QUEER HEALTH IS THE ULTIMATE WEALTH

SAN ANTONIO METRO AREA'S 2024 LGBTQ+ HEALTH REPORT

Pride Center San Antonio (PCSA) is a community-led resource center that provides no-cost services for people of all sexual orientations, gender identities, and expressions, through education, advocacy, and health equity programming. Established in 2011 as an all-volunteer led organization with limited programming and events, PCSA has grown into a community hub offering more than 30 programs to LGBTQ+ people and their families, friends, and supporters across San Antonio and south Texas. In addition to operating a drop-in community resource center, the PCSA team of staff, interns, and volunteers organize community events, facilitate peer-to-peer support groups, lead training and educational workshops, provide resource referrals, and cultivate strong community partnerships and collaborations. For the past four years, the Community Health Department at PCSA has provided free case management and individual, couples', family, and group therapy services to LGBTQ+ people and their families while training mental-health providers on LGBTQ+ affirming approaches to mental health care. The Center is committed to "Empowering San Antonio's LGBTQ+ Community" and is proud to provide services to people of all ages including LGBTQ+ youth and seniors. PCSA envisions a future of liberation in which all LGBTQ+ people & their families experience safety and belonging while being supported, informed, and empowered.

Authors

Lex Loro
Interim Executive Director, Pride Center San Antonio

Amy L. Stone
Professor of Sociology and Anthropology, Trinity University

Stacy Speedlin-Gonzalez
Owner, Salient Clinical Services

Bianca Johnson-Puleo
Community Health Manager, Pride Center San Antonio

Kien Phan
Trinity University

Anna Miller
Research Fellow, Pride Center San Antonio

Benjamin Harrell
Assistant Professor of Economics, Trinity University

Harrison Hartman
Research Fellow, Pride Center San Antonio

Adam Kingery
Trinity University

Penelope Slentz
Trinity University

Anntrinaque Lewis
Salient Clinical Services

This report could not have been completed without a team of writers, researchers, supporters, along with generous funding.

THANK YOU

Editor:
Cydney Varner, Harrison Hartman, Lex Loro

Graphic Designer:
Nicole Heeti

Data collection:
Xavier Graves

For more information, follow us on social media
@colorsofpridesa or go to our website www.pridecentersa.com

Acknowledgements:
Community members who participated in our focus groups

Funding provided by:
The Robert Wood Johnson Foundation Community Research for Health Equity

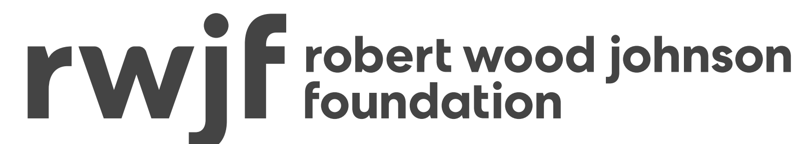


TABLE OF CONTENTS

Introduction & Methods 06
Executive Summary 08
Demographics 10
Social Determinants of Health 13
Access to Care 18
Experiences with Providers 22
Physical Health 26
Mental Health 29
Sexual Health 34
Preventative Care 37
Alternative Care & Community Care 40
Trans Healthcare & Gender-Affirming Care 43
Reproductive Health Care 47

Introduction and Methods

Since 2017, the Strengthening Colors of Pride (SCoP) coalition, made up of LGBTQIA+ researchers, activists, and impacted community members, has set out to understand the lived experiences of lesbian, gay, bisexual, transgender, queer, and other gender and sexual minority (LGBTQ+) people in the San Antonio Metro Area. SCoP's first major project, the San Antonio LGBTQ+ 2020 Community Survey and State of Our Community Report, provided much-needed insight into the demographics, financial stability, and resiliency of LGBTQ+ people in the area while uncovering glaring disparities in housing & homelessness, employment, education, and health among LGBTQ+ San Antonians compared to their non-LGBTQ+ counterparts.

The 2020 Community Survey provided first of their kind data about who makes up the LGBTQ+ community in the greater San Antonio area and their experiences, illustrating patterns of discrimination, harassment, and mistreatment that LGBTQ+ people continue to experience in all aspects of their lives, personally and professionally, publicly and privately. In particular, glaring health care inequities led the SCoP team to reconvene in 2021 and develop a second community survey to better understand LGBTQIA+ San Antonioans' health and wellness experiences and needs. The Queer Health is the Ultimate Wealth Survey was launched in mid-2023 and asked participants to share their experiences with physical, mental, sexual, & reproductive health, access to care, substance use, experiences with providers, barriers to care, community care & caregiving, and alternative care methods.

Survey findings uncovered startling economic inequities, including high rates of unemployment and homelessness among LGBTQ+ people, systemic issues with access to care, a need for more preventative care (particularly medication to prevent HIV), a prevalence of anxiety, depression, long COVID, and eating disorders among LGBTQ+ people, and alarming rates of healthcare discrimination among transgender and nonbinary care-seekers. These concerning findings paint a picture of the health inequity that LGBTQ+ San Antonians are fighting to overcome. The content in this report covers topics including suicidality, significant mental health challenges, substance use, intimate partner violence, sexual violence, and police violence that some readers may find upsetting. Readers are encouraged to proceed with care while engaging with this report. Despite these health equity challenges that LGBTQ+ people experience, respondents also reported high rates of support systems and community care as well as strong self-advocacy skills when interacting with healthcare systems.

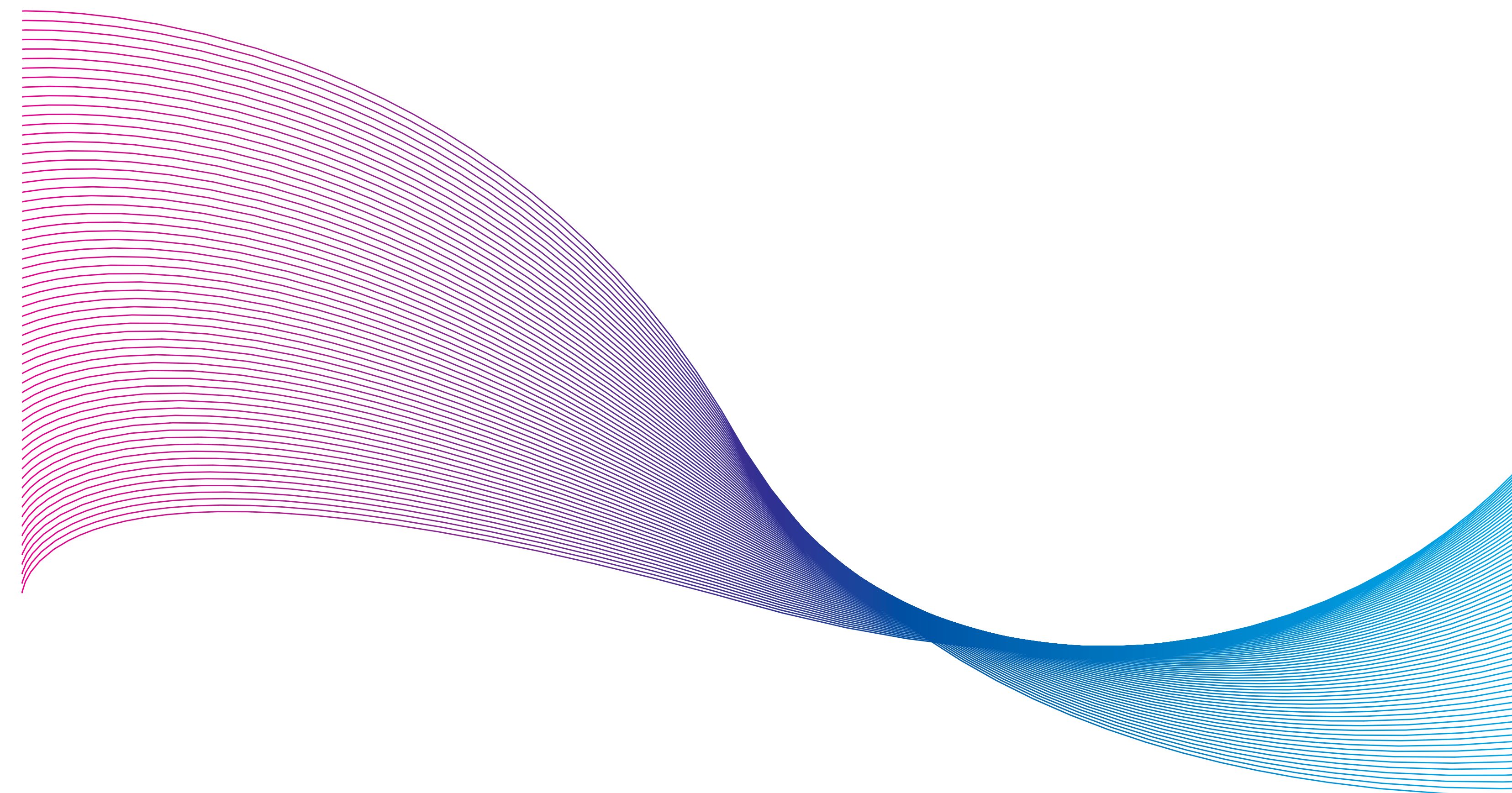
This report provides important information for health care providers, hospital and clinic administrators, counselors & social workers, policy makers, medicine providers, crisis and emergency responders, health care seekers, and the general public with a pressing urgency. LGBTQ+ respondents and their families deserve immediate improvements in quality, quantity, affordability, and accessibility of affirming health care services. For too long, LGBTQ+ care needs have been deprioritized by providers, administrators, emergency and urgent care centers, insurance companies, provider training programs, policy makers and legislators at the expense of LGBTQ+ health outcomes. This is unacceptable for the thousands of LGBTQ+ San Antonioans that deserve equal and equitable access to health care. These report findings serve as a strong call to action for immediate improvement in service delivery and policy reform to support LGBTQ+ healthcare. Together we can shift San Antonio's health equity landscape to ensure that everyone has access to the care they need.

METHODS

Between September 2023 and January 2024, the Strengthening Colors of Pride research team collected 685 online surveys from respondents identifying as lesbian, gay, bisexual, transgender, queer and other sexual and gender minorities (LGBTQ+) in the San Antonio metro area. The San Antonio metro area includes Bexar County and the seven counties that surround San Antonio-- Kendall, Bandera, Medina, Atascosa, Wilson, Guadalupe, Comal. In this survey, we collected 645 surveys from Bexar County residents and 40 surveys from the surrounding counties. Residents of all counties were represented in the survey.

Participants found out about the survey through metro area LGBTQ+ events, online advertising on Facebook and Instagram, promotion at events and other groups, dissemination by community partners, and postings about the survey on social media. Anyone who was 16 years or older, identified as LGBTQ+, and lived in this area was eligible to take the survey. Anyone who was eligible and completed the survey received a $10 Amazon gift card.

This report also includes voices from focus groups with 44 LGBTQ+ residents of San Antonio that the Strengthening Colors of Pride research team conducted in the spring of 2023. These focus groups focused on the experiences of BIPOC, sexual minority women, disabled, neurodivergent, transgender, or nonbinary people. These focus groups were critical in helping us design this survey.



Executive Summary

Between October 2023 and February 2024, the Strengthening Colors of Pride research team collected **685 online surveys** about health and healthcare experiences from lesbian, gay, bisexual, transgender, queer and other sexual minorities (LGBTQ+) in the San Antonio metro area. **The San Antonio metro area** includes Bexar County and the seven counties that surround San Antonio—Kendall, Bandera, Medina, Atascosa, Wilson, Guadalupe, and Comal. In this survey, we collected 645 surveys from Bexar County residents and 40 surveys from the surrounding counties. Residents of all counties were represented in the survey.

The LGBTQ+ Community is predominantly young, educated, Latinx, and low-income. Approximately one-third of survey respondents identified as bisexual/pansexual, and one-third as transgender/nonbinary.

FINDING 1: Economic Inequities Impact LGBTQ+ Health.

- *The current unemployment rate for LGBTQ+ respondents (8.3%) is more than double that of the San Antonio metro area (3.5%).*
- *The housing crisis that LGBTQ+ people in the San Antonio metro area are experiencing impacts their physical and mental health. The rates of homelessness have gone up significantly since 2020. More than one in four (28.5%) LGBTQ+ San Antonio residents have experienced homelessness either currently or in the past. This is an increase in the lifetime homelessness rate of 18% from our 2019 survey. Six percent of respondents have been unhoused in the past year.*
- *Despite high rates of higher education, 64% of respondents had a personal income of less than $40,000 last year, and 18% made less than $10,000.*

FINDING 2: Systematic Issues with Access to Quality Healthcare.

- *During the last 12 months, about one in three (30.8%) LGBTQ+ respondents experienced a time where they needed medical care but did not get it.*
- *Among insured respondents, 49.5% reported that cost was somewhat of a problem or a big problem (23%) when they want or need healthcare.*
- *One in seven (14.3%) have been subjected to conversion therapy. For most, it was involuntary and as a minor. Nearly 80% of conversion therapy survivors were coerced against their will.*

FINDING 3: Need for More Preventative Care, Particularly Medication to Prevent HIV.

- *24% of cisgender men say that they want to be on pre-exposure prophylaxis (PrEP) and cannot afford the cost.*
- *Over a quarter (26.3%) of respondents state they can not easily access PrEP.*
- *Almost a fifth (16.1%) of respondents state they can not easily access post-exposure prophylaxis (PEP).*

FINDING 4: Prevalence of Anxiety, Depression, Eating Disorders, Smoking, and Long COVID.

- *In comparison to data gathered from the National Institute of Mental Health, LGBTQ+ respondents experience significantly higher rates of anxiety, eating, and depressive disorders compared to the general population.*
- *In this survey, 22.5% of adults between ages 18-25 and 68.1% of adults between the ages of 26-49 reported smoking at least 100 cigarettes in their lifetime. In this survey, only 10.2% reported no longer smoking.*
- *COVID-19 still affects many LGBTQ+ respondents. About 1 in 6 (15.3%) had long COVID at some point and about 1 in 20 (4.1%) have long COVID currently.*

FINDING 5: Trans and Nonbinary People Receive Poor Health Care, Rampant Discrimination.

- *Transgender respondents, especially nonbinary and gender-expansive respondents, experience significantly poorer physical and mental health compared to cisgender peers, with higher rates of uninsurance exacerbating these disparities.*
- *Accessing trans-affirming healthcare is challenging, particularly for nonbinary and gender-expansive respondents, who struggle the most to find LGBTQ+ friendly providers and trans-related healthcare services.*

FINDING 6: Strong Support Networks Help LGBTQ+ Health, Create New Stressors.

- *Having friends, family, or partners struggling with mental or drug abuse issues has a negative impact on respondents' mental health.*
- *Half of respondents have had at least one friend, partner, or family member struggle with drug or alcohol abuse in the past 12 months (51.3%).*
- *2 in 5 respondents have had at least one friend, partner, or family member struggle with suicidality or serious mental health issues in the past 12 months (40.9%).*

Top **Policy Recommendations**

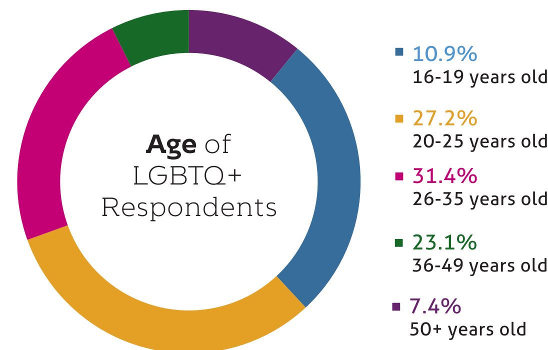
- **Health and wellness service organizations, particularly direct service providers, intimate partner violence and rape crisis centers, homeless shelters, and organizations that serve low-income communities, youth, and seniors need to develop and implement mandatory LGBTQ+ affirmative competency training for all staff, volunteers, administrators, and executive leaders. Top-down approaches that require LGBTQ+ competency training for individuals at every level of every organization are required. Piecemeal solutions too often leave organizations without reliably or consistently trained staff.**
- **Providers can no longer be apolitical. In order to maintain an atmosphere of safety, organizations, practices, and agencies need to take a firm stance against any psychological injury of an LGBTQ+ person in their care. This should include no tolerance policies with staff members, providers, and other patients in the setting. LGBTQ+ staff in medical care settings should also be supported and protected, and workplace policies such as employee handbooks must reflect a commitment to LGBTQ+ inclusion in the healthcare workplace.**
- **PrEP and PEP resources need to be made more accessible and more known in the LGBTQ+ community. Care providers across all disciplines, particularly social workers and community health workers, must be trained on medically-accurate, culturally-competent, and up-to-date information about HIV, PrEP, and PEP and disseminate this information widely to their clients.**
- **Religiously-run and affiliated healthcare institutions must prove their ability to serve all people, including LGBTQ+ people with culturally competent, affirming care. The City of San Antonio should not have exclusive contracts with religiously affiliated medical institutions and instead provide alternatives for LGBTQ+ people who do not feel comfortable seeking services from these organizations.**
- **Providers and clinicians should recognize that political issues experienced by LGBTQ+ persons are real and cannot be treated with traditional health practices. Medication and counseling do not resolve barriers to fair housing, employment, or other human rights. Therefore, providers and clinicians can and should act as allies for the community and advocate at the legislative level and in other political arenas for better outcomes for LGBTQ+ patients. Providers and clinicians should recognize the value of their knowledge and share it with lawmakers and in spaces that can impact the community.**
- **LGBTQ+ people and people living with HIV should be hired and trained as Community Health Workers (CHWs), peer-to-peer support specialists, program facilitators, patient navigators, addiction support specialists, and in all other community-facing health equity roles. Too often, LGBTQ+ people and our skills, knowledge, lived experiences, and health needs are overlooked by these programs and opportunities. Organizations, nonprofits, city programs, and medical care centers should take swift action to improve the diversity of their hiring practices to better reflect the diversity of our local community.**

1 | Demographics

This section outlines the basic demographics of the San Antonio LGBTQ+ community, covering the age, gender, race, and sexual orientation of survey respondents. While these figures provide a general overview of the community's composition, there are instances where the survey may not fully represent all members of the community.

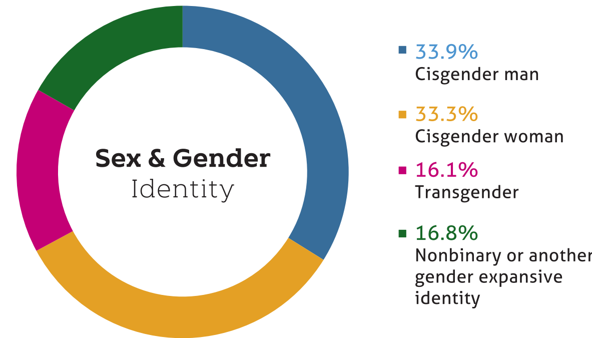
Age

The average age of LGBTQ+ community members is 31 years old, which aligns with national probability surveys of LGBTQ+ respondents. However, the online format of the survey may have limited accessibility for LGBTQ+ seniors, resulting in their underrepresentation.



Sex and Gender Identity

One-third of the LGBTQ+ community in the San Antonio metro area identifies as transgender, nonbinary, or a similar gender identity. These identities include trans man (7.3%), trans woman (5.1%), gender fluid (4.2%), agender (1.8%), nonbinary (13.7%), genderqueer (7.3%), gender non-conforming (8.5%), bigender (1.2%), and two-spirit (1.9%). Almost half of youth (ages 16-25) identify as transgender, nonbinary or a similar identity. 2.3% of respondents said they were intersex or someone with disorders of sex development.



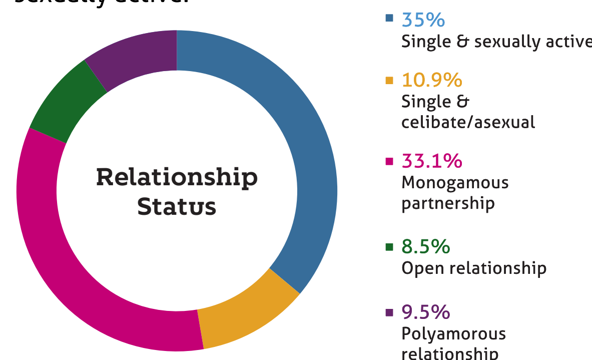
Note: Throughout this report, the term "transgender" includes everyone who identifies as transgender, as a transman or transwoman. The term "nonbinary" is used as a shorthand way of referring to a wide range of diverse, gender-expansive identities, including identities like agender, gender non-conforming, and two-spirit. However, we acknowledge that not everyone in this group identifies with the language "nonbinary" and that respondents may use other terminology to describe their identities.

Sexual Orientation and Relationship Status

The most common sexual orientation among respondents was bisexual (23.5%) or pansexual (16.8%), but respondents also identified as gay (32.8%), lesbian (27.4%), or queer (19%). 8.5% identified as asexual or demisexual.

Other common answers included same-gender (4.5%), aromantic (1.3%), and heteroflexible (1%). Approximately 1.9% of respondents identified as heterosexual.

One-third of respondents are currently in a monogamous relationship, and one-third report being single and sexually active.



Race or Ethnic Identity

In this survey, respondents were asked which of the following racial or ethnic groups they identify with: American Indian or Alaskan Native, Asian, South Asian, Black/African American, Native Hawaiian or Other Pacific Islander, Middle Eastern or North African, Latinx/Latino/Latina/Hispanic, White, and Other (Not Listed Above). Respondents were not restricted in the number of groups they could choose.

Most respondents identified as non-Hispanic White (54.6%) or Latino/Latina/ Hispanic (39.9%). Approximately 14% identified as Black or African American. 3.5% of respondents identified as American Indian or Alaskan Native. 3.5% of respondents identified as Asian or Asian American while .6% identified as South Asian. .9% of respondents identified as Middle Eastern or North African and .7% identified as Native Hawaiian or Other Pacific Islander

Disability

Nearly 1 in 5 (17.9%) LGBTQ+ respondents identify as disabled and/or a person with a disability or other chronic condition. Trans (24.5%), nonbinary and gender-expansive (37.7%), queer (32.7%), and multiracial (29.2%) respondents have a significantly higher rate of disability or chronic condition. Over half (57.1%) of LGBTQ+ respondents with a disability or chronic condition have experienced difficulty accessing LGBTQ+ supportive services, community centers, events, conferences or other community gatherings due to their disability, with about 1 in 6 (15.7%) disabled LGBTQ+ respondents stating they experience this often.

Veteran Status

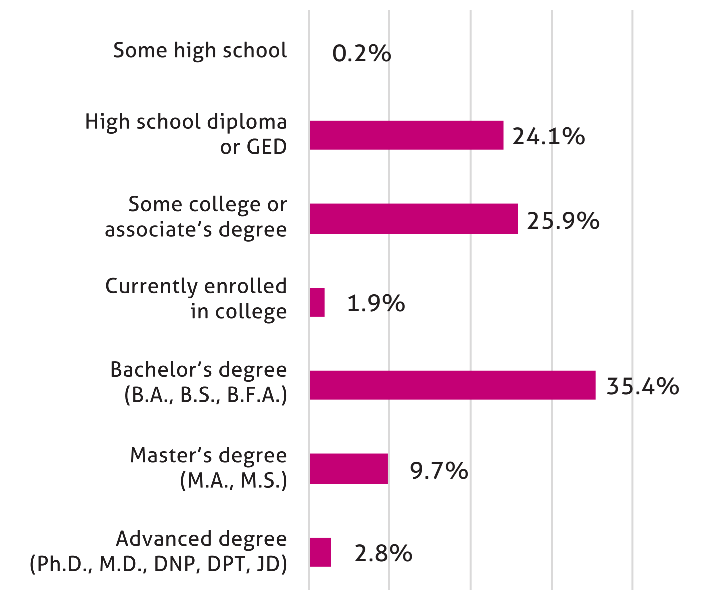
5.1% of respondents have served in the armed forces of the United States or are currently members of the Reserve or National Guard.

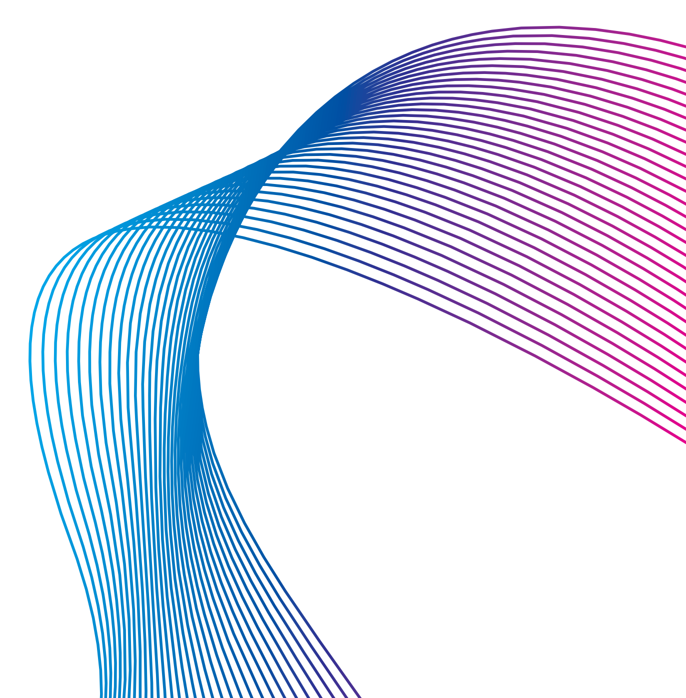
Immigration Status

Few respondents of this survey were not U.S. citizens. Less than two percent of respondents (1.3%) noted they were permanent residents, visa holders, refugees or otherwise not a U.S. citizen. Typically, surveys such as this one receive a lower number of respondents who are not citizens than are present in the population.

Education

Members of the LGBTQ+ community report high rates of completing high school and having a college degree. Among LGBTQ+ adults who are 25 years old or older, 48% have completed a college degree. Among youth 16 to 25 years old, 5.4% have not completed high school, 13.1% are currently attending high school, and 26.3% are currently enrolled in college.

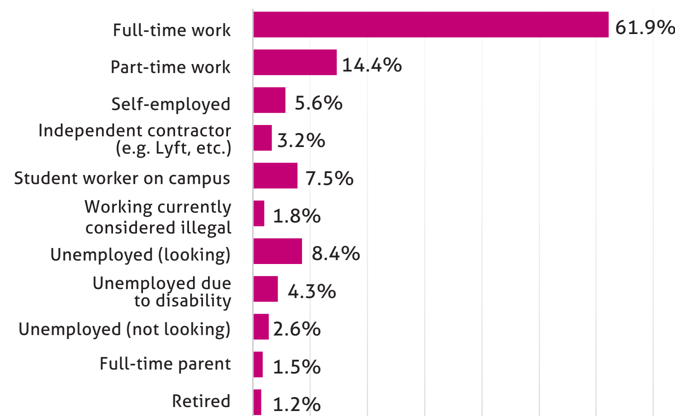




High Unemployment Rate

Most respondents are currently employed in a variety of employment situations or not looking for work. However, the current unemployment rate for LGBTQ+ respondents (8.3%) is more than double that of the San Antonio metro area (3.5%)[1].

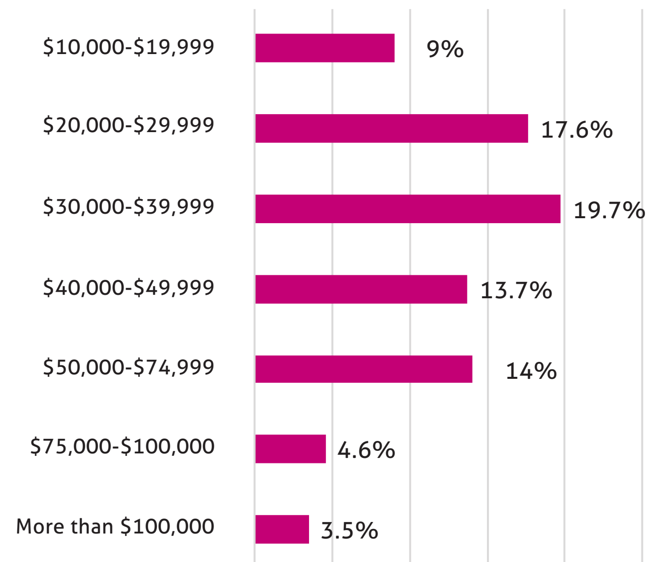
Current **Employment**



Low Personal Income

According to the U.S. Bureau of Labor Statistics, the average salary in Texas is $73,618. However, despite higher rates of education, 64% of respondents had a personal income of less than $40,000 last year, while 18% made less than $10,000.

Personal Income of LGBTQ+ Respondents from Last Year

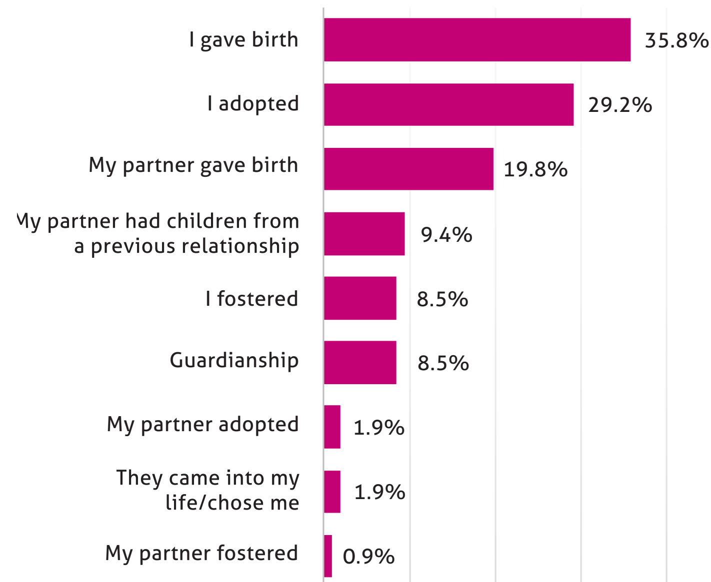


Parenting and Family Planning

Many LGBTQ+ people are or have been parents, guardians, or primary caregivers to children. Additionally, many others expect to have children in the future. Children most often came into the respondent's lives through birth or adoption.

- *15.7% of respondents have children or have legal guardianship of children, either currently or in the past. Most of these respondents (62.3%) had one child. About a quarter had two children, and 13.2% had three or more children.*
- *Cumulatively, over fifty percent of respondents with children either gave birth or had a partner that gave birth.*

How Did **Children Come into Your Life?**



Pregnancy was not the most common way that respondents planned to have children in the future. When thinking about future plans for having children, respondents most often planned to adopt or foster children.

- *Almost three-quarters of respondents stated that they planned to adopt children, and over half said they planned to foster children. One-third of respondents who plan to have children intend to seek medical help and assisted reproductive technology.*

[1]https://www.bls.gov/eag/eag.tx_sanantonio_msa.htm

2 | Social Determinants of Health

The health of LGBTQ+ people is shaped by the circumstances of their lives, including the persistent impact of systems of housing inequities, discrimination, family rejection, policing, and violence. These experiences profoundly impact the physical, mental, and sexual health of LGBTQ+ people in San Antonio.

> ...I do feel like there's the negative stereotype as bisexuals, I think, in my relationships that have had domestic violence in them... As a bisexual person, I have been looked at as like, "Oh, you're down for anything." And so they try to coerce me or there's an element of sexual abuse related to that."
>
> – focus group participant

Current Employment Situation

Many LGBTQ+ people in San Antonio report having strong support systems as an adult. These social systems often include various important people in their lives and some family support. In this report, we highlight various ways that LGBTQ+ people rely on their friendship networks for caregiving and support.

- *Three quarters of LGBTQ+ people report having a special person who is around when they need them, that they can share joys or sorrows with, and who is a source of comfort for them.*
- *A majority of respondents (56%) reported that family members had expressed respect and support for them as an adult. Family members invited their partner to family events (30.3%), did research on how best to support them (28.3%), and stood up for them when others were hurtful (39.9%).*
- *Almost one third of trans and nonbinary respondents report that their family members use their correct name and pronouns. 14.5% of trans and nonbinary respondents reported that their family gave them money to help with their transition.*

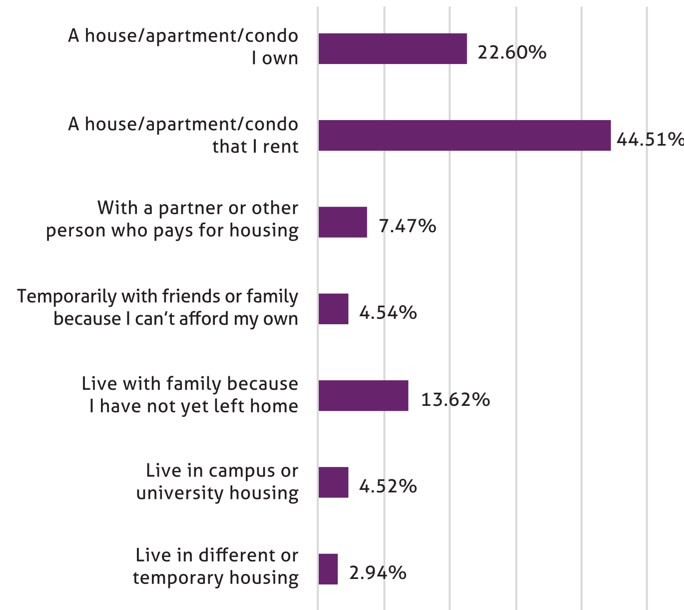
Current Housing Instability, Concerns About Losing Housing

Most respondents live in stable housing but worry about losing it. Many LGBTQ+ people have experiences with homelessness, either recently or in the past. Black LGBTQ+ people experience the most concerns about housing and homelessness.

Most respondents live in a house, apartment or condo that they own or rent, but 19% of respondents live with family or friends.

- *Transgender youth (16-25) were the most unstably housed. Most transgender youth did not live in housing they rented, housing they owned, or student housing; instead, they often depended on parents, family members, partners, or friends to house them.*
- *35% of LGBTQ+ youth live with parents and family. Youth were also more likely to be living with family and friends temporarily because they cannot afford their own housing.*
- *LGBTQ+ adults (18+) are significantly less likely to own their home than other San Antonio residents: a rate of 23.8% instead of 51%[2].*

[2]https://www.census.gov/quickfacts/fact/table/sanantoniocitytexas/AFN120212www.bls.gov/eag/eag.tx_sanantonio_msa.htm



Many LGBTQ+ people are worried about losing their housing now or concerned about housing as they age.

- *47.3% of respondents were worried, in some way, about losing their housing. 11.9% of respondents were very worried about losing their housing.*
- *A majority of adults (26-49 years old), trans and nonbinary respondents, and 42% of youth (16-25 years old) were worried in some way about losing their housing.*

Black LGBTQ+ people were more likely to report that they have uncertain housing and have concerns about losing their housing.

- *A majority of Black respondents are renters, and only 11% live in a home, apartment, or condo that they own.*
- *Black LGBTQ+ respondents reported the most concerns about losing their housing, with 70% worried in some way about losing their housing.*
- *Almost 2 out of 5 Black LGBTQ+ respondents have experienced homelessness, a majority of whom were unhoused as teenagers or young adults. Thirty percent of Black respondents were kicked out of their home for their sexual orientation or gender identity.*

High Rates of Homelessness Increased Since 2020

Lifetime homelessness is the experience of having been homeless at some point in one's life. More than one in four (28.5%) LGBTQ+ San Antonio residents have experienced homelessness either currently or in the past. This is an increase in the lifetime homelessness rate of 18% from our 2020 report, suggesting that more LGBTQ+ people have been experiencing homelessness since the pandemic. Six percent of respondents have been unhoused in the past year.

- *Of those who have ever experienced homelessness, many experienced it as a child or teen, either with family (11.8%) or on their own (42%). About 18% have been kicked out of their home for their sexual orientation or gender identity.*
- *21% report being extremely worried or very worried about the need to hide their LGBTQ+ status to access suitable housing as they age.*
- *LGBTQ+ youth experience high rates of homelessness. 20% have experienced homelessness before their 25th birthday.*
- *Trans and nonbinary respondents also experience high rates of homelessness. 32% of trans and nonbinary respondents reported lifetime homelessness. 7% of them had been unhoused in the past year.*
- *LGBTQ+ people currently experiencing serious mental illness have disproportionately experienced homelessness, almost 40% of them report being unhoused at some point with 9% being unhoused in the past year.*

Family Rejection and Alienation as Children and Adults Impacts LGBTQ+ Health

Family rejection is a common issue for LGBTQ+ people that adversely affects their health. Our previous 2020 report covers the disproportionately high rate of adverse childhood experiences (ACEs) experienced by LGBTQ+ people in San Antonio, which dramatically impacts mental and physical health. LGBTQ+ respondents also reported other kinds of rejection and alienation as a child or adult.

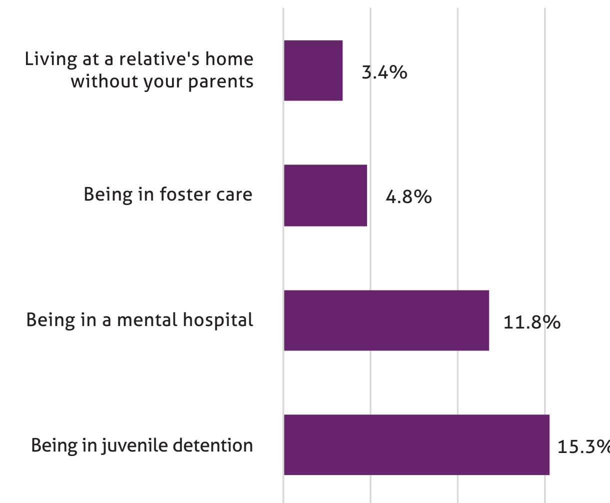
- *One third of trans and nonbinary people reported that family members intentionally call them the wrong name or pronouns.*

- *One in four LGBTQ+ people have been told by family that their gender/sexuality is not real or is a phase, that they are no longer welcome at family events, or have been required to not speak about their sexuality or gender with family.*
- *Many LGBTQ+ respondents reported feeling like their parents did not love them or think they were important anymore (28.5%), that their parents were less emotionally available (36%), or that their family cut them off financially due to their LGBTQ+ identity (8.2%).*
- *5.4% of LGBTQ+ adults reported experiencing physical assault from a family member as an adult.*

Childhood Experiences with Institutionalization and Separation from Family Impact LGBTQ+ Adult Health

It is common for LGBTQ+ people to experience institutionalization and separation from their family as a child, which has negative outcomes for their physical and mental health as adults. LGBTQ+ adults reported experiences living at a relative's home without their parents, being in foster care, in a mental institution, or in juvenile detention, along with experiencing being unhoused as a child or youth.

LGBTQ+ **Childhood Experiences** with **Separation from Family**

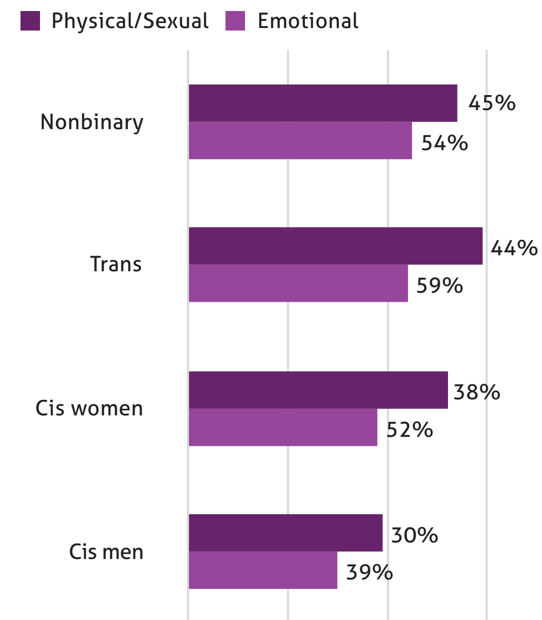


- *One in four respondents reported at least one of these experiences of separation from family.*
- *Seven percent of respondents reported more than one of these experiences.*
- *42% of LGBTQ+ respondents who had these childhood experiences reported that their current physical health was fair or poor, compared to 28% of respondents who did not experience separation from family.*
- *One in four LGBTQ+ respondents with these experiences described their mental health as poor, and a majority of respondents (58%) with these experiences reported their current mental health as fair or poor.*

Conversion Therapy Common for LGBTQ+ Children

Conversion therapy is the practice of attempting to change a LGBTQ+ person's gender and/or sexual identities through psychoanalysis, behavior modification, spiritual counseling or other means. As of July 2024, Texas has no state law prohibiting minors from being subject to conversion therapy. Rates of conversion therapy are high in San Antonio, and minors are disproportionately impacted.

- *One in seven (14.3%) have been subjected to conversion therapy. For most, it was involuntary and as a minor. Nearly 80% of conversion therapy survivors were coerced against their will.*
- *The overwhelming majority (90%) underwent these efforts as minors. 12% of youth (16-25 years old) have undergone conversion therapy.*
- *About a third of survivors underwent conversion therapy practices by a spiritual leader, but most underwent these practices at the hand of a clinician, like a psychologist, psychiatrist, or therapist.*
- *Almost half (47%) of conversion therapy survivors report that their current mental health is poor or fair.*



IPV and Abuse Common for LGBTQ+ Texans

Experiencing intimate partner violence (IPV) can dramatically impact LGBTQ+ people's mental and physical health. Respondents reported high rates of IPV, with trans and nonbinary people reporting the highest rates.

- *30% reported experiencing physical, sexual, or emotional violence in relationships.*
- *One in four youth has experienced intimate partner violence.*
- *Of those who have experienced IPV, about one third sought help. Among those who sought help, over half found the police or courts and legal system either very helpful or somewhat helpful, but medical or hospital organizations and LGBTQ+ specific community services were most likely to be rated as very helpful.*
- *About half of those who experienced IPV have experienced emotional abuse from a sexual or romantic partner. The most common forms of emotional abuse included restricting access to family and friends, lying and emotional manipulation, stalking, threatening to call the police or to have a partner committed, misgendering, and threats of being outed.*
- *37.6% experienced physical or sexual abuse from romantic or sexual partners. While threats of physical violence were most common (nearly 60%), actual acts of violence (e.g. punching/kicking/slapping) were nearly as frequent among survivors. Among those reporting physical abuse, about 40% were sexually assaulted or raped.*

Anti-LGBTQ+ Laws Impact LGBTQ+ Texans

The Texas state legislature recently passed a number of bills that impact LGBTQ+ people, including restrictions on abortion, gender-affirming care for children, trans people in sports, and drag performances.

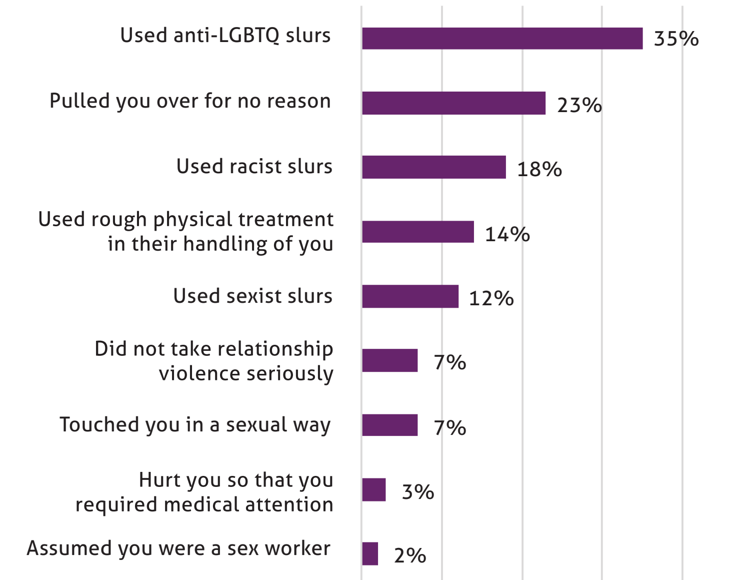
- *LGBTQ+ respondents reported extremely negative impacts of the following laws: abortion ban (45.5%), restrictions on diversity and inclusion initiatives in colleges (52.4%), ban on gender-affirming care for children (31.9%), penalty for drag performances around children (28.1%), and ban on trans youth in sports (43.2%).*
- *63% of respondents report that these laws make them more likely to vote in elections.*
- *6.6% of respondents plan on moving and 47% have considered moving due to recent Texas anti-LGBTQ+ legislation.*

Discomfort and Poor Treatment by Texas Police Officers

While most LGBTQ+ people are not comfortable seeking help from the police, LGBTQ+ people reported various experiences with policing and the criminal justice system. Interactions were often influenced by their LGBTQ+ identity.

- *One in four LGBTQ+ respondents report being not at all comfortable seeking help from law enforcement, while only 20% are extremely or very comfortable seeking help.*
- *A majority of those who reported interactions with the police had been stopped or questioned by Texas police in the last three years. Cisgender men (63.8%), gay men (62.4%), bisexual respondents (56.6%), adults (64.6%), Black (66.3%), and multiracial (56.4%) respondents were the most likely to be stopped or questioned.*
- *6% of survey respondents had been incarcerated, in jail or prison, in the past.*

- *Respondents were most likely to be stopped while driving (83.2%), while on the street (43.2%), at a protest (21%), or while using public transportation (7.4%).*
- *70% of those stopped by police described the police officer as not respectful of their gender identity and sexuality in that interaction.*



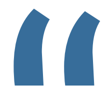
Policy Recommendations

- **Existing organizations, agencies, and shelters that serve adults and youth experiencing homelessness must improve their LGBTQ+ competency immediately in response to alarming rates of LGBTQ+ homelessness. Organizations that fail to provide LGBTQ+ competency training to staff, evaluate and update policies, and reallocate funding to LGBTQ-friendly emergency housing exacerbate the ongoing housing crisis. City funding should not fund homeless service organizations that are hostile to LGBTQ+ clients and the City's Homelessness Connections Hotline should immediately halt all referrals to LGBTQ-exclusionary service organizations.**
- **Gender-based homeless and domestic violence shelters should not exclude, alienate, isolate, or otherwise hinder the safe provision of services to transgender, nonbinary, gender-diverse, and other LGBTQ+ people. Organizations that rely on "women's" only programs or gender-specific programs should seriously evaluate their LGBTQ+ competency and the necessity of gender-specific programming. Emergency housing services should never preclude folks who use drugs of alcohol from accessing housing.**
- **Health and wellness service organizations, particularly direct service providers, intimate partner violence and rape crisis centers, homeless shelters, and organizations that serve low-income communities, youth, and seniors need to develop and implement mandatory LGBTQ+ affirmative competency training for all staff, volunteers, administrators, and executive leaders. Top-down approaches that require LGBTQ+ competency training for individuals at every level of every organization are required, in lieu of piecemeal solutions that too often leave organizations without reliably or consistently trained staff.**
- **Policy-makers, city council members, legislators, and other government officials must call for immediate action to prohibit the use of conversion therapy on minors in the state of Texas.**
- **Community health and social service organizations, particularly those that provide parenting and family education services, must include information about the impact of family support on the health of LGBTQ+ youth and adults.**
- **All police officers in the San Antonio area and beyond should be required to complete LGBTQ+affirmative competency training on a recurring basis.**

3 Access to Care

LGBTQ+ people often reported struggling to receive adequate care as well as negative experiences when managing their health. While many LGBTQ+ people are insured, many, even those with insurance, demonstrated high levels of concern over access to care.

During the last 12 months, about one in three (30.8%) LGBTQ+ respondents experienced a time where they needed medical care but did not get it. This number is nearly half in nonbinary and gender expansive respondents (46%), queer respondents (45.2%), autistic respondents or respondents with ADHD (40%), and respondents with a serious mental illness that may shape health care experiences and daily life (43.9%).



There's so many people who you have to go through sometimes that can create extended wait times, and by the time you're actually able to be seen or get anywhere, it'll be too late or conditions can be fatal... I know that I've had a lot of issues getting insurance. One person will tell me that this is the way that their policy works and then another person will be like, I've never heard that in my life...I don't even know why they're making me run around in circles when I'm just looking for one straightforward answer."

– focus group participant

High Knowledge and Advocacy for Oneself in Health Care Settings

Some of the strengths of the LGBTQ+ respondents include strong self-advocacy and knowledge of their healthcare options.

- *65.8% of respondents said that "yes, mostly" they feel they can advocate for themselves in a healthcare setting.*
- *49.3% reported having a very adequate knowledge of health needs, and 44.2% reported to have somewhat adequate knowledge of healthcare needs .*
- *44.3% reported having very adequate knowledge of what healthcare and mental health care options are available to them, and 49% reported knowing what services are covered by their health insurance plan.*
- *When asked if they know what services are covered by their health insurance plan, 17.6% of transgender and nonbinary respondents indicated they did not, and half (51.6%) only somewhat knew of the services covered.*

Unsure How to Find Providers

LGBTQ+ people reported having issues getting treatment due to uncertainty of which providers will treat different health concerns and uncertainty over which providers would be supportive of their gender and sexuality.

- *Only one in four respondents found it very easy to find LGBTQ+ friendly providers in San Antonio; one in five found it not easy at all.*
- *10.4% of respondents did not get medical care, and 7.4% of respondents did not get mental health treatment or counseling they needed in the past year because they did not know where to go for services.*
- *31% of respondents with an eating disorder do not know where to find treatment.*
- *16.1% of respondents who have never had a HIV test and 25.6% of respondents who have never been tested for STIs report that their reason for not getting tested is that they don't know where to get tested.*

Lack of Time and Provider Availability

Many respondents described having to navigate their own lack of available time along with long provider waiting lines.

- *16.6% of respondents needed a prescription but could not make an appointment with a doctor or psychiatrist to refill it.*
- *74% of respondents sometimes or often dealt with long wait times in order to get medical care.*
- *27.3% of respondents reported not getting the medical care they needed in the past year due to providers' long waitlists.*
- *16.4% of respondents did not get mental health treatment or counseling they needed last year because they didn't have time. And 16.9% did not get mental health treatment because there were no openings or long waiting lists.*
- *Over half of the respondents reported that they often (15%) or sometimes (40.8%) need to return to the healthcare provider constantly for more treatment.*

Frequent Use of Telehealth to Access Services

Respondents commonly receive medical, including mental health, support via online services.

- *Most (57.7%) LGBTQ+ respondents have utilized telehealth services in the past 12 months, with about 6 in 10 (57.7%) having had an appointment with a doctor, nurse, or other health professional by video or phone.*
- *A majority (50%) of respondents received mental health counseling or treatment in the past year. 15.1% did so through a phone or video call. 15.5% used both phone/video and in-person methods.*

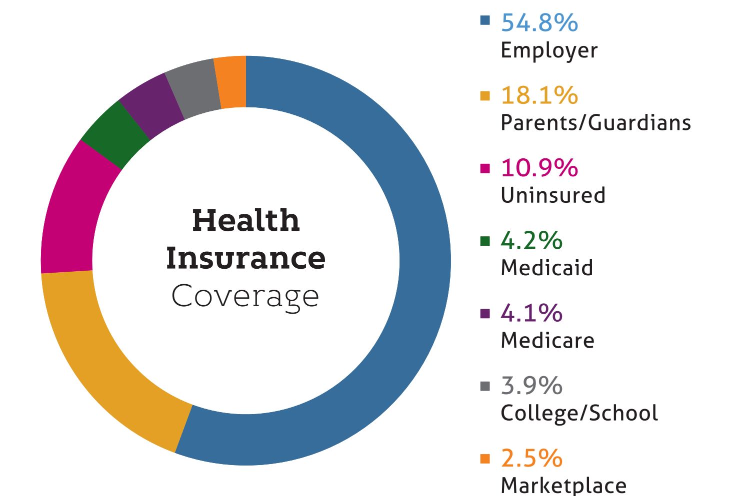
High Use of Urgent Care and Emergency Care

A large proportion of respondents relied on urgent care at some point in the last year.

- *In the last 12 months, nearly half (44.4%) of LGBTQ+ respondents went to an emergency room or urgent care to get medical treatment for themselves at least once, with nearly 1 in 5 (18.4%) going 2 or more times, and 1 in 20 (5.9%) going 3 or more times.*

Inadequate Health Insurance

Many LGBTQ+ people are uninsured or have insurance that does not adequately cover the health care they need, thus some missed out on valuable treatment options.



- *Most (54%) LGBTQ+ respondents are insured by their employer; however, 10.7% of LGBTQ+ respondents are uninsured.*
- *One in ten LGBTQ+ respondents are uninsured with 1% of respondents having never had health insurance. Common reasons for losing their last health care plan were: changing jobs (32.9%), coverage was not affordable (31.5%), they missed a deadline to sign up for coverage (12.3%), became ineligible because of age or left school (13.7%), their insurance cost was increased (11%), or they were no longer eligible for Medicaid or another public insurance (17.8%).*
- *Transgender and nonbinary respondents tend to be uninsured at higher rates than cisgender respondents. 18.4% of all nonbinary and gender-expansive people were uninsured, while 13.6% of transgender respondents were uninsured. Almost half (45.7%) of transgender and nonbinary respondents were somewhat worried about losing their insurance, while 14.9% were confidently worried about losing it.*
- *8% of LGBTQ+ respondents use Medicaid/Medicare and 2.5% get insurance on the marketplace.*

- *51% are worried or somewhat worried about losing their insurance.*
- *20.9% of respondents did not get mental health treatment or counseling they needed in the past year because health insurance did not cover it adequately.*

ONE IN FOUR
cisgender men want to be on PrEP but cannot afford the cost

- *LGBTQ respondents missed out on the following health care treatments due to inadequate insurance coverage: pap smears (5.3% of eligible respondents), PrEP (17.1% of cisgender men), hospitalization due to suicidality (10.6%), coverage for drug or alcohol treatment (2%), and eating disorder treatment (7.3%).*

High Cost of Health Care

Cost is a major barrier for LGBTQ+ people, even those who are insured. Issues with cost may reduce the ability to get adequate mental health care and preventative care.

- *Among insured respondents many reported that cost was somewhat of a problem (49.5%) or a big problem (23%) when they want or need healthcare.*
- *Half of trans respondents stated that cost as a barrier for health care is somewhat of a problem (52.1%).*
- *Over three quarters (76.9%) of LGBTQ+ respondents took prescription medication at any given time in the past 12 months. To save money, 18.1% of respondents skipped medication doses, 18% took less medication, and 20.1% delayed filling a prescription.*
- *67.5% of respondents who needed medical care in the past year but did not get it, reported cost as one of the reasons for not receiving care.*
- *One quarter (26.4%) of LGBTQ+ respondents did not get the mental health treatment or counseling they needed last year and 10.5% did not get treatment for PTSD because they could not afford the cost.*
- *14.5% of respondents who wanted to be on PrEP could not afford the cost. 24% of cisgender men say that they want to be on PrEP and cannot afford the cost.*

Avoiding Health Care Because of Past Negative Experiences

Some LGBTQ+ people do not seek health care due to past negative experiences. In our section on experiences with healthcare providers, we document more of these experiences.

- *11.4% of LGBTQ+ respondents avoided getting medical care they needed in the past year reporting they "don't like going to doctors" and 9.2% because they "don't like the way doctors treat me."*
- *One quarter of respondents who did not get a pap smear last year did so because they don't like the experience of pap smears.*
- *28.5% of respondents who have been hospitalized at some point for suicidality would avoid checking into a hospital again, even if they felt suicidal.*

Discrimination Against Trans and Nonbinary People in Insurance Coverage

Transgender and nonbinary respondents report significantly high barriers to getting healthcare covered by their insurance. Transgender respondents experience discrimination in health insurance when attempting to access gender-affirming care.

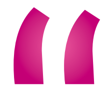
- *In the past 5 years, almost half (40%) of transgender and nonbinary respondents indicated their health insurance company wouldn't change their records to list their current name or gender, and almost half (42.2%) were denied hormone therapy for transition by their health insurance company.*
- *A quarter of transgender and nonbinary respondents struggled to access surgery for their transition through their insurance in the past 5 years, 26.7% from being denied surgery for transition and 25.3% with cost being a barrier to accessing surgical care.*
- *Some respondents (14.7%) were even denied gender-specific health care (such as Pap smears, prostate exams, mammograms, etc.) by their insurance because they are trans.*

Policy Recommendations

- **Employers must provide access to employee health insurance that covers transgender health care. Organizations should immediately verify the availability of transgender care coverage in their health insurance policies, and switch policies if transgender care is not covered for all employees.**
- **Physicians, mental health professionals, healthcare providers, community health workers, and patient navigators must be trained on LGBTQ+ care needs, particularly on access to PrEP, PEP, and the assistance programs that are available to help pay for these medications.**
- **Programs should be developed specifically to offset the cost of healthcare for LGBTQ+ individuals and increase the number of LGBTQ+ people who are insured.**

4 Experiences with Providers

Healthcare recipients in the US routinely navigate complex systems of providers, healthcare facilities, and institutional barriers in order to access the care they need. **LGBTQ+ individuals navigate this system with the added considerations of seeking LGBTQ+ competency and affirmation from their care providers.** This section provides an overview of respondents' experiences, both positive and negative, with healthcare providers.



> When we find medical providers that are not just tolerant but affirming and empowering, we share it. I don't know how many times I've told people about who my gynecologist is, because it's so important…it used to be absolute dread to the point that unless I'm not going to make it through, I'm just not going to go. And now it's the same as having a sore throat."
>
> – focus group participant

Finding LGBTQ-Affirming Providers

Many respondents reported avoiding healthcare institutions or providers because of a negative experience or reputation relating to LGBTQ+ friendliness. They also reported a high-degree of familiarity with existing LGBTQ-affirming providers in the San Antonio metro area.

- *27.9% report having access to Kind Clinic, 39.3% the Pride Center, 35.3% the PRIDE Community Clinic, 16.6% Planned Parenthood, 9.5% the Metro Health STI/HIV Clinic, 6.4% BEAT AIDS, 16.8% Alamo Area Resource Center, and 9.5% the San Antonio AIDS Foundation.*
- *Religious affiliation was a common way that respondents assessed LGBTQ+ friendliness in providers. About 10% of respondents reported avoiding any institutions, clinics, or providers that publicly aligned themselves with churches, religious denominations, and other faith-based groups. Beyond this overall aversion to religiously affiliated healthcare, many other respondents listed specific faith-based institutions that they avoided.*
- *Urgent care and walk-in clinics were also frequently reported as places that respondents felt uncomfortable seeking care. Around 10% of respondents listed specific urgent care facilities in San Antonio that they avoided due to anti-LGBTQ+ issues.*

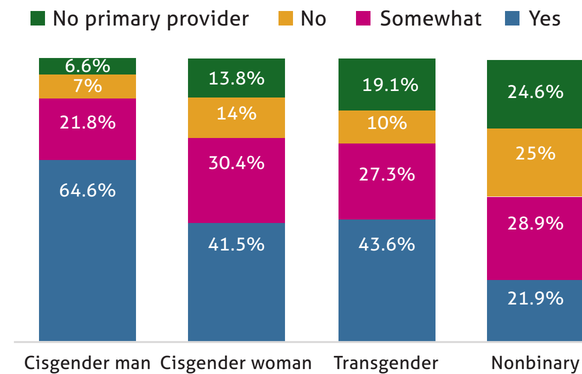
Who Is "Out" to Their Doctor?

Respondents vary in whether or not they are "out" to their healthcare providers.

- *Cisgender men are the most likely to be "out" to their providers, while nonbinary respondents are most likely to not be "out."*
- *Gay respondents are the most likely to be "out" to their providers, while queer respondents are the most likely to not be "out."*

Many respondents also reported not having a primary healthcare provider (PCP). Among those surveyed, about 14% of respondents did not currently have a primary health care provider.

Are You **Out to Your Primary Doctor?** By Gender Identity



- *Nonbinary participants were the most likely to not have a primary care provider; about 1 in 4 nonbinary respondents did not have a PCP.*
- *Only 6.6% of cisgender men did not have a PCP.*
- *Queer respondents were also the most likely to not have a PCP; over a quarter did not have a PCP.*
- *Gay respondents were the most likely to have a PCP; only 4.8% did not have a PCP.*

Low Healthcare Satisfaction

Overall, LGBTQ+ San Antonians are relatively satisfied with their medical care, but some still struggle with access to care and negative interactions with providers.

- *Almost half (47.3%) are satisfied with the healthcare they receive, and less than one-fifth (14.3%) are dissatisfied.*
- *About three-quarters of respondents are comfortable seeking care in their community.*
- *Almost 70% of respondents think that doctors in their community are able to provide quality medical care to LGBTQ respondents.*

Patients still face issues with access to care and negative provider experiences.

- *68.2% deal with long wait times in order to get medical care.*
- *51.1% deal with having to constantly return to healthcare providers for more treatment.*

> I am often seeking to address things before a doctor might bring them up. Because I know I'm going to walk into a doctor's office and I'm going to be talked about risky sexual behaviors without any discussion about safer sex. So it's not a balanced conversation. I'm going to be talked about my weight without any attention to whether or not my blood pressure is high or my labs look good and I'm not going to receive that support. So health also often looks like having to research all of those things myself and be the person who is the most knowledgeable about my conditions and then hav[ing] to fight a medical professional about them. "
>
> – focus group participant

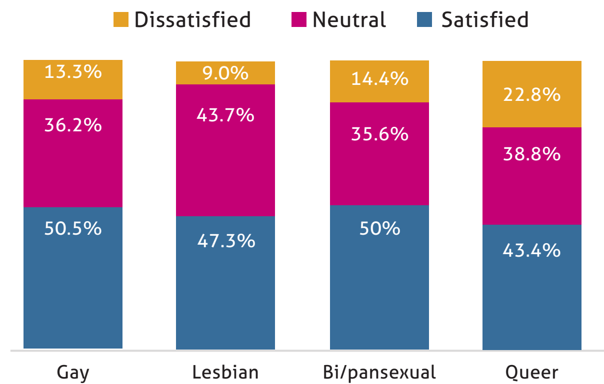
- *Over a quarter (28%) deal with mistreatment due to their LGBTQ identity in order to get medical care.*

Additionally, some populations of respondents were less satisfied with their care than others.

- *Nonbinary, gender-expansive, and queer respondents were the most dissatisfied with their healthcare; 22.8% of nonbinary, gender-expansive, and queer respondents reported dissatisfaction with their care.*

Further analysis indicated that respondents of other marginalized identities were frequently more dissatisfied with their healthcare.

Healthcare Satisfaction by Sexuality



- *The participants who were most satisfied with their healthcare were white, neurotypical, 50 years or older, allosexual, and did not have a serious mental illness.*
- *The participants who were the most dissatisfied with their healthcare were multiracial, neurodivergent, 16-25 years old, asexual, and had serious mental illness.*

Conversations with Providers

The conversations that respondents had with providers during visits varied.

- *Some topics, like gender identity and pronouns, were rarely discussed with cisgender respondents and much more regularly discussed with trans and nonbinary respondents.*
- *Across the board, respondents reported little discussion of preferred language for body parts, and all identity categories except transgender respondents reported relatively little discussion of family planning goals.*
- *Trans and nonbinary respondents were asked about their satisfaction with sexuality and sexual practices significantly less than their cisgender counterparts.*

Frequent Negative Experiences Exacerbated by Race and Gender

LGBTQ+ patients often faced mistreatment by medical providers. These experiences include direct discrimination based on identity, presentation, or other demographic factors such as race. LGBTQ+ respondents also faced less explicit forms of mistreatment and microaggressions that affect their healthcare experience. Many of the most common experiences involved disregard for or hostility towards the patient's LGBTQ+ identity.

- *About 1 in 4 respondents reported having no negative experiences with healthcare providers.*
- *The remaining three-quarters of respondents reported having at least one type of negative experience with healthcare providers.*
- *Almost 1 in 4 respondents reported having five or more types of negative experiences with healthcare providers.*
- *35.1% of respondents reported that a provider assumed they were straight.*
- *28.2% of respondents reported that a provider asked them unnecessary or inappropriate questions about LGBTQ+ identity that were unrelated to the reason for the visit.*
- *27.3% of respondents reported that a provider gave anti-LGBTQ+ "advice" during a visit.*
- *Cisgender men were most likely to experience a provider giving sexually suggestive language.*
- *Cisgender women were most likely to experience rude comments about their body or being told to lose weight to fix their medical condition(s).*

Transgender respondents experience significant rates of mistreatment in healthcare spaces.

- *A majority of transgender and nonbinary respondents (74.1%) report their doctor intentionally misgendering them or using the wrong name.*
- *Over a quarter (25.9%) of transgender and nonbinary respondents have had a doctor refuse to provide health care related to gender transition.*
- *16% of transgender and nonbinary respondents have had facilities refuse access to the appropriate restroom or locker.*

Negative experiences with providers also varied based on race. Black respondents in particular experienced some negative encounters with providers at a higher rate than their counterparts of other racial/ethnic categories. 40.5% of Black respondents experienced healthcare workers asking unnecessary or inappropriate questions about their LGBTQ+ identity.

Of these respondents:

- *12.7% reported health care workers using harsh or abusive language when treating them.*
- *34.2% reported a healthcare worker giving them anit-LGBTQ+ "advice" during a visit.*
- *15.2% reported receiving lower quality care because of their race.*

Policy Recommendations

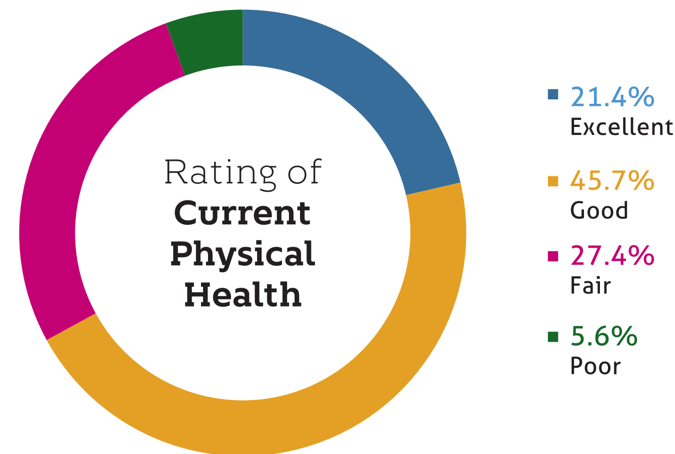
- **Medical clinics, urgent care centers, private practices, and all other care provision sites, must examine their internal policies to ensure that client paperwork and policies are affirming to ensure that clients do not experience retraumatization by medical institutions. Policies should also cover the rights of LGBTQ+ employees at medical care centers.**
- **All health care providers that are trained in the colleges and universities of San Antonio and/or who provide services in the San Antonio metro area, including nurses, doctors, social workers, and medical receptionists, should receive mandatory LGBTQ+ competency and sensitivity training. Training should be provided on a regular, on-going basis, and LGBTQ+ competency should be a part of continuing education requirements for care providers, as it can not be adequately taught in one session.**
- **Healthcare providers must make their LGBTQ+ competency known through participation in programs such as the Human Rights Campaign's Healthcare Equality Index Program or collaboration with local LGBTQ+ serving organizations.**
- **Urgent care providers and facilities should immediately implement LGBTQ+ competency training for all providers and staff, as many LGBTQ+ individuals frequently access this kind of care and report negative experiences.**

5 Physical Health

This section provides an overview of LGBTQ+ people's experiences with their physical health, including experiences with physical conditions, pain, and COVID-19. **Most respondents in this study rated their current physical health as "good" or "fair".**

Transgender and nonbinary respondents were three times more likely to have poor physical health compared to cisgender respondents.

Physical Conditions



Of the most common health conditions, hypertension, arthritis, and asthma were most commonly reported within the LGBTQ+ community. LGBTQ+ respondents report higher rates of asthma (CDC) and immunocompromised conditions (CDC) than the general population.

COVID-19 Effects and Concerns Linger

COVID-19 has had a profound impact on the LGBTQ+ community in San Antonio, with high rates of contracting COVID-19 and having long COVID. LGBTQ+ people are also more likely to engage in extra precautions, including continued masking.

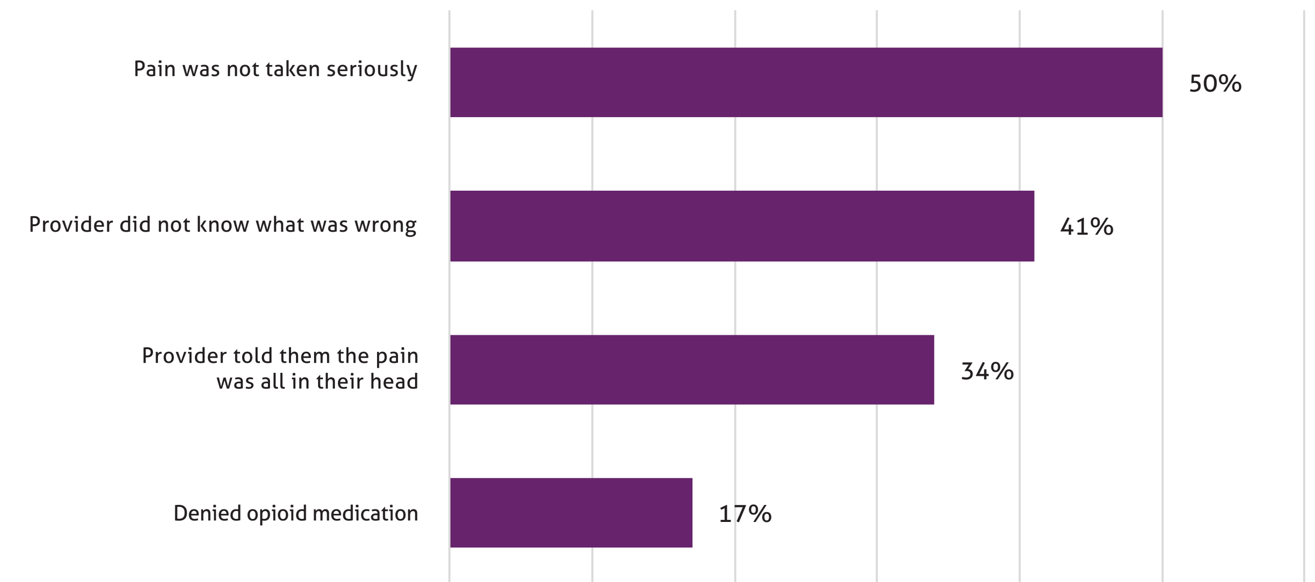
- *Nearly two thirds (60.4%) of all LGBTQ+ respondents report that they have had COVID-19.*
- *About half (48.2%) of LGBTQ+ respondents state they had to engage in extra precautions, such as continuing to mask, due to an existing health condition or being immunocompromised. About 1 in 10 (11.7%) state they had to engage in these precautions almost all the time.*
- *COVID-19 still affects many LGBTQ+ respondents. About 1 in 6 (15.3%) had long COVID at some point and about 1 in 20 (4.1%) have long COVID currently. Seniors, nonbinary, queer, Black, neurodivergent, and multiracial respondents were more likely to report having had long COVID.*
- *Over a quarter (26.7%) of LGBTQ+ respondents that have had COVID or long COVID still experience symptoms.*

Providers Pose Challenges to Pain Management

LGBTQ+ people report frequent experiences trying to get medical care for painful conditions and negative experiences receiving this treatment. Black, trans, nonbinary, and cisgender women respondents reported the most issues with receiving medical treatment for pain.

- *In the past 12 months, over a quarter (27.2%) of LGBTQ+ respondents have seen a medical provider to deal with pain or a condition that causes pain.*
- *Nonbinary respondents reported the highest rates of negative experiences; 7 out of 10 (70%) stated that their pain was not taken seriously, and 4 out of 10 (40%) had providers suggest the pain was all in their head.*

Experiences with **Seeking Treatment for Pain**



> If you're willing to say, 'I struggle with anxiety and depression,' and then say, 'But I hurt right here.' It's like, 'Are you sure you hurt or are you just a little anxious or upset about things?' … I think it comes from that place of just historically not trusting women."
>
> – focus group participant

- *51.6% of trans respondents stated their pain was not taken seriously in health care settings and about a third (32.3%) stated opioid pain medication was not administered after being requested.*
- *Respondents of color reported similarly high rates of negative interactions as two thirds (66.7%) of Hispanic respondents and nearly 6 in 10 (57.6%) multiracial respondents stated their pain was not taken seriously. Among Black respondents a third (28%) stated opioid pain medication was not administered after they requested it and 4 in 10 (40%) stated a healthcare worker suggested their pain was "all in their head."*
- *Cisgender women shared some similarly negative experiences with healthcare providers. Nearly half of cisgender women (42.6%) had providers state they did not know what was wrong with them and over a third (37%) had providers suggest the pain was all in their head.*

High Rates of Tobacco Use

Tobacco use is still a significant health-related issue within the LGBTQ+ community. According to the Center for Disease Control and Prevention (CDC), nearly 12 of every 100 U.S. adults aged 18 years or older (11.5%) currently smoke cigarettes. LGBTQ+ respondents reported smoking at higher rates.

- *Approximately 27.9% respondents reported smoking more than 100 cigarettes in their entire life. Of those respondents, only 10.2% are no longer smoking.*
- *22.5% of youth and 68.1% of adults (26-49 years) reported smoking at least 100 cigarettes in their lifetime.*
- *43.1% of respondents reported using an electronic cigarette, e-cigarette, or vape pen containing nicotine at least one time. Of those, only 22.2% are not using electronic cigarettes or vape pens currently. Of the respondents who are no longer using these products, 8.2% quit more than one year ago and 9.3% quit more than five years ago.*

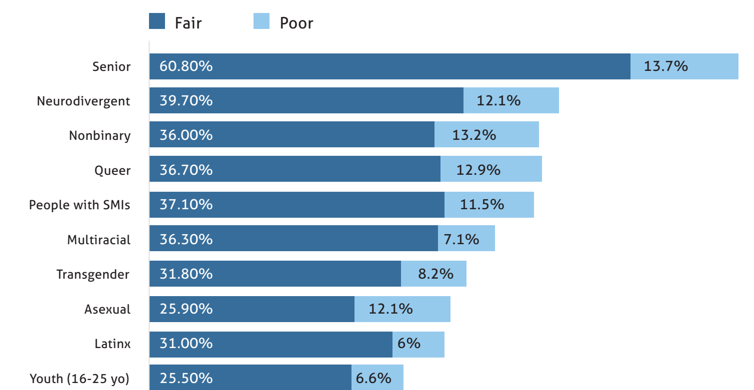
Policy Recommendations

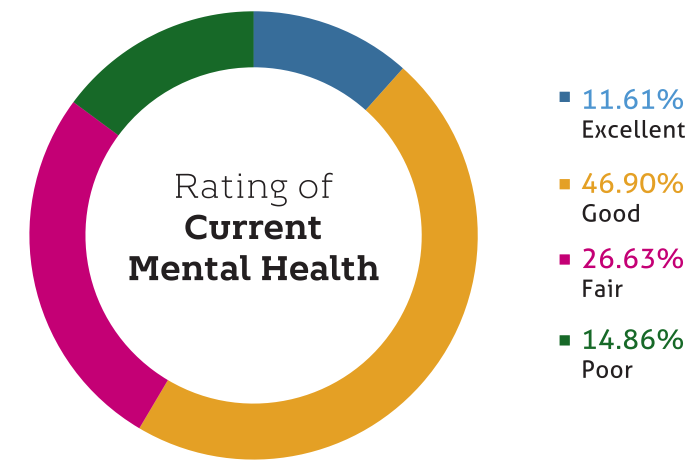
- **Further research into the specific pain management concerns of LGBTQ+ patients, particularly transgender and non-binary individuals, should be prioritized immediately. Care providers should assess their ability to provide culturally competent pain management care to LGBTQ+ patients and take steps such as seeking training or continuing education to improve this skill.**
- **Administrators and leadership at care organizations should review and update policies to ensure that inclusive language is used at all times at facilities that provide health and wellness care. These policies should reflect the necessity of asking patients their preferred pronouns and names and apply to all staff from clinicians and care providers to receptionists and support staff.**
- **COVID and long COVID information, particularly regarding the impacts on immunocompromised people and their caregivers, must remain accessible and widely available. Access to COVID mitigation methods such as masks and COVID tests should continue to be available especially in health care settings.**
- **Smoking cessation programs must be developed with the specific needs of LGBTQ+ clients in mind and must use culturally relevant approaches to care for LGBTQ+ individuals in order to address the high rates of tobacco use within the community.**

6 Mental Health

This section highlights the mental health outcomes of LGBTQ+ respondents, with a focus on various demographics of neurodivergent LGBTQ+ people and those diagnosed with mental health disorders. **Mental health is a significant concern within the LGBTQ+ community, with a substantial portion of respondents rating their mental health as either "fair" or "poor".**

Rating Current Mental Health as Fair or Poor





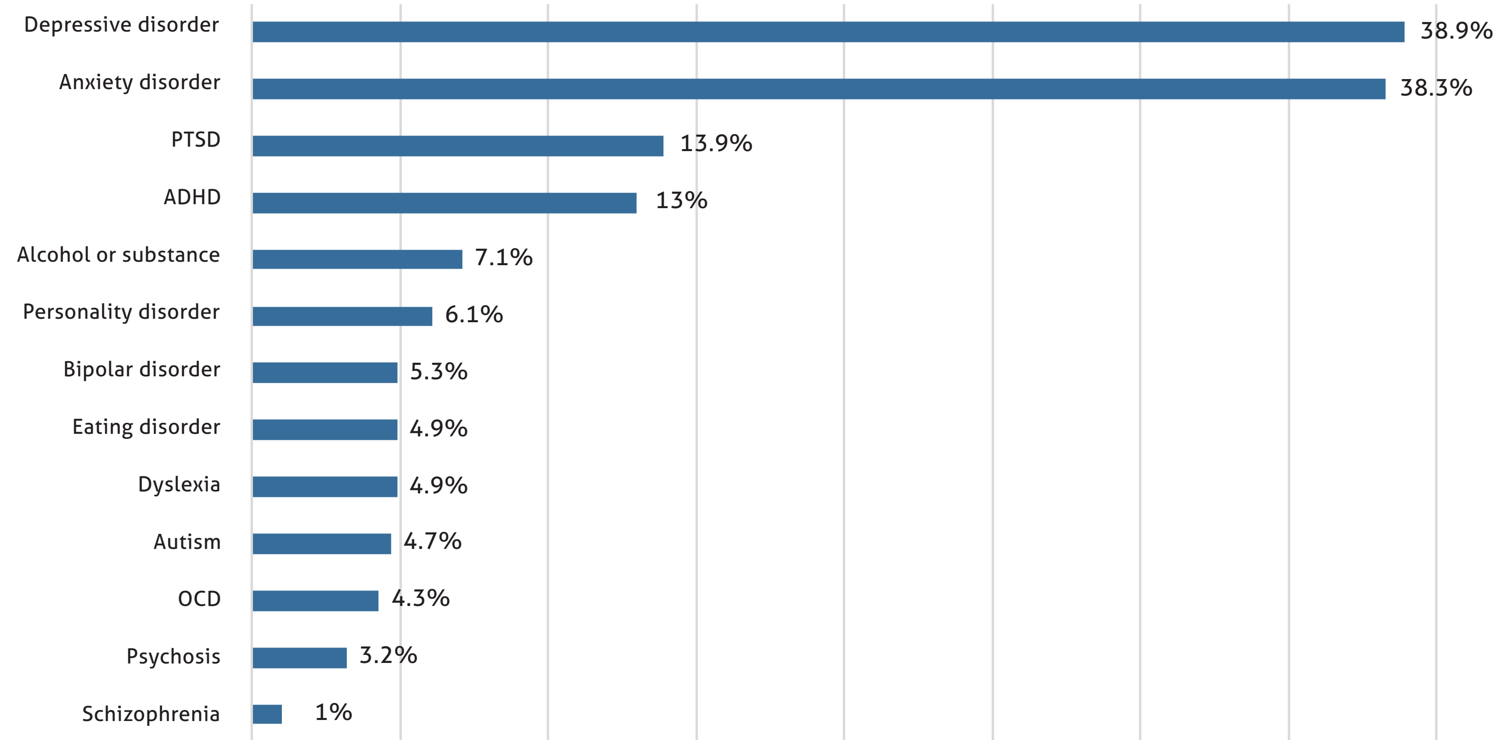
- *Overall, 39% of LGBTQ+ respondents rated their mental health as either "fair" (25.1%) or "poor" (14%).*
- *Nonbinary respondents reported the highest rates of fair or poor mental health (73%), followed by neurodivergent respondents (69.5%), and queer respondents (66.4%).*

> I do think it is still a challenge when seeking out help for folks to know that oppression is traumatic... If I'm already anxious and you don't believe that the oppression or discrimination that I'm facing is real and traumatic enough to validate me ... then it just makes it worse ..."
>
> – focus group participant

Comprehensive Diagnoses Prevalent in LGBTQ+ respondents

Comprehensive diagnoses, particularly mental health diagnoses, were common among respondents. In comparison to data gathered from the National Institute

Diagnoses of **Conditions Related to Mental health**



of Mental Health, LGBTQ+ respondents experience significantly higher rates of anxiety and depressive disorders compared to the general population.[3]

- *A majority of respondents (55.6%) had never been diagnosed with any mental health conditions. 11.8% have been diagnosed with one, and almost one-third had been diagnosed with two or more mental health disorders.*
- *Of the LGBTQ+ respondents in this study, 38.8% had been diagnosed with depressive disorder and 38.3% with anxiety disorder.*

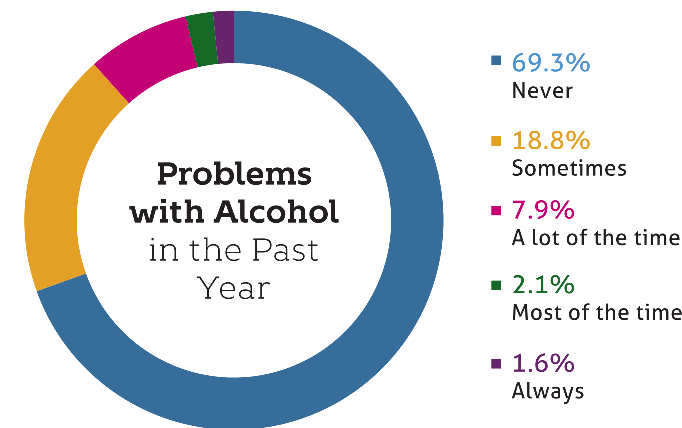
Mental Health Impacted by Family and Neighborhood Environments

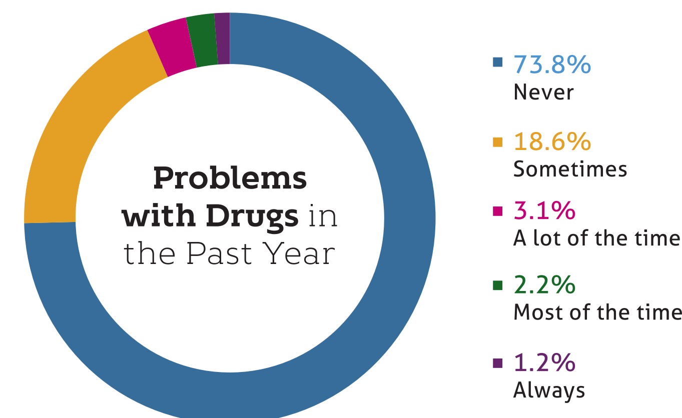
- *One in four respondents had a household member who was depressed or mentally ill when they were a child.*
- *21.5% of respondents reported having a household member who was a problem drinker or used illegal drugs when they were a child.*
- *20.1% of respondents worry about drug use in their current neighborhood.*

High Self Reported Substance Use and Concerns

Substance use is a substantial issue within the LGBTQ+ community, with one third of respondents reporting a problem with either alcohol and/ or drug use. Alcohol was a larger issue than drug use. However, LGBTQ+ people have limited success getting appropriate and affirming substance abuse treatment.

- *Alcohol was a slightly greater problem compared to drug use. 29.7% of respondents reported having a problem with alcohol and 24.7% reported having a problem with drugs, including prescription drugs. 58.5% reported having neither an alcohol nor substance use problem.*
- *Youth and adults had high rates of concern about alcohol and drug use. 13% of youth (16-25) and 11% of adults (26-49) reported having problems with alcohol a lot of the time in the past year. 9% of youth and 5.4% of adults thought they had a problem with drugs a lot of the time in the past year.*
- *Cisgender men reported one of the highest rates of alcohol and drug use. They were more likely to think they sometimes (25.4%) or a lot of the time (17.6%) had a problem with alcohol. They also sometimes (24.6%) or a lot of the time (8%) had a problem with drugs.*
- *Of all survey respondents, 8.8% sought outpatient treatment, and 0.2% sought inpatient treatment. 3% had participated in a 12-step recovery program, and 1.9% had done a LGBTQ+ 12-step program. 3.6% relied on a network of LGBTQ+ friends.*
- *50% of survey respondents reported having heard of Narcan to prevent drug overdoses.*





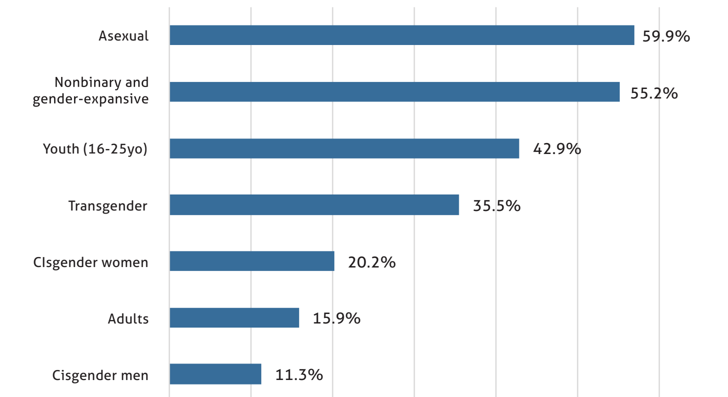
High Rates of Neurodivergence

LGBTQ+ respondents reported the following rates of neurodivergence:

- *4.7% were professionally diagnosed with autism, and an additional 21% self-diagnosed or suspect they have autism.*
- *13% were professionally diagnosed with ADHD and an additional 20.1% suspected they have it.*

Eating Disorders High Among LGBTQ+ Respondents

High Rates of Self and Professional **Diagnosis for Eating Disorders**



Experiences with eating disorders are notably higher among LGBTQ+ people than in the general population. The findings indicate that younger, asexual, nonbinary, and transgender LGBTQ+ respondents are significantly more vulnerable to eating disorders than the general population.

- *4.9% of respondents have been professionally diagnosed with an eating disorder.*
- *20.7% of respondents have self-diagnosed or suspect they have an eating disorder.*

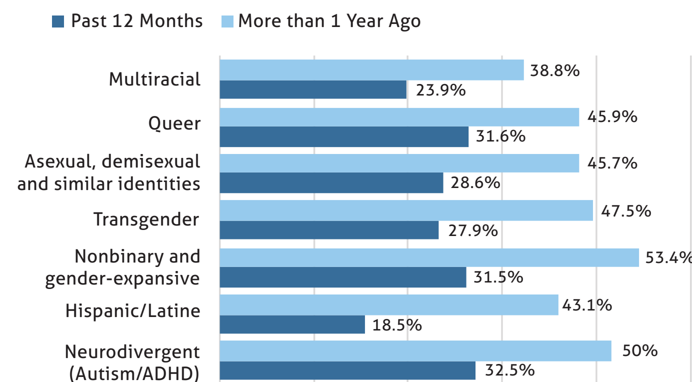
High Rates of Suicidality Among LGBTQ+ Respondents

Suicidality remains a critical issue within the LGBTQ+ community, significantly impacting mental health and well-being. The following section presents data on suicidality among LGBTQ+ respondents, focusing on their experiences with suicidal thoughts and access to care. Among respondents aged 18 and older, the data reveals concerning rate of suicidal ideation.

[3]*https://www.nimh.nih.gov/health/statistics/eating-disorders*

- *Among respondents aged 18 and older, 10.7% have seriously thought about attempting suicide in the last 12 months; 24.1% thought about it more than a year ago.*
- *Suicidal ideation is notably higher among youth (18-25), with 30.8% having reported suicidal thoughts in the last month and 42.1% more than a year ago. Adults (26-49) reported 12% in the last 12 month and 38.6% more than a year ago.*

Suicidal Ideation



Housing Insecurity and Suicidality Among LGBTQ+ Respondents

Those who are very worried about losing their housing exhibit notably higher rates of both recent and past suicidal ideation compared to those who are somewhat or not worried.

- *32.7% of respondents who are very worried about losing their housing had seriously thought about attempting suicide in the past 12 months, compared to 16.3% of those not worried and 14.9% of those somewhat worried.*
- *51% of respondents who are very worried about losing their housing had seriously thought about attempting suicide more than a year ago, compared to 38.8% of those not worried and 39% of those somewhat worried.*
- *Only 45.4% of respondents reported that they are not worried about losing their housing and have never seriously thought about attempting suicide*

Paths to Care and Hospitalization for Suicidality

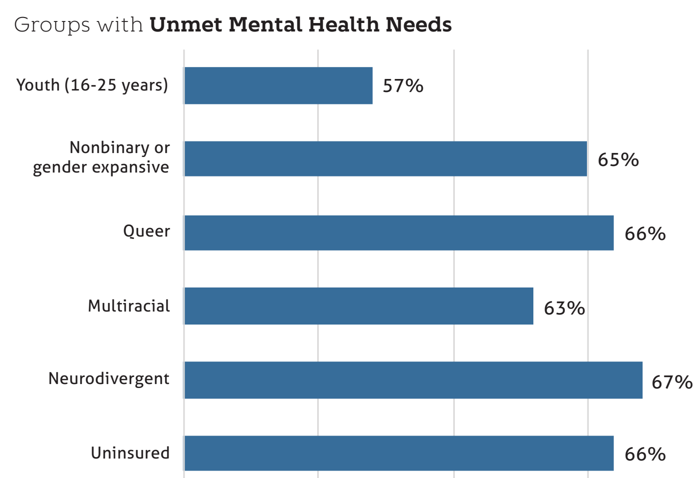
- *In the past 12 months, 7.4% of adult respondents (18+) sought medical attention for suicidal ideation, with an additional 27.3% having done so more than a year ago.*
- *9.6% of respondents with ideation stayed in a hospital overnight for suicidal thoughts or attempts in the last 12 months, and over 25% did so more than a year ago.*
- *Among those hospitalized, 26.8% did so at the recommendation of a counselor or health provider, 17.9% on family/ friends' recommendation, and 14.3% decided themselves to seek hospitalization. Involuntary commitment was less common with 12.5% being committed by a counselor or health provider, 6.3% by family/partner/friends, and 10.7% by police or emergency services.*

Mixed Experiences Receiving Care for Suicidality

- *Among those who reported positive treatment experiences, 17% are glad they received treatment, and 15.7% found it helpful.*
- *Among those who reported negative treatment experiences, 8.5% would avoid hospitals in the future even if they were suicidal, 10.8% felt traumatized by their hospital stay, and 6.7% felt they were treated poorly.*
- *4.9% reported their LGBTQ+ identity was not considered during treatment.*
- *In the course of treatment, 5.8% received referrals, 3.1% faced insurance issues.*

Unmet Mental Health Needs

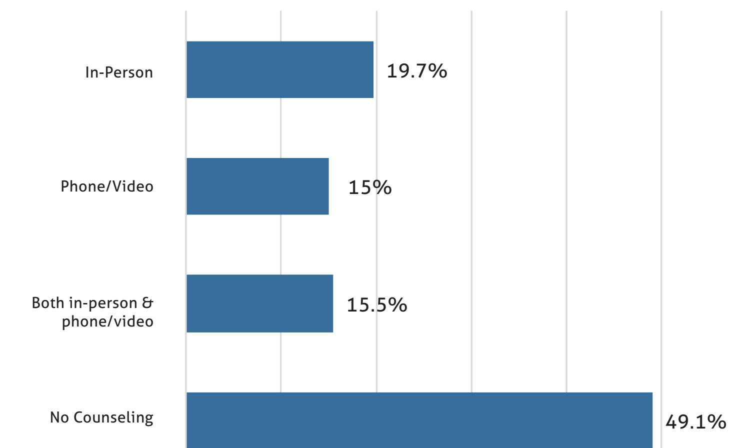
- *Overall Unmet Needs: 47.7% needed mental health treatment in the past 12 months, but did not get it.*



LGBTQ+ Affirming Mental Health Care

- *Half of respondents received counseling in the past year.*
- *Half of respondents (49.6%) believed their therapist/ counselor knew about LGBTQ+ issues.*
- *62% felt their therapist/counselor validated their feelings about oppression.*
- *87.6% believed their therapist/counselor explained the process, risks and benefits, and client/ counselor expectation well.*
- *31.7% thought it was important for their therapist/ counselor to be familiar with the LGBTQ+ community.*

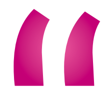
Accessing Counseling Services in the Past Year



Policy Recommendations

- **Mental health professionals must act in alignment with the ethical requirements of their licensing boards and professional agencies, particularly as they pertain to the equal and equitable provision of care to all clients, including sexual and gender minority clients. Licensed mental health professionals should not only hold themselves to these standards but should call out failures to meet these standards when they see them and report concerns to licensing boards and professional agencies.**
- **Drug and alcohol cessation and recovery programs must provide culturally competent care options for LGBTQ+ clients, including alternatives to religiously-based treatments. Programs should never preclude folks from accessing services due to substance use.**
- **In-patient settings should validate the experiences of transgender, nonbinary, and gender expansive persons. These settings should provide adequate and safe housing for their patients based on their own identity and comfort. This includes providing bathrooms and utilizing appropriate language specific to gender.**
- **In healthcare settings, providers should use affirming language regarding gender identity, physiological terminology, and procedures.**
- **Providers and clinicians must take steps to avoid institutionalized re-traumatization. This begins with recognizing the impact of historical and contextual experiences of the community and making a conscious effort to reduce any potentially triggering occurrences.**

7 | Sexual Health

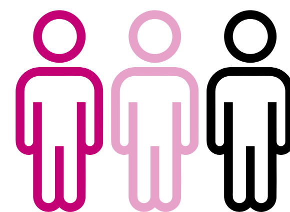


Sexual health is an important part of health and well-being for everyone. This section covers sexual activity along with STI and HIV testing, treatment, and awareness.

> "There have been some kind of question ... what are you doing sexually? Are you on any kind of contraception? ... I was putting answers that were true, which would indicate from a heteronormative lens that I needed to be on contraception... I didn't actually need to be on contraception, but no one ever checked, no one ever brought it up whatsoever... Am I going to have to come out at this appointment?... I just wanted to be honest because I was going to have a long-term care relationship with these people... There's no space in the medical appointment to talk about things related to sex if you need to, in my experience."
>
> – focus group participant

Rates of Sexual Activity (Including Sex Work)

- *Most (80%) LGBTQ+ respondents are sexually active. Adults (91.3%), gay respondents (87.4%), cisgender respondents (88.7% of cis men and 83.3% of cis women), Black respondents (90%), neurotypical respondents (89.4%), and respondents without a serious mental illness (86.7%) are the most sexually active compared to other groups. Over two thirds (68.7%) of youth ages 16-25 are sexually active.*
- *11.3% have engaged in sex work or worked in the sex industry, including OnlyFans or erotic dancing. 18.4% of nonbinary and gender-expansive people, 15.5% of trans people, and 14.7% of neurodiverse people have engaged in sex or sexual activity for money or have worked in the sex industry.*



Over two thirds (68.2%) of LGBTQ+ respondents aged 16-25 are sexually active, only half of sexually active youth have been tested for STIs

STI Prevalence and Testing

The term "sexually transmitted infection" (STI) refers to a pathogen that causes infection through sexual contact, whereas the term "sexually transmitted disease" (STD) refers to a recognizable disease state that has developed from an infection. Physicians and other health care providers have a crucial role in preventing and treating STIs. Sexually active young people are not getting tested enough for STIs.

- *Only three quarters (75%) of sexually active respondents have been tested for a sexually transmitted infection (STI) at least once.*
- *Half (50.6%) of sexually active youth have never been tested for an STI, along with over a quarter of sexually active lesbian (28.1%), trans (27.8%), and nonbinary and gender-expansive respondents (28.4%).*
- *Among sexually active respondents who have been tested, two thirds (67.6%) get tested at least once a year. A quarter (23.6%) of sexually active respondents who have been tested get tested about once every 2-3 years. About a tenth (8.3%) get tested about once every 4-5 years or less often.*

Diagnoses **with STIs**

STI	LGBTQ+ %	Groups with higher prevalence
Chlamydia	4.5%	1 in 6 (16.7%) sexually active respondents that have engaged in sex or sexual activity for money or have worked in the sex industry that have been tested for an STI have had chlamydia.
Gonorrhea	4.1%	About 1 in 10 gay (11.2%) and queer (10.4%) respondents who are sexually active and have been tested for an STI have had gonorrhea.
Syphilis	2.8%	Gay respondents (8%) display the highest rate of syphilis in sexually active respondents that have been tested for an STI. Nearly 1 in 7 (13%) respondents that have engaged in sex or sexual activity for money or have worked in the sex industry have had syphilis.
Oral Herpes	2.5%	Sexually active queer and trans respondents report some of the highest rates of oral herpes (7%).
Genital Herpes	2.7%	
HPV	1.9%	About 1 in 10 sexually active multiracial (9.4%), queer (10.4%), and nonbinary and gender expansive (9.3%) respondents that have been tested for an STI have had HPV.
Trichomoniasis	1.7%	
Crabs/Pubic Lice	2.3%	Nearly 1 in 10 (8.7%) cisgender men who are sexually active and have been tested for an STI have had crabs/pubic lice.

HIV Testing and Treatment Access

Medications to prevent the spread of HIV including pre and post-exposure prophylaxis and antiretroviral therapy (ART) are now available, but understanding and access to these options can vary.

- *In South Texas, about 1 in 20 (5.3%) LGBTQ+ respondents have been told by a healthcare provider that they are HIV positive with higher rates present in seniors (21.6%), cisgender men (12.2%), gay respondents (13.2%), and multiracial respondents (7.2%).*
- *Over half (55.3%) of LGBTQ+ respondents worry at least sometimes that they might get HIV.*
- *Less than half of LGBTQ+ respondents can easily access HIV testing in their community (46.9%), know where to access HIV treatment in their community (46.4%), or feel comfortable talking with their medical provider about their needs related to HIV prevention (44.1%).*
- *Of respondents that have been told they are HIV positive, most (83.3%) have been prescribed antiretroviral therapy (ART) and most (92.3%) are currently taking it regularly and as prescribed either most of the time (65.5%) or all of the time (27.6%).*
- *About 9 in 10 (86.1%) HIV positive respondents have seen a doctor or health care provider for HIV care in the past 12 months. About 9 in 10 (86.1%) have also been*

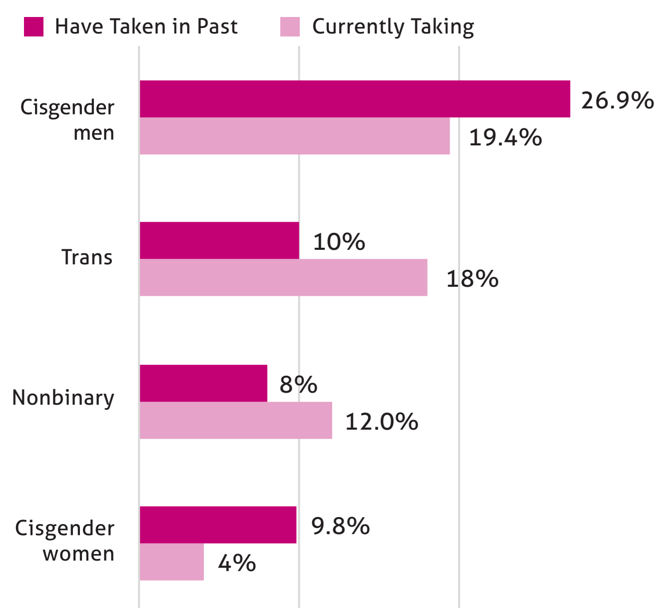
told by a medical provider that taking HIV medications can make their viral load undetectable or hard to transmit to other people.

PEP and PrEP

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medications are powerful tools for slowing the spread of HIV. PrEP can be taken by people without HIV who may be exposed to HIV through sex and/or injection drug use, and PEP can be taken after a specific, high-risk exposure to prevent the transmission of HIV. When taken properly, PrEP and PEP are both effective in preventing HIV. Despite the existence of PrEP and PEP, respondents report difficulty accessing these medications or lack of knowledge about them.

- *19.4% of cisgender men and 18% of trans respondents report taking PrEP right now, and 26.9% of cisgender men and 10% of trans respondents have taken it in the past. 12% of nonbinary respondents and 4% of cisgender women are currently on PrEP.*
- *41% of cisgender men, 18.3% of cisgender women, 32% of trans respondents, and 14.5% of nonbinary respondents have taken PEP to prevent HIV.*
- *Over a quarter (26.3%) of respondents state they can not easily access PrEP.*
- *Almost a fifth (16.1%) of respondents state they can not easily access PEP.*
- *Many LGBTQ+ respondents do not know how to access PrEP and PEP resources. Over a third (34.6%) of respondents state they are unsure about whether they can easily access PEP. About a third (31.3%) of respondents state they are unsure about whether they can easily access PrEP.*
- *About a fifth (17.3%) of respondents do not know what PrEP is. Over a quarter (27.7%) of respondents do not know what PEP is.*

Rates of Taking PreP Now or in the Past



Policy Recommendations

- **Government officials should prioritize funding for LGBTQ+-inclusive sexual health education and accessible health care services for people of all ages, including LGBTQ+ youth. Collaborations between public health workers and community organizations need to be prioritized to minimize STI prevalence and increase HIV education.**
- **Community organizations and healthcare providers must increase accessibility and education regarding testing and must expand outreach to marginalized groups, ensuring culturally competent care and regular HIV and other STI screenings. Programs such as peer-to-peer support specialist training programs should intentionally include people living with HIV and their expertise.**
- **Public health workers and healthcare providers must collaborate on community initiatives that should aim to destigmatize LGBTQ+ identities, sexual health, and HIV status, creating safer spaces for accessing vital resources. All health care organizations and providers must play an active role in ending HIV-stigma by making information regarding HIV readily available to everyone, regardless of sexual orientation or gender identity.**

8 Preventative Care

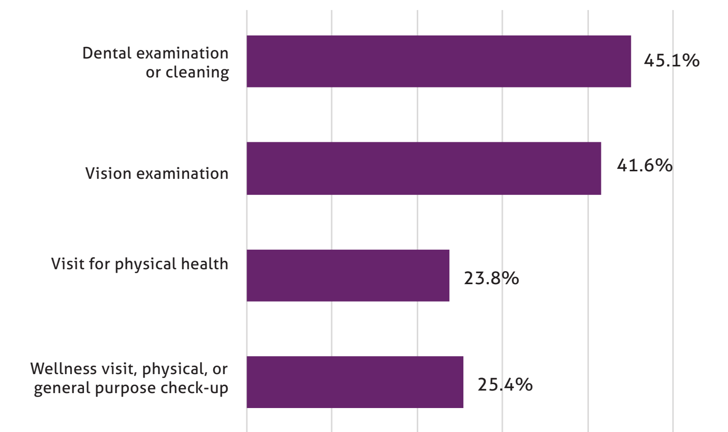
Preventative care is essential for maintaining overall well-being, aiming to prevent and detect illness. This section covers a handful of preventative care topics that are particularly relevant to LGBTQ+ health including sex education, COVID-19 vaccination, mpox, Pap smears, and mammograms.

High Disparities in Routine Preventative Medical Care

Routine preventive care helps maintain good health and identify problems early. Regular eye exams, dental visits at least once a year, and visiting the doctor for physical examinations is essential to preventive care. However, LGBTQ+ respondents are not always able to access preventive medical resources.

- *Almost half of respondents have gone over a year without a dental examination or cleaning or a vision examination. Almost a quarter of respondents have gone over a year without seeing a doctor or other health professional about their physical health or for a wellness exam.*
- *Black, Hispanic, and multiracial respondents are seeing health professionals less often than white respondents. Almost a third of Black (30%) and multiracial respondents (27.4%) have not seen a doctor or health professional in the past year for their physical health.*
- *Almost half of queer respondents and one third of bisexual respondents have not had an annual wellness visit. This may be the impact of age on healthcare use, as 9 in every 10 seniors (88%) and 8 in every 10 adults (80.5%) have seen a doctor or health professional for a wellness visit, physical, or general purpose check-up in the past year. However, less than two-thirds of young respondents (58.1%) had accessed this type of care in the past year.*
- *Trans, nonbinary, and gender-expansive respondents do not see doctors or health professionals enough. Most cisgender men (85.2%) and cisgender women (74.8%) have seen a doctor or health professional in the past year for a wellness visit, physical, or general purpose check-up, but less than two thirds of trans respondents (60.6%) and nonbinary and gender-expansive respondents (54.4%) have.*

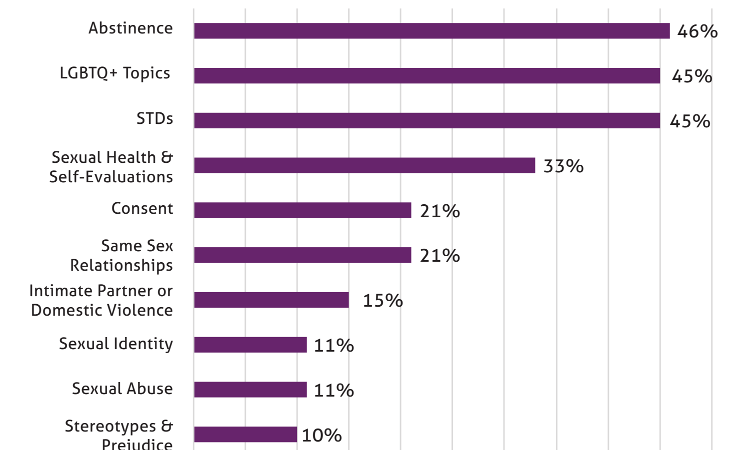
Healthcare Services Not Used in Over a Year



Sex Education Lacks Sufficient Representation

Most sexual education programs lack essential topics. Many important topics for LGBTQ+ people, such as healthy relationships and sexual identity, are not covered.

Topic Representation in Sex Education Programs



- *While a majority (90.5%) of respondents have taken a sex education course or program in either elementary, middle, or high school, almost a quarter (23.4%) stated it was not helpful and 16.2% stated the course was a waste of time.*

High COVID-19 Vaccination Rates but Low Boosters

COVID-19 vaccines are effective at protecting people from getting seriously ill, being hospitalized, and dying. As with other vaccine-preventable diseases, the best protection from COVID-19 is to be up to date with the recommended vaccinations. While efforts have been made to increase accessibility to COVID-19 vaccines, disparities persist in racial and ethnic minorities.

- *While most (78.7%) of all respondents have received a COVID-19 vaccine, Black respondents have the lowest rates of vaccination for COVID-19 (69.1%).*

About **9 in 10 seniors** have received a COVID-19 vaccine

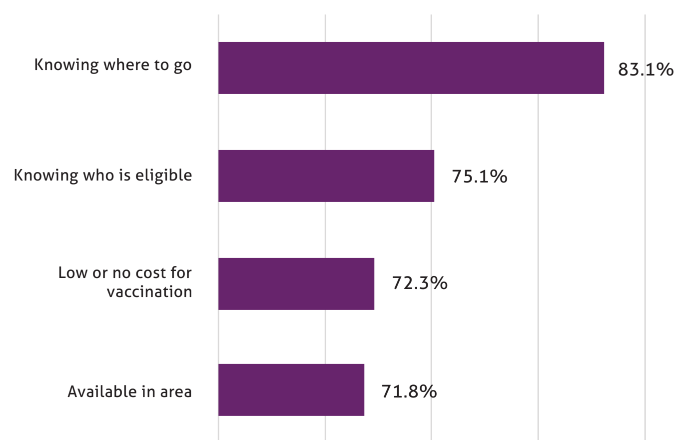
- *Moreover, while most (68.9%) respondents have received a vaccine booster within the last year, 41.8% of all Hispanic respondents have not.*
- *Seniors are well-vaccinated; only 11.8% of seniors have never received a COVID-19 vaccine. Around 33% of youth and adults have never received a booster.*

Low Mpox Vaccination and Education

Mpox (formerly known as monkeypox) is a viral disease caused by infection with the mpox virus. Mpox vaccines are free of cost and effective at protection from mpox, and vaccination is an important tool in stopping the spread of mpox. LGBTQ+ respondents want more accessibility to the mpox vaccine.

- *More than half (55.3%) of respondents stated they don't know much about mpox and about a fifth (19.4%) of respondents stated they don't know anything about mpox.*
- *18.8% of respondents have been vaccinated against mpox with at least one dose, including 32.8% of cisgender men, 12% of nonbinary respondents, and 27.5% of seniors. Black cisgender men were significantly less likely to have been vaccinated (19.4%) than Latinx (35%) and White cisgender men (33%).*

Barriers to Getting **Mpox Vaccine**



- *One in four respondents are interested in getting an mpox vaccine and reported that more information, including knowing where to go, who is eligible, availability in the area, and low cost/no cost options, would make getting the vaccine accessible.*

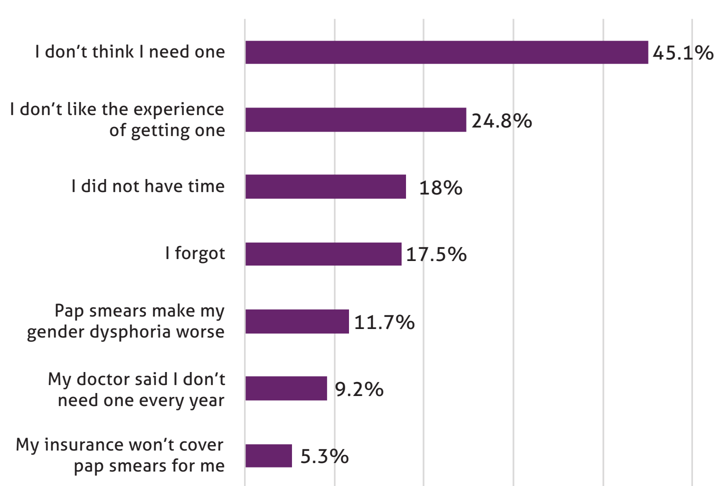
Pap Smears

The Pap test (or Pap smear) looks for precancers or cell changes on the cervix that might become cervical cancer if they are not treated appropriately. It is recommended that women between the ages of 21-65, should receive a Pap smear every three years, and women between the ages of 30-65 should receive a Pap smear in combination with HPV testing every five years.

Over **6 in 10 respondents** (60.9%) stated they have not had a pap smear or pap test in the past year

- *6 in 10 eligible respondents (60.9%) stated they have not had a Pap test in the past year. The reasons for not getting one included forgetting, not having time, and not enjoying the experience of getting one.*

Reasons Respondents **Didn't Get a Pap Smear in the Last Year**



Mammograms

A mammogram is the best way to find breast cancer for most women of screening age; however, most respondents are not getting regular mammograms. A mammogram is an X-ray of the breast. For many women, they are the best way to detect breast cancer early when it is easier to treat and has yet to cause symptoms thus lowering the risk of dying from breast cancer.

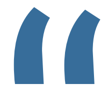
- *13.7% of eligible respondents over the age of 40 years old have never had a mammogram. Of respondents that have received a mammogram, 86% had the mammogram in the past two years.*

Policy Recommendations

- **Healthcare providers and nonprofit organizations need to emphasize the importance of annual visits with healthcare providers by sharing resources and addressing barriers that keep LGBTQ+ people from accessing care. Since cost has been identified as a significant barrier, community organizations need to increase the availability of free and low cost health care screenings, health fairs, vaccination drives, and testing services. All of these services must be specifically organized with the LGBTQ+ community in mind.**
- **LGBTQ+ people of all ages, especially youth, require comprehensive and inclusive sexual education that is medically-accurate and age-appropriate. Public administrators within the education system must advocate for the inclusion of LGBTQ+ affirming topics in sexual education curriculum. Nonprofit organizations must fill in the gaps left by incomplete and inaccurate sexual education programs by creating and distributing resources addressing LGBTQ+ healthcare needs and advocating for systemic changes to improve sexual health literacy.**
- **Public health workers, healthcare providers, and community organizations need to increase vaccines and vaccine boosters in minority communities, by addressing educational barriers, distrust, and lack of accessibility. The frequency and accessibility of vaccine drives should be increased.**
- **Healthcare providers and community organizations need to highlight the significance of Pap smears and mammograms as a preventive measure against dangerous diseases, including breast and cervical cancer. These programs should address educational barriers as well as barriers to cost and accessibility specifically with LGBTQ+ people's health care needs in mind.**

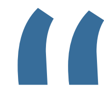
9 Alternative Care and Community Care

San Antonio's LGBTQ+ community relies on alternative and community care to meet their health needs. **Many respondents use alternative medicine and community resources such as LGBTQ+ health clinics, family members, or friends for their health needs.** Moreover, LGBTQ+ individuals help care for others, which can be incredibly taxing for caregivers whose mental health is negatively impacted by their loved ones' alcohol, drug, or mental health issues.



I think that the way of taking care of myself that I practice the most, is educating myself. Reading books about any type of health, especially in the LGBT community, I Google a lot. So I just like to be informed and a lot of different resources that we may have and we may need. And just in general, for me learning a lot about everyone in the community, it's one of the best ways for me to not just take care of myself, but also of the people around me that are part of the community as well."

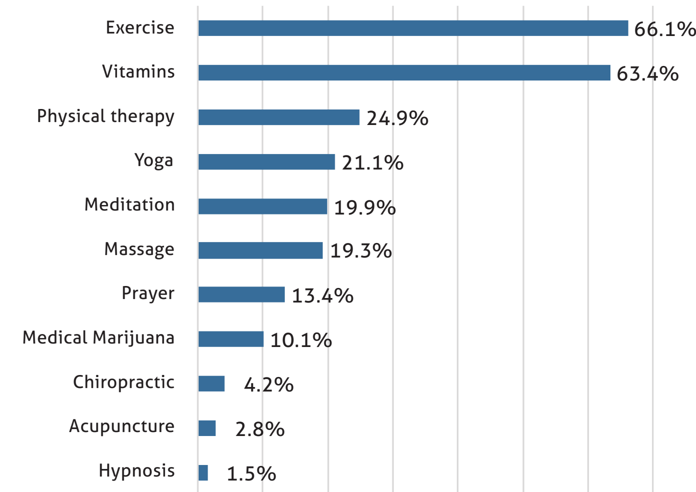
– focus group participant



I think we're also there for each other in good and fun ways, even just to have friends that are supportive of your relationship. When it's some kind of queer relationship, you might not necessarily get that kind of support from your family or the people that you work with, but with your friends it's totally different. You can just be yourself. That's really important. And also in the community, the ways that we gather and celebrate together, drag shows and stuff like that. I think that it's a good way to build community with each other."

– focus group participant

Alternative Treatments Common



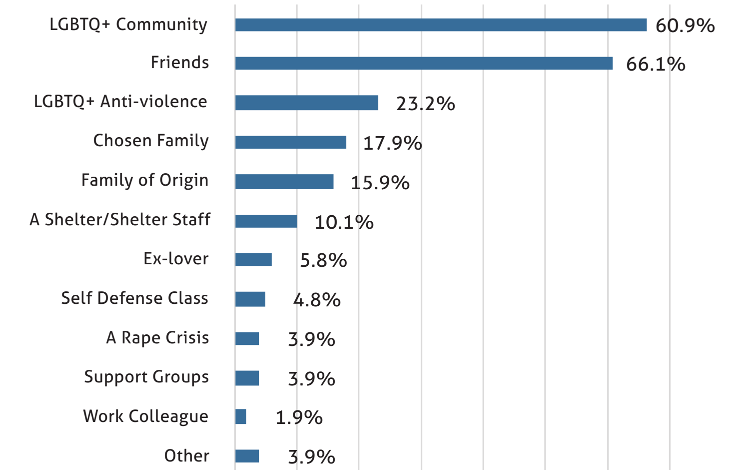
Alternative medicine and treatments are commonly used by LGBTQ+ people, particularly exercise and vitamins.

- *Nine out of ten respondents have used an alternative treatment for health issues in the last year. Three out of four have tried more than one.*

Community Care

Respondents used a variety of community and social resources when they were sick or otherwise needed medical advice. These resources range from asking friends or family for medical advice to using community institutions such as LGBTQ+ health centers. Respondents choose either friends who are knowledgeable about health, a Planned Parenthood health center, an LGBTQ+ health center, a traditional or spiritual leader, a religious advisor, or a community healer or family member to rely on for support.

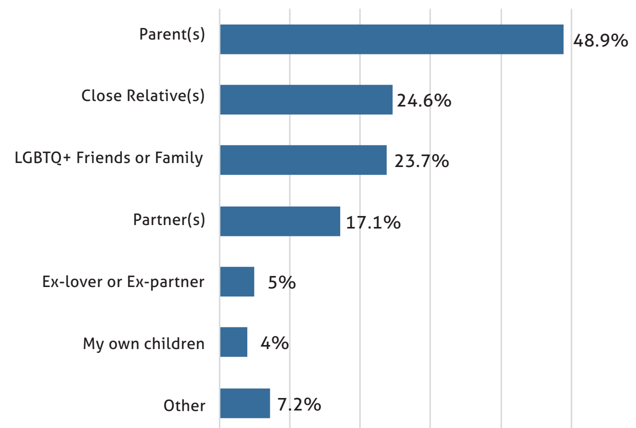
- *2 out of 5 respondents used some form of community resource or social care in the past 12 months for their health.*
- *Neurodivergent respondents found institutional support much less helpful than neurotypical respondents. Only 34.6% of neurodivergent respondents utilized community or social care in the past 12 months. Additionally, they were much less likely to use institutional community care such as that from LGBTQ+ health centers (only 8.4% usage). However, they were more likely to use interpersonal and social care such as going to a friend for medical advice (19.5%) than neurotypical respondents (6.1%). Of respondents who have dealt with an abusive partner, less than 3% of neurodivergent respondents found an LGBTQ+ community center or anti-violence organization helpful, while half of neurotypical respondents did.*
- *Black respondents are the most likely to use community and social care options, and to use more options. Nearly half (45.7%) of Black respondents used an LGBTQ+ health center when they are sick or need health advice.*
- *Respondents found friend and interpersonal support, along with LGBTQ+ institutional support, helpful when dealing with an abusive partner.*



LGBTQ+ Commonly Provide Care for Others

Just as respondents received care from community and social resources, over half of them are providing unremunerated care to someone they know— including parents, close relatives, partners, or others. But while respondents report a high intensity of care, care is typically focused on one individual.

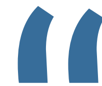
- *Over half of respondents are providing care to another person (51.6%), and nearly 2 out of 5 respondents are providing care at least once a week (37.9%).*
- *Transgender or Lesbian respondents are the most likely to be providing care (53.6% and 51.8% respectively).*



Negative Impacts of Community Care on the Mental Health of Caregivers

Community care is vital and useful for both the physical and mental health of respondents, but it can also be incredibly taxing for those providing this care. Community care can help spread the burden of mental health issues, but also negatively affect interpersonal relationships and providers of community care. Having friends, family, or partners struggling with mental or drug abuse issues has a negative impact on respondents' mental health.

- *Half of respondents have had at least one friend, partner, or family member struggle with drug or alcohol abuse in the past 12 months (51.3%).*
- *2 in 5 respondents have had at least one friend, partner, or family member struggle with suicidality or serious mental health issues in the past 12 months (40.9%). A fifth have had two such persons struggling with these issues (23.3%).*
- *Only 7.4% of respondents were not negatively affected by the substance abuse or mental health issues of their friends, family, or partners.*
- *Respondents described that the added stress and worry for others aggravated their own mental health issues—increasing their own anxiety and depression. They felt emotionally drained, overwhelmed, and as if they were juggling their own life and needs with those of the person they were caring for. Despite the toll of caring for others, many respondents felt guilt either about the other's issues, or that they could not do more to help. They often felt difficulty in establishing boundaries, or in looking after their own mental health needs*



> I have had to prioritize self-care and seek therapy to cope with the emotional toll it has taken on me."
>
> "I've felt drained and helpless watching friends struggle; it's like carrying a weight that isn't mine."
>
> "I usually felt guilty or ashamed about their condition, even though it's not my fault."
>
> "It can be hard to feel like my own mental health matters when my loved ones are in crisis."
>
> – survey respondents

Policy Recommendations

- **Mental health practitioners should be aware of the impacts of community care on the LGBTQ+ community. Medical and/ or mental health care that does not include the recognition of minority stress issues such as these community care stressors (or additional challenges such as bullying, harassment, marginalization, etc.) cannot be considered holistic or inclusive. Providers and clinicians should begin with comprehensive intakes and continue to assess for these issues throughout treatment.**
- **Caregiver support groups that are specifically created by and for LGBTQ+ caregivers are a necessity. These programs should be prioritized, well-resourced, and marketed widely to reach more individuals in need of this support.**
- **Alternative care methods outside of traditional mental health services should be funded and made readily available to the community. Resource lists of supportive services and institutions should be gathered, regularly updated, and widely disseminated and should reflect alternative care options.**

10 Trans Health Care and Gender-Affirming Care

Transgender and nonbinary respondents often face challenges in social and medical transitioning. These challenges persist across state and medical systems with difficulty updating legal documents to reflect their preferred name and gender identity. Access to therapy, medications, and other procedures is also a challenge, leading to disparities in physical and mental health outcomes compared to cisgender respondents.

Challenges Finding LGBTQ+ Friendly Providers)

- *More than a quarter (29.3%) of transgender and nonbinary respondents find it not easy at all to find LGBTQ+ friendly providers where they live.*
- *Over a quarter (36.3%) of nonbinary and gender-expansive respondents struggle to find a trans-related health care provider, making them the gender identity to struggle most with this issue.*

Identity and Paperwork

A crucial element of the transition experience for transgender respondents is the changing of their name and documents to reflect their preferred identity. Transgender and nonbinary respondents in San Antonio, though, lack IDs and documentation that reflects their name and gender.

- *Almost half of transgender and nonbinary respondents (47.4%) indicated that none of their IDs and records list their accurate name.*

> I went to a chiropractor for a lot of really bad low back pain. The chiropractor seemed very concerned about my pain, but one nurse referred to me as 'they/them' and asked about my pronouns. But when I saw other doctors, nowhere was it on their intake questionnaire, 'Do you have a gender, other than that you were assigned at birth?' And it was 'she, ma'am, her,' and it was like death by a thousand paper cuts."
>
> – focus group participant

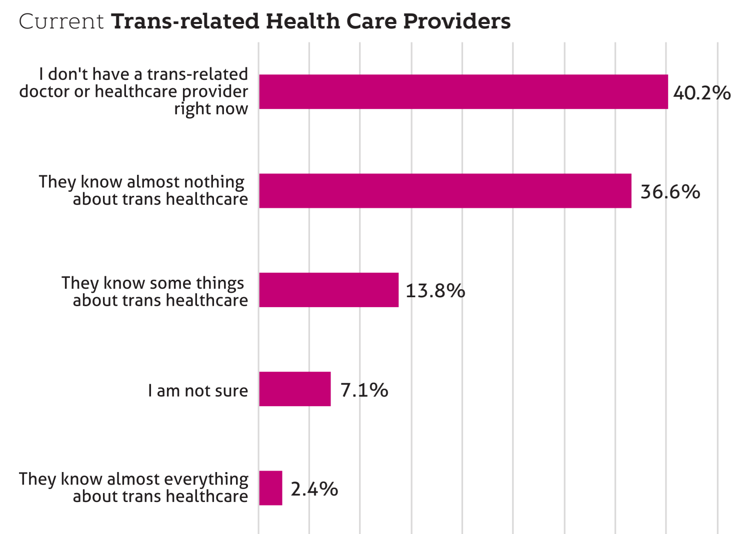
- *The majority of transgender and nonbinary respondents (65.8%) indicated none of their IDs and records list their accurate gender.*

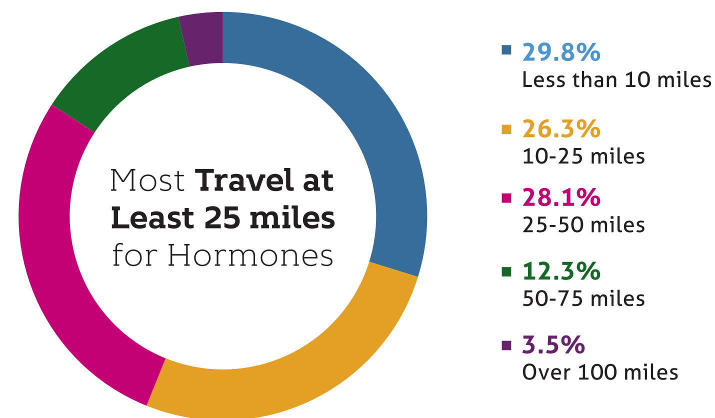
Limited Access to Counseling, Surgery, and Hormones

Counseling and therapy are recognized as crucial support mechanisms, yet access remains limited, with less than half of respondents accessing these services. While surgery is desired by a majority, access is hindered, with only a small fraction having undergone procedures. Similarly, hormone treatment is in high demand, but access is inadequate, with a significant gap between

those wanting and receiving treatment. Access to puberty-blocking hormones is particularly low, despite a notable desire for them among transgender and nonbinary respondents.

- *A majority of transgender and nonbinary respondents (73.7%) have wanted counseling or therapy for their gender identity or transition, but only under half of transgender and nonbinary respondents (46%) have accessed counseling or therapy.*
- *Overall, more than half (61.7%) of transgender and nonbinary respondents have wanted surgery, such as top or bottom surgery, while only 13.2% have had access to surgery.*
- *Almost half of respondents (48.4%) have indicated they want a hysterectomy someday, while only 5.6% have had it.*
- *More than half of transgender and nonbinary respondents (57.1%) have wanted hormone treatment for their gender identity, but only over a quarter (35.6%) of the respondents have had access to hormone treatment.*
- *Of respondents prescribed hormones, over half (61.4%) are prescribed hormones from a doctor who specializes in LGBTQ+ or transgender health, demonstrating a supportive health system. 3.5% accessed hormones from an endocrinologist who does not specialize in transgender health, and 12.3% accessed hormones through an endocrinologist who specializes in transgender health.*
- *Planned Parenthood provides hormone access for almost half (40.4%) of the transgender/nonbinary community who gets hormones.*
- *Almost a quarter of transgender and nonbinary respondents (20%) have wanted access to puberty blocking hormones as a minor, while only 4.6% have received it.*
- *40.2% don't have a trans-related doctor or health care provider right now, while approximately one third have a trans-related health care provider who is very knowledgeable about trans health care.*
- *Traveling long distances is often necessary to access hormones and surgical care, indicating geographical barriers to healthcare. Transgender and nonbinary respondents tend to travel far, usually outside of their city, in order to access hormones. In order to access surgery, transgender and nonbinary people have to travel even further. Most trans and nonbinary people who access surgery have to go to a different city to do so.*





Seeking Health Knowledge and Care from Safe Spaces

Transgender and nonbinary respondents reach out to institutions like a doctor's office, a health clinic, or a primary care doctor less often compared with cisgender respondents. Due to the harassment transgender respondents experience in healthcare, they tend to seek out safer spaces of community to access care, like friends or health centers. The internet and phone health services are important for information and access.

- *Over a quarter (37.5%) of transgender and nonbinary respondents go to their primary care doctor.*
- *Almost a quarter (22.3%) of respondents reach out to LGBTQ+ health centers.*
- *13.7% of respondents go to friends who are knowledgeable about health.*
- *12.5% go to a Planned Parenthood health center.*
- *A quarter (24.6%) of transgender and nonbinary respondents use the internet to self-care in the face of health concerns.*
- *More than half of transgender and nonbinary respondents (62.1%) find LGBTQ+ friendly healthcare providers using the internet, and over half of respondents (58.5%) indicated that, in the past 12 months, appointments with healthcare providers have been over the phone.*

Comprehensive Support Needed for Transgender and Nonbinary Minors

Transgender and nonbinary minors often want to receive support for social or medical transition, but have low access to care. When receiving support, transgender and nonbinary minors reported less suicidality, more feelings of happiness and success, and high rates of satisfaction with their transition care.

- *Almost half (38.7%) of transgender and nonbinary respondents indicated that, before turning 18, they wanted to receive support for social transition or gender-affirming medical care but did not receive any.*
- *Only 15% of transgender and nonbinary respondents indicated that they did receive social or medical support for their gender transition before 18 years old.*
- *High rates of minors transitioned privately at home (38.5%) or at school (69.2%).*

Transgender and nonbinary minors often sought medical support for their transition. Minors also often sought out counseling or therapy for support during transition.

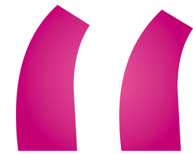
- *Transgender and nonbinary minors who received medical support took puberty blockers (19.2%) and took hormones testosterone/estrogen (38.5%).*

No minors received top/bottom surgery.

- *Over a quarter (34.6%) of minors saw a gender-affirming counselor or therapist, and almost half (42.3%) went to a support group.*
- *An overwhelming number of trans minors described how gender-affirming care or support to transition had a positive effect on their mental health and well-being. Many noted the positive effects of a stronger support system, the happiness from being their authentic selves, and comfort in their body and identity. Some respondents mentioned a negative impact on their mental health when family did not accept them or when they experienced bullying at school.*

Policy Recommendations

- **Our 2020 report called on community stakeholders to launch a transgender health training program for area providers to equip more healthcare providers with much needed knowledge and competency to serve transgender-specific health care needs and to serve transgender patients for all other health care needs. The findings of this current survey reflect an even more urgent need for the development of such a program.**
- **While providers in all areas of care should gain the necessary training to effectively serve transgender and nonbinary clients, internal medicine, family medicine, emergency medicine, endocrinologists, and primary care providers in particular should seek additional specialized training in transgender health care.**



"Being able to go to school and [being called my chosen name makes me feel] like I'm wanted in the world. **When someone corrects themselves if they accidentally used the wrong pronouns genuinely makes me smile because I know they care and it just reaffirms who I feel like!** Just thinking about it is bringing happy tears to my eyes."

"It had a good impact overall however **it was very stressful to adjust to that much change in highschool,** especially with feeling that I would be judged for being myself."

"Mostly positive except **I was aggressively bullied in high school for being trans**."

"My friends were very supportive but my family was not and that made me have several suicide attempts."

– survey respondents

11 Reproductive Health Care

Protecting rights and access to reproductive care has become an even more pressing issue since our previous report. In this report, we aimed to capture the experiences of all survey respondents who have ovaries, periods, and/or the capacity for pregnancy, which represent approximately half of all survey respondents. This section addresses reproductive health conditions, pregnancy, and birth control, but there is more information about mammograms and Pap smears in the Preventative Health chapter.

Reproductive Health Conditions

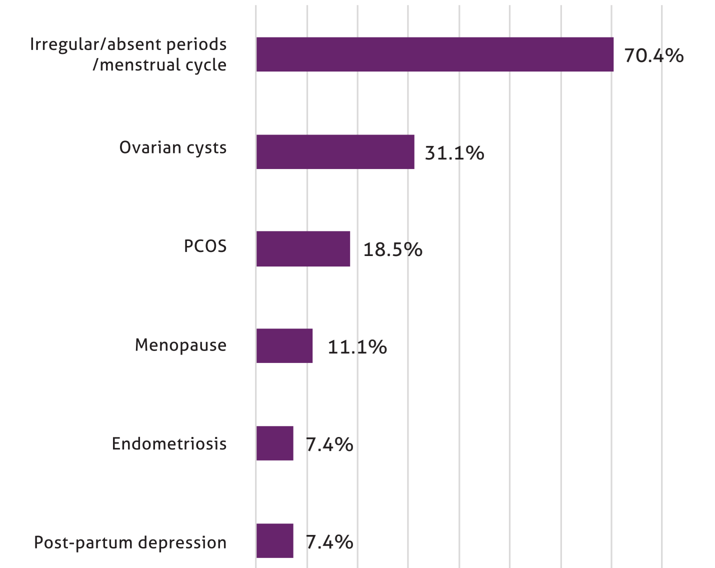
Overall, almost one in five of all survey respondents had been diagnosed with at least one reproductive health condition. The most common diagnosed condition was irregular or absent periods, with about 70% of respondents with periods reporting this.

Condoms and Oral Contraceptives, including Emergency Measures, Lead Birth Control Measure

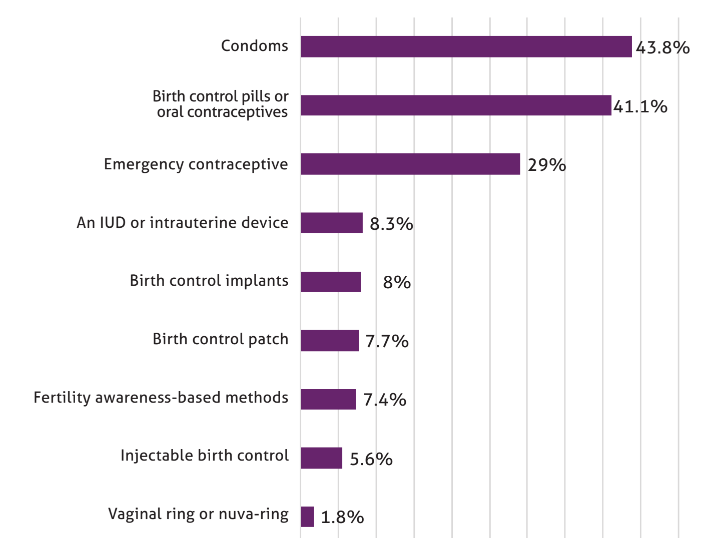
65.4% of respondents used birth control. Condoms were the primary type of birth control used, followed by birth control pills and emergency contraceptives. Comparatively few respondents used other methods of birth control, such as IUDs, implants, patches, etc.

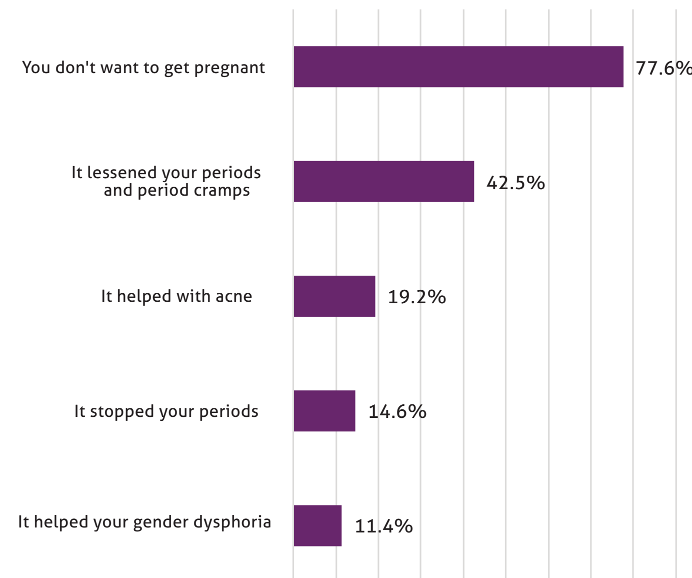
Respondents varied in their reasons for using birth control. Avoiding pregnancy was the most common reason for using birth control by far, followed with lessening periods and period cramps. In addition to the reasons listed below, respondents also reported that birth control helped with mental health symptoms and period regulation, and some used it to manage PCOS symptoms.

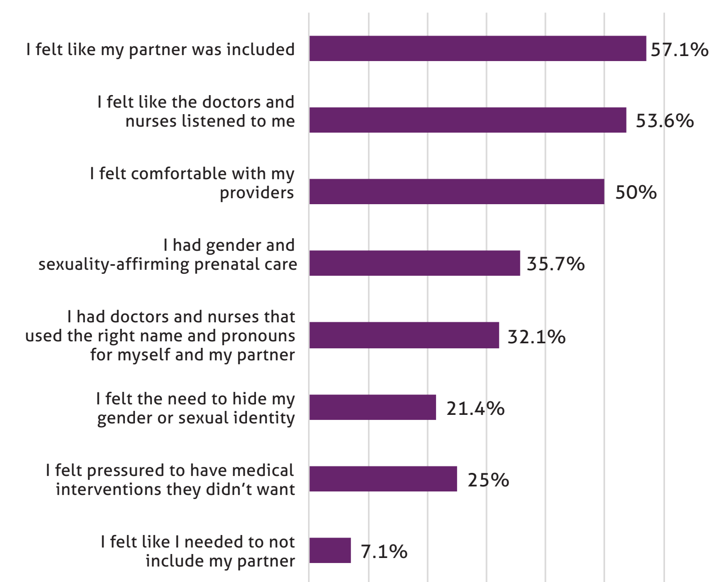
Diagnosis of **Reproductive Health Conditions**



Types of Birth Control Used by Respondents







Experiences with Pregnancy and Childbearing

Respondents had significant experiences with pregnancy, prenatal care, and giving birth. LGBTQ+ parents had both positive and negative encounters with healthcare providers around pregnancy and birth, which included both their experiences and their partner's experiences.

- *7.3% of all respondents have been pregnant. 14.7% of respondents with ovaries have been pregnant.*
- *The average number of pregnancies is 1.98 (almost 2 pregnancies). The most common number of pregnancies is 1.*
- *Two thirds of respondents who have been pregnant have had at least one live birth.*
- *40.5% of the respondents who have been pregnant have had at least one miscarriage; 18.9% of these respondents have had 2 or more miscarriages.*

Negative Impacts of Restrictive Abortion Legislation

Recent Texas legislation banning abortion care negatively impacted survey respondents.

- *45% of respondents reported that these bans have had an extremely negative effect on them.*
- *Cumulatively, over three-quarters of respondents reported somewhat negative or extremely negative effects from this ban.*

Overall, respondents report high levels of worry about access to abortion in Texas.

- *Most respondents (78.6%) worry about abortion access for their partners, friends, and family members.*
- *32.8% of respondents also worry about their own access to abortion should they need one.*
- *21.2% of respondents worry about needing an abortion if something medically goes wrong during a pregnancy.*
- *Only 14.4% of respondents reported none of these impacts because of the ban.*

Policy Recommendations

- **The erasure of queer people in reproductive health care should be immediately addressed. Women's health programs should be evaluated and updated to include considerations for queer and trans people, bodies, and care needs. Reproductive care for queer people should be identified as a priority item for providers and care facilities, services should be reviewed, and areas for LGBTQ+ competency improvement should be identified and implemented.**
- **Providers in the reproductive health care industry should be regularly and thoroughly trained on LGBTQ+ affirming practices, including understanding and affirming identity, as well as including patients' partners appropriately.**
- **Since many LGBTQ+ people either are or plan to become parents, family planning and fertility care should include specific attention to queer experiences of parenthood. Available city and nonprofit resources such as parenting classes, childcare supply drives, and lactation and birthing classes should be evaluated for LGBTQ+ efficacy and improved accordingly. In particular, gendered programs specifically tailored to mothers or fathers should be reviewed and updated as needed. Curriculum materials used in parenting classes should reflect all types of parents and families, including sexual and gender minority people.**
- **Access to reproductive care such as abortion and birth control should include considerations for queer experiences with these services, which often compounds the difficulty, precarity, and stigma that patients in Texas face when accessing this type of care.**

2024

Stay up to date with additional information, access to resources, and upcoming training opportunities by visiting the Pride Center at **pridecentersa.org** and on social media **@pridecentersa**.