

Pennsylvania's LGBT Wellness Needs Assessment: Making an Impact to Reduce Health Disparities

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Background

- As Behavioral Risk Factor Surveillance Survey (BRFSS) data from five states demonstrate, LGBT (lesbian, gay, bisexual, and transgender) people smoke at rates approximately 35% to 200% higher than non-LGBT people, and up to half of LGBT people who smoke die early as a result.
- The American Cancer Society estimates that over 30,000 LGBT people die each year of tobacco-related diseases.
- To identify and eliminate tobacco-related disparities among LGBT people, provide informed evidence-based environmental, policy and systems interventions, and to meet the objectives of Pennsylvania Department of Health (PADOH), PADOH partnered with LGBT Community Centers to conduct a wellness needs assessment and a cessation outreach pilot project.

Methods

- Beginning May 2015, the PA Division of Tobacco Prevention and Control (DTPC), through its northeast Regional Primary Contractor, collaborated with Bradbury-Sullivan LGBT Community Center and LGBT Center of Central PA to administer a comprehensive LGBT wellness needs assessment and promote smoke-free Pride events.
- Policy announcements for the Pride events along with a link to the wellness needs assessment were added to organizations' websites.
- The brief, anonymous, voluntarily, online LGBT Wellness Needs Assessment contains questions on nutrition, physical activity, tobacco, mental health, cancer, substance use, HIV, and demographics and requests feedback on a marketing campaign to promote smoke-free air and cessation to LGBT people in the Greater Lehigh Valley and South Central PA during Pride events.
- LGBTQA (lesbian, gay, bisexual, transgender, queer/questioning, asexual) people in Adams, Berks, Carbon, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Lehigh, Northampton, Monroe, Perry, and York Counties participated during a 3-week period in June 2015. A purposively sampled group was identified using both direct (e.g., personal emails, Facebook messages) and indirect recruitment strategies (e.g., geographically- and LGBTQA-targeted Facebook advertisements, email blasts, pride celebration announcements).
- At the conclusion of the survey, participants were given the option to be redirected to an unlinked database to input their contact information to be entered into a lottery drawing for one \$50 gift card incentive.
- A total of 1,450 participants completed the online wellness needs assessment.

Findings

Lehigh Valley (5 county area):

In total, 614 LGBTQA individuals completed this survey. Three-quarters of the sample identified as gay/lesbian, 10.1% as bisexual, and 9.9% as queer or pansexual. Additionally, 12.1% of the participants were transgender, 44.6% were cisgender men, and 41.4% were cisgender women.

The sociodemographic characteristics of the participants across samples were quite comparable to overall demographics of their respective regions, despite LGBTQA participants being a convenience sample.



Image from <http://pulseandsignal.com/>

Health Care Access & Quality – Health care coverage was highly prevalent in the sample (over 90% in each region), and slightly higher than the prevalence of health care coverage among Pennsylvania adults (which was 85% according to the 2013 Behavioral Risk Factor Surveillance System [BRFSS]). **Nearly one-quarter of the sample had a health care provider react poorly to their LGBTQA status—and this varied by gender:** transgender people were significantly more likely than cisgender men or women to have a provider react poorly.

LGBTQA Acceptance & Overall Health – LGBTQA participants thought their friends were the most LGBTQA-accepting, followed distantly by their workplaces, birth families, and schools. **Medical providers and neighborhoods were the least LGBTQA-friendly places.**



Image from <http://www.squarepeginablack.com/vqgl-blog/>

Importantly, participants' self-reported overall health status was significantly greater if they reported greater overall LGBTQA acceptance across the domains specified above. Nearly all respondents were interested in incorporating more healthy eating and active living strategies into their lives.



Image from www.colourbox.com

Body Mass Index – LGBTQA population in both regions may be slightly more overweight/obese than the general Pennsylvanian (PA) population. Importantly, nearly two-thirds of LGBTQA participants in the Lehigh Valley and Central PA were interested in healthy eating (63.7% and 59.5%, respectively) and active living strategies (62.7% and 65.0%, respectively).

Mental Health Treatment – In the past 12 months, about a third of participants received psychological counseling or treatment. In their lifetime, more than half of the sample in the Lehigh Valley and two-thirds of the sample in Central PA had taken medicine or received treatment for mental health problems.

HIV among Cisgender Men and Transgender People – HIV prevalence was significantly higher for gay and bisexual men than transgender people. Regular HIV testing was low.

Tobacco Use & Opinions – In the past year, 37.0% of participants in the Lehigh Valley and 43.1% in Central PA used any tobacco/nicotine products, and this significantly varied by gender: transgender people reported higher tobacco use than cisgender men and women. Specifically, cigarette smoking was higher among LGBTQA participants than the general Pennsylvanian population (30%-35% versus 21%, respectively; BRFSS, 2013). LGBTQA people had little knowledge about smoking disparities: a third strongly or somewhat agreed that LGBTQA people smoke more than the general population. **More than half strongly or somewhat agreed that pride celebrations should be smoke-free events.** LGBTQA smokers overwhelmingly wanted to quit (>90%). When asked how they would quit, willingness to use effective cessation techniques was low and only 4.4% in the Lehigh Valley and 10.4% in Central PA would use the quitline. Many smokers did not know where to go for cessation assistance.

Perceptions of LGBTQA Community Health Issues – **Mental health, STDs/HIV, and suicide** were perceived to be the top three health problems by LGBTQA participants in both regions. Most participants did not identify tobacco as an leading health issue.

Discussion & Recommendations

- This initial wellness needs assessment provides DOH with data on tobacco use among LGBTQA populations and will be used to inform stakeholders, specifically related to health awareness and education among community members.
- Key data points will help create tailored tobacco control programming and inform future expansion of the project to other areas of the state.

Report recommendations include:

- Create LGBTQA-tailored smoking cessation groups.
- Train quitline providers to be LGBTQA friendly and affirming.
- Create LGBTQA-tailored quitline promotion campaigns to raise awareness of this resource.
- Create LGBTQA-tailored tobacco awareness campaigns to raise knowledge level about LGBTQA smoking disparities and help people make healthier decisions.
- Train medical providers to be LGBTQA culturally competent and to provide LGBTQA competent care.
- Design and disseminate LGBTQA-tailored materials to make medical environments more LGBTQA-friendly.
- Continue to monitor the health of LGBTQA populations and routinely collect LGBTQA health surveillance data.

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