

# THE REPORT OF THE 2019 SOUTHERN LGBTQ HEALTH SURVEY

## EXECUTIVE SUMMARY

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



# The Report of the 2019 SOUTHERN LGBTQ HEALTH SURVEY

## Executive Summary

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: <http://www.southernlgbtqhealthinitiative.org>.

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# ACKNOWLEDGEMENTS

We owe a debt of gratitude to the 5,617 LGBTQ people who shared their experiences and time in taking the Southern LGBTQ Health Survey. We also want to thank our community partners. This research would not be possible without these organizations and their community leaders, who are building a strong network of LGBTQ people across the South. This project was also made possible by the collaborative efforts of a dedicated team of researchers, project staff and consultants, Survey Ambassadors, and the teams at the Campaign for Southern Equality and Western North Carolina Community Health Services.

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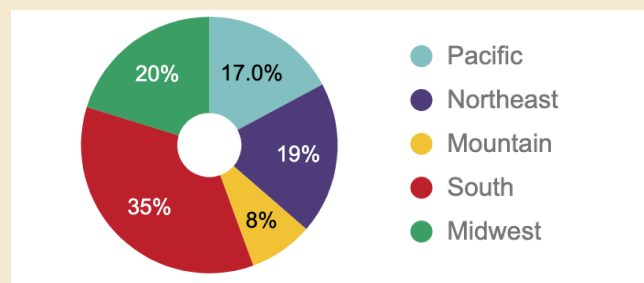
# INTRODUCTION

**The South is home** to an estimated 5.1 million LGBTQ people. According to data from the Williams Institute, an estimated 4.5% of people in the United States (14.8 million) are LGBTQ, with 35% living in the South.<sup>1,2</sup> The Southern LGBTQ population includes more than 507,000 transgender adults, comprising more than 36% of the total U.S. transgender population. 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% are other races.<sup>3,4</sup>

And yet, 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. While the South is now receiving increased levels of national LGBTQ funding, there has been a disproportionately low level of funding directed to the region for LGBTQ-focused research.<sup>5</sup> Historically, Southern research and academic institutions have provided relatively limited support for LGBTQ research initiatives, though this trend is also changing.<sup>6</sup>

The 2019 Southern LGBTQ Health Survey Report contributes to an emerging effort to fill this gap. Strong research has also recently been conducted by the Transgender Law Center, Southerners on

**Fig. a: Distribution of U.S. LGBTQ adults<sup>1</sup>**



New Ground,<sup>7</sup> the LGBTQ Institute at the National Center for Civil and Human Rights,<sup>8</sup> the Williams Institute,<sup>1</sup> and Funders for LGBTQ Issues.<sup>9</sup>

We are tremendously grateful to each of the 5,617 LGBTQ Southerners who took time to complete this survey, sharing stories and experiences – often private, sometimes hopeful, sometimes painful. Their responses will equip community members, advocates, health care providers, and policy makers with a new wealth of data to inform strategies to achieve health equity for all LGBTQ Southerners.

Quality health care is a basic human right, one that every LGBTQ Southerner 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. It's about how we care for our physical, mental, emotional, and spiritual well-being. It's about who we are and who we love. It's about how we confront issues of illness, wellness, and mortality.

And it's central to the ultimate vision that drives our work with the Southern LGBTQ Health Initiative: A South where all people have an equal opportunity to thrive.

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

2 United States Census Bureau. (2019). *U.S. and World Population Clock*. Retrieved from: <https://www.census.gov/popclock/>.

3 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>.

4 Amira Hasenbush, Andrew R. Flores, Angeliki Kastanis, Brad Sears & Gary J. Gates. *The Williams Inst. Univ. of Cal. L.A. Sch. Of Law, The LGBT Divide: A data portrait of LGBT People in the Midwestern, Mountain & Southern States* (2014). <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>.

5 Funders for LGBTQ Issues. (2018). *Out in the South: An Update on Foundation Funding for LGBTQ Issues in the U.S. South*. Retrieved on October 16, 2019 from <https://lgbtfunders.org/wp-content/uploads/2018/04/Out-In-The-South-2018-An-Update-on-Foundation-Funding-for-LGBTQ-Issues-in-the-US-South-1.pdf>.

6 Note: This anecdotal observation is based upon the Campaign for Southern Equality's work across the South since 2011.

7 *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](https://southernersonnewground.org/wp-content/uploads/2019/07/grapevine-report_eng-FINAL1.pdf).

8 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.

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



# OVERVIEW AND METHODS

**The 2019 Southern LGBTQ Health Survey** is the second data collection project of the Southern LGBTQ Health Initiative, a partnership between the Campaign for Southern Equality (CSE) and Western NC Community Health Services (WNCCHS).

We conducted this survey to gain greater understanding and more nuanced insight into the specific experiences that LGBTQ Southerners have with their health and with accessing health care. This report also examines the ways that intersecting experiences and identities – including race, socioeconomic status, gender, regionality, and more – impact the health and wellness of LGBTQ Southerners.

With 5,617 respondents, the Southern LGBTQ Health Survey is the largest known survey to focus specifically on LGBTQ health issues in the South, with respondents spanning 13 states and reflecting the diversity of our community in race, gender, and class. At the same time, within our sample some communities are under-represented, and we fully support additional research projects to provide more insight and understanding into the full range and diversity of LGBTQ experience in the South.

The Southern LGBTQ Health Survey was developed in 2018. This mixed-methods survey included requests for both quantitative information and in-depth, qualitative responses. The data were collected using a self-administered online survey of self-identified LGBTQ adults. It was available in English and Spanish and was disseminated through online measures and on paper at various LGBTQ events in the South. The instrument 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) Hormones/HRT, (7) Qualitative Health Experiences, and (8) Demographics.

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 12 Survey Ambassadors who did intensive survey outreach within their communities and networks across the South; and 25 community partners, which promoted the survey through their memberships.

This Executive Summary focuses on key findings that have emerged from an analysis of the thousands of data points in the Survey.

## Don't Miss the Full Report of the 2019 Southern LGBTQ Health Survey

A complete analysis is available in the full 150+ page Report of the 2019 Southern LGBTQ Health Survey, which includes:

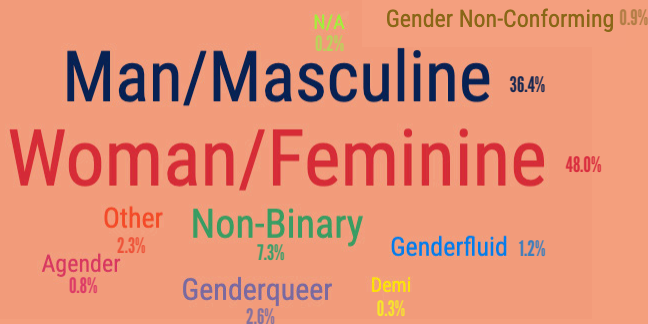
- ◆ In-depth discussion of respondents' physical health, mental health, health insurance, healthcare behaviors and experiences, experiences with HIV, experiences with gender-affirming hormone therapy, and regionality.
- ◆ Detailed description on participant demographics, methodology, and limitations.
- ◆ More qualitative responses from participants on their individual experiences with health and healthcare.
- ◆ Glossary of terms.
- ◆ Full text of the Survey instrument.
- ◆ Appendix with tables of all responses, including demographic cross-tabs.

[www.southernequality.org/Survey](http://www.southernequality.org/Survey)

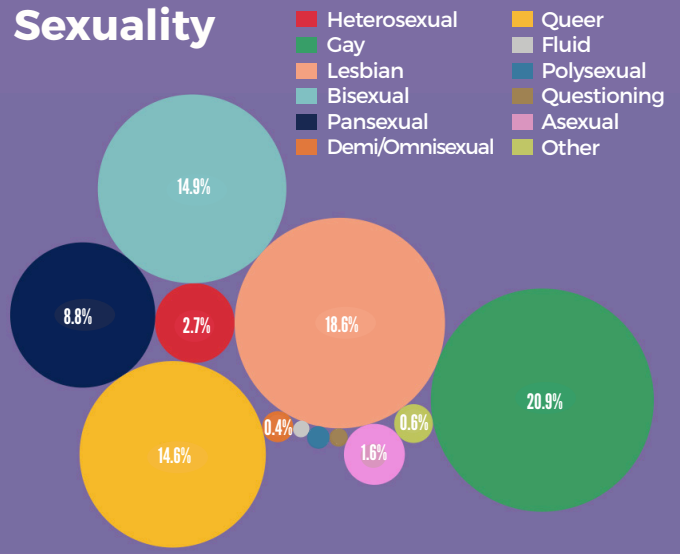
# DEMOGRAPHIC OVERVIEW

**5,617** Total Respondents

## Gender



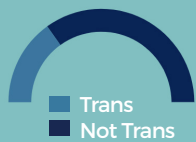
## Sexuality



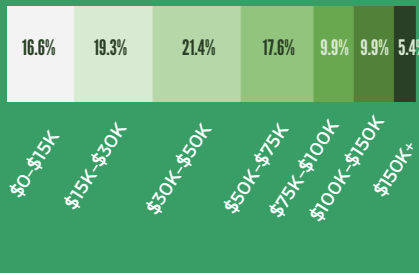
**30.2%**

identify as transgender

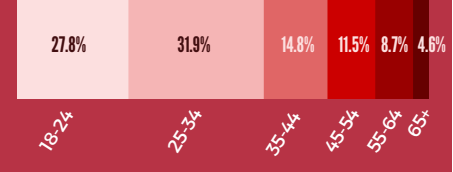
(Transgender, Gender Nonconforming, or Non-Binary)



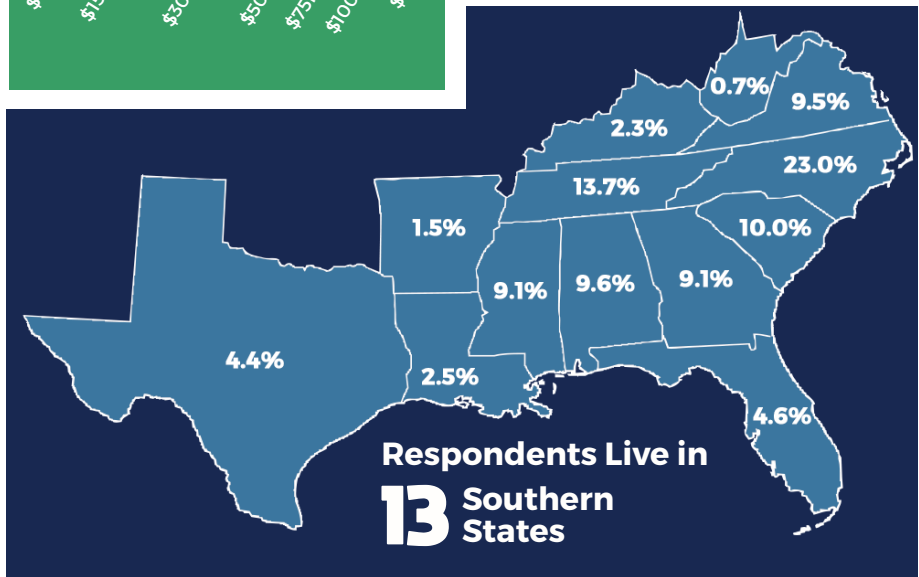
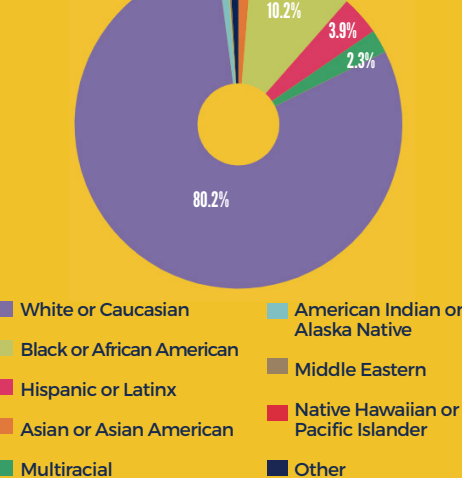
## Household Income



## Age



## Race



Respondents Live in **13** Southern States

A full demographic breakdown and analysis is available in the full report at [www.southernequality.org/Survey](http://www.southernequality.org/Survey)

View the Full Report at: [WWW.SOUTHERNEQUALITY.ORG/SURVEY](http://WWW.SOUTHERNEQUALITY.ORG/SURVEY)

# 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. **Pages 9-11**
- 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. **Pages 12-14**
- 3** Respondents reported significantly high rates of poor **MENTAL HEALTH**, with pronounced disparities for individuals who are bisexual+, transgender, or 18-24 years old, and those with lower incomes. **Pages 15-18**
- 4** Respondents reported alarmingly higher rates of **SUICIDAL IDEATION** than the general population, with the rate particularly high for transgender and non-binary participants. **Pages 19-20**
- 5** Respondents reported alarmingly high rates of **DEPRESSION AND ANXIETY** diagnoses and symptom experiences, with the rates especially high for respondents who are bisexual+, transgender, or non-binary, and those with lower incomes. **Pages 21-22**
- 6** Many respondents **DELAY SEEKING CARE** because of out-of-pocket expenses or because of their LGBTQ identity. **Page 23**
- 7** Being LGBTQ in the South uniquely informs respondents' **COMFORT** seeking health care in their local communities. **Page 24**
- 8** Where you live matters: Respondents in **RURAL** areas face significant health disparities. **Pages 25-26**



# 1 A majority of respondents rated their physical health as generally positive, but pronounced disparities exist for transgender individuals and those with lower incomes.

## How respondents rated their physical health and their experiences with health care

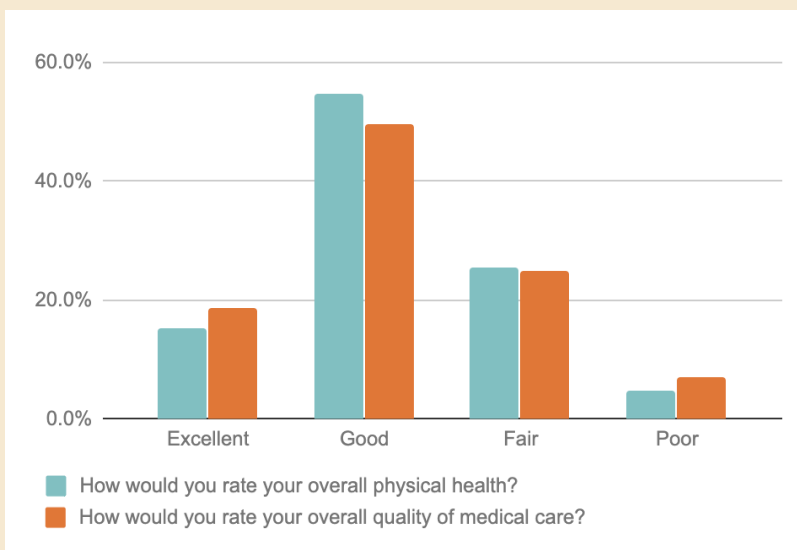
LGBTQ Southerners reported generally positive overall physical health, with the majority (69.9%) saying that their physical health is either *excellent* (15.2%) or *good* (54.7%). Around 30% of respondents said that their physical health is *fair* (25.4%) or *poor* (4.7%).

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 health care 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.

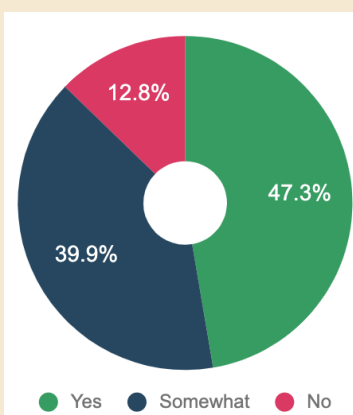
However, transgender individuals and individuals with lower incomes reported higher rates of *fair* or *poor* physical health and more negative experiences with accessing physical health care.

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

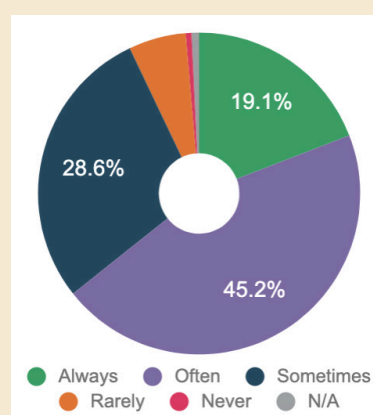
**Fig. 1a:** Reported physical health and quality of care in the total sample



**Fig. 1b:** “Do you feel your health care needs are being met?” in the total sample



**Fig. 1c:** “My experience with physical health providers has been positive” in the total sample



## Disparities in physical health and quality of care for transgender respondents

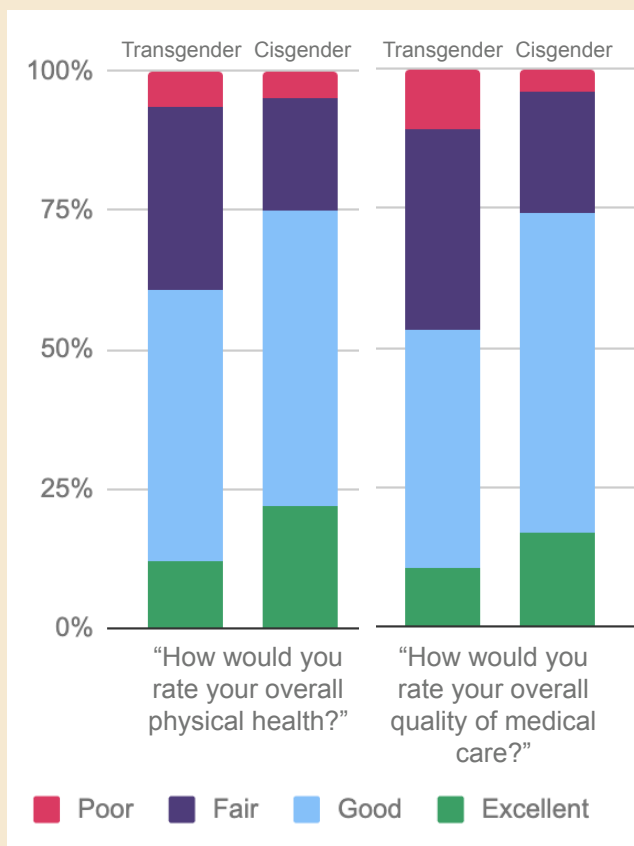
Transgender respondents reported less positive physical health than cisgender respondents. Nearly 40% of trans respondents rated their physical health as either *fair* or *poor*, compared to 26% of cisgender respondents.

Nearly half (46.8%) of transgender respondents rated their overall medical care as *fair* (35.9%) or *poor* (10.9%). In comparison, just one-quarter (25.2%) of cisgender respondents said the same.

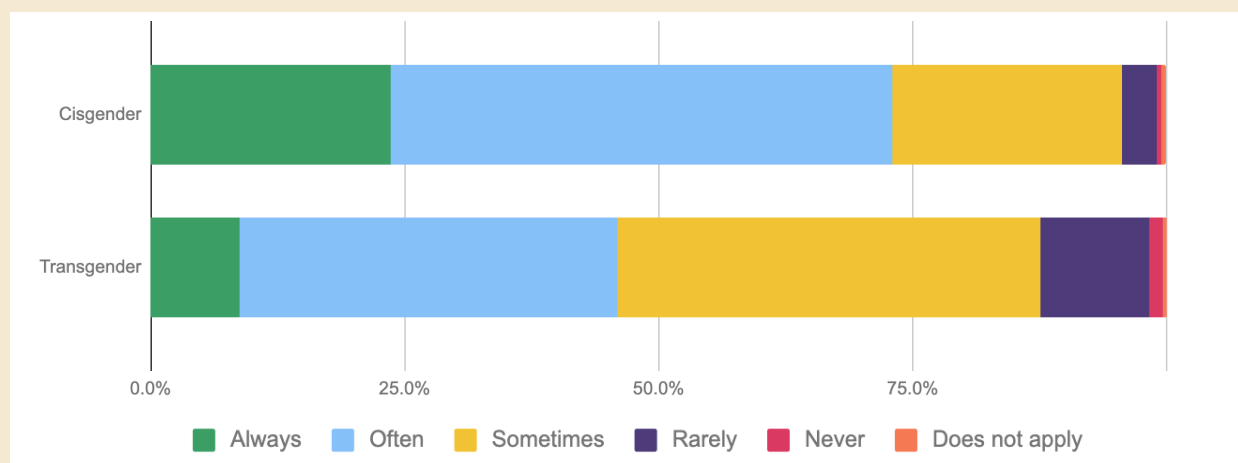
Nearly one-fifth of transgender respondents said they do not feel that their healthcare needs are being met (20.6%), compared to 9% of cisgender respondents. Around 12% of trans respondents reported that they *rarely* or *never* have positive experiences with physical health providers (compared to 3.8% of cisgender respondents).

Transgender respondents also generally feel uncomfortable seeking care in their community, with 26.5% reporting that they *rarely* or *never* feel comfortable seeking care.

**Fig. 1d: Reported physical health and quality of care, segmented by cis/trans identity**



**Fig. 1e: “My experience with physical health providers has been positive,” segmented by cis/trans identity**



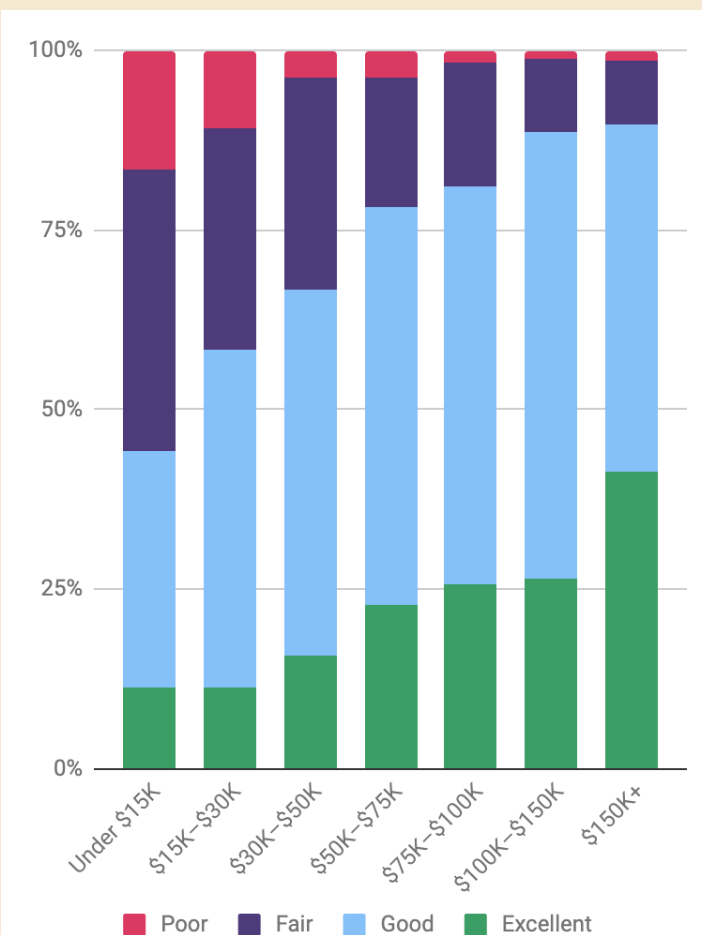
## Disparities in physical health and quality of care for respondents with lower incomes

Respondents with lower incomes reported notably worse physical health than those with higher incomes.

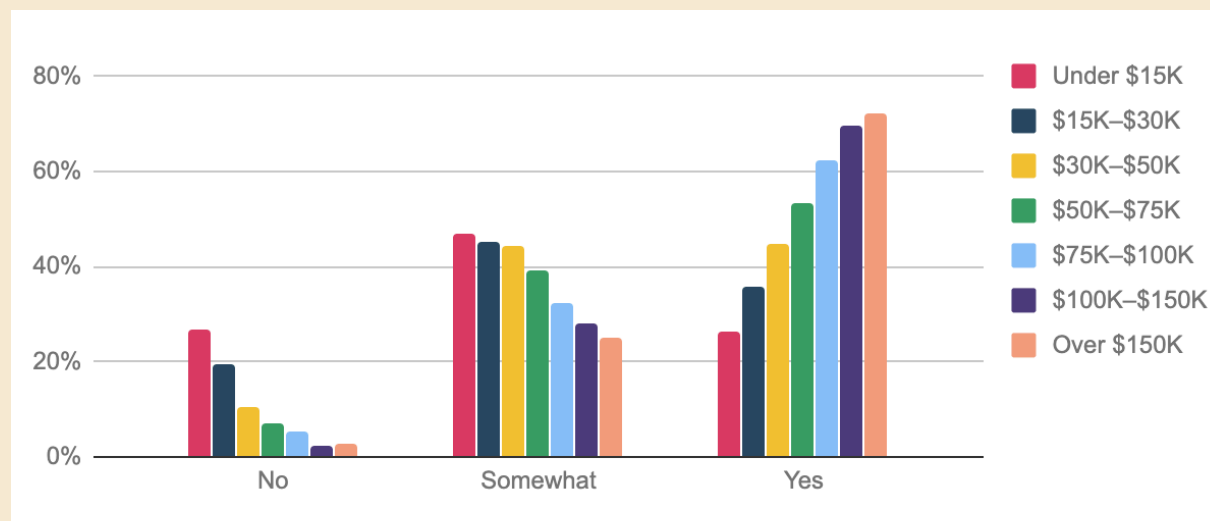
Of respondents with incomes of less than \$15K or between \$15K and \$30K, 46.8% and 37.3%, respectively, described their physical health as *fair* or *poor*. This compares to 20% or less of respondents with incomes higher than \$100K who reported their health as *fair* or *poor*.

Of respondents in the lowest income groups, 26.9% said that their healthcare needs are not being met, compared to only 2.8% in the highest income group.

**Fig. 1f: Reported overall physical health ratings, segmented by income**



**Fig. 1g: “Do you feel your health care needs are being met?” segmented by income**





## 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. 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."<sup>10</sup> According to 2016-2017 CDC data, one-half of all HIV diagnoses occur in the South, 52% of all AIDS deaths occur in the region, and 40% of people living with AIDS live in the South. Furthermore, people in Southern states are less likely than people in other regions to know their HIV status.<sup>11, 12</sup>

Of our full sample, 5.0% of respondents reported living with HIV, four points higher than the general U.S. population, 0.3% of which is living with HIV.<sup>13</sup>

More than 10% of survey respondents reported that they did not know their HIV status, while 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. We recommend additional research in this area across the entire LGBTQ community.

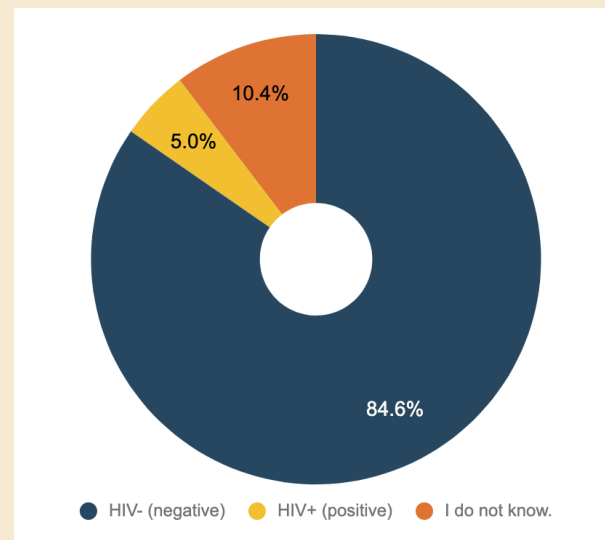
<sup>10</sup> Centers for Disease Control and Prevention. (2019). Estimated HIV incidence and prevalence in the United States, 2010-2016. HIV Surveillance Supplemental Report, 24(1). Retrieved on October 16, 2019 from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

<sup>11</sup> 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>.

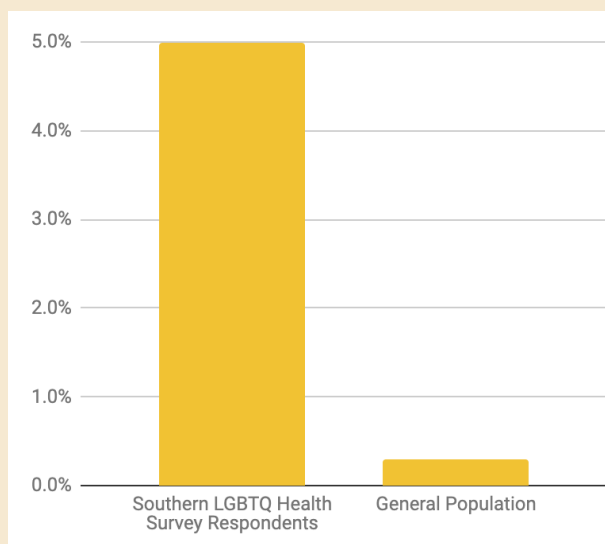
<sup>12</sup> Centers for Disease Control and Prevention. (2016). HIV in the Southern United States. Retrieved on October 16, 2019 from <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>.

<sup>13</sup> 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>.

**Fig. 2a: HIV status in the total sample**



**Fig. 2b: Rate of living with HIV in the total sample compared to in the general U.S. population**



## Significantly higher rate of living with HIV among Black or African American respondents

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.

## Higher rate of living with HIV among older respondents

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 HIV status (compared to 10% of the total survey sample).

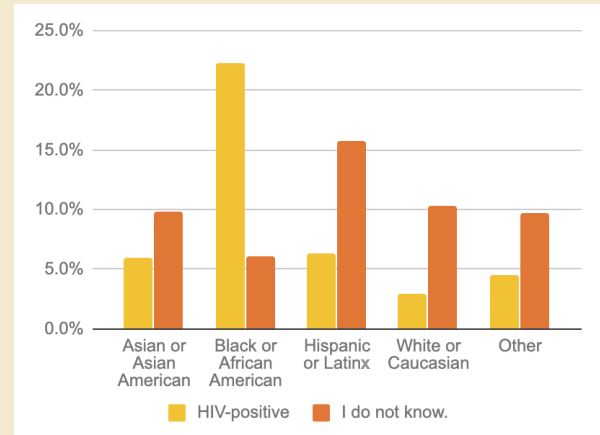
## Significantly higher rate of living with HIV among gay male respondents

Thirteen percent of gay respondents reported living with HIV, as did 14% of heterosexual respondents.<sup>14</sup> Respondents with other sexualities reported rates of living with HIV no higher than 5%, and large percentages of each reported not knowing their HIV status.

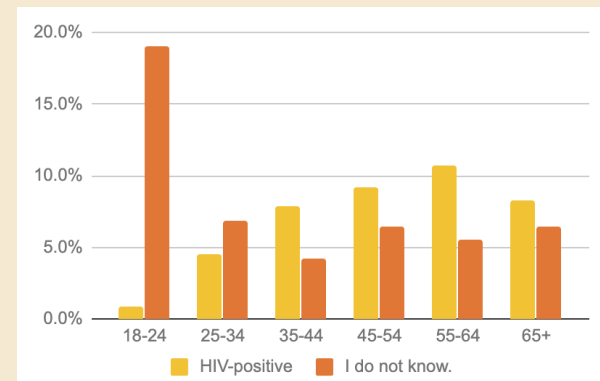
Of respondents who reported living with HIV, 73.3% identified as gay, while the remaining 27% of respondents reported rates of living with HIV below 10% in each sexuality category.

Among gay respondents living with HIV, 90.0% identify as men or masculine. Among gay men living with HIV, 59.3% are white and 31.9% are Black or African American.

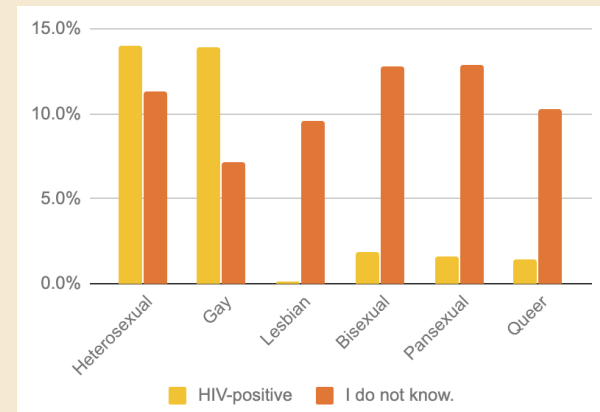
**Fig. 2c: HIV status, segmented by race**



**Fig. 2d: HIV status, segmented by age**



**Fig. 2e: HIV status, segmented by sexuality**



<sup>14</sup> Note: The majority (95.2%) of heterosexual respondents who reported living with HIV identify as transgender. In the total sample, 2.7% of respondents identify as heterosexual or straight, which we continued to include in the sample because they identify with either a secondary sexuality or a non-cisgender identity.

## Rates of living with HIV among transgender individuals

Overall, 4.6% of transgender respondents reported living with HIV compared to 5.5% of cisgender respondents.

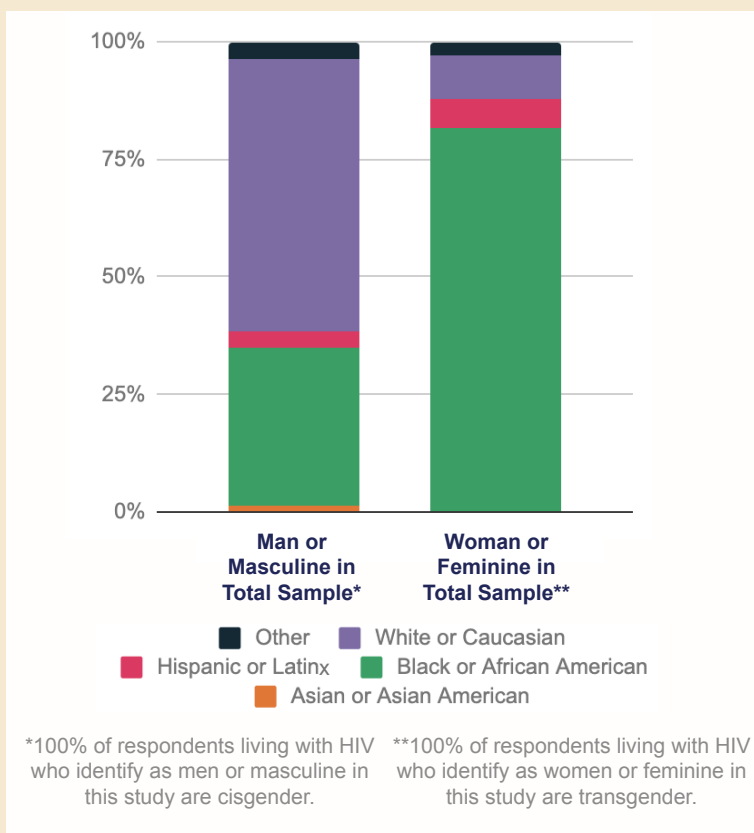
A majority, 74.5%, of transgender people who reported living with HIV were female identified. The vast majority of women living with HIV represented in this sample are transgender women of color (90.9%); within the subsample of women living with HIV, 81.8% are Black or African American, 6.1% are Hispanic or Latinx, and 3.0% identify as other racial identities.

Of respondents living with HIV who are men or masculine, 100% of respondents are cisgender, meaning that zero transgender men from this survey sample reported living with HIV.

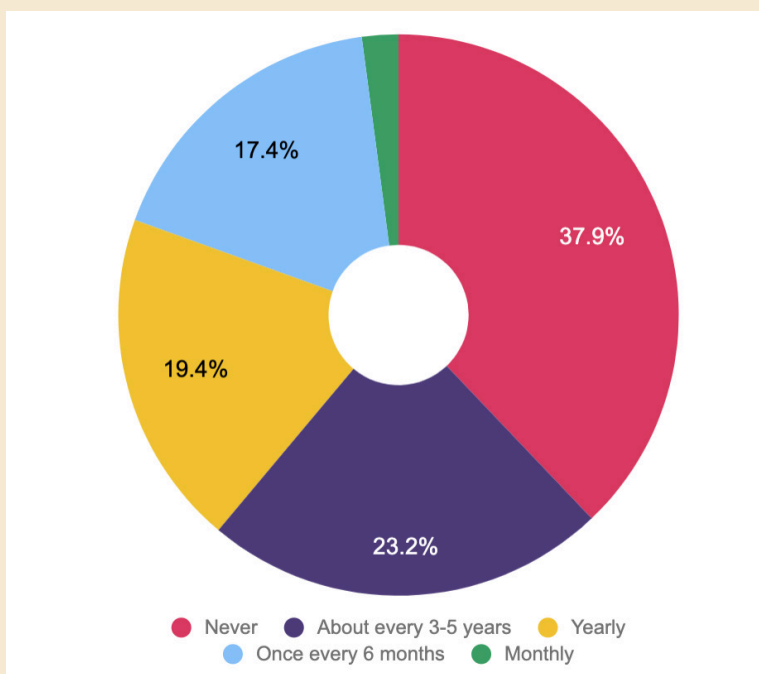
## Low frequency of HIV testing

Over half of the respondents reported that they *never* or *rarely* (*less than every 3 years*) get tested for HIV. As previously referenced, 37.9% 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* (19.3%), *once every six months* (17.4%), or *monthly* (2.1%).

**Fig. 2f: Respondents living with HIV, segmented by gender, cis/trans identity, and race**



**Fig. 2g: "Which of the following best describes how often you get tested for HIV?" in the total sample**





### 3 Respondents reported significantly high rates of poor mental health, with pronounced disparities for individuals who are bisexual+, transgender, or 18-24 years old, and those with lower incomes.

Key Findings

#### Reported mental health and mental health care experiences in the total sample

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.<sup>15, 16</sup> More than one-half of respondents in the total sample reported *fair* or *poor* mental health (50.1%).

Respondents also reported they sometimes have difficulty finding such care. Of the total sample, 20.1% indicated they *sometimes* have positive experiences, 11.4% *rarely* or *never* have a positive experience with mental health providers.

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.

<sup>15</sup> Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38-56.

<sup>16</sup> 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

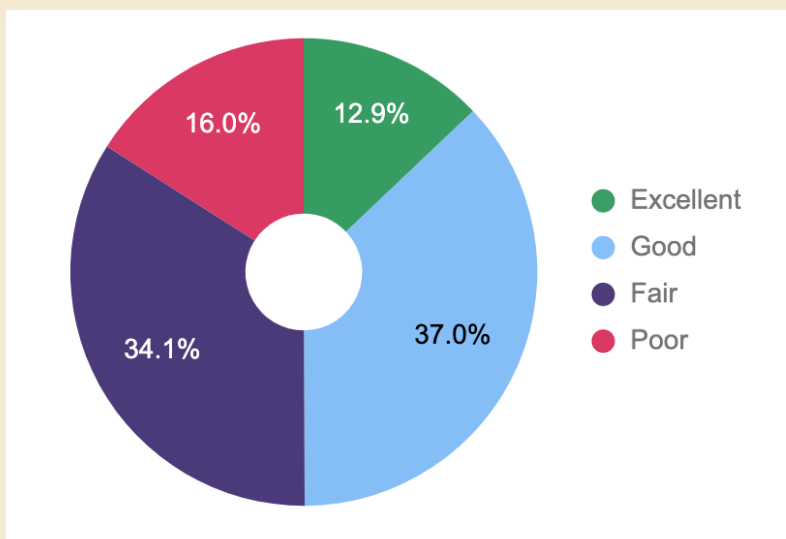
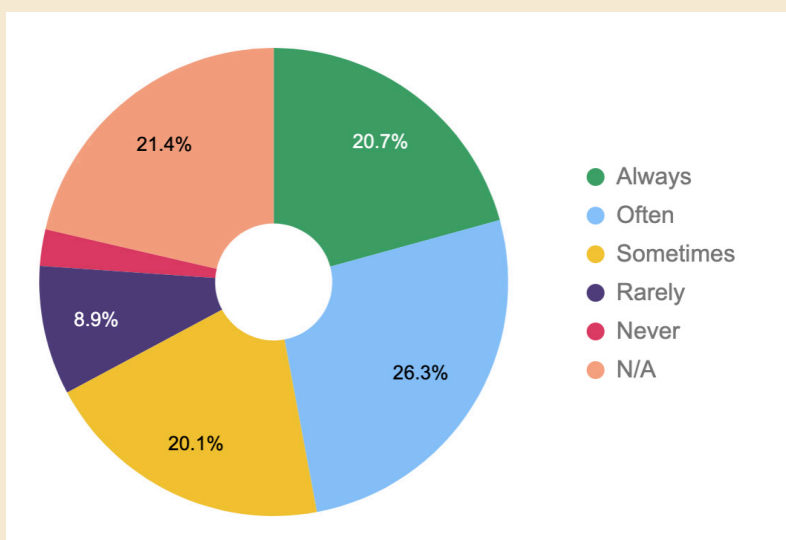


Fig. 3b: "My experience with mental health providers (therapist/counselors) has been positive" in the total sample

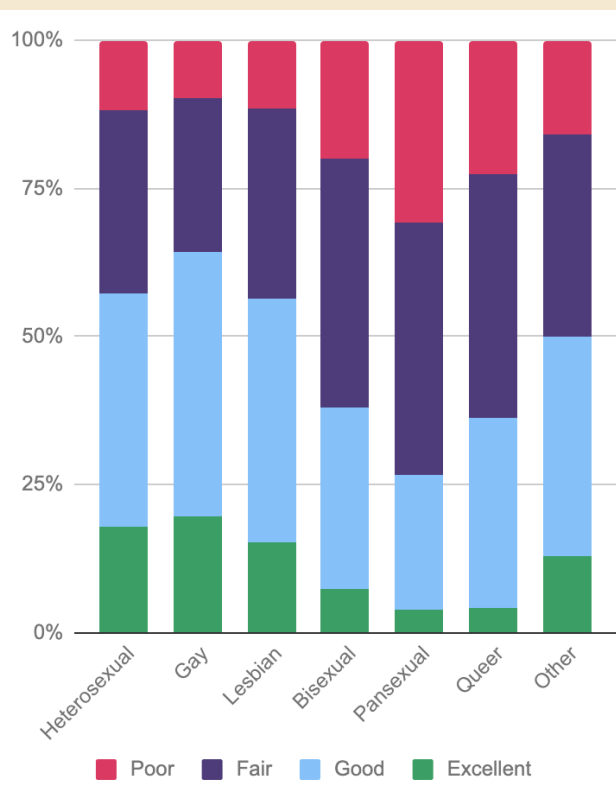


## Disparities in reported mental health and mental health care experiences for bisexual+ respondents

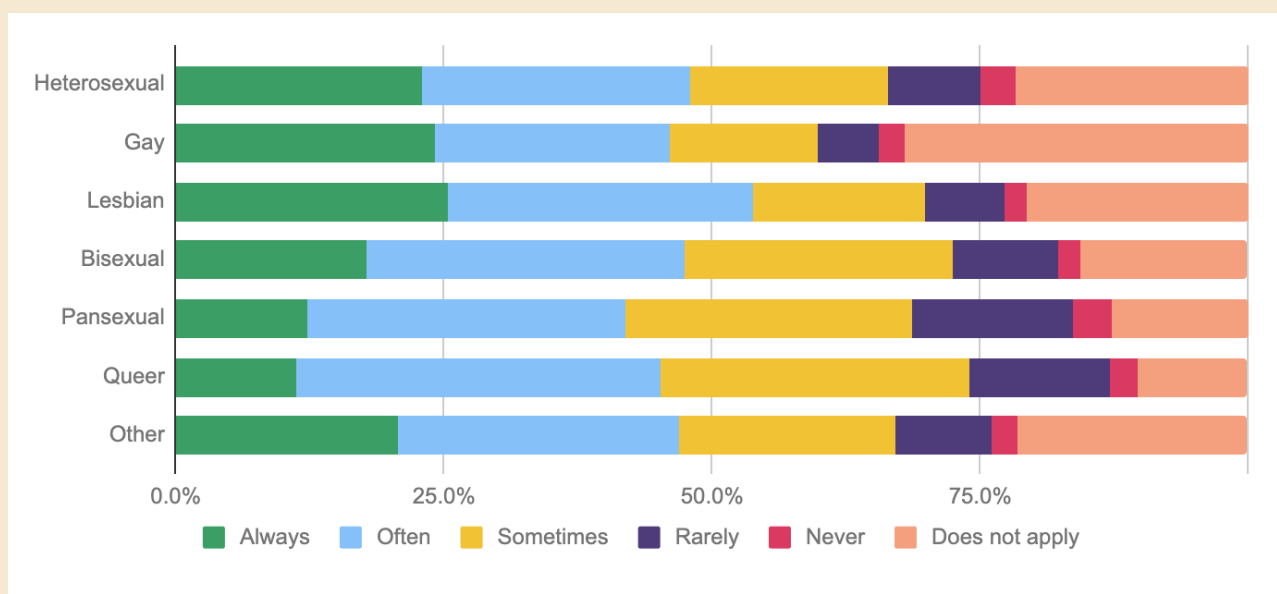
Bisexual, pansexual and queer respondents were significantly more likely to report worse mental health experiences, with 62.1%, 73.5%, and 63.8% respectively describing their mental health as *fair* or *poor*. These rates are around 20-points higher than the 35.6% of gay respondents, 43.6% of lesbian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

A similar percentage of respondents (around 45%) within each sexuality category reported either *always* or *often* having positive experiences with therapists or counselors. Pansexual and queer respondents were more likely to say that they *rarely* or *never* had positive experiences with therapists or counselors when compared to other sexualities.

**Fig. 3c: Reported mental health, segmented by sexuality**



**Fig. 3d: "My experience with mental health providers (therapists/counselors) has been positive," segmented by sexuality**

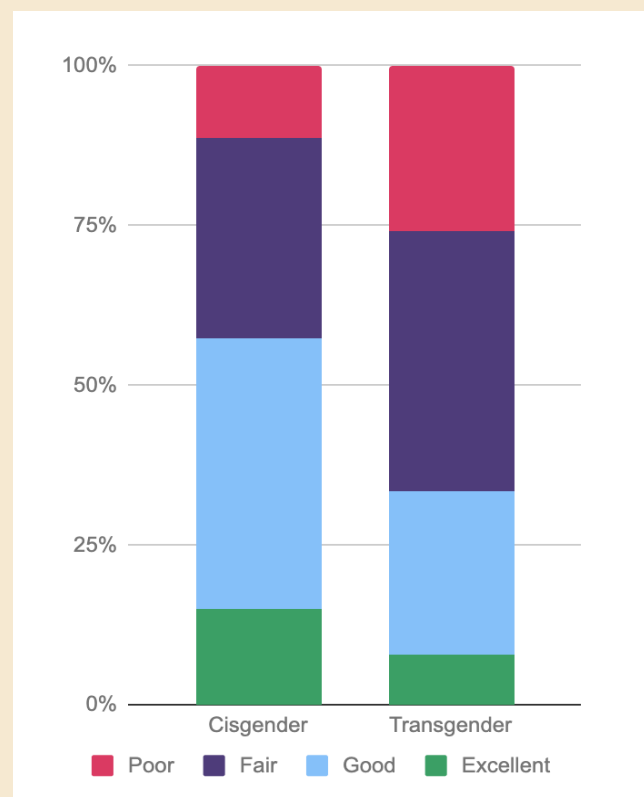


## Disparities in reported mental health and mental health care experiences for transgender respondents

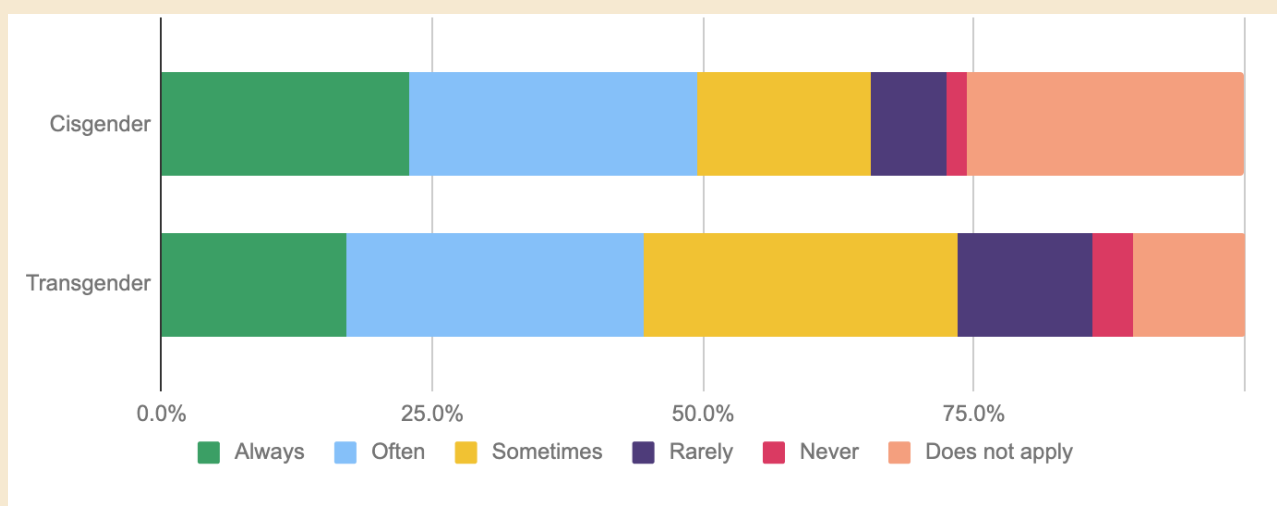
Transgender respondents were significantly more likely to report worse mental health than their cisgender peers: 66.5% of trans people described their mental health as *fair* or *poor*, compared to 42.6% of cisgender respondents. Three-quarters of non-binary respondents rated their mental health as *fair*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

Transgender respondents also reported less satisfaction with their levels of care from mental health professionals, with 16.1% of trans respondents saying they *rarely* or *never* have positive experiences with therapists or counselors, compared to 8.9% of cisgender respondents. One-fifth (20.1%) of non-binary respondents said they *rarely* or *never* have positive experiences with mental health professionals.

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



**Fig. 3f: “My experience with mental health providers (therapists/counselors) has been positive,” segmented by cis/trans identity**





## Disparities in reported mental health for respondents with lower incomes

In the lower income brackets (under \$15K and \$15K–\$30K), 64.8% and 62.5% of respondents rated their mental health care as *fair* or *poor*.

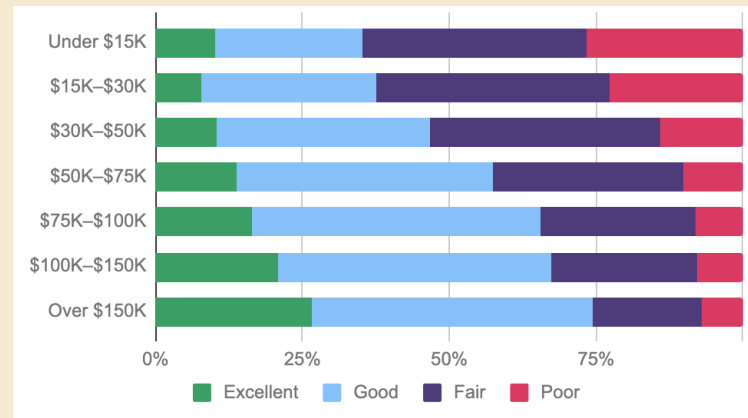
For respondents with mid-range income (\$50K–\$75K), 42.5% chose *fair* or *poor*. And the trend continued linearly, with 32.7% of people making \$100K–\$150K choosing *fair* or *poor*.

Respondents in lower income brackets also reported more negative experiences with mental health providers. Nearly 20% of respondents with incomes of less than \$15K (18.9%) and 16.0% of respondents in the \$15K–\$30K bracket said they *rarely* or *never* have a positive experience with a mental health provider, while 7.4% in both the \$50K–\$75K and \$75K–\$100K brackets, and 4.6% in the \$100K–\$150K bracket chose *rarely* or *never*.

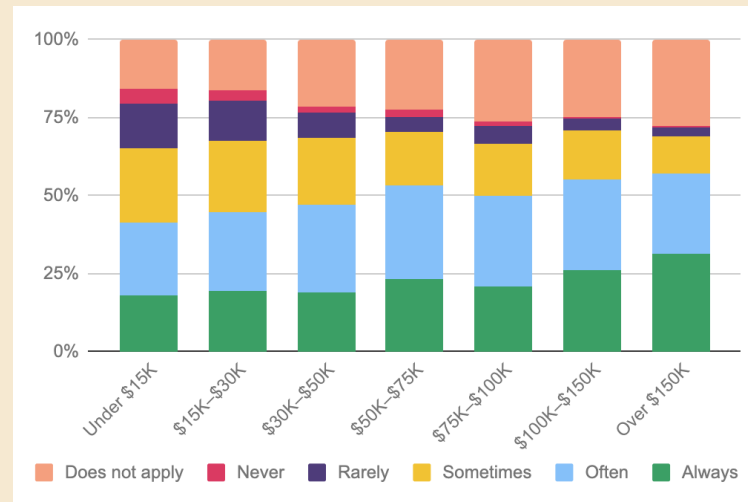
## Disparities in reported mental health for younger respondents

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. Additionally, 15.3% of respondents ages 18–24 said they *rarely* or *never* have positive experiences with therapists or counselors, compared to 8.2% of ages 45–54.

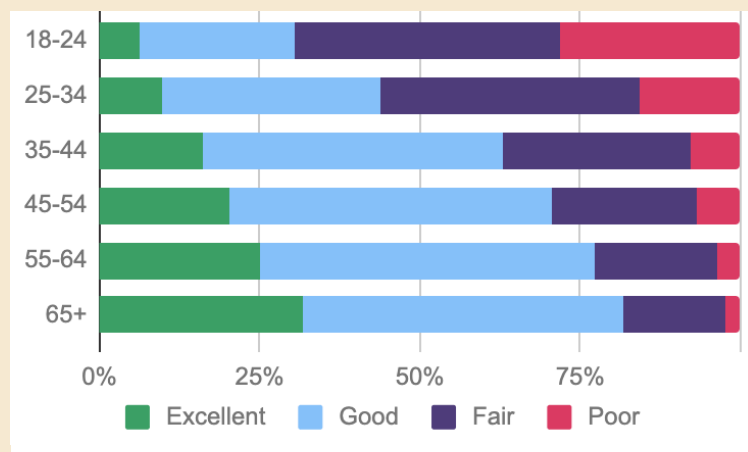
**Fig. 3g: Reported mental health, segmented by income**



**Fig. 3h: “My experience with mental health providers (therapists/counselors) has been positive,” segmented by income**



**Fig. 3i: Reported mental health, segmented by age**





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

**Key Findings**

### Suicidal ideation and self-harming behaviors in the total sample

A quarter of all respondents in our survey said they have experienced suicidal thoughts (26.3%), 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.<sup>17, 18</sup>

### Higher rates of suicidal ideation and self-harming behaviors for transgender and non-binary respondents

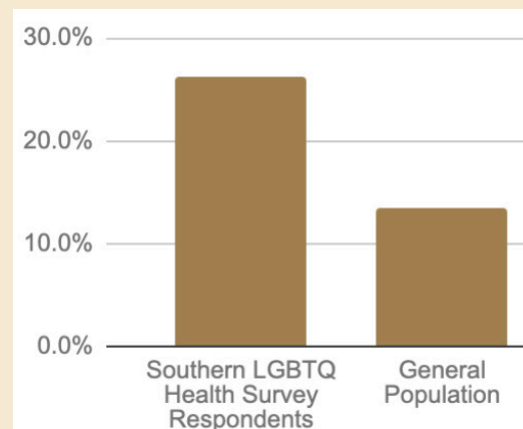
More than half – 51.7% – of transgender Southerners in the survey said they have experienced suicidal ideation. The rate is even higher for non-binary respondents, with 58.9% saying they have had suicidal thoughts.

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.

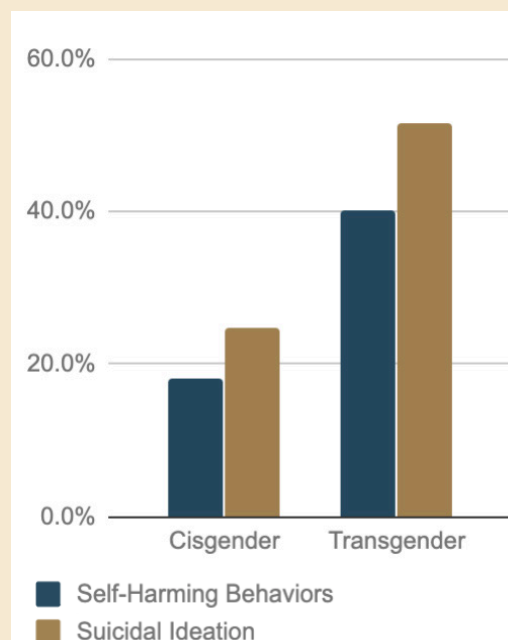
<sup>17</sup> Kessler, R.C., P. Berglund, G. Borges, M. Nock, & P.S. Wang. (2005). Trends in Suicide Ideation, Plans, Gestures, and Attempts in the United States, 1990–1992 to 2001–2003. *JAMA: Journal of the American Medical Association*. 293(20), 2487–2495.

<sup>18</sup> 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>.

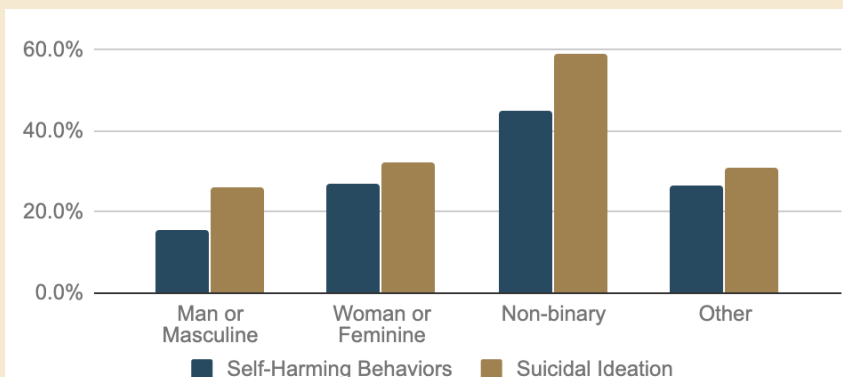
**Fig. 4a: Suicidal ideation among respondents compared to general U.S. population**



**Fig. 4b: Suicidal ideation and self-harming behaviors, by cis/trans identity**



**Fig. 4c: Suicidal ideation and self-harming behaviors, segmented by gender**



## Higher rates of suicidal ideation and self-harming behaviors for bisexual+ respondents

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.

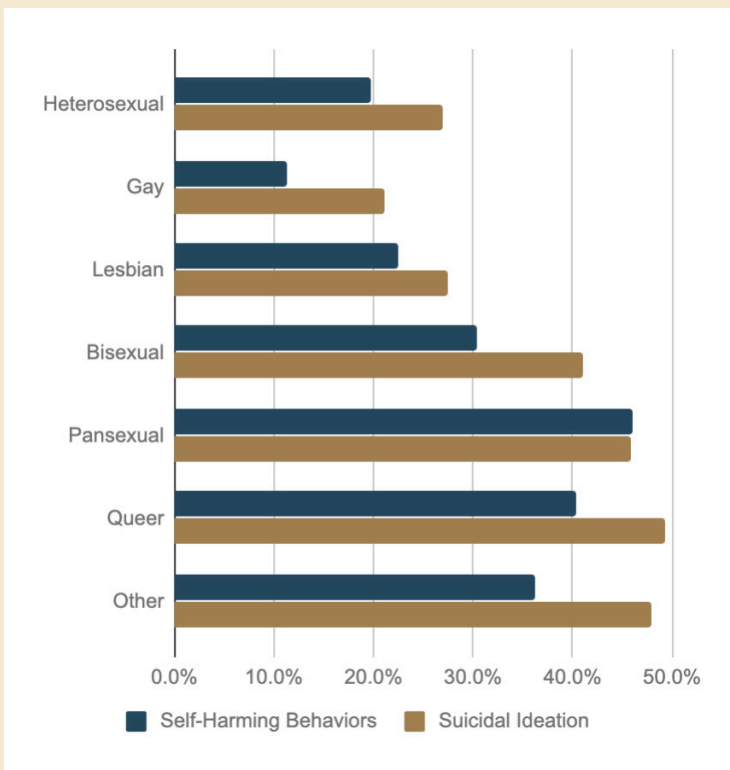
In comparison, between 21% and 27% of heterosexual, gay and lesbian respondents reported suicidal thoughts and between 11% and 22% engaged in self-harming behaviors.

## Higher rates of suicidal ideation for respondents with lower incomes

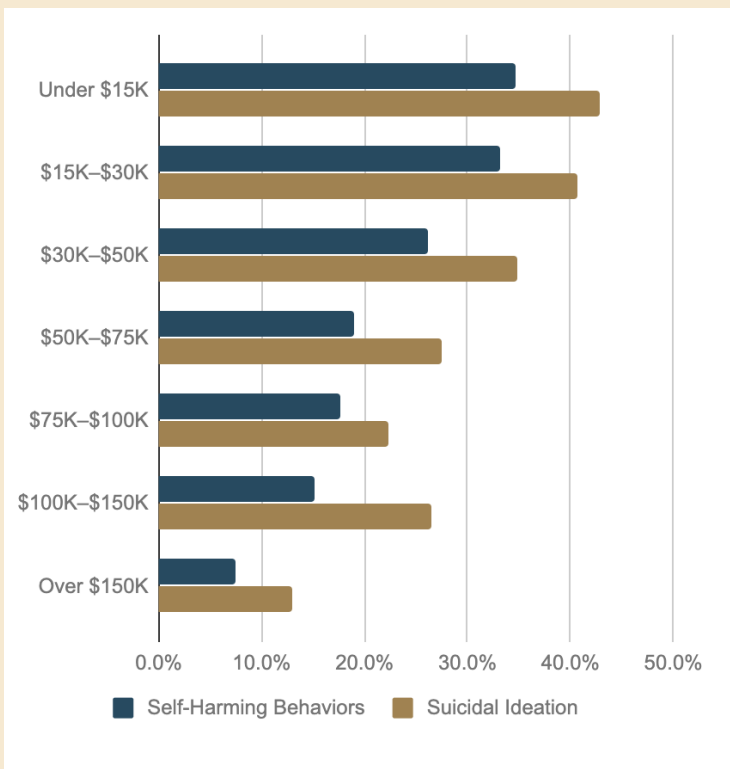
There is a strong relationship between income and suicidal ideation, too. Respondents with lower incomes reported far higher rates of experiencing suicidal thoughts. Nearly 43% of respondents with incomes of less than \$15K reported experiencing suicidal thoughts, while 13% of respondents with incomes 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. 4d: Suicidal ideation and self-harming behaviors, segmented by sexuality**



**Fig. 4e: Suicidal ideation and self-harming behaviors, segmented by income**





## 5 Respondents reported alarmingly high rates of depression and anxiety diagnoses and symptom experiences, with the rates especially high for respondents who are bisexual+, transgender, or non-binary, and those with lower incomes.

### Depression and anxiety in the total sample

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.<sup>19</sup>

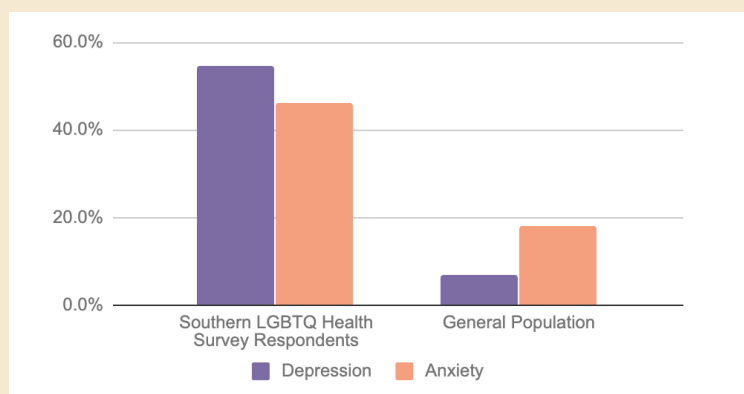
These alarming rates of depression and anxiety merit increased attention, specific focus, and additional research.

### Higher rates of depression and anxiety for people who experienced violence or abuse

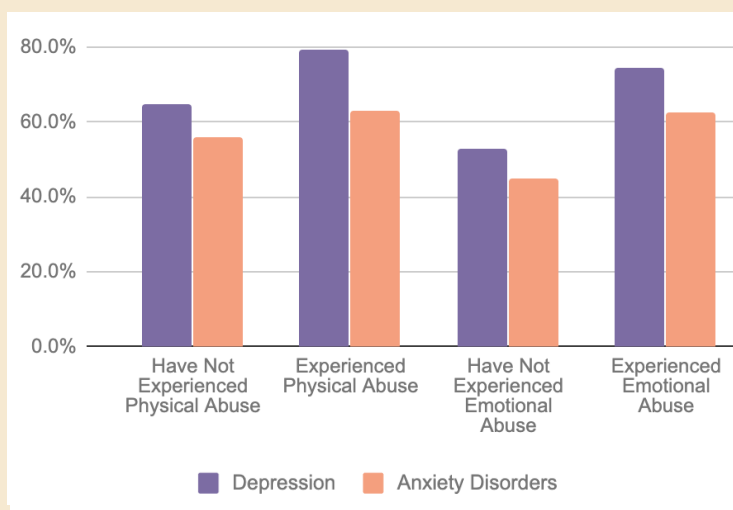
Among respondents who reported physical violence or abuse due to their LGBTQ identity, 79.4% reported that they have experienced or been diagnosed with depression, and 63.1% said they have experienced or been diagnosed with an anxiety disorder.

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. 5a: Depression and anxiety among respondents compared to general population**



**Fig. 5b: Depression and anxiety, segmented by responses to “Have you ever experienced physical abuse or emotional abuse due to your LGBTQ identity?”**



<sup>19</sup> NAM: 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>.

## Higher rates of depression and anxiety for bisexual+ respondents

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%).

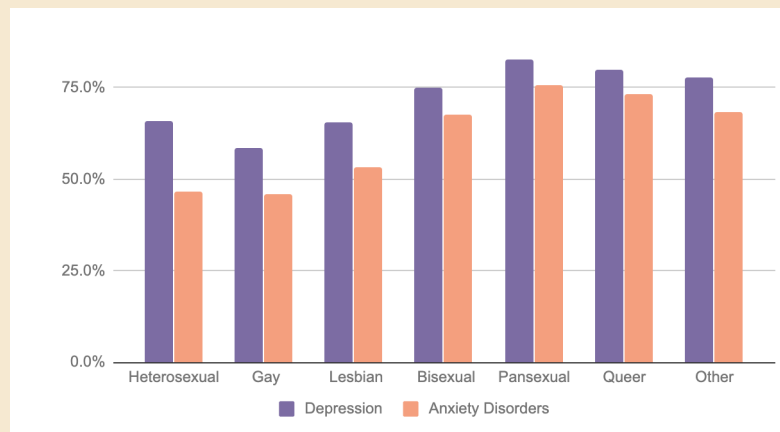
## Higher rates of depression and anxiety for trans and non-binary respondents

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. Among non-binary respondents, 86.0% said that they have been experienced or been diagnosed with depression, while 77.3% said they have experienced or been diagnosed with anxiety.

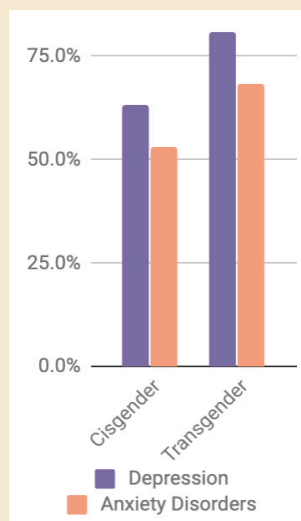
## Higher rates of depression and anxiety for respondents with lower incomes

In our sample, 77% of respondents with lower incomes (less than \$30K) said they have experienced or been diagnosed with depression, and 65% said that they experienced or have been diagnosed with an anxiety disorder. In comparison, 55% of respondents with incomes of higher than \$75K said they have experienced or been diagnosed with depression, and 47% said that they have experienced or been diagnosed with an anxiety disorder.

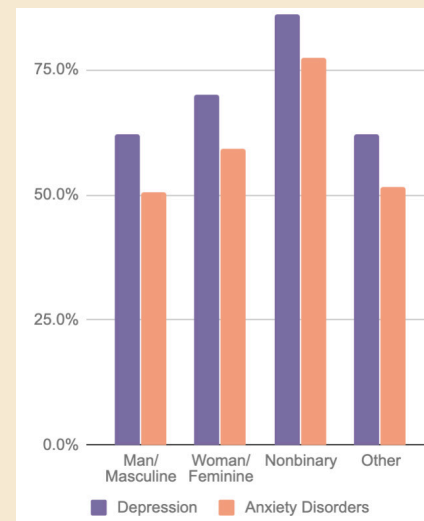
**Fig. 5c: Depression and anxiety, by sexuality**



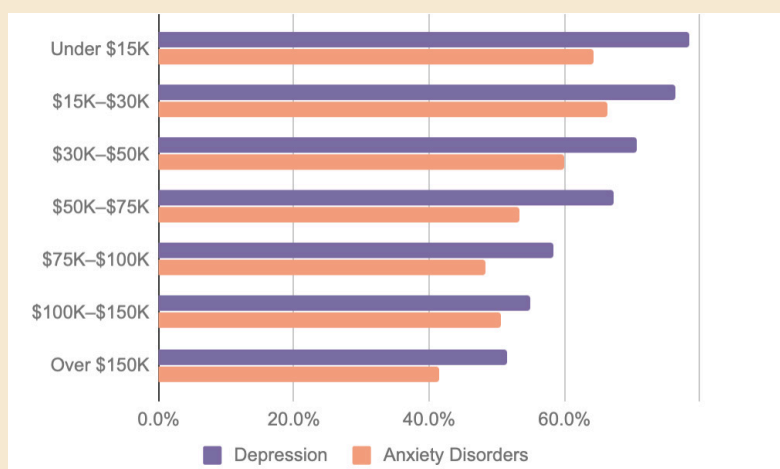
**Fig. 5d: Depression and anxiety, by cis/trans identity**



**Fig. 5e: Depression and anxiety, segmented by gender**



**Fig. 5f: Depression and anxiety, by income**



# 6 Many respondents delay seeking care because of out-of-pocket expenses or because of their LGBTQ identity.

Key Findings

## 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.<sup>20</sup> Since 2006, Gallup has consistently tracked that around one-third of Americans delay care due to cost.<sup>21</sup>

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.

Fig. 6a: Reported rates of delaying care in total sample

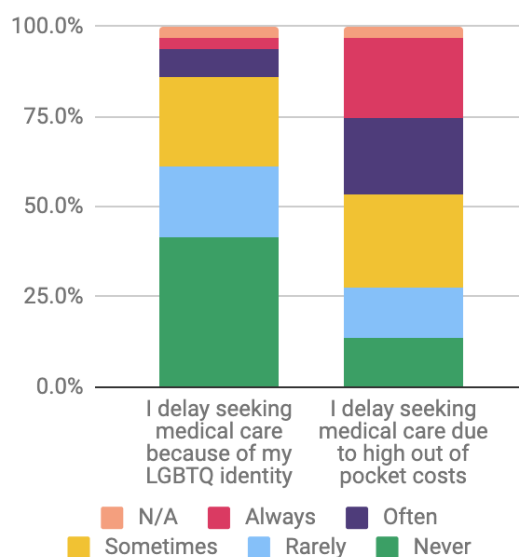
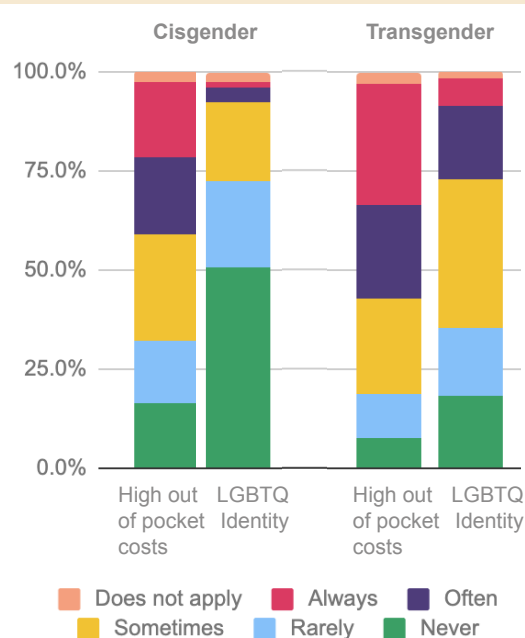


Fig. 6b: Reported rates of delaying care, segmented by cis/trans identity



20 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>.

21 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>.

# 7 Being LGBTQ in the South uniquely informs respondents' comfort seeking health care in their local communities.

Key Findings

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

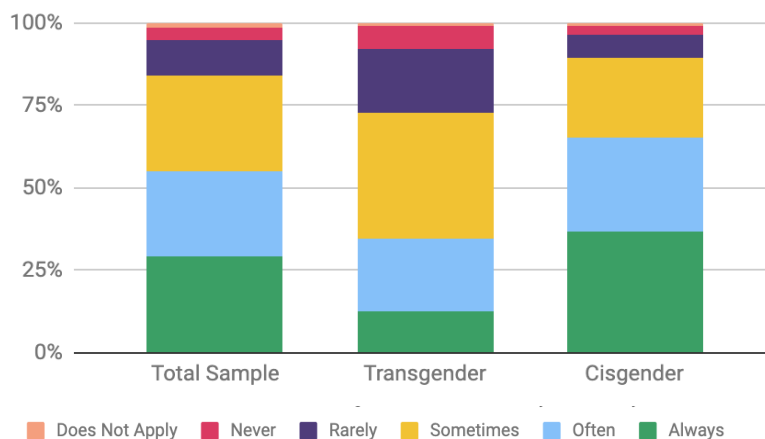
Among all transgender respondents, 72.7% said that being in the South *always* or *often* makes it harder for LGBTQ people to access medical care.

Just over half of the respondents in the total sample said that they generally feel comfortable seeking medical care within their community; nearly 30% of respondents are *always* comfortable, closely followed with 26.2% of respondents who *often* feel comfortable. However, 28.7% of respondents only *sometimes* feel comfortable seeking care, and 14.9% of the total sample said that they *rarely* or *never* feel comfortable seeking care within their community.

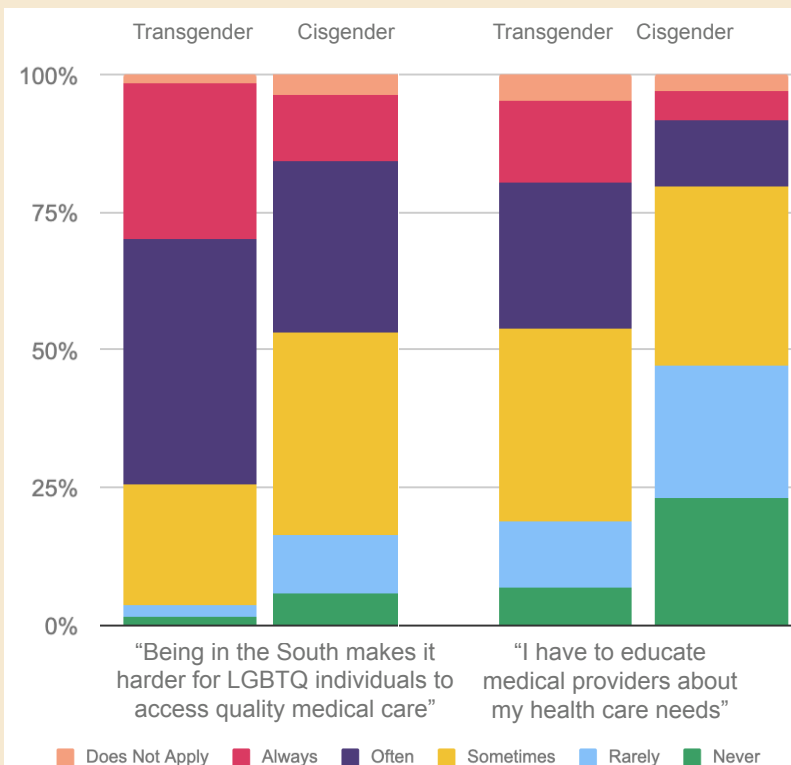
Discomfort seeking care is far more pronounced for transgender respondents, with only 12.6% indicating that they *always* feel comfortable seeking medical care in their community, and more than a quarter of transgender respondents (26.5%) indicating that they *rarely* or *never* feel comfortable.

While 19% of cisgender respondents said they *always* or *often* need to educate their providers about their LGBTQ identity, nearly half (47.5%) of transgender respondents said that they *always* or *often* do.

**Fig. 7a: “I am comfortable seeking medical care within my community,” in the total sample and segmented by cis/trans identity**



**Fig. 7b: Comfort & access to quality medical care in the South, segmented by cis/trans identity**





## 8 Where you live matters: Respondents in rural areas face significant health disparities

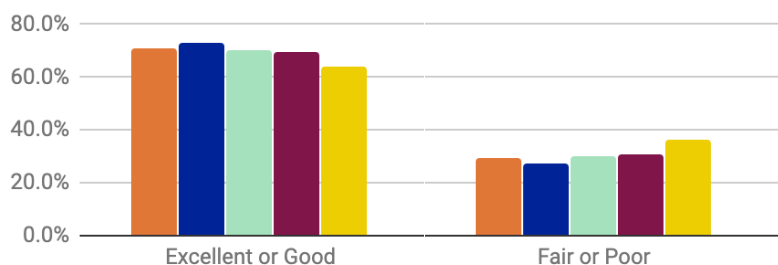
There's a tendency to think about the LGBTQ Southern experience primarily through the lens of state lines. Findings from our survey suggest that an additional factor informing your experience is whether you live in a rural or urban area. Across state lines, respondents living in more rural areas show 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. 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 more than one-fifth (21.7%) of more rural respondents described their mental health as *poor*, compared to 15.6% of urban respondents.

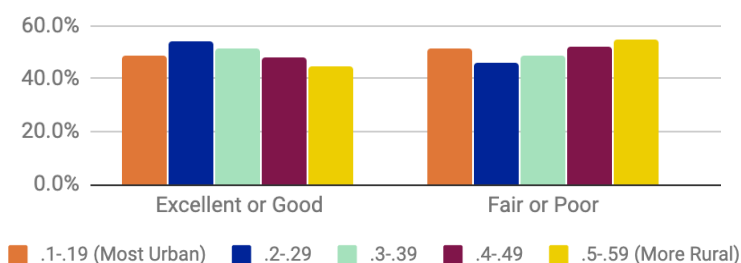
Respondents in more rural areas reported less access to quality medical care; 38.7% of respondents in more rural areas rated their overall quality of medical care as *fair or poor*, compared to 26.9% of respondents in the most urban areas.

**Fig. 8a: Health ratings by regionality**

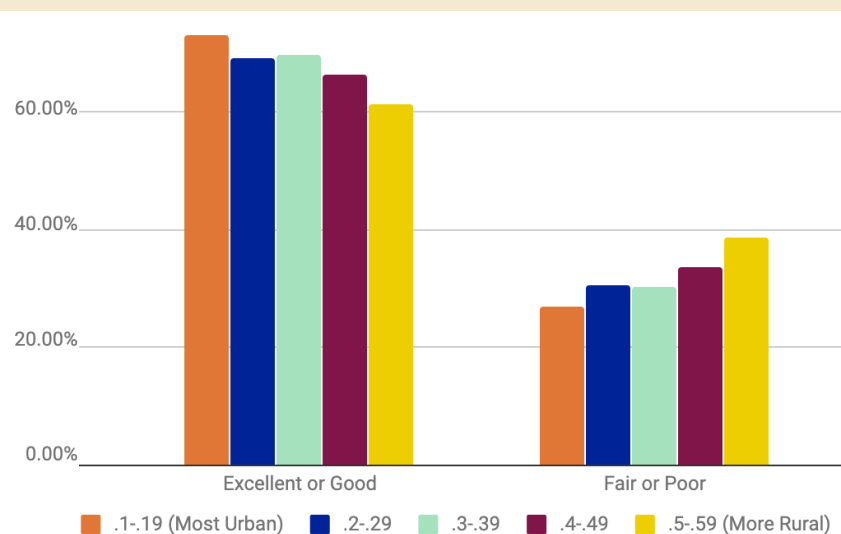
### Physical Health Ratings



### Mental Health Ratings



**Fig. 8b: Reported overall quality of medical care, segmented by regionality**



\* 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. 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.

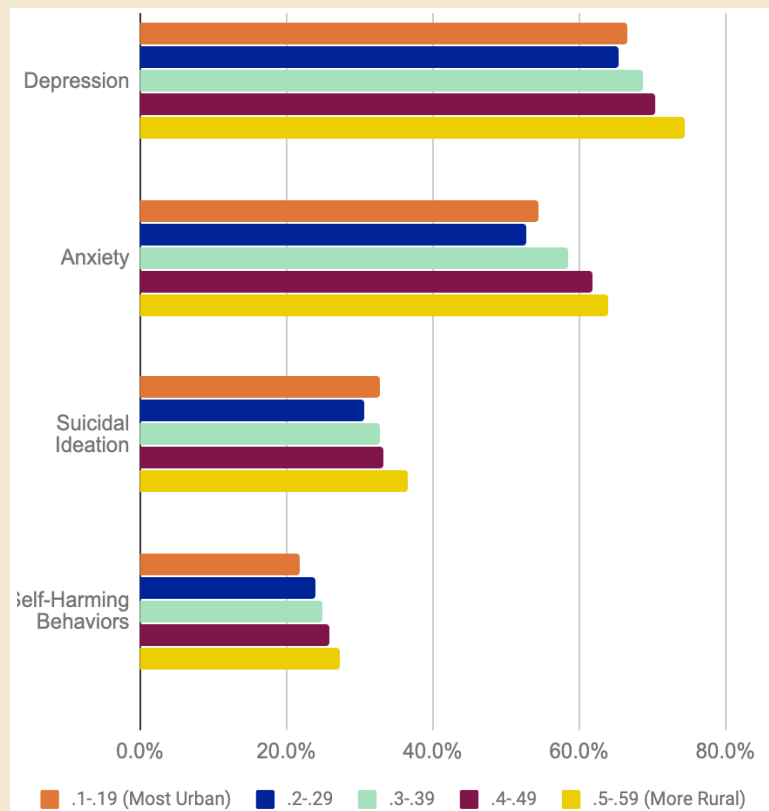
Respondents in more rural areas also reported higher rates of depression (74.4% compared to 66.5%), anxiety (64.0% compared to 54.5%), suicidal thoughts (36.6% compared to 32.8%), and self-harming behaviors (27.4% compared to 21.9%); and lower rates of feeling that their health care needs are being met (42.4% compared to 52.4%).

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.

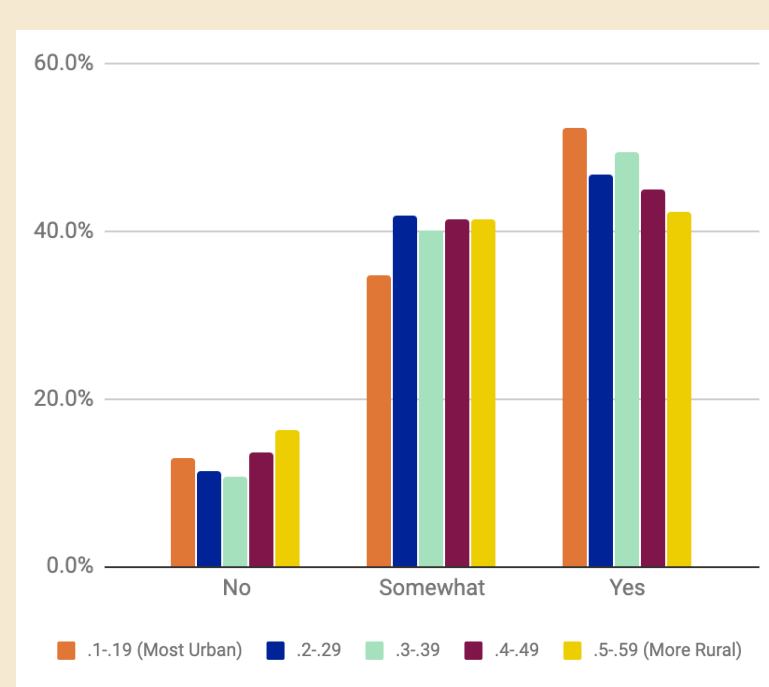
This suggests a need for robust new strategies and resources focused specifically on LGBTQ rural experiences across Southern states. While there has been a significant increase in funding resources to the LGBTQ South in recent years, most of that funding is directed toward established nonprofit organizations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

It also suggests 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 an affirming and inclusive approach to care in primary health care and mental health services.

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



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



# IN THEIR OWN WORDS

Thousands of LGBTQ Southerners shared positive experiences regarding their health care. These stories help us gain a better understanding of what LGBTQ Southerners believe a positive health care experience should encompass. Having a provider who has an understanding of the specific health care needs of LGBTQ people, for example, made the health care experiences of these individuals more positive.

"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!"

"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."

Participants were also asked to share negative health care experiences to help better understand the current health care landscape. Respondents described encounters in which medical providers' attitudes and behaviors shifted once they learned of the patient's LGBTQ 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."

"I had been seeing the same PCP for 3-4 years during my late teens/early twenties. I was start[ing] to realize my trans identity during this time. Once I was sure of my identity, I decided to talk to my PCP about 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."

For more qualitative responses from respondents, read the full report at [www.southernequality.org/survey](http://www.southernequality.org/survey)



# 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 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.<sup>22</sup>
- ✓ 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.

<sup>22</sup> 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.<sup>23</sup> 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.<sup>24</sup>
- ✓ 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.

<sup>23</sup> Butler, R. M., Horenstein, A., Gitlin, M., Testa, R. J., Kaplan, S. C., Swée, 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>

<sup>24</sup> 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.

### Don't Miss the Full Report of the 2019 Southern LGBTQ Health Survey

A complete analysis is available in the full 150+ page Report of the 2019 Southern LGBTQ Health Survey, which includes:

- ◆ In-depth discussion and analysis of participants' responses to Survey questions.
- ◆ Detailed descriptions of participant demographics, methodology, and limitations.
- ◆ More qualitative responses from participants on their individual experiences with health and healthcare.

[www.southernequality.org/Survey](http://www.southernequality.org/Survey)





# THANK YOU

**to everyone who has taken part in the  
2019 Southern LGBTQ Health Survey!**

**[WWW.SOUTHERNEQUALITY.ORG/SURVEY](http://WWW.SOUTHERNEQUALITY.ORG/SURVEY)**

