



The Adult Lesbian, Gay, Bisexual, and Queer (LGBQ) Population in San Diego County, 2018-2022



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County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit

Prepared April 2024



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Introduction

The United States is home to over 13.9 million Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) adults as of 2021.¹ Individuals who identify as LGBTQ are diverse, include people of all demographic backgrounds, and frequently have intersecting identities. The lived experiences and needs of the LGBTQ population vary by their intersecting identities, including sexual orientation, gender, age, and race/ethnicity.² A variety of social determinants of health (SDOH) may interact with systemic discrimination to influence health and well-being outcomes among LGBTQ populations.³

While the social and legal environment for LGBTQ people in the United States has improved in the last decade, existing research indicates that some members of the LGBTQ community are at increased risk for numerous poor health and well-being outcomes compared to heterosexual and cisgender people.⁴ These inequities may be a result of the social stigma, prejudice, and discrimination that LGBTQ people experience within communities and institutions, as well as from individuals. The most common framework to describe increased health and well-being risk among the LGBTQ population is the minority stress model. The minority stress theory “proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact access to care.”⁵ However, the lack of data sources identifying LGBTQ people has created a significant gap in knowledge and understanding of their experiences.⁶ It is crucial to collect more and consistent data to better understand the needs of the LGBTQ population and decrease the existing health inequities.

Further, research has indicated that health and well-being outcomes and health behaviors may vary significantly by specific sexual orientations and gender identities that exist within the community². Recent data from the California Health Interview Survey (CHIS), 2018-2022⁷ have provided an opportunity to produce health and well-being outcomes disaggregated by sexual orientation for San Diego County. Some outcomes are also disaggregated by sex. This data source was chosen due to the availability of statistically stable estimates for the Lesbian, Gay, Bisexual, and Queer (LGBQ) population in San Diego County. Data on individuals who identify as transgender are not included in this brief due to the instability of the CHIS data for San Diego County. As more data become available, health and well-being of the transgender population in San Diego will be included in future analyses.

This brief provides information on some of the health and well-being issues that may affect the LGBQ community included in the Adult LGBQ Dashboard, 2018-2022, located here: [Adult LGBQ Dashboard 2018-2022 | Tableau Public](#).



5.5% of U.S. adults identified as **LGBT** from 2020-2021.



9.5% of Californians identified as **Lesbian, Gay, Bisexual, or some other sexual minority** from 2018-2022.



1 in 10 adults in San Diego County identified as **Lesbian, Gay, Bisexual, or some other sexual minority** from 2018-2022.

Methodology

Data Source

All data for the adult LGBTQ population in San Diego County came from the California Health Interview Survey (CHIS). CHIS is a web and telephone state health survey that asks questions about a wide range of health topics, including health insurance, access to healthcare, respondent characteristics, health status, health conditions, health behaviors, mental health, and oral health. Data from survey years 2018 through 2022 were pooled and downloaded from AskCHIS to obtain stable population estimates for the LGBTQ population.

Sexual Orientation Categories

To determine sexual orientation, the results from the question, “Do you think of yourself as straight or heterosexual, as gay/lesbian, or homosexual, or bisexual?” and self-reported gender from AskCHIS were used.

The following sexual orientation categories were created:

1. Lesbian – Self-reported thinking of themselves as gay/lesbian or homosexual and female
2. Gay – Self-reported thinking of themselves as gay/lesbian or homosexual and male
3. Bisexual – Self-reported thinking of themselves as bisexual
4. Other Sexual Minority – Self-reported thinking of themselves as something other than gay/lesbian, bisexual, or straight (not sexual/celibate/none/other)
5. Straight – Self-reported thinking of themselves as straight or heterosexual

Additional categories were created to include bisexual and straight sexual orientations by sex:

6. Female Bisexual – Self-reported thinking of themselves as bisexual and female
7. Male Bisexual – Self-reported thinking of themselves as bisexual and male
8. Straight Female – Self-reported thinking of themselves as straight or heterosexual and female
9. Straight Male – Self-reported thinking of themselves as straight or heterosexual and male

Why aren't transgender individuals represented in this brief?

Data on individuals who identify as transgender are not included in this brief due to the instability of the California Health Interview Survey (CHIS) data for San Diego County, with the exception of an estimate of the total adult transgender population in San Diego County. As more data become available, health and well-being outcomes among the transgender population in San Diego will be included in future analyses.

Definitions

Sexual Orientation

Sexual Orientation refers to a person's emotional, sexual, and/or relational attraction towards other people.

Heterosexuality, or **straight**, is used to identify those who are attracted to individuals of a different sex from themselves. There are many different terms used to identify individuals who may be attracted to the same sex. The terms used within this brief are defined below and can also be found in the World Health Organization's FAQ on Health and Sexual Diversity – An Introduction to Key Concepts.⁸

Lesbian

A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.

Gay

A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.

Bisexual

A person who self-identifies as having emotional, sexual, and/or relational attraction to the same or different sex, or to more than one gender.

Queer

In this brief, queer is used to describe individuals who identify as lesbian, gay, bisexual, or another sexual minority. Within the LGBTQ community, it is also used to describe "transgender and other people and institutions on the margins of mainstream culture. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all."

Gender Identity

Gender identity refers to a person's internal sense of being male, female, or something else. Gender identity can be the same or different than their sex assigned at birth. Gender identity is not related to sexual orientation. The terms used to describe gender identity in this brief are defined below.

Transgender

An umbrella term used to describe people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.

Cisgender

A person whose gender identity matches their assigned sex at birth.

Demographics

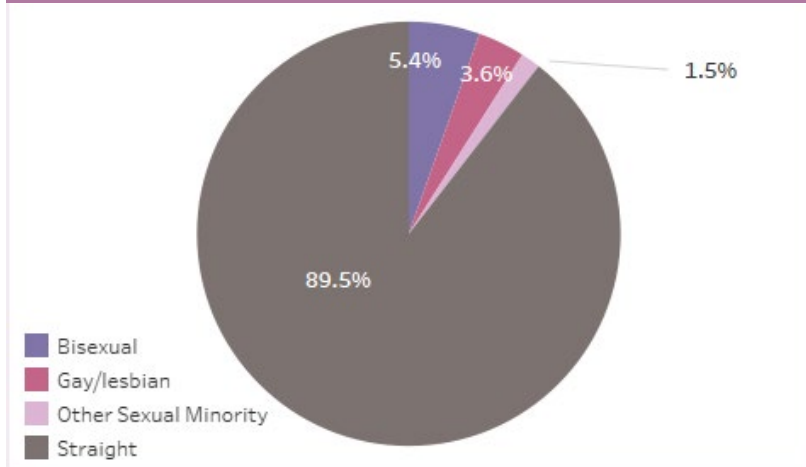
Lesbian, Gay, Bisexual, Transgender, and Queer Population in San Diego County

Overall, over 1 in 10 adults in San Diego County identified as LGBTQ.

Overall, about 345,419 (10.5%) individuals identified as LGBTQ in San Diego County, a population proportion slightly higher than California overall (9.5%) (Figure 1).

Bisexual adults made up 5.4% of the adult population in San Diego County, making it the greatest proportion of the LGBTQ population. Gay and lesbian adults made up 3.6% of the adult population, and other sexual minority adults made up 1.5% of the adult population in San Diego County (Figure 1).

Figure 1: San Diego County Adult Population by Sexual Orientation, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Overall, just under 1% of the San Diego County adult population identified as transgender or gender non-conforming.

Overall, about 26,000 (0.8%) individuals identified as transgender in San Diego County, a population proportion similar to California overall (0.9%) (Figure 2).

Further data on the transgender population in San Diego County are unavailable due to the instability of the estimates.

Figure 2: San Diego County Adult Population by Transgender Identity, 2018-2022.



Source: California Health Interview Survey, 2018-2022.

Race/Ethnicity

About 38% of the LGBTQ population in San Diego County was Hispanic, compared to 32.3% of the straight population.⁷

The majority of both the adult LGBTQ and straight population in San Diego County were White, but there were higher proportions of Hispanic (any race) and other race adults among the bisexual and other sexual minority population (Figure 3).

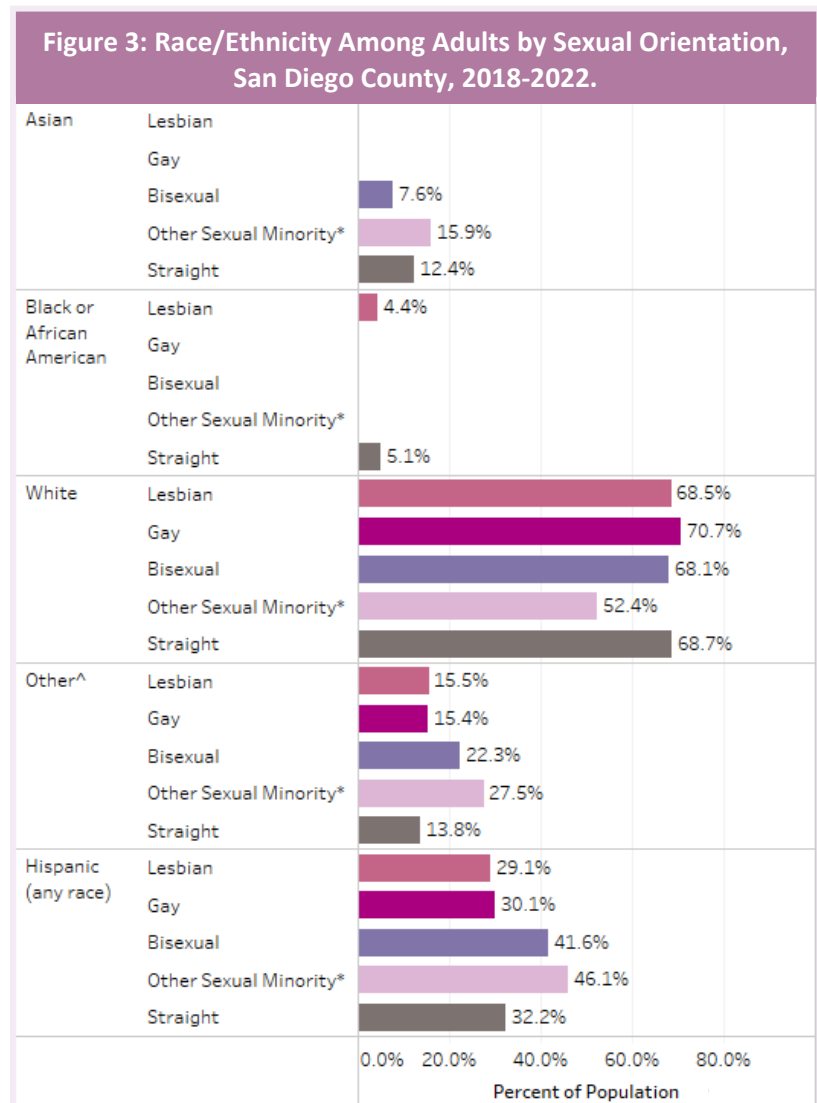
The other sexual minority population had the greatest racial diversity, with 15.9% identifying as Asian, 27.5% identifying as a race other than White, Black, or Asian, and 46.1% identifying as Hispanic (any race) (Figure 3).

Compared to the straight population, the bisexual population had lower proportions of Asian adults, but higher proportions of adults who identified as a race other than White, Black, or Asian (22.3%) and Hispanic (any race) (41.6%) (Figure 3).

The lesbian and gay populations had similar racial and ethnic distributions to the straight population (Figure 3).

The estimates for Black residents who identified as GBQ in San Diego County were statistically unstable, therefore, comparisons could not be made between the gay, bisexual, and other sexual minority populations.

It is important to recognize that the lived experiences of the LGBTQ population vary by race/ethnicity. Racial and ethnic minorities who identify as LGBTQ experience the world differently and may face additional challenges.¹ Further data is needed to explore these differences and the possible effects on health and well-being.



[^]Other race includes American Indian/Alaska Native, Other single race, including Native Hawaiian and Other Pacific Islander (NHOPI), Two or more races. *Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Age

When surveyed, more young adults self-identified as LGBTQ than adults in older age groups.

From 2018-2022, about 65% of the adult population in San Diego County that self-identified as LGBTQ was under 40 years old, compared to 39% of the straight population.⁷ However, when disaggregated by sexual orientation, the age group distribution varies.

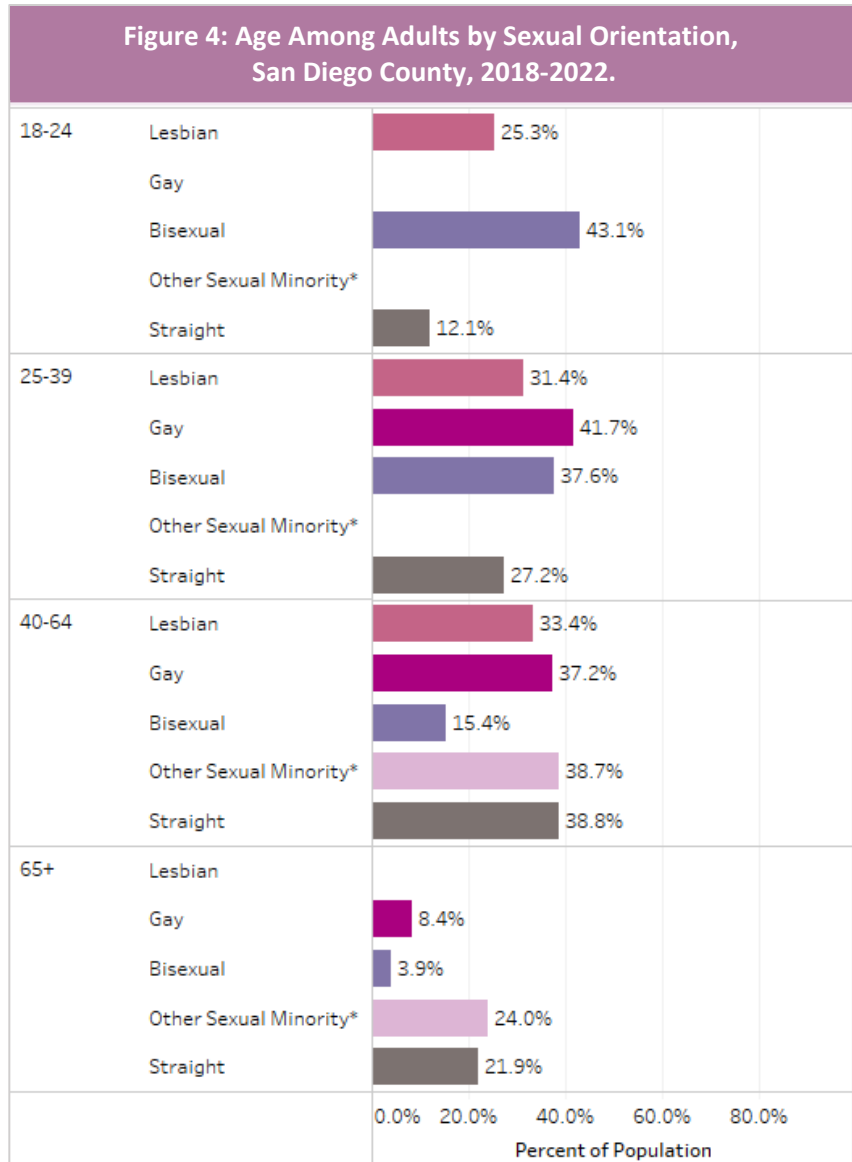
The bisexual population had the largest population aged 18 to 24 (43.1%) and the smallest population of adults aged 65 years and older (3.9%) compared to all sexual orientations (*Figure 4*).

The lesbian population had a higher proportion of adults aged 18-24 (25.3%) and a similar proportion of adults aged 25-39 (31.4%) and 40-64 (33.4%), compared to the straight population (*Figure 4*).

The gay population had a higher population of adults aged 25-39 (41.7%) and a similar proportion of adults aged 40-64 (37.2%) compared to the straight population (*Figure 4*).

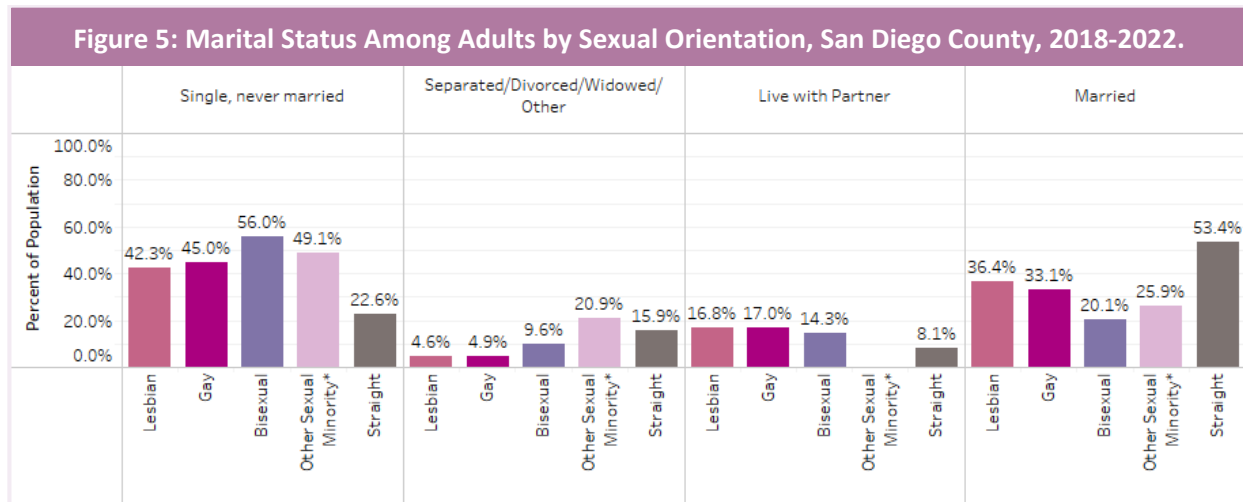
The other sexual minority population appeared to be older compared to the lesbian, gay, and bisexual populations. There was a higher population of adults aged 65 and older who identified as other sexual minority (24.0%) compared to all other sexual orientation groups, including the straight population (*Figure 4*).

While social acceptance of individuals who identify as LGBTQ has increased significantly in the last decade, older LGBTQ adults may be less open about their sexuality due to generational differences and/or fear of discrimination. However, over 1 in 3 adults who self-identified as LGBTQ were over 40 years old.⁷ Further research is needed to disaggregate health and-wellbeing outcomes among LGBTQ adults by age as different age groups may face unique challenges.⁹



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Household Composition



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

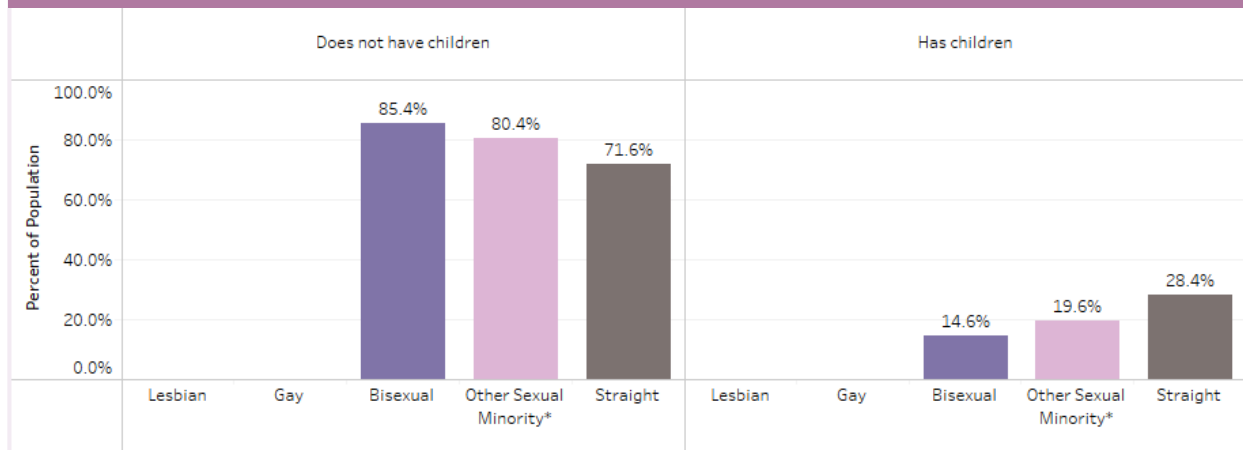
In San Diego County, more than 1 in 4 adult individuals who identify as LGBTQ were married.⁷

From 2018-2022, about 27% of adult LGBTQ residents in San Diego County were married. Among the sexual minority groups, the lesbian and gay populations had the highest rates of marriage, 36.4% and 33.1% respectively. Bisexual adults had the lowest rate of marriage (20.1%) and the highest proportion of adults who were single, never married (56%), compared to all sexual orientation groups. The other sexual minority population had the highest rate of separation/divorce/widowed/other (20.9%) compared to all sexual orientation groups. The proportion of adults who lived with their partners but were unmarried was higher among sexual minority groups compared to the straight population (*Figure 5*).

Same-sex couples were extended permanent marriage equality in California in 2013, and in 2015, the U.S. Supreme Court ruling in *Obergefell v. Hodges* (576 U.S. 644) legalized same-sex marriage nationwide.¹⁰ LGBTQ families existed in the United States prior to the Supreme Court ruling, however, the rulings enabled couples within the LGBTQ community to begin building families with the some of the same rights as opposite-sex couples.



Figure 6: Family Type Among Adults by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

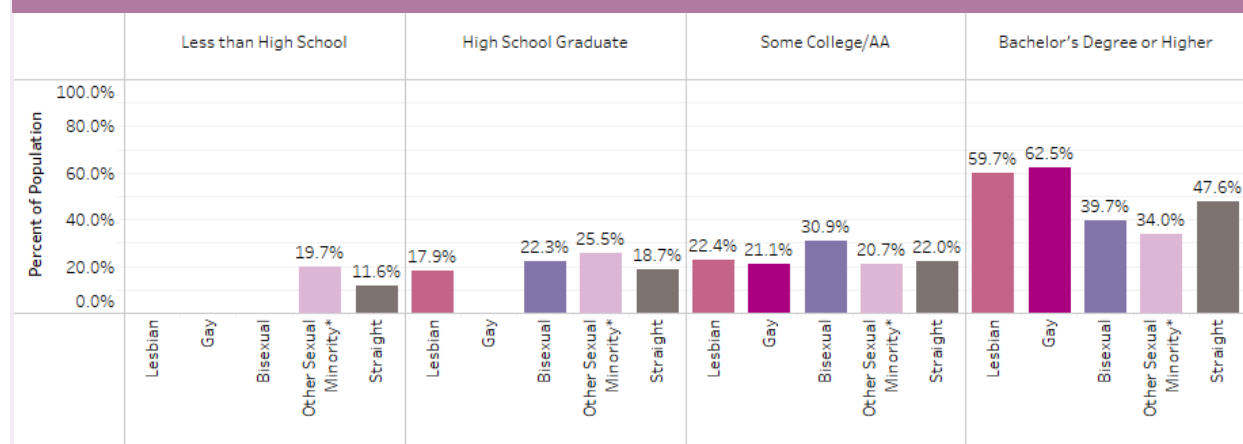
From 2018-2022, about 1 in 8 adult individuals who identified as LGBQ were raising children in San Diego County.⁷

From 2018-2022, about 12% of adult LGBQ residents in San Diego County were raising children. Overall, there were less adults raising children among the sexual minority groups compared to the straight population. However, nearly 20% of the other sexual minority group and about 15% of the bisexual population were raising children. The estimates for lesbian and gay adults raising children were unstable (Figure 6).

In the United States, same-sex couples are permitted to adopt children. In fact, same-sex couples are 4 times as likely to be raising an adopted child and 6 times more likely to be raising foster children than heterosexual couples.¹¹ Additionally, LGBQ families may also seek to expand their family through surrogacy or donor insemination. Current research indicates that children raised by same-sex couples have similar outcomes to children raised by opposite-sex couples.¹²

Education

Figure 7: Education Level Among Adults by Sexual Orientation, San Diego County, 2018-2022.

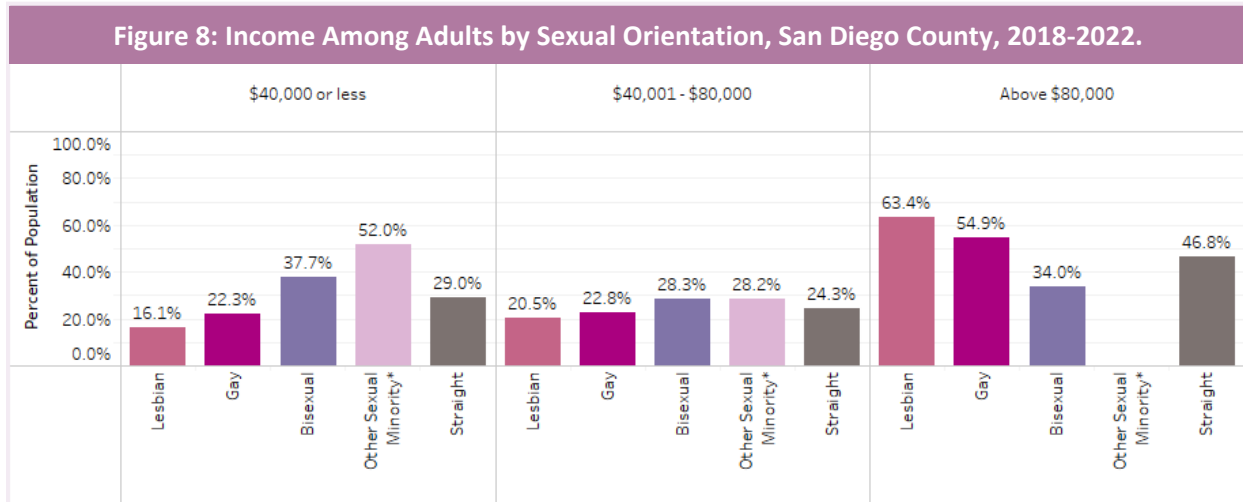


*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Education levels vary by sexual orientation.

From 2018-2022, the lesbian and gay population had the highest percentage of adults who earned their bachelor's degree or higher, 59.7% and 62.5%, respectively, compared to all sexual orientation groups, including the straight population. The other sexual minority population had the lowest percentage of adults with a bachelor's degree or higher (34%) and the highest percentage of adults with less than a high school education (19.7%) compared to all sexual orientation groups. The bisexual population had a lower percentage of adults with a bachelor's degree or higher (39.7%) compared to the straight, lesbian, and gay population (*Figure 7*).

Income

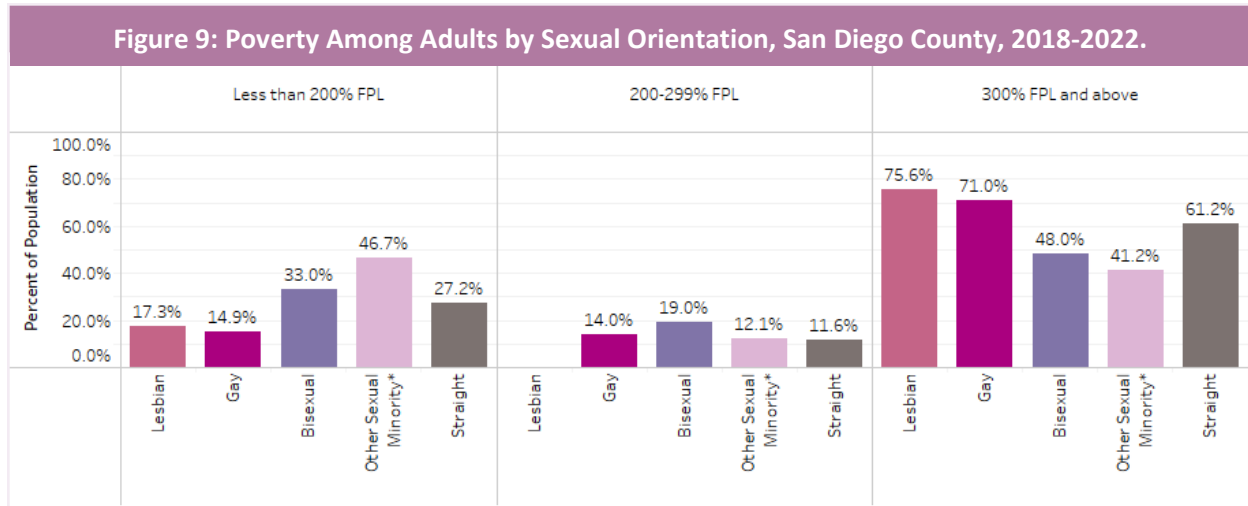


*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Among all sexual orientation groups, the lesbian population had higher levels of income.

Overall, from 2018-2022, the lesbian and gay populations had higher proportions of adults who had an income of \$80,000 or more compared to the straight population. The bisexual population had the lowest proportion of adults who had an income of \$80,000 or more compared to all sexual orientation groups. The other sexual minority group had the highest proportion of adults who had an income of \$40,000 or less (52%) (*Figure 8*).

Poverty



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

In San Diego County, poverty levels varied by sexual orientation.

From 2018-2022, 33.0% of the bisexual population and 46.7% of the other sexual minority population in San Diego County were living below 200% of the Federal Poverty Level (FPL) (*Figure 9*). The existing literature has indicated that individuals who identify as LGBTQ are more likely than their non-LGBTQ peers to face economic difficulties.⁴ However, in San Diego County, lesbians and gay men had lower proportions of their population living below 200% FPL and higher proportions of their population living above 300% FPL compared to the straight population, as well as the bisexual and other sexual minority population (*Figure 9*). Further research is needed to understand why these disparities exist.

Health and Well-Being

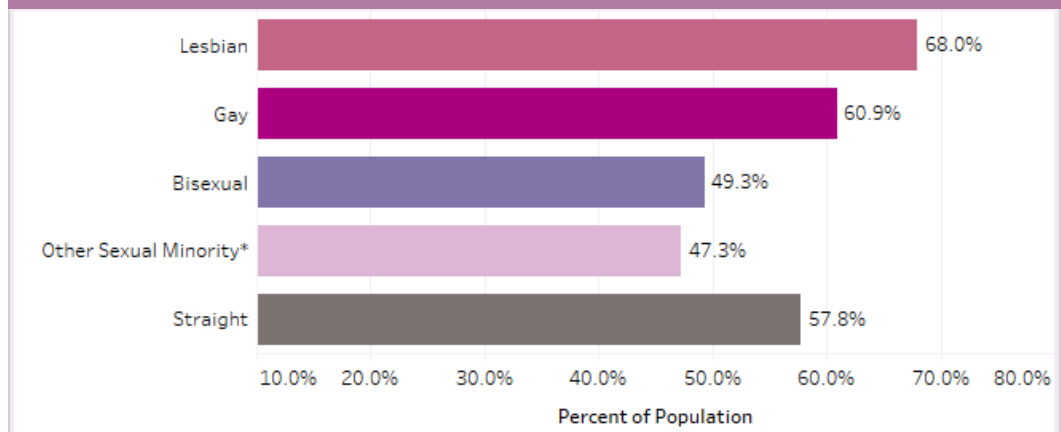


Minority stress theory suggests that stigma, prejudiced behaviors, and discrimination create a chronically stressful environment for minority populations which can result in poor health and well-being outcomes, as well as health behaviors that might increase the risk of poor health outcomes. The LGBTQ population in particular experiences distinct and chronic stressors related to their sexual and/or gender identity, including discriminatory employment and housing practices, heteronormative cultural norms, lack of political representation, and fear of rejection.¹³

Health Status

In San Diego County, the proportion of the lesbian and gay population that reported their health status as excellent or very good was higher than the straight population.

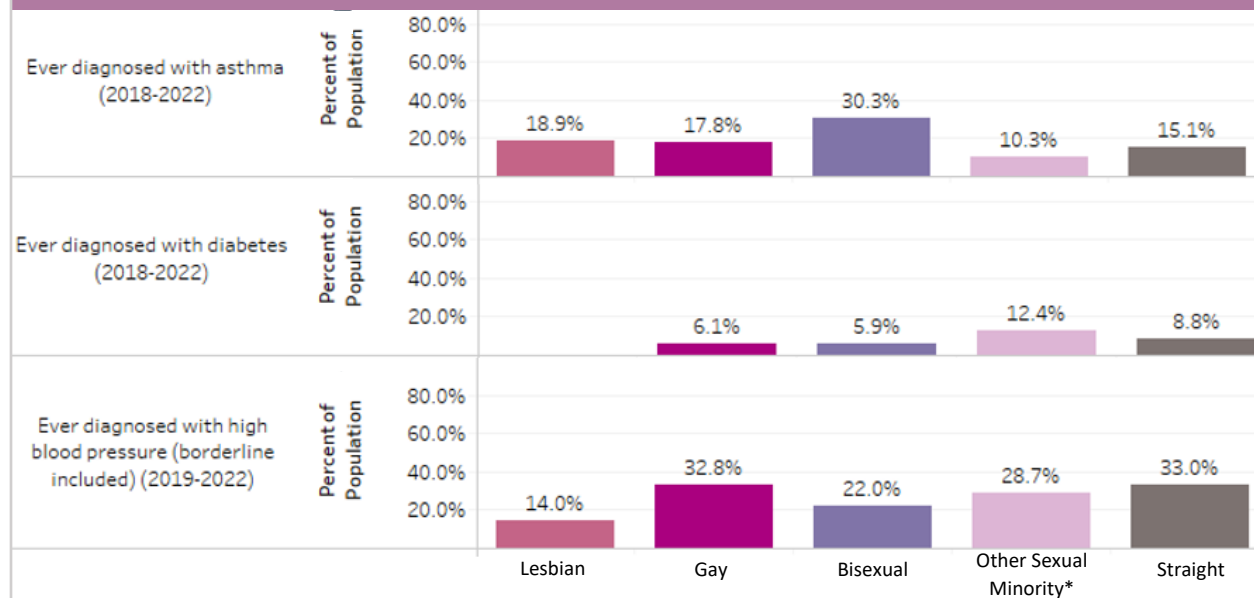
Figure 10: Self-Reported Excellent/Very Good Health Status Among Adults by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

From 2018-2022, 68.0% of the lesbian population and 60.9% of the gay population reported excellent or very good health status, compared to 57.8% of the straight population (*Figure 10*). The other sexual minority population had the lowest proportion of population that reported excellent or very good health (47.3%), followed by the bisexual population (49.3%), compared to all other sexual orientations. The other sexual minority population also had the highest proportion of population that reported fair or poor health (22.5%), followed by the gay population (17.6%), compared to all other sexual orientations.⁷

Figure 11: Chronic Disease Prevalence Among Adults by Sexual Orientation, San Diego County, 2018-2022.

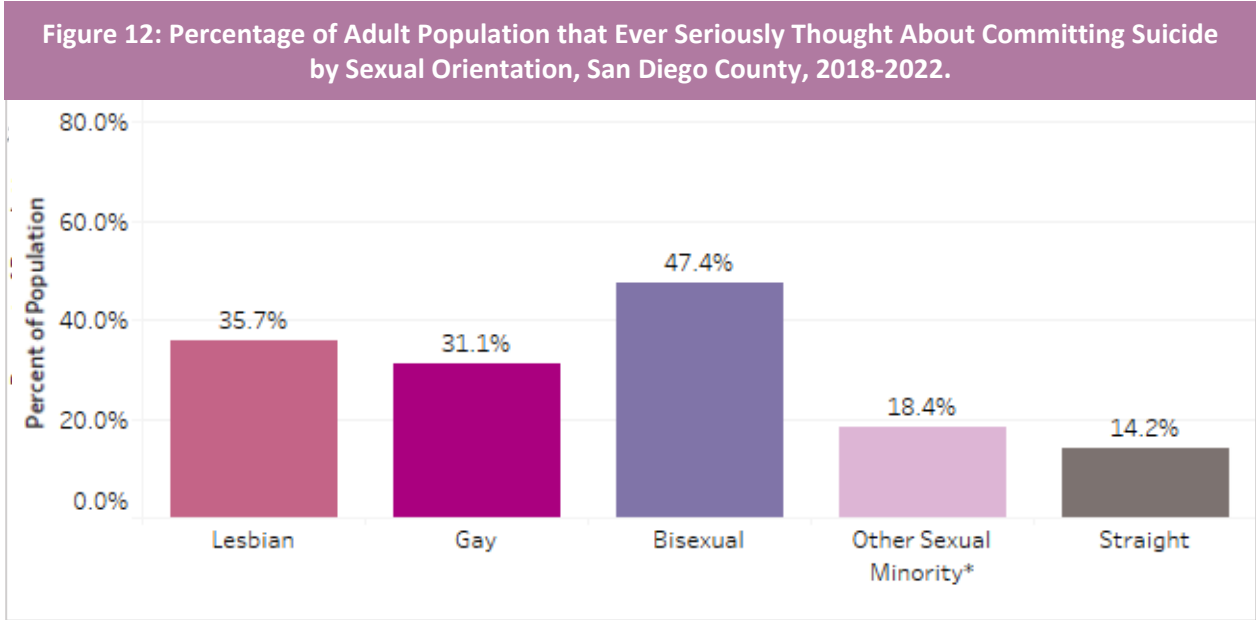


*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Asthma prevalence was higher among the majority of the LGBTQ population compared to the straight population. However, diabetes and high blood pressure (HBP) prevalence was lower among the majority of the LGBTQ population.

From 2018-2022, asthma prevalence was higher among the lesbian, gay, and bisexual population compared to the straight population, with prevalences of 18.9%, 17.8%, and 30.3% respectively. Notably, the prevalence among the bisexual population (30.3%) was twice the prevalence among the straight population (15.1%). From 2018-2022, the prevalence of diabetes was highest among the other sexual minority population (12.4%), followed by the straight population (8.8%), and the highest prevalence of HBP was highest among the straight population (33.0%), followed by the gay population (32.8%). The prevalence of HBP among the lesbian population was half that of the straight and gay populations (*Figure 11*). Previous research has found that LGBTQ individuals have a higher prevalence of asthma, diabetes, heart disease, and high blood pressure.¹ However, there may be a different pattern of chronic disease prevalence when sexual minority data are not grouped together.

Behavioral Health



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

In San Diego County, nearly half of the bisexual population had ever seriously thought about committing suicide.

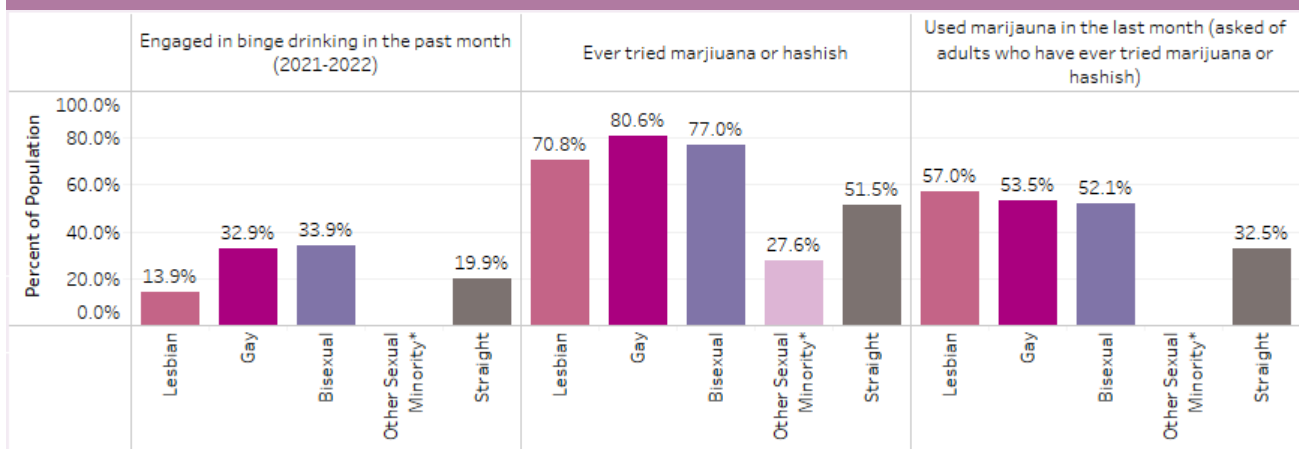
From 2018-2022, the bisexual population had the highest proportion of population that had ever seriously thought about committing suicide (47.4%), over three times higher than the straight population (14.2%). The lesbian, gay, and other sexual minority population also experienced suicidal thoughts at higher rates than the straight population, with rates of 35.7%, 31.1%, and 18.4%, respectively (*Figure 12*).

Overall, a greater proportion of the adult LGBQ population in San Diego experienced poor mental health outcomes compared to the adult straight population.⁷

From 2018-2022, the adult LGBQ population in San Diego County was more likely to experience psychological distress and life impairment due to mental health compared to the straight population.⁷ Bisexual adults experienced poor mental health outcomes at disproportionate rates compared to all sexual orientation groups.⁷

Health Behaviors

Figure 13: Substance Use Behaviors Among Adults by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

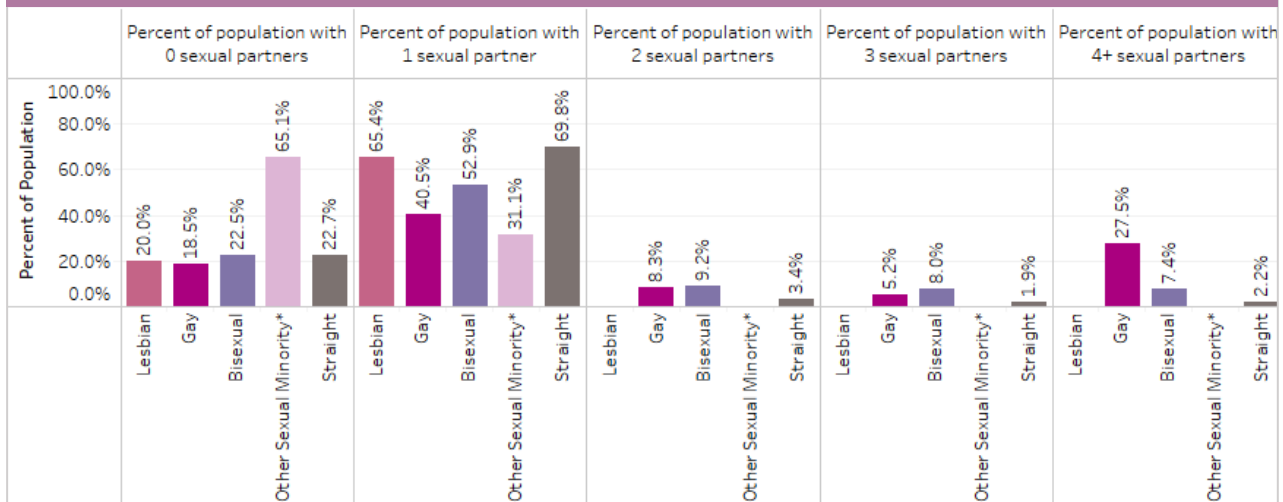
In San Diego County, lesbian, gay, and bisexual adults had higher rates of marijuana use than the straight population.

From 2018-2022, the gay population had the highest proportion of population that had ever tried marijuana (80.6%), followed by the bisexual population (77.0%), and the lesbian population (70.8%). However, among adults who had ever tried marijuana or hashish, the lesbian population had the highest proportion of population that had used marijuana in the last month (57%), higher than all other sexual orientation populations (*Figure 13*).

From 2021-2022, the gay and bisexual population had the highest proportions of their populations that had engaged in binge drinking in the last month.

The bisexual population had the highest rate of binge drinking (33.9%), followed by the gay population (32.9%). The lesbian population had the lowest proportion of population that binge drank in the last month (13.9%), compared to sexual orientation populations (*Figure 13*).

Figure 14: Sexual Health Behaviors Among Adults by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

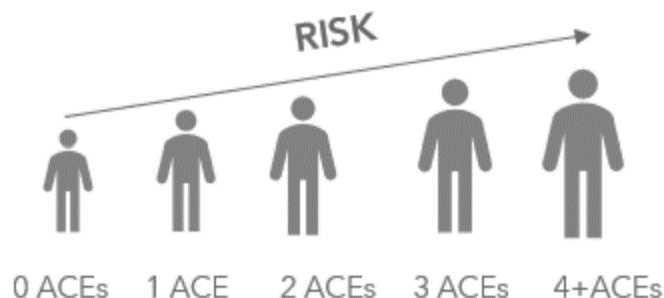
In San Diego County, the gay male population had the highest proportion of population with four or more sexual partners in the last year.

From 2018-2022, 27.5% of the gay male population had four or more sexual partners, compared to 7.4% of the bisexual population and 2.2% of the straight population (Figure 14). The gay male population also had the highest percent of population that had tested for HIV (86.7%), followed by the lesbian population (64.0%).⁷

Trauma and Violence

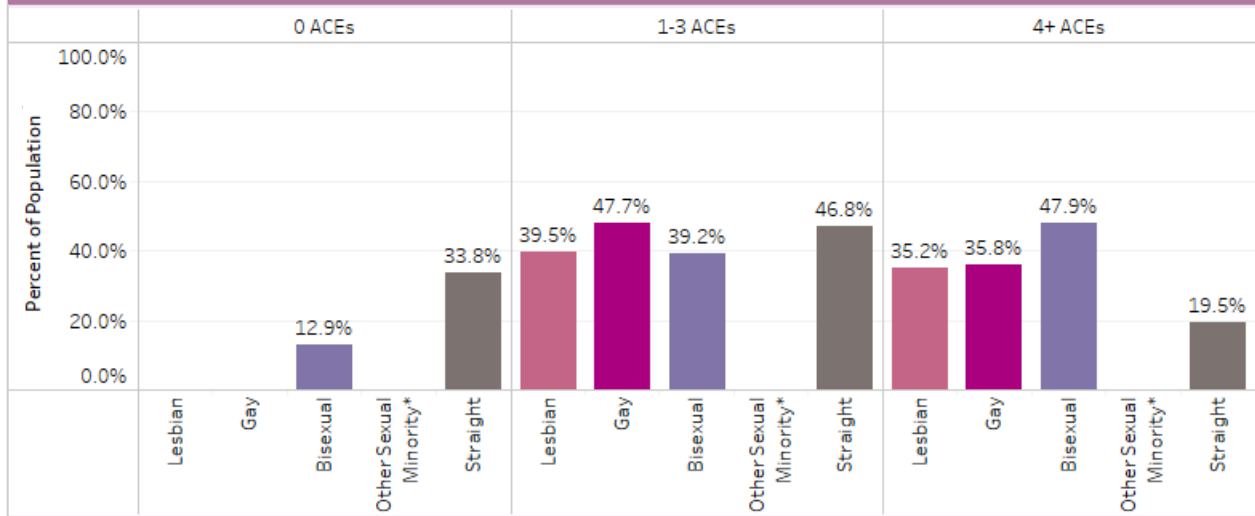
Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic experiences that occur before the age of 18. ACEs range from physical and sexual abuse to household challenges experienced by parents, caregivers, or other adults living with the child.¹⁴ Experiencing a high number of ACEs, without supportive adults or safe and stable environments, may lead to a prolonged activation of the biological stress response, known as toxic stress. The more adversity to which a child is exposed, the more likely it is that they will develop a toxic stress response. Toxic stress can have a lasting effect on brain structure and function and disrupt healthy development.¹⁴ Current research indicates that experiencing a higher number of ACEs is associated with chronic health conditions, mental illness, and health risk behaviors.¹⁴



As the number of ACEs increases, so does the risk for negative health and well-being outcomes.¹⁴

Figure 15: Number of ACEs Among Adults by Sexual Orientation, San Diego County, 2021-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2021-2022.

In San Diego County, nearly 50% of bisexual adults reported experiencing four or more Adverse Childhood Experiences (ACEs).

From 2021-2022, 47.9% of bisexual adults reported experiencing 4 or more ACEs, nearly 2.6 times higher than the straight population (19.5%). Notably, 56.0% of the female bisexual population reported experiencing 4 or more ACEs, nearly 2.9 times higher than the straight population and 1.6 times higher than the lesbian and gay population, which had rates of 35.2% and 35.8%, respectively (Figure 15).

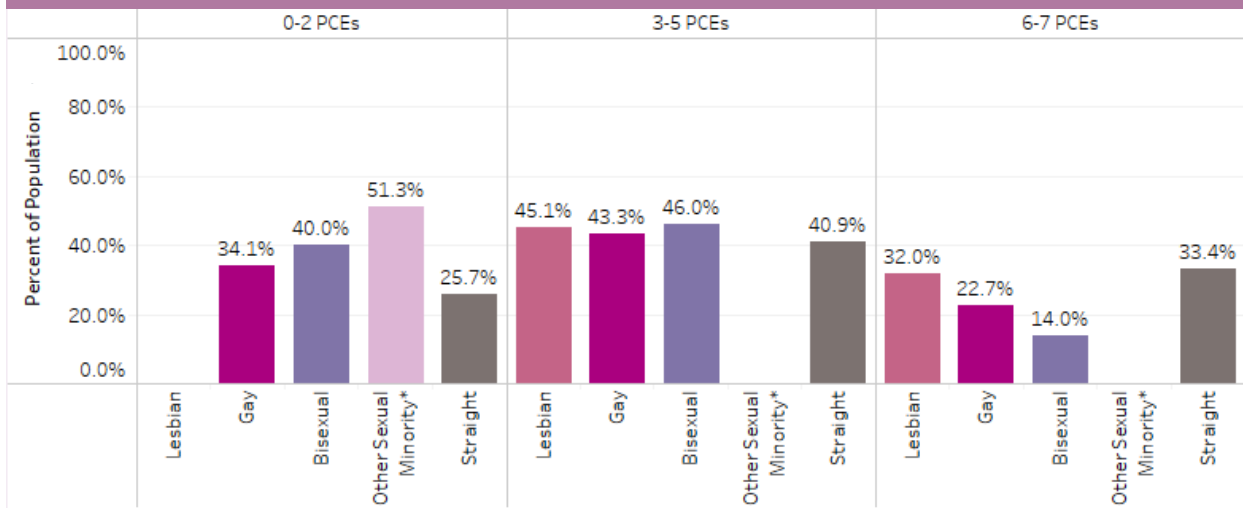
Positive Childhood Experiences (PCEs)

Positive Childhood Experiences (PCEs) are defined as having supportive and nurturing environments in childhood, such as strong peer relationships, supportive school environments, or safe neighborhoods.¹⁵ Research has indicated that PCEs are strongly associated with improved mental and physical health in adulthood. Further, PCEs may have protective effects against adverse health and well-being outcomes in adulthood among adults who were exposed to ACEs.¹⁵



Image adapted from Tennessee Department of Health, Positive Childhood Experiences among Tennesseans in 2021. <https://www.tn.gov/content/dam/tn/health/documents/PCEs-Factsheet%202021.pdf>

Figure 16: Number of PCEs Among Adults by Sexual Orientation, San Diego County, 2021-2022.

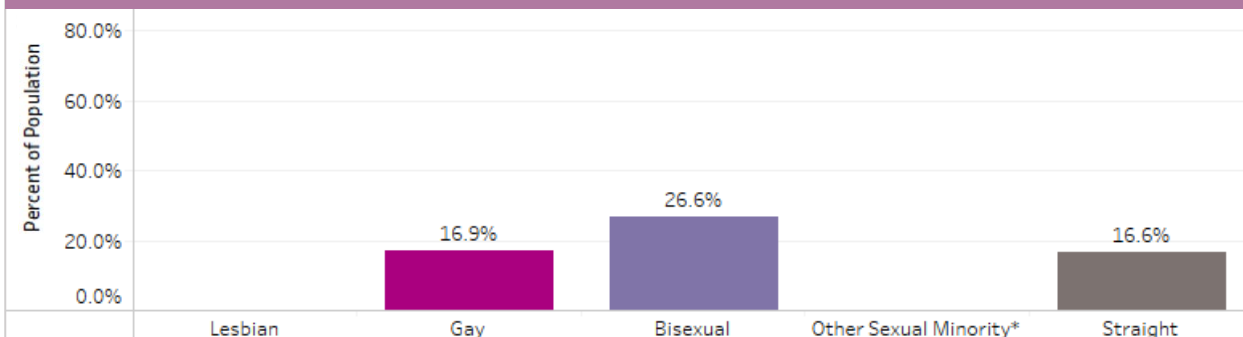


*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

In San Diego County, just 14% of bisexual adults reported experiencing six to seven Positive Childhood Experiences (PCEs).

From 2021-2022, the bisexual population reported the lowest percentage of 6-7 PCEs (14.0%), followed by the gay population (22.7%) (Figure 16). The bisexual population appears to be at greatest risk of the numerous poor health and well-being outcomes associated with ACEs.

Figure 17: Percentage of Adult Population that has Experienced Intimate Partner Violence by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

The bisexual population reported the highest rates of intimate partner violence.

Among the sexual orientation populations with stable estimates, the bisexual population reported the highest proportion of their population that had experienced physical or sexual abuse by an intimate partner since the age of 18 (26.6%), a proportion that was 1.6 times higher than the gay and straight populations (Figure 17).

Healthcare Access

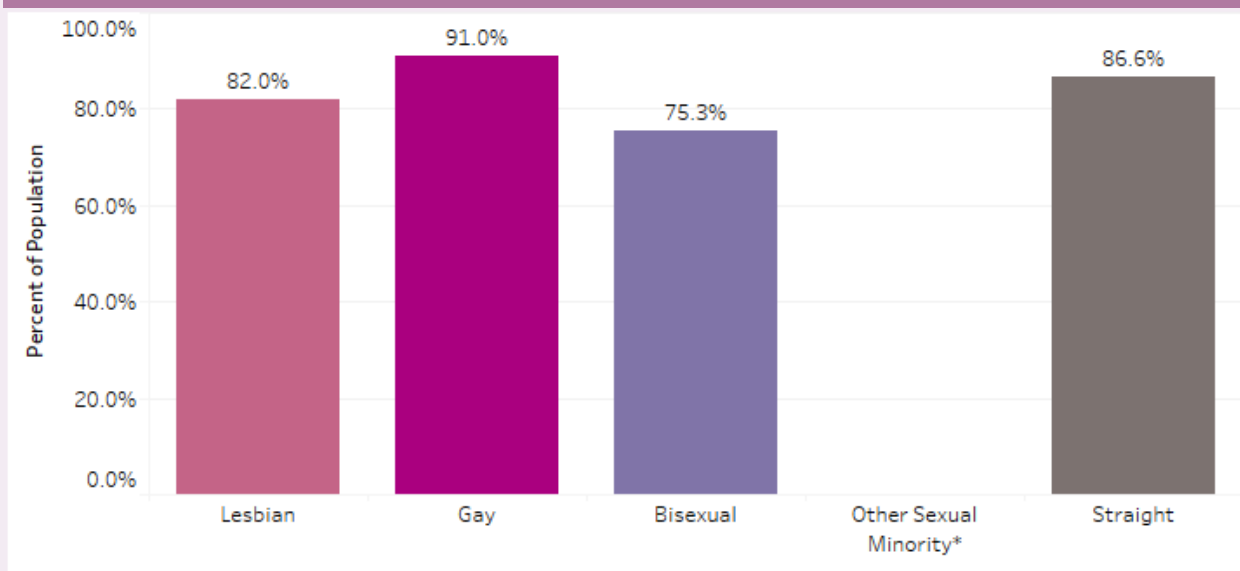
Current research has indicated that LGBTQ people are more likely to experience reduced access to healthcare and underutilization of healthcare services.³ Persistent exposure to individual and systemic discrimination can result in fear or lack of confidence in healthcare systems and providers. LGBTQ patients are subject to bias and discrimination which can lead to reduced quality of care and future fear of disclosing their sexual orientation. Further, medical forms frequently



exclude sexual and gender minority experiences which may result in hesitance to disclose sexual and gender identities in healthcare settings. As a result, LGBTQ adults may choose to delay or avoid care altogether, which ultimately may result in undiagnosed and untreated health issues. LGBTQ adults may also delay care until their condition is more severe and possibly less treatable.³

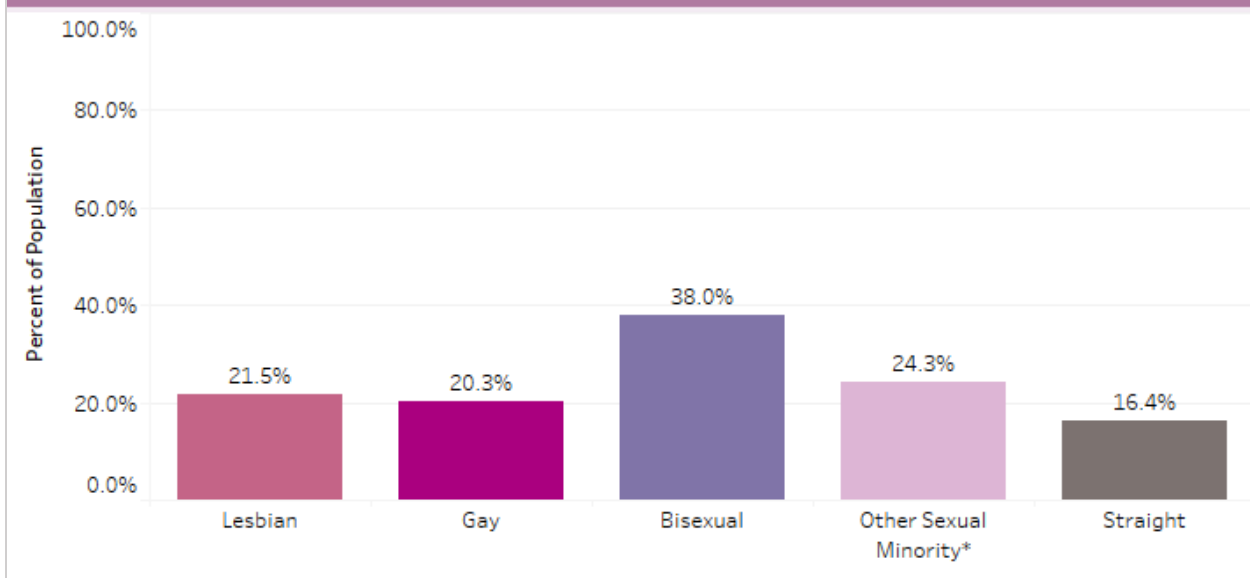
Healthcare Access and Utilization

Figure 18: Percentage of Adult Population that Had a Usual Place to Go when Sick or Needed Health Advice by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Figure 19: Percentage of Adult Population that Delayed or Didn't Get Other Medical Care by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

The LGBQ population in San Diego County experienced reduced access to healthcare and underutilization of healthcare services; however, healthcare access and utilization patterns varied by sexual orientation.

From 2018-2022, the adult bisexual and other sexual minority populations reported the highest percentages of reduced access to healthcare.⁷ About 1 in 4 bisexual adults did not have a usual source of care (24.7%), compared to 13.4% of the straight population (*Figure 18*). Additionally, 13.9% of the bisexual population reported having difficulty finding primary care, 28.0% reported having difficulty finding specialty care (among adults needing specialty care), and 38.0% reported delaying or not getting medical care (*Figure 19*).⁷

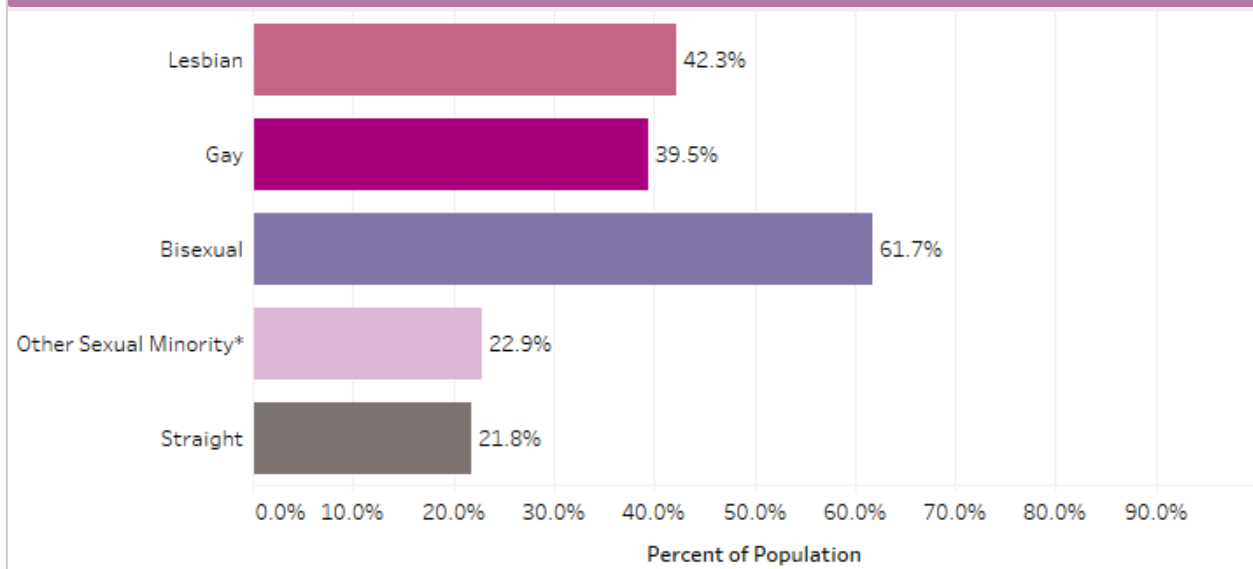
The lesbian population had the lowest percentage of adults who had a routine check-up in the last year (48.3%), the second lowest percentage of adults who had a usual source of care (82.0%), and the highest percentage of adults who had to forgo needed medical care (among adults who delayed or did not get medical care in the last year) (59.4%).⁷

The gay male population had the highest percentage of adults with a usual source of care (91.0%), the highest percentage of adult population that had a routine check-up in the last year (72.8%), and the second lowest percentage of adults who delayed or didn't get medical care (20.3%) (*Figure 18*, *Figure 19*).⁷ The gay male population also had the second highest percentage of adults who had difficulty finding primary care (9.1%) and specialty care (among adults needing specialty care) (19.3%).⁷

The other sexual minority population had the highest percentage of adults covered by Medi-Cal (35.0%), the second highest percentage of adults that delayed or didn't get medical care (24.3%) (*Figure 19*), and the second lowest percentage of adults who had a routine check-up in the last year (58.9%).⁷

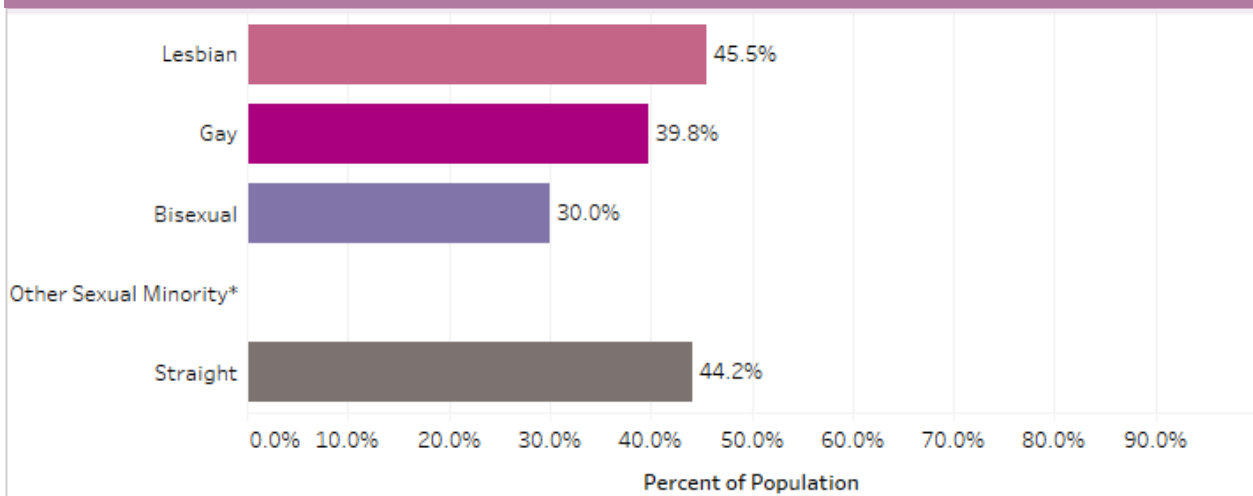
Behavioral Healthcare Access and Utilization

Figure 20: Percentage of Adult Population that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs by Sexual Orientation, San Diego County, 2018-2022.



*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other. Source: California Health Interview Survey, 2018-2022.

Figure 21: Percentage of Adult Population that Needed Help for Self-Reported Mental/Emotional Health Problems and/or Alcohol/Drug Use but did not Receive Treatment^ by Sexual Orientation, San Diego County, 2018-2022.



^Asked of adults who felt they might need to see a professional for problems with emotions or substance use

*Other Sexual Minority includes survey respondents who identified as not sexual, celibate, none, or other.

Source: California Health Interview Survey, 2018-2022.

The LGBTQ population in San Diego County had higher rates of behavioral healthcare utilization.

From 2018-2022, a higher proportion of the LGBTQ population reported needing help for mental health problems or substance use compared to the straight population. Nearly 62% of the bisexual population reported needing help for mental health problems or substance use, 2.8 times more than the straight population (*Figure 20*). However, among those who reported needing help, the majority (70.0%) received treatment (*Figure 21*). The bisexual population also reported the highest use of prescription medicine for mental health (28.0%) compared to all sexual orientation groups.⁷

The lesbian and gay male population also had high percentages of adults that reported needing help for mental health problems or substance use, 42.3% and 39.5%, respectively (*Figure 20*). However, a larger percentage of those who reported needing help, did not receive treatment compared to the bisexual population, but similar to the straight population (*Figure 21*).

Conclusion

San Diego County is home to a large population of adults who identify as LGBTQ. Many LGBTQ people lead successful and healthy lives; however, they also have unique needs and may be more likely to face barriers, including stigma and discrimination, that can lead to poor health and well-being outcomes. The needs of the LGBTQ population appear to vary by sexual orientation. The bisexual population experiences poor health and well-being outcomes at disproportionate rates. Further research is needed to explore underlying factors contributing to health disparities.

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