

National Coalition for
LGBTQ Health
STATE OF

LGBTQ Health™

Third Annual National Survey

Report on Findings



Overview

LGBTQ+ people in the United States and the healthcare providers who serve them are facing unprecedented challenges amid a rapidly shifting and unpredictable landscape.

Recent political and legislative changes at federal and state levels have introduced significant fear and uncertainty into the delivery of gender-affirming care, access to inclusive services, and the stability of funding for LGBTQ+ health research, treatment, and provider training. The 2025 State of LGBTQ Health National Survey takes place at this pivotal moment for LGBTQ+ health equity. Across the country, healthcare providers are grappling with changes in laws, regulations, and administrative guidance that may alter how—and whether—they can provide essential services. It is crucial to understand how these developments are influencing provider confidence, patient access, and overall delivery of life-saving care. By documenting these shifts, the survey aims to provide timely insights that can inform advocacy and policy responses centered on health equity and the lived experiences of the LGBTQ+ community.

The National Coalition for LGBTQ Health administered the 2025 State of LGBTQ Health™ National Survey, which was completed by 736 respondents, to assess the current landscape of LGBTQ+ healthcare amid a rapidly evolving political and policy environment. The goal of this survey was to gain insight into patient and provider pathways that optimize safety and care for the LGBTQ+ community in order to inform the development of supportive **advocacy, education, research, and training** activities for the workforce. Survey topics included barriers and facilitators to LGBTQ+ healthcare, the impact of recent federal changes on organizations serving LGBTQ+ communities, policies that improve LGBTQ+ health, organizational culture and policies, gender-affirming care, and workforce wellness, morale, and burnout.

Survey topics included:

- ▶ Barriers and facilitators to LGBTQ+ healthcare
- ▶ Impact of recent federal changes on organizations serving LGBTQ+ communities
- ▶ Policies that improve LGBTQ+ health
- ▶ Organizational culture and policies
- ▶ Gender-affirming care, and
- ▶ Workforce wellness, morale, and burnout.

In This Report

Overview	2
Key Findings.....	3
The State of LGBTQ Health	4
LGBTQ+ Healthcare in 2025.....	5
Threats to Gender Affirming Care and Transgender Healthcare	7
LGBTQ+ Community Mental Health	9
LGBTQ+ Healthcare Workforce Preparedness	10
Advocacy and Action in a Hostile Policy Climate.....	12
Implications	13
Methodology.....	14
Participant Profile and Professional Background	15

Key Findings



- ▶ **Fear of stigma and deep-seated institutional distrust** remain major barriers to care for LGBTQ+ communities, undermining access and eroding confidence in the health system and government.



- ▶ **Widespread threats to gender-affirming care** are fueling fear among patients, as providers brace for further reduction in access due to weakening policy protections and looming cuts to Medicare and Medicaid.



- ▶ **An escalating mental health crisis** is overwhelming LGBTQ+ communities, with high rates of depression, anxiety, and suicidal ideation compounded by a critical shortage of behavioral health providers.



- ▶ **Increasing emotional exhaustion among LGBTQ+ service providers** signals a workforce under significant strain and threatens the stability and sustainability of care for marginalized communities.



- ▶ **The political environment is undermining essential LGBTQ+ healthcare**, with providers reporting increased pressure, policy-driven care restrictions, and growing concern over the long-term impact on workforce retention and patient well-being.

LGBTQ+ Healthcare in 2025

The current landscape of healthcare for LGBTQ+ individuals is fraught with fear, distrust, and systemic challenges. Clients and patients face significant barriers accessing healthcare, rooted in fear of stigma and discrimination and growing financial concerns, alongside deep distrust in both the healthcare system and the federal government. Meanwhile, providers are struggling to deliver competent care to their LGBTQ+ clients/patients due to structural issues including lack of insurance coverage, an increasingly restrictive policy environment, and inadequate training and education. While efforts to improve care have highlighted the value of hiring culturally responsive staff and offering LGBTQ+-specific training, survey findings reflect an overall atmosphere of heightened fear and anxiety—underscoring the urgent need for systemic reform, expanded provider training, and stronger policy support to ensure safe and equitable access for LGBTQ+ communities.

Fear and distrust identified as the most significant barriers to LGBTQ+ individuals accessing care

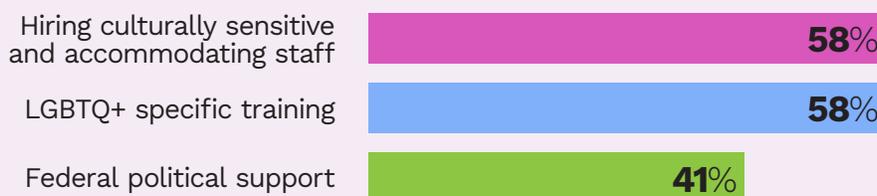


ALSO NOTED AS A CRITICAL BARRIER TO ACCESS
Cost or insurance issues 35%

Insurance gaps, detrimental policy, and inadequate training identified as greatest barriers to providing care for LGBTQ+ clients/patients



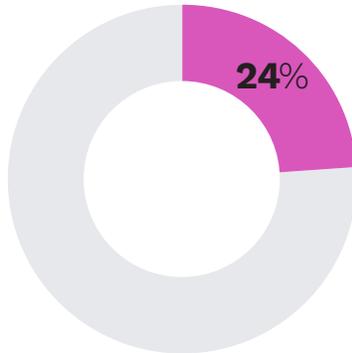
Providers call for increased workforce support including training and culturally-informed hiring practices to facilitate LGBTQ+ healthcare



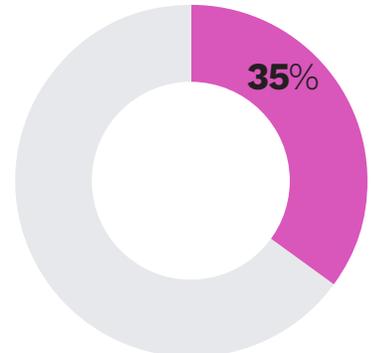
ALSO NOTED AS A CRITICAL FACILITATOR TO CARE
Insurance/health navigation specialists 30%



A quarter of providers name Medicaid reform as the most concerning advocacy topic to focus on in 2025



More than one-third of providers emphasize the need for training on navigating legal and social barriers to care



“People are terrified they will lose care! People are terrified to even make an appointment!”

– RN FROM A TEXAS LGBTQ+ HEALTH CENTER

Survey findings demonstrate that LGBTQ+ clients/patients perceive healthcare encounters as high-risk, socio-politically, legally, and financially. The national policy environment is acting as a serious deterrent to care, even in states where LGBTQ+ rights are typically protected, and providers feel unequipped to help their clients/patients navigate the growing barriers.

Insurance coverage and affordability also remain major obstacles to providing care to LGBTQ+ populations. A significant proportion of providers highlight cost issues and see insurance navigation specialists as key facilitators to overcoming barriers. Access to affordable care through public programs like Medicaid and Medicare remains a critical concern, and Medicaid expansion and drug affordability issues continue to surface as significant areas needing advocacy. States like Texas (55%) and Florida (50%) had a far greater percentage of respondents citing insurance coverage barriers compared to states like California (28%) and New York (30%), reflecting the impact of differing state insurance policies and Medicaid expansion status.

“Practically everyone I know ... is terrified of losing access to their basic health care needs. Most of the program participants I engage with in my work are on Medicaid... There is no way they could afford to pay out of pocket for their care needs (HRT, surgery, etc.), and there is little faith that our local jurisdiction would actually stand up for the community enough to commit to absorbing the cost of that care with local dollars.”

– HARM REDUCTIONIST FROM A WASHINGTON D.C. NON-PROFIT

Threats to Gender Affirming Care and Transgender Healthcare

Access to gender-affirming care (GAC) remains a critical—and increasingly threatened—component of healthcare for transgender and gender-nonconforming (TGNC) individuals. Nearly all respondents report serving transgender, non-binary, and/or gender expansive individuals, primarily offering hormone therapy (85%), counseling (73%), and referrals for surgeries (66%). Providers and advocates involved in this care report mounting concern over policy rollbacks, restrictive legislation, and changes to public insurance programs that jeopardize access to life-saving care.



Nearly two-thirds of all respondents selected **gender-affirming care protections** as a major concern (62%)



The vast majority are concerned that changes to Medicare/Medicaid formularies may **reduce client/patient access** to gender-affirming care (92%)

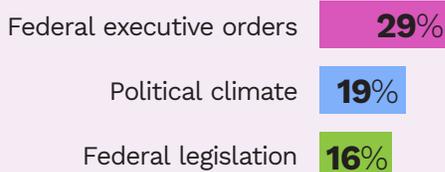
A majority of respondents recognized the importance of protecting access to GAC, especially given recent escalations in policy rollbacks at the state level. Nearly all expressed heightened concern about the negative impacts of potential changes to Medicare/Medicaid plans.



Some providers report having to **turn away individuals seeking GAC**, most commonly due to the individual's age/minor status (13%)

More than half of respondents who provide GAC also serve youth ages 18-24 (53%) and are facing unprecedented legal barriers to offering care to this age group. Providers cited client/patient age as their main reason for turning away individuals seeking GAC and expressed significant concern about local policies targeting GAC for minors in written survey feedback.

Providers of GAC cite federal actions as the most significant barrier to providing care:



Individuals seeking GAC face significant financial and social barriers to access. Providers believe the following issues pose the greatest hurdles:



Providers delivering GAC face a layered set of obstacles shaped by political forces and systemic inequities. Nearly one-third of those offering GAC identify federal executive orders as the most significant barrier to service delivery, reflecting the direct impact of hostile national policy shifts on provider capacity to offer care. Meanwhile, as providers struggle with new limits on service provision, TGNC clients and patients feel unable to manage the cost of care and report increasing fear of accessing services in an environment where their basic healthcare is criminalized. In their written feedback, providers described many of the possible consequences of these conditions, as gathered from their experience in the field and the reports of their clients/patients. They warn of escalating mental health crises, TGNC individuals feeling pressured to “go stealth,” de-transition, or flee their home states or even the country, and patients stock-piling medications and/or seeking unregulated sources for healthcare, particularly HRT.

Most organizations participating in the survey provide at least some form of GAC, although specialized services like surgery and voice therapy remain less common.



Nearly one-third of all providers **seek more training** on improving access to GAC (**30%**); 22% seek training on GAC techniques

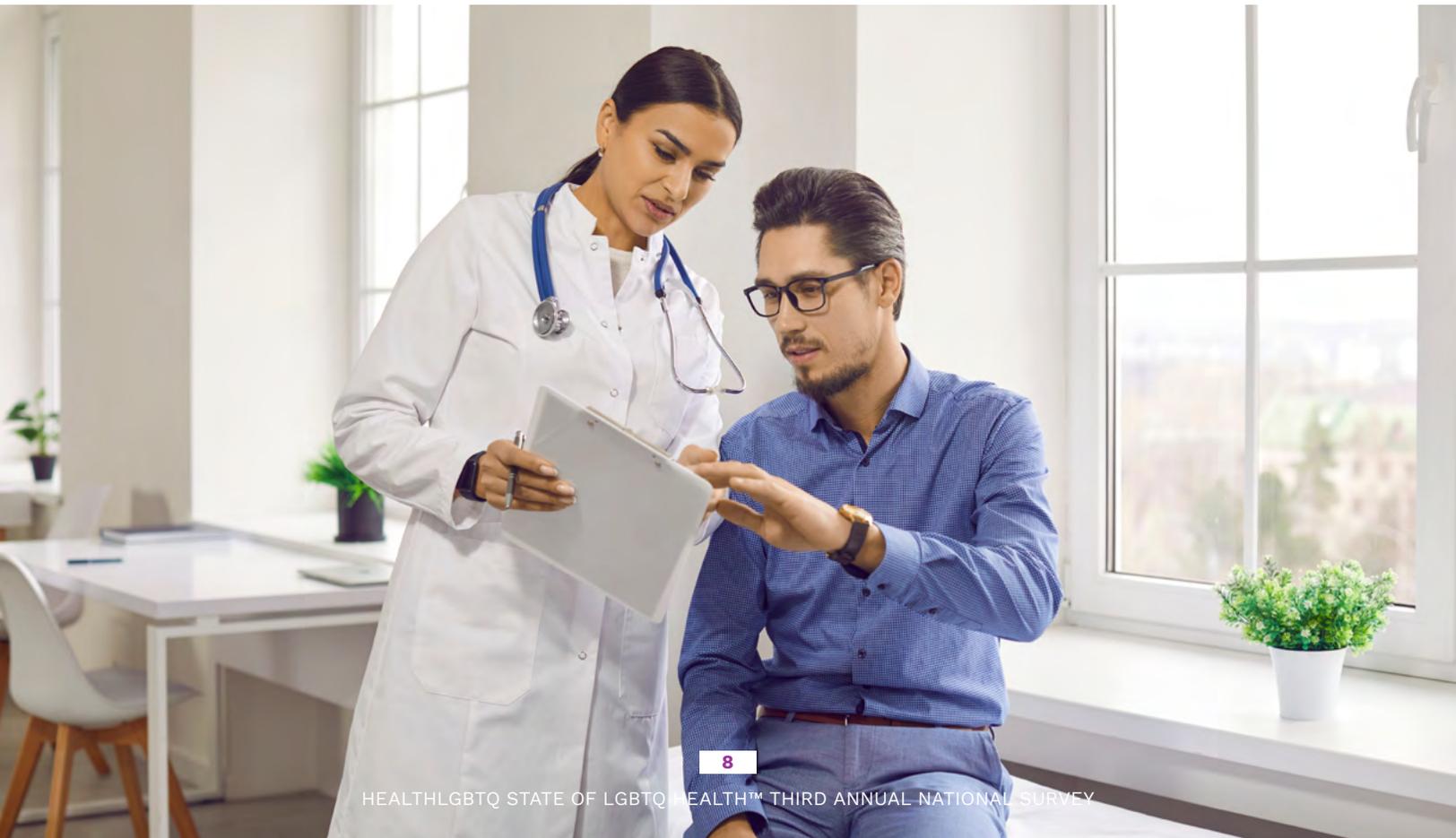
Training, federal support, and funding identified as top facilitators to GAC



19% of providers require a letter from a therapist before initiating gender-affirming care

More than half of survey participants who offer gender-affirming care report their organization offers training for staff on creating gender-affirming healthcare environments. However, written feedback to open-ended questions shows this may be shifting as organizations eliminate DEI and LGBTQ+ training opportunities in response to federal policy initiatives.

“The DEI office at my university has been eliminated. Not sure how/if DEI work will continue. My efforts to provide LGBTQ+ and Trans trainings have been put on hold.”
– ADMINISTRATOR AT A CALIFORNIA UNIVERSITY



LGBTQ+ Community Mental Health

LGBTQ+ individuals are facing a growing mental and behavioral health crisis, driven by compounding social, political, and systemic pressures. Depression and anxiety are the most commonly reported issues, followed by substance use, gender dysphoria, and suicidal ideation. Providers describe an alarming rise in psychological distress in recent months, linked to legislative actions and restricted access to care. Despite this acute need, over half of surveyed organizations (52%) report lacking adequate behavioral health providers to meet the demand, with only 19% affirming sufficient staffing. This issue escalates just as the current federal administration considers eliminating the 988 Suicide Prevention and Crisis Lifeline’s specialized services for LGBTQ+ youth as well as crucial research studies intended to support protective mental health programming for the community.

Across all written feedback to open-ended questions, concerns about anti-LGBTQ+ policy causing rise in mental health issues or crises among clients was the most frequently expressed theme.

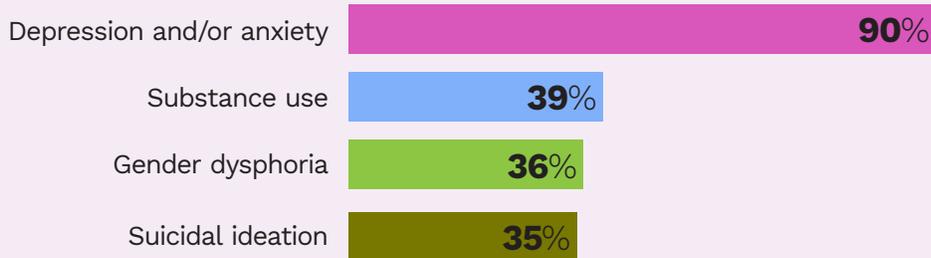


Mental health issues were listed as one of the three most significant barriers to LGBTQ+ clients/patients accessing healthcare by many respondents (19%).



More than one quarter of all respondents listed **mental and behavioral health funding** as one of the three policy or advocacy issues most concerned about in 2025 (26%).

Mental/behavioral health issues most impacting LGBTQ+ clients/patients in 2025



Do organizations have enough behavioral health providers to meet the demand for services from LGBTQ+ clients/patients?

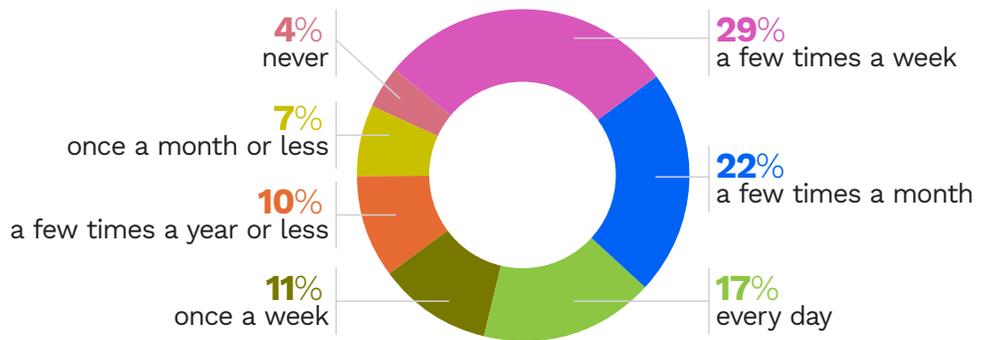


“These legislative actions have created an environment of uncertainty, fear, and discrimination, making it more challenging for individuals to access the necessary medical care and support they need. As a result, many of my clients/patients have experienced increased anxiety, depression, and distress.”
 – ADVOCATE FROM A TEXAS FQHC

LGBTQ+ Healthcare Workforce Preparedness

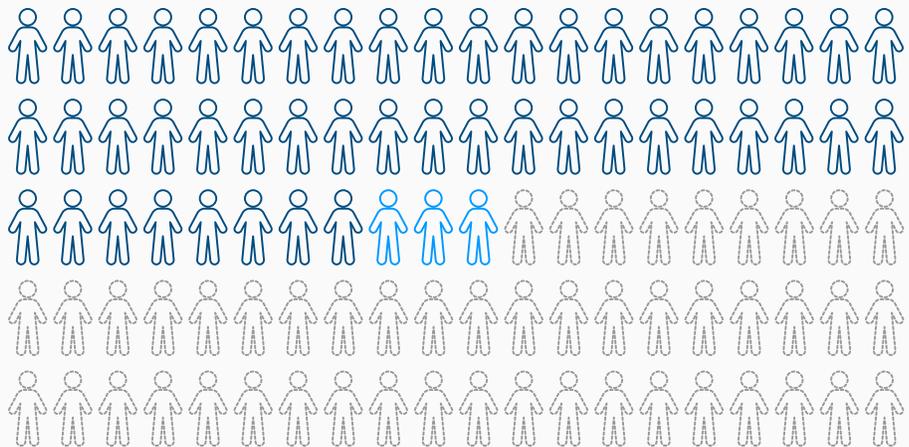
LGBTQ+ service providers are experiencing escalating levels of burnout and emotional exhaustion in 2025, driven by political volatility, increased workloads, and funding instability. Nearly one in three report feeling emotionally drained from work multiple times a week, and 17% experience this exhaustion daily. The toll is so significant that many considered leaving their jobs in the past six months—nearly half of whom say that urge has intensified just since January.

The LGBTQ+ healthcare workforce is facing concerning levels of burnout, with nearly half feeling emotionally drained from work at least a few times a week



51% of all respondents have considered leaving their job in the last 6 months...

48% of whom report their interest in leaving has increased since January, 2025



Political turmoil is causing burnout. Providers list the following as top factors influencing thoughts of leaving:



Changes in the political environment
63%



Workforce burnout
59%



Changes in federal funding
46%

Most challenging workforce issues right now



How are organizations addressing these issues?



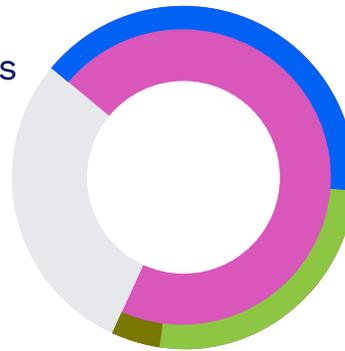
24% report their organization is not doing *anything* to address workforce issues

Staffing shortages emerged as a significant issue across multiple survey questions, with respondents expressing concern about the lack of available LGBTQ+-affirming healthcare providers and the resulting strain on organizational capacity. Rural states like Mississippi (47%) and Wyoming (39%) reported much higher rates of workforce shortages compared to more urbanized states like Massachusetts (21%), highlighting regional disparities in healthcare access and staffing for LGBTQ+ services.

“Anti-LGBTQ+ bills (even if not passed) cause mental distress and a chilling effect on providers, especially those who provide gender affirming care.”

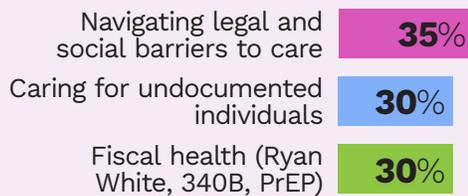
– ADMINISTRATOR FROM A HAWAII HEALTH DEPARTMENT

The majority say their organizations implemented or participated in DEI programs during the last five years (**71%**)



57% plan to continue DEI programming
36% are unsure
7% plan to end DEI programming

Top healthcare topics providers want education/training on



Top LGBTQ+ topics providers want education/training on



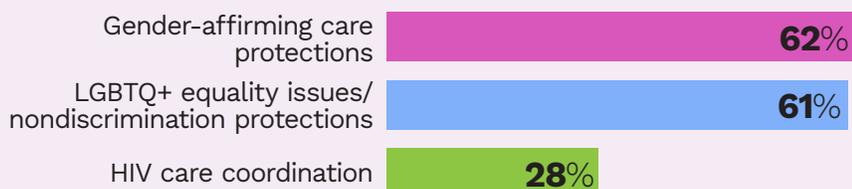
There is broad recognition of the need for improved LGBTQ+ education among providers, directly tied to improving service outcomes. Higher prioritization of LGBTQ+ training in Alabama (64%) compared to California (48%) reflects regional gaps in provider competency.

The LGBTQ+ healthcare workforce is stretched thin—emotionally, financially, and structurally—as it navigates the current moment. Providers are burned out, understaffed, and increasingly considering leaving the field. However, despite these challenges, many organizations are seeking creative ways to retain staff, support clients, and maintain services, particularly in under-resourced regions. Providers are urgently seeking training to help clients navigate shifting legal and social landscapes, recognizing that these barriers directly threaten broader community health outcomes, including HIV and STI prevention and treatment.

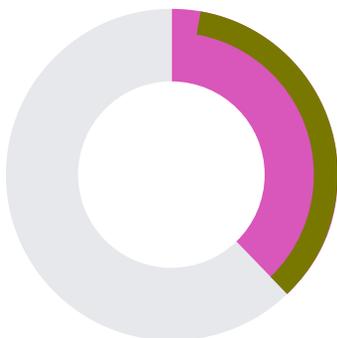
Advocacy and Action in a Hostile Policy Climate

Providers demonstrated significant awareness of federal and local policy initiatives targeting LGBTQ+ rights and healthcare, and expressed extreme concern about the impacts of these policies on the wellbeing and safety of their clients and patients. Survey participants highlighted potentially catastrophic ripple effects of proposed legislation, noting how broad funding cuts to LGBTQ+ and DEI programming, health services research, and federal agencies responsible for vital public health services, are likely to cause long-term damage to LGBTQ+ community health.

Health advocacy and policy issues of greatest concern



More than a third of providers are aware of healthcare bills targeting LGBTQ+ rights in their state or region (38%)



The vast majority of whom believe these policies impact the quality of care available to their clients/patients (89%)

“Fear of violence and the attempt to erase an entire group of people creates an incredible amount of anxiety. But we will not stand for it!”

– ADMINISTRATOR FROM A CALIFORNIA NON-PROFIT



More than three quarters of all respondents report the recent **escalation of anti-trans healthcare legislation** across the country has **negatively impacted the mental health** of their TGNC clients/patients (82%)



A notable portion of providers have been **prevented from providing healthcare to LGBTQ+ clients/patients** due to local, state, or federal legislation (14%)

Fear of criminalization—both for clients/patients seeking GAC and mental health services as well as the providers who offer it—was pervasive across the written feedback to open-ended questions. Providers described new practices they are adopting to protect their clients/patients from legal threats, including collecting less identifying information to protect confidentiality and renaming programs that traditionally serve LGBTQ+ individuals to avoid detection. Some participants described modifying public-facing language and visuals—such as removing references to trans health or pride symbols—to shield their programs from negative attention and ensure long-term sustainability in a hostile climate, while others voiced concern that such changes risk erasing LGBTQ+ and TGNC identities and reinforcing conditions that permit violence against these communities. Overall, providers are desperately seeking assistance to help their clients/patients navigate these new legal and social barriers to care.

Implications

Overview of the 2025 Survey Findings

The 2025 State of LGBTQ+ Health Survey offers critical insights from hundreds of providers, organizations, and frontline staff serving LGBTQ+ communities across the United States. The data reveal persistent structural challenges—including affordability, workforce gaps, and legal barriers—but they also expose deeper systems-level deficits that remain under-recognized in most current responses to LGBTQ+ health equity. Importantly, these findings also more than document program challenges—they offer a timely snapshot of LGBTQ+ health service delivery amid a rapidly deteriorating policy environment. The cumulative effects of federal and state rollbacks, coupled with structural disinvestment in LGBTQ+ health infrastructure, are not just abstract risks; they are operational threats to the very care environments this survey reflects.



Federal Rollbacks Threaten LGBTQ+ Health Infrastructure

Federal rollbacks, including the CDC quietly eliminating or consolidating key divisions, NIH cuts to LGBTQ+ and HIV research, and changes to the Advisory Committee on Immunization Practices' vaccine review process, are having a chilling effect on LGBTQ+ service providers and the entire health system. These shifts jeopardize evidence-based prevention, funding pipelines, and clinical guidance—especially for marginalized LGBTQ+ subpopulations.

Workforce Concerns and the Need for Strategic Action

Key concerns going forward for the LGBTQ+ research and health services workforce are measuring and organizing around how cultural and political fear impact care-seeking behavior and health outcomes—contributing to real avoidance, delayed care, and provider burnout—and addressing how providers can help their clients and patients maintain access to life-saving care as the funding landscape collapses and resources grow increasingly scarce. Urgent workforce needs include training for providers on how to navigate legal barriers to care and advocate for LGBTQ+ clients and patients, workforce morale and solidarity initiatives, mental health interventions tailored to LGBTQ+ people that are not dependent on federal funding, and a national strategy for protecting gender affirming care and transgender health programming.



Methodology



Survey Design

HealthHIV and the National Coalition for LGBTQ Health administered the survey online using REDCap (Research Electronic Data Capture) from February 21 to March 24, 2025. It employed a mixed-methods design, incorporating both closed-ended and open-ended questions to capture a range of quantitative and qualitative data. The survey was designed to be user-friendly and accessible across devices, and entirely anonymous. No incentive was offered for participation.

Participant Eligibility and Recruitment

All members of the healthcare workforce who provide care to LGBTQ+ individuals—including both clinical and non-clinical professionals—were eligible to participate in the survey. Participants were recruited using a purposive, stratified criterion sampling strategy, drawing from HealthHIV’s constituent relationship management (CRM) database, SalsaLabs, as the sampling frame.

Quantitative Analysis Methods

Statistical analysis of categorical and continuous responses was conducted using RStudio. The research team validated the data and computed summary statistics to characterize overall response patterns. To examine relationships between variables, segmentation analyses and chi-square tests were applied to identify significant associations across respondent groups.

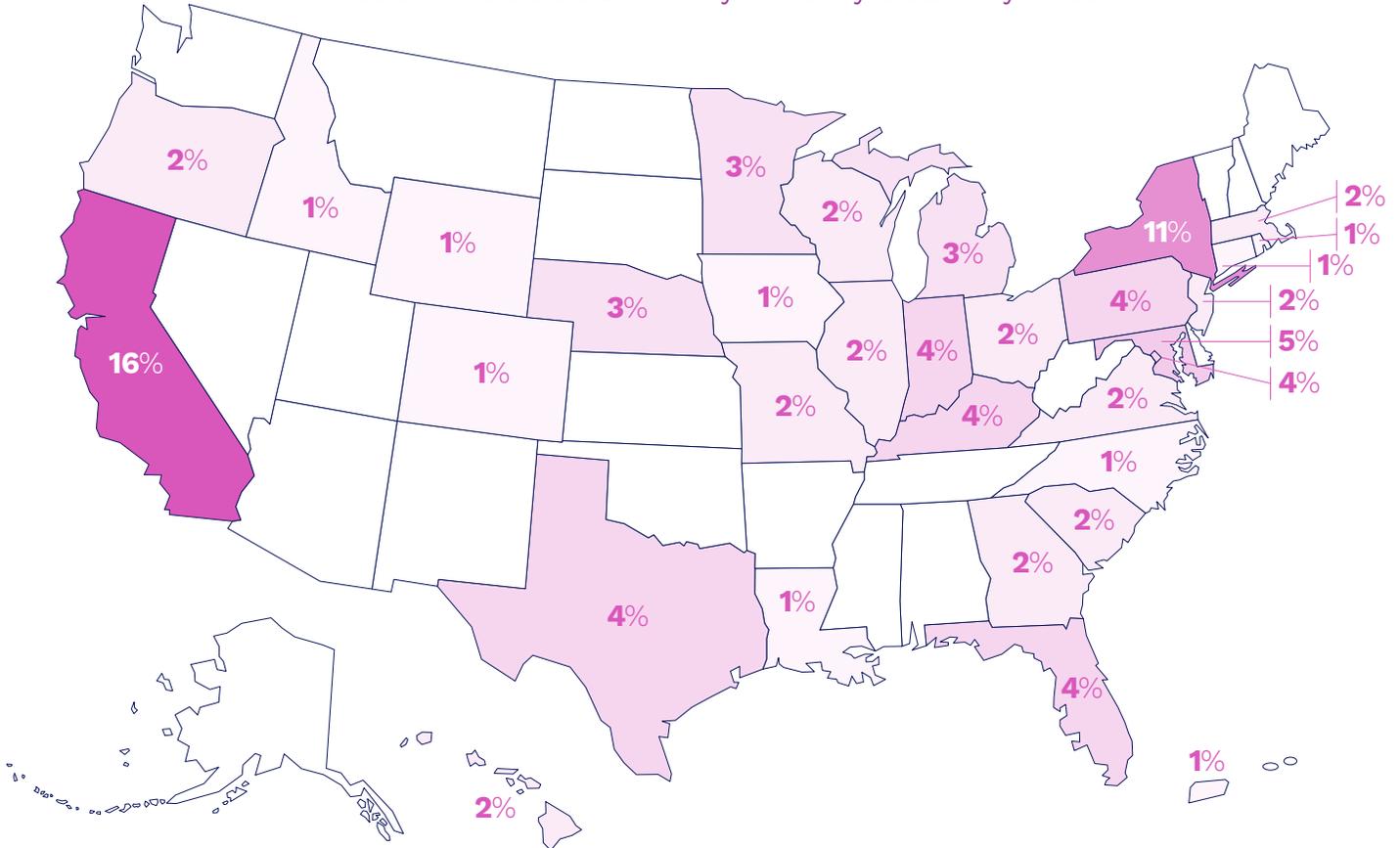
Qualitative Analysis Methods

Thematic analysis of written responses to open-ended survey questions was conducted. Two data analysts independently developed a preliminary codebook through an iterative process involving close reading and discussion of emergent themes. The finalized codebook was then imported into NVivo qualitative data analysis software, where it was applied systematically for full thematic coding and supplemented with word frequency analysis to identify patterns across responses.

Participant Profile and Professional Background

PARTICIPANT RESIDENCE

Please select the state or territory in which you currently reside.



PRACTICE SETTING

Which best describes the practice setting where you provide services?



58%
Urban



23%
Suburban



19%
Rural

GENDER IDENTIFICATION

What is your gender identity?

Female/Woman	50%
Male/Man	31%
Genderqueer/gender non-confirming/ non-binary	11%
Prefer not to respond	4%
Transgender man	3%
Transgender woman	3%
Prefer to self-describe	1%

RACE/ETHNICITY

What is your race/ethnicity?

White	69%
Hispanic or Latino	15%
Black or African American	13%
Prefer not to respond	5%
Asian	3%
American Indian or Alaska Native	3%
Middle Eastern or North African	1%
Native Hawaiian or Pacific Islander	0%

AGE

What is your age range?

35-44	27%
45-54	21%
55-64	17%
25-34	17%
65+	12%
Prefer not to respond	4%
18-24	2%

ORGANIZATION TYPE REPRESENTED

What is your organization type?

Non-profit organization	15%
Federally Qualified Health Center (FQHC)	12%
AIDS Service Organization (ASO)	11%
Academic hospital/clinic setting	10%
Government entity (Local, State, Federal, Tribal)	10%
Community Based Organization (CBO)	9%
Health department clinic/public health clinic	8%
Private hospital/clinic setting	5%
LBGTQ+ health center/community center	5%
University/college	4%
Other	3%
Health department (non-clinic)	2%
Private practice	2%
Advocacy organization	2%
Substance use treatment facility	1%
Pharmacy	1%

INSURANCE ACCEPTED

What types of insurance/funding sources does your organization accept?

Medicaid	69%
Medicare	66%
Other private insurance ACA, marketplace	58%
Other public insurance e.g. Ryan White	57%
Employer Sponsored Insurance	55%
Income dependent/sliding scale	45%
None of the above	15%
Other	14%

PROVIDER TYPE REPRESENTED

What is your clinical role?

Physician	20%
Registered Nurse	17%
Nurse Practitioner	14%
Mental Health Professional	14%
Licensed Clinical Social Worker	8%
Other Provider/Clinical Professional	7%
Psychologist	5%
Medical Assistant	3%
Nurse Manager	3%
Pharmacist	3%
Licensed Practical Nurse	2%
Dietician/Nutritionist	2%
Mental Health Case Manager	1%
Occupational Therapist	1%
Pharmacy Technician	1%
Physician Assistant	1%
Psychiatrist	1%

What is your non-clinical role?

Administrator	25%
Other Non-clinical Professional	15%
Case Manager/Medical Case Manager	11%
Health Education Specialist	10%
Advocate	7%
Outreach Worker	5%
Disease Intervention Specialist	5%
Researcher	5%
Community Health Worker	4%
Harm Reductionist/Risk Reductionist	4%
Health Navigator	4%
Non-clinical Social Worker	3%
Insurance Navigator	1%
Student	1%

TOP SERVICES OFFERED

Which of the following services does your organization provide?

HIV testing	74%
STI screening and testing	67%
Case management	64%
Behavioral health e.g. psychiatry, individual counseling/therapy, support groups, IOP, crisis response, etc.	60%
Pre-exposure prophylaxis PrEP	56%
HIV treatment	52%
Social services e.g. transportation assistance, housing, childcare, etc.	51%
Medication management	48%
Primary care e.g. wellness visits, health screening, immunizations, etc.	46%
HIV wrap around care	46%
Overdose response resources or training e.g. Naloxone distribution	42%
Non-occupational Post Exposure Prophylaxis nPEP	37%
Birth control management e.g. IUD insertion, medication prescription, etc.	36%
Gender affirming care e.g. Hormone replacement therapy	36%
Substance use treatment MAT, detox, inpatient rehabilitation, addiction medicine, outpatient drug & alcohol counseling, etc.	34%
Mpox vaccination	33%
Mpox treatment	21%
Syringe exchange	17%
Domestic or intimate partner violence services	15%
Other	9%
Abortion services	9%
None of the above	5%



National Coalition for
LGBTQ Health
STATE OF
LGBTQ Health™
National Survey

HealthLGBTQ.org/stateof

The National Coalition for LGBTQ Health conducts regular national surveys to better inform ongoing advocacy, education, research, and training activities. These “State Of” surveys provide unique insight into patient and provider issues in order to optimize primary and support services for diverse communities. The regular reports offer the ability to study multi-year trend analyses illustrating changes, challenges, and opportunities to address the needs of providers and patients.

National Coalition for LGBTQ Health

The National Coalition for LGBTQ Health is committed to improving the health and well-being of lesbian, gay, bisexual, and transgender individuals through federal and local advocacy, education, and research. The Coalition strives to address the entire LGBTQ+ community, including individuals of every sexual orientation, gender, gender identity, race, ethnicity, and age regardless of disability, income, education, and geography. “The Q” HealthLGBTQ National Training Center is an offering of the Coalition dedicated to meeting the evolving needs of healthcare and support services providers to deliver patient-affirming, whole-person care to LGBTQ patients.

The Coalition is an initiative of HealthHIV, a national nonprofit focused on health equity.

HealthLGBTQ.org

1630 Connecticut Avenue NW, Suite 500 • Washington, DC 20009 • 202-232-6749