AUSTIN AND TRAVIS COUNTY | 2021

LGBTQ2IA+ COMMUNITY HEALTH NEEDS ASSESSMENT

Findings from a Mixed Methods Assessment of the Health Needs and Tobacco Use of LGBTQ2IA+ Communities in Austin and Travis County

QWELL COMMUNITY FOUNDATION

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Austin Public Health

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The University of Texas at Austin

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Acknowledgments

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Austin Public Health would like to thank the Austin and Travis County LGBTQ2IA+ community members who took time to share their voices and experiences with the team. This Community Health Needs Assessment (CHNA) relied heavily on the participation of our communities, and we are so appreciative to everyone who helped inform our process. Thank you!

The quantitative data in this report come from QWELL's 2019 and 2020 annual anonymous LGBTQ2IA+ Wellbeing Survey of Greater Austin. **QWELL's** mission is to make Greater Austin the best place in the world for LGBTQ2IA+ people to live, love, learn, work, and play. Greater Austin has the third largest LGBTQ2IA+ population per capita in the nation, and achieving QWELL's mission requires filling unmet physical, digital, social, and community-based needs. Learn more about QWELL and how to get involved at AustinOutpost.org.

This report was supported by grant no. HHS000930400001 awarded by the **Texas Department of State Health Services (DSHS) Tobacco Prevention and Control Branch and the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health (OSH)**. The opinions, findings, conclusions, and recommendations expressed in this report are those of the authors and do not necessarily reflect the views of the DSHS Tobacco Prevention and Control Branch and the CDC OSH.

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Executive Summary

This Community Health Needs Assessment summarizes data from three sources: 1) the 2019 and 2) 2020 QWELL Wellbeing Surveys, and 3) seven focus groups that were conducted to assess tobacco use behaviors and attitudes of the LGBTQ2IA+ community in Austin and Travis County. QWELL Wellbeing Survey respondents come from almost every ZIP code in the Austin and Travis County area (see Appendix E) and identify across many dimensions of LGBTQ2IA+ identities.

The findings presented in this report include:

- In both the 2019 and 2020 QWELL Wellbeing Surveys, about 16% of LGBTQ2IA+ young adults ages 18-24 reported current use of an electronic cigarette device.
- More than 11% of the 2020 QWELL Wellbeing Survey sample reported some current cigarette use.
- 48% of focus group participants felt that tobacco use is prevalent in LGBTQ2IA+ communities.
- Two out of 25 focus group participants knew of a cessation program or resource that was available to them locally.
- Nearly six in ten respondents (59%) reported at least one barrier to accessing general physical healthcare.
- 36% of the 2019 sample and 46% of the 2020 sample reported having been diagnosed with a mental health condition.
- 11% of respondents did not have health insurance coverage in 2020.
- 25% of respondents have had a healthcare experience in which a doctor or therapist made cisgender and/or heterosexual assumptions about them.
- Nearly 20% of respondents reported that negative healthcare experiences have caused them to delay receiving future care.
- 31% of respondents to the 2020 QWELL Wellbeing Survey reported being treated with less courtesy or respect than heterosexual people in the last year due to their sexual orientation and 23% of respondents reported being treated with less courtesy or respect than cisgender people in the last year due to their gender identity.

RECOMMENDATIONS

1. Support tobacco prevention efforts among LGBTQ2IA+ youth and young adults.
2. Consider establishing LGBTQ2IA+ specific tobacco support groups and promote existing cessation resources.
3. Increase LGBTQ2IA+ cultural competency of healthcare providers.
4. Increase access to tobacco cessation medications.
5. Establish stress management resources.
6. Fund and promote accessible mental healthcare resources.
7. Partner with influencers among the LGBTQ2IA+ community.
8. Assess local tobacco control policies.
9. Establish Austin Public Health as a go-to resource for the LGBTQ2IA+ community.

Background

LGBTQ2IA+ (lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, and asexual) communities experience significant disparities in health and wellbeing compared to cisgender heterosexual individuals.[1] LGBTQ2IA+ people are also more likely to use commercial tobacco products than their cisgender and heterosexual peers.[2,3] Research has suggested that LGBTQ2IA+ individuals use tobacco products at higher rates due to a number of sociocultural factors, such as ubiquitous substance availability in LGBTQ2IA+ social spaces and more permissive substance use norms among community members, and as a way to cope with identity-related stressors.[4] The minority stress model suggests that LGBTQ2IA+ people experience unique and chronic stressors, such as harassment, victimization, and identity concealment, that are specific to their identities, and lead to worsened health over time.[5,6] Due to barriers to seeking support and finding competent health services,[7] these minority stress experiences may influence some LGBTQ2IA+ individuals to use substances (especially alcohol and tobacco) as a way to cope with these identity-specific stressors. Substance use can be conceptualized as a means of reducing tension and regulating or avoiding affect.[6,8,9] Additionally, internal tobacco company documents released in 1998 revealed marketing campaigns targeting LGBT and low-income communities. These targeted marketing campaigns may also have contributed to current use disparities, as exposure to tobacco advertising is linked to adolescent tobacco use.[10,11] While tobacco use in the United States is decreasing overall, it appears that tobacco use remains disproportionately high among LGBTQ2IA+ communities compared to the general population.[2] The origin of these disparities is crucial to investigate so that researchers and public health officials can create tailored interventions aimed at improving LGBTQ2IA+ health and wellbeing.

The goal of this project is to understand tobacco use by LGBTQ2IA+ people in Austin and Travis County and to use that understanding to inform future resources and interventions. To achieve this goal, the Texas Department of State Health Services (DSHS) Tobacco Prevention and Control Branch and the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health partnered with Austin Public Health (APH) in August 2020 on a grant aimed at reducing tobacco-related health disparities within local LGBTQ2IA+ communities. APH partnered with Mike Parent, Ph.D. and counseling psychology doctoral student Lexie Wille from the College of Education at the University of Texas at Austin to assess the health, wellbeing, and tobacco use behaviors of LGBTQ2IA+ adults in Austin and Travis County. This Community Health Needs Assessment (CHNA) will be used to inform the resources, support, and interventions needed to improve the health of LGBTQ2IA+ residents of Austin and Travis County.

In May 2021, researchers conducted seven focus groups with a total of 25 LGBTQ2IA+ individuals who have either recently or currently use tobacco and live within Austin and Travis County. Additionally, the research team analyzed quantitative data to assess the health and wellness of LGBTQ2IA+ residents of Austin and Travis County. Quantitative data used in this analysis was collected by QWELL, an Austin-based LGBTQ2IA+ community foundation. QWELL's annual anonymous LGBTQ2IA+ Wellbeing Survey of Greater Austin gathers quantitative health and wellness data, as well as some open response questions that offer insight into respondents' hopes for the future of their lives and community in Austin and Travis County. This CHNA compiles a large set of

qualitative and quantitative data and offers findings and community recommendations. Tobacco policy greatly impacts tobacco use rates, so recent Texas state laws and Travis County tobacco-related ordinances are included in this study.

These findings and recommendations can inform future programs and interventions to improve the lives and health of the LGBTQ2IA+ community in Austin and Travis County.

Glossary of Terms

Agender An adjective used to describe a person who does not identify with any gender.[12]

Cisgender A term used to describe people whose gender identity and gender expression align with their sex assigned at birth. A cisgender person is a person who is not transgender or gender nonconforming.[13]

Gender identity A person's deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Because gender identity is internal, a person's gender identity is not necessarily visible to others.[13]

Gender nonconforming A term used to describe individuals with gender behaviors, expression, and identities that depart from the cultural norms and expectations imposed by their assigned sex at birth.[14]

Health disparities Physical and mental health differences between groups related to social, economic, or environmental disadvantages. These disadvantages may cause health difficulties for these groups, such as discrimination leading to worse mental health. These disadvantages may also lead to prevention/treatment barriers, such as lack of finances holding individuals back from getting yearly check-ups.[15]

Health equity The process of eliminating health disparities and the issues that result in these disparities. This goal necessitates providing special attention to and resources for groups with poorer health outcomes.[15]

Internalized homophobia A process in which lesbian, gay, bisexual, and queer persons internalize negative societal messages about gender and sexuality as part of their self-image. This internalization of negative attitudes can create a psychological dilemma between romantic desires and negative beliefs about the self, which can lead to feelings of guilt, shame, and low self-esteem. Internalized homophobia is often linked to poor mental health outcomes.[16–18]

Internalized transphobia A process in which transgender and gender diverse people internalize negative societal messages about their gender identity. Internalized transphobia can be characterized by shame and guilt regarding their gender identity and expression, and is associated with poorer wellbeing in this transgender and gender diverse people.[19–21]

Intersex Intersex people are born with sex characteristics (including genitals, gonads, and genetic patterns) that do not fit binary conceptions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural physical variations. Researchers estimate that between 0.05% and 1.7% of the population is born with intersex traits.[22]

Microaggressions Brief and commonplace daily verbal, behavioral, or environmental indignities, whether

intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward minority groups.[23]

Nicotine A highly addictive chemical compound found naturally in the tobacco plant. Commercial tobacco products contain nicotine. Ingesting nicotine causes changes in brain chemistry which causes users to crave nicotine. While nicotine naturally occurs in the tobacco plant, some tobacco products contain additives that may increase the absorption of nicotine and thus increase craving.[24]

Pronouns and misgendering Pronouns are words that refer to the person speaking (I or you) or a person or thing that is being talked about (she, it). Gendered pronouns (such as he/she/they) specifically refer to people that you are speaking about. Some people may use gender-neutral or gender-inclusive pronouns (such as they/them or ze/hir) which do not assign a gender to the person who is being discussed.[25] Asking for and using others' pronouns correctly is a basic way to show respect for others' gender identities. Referring to someone with the wrong pronoun, or misgendering them, can make people feel invalidated, dismissed, disrespected, and/or or dysphoric about their gender.[25]

Qualitative data Types of scientific observations that are not collected as numbers. Rather, qualitative data are typically composed of words or themes/ideas that are collected as a result of methods such as interviewing, open-ended questions, or writing.[26]

Quantitative data Types of scientific observations that are quantified, or turned into numbers, and used for statistical analysis.[26]

Sexual orientation A person's sexual and/or emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction. A person may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities. Individuals may identify as lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others.[13]

Template analysis approach A method of qualitative analysis often used to explore themes found in interviews. In template analysis, researchers read through the qualitative data and identify themes that describe what is being said or written by participants. These themes are then organized into clusters based on similarities or pre-constructed content areas. Then, a coding template is created that organizes these clusters and themes into one document. Researchers then go through each set of qualitative data (e.g., interviews) and identify what themes were mentioned in each set using the previously constructed coding template.[27]

Commercial tobacco/tobacco products Tobacco is a plant grown for its leaves, which are dried, fermented and processed into tobacco products. Tobacco contains nicotine, an addictive chemical. Smoked commercial tobacco products include cigarettes, cigars, pipes, hookahs, bidis, and kreteks. Smokeless commercial tobacco products include chewing tobacco, dip, snus, and snuff.28 The tobacco and tobacco products discussed in this report do not refer to traditional tobacco products used by American Indians and Alaska Natives.[29]

E-cigarette/vape Electronic cigarettes are sometimes referred to as "e-cigs," "e-cigarette," "vapes," or "vape pens." Electronic cigarettes produce an aerosol by heating a liquid that usually contains nicotine—

the addictive drug in commercial cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air. Using an electronic is sometimes referred to as "vaping."[30] Electronic cigarettes are sometimes referred to as "e-cigs," "e-cigarette," "vapes," or "vape pens."

Transgender spectrum A broad term for people whose gender identity differs from the sex they were assigned at birth. Genderqueer, genderfluid, and nonbinary identities would all be classified as identities that exist on the transgender spectrum.[31]

Genderqueer A gender identity in which a person's felt gender does not align with a binary understanding of gender (i.e., a person who does not identify fully as either a man or a woman). People who identify as genderqueer may redefine gender or decline to define themselves as gendered altogether.[13]

Genderfluid A term used to describe a person whose gender identity is not fixed. A genderfluid person may feel like one gender some of the time, and another gender at other times.[32]

Nonbinary A broad term that encompasses any gender identity outside of the binary constructs of girl/woman or boy/man.[32]

Two-Spirit A term used to describe a person who embodies both a feminine and a masculine spirit. This term is used by American Indigenous people.

Methodology

QUALITATIVE DATA

In May 2021, the research team conducted seven focus groups with LGBTQ2IA+ individuals that self-identified as current or former tobacco users living in Austin and Travis County. Focus group questions were developed collaboratively with the University of Texas, Austin Public Health, and DSHS. A copy of the focus group script and prompts is available in Appendix A. Recruitment details for these focus groups are available in Appendix B. Methods and details of the focus group data analysis can be found in Appendix C.

A total of 25 LGBTQ2IA+ individuals participated in the focus groups. Focus groups were divided according to gender identity and age bracket. Detailed demographic information of focus group participants is available in Appendix B. Table 1 shows a brief overview of the participant demographics in the seven focus groups.

Table 1

Focus Group Summary

Group description	n of participants	Mean age of participants
1. Cisgender LGBQ young adults (ages 21-30)	3	24.00 years
2. Trans/nonbinary spectrum young adults (ages 21-35)	5	26.00 years
3. Trans/nonbinary spectrum young adults (ages 21-35)	4	24.00 years
4. Cisgender LGBQ adults (ages 30-54)	4	33.75 years
5. Cisgender LGBQ adults (ages 30-54)	4	37.25 years
6. Cisgender LGBQ adults (ages 30-54)	3	34.67 years
7. Trans/nonbinary spectrum older adults (ages 35+)	2	42.50 years
Total *n*	25	

STRENGTHS AND LIMITATIONS OF QUALITATIVE DATA

The most notable strength of this qualitative methodology is the depth and specificity of data provided by focus group interviews. Interactions and discussions that occurred between participants during focus groups allow researchers to gather data and perspectives that would not emerge using other methods such as individual interviews.[33]

Limitations of this data are the small sample size of twenty-five participants that were recruited online and through limited sampling venues. These sampling methods mean that individuals who are less proficient in using technology may have been less likely to participate. In the future, this research could be improved by intentionally sampling from communities that were under-sampled in these focus groups, such as Black and Native American individuals, older individuals, and individuals who may not have access to the internet. Suggested methods include the use of community informants (to establish trust among potential participants) and venue-based recruitment (at venues frequented by individuals who match the desired demographic).[34] Another limitation is that tobacco-specific laws can change over time – a change in tobacco-specific laws may create a need for an updated assessment of tobacco use behaviors and perspec-tives among LGBTQ2IA+ communities.

QUANTITATIVE DATA

The research team at the University of Texas at Austin has a partnership with QWELL, an Austin-based LGBTQ2IA+ community foundation. Each year, QWELL conducts an Annual Wellbeing survey to assess the general health of Austin and Travis County. QWELL's Wellbeing survey questionnaires were decided on through collaboration between QWELL's founder, Clayton Gibson, researchers, and leaders of other Austin-based LGBTQ2IA+ organizations. The 2019 and 2020 QWELL Wellbeing Surveys are available in Appendix D. After finalizing the survey measures, online surveys were created and designed by researchers at the University of Texas at Austin and Dell Medical School.

Each year, LGBTQ2IA+ residents of Travis, Williamson, Bastrop, Hays, and Caldwell counties are recruited to participate in these online survey using social media advertising and link sharing by QWELL and its nonprofit partners. Respondents from previous years who request to be contacted are also invited back using email and text messaging. Another 2019 recruitment strategy was the distribution of palm cards with the survey link at live, in-person events. Recruitment at in-person events was not possible for the 2020 survey due to the COVID-19 pandemic.

The surveys required respondents to review and agree to an electronic consent form, which informed respondents about study details, the purpose of the research, the anonymous nature of the survey, and provided them links to LGBTQ2IA+ specific support resources. The survey took about 20-30 minutes to complete. To track data over

time and because of decreased participation in the 2020 survey due to COVID-19, data from both the 2019 and 2020 QWELL Wellbeing Surveys of Greater Austin were used as quantitative data sources for this report.

The 2019 survey was open from August 2018 to January 2019. For the purposes of this report, only responses from respondents who reported living in an Austin or Travis County ZIP code were included in the analyses. A total of 1,551 LGBTQ2IA+ Austin and Travis County residents participated in the 2019 survey. The 2019 survey received responses from individuals living in 46 out of the 47 ZIP codes in Travis County. A map displaying the number of respondents from each ZIP code can be found in Appendix E (Figure 1).

The 2020 survey was open from August 2020 to January 2021. Only responses from respondents who reported living in an Austin or Travis County ZIP code were included in the analyses. A total of 660 LGBTQ2IA+ Austin and Travis County residents participated in the survey. In-person recruitment activities survey were not possible in 2020 due to the COVID-19 pandemic, which likely contributed to a smaller sample size than the 2019 survey. The 2020 survey received responses from individuals living in 42 out of the 47 ZIP codes in Travis County. A map displaying the number of respondents from each ZIP code can be found in Appendix E (Figure 2).

STRENGTHS AND LIMITATIONS OF QUANTITATIVE DATA

The 2019 QWELL Wellbeing Survey includes a large sample size (n=1,551). Both survey years include respondents from the majority of Austin and Travis County ZIP codes, representing a broad geographical area.

Limitations of this quantitative survey data include the online-only survey functionality, which requires respondents to have access to a smart phone or computer to complete the survey. The COVID-19 pandemic and restrictions on in-person activities also limited data recruitment collection methods for the 2020 survey, resulting in a smaller sample size than the previous years. It is difficult to know how representative the samples are in terms of demographic makeup and total percentage of the LGBTQ2IA+ population of the Greater Austin area because few statewide assessments measure gender identity and sexual orientation information or focus on the LGBTQ2IA+ population specifically.

QWELL Wellbeing Survey: Quantitative Data

DEMOGRAPHICS

2019 QWELL Wellbeing Survey Demographic Summary

Respondents to the 2019 QWELL Wellbeing Survey ranged in age from 18 to 82 years old. The average age in years was 36. Most respondents to the 2019 QWELL Wellbeing Survey were White (78.1%), with the next largest racial group being multiracial respondents (11.1%). Asian (3.3%), Black (3.7%), Native American (1.0%), and Native Hawaiian/Pacific Islander (0.3%) respondents were underrepresented in this sample, which should be taken into consideration when interpreting the results. About one fifth (19.0%) of respondents identified as Hispanic, Latinx, or Chicanx. Nearly 80% (79.5%) of respondents identified as cisgender. The most commonly reported sexual orientation was gay (36.1%). Most respondents were assigned female at birth (52.7%). Intersex identity was not assessed in the 2019 QWELL Wellbeing Survey. A table summarizing all demographic information of respondents to the 2019 QWELL Wellbeing Survey is available in Appendix F.

2020 QWELL Wellbeing Survey Demographic Summary

Respondents to the 2020 QWELL Wellbeing Survey ranged in age from 18 to 82 years old. The average age in years was 38. Most respondents to the 2020 QWELL Wellbeing Survey were White (77.8%), with the next largest racial group being multiracial respondents (14.1%). Asian (3.4%), Black (2.8%), and Indigenous/Native American (0.3%) respondents were underrepresented in this sample, which should be taken into consideration when interpreting the results. Nearly 13% (12.7%) of respondents identified as Hispanic, Latinx, or Chicanx. In terms of gender identity, nearly two out of ten respondents (17.8%) of the sample identified on the transgender/nonbinary spectrum. The most commonly reported sexual orientation was gay (28.3%). Most respondents were assigned female at birth (59.9%). Ten respondents identified as intersex (1.5%). A table summarizing all demographic information of respondents to the 2020 QWELL Wellbeing Survey is available in Appendix F.

WELLBEING

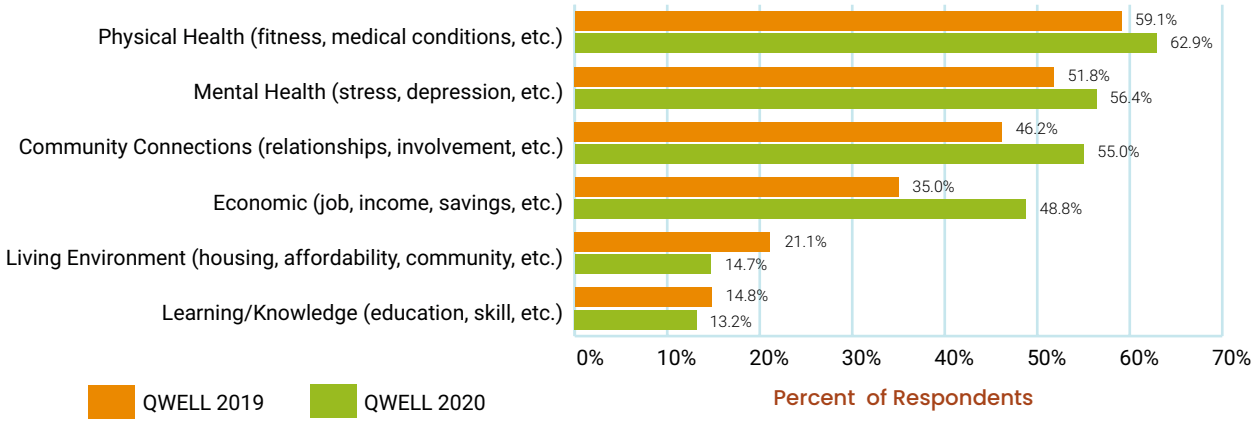
Wellbeing, according to the CDC, is "the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning."[35] To assess Austin and Travis County residents' sense of general wellbeing, the QWELL Wellbeing Survey asks respondents several questions regarding their overall life satisfaction.

Over half of respondents in the 2019 QWELL Wellbeing Survey reported that they were either moderately satisfied or extremely satisfied with their life (58.4%) and 5.6% of respondents reported that they were either moderately dissatisfied or extremely dissatisfied with their life.

In 2020, respondents to the QWELL Wellbeing Survey reported a decrease in overall life satisfaction compared to the 2019 sample. The overall percentage of respondents who were moderately or extremely satisfied with their life deceased from 58.4% to 46.5%—a decrease of nearly 12%. The percentage of respondents who reported being moderately or extremely dissatisfied with their life increased from 5.6% in 2019 to 16.3% in 2020, an increase of 10.7%. The 2020 survey was conducted during the COVID-19 pandemic, which may have contributed to such significant changes in overall life satisfaction among LGBTQ2IA+ respondents.

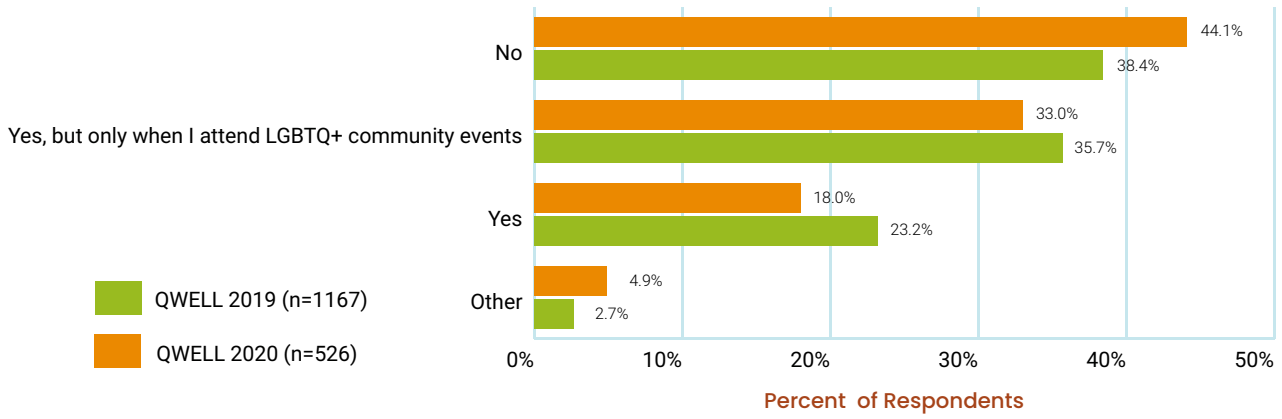
Respondents to the 2019 and 2020 QWELL Wellbeing Surveys were asked to choose three aspects of their wellbeing that they would most like to improve. In both survey years (Chart 1), the three domains that respondents selected most often were physical health, mental health, and community connections. The least-selected domains in both years were economic, living environment, and learning/knowledge.

Chart 1: Which aspect of your wellbeing would you most like to improve?



Respondents to the 2019 and 2020 QWELL Wellbeing Survey were asked: "Do you feel like you are a part of the local LGBTQ+ community?" (Chart 2). One third of respondents (33.2%) reported that they do not feel like a part of a the local LGBTQ2IA+ community. Similarly, 30.6% of respondents in 2020 reported that they do not feel like a part of the local LGBTQ2IA+ community. The percentage of respondents who reported feeling like a valued member of the local LGBTQ2IA+ community increased from 13.5% in 2019 to 18.5% in 2020. Feelings of community participation are important to this study because there have been reports that link social isolation to increased substance use, including tobacco use.[38]

Chart 2: Do you feel like you are a part of the local LGBTQ+ community?



TOBACCO

Data about tobacco use comes from the 2019 and 2020 QWELL Wellbeing Surveys and offers a general overview of cigarette and electronic cigarette use. More detailed tobacco use information is available for the focus group sample in later sections of this report. Not all people in the representative group want or need the same intervention. This study shows results separated into additional subgroups, like age, race, ethnicity, and gender identify.

Have you smoked at least 100 cigarettes in your life?

The threshold of 100 cigarettes ever smoked is a valuable assessment of tobacco-related health risks and was recently used to classify individuals who were at high-risk of severe COVID-19 illness.[37]

As Chart 3 shows, reported rates of having smoked at least 100 cigarettes were similar in both the 2019 and 2020 surveys, with about 39.1% of the sample responding "yes" in 2019 and 39.4% responding "yes" in 2020.

Chart 3: Have you smoked at least 100 cigarettes in you life?

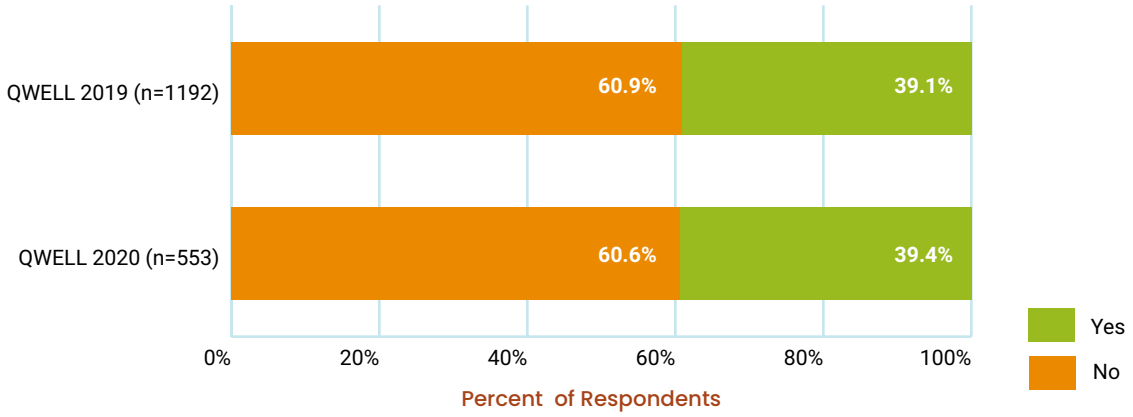
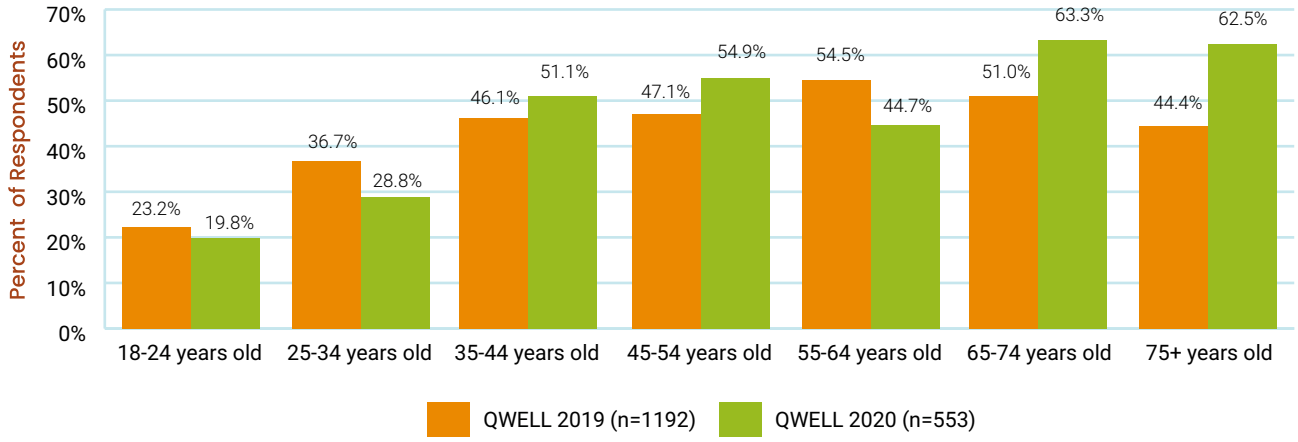


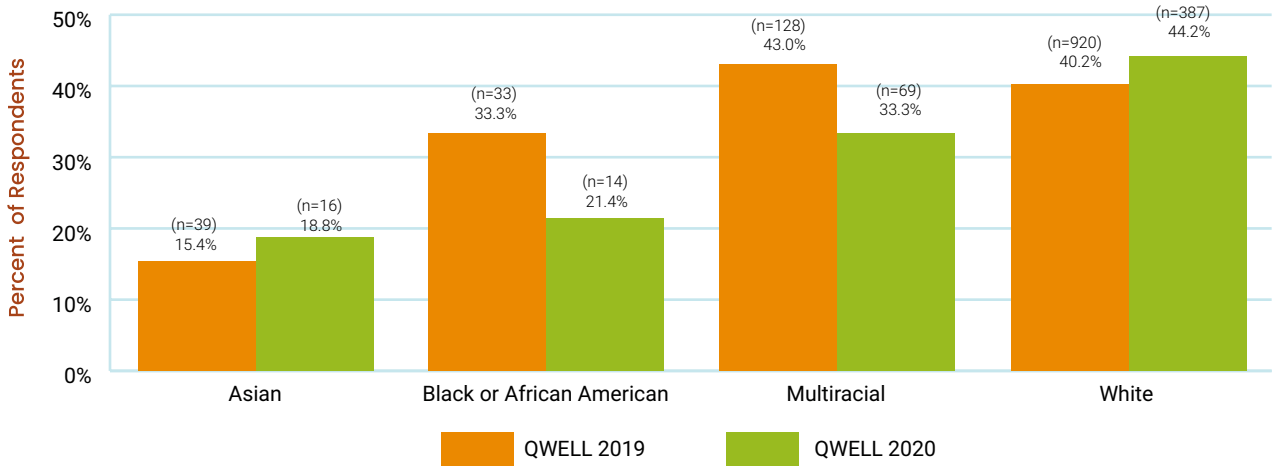
Chart 4 represents the percentage of respondents (by age group) for both survey years who responded "yes" to the question: "Have you smoked 100 cigarettes in your life?" This information is important to consider the prevalence of potential smoking-related health effects due to higher frequencies of respondents who reported smoking at least 100 cigarettes in their lifetime.

Chart 4: Have you smoked 100 cigarettes in your life? ('yes' responses by age group)



When broken down by race in Chart 5, respondents from both survey years who identified as White and Multiracial were most likely to report having smoked at least 100 cigarettes in their lifetime.

Chart 5: Have you smoked 100 cigarettes in your life? ('yes' responses by race)



Note Only the four racial identities with the most respondents were included in these assessments of tobacco use prevalence. Some racial categories had very few respondents, and it would not be appropriate to make any assertions about tobacco use for that racial identity based on the responses of a few survey respondents. The total number of respondents who answered this question within each racial category are included below the percentage calculations for each survey year. Hispanic, Latinx, and Chicanx identities were assessed separately.

As Chart 6 shows, in both 2019 and 2020, non-Hispanic/Latinx/Chicanx respondents were more likely to report having smoked 100 cigarettes in their lifetime. Non-Hispanic/Latinx/Chicanx prevalence remained about the same over time (40.4% in 2019, 41.1% in 2020).

Chart 6: Have you smoked 100 cigarettes in your life? ('yes' responses by ethnicity)

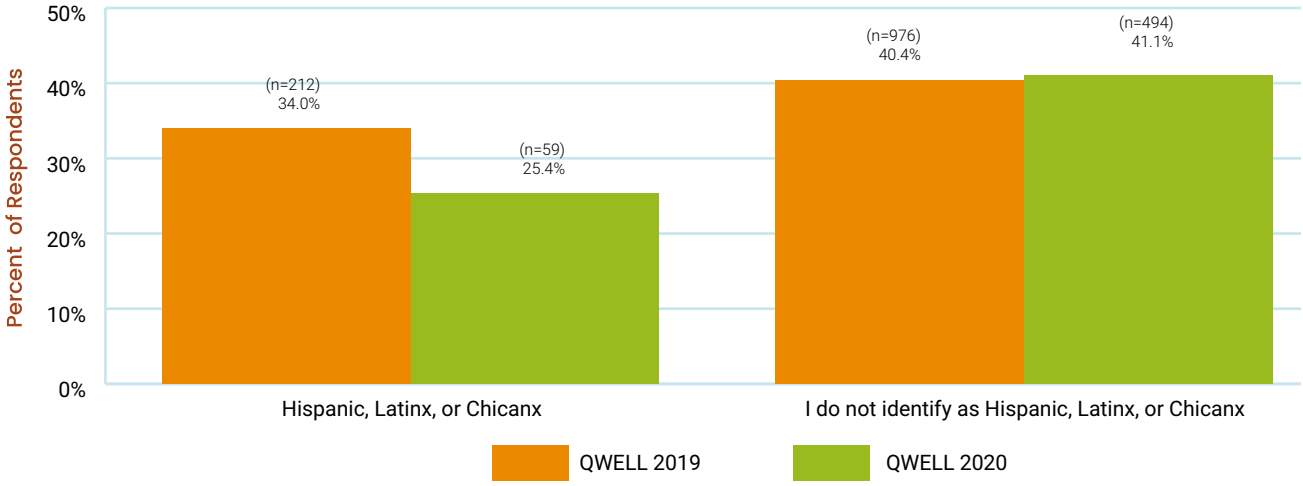
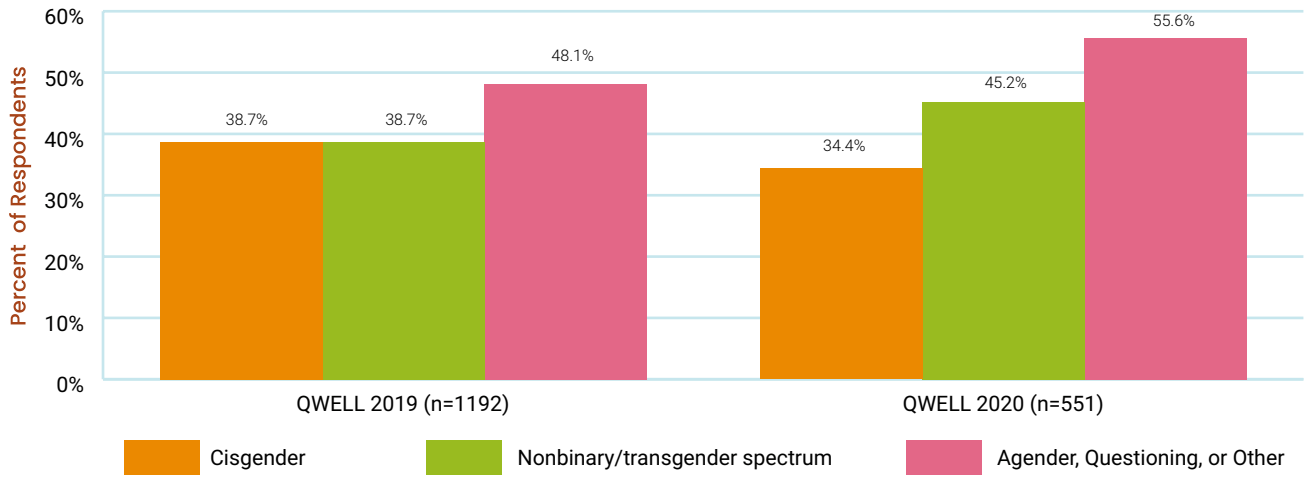


Chart 7 represents the percentage of respondents (by gender identity) who responded "yes" to the question: "Have you smoked 100 cigarettes in your life?" In both years' surveys, respondents in the agender, questioning, and other category had the largest percentage who reported that they have smoked 100 cigarettes in their lifetime. Some research suggests that a sense of community belonging is associated with better mental health, which could explain why individuals who are questioning are unsure of how to define their identity may be more predisposed to substance use.[38] About two in five respondents (38.7%) of both cisgender and nonbinary/transgender respondents reported having smoked at least 100 cigarettes in the 2019 survey, while a larger percentage nonbinary/transgender respondents (45.2%) than cisgender respondents (34.4%) reported to having smoked at least 100 cigarettes in the 2020 survey.

Chart 7: Have you smoked 100 cigarettes in your life? ('yes' responses by gender identity)



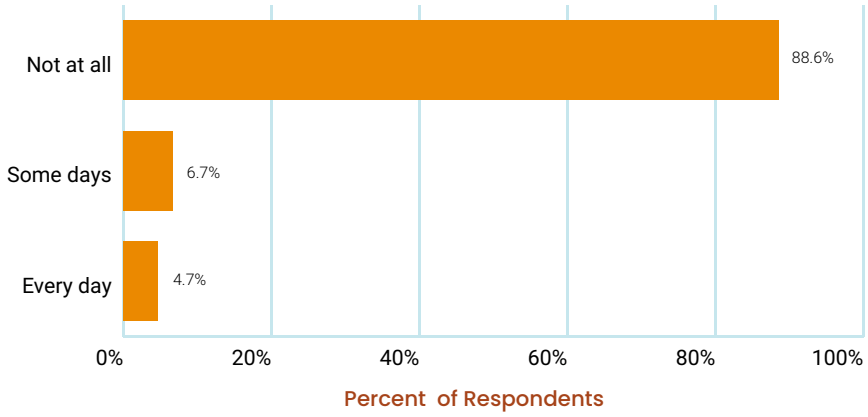
Note "Other" was offered as a gender identity response options for respondents whose gender identity may not be encapsulated by a fixed, singular option.

How often do you currently smoke cigarettes?

Chart 8 shows the responses to the QWELL 2020 Wellbeing survey question that asked respondents about current cigarette use. This question was not asked in 2019, so comparisons between survey years is not possible for this question. Of respondents that reported current cigarette use (11.4%), 6.7% reported smoking some days and 4.7% reported smoking every day. This sample estimate of current cigarette users seems to be in alignment with the DSHS Behavioral Risk Factor Surveillance System (BRFSS) 2019 data for Austin and Travis County, which found that 11.7% of residents were current smokers. However, the most recent Texas BRFSS showed that 22.1% of cisgender lesbian, gay, and bisexual adults smoke cigarettes compared to 14.7% of heterosexual adults.[39] The lack of LGBTQ2IA+ cigarette use disparity in the QWELL Wellbeing Survey compared to the BRFSS general population estimate could be due to the smaller sample size of the 2020 QWELL sample.

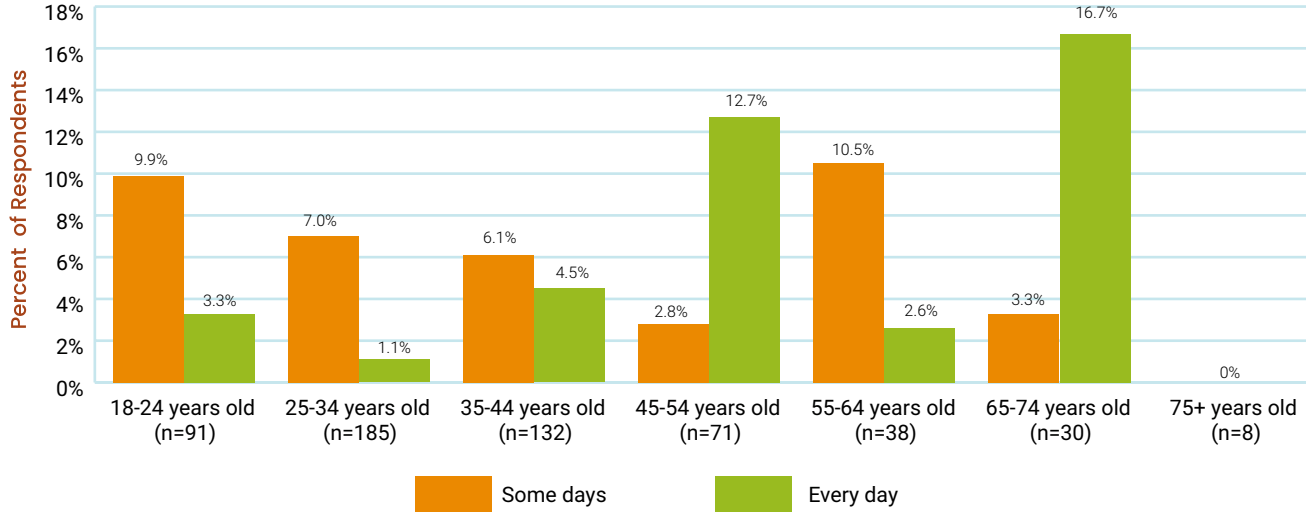
Unfortunately, the BRFSS does not collect the gender identity information of respondents, resulting in a lack of data for these communities in those survey data.

Chart 8: How often do you currently smoke cigarettes? (n=555)



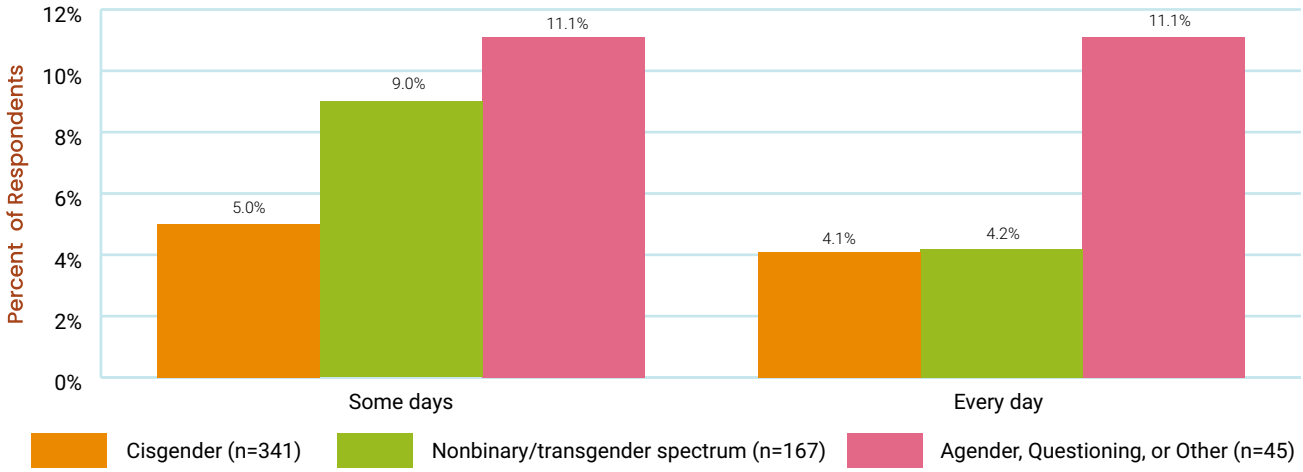
Respondents to the 2020 survey were asked about how often they currently smoke cigarettes. Chart 9 shows that the groups that reported the largest percentage of every day smokers were the 45-54 year olds (12.7%) and 65-74 year olds (16.7%).

Chart 9: How often do you currently smoke cigarettes? (by age group)



Respondents in the 2020 survey were asked how often they currently smoke cigarettes. Chart 10 shows that larger percentages of the “Other” gender identity category reported more frequent smoking behaviors, with 11.1% of the category reporting daily cigarette use.

Chart 10: How often do you currently smoke cigarettes? (by gender identity)



Do you currently vape or use an electronic cigarette device?

Respondents to the 2019 and 2020 QWELL Wellbeing Surveys were also asked about current use of electronic cigarette devices. Chart 11 shows that responses for each survey years were similar and indicated that most respondents do not use electronic cigarettes (88.2% in 2019 and 89.5% in 2020). The electronic cigarette use percentages of the entire 2020 sample (11.8% in 2019 and 10.5% in 2020) are less than estimates of electronic cigarette use percentages within Texas: 13.0% of youth polled in the 2018 Texas Youth Tobacco Survey reported past month electronic cigarette use.[40]

Chart 11: Do you vape or use an electronic cigarette device?

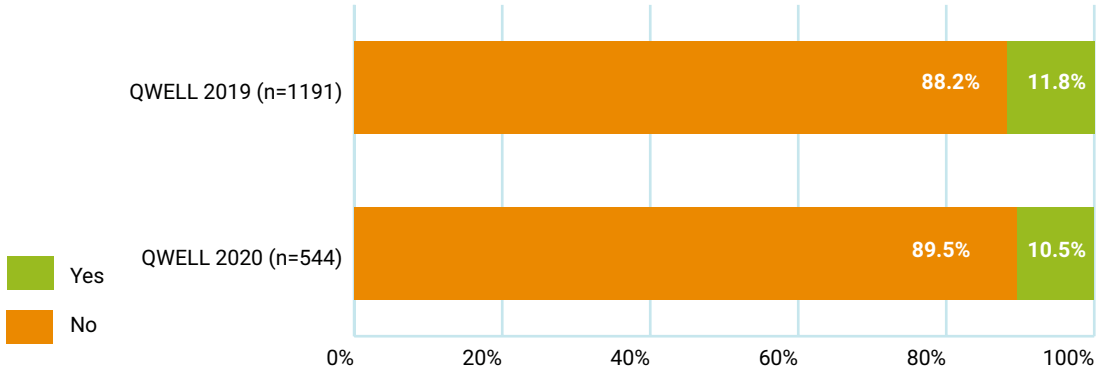


Chart 12 represents the percentage of respondents (by age group) who responded “yes” to the question: “Do you currently use a vape or electronic cigarette device?” The data below show a clear trend toward younger

age groups in both survey years, which corroborates recent research and polling data demonstrating that youth are more likely to use electronic cigarettes.[41] Also notable is that respondents 45 years and older reported an increase in current electronic cigarette use from 13.3% in 2019 to 20.6% in 2020.

Chart 12: Do you vape or use an electronic cigarette device?

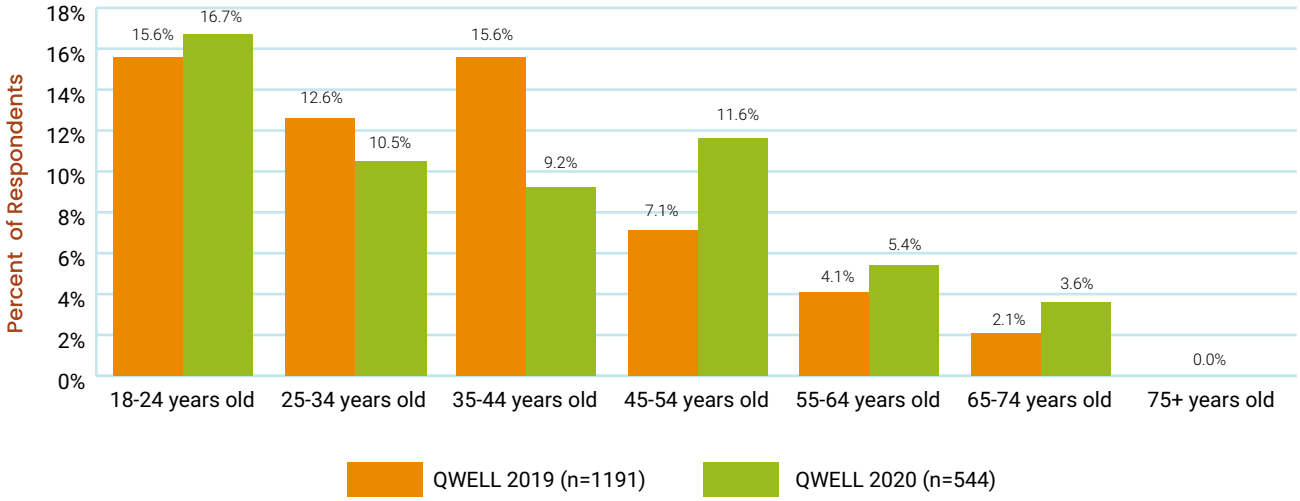
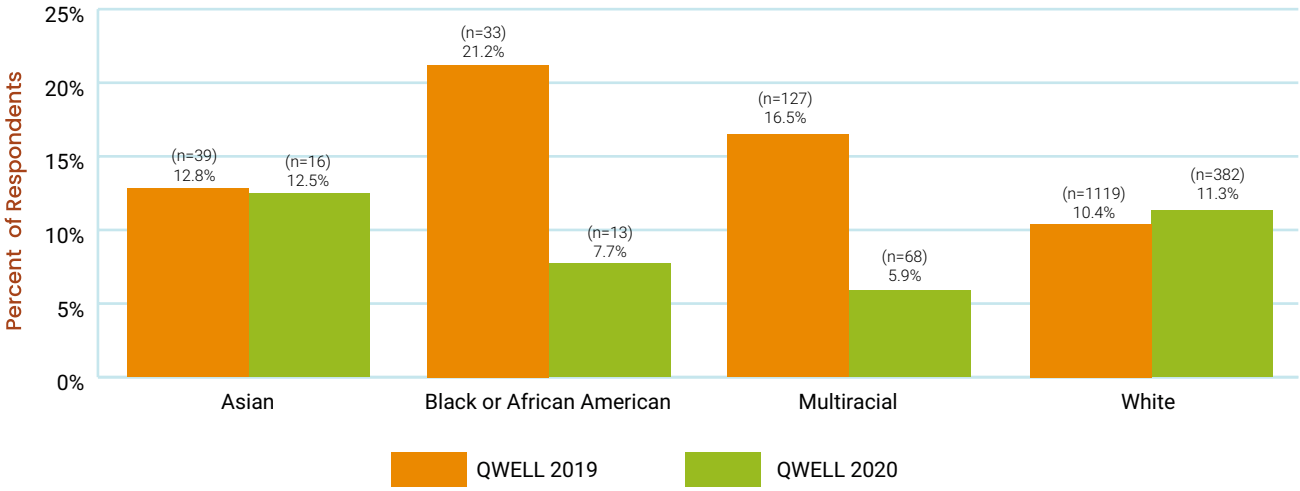


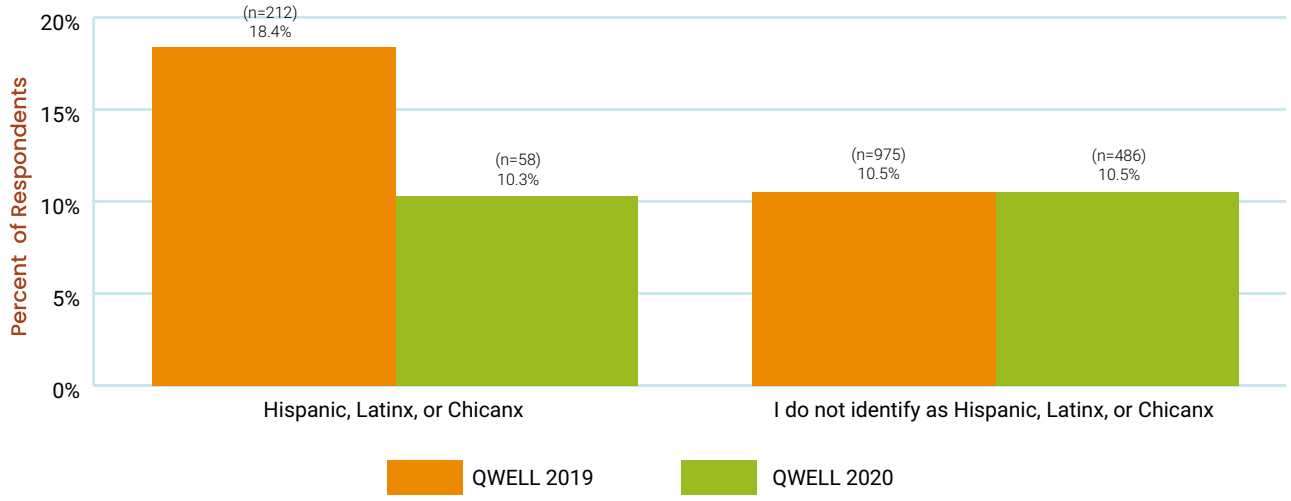
Chart 13 shows that in the 2019 QWELL Wellbeing Survey, Black and Multiracial respondents were the most likely to report use of an electronic cigarette device (21.2% and 16.5%, respectively). However, these groups were the least likely to report electronic cigarette use in the 2020 survey. These large fluctuations in reported use may be due to the underrepresentation of Black and Asian respondents to the QWELL Wellbeing Surveys.

Chart 13: Do you vape or use an electronic cigarette device?



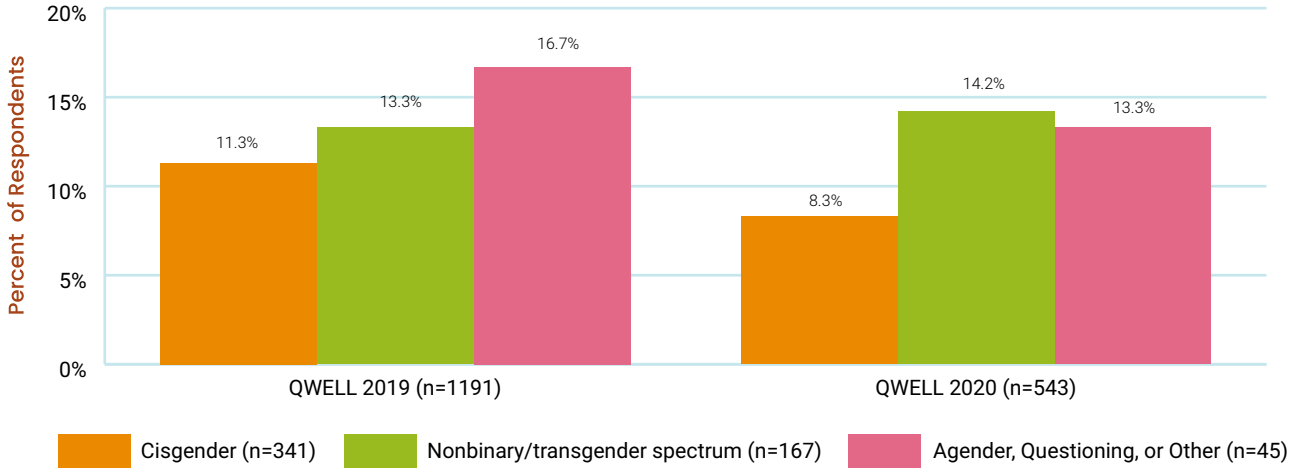
In the 2019 QWELL Wellbeing Survey, Hispanic, Latinx, or Chicanx (18.4%) respondents were more likely to report electronic cigarette use than Non-Hispanic, Latinx, or Chicanx respondents (10.5%). Chart 14 shows that the prevalence rates were about the same in Hispanic/Latinx/Chicanx (10.3%) and Non-Hispanic/Latinx/Chicanx (10.5%) respondents in the 2020 QWELL Wellbeing Survey.

Chart 14: Do you vape or use an electronic cigarette device?



In Chart 15, nonbinary/transgender spectrum and agender, questioning, or other respondents were both more likely to report electronic cigarette use compared to cisgender respondents in both survey years.

Chart 15: Do you vape or use an electronic cigarette device?



SUBSTANCES OTHER THAN TOBACCO PRODUCTS

Respondents to the 2020 QWELL Wellbeing Survey were asked about their substance use other than tobacco. The question specified: "The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential and anonymous. Please check the box if you have used that drug in the past year (12 months)."

These 17 substances were response options:

- Amphetamines (Adderall, Ritalin)
- Anabolic Steroids
- Benzodiazepines (Xanax, Klonopin)
- Crack Cocaine
- Powdered Cocaine (coke, snow, blow, white)
- DMT [scientific name: N,N-Dimethyltryptamine]
- MDMA (ecstasy, E, X, molly) [scientific name: 3,4-methylenedioxymethamphetamine]
- Erection-causing drugs (Viagra, Cialis)
- GHB (G, scoop, soap) [scientific name: gamma hydroxybutyric acid]
- Heroin (smack, black tar)
- Ketamine (special K, vitamin K)
- LSD (acid) [scientific name: lysergic acid diethylamide]
- Marijuana (weed, Mary Jane)
- Methamphetamine (crank, crystal, ice, Tina, T)
- PCP (angel dust) [scientific name: phencyclidine]
- Poppers [scientific name: amyl nitrate]
- Psilocybin (mushrooms)

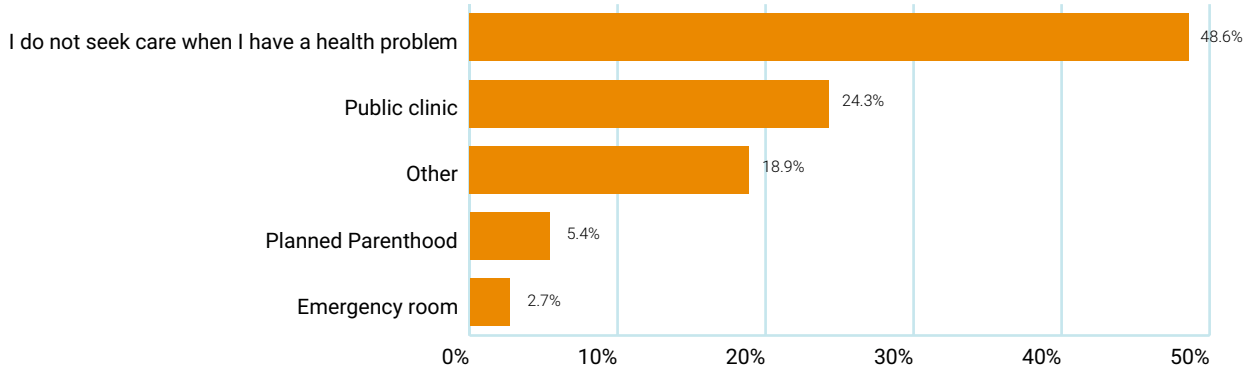
Respondents also had the option to write in any other substances they used that were not listed. Nine respondents (1.4% of respondents) reported using other substances within the last 12 months. Non-listed substances that were written into the survey were ayahuasca, "designer drugs like 2CB," mescaline, CBD [cannabidiol], prescription opioids, opium tea, peyote, and "whippits" [nitrous oxide].

Marijuana was by far the most commonly reported substance used in the last 12 months (39.8%). The next most commonly used substances were psilocybin [mushrooms] (11.7%), amphetamines (8.8%), and amyl nitrate or poppers (8.6%). Less than 5% of the sample had used erection-causing drugs, powdered cocaine, LSD, ketamine, GHB, methamphetamine, DMT, anabolic steroids, PCP, crack cocaine, and heroin in the last 12 months.

HEALTH INSURANCE

About 7% (6.9%) of respondents to the 2019 QWELL Wellbeing Survey reported that they did not have health insurance coverage. In the 2020 QWELL Wellbeing Survey, the percentage of respondents without health insurance coverage increased to 11.2%. Of those who reported not having health insurance (74 respondents) were asked a follow up question about where they go when they need healthcare (Chart 16). Nearly half (48.6%) of LGBTQ2IA+ individuals who reported not having health insurance said that they do not seek care at all when they have a health problem. This is important because those without health insurance may not have access to health education and tobacco cessation resources.[42]

Chart 16: Where do you go when you need healthcare? (n=74)



LGBTQ2IA+ AFFIRMING HEALTHCARE ACCESS

Previous research indicates that delaying healthcare due to fear of discrimination was associated with worse mental and physical health among a sample of transgender people.[42] If LGBTQ2IA+ individuals consistently experience negative interactions with healthcare providers, they may try to avoid healthcare as much as possible, or delay future appointments, which worsens already existing health disparities among the community. LGBTQ2IA+ affirming care is care in which providers are mindful and sensitive to the needs of diverse gender

and sexual identities, knowledgeable about LGBTQ2IA+ specific health needs, and make interpersonal and logistical efforts to increase the comfort of LGBTQ2IA+ patients.[43]

Because the ability to access LGBTQ2IA+ affirming healthcare is vital to community health, the 2020 QWELL Wellbeing Survey asked questions regarding respondents' healthcare experiences in Austin and Travis County. One quarter (25.9%) of respondents reported that they go to a physical healthcare provider who markets themselves as LGBTQ2IA+ affirming, and 35.5% to a mental healthcare provider who markets themselves as LGBTQ2IA+ affirming. This data is relevant because those who do not have access to LGBTQ2IA+ affirming healthcare may not seek support for tobacco cessation.

Notably, 5.6% of respondents reported that they received care at an Austin-area provider that claimed they were LGBTQ2IA+ competent but were not. These respondents were then asked to describe characteristics of provider interactions that were non-affirming to their LGBTQ2IA+ identity. Some of their responses are selected here:

"Asked for pronouns in paperwork and didn't use them."

"Assuming heterosexual sex practices even though I noted I was exclusively in a monogamous relationship with another cis woman."

"Completely unfamiliar with singular they [pronouns] and believed I was offended by other people using he or she for themselves (I said no such thing?). Misgendered me often."

"Continued dead naming."

"Did not address me w/ preferred name & pronouns."

"Even though he seemed receptive to my gender identity at first, none of his staff has ever gendered me correctly and he never listens to me when I ask him to gender me correctly."

"I mentioned being bi and her demeanor changed the rest of our sessions for the worse."

"LGBTQI support group advertised & not provided."

"Not understanding the life of a gay man."

"She didn't understand why I knew for certain I wasn't pregnant when I was sexually active - my partners were all female."

"She had some experience prescribing HRT but seemed pretty baffled by sexual orientation and I didn't feel great about how she treated my sexual health (e.g. I had to request STI testing at my annual physical and she kept forgetting, so I kept having to remind her)."

"They couldn't use my correct name in their communications with me until my insurance updated, which took a long time (10 months went by)."

"They misgendered me, ignored my symptoms and claimed I was being a baby."

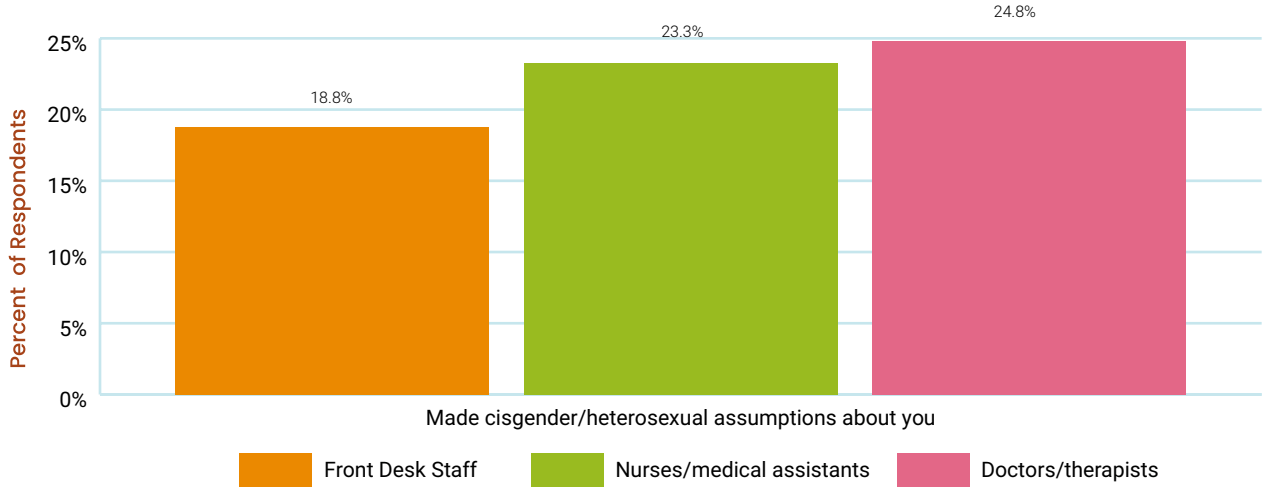
"They said they weren't 'transgender experts' and wouldn't treat me or prescribe hormones. The front desk staff were AWFUL and rude."

"Very rude, judgmental because of my 'lifestyle'. It's who I am, not a choice."

"Would not provide hormone prescription because 'they'd never done it.'"

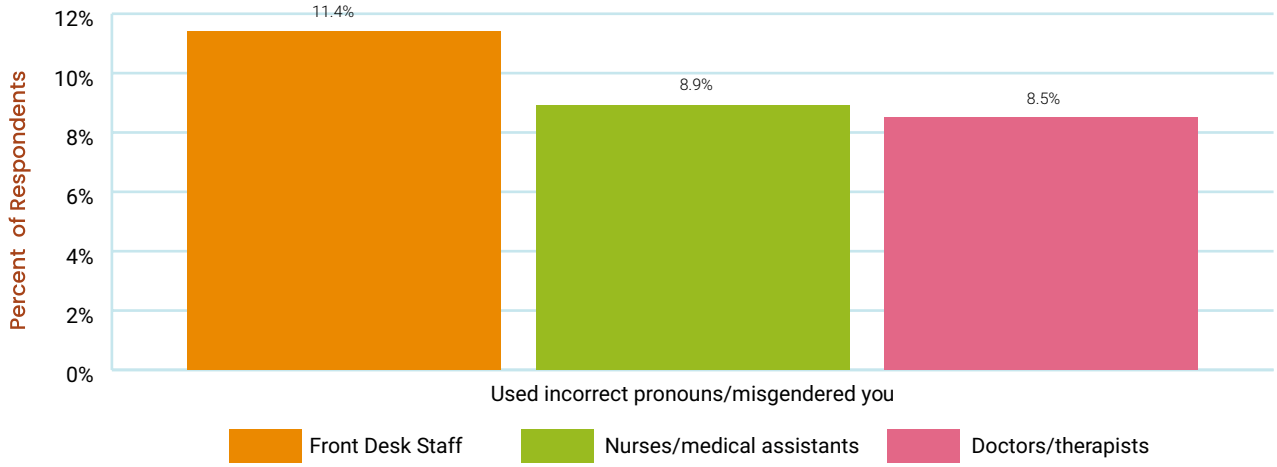
Respondents were also asked about which types of microaggressions they had encountered in a healthcare setting, as well as which healthcare workers had committed the microaggressions. Chart 17 shows that the most common experience was that healthcare workers had made cisgender or heterosexual assumptions about them, such as who they may be interested romantically or sexually, or assuming which body parts they may have. Respondents reported that doctors and therapists were the most common type of healthcare worker that they experienced this type of microaggression with—nearly a fourth of respondents (24.8%) reported this type of negative healthcare experience.

Chart 17: In a healthcare setting, has anyone made cisgender or heterosexual assumption about you?



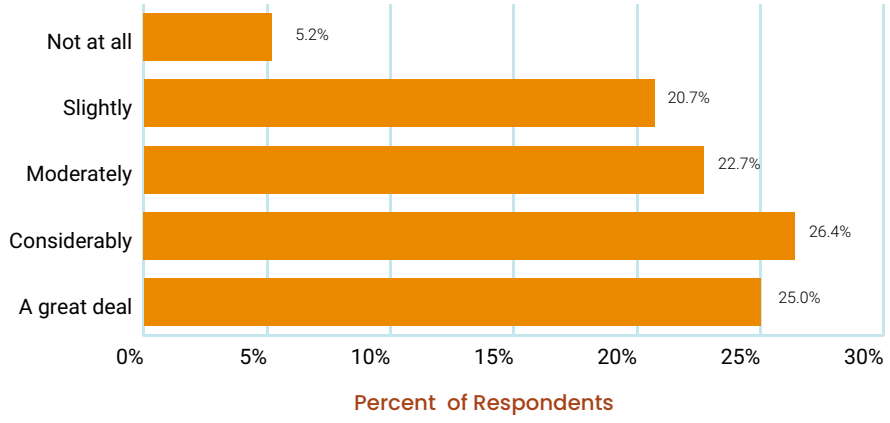
While doctors and therapists were the most likely to make cisgender or heterosexual assumptions about respondents, Chart 18 shows that front desk staff appeared to be most likely to misgender respondents in a healthcare interaction—11.4% of respondents reported this type of negative healthcare encounter.

Chart 18: In a healthcare setting, has anyone used incorrect pronouns for you or misgendered you?



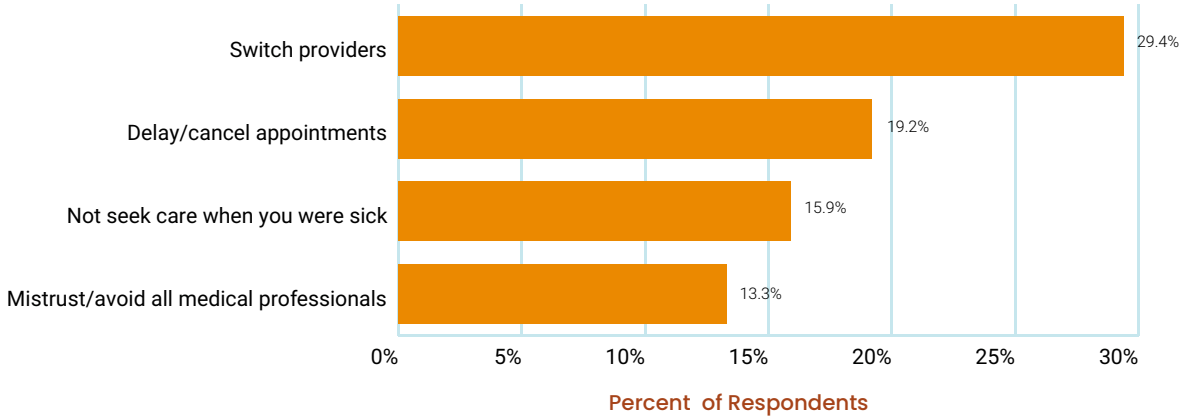
Next, respondents were asked whether a negative healthcare experience would affect their likelihood of returning to that provider's office. Chart 19 shows that respondents overwhelmingly reported that a negative experience would be likely to have at least a moderate effect on their likelihood of returning to that office (74.1%).

Chart 19: When you have experienced a negative healthcare experience as an LGBTQ2IA+ person, how much would that negative experience affect your likelihood of going back to that office? (n=384)



Finally, respondents were asked about the consequences of negative healthcare experiences. Chart 20 shows that almost one in three (29.4%) of respondents to the 2020 QWELL Wellbeing Survey reported that negative experiences with healthcare providers due to their identity have caused them to switch providers, suggesting that providers may increase patient retention by providing more LGBTQ2IA+ inclusive care.

Chart 20: Have negative experiences with healthcare providers ever caused you to...



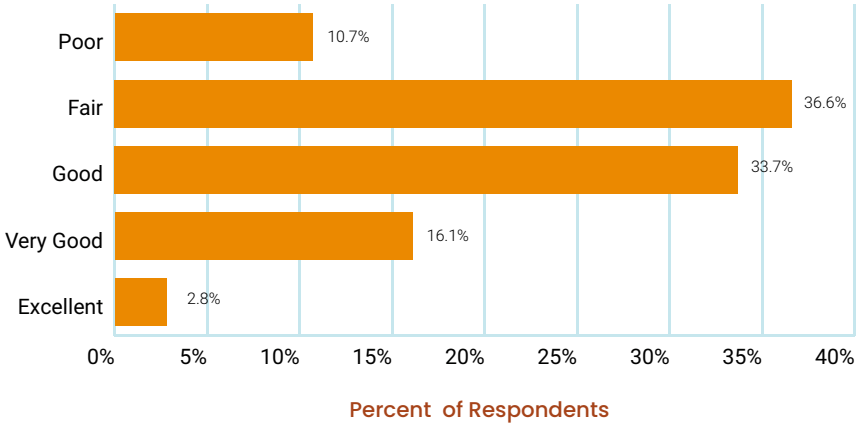
Note Respondents were able to select multiple responses.

PHYSICAL HEALTH

While the focus of this report is tobacco use, physical health and access to physical healthcare services are an important aspect of overall health. These data may help to guide improvements in primary healthcare access for the LGBTQ2IA+ community, which would allow primary care doctors to recommend more tobacco cessation resources to patients.

When asked to rate their physical health in general, Chart 21 shows that 47.3% of the 2020 sample rated their physical health as poor or fair.

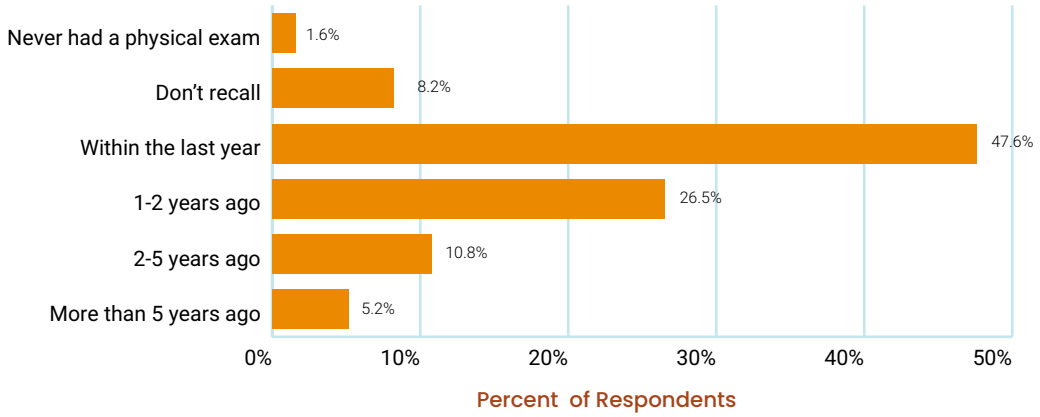
Chart 21: How would you rate your physical health? (n=614)



QWELL Wellbeing Survey respondents in 2019 and 2020 were asked "How many days in the last month was your physical health not good? (e.g., illness, injury, etc)." In 2019, respondents estimated that they experienced an average of 4.8 days of poor physical health in the last month. In 2020, the estimated number of days of poor health in the past month increased to 6.0 days.

Respondents to the 2020 QWELL Wellbeing Survey were also asked about the last time they had a physical exam by a doctor. Almost half of respondents (47.6%) reported that they had received a physical exam within the last year. Chart 22 shows that only 5.2% of respondents reported that their last physical exam was more than 5 years ago.

Chart 22: When was the last time you had a physical exam? n=573



Respondents to the 2020 QWELL Wellbeing Survey were asked about what barriers they feel prevent them from accessing physical healthcare services. Nearly six in ten of respondents (59%) reported at least one barrier to physical healthcare. Some of their responses are selected here:

"Awkward 'no it's not possible I'm pregnant' conversations."

"Bad health insurance, fear of outright discrimination, feeling the need to closet myself and being uncomfortable."

"Being in a fat body—very hard to find HAES [Health at Every Size] providers."

"Change of insurance, uncertainty about what insurance covers, things called 'well woman visits.'"

"Confusion about coverage, poor understanding of my sex/relationships from my OBGYN/ignorant comments."

"Cost despite having insurance."

"Especially with the new administrative orders federally (regarding doctors being able to refuse care to transgender patients) but even before then, I have not felt safe coming out to the majority of my healthcare providers for safety reasons."

"Fear of being misgendered. PTSD from prior traumatic incidents in medical settings."

"Financial, mistrust, cultural incompetence."

"Insurance is overwhelming and confusing."

"Not having enough discretionary money for appointments, treatments, medications, etc."

"Not having my gender identity respected & people telling me what to do with my reproductive organs."

"Poor experiences. Difficult finding a physician who will not make me feel rushed, who will make me feel respected and fully part of my care."

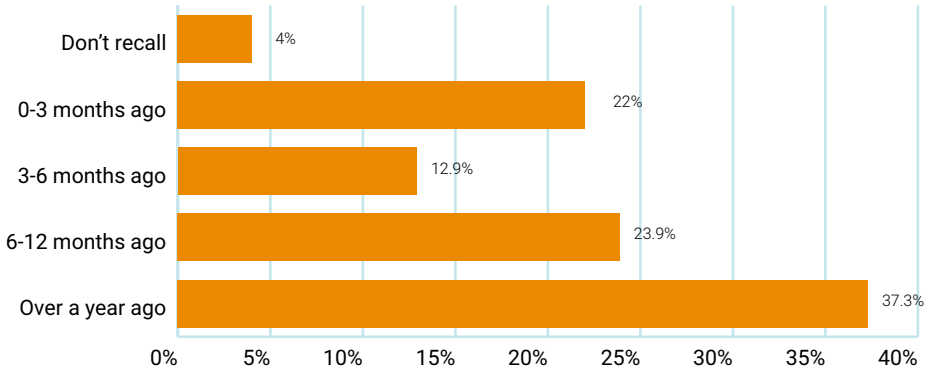
"A lack of in-network healthcare providers who are LGBTQ+ friendly."

"Unemployed, therefore have no insurance, and can't afford ACA."

"Worried about homophobia and transphobia. Previous negative/traumatic experiences of physical health services."

Finally, 2020 QWELL Wellbeing Survey respondents were asked about how recently they went to a dentist. Because most respondents (58%) have seen a dentist in the last year (Chart 23), dentists may be an important site of cessation counseling or support.

Chart 23: When was the last time you went to the dentist? (n=574)

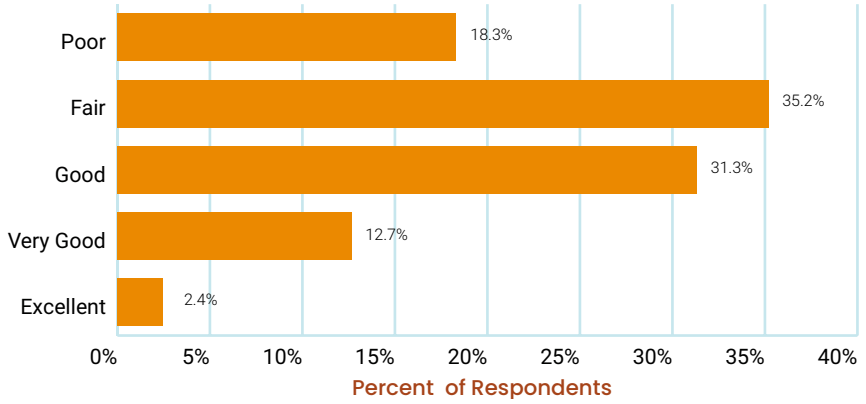


BEHAVIORAL HEALTH

Research shows that LGBTQ2IA+ people have an increased need for mental healthcare related to depression, anxiety, and substance use compared to cisgender or heterosexual populations.[1] Despite a greater need, LGBTQ2IA+ people face individual and systemic barriers to accessing affirming mental healthcare services, which can impact or delay someone's ability or capacity to attempt to quit tobacco.[44] More than one third (37.5%) of 2019 survey respondents and nearly half (46.2%) of 2020 survey respondents reported that they had been diagnosed with a mental health condition at some point in their lives. The 2020 sample displayed strong mental healthcare utilization—46.4% of the sample reported participating in counseling or therapy in the past year.

Chart 24 shows that the respondents to the 2020 QWELL Wellbeing Survey were asked to rate their mental health. More than half (53.5%) of respondents rated their mental health as poor or fair.

Chart 24: How would you rate your mental health in general? (n=616)



Respondents in both the 2019 and 2020 QWELL Wellbeing Surveys were asked to estimate how many days in the last month their mental health was not good. In 2019, respondents estimated an average of 12.1 days of poor mental health out of the last 30 days. In 2020, that average increased to 12.6 days.

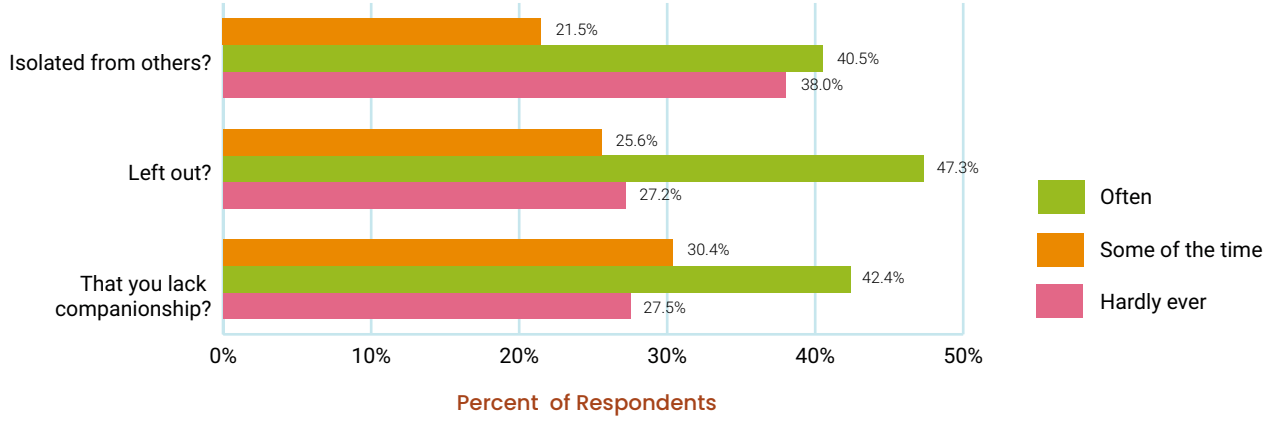
Respondents to the 2020 survey were asked to complete the Patient Health Questionnaire 9 (PHQ-9),[45] a standard measure that allows providers to screen for depressive symptoms. The PHQ-9 can be found in Appendix F. Respondents' scores on each item are summed to equal a total score, which can range from 0 to 27. Because the PHQ-9 is a screening tool, an above threshold score for a depressive disorder (usually a score above 5) does not necessarily indicate clinical depression. However, it is used to alert providers that the individuals' depressive symptoms should be investigated further. Based on the total scores of each respondent in the 2020 QWELL Wellbeing Survey, nearly two out of five (39.5%) respondents reported symptoms of moderate (score greater than 10) to severe (score greater than 15) depression.

In both the 2019 and 2020 surveys, respondents were asked, "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, and recreation?" Respondents to the 2019 survey reported an average of 6.3 days of functional impairment due to poor health in the past 30 days, compared to an average of 8.1 days for respondents to the 2020 survey.

Respondents in the 2019 survey were asked to rank how many days in the past week they experienced symptoms of psychological distress, such as feeling lonely, sad, and anxious, as well as thoughts of suicide. Most respondents reported feeling lonely (72.0%), sad or depressed (77.9%), or anxious (86.7%) at least one day in the past week. Almost a quarter of respondents (23.4%) thought about suicide at least one day in the past week.

Respondents to the 2020 survey were also asked about various dimensions of loneliness (Chart 25). More than a quarter of respondents reported often feeling isolated from others (38.0%), left out (27.2%), and that they lack companionship (27.5%). These results have implications for tobacco use, as one study found that self-reported loneliness was associated with higher smoking frequency in a sample of LGBTQ2IA+ people.46 Thus, increasing social connectedness among LGBTQ2IA+ people may be a possible area of intervention for reducing tobacco use.

Chart 25: How often do you feel... (n=660)



Respondents to the 2020 QWELL Wellbeing Survey were asked about perceived barriers to accessing mental healthcare services. More than half (53.0%) of respondents to the 2020 survey reported at least one current barrier to mental healthcare services. Some of their responses include:

"Copay is too high to maintain."

"Cost and access to LGBT specific care."

"Cost, time, whether providers take my insurance, whether providers are allies/familiar with my identities & issues."

"Expense and finding someone who understands asexuality and will respect my marriage as valid."

"Fear of judgment, lack of understanding for members of the LGBTQIA community."

"Finding doctors that know LGBTQ issues and that are POC."

"Difficulty finding LGBTQ friendly providers within my healthcare network."

"I've been very successful in finding trans-competent providers, but it is very hard to find mental healthcare providers who THEMSELVES are transgender. It's not a strict necessity that my therapist be transgender, but it is very reassuring."

"Insurance coverage, finances, scheduling, & feeling they would be knowledgeable about all my identities as a QTBIPOC [Queer, Transgender, Black, Indigenous, Person of Color]."

"Lack of competency in eating disorders and trans issues."

"Stigma of mental health."

"There are not many female therapists that share my race in the Austin area and are accepting new patients."

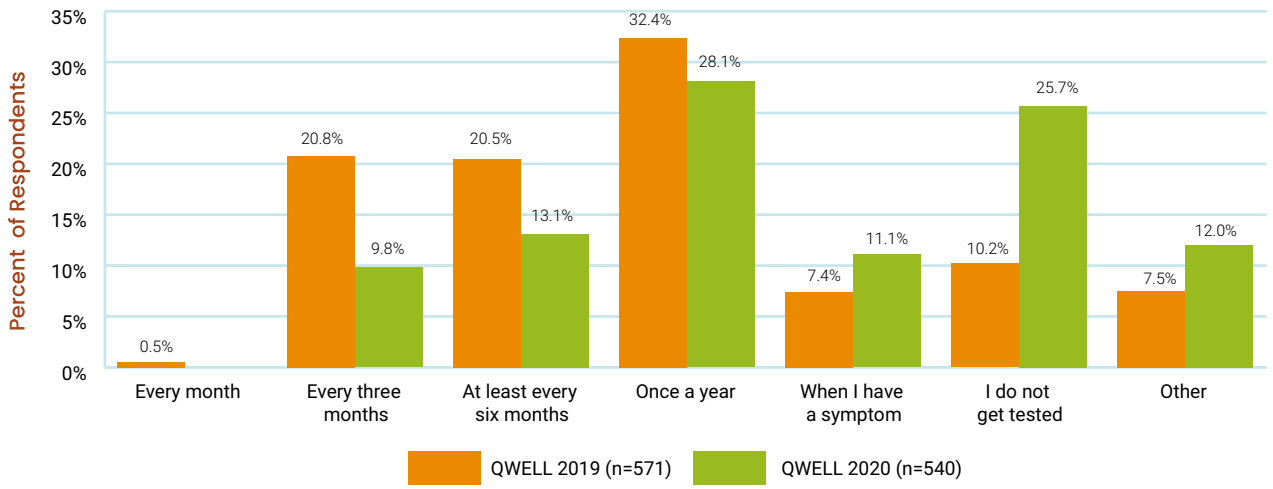
"Total lack of integration with my medical doctors; not feeling heard or understood, not feeling comfortable talking about my marriage, feeling judged because of my gender nonconformity."

"Worried about homophobia and transphobia. Previous negative/traumatic experiences of mental health services."

SEXUAL HEALTH

Respondents to both the 2019 and 2020 QWELL Wellbeing Surveys were asked several questions about their sexual health. Chart 26 shows the responses about the frequency of getting tested for sexually transmitted infections (STIs). In both years, the most frequent response was to get tested for STIs once per year – with 32.4% of respondents selecting that response in 2019, and 28.1% in 2020. The majority of respondents in both survey years—82.3% in 2019 and 62.3% in 2020—saw a medical provider to get STI tested at least once a year, which positions sexual health and wellness visits to be potential sites of tobacco cessation messaging.

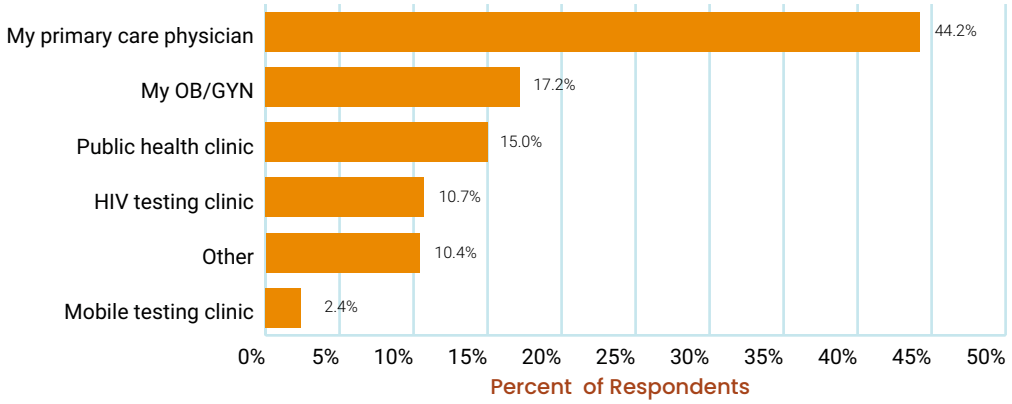
Chart 26: How often do you get tested for sexually transmitted infections (STIs)?



Note The 2020 survey did not have "every month" as a response option.

Respondents to the 2020 survey were asked where they most often get tested for STIs. Most respondents (44.2%) reported that they get tested at their primary care physician's office (Chart 27). In total, 40 respondents selected "other" and wrote in responses. Written in responses included Planned Parenthood, the KIND Clinic, "employee health clinic," "my HIV doctor," "STDCheck.com," and "never gotten tested."

Chart 27: Where do you most often get tested for sexually transmitted infections (n=412)?



FINANCES/EMPLOYMENT

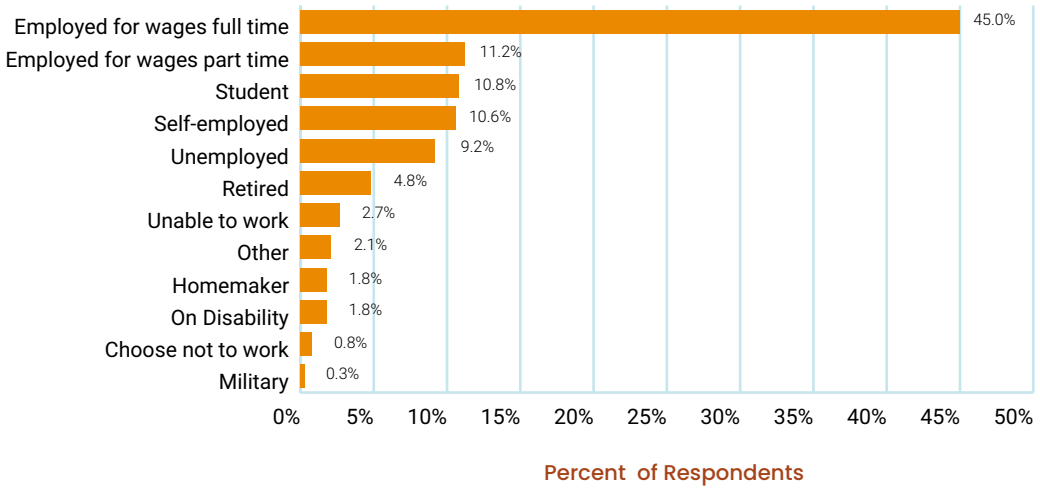
Respondents to the 2020 QWELL Wellbeing Survey were asked, "How does your employer express that they are LGBTQ2IA+ friendly?" (Table 2). Notably, the most common expression of LGBTQ2IA+-friendliness was personal respect (41.5%). However, just 7.7% of respondents said that their employers' insurance plans cover transgender medical expenses, and just 13.8% reported that their companies take a public stand on LGBTQ2IA+ issues. These data suggest that most employers do not show as much support for employees in tangible, structural ways as commonly as they do interpersonally. Additionally, 5.2% of respondents indicated that their employer was not LGBTQ2IA+ friendly.

Table 2

How does your employer express that they are LGBTQ2IA+ friendly?	Percent
Our company is part of the Austin LGBTQ2IA+ Chamber of Commerce.	3.0%
My employer is not LGBTQ2IA+ friendly.	5.2%
My company/employer's insurance covers transgender medical expenses.	7.7%
My employer donates to national LGBTQ2IA+ causes.	8.6%
My employer is LGBTQ2IA+ themselves.	10.0%
My company marches in the Austin Pride parade.	10.5%
New employees of the company are trained to be LGBTQ2IA+ friendly.	10.9%
My employer supports local LGBTQ2IA+ organizations.	11.8%
Our company flies a rainbow flag.	12.3%
The company takes public stands on LGBTQ2IA+ issues.	13.8%
My employer has gender neutral bathrooms.	14.7%
My company has an LGBTQ2IA+ employee group.	16.2%
My employer celebrates Pride month.	20.2%
My employer offers equal benefits to same-sex partners.	25.2%
My employer is respectful to me, personally.	41.5%

Respondents were also asked about their employment status (Chart 28). Nearly half (45%) of respondents were employed for wages full time. Nearly 10% (9.2%) of 2020 respondents were unemployed, compared to Texas' state-wide unemployment rate of 6.8% in January 2020.[47] This is important because access to health insurance is often dependent on employment status.

Chart 28: What is your current employment status?



Respondents to the 2020 QWELL Wellbeing Survey were also asked about how the COVID-19 pandemic affected their employment status. Response options included "lost my job," "reduced income/hours," "now work more than one job," and "started a side business (Uber, Etsy, etc.)." Respondents could select all responses that applied to their situation. More than three in ten respondents (34.7%) reported that the COVID-19 pandemic affected their employment status in some way.

Respondents were also asked about their personal annual income. Over half (59.0%) of the sample reported making $50,000 or less annually.

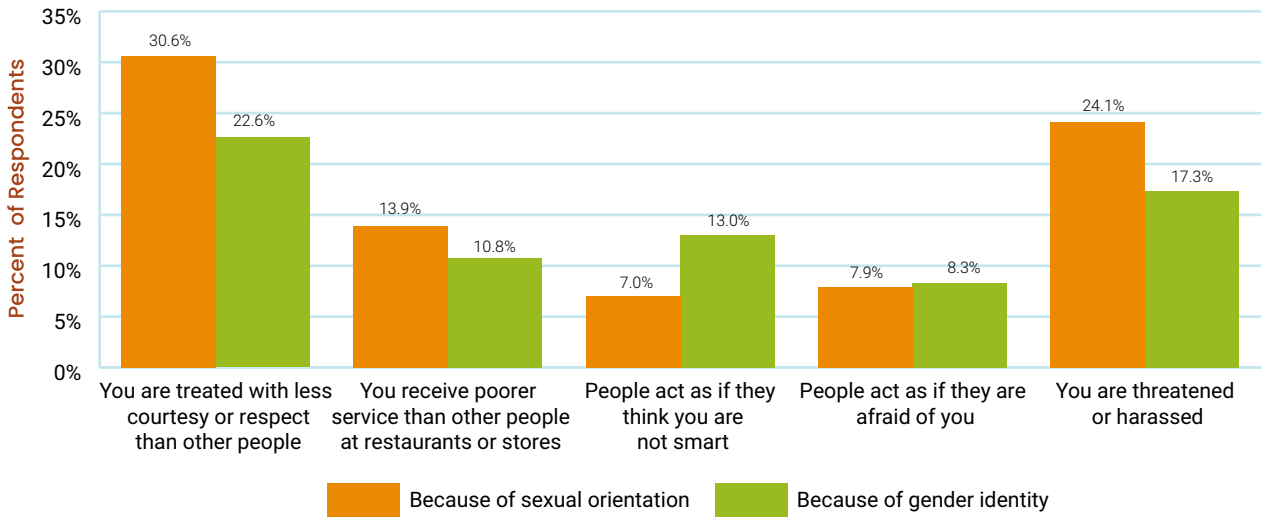
Finally, respondents in the 2019 survey were asked about their financial stability. Over a quarter (26.3%) of respondents were at least moderately worried about not being able to pay their housing costs, and 22.6% were at least moderately worried about not being able to make minimum payments on their credit cards.

DISCRIMINATION EXPERIENCES

Respondents in the 2020 QWELL Wellbeing Survey were asked if they experienced any type of discrimination during the past year based on sexual orientation or gender identity. Discrimination experiences are relevant to the present report because minority stress has been linked to increased substance use.[48,49]

Chart 29 shows that the most common discrimination experiences were being treated with less courtesy or respect than others due to sexual orientation (30.6%) and being threatened or harassed due to sexual orientation (24.1%). These were also the most common discrimination experiences due to gender identity, with 22.6% of respondents report being treated with less respect than others due to their gender identity, and 17.3% reporting being threatened or harassed due to their gender identity.

Chart 29: In the past year, have you experienced any of the following due to your sexual orientation or gender identity? (n=660)



LGBTQ2IA+ LIFE IN AUSTIN AND TRAVIS COUNTY

Respondents in both survey years were asked: What issues in the Austin and Travis County area have the biggest impact on your quality of life? Common responses included:

- cost of living
- lack of safety nets and support
- need for more LGBTQ2IA+ inclusive job opportunities
- need better access to affordable healthcare
- lack of access to gender affirming care
- discrimination experiences
- lack of family support

Respondents in both survey years were asked: Is there anything you would change about LGBTQIA+ life in Austin and Travis County? If so, what? Common responses included:

- more programs for LGBTQ2IA+ youth
- a physical space that belongs to the LGBTQ2IA+ community
- better housing affordability
- healthcare providers who know how to care for the LGBTQ2IA+ community
- more gender neutral bathrooms
- more rainbow flags and visible symbols of inclusion
- less discrimination
- more community activities that do not involve drugs or alcohol

CURRENT LOCAL TOBACCO CONTROL POLICIES

Tobacco-related disparities are complex problems that require complex, coordinated solutions. Current tobacco control policies for Austin and Travis County are summarized below. Research suggests that population-based policy interventions such as smoke free indoor air laws, smoking restrictions in workplaces and public places, and smoking restrictions in schools are all effective in reducing tobacco use among various subgroups.[50–52] General themes of effective tobacco-related policies are those that aim to increase the number of people covered by smoke-free laws, increase the price of tobacco products, reduce exposure to tobacco industry advertising, and improving the accessibility and quality of cessation resources for affected populations.[53]

Tobacco-related ordinances in the City of Austin

City of Austin Smoking in Public Places Ordinance Chapter 10-6:[54]

A. A person commits an offense if the person smokes in a public place or in a park.

B. A person commits an offense if the person smokes in an enclosed area in a building or facility owned, leased, or operated by the City.

C. A person commits an offense if the person smokes in an enclosed area of a workplace.

D. A person commits an offense if the person smokes within 15 feet from an entrance or openable window of an enclosed area in which smoking is prohibited.

E. The owner or operator of a public place commits an offense if the person fails to take necessary steps to prevent or stop another person from smoking in an enclosed area in a public place.

This ordinance includes bars and restaurant establishments. Smoking is allowed in private residences. Smoking means "inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, weed, plant, or any electronic smoking device."

It is important to mention not all Travis County residents may be covered by secondhand smoke ordinances. Municipalities inside Travis County, but outside of Austin city limits, may allow smoking in more areas. For example, Austin has the most comprehensive secondhand smoke ordinance and does not allow smoking in worksites, restaurants, and bars. However, municipal codes for those living in Cedar Park or Bee Cave only offer protection from secondhand smoke exposure at municipal worksites. The health of residents living in non-Austin municipalities within Travis County would be improved by the passage of more protective local secondhand smoke ordinances. More information about municipal ordinances related to smoking can be found at http://shsordinances.uh.edu/.

Tobacco-related laws recently passed by the Texas Legislature

Senate Bill 21:[55] In 2019, the 86th Texas Legislature passed Senate Bill 21, which increased the legal age for the sale, distribution, possession, purchase, consumption, or receipt of cigarettes, e-cigarettes, or tobacco products from 18 to 21 years of age in the state. Senate Bill 21 became effective September 1, 2019.

Senate Bill 248:5[6] In 2021, the 87th Legislature, Regular Session, passed Senate Bill 248 which amends current law to require e-cigarette retailers to obtain a permit from the state. Additionally, S.B. 248 doubles retailer penalties for selling any tobacco product to minors and updates the accrual schedule and severity of penalties to increase retailer accountability.

Focus Groups: Qualitative Data

INFORMATION AND TOBACCO USE BEHAVIORS

The demographic and tobacco use data presented in this section were collected with the focus group recruitment survey described in Appendix B. The final selected focus group sample consisted of 25 individuals. Focus group members ranged in age from 21 to 47 years old and were on average 31 years old. Most focus group participants identified as White alone (68%), with other participants identifying as Black, Black and White, Hispanic, Latino, or Spanish Origin, and Native American/Alaska Native. Nearly half (44%) of the sample identified on the transgender/nonbinary spectrum, with the remaining participants identifying as cisgender. The most common sexual orientation reported was gay (36%). Other reported sexual orientations were asexual, bisexual, queer, pansexual, and polysexual. About one third (32%) of the sample had a bachelor's degree, and 20% had completed some postgraduate work or received a master's degree. Complete demographic information of the sample is available in Appendix B.

Table 3 summarizes the tobacco use behaviors of the focus group. Participants were split in terms of their most frequently used tobacco product, with 48% using mostly cigarettes and 44% using mostly electronic cigarettes. Fifteen participants (60%) were everyday smokers. Participants' age of initiation of tobacco ranged from age 13 to 22, with 76% of participants starting using tobacco at age 18 or younger. Ten participants (40%) were not interested in quitting at the time of interview. Most respondents (84%) had attempted to quit tobacco at least one time. More than half (56%) had attempted to quit using tobacco in the last year.

Table 3

Characteristic	n=25	%
Most frequently used tobacco product		
Cigarettes	12	48.0
Electronic cigarette /vaping device	11	44.0
N/A[a]	2	8.0
How often do you use tobacco?		

Table 3		
Not at all[b]	4	16.0
Some days	6	24.0
Every day	15	60.0
Have you tried to quit using tobacco products in last 12 months?		
No	11	44.0
Yes	14	56.0
At what age did you start using tobacco?		
13	1	4.0
14	2	8.0
15	3	12.0
16	3	12.0
17	3	12.0
18	7	28.0
19	2	8.0
20	1	4.0
21	2	8.0
22	1	4.0
How many tobacco users live in your household?		
1 (I am the only tobacco user)	18	72.0
2	3	12.0
3 or more	3	12.0
No response	1	4.0
Does your partner or spouse use tobacco?		
Yes	10	40.0
No	8	32.0
I do not have a partner or spouse	6	24.0
No response	1	4.0
How many of your friends use tobacco?		
Few or none	4	16.0
Some	11	44.0
Many	7	28.0
Most or all	2	8.0
No response	1	4.0
How many people in your work or school environment use tobacco?		
Few or none	6	24.0
Some	7	44.0

Table 3		
Many	5	20.0
Most or all	2	8.0
I am not employed or in school	2	8.0
I am not around others at work/school	2	8.0
No response	1	4.0
How often do you use tobacco in the car?		
Never	7	28.0
Sometimes	6	24.0
Often	6	24.0
Always	5	20.0
How would you describe your readiness to quit using tobacco?		
Not interested in quitting	10	40.0
I plan to quit in the next 6 months	5	20.0
Other[c]	10	40.0
How many times have you attempted to quit using tobacco?		
1-4 attempts	12	48.0
5-8 attempts	5	20.0
9-12 attempts	1	4.0
13 or more attempts	2	8.0
I have never attempted to quit	4	16.0
What is the longest time you have gone without using tobacco when attempting to quit?		
Between 1 day and 1 week	3	12.0
Between 1 week and 1 month	1	4.0
Between 1 and 6 months	3	12.0
More than 6 months	13	52.0
When you have attempted to quit, did you use any of the following cessation resources?[d]		
None (“cold turkey”)	17	68.0
Text-based quit program	4	16.0
Nicotine replacement therapies	4	16.0
Pharmacotherapy (Chantix, Wellbutrin, Zyban)	4	16.0
Other[e]	3	12.0
Quitline (phone counseling)	1	4.0
In person group/individual counseling	1	4.0

Note

a. Two individuals had recently quit using tobacco completely. They did not respond to the question asking about which tobacco product they use most frequently.

b. Four participants had recently quit using tobacco completely.

c. Other responses included "I have quit, in regard to the amount I used to smoke and now smoke strictly socially and it is irregular," "I quit 20 days ago," "I quit a while back and only partake on occasion socially," "I already quit," "I'll get a desire to quit but it goes away," "I don't have a plan to quit but I would like to," and "I have quit before, but not interested in quitting again any time soon."
d. Participants could select multiple responses.
e. Text responses for other included "app-based support," "used non-nicotine vape products," and "weaning off with the support of partner(s)".

FOCUS GROUP FINDINGS

Note All quotes in this section are attributed to each participant's pseudonym to protect identities and privacy. The script and prompts of the focus groups are available in Appendix A.

Tobacco use is prevalent among the LGBTQ2IA+ community.

About half (48%) of focus group participants said that tobacco use is prevalent in the LGBTQ2IA+ community. One reason cited for the prevalence among the community is the importance of queer bars and nightlife:

> **MJ (he/they):** "For a lot of queer people the bars are our only safe space. And you know, that's where you drink and smoke … For queer people our only safe space for the last 50 years or so has been bar scenes."

Another reason cited for the frequent use of tobacco by LGBTQ2IA+ people was the internalization of negative societal views:

> **Ian (they/them):** "As like a queer person, a trans person, it's easy to feel like 'oh, so many like people don't care about my health … so many people like, hate me on principle, like, why not smoke a cigarette?' It's easy to have that mentality too."

Finally, one participant mentioned other aspects of LGBTQ2IA+ identities that may contribute to prevalent tobacco use:

> **A.D. (he/they):** "Not all bars in Austin have patios, but all the queer bars for sure have patios. So I think… although it might not be everyone's thing, it's definitely like 'oh, if you do smoke, cool, yeah, we've got a space for you to do that.' … Also, I think, it goes along with the fact that we try to be more accepting, generally speaking, as a community. Because we have experienced not being accepted socially and legally and rejected from our families and whatever else, so it's kind of like, 'who are we to say what you can and can't do with your life and your body?'"

Desire for acceptance and community is identified as a major driver of tobacco initiation.

Nearly half (44%) of focus group participants mentioned that wanting acceptance and wanting to fit in was a major influence on their decision to start using tobacco. While sometimes participants mentioned a general desire to fit in among a group of peers, some mentioned specifically wanting to feel acceptance and community related to their identities:

> **RT (he/him):** "I do think that, you know, growing up queer and like, just at that time of my life [coming out as gay] I was like I need to feel acceptance, because I feel rejected by my parents right now … there's lot of other factors I'm sure, and not even to say that I would have been rejected if I didn't smoke, but it was one of those things where it's like, like, oh, they're doing this, I want to be a part of this."

> **Ezra (he/they):** "Where I grew up, it was still very club kid, it was very focused on the partying part of being LGBT. And … I knew I was trans, I knew I was bi since I was like 12 so I was like okay, I want to be part of this community, and that's how I felt like I could fit in is by participating in that … it wasn't only nicotine and cigarettes, it was definitely alcohol and drugs, in general."

Differential use profile for cigarettes vs. electronic cigarettes.

Focus groups revealed that context of tobacco use was different based on product type—cigarettes vs. electronic cigarettes. When using tobacco products around others, people who smoke cigarettes did so with others during social situations. However, people who use electronic cigarettes reported that they use their devices consistently throughout the day even if others were not present. Thus, any tobacco cessation program or resource should ensure that each resource is tailored to target either cigarette or electronic cigarette users, as each group will likely have different needs and interventions to reduce use and quit completely.

Stress is a major trigger for tobacco use.

More than half (52%) of participants mentioned stress as a trigger for tobacco use. Some disparities between cisgender and non-cisgender tobacco users may be present: 24% of cisgender participants mentioned stress as a trigger for tobacco use, compared to 40% of non-cisgender participants.

Several participants mentioned that they have been able to successfully quit tobacco for months at a time, before returning to frequent or daily use once they encounter a stressful life event.

> **Leo (he/him):** "It's really just the way that I handle stress is that I just go back to it [using tobacco], every time. That's really the biggest barrier. I'm good once I'm like through the withdrawals and whatever, until something stressful happens and I just go back to it and that's just been the cycle for basically, as long as I've been smoking."

Fraiser (he/they): "Honestly, the stress thing is actually - I'll quit for eight months and stress is what made me start again."

Connection between minority stress and tobacco use.

The minority stress model suggests that minority individuals (such as LGBTQ2IA+ people) experience unique identity-specific stressors which contribute to negative health outcomes over time.[5] Minority stressors occur in addition to everyday stressors and can be experienced interpersonally (such as harassment or discrimination) or internally (such as internalized homophobia or transphobia). Minority stress is particularly relevant to tobacco use because tobacco use has been established as a stress-induced behavior for LGBTQ2IA+ populations.[4] Some minority stress experiences mentioned by focus group participants were harassment, conflict with or rejection by family, and microaggressions such as being misgendered by family and coworkers.

Ezra (he/they): "Every time my mom calls me, you know, her 'little princess' it's like, I'll be right back, I'm gonna go, I'm going to the backyard real quick, and I have a smoke … I also did notice, I experienced a very very bad experience with some strangers who like, berated me and harassed me for being trans. And I saw that for that month when I was dealing with the fact that that was such a traumatic experience, um, I smoked a lot more than, than I had in a while, and it was really trying to cope with the stress of it."

Two participants also mentioned that minority stress experiences are more difficult to manage than other types of stress:

Ian (they/them): "If my job was not as stressful as it is, I would have a much easier time [quitting] … You know, I work at a school out in [a rural] county and I'm one of the few queer adults there, definitely the only out trans nonbinary person who works there. I get misgendered all day … there is so much stress and like, so much frustration in my day at work that, you know, I think if some of that was less, I'd have an easier time kicking it [tobacco] completely."

Holly (she/her): "I think that any stress definitely makes me want to smoke, however, I think that any stress related to uh, my queer identity, probably actually makes me smoke more because I feel like it's a lot more emotional than just job stress or typical day to day stress."

Difficulty quitting tobacco.

The majority (84%) of focus group participants reported that they have attempted to quit using tobacco at least once. While 52% of participants had used a smoking cessation resource, just four participants (16%) had been able to quit tobacco successfully. Perceived barriers to cessation services included side effects, cost, or a lack of craving reduction.

Zane (he/him): "As I was transitioning out of the military, like into the civilian world like I got prescribed Chantix, but that made me really freaking crazy and I couldn't sleep, so I quit taking it. So therefore I never

quit smoking and that was my only attempt at it, otherwise I've just kept going which is probably not the best."

Akira (he/him): "I choose not to quit because it's more, it's more expensive to try to quit. It's like sometimes the quit methods patches and all that stuff can be more expensive than the actual cigarettes themselves."

MJ (he/they): "I think I was a little put off from trying cessation products because I knew people who would put a patch on and then light a cigarette and I was like at that point at that point… we should just stop. It was like … if that's what it leads to that I don't think I need it."

One fifth of participants stated that the cost of cessation medications was a barrier to tobacco cessation. Increasing awareness of available free and low-cost tobacco cessation medications may help more LGBTQ2IA+ people in Austin and Travis County quit tobacco.

Permissive tobacco environment in Austin and Travis County.

Many participants mentioned that the culture around tobacco in Austin and Travis County makes it somewhat easier to use tobacco in public. The commonality of patio spaces, outdoor events, and ash trays at bars and restaurants were specifically cited as factors that contribute to a permissive tobacco culture, despite local ordinances that restrict tobacco use in public places.

Openness to discerning and targeted tobacco control policies.

When asked if stricter tobacco control policies at their workplace or multiunit housing property would affect tobacco use, 44% of participants stated that their workplace/apartment already has tobacco control policies which they disregard. However, some participants were supportive of some targeted tobacco control policies, specifically mentioning that stricter tobacco policies in some spaces (such as bars and near college campuses) would reduce their tobacco use and may be beneficial for the health of the community.

Jake (he/him): "Yeah there was a lot of outcry when they banned smoking in bars … I forget exactly when that was, but … I was like this is amazing … Now you can't smoke on campus [at UT], like not just 15 feet away but, like, I have to leave the 40 acres [campus] to smoke. And if that had been the case [when I was at UT], I'm pretty confident I would have remained a social smoker. I don't think I would have taken the step to become a, you know, a pack a week, eventually a pack a day, smoker if I'd had to walk a mile to get off campus to have that nightly cigarette.

MC (she/hers): "I would concur with that … [when I was in college] we were allowed to smoke at the table right outside the front door, and so in between classes that's what everyone did, and now that you're not allowed to, I just, you know, I just think about how many fewer cigarettes I would have smoked in that four years, by just, like he said, having that barrier."

Lack of knowledge of available cessation programs/resources.

Just two out of 25 participants knew of a cessation program or resource that was available to them locally. As programs and interventions informed by this CHNA are created, these resources should be advertised to LGBTQ2IA+ residents of Austin and Travis County via numerous avenues to ensure that the greatest possible number of residents are reached with cessation resources.

Desire for reduction in LGBTQ2IA+ health disparities.

Overall, participants expressed that a reduction in health disparities among the LGBTQ2IA+ community would reflect healthier and more equitable lives for the community, as well as ensure an increase in valuable and cherished queer elders.

> **Ezra (he/they):** "The main thought that I would have would be about how, you know, the life expectancy of queer people is significantly lower than cis/het people, so it would give me comfort in knowing that more generations to come of LGBT folk will be living longer lives like they deserve."

> **Leo (he/him):** "I'd say that having queer elders is a big deal, obviously our generation lost out on a lot of that, but I feel like if we reduce that health disparity and made it more equitable, I feel like that would really benefit not just like our community, but like, the American community as a whole."

Conclusions and Recommendations

This Community Health Needs Assessment is the compilation of health and wellbeing information obtained from hundreds of LGBTQ2IA+ individuals living in Austin and Travis County. This report aimed to facilitate a comprehensive understanding of where the local LGBTQ2IA+ community is thriving, and where the community needs additional support and resources. The crucial health and tobacco use information contained in this report should now be used to shape policies and programs that will benefit the health of LGBTQ2IA+ individuals living in Austin and Travis County. Continued investment in annual data collection is crucial in order to track established health and tobacco use disparities over time, especially as programs and interventions aimed at reducing disparities are created and deployed.

RECOMMENDATIONS

Support tobacco prevention efforts among LGBTQ2IA+ youth and young adults.

Many focus group participants stated that quitting tobacco has been a difficult process, and they wished they had never started using in the first place. Research has also consistently shown that age at onset of regular smoking predicts future levels of nicotine dependence.[57] Youth tobacco prevention programs should be targeted towards LGBTQ2IA+ youth in the Austin and Travis County area throughout local Gender/Sexuality Alliances (GSAs) and any other local youth-oriented LGBTQ2IA+ organizations such as OutYouth.

Consider establishing LGBTQ2IA+ specific tobacco support groups and promote existing cessation resources.

More than a third (36%) of focus group participants expressed interest in an LGBTQ2IA+ specific tobacco cessation support group. Several LGBTQ2IA+ specific tobacco cessation programs have been found to have great potential to facilitate significant rates of quitting among the LGBTQ2IA+ community.[58–62]

One study assessed a series of smoking cessation classes that were tailored to the LGBTQ2IA+ community and offered in an LGBTQ2IA+ specific community setting. The results showed that anxiety about quitting decreased with each session, and at the end of the program, 88.9% of the participants reported that they were no longer smoking.[62] Participants in this study also reported that it was very important that LGBTQ2IA+ smoking cessation

classes be held in a "gay-identified or gay-friendly space". Overall, the quit rate and especially participants' valuation of the program's placement at an LGBTQ2IA+ specific space offer evidence for the benefits of an LGBTQ2IA+ oriented smoking cessation program.

In addition to an LGBTQ2IA+ focus, one tobacco focus group member emphasized their interest in a support group that would use a non-shame based framework centered on gradual tobacco use reduction, rather than a cessation group focused on shame and complete abstinence. Additionally, these tobacco support groups should be separated by cigarette vs. electronic cigarette use, as the use profiles of each type of tobacco vary greatly, and participants will need a tailored intervention dependent on their use.

Finally, participants reported very low awareness of the cessation resources available in Travis County such as tobacco cessation group counseling, nicotine replacement therapy to reduce cravings, telephone or web counseling, and text message-based cessation programs, among others. These resources could be marketed to LGBTQ2IA+ communities specifically to increase resource utilization. Many of these available resources are free or low-cost, thus reducing the perceived cost barrier to cessation resources mentioned by participants during the focus groups.

Increase LGBTQ2IA+ cultural competency of healthcare providers.

Research has shown that due to disparities in health, LGBTQ2IA+ people have a greater need for healthcare services, yet they are more likely than cisgender or heterosexual people to delay or avoid healthcare due to fear of negative healthcare experiences based on their identities.[63] Common negative healthcare interactions experienced by LGBTQ2IA+ people include denial of care, misgendering, and lack of provider knowledge about LGBTQ2IA+-specific healthcare needs.[64] This lack of LGBTQ2IA+ health competency among providers has implications for tobacco use prevalence—if providers are unaware of social and behavioral determinants of health for LGBTQ2IA+ people, they may not be aware of the increased risks of tobacco use among the community. Without this knowledge of tobacco-related risks, providers may not screen appropriately and offer culturally appropriate tobacco use reduction solutions.[65]

The data in this report suggests high utilization of health services among LGBTQ2IA+ people living in Austin and Travis County, including frequent physical and dental checkups, mental healthcare, and STI screenings. Trainings aimed at increasing the LGBTQ2IA+ competency of local medical, dental, mental, and sexual health providers could increase the frequency of screening for tobacco use. Local providers could also be educated about available cessation resources and encourage providers to refer and recommend these cessation resources to patients after appropriate screening.

Increase access to tobacco cessation medications.

About a third (32%) of focus group participants suggested that it would be easier for them to quit using tobacco if they had access to tobacco cessation medications such as Chantix and Wellbutrin. Medications such as

Chantix and Wellbutrin require a prescription, thus necessitating that healthcare providers appropriately screen for tobacco use and advise effective treatments.[66] Because many LGBTQ2IA+ individuals do not have access to culturally competent healthcare providers,[65] the providers they see may not be aware of the increased risks of tobacco use among the LGBTQ2IA+ community. Without knowledge of relevant risks, providers may not screen appropriately and/or offer culturally appropriate tobacco use reduction solutions.[65] Low-cost cessation medications could be marketed towards LGBTQ2IA+ communities specifically or implemented in tandem with the aforementioned LGBTQ2IA+ specific tobacco support groups. This program could also be evaluated to determine the quit success rates of LGBTQ2IA+ individuals who do and do not access free cessation medications.

Establish stress management resources.

Several participants stated that, at various points in their lives, they were successful in completely quitting tobacco, only to return to using it during a period of significant life stress. Research has suggested that perceived stress is associated with self-reported nicotine withdrawal, and has highlighted stress reduction as a possible avenue for controlling nicotine withdrawal.[67] Stress management programs and modules could be created that are tailored for and marketed to the LGBTQ2IA+ community.

Fund and promote accessible behavioral health resources.

Many participants mentioned that they would be more likely to succeed in quitting tobacco if they had access to mental healthcare support. Free or reduced-cost mental healthcare support, coupled with tobacco cessation programming and medication, could help LGBTQ2IA+ community members learn to process stressors and triggers without relying on tobacco use and can help with an overall improvement in quality of life.

Partner with influencers among the LGBTQ2IA+ community.

Louisianna Purchase and Cynthia Lee Fontaine were mentioned most frequently as local influencers that are well-known among the Greater Austin LGBTQ2IA+ community. Cynthia Lee Fontaine was specifically known for previously speaking up against tobacco use. Local drag artists could be a valuable resource in promoting LGBTQ2IA+ specific cessation resources.

Assess local tobacco control policies.

Some participants (12%) were open to the idea of modified tobacco control policies at queer nightlife spaces, stating that stricter tobacco use policies outside of queer bars would likely reduce their use of tobacco. Three participants mentioned that a steep tax on cigarettes would likely reduce their use. Many participants in the focus groups also reported that their most frequent use of tobacco is in their cars. A law prohibiting tobacco use while driving a vehicle could reduce the tobacco use of LGBTQ2IA+ residents in Austin and Travis County.

Establish Austin Public Health as a go-to resource for the LGBTQ2IA+ community.

Focus group participants were not familiar with any public health organizations that are viewed as a “go-to” for the LGBTQ2IA+ community. Austin Public Health could use this grant opportunity to launch numerous LGBTQ2IA+ specific tobacco support resources and establish themselves as the best-known public health entity among LGBTQ2IA+ people living in Austin and Travis County.

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Appendix A

Tobacco Use Focus Group Script

Introduction, to be explained by the facilitator:

- During the next 60 to 90 minutes or so we will be discussing your experiences with tobacco use as an LGBTQ person. Our goal with this focus group is to gather information in order to inform resources that will benefit the health of LGBTQ Austinites.
- There are no right or wrong answers or opinions, so please give your honest thoughts. If there are questions you are uncomfortable answering, you do not have to answer them.
- During this focus group, we are interested in tobacco use broadly. “Tobacco products” as a broad term includes cigarettes, electronic cigarette (vaping devices/vapes), cigars, chewing tobacco, snuff, dip, snus, or loose tobacco smoked in a pipe or hookah (water pipe).
- We will keep the things that you say in this group as confidential as possible. That means your name will not be connected to what you have said (unless we are worried about harm to yourself or others, or you report any sexual/physical abuse). When we report the results of this assessment, your real names will not be used. Please come up with a fake name and change your display name on Zoom to this name. This false name will allow us to maintain your anonymity. Your real name will not be associated with your responses in any way, only the pseudonym that you chose. We will also be recording this interview, but once transcribed, any identifying info will be removed, and the audio recording will be deleted.
- Finally, you will receive a $125 virtual gift card via your email within 7-10 business days after completing this interview.
- Any questions?

Consent form link: https://utexas.qualtrics.com/jfe/form/SV_b94Ou4YEiAEtCZg

Focus Group Themes and Question Prompts:
General and culturally specific triggers for tobacco use
What most often triggers you to use tobacco?

Smoking contexts
Where do you most often use tobacco?

Do you most often use tobacco alone? With others?

With whom do you often use tobacco products? Why?

[For participants under 21] How do you obtain your tobacco products?

Community norms
Norms are defined as those values, beliefs, attitudes, and behaviors shared by most people in a group. What would you say are the norms around tobacco use in the LGBTQ2IA+ community?

Do you think those views and/or norms are different than those outside of the LGBTQ2IA+ community? In what way?

How is tobacco use viewed by your friends?

Quit experiences

Have you ever tried to quit using tobacco products?
If yes: What was it like?
If no: why not?

If yes: What kinds of cessation resources did you access in previous quit attempts? How were they helpful/unhelpful?

Barriers to and facilitators of smoking cessation
If you have tried to quit using tobacco before and were unsuccessful, what barriers got in the way of you quitting?
IF financial barriers not mentioned: did you have any financial barriers that made it difficult to quit or access quitting resources?
IF time barriers not mentioned: Did you have any time restraints that made it difficult to quit or access quitting resources?
IF friends and family not mentioned: What about family members or friends? Do you feel like they encourage you to use tobacco, stop using tobacco, or neither?

If you have ever successfully quit using tobacco products, what facilitated your success in quitting?

Do you have people in your life that would be supportive of you quitting tobacco? Unsupportive?

What do you think would help you stop using tobacco?

Relationship between minority stress and smoking
Thinking back to when you first started using tobacco products, what do you think factored into your decision to pick up that first tobacco product?

For participants who started using tobacco in adulthood: Most people start using tobacco in their teen years. Why do you think you started later?

Do you see links between your LGBTQ2IA+ identity and your tobacco use?
    If yes: how?
If participant discusses a school environment: Was your tobacco use related to your peer environment in school?
If participants mention queer nightlife events: What is it about queer nightlife that may encourage or discourage tobacco use?

Does stress related to your LGBTQ2IA+ identity impact your tobacco use? For example, experiences of discrimination, harassment, microaggressions?

Community needs
What about Austin/Travis County in particular makes it easier or harder to use tobacco?

Do you know of any tobacco cessation assistance programs that are currently available in Austin/Travis County?
    If yes, which ones? How did you hear about them?

What do you wish was more available in Austin/Travis County in regards to quitting tobacco use? What types of support programs would you be interested in participating in?

Is there a public health clinic or provider in Austin/Travis County that is a go-to for the LGBTQ2IA+ community?

Is there a public health organization in Austin/Travis County that is a resource for the LGBTQ2IA+ community?

Do you feel like the tobacco industry markets/advertises to the LGBTQ2IA+ community more than other communities?

Can you think of any recent examples of tobacco advertising/marketing you have seen?

Would it help you quit tobacco if your workplace or apartment complex had stricter policies against tobacco use? How about other spaces?

How else could Austin/Travis County make it easier to quit using tobacco?

Who do you follow and see as an influencer for LGBTQ2IA+ communities in Austin/Travis County? By influencer we mean someone who has a significant impact on the opinions and actions of other people. An influencer may have a major social media following or be well known among a particular community or group of people.
Follow up: Do these influencers speak out about tobacco use? Do they use tobacco themselves?

Tobacco Control Policies
Do any existing tobacco control policies at local restaurants, bars, or businesses prevent you from wanting to visit/shop/eat at those places? Or do any control policies make you more likely to visit/shop/eat at those places?

How do you think tobacco control policies impact the LGBTQ2IA+ community?

Some lawmakers in other states have discussed city-wide tobacco bans. Austin does not currently have plans to pass a similar bill, but if they did, what would that mean to you, and how might it affect your tobacco use?

What would it mean to you to no longer have tobacco-related health disparities within LGBTQ2IA+ communities?

Appendix B

Participants for the focus groups were recruited using social media, including local Facebook groups, listserv emails from local LGBTQ2IA+ organizations, and in-person recruiting with flyers at a queer nightlife event at a gay bar in Austin. Potential participants were directed to an online screening survey which verified that they met four inclusion criteria: being over 20 years of age, currently residing in Travis County, Texas, identifying as a member of the LGBTQ2IA+ community, and current or recent use of tobacco products on a regular basis. If participants met these four criteria, they continued to a survey which asked about their willingness to participate in an online focus group, their preferred contact information, and demographic information, and their tobacco use behaviors. After gathering enough participants in the recruitment process, participants were invited to Zoom focus groups. During the focus groups, participants were asked about triggers and motivations for tobacco use, quit attempts, community norms, barriers to smoking cessation, the relationship between LGBTQ2IA+ identity and tobacco use, and community resource needs. Each focus group lasted between 60 and 90 minutes. Participants were paid $125 after successful completion of a focus group. To protect the privacy and confidentiality of participants, each participant selected a pseudonym to use during the focus group. Participants were also given the option to turn their camera off for the duration of the focus group.

Table 4 summarizes the sociodemographic characteristics of the 25 focus group participants.

Table 4
Frequency and Percent of Sociodemographic Characteristics of Participants at Time of Interview

Characteristic	*n=25*	%
Age		
21-25	8	32.0
26-30	6	24.0
31-35	4	16.0
36-40	5	20.0
41-45	1	4.0
46-50	1	4.0
Race/ethnicity[a]		
Asian	2	8.0
Black or African American	1	4.0
Black or African American + White	1	4.0
Hispanic, Latino, or Spanish Origin	3	12.0
Native American or Alaska Native	1	4.0
White	17	68.0
Gender identity[a]		
Cisgender Man	12	48.0
Cisgender Woman	2	8.0
Genderfluid/Nonbinary	1	4.0
Genderqueer/Nonbinary	2	8.0
Nonbinary	4	16.0
Nonbinary/Transgender Man	3	12.0
Transgender Woman	1	4.0
Sexual orientation[a]		
Asexual/Bisexual/Queer	1	4.0
Bisexual	2	8.0
Bisexual/Pansexual	1	4.0
Bisexual/Queer/Pansexual	1	4.0
Bisexual/Queer/Pansexual/Polysexual	1	4.0

Gay	9	36.0
Gay/Queer/Pansexual	1	4.0
Pansexual	2	8.0
Queer	5	20.0
Queer/Pansexual	2	8.0
Education		
Completed some college	8	32.0
Completed some post undergraduate	2	8.0
High school graduate/received GED	1	4.0
Received a master's degree	3	12.0
Received associate degree	2	8.0
Received bachelor's degree	8	32.0
Received trade certification	1	4.0
Financial comfort		
Not enough money to cover expenses	1	4.0
Covering expenses, with little leftover	14	56.0
Covering expenses and have money left over to save or spend	10	40.0

Note: [a]Respondents could select as many responses as applied. Each focus group participant's unique race/ethnicities, gender identities, and sexual orientations are represented within the table, rather than collapsing participants into a category of "multiple identities selected."

Appendix C

Tobacco Use Focus Group Data Analysis

After completion of the focus groups, research assistants checked each transcript for accuracy. Preliminary codes were generated by the researcher who conducted all focus groups, and the codebook was refined and improved by research assistants. Template analysis was applied to all transcripts and coded by the research team. The template analysis approach is useful for these focus groups because each group was asked the same series of questions which focused on various domains of tobacco use. Template analysis allows flexibility in the analysis of focus group data and encourages coders to focus on discussions that are most related to the central research questions.[27]

Interrater agreement was calculated using the kappa statistic. Kappa for this dataset was 0.79, indicating a substantial degree of agreement. [68]

Appendix D

QWELL 2019 Survey Questions

How do you identify?
Lesbian
Gay
Bisexual
Queer
Pansexual
Heterosexual
Other:

What sex were you assigned at birth?
Female
Male
Unsure
Prefer not to answer

How do you identify?
Cisgender Woman
Transgender Woman
Cisgender Man
Transgender Man
Genderqueer/Genderfluid/Nonbinary
Agender
Questioning
Prefer not to answer
Other:

How would you describe your sexual attractions?
Only attracted to women.
Mostly attracted women.
Equally attracted to men and women.
Equally attracted to people of all genders.
Mostly attracted to men.
Only attracted to men.
Only attracted to transgender people.
Asexual – little or no sexual attraction to others.
Other/prefer not to answer:

How would you describe your romantic interests?
Only romantically interested in women.
Mostly romantically interested in women.
Equally romantically interested in women and men.
Equally romantically interested in people of all genders.
Mostly romantically interested in men.
Only romantically interested in men.
Only romantically interested in transgender people.
Aromantic – little or no romantic interest in others.
Other/prefer not to answer:

Do you identify as:
Latino/Latina/Latinx
Hispanic
Chicano/Chicana
I do not identify with any of these.

Do you identify as: (check all that apply)
Black/African American
White
Asian
Native American, American Indian, or Alaska Native
Native Hawaiian or other Pacific Islander
Multiracial (please specify)
Other (please specify)

In the previous question, you indicated you are multiracial. We'd like to provide you an opportunity to provide us with more details about this. Please describe here:
[free text response]

In the previous question, you indicated your race as "Other." We'd like to provide you an opportunity to provide us with more details about this. Please describe here:
[free text response]

What is your relationship status?
Single, never married
Single, previously married
Single, widow/widower
Dating one person
Dating more than one person
Monogamous relationship
Polyamorous/open relationship
Monogamous marriage
Polyamorous/open marriage
Other

In the previous question, you described your relationship status as "Other." We would like to give you the opportunity here to name and describe your relationship for us:
[free text response]

Are you registered to vote?
Yes
No
Not eligible
Not sure

Do you consider yourself an LGBTQ+ ally?
Yes
No
Unsure
Which aspect(s) of your wellbeing would you most like to improve? (select up to 3)
Physical Health (fitness, medical conditions, etc.)
Mental Health (stress, depression, etc.)
Community Connections (relationships, involvement, etc.)
Living Environment (housing, commuting, etc.)
Learning Opportunities (education, skills, etc.)

Economic Condition (job, income, retirement, etc.)

What issues are impacting the health and wellbeing of LGBTQ+ individuals living in Greater Austin?
[free text response]

What issues have the biggest impact on your quality of life?
[free text response]
Overall, how satisfied are you with your life?
Extremely dissatisfied
Moderately dissatisfied
Slightly dissatisfied
Neither satisfied or dissatisfied
Slightly satisfied
Moderately satisfied
Extremely satisfied

How many days during the past week did you…
…feel lonely?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…feel happy?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week
…feel sad/depressed?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…feel anxious?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…feel stressed?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…feel angry?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…have a lot of energy?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…think about suicide?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

…sleep less than 6 hours?
0 days this week 1-2 days/week 3-4 days/week 5-6 days/week 7 days/week

In the last month, how often have you…
Spent time with family?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent time with friends?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)

At least half of the month
Most days of the month
Every day

Spent time with co-workers outside work?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Worked for volunteer/charitable organizations?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent your leisure time outdoors?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent your leisure time away from home?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent your leisure time in community spaces (e.g. parks, libraries, museums)?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

This next series of questions asks you about your physical and mental health.
How often do you engage in at least moderate physical activity (i.e. break a sweat)?
0 days a week (never)
1-3 days a week
4 days a week
5-6 days a week
7 days a week (every day)

Would you say your health in general is:
Poor
Fair
Good

Very Good
Excellent

How many days in the last month was your physical health not good? (e.g., illness, injury, etc.) [number response from 0-30 days]

How many days in the last month was your mental health not good? (e.g., stressed, depression, anxiety)
[number response from 0-30 days]

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
[number response from 0-30 days]

Have you experienced/been diagnosed with any of the following health conditions? (Check all that apply)
Asthma
Addiction/Substance Use Issues
Blind/Sight impaired
Cancer
Deaf/Hearing impaired
Diabetes (Type I)
Diabetes (Type II)
High Blood Pressure
High cholesterol
Heart Disease/Failure
Other Cardiovascular Issues
HIV
Mental health condition(s)
Mobility impairment
Pregnancy
None of the above
Other (please list)

Over the past year, my chronic illness(es) has:
Negatively impacted my work or my ability to work.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my relationship with my spouse, partner, boy/girlfriend.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my relationship with my family (e.g., mother, father, children)
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree

Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my relationship with my friends.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my social life away from home.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted by finances.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my level of stress.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my mental health.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted by sleep schedule.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree

Strongly agree

Negatively impacted my desire to have sex.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Negatively impacted my physical ability to have sex.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Caused me to think about committing suicide.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Has lead to as suicide attempt.
Strongly disagree
Mostly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Mostly agree
Strongly agree

Do you have health insurance coverage?
Yes, through work.
Yes, through my parents/partner.
Yes, my own plan.
Yes, through Healthcare.gov.
Yes, through Medicare/Medicaid.
Yes, through MAP.
No, I do not have health insurance.

What barriers do you feel keep you from accessing physical health services?
[free text response]

What barriers do you feel keep you from accessing mental health services?
[free text response]

How worried are you right now…
…about not being able to make the minimum payments on your credit cards?
Not at all worried

Slightly worried
Somewhat worried
Moderately worried
Extremely worried

…about not being able to pay your rent, mortgage, or other housing costs?
Not at all worried
Slightly worried
Somewhat worried
Moderately worried
Extremely worried

…that you might lose your job within the next six months?
Not at all worried
Slightly worried
Somewhat worried
Moderately worried
Extremely worried

When you have sex, do you use condoms or other barrier methods (e.g. dental dams)?
I am not sexually active.
I only have sex with the person I am married to/in a relationship with
Never (0%).
Yes, but rarely (1-24%).
Yes, but not often (25-49%).
Yes, most of the time (50-74%).
Yes, the majority of the time (75-99%).
Yes, every time (100%).

How often do you get tested for sexually transmitted infections?
I do not get tested
When I have a symptom
Once a year
At least every six months
Every three months
Every month
Other

Have you been diagnosed with a sexually transmitted infection (STI), sometimes called an STD, in the past 6 months?
No
Yes
Unsure
Have you heard of PrEP, the daily pill that is more than 90% effective in preventing HIV-negative people from getting HIV?
No, I don't know what PrEP is.
Yes, I have heard of PrEP but I don't know what it is.
Yes, I know what PrEP is.
Unsure

How effective is PrEP in preventing the transmission of HIV when taken every day?
Less than 50% effective
50-59% effective
60-69% effective
70-79% effective
80-89% effective

More than 90%

Do you think you're an ideal candidate for PrEP?
No, I am definitely not an ideal candidate for PrEP
No, I am likely not an ideal candidate for PrEP
I am unsure if I am an ideal candidate
Yes, I might be an ideal candidate
Yes, I am an ideal candidate

Have you ever been prescribed PrEP tto prevent HIV?
No
Yes
Unsure

Supposed that PrEP is at least 90% effective in preventing HIV, how willing would you be to use PrEP to prevent HIV?
Extremely unwilling to use PrEP to prevent HIV
Very unwilling to use PrEP to prevent HIV
Somewhat unwilling to use PrEP to prevent HIV
Neither willing nor unwilling to use PrEP to prevent HIV
Somewhat willing to use PrEP to prevent HIV
Very willing to use PrEP to prevent HIV
Extremely willing to use PrEP to prevent HIV

Do you intend to take PrEP in the next 12 months?
No, I do not plan to start taking PrEP.
No, but I plan to start using PrEP more than a year from now.
Yes, I plan to start using PrEP in the 12 months, but not within the next 6 months.
Yes, I plan to start using PrEP in the 6 months, but not in within the next 30 days.
Yes, I plan to start using PrEP within the next month.
Yes, I already take PrEP.

Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)
No
Yes

Do you vape/use an electronic cigarette device?
No
Yes

How important is it to you that you spend your money at businesses that support the LGBTQ+ community?
Not important at all
Not that important
Somewhat important to me
Very important to me

Since you have lived here, have you experienced any of the following because of your race or ethnicity?
You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

Since you have lived here, have you experienced any of the following because of your sexual orientation?

You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

Since you have lived here, have you experienced any of the following because of your gender identity or expression?
You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

Have you experienced any of these problems while you have lived here?
Housing discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Job discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Service discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Healthcare discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression
Mistreatment by police
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Bullying or harassment
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Online bullying or harassment
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Other
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Have you ever hesitated to report crimes or violence against you because you feared further discrimination or harassment because of your sexual orientation or gender identity?
No
Yes

Have you ever hesitated to report crimes or violence against you because you feared further discrimination or harassment because of your race or ethnicity?
No
Yes

Do you feel like you are a part of the local LGBTQ+ community?
No, I am LGBTQ+ but do not feel like part of a community.
Yes, but only when I attend LGBTQ+ community events.
Yes, I feel like a valued member of our local LGBTQ+ community.
Other (please expand):

Is there anything you would change about LGBTQ+ life in Austin? If so, what?
[free text response]

That's all for now! Our research team would like to invite you to participate in the next section of this survey when it launches in 2019, as well as invite you to future research projects related to LGBTQ+ health and wellbeing. If you consent to be contacted, please select the best method to reach you.
No, I do not consent to being contacted about future studies.
Yes, I consent to receiving text messages regarding future research studies on LGBTQ+ health and wellbeing.
Yes, I consent to being contacted via email regarding future research studies on LGBTQ+ health and wellbeing.

QWELL 2020 Survey Questions

How old are you?
[free text response]

What ZIP Code do you live in?
[free text response]

How do you identify?
Lesbian
Gay
Bisexual
Straight/Heterosexual
Asexual
Pansexual
Demisexual
Queer
Questioning
Another identity

What sex were you assigned at birth? (i.e., the sex on your original birth certificate)
Female
Male
Unsure
Prefer not to answer

Are you intersex?
No

Yes

How do you identify?
Agender
Cisgender Woman
Cisgender Man
Genderfluid
Genderqueer
Nonbinary
Questioning
Transgender Woman
Transgender Man
Two-Spirit
Another identity:
Prefer not to answer

Do you identify as: (Select all that apply to you):
Black or African American
East Asian
Hispanic, Latinx, or Chicanx
Indigenous/Native American
Native Hawaiian and/or Other Pacific Islander
Middle Eastern or North African
South Asian
Southeast Asian
West Asian
White/Caucasian
Another identity:

What is your relationship status?
Single
Casual sex
Divorced
Widowed
Dating
Partnered/married (monogamous)
Partnered/married (poly)
Partnered/married (open)
Other

Are you registered to vote?
Not eligible
No
Not sure
Yes

How long have you lived in the Austin area?
Less than 1 year
1-2 years
2-5 years
5-10 years
10-20 years
More than 20 years

Assume that this slider is a way of picturing your life **right now**. The far right of the slider represents the best possible life for you. The far left represents the worst possible life for you.

Indicate where on the slider you feel you personally stand **right now**:

Worst possible life Best possible life
0 1 2 3 4 5 6 7 8 9 10

Where do you see yourself in **5 years**? The far right of the slider represents the best possible life for you. The far left represents the worst possible life for you.
Indicate where on the slider you feel you will personally stand in **5 years**:

Worst possible life Best possible life
0 1 2 3 4 5 6 7 8 9 10

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things
Not at all Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless
Not at all Several days More than half the days Nearly every day

Trouble falling or staying asleep, or sleeping too much
Not at all Several days More than half the days Nearly every day

Feeling tired or having little energy
Not at all Several days More than half the days Nearly every day

Poor appetite or overeating
Not at all Several days More than half the days Nearly every day

Feeling bad about yourself or that you are a failure or have let yourself or your family down
Not at all Several days More than half the days Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television
Not at all Several days More than half the days Nearly every day

Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
Not at all Several days More than half the days Nearly every day

Thoughts that you would be better off dead, or of hurting yourself
Not at all Several days More than half the days Nearly every day

Would you say those feelings are normal for you or induced by the COVID-19 pandemic and/or current events
[free text response]
Please select the option that indicates how satisfied you feel with each of the following aspects of your life:

Your healthcare
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your employment

Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your finances
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your career prospects
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

The house or place where you live
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your weight and/or appearance
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your family relationships
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your romantic relationships
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your social life (friends)
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your sex life

Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Your LGBTQIA+ community
Very dissatisfied
Moderately dissatisfied
Moderately satisfied
Very satisfied
Not applicable/does not apply

Overall, how satisfied are you with your life?
Extremely dissatisfied
Moderately dissatisfied
Slightly dissatisfied
Neither satisfied or dissatisfied
Slightly satisfied
Moderately satisfied
Extremely satisfied

Which aspect(s) of your wellbeing would you most like to improve? (select up to 3)
Physical Health (fitness, medical conditions, etc.)
Mental Health (stress, depression, etc.)
Community Connections (relationships, involvement, etc.)
Living Environment (housing, commuting, etc.)
Learning Opportunities (education, skills, etc.)
Economic Condition (job, income, retirement, etc.)

Do you have children, and if so, do they live in the Austin-area?
No, I do not have children
Yes, I have children under 18 in the Austin area
Yes, I have children under 18 but they do not live in the Austin area
Yes, I have children 18+ (adult) in the Austin area
Yes, I have children 18+ (adult) but they do not live in the Austin area

Do you care for parents or elders in your home?
No
Yes

Do you consider yourself politically…
Very Conservative
Somewhat Conservative
Moderate
Somewhat Liberal
Very Liberal

The next questions are about how you feel about different aspects of your life. For each one, select the response that indicates how often you feel that way.
How often do you feel that you lack companionship?
Hardly ever Some of the time Often

How often do you feel left out?
Hardly ever Some of the time Often

How often do you feel isolated from others?
Hardly ever Some of the time Often

In the last month, how often have you…
Spent time with family in-person.
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent time with family online (FaceTime, Zoom, etc.).
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent time with friends in-person.
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent time with friends online (FaceTime, Zoom, etc.).
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent time in-person with co-workers outside of work.
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Volunteered for humanitarian organizations?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent your leisure time outdoors?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)

At least half of the month
Most days of the month
Every day

Spent your leisure time away from home?
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

Spent your leisure time in community spaces (e.g. parks, libraries, museums)
Never
Less than a quarter of the month
At least a quarter of the month (e.g. every weekend)
At least half of the month
Most days of the month
Every day

How often do you engage in at least moderate physical activity (i.e. break a sweat)?
0 days a week (never)
1-3 days a week
4 days a week
5-6 days a week
7 days a week (every day)

Would you say your physical health in general is:
Poor
Fair
Good
Very Good
Excellent

Would you say your mental health in general is:
Poor
Fair
Good
Very Good
Excellent

How many days in the last month was your physical health not good? (e.g., illness, injury, etc.) [number response from 0-30 days]

How many days in the last month was your mental health not good? (e.g., depression, stress, etc.)
[number response from 0-30 days]

Out of the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
[number response from 0-30 days]

Have you experienced/been diagnosed with any of the following health conditions? (Check all that apply)
Asthma
Addiction/Substance Use Issues
Blind/Sight impaired
Cancer

Deaf/Hearing impaired
Diabetes (Type I)
Diabetes (Type II)
High Blood Pressure
High cholesterol
Heart Disease/Failure
Other Cardiovascular Issues
HIV
Mental health condition(s)
Mobility impairment
Pregnancy
None of the above
Other (please list)

Do you have health insurance coverage?
No, I don't have health insurance.
Yes, through work.
Yes, through my parents.
Yes, through the school I attend.
Yes, through my partner.
Yes, my own plan.
Yes, through Healthcare.gov.
Yes, through Medicare/Medicaid.
Yes, through MAP or MAP BASIC.

Display IF they responded no health insurance: **You answered that you do not have health insurance. Where do you go when you need healthcare?**
I do not seek care when I have a health problem.
Planned Parenthood
Public clinic
Emergency room
Other

Display IF responded that they do have health insurance: **What is the name of your health insurance company?**
[free text response]

Your answers to the following questions support local efforts to improve access to LGBTQIA+ affirming healthcare.
Do you go to a physical health care provider(s) who markets themselves as LGBTQIA+ affirming or oriented towards the LGBTQIA+ community?
No
Yes

Please tell us who your physical health care provider is:
[free text response]

In the past year, have you participated in counseling/therapy?
No
Yes

Do you go to a mental health care provider(s) who markets themselves as LGBTQIA+ affirming or oriented towards the LGBTQIA+ community?
No
Yes

Display IF they participated in counseling/therapy in the past year: **Please tell us who your mental health care provider is:**
[free text response]

Have you received care at an Austin-area provider that claimed they were LGBTQIA+ competent but actually was not?
No
Yes

Display IF responded yes to previous question: **If yes, what provider claimed they were LGBTQIA+ competent but were not?**
[free text response]

Display IF responded yes to provider claimed they were LGBTQIA+ competent but weren't: **If yes, what about your experience with that provider was not competent/affirming?**
[free text response]

When going to a healthcare appointment at an Austin-area provider's office, has an employee made cisgender and/or heterosexual assumptions about you (e.g., assuming who you would be interested in sexually/romantically, assuming body parts you may have)?
Front Desk Staff
Nurses/Medical Assistants
Doctors/Therapists
None of these

When going to a healthcare appointment at an Austin-area provider's office, has an employee used incorrect pronouns with you/misgendered you? (using she/he, Ma'am/Sir wrong etc.)
Front Desk Staff
Nurses/Medical Assistants
Doctors/Therapists
None of these

How often have the offices, waiting rooms, and care rooms of your healthcare providers made you feel welcomed and valued as an LGBTQIA+ person?
Never
Rarely
Sometimes
Often
Always

When you have experienced negative healthcare experiences as an LGBTQIA+ person, in general do you feel like the person was:
Intentionally being mean or trying to hurt you?
NOT being intentional, and that they were not aware of what they were doing?
I have experienced both intentional and non-intentional negative healthcare experiences.
I have never had a negative healthcare experience related to my LGBTQIA+ identity.
When you have experienced a negative healthcare experience as an LGBTQIA+ person, how much would that negative experience affect your likelihood of going back to that office?
Not at all
Slightly
Moderately
Considerably
A great deal

Have negative experiences with healthcare providers ever caused you to: (select all that apply)
Delay/cancel appointments

Not seek care when you were sick
Switch providers
Mistrust/avoid all medical professionals
None of these

When was the last time a doctor gave you a physical exam?
Never had a physical exam
Don't recall
Within the last year
1-2 years ago
2-5 years ago
More than 5 years ago

When was the last time a doctor gave you a mental health check up?
Never had a mental health check up
Don't recall
Within the last year
1-2 years ago
2-5 years ago
More than 5 years ago

When was the last time you went to the dentist?
Never been to the dentist
Don't recall
0-3 months ago
3-6 months ago
6-12 months ago
Over a year ago

What barriers do you feel keep you from accessing physical health services?
[free text response]

What barriers do you feel keep you from accessing mental health services?
[free text response]

In what spiritual tradition were you raised, if any?
[free text response]

What belief system do you hold now?
[free text response]

Do you currently experience any conflict between your religious or spiritual tradition and being LGBTQIA+?
No
Yes

Display IF yes to previous question: **Would you like to say any more about that conflict right now?**
[free text response]

Do you regularly attend services at an Austin-area faith community?
No, I don't participate in any faith community.
Yes, but my faith community is not LGBTQIA+ affirming.
Yes, but I'm not sure if my faith community is LGBTQIA+ affirming or not.
Yes, at an LGBTQIA+affirming faith community.

Display IF yes to previous question: **What Austin-area faith community do you attend?**

[free text response]

How would you describe the sexuality/sexual health education you received in school?
I received an abstinence-only sex education in school. (Sex and sexuality were discouraged and shamed. Condoms/contraception were not discussed.)
I received comprehensive sex education in school. (I learned how to use condoms and birth control. I learned about HIV, LGBTQ people, and how to have healthy relationships.)
I received sexuality education that was not completely focused on abstinence, but was not comprehensive either.
Other:

From what sources other than formal schooling did you gain your knowledge about sex and sexual health?
I took a comprehensive sex education course as an adult (Our Whole Lives, Unhushed,etc.).
Experimentation
Friends/Sexual partners
Pornography
Reading/Research
Other

When you have sex, do you use condoms or other barrier methods (e.g. dental dams)?
I have never had sex.
I am not currently sexually active.
Never because I only have sex with the person/people I am in a monogamous relationship with.
Never (0%).
Yes, but rarely (1-24%).
Yes, but not often (25-49%).
Yes, most of the time (50-74%).
Yes, the majority of the time (75-99%).
Yes, every time (100%).
Have you been sexually active in the last year?
No
Yes

How often do you get tested for sexually transmitted infections?
I do not get tested
When I have a symptom
Once a year
At least every six months
Every three months
Every month
Other

Display IF responded “I do not get tested” to previous question: **Why do you not get tested for sexually transmitted infections?**
My partner and I are monogamous.
I am not sexually active.
I do not know where to get tested.
I am afraid to find out the results.
Other

Where do you usually go to be tested for sexually transmitted infections?
My primary care physician
My OB/GYN
Public health clinic
HIV testing clinic
Mobile testing clinic

Other

Have you been diagnosed with a sexually transmitted infection (STI), sometimes called an STD, in the past 6 months?
No
Yes
Unsure

In the last 6 months, have you used any of the following substances before or during sex? (Select all that apply)
Alcohol
Ecstasy (molly)
Erection-causing drugs (Viagra, Cialis)
Marijuana
Poppers
Methamphetamine (ice)
None of these, I do not use substances before or during sex.
None of these; I am in recovery.
Other

Have you heard of PrEP, the daily pill that is more than 90% effective in preventing HIV-negative people from getting HIV?
No, I don't know what PrEP is.
Yes, I have heard of PrEP but I don't know what it is.
Yes, I know what PrEP is.

Do you think you should take PrEP to help prevent an HIV infection?
No, I do not need PrEP.
Yes, I should be on PrEP but I am not.
Yes, I already take PrEP.
Unsure.

Display IF answer to previous question is "Yes, I should be on PrEP but I am not:" You **answered that you think you should be on PrEP to help prevent an HIV infection but you do not take PrEP now. What is the main reason you are not taking PrEP?**
Not sure where to get PrEP.
Not sure I can afford PrEP.
Afraid of side effects.
Afraid of what people will think.
Other:

Display IF response is "No, I do not need PrEP:" **Why do you think you do not need to be on PrEP?**
[free text response]

Have you smoked at least 100 cigarettes in your entire life? (5 packs = 100 cigarettes)
No
Yes

How often do you currently smoke cigarettes?
Not at all
Some days
Every day

IF some cigarette use: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
No

Yes

Do you vape/use an electronic cigarette device?
No
Yes

The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential and anonymous.
Please check the box if you have **ever** used each of the following drugs, and if you have used that drug in the past **year** (12 months).

Amphetamines (Adderall, Ritalin) (speed, addy)
I have used this drug in my lifetime
I have used this drug in the past year

Anabolic Steroids
I have used this drug in my lifetime
I have used this drug in the past year

Benzodiazepines (Xanax, Klonopin)
I have used this drug in my lifetime
I have used this drug in the past year

Crack Cocaine
I have used this drug in my lifetime
I have used this drug in the past year

Powdered Cocaine (coke, snow, blow, white)
I have used this drug in my lifetime
I have used this drug in the past year

DMT
I have used this drug in my lifetime
I have used this drug in the past year

MDMA (ecstasy, E, X, molly)
I have used this drug in my lifetime
I have used this drug in the past year

Erection-causing drugs (Viagra, Cialis)
I have used this drug in my lifetime
I have used this drug in the past year

GHB (G, scoop, soap)
I have used this drug in my lifetime
I have used this drug in the past year

Heroin (smack, black tar)
I have used this drug in my lifetime
I have used this drug in the past year

Ketamine (special K, vitamin K)
I have used this drug in my lifetime
I have used this drug in the past year

LSD (acid)

I have used this drug in my lifetime
I have used this drug in the past year

Marijuana (weed, Mary Jane)
I have used this drug in my lifetime
I have used this drug in the past year

Methamphetamine (crank, crystal, ice, Tina, T)
I have used this drug in my lifetime
I have used this drug in the past year

PCP (angel dust)
I have used this drug in my lifetime
I have used this drug in the past year

Poppers
I have used this drug in my lifetime
I have used this drug in the past year

Psilocybin (mushrooms)
I have used this drug in my lifetime
I have used this drug in the past year

Other drug not listed here
I have used this drug in my lifetime
I have used this drug in the past year

The following questions about your childhood may be sensitive. Your anonymous answers help us assess our local community's risk of certain problems.
Prior to your 18th birthday, did a parent or other adult in the household often or very often…
Swear at you, insult you, put you down, or humiliate you or Act in a way that made you afraid that you might be physically hurt?
No
Yes

Prior to your 18th birthday, did a parent or other adult in the household often or very often…
Push, grab, slap, or throw something at you Or Ever hit you so hard that you had marks or were injured?
No
Yes

Prior to your 18th birthday, did an adult or person at least 5 years older than you ever…
Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No
Yes

Prior to your 18th birthday, did you often or very often feel that …
No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No
Yes
Prior to your 18th birthday, did you often or very often feel that …
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No
Yes

Prior to your 18th birthday, were your parents ever separated or divorced?
No
Yes

Prior to your 18th birthday, was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No
Yes

Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No
Yes

Prior to your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?
No
Yes

Prior to your 18th birthday, did a household member go to prison?
No
Yes

Because of your race or ethnicity, have you experienced any of the following in the last year? (check all that apply)
You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

Because of your sexual orientation, have you experienced any of the following in the last year? (check all that apply)
You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

Because of your gender identity or expression, have you experienced any of the following in the last year? (check all that apply)
You are treated with less courtesy or respect than other people.
You receive poorer service than other people at restaurants or stores.
People act as if they think you are not smart.
People act as if they are afraid of you.
You are threatened or harassed.
None of these.

In the last year, have you experienced the following types of discrimination IN THE AUSTIN AREA? (please check all that apply)
Housing discrimination

Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Job discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Service discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Healthcare discrimination
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Mistreatment by police
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Bullying or harassment
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Online bullying or harassment
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Other
Because of your race/ethnicity
Because of your sexual orientation
Because of your gender identity or expression

Have you ever hesitated to report crimes or violence against you because you feared further discrimination or harassment <u>because of your sexual orientation or gender identity?</u>
No
Yes

Have you ever hesitated to report crimes or violence against you because you feared further discrimination or harassment <u>because of your race or ethnicity?</u>
No
Yes

Do you ever avoid exercising in public, in gyms, or in group classes because of fear of discrimination or harassment <u>based on your sexual orientation or gender expression?</u>
No
Yes

IF yes to avoiding exercise in public: Would you like to say more about why you avoid exercising in public?

[free text response]

What actions have you taken because of the Black Lives Matter movement? (Select all that apply)
Donated to Black-led or Black Lives Matter organizations.
Participated in live demonstrations.
Posted on social media in support of Black Lives Matter.
Contacted politicians in support of Black Lives Matter.
Worked to heal racism in myself through conversations and research.
Participated in anti-racist workshops or lectures.
Offered more support to my Black friends.
I do not support Black Lives Matter.
Other (please specify)

Racism is a public health crisis.
Agree
Unsure
Disagree

In the past year, have you attended events by, volunteered for, or donated to any of the following local organizations that serve LGBTQIA+ people? (select all that apply)
aGLIFF (PRISM All Genders & Lifestyles Film Festival)
AIDS Services of Austin (now Vivent Health)
Austin LGBT Chamber of Commerce
allgo (LGBTQIA+ POC)
Austin Black Pride
Austin Community College LGBT eQuity Committee
Austin Front Runners
Austin Gay Men's Chorus
Austin Int'l Drag Foundation
Austin Latinx Pride
Austin LGBT Bar Assoc.
Austin LGBT Coalition on Aging
Austin LGBT Elder Task Force
Austin Pride
Austin Prime Timers
Austin Queer Asians
Chronically Queer
craftHER Market
Equality Texas
Frida Friday
Gender Unbound
HRC Austin
Interface
KIND Clinic
LifeWorks
Missfits Festival
Octopus Club
OUTsider Festival
Out Youth
PFLAG Austin
PFLAG San Marcos
Planned Parenthood
Pride Interfaith Partnership
Project Transitions
The Q/La Q
Queerbomb

QWELL Community Foundation (Austin Outpost)
Sisters of Perpetual Indulgence
TGQ Social Club
TENT (Transgender Education Network of Texas)
United Court of Austin
UT Gender & Sexuality Center
Waterloo Counseling Center

When there is not a pandemic, how much time do you spend volunteering for causes you believe in? (Teaching Sunday school, food bank, lobbying, community organizing, etc.)
I do not currently volunteer
1-3 hours a week
4-6 hours a week
7-9 hours a week
10-19 hours a week
20 or more hours a week

Do you feel like you are part of the local LGBTQIA+ and Ally community?
No, I am LGBTQIA+ but do not feel part of a community.
Yes, but only when I attend LGBTQIA+ community events.
Yes, I feel like a valued member of our local LGBTQIA+ and Ally community.
Other

Display IF sexual orientation includes “lesbian:” **As a lesbian, do you feel you have strong community with other local lesbians?**
No
Yes

Display IF gender identity is transgender woman or transgender man: **As a trans person, do you feel you have strong community with other local trans people?**
No
Yes

IF queer and race/ethnicity is nonwhite: **As an LGBTQIA+ person of color, do you feel you have strong community with other local LGBTQIA+ people of color?**
No
Yes

Which of the following describes your situation? (Check all that apply)
Employed for wages - Full time
Employed for wages - Part time
Self-employed
Unemployed
On Disability
Student
Homemaker
Military
Retired
Choose not to work
Unable to work
Other (please specify)

How has the COVID-19 pandemic affected your employment status? (select all that apply)
No change (I still have my job)
No change (I did not have a job before COVID)
Lost my job

Reduced income/hours
Now work more than one job
Started a side business (Uber, Etsy, etc.)

Display IF employed: **How does your employer express that they are LGBTQIA+ friendly? (Select all that apply)**
My employer is not LGBTQIA+ friendly.
My employer is LGBTQIA+ themselves.
My employer is respectful to me, personally.
My employer offers equal benefits to same-sex partners.
My company/employer's insurance covers transgender medical expenses.
My company has an LGBTQIA+ employee group.
Our company flies a rainbow flag.
My employer donates to national LGBTQIA+ causes.
My employer supports local LGBTQIA+ organizations.
My employer celebrates Pride Month.
My company marches in the Austin Pride parade.
The company takes public stands on LGBTQIA+ issues.
Our company is part of the Austin LGBT Chamber of Commerce.
My employer has gender neutral bathrooms.
New employees of the company are trained to be LGBTQIA+ friendly.
Other:

Do you currently rent or own your home?
Own
Rent
Live in group housing (sober house, retirement community, etc.)
Currently occupy without paying monetary rent (live with family, etc.)

How many unoccupied bedrooms are in your home? (Bedrooms without a permanent resident)
[free text response]

Thinking about the neighborhood where you currently live, to what extent do you agree or disagree with each of the following statements:

There are many people I can count on in my neighborhood.
Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

People in my neighborhood can be trusted.
Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

It is safe to publicly hold hands with someone of the same gender in my neighborhood.
Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

It is safe to be gender non-conforming in my neighborhood.
Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

What is your personal annual income? (Enter only your own income, not household income, since others in your household may also take this survey.)
Under $15,000 (minimum wage)
$15,000 - $20,000 ($7.25-10/hour)
$20,000 - $30,000 ($10-15/hour)
$30,000 - $50,000 ($15-25/hour)
$50,000 - $75,000
$75,000 - $100,000
$100,000 - $250,000

$250,000 - $500,000
$500,000 - $1M
$1M - $5M
Over $5M/year

Displayed IF income below federal poverty line: **Do you receive government or private food assistance? (i.e. SNAP or food bank)**
No
Yes

How much do you pay in your rent or mortgage per month? We need this information to calculate the percentage of your income allocated to housing.

How worried are you:
...about not being able to make the minimum payments on your credit cards?
Not at all worried
Slightly worried
Somewhat worried
Moderately worried
Extremely worried

...about not being able to pay your rent, mortgage, or other housing costs?
Not at all worried
Slightly worried
Somewhat worried
Moderately worried
Extremely worried

...that you might lose your job within the next six months?
Not at all worried
Slightly worried
Somewhat worried
Moderately worried
Extremely worried

What percentage of your income would you estimate you currently donate to charitable organizations?
Less than 1%
Under 10%
10%
11-20%
Over 20%

What percentage of your income would you estimate you currently donate to local LGBTQIA+ organizations?
Less than 1%
Under 10%
10%
11-20%
Over 20%

How important is it to you that you spend your money at businesses that support the LGBTQIA+ community?
Not important to me at all.
Somewhat important to me.
Very important to me.

Approximately how much money do you currently have in savings or investments? Your anonymous answer helps us evaluate our LGBTQIA+ community's economic resilience.
Under $1,000
$1,000 - $5,000
$5,000 - $20,000
$20,000 - $50,000
$50,000 - $100,000
$100,000 - $500,000
$500,000 - $1,000,000
$1,000,000 - $5,000,000
Over $5,000,000

Please share your observations on and visions for our local LGBTQIA+ community by answering these questions:

What issues do you think are impacting the health and wellbeing of LGBTQIA+ individuals living in Greater Austin?
[free text response]

What issues have the biggest impact on your quality of life?
[free text response]

Is there anything you would change about LGBTQIA+ life in Austin? If so, what?
[free text response]

If you woke up tomorrow and Greater Austin was the best place in the world for LGBTQIA+ people to live, what would be the first thing you would notice was different? What would that look like?
[free text response]

What else would you like to tell us about your experience of being LGBTQIA+ in the Greater Austin area?
[free text response]

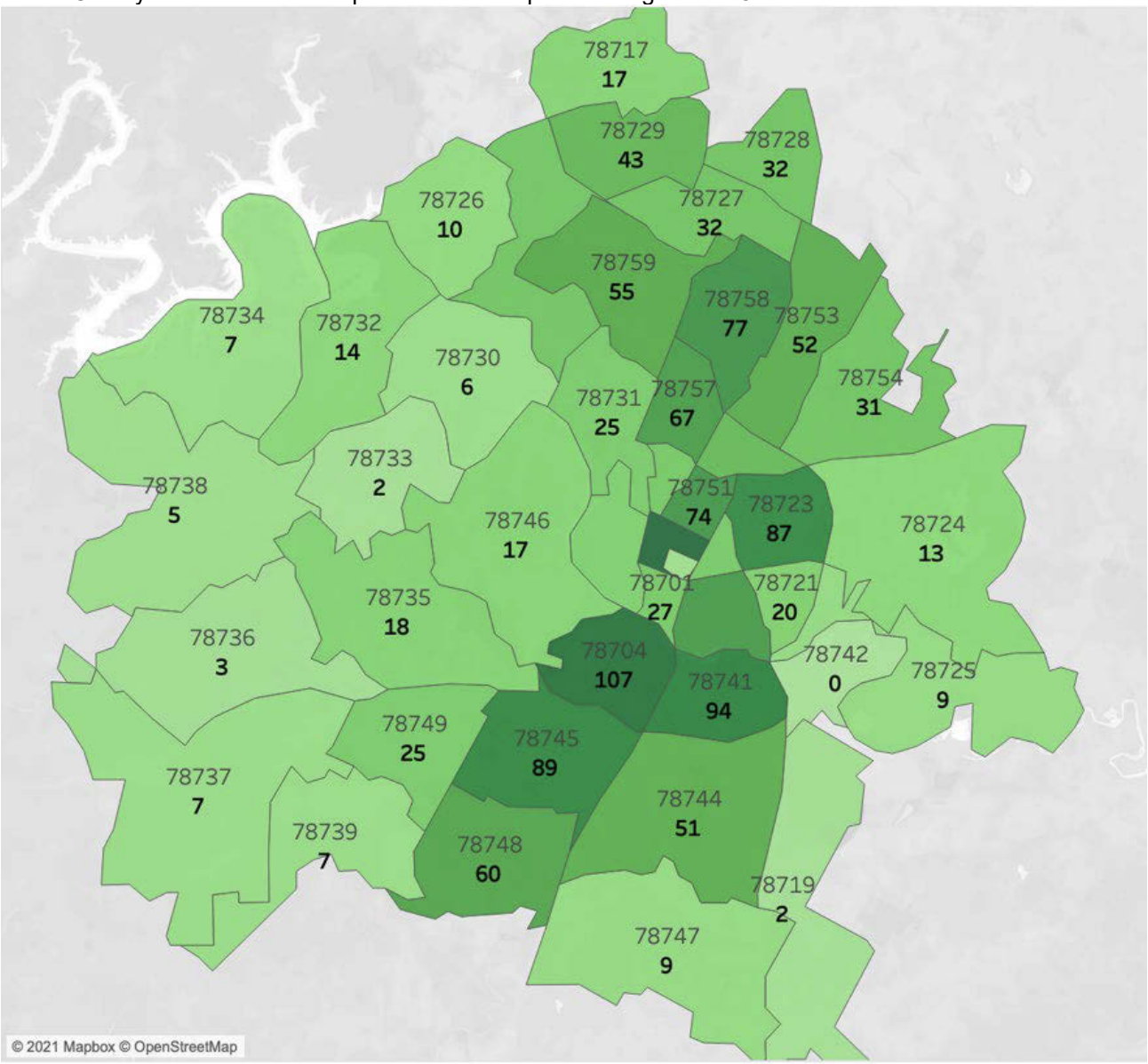
That's all for now! Thank you for completing this survey. Our research team would like to invite you back to take this annual survey again, as well as invite you to future research projects related to LGBTQIA+ health and wellbeing. Additionally, please let us know if you would like more information about opening your home to a local LGBTQIA+ youth or elder who needs help. If you select "yes," you will be taken to another page to enter your contact information.
Yes, I consent to being contacted regarding future research studies on LGBTQIA+ health and wellbeing.
Yes, I am interested in learning more about possibly opening my home to a local LGBTQIA+ youth or elder.
No, I do not consent to being contacted.

Appendix E

Figure 1: 2019 QWELL Wellbeing Survey Respondent Heat Map

The below map displays each ZIP code area in Austin and Travis County, with the number of survey respondents who reported living within that ZIP code displayed just below the code.

Darker colored ZIP codes represent a higher concentration of respondents. The ZIP codes with the highest concentration of respondents were 78704 (107 respondents), 78741 (94 respondents), and 78745 (89 respondents). The 2019 survey received responses from individuals living in 46 out of 47 ZIP codes in Austin and Travis County. There were no respondents who reported living in the 78742 ZIP code.

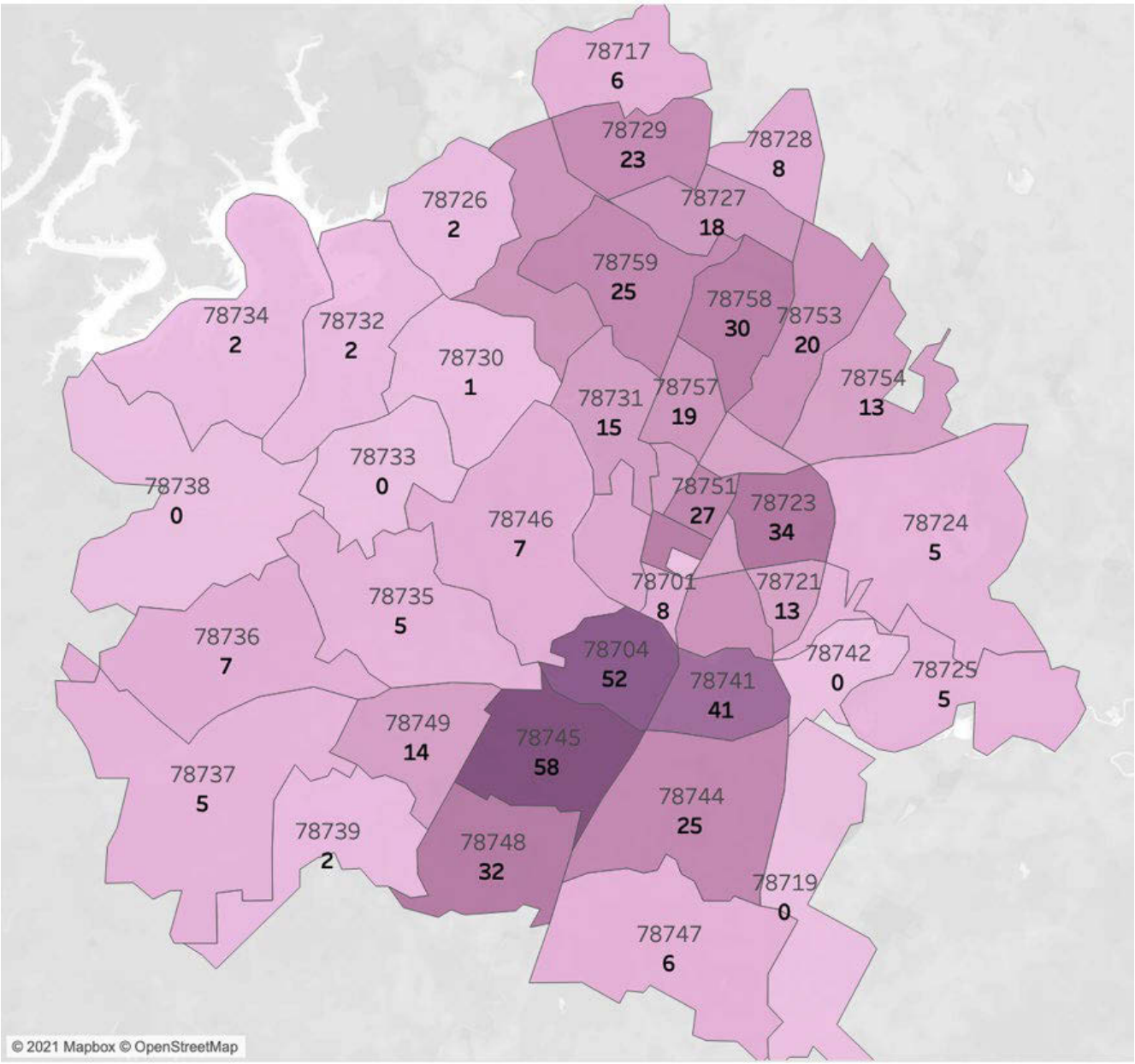


ZIP code data obtained from https://simplemaps.com/data/us-zips.

Figure 2: 2020 QWELL Wellbeing Survey Respondent Heat Map

The below map displays each ZIP code area in Austin and Travis County, with the number of survey respondents who reported living within that ZIP code displayed just below the code.

Darker colored ZIP codes represent a higher concentration of respondents. The ZIP codes with the highest concentration of respondents were 78704 (107 respondents), 78741 (94 respondents), and 78745 (89 respondents). The 2020 survey received responses from individuals living in 42 out of 47 ZIP codes in Austin and Travis County. There were 0 respondents who reported living in the 78712, 78719, 78733, 78738, and 78742 ZIP codes.



ZIP code data obtained from https://simplemaps.com/data/us-zips

Appendix F

2019 QWELL Wellbeing Survey Demographic Summary

Table 6[a]

Frequency and Percent of Sociodemographic Characteristics of Respondents at Time of Survey

Characteristic	*n*	%
Age		
18-24	349	22.5
25-34	535	35.1
35-44	281	18.1
45-54	189	12.2
55-64	112	7.2
65-74	63	4.1
75 years and older	12	0.8
Race[b]		
Asian	49	3.3
Black or African American	54	3.7
Multiracial	163	11.1
Native American or Alaska Native	14	1.0
Native Hawaiian or Pacific Islander	4	0.3
Other	38	2.6
White	1150	78.1
Ethnicity[b]		
Hispanic, Chicanx, or Latinx	286	19.0
I do not identify as Hispanic, Chicanx, or Latinx	1216	81.0
Gender identity[b]		
Agender	18	1.2
Cisgender Man	613	40.4
Cisgender Woman	592	39.1
Genderfluid/Genderqueer/Nonbinary	162	10.7
Other	19	1.3
Questioning	27	1.8
Transgender Man	34	2.2
Transgender Woman	51	3.4
Sexual orientation		
Bisexual	245	16.1
Gay	549	36.1
Heterosexual	59	3.9
Lesbian	258	17.0
Other	42	2.8
Pansexual	106	7.0
Queer	261	17.2
Sex assigned at birth		
Female	794	52.7
Male	714	47.3

Notes: [a] Percentages in this table are calculated based on the total number of respondents that answered each question. Thus, percentages within the table should equal 100%, but the total number of respondents who responded to each question will not always equal the full sample size of 1551.
[b] Respondents were not able to select multiple responses for these items in the 2019 survey.

2020 QWELL Wellbeing Survey Demographic Summary

Table 6[b]

Frequency and Percent of Sociodemographic Characteristics of Respondents at Time of Survey

Characteristic	*n*	%
Age		
18-24	115	17.4
25-34	219	33.2
35-44	152	23.0
45-54	86	13.0
55-64	45	6.8
65-74	34	5.2
75 years and older	9	1.4
Race/ethnicity[b]		
Asian	20	3.4
Black or African American	16	2.8
Middle Eastern or North African	2	0.3
Multiracial	83	14.4
Indigenous/Native American	2	0.3
Other	5	0.9
White	448	77.8
Ethnicity		
Hispanic, Chicanx, or Latinx	84	12.7
I do not identify as Hispanic, Chicanx, or Latinx	576	87.3
Gender identity[b]		
Agender	12	1.9
Cisgender Man	189	29.8
Cisgender Woman	214	33.8
Genderfluid/Genderqueer/Nonbinary	76	12.1
Multiple identities	71	11.2
Other	22	3.5
Questioning	10	1.6
Transgender Man	34	3.0
Transgender Woman	51	2.7
Two Spirit	4	0.6
Sexual orientation[b]		
Asexual	9	1.4
Bisexual	98	14.8
Demisexual	1	0.2
Gay	187	28.3
Heterosexual	30	4.5
Lesbian	81	12.3
Multiple identities	137	20.8
Other	4	0.6
Pansexual	33	5.0
Queer	77	11.7
Questioning	3	0.5
Sex assigned at birth		
Female	392	59.9
Male	262	40.1
Are you intersex?		
Yes	10	1.5
No	637	96.5

Notes: [a]Percentages in this table are calculated based on the total number of respondents that answered each question. Thus, percentages within the table should equal 100%, but the total number of respondents who responded to each question will not always equal the full sample size of 660.
[b]Respondents were able to select multiple responses. If a respondent did select multiple responses, they were placed int a separate category of “multiracial” (in the case of race) or “multiple identities” (in the case of gender identity and sexual orientation).

Appendix G

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Total score = _____ + _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

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