.0%
Masters Degree	5.3%	10.1%	24.4%	23.9%	13.6%	15.4%	7.3%	100.0%
Doctoral Degree	0.0%	3.6%	10.2%	20.9%	19.4%	23.0%	23.0%	100.0%
Professional Degree	3.1%	6.3%	11.5%	26.0%	14.6%	24.0%	14.6%	100.0%
Total	16.6%	19.3%	21.4%	17.6%	9.9%	9.9%	5.4%	100.0%
*Reported Row Percentages								

Table 1.G1: Cis/Trans Identity by Age

	18-24	25-34	35-44	45-54	55-64	65 and Over	Total	
Cisgender	61.6%	67.6%	72.8%	78.7%	85.3%	83.9%	69.8%	
Transgender	38.4%	32.4%	27.2%	21.3%	14.7%	16.1%	30.2%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 1.G2: Gender Presentation by Age

	18-24	25-34	35-44	45-54	55-64	65 and Over	Total	
Man or Masculine	32.4%	31.9%	33.8%	48.3%	49.7%	48.2%	36.5%	
Woman or Feminine	45.1%	49.0%	55.6%	46.5%	46.5%	47.6%	48.1%	
Non-Binary or Non-Conforming	20.4%	16.7%	7.8%	3.8%	1.6%	1.8%	13.1%	
Other Gender	2.2%	2.4%	2.9%	1.4%	2.2%	2.4%	2.3%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 1.G3: Sexuality by Age

	18-24	25-34	35-44	45-54	55-64	65 and Over	Total	
Heterosexual	2.8%	3.2%	5.0%	3.9%	6.3%	4.7%	3.8%	
Gay	23.4%	25.9%	27.8%	39.0%	44.7%	46.2%	29.4%	
Lesbian	19.9%	23.1%	28.2%	35.5%	37.9%	38.0%	26.2%	
Bisexual	29.4%	22.9%	18.8%	13.5%	7.7%	6.4%	21.1%	
Pansexual	17.1%	15.5%	11.3%	4.1%	2.3%	1.8%	12.5%	
Queer	24.6%	30.5%	18.5%	6.6%	2.6%	2.3%	20.6%	
Other Sexuality	5.7%	4.1%	3.7%	3.9%	3.1%	2.9%	4.4%	

Table 1.G4: Regionality by Age

	18-24	25-34	35-44	45-54	55-64	65 and Over	Total
.1-.19 (Most Urban)	11.9%	14.7%	9.6%	15.0%	13.8%	15.9%	13.1%
.2-.29	19.8%	25.1%	23.6%	14.5%	16.6%	17.2%	21.0%
.3-.39	27.8%	26.4%	33.0%	36.9%	32.0%	42.0%	30.2%
.4-.49	30.5%	25.6%	24.5%	25.7%	27.3%	19.7%	26.8%
.5-.59 (More Rural)	10.1%	8.1%	9.2%	7.9%	10.3%	5.1%	8.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 1.H1: "Regionality Quintiles"

.1-.19 (Most Urban)	13.1%						
.2-.29	21.0%						
.3-.39	30.2%						
.4-.49	26.8%						
.5-.59 (More Rural)	8.9%						

Table 1.I1: "Voter Registration"

No	8.4%						
Yes	91.6%						

Table 1.I2: "When you vote, do you believe it has an impact?"

No	20.3%						
Somewhat	45.6%						
Yes	34.1%						

Table 1.I3: "When you vote, do you believe it has an impact?" - By Voter Registration

	Not Registered	Registered	Total
Not Impactful	47.1%	18.4%	20.3%
Somewhat	31.4%	46.6%	45.6%
Impactful	21.5%	35.0%	34.1%
Total	100.0%	100.0%	100.0%

Table 1.I4: Gender Presentation by Voter Registration

	Not Registered	Registered	Total
Man or Masculine	36.3%	36.6%	36.5%
Woman or Feminine	44.1%	48.4%	48.1%
Non-Binary or Non-Conforming	13.7%	13.1%	13.1%
Other Gender	5.9%	2.0%	2.3%
Total	100.0%	100.0%	100.0%

Table 1.I5: Cis/Trans Identity by Voter Registration

	Not Registered	Registered	Total
Cisgender	56.8%	71.1%	69.9%
Transgender	43.2%	28.9%	30.1%
Total	100.0%	100.0%	100.0%

Table 1.I6 Sexuality by Voter Registration

	Not Registered	Registered	Total
Heterosexual	8.3%	3.4%	3.8%
Gay	26.0%	2980.0%	29.5%
Lesbian	15.6%	27.1%	26.2%
Bisexual	22.4%	20.9%	21.0%
Pansexual	17.1%	12.0%	12.5%
Queer	13.0%	21.3%	20.6%
Other Sexuality	8.3%	4.1%	4.4%

SECTION 2: PHYSICAL HEALTH

Table 2.A1: "How would you rate your overall physical health?"

Excellent	15.2%							
Good	54.7%							
Fair	25.4%							
Poor	4.7%							

Table 2.A2: "How would you rate your overall physical health?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Excellent	24.5%	21.2%	13.3%	14.8%	15.3%	15.5%		
Good	52.8%	51.1%	53.8%	55.1%	51.7%	54.5%		
Fair	22.6%	23.8%	27.2%	25.3%	27.3%	25.3%		
Poor	0.0%	3.9%	5.7%	4.8%	5.7%	4.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 2.A3: "How would you rate your overall physical health?" - By Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65 and Over	Total
Excellent	9.3%	14.8%	14.5%	17.0%	15.8%	19.1%	15.2%	15.5%
Good	44.2%	54.8%	53.5%	54.8%	56.3%	52.1%	62.6%	54.5%
Fair	37.2%	25.8%	27.2%	24.0%	22.9%	24.8%	15.8%	25.3%
Poor	9.3%	4.7%	4.8%	4.2%	4.9%	4.0%	6.4%	4.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.A4: "How would you rate your overall physical health?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Excellent	14.5%	22.1%	14.5%	11.6%	7.5%	13.1%	12.8%	15.2%
Good	53.9%	54.8%	57.0%	57.2%	48.9%	53.1%	48.0%	54.7%
Fair	27.6%	19.3%	23.7%	26.1%	36.4%	28.2%	34.1%	25.4%
Poor	3.9%	3.9%	4.8%	5.0%	7.1%	5.5%	5.0%	4.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.A5: "How would you rate your overall physical health?" - By Transgender Identity

	Cisgender	Transgender	Total					
Excellent	16.8%	11.9%	15.3%					
Good	57.4%	48.8%	54.8%					
Fair	21.8%	32.9%	25.2%					
Poor	3.9%	6.5%	4.7%					
Total	100.0%	100.0%	100.0%					

Table 2.A6: "How would you rate your overall physical health?" - By Gender

	Man or Masculine	Woman or Feminine	Non- binary or Non-conforming	Other Gender	Total			
Excellent	19.0%	14.4%	9.9%	13.8%	15.5%			
Good	55.5%	56.4%	47.0%	55.2%	54.8%			
Fair	21.5%	24.7%	35.4%	25.3%	25.0%			
Poor	4.0%	4.5%	7.7%	5.7%	4.8%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 2.A7: "How would you rate your overall physical health?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Excellent	12.8%	10.9%	14.6%	15.4%	18.5%	21.1%	28.4%	15.5%
Good	40.5%	51.8%	57.2%	59.6%	59.6%	61.4%	55.8%	54.4%
Fair	36.4%	30.3%	25.5%	22.2%	19.0%	15.4%	13.0%	25.3%
Poor	10.4%	7.0%	2.7%	2.9%	2.8%	2.1%	2.8%	4.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B1: "How would you rate your overall quality of medical care?"

Excellent	18.8%							
Good	49.4%							
Fair	24.8%							
Poor	7.1%							

Table 2.B2: "Do you feel your health care needs are being met?"

No	12.8%							
Somewhat	39.9%							
Yes	47.3%							

Table 2.B3: "My experiences with physical health providers has been positive"

Always	19.1%							
Often	45.2%							
Sometimes	28.6%							
Rarely	5.8%							
Never	0.6%							
Does not apply	0.80%							

Table 2.B4: "How would you rate your overall quality of medical care?" - By Transgender Identity

	Cisgender	Transgender	Total					
Excellent	22.0%	10.6%	18.6%					
Good	52.9%	42.6%	49.8%					
Fair	20.2%	35.9%	24.9%					
Poor	5.0%	10.9%	6.7%					
Total	100.0%	100.0%	100.0%					

Table 2.B5: "Do you feel your health care needs are being met?" - By Transgender Identity

	Cisgender	Transgender	Total					
No	9.0%	20.6%	12.5%					
Somewhat	35.7%	50.5%	40.2%					
Yes	55.3%	28.9%	47.4%					
Total	100.0%	100.0%	100.0%					

Table 2.B6: "My experience with physical health providers has been positive" - By Transgender Identity

	Cisgender	Transgender	Total					
Always	23.6%	8.7%	19.1%					
Often	49.4%	37.3%	45.8%					
Sometimes	22.6%	41.6%	28.3%					
Rarely	3.5%	10.7%	5.7%					
Never	0.3%	1.3%	0.6%					
Does not apply	0.5%	0.4%	0.5%					
Total	100.0%	100.0%	100.0%					

Table 2.B7: "How would you rate your overall quality of medical care?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Excellent	17.1%	29.3%	21.0%	12.0%	6.2%	8.8%	12.9%	18.8%
Good	46.1%	48.1%	51.6%	52.5%	47.4%	47.2%	47.2%	49.4%
Fair	32.9%	17.8%	21.3%	29.3%	34.1%	33.2%	27.5%	24.8%
Poor	3.9%	4.8%	6.1%	6.2%	12.3%	10.8%	12.4%	7.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B8: "My experience with physical health providers has been positive" - By Binary Race

	White or Caucasian	People of Color	Total					
Always	17.2%	27.4%	19.2%					
Often	48.3%	35.4%	45.7%					
Sometimes	28.3%	28.1%	28.2%					
Rarely	5.5%	6.5%	5.7%					
Never	0.4%	1.5%	0.6%					
Does not apply	0.4%	1.1%	0.5%					
Total	100.0%	100.0%	100.0%					

Table 2.B9: "How would you rate your overall quality of medical care?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Excellent	11.3%	11.4%	15.6%	22.8%	25.7%	26.5%	41.4%	18.8%
Good	32.9%	46.8%	51.2%	55.3%	55.3%	62.1%	48.4%	49.4%
Fair	39.1%	30.9%	29.3%	18.0%	17.2%	10.1%	8.8%	25.0%
Poor	16.7%	10.9%	3.9%	3.9%	1.8%	1.3%	1.4%	6.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B10: "Do you feel your health care needs are being met?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
No	26.9%	19.4%	10.6%	7.2%	5.4%	2.3%	2.8%	12.7%
Somewhat	46.7%	45.1%	44.5%	39.2%	32.1%	28.2%	25.0%	40.2%
Yes	26.4%	35.5%	44.9%	53.5%	62.4%	69.5%	72.2%	47.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B11: "Do you feel your health care needs are being met?" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total	
No	15.2%	16.1%	10.9%	8.0%	5.5%	4.1%	12.6%	
Somewhat	46.8%	43.3%	37.7%	32.9%	28.2%	21.1%	40.0%	
Yes	38.1%	40.6%	51.4%	59.1%	66.4%	74.9%	47.4%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 2.B12: "How would you rate your overall quality of medical care?" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total	
Excellent	13.5%	13.4%	19.7%	25.3%	34.2%	40.9%	18.7%	
Good	49.4%	46.5%	50.5%	55.9%	52.6%	46.8%	49.6%	
Fair	29.5%	30.8%	24.2%	15.0%	10.3%	7.6%	24.9%	
Poor	7.6%	9.3%	5.5%	3.9%	2.9%	4.7%	6.8%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

SECTION 3: MENTAL HEALTH

Table 3.A1: "How would you rate your overall mental health?"

Excellent	12.9%							
Good	37.0%							
Fair	34.1%							
Poor	16.0%							

Table 3.A2: "How would you rate your overall mental health?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Excellent	17.8%	19.7%	15.3%	7.5%	4.0%	4.3%	10.1%	12.9%
Good	39.5%	44.7%	41.1%	30.4%	22.6%	31.9%	31.3%	37.0%
Fair	30.9%	25.7%	32.1%	42.0%	42.7%	41.2%	37.4%	34.1%
Poor	11.8%	9.9%	11.5%	20.1%	30.8%	22.6%	21.2%	16.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.A3: "How would you rate your overall mental health?" - By Transgender Identity

	Cisgender	Transgender	Total					
Excellent	15.1%	7.9%	13.0%					
Good	42.3%	25.6%	37.3%					
Fair	31.4%	40.6%	34.2%					
Poor	11.2%	25.9%	15.6%					
Total	100.0%	100.0%	100.0%					

Table 3.A4: "How would you rate your overall mental health?" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non- binary or Non-conforming	Other Gender	Total			
Excellent	17.4%	12.4%	2.6%	18.4%	13.1%			
Good	42.8%	37.1%	23.1%	23.0%	37.0%			
Fair	28.4%	36.5%	43.0%	34.5%	34.3%			
Poor	11.4%	14.1%	31.2%	24.1%	15.6%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 3.A5: "How would you rate your overall mental health?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Excellent	10.2%	7.9%	10.3%	13.8%	16.5%	20.9%	26.6%	13.0%
Good	25.0%	29.6%	36.5%	43.7%	49.1%	46.4%	47.7%	37.3%
Fair	38.2%	39.9%	39.1%	32.3%	26.5%	25.0%	18.7%	34.2%
Poor	26.6%	22.6%	14.0%	10.2%	8.0%	7.7%	7.0%	15.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.A6: "How would you rate your overall mental health?" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total	
Excellent	6.2%	9.7%	16.0%	20.2%	25.1%	31.8%	13.1%	
Good	24.2%	34.1%	47.1%	50.5%	52.3%	50.0%	37.2%	
Fair	41.5%	40.3%	29.2%	22.4%	18.9%	15.9%	34.1%	
Poor	28.0%	15.8%	7.7%	6.9%	3.7%	2.4%	15.6%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 3.A7: "How would you rate your overall mental health?" - By Binary Race

	White or Caucasian	People of Color	Total					
Excellent	11.7%	18.7%	13.1%					
Good	38.2%	33.4%	37.2%					
Fair	34.0%	34.3%	34.0%					
Poor	16.1%	13.6%	15.6%					
Total	100.0%	100.0%	100.0%					

Table 3.A8: "How would you rate your overall mental health?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Excellent	13.2%	23.2%	12.0%	11.7%	16.0%	13.1%		
Good	34.0%	33.4%	39.9%	38.2%	27.4%	37.2%		
Fair	39.6%	33.9%	32.3%	34.0%	35.4%	34.0%		
Poor	13.2%	9.5%	15.8%	16.1%	21.1%	15.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 3.B1: "How you ever experienced violence, harassment or abuse due to your LGBTQ Identity?"

	No	Yes						
Physical violence OR abuse	76.6%	23.4%						
Emotional harassment OR abuse	28.9%	71.1%						

Table 3.B2: "How you ever experienced violence, harassment or abuse due to your LGBTQ Identity?" - By Transgender Identity

	Cisgender	Transgender	Total					
Physical violence OR abuse	19.0%	35.7%	24.1%					
Emotional harassment OR abuse	67.0%	82.6%	71.7%					

**"Yes" responses shown

Table 3.B3: "How you ever experienced violence, harassment or abuse due to your LGBTQ Identity?" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non- binary or Non-conforming	Other Gender	Total			
Physical violence OR abuse	28.9%	18.2%	30.7%	32.6%	24.1%			
Emotional harassment OR abuse	73.5%	67.6%	84.1%	70.9%	72.0%			

**"Yes" responses shown

Table 3.B4: "How you ever experienced violence, harassment or abuse due to your LGBTQ Identity?" - By Binary Race

	White or Caucasian	People of Color	Total					
Physical violence OR abuse	22.0%	31.7%	24.0%					
Emotional harassment OR abuse	73.0%	65.7%	71.5%					

**"Yes" responses shown

Table 3.B5: "How you ever experienced violence, harassment or abuse due to your LGBTQ Identity?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Physical violence OR abuse	20.8%	32.7%	28.5%	22.0%	35.8%	24.0%		
Emotional harassment OR abuse	56.6%	62.0%	72.8%	73.0%	71.0%	71.5%		

**"Yes" responses shown

Table 3.B6: "How you ever experienced violence, harassment or abuse due to your LGBTQ identity?" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total
Physical violence OR abuse	22.0%	24.5%	20.8%	28.2%	27.5%	22.5%	24.0%
Emotional harassment OR abuse	73.6%	73.6%	72.1%	68.7%	66.5%	54.7%	71.5%

**"Yes" responses shown

Table 3.B7: "I am afraid of experiencing physical violence/abuse due to my LGBTQ identity" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Always	7.7%	22.7%	12.2%
Often	9.6%	21.5%	13.2%
Sometimes	29.8%	30.9%	30.1%
Rarely	34.1%	18.0%	29.2%
Never	16.8%	5.7%	13.4%
Does not apply	2.0%	1.2%	1.8%
Total	100.0%	100.0%	100.0%

Table 3.B8: "I am afraid of experiencing emotional abuse/harassment due to my LGBTQ identity" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Always	12.6%	32.8%	18.7%
Often	19.4%	29.2%	22.4%
Sometimes	33.9%	25.2%	31.2%
Rarely	21.4%	9.3%	17.8%
Never	11.1%	3.2%	8.7%
Does not apply	1.6%	0.4%	1.2%
Total	100.0%	100.0%	100.0%

Table 3.C1: "How you ever been diagnosed or experienced any of the following?"

Alcohol Abuse	10.5%						
Anxiety Disorders	46.1%						
Attention Deficit Disorder (ADD/ADHD)	14.5%						
Autism Spectrum	0.7%						
Bipolar Disorder/ Mania	9.3%						
Borderline Personality Disorder	1.1%						
Depression	54.5%						
Disordered eating	1.1%						
Drug Abuse	7.6%						
Obsessive Compulsive	8.9%						
Post-Traumatic Stress Disorder (PTSD/CPTSD)	3.2%						
Self-Harming Behaviors	20.2%						
Suicidal Ideation	26.3%						
Other Diagnosis	7.9%						

**"Yes" responses shown

Table 3.C2: "How you ever been diagnosed or experienced any of the following?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Alcohol Abuse	12.5%	12.0%	12.0%	14.9%	16.2%	16.9%	12.8%	10.5%
Anxiety Disorders	46.7%	46.0%	53.3%	67.5%	75.8%	73.4%	68.2%	46.1%
Attention Deficit Disorder (ADD/ADHD)	17.1%	14.1%	13.8%	20.5%	24.2%	21.5%	19.6%	14.5%
Autism Spectrum	0.7%	0.3%	0.8%	0.9%	2.0%	1.6%	3.4%	0.7%
Bipolar Disorder/ Mania	13.2%	8.1%	9.8%	13.7%	18.2%	13.0%	19.6%	9.3%
Borderline Personality Disorder	0.7%	0.3%	0.8%	1.3%	3.8%	3.1%	1.7%	1.1%
Depression	65.8%	58.4%	65.6%	75.0%	82.8%	79.9%	77.7%	54.5%
Disordered eating	0.7%	0.7%	1.2%	2.1%	2.2%	2.8%	2.2%	1.1%
Drug Abuse	11.8%	8.0%	6.9%	11.1%	14.3%	13.1%	12.8%	7.6%
Obsessive Compulsive	14.5%	9.1%	8.5%	12.4%	16.4%	12.5%	17.9%	8.9%
Post-Traumatic Stress Disorder (PTSD/ CPTSD)	4.6%	2.2%	3.0%	4.6%	6.9%	7.5%	7.3%	3.2%
Self-Harming Behaviors	19.7%	11.4%	22.5%	30.4%	46.1%	40.3%	36.3%	20.2%
Suicidal Ideation	27.0%	21.1%	27.5%	41.0%	45.9%	49.3%	48.0%	26.3%
Other Diagnosis	8.6%	5.5%	7.8%	12.1%	16.0%	16.7%	17.9%	7.9%
**"Yes" responses shown								

Table 3.C3: "How you ever been diagnosed or experienced any of the following?" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Alcohol Abuse	11.6%	16.9%	13.2%
Anxiety Disorders	53.2%	68.3%	57.8%
Attention Deficit Disorder (ADD/ADHD)	15.0%	23.2%	17.5%
Autism Spectrum	0.4%	2.1%	0.9%
Bipolar Disorder/ Mania	9.1%	17.8%	11.7%
Borderline Personality Disorder	0.5%	3.1%	1.3%
Depression	63.2%	80.7%	68.4%
Disordered eating	1.4%	1.8%	1.5%
Drug Abuse	7.9%	13.6%	9.6%
Obsessive Compulsive	9.5%	14.3%	11.0%
Post-Traumatic Stress Disorder (PTSD/ CPTSD)	2.5%	7.9%	4.1%
Self-Harming Behaviors	18.2%	40.2%	24.8%
Suicidal Ideation	24.8%	51.7%	32.9%
Other Diagnosis	7.1%	17.6%	10.3%
**"Yes" responses shown			

Table 3.C4: "How you ever been diagnosed or experienced any of the following?" - By Gender

	Man or Masculine	Woman or Feminine	Non- binary or Non-conforming	Other Gender	Total			
Alcohol Abuse	13.6%	11.7%	18.0%	11.5%	13.2%			
Anxiety Disorders	50.6%	59.2%	77.3%	51.7%	58.3%			
Attention Deficit Disorder (ADD/ADHD)	15.9%	17.3%	23.9%	19.5%	17.7%			
Autism Spectrum	0.4%	1.0%	2.2%	1.1%	1.0%			
Bipolar Disorder/ Mania	10.0%	11.0%	17.8%	13.8%	11.6%			
Borderline Personality Disorder	0.5%	1.0%	4.5%	3.4%	1.3%			
Depression	62.0%	69.9%	86.0%	62.1%	68.9%			
Disordered eating	0.8%	2.0%	2.6%	0.0%	1.6%			
Drug Abuse	10.4%	7.4%	13.8%	14.9%	9.5%			
Obsessive Compulsive	10.5%	10.5%	15.8%	6.9%	11.1%			
Post-Traumatic Stress Disorder (PTSD/ CPTSD)	2.8%	3.6%	10.3%	2.3%	4.2%			
Self-Harming Behaviors	15.7%	26.8%	45.1%	26.4%	25.2%			
Suicidal Ideation	25.9%	32.3%	58.9%	31.0%	33.4%			
Other Diagnosis	7.0%	10.2%	21.3%	10.3%	10.5%			

**"Yes" responses shown

Table 3.C5: "How you ever been diagnosed or experienced any of the following?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Alcohol Abuse	16.7%	16.1%	13.3%	11.8%	10.5%	11.3%	7.9%	13.4%
Anxiety Disorders	64.4%	66.3%	60.0%	53.4%	48.3%	50.6%	41.4%	57.7%
Attention Deficit Disorder (ADD/ADHD)	19.5%	21.8%	14.5%	17.8%	15.7%	16.5%	9.8%	17.4%
Autism Spectrum	1.8%	0.7%	0.8%	0.7%	0.8%	0.5%	0.5%	0.9%
Bipolar Disorder/ Mania	19.8%	18.2%	9.6%	8.3%	7.7%	5.7%	1.9%	11.7%
Borderline Personality Disorder	2.1%	2.2%	1.2%	0.6%	0.8%	0.5%	0.0%	1.3%
Depression	78.4%	76.4%	70.6%	67.2%	58.4%	55.0%	51.6%	68.6%
Disordered Eating	1.1%	1.4%	1.7%	1.7%	2.1%	1.3%	1.4%	1.5%
Drug Abuse	12.9%	13.3%	10.0%	7.9%	5.4%	6.2%	3.7%	9.6%
Obsessive Compulsive	12.6%	14.2%	10.7%	9.5%	9.3%	7.7%	8.8%	10.9%
Post-Traumatic Stress Disorder (PTSD/ CPTSD)	5.8%	5.4%	5.3%	2.6%	2.1%	2.8%	0.9%	4.1%
Self-Harming Behaviors	34.6%	33.1%	26.1%	19.0%	17.7%	15.2%	7.4%	24.7%
Suicidal Ideation	42.8%	40.7%	34.8%	27.5%	22.4%	26.5%	13.0%	32.8%
Other Diagnosis	14.3%	12.7%	11.0%	7.8%	82.0%	6.4%	4.7%	10.3%

**"Yes" responses shown

Table 3.D1: "Diagnosed or Experienced Depression" - By Experienced Physical Violence or Abuse Due to LGBTQ Identity

	No Abuse	Physical Abuse	Total					
No Depression	35.4%	20.6%	32.0%					
Depression	64.6%	79.4%	68.0%					
Total	100.0%	100.0%	100.0%					

Table 3.D2: "Diagnosed or Experienced Depression" - By Experienced Emotional Harassment or Abuse Due to LGBTQ Identity

	No Abuse	Emotional Abuse	Total					
No Depression	47.3%	25.7%	32.0%					
Depression	52.7%	74.3%	68.0%					
Total	100.0%	100.0%	100.0%					

Table 3.D3: "Diagnosed or Experienced Anxiety" - By Experienced Physical Violence or Abuse Due to LGBTQ Identity

	No Abuse	Physical Abuse	Total					
No Anxiety	44.0%	36.9%	42.3%					
Anxiety	56.0%	63.1%	57.7%					
Total	100.0%	100.0%	100.0%					

Table 3.D4: "Diagnosed or Experienced Depression" - By Experienced Emotional Harassment or Abuse Due to LGBTQ Identity

	No Abuse	Emotional Abuse	Total					
No Anxiety	55.1%	37.3%	42.4%					
Anxiety	44.9%	62.7%	57.6%					
Total	100.0%	100.0%	100.0%					

Table 3.E1: "My experience with mental health providers has been positive"

Always	20.7%							
Often	26.3%							
Sometimes	20.1%							
Rarely	8.9%							
Never	2.5%							
Does not apply	21.4%							

Table 3.E2: "My experience with mental health providers has been positive" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	23.0%	24.2%	25.4%	17.7%	12.3%	11.3%	19.0%	20.7%
Often	25.0%	21.9%	28.4%	29.7%	29.6%	33.9%	27.9%	26.3%
Sometimes	18.4%	13.8%	16.1%	25.0%	26.8%	28.8%	22.3%	20.1%
Rarely	8.6%	5.6%	7.3%	9.8%	14.9%	13.1%	12.8%	8.9%
Never	3.3%	2.4%	2.1%	2.2%	3.6%	2.6%	6.1%	2.5%
Does not apply	21.7%	32.2%	20.8%	15.5%	12.9%	10.2%	11.7%	21.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.E3: "My experience with mental health providers has been positive" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	22.9%	17.1%	21.2%					
Often	26.6%	27.4%	26.9%					
Sometimes	16.0%	29.0%	19.9%					
Rarely	7.0%	12.4%	8.6%					
Never	1.9%	3.7%	2.5%					
Does not apply	25.5%	10.4%	20.9%					
Total	100.0%	100.0%	100.0%					

Table 3.E4: "My experience with mental health providers has been positive" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	18.2%	19.7%	19.0%	23.3%	21.1%	26.2%	31.2%	21.3%
Often	23.2%	25.0%	27.8%	29.9%	28.8%	29.0%	26.0%	27.0%
Sometimes	24.0%	23.0%	21.6%	17.0%	16.5%	15.4%	11.6%	19.8%
Rarely	13.9%	12.7%	8.2%	5.2%	5.9%	4.1%	2.8%	8.6%
Never	5.0%	3.3%	2.0%	2.2%	1.5%	0.5%	0.5%	2.5%
Does not apply	15.7%	16.3%	21.3%	22.4%	26.2%	24.7%	27.9%	20.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.E4: "My experience with mental health providers has been positive" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	18.2%	19.7%	19.0%	23.3%	21.1%	26.2%	31.2%	21.3%
Often	23.2%	25.0%	27.8%	29.9%	28.8%	29.0%	26.0%	27.0%
Sometimes	24.0%	23.0%	21.6%	17.0%	16.5%	15.4%	11.6%	19.8%
Rarely	13.9%	12.7%	8.2%	5.2%	5.9%	4.1%	2.8%	8.6%
Never	5.0%	3.3%	2.0%	2.2%	1.5%	0.5%	0.5%	2.5%
Does not apply	15.7%	16.3%	21.3%	22.4%	26.2%	24.7%	27.9%	20.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.E5: "My experience with mental health providers has been positive" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total	
Always	17.4%	17.1%	21.7%	25.8%	32.5%	34.3%	21.2%	
Often	26.9%	28.2%	28.0%	27.1%	22.8%	15.4%	26.7%	
Sometimes	22.7%	23.6%	20.4%	14.2%	10.0%	10.1%	19.9%	
Rarely	11.7%	10.0%	7.5%	5.4%	3.4%	2.4%	8.7%	
Never	3.6%	2.1%	2.3%	2.8%	0.6%	1.2%	2.5%	
Does not apply	17.6%	18.9%	20.0%	24.7%	30.8%	36.7%	21.1%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

SECTION 4: HEALTH INSURANCE**Table 4.A1: "Current health insurance status"**

Uninsured	14.2%							
Private Insurer	3.4%							
HealthCare.Gov Marketplace	6.6%							
Medicaid	5.7%							
Medicare	6.6%							
Employer	34.1%							
Parent/guardian's Employer	20.7%							
Partner's Employer	6.1%							
School	2.6%							

Table 4.A2: "Current health insurance status" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Uninsured	17.1%	11.9%	11.3%	12.6%	17.5%	11.4%	16.3%	14.2%
Private Insurer	3.3%	4.8%	2.4%	2.7%	2.0%	1.4%	3.9%	3.4%
HealthCare.Gov Marketplace	6.6%	6.8%	6.4%	8.0%	5.8%	9.0%	5.6%	6.6%
Medicaid	9.9%	3.4%	4.3%	5.6%	10.3%	4.3%	7.9%	5.7%
Medicare	10.5%	9.8%	8.5%	2.9%	2.4%	1.2%	7.9%	6.6%
Employer	34.2%	43.6%	42.0%	29.7%	27.8%	38.8%	24.2%	34.1%
Parent/guardian's Employer	12.5%	13.1%	13.8%	26.5%	24.4%	23.1%	27.0%	20.7%
Partner's Employer	3.9%	4.2%	8.5%	8.5%	6.9%	6.1%	5.1%	6.1%
School	2.0%	2.4%	2.8%	3.5%	3.0%	4.6%	2.2%	2.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.A3: "Current health insurance status" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Uninsured	10.8%	16.8%	12.6%					
Private Insurer	3.5%	2.5%	3.2%					
HealthCare.Gov Marketplace	7.1%	6.9%	7.0%					
Medicaid	4.0%	7.6%	5.1%					
Medicare	7.5%	4.9%	6.7%					
Employer	40.7%	31.2%	37.8%					
Parent/guardian's Employer	16.4%	22.8%	18.3%					
Partner's Employer	7.0%	5.1%	6.4%					
School	3.0%	2.2%	2.8%					
Total	100.0%	100.0%	100.0%					

Table 4.A4: "Current health insurance status" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Uninsured	3.8%	21.2%	19.6%	11.2%	14.9%	12.6%		
Private Insurer	3.8%	5.1%	3.2%	2.8%	4.6%	3.1%		
HealthCare.Gov Marketplace	11.3%	6.1%	6.3%	7.1%	8.0%	7.0%		
Medicaid		9.7%	5.7%	4.2%	12.6%	5.1%		
Medicare	3.8%	6.8%	3.8%	6.9%	5.1%	6.7%		
Employer	26.4%	35.3%	33.5%	39.3%	28.0%	38.0%		
Parent/guardian's Employer	39.6%	12.4%	19.0%	18.6%	17.1%	18.2%		
Partner's Employer	3.8%	1.7%	5.1%	7.3%	5.7%	6.5%		
School	7.5%	1.7%	3.8%	2.7%	4.0%	2.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 4.A5: "Current health insurance status" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Uninsured	32.1%	20.3%	8.9%	5.5%	4.9%	0.8%	0.5%	12.7%
Private Insurer	3.1%	2.5%	2.6%	3.5%	2.1%	2.8%	8.8%	3.1%
HealthCare.Gov Marketplace	7.9%	11.7%	9.5%	5.0%	2.3%	2.6%	2.3%	7.1%
Medicaid	16.8%	7.2%	2.8%	1.7%	0.5%	0.0%	0.0%	5.1%
Medicare	8.9%	9.2%	5.1%	5.3%	5.9%	4.4%	4.2%	6.5%
Employer	3.7%	21.5%	50.4%	55.3%	54.9%	52.3%	49.8%	38.5%
Parent/guardian's Employer	20.8%	20.6%	15.1%	12.7%	14.4%	20.6%	23.7%	17.6%
Partner's Employer	1.7%	2.6%	3.8%	8.6%	13.4%	16.0%	9.8%	6.5%
School	5.2%	4.3%	1.8%	2.3%	1.5%	0.5%	0.9%	2.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.B1: "Health insurance experiences"

	No	Somewhat	Yes					
Know what services are covered by health insurance plan	11.3%	47.2%	41.5%					
Worry about losing health insurance coverage	43.9%	27.7%	28.4%					

Table 4.B2: "Do you know what services are covered by your health insurance plan?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
No	15.1%	7.4%	6.6%	12.2%	14.9%	9.4%	14.7%	11.3%
Somewhat	38.9%	38.1%	45.5%	50.9%	59.7%	64.3%	54.0%	47.2%
Yes	46.0%	54.5%	47.9%	36.9%	25.4%	26.3%	31.3%	41.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.B3: "Do you know what services are covered by your health insurance plan?" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
No	7.4%	14.3%	9.3%					
Somewhat	45.8%	52.3%	47.7%					
Yes	46.8%	33.4%	43.0%					
Total	100.0%	100.0%	100.0%					

Table 4.B4: "Do you worry about losing your health insurance coverage?" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
No	48.9%	28.0%	42.9%					
Somewhat	25.5%	34.0%	27.9%					
Yes	25.6%	38.0%	29.2%					
Total	100.0%	100.0%	100.0%					

Table 4.B5: "Do you worry about losing your health insurance coverage?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
No	38.1%	49.3%	48.6%	38.3%	29.4%	28.9%	36.0%	43.9%
Somewhat	27.0%	24.3%	25.6%	31.7%	31.8%	34.6%	31.3%	27.7%
Yes	34.9%	26.4%	25.8%	30.1%	38.8%	36.4%	32.7%	28.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

SECTION 5: HEALTH CARE BEHAVIORS

Table 5.A1: "Healthcare access"

	Always	Often	Sometimes	Rarely	Never	Does not apply		
I am comfortable seeking medical care within my community	28.9%	26.2%	28.7%	10.9%	4.1%	1.2%		
I have access to dental care within my community	48.7%	17.4%	13.2%	8.3%	10.3%	2.0%		
I prefer to go to the doctor's office for medical care	42.8%	30.1%	16.4%	6.8%	2.5%	1.3%		
I prefer to go to the emergency room for medical care	2.0%	3.5%	10.0%	26.5%	55.2%	2.7%		
I delay seeking medical care due to high out of pocket costs	22.3%	21.2%	25.9%	13.8%	13.7%	3.2%		
I have to educate medical providers about my health care needs	8.2%	16.0%	32.9%	20.5%	18.4%	3.9%		

Table 5.A2: "I am comfortable seeking medical care within my community" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	25.0%	41.8%	33.8%	23.4%	12.2%	10.3%	20.2%	28.9%
Often	19.1%	23.8%	30.2%	30.1%	27.5%	28.4%	21.3%	26.2%
Sometimes	25.0%	23.1%	23.7%	31.6%	35.3%	40.1%	33.7%	28.7%
Rarely	17.8%	7.2%	8.8%	10.7%	16.8%	16.4%	16.9%	10.9%
Never	11.8%	3.2%	2.7%	3.3%	7.0%	4.2%	6.7%	4.1%
Does not apply	1.3%	0.8%	0.8%	0.8%	1.2%	0.6%	1.1%	1.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.A3: "I am comfortable seeking medical care within my community" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	36.6%	12.6%	29.4%					
Often	28.7%	21.8%	26.6%					
Sometimes	24.3%	38.3%	28.5%					
Rarely	7.1%	19.3%	10.8%					
Never	2.4%	7.2%	3.9%					
Does not apply	0.9%	0.8%	0.9%					
Total	100.0%	100.0%	100.0%					

Table 5.A4: "I am comfortable seeking medical care within my community" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non-binary or Non-conforming	Other Gender	Total			
Always	37.1%	29.4%	7.7%	26.7%	29.3%			
Often	24.5%	30.0%	22.3%	24.4%	26.8%			
Sometimes	23.9%	27.5%	43.9%	26.7%	28.3%			
Rarely	9.6%	9.5%	19.2%	14.0%	10.9%			
Never	3.8%	3.0%	6.5%	8.1%	3.9%			
Does not apply	1.0%	0.7%	0.4%	0.0%	0.8%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 5.A5: "I am comfortable seeking medical care within my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	21.1%	21.4%	27.0%	31.8%	38.6%	37.5%	54.0%	29.4%
Often	16.8%	23.6%	27.0%	32.4%	31.4%	31.6%	25.6%	26.4%
Sometimes	34.2%	34.5%	31.5%	24.7%	21.3%	23.7%	14.4%	28.6%
Rarely	17.6%	15.1%	10.0%	8.4%	6.2%	4.9%	4.7%	10.8%
Never	8.9%	4.5%	3.7%	2.3%	2.1%	1.3%	0.9%	3.9%
Does not apply	1.5%	0.9%	1.0%	0.3%	0.5%	1.0%	0.5%	0.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.B1: "I have access to dental care within my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	21.9%	33.1%	45.9%	60.7%	66.8%	73.3%	82.8%	48.8%
Often	14.7%	18.4%	21.8%	16.3%	18.0%	14.4%	9.3%	17.2%
Sometimes	18.5%	17.0%	15.1%	10.5%	7.5%	8.0%	4.7%	13.2%
Rarely	15.5%	13.1%	7.5%	6.6%	3.1%	1.0%	0.9%	8.3%
Never	26.3%	16.3%	7.9%	4.2%	3.9%	2.1%	1.4%	10.6%
Does not apply	3.1%	2.1%	1.8%	1.6%	0.8%	1.3%	0.9%	1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.B2: "I have access to dental care within my community" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	55.7%	34.3%	49.2%					
Often	16.9%	17.8%	17.2%					
Sometimes	10.6%	18.8%	13.0%					
Rarely	6.7%	11.5%	8.2%					
Never	8.5%	15.1%	10.5%					
Does not apply	1.6%	2.4%	1.8%					
Total	100.0%	100.0%	100.0%					

Table 5.B3: "I have access to dental care within my community" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	58.5%	44.4%	36.5%	50.7%	41.5%	49.2%		
Often	13.2%	12.7%	18.6%	17.8%	15.9%	17.2%		
Sometimes	17.0%	14.9%	19.9%	12.1%	18.2%	13.0%		
Rarely	1.9%	10.7%	10.3%	7.8%	9.1%	8.2%		
Never	7.5%	15.4%	13.5%	9.6%	14.2%	10.5%		
Does not apply	1.9%	2.0%	1.3%	1.9%	1.1%	1.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 5.C1: "I have to educate medical providers about my health care needs" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	5.5%	14.8%	8.3%					
Often	11.9%	26.5%	16.3%					
Sometimes	32.5%	35.3%	33.3%					
Rarely	24.1%	11.8%	20.4%					
Never	23.1%	6.9%	18.2%					
Does not apply	2.9%	4.7%	3.4%					
Total	100.0%	100.0%	100.0%					

Table 5.A5: "I am comfortable seeking medical care within my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	21.1%	21.4%	27.0%	31.8%	38.6%	37.5%	54.0%	29.4%
Often	16.8%	23.6%	27.0%	32.4%	31.4%	31.6%	25.6%	26.4%
Sometimes	34.2%	34.5%	31.5%	24.7%	21.3%	23.7%	14.4%	28.6%
Rarely	17.6%	15.1%	10.0%	8.4%	6.2%	4.9%	4.7%	10.8%
Never	8.9%	4.5%	3.7%	2.3%	2.1%	1.3%	0.9%	3.9%
Does not apply	1.5%	0.9%	1.0%	0.3%	0.5%	1.0%	0.5%	0.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.B1: "I have access to dental care within my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	21.9%	33.1%	45.9%	60.7%	66.8%	73.3%	82.8%	48.8%
Often	14.7%	18.4%	21.8%	16.3%	18.0%	14.4%	9.3%	17.2%
Sometimes	18.5%	17.0%	15.1%	10.5%	7.5%	8.0%	4.7%	13.2%
Rarely	15.5%	13.1%	7.5%	6.6%	3.1%	1.0%	0.9%	8.3%
Never	26.3%	16.3%	7.9%	4.2%	3.9%	2.1%	1.4%	10.6%
Does not apply	3.1%	2.1%	1.8%	1.6%	0.8%	1.3%	0.9%	1.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.B2: "I have access to dental care within my community" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	55.7%	34.3%	49.2%					
Often	16.9%	17.8%	17.2%					
Sometimes	10.6%	18.8%	13.0%					
Rarely	6.7%	11.5%	8.2%					
Never	8.5%	15.1%	10.5%					
Does not apply	1.6%	2.4%	1.8%					
Total	100.0%	100.0%	100.0%					

Table 5.B3: "I have access to dental care within my community" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	58.5%	44.4%	36.5%	50.7%	41.5%	49.2%		
Often	13.2%	12.7%	18.6%	17.8%	15.9%	17.2%		
Sometimes	17.0%	14.9%	19.9%	12.1%	18.2%	13.0%		
Rarely	1.9%	10.7%	10.3%	7.8%	9.1%	8.2%		
Never	7.5%	15.4%	13.5%	9.6%	14.2%	10.5%		
Does not apply	1.9%	2.0%	1.3%	1.9%	1.1%	1.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 5.C1: "I have to educate medical providers about my health care needs" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	5.5%	14.8%	8.3%					
Often	11.9%	26.5%	16.3%					
Sometimes	32.5%	35.3%	33.3%					
Rarely	24.1%	11.8%	20.4%					
Never	23.1%	6.9%	18.2%					
Does not apply	2.9%	4.7%	3.4%					
Total	100.0%	100.0%	100.0%					

Table 5.C2: "I have to educate medical providers about my health care needs" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non-binary or Non-conforming	Other Gender	Total			
Always	7.9%	7.3%	12.1%	15.1%	8.4%			
Often	14.6%	14.8%	28.3%	19.8%	16.6%			
Sometimes	30.6%	35.0%	33.8%	30.2%	33.1%			
Rarely	20.4%	22.9%	12.3%	16.3%	20.5%			
Never	23.5%	17.2%	6.3%	15.1%	18.0%			
Does not apply	3.1%	2.7%	7.1%	3.5%	3.4%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 5.C3: "I have to educate my medical providers about my LGBTQ identity" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	7.4%	20.4%	11.3%					
Often	12.0%	27.1%	16.5%					
Sometimes	26.6%	30.3%	27.7%					
Rarely	24.3%	10.3%	20.1%					
Never	24.8%	7.0%	19.4%					
Does not apply	4.9%	4.9%	4.9%					
Total	100.0%	100.0%	100.0%					

Table 5.C4: "I have to educate my medical providers about my LGBTQ identity" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non-binary or Non-conforming	Other Gender	Total			
Always	11.0%	8.9%	19.0%	21.8%	11.3%			
Often	14.7%	15.0%	29.8%	16.1%	16.8%			
Sometimes	25.0%	30.1%	28.7%	24.1%	27.9%			
Rarely	20.6%	22.9%	9.3%	12.6%	20.0%			
Never	24.7%	18.1%	6.5%	17.2%	19.0%			
Does not apply	4.0%	5.2%	6.7%	8.0%	5.0%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 5.C5: "I have to educate medical providers about my health care needs" - By Binary Race

	White or Caucasian	People of Color	Total					
Always	7.1%	13.3%	8.3%					
Often	16.7%	14.8%	16.3%					
Sometimes	33.7%	30.9%	33.2%					
Rarely	21.4%	16.1%	20.4%					
Never	18.1%	19.7%	18.4%					
Does not apply	3.0%	5.2%	3.5%					
Total	100.0%	100.0%	100.0%					

Table 5.C6: "I have to educate my medical providers about my LGBTQ identity" - By Binary Race

	White or Caucasian	People of Color	Total					
Always	10.3%	14.9%	11.2%					
Often	17.0%	14.7%	16.6%					
Sometimes	28.4%	24.4%	27.6%					
Rarely	21.3%	16.0%	20.2%					
Never	18.3%	23.7%	19.4%					
Does not apply	4.7%	6.3%	5.0%					
Total	100.0%	100.0%	100.0%					

Table 5.D1: "I prefer to go to the emergency room for medical care" - By Binary Race

	White or Caucasian	People of Color	Total					
Always	1.0%	5.2%	1.8%					
Often	2.8%	5.4%	3.3%					
Sometimes	7.3%	16.6%	9.2%					
Rarely	26.8%	26.0%	26.6%					
Never	60.2%	42.5%	56.7%					
Does not apply	2.0%	4.3%	2.4%					
Total	100.0%	100.0%	100.0%					

Table 5.D2: "I prefer to go to the emergency room for medical care" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	7.5%	7.3%	1.3%	1.0%	2.9%	1.8%		
Often	3.8%	6.6%	3.8%	2.8%	4.6%	3.3%		
Sometimes	3.8%	22.4%	8.3%	7.3%	14.3%	9.2%		
Rarely	20.8%	27.3%	28.0%	26.8%	22.9%	26.6%		
Never	54.7%	33.9%	52.2%	60.2%	50.3%	56.7%		
Does not apply	9.4%	2.4%	6.4%	2.0%	5.1%	2.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 5.D3: "I prefer to go to the doctor's office for medical care" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	42.3%	45.2%	35.4%	45.0%	36.9%	44.3%		
Often	34.6%	20.7%	28.5%	32.0%	26.1%	30.5%		
Sometimes	11.5%	20.5%	24.7%	14.1%	18.2%	15.3%		
Rarely	3.8%	9.1%	8.9%	6.1%	9.1%	6.6%		
Never	3.8%	3.5%	1.3%	2.0%	5.7%	2.3%		
Does not apply	3.8%	1.0%	1.3%	0.8%	4.0%	1.0%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 5.D4: "I prefer to go to the emergency room for medical care" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	5.3%	2.4%	0.8%	0.4%	0.3%	0.5%	0.0%	1.7%
Often	7.3%	5.1%	2.5%	2.7%	0.8%	0.8%	0.5%	3.4%
Sometimes	17.4%	11.7%	7.6%	7.6%	5.4%	5.1%	3.3%	9.3%
Rarely	27.3%	27.1%	27.7%	29.5%	24.7%	22.6%	20.9%	26.7%
Never	39.9%	51.0%	59.9%	58.1%	65.5%	68.6%	72.1%	56.6%
Does not apply	2.7%	2.8%	1.5%	1.6%	3.4%	2.3%	3.3%	2.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.E1: "I delay seeking medical care due to high out of pocket costs" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	18.8%	30.5%	22.3%					
Often	19.4%	23.7%	20.7%					
Sometimes	27.1%	24.1%	26.2%					
Rarely	15.4%	11.3%	14.2%					
Never	16.5%	7.5%	13.8%					
Does not apply	2.8%	2.8%	2.8%					
Total	100.0%	100.0%	100.0%					

Table 5.E2: "I delay seeking medical care due to high out of pocket costs" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	40.3%	36.0%	22.1%	14.4%	11.6%	4.6%	2.8%	22.7%
Often	23.0%	21.3%	26.2%	20.7%	17.5%	14.9%	9.3%	20.9%
Sometimes	16.6%	24.0%	27.3%	32.1%	30.7%	30.4%	23.4%	26.2%
Rarely	8.2%	9.2%	11.6%	17.3%	18.0%	24.2%	19.6%	13.9%
Never	8.8%	7.5%	10.5%	13.1%	19.3%	22.2%	39.3%	13.7%
Does not apply	3.0%	2.0%	2.3%	2.4%	2.8%	3.6%	5.6%	2.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.E3: "I delay seeking medical care because of my LGBTQ identity" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	1.0%	7.1%	2.9%					
Often	3.9%	18.7%	8.4%					
Sometimes	19.7%	37.5%	25.1%					
Rarely	22.2%	17.1%	20.7%					
Never	50.4%	18.1%	40.7%					
Does not apply	2.7%	1.5%	2.3%					
Total	100.0%	100.0%	100.0%					

Table 5.F1: "LGBTQ identity in healthcare"

	Always	Often	Sometimes	Rarely	Never	Does not apply		
I think doctors in my community are able to provide quality medical care to LGBTQ individuals	17.2%	26.5%	35.4%	15.4%	3.3%	2.0%		
I delay seeking medical care because of my LGBTQ identity	2.8%	8.0%	24.5%	20.0%	41.3%	3.3%		
I deal with mistreatment due to my LGBTQ identity in order to get medical care	2.5%	4.9%	15.0%	24.5%	46.4%	6.7%		
I have to educate my medical providers about my LGBTQ identity	10.9%	16.0%	27.7%	20.0%	19.7%	5.7%		
I think being LGBTQ changes how a medical professional interacts with me	15.7%	20.6%	35.6%	15.0%	9.6%	3.4%		
Being in the South makes it harder for LGBTQ individuals to access quality medical care	16.4%	35.1%	32.4%	7.8%	5.0%	3.4%		

Table 5.F2: "I think doctors in my community are able to provide quality medical care to LGBTQ individuals" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	15.3%	28.5%	17.0%	11.0%	6.9%	3.6%	10.1%	17.2%
Often	21.3%	29.5%	32.9%	26.8%	17.6%	21.9%	24.0%	26.5%
Sometimes	31.3%	25.7%	34.8%	41.5%	44.2%	44.7%	36.3%	35.4%
Rarely	21.3%	11.5%	11.2%	16.3%	24.6%	26.1%	24.6%	15.6%
Never	6.0%	3.3%	2.8%	2.8%	4.8%	3.1%	3.9%	3.3%
Does not apply	4.7%	1.5%	1.2%	1.5%	2.0%	0.5%	1.1%	2.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5.F3: "I deal with mistreatment due to my LGBTQ identity in order to get medical care" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Always	1.1%	5.3%	2.4%
Often	2.0%	11.9%	5.0%
Sometimes	10.4%	27.0%	15.4%
Rarely	24.3%	26.2%	24.8%
Never	56.3%	23.2%	46.3%
Does not apply	6.0%	6.4%	6.1%
Total	100.0%	100.0%	100.0%

Table 5.F4: "I think being LGBTQ changes how a medical professional interacts with me" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Always	10.8%	30.1%	16.6%
Often	17.6%	29.2%	21.1%
Sometimes	38.2%	29.0%	35.4%
Rarely	19.2%	6.1%	15.2%
Never	11.5%	3.6%	9.1%
Does not apply	2.7%	2.0%	2.5%
Total	100.0%	100.0%	100.0%

Table 5.F5: "Being in the South makes it harder for LGBTQ individuals to access quality medical care" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Always	11.7%	28.4%	16.7%
Often	31.3%	44.3%	35.2%
Sometimes	36.7%	21.9%	32.2%
Rarely	10.5%	2.1%	8.0%
Never	5.9%	1.7%	4.6%
Does not apply	3.9%	1.7%	3.2%
Total	100.0%	100.0%	100.0%

Table 5.F6: "Being in the South makes it harder for LGBTQ individuals to access quality medical care" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	25.9%	21.4%	17.3%	12.9%	11.4%	9.6%	7.0%	16.8%
Often	35.7%	35.7%	37.2%	33.8%	33.2%	32.8%	34.4%	35.1%
Sometimes	25.2%	30.8%	30.7%	36.8%	36.0%	39.8%	34.4%	32.5%
Rarely	4.9%	5.9%	6.7%	9.7%	10.6%	11.9%	10.7%	7.9%
Never	5.2%	3.6%	5.5%	3.3%	4.9%	3.4%	9.3%	4.6%
Does not apply	3.1%	2.6%	2.5%	3.5%	3.9%	2.6%	4.2%	3.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

SECTION 6: HIV

Table 6.A1: "What is your HIV status?"

HIV-negative	84.6%							
HIV-positive	5.0%							
HIV Status Unknown	10.4%							

Table 6.A2: "How often do you get tested for HIV?" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Never	32.9%	29.5%	82.5%	37.9%				
About every 3-5 years	26.0%	4.5%	9.3%	23.2%				
Yearly	21.9%	7.7%	3.9%	19.4%				
Once every 6 months	17.1%	50.9%	3.9%	17.4%				
Monthly	2.0%	7.3%	0.4%	2.1%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.A3: "What is your HIV status" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
HIV-negative	84.3%	71.6%	77.8%	86.7%	85.8%	84.8%		
HIV-positive	5.9%	22.3%	6.3%	3.0%	4.5%	5.2%		
HIV Status Unknown	9.8%	6.1%	15.8%	10.3%	9.7%	10.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 6.A4: "What is your HIV status" - By Age

	18-24	25-34	35-44	45-54	55-64	65 and Older	Total	
HIV-negative	80.1%	88.5%	87.9%	84.3%	83.9%	85.1%	84.8%	
HIV-positive	0.9%	4.5%	7.9%	9.2%	10.7%	8.3%	5.2%	
HIV Status Unknown	19.0%	6.9%	4.2%	6.5%	5.5%	6.5%	10.0%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 6.A5: "What is your HIV status" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
HIV-negative	74.7%	78.9%	90.3%	85.3%	85.5%	88.3%	83.8%	84.6%
HIV-positive	14.0%	13.9%	0.1%	1.9%	1.6%	1.4%	3.4%	5.0%
HIV Status Unknown	11.3%	7.2%	9.6%	12.8%	12.9%	10.3%	12.8%	10.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 6.A6: "What is your HIV status" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
HIV-negative	85.9%	82.3%	84.8%					
HIV-positive	5.5%	4.6%	5.2%					
HIV Status Unknown	8.6%	13.2%	10.0%					
Total	100.0%	100.0%	100.0%					

Table 6.A7: "What is your HIV status" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
HIV-negative	78.1%	81.2%	86.8%	87.6%	89.1%	89.6%	90.7%	85.1%
HIV-positive	7.0%	6.8%	5.5%	3.3%	4.1%	4.4%	1.9%	5.2%
HIV Status Unknown	14.9%	11.9%	7.8%	9.1%	6.7%	6.0%	7.5%	9.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 6.B1: "Race" - By HIV Status, HIV-positive only

Asian or Asian American	1.4%							
Black or African American	44.0%							
Hispanic or Latinx	4.8%							
White or Caucasian	45.9%							
Other Race	3.9%							
Total	100.0%							

* Respondents who report being HIV-positive only

Table 6.B2: "Sexuality" - By HIV Status, HIV-positive only

Heterosexual	9.3%							
Gay	73.3%							
Lesbian	0.4%							
Bisexual	7.1%							
Pansexual	3.6%							
Queer	5.3%							
Other Sexuality	2.7%							

* Respondents who report being HIV-positive only

Table 6.B3: "HIV+ Gender Presentation" - By Sexuality, HIV Only

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Man or Masculine	5.3%	90.0%	0.0%	33.3%	50.0%	44.4%	0.0%	74.5%
Woman or Feminine	94.7%	6.0%	100.0%	33.3%	16.7%	11.1%	66.7%	18.5%
Non-binary or Non-Conforming	0.0%	0.7%	0.0%	16.7%	16.7%	44.4%	16.7%	2.6%
Other Gender	0.0%	3.3%	0.0%	16.7%	16.7%	0.0%	16.7%	4.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.B4: "HIV+ Race" - By Gay Men

Asian or Asian American	1.5%							
Black or African American	31.9%							
Hispanic or Latinx	3.7%							
White or Caucasian	59.3%							
Other Race	3.7%							
Total	100.0%							

* Respondents who report being HIV-positive only

Table 6.B5: "Transgender Identity" - By HIV Status, HIV-Positive only

Cisgender	73.6%							
Transgender	26.4%							
Total	100.0%							

* Respondents who report being HIV-positive only

Table 6.B6: "HIV+ Gender Presentation" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Man or Masculine	99.3%	0.0%	74.5%					
Woman or Feminine	0.0%	74.5%	18.5%					
Non-binary or Non-Conforming	0.0%	10.6%	2.6%					
Other Gender	0.7%	14.9%	4.2%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.B7: "HIV+ Race and Gender Presentation" - By Cis/Trans Identity

		Cisgender	Transgender	Total				
Man or Masculine	Asian or Asian American	1.4%	0.0%	1.4%				
	Black or African American	33.6%	0.0%	33.6%				
	Hispanic or Latinx	3.6%	0.0%	3.6%				
	White or Caucasian	57.9%	0.0%	57.9%				
	Other Race	3.6%	0.0%	3.6%				
	Total	100.0%	0.0%	100.0%				
Woman or Feminine	Asian or Asian American	0.0%	0.0%	0.0%				
	Black or African American	0.0%	81.8%	81.8%				
	Hispanic or Latinx	0.0%	6.1%	6.1%				
	White or Caucasian	0.0%	9.1%	9.1%				
	Other Race	0.0%	3.0%	3.0%				
	Total	0.0%	100.0%	100.0%				
Non-binary or Non-conforming	Asian or Asian American	0.0%	0.0%	0.0%				
	Black or African American	0.0%	20.0%	20.0%				
	Hispanic or Latinx	0.0%	20.0%	20.0%				
	White or Caucasian	0.0%	60.0%	60.0%				
	Other Race	0.0%	0.0%	0.0%				
	Total	0.0%	100.0%	100.0%				
Other Gender	Asian or Asian American	0.0%	0.0%	0.0%				
	Black or African American	100.0%	85.7%	87.5%				
	Hispanic or Latinx	0.0%	0.0%	0.0%				
	White or Caucasian	0.0%	0.0%	0.0%				
	Other Race	0.0%	14.3%	12.5%				
	Total	100.0%	100.0%	100.0%				
Total	Asian or Asian American	1.4%	0.0%	1.1%				
	Black or African American	34.0%	75.6%	44.1%				
	Hispanic or Latinx	3.5%	6.7%	4.3%				
	White or Caucasian	57.4%	13.3%	46.8%				
	Other Race	3.5%	4.4%	3.8%				
	Total	100.0%	100.0%	100.0%				

* Respondents who report being HIV-positive only

Table 6.B8: "HIV+ Race" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Asian or Asian American	1.3%	1.9%	1.4%					
Black or African American	35.3%	67.9%	44.0%					
Hispanic or Latinx	3.3%	9.4%	4.8%					
White or Caucasian	56.9%	15.1%	45.9%					
Other Race	3.3%	5.7%	3.9%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.C1: "How would you rate your knowledge about HIV prevention?" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Excellent	48.1%	74.7%	20.3%	46.5%				
Good	38.2%	21.7%	36.7%	37.3%				
Fair	11.0%	2.3%	30.0%	12.5%				
Poor	2.7%	1.4%	13.0%	3.7%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.C2: "How would you rate your knowledge about HIV prevention?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Excellent	34.0%	53.7%	36.7%	45.9%	53.7%	46.5%		
Good	34.0%	36.9%	36.1%	38.1%	29.7%	37.5%		
Fair	26.4%	6.9%	22.8%	12.4%	12.6%	12.4%		
Poor	5.7%	2.5%	4.4%	3.6%	4.0%	3.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 6.D1: "How often do you get tested for HIV?" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Never	32.9%	29.5%	82.5%	37.9%				
About every 3-5 years	26.0%	4.5%	9.3%	23.2%				
Yearly	21.9%	7.7%	3.9%	19.4%				
Once every 6 months	17.1%	50.9%	3.9%	17.4%				
Monthly	2.0%	7.3%	0.4%	2.1%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.D2: "How often do you get tested for HIV?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Never	34.0%	17.1%	30.6%	40.6%	32.0%	37.4%		
About every 3-5 years	13.2%	12.7%	19.7%	25.4%	17.7%	23.4%		
Yearly	28.3%	20.5%	22.3%	18.9%	24.0%	19.5%		
Once every 6 months	17.0%	40.8%	22.9%	13.9%	22.3%	17.4%		
Monthly	7.5%	8.8%	4.5%	1.2%	4.0%	2.3%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 6.D3: "How often do you get tested for HIV?" - By Gender Presentation

	Man or Masculine	Woman or Feminine	Non- binary or Non-Conforming	Other Gender	Total			
Never	24.0%	46.4%	41.5%	35.6%	37.3%			
About every 3-5 years	19.6%	26.5%	22.4%	11.5%	23.1%			
Yearly	23.1%	17.1%	19.6%	25.3%	19.8%			
Once every 6 months	29.5%	8.9%	14.9%	24.1%	17.5%			
Monthly	4.0%	1.1%	1.6%	3.4%	2.3%			
Total	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 6.E1: "I feel comfortable getting tested for HIV" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	43.4%	53.3%	17.8%	41.2%				
Often	15.4%	6.2%	8.0%	14.2%				
Sometimes	11.1%	4.0%	15.2%	11.2%				
Rarely	6.9%	4.4%	18.0%	7.9%				
Never	4.5%	2.2%	16.3%	5.6%				
Does not apply	18.7%	29.8%	24.7%	19.9%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E2: "I can easily access HIV testing in my community" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	42.9%	62.7%	18.2%	41.4%				
Often	17.3%	10.2%	11.7%	16.3%				
Sometimes	14.8%	8.4%	22.6%	15.2%				
Rarely	7.4%	3.1%	13.7%	7.8%				
Never	3.2%	3.1%	9.1%	3.8%				
Does not apply	14.4%	12.4%	24.7%	15.4%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E3: "I know where to access HIV treatment in my community" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	41.0%	73.8%	17.8%	40.3%				
Often	12.3%	8.9%	9.5%	11.8%				
Sometimes	9.6%	4.4%	9.3%	9.3%				
Rarely	8.0%	5.3%	12.8%	8.4%				
Never	12.8%	3.1%	35.8%	14.7%				
Does not apply	16.3%	4.4%	14.8%	15.5%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E4: "I feel comfortable talking with my medical provider about my needs on HIV prevention" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	22.7%	56.5%	6.3%	22.7%				
Often	14.4%	10.8%	8.9%	13.7%				
Sometimes	14.6%	9.4%	15.6%	14.4%				
Rarely	11.6%	3.6%	19.7%	12.0%				
Never	7.9%	4.5%	20.8%	9.1%				
Does not apply	28.8%	15.2%	28.6%	28.1%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E5: "I feel comfortable talking with my medical provider about my needs on HIV prevention" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	
Always	32.9%	33.6%	16.0%	19.7%	15.8%	14.2%	22.7%	
Often	9.2%	14.8%	10.2%	16.5%	15.2%	16.7%	13.7%	
Sometimes	13.8%	15.6%	10.1%	15.7%	17.8%	17.3%	14.4%	
Rarely	5.3%	12.6%	10.2%	13.2%	14.8%	15.3%	12.0%	
Never	9.2%	8.4%	8.5%	9.4%	13.4%	10.4%	9.1%	
Does not apply	29.6%	15.0%	45.0%	25.5%	23.0%	26.1%	28.2%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 6.E6: "I can easily access condoms" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	56.6%	74.7%	43.2%	56.2%				
Often	10.6%	7.6%	15.8%	11.0%				
Sometimes	5.4%	6.7%	7.4%	5.6%				
Rarely	1.7%	2.7%	3.5%	2.0%				
Never	1.1%	0.4%	4.1%	1.4%				
Does not apply	24.6%	8.0%	26.0%	23.9%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E7: "I can easily access clean needles" - By HIV Status

	HIV-negative	HIV-positive	HIV Status Unknown	Total				
Always	12.0%	15.6%	11.5%	12.2%				
Often	2.6%	1.3%	3.9%	2.7%				
Sometimes	2.7%	3.1%	3.5%	2.8%				
Rarely	2.4%	1.8%	4.3%	2.6%				
Never	5.3%	8.9%	8.7%	5.9%				
Does not apply	74.9%	69.2%	68.1%	73.9%				
Total	100.0%	100.0%	100.0%	100.0%				

Table 6.E8: "I can easily access clean needles" - By HIV Status, Excluding "Does Not Apply"

Always	46.7%							
Often	10.2%							
Sometimes	10.8%							
Rarely	9.9%							
Never	22.4%							
* Excluding "Does Not Apply"								

Table 6.F1: "HIV+ How would you rate your knowledge about HIV prevention?"

Excellent	74.7%							
Good	21.7%							
Fair	2.3%							
Poor	1.4%							
* Respondents who report being HIV-positive only								

Table 6.F2: "HIV+ How often do you get tested for HIV?"

Never	29.5%							
About every 3-5 years	4.5%							
Yearly	7.7%							
Once every 6 months	50.9%							
Monthly	7.3%							
* Respondents who report being HIV-positive only								

Table 6.F3: "HIV+ Experiences"

	Always	Often	Sometimes	Rarely	Never	Does not apply	Total	
I feel comfortable getting tested for HIV	53.3%	6.2%	4.0%	4.4%	2.2%	29.8%	100.0%	
I can easily access HIV testing in my community	62.7%	10.2%	8.4%	3.1%	3.1%	12.4%	100.0%	
I know where to access HIV treatment in my community	73.8%	8.9%	4.4%	5.3%	3.1%	4.4%	100.0%	
I can easily access condoms	74.7%	7.6%	6.7%	2.7%	0.4%	8.0%	100.0%	
I can easily access clean needles	15.6%	1.3%	3.1%	1.8%	8.9%	69.2%	100.0%	
* Respondents who report being HIV-positive only								

Table 6.F4: "I can easily access clean needles" - By HIV Status, Excluding "Does Not Apply"

	Always	Often	Sometimes	Rarely	Never
	50.7%	4.3%	10.1%	5.8%	29.1%
* Respondents who report being HIV-positive only					

Table 6.F5: "HIV+ How would you rate your knowledge about HIV prevention?" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Excellent	57.1%	79.6%	100.0%	60.0%	62.5%	66.7%	66.7%	74.4%
Good	38.1%	17.9%	0.0%	26.7%	25.0%	16.7%	33.3%	21.7%
Fair	4.8%	1.2%	0.0%	6.7%	0.0%	8.3%	0.0%	2.3%
Poor	0.0%	1.2%	0.0%	6.7%	12.5%	8.3%	0.0%	1.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.F6: "HIV+ I feel comfortable talking with my health care provider about HIV prevention" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	57.1%	59.8%	0.0%	46.7%	50.0%	36.4%	33.3%	56.5%
Often	19.0%	9.1%	100.0%	6.7%	0.0%	18.2%	0.0%	10.8%
Sometimes	4.8%	8.5%	0.0%	20.0%	12.5%	9.1%	16.7%	9.4%
Rarely	0.0%	3.7%	0.0%	0.0%	0.0%	18.2%	16.7%	3.6%
Never	4.8%	3.0%	0.0%	13.3%	12.5%	9.1%	33.3%	4.5%
Does not apply	14.3%	15.9%	0.0%	13.3%	25.0%	9.1%	0.0%	15.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.F7: "HIV+ I feel comfortable getting tested for HIV" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	42.9%	54.5%	0.0%	62.5%	50.0%	16.7%	50.0%	53.3%
Often	14.3%	4.2%	100.0%	6.3%	0.0%	25.0%	0.0%	6.2%
Sometimes	4.8%	4.8%	0.0%	0.0%	12.5%	8.3%	0.0%	4.0%
Rarely	4.8%	3.0%	0.0%	6.3%	0.0%	16.7%	33.3%	4.4%
Never	0.0%	3.0%	0.0%	6.3%	12.5%	8.3%	0.0%	2.2%
Does not apply	33.3%	30.3%	0.0%	18.8%	25.0%	25.0%	16.7%	29.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.F8: "HIV+ I can easily access HIV testing in my community" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	61.9%	64.8%	0.0%	62.5%	37.5%	25.0%	66.7%	62.7%
Often	9.5%	10.3%	100.0%	12.5%	12.5%	16.7%	0.0%	10.2%
Sometimes	14.3%	6.1%	0.0%	0.0%	0.0%	25.0%	16.7%	8.4%
Rarely	4.8%	1.8%	0.0%	6.3%	0.0%	0.0%	16.7%	3.1%
Never	0.0%	3.6%	0.0%	12.5%	12.5%	16.7%	0.0%	3.1%
Does not apply	9.5%	13.3%	0.0%	6.3%	37.5%	16.7%	0.0%	12.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F9: "HIV+ I know where to access HIV treatment in my community" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	71.4%	77.0%	100.0%	62.5%	50.0%	41.7%	66.7%	73.8%
Often	14.3%	6.7%	0.0%	18.8%	25.0%	33.3%	0.0%	8.9%
Sometimes	4.8%	4.8%	0.0%	6.3%	12.5%	0.0%	0.0%	4.4%
Rarely	9.5%	4.8%	0.0%	0.0%	0.0%	8.3%	0.0%	5.3%
Never	0.0%	2.4%	0.0%	12.5%	12.5%	8.3%	16.7%	3.1%
Does not apply	0.0%	4.2%	0.0%	0.0%	0.0%	8.3%	16.7%	4.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F10: "HIV+ I can easily access condoms" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	81.0%	73.9%	0.0%	81.3%	75.0%	50.0%	83.3%	74.7%
Often	4.8%	8.5%	0.0%	0.0%	12.5%	16.7%	0.0%	7.6%
Sometimes	4.8%	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%
Rarely	9.5%	1.8%	0.0%	6.3%	0.0%	16.7%	0.0%	2.7%
Never	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Does not apply	0.0%	8.5%	100.0%	12.5%	12.5%	16.7%	16.7%	8.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F11: "HIV+ I can easily access clean needles" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Always	28.6%	12.7%	0.0%	13.3%	25.0%	0.0%	0.0%	15.6%
Often	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%
Sometimes	4.8%	3.0%	0.0%	0.0%	0.0%	9.1%	0.0%	3.1%
Rarely	4.8%	1.2%	0.0%	13.3%	0.0%	9.1%	0.0%	1.8%
Never	9.5%	7.3%	0.0%	33.3%	37.5%	9.1%	0.0%	8.9%
Does not apply	52.4%	74.5%	100.0%	40.0%	37.5%	72.7%	100.0%	69.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F12: "HIV+ How would you rate your knowledge about HIV prevention?" - By Cis/Trans Identity

	Cisgender	Transgender	Total
Excellent	81.9%	58.2%	75.5%
Good	16.1%	34.5%	21.1%
Fair	1.3%	3.6%	2.0%
Poor	0.7%	3.6%	1.5%
Total	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F13: "HIV+ I feel comfortable talking with my health provider about HIV prevention" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	60.5%	46.3%	56.8%					
Often	9.2%	14.8%	10.7%					
Sometimes	6.6%	18.5%	9.7%					
Rarely	4.6%	1.9%	3.9%					
Never	2.6%	9.3%	4.4%					
Does not apply	16.4%	9.3%	14.6%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F14: "HIV+ I feel comfortable getting tested for HIV" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	55.6%	47.3%	53.4%					
Often	4.6%	10.9%	6.3%					
Sometimes	3.9%	5.5%	4.3%					
Rarely	2.6%	9.1%	4.3%					
Never	2.6%	1.8%	2.4%					
Does not apply	30.7%	25.5%	29.3%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F15: "HIV+ I can easily access HIV testing in my community" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	65.4%	56.4%	63.0%					
Often	9.8%	10.9%	10.1%					
Sometimes	6.5%	14.5%	8.7%					
Rarely	1.3%	7.3%	2.9%					
Never	3.3%	3.6%	3.4%					
Does not apply	13.7%	7.3%	12.0%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F16: "HIV+ I know where to access HIV treatment in my community" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	77.1%	67.3%	74.5%					
Often	6.5%	14.5%	8.7%					
Sometimes	4.6%	5.5%	4.8%					
Rarely	5.2%	5.5%	5.3%					
Never	2.0%	5.5%	2.9%					
Does not apply	4.6%	1.8%	3.8%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F17: "HIV+ I can easily access condoms" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	73.9%	78.2%	75.0%					
Often	8.5%	5.5%	7.7%					
Sometimes	7.2%	3.6%	6.3%					
Rarely	1.3%	5.5%	2.4%					
Never	0.7%	0.0%	0.5%					
Does not apply	8.5%	7.3%	8.2%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F18: "HIV+ I can easily access clean needles" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Always	11.8%	22.2%	14.5%					
Often	0.7%	1.9%	1.0%					
Sometimes	3.3%	3.7%	3.4%					
Rarely	1.3%	3.7%	1.9%					
Never	7.2%	14.8%	9.2%					
Does not apply	75.8%	53.7%	70.0%					
Total	100.0%	100.0%	100.0%					

* Respondents who report being HIV-positive only

Table 6.F19: "HIV+ How would you rate your knowledge about HIV prevention?" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Excellent	100.0%	71.6%	40.0%	81.9%	87.5%	75.9%		
Good	0.0%	26.1%	40.0%	16.0%	0.0%	20.7%		
Fair	0.0%	0.0%	20.0%	2.1%	0.0%	2.0%		
Poor	0.0%	2.3%	0.0%	0.0%	12.5%	1.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F20: "HIV+ I feel comfortable talking with my health care provider about HIV prevention" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	66.7%	64.4%	20.0%	51.1%	75.0%	56.6%		
Often	0.0%	10.0%	30.0%	10.6%	0.0%	10.7%		
Sometimes	33.3%	11.1%	10.0%	8.5%	0.0%	9.8%		
Rarely	0.0%	2.2%	0.0%	5.3%	12.5%	3.9%		
Never	0.0%	5.6%	20.0%	2.1%	0.0%	4.4%		
Does not apply	0.0%	6.7%	20.0%	22.3%	12.5%	14.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F21: "HIV+ I feel comfortable getting tested for HIV" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	100.0%	61.5%	30.0%	45.3%	75.0%	53.6%		
Often	0.0%	6.6%	40.0%	3.2%	0.0%	6.3%		
Sometimes	0.0%	7.7%	0.0%	2.1%	0.0%	4.3%		
Rarely	0.0%	3.3%	0.0%	6.3%	0.0%	4.3%		
Never	0.0%	2.2%	0.0%	3.2%	0.0%	2.4%		
Does not apply	0.0%	18.7%	30.0%	40.0%	25.0%	29.0%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F22: "HIV+ I can easily access HIV testing in my community" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	66.7%	68.1%	20.0%	60.0%	87.5%	62.8%		
Often	0.0%	7.7%	30.0%	11.6%	0.0%	10.1%		
Sometimes	0.0%	11.0%	20.0%	6.3%	0.0%	8.7%		
Rarely	33.3%	2.2%	10.0%	2.1%	0.0%	2.9%		
Never	0.0%	5.5%	0.0%	2.1%	0.0%	3.4%		
Does not apply	0.0%	5.5%	20.0%	17.9%	12.5%	12.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F23: "HIV+ I know where to access HIV treatment in my community" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	66.7%	78.0%	30.0%	74.7%	87.5%	74.4%		
Often	33.3%	4.4%	60.0%	7.4%	0.0%	8.7%		
Sometimes	0.0%	7.7%	0.0%	3.2%	0.0%	4.8%		
Rarely	0.0%	4.4%	10.0%	5.3%	12.5%	5.3%		
Never	0.0%	5.5%	0.0%	1.1%	0.0%	2.9%		
Does not apply	0.0%	0.0%	0.0%	8.4%	0.0%	3.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F24: "HIV+ I can easily access condoms" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	100.0%	86.8%	50.0%	65.3%	75.0%	74.9%		
Often	0.0%	1.1%	20.0%	13.7%	0.0%	7.7%		
Sometimes	0.0%	6.6%	20.0%	5.3%	0.0%	6.3%		
Rarely	0.0%	4.4%	0.0%	0.0%	12.5%	2.4%		
Never	0.0%	0.0%	0.0%	1.1%	0.0%	0.5%		
Does not apply	0.0%	1.1%	10.0%	14.7%	12.5%	8.2%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F25: "HIV+ I can easily access clean needles" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Always	0.0%	24.2%	10.0%	6.4%	25.0%	15.0%		
Often	0.0%	2.2%	0.0%	0.0%	0.0%	1.0%		
Sometimes	0.0%	4.4%	10.0%	2.1%	0.0%	3.4%		
Rarely	33.3%	1.1%	0.0%	1.1%	12.5%	1.9%		
Never	0.0%	9.9%	30.0%	5.3%	25.0%	9.2%		
Does not apply	66.7%	58.2%	50.0%	85.1%	37.5%	69.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 6.F26: "HIV+ How would you rate your knowledge about HIV prevention?" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Excellent	60.0%	70.6%	84.1%	87.0%	87.5%	82.4%	100.0%	76.0%
Good	37.8%	21.6%	15.9%	8.7%	12.5%	17.6%	0.0%	21.0%
Fair	2.2%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
Poor	0.0%	2.0%	0.0%	4.3%	0.0%	0.0%	0.0%	1.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F27: "HIV+ I feel comfortable talking with my health care provider about HIV prevention" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	60.0%	56.9%	63.0%	56.5%	43.8%	41.2%	75.0%	56.9%
Often	4.4%	11.8%	8.7%	8.7%	25.0%	11.8%	25.0%	10.4%
Sometimes	11.1%	9.8%	10.9%	8.7%	6.3%	5.9%	0.0%	9.4%
Rarely	2.2%	5.9%	4.3%	4.3%	0.0%	5.9%	0.0%	4.0%
Never	8.9%	3.9%	4.3%	0.0%	0.0%	5.9%	0.0%	4.5%
Does not apply	13.3%	11.8%	8.7%	21.7%	25.0%	29.4%	0.0%	14.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F28: "HIV+ I feel comfortable getting tested for HIV" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	58.7%	57.7%	54.3%	56.5%	50.0%	29.4%	75.0%	54.4%
Often	6.5%	7.7%	6.5%	0.0%	12.5%	5.9%	0.0%	6.4%
Sometimes	6.5%	3.8%	4.3%	0.0%	0.0%	5.9%	0.0%	3.9%
Rarely	4.3%	7.7%	2.2%	4.3%	0.0%	5.9%	0.0%	4.4%
Never	2.2%	1.9%	2.2%	0.0%	6.3%	5.9%	0.0%	2.5%
Does not apply	21.7%	21.2%	30.4%	39.1%	31.3%	47.1%	25.0%	28.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F29: "HIV+ I can easily access HIV testing in my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	60.9%	57.7%	76.1%	69.6%	50.0%	47.1%	100.0%	63.2%
Often	10.9%	15.4%	4.3%	8.7%	12.5%	5.9%	0.0%	9.8%
Sometimes	10.9%	11.5%	6.5%	8.7%	0.0%	5.9%	0.0%	8.3%
Rarely	4.3%	3.8%	2.2%	0.0%	0.0%	5.9%	0.0%	2.9%
Never	2.2%	5.8%	4.3%	0.0%	0.0%	5.9%	0.0%	3.4%
Does not apply	10.9%	5.8%	6.5%	13.0%	37.5%	29.4%	0.0%	12.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report being HIV-positive only

Table 6.F30: "HIV+ I know where to access HIV treatment in my community" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	76.1%	71.2%	80.4%	87.0%	62.5%	58.8%	100.0%	75.0%
Often	4.3%	11.5%	8.7%	4.3%	18.8%	0.0%	0.0%	7.8%
Sometimes	10.9%	3.8%	2.2%	0.0%	0.0%	11.8%	0.0%	4.9%
Rarely	4.3%	7.7%	0.0%	8.7%	12.5%	5.9%	0.0%	5.4%
Never	4.3%	1.9%	4.3%	0.0%	0.0%	5.9%	0.0%	2.9%
Does not apply	0.0%	3.8%	4.3%	0.0%	6.3%	17.6%	0.0%	3.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.F31: "HIV+ I can easily access condoms" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	89.1%	73.1%	80.4%	69.6%	50.0%	70.6%	75.0%	76.0%
Often	2.2%	5.8%	6.5%	13.0%	12.5%	11.8%	0.0%	6.9%
Sometimes	6.5%	9.6%	8.7%	0.0%	0.0%	0.0%	0.0%	5.9%
Rarely	2.2%	5.8%	0.0%	4.3%	0.0%	0.0%	0.0%	2.5%
Never	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Does not apply	0.0%	3.8%	4.3%	13.0%	37.5%	17.6%	25.0%	8.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.F32: "HIV+ I can easily access clean needles" - By Race

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Always	21.7%	11.8%	15.2%	13.0%	6.3%	5.9%	25.0%	14.3%
Often	2.2%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Sometimes	4.3%	2.0%	4.3%	0.0%	0.0%	11.8%	0.0%	3.4%
Rarely	2.2%	2.0%	2.2%	4.3%	0.0%	0.0%	0.0%	2.0%
Never	17.4%	13.7%	6.5%	0.0%	0.0%	0.0%	0.0%	8.9%
Does not apply	52.2%	68.6%	71.7%	82.6%	93.8%	82.4%	75.0%	70.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
* Respondents who report being HIV-positive only								

Table 6.G1: "HIV+ Medication"

Medication prescribed by my doctor	88.0%							
I have but am not currently taking medication prescribed by my doctor	4.9%							
Medication that was not prescribed by my doctor	0.9%							
I have but am not currently taking medication that was not prescribed by my doctor	2.2%							
I have never taken any medication	2.7%							

Table 6.G2: "HIV+ Medication" - By Sexuality

	Heterosexual	Gay	Lesbian	Bisexual	Pansexual	Queer	Other Sexuality	Total
Medication prescribed by my doctor	90.5%	90.3%	100.0%	75.0%	87.5%	66.7%	66.7%	88.0%
I have but am not currently taking medication prescribed by my doctor	14.3%	3.6%	0.0%	6.3%	0.0%	8.3%	16.7%	4.9%
Medication that was not prescribed by my doctor	0.0%	0.6%	0.0%	6.3%	0.0%	0.0%	0.0%	0.9%
I have but am not currently taking medication that was not prescribed by my doctor	0.0%	2.4%	0.0%	6.3%	0.0%	0.0%	0.0%	2.2%
I have never taken any medication	0.0%	2.4%	0.0%	6.3%	12.5%	8.3%	0.0%	2.7%

Table 6.G3: "HIV+ Medication" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
Medication prescribed by my doctor	92.2%	80.0%	88.0%					
I have but am not currently taking medication prescribed by my doctor	2.0%	12.7%	4.9%					
Medication that was not prescribed by my doctor	0.0%	3.6%	0.9%					
I have but am not currently taking medication that was not prescribed by my doctor	2.0%	3.6%	2.2%					
I have never taken any medication	0.7%	5.5%	2.7%					

Table 6.G4: "HIV+ Medication" - By Race

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Medication prescribed by my doctor	66.7%	86.8%	70.0%	93.7%	87.5%	88.0%		
I have but am not currently taking medication prescribed by my doctor	0.0%	8.8%	10.0%	1.1%	0.0%	4.9%		
Medication that was not prescribed by my doctor	0.0%	2.2%	0.0%	0.0%	0.0%	0.9%		
I have but am not currently taking medication that was not prescribed by my doctor	33.3%	2.2%	10.0%	0.0%	12.5%	2.2%		
I have never taken any medication	0.0%	4.4%	0.0%	0.0%	0.0%	2.7%		

Table 6.G5: "HIV+ Medication" - By Income

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Medication prescribed by my doctor	87.0%	88.5%	87.0%	87.0%	93.8%	94.1%	100.0%	88.0%
I have but am not currently taking medication prescribed by my doctor	8.7%	7.7%	2.2%	0.0%	6.3%	0.0%	0.0%	4.9%
Medication that was not prescribed by my doctor	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%
I have but am not currently taking medication that was not prescribed by my doctor	4.3%	1.9%	2.2%	4.3%	0.0%	0.0%	0.0%	2.2%
I have never taken any medication	4.3%	1.9%	2.2%	0.0%	0.0%	0.0%	0.0%	2.7%

SECTION 7: Gender-Affirming Hormone Therapy

Table 7.A1: "Are you currently taking hormones or undergoing hormone replacement therapy (HRT)?"

No HRT	86.2%							
HRT	13.8%							

Table 7.A2: "Transgender Identity" - By HRT

	No HRT	HRT	Total					
Cisgender	80.1%	8.1%	69.8%					
Transgender	19.9%	91.9%	30.2%					
Total	100.0%	100.0%	100.0%					

Table 7.A3: "Are you currently taking hormones or undergoing hormone replacement therapy?" - By Cis/Trans Identity

	Cisgender	Transgender	Total					
No HRT	98.3%	56.6%	85.8%					
HRT	1.7%	43.4%	14.2%					
Total	100.0%	100.0%	100.0%					

Table 7.A4: "Are you currently taking hormones or undergoing hormone replacement therapy?" - By Race, Trans Only

Asian or Asian American	1.4%							
Black or African American	13.0%							
Hispanic or Latinx	4.5%							
White or Caucasian	73.8%							
Other	7.4%							

* Respondents who report taking HRT and being trans only

Table 7.A5: "Income" - By HRT, Trans Only

Under \$15K	21.9%							
\$15K-\$30K	24.0%							
\$30K-\$50K	22.9%							
\$50K-\$75K	14.8%							
\$75K-\$100K	6.6%							
\$100K-\$150K	6.3%							
Over \$150K	3.5%							
Total	100.0%							

* Respondents who report taking HRT and being trans only

Table 7.A6: "Age" - By HRT, Trans Only

18-24	26.5%							
25-34	32.1%							
35-44	17.3%							
45-54	13.2%							
55-64	6.3%							
65 and Older	3.6%							
Total	100.0%							

* Respondents who report taking HRT and being trans only

Table 7.A7: "Gender Presentation" - By HRT

Man or Masculine	39.6%							
Woman or Feminine	42.0%							
Non-binary or Non-conforming	14.3%							
Other	4.2%							
Total	100.0%							

* Respondents who report taking HRT and being trans only

Table 7.A8: "Do you know how to safely administer your hormone treatment?" -HRT and Trans Only

No	1.7%							
Somewhat	5.7%							
Yes	92.5%							

* Respondents who report taking HRT and being trans only

Table 7.A9: "Do you know how to safely administer your hormone treatment?" - By Race, HRT and Trans Only

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
No	14.3%	3.0%	0.0%	1.3%	2.6%	1.7%		
Somewhat	0.0%	14.9%	8.7%	3.9%	5.3%	5.6%		
Yes	85.7%	82.1%	91.3%	94.8%	92.1%	92.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report taking HRT and being trans only

Table 7.A10: "Do you know how to safely administer your hormone treatment?" - By Income, HRT and Trans Only

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
No	2.7%	1.6%	3.4%	0.0%	0.0%	0.0%	0.0%	1.8%
Somewhat	12.5%	5.7%	3.4%	2.6%	8.8%	0.0%	0.0%	5.9%
Yes	84.8%	92.7%	93.2%	97.4%	91.2%	100.0%	100.0%	92.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Respondents who report taking HRT and being trans only

Table 7.B1: "Are you under the supervision of a medical professional for your hormone treatment?" - HRT and Trans Only

No	5.8%							
Somewhat	17.5%							
Yes	76.8%							

* Respondents who report taking HRT and being trans only

Table 7.B2: "Which of the following best describes your hormone access?" - HRT and Trans Only

Doctor who does not specialize in transgender health	27.4%							
Endocrinologist who does not specialize in transgender health	10.7%							
Doctor who does specialize in LGBTQ or transgender health	46.4%							
Endocrinologist who does specialize in LGBTQ or transgender health	12.3%							
Another type of doctor	5.6%							
Not prescribed hormones	1.9%							
Non-medical source	6.5%							

* Respondents who report taking HRT and being trans only

Table 7.B3: "Which of the following best describes your hormone access?" - By Income, HRT and Trans Only

	Under \$15K	\$15K-\$30K	\$30K-\$50K	\$50K-\$75K	\$75K-\$100K	\$100K-\$150K	Over \$150K	Total
Doctor who does not specialize in transgender health	25.9%	26.0%	28.2%	28.9%	20.6%	28.1%	33.3%	27.0%
Endocrinologist who does not specialize in transgender health	15.2%	7.3%	5.1%	15.8%	20.6%	12.5%	0.0%	10.7%
Doctor who does specialize in LGBTQ or transgender health	43.8%	49.6%	47.9%	44.7%	44.1%	46.9%	38.9%	46.3%
Endocrinologist who does specialize in LGBTQ or transgender health	8.9%	13.0%	13.7%	9.2%	20.6%	12.5%	22.2%	12.5%
Another type of doctor	2.7%	8.9%	6.8%	3.9%	2.9%	9.4%	0.0%	5.7%
Not prescribed hormones	4.5%	2.4%	0.9%	0.0%	0.0%	3.1%	0.0%	2.0%
Non-medical source	9.8%	8.9%	6.8%	2.6%	2.9%	0.0%	5.6%	6.6%

* Respondents who report taking HRT and being trans only

Table 7.B4: "Which of the following best describes your hormone access?" - By Race, HRT and Trans Only

	Asian or Asian American	Black or African American	Hispanic or Latinx	White or Caucasian	Other Race	Total		
Doctor who does not specialize in transgender health	28.6%	19.4%	26.1%	29.9%	18.4%	27.5%		
Endocrinologist who does not specialize in transgender health	14.3%	9.0%	8.7%	11.5%	5.3%	10.7%		
Doctor who does specializes in LGBTQ or transgender health	42.9%	47.8%	52.2%	44.9%	57.9%	46.5%		
Endocrinologist who does specializes in LGBTQ or transgender health	42.9%	11.9%	13.0%	12.1%	7.9%	12.2%		
Another type of doctor	0.0%	4.5%	8.7%	5.2%	10.5%	5.6%		
Not prescribed hormones	0.0%	0.0%	4.3%	1.6%	7.9%	1.9%		
Non-medical source	0.0%	22.4%	4.3%	3.7%	7.9%	6.4%		

* Respondents who report taking HRT and being trans only

Table 7.B5: "Which of the following best describes your hormone access?" - By Gender, HRT and Trans Only

	Man or Masculine	Woman or Feminine	Non-binary or Non-conforming	Other Gender	Total		
Doctor who does not specialize in transgender health	33.0%	20.6%	29.6%	42.9%	27.7%		
Endocrinologist who does not specialize in transgender health	12.7%	11.0%	4.2%	4.8%	10.4%		
Doctor who does specializes in LGBTQ or transgender health	44.7%	46.4%	49.3%	42.9%	46.0%		
Endocrinologist who does specializes in LGBTQ or transgender health	10.2%	13.9%	9.9%	0.0%	11.2%		
Another type of doctor	5.6%	4.8%	11.3%	0.0%	5.8%		
Not prescribed hormones	0.5%	1.4%	4.2%	9.5%	1.8%		
Non-medical source	1.5%	10.0%	5.6%	19.0%	6.4%		

* Respondents who report taking HRT and being trans only

SECTION 8: Residency and Regionality

Table 8.A1: "What state do you live in?"

Alabama	9.6%							
Arkansas	1.5%							
Florida	4.6%							
Georgia	9.1%							
Kentucky	2.3%							
Louisiana	2.5%							
Mississippi	9.1%							
North Carolina	23.0%							
South Carolina	10.0%							
Tennessee	13.7%							
Texas	4.4%							
Virginia	9.5%							
West Virginia	0.7%							

Table 8.A2: "Rurality by Quintiles"

.1-.19 (Most Urban)	13.1%							
.2-.29	21.0%							
.3-.39	30.2%							
.4-.49	26.8%							
.5-.59 (More Rural)	8.9%							

Table 8.A3 "What state do you live in?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Alabama	0.0%	0.0%	42.4%	48.5%	9.1%	100.0%		
Arkansas	0.0%	0.0%	34.5%	45.5%	20.0%	100.0%		
Florida	11.6%	42.7%	34.8%	10.4%	0.6%	100.0%		
Georgia	52.8%	10.3%	18.9%	11.2%	6.8%	100.0%		
Kentucky	21.0%	0.0%	29.6%	27.2%	22.2%	100.0%		
Louisiana	0.0%	54.5%	11.4%	27.3%	6.8%	100.0%		
Mississippi	0.0%	0.0%	15.5%	55.4%	29.1%	100.0%		
North Carolina	9.2%	22.5%	40.2%	24.0%	4.1%	100.0%		
South Carolina	0.3%	0.3%	66.7%	29.1%	3.7%	100.0%		
Tennessee	0.0%	63.1%	13.7%	14.3%	9.0%	100.0%		
Texas	28.6%	19.3%	26.1%	16.8%	9.3%	100.0%		
Virginia	38.8%	22.6%	8.9%	20.7%	8.9%	100.0%		
West Virginia	3.7%	0.0%	0.0%	85.2%	11.1%	100.0%		
Total	13.1%	21.1%	30.1%	26.7%	9.0%	100.0%		

Table 8.B1: "How would you rate your overall physical health?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Excellent	15.2%	19.6%	16.1%	12.7%	13.1%	15.5%		
Good	55.7%	53.3%	54.2%	56.7%	50.6%	54.6%		
Fair	25.4%	24.4%	25.1%	24.5%	29.9%	25.3%		
Poor	3.7%	2.7%	4.6%	6.1%	6.4%	4.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B2: "How would you rate your overall quality of medical care?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Excellent	21.5%	23.2%	18.0%	16.8%	15.9%	19.0%		
Good	51.7%	46.1%	51.8%	49.5%	45.4%	49.4%		
Fair	20.2%	25.5%	24.2%	26.2%	31.4%	25.1%		
Poor	6.7%	5.2%	6.1%	7.5%	7.3%	6.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B3: "Do you feel your health care needs are being met?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	12.9%	11.3%	10.6%	13.7%	16.2%	12.4%		
Somewhat	34.7%	41.9%	40.0%	41.4%	41.5%	40.2%		
Yes	52.4%	46.8%	49.5%	44.9%	42.4%	47.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B4: "My experience with physical health providers has been positive" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	19.8%	18.9%	20.1%	18.7%	21.0%	19.5%		
Often	48.2%	42.5%	47.1%	45.1%	44.5%	45.5%		
Sometimes	24.9%	32.0%	26.2%	29.5%	28.4%	28.3%		
Rarely	5.8%	5.4%	6.4%	4.9%	4.6%	5.6%		
Never	0.8%	0.5%	0.2%	0.7%	1.2%	0.6%		
Does not apply	0.4%	0.5%	0.1%	1.1%	0.3%	0.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B5: "How would you rate your overall mental health?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Excellent	15.2%	15.7%	13.4%	11.0%	11.3%	13.3%		
Good	33.3%	38.6%	38.2%	37.2%	33.6%	37.0%		
Fair	36.0%	34.2%	33.9%	34.6%	33.3%	34.4%		
Poor	15.6%	11.6%	14.5%	17.2%	21.7%	15.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B6: "Have you experienced abuse, harassment, or violence due to your LGBTQ identity?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Physical violence OR abuse	27.3%	26.4%	22.8%	22.2%	26.0%	24.3%		
Emotional abuse OR harassment	74.5%	70.5%	71.6%	72.6%	70.4%	71.9%		

Table 8.B7: "Have you ever been diagnosed or experienced any of the following?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Alcohol Abuse	15.6%	13.6%	12.3%	13.4%	16.5%	13.2%		
Anxiety disorders	54.5%	52.7%	58.4%	61.9%	64.0%	57.5%		
Attention deficit disorder	18.7%	14.5%	19.2%	18.8%	17.7%	17.4%		
Autism	0.6%	0.8%	0.8%	1.4%	0.6%	0.9%		
Bipolar disorder/mania	9.6%	12.8%	9.7%	13.2%	15.9%	11.7%		
Borderline personality disorder	1.5%	1.7%	0.6%	1.7%	1.8%	1.3%		
Depression	66.5%	65.4%	68.8%	70.5%	74.4%	68.3%		
Disordered Eating	1.7%	2.2%	1.2%	1.4%	0.9%	1.5%		
Obsessive Compulsive Disorders	9.6%	9.6%	11.6%	11.1%	13.4%	10.9%		
Drug abuse	10.0%	8.3%	10.7%	10.4%	10.4%	10.0%		
Post-traumatic Stress Disorder	3.5%	4.0%	4.0%	4.7%	5.2%	4.1%		
Self-harming behaviors	21.8%	23.9%	24.9%	25.8%	27.4%	24.8%		
Suicidal Ideation	32.8%	30.6%	32.9%	33.3%	36.6%	32.8%		
Other	10.2%	10.9%	9.5%	11.2%	11.9%	10.2%		

Table 8.B8: "My experience with mental health providers has been positive" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	19.0%	24.3%	22.4%	18.9%	22.0%	21.4%		
Often	30.8%	25.9%	27.2%	27.5%	22.6%	27.1%		
Sometimes	20.2%	20.9%	19.8%	17.6%	22.3%	19.7%		
Rarely	7.5%	9.3%	7.1%	9.8%	9.1%	8.5%		
Never	2.3%	1.8%	2.2%	2.4%	2.4%	2.2%		
Does not apply	20.2%	17.8%	21.2%	23.8%	21.6%	21.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B9: "My alcohol consumption interferes with my daily life" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	0.6%	1.0%	0.5%	0.4%	0.3%	0.6%		
Often	2.3%	1.7%	0.8%	0.7%	0.3%	1.1%		
Sometimes	3.3%	6.0%	5.1%	4.0%	3.7%	4.6%		
Rarely	18.5%	14.9%	13.1%	11.3%	11.9%	13.6%		
Never	63.6%	64.1%	68.7%	69.7%	69.2%	67.4%		
Does not apply	11.6%	12.3%	11.7%	13.9%	14.6%	12.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B10: "My drug consumption interferes with my daily life" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	0.2%	0.9%	0.3%	0.2%	0.3%	0.4%		
Often	1.5%	0.9%	0.6%	0.9%	1.2%	0.9%		
Sometimes	4.2%	3.9%	4.3%	3.5%	3.1%	3.9%		
Rarely	8.3%	8.2%	5.4%	5.4%	4.3%	6.3%		
Never	65.8%	67.3%	68.6%	67.8%	70.9%	67.9%		
Does not apply	20.0%	18.8%	20.8%	22.3%	20.2%	20.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B11: "Which of the following best describes your current health insurance status?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Uninsured	11.7%	11.7%	11.4%	12.6%	18.0%	12.4%		
Private Insurer	2.5%	3.1%	2.0%	3.5%	3.7%	2.8%		
HealthCare.Gov Marketplace	7.5%	7.1%	8.2%	6.3%	7.6%	7.3%		
Medicaid	3.8%	4.9%	3.7%	6.1%	9.5%	5.1%		
Medicare	6.7%	6.1%	8.3%	5.5%	7.6%	6.8%		
Employer	42.0%	39.2%	38.3%	39.0%	32.3%	38.6%		
Parent/guardian's Employer	17.1%	15.8%	17.6%	18.7%	17.4%	17.5%		
Partner's Employer	6.9%	7.5%	7.8%	5.7%	3.7%	6.7%		
School	1.9%	4.5%	2.6%	2.5%	0.3%	2.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B12: "Do you worry about losing your health insurance coverage?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	39.5%	42.2%	44.0%	44.7%	39.2%	42.8%		
Somewhat	30.4%	27.8%	26.6%	26.1%	28.7%	27.4%		
Yes	30.1%	30.0%	29.4%	29.2%	32.1%	29.8%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B13: "Do you know what services are covered by your health insurance plan?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	8.0%	8.2%	8.8%	11.3%	7.8%	9.2%		
Somewhat	47.3%	49.3%	46.9%	47.0%	49.1%	47.7%		
Yes	44.7%	42.5%	44.3%	41.7%	43.1%	43.2%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B12: "Do you worry about losing your health insurance coverage?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	39.5%	42.2%	44.0%	44.7%	39.2%	42.8%		
Somewhat	30.4%	27.8%	26.6%	26.1%	28.7%	27.4%		
Yes	30.1%	30.0%	29.4%	29.2%	32.1%	29.8%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B13: "Do you know what services are covered by your health insurance plan?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	8.0%	8.2%	8.8%	11.3%	7.8%	9.2%		
Somewhat	47.3%	49.3%	46.9%	47.0%	49.1%	47.7%		
Yes	44.7%	42.5%	44.3%	41.7%	43.1%	43.2%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B14: "I am comfortable seeking medical care in my community" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	32.0%	28.2%	32.8%	28.8%	23.2%	29.8%		
Often	28.0%	28.7%	26.4%	24.7%	22.0%	26.3%		
Sometimes	26.2%	30.2%	26.7%	29.3%	33.9%	28.7%		
Rarely	10.5%	8.8%	10.2%	11.4%	13.5%	10.6%		
Never	2.7%	3.5%	2.9%	5.0%	6.7%	3.9%		
Does not apply	0.6%	0.5%	1.0%	0.8%	0.6%	0.8%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B15: "I have access to dental care in my community" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	51.6%	46.9%	52.8%	49.2%	42.3%	49.5%		
Often	17.7%	16.3%	17.1%	17.9%	16.9%	17.2%		
Sometimes	12.3%	14.2%	12.1%	12.9%	12.9%	12.9%		
Rarely	7.9%	9.1%	7.6%	7.9%	9.8%	8.2%		
Never	9.4%	11.8%	8.6%	10.2%	15.6%	10.4%		
Does not apply	1.0%	1.7%	1.8%	1.8%	2.5%	1.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B16: "I prefer to go to the doctor for medical care" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	44.9%	44.3%	46.7%	44.2%	39.3%	44.6%		
Often	30.4%	29.8%	30.7%	30.2%	33.5%	30.6%		
Sometimes	14.9%	16.4%	15.0%	14.6%	13.4%	15.0%		
Rarely	7.1%	6.0%	5.6%	7.5%	8.2%	6.6%		
Never	2.3%	2.9%	1.2%	2.4%	3.7%	2.2%		
Does not apply	0.4%	0.7%	0.8%	1.0%	1.8%	0.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B17: "I prefer to go to the emergency room for medical care" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	0.8%	2.9%	0.8%	1.3%	4.0%	1.7%		
Often	4.6%	2.9%	3.0%	2.9%	4.9%	3.3%		
Sometimes	9.8%	10.6%	6.2%	9.5%	13.7%	9.1%		
Rarely	25.6%	24.1%	27.1%	28.6%	28.7%	26.8%		
Never	56.7%	56.9%	61.1%	55.0%	47.6%	56.8%		
Does not apply	2.5%	2.6%	1.9%	2.7%	1.2%	2.3%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B18: "I delay seeking medical care due to high out of pocket costs" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	23.0%	20.1%	21.3%	23.2%	26.2%	22.2%		
Often	20.1%	19.2%	21.8%	21.9%	22.3%	21.1%		
Sometimes	26.4%	27.8%	27.5%	25.6%	21.3%	26.3%		
Rarely	14.4%	13.5%	14.2%	13.8%	13.4%	13.9%		
Never	13.8%	16.6%	12.5%	13.2%	13.4%	13.8%		
Does not apply	2.3%	2.9%	2.8%	2.2%	3.4%	2.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B19: "I have to educate medical providers about my health care needs" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	9.0%	10.0%	7.6%	8.0%	8.6%	8.5%		
Often	17.5%	17.6%	17.3%	13.7%	19.6%	16.6%		
Sometimes	32.7%	33.7%	33.8%	34.2%	32.4%	33.6%		
Rarely	21.0%	17.6%	21.0%	20.8%	18.0%	20.0%		
Never	16.3%	17.9%	17.1%	19.6%	17.4%	17.9%		
Does not apply	3.5%	3.3%	3.3%	3.7%	4.0%	3.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B20: "I think doctors in my community are able to provide quality care to LGBTQ individuals" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	19.2%	17.4%	15.2%	16.3%	18.0%	16.7%		
Often	31.5%	27.6%	30.2%	25.8%	17.1%	27.5%		
Sometimes	34.2%	37.4%	35.7%	33.6%	36.6%	35.4%		
Rarely	11.9%	13.9%	15.3%	19.3%	19.5%	16.0%		
Never	2.1%	2.3%	2.6%	4.2%	7.3%	3.3%		
Does not apply	1.0%	1.4%	0.9%	0.8%	1.5%	1.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B21: "I delay seeking medical care due to my LGBTQ identity" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	2.3%	3.0%	2.3%	3.1%	3.0%	2.7%		
Often	8.5%	8.8%	7.7%	8.1%	9.8%	8.3%		
Sometimes	24.5%	26.0%	25.5%	23.4%	26.5%	25.0%		
Rarely	22.5%	21.8%	21.4%	19.6%	14.3%	20.5%		
Never	39.3%	38.1%	41.2%	43.3%	44.8%	41.2%		
Does not apply	2.9%	2.3%	1.8%	2.4%	1.5%	2.2%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B22: "I deal with mistreatment due to my LGBTQ identity in order to get medical care" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	2.7%	2.4%	1.9%	2.8%	1.2%	2.3%		
Often	4.4%	5.5%	5.7%	3.9%	4.9%	4.9%		
Sometimes	15.4%	14.9%	15.2%	15.6%	19.3%	15.7%		
Rarely	28.7%	27.2%	23.9%	22.6%	24.5%	24.9%		
Never	44.7%	44.1%	47.5%	48.3%	42.6%	46.2%		
Does not apply	4.2%	5.9%	5.7%	6.8%	7.4%	6.0%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B23: "I think being LGBTQ changes how a medical professional interacts with me" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	17.5%	18.8%	15.3%	16.4%	17.4%	16.8%		
Often	21.7%	19.1%	21.9%	21.6%	21.6%	21.2%		
Sometimes	40.0%	37.8%	36.0%	32.6%	34.8%	35.9%		
Rarely	10.6%	13.0%	15.8%	17.5%	15.5%	15.0%		
Never	8.3%	9.4%	8.1%	9.8%	9.1%	8.9%		
Does not apply	1.9%	1.9%	3.0%	2.1%	1.5%	2.3%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B24: "Being in the South makes it harder for LGBTQ individuals to access quality medical care" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	13.3%	19.0%	15.1%	17.4%	21.0%	16.8%		
Often	37.1%	33.7%	37.5%	34.2%	35.1%	35.5%		
Sometimes	34.3%	30.8%	33.9%	32.6%	28.0%	32.4%		
Rarely	7.8%	7.2%	7.4%	8.9%	8.5%	7.9%		
Never	4.0%	5.1%	3.9%	4.3%	6.1%	4.5%		
Does not apply	3.6%	4.2%	2.3%	2.7%	1.2%	2.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B25: "I am afraid of experiencing physical violence/abuse due to my LGBTQ identity." - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	9.0%	14.3%	10.7%	12.8%	15.2%	12.2%		
Often	13.3%	10.9%	12.4%	13.5%	15.9%	12.8%		
Sometimes	32.9%	28.5%	31.6%	29.3%	30.8%	30.4%		
Rarely	30.8%	30.0%	30.7%	29.9%	21.6%	29.6%		
Never	12.3%	13.8%	12.9%	12.7%	15.9%	13.2%		
Does not apply	1.7%	2.5%	1.6%	1.6%	0.6%	1.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B26: "I am afraid of experiencing emotional abuse/harassment due to my LGBTQ identity" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	15.6%	18.4%	16.5%	20.4%	23.2%	18.5%		
Often	21.5%	18.2%	23.2%	23.7%	26.2%	22.3%		
Sometimes	34.0%	32.6%	32.2%	31.0%	25.3%	31.6%		
Rarely	19.6%	19.1%	18.9%	16.8%	13.4%	18.0%		
Never	8.1%	10.3%	8.1%	7.1%	11.3%	8.6%		
Does not apply	1.3%	1.4%	1.1%	0.9%	0.6%	1.1%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B27: "I have to educate my medical providers about my LGBTQ identity" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	12.1%	13.1%	11.8%	10.4%	9.8%	11.6%		
Often	18.0%	17.7%	16.4%	15.4%	17.4%	16.7%		
Sometimes	31.7%	29.2%	26.0%	26.4%	30.0%	27.9%		
Rarely	17.7%	17.5%	21.6%	21.9%	17.1%	19.9%		
Never	17.5%	18.4%	18.4%	20.5%	20.8%	19.1%		
Does not apply	2.9%	4.0%	5.8%	5.5%	4.9%	4.9%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B28: "What is your HIV status?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
HIV- (negative)	84.8%	84.0%	84.8%	86.4%	85.0%	85.1%		
HIV+ (positive)	6.7%	7.9%	5.3%	2.5%	4.3%	5.2%		
I do not know	8.6%	8.1%	10.0%	11.0%	10.7%	9.7%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 8.B29: "How would you rate your knowledge about HIV prevention?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Excellent	75.0%	72.4%	79.3%	79.2%	85.7%	76.9%		
Good	25.0%	24.1%	17.2%	16.7%	7.1%	19.9%		
Fair	0.0%	0.0%	3.4%	0.0%	7.1%	1.6%		
Poor	0.0%	3.4%	0.0%	4.2%	0.0%	1.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B30: "Which of the following best describes how often you get tested for HIV?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Never	12.5%	26.2%	36.4%	40.0%	46.2%	30.1%		
About every 3-5 years	9.4%	3.3%	5.5%	4.0%	0.0%	4.8%		
Yearly	6.3%	9.8%	9.1%	4.0%	0.0%	7.5%		
Once every 6 months	56.3%	52.5%	47.3%	48.0%	38.5%	50.0%		
Monthly	15.6%	8.2%	1.8%	4.0%	15.4%	7.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B31: "I feel comfortable talking with my medical provider about HIV prevention" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	68.8%	66.7%	43.9%	48.0%	57.1%	56.9%		
Often	18.8%	6.7%	12.3%	12.0%	0.0%	10.6%		
Sometimes	6.3%	13.3%	7.0%	16.0%	14.3%	10.6%		
Rarely	0.0%	5.0%	5.3%	4.0%	7.1%	4.3%		
Never	3.1%	1.7%	5.3%	8.0%	0.0%	3.7%		
Does not apply	3.1%	6.7%	26.3%	12.0%	21.4%	13.8%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B32: "I feel comfortable getting tested for HIV" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	62.5%	72.1%	36.2%	48.0%	35.7%	53.7%		
Often	12.5%	1.6%	3.4%	8.0%	7.1%	5.3%		
Sometimes	3.1%	4.9%	1.7%	8.0%	7.1%	4.2%		
Rarely	3.1%	1.6%	6.9%	0.0%	7.1%	3.7%		
Never	0.0%	0.0%	5.2%	8.0%	0.0%	2.6%		
Does not apply	18.8%	19.7%	46.6%	28.0%	42.9%	30.5%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B33: "I can easily access HIV testing in my community" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	78.1%	68.9%	56.9%	56.0%	50.0%	63.7%		
Often	9.4%	8.2%	8.6%	12.0%	7.1%	8.9%		
Sometimes	6.3%	6.6%	8.6%	8.0%	28.6%	8.9%		
Rarely	3.1%	1.6%	1.7%	0.0%	7.1%	2.1%		
Never	0.0%	4.9%	1.7%	12.0%	0.0%	3.7%		
Does not apply	3.1%	9.8%	22.4%	12.0%	7.1%	12.6%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B34: "I know where to access HIV treatment in my community" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	81.3%	77.0%	74.1%	72.0%	71.4%	75.8%		
Often	9.4%	8.2%	6.9%	4.0%	7.1%	7.4%		
Sometimes	6.3%	4.9%	3.4%	4.0%	14.3%	5.3%		
Rarely	0.0%	4.9%	6.9%	4.0%	7.1%	4.7%		
Never	3.1%	1.6%	1.7%	8.0%	0.0%	2.6%		
Does not apply	0.0%	3.3%	6.9%	8.0%	0.0%	4.2%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B35: "I can easily access condoms" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	87.5%	77.0%	70.7%	80.0%	57.1%	75.8%		
Often	3.1%	3.3%	12.1%	0.0%	7.1%	5.8%		
Sometimes	3.1%	9.8%	3.4%	4.0%	21.4%	6.8%		
Rarely	3.1%	1.6%	1.7%	4.0%	7.1%	2.6%		
Never	0.0%	0.0%	0.0%	0.0%	7.1%	0.5%		
Does not apply	3.1%	8.2%	12.1%	12.0%	0.0%	8.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B36: "I can easily access clean needles" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
Always	28.1%	19.7%	5.3%	4.0%	14.3%	14.3%		
Often	0.0%	1.6%	0.0%	0.0%	0.0%	0.5%		
Sometimes	3.1%	1.6%	3.5%	4.0%	14.3%	3.7%		
Rarely	3.1%	3.3%	1.8%	0.0%	0.0%	2.1%		
Never	12.5%	11.5%	5.3%	12.0%	7.1%	9.5%		
Does not apply	53.1%	62.3%	84.2%	80.0%	64.3%	69.8%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

* Respondents who report being HIV-positive only

Table 8.B37: "Are you currently taking hormones or undergoing hormone replacement therapy?" - By Rurality Quintiles

	.1-.19	.2-.29	.3-.39	.4-.49	.5-.59	Total		
No	81.1%	83.2%	87.5%	87.6%	85.7%	85.6%		
Yes	18.9%	16.8%	12.5%	12.4%	14.3%	14.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		



THANK YOU

**to everyone who has taken part in the
2019 Southern LGBTQ Health Survey!**

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