



LGBTQ Health Survey Report

March 2019



About Community Marketing & Insights and the Research Panel

Community Marketing & Insights (CMI) has been conducting LGBTQ consumer research for over 25 years. Our practice includes online surveys, in-depth interviews, focus groups (on-site and online), and advisory boards in North America, Europe, Australia, and Asia. Industry leaders around the world depend on CMI's research and analysis as a basis for feasibility evaluations, positioning, economic impact, creative testing, informed forecasting, measurable marketing planning and assessment of return on investment. CMI has completed over 300 LGBTQ community research projects for corporations, universities, non-profits, and government agencies, many of which are published on our website CommunityMarketingInc.com.

About CMI's LGBTQ Research Panel

Over our 25-year history, CMI has built a proprietary research panel of 90,000+ LGBTQ consumers through partnerships with more than 300 LGBTQ publications, websites, blogs, social media, apps, events, and organizations. Importantly, the panel reflects the readership/membership of a broad range of LGBTQ-focused media outlets, organizations, and events. This means that the results summarized here are representative of LGBTQ community members who are "out" and interacting within the LGBTQ community. The panel is used for research only, never marketing.

Understanding the LGBTQ Research Participants

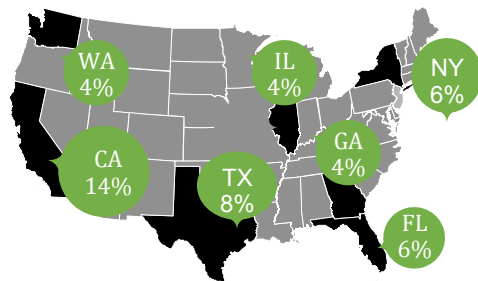
Participants were selected from a random sample of LGBTQ community members who are part of the Community Marketing & Insights (CMI) research panel (see the previous page).

1,438 people participated, including 576 cisgender gay men, 404 cisgender lesbians, 257 cisgender bisexual/pansexual men and women, 199 participants identifying as transgender, trans men and/or trans women, and 33 participants with a non-binary only identity.*

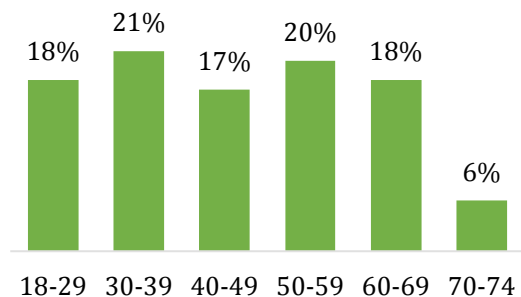
The consumer panel used in the research was built through partnerships with LGBTQ community media and organizations, and results may not be fully representational of the *entire* LGBTQ community. The research included participants who are “engaged enough” to be associated with the LGBTQ media and/or organizations, as well as “out enough” to be willing to sign-up for an LGBTQ research panel. This research tends to not include those who are more closeted and/or not engaged in the LGBTQ community.

Weighting: The research attracted more men than women, and the research purposefully oversampled transgender community member participation in order to have a higher number of participants for analysis. When “all LGBTQ” figures are quoted, the report takes a balanced opinion approach, weighting the data as follows: 46% male, 46% female and 8% gender-expansive. No other weighting of results was completed because the researchers felt the response reasonably reflected population expectations. It should be noted that the CMI panel only includes adults age 18 or older because CMI does not study minors unless partnered with a university or youth non-profit.

All 50 States Represented Top States Included



Age



Race/Ethnicity

White (non-Hispanic)	64%
Latino/Hispanic	16%
Black/African American	11%
Asian/Pacific Islander	5%
Mixed and other	4%

44% of participants hold a Bachelor's degree or higher



Median household income was **\$61,300**

Health Concerns

The survey asked a broad question about 19 potential health concerns. Response options included *major personal concern*, *minor personal concern* or *little or no personal concern*. Our goal was to observe how health concerns change as LGBTQ community members age.

Available choices for this question included:

- Chronic pain
- Death or injury from gun violence
- Depression / mental health / improving mental health
- Getting gender confirmation surgery
- Getting to a healthy body weight
- Improving sexual health and function
- Improving sleep
- Preventing or treating asthma or respiratory diseases
- Preventing or treating cancer (of any type)
- Preventing or treating diabetes
- Preventing or treating heart disease
- Preventing or treating HIV/AIDS
- Preventing or treating injury from sports or athletic activity
- Preventing or treating kidney disease
- Preventing or treating liver diseases
- Preventing or treating sexually transmitted infections
- Preventing or treating stroke
- Reducing or treating substance use
- Starting, maintaining or access to gender confirmation hormones

Cisgender Gay and Bisexual Men

For the cisgender gay and bisexual men, we found some consistent concerns across all three age groups, especially HIV/AIDS and body weight. For age 18-34, mental health was a top concern, but the percentage declined over time.

Major Concern for Age 18 to 34

Depression / improving mental health	48%
Preventing or treating HIV/AIDS	47%
Getting to a healthy body weight	45%
Preventing or treating sexually transmitted infections	45%
Improving sleep	35%
Improving sexual health and function	30%

Major Concern for Age 35 to 54

Getting to a healthy body weight	47%
Preventing or treating HIV/AIDS	43%
Depression / improving mental health	36%
Improving sleep	35%
Preventing or treating heart disease	31%
Preventing or treating sexually transmitted infections	29%
Improving sexual health and function	28%

Major Concern for Age 55 to 74

Preventing or treating heart disease	40%
Getting to a healthy body weight	40%
Preventing or treating HIV/AIDS	39%
Preventing or treating cancer (of any type)	34%
Improving sexual health and function	30%
Preventing or treating diabetes	30%
Depression / improving mental health	29%
Preventing or treating stroke	29%
Improving sleep	28%
Chronic pain	27%

Health Concerns

Cisgender gay and bisexual men continued

Improving sleep and improving sexual health was also important across all three age groups. For age 35 to 54, they looked much like the younger group with some variation, especially a reduced concern about STIs. The cisgender men age 54 to 74 looked very different than the younger age groups with issues like heart disease, diabetes, cancer, and stroke gaining importance.

Cisgender Lesbian and Bisexual Women

For young cisgender lesbian and bisexual women, mental health was the most important health concern, by far. In contrast to the cisgender men, we found a lack of concern about sexually transmitted infections among women of all ages. Also, HIV/AIDS barely registered as a personal concern among any of the cisgender women.

Major Concern for Age 18 to 34

Depression / improving mental health	72%
Improving sleep	34%
Getting to a healthy body weight	30%
Chronic pain	20%

Major Concern for Age 35 to 54

Getting to a healthy body weight	46%
Depression / improving mental health	44%
Chronic pain	35%
Improving sleep	32%
Preventing or treating diabetes	26%
Preventing or treating cancer (of any type)	20%
Preventing or treating heart disease	20%

Major Concern for Age 55 to 74

Getting to a healthy body weight	43%
Chronic pain	42%
Improving sleep	37%
Depression / improving mental health	35%
Preventing or treating heart disease	33%
Preventing or treating diabetes	30%
Preventing or treating cancer (of any type)	29%
Preventing or treating stroke	25%

Like the men, body weight was a top concern for cisgender women. Of note was the much greater concern about body weight for young gay and bisexual men compared to young lesbian and bisexual women; then the concern was of a similar rate for the older cisgender men and women.

Pain was a major concern for women in all three age groups, and quite a bit higher among older cisgender women. This was in contrast to the cisgender gay and bisexual men, but similar to the transgender and non-binary participants.

Sleep was an important health concern for the cisgender lesbian and bisexual women as it seemed to be for all in the study.

The cisgender lesbian and bisexual women age 55 to 74 were far more concerned about issues such as heart disease, diabetes, cancer, and stroke.

Transgender and Non-Binary Participants

With a smaller number of transgender and non-binary participants, we divided respondents into two groups, by age. The charts show some similar and different concerns when compared to the cisgender men and women in the study.

We found some important similarities. For transgender and non-binary participants, mental health was high on the list of priorities, as was getting to a healthy body weight and improving sleep. Transgender and non-binary participants also shared the concern of pain with the cisgender women.

Major Concern for Age 18 to 39

Depression / improving mental health	75%
Starting, maintaining or access to gender confirmation hormones	64%
Getting gender confirmation surgery	51%
Improving sleep	40%
Chronic pain	36%
Getting to a healthy body weight	33%
Preventing or treating asthma or respiratory diseases	24%
Improving sexual health and function	22%

Specific to the transgender and non-binary participants, starting, maintaining or access to gender confirmation hormones and getting gender confirmation surgery were high on the list of health priorities.

Of note was the lack of major concern around sexually transmitted infections and HIV for the younger group.

Older transgender and non-binary participants had similar concerns around heart disease, cancer, stroke, diabetes.

In Summary

Overall, the health concerns of the three gender groups were largely the same as participants aged, except for two major exceptions:

- Cisgender gay and bisexual men have significant concerns around HIV/AIDS and sexually transmitted infections throughout their lives.
- Transgender and non-binary participants have significant concerns about maintaining/access to gender confirmation hormones, and getting gender confirmation surgery throughout their lives.

The high level of concern about mental health, body weight and sleep for all participants may be surprising to some.

Major Concern for Age 40 to 74

Starting, maintaining or access to gender confirmation hormones	62%
Getting to a healthy body weight	52%
Depression / improving mental health	50%
Chronic pain	40%
Getting gender confirmation surgery	39%
Improving sleep	38%
Preventing or treating heart disease	33%
Preventing or treating cancer (any type)	33%
Preventing or treating stroke	29%
Preventing or treating diabetes	27%
Improving sexual health and function	24%

General Health and Health Insurance

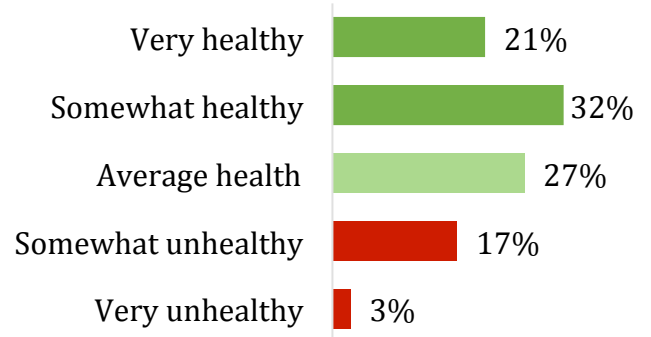
As an initial question, we asked participants for a self-evaluation of their health. Just over half (53%) considered themselves to be “healthy” with more indicating somewhat healthy over very healthy. Another 27% considered themselves average for their age, while 20% indicated unhealthy.

There was a perception difference by gender with 58% of cisgender gay and bisexual men indicating healthy, compared to 49% of cisgender lesbian and bisexual women, and 48% of transgender and non-binary participants. Also, 16% of cisgender gay and bisexual men indicating unhealthy, compared to 22% of cisgender lesbian and bisexual women and 27% of transgender and non-binary participants. These percentages are general self-evaluations and may or may not reflect actual health. However, they do give an indication of personal health attitudes.

These percentages leave room for health improvement within the LGBTQ community, as only 21% of LGBTQ community members evaluated themselves as being very healthy.

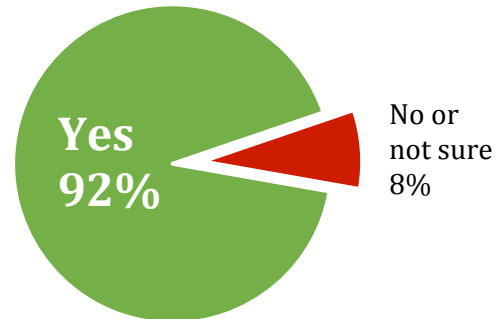
92% of LGBTQ participants indicated that they are currently covered by health insurance which is not too different than the 91% of the general population covered as indicated by the United States Census.* The percentage not covered were relatively consistent by gender, age, and ethnicity.

General Health



Question: Overall, and considering your age, how healthy do you consider yourself to be right now?

Health Insurance



Question: Are you currently covered by health insurance?



Physician Relationship

Despite relatively consistent rates of having health insurance by age, young LGBTQ community members report being far less likely to have visited a physician for a general physical or to discuss a medical concern in the past year. While young people may have fewer health concerns, it is still important that young people check in with their health care systems annually for general health and sexually transmitted infection screening.

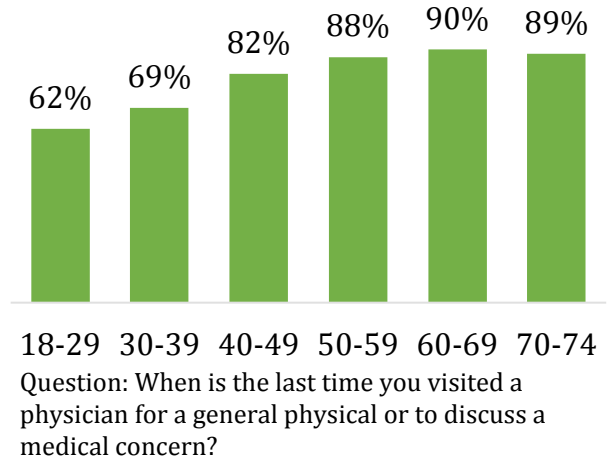
Age also plays an important role in LGBTQ community members being “out” to their physicians, as well as feeling that they can be honest about all of their health concerns. Combining not seeing primary care physicians as often, and not feeling they can be fully open about their health concerns can complicate health outcomes for LGBTQ young people.

Cisgender gay and bisexual men and cisgender lesbian and bisexual women were about equally likely to be out and honest with their physicians (about 75% for both questions). However, among cisgender bisexual/pansexual men and women, 49% said they were out about their sexual orientation and 56% said they could be totally honest with their physician. This is partially due to the younger average age of the bisexual community.

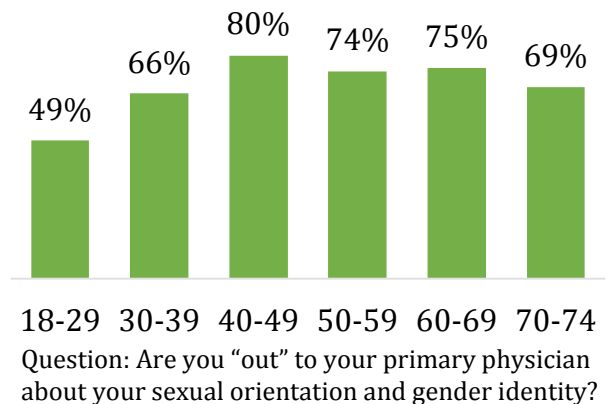
Among transgender and non-binary participants, 75% said they were out to their physician, but only 67% said they could be completely honest.

Also of importance, African American LGBTQ community members were the least likely to say that they were out to their physician at 63%, compared to 71% for White participants, 69% for Latino participants and 68% for Asian participants.

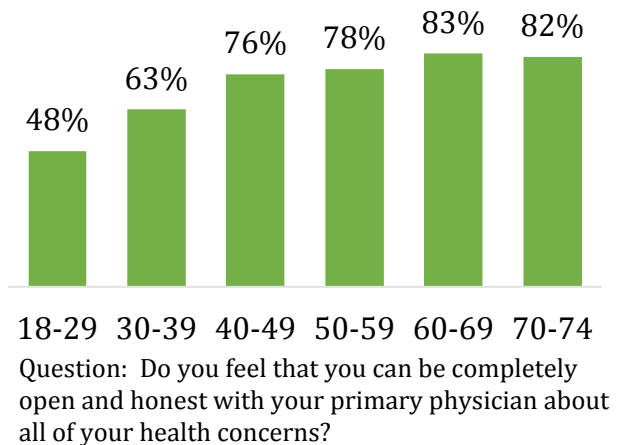
Physician Visit in the Past Year



"Out" to Primary Physician



Open & Honest with Physician



LGBTQ Attitudes about Physician Selection

Ideally, everyone has options in physician selection. But for some, those options may be quite limited. This is true for the LGBTQ community as well, and the research explored some questions about physician selection.

21% of the LGBTQ community indicated that they have left a physician because the physician was LGBTQ unfriendly or judgmental. That percentage increases to 38% for transgender participants.

Similarly, 21% of the LGBTQ community agreed that they have left a physician because the physician was not knowledgeable about LGBTQ health concerns. Again, that percentage increases for transgender participants to 41%.

When asked if the gender of their primary physician is important, 34% of cisgender gay and bisexual men agreed, 61% of cisgender lesbian and bisexual women agreed, and 40% of transgender and non-binary participants agreed.

12% of LGBTQ community members indicated that their primary physician was LGBTQ-identified. That percentage increased with age with 7% of those age 18 to 34 having an LGBTQ-identified physician, compared to 14% of those age 50 to 69.

When asked if they prefer that their primary physician is LGBTQ-identified, 32% agreed. When asked if they look for physicians that mention an LGBTQ health specialty in their profiles, 44% agreed. Many medical groups provide profiles to help customers select a physician. Many participants are seeking out physicians who are openly connected to the LGBTQ community, either directly or through special training.

Do you agree or disagree with the following statements? Among all LGBTQ participants:

	Agree
I left a physician because they were LGBTQ unfriendly or judgmental	21%
I left a physician because not knowledgeable about LGBTQ health concerns	21%
The gender of my primary physician is important to me	47%
My primary physician is LGBTQ-identified	12%
I'd prefer that my primary physician be LGBTQ-identified	32%
I look for physicians that mention an LGBTQ health specialty in their profiles	44%

Healthy Activities

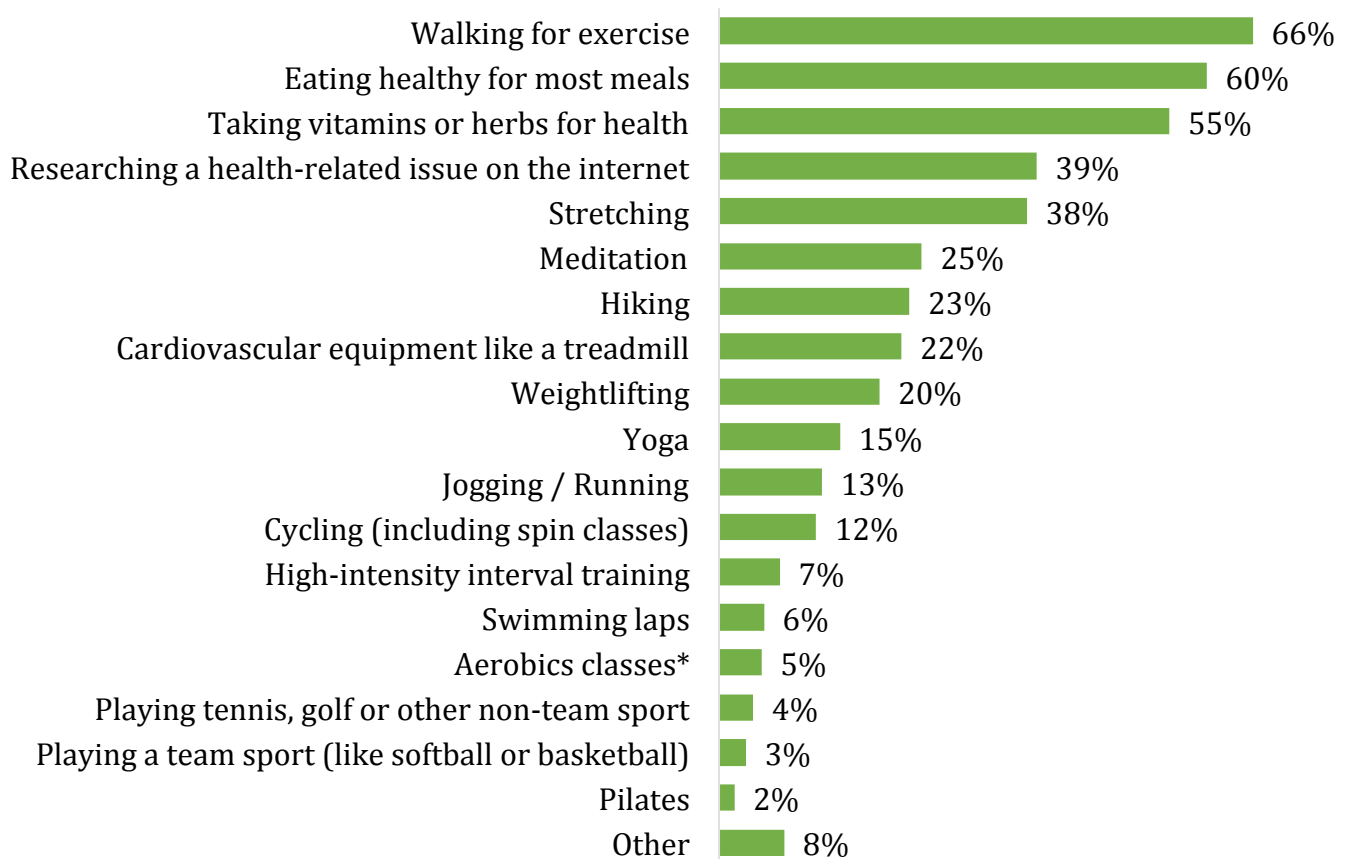
Of the response list provided, only 6% indicated taking no actions to improve their health. The most common actions were: walking for exercise, trying to eat healthy, taking vitamins or herbs, researching health-related issues on the internet, and stretching.

Cisgender lesbian and bisexual women were most likely to indicate eating healthy for most meals at 65%. Transgender and non-binary participants were most likely to indicate researching health-related issues on the internet at 46%. Cisgender lesbian and bisexual women were most likely to indicate walking or hiking at 72%. Of cisgender gay and bisexual men, 25% indicated participating in weightlifting or interval training.

Of the nine non-walking/hiking active exercise options, 47% of cisgender gay and bisexual men, 52% of cisgender lesbian and bisexual women and 44% of transgender and non-binary participants indicated at least one of the active exercise regimens.

Of the two sports options, 5% of cisgender gay and bisexual men, 8% of cisgender lesbian and bisexual women and 7% of transgender and non-binary participants indicated at least one individual or team sports activity.

Healthy Activities



Question: In which of the following activities do you regularly participate, to at least in part, improve your physical health? Please mark all that apply.

Cancer in the LGBTQ Community

Cancer was perceived as a moderate health concern by the LGBTQ community. In the earlier health question, 23% considered cancer a major personal concern, 36% a minor concern and 41% little or no concern. The concerned about cancer rate jumps to 70% for LGBTQ community members over age 60. The overall concern rate was similar by gender.

8% of participants reported that they had some type of cancer diagnosed in the past 5 years, and 14% were diagnosed in their lifetime. 15% said that they had a partner or close LGBTQ friend diagnosed with cancer in the past three years. There were some patterns between the two self-reports; skin cancer, breast cancer, cervical, uterus, ovarian, or vaginal cancer, colon, rectal or anal cancer, prostate cancer, and lung cancer were the highest cancer types reported.

This is not an exact analysis of cancer rates in the LGBTQ community, but the data points to increased risks. For example, in this study 19% of lesbians reported breast cancer at some point in their life, while the general population risk for women is about 12%. For all participants, 3% reporting a past lung cancer diagnosis (and 11% said they had a partner or close friend diagnosed with lung cancer), which appears to be high, given that less than 1% of the population is living with lung cancer. Cancer research is complicated given the number of different types. This research points for the need of much larger studies on cancer and the LGBTQ community. The reported rates in this study are alarming.

And of concern is the disconnect between cancer concern in the LGBTQ community and the actual health toll it is taking on our community.

8% of participants have ever been diagnosed with some type of cancer in the past five years, and **14%** ever in their life.

Cancer Types Reported

% of participants reporting cancer anytime in life

Skin cancer (non-melanoma)	35%
Melanoma skin cancer	16%
Cervical, uterus, ovarian, or vaginal cancer	11%
Breast cancer	10%
Colon, rectal or anal cancer	6%
Prostate cancer	6%
Thyroid cancer	3%
Non-Hodgkin lymphoma	3%
Lung cancer	3%

15% have a partner or close LGBTQ friend who has been diagnosed with cancer in the past three years

Cancer Types Reported

Breast cancer	31%
Cervical, uterus, ovarian, or vaginal cancer	15%
Colon, rectal or anal cancer	12%
Lung cancer	11%
Brain cancer	9%
Melanoma skin cancer	9%
Pancreatic cancer	9%
Prostate cancer	9%
Liver cancer	6%

Mental Health, Depression, Stress and Suicidal Ideation

When asked about their overall health, participants indicated that improving mental health was their top personal health concern. Mental health and depression were major concerns for 44% of the community, 29% a minor concern and 26% little or no personal concern.

Mental health was important to every demographic within LGBTQ, but especially age 18-35 (88% indicated as a major or minor concern) and transgender/non-binary participants (84% indicated as a major or minor concern).

Depression

The survey followed up to ask a question about depression. The survey defined depression as:

Depression is a common medical concern that negatively affects how a person feels, thinks or acts. It might cause feelings of sadness, despair, worthlessness, and/or a loss of interest in activities, and decreases a person's ability to function at home or work. Depression is also a word that some people use for a short-term down mood. For this question, we are referring to depression that tends to be more serious and long-lasting.

Depression seemed to be highest among young community members, but then declined with age. Transgender and non-binary participants had much higher reported depression rates than cisgender community members (see chart at right).

Stress

The study also looked at stress. When asked if in the past 12 months, participants had felt so stressed that it had a negative impact on their life, health or ability to function at home or work, 66% of all participants said yes.

Results indicated somewhat higher rates of stress than depression. Like depression, younger community members had the highest rates of stress (82% for age 18 to 35) then falling with age (37% for age 65 to 74). Stress was higher for transgender and non-binary participants (77%) than cisgender men and women (64%).

Suicide

The survey asked participants about suicide:

- *Have you ever, at any time in your life felt suicidal or seriously wanting to end your own life? 52% said yes.*
- *Have you ever had an LGBTQ friend or partner end their life or express wanting to end their own life? 53% said yes.*

When asked about their own feelings of suicide ever in their life, 75% of transgender and non-binary participants said yes, compared to 56% of cisgender lesbian and bisexual women and 45% of cisgender gay and bisexual men.

Felt Depressed in Past 12 Months

All LGBTQ	53%
Cisgender Gay & Bi Men	50%
Cisgender Lesbian & Bi Women	55%
Transgender & Non-binary	69%
Age 18-24	78%
Age 25-34	67%
Age 35-44	59%
Age 45-54	49%
Age 55-64	44%
Age 65-74	32%

Question: In the past 12 months, have you felt depressed to a point that it has negatively impacted your life, health, or ability to function at home or work?

Improving Mental Health

The survey asked all participants about the strategies they used to improve their mental health.

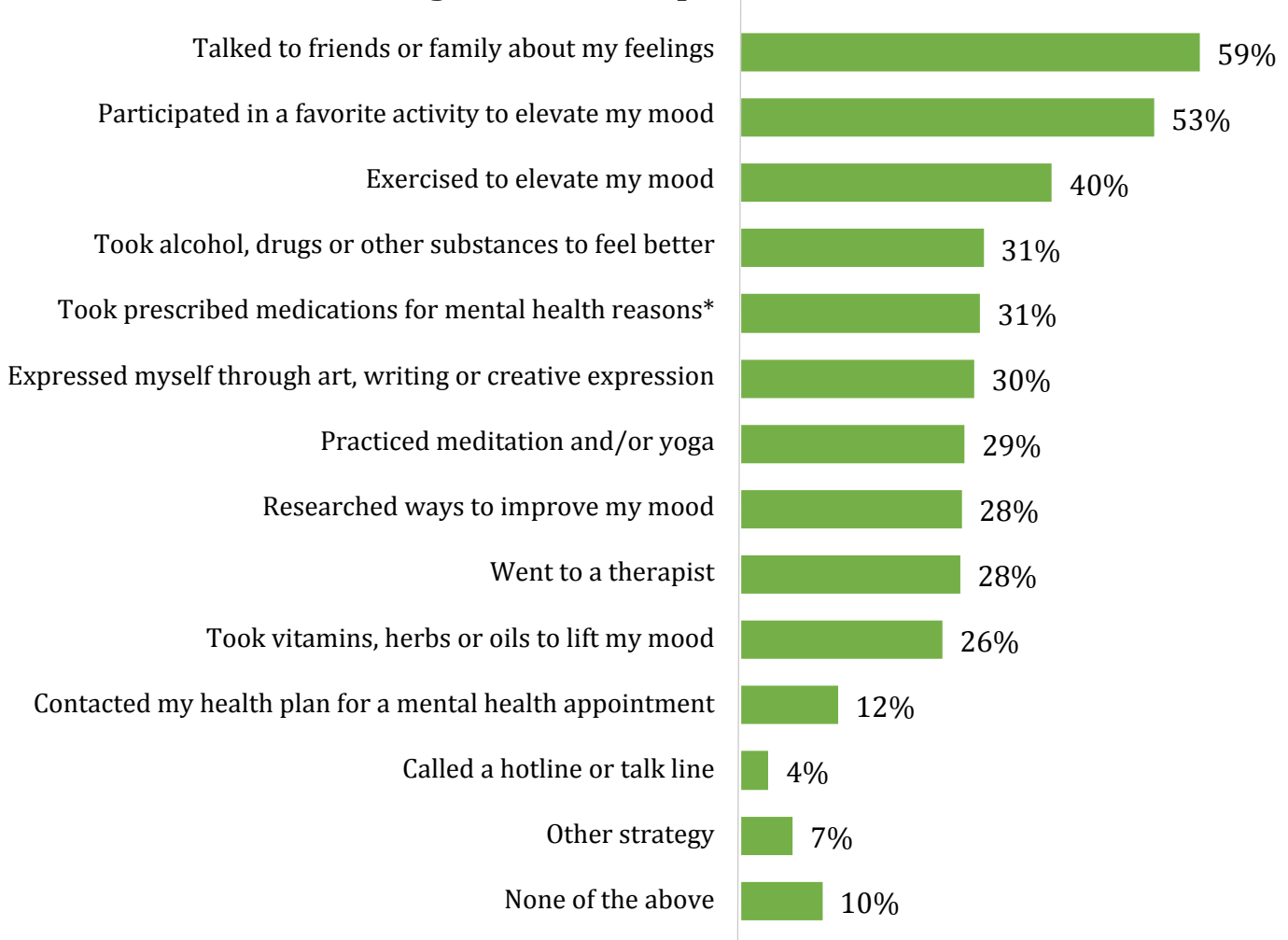
90% indicated participating in at least one of the listed mental health strategies. Talking to friends and family was highest, followed by participating in a favorite activity or exercise.

31% said they took alcohol, drugs or other substances to feel better.

A considerable number indicated taking some type of medication for mental health reasons, but the percentage could include medical marijuana, as reducing stress or anxiety was an important reason LGBTQ community members take cannabis (see page 17).

28% indicated talking to a therapist, although the type of counselor was not clearly defined in the study.

Strategies Used to Improve Mental Health



Question: Please mark all the strategies that you have used in the past 12 months to improve your mental health.

* Might include cannabis as it is required to be prescribed as medical marijuana in many states.

Body Weight, Diet, and Eating

From the previous question, getting to a healthy body weight is very important to the LGBTQ community. 42% said it was a major health concern, 37% a minor health concern and 20% of little or no personal concern. Concerns about body weight were high across all demographics.

The survey asked two follow-up questions about diet.

When asked if they are following any type of diet, 47% agreed. However, no single type of diet was far and away the most popular. It should be stated that many may not “strictly” follow any of the diets listed. We view these results more as a mindset of how participants think they should be eating.

Participants were also asked if they, partner or close LGBTQ friend ever had experience with anorexia nervosa, bulimia nervosa, binge-eating disorder or other eating disorder. **37% indicated yes.**

15% of participants indicated that they personally had experience with an eating disorder, the rates were 22% for transgender and non-binary participants, 18% for cisgender lesbian and bisexual women and 11% for cisgender gay and bisexual men.

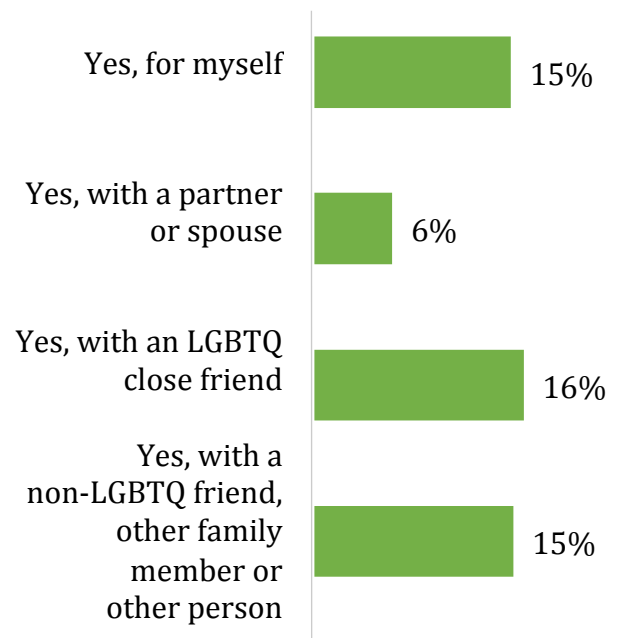
47% are trying to follow some sort of diet

Types of Diets Among all Participants

Low carbohydrate diet	16%
Low sugar diet	15%
High protein diet	11%
Vegetarian diet	10%
Count calories diet	8%
Low fat diet	7%
Intermittent fasting diet	6%
Vegan diet	4%
High fat diet	2%
High carbohydrate diet	1%
Raw food diet	1%
Low protein diet	<1%
Other type of diet	7%

Question: Currently, are you trying to eat any of these types of diets? Please mark all that apply.

Experienced Eating Disorder



52% said no and 14% not sure

Question: Have you or close LGBTQ friends ever had experience with anorexia nervosa, bulimia nervosa, binge-eating disorder or other eating disorder? Please mark all that apply.

Substance Use and LGBTQ Peer Circles

The survey asked an indirect question about substance use.

Q: The goal of this question is to get an idea of the use of different drugs/substances in the LGBTQ community. This question is not about your use, but what is happening in your LGBTQ peer circles. Please mark only if you have first-hand knowledge of use, not just what you hear about in the media. In your circle of close LGBTQ friends, which of these types of drugs/substance are commonly used, which may or may not include your use?

After alcohol, cannabis, and tobacco, the next most common drugs/substances used in the overall LGBTQ community were cocaine, inhalants and ecstasy.

There were big gender differences; cisgender gay and bisexual men reporting far more drug use within their peer circles, especially inhalants (23%), cocaine (20%), crystal meth (12%).

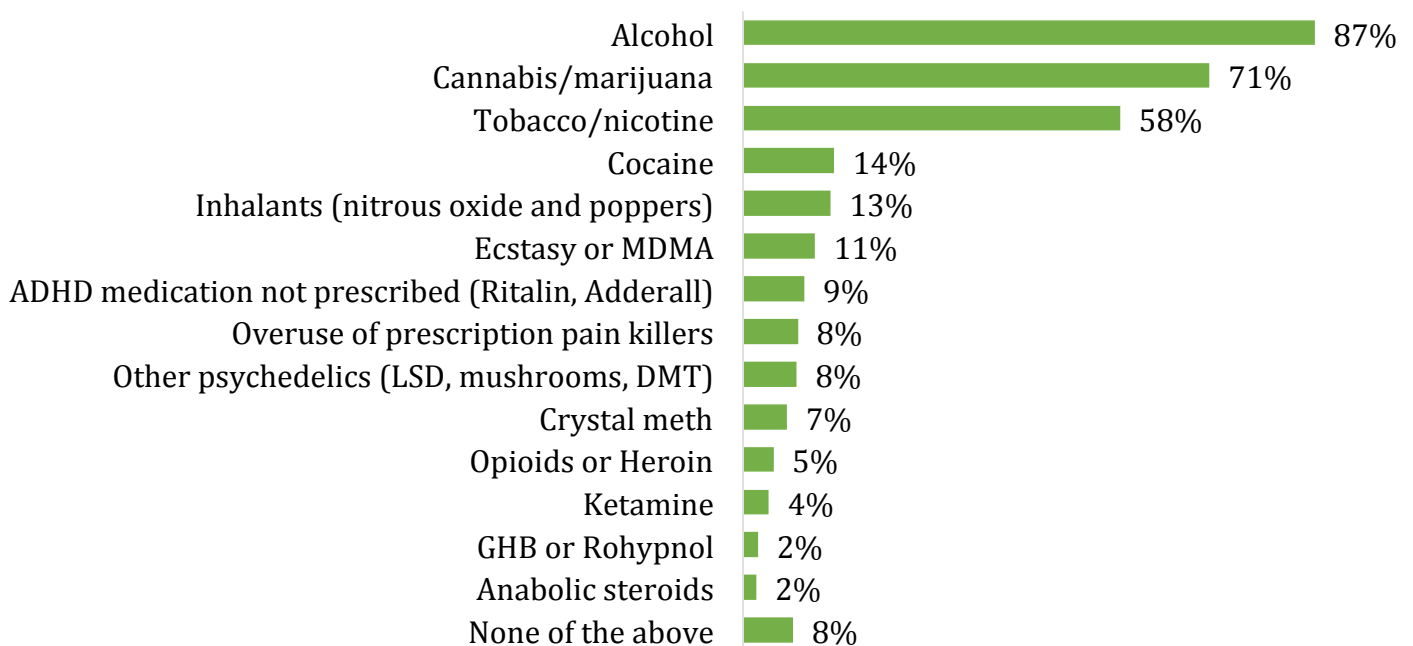
Among all participants, opioids or heroin was reported by 5% in their peer circles. Non-prescribed ADHD was most common with those under age 35 at 16% in their peer circles.

As an index, one may add the percentages of the 11 drugs listed (other than alcohol, cannabis, and tobacco), cisgender gay and bisexual men’s peer circles had a use score of 117 compared to 87 for transgender and non-binary participant peer circles and 50 for cisgender lesbian and bisexual women’s peer circles. Of course, these peer circles are not mutually exclusive.

In the initial health question, we asked participants if reducing or treating substance use was a major or minor personal health concern. Only 6% of all LGBTQ community members said it was a major concern, 10% a minor concern and 84% little or no personal concern.

18% of the cisgender gay and bisexual men thought that it was a major or minor personal concern, compared to 14% of cisgender lesbian and bisexual women and 20% of transgender and non-binary participants. Personal concern was somewhat higher for young people, 20% for age 18 to 34, then 16% for age 35 to 44, and 12% for age 45 to 64.

Commonly Used Types of Drugs/Substances



Alcohol

74% of LGBTQ participants indicated that they currently drink alcohol

26% indicated that they did not drink alcohol and/or are currently in recovery

The National Institute on Alcohol Abuse and Alcoholism reported that in 2015 that 70% of all Americans drank alcohol in the past year and 56% in the last month. While not a direct comparison, these LGBTQ results suggest that LGBTQ alcohol consumption might be similar to a little higher.

Of the participants who drink alcohol, 18% reported that they have 8 or more drinks in a typical week; 6% have 15 or more drinks in a typical week. Cisgender gay and bisexual men were most likely to drink every week. However, the overall drinking patterns by gender identity were relatively similar. This is especially important because CDC dietary guidelines say that moderate alcohol consumption is defined as having up to 1 drink per day for women and up to 2 drinks per day for men. Using this definition, of those who drink alcohol, 7% of cisgender gay and bisexual men and 14% of cisgender lesbian and bisexual women are drinking beyond moderation. Also of concern was that 10% of LGBTQ alcohol drinkers reported at least one episode of binge drinking in the past year.

Among LGBTQ Alcohol Drinkers	All LGBTQ	Cisgender Men	Cisgender Women	Gender Expansive
I drink alcohol, and I am comfortable with my level of alcohol consumption	86%	85%	89%	84%
I drink alcohol, and I want to reduce my level of alcohol consumption	12%	13%	10%	12%
I drink alcohol, and I want to stop drinking alcohol	2%	2%	1%	2%
I have binge-drunk at least once in the past 12 months	10%	11%	9%	11%

Question: What best describes your use of alcohol? Please mark all that apply for you. Among LGBTQ alcohol drinkers.

Typical Weekly Alcohol Consumption Among Alcohol Drinkers	All LGBTQ	Cisgender Men	Cisgender Women	Gender Expansive
None	27%	22%	33%	31%
1 to 7 per week	55%	56%	53%	57%
8 to 14 per week	12%	14%	10%	8%
15 to 29 per week	4%	5%	2%	3%
30 or more per week	2%	2%	2%	1%
<i>Base of alcohol drinkers per category</i>	<i>N=1052</i>	<i>N=521</i>	<i>N=378</i>	<i>N=153</i>

Question: In a typical week, how many drinks do you consume that contain alcohol? Among LGBTQ alcohol drinkers.

Cannabis

Cannabis/marijuana is widely used at least occasionally in the LGBTQ community. Further, there is wide acceptance for the legalization of cannabis in the entire United States for both recreational and medical purposes.

44% have used cannabis/marijuana in any form in the past 12 months

85% said cannabis should be legalized in the entire United States for both recreational and medical purposes, with another **9%** saying not sure and only **5%** saying no.

While 44% of LGBTQ community members indicated that they have used cannabis in the past year, the survey did not ask the frequency of use, and for some it could have been just occasionally.

While cannabis use declines some with age, it was common across all demographics.

Cannabis Use Rates in Past 12 Months

Cisgender gay and bisexual men	47%
Cisgender lesbian and bisexual women	41%
Transgender and non-binary participants	47%
Age 18 to 24	63%
Age 25 to 34	55%
Age 35 to 44	49%
Age 45 to 54	32%
Age 55 to 64	36%
Age 65 to 74	40%

When asked how they have consumed cannabis/marijuana, edibles were most frequently mentioned, followed closely behind by smoking as a joint and smoking in a bowl. Vaping was also popular.

Ways Used • Among Cannabis Users

Ingested as edibles	58%
Smoked as joint	56%
Smoked in bowl	52%
Vaped in pen	47%
Smoked in bongs	27%
Massage creams or oils	20%
Vaporizer	19%
Extracts	14%
Dab rig	8%
Pills or capsules	6%
Consumed in another way	8%

Question: In the past 12 months, how have you used cannabis/marijuana? Please mark any that apply.

The main reasons LGBTQ community members use cannabis is to reduce stress, relax and to have a good time. Reduced pain and improved sleep were also important reasons.

Reasons for Consuming Cannabis

Reduce stress or anxiety	60%
To relax	58%
Recreational reasons or to have fun	56%
Reduce pain	42%
To help me sleep	41%
To be social with friends	37%
Medical reasons	24%
To replace or reduce alcohol	17%
Try it now that it is legal in my state	8%
To replace or reduce a different drug	7%
Other	3%

Question: Why do you consume cannabis/marijuana? Please mark any that apply.

Smoking and Vaping

Many studies have determined that LGBTQ community members are more likely to smoke tobacco. The CDC estimated that in 2017 about 14% of all United States adults smoke cigarettes, 20% of LGB adults smoke, with higher rates for the transgender community.

In this study, we found an overall LGBTQ smoking rate of 19%. The rates were broken down as 20% for cisgender gay and bisexual men, 16% for cisgender lesbian and bisexual women and 26% for transgender and non-binary community members. Rates were about even for White and African American participants (20%) and somewhat lower for Latino and Asian participants. Cisgender bisexual men and women had somewhat higher rates at 23%. Some of the highest smoking rates were LGBTQ community members with a high school diploma (26%) compared to those with a bachelors degree or higher (14%).

Smoking Rates

All LGBTQ	19%
Cisgender Lesbians and Gay Women	16%
Cisgender Gay Men	20%
Cisgender Bisexual Men and Women	23%
Transgender and Non-Binary	26%

It should also be mentioned that not all smokers are daily smokers. In this research, 64% considered themselves daily smokers, and 36% considered themselves smokers but not every day. An additional 25% of community members said they were past smokers and quit.

When smokers were asked at what age they started smoking cigarettes, 88% said before age 25 and 60% before age 18.

When asked about their comfort level with their smoking, 67% of smokers wanted to reduce their level of smoking or quit.

32% Are comfortable with their level of tobacco use

19% want to reduce their level of tobacco use, but not stop

48% want to stop smoking tobacco

Question: How do you feel about your current level of tobacco use?

Vaping

The study also asked about vaping. In the past 12 months, 8% said they were at least monthly users of e-cigarettes, and 5% were daily users. Of the 113 who vaped at least once a month, 49% are current tobacco smokers, 35% past tobacco smokers and 16% non-tobacco smokers. The three biggest reasons for vaping were to quit regular cigarettes, liking the flavors, and e-cigarettes are less harmful than regular cigarettes.

Top Reasons for Vaping or Using E-Cigarettes Among Monthly Users

To quit regular cigarettes	47%
I like the flavors	43%
Less smell than regular cigarettes	42%
e-cigarettes are less harmful than regular cigarettes	35%
To cut down on regular cigarettes	35%
For the stimulant or nicotine buzz	35%
To use in places where I can't smoke	30%

Question: Why have you vaped or used an e-cigarette? Top reasons received over 30% listed.

Sexually Transmitted Infections

Sexually transmitted infections (STI) are more of a personal concern to cisgender gay and bisexual men and younger participants.

65% of the cisgender gay and bisexual men age 18-34 indicated that they were screened for sexually transmitted infections in the past year. Rates of testing then dropped with age, but 44% of the men age 55 to 74 indicated screening.

Only 27% of the younger cisgender men indicated that they were at high or medium risk for STIs, so regular screening seems to occur beyond just risk. A majority of all the cisgender men in the study felt that they were at some risk.

In contrast, the vast majority of cisgender lesbian and bisexual women are not screening and do not perceive themselves to be at risk for sexually transmitted infections. 53% age 18 to 34 said they were at no risk, and only 4% said they were at high or medium risk. Only 21% of all the cisgender lesbian and bisexual women indicated screening in the past 12 months.

Transgender and non-binary participants were far more proactive about STI screening than the cisgender lesbian and bisexual women, but less so than the cisgender gay and bisexual men. Of the transgender and non-binary participants, 48% under age 40 had screened for an STI, but only 9% felt they were at high to medium risk.

HIV

The study asked minimal questions about HIV and did not ask about HIV status. The reason is that the researchers felt that there was already significant data available about HIV, and we wanted to focus our questions on LGBTQ health concerns with less published data.

Participants were asked in the earlier question if preventing or treating HIV/AIDS was a major or minor health concern. Concern was far more concentrated among gay and bisexual men, with 43% saying it was a major concern, 25% a minor concern and 33% no or little concern.

Tested for STI in the Past 12 Months	Gay & Bi Men 18-34	Gay & Bi Men 35-54	Gay & Bi Men 55-74	Lesbian & Bi Women 18-34	Lesbian & Bi Women 35-54	Lesbian & Bi Women 55-74	Transgender /Non-Binary 18-39	Transgender /Non-Binary 40+
Yes	65%	59%	44%	32%	26%	7%	48%	33%

Question: In the past 12 months, have you been tested for sexually transmitted infections?

Risk of STI in the Next 12 Months	Gay & Bi Men 18-34	Gay & Bi Men 35-54	Gay & Bi Men 55-74	Lesbian & Bi Women 18-34	Lesbian & Bi Women 35-54	Lesbian & Bi Women 55-74	Transgender /Non-Binary 18-39	Transgender /Non-Binary 40+
High risk	9%	6%	1%	0%	1%	0%	4%	1%
Medium risk	18%	13%	9%	4%	2%	0%	5%	4%
Low risk	53%	48%	46%	40%	23%	10%	48%	32%
No risk	19%	31%	42%	53%	74%	89%	42%	62%
Not sure	1%	2%	2%	3%	0%	1%	1%	1%
N=	185	260	234	147	206	174	111	121

Question: What do you believe is your risk of acquiring a new sexually transmitted infection in the next 12 months?

Transgender Health: Additional Information

The survey included 232 participants indicating that they identify as transgender, trans woman, trans man, intersex, non-binary, genderqueer, gender fluid and/or agender. Most gender-expansive participants indicated two or more of the above gender identities. Of all the gender-expansive participants, 199 identified as transgender, trans men and/or trans women, and 33 with a non-binary only identity. This section of the report concentrates just the 199 participants identifying as transgender, trans men and/or trans women.

The group trended younger with 46% under age 40, but we did have good representation from older transgender community members. We also had transgender participants from 43 of 50 states. 40% identified as trans women, 38% trans men and 22% as transgender only.

78% said that they were out to their primary physician about their sexual orientation and gender identity, but only 69% said they can be completely open and honest with their primary physician about all of their health concerns. 82% said they visited their primary physician in the past year.

Starting, maintaining or access to gender confirmation hormones was the top health concern: 72% a major concern, 13% percent a minor concern and 15% no or little concern.

We asked a follow-up question to those who indicated that maintaining or access to gender confirmation hormones was of at least some concern. The question was about the interaction between hormones and other prescribed medications, which can be a problem for some transgender community members.

9% said that they have not taken prescribed medication for fear that it would interfere with their hormones.

13% said that they know of a friend who has not taken prescribed medication for fear that it would interfere with their hormones.

8% said that they have stopped or postponed taking gender confirmation hormones because of the interactions with other prescribed medications.

Mental health concerns was also a pressing issue: 61% a major concern, 23% a minor concern and 16% no or little concern.

Transgender participants were proactive in their mental health, with 61% talking to friends or family about feelings and 48% seeing a therapist.

Getting gender confirmation surgery was the third biggest concern: 50% a major concern, 21% a minor concern and 29% no or little concern.

The overall numbers of participants identifying as trans women (80) and trans men (74) in the research were small and trended younger in age, so results of questions about health topics like Pap exams, prostate cancer or breast cancer screening could not be evaluated.

Additional information about transgender and non-binary participants was included throughout the report.

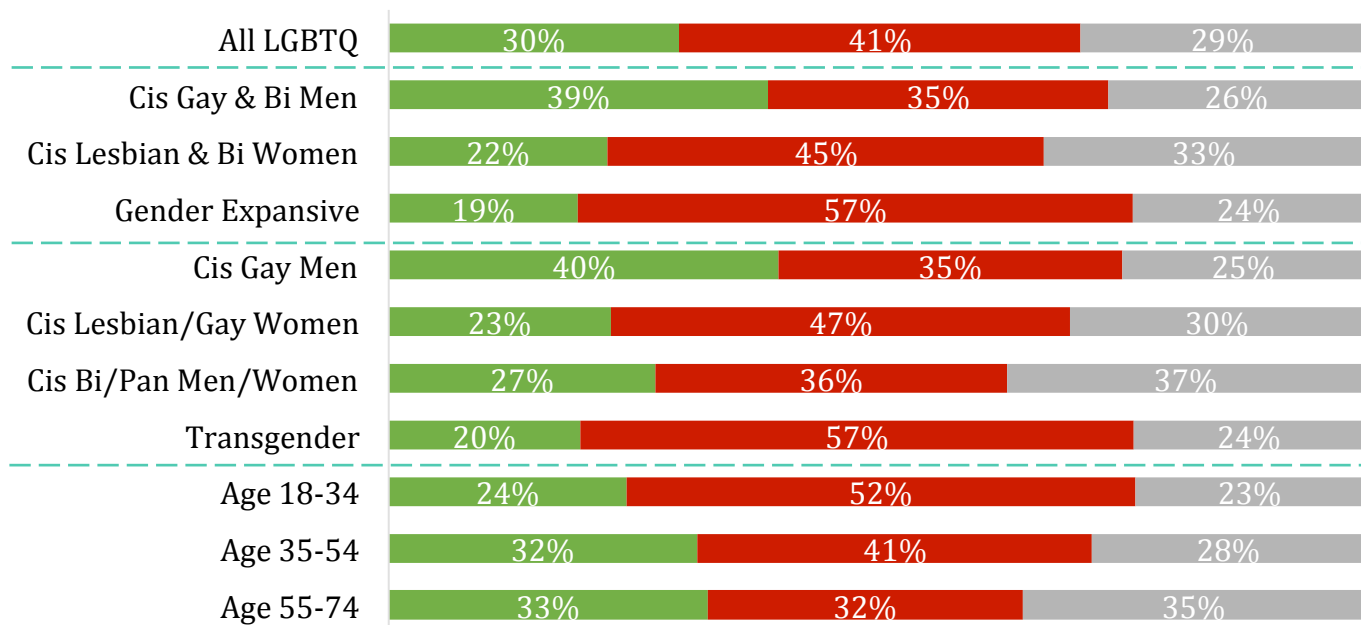
Additional Study Data

- Taking all 19 personal health concerns and averaging the percentage indicated as a major concern, African American participants had the highest average major concern rate (28%), followed by Latinx (21%), White (18%) and then Asian (16%) LGBTQ community members.
- Treating or preventing sports injury was a major or minor health concern for 30% of cisgender lesbian and bisexual women age 18 to 34, and 33% of cisgender gay and bisexual men.
- Death or injury from gun violence was a major or minor health concern for 39% of African American participants, 25% of Latinx participants, and 24% of White participants.
- A surprisingly large percentage of cisgender gay and bisexual men age 18 to 34 were concerned about improving sexual health and function: 66% major or minor concern. However, only 12% of these men said they had concerns about erectile dysfunction.
- 76% of cisgender gay and bisexual men age 45 to 64 were concerned about improving sexual health and function: 66% major or minor concern. 31% of these men said they had concerns about erectile dysfunction.
- While only 20% of cisgender gay and bisexual men under age 35 have had a physician examination for testicle cancer in the past year, 57% said they conducted a self-exam.
- 63% of cisgender lesbian and bisexual women had a Pap exam for cervical cancer in the past three years
- Only 18% of all LGBTQ participants had tested for HPV to more fully understand their cancer risks
- 57% of participants over age 55 have received a colonoscopy in the past five years.
- 70% of cisgender lesbian and bisexual women over age 45 had a mammography in the past year.
- 33% of all participants conducted a self-exam for breast cancer in the past year (as breast cancer can happen to anyone; 60% of cisgender lesbian and bisexual women, 4% of cisgender gay and bisexual men and 41% of transgender and non-binary participants.
- 51% of cisgender gay and bisexual men over age 50 have ever received an examination for prostate cancer.
- 87% of the gay and bisexual men think that PrEP is a positive way for people to take control of their health (57% strongly and 30% somewhat). 69% of lesbian and bisexual women agreed and 80% of transgender and non-binary participants agreed.

LGBTQ Media & Health

Do you feel that the LGBTQ media adequately covers LGBTQ health issues?

■ Yes ■ No ■ Not sure





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