



LGBTQ+ Health Profile

2026

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Acknowledgements

LGBTQ+ Data Workgroup

Our workgroup began meeting monthly in late 2023.

The goals of these meetings were to:

1. Review data sources on the health and wellness of LGBTQ+ people in Dane County and Wisconsin
2. Identify key themes and takeaways for this profile
3. Review and seek additional external feedback on the contents of this report
4. Discuss and make recommendations to address major takeaways and advance health and data equity for LGBTQ+ people in Dane County and Wisconsin
5. Identify ways to use and share this data with the LGBTQ+ community in Dane County more broadly

Workgroup Members

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Letter to the Reader

Dear Reader,

We want to acknowledge that this data report is being published during a unique and challenging period for LGBTQ+ people in Dane County and the nation. When the LGBTQ+ Health Profile Workgroup began this project, we were aware of shifting sentiments towards queer people within broader U.S. culture, but couldn't have predicted the degree to which queer people and their health would be targeted through antagonistic social policies. For LGBTQ+ people who are disabled, BIPOC (Black, Indigenous, People of Color), undocumented, and/or transgender, the impacts of legislation targeting the basic human rights of LGBTQ+ people have been especially violent.

With this larger context in mind, our workgroup handled this data with the utmost consideration for the words and actions that are leveraged against the LGBTQ+ community. We know that these numbers can be difficult and unsettling for LGBTQ+ people and their loved ones to digest, although many of us already feel these truths in our day-to-day lives. For people accustomed to the challenges that the LGBTQ+ community faces, the following data may feel unsurprising, but disheartening.

With this report, we aim to:

- Validate and affirm the experiences and stories of LGBTQ+ people in Dane County reading this report with clear, quantitative, population-level data.
- Frame data on the health of LGBTQ+ people in Dane County within the larger context of the long-standing systems of transphobia, homophobia, and racism in Wisconsin and the nation more broadly.
- Talk about the health inequities that LGBTQ+ people in Dane County, like the rest of the state and nation, experience. These data are essential to show who is affected so that, together, we can push for awareness, change, and action.
- Provide accessible data so that people can be empowered with more knowledge about their own communities.
- Inform and galvanize the people who hold the health and wellbeing of the LGBTQ+ Dane County community in their hands.

To our LGBTQ+ readers: you are not alone. We, the people who created this report, are all a part of our shared LGBTQ+ community. We held you in our hearts every step of this project. We grieve with you, we live alongside you, and we share in your pain, joy, and liberation. Take this report at a pace that is emotionally sustainable for you. Take breaks when this data becomes overwhelming and come back after taking care of yourself. We will be here.

In community,

The LGBTQ+ Health Profile Workgroup

About the Data

Dane County Youth Assessment (DCYA)

Every 3 years, young people in grades 7-12 in Dane County complete the DCYA, a survey that captures their experiences on a range of health-related experiences and other topics. For this report, we used data from high school respondents (grades 9-12) only.

Assigned sex at birth, gender & transgender identity, and sexual orientation questions

Assigned sex at birth is asked with “What sex were you assigned at birth?” with response options: “Female,” “Male,” or refuse to answer. Gender identity is collected with “How do you describe your gender identity?” with response options: “Male,” “Female,” “Non-binary,” “Gender fluid,” “Other,” or refuse to answer. Sexual orientation is asked with a single question, “Which of the following best describes your sexual orientation?” with response options: “Straight/Heterosexual,” “Gay or lesbian,” “Bi-sexual,” “Pansexual,” “Asexual,” “Questioning my sexual orientation,” or refuse to answer. Transgender identity is collected with, “Do you identify as transgender?” with response options: “Yes,” “No,” “Not sure,” or refuse to answer.

How we identified LGBTQ+ young people

We classified respondents broadly as LGBT if they said (1) their sexual orientation was gay or lesbian, bisexual, pansexual, asexual, or questioning; and/or (2) their responded “yes” or “not sure” to the transgender identity question; and/or (3) they said their gender was “non-binary,” “gender fluid,” or “other.”

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based health survey that is coordinated by the Centers for Disease Control and Prevention (CDC). The survey is done every year across states, the District of Columbia, and three U.S. territories. Each year, Wisconsin conducts the BRFSS survey via phone with thousands of adults who live across the state. The survey contains a set of “core questions” provided by the CDC. States also add optional modules of questions that are unique to each state and often focus on health challenges that are unique to each state. The survey is available in English and Spanish.

Sexual orientation & gender identity module

Wisconsin is one of more than 30 states that has adopted an optional question module collecting sexual orientation and transgender identity (called the “SOGI module”), which allows us to classify survey respondents as LGBT or not. Sexual orientation is asked with a single question, “Which of the following best represents how you think of yourself?” with response options: “Gay or lesbian,” “Straight, that is, not gay,” “Bisexual,” “Something else,” “I don’t know the answer,” or refuse to answer. Transgender identity is collected with a single question, “Do you consider yourself to be transgender?” with response options: “Yes,” “No,” “Don’t know/not sure,” or refuse to answer.

How we identified LGBTQ+ adults

In order to produce a stable estimate of the LGBT population, we pooled five years of BRFSS data from 2020 to 2024 unless where indicated. (Some questions were not asked in all five years.) Because the SOGI questions appear near the end of the survey and aren’t required questions, about 24% of responses are missing. We excluded these responses with missing data from the denominator when estimating the size of the LGBT population in Dane County and Wisconsin. We classified respondents broadly as LGBT if they said (1) their sexual orientation was gay or lesbian, bisexual, or something else; and/or (2) they were transgender.

About the Data

How you can interpret the data

We've included some helpful terms and definitions below that come up in this data report.

Age adjustment

Age adjustment is a statistical method used to account for differences in age between two groups. In this report, we sometimes age-adjust BRFSS data for comparisons between LGBT and non-LGBT adults. We did this because LGBT people in Dane County and Wisconsin are significantly younger than non-LGBT people. If we didn't age-adjust some data, differences we see between LGBT and non-LGBT people might actually be explained by differences in age between the groups. Some BRFSS data in the report is not age-adjusted because it had no effect on the results, meaning age already wasn't a factor.

Example: LGBT people are less likely to own homes. Younger people are also less likely to own homes. LGBT people tend to be younger than non-LGBT people. We age-adjust the data so that age isn't distorting the comparison between LGBT and non-LGBT people. Now, we can be more confident that remaining differences aren't driven by age.

Statistical significance

Statistical significance uses statistical testing to find out if a difference between two groups is likely random or if it is not random. In this report, we sometimes describe this as a "meaningful difference." If the test we run shows that there's less than a 5% chance we would see a difference this large just by chance alone, we consider it meaningful.

Keep in mind that significance testing isn't perfect. Just because there wasn't a meaningful difference between two groups doesn't mean that one doesn't exist. It's hard to prove significance when a group is very small, such as trans people who filled out the BRFSS in Dane County. It's also possible that some things are significant in the data but can be explained by something else (called confounding). For example, Group A might see the doctor significantly less than Group B. But if Group A is also mostly uninsured, then it could be the difference in insurance coverage driving healthcare access, rather than a difference between the healthcare habits of groups A and B.

This is why it's so important to not only look at data but also talk to communities experiencing inequities. Data is a powerful tool, but it can't always tell us the whole story. We have tried to add context wherever possible in this report, but also acknowledge the limitations of data to represent a whole group of people.

Unreliable rates

Relative standard error (RSE) measures the precision of an estimate. If we only have data from a small number of people, then the data will show a wider range of estimates. If that range is too wide, then the data isn't reliable enough to report. In this report, this most often happened when breaking out data for trans people. This is because the number of trans people surveyed was relatively small. When data was unreliable, we have chosen to not show it to avoid confusion.

A note about terms— LGBT, LGBTQ, and LGBTQ+

When speaking in general terms, we use the term "LGBTQ+" when talking about the community as a whole. However, we also use the terms "LGBT" and "LGB" for data from specific sources. We chose "LGBT" for BRFSS data since the data collection was more narrow and may have excluded some people. The only option other than lesbian, gay and bisexual was "something else" and gender identity was only framed as "transgender" or "not transgender." DCYA has a more complete data collection, so we chose to include the Q.

Methods & Limitations

General Methods

We conducted all data analysis in SAS v9.4 and RStudio. We used survey procedures to account for weighting in the DCYA data and for complex sampling and weighting in the BRFSS survey data. We used survey-weighted, design-based t-tests for statistical testing of BRFSS data.

Limitations

People of intersex experience

We know intersex people experience barriers to optimal health. (Rosenwohl-Mack et al, 2020). both the DCYA and BRFSS, we cannot identify people of intersex experience.

Non-binary, genderqueer, & genderfluid people

In BRFSS, we cannot readily identify all non-binary, genderqueer, and genderfluid people. Some non-binary and genderfluid respondents may be captured by the question about transgender identity, but not all non-binary and genderfluid people consider themselves transgender.

Small populations

In Dane County, the number of LGBTQ+ people is smaller than the number of cisgender straight people. Subgroups under the LGBTQ+ umbrella are even smaller. In some cases, these smaller numbers can make population estimates unstable or unreliable, especially if we want look at within-group distances – for example, the percent of BIPOC (Black, Indigenous, People of Color) vs. white transgender people experiencing food insecurity. One threshold we used to identify unreliable estimates is the coefficient of variation, or CV. If the CV is larger than 30%, we consider the estimate unreliable. For this report, we chose to exclude most unstable estimates. These estimates are marked with an asterisk (*).

In some cases, we combined subgroups to get more stable estimates—for example, combining all transgender, non-binary, and genderfluid people into a single group or all LGBTQ+ into a single group. What we lose in this process is the individual subgroup experiences and within-group differences. For example, we'd expect the health experiences of BIPOC LGBTQ+ people to be different from white LGBTQ+ people due to structural racism—but we unfortunately don't have enough data in many cases to look at those within-group differences. In some cases, we've presented state- or national-level data as an alternative when we could not generate a reliable county-level estimate. We always present local data first when possible.

Self-reported data

The data used in this health profile primarily come from two large population surveys where respondents self-report their identities, behaviors, and health outcomes. Self-reported data are more prone to certain kinds of bias, such as social desirability bias and recall bias, that lead to underreporting. Additionally, it is well-understood that self-reported health behaviors and outcomes may differ by race/ethnicity, age, and other identities, due to different definitions, comfort level, etc. For example, young people may be more comfortable disclosing their sexual orientation compared to older adults.

Key Data Takeaways

Read the full report for detailed data and context.



Social Drivers of Health

- **LGBT people in Dane County report their health as good overall** and have good health insurance coverage.
- 40% of trans people in Dane County reported **losing employment or having reduced hours** over the past 12 months, significantly more than straight/cis people (10%).
- Both LGBTQ+ adults and LGBTQ+ young people in Dane County are **more likely to experience food insecurity**.
- LGBT people are **less likely to own a home** in Dane County. (58% of LGBT people vs 70% of non-LGBT people)
- In Wisconsin, LGBT people are more likely to **lack reliable transportation**.

The Context

Nationally, LGBTQ+ people are more likely to:

- Experience poverty
- Experience job discrimination (especially BIPOC LGBTQ+ people)
- Experience health care discrimination

This suggests that these trends aren't just local, but national, systemic problems related to big picture causes, like homophobia and transphobia.



Mental Health

- 28% of LGB people and 62% of trans people in Dane County experienced at least 14 poor mental health days in the past month— significantly different from non-LGBT people (11%).
- LGBT adults and youth in Dane County experience **higher rates of depression** than their straight, cisgender peers.
- LGBT young people in Dane County are more likely to have **self-harmed and attempted suicide**.

The Context

When LGBTQ+ people experience affirming, welcoming environments, their mental health outcomes are similar to straight, cisgender people. By creating supportive and inclusive communities, we can dramatically reduce mental health inequities.



Alcohol, Tobacco, and Substance Use

- **LGBT youth are more likely than non-LGBT youth to have used alcohol** in the past year in Dane County (31% vs 24%), but **LGBT adults have similar alcohol use levels** as cisgender straight peers.
- LGBT adults **use tobacco at similar rates** to non-LGBT people, but **use cannabis more**.
- **Cigarette use has gone down** among all young people. However, **youth vaping is still a concern**, especially among LGBT youth.
- In WI, LGBT adults report **higher levels of lifetime opioid use**.

The Context

Local data show a hopeful look at LGBTQ+ youth's alcohol and tobacco use overall.

Across the U.S., the LGBTQ+ community tend to have higher rates of substance use. Systemic factors like discrimination and minority stress (chronic stress from daily, everyday stigma and discrimination) likely play a role.

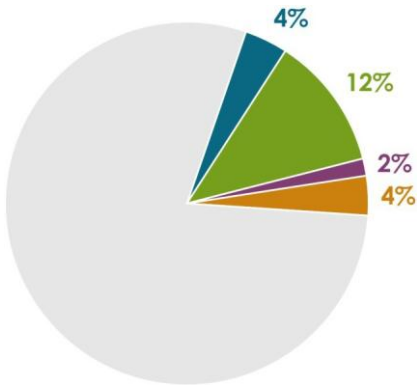
What can we all do to improve LGBTQ+ data?

- Gather more trans community data
- Do a needs assessment
- Oversample LGBTQ+ groups in population surveys
- Gather intersex data
- Data justice

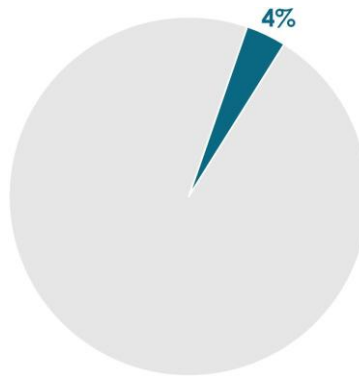
LGBTQ+ People in Dane County

More than 1 in 5 young people in Dane County are LGBTQ+.

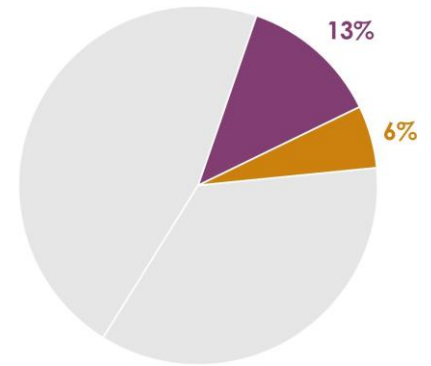
Among youth in Dane County:



4% are **gay/lesbian**, 12% are **bisexual/pansexual**, 2% are **asexual**, and 4% are **questioning** their sexual orientation



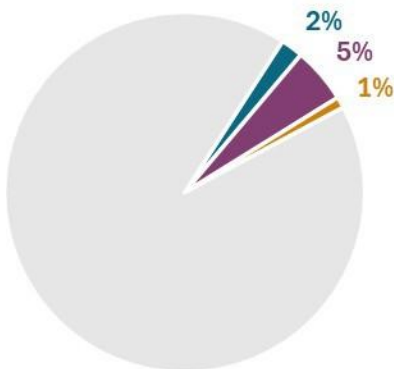
4% are **transgender**



13% are **queer girls & women** and 6% are **queer boys & men** (inclusive of trans youth)

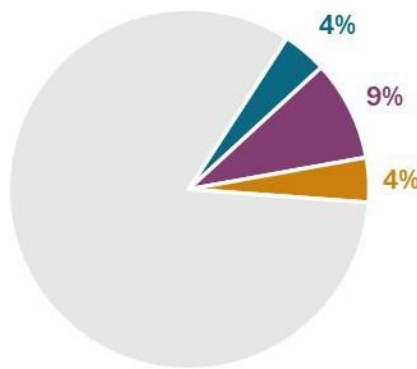
More than 1 in 10 adults in Dane County are LGBTQ+.

Among men in Dane County:



2% of men are **gay**, 5% are **bisexual**, and 1% identify as **another sexual orientation**

Among women in Dane County:



3% of women are **gay/lesbian**, 7% are **bisexual**, and 2% identify as **another sexual orientation**

Among people in Dane County:

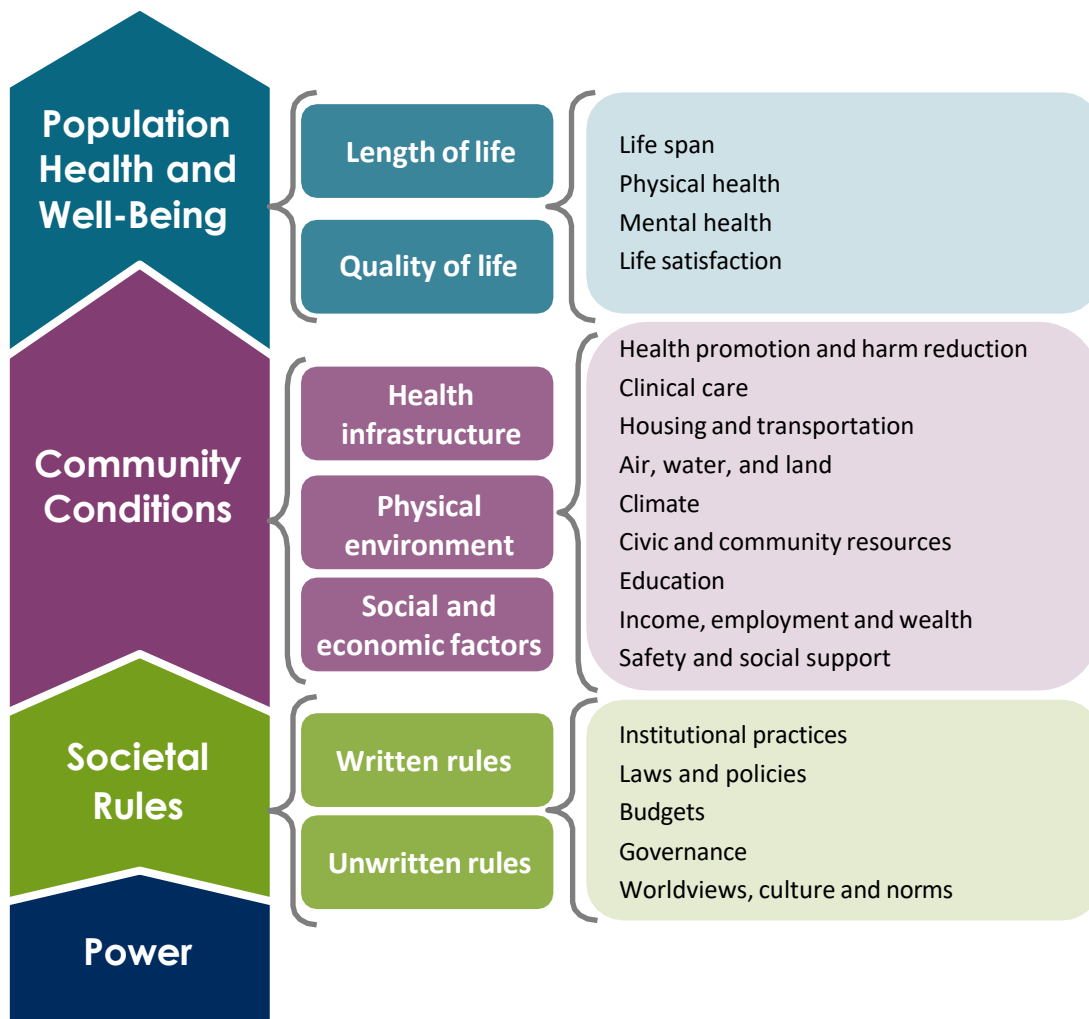


2% are **transgender**

Social Drivers of Health

Social drivers of health are community-level factors and conditions that influence health outcomes.

As defined by [County Health Rankings](#), these community conditions include “social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age.” Over the next few pages, this report will describe these community conditions for LGBTQ+ people living in Dane County.



Adapted from University of Wisconsin Population Health Institute Model of Health. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org

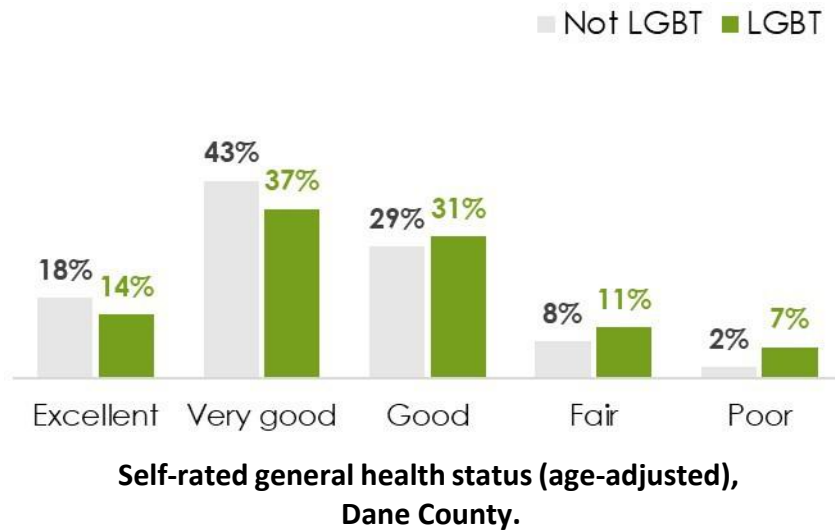
Social Drivers of Health

General health & health care experiences

Locally, LGBT people have good healthcare coverage and access to care.

The data

- In terms of self-rated general health, LGBT people in Dane County report good outcomes similar to non-LGBT people.
- LGBT people also report good health insurance coverage similar to non-LGBT people. 97% of LGBT people in Dane County had health insurance coverage (compared to 96% of non-LGBT people.) (BRFSS, 2020-2024, age-adjusted)
- Additionally, 96% of trans people and 90% of LGB people have a personal health care provider in Dane County, suggesting LGBT people have good healthcare access overall. 89% of non-LGBT people have a personal health care provider. (BRFSS, 2020-2024, age-adjusted)
- These data don't tell us people's overall experiences with their healthcare providers, only that people have access to healthcare and are generally similarly healthy to straight and cisgender people.



2020-2024. Source: BRFSS. Rates for trans people too unstable to report.

Additional context

Nationally, LGBTQ+ people, especially trans people, report avoiding health care due to past experiences of discrimination.

National findings from a survey by Casey et al. highlight how discrimination plays a role in shaping healthcare experiences for LGBTQ+ people. For example, in the study, 18% of LGBTQ+ adults nationally avoided seeking healthcare due to anticipated discrimination, and 16% experienced discrimination in healthcare. Among transgender respondents, 10% reported direct discrimination in a healthcare setting, and more than one in five (22%) avoided care altogether because they feared poor treatment.

Nearly 1 in 2 trans and nonbinary people nationwide report a negative experience with a healthcare provider, including: (Rastogi et al, 2025)



A doctor calling them by the **wrong name or pronouns** (37%)



Teaching their doctor about trans people to get appropriate care (18%)



Being asked **unnecessary or invasive questions about being trans** that were not related to the reason for their medical visit (11%)

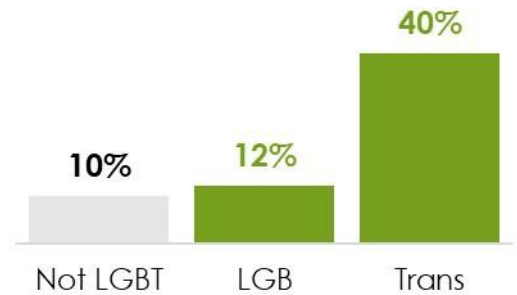
Social Drivers of Health

Employment & financial security

LGBT people experience inequities in employment and financial security.

The data

- Trans people in Dane County were more likely than non-LGBT people to have lost employment or have reduced hours in the last 12 months, showing significant employment barriers. (Note: there was no significant difference between non-LGBT and LGB people.)
- 20% of LGBT adults in Dane County have been unable to pay their bills in the past year, compared to 6% of non-LGBT adults in Dane County and 15% of LGBT adults statewide. This local disparity may be influenced by the county's higher cost of living relative to other areas of Wisconsin. (Rates for trans people were too unreliable to report.)



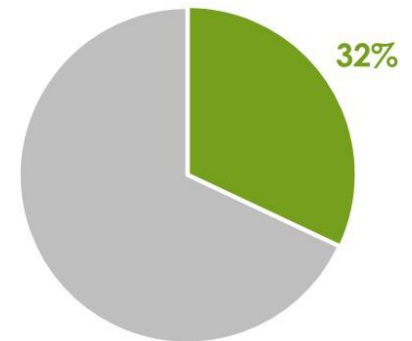
Lost employment or reduced hours in last 12 months (age-adjusted), Dane County.

2022-2024. Source: BRFSS

Additional context

Nationally, more than 3 in 10 LGBTQ+ people of color experience job discrimination compared to 1 in 10 white LGBTQ+ people.

National survey data from Casey et al. shows that one in five LGBTQ+ adults report discrimination when applying for jobs or seeking equal pay and promotions. The impact is even more severe for LGBTQ+ people of color. They are more than twice as likely as white LGBTQ+ people to report job-related discrimination, with 32% experiencing it during the hiring process compared to 13% of their white peers (Casey et al. 2019). These patterns suggest that employment instability among LGBT individuals—especially those from marginalized racial or ethnic backgrounds—may be driven in part by ongoing discrimination in the workplace and hiring practices.



3 in 10 BIPOC LGBTQ+ people report discrimination in job hiring vs. 1 in 10 white LGBTQ+ people

Nationally, LGBT people are more affected by poverty.

Nationally, LGBTQ+ people—especially transgender people, bisexual people, and LGBTQ+ people of color—experience higher poverty rates (Wilson et al., 2023). Wage disparities differ by subgroup; while LGBTQ+ men overall earn \$0.96 for every dollar the typical worker earns, trans men earn \$0.70, and trans women earn only \$0.60. While white LGBTQ+ women earn \$0.96 per dollar a typical worker makes, Black LGBTQ+ women earn \$0.85 and Latina/Hispanic women earn \$0.72 (HRC Foundation, n.d.).

Discrimination in employment, lending, and housing not only restricts economic opportunity but also compounds health and social inequities—deepening the cycle of marginalization.

Social Drivers of Health

Food insecurity

LGBTQ+ adults and young people— especially BIPOC LGBTQ+ people — are more likely than their cisgender straight peers to lack reliable access to a sufficient amount of healthy and affordable food.

The data

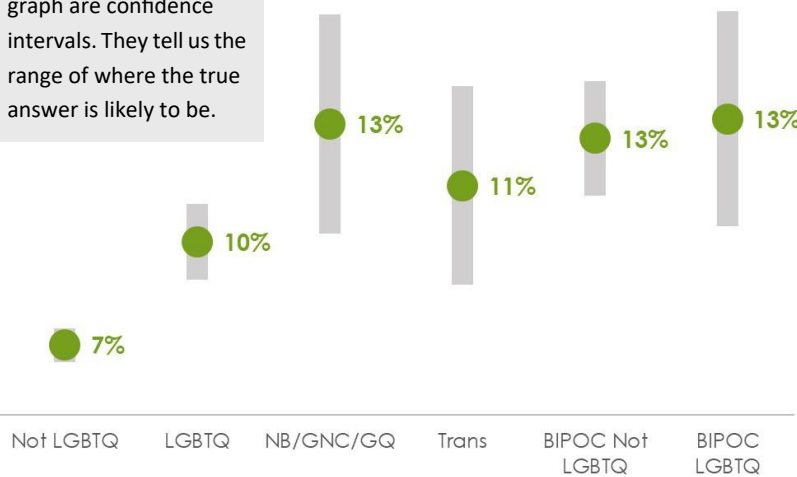
- Food insecurity, or not having reliable access to an adequate amount of affordable and healthy food, continues to be an important issue in Wisconsin. Food insecurity disproportionately affects already-marginalized communities, including LGBT people.
- LGBT adults in Wisconsin were more likely to report always, usually, or sometimes running out of food without the money to buy more in the last year.
- Note that there wasn't a significant difference in Dane County. This could be because there isn't a difference, or could be because a smaller number of respondents in our county made the estimates more unstable.



Adults who always, usually, or sometimes ran out of food without money to get more in the past 12 months (age-adjusted), Wisconsin.

2022-2024. Source: BRFSS

The gray bars in this graph are confidence intervals. They tell us the range of where the true answer is likely to be.



Youth who skipped meals or ate less due to finances in past 30 days, Dane County.

2024. Source: DCYA. Categories not mutually-exclusive.

Youth data

- Food security is also an issue among LGBTQ+ youth. In Dane County, 10% of LGBTQ+ youth overall, 13% of nonbinary, gender-nonconforming, and genderqueer (NB/GNC/GQ), and 11% of transgender youth report skipping meals or eating less over the past 30 days due to financial constraints.
- BIPOC young people, regardless of gender identity or sexuality, report the highest levels of recent food insecurity.
- Alarmingly, most are not receiving the support they need—64% of LGBTQ+ youth overall and 59% of transgender/NB/GNC youth did not access free or reduced-price lunch programs.

Additional context

Overall statistics can mask the unequal burden faced by communities of color. In Dane County in 2023, the overall food insecurity rate was 9.2%, which was lower than Wisconsin's rate of 10.7% and the national rate of 13.5%. (Feeding America, 2024). However, when the data are differentiated by race, Hispanic/Latino and Black/African-American households faced significantly higher rates (28% for Black households and 22% for Hispanic/Latino households).

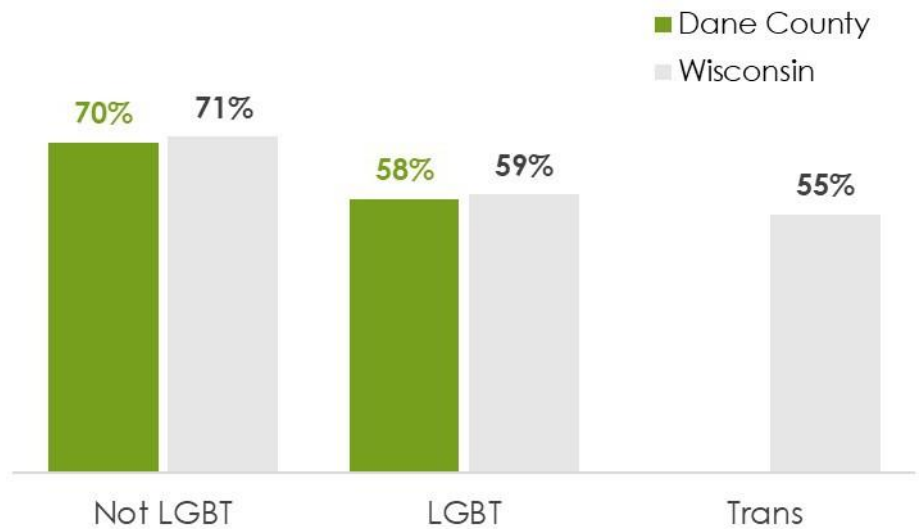
Social Drivers of Health

Housing

In Dane County, LGBTQ+ people are less likely to own their home than their straight, cisgender peers.

The data

- Dane County LGBT people are less likely to own homes compared to non-LGBT people. 58% of LGBT people own their homes, compared to 70% of non-LGBT people. This is true for Wisconsin as well.
- We didn't have enough data to calculate home ownership differences for trans people in Dane County. In Wisconsin, however, 55% of trans people owned their homes, significantly less than non-LGBT people.



Home ownership prevalence (age-adjusted), Dane County.

2020-2024. Source: BRFSS

Additional context

- Between 2010 and 2020, Dane County permitted 8,000 fewer housing units than the number of new households who moved here. This in part created a severe shortage that drove median home values from \$226,000 in 2010 to \$369,000 in 2022, with Madison experiencing one of the fastest housing price increases in the country. Rent has risen by 28% over the same period (Dane County Regional Housing Strategy, 2024).
- LGBTQ+ people in Dane County face persistent and disproportionate barriers to stable housing due to the intersection of systemic discrimination and the deepening local housing crisis. As a result, LGBTQ+ people are more likely to rent or have alternative housing arrangements, and face widespread discrimination in both rental and mortgage markets.
- National research shows same-sex couples are less likely to receive mortgage approvals and are often quoted higher rates, while transgender people report high rates of housing denial and eviction based on their gender identity (Romero et al., 2020).
- This combination of local housing scarcity and systemic bias creates a uniquely challenging environment for LGBTQ+ people in Dane County. This challenging environment is amplified for Black and Hispanic/Latino LGBT people, who also face long-standing exclusion from the housing market based on historical and current discriminatory practices (Dane County Regional Housing Strategy, 2024).

Social Drivers of Health

Transportation

LGBT people face greater challenges accessing reliable transportation to get to work and appointments compared to their straight, cisgender peers.

The data

- Over 1 in 7 (15%) of LGBT adults in Dane County lack reliable transportation. This is meaningfully different from non-LGBT people; only 5% of non-LGBT adults lack reliable transportation.



**Lack of reliable transportation in the past year,
Dane County (age-adjusted).**

2022-2024. Source: BRFSS

Additional context

- Transportation is more than just a convenience— it’s a lifeline to essential services, including medical care, employment, and social connection. Without accessible and affordable transportation, people face increased risks to their health and wellbeing (CDC, 2026b).
- As housing costs continue to rise in Dane County, many people are left with fewer financial resources to maintain or purchase a vehicle or other mode of transportation. There are more limited mass transit options in the outskirts of Madison and outside of Madison, amplifying transportation challenges for people in those areas.

Mental Health

Poor mental health days and stress

LGBT people in Dane County experience more stress and poor mental health days than non-LGBT people.

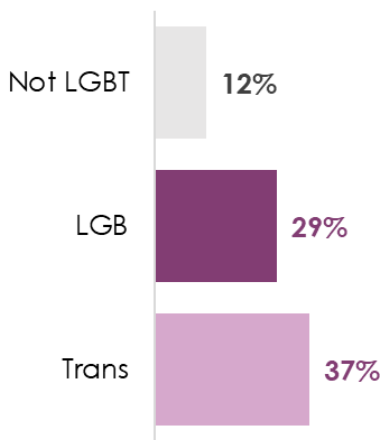
The data

- 28% of LGB people and 62% of trans people in Dane County experienced at least 14 poor mental health days in the past month— significantly different from non-LGBT people (11%).
- LGB and trans people in Dane County were also significantly more likely than non-LGBT people to report always or usually feeling stress in the past 30 days.



14 or more poor mental health days in the past month (age-adjusted), Dane County.

2020-2024. Source: BRFSS



Always or usually stressed in the past month (age-adjusted), Dane County.

2022-2023. Source: BRFSS

Additional context

- Social stressors, including individual, institutional, and societal transphobia, can contribute to poorer mental health among trans people (Valentine & Shipherd, 2018; Ogarrio et al., 2025). This may include barriers to accessing gender-affirming healthcare, harmful laws and policies, and violence.
- Mental and emotional health is connected to physical health and well-being. Poor mental health increases the risk for chronic health conditions like diabetes and heart disease (CDC, 2026a). Poor mental health is also associated with more missed work/school (de Oliveira et al., 2023).
- Chronic stress can have serious effects on overall health and wellbeing over time and contribute to problems with cardiovascular, immune, and metabolic health (Juster et al., 2010).
- The minority stress framework (Meyer, 2003) helps to explain why LGBTQ+ people may experience higher levels of everyday stress compared to their cisgender and straight peers. LGBTQ+ people experience stigma, discrimination, and harassment in every day life, contributing to chronic social stress. These stressors may be experienced overtly (such as being denied health care or being called a slur) or internally (such as internalized stigma or hiding one's gender or sexual identity).

Mental Health

Depression

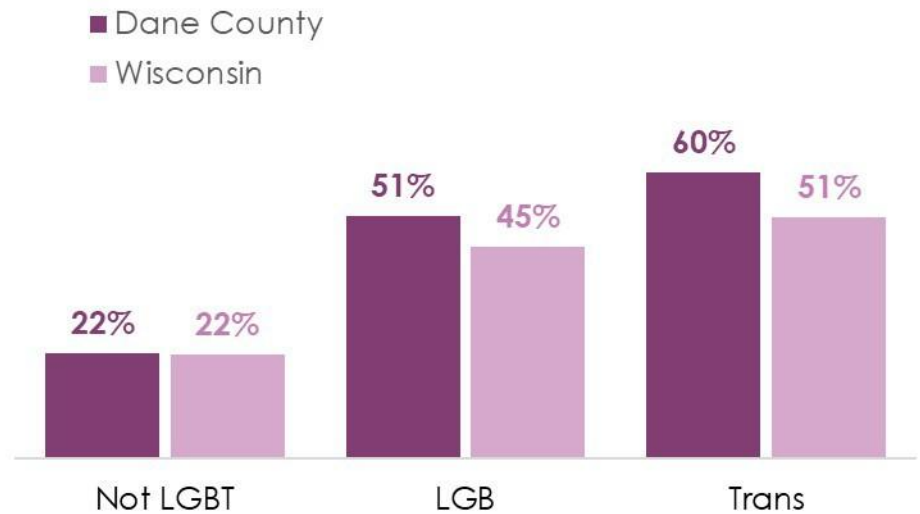
Dane County LGBT adults and youth experience higher rates of depression than their straight, cisgender peers.

The data

- 5 in 10 LGB people and 6 in 10 transgender people in Dane County have been diagnosed with depression in their lifetime.
- Nearly half of trans, non-binary, gender nonconforming, and genderqueer youth in Dane County have been diagnosed with depression.

Additional context

- These disparities can come from exposure to stigma, discrimination, and social rejection—which increase chronic stress and reduce access to social support that protects mental health (Meyer, 2003; Valentine & Shipherd, 2018).
- When LGBTQ+ youth experience affirming, welcoming environments and social inclusion, they tend to have better mental health outcomes (Matsick et al., 2024; Ancheta et al., 2021).
- When trans and gender-diverse young people are supported in their identities through affirming families, schools and healthcare, their mental health outcomes tend to improve, with some studies showing no difference in depression between trans and cis youth (Olson et al., 2016; Wittlin et al., 2023).



Ever diagnosed with depression, Dane County & Wisconsin (age-adjusted).

2020-2024. Source: BRFSS



Young people diagnosed with depression, Dane County.

2024. Source: DCYA

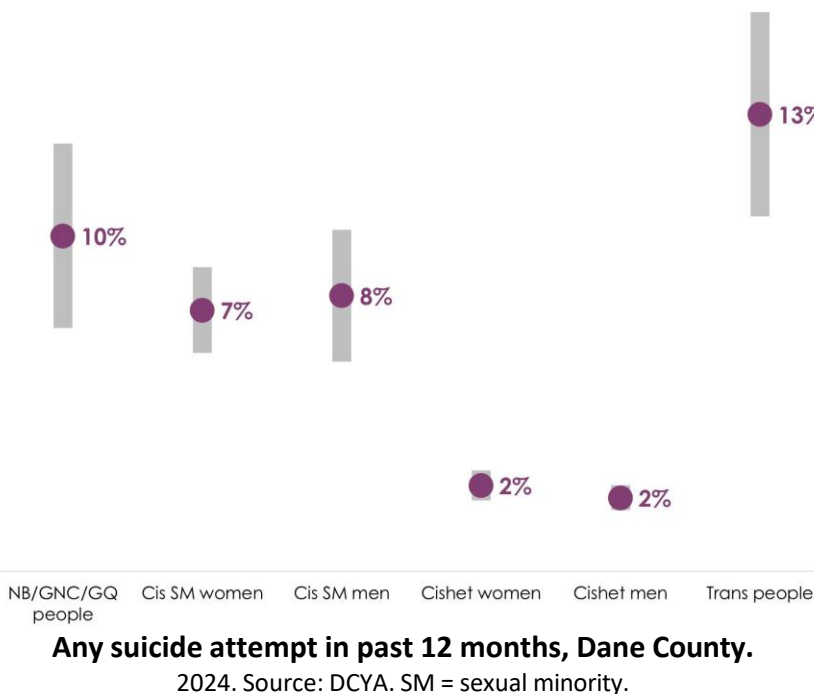
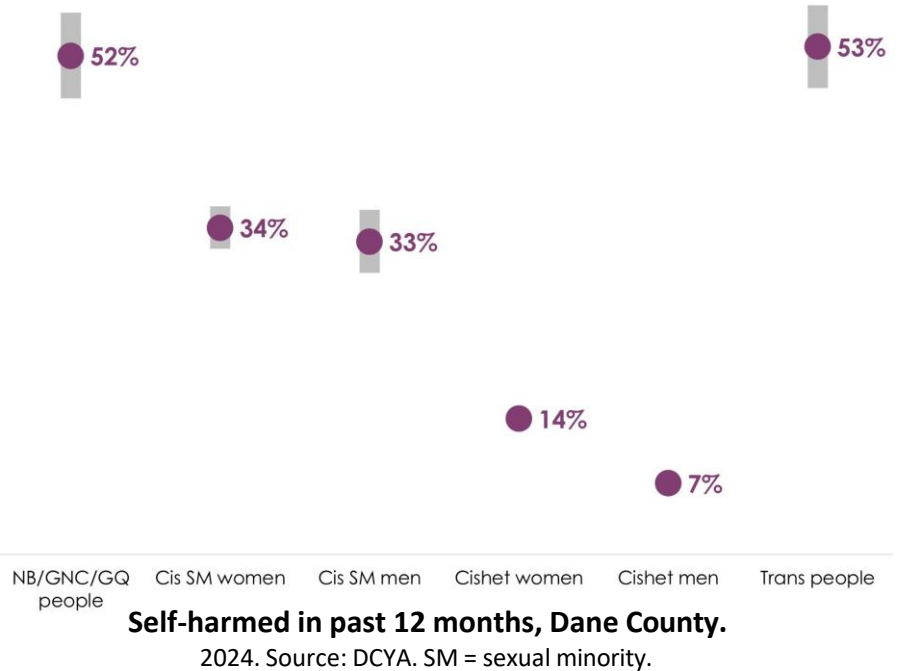
Mental Health

Self harm and suicide

LGBT youth in Dane County are more likely to have self-harmed and attempted suicide.

The data

- 1 in 3 LGBT youth have self harmed in the last year, according to the Dane County Youth Assessment (DCYA).
- Self harm is especially prevalent among trans, non-binary, gender nonconforming, and genderqueer young people.
- 1 in 10 trans, non-binary, gender nonconforming, and genderqueer young people in Dane County have attempted to end their lives by suicide in the past year.
- Among BIPOC trans and gender-diverse young people, one in five (20%) report a suicide attempt in the past year.



Additional context

- While not everyone who self-harms is suicidal, self-harm is one of the strongest predictors of a future suicide attempt and death by suicide, particularly for LGBTQ+ young people (Jadva et al., 2023).
- Young people who self-harm are also at greater risk substance misuse and mental health disorders (Brown & Plener, 2017).
- Studies have shown that self-harm among LGBTQ+ youth can be a coping response to experiences of bullying, social isolation, and stigma (Jadva et al., 2023).
- Safe and affirming environments, such as families, schools, and healthcare settings, can reduce the likelihood of suicide attempts among LGBTQ+ youth (Marraccini et al., 2022).

Feeling overwhelmed? Need to talk?

Trans Lifeline: (877) 565-8860

LGBT National Hotline: (888) 843-4564

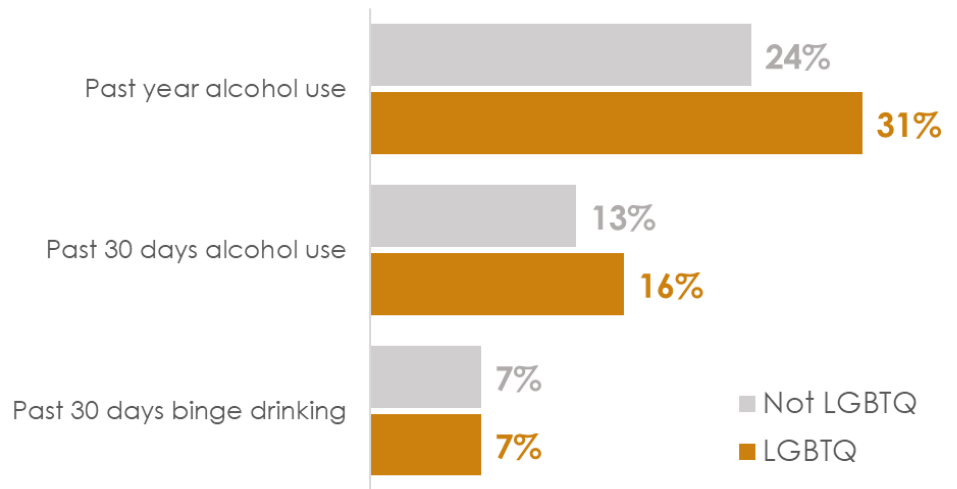
Alcohol, Tobacco, & Other Substance Use

Alcohol use

Locally, LGBTQ+ young people are more likely to have used alcohol in the last year, but adults have similar levels of alcohol use.

The data

- Locally, nearly a third of LGBTQ+ young people have used alcohol in the past year, compared to about a quarter of non-LGBTQ+ youth.
- Binge alcohol use (5+ drinks for men and 4+ drinks for women on an average day) were the same for LGBT youth and straight cisgender youth.



Youth alcohol use by LGBTQ+ status, Dane County.

2024. Source: DCYA

- In Dane County, the number of adults who binge drank in the past 30 days was similar among non-LGBT people (22%) and LGBT people (21%). The numbers for trans people in Dane County were too unstable to report. (BRFSS, 2020-2024)
- In Dane County, both LGBT and non-LGBT adults have similar levels of past 30-day alcohol use (62% and 66%, respectively). This is slightly higher than statewide, with about 58% of LGBT adults and 62% of non-LGBT adults using alcohol in the past 30 days. The numbers for trans people were too unstable to report. (BRFSS, 2020-2024)

Alcohol, tobacco, and other substance use among LGBTQ+ youth is tied to discrimination, bullying, internalized stigma, and chronic stress.

Additional context

- Research shows that among LGBTQ+ youth, increased substance use is associated with discrimination, stigma, and unsupportive policies (Kidd et al., 2018).
- Affirming environments are critical in mitigating these risks. One study showed that LGBTQ+ youth living in affirming states are 27% less likely to binge drink than those in less supportive environments (Chien et al., 2022).
- Inclusive policies and supportive school climates may help reduce the use of substances as potential coping mechanisms. In contrast, the national surge in anti-LGBTQ+ laws and policies targeting youth can intensify minority stress, especially for transgender and nonbinary youth (Williams Institute, 2026).

Alcohol, Tobacco, & Other Substance Use

Tobacco, cigarette, vape/e-cigarette and cannabis use

LGBT adults in Dane County use tobacco at similar rates to non-LGBT people, but use cannabis more.

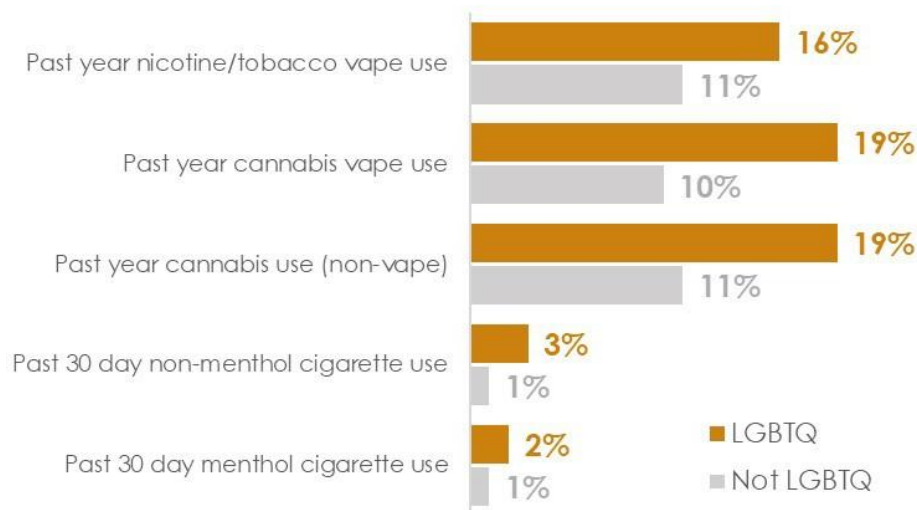
The data

- 6% of non-LGBT adults in Dane County use e-cigarettes/vapes every day or some days, compared to 10% of LGBT adults. This is not a significant difference. (BRFSS, 2020-2024)
- In Dane County, the number of adults who smoke cigarettes every day was similar among non-LGBT people (18%) and LGBT people (19%). The rates for trans people in Dane County were too unstable to report. (BRFSS, 2020-2024)
- 31% of LGB adults and 44% of trans adults in Dane County used marijuana or cannabis in the past 30 days, which is significantly higher than the 16% of non-LGBT adults in Dane County who used it. (BRFSS, 2020-2022)

Although cigarette use has decreased substantially among all young people, high vape use, especially among LGBTQ+ young people, is a growing public health concern in Dane County.

Youth data

In Dane County, LGBTQ+ youth also report slightly higher rates of cannabis (19% in the past year) and vape use (16% in the past year) use than their cisgender, straight peers, further emphasizing the need for supportive interventions and protective policies at both the local and state levels.



Youth vape and cigarette use by LGBTQ+ status, Dane County.

2024. Source: DCYA.

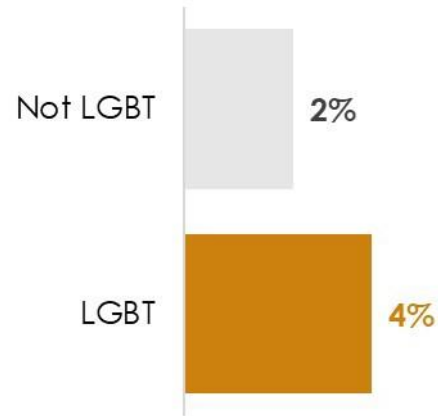
Alcohol, Tobacco, & Other Substance Use

Other substance use & substance use treatment

Although Dane County data is limited, Wisconsin LGBT adults report higher levels of lifetime opioid use than their cisgender, straight peers.

The data

- Statewide, about 1% of adults use prescription pain medication not prescribed to them in the past year. For LGBT adults, this number is double at 2%. (BRFSS, 2020-2024)
- Opioid-related deaths have decreased in Dane County and across Wisconsin in most recent years (DHS, 2025).
- 5% of LGBT adults statewide have received substance use treatment or counseling in the past year, compared to 2% of non-LGBT adults. (BRFSS, 2020-2023)



Lifetime heroin use, LGBT adults, Wisconsin (age-adjusted).

2020-2024 excluding 2022 due to survey error. Source: BRFSS

Additional context

- Statewide, there is a shortage of substance use treatment services, especially services that specialize in serving LGBTQ+ people. Over the past decade, the use of public substance use services, such as outpatient case management and substance use treatment, has declined. This is especially true during the COVID-19 pandemic and in the years following (Wisconsin Department of Health Services, 2025).
- These estimates reflect a broader trend across the United States where substance use among LGBTQ+ people, particularly those who are also racial or ethnic minorities, is higher than their straight peers. These disparities are often driven by a combination of factors including discrimination, minority stress, and barriers to affirming care. (Freitag et al., 2021; Schuler et al., 2020). Addressing these inequities is critical to improving health outcomes for LGBTQ+ communities.

Opportunities to Improve LGBTQ+ Data

Data for LGBTQ+ people are limited, especially in local contexts.

We were sometimes limited in this report by small numbers locally in the Behavioral Risk Factor Surveillance System survey. Having a larger group of respondents in a survey like BRFSS would allow us to break out the data by more subgroups and across a wider range of topics and years.

The LGBTQ+ Health Profile Workgroup identified the following opportunities to improve future data collection, analysis, and dissemination regarding the health experiences of LGBTQ+ people in Dane County and beyond.

- 1. Gather more trans community data.** Working directly with a community can increase survey participation, giving us enough data to analyze and report. This would be especially helpful for data on trans and nonbinary people.
- 2. Do a needs assessment.** A needs assessment combines quantitative data with qualitative information like key informant interviews to understand the full scope of a community's experiences and opportunities for change.
- 3. Oversample LGBTQ+ groups in population surveys.** Oversampling is the process of purposely gathering more survey responses from a subgroup than the proportion of the group in the general population. Oversampling helps us get more accurate data for smaller groups. Oversampling would help us report more local data on subsets of the LGBTQ+ population. This is especially helpful for small groups such as transgender people, who only make up about 1% of the population.
- 4. Gather intersex data.** Many local, state, and national health surveys do not collect any information on people who are intersex, which means we have no data to analyze or include in reports. Directly asking people about intersex identity on surveys would allow us to understand what that community is experiencing locally and statewide.
- 5. Strive for data justice.** Data justice centers on the lived experiences and expertise of communities, particularly those historically underserved, ensuring that data reflects and serves their needs rather than causing harm. A data justice approach seeks to prioritize community driven goals, representation, and useability. This framework emphasizes ethical action by using data as a tool to tell meaningful stories, inform solutions, and support collaboration between local organizations and communities. Ultimately, data justice is about meeting people where they are at and transforming data into a force for equity and positive change.

LGBTQ+-Friendly Local Resources

LGBTQ+ Local Health Resources

publichealthmdc.com/resources

Outreach LGBTQ+ Community Center

outreachmadisonlgbt.org

Freedom, Inc.

freedom-inc.org

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DATA APPENDIX

These graphs show data points from all graphs. BRFSS is the Behavioral Risk Factor Surveillance System and DCYA is the Dane County Youth Assessment.

Demographics: Adults (BRFSS 2020-2024)

LGBTQ+ identity	Men	Women	Both
Gay/lesbian	2%	4%	
Bisexual	5%	9%	
Another orientation	1%	4%	
None	92%	83%	
Transgender			1.6%

Demographics: Youth (DCYA 2024)

LGBTQ+ identity	Men	Women	Both
Gay/lesbian			4%
Bisexual			12%
Questioning			4%
Asexual			2%
Transgender			4%
Queer (including trans)	6%	13%	

General health: Adults (BRFSS 2020-2024)

Dane County: General health status	Not LGBT: Age adjusted %	LGBT: Age adjusted %
Excellent	18%	14%
Very good	43%	37%
Good	29%	31%
Fair	8%	11%
Poor	2%	7%

Employment: Adults (BRFSS 2022-2024)

In the past 12 months have you lost employment or had hours reduced?: Dane County	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	10%	7.6%	12.8%	13.2		Ref
LGB	12%	7.9%	18.3%	21.4	0.4	No
Trans	40%	18.6%	66.3%	29.3	<0.05	Yes

Food security: Adults (BRFSS 2022-2024)

Always, usually, or sometimes the food that you bought did not last, and you didn't have money to get more?: Wisconsin	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	11%	10.7%	12.0%	3.0		Ref
LGBT	16%	14.0%	18.3%	6.9	<0.05	Yes

Food security: Youth (DCYA 2024)

Youth who skipped meals or ate less due to finances in past 30 days	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
Not LGBTQ	7%	6%	7%	0.0345	0.2399
LGBTQ	10%	9%	11%	0.0551	0.5427
NB/GNC/GQ (nonbinary, gender non-conforming, and genderqueer)	13%	10%	16%	0.1193	1.5688
Trans	11%	9%	14%	0.1247	1.4240
BIPOC Not LGBTQ	13%	11%	14%	0.0643	0.8194
BIPOC LGBTQ	13%	10%	16%	0.1155	1.5353

Housing: Adults (BRFSS 2020-2024)

Home ownership	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT: Dane County	70%	67.3%	72.2%	1.8		Ref
LGBT: Dane County	58%	50.7%	65.8%	6.6	<0.05	Yes
Trans: Dane County	Too unstable to report					
Not LGBT: Wisconsin	71%	70.4%	71.9%	0.5		Ref
LGB: Wisconsin	59%	56.5%	61.4%	2.1	<0.05	Yes
Trans: Wisconsin	55%	46.6%	62.7%	7.5	<0.05	Yes

Transportation: Adults (BRFSS 2022-2024)

Lack of reliable transportation in past 12 months: Dane County	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	5%	3.5%	6.8%	17.1		Ref
LGBT	15%	9.8%	23.1%	21.9	<0.05	Yes

Poor mental health days: Adults (BRFSS 2020-2024)

14+ days when mental health was not good in past 30 days: Dane County	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	11%	9.6%	13.6%	9.1		Ref

LGB	28%	21.4%	36.4%	13.5	<0.05	Yes
Trans	62%	31.2%	85.2%	22.3	<0.05	Yes

Stress: Adults (BRFSS 2022-2023)

Always or usually felt stress in the last 30 days: Dane County	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	12%	9.3%	15.4%	12.8		Ref
LGB	29%	20.5%	39.1%	16.3	<0.05	Yes
Trans	37%	20.7%	55.9%	21.8	<0.05	Yes

Depression: Adults (BRFSS 2020-2024)

Every told you had a depressive disorder	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT: Dane County	22%	19.6%	25.0%	6.2		Ref
LGB: Dane County	51%	43.3%	59.2%	7.9	<0.05	Yes
Trans: Dane County	60%	32.1%	83.2%	21.3	<0.05	Yes
Not LGBT: Wisconsin	22%	21.2%	22.7%	1.7		Ref
LGB: Wisconsin	45%	42.2%	47.5%	3.0	<0.05	Yes
Trans: Wisconsin	51%	42.7%	59.5%	8.4	<0.05	Yes

Depression: Youth (DCYA 2024)

Ever diagnosed with depression	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
Not LGBTQ	11%	10%	11%	0.0267	0.2880
LGBTQ	37%	35%	38%	0.0235	0.8598
NB/GNC/GQ	47%	43%	52%	0.0477	2.2531
Cishet women	16%	15%	17%	0.0324	0.5147
Cishet men	7%	6%	8%	0.0451	0.3121
Trans	48%	44%	52%	0.0453	2.1616

Self-harm: Youth (DCYA 2024)

Any self-harm in past 12 months	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
NB/GNC/GQ people	52%	48%	57%	0.0439	2.2898
Cis SM women	34%	32%	36%	0.0333	1.1368
Cis SM men	33%	29%	36%	0.0514	1.6797
Cishet women	14%	13%	15%	0.0350	0.4966
Cishet men	7%	7%	8%	0.0442	0.3295
Trans people	53%	49%	57%	0.0416	2.2079

Suicide: Youth (DCYA 2024)

Attempted suicide in last 12 months	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
NB/GNC/GQ people	10%	7%	12%	0.1402	1.3489
Cis SM women	7%	6%	9%	0.0840	0.6298
Cis SM men	8%	6%	10%	0.1219	0.9638
Cishet women	2%	2%	3%	0.0894	0.2203
Cishet men	2%	2%	2%	0.0855	0.1803
Trans people	13%	10%	16%	0.1139	1.4932

Alcohol use: Youth (DCYA 2024)

Group	Kind of drinking	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
Not LGBTQ	Any alcohol use past 12 months	24%	24%	25%	0.0167	0.4067
LGBTQ	Any alcohol use past 12 months	31%	29%	32%	0.0271	0.8340
Not LGBTQ	Any alcohol use past 30 days	13%	12%	13%	0.0248	0.3185
LGBTQ	Any alcohol use past 30 days	16%	15%	17%	0.0417	0.6638
Not LGBTQ	Any binge alcohol use past 30 days	7%	6%	7%	0.0358	0.2362
LGBTQ	Any binge alcohol use past 30 days	7%	6%	8%	0.0662	0.4636

Tobacco and cannabis use: Youth (DCYA 2024)

Group	Type of cannabis or tobacco use	Percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Coeff of Variation for Percent	Standard Error of Percent
Not LGBTQ	Any cannabis use past 12 months	11%	10%	11%	0.0275	0.2925
LGBTQ	Any cannabis use past 12 months	19%	18%	21%	0.0369	0.7153
Not LGBTQ	Vape cannabis use in past 12 months	10%	10%	11%	0.0279	0.2881
LGBTQ	Vape cannabis use in past 12 months	19%	17%	20%	0.0377	0.7037
Not LGBTQ	Vape nicotine/tobacco use past 12 months	11%	11%	12%	0.0266	0.2988
LGBTQ	Vape nicotine/tobacco use past 12 months	16%	15%	18%	0.0407	0.6697
Not LGBTQ	Any non-menthol cigarette use in past 30 days	1%	0.9%	1%	0.0886	0.1006
LGBTQ	Any non-menthol cigarette use in past 30 days	3%	2%	3%	0.1125	0.2836
Not LGBTQ	Any menthol cigarette use in past 30 days	1%	1%	1%	0.0852	0.1045
LGBTQ	Any menthol cigarette use in past 30 days	2%	2%	3%	0.1237	0.2590

Heroin use: Adults (BRFSS, 2020-2021 and 2023-2024)

Have you ever used heroin, even just one time?: Wisconsin	Crude percent	Age-adjusted percent	95% Lower Confidence Limit, Percent	95% Upper Confidence Limit, Percent	Relative standard error	P-value	Significant difference
Not LGBT	2%	2%	2.0%	2.7%	7.7		Ref
LGBT	3%	4%	2.8%	5.8%	18.7	<0.05	Yes