

CHOSEN CIRCLES

HOW LGBTQ+ AMERICANS NAVIGATE HEALTH DECISION-MAKING



MBOOTH:HEALTH





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INTRODUCTION

Over 20 million Americans identify as lesbian, gay, bisexual, transgender or queer (LGBTQ+)*, many of whom face health disparities linked to societal stigma, discrimination and denial of their civil and human rights. Due to a long history of exclusion and the lack of visibility and focus on the community in healthcare, LGBTQ+ Americans often face gaps in health services, treatment and outcomes.

In recent years, much of the national conversation has been focused on LGBTQ+ rights and health, including debates about laws restricting gender-affirming care and inclusive sexual health education in schools. From anti-LGBTQ+ legislation to a sharp increase in hateful rhetoric online and IRL, this resilient group is being pushed to their limit – even in the doctor’s office.

But there’s a much more common, widespread problem: The stigma, discrimination and exclusion that LGBTQ+ Americans experience in the healthcare system is having severe health consequences. As Jesse Ehrenfeld, MD, MPH, the first openly gay person elected to the American Medical Association Board of Trustees, has noted, “LGBTQ patients are more likely to be uninsured, live with the burden of chronic disease, have difficulties accessing healthcare, and be more at risk for certain types of health issues such as obesity, cardiovascular disease and cancer.”

These challenges have driven LGBTQ+ communities to be among the most engaged groups of patients and health advocates. LGBTQ+ Americans have often banded together and taken action to respond to health crises such as HIV, mpox and COVID-19.

While many factors contribute to health disparities among LGBTQ+ Americans, one that is often overlooked is the lack of relevant, inclusive health information.

This report, based on a [national survey](#) fielded in November-December 2022, provides an analysis of how LGBTQ+ Americans are navigating health information today and identifies how health marketers and communicators can improve the way they reach and engage these important – and often neglected – health consumers. While these data aren’t broken down into audience segments, such as transgender vs. gay vs. lesbian, there is still great value in looking at how the LGBTQ+ community as a whole behaves when it comes to health decision-making. The findings in this report are crucial for healthcare agencies, pharmaceutical companies and other organizations looking to engage LGBTQ+ communities with accurate – and even lifesaving – health information.



We approach this work with humility, understanding that one research project won’t provide all insights needed to address the gaps in health information. Our aim is to ignite dialogue, foster learning and inspire action.

LGBTQ+ Americans are facing a health information crisis, amid an acute scarcity of trusted and culturally relevant health resources.

In many aspects of life, LGBTQ+ Americans have often leaned on “chosen families” for support, community and survival. The same is true for matters of health. As a result, they are creating their own circles of trust – a dynamic and highly curated group of people and sources they turn to to navigate health information and decision-making.

WE CALL THEM CHOSEN CIRCLES.



THE RISE OF CHOSEN CIRCLES



of LGBTQ+ Americans say they have created **personal networks of trusted people** and resources that they refer to when making decisions about their health.

THESE NETWORKS PERSIST AMONG LGBTQ+ AMERICANS ACROSS RACIAL & ETHNIC GROUPS:

WHITE **76%**

BLACK **64%**

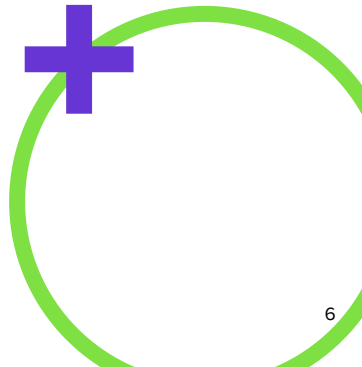
AAPI **62%**

HISPANIC **56%**

A POWERFUL FORCE IN LGBTQ+ HEALTH DECISION-MAKING

NEARLY
1 IN 4
LGBTQ+ AMERICANS

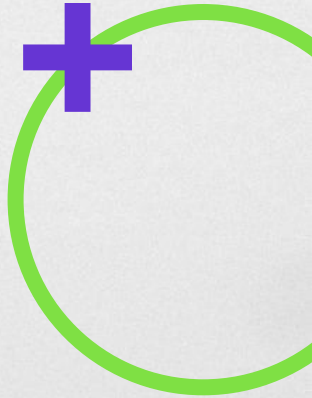
(23%) say they have **gone against a recommendation made by their healthcare provider** because of information shared by a close friend or family member



CHOSEN CIRCLES

A DYNAMIC + CAREFULLY CURATED NETWORK OF SUPPORT

LGBTQ+ Americans are **turning to trusted – and less expected – groups of people** for information and support in health decision-making.



CHOSEN CIRCLES



THE INFLUENCE OF INFLUENCERS



More than 1 in 3 (36%) of LGBTQ+ Americans say **online influencers** they follow are useful sources of health information



THE THERAPIST



of LGBTQ+ Americans turn to **mental health therapists and counselors** to get emotional support as they make health decisions

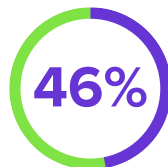


THE IMPACT OF EDUCATORS

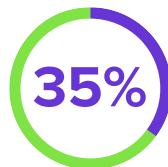
**NEARLY
1 IN 5**

(17%) of LGBTQ+ Americans say they have had conversations about their health at **school**
VS. ONLY 10% OF NON-LGBTQ+ AMERICANS

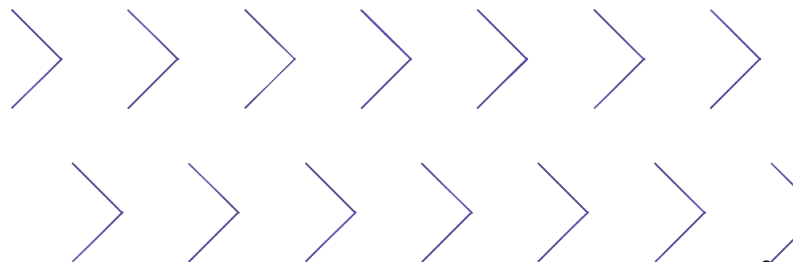
THE FRIENDS + FAMILY EFFECT



of LGBTQ+ Americans get health information from **family members** for opinions on what is best for their health



turn to **friends and neighbors** to learn about relevant health information

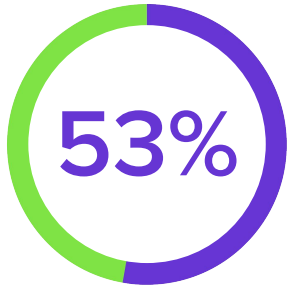


CHOSEN CIRCLES

PROVIDING CONFIDENCE, REPRESENTATION + COMMUNITY

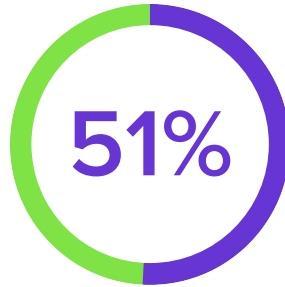
LGBTQ+ Americans are curating Chosen Circles to meet an acute need for relatability and inclusion – underscoring the critical importance of identity and “people like me.”

CONFIDENCE



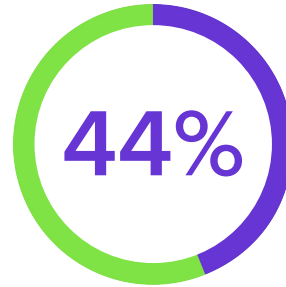
say curating multiple sources of health information makes them **feel more confident** about their health decision-making

SHARED EXPERIENCES



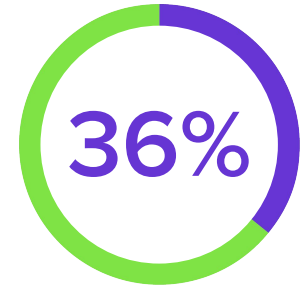
want to get opinions from **people who have personally experienced** the same health issue as them

PERSONAL CONNECTIONS



want to get the perspective of someone who **knows them or their family history**

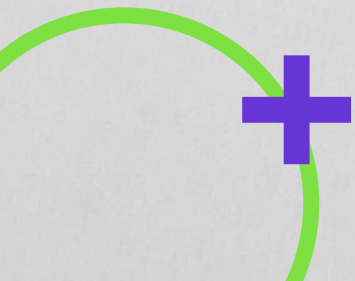
PEOPLE LIKE ME



want health opinions from **people who share the same identity** components as them (race, gender, sexual orientation, etc.)
VS. 27% OF NON-LGBTQ+ AMERICANS

THE TRUST + INCLUSION GAP

Traditional healthcare providers and industry aren't breaking through – which is causing LGBTQ+ Americans to look elsewhere for advice and information when making health decisions.

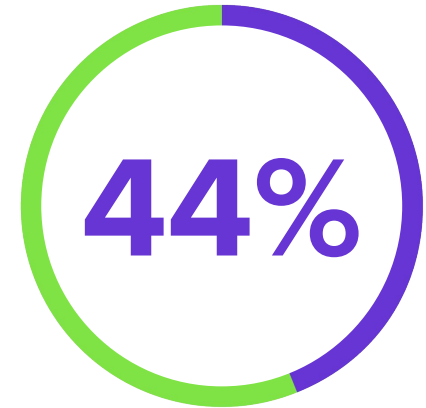


HEALTHCARE PROVIDERS OFTEN AREN'T TRUSTED TO BE IN THE CIRCLE

More than 1 in 8 LGBTQ+ Americans live in states where doctors can refuse to treat them.*

A deep history of stigma, discrimination and bias in the doctor's office have contributed to the mistrust LGBTQ+ Americans have in the the healthcare system. Moreover, one of the most prominent barriers to care is mistreatment or stigma experienced from healthcare providers.

As a result, fewer LGBTQ+ Americans are turning to healthcare providers when making health decisions.



Nearly half of LGBTQ+ Americans **do not include healthcare providers** as a top source of health information VS. 32% OF NON-LGBTQ+ AMERICANS

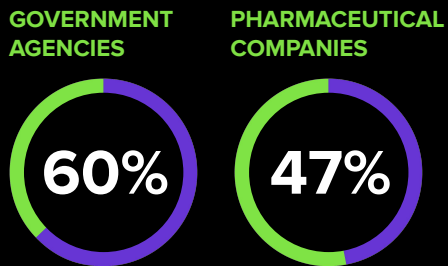
*Source: [nbcnews.com/health/1-8-lgbtq-people-live-states-doctors-can-refuse-treat-rcna39161](https://www.nbcnews.com/health/1-8-lgbtq-people-live-states-doctors-can-refuse-treat-rcna39161)

GOVERNMENT + INDUSTRY OFTEN AREN'T RELEVANT ENOUGH TO BE IN THE CIRCLE

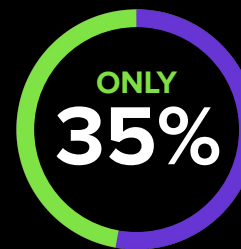
While government agencies and pharmaceutical companies remain important sources of health information, **LGBTQ+ Americans say these entities are failing to provide information that is tailored to their unique needs.**

REGARD GOVERNMENT + PHARMA AS IMPORTANT SOURCES

LGBTQ+ Americans say government agencies + pharmaceutical companies are an **important source of health information**



BUT THERE'S A MAJOR GAP IN SATISFACTION



say they are satisfied these entities are **delivering information that is personalized to their needs and interests**

THE TRUST + INCLUSION GAP

MORE THAN
1 IN 3
LGBTQ+ AMERICANS

- + Do not feel represented in health information (40%)
- + Say that health information does not feel relevant to them (33%)



LACK OF TRUST

LGBTQ+ Americans say they **do not believe these entities have their best interests in mind**

PHARMACEUTICAL COMPANIES

64%

GOVERNMENT HEALTH AGENCIES

55%

HOSPITALS AND HEALTH ORGANIZATIONS

48%

LACK OF INCLUSION

NEARLY

1 IN 4

LGBTQ+ AMERICANS

(24%) have **ignored health information** because it didn't feel inclusive of people like them

VS. 18% NON-LGBTQ+ AMERICANS

**THE HEALTH
INFORMATION GAP
HAS AN URGENT
REAL-WORLD IMPACT.**

**IT'S MAKING LGBTQ+
AMERICANS SICK.**

**MORE THAN
1 IN 4
LGBTQ+ AMERICANS**

say they have **gotten sick
in the last 12-18 months**
because they didn't have
access to health information
they needed
27% VS. 18% OF NON-LGBTQ+ AMERICANS

This translates to

5 MILLION

LGBTQ+ Americans becoming sick each year
due to lack of relevant health information

BRIDGING THE DISCONNECT: ADVICE FROM LGBTQ+ AMERICANS

HOW GOVERNMENT + INDUSTRY CAN BETTER MEET THEIR NEEDS

The only way to determine how to better address the unmet health information needs of LGBTQ+ Americans is to ask them. So we did just that – and **uncovered four core principles for more effectively reaching them with health information** that will resonate and provide value.

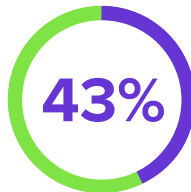




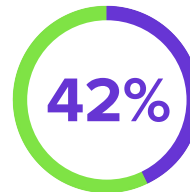
PUT US FRONT + CENTER

LGBTQ+ Americans that we surveyed made it clear that health information lacks the representation, personalization and relevance they need in order to trust it. While government health agencies, pharmaceutical companies, and organizations are often a good source of health information, they are not always *the right messenger*.

LGBTQ+ Americans want and need to hear from “people like me” – members of their communities with lived experiences that match their own and bring critical relatability to a range of health issues.



say they would be **more likely to trust health information if it was delivered to them by a member of their community**



say that health information should be **delivered by people with the same background/experience as them**



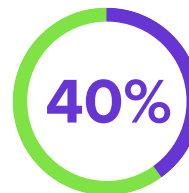
INFLUENCERS ARE “PEOPLE LIKE ME” TOO

The power of influencers – people who are more trusted, relevant, and active in the community – cannot be overstated. LGBTQ+ Americans have relied on influencers for the relatability that has been lacking in health. Their influence goes far beyond fashion, food, sports and the usual categories of influence. For LGBTQ+ Americans, online influencers also play a tremendous role in delivering health information.

So when LGBTQ+ Americans say they want to hear from “people like me,” we must understand that influencers are well within that category – and should be a part of the communications mix as government, industry and health systems strive for greater relevance and aim to build trust.

1 IN 3

(33%) LGBTQ+ Americans say they would be **more likely to read/watch/listen to health information** if it were delivered through influencers they follow



say they feel **supported by health influencers they follow** when it comes to finding relevant health information



FOCUS ON MY FEED

The importance of “people like me.” The influence of influencers. The lack of trusted, relevant and inclusive health information. Together, these factors make social media an essential source of health information for LGBTQ+ communities. In fact, LGBTQ+ Americans say they rely on social media for health information at significantly higher rates than the rest of the population. And while the health industry struggles with security concerns around TikTok, LGBTQ+ communities’ use of the platform has solidified.

For health information to meet LGBTQ+ communities where they are, communicators must find relevance in today’s platforms of choice, including TikTok, and lead with social-first programming that is credible, reliable and – most important – shareable.

SOCIAL MEDIA IS CRITICAL

MORE THAN
1 IN 3

LGBTQ+ Americans say they **have shared or reposted health information** on social media

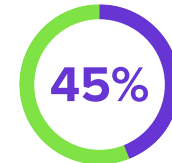
37% VS. 27% OF NON-LGBTQ+ AMERICANS

RISING INFLUENCE OF TIKTOK

LGBTQ+ AMERICANS ARE
2x AS LIKELY

as non-LGBTQ+ Americans **to see health news and information on TikTok**

41% VS. 21% OF NON-LGBTQ+ AMERICANS



of LGBTQ+ Americans say they would **use TikTok to reach people with similar backgrounds to them**

VS. 30% OF NON-LGBTQ+ AMERICANS



SCHOOL IS CRITICAL TO SUPPORTING MY HEALTH

It has been well studied that **LGBTQ+ inclusive policies and practices are linked to more supportive school environments for LGBTQ+ youth**. Those we surveyed made it clear that schools continue to be critical sources of health information and important settings for health-related discussions. This is particularly noteworthy given increased restrictions on inclusive sexual health education in many states. We must recognize the importance of educators (teachers, counselors, psychologists, and social workers) and learning communities to deliver relevant information to LGBTQ+ communities to foster well-being, greater belonging and better outcomes.

1 IN 5 LGBTQ+ AMERICANS

(20%) rank **schools among the top 3 most important channels** to reach members of the LGBTQ+ community with health information
VS. 14% OF NON-LGBTQ+ AMERICANS

+ This rises to
**MORE THAN 1 IN 3
GEN Z LGBTQ+
AMERICANS (34%)**



ACTION FOR GREATER IMPACT

As health communicators and marketers, we have an obligation to change the way we deliver health information to LGBTQ+ Americans. It starts with understanding the complex dynamics that impact LGBTQ+ health decision-making when building any health communications strategy.

DIMENSIONALIZE THE AUDIENCE

The LGBTQ+ community is not a monolith.

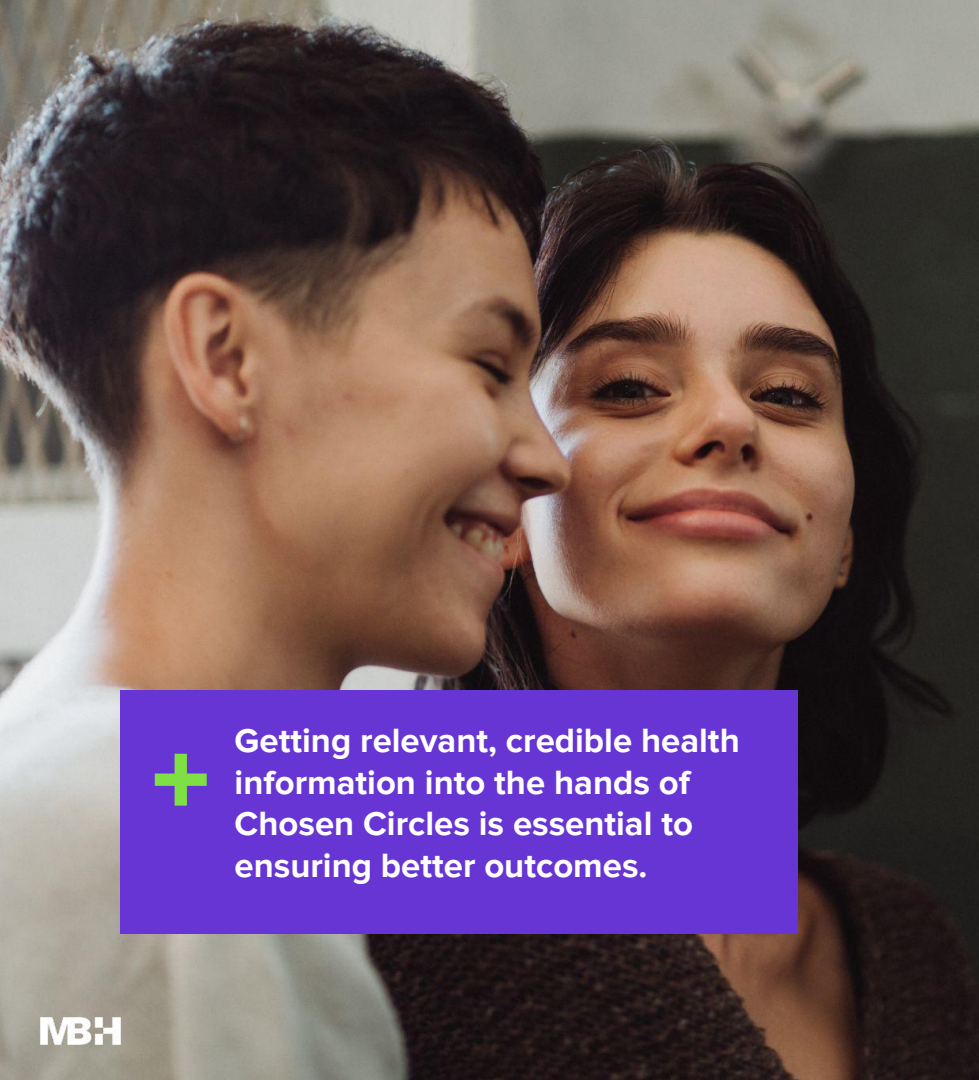
Intersectionality with race, ethnicity, geography and socioeconomic factors often heighten stigma and discrimination in the U.S. healthcare system. When we communicate with LGBTQ+ audiences about health, we're addressing a wide range of people with unique needs and lived experiences. And it is those lived experiences that we must put front and center. For example, the journey of a Black transgender woman is different from that of a White lesbian woman. Both may face bias, discrimination, and inequalities, but their day-to-day experiences will likely be different.

This means we can't simply check a box with one facet of representation – we must enlist a range of voices that are as multidimensional as the community itself. It means increasing our investment in information that is well tailored to its audience. And it means creating health information with the needs of LGBTQ+ communities in mind at the outset, not as an afterthought.

This report is based on a national survey that was not large enough to make statistically significant conclusions about LGBTQ+ subgroups. However, we encourage you to understand and address the needs of specific subsets of LGBTQ+ Americans when developing a health communications strategy.



Inclusive health information requires a deep understanding of LGBTQ+ experiences – and tailored strategies to address needs of the individual



Getting relevant, credible health information into the hands of Chosen Circles is essential to ensuring better outcomes.

EMBRACE THE CHOSEN CIRCLE

To support LGBTQ+ Americans' health choices, communicators need to understand and engage the personal networks they turn to for information and advice.

Reaching LGBTQ+ Americans through healthcare providers and health experts is just one part of the equation – one that doesn't work for many who have lost trust or had a negative experience.

Communicators and marketers must look for authentic, trusted messengers who share the experiences of their target audience. The critical importance of “people like me” opens the door for a range of voices to reach and engage with this incredibly diverse audience.

We must also treat these stakeholders with the same regard and focus as we would treat healthcare professionals. That means taking the opinions and expertise of these stakeholders into account at the outset, before we ever put pen to paper. It means empowering these voices to deliver the message, not just amplify it. And it means repositioning our own role as health communicators – shifting from leaders to enablers and supporters.

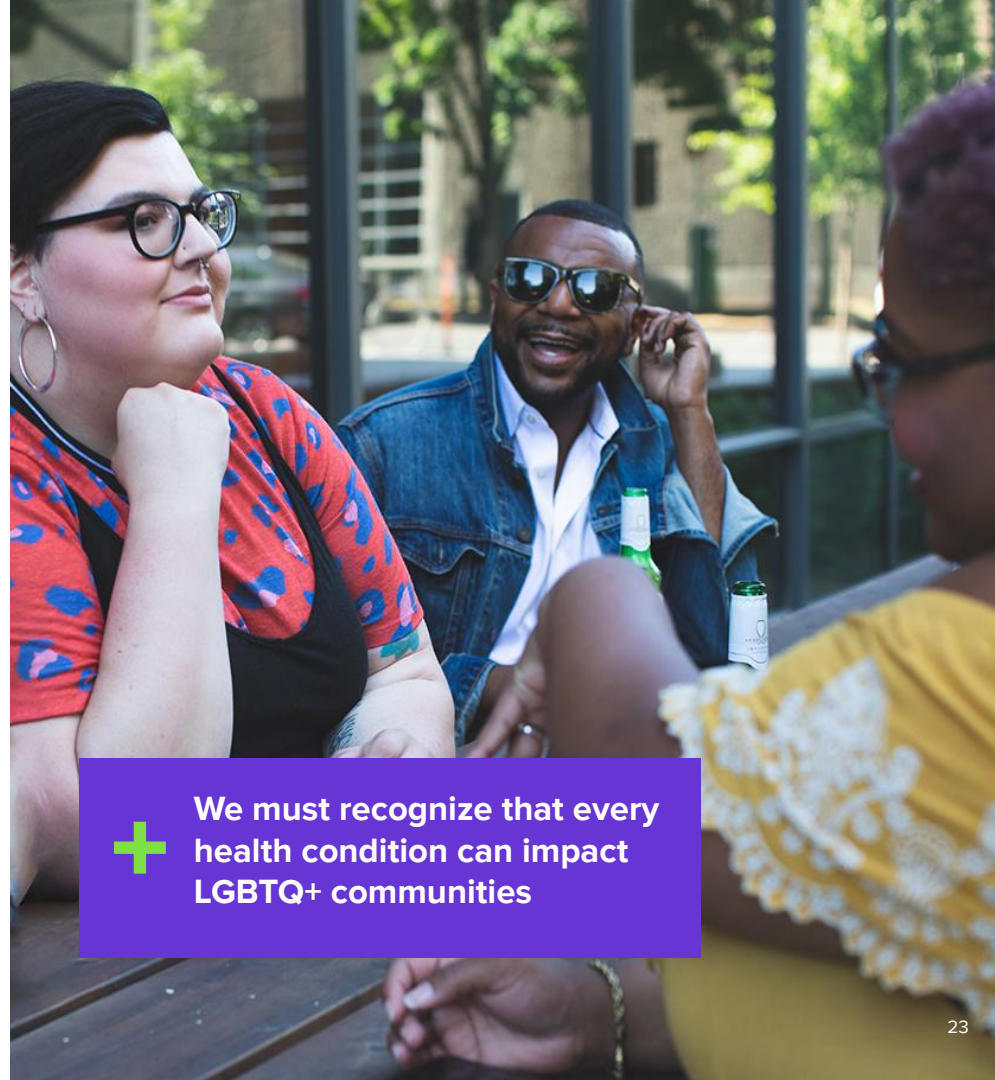
ERASE THE NOTION OF AN “LGBTQ+ HEALTH CONDITION”

All health communications should consider the needs of LGBTQ+ communities – period.

It is now widely acknowledged that communication efforts related to diseases that disproportionately affect LGBTQ+ people, such as HIV and STDs, should be inclusive and relevant to the community. However, this is woefully insufficient, as LGBTQ+ Americans experience the full range of diseases and health conditions – and the stigma, discrimination, and exclusion they face in the healthcare system manifest across every facet of health. And as our research has shown, this is making an alarming number of LGBTQ+ Americans sick.

It is important to recognize that LGBTQ+ Americans are often more likely to suffer from common illnesses and diseases and lack access to necessary treatment, and these inequities are often based on structural factors and not individual behavior. For example, some transgender individuals may forgo cancer screenings out of fear of discrimination.

Health communications across all conditions must consider the unique needs of LGBTQ+ communities and deliver against those needs in ways that will drive trust and relevance.



We must recognize that every health condition can impact LGBTQ+ communities



It's not just about representing LGBTQ+ communities, it's about learning from them as experts and advocates for their own health

BE AN ACTIVE STUDENT + PARTNER

The LGBTQ+ community is one of the greatest health organizers of our time.

Some regard its mobilization to fight HIV in the face of government neglect and hostility as the blueprint for modern health advocacy. That legacy has served parts of the community well, particularly when a new challenge emerged in 2022: the global mpox outbreak. American LGBTQ+ organizations and leaders didn't wait for government or industry to lead the way – they took matters into their own hands by sharing information, advocating for action and distributing vaccines. We must acknowledge that these efforts did not benefit everyone equally, but they have helped dramatically reduce the spread of the virus in the U.S.

Health communicators must respect LGBTQ+ Americans as the active and engaged health consumers they are.

Developing relevant health information starts with listening – hearing community perspectives before defining solutions – and using every opportunity to learn what health information will truly meet their needs. It extends to co-creation and partnership with messengers and champions who have the community's trust and respect. And making a commitment to stand firm with LGBTQ+ communities over the long haul.

METHODOLOGY

M Booth Health partnered with **Sprout Insight**, a women- and minority-owned strategic consulting and market research agency with special expertise in conducting research in healthcare, health decisions and behavior.

Sprout conducted a survey of 2,539 demographically diverse adult American consumers. Of the respondents, 376 self-identified as LGBTQ+, 2,034 did not identify as LGBTQ+ and the remaining were unsure or preferred not to identify their sexual identity.

Respondents were representative to the U.S. Census for age, gender, race, and ethnicity, and aged 18+ between 11/30/22 and 12/11/22. The margin of error on a probability sample of this size for the study total is +/-2%. Margin of error by race/ethnicity group is +/-4%. For all results, statistical significance is set at the 95% confidence level.

The surveys were administered online with device-agnostic design. Sprout Insight uses a rigorous screening and data quality process, including removal of duplicate IP addresses, removing straightliners and speeders, removing pasted text, including logic checks in the survey, and manually reviewing open-ended responses.





CHOSEN CIRCLES

HOW LGBTQ+ AMERICANS NAVIGATE HEALTH DECISION-MAKING

TO FIND OUT HOW **CHOSEN CIRCLES** IMPACT YOUR
BRAND OR ORGANIZATION, VISIT US AT

mboothhealth.com/news-insights/chosen-circles-lgbtq