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HOW DISCRIMINATION AND GOVERNMENT-SPONSORED EXCLUSION WEAKEN HEALTH AND TRUST IN FEDERAL HEALTH AGENCIES

Findings from the 2025 Annual LGBTQ+ Community Survey

Last updated: January 12, 2025

Health in the United States

Health disparities between LGBTQ+ and non-LGBTQ+ adults are already pronounced and are widening within a shifting federal policy landscape. The present study finds that, among U.S. adults, nearly **one in four (23.6%)** report being in only fair or poor health. Among LGBTQ+ adults, however, that figure rises to **33.1%**, compared with **22.9%** among non-LGBTQ+ adults.

As the federal government advances policies restricting access to transgender health care, slashes funding for HIV prevention and treatment, and remains unclear about its long-term direction for health care access more broadly, many LGBTQ+ people face growing uncertainty about whether health systems will meet their needs.

Policy environments do not merely shape what services exist. They influence who feels safe seeking care, who trusts public health institutions, and who is able to maintain continuity of treatment. At the same time, confidence in federal health agencies appears deeply eroded among LGBTQ+ adults.

Trust in institutions charged with protecting public health—such as the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services—is substantially lower among LGBTQ+ adults than among non-LGBTQ+ adults, raising concerns about whether public health messaging, prevention efforts, and care systems are reaching those who may need them most. When trust in health institutions declines, individuals are less likely to seek care, follow guidance, or believe that systems are designed to protect them.

This brief uses data from the 2025 Annual LGBTQ+ Community Survey (ALCS) to examine how health disparities among LGBTQ+ adults are shaped not only by individual circumstances but also by discrimination and exclusionary policy environments. It also examines current attitudes toward U.S. health agencies.



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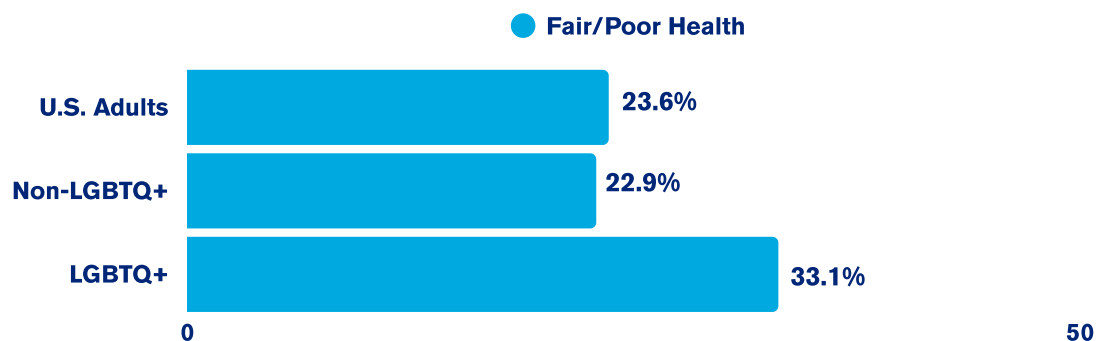
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Worsening Health in America

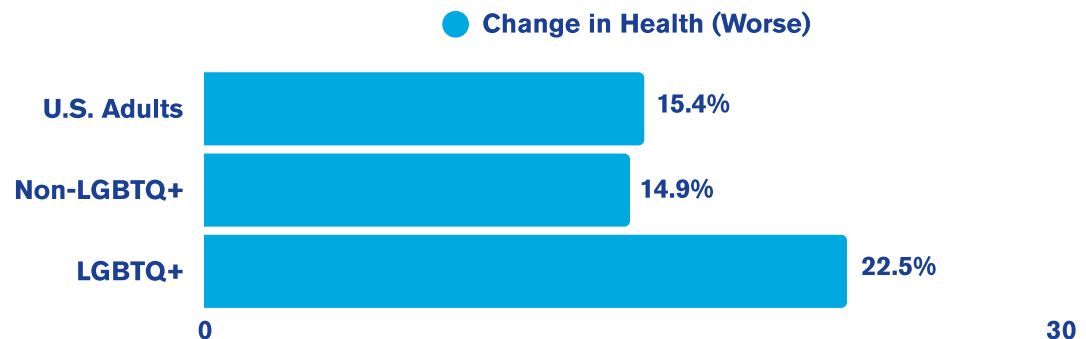
LGBTQ+ adults are substantially more likely than non-LGBTQ+ adults to report being in poor or fair health. Across the full U.S. adult population, nearly **one in four (23.6%)** adults report fair or poor health. Among non-LGBTQ+ adults, that figure is similar (**22.9%**). By contrast, one in three LGBTQ+ adults (**33.1%**) report being in poor or fair health—a gap of more than 10 percentage points. This disparity highlights that LGBTQ+ people enter the health system with worse baseline health, reflecting longstanding inequities in access to care, exposure to stressors, and social and economic conditions that shape well-being.

LGBTQ+ Adults More Likely to Report Worse Health than Non-LGBTQ+ Adults % of U.S. Adults Reporting Health is “Poor” or “Fair”



LGBTQ+ adults are also more likely to report worsening health over time. Overall, **15.4%** of U.S. adults say their health has declined in the past 12 months, a figure that is similar among non-LGBTQ+ adults (**14.9%**). Among LGBTQ+ adults, however, the share reporting a decline in health rises to **one in five (22.5%)**. This gap suggests that LGBTQ+ adults are not only more likely to begin from a position of poorer health but also more likely to experience continued deterioration, compounding existing inequities.

One in Five LGBTQ+ Adults Say their Health Got Worse in the Last Year % of U.S. Adults Reporting Health Got Worse (Compared to 12 Months Ago)





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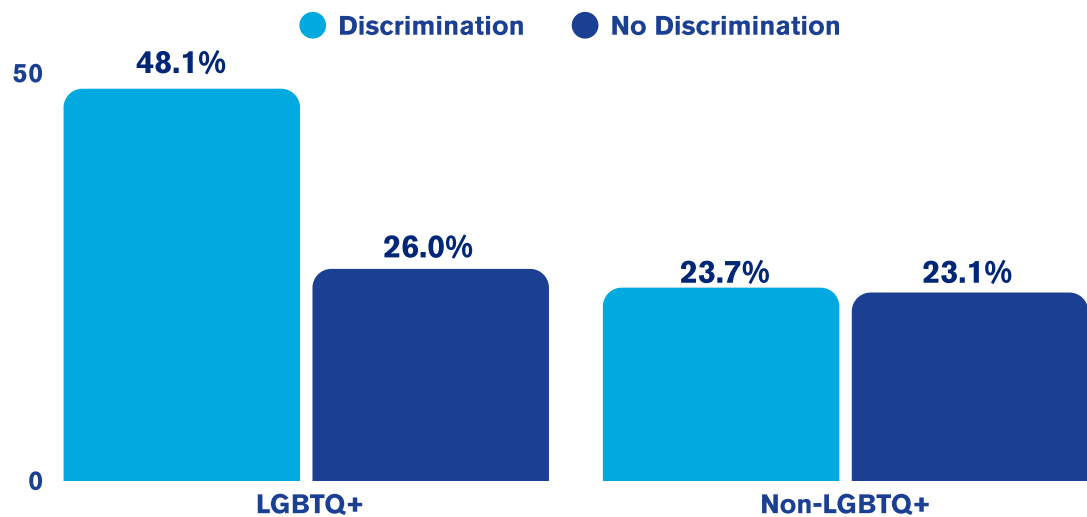
Discrimination and Policy Environments as Barriers to Health Care

Experiences of discrimination in health care settings are strongly associated with worse self-reported health for LGBTQ+ adults particularly. Nearly **half (48.1%)** of LGBTQ+ adults who experienced discrimination report being in fair or poor health, compared with **26.0%** of those who did not report discrimination. This more than 20-point gap suggests that discrimination plays a substantial role in shaping health outcomes for LGBTQ+ people and in ways not experienced by non-LGBTQ+ people.

Discrimination Shapes Differentials in Health Between LGBTQ+ and Non-LGBTQ+ Adults

% of U.S. Adults Reporting Health is “Fair” or “Poor”

(by Experiences with Discrimination in Health Care Settings in Last 12 Months)



Discrimination and General Health

LGBTQ+ adults are substantially more likely than non-LGBTQ+ adults to report that federal policies have made accessing health care more difficult—and this gap widens sharply among those who have experienced discrimination in a health care setting. Among LGBTQ+ adults who reported discrimination in health care settings, **61.2%** said federal policies had made it harder to access care, compared with **36.4%** of LGBTQ+ adults who did not report discrimination.

By contrast, reported difficulty is lower among non-LGBTQ+ adults and varies much less by experiences of discrimination (**24.5%** among those who experienced discrimination vs. **20.7%** among those who did not). Across the full population, about **29.0%** of adults who experienced discrimination reported increased difficulty accessing care, compared with **21.8%** of those who did not.



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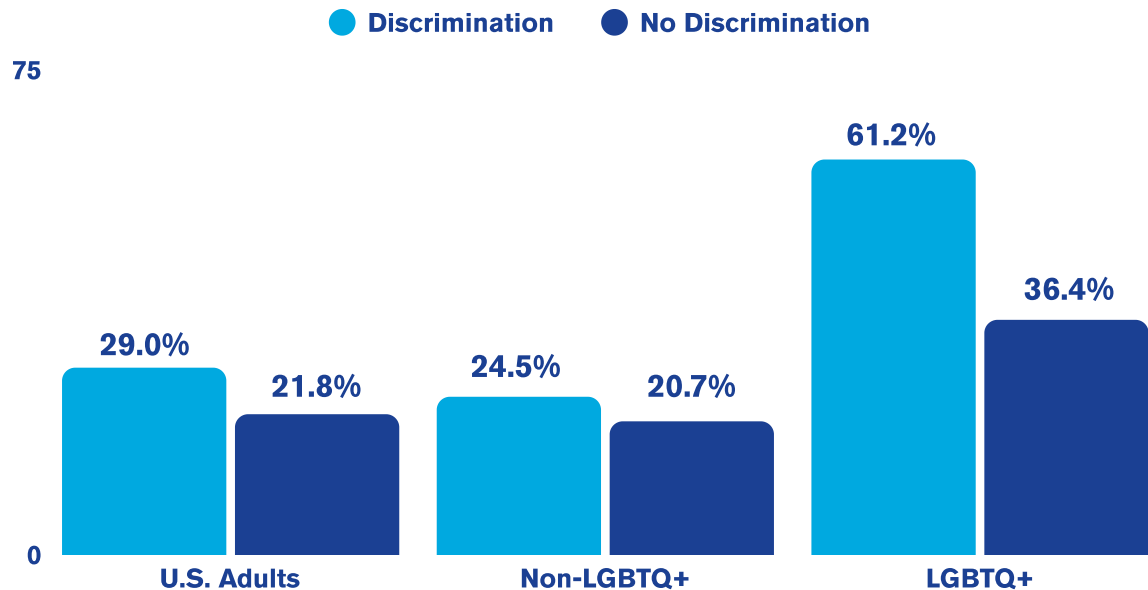
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LGBTQ+ Adults Overall More Likely to Say Federal Policy Has Made Accessing Health Care More Difficult, Especially Among Those Experiencing Discrimination in a Health Care Setting
% of Workers Saying Difficult to Access Health Care Due to Federal Policies by Discrimination
(Compared to 12 Months Ago)



Discrimination and Policy Impacts on Health Access

Together, these patterns indicate that while policy-related barriers to care are broadly felt, LGBTQ+ adults experience a uniquely elevated burden—particularly when discrimination within health care systems compounds broader structural and policy obstacles. For many LGBTQ+ people, difficulty accessing care is not the result of a single barrier, but of multiple, overlapping constraints.

Trust in Federal Health Agencies on the Decline

Nearly **two-thirds (63.2%)** of LGBTQ+ adults report having hardly any confidence in the Department of Health and Human Services (HHS), compared with **36.7%** of non-LGBTQ+ adults. A similar pattern emerges for the Centers for Disease Control and Prevention (CDC): **52.8%** of LGBTQ+ adults report hardly any confidence, compared with **34.0%** of non-LGBTQ+ adults. In both cases, LGBTQ+ adults are nearly twice as likely to express very low trust in core federal health institutions.

For populations that already face elevated barriers to care, diminished confidence in health agencies can discourage engagement with health systems, reduce adherence to guidance, and increase reliance on informal or delayed sources of care.



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Bottom Line

Health disparities between LGBTQ+ and non-LGBTQ+ adults are substantial—and they are deepening within an increasingly unstable federal policy environment. LGBTQ+ adults are more likely to report poor or fair health, more likely to experience worsening health over time, and more likely to face barriers to care shaped by both discrimination and shifting federal policies.

Discrimination worsens health outcomes, policy environments restrict access to care, and declining trust in federal health agencies further discourages engagement with health systems. Together, these forces compound one another, creating layered and persistent barriers to well-being for LGBTQ+ people. Health inequities are not accidental; they are produced by structural conditions that shape who is protected, who is believed, and who can access care when they need it.



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Methodology

The Human Rights Campaign Foundation's 2025 Annual LGBTQ+ Community Survey (ALCS) provides robust data on the experiences, attitudes, and well-being of LGBTQ+ adults in the United States. The 2025 ALCS version included a supplemental comparison sample of non-LGBTQ+ adults.

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Data were collected online from September 29 to October 27, 2025, among U.S. adults aged 18 and older. The LGBTQ+ sample, which includes nearly 10,000 LGBTQ+ adults, 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 (approximately N = 5,000) was fielded by [PSB Insights](#) during the same period. To ensure demographic representativeness, PSB used quotas for respondents' race, age, geography, education, and gender.

Post-survey weighting was applied to correct for non-probability sampling bias and align the dataset with external benchmarks. Estimates are predicted probabilities from logistic regression with robust standard errors controlling for race/ethnicity, education, and age.

See the [report methodology here](#).

See the [complete ALCS methodology and data quality report here](#).

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