

# HOW DISCRIMINATION AND GOVERNMENT-SPONSORED EXCLUSION WEAKEN HEALTH AND TRUST IN FEDERAL HEALTH AGENCIES: Methodology and Tables

## 1. Methodology

### A. Data

Data come from the 2025 Annual LGBTQ+ Community Survey (ALCS) and were collected online from September 29 to October 27, 2025, among U.S. adults aged 18 and older. The LGBTQ+ sample was drawn through the HRC Foundation's Community Marketing & Insights research panel of LGBTQ+ adults as well as from participants recruited from community organizations, while the non-LGBTQ+ sample was fielded by [PSB Insights](#) during the same period. To ensure demographic representativeness, PSB used quotas for respondents' race, age, geography, education, and gender.

See the [complete ALCS methodology and data quality report here](#), including detailed documentation for sampling, quality control, benchmarking, weight construction, and scaling.

### B. Estimation Strategy

Analyses were estimated using the maximum number of observations available for each model. Because the goal was to characterize overall relationships rather than evaluate model sensitivity or nested specifications, no sample restrictions were imposed across models. The non-LGBTQ+ and LGBTQ+ samples are used for within-group comparisons to retain larger sample sizes. Predicted probabilities and odds-ratios were derived from design-based estimates. Two sets of weighted analyses were performed:

1. National estimates were calculated using the scaled weight (*allwt\_scaled*) to produce estimates representative of the U.S. workforce, balancing LGBTQ+ and non-LGBTQ+ respondents according to population shares.

2. Parallel subgroup analyses were calculated using the unscaled weight (*allwt*) within LGBTQ+ and non-LGBTQ+ samples to maximize precision and preserve subgroup sample size while maintaining demographic alignment with external benchmarks.

Logistic regression and predicted probabilities at means were estimated. The logistic regressions model general health and changes to health in the last 12 months as functions of discrimination in any health care, long-term care, or home health care setting and whether the individual is a Medicare or Medicaid recipient. Likewise, the estimates for policy impacts on health care access as well as confidence in HHS/CDC were also regressed on reported health care discrimination and Medicare/Medicaid dummies as well as dummies for awareness of policies and political ideology. Covariates include age, race, and education levels. The logit estimated form is:

$$\ln \left( \frac{\Pr(Y_i = 1)}{1 - \Pr(Y_i = 1)} \right) = \alpha + \sum_{j=1}^k \beta_j X_{ji} + C_i' \gamma + \varepsilon_i$$

Predicted probabilities were calculated at the means to illustrate substantive differences across groups. Robust standard errors and 95 percent confidence intervals were computed using design-based weighting to account for sample structure and non-independence of observations.

### C. Variables

All variables were constructed from self-reported responses to items included in the 2025 Annual LGBTQ+ Community Survey (ALCS) and non-LGBTQ+ supplemental. Binary indicators were created for each outcome to represent general health, change in general health in the last 12 months, policy impact on health care access, and confidence in HHS/CDC. The variables are defined as follows and represent a continuum of authenticity and social climate:

- **General Health:** Respondents were asked, “*Would you say that in general your health is excellent, very good, good, fair, or poor?*” Responses were coded **1** if the respondent selected *fair* or *poor* and **0** otherwise (excellent, very good, or good). Don’t knows and refusals were set to missing.
- **Change in General Health (12 Month):** Respondents were asked, “*Compared to 12 months ago, would you say your health is better, worse, or about the same?*” Responses were coded **1**

if the respondent selected *somewhat worse* or *much worse* and **0** otherwise (about the same, somewhat better, or much better). Don't knows and refusals were set to missing.

- **Policy Impact on Health Care Access:** Respondents were asked, “*Compared to 12 months ago, would you say these policies have made it more difficult or easier for you to acquire any of the following [e.g., a job, health care, prescriptions/medications, transition-related care, HIV prevention/treatment]?*” Each policy-specific item was coded **1** if the respondent selected *somewhat more difficult* or *a lot more difficult* and **0** otherwise (about the same, somewhat easier, or a lot easier). Don't knows, refusals, and “doesn't apply” responses were set to missing. This analysis is based on a combined indicator for “health care” and “prescriptions/medications” broadly and does **not** include transition-related care or HIV prevention/treatment specifically.
- **Confidence in HHS/CDC:** Respondents were asked, “*As far as the people running these institutions go, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?*” Binary indicators were created for each agency (U.S. Department of Health and Human Services; Centers for Disease Control and Prevention) coded **1** if the respondent reported *hardly any confidence at all* and **0** otherwise (a great deal or only some confidence). Don't knows, refusals, and “doesn't apply” responses were set to missing.

## D. Limitations

Because the survey was conducted using a nonprobability design, design-based estimates should be interpreted with caution. The results are descriptive and associative rather than causal. In addition, the survey was fielded partially during the congressional shutdown over the Affordable Care Act extensions and therefore may capture public sentiment within that specific policy context.

## 2. Data Tables

**Table 1: Estimated Odds-Ratios and Predicted Probabilities from Models of General Health and Reported 12-Month Changes in General in Health Among U.S. Adults 18+ (September-October 2025; Full Sample)**

	All U.S. Adults 18+ (Full Sample)			
	Model 1: General Health	Predicted Probability	Model 2: 12 Month Change in Health	Predicted Probability
	Odds-Ratio [95% CI]	Pr(Y=1)	Odds-Ratio [95% CI]	Pr(Y=1)
<i>No discrimination</i>	baseline	23.4%***	baseline	15.3%***
<i>Discrimination</i>	1.27 [0.96, 1.68]	28.0%***	1.23 [0.90, 1.69]	18.2%***
<i>No Medicare/Medicaid</i>	baseline	19.8%***	baseline	14.0%***
<i>Medicare/Medicaid</i>	1.62*** [1.40, 1.88]	28.6%***	1.27*** [1.08, 1.50]	17.2%***
<i>Non-SGM</i>	baseline	22.9%***	baseline	14.9%***
<i>SGM</i>	1.67*** [1.38, 2.01]	33.1%***	1.66*** [1.36, 2.02]	22.5%***
<b>Constant</b>	<b>0.29*** [0.23, 0.37]</b>	<b>23.6%***</b>	<b>0.20*** [0.15, 0.26]</b>	<b>15.4%***</b>

**Note:** Statistical significance: \* p < .05; \*\* p < .01; \*\*\* p < .001

**Table 2A: Estimated Odds-Ratios and Predicted Probabilities from Models of General Health and Reported 12-Month Changes in General in Health Among LGBTQ+ Adults 18+ (September-October 2025; LGBTQ+ Sample)**

	LGBTQ+ Sample			
	Model 1: General Health	Predicted Probability	Model 2: 12 Month Change in Health	Predicted Probability
	Odds-Ratio [95% CI]	Pr(Y=1)	Odds-Ratio [95% CI]	Pr(Y=1)
<i>No discrimination</i>	baseline	26.0%***	baseline	20.7%***
<i>Discrimination</i>	2.63*** [1.62, 4.25]	48.1%***	1.86** [1.06, 3.25]	32.7%***
<i>No Medicare/Medicaid</i>	baseline	26.9%***	baseline	22.6%***
<i>Medicare/Medicaid</i>	1.23 [0.79, 1.92]	31.2%***	0.84 [0.53, 1.33]	19.7%***

**Note:** Statistical significance: \* p < .05; \*\* p < .01; \*\*\* p < .001

**Table 2B: Estimated Odds-Ratios and Predicted Probabilities from Models of General Health and Reported 12-Month Changes in General in Health Among Non-LGBTQ+ Adults 18+ (September-October 2025; LGBTQ+ Sample)**

	Non-LGBTQ+ Sample			
	Model 1: General Health	Predicted Probability	Model 2: 12 Month Change in Health	Predicted Probability
	Odds-Ratio [95% CI]	Pr(Y=1)	Odds-Ratio [95% CI]	Pr(Y=1)
<i>No discrimination</i>	baseline	23.1%***	baseline	14.9%***
<i>Discrimination</i>	1.04 [0.74, 1.44]	23.7%***	1.07 [0.73, 1.59]	15.8%***
<i>No Medicare/Medicaid</i>	baseline	18.9%***	baseline	13.2%***
<i>Medicare/Medicaid</i>	1.70*** [1.46, 1.98]	28.3%***	1.33*** [1.11, 1.59]	16.9%***
<b>Note:</b> Model is weighted using the design-based weight ( <i>allwt</i> ). Variables include sexual/gender identity (sexual and gender minorities vs. non-sexual and gender minorities), whether the respondent is a Medicare or Medicaid recipient, and sex, sexual orientation, or gender identity/expression-based discrimination in a health care setting within the last 12 months. Controls for race/ethnicity, age, and education level are included in the model but not in the results table. Predicted probabilities are estimated at means. Percentages may not total 100 due to rounding. Statistical significance: * p < .05; ** p < .01; *** p < .001				

**Table 3: Estimated Odds-Ratios and Predicted Probabilities from Models of Policy Impact on Health Care Access Among U.S. Adults 18+ and by Sexual/Gender Identity (September-October 2025)**

	Policy Impact on Finding a Job or Employment					
	All U.S. Adults 18+(Full Sample)	Predicted Prob.	Non-LGBTQ+ Sample	Predicted Prob.	LGBTQ+ Sample	Predicted Prob.
	OR [95% CI]	Pr(Y=1)	OR [95% CI]	Pr(Y=1)	OR [95% CI]	Pr(Y=1)
<i>No discrimination</i>	baseline	21.8%***	baseline	20.7%***	baseline	36.4%***
<i>Discrimination</i>	1.47** [1.08, 1.99]	29.0%***	1.25 [0.86, 1.81]	24.5%***	2.76*** [1.73, 4.40]	61.2%***
<i>No Medicare/Medicaid</i>	baseline	22.8%***	0.90 [0.75, 1.09]	21.7%***	baseline	37.9%***
<i>Medicare/Medicaid</i>	0.92 [0.78, 1.10]	21.4%***		20.0%***	1.21 [0.76, 1.92]	42.5%***
<i>A little/not policy aware</i>	baseline	18.6%***	baseline	17.8%***	baseline	26.0%***
<i>Policy aware</i>	1.49*** [1.27, 1.75]	25.4%***	1.46*** [1.23, 1.73]	24.0%***	2.09*** [1.39, 3.16]	42.4%***
<i>Conservative</i>	baseline	12.4%***	baseline	12.1%***	baseline	18.8%***

<i>Moderate</i>	2.10*** [1.67, 2.61]	22.9%***	2.09*** [1.67, 2.63]	22.4%***	1.36 [0.51, 3.62]	23.9%***
<i>Liberal</i>	3.57*** [2.85, 4.47]	33.6%***	3.55*** [2.81, 4.48]	32.8%***	3.26*** [1.45, 7.35]	42.9%***
<i>DK/Other</i>	3.20*** [2.18, 4.68]	31.2%***	2.66*** [1.66, 4.24]	26.8%***	4.27*** [1.65, 11.0]	49.6%***
<i>Non-SGM</i>	baseline	22.0%***	--	--	--	--
<i>SGM</i>	1.10 [0.90, 1.35]	23.7%***				
<b>Constant</b>	0.17*** [0.13, 0.24]	22.1%***	--	--	--	--

**Note:** Statistical significance: \* p < .05; \*\* p < .01; \*\*\* p < .001

**Table 4: Estimated Odds-Ratios and Predicted Probabilities from Models of Confidence in HHS and CDC Among U.S. Adults 18+ (September-October 2025)**

	All U.S. Adults 18+ (Full Sample)			
	Hardly any Confidence in U.S. Department of Health and Human Services (HHS)	Predicted Probability	Hardly any Confidence in U.S. Centers for Disease Control and Prevention	Predicted Probability
	Odds-Ratio [95% CI]	Pr(Y=1)	Odds-Ratio [95% CI]	Pr(Y=1)
<i>No discrimination</i>	baseline	39.0%***	baseline	35.4%***
<i>Discrimination</i>	0.97 [0.71, 1.33]	38.3%***	1.10 [0.71, 1.33]	37.6%***
<i>No Medicare/Medicaid</i>	baseline	42.4%***	baseline	36.5%***
<i>Medicare/Medicaid</i>	0.73*** [0.63, 0.85]	34.9%***	0.91 [0.78, 1.05]	34.3%***
<i>A little/not policy aware</i>	baseline	33.9%***	baseline	31.3%***
<i>Policy aware</i>	1.52*** [1.33, 1.74]	43.8%***	1.44*** [1.27, 1.65]	39.7%***
<i>Conservative</i>	baseline	25.1%***	baseline	34.5%***
<i>Moderate</i>	2.23*** [1.88, 2.64]	42.8%***	1.10 [0.94, 1.29]	36.7%***
<i>Liberal</i>	2.91*** [2.44, 3.46]	49.4%***	0.98 [0.83, 1.16]	34.0%***
<i>DK/Other</i>	3.02*** [2.14, 4.27]	50.3%***	1.66*** [1.18, 2.34]	46.7%***
<i>Non-SGM</i>	baseline	36.7%***	baseline	34.0%***
<i>SGM</i>	2.97*** [2.46, 3.58]	63.2%***	2.17*** [1.81, 2.59]	52.8%***
<b>Constant</b>	0.21***	38.9%***	32.7%***	35.5%***

**Note:** Statistical significance: \* p < .05; \*\* p < .01; \*\*\* p < .001



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