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Executive summary

Members of the lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ+) community grapple with challenges and encounter biases that can make them feel uncomfortable in medical settings and discourage them from seeking care. Nearly one-sixth of LGBTQ+ Americans postpone or avoid medical treatment because of discrimination, and close to 30% face difficulties accessing care because of the cost.1

Considering their vastly different experiences with the healthcare system—which can also vary widely depending on geographic location within the U.S.—it's no surprise that LGBTQ+ patients feel comparatively less knowledgeable about preventive care than the general population and are less likely to recognize its importance in health management. And while LGBTQ+ patients are more likely than others to say that they intend to seek preventive care for conditions that tend to be associated with the LGTBQ+ community such as HIV—they are far less likely to seek it for conditions such as high blood pressure, high cholesterol or cancer.

Of course, the LGBTQ+ community is also diverse and comprises patients across all races, ethnicities and gender identities, and data shows that knowledge levels and attitudes toward both preventive care and the pharmaceutical industry differ across subsets of this population. For example, non-cisgender* LGBTQ+ patients feel far less confident than cisgender LGBTQ+ patients that they know what cancer screenings they should schedule. And 59% of surveyed LGBTQ+ patients who identify as male believe pharma understands their unique needs, compared with just 39% of those who identify as female.

Phreesia and Klick coauthored this report to examine LGBTQ+ patients' own perceptions of preventive care and explore results from a new survey the companies codeveloped that highlight disparities in LGBTQ+ patients' knowledge and usage of preventive health services. With these insights, pharma marketers can begin to help close gaps in care and boost representation of this population while remaining sensitive to these patients' unique needs.



^{*} Patients who, when asked about their gender identity, selected one of the following options: Trans Man, Trans Woman, Genderqueer, Genderfluid, Two-Spirit, A gender not listed here

Introduction

Preventive care is vital to all patients' well-being and has the potential to save more than 100,000 lives in the U.S. every year, according to the Centers for Disease Control and Prevention.² But inequities are affecting LGBTQ+ patients' preventive-health awareness and access and setting them up for poorer overall health outcomes.

Chronic diseases alone, including heart disease, diabetes and cancer, kill 7 in 10 Americans annually. And beyond being deadly, chronic diseases are costly. Factoring in both direct costs as well as indirect costs associated with lost economic productivity, chronic diseases take a \$3.7 trillion toll on the U.S. each year,3 and 90% of the nation's healthcare expenditures are incurred by patients with chronic diseases and mental health conditions.4

But across the board, getting patients in for preventive care is no easy feat. A 2015 study found that only 8% of U.S. adults age 35 and older had received all of the high-priority preventive services recommended for them,⁵ and certain groups encounter additional barriers to preventive care. LGBTQ+ patients, for instance, have historically suffered disproportionately from a lack of health insurance, keeping them from accessing preventive care services.

For many LGBTQ+ patients, those barriers also include negative interactions with the health system and care settings that do not feel safe or comfortable. In a 2020 survey from the Center from American Progress, 15% of LGBTQ+ patients, including 28% of transgender patients, said they had postponed or avoided medical care because of discrimination, and 16% of respondents reported postponing or avoiding preventive screenings for the same reason.6

Another survey, also from the Center for American Progress, found that among lesbian, gay, bisexual and queer patients who had visited a healthcare provider in the past year, 8% said a provider had refused to see them because of their actual or perceived sexual orientation,7 and that figure jumped to 29% among transgender patients.

Clearly, pharma marketers should pay special attention to this community's needs and find ways to encourage LGBTQ+ patients to receive care safely and without stigma. But before they can seek preventive care, LGBTQ+ patients first need to understand what it is and why it's important—and they aren't always getting those messages, new data from Phreesia and Klick shows.





Gaps in understanding

According to a January 2022 survey completed at the point of care by 520 members of the LGBTQ+ community to better understand their experiences with preventive health, only two-thirds of respondents said they had a strong understanding of preventive care. While comparable percentages of Gen Z LGBTQ+ patients and all surveyed patients reported a strong understanding-52% and 54%, respectively—the gap widened among older patients. Nearly three-quarters (74%) of all surveyed Millennials said they understood the term completely or quite a bit, versus 69% of LGBTQ+ Millennials, representing a statistically significant difference. And in all surveyed patients in Gen X or older, 87% said the same, compared with 81% of LGBTQ+ patients in this age group. Results also showed that LGBTQ+ patients in the Millennial generation and older were less likely than the overall patient pool

to think preventive care was important to their health.

But preventive care awareness alone isn't enough to boost screenings and other preventive health services, according to a follow-up survey from Klick and Phreesia, completed by more than 1,000 LGBTQ+ patients in May 2022, to better understand how their gender and sexual identity influences the health services they receive.

Patients also need to know how and when to access preventive care, and many in the LGBTQ+ community do not. One-quarter (25%) of surveyed patients who identify as LGBTQ+ said they felt "not at all confident" that they knew what preventive screenings they might currently need.

Meanwhile, an even higher percentage of LGBTQ+ patients (42%), felt "not at all confident" that they knew what cancer screenings they should schedule. And non-cisgender LGBTQ+ patients feel less confident than their cisgender peers: More than half (54%) felt "not at all confident" that they knew what cancer screenings to schedule.



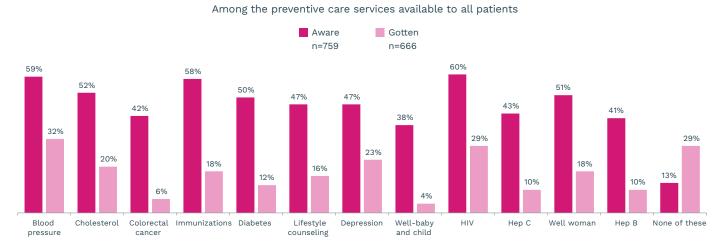
of non-cisgender patients felt "not at all confident" in knowing what cancer screenings to schedule

LGBTQ+ patients also tend to feel less confident than other patients in their overall understanding of preventive care services, including who should get them, when they're recommended and how they're performed. While LGBTQ+ survey respondents said they felt more confident than the overall population in their understanding of both the purpose and process of HIV screening, they felt less certain about the clinical specifics of wellness visits, blood-pressure screening, and colorectal and cervical cancer screening.



Preventive care usage rates among LGBTQ+ patients point to additional problems. Although more than 50% of this patient population is aware of many preventive care services, the percentage of those who have recently used those services is much lower. While 60% of LGBTQ+ patients are aware of HIV screening, for example, only 29% got screened in the past year. With doctor's office visit volumes having rebounded after their initial pandemic slowdown, these gaps suggest accessibility and affordability challenges are hurting LGBTQ+ patients' ability to be proactive about their health.

Which of the following preventive care services have you heard about/gotten in the past 12 months? Please check all that apply.



So what can pharma marketers do to address these challenges? Phreesia Life Sciences and Klick Health set out to answer that question in early 2022 by asking LGBTQ+ patients to bring their voices and experiences with preventive care to the conversation.

Their perspectives, gathered through the pair of aforementioned surveys that reached a combined 1,500-plus LGBTQ+ patients in the U.S. as they checked in for doctor's appointments, indicated that enhanced physician education, patient support, inclusive messaging and representation at the point of care could all improve LGBTQ+ equity in the preventive-health space.

Physician education

Doctors are a key piece of the access puzzle—but they seldom bring up preventive care with LGBTQ+ patients, survey results show. When asked which screenings their doctor had mentioned to them over the past two years, 30% of LGBTQ+ patients listed HIV, 33% listed sexually transmitted diseases and 25% listed depression, making them the three mostrecommended screening suggestions in the survey.

Routine cancer checks, including colorectal cancer screening (recommended to 40% of eligible surveyed patients), cervical cancer screenings (recommended to 24% of eligible surveyed patients) were each recommended to well below half of eligible LGBTQ+ patients, as defined by the Centers for Disease Control and Prevention (CDC). And 67% of LGBTQ+ patients said their doctor never brought up cancer screenings, including 48% of LGBTQ+ patients over 45 years old.



of LGBTQ+ patients over 45 years old said their doctor never brought up cancer screenings

To boost these recommendation rates, pharma marketers "can use our skills to create empathy and urgency. We can partner with our clients and providers to develop model programs that demonstrate the positive effects on community health outcomes when empathy for LGBTQ+ people and awareness of the health issues that impact them helps to ameliorate implicit bias," says Amy Gómez, PhD, Senior Vice President, Diversity Strategy at Klick Health.

Physicians, meanwhile, should understand that "providing culturally-competent care to LGBTQ+ patients is no different from providing patient-centered care to any other group," says Alicia Cowley, MD, MBA, Phreesia's Director of Clinical Content. "Ask open-ended questions. Understand their social situation. Listen carefully. Be mindful of challenges that may be different for their community. Educate yourself on the health issues that matter to them," she advises.

In addition to having inadequate preventive care and screening discussions with their doctors, LGBTQ+ patients aren't getting screening reminders from their providers' offices. Just 45% of these patients said they got preventive health reminder messages from their doctor's office, versus 64% of

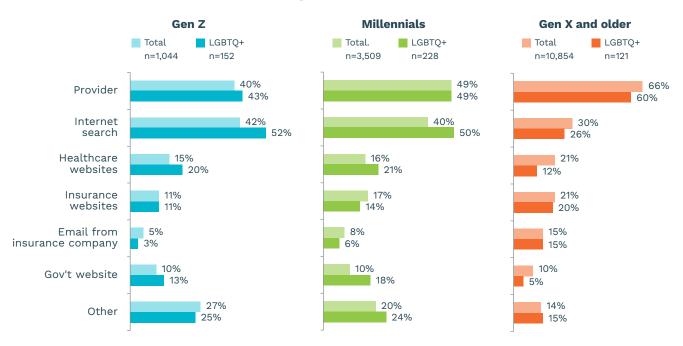
As a result, LGBTQ+ patients are turning elsewhere for preventive health information. While 62% of all patients say they have learned about preventive care from their provider, only half of LGBTQ+ patients get their preventive health information from that source. That trend is driven by patients in Gen X and older; within this age group, 60% of LGBTQ+ patients learn about preventive care from their provider, versus 66% of all surveyed patients.

the overall population, survey data shows.



But despite getting preventive care information from their provider at a rate the same or greater than all surveyed patients, Millennial and Gen Z LGBTQ+ patients are more likely than the general population to seek out that information using internet search and healthcare websites.

Which of the following resources have you used to learn about preventive care services?



Because physicians are a trusted patient resource for health information, it's critical that they focus on whole-person health, rather than restricting their LGBTQ+ screening recommendations to a handful of conditions for which this population is known to be at higher risk. Making physicians aware of the LGBTQ+ screening recommendations gap and educating them about the importance of routine screening remindersfor all patients can both improve LGBTQ+ screening rates and establish their office as a safe and respectful go-to source for preventive care information.

Patient support

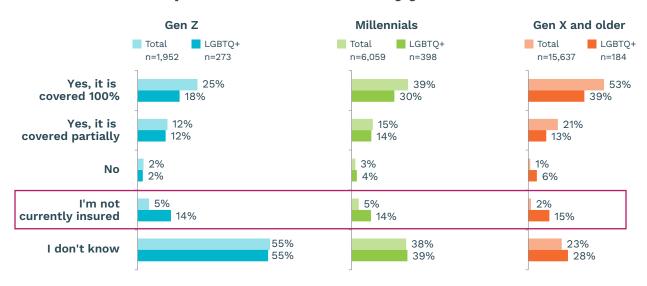
Pharma marketers can also help improve preventive care by reaching LGBTQ+ patients directly with disease awareness materials and patient support, starting with resources to help them afford screening that isn't covered by their insurance.

While 48% of the total surveyed population reports that preventive care is completely covered by their insurance, just 28% of the LGBTQ+ population says the same. And notably, 14% of LGBTQ+ patients don't have insurance at all—well above the 3% of all patients who fall into that category.



The proportion of uninsured patients is consistent across age groups, with 14% of Gen Z LGBTQ+ patients, 14% of Millennial LGBTQ+ patients and 15% of LGBTQ+ patients in Gen X and older reporting a lack of insurance. And 13% of both Black LGBTQ+ patients and white LGBTQ+ patients are uninsured, versus 4% of all surveyed Black patients and 2% of all surveyed white patients.

Is preventive care covered by your insurance?



Considering those figures, it's not surprising that cost is the main reason that LGBTQ+ patients say they're unlikely to seek preventive health screenings in the next 12 months, with 38% of LGBTO+ survey respondents listing cost as a factor. LGBTO+ patients also listed not knowing where to get screenings (20%) and not having time for them (18%) as major barriers, compared with just 7% of all patients.

On the flip side, 51% of surveyed LGBTQ+ patients said information that explained how much preventive care was covered by their insurance would be their most helpful resource in seeking future care, followed by information on which preventive care services would be most relevant for them (43%) and when/how often they should seek screenings and preventive health services (43%).

The good news is that LGBTQ+ patients are more likely to say they're planning to go in for their next annual check-up within the next six months (78%), compared with 71% of all surveyed patients. Within that timeframe, 85% of Black LGBTQ+ patients and 76% of white LGBTQ+ patients plan to get a check-up, compared with 78% and 70% of all surveyed Black and white patients, respectively. That intention makes the point of care a strong option for reaching LGBTQ+ patients with the screening information they currently lack.





Representation and outreach

But there's a twin problem looming alongside inequities in preventive care: a lack of representation of and outreach to the LGBTQ+ community that impacts patient trust in the pharma industry.

Less than half (44%) of surveyed LGBTQ+ patients agreed that pharma ads reflect their experience as a member of the LGBTQ+ community, survey results show, and that figure was far lower in certain subsets of the LGBTQ+ population. Only 36% of LGBTQ+ patients who identify as female agreed, for example, along with 23% of genderqueer patients.*

Similarly, just 45% of LGBTQ+ patients believe that pharma understands their unique needs. A far smaller percentage of LGBTQ+ patients who identify as female (39%) than the percentage who identify as male (59%) feels understood by pharma, and an even smaller percentage of trans patients believes pharma understands their needs. Just 33% of trans men* and 30% of trans women* agreed that the industry understands what they need.

"First and foremost, pharma marketers should make an effort to research and understand the attitudes, beliefs, behaviors, and unmet needs of their LGBTQ+ patients so that our efforts are based on insight, not stereotypes," Gómez says, adding that after that, it's important to understand and embrace the diversity of the community across sexual orientation, gender expression, race, ethnicity, ability and beyond.

"Including a white, cis-gender, able-bodied gay couple in your marketing materials can be a positive starting point for brands, but it's not the full extent of queer inclusion," she notes, adding that lastly, "it's critical to understand the core values of the community—top among them equality, inclusion, diversity and sustainability-and demonstrate how our brands and companies support them, not only in words but with actions."

Meanwhile, 34% of LGBTQ+ patients "strongly disagree" and another 22% "somewhat disagree" that the pharma industry does sufficient LGBTQ+ outreach beyond HIV and pre-exposure prophylaxis (PrEP), medications that high-risk individuals take to prevent

getting HIV.

Perhaps as a result, about 2 in 5 LGBTQ+ patients (41%) say they don't trust pharma ads at all, with another 26% saying they trust them "only a little" and 23% reporting that they trust them "somewhat." LGBTQ+ patients who identify as female (44%) are much more likely than those who identify as male (32%) to say they don't trust the ads at all, and trans women (55%)* and genderqueer (57%)* are more likely still.



^{*} Directional results only; sample size was under 100



"Advertising doesn't just sell us products and services—it sells us a vision of the world and the people who are in it. It tells us who 'matters' and who doesn't; who has power and who doesn't. Our industry manufactures the stories and images that both reflect and create reality, and that comes with a tremendous responsibility. It's imperative that we ensure everyone feels seen and included, particularly those who have been historically excluded from mainstream representation," Gómez says.

But the survey results also revealed opportunities for the industry to turn those perceptions around. Overall, 82% of LGBTQ+ patients said they have more positive feelings toward pharma companies that conduct outreach to the LGBTQ+ community.

Key takeaways

To help LGBTQ+ patients incorporate more life-saving preventive health measures into their care, patient-provider conversations and broader screening recommendations from physicians are critical. But raising awareness won't be enough to resolve preventive care disparities. Directly reaching LGBTQ+ patients with support materials—specifically those that address cost barriers to care—is vital for ensuring that they can access available preventive care services.

At the same time, educational and support resources are more likely to resonate with LGBTQ+ patients if they see themselves represented in pharma ads and related materials. Inclusive content that takes into account the attitudes, beliefs, behaviors and unmet needs of the community—as well as increased outreach—can build trust in the pharma industry, help its messaging resonate and expand usage of crucial screening services.



About Phreesia Life Sciences

Phreesia empowers life sciences companies to connect meaningfully with clinically relevant patients, delivering targeted health content in a one-to-one setting. Our PatientConnect offering identifies and motivates the right patients to initiate meaningful brand conversations, and our PatientInsights product enables our clients to better understand their target patient populations.

Phreesia meets patients where they are, both virtually and in-person, and reaches them at multiple touchpoints throughout their healthcare journey.

To learn more about Phreesia Life Sciences, visit <u>lifesciences.phreesia.com</u>

About Klick Health

Klick Health is the world's largest independent commercialization partner for life sciences. For over two decades, Klick has been laser-focused on developing, launching, and supporting life sciences brands to maximize their full market potential. Klick was named a Large Agency of the Year for both 2020 and 2021 by Medical Marketing + Media (MM+M), marking 10 Agency of the Year industry awards in 10 years. Follow Klick Health on Twitter at @KlickHealth. For more information on Klick, go to klick.com.

End notes

- ¹ "The State of the LGBTQ Community in 2020," Center for American Progress, October 6, 2020.
- ² "The Value of Preventive Care," The Washington Post, November 25, 2019.
- 3 "Chronic Disease in the United States: A Worsening Health and Economic Crisis," American Action Forum, September 10, 2020.
- 4 "Health and Economic Costs of Chronic Diseases," Centers for Disease Control and Prevention.
- ⁵ "Few Americans Receive All High-Priority, Appropriate Clinical Preventive Services," Health Affairs, June 2018.
- ⁶ "The State of the LGBTQ Community in 2020," Center for American Progress, October 6, 2020.
- ⁷ "Discrimination Prevents LGBTQ People From Accessing Health Care," Center for American Progress, January 18, 2018.

