



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
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The Adult Lesbian, Gay, Bisexual, and Queer (LGBQ) Population in San Diego County, 2016-2020



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

Prepared April 2022

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Table of Contents

Introduction	3
Methodology.....	4
Definitions.....	5
Adult LGBTQ Demographics in San Diego County.....	6
Geography.....	6
Race/Ethnicity.....	7
Age.....	7
Sex.....	8
Household Composition.....	8
Poverty.....	9
Health and Well-Being.....	9
Chronic Disease.....	10
Mental Health.....	11
Health Behaviors.....	12
Healthcare Access.....	12
Conclusion.....	15
References.....	16

The LGBTQ Population in San Diego County, 2016-2020

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022

Introduction

The United States is home to over 11.3 million Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) adults as of 2020.¹ 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, the existing research indicates that 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.

The LGBTQ population has increased significantly across the United States in the last decade, however, there remains a dearth of data on the LGBTQ population and their unique needs.⁶ Many of the current national surveys do not include measures for sexual orientation or gender identity (SOGI). Some surveys may ask questions about SOGI, but the questions may be inconsistent, and the estimates collected may be unstable, making it impossible to draw true conclusions. It is crucial to collect more and consistent data to better understand the needs of the LGBTQ population and decrease the existing health inequities.

Data included in this brief come from the California Health Interview Survey (CHIS), 2016-2020.⁷ This data source was chosen due to the availability of statistically stable, local 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 LGBTQ community included in the LGBTQ Health and Well-Being Dashboard Series, located here: [The LGBTQ Health and Well-Being Dashboard](#).

It is important to acknowledge that the comparisons made within the dashboard and this brief are between the LGBTQ community, as a whole, and those who identify as heterosexual. More data on SOGI are required to explore health and well-being for specific sexual and gender identities that exist within the community.

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 2016 through 2020 were pooled 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?” on AskCHIS were used. Results from AskCHIS were displayed at the following levels:

1. Straight or heterosexual
2. Gay, lesbian, or homosexual
3. Bisexual
4. Not sexual/celebrate/none/other

The levels were collapsed into two categories: straight/heterosexual or gay, lesbian, homosexual, bisexual, and not sexual/celebrate/none/other. Straight/heterosexual respondents were considered non-LGBTQ and gay, lesbian, homosexual, bisexual, and not sexual/celebrate/none/other respondents were considered LGBTQ.

Definitions

Sexual Orientation

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

Heterosexuality 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.

Adult LGBQ Demographics in San Diego County

Geography

Adult Lesbian, Gay, Bisexual, and Queer (LGBQ) Population in San Diego County by HHS Region, 2016-2020

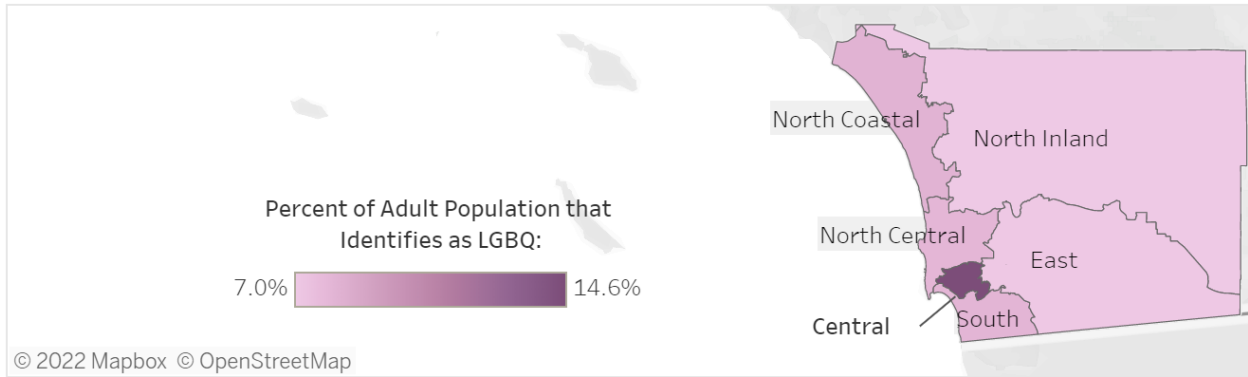


Figure 1: Adult lesbian, gay, bisexual, and queer (LGBQ) population in San Diego County by HHS Region, 2016-2020

Central Region was home to the largest proportion of adult individuals who identify as LGBQ.

Overall, about 230,000 (8.8%) individuals identified as LGBQ in San Diego County, a population proportion similar to California overall (8.1%). In Central Region, 14.6% of the region's residents identified as LGBQ. North Inland Region had the smallest proportion of individuals who identify as LGBQ overall (7.0%) (Figure 1). However, North Inland Region was also home to largest proportion of LGBQ families (32.5% married, and 27.8% raising children).

Health and well-being among the LGBQ population may be influenced by physical and social environments. Research has shown that LGBQ individuals who live in rural areas have higher rates of heterosexism and fewer services available to LGBQ people. The definition of heterosexism as defined by Merriam-Webster is discrimination or prejudice against nonheterosexual people based on the belief that heterosexuality is the only normal and natural expression of sexuality.⁹ While LGBQ adults may face more prejudice in rural areas, they may also have higher standards of living, closer relationships with family and friends, and less stress than LGBQ people who live in urban areas.³

Race/Ethnicity

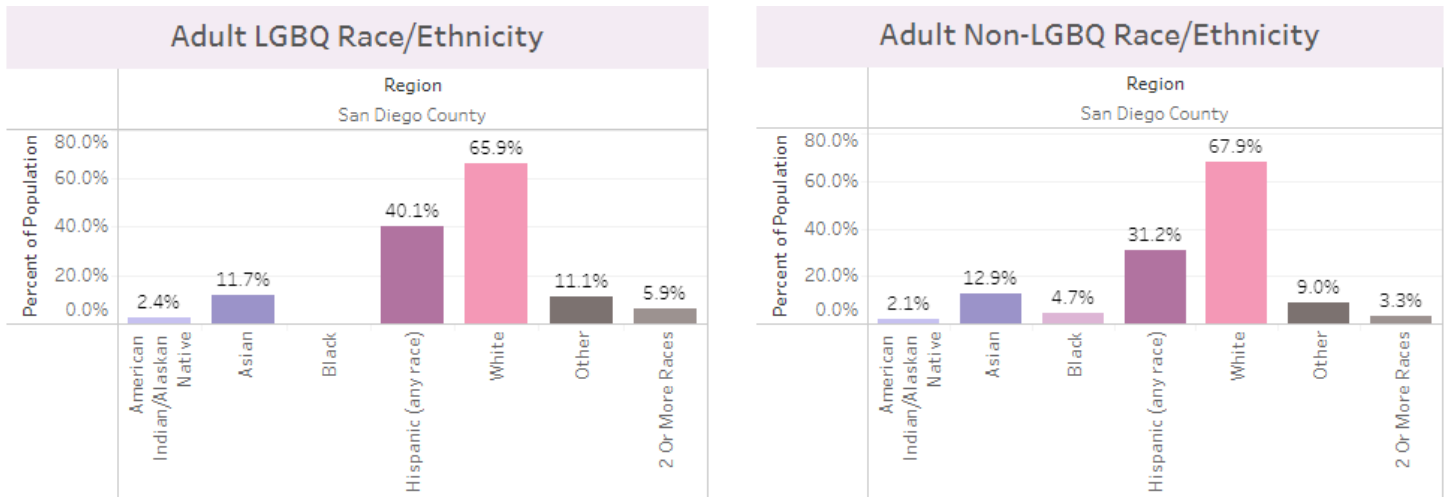


Figure 2: Adult race/ethnicity by sexual orientation, San Diego County, 2016-2020

About 40% of the LGBQ population in San Diego County was Hispanic, compared to 31.2% of the non-LGBQ population.

The majority of both the adult LGBQ and non-LGBQ population in San Diego were White, but there were higher proportions of Hispanic, other race, and 2 or more races among the LGBQ population (Figure 2). The estimate for Black residents who identified as LGBQ in San Diego County was statistically unstable, therefore, a comparison could not be made between the two sexual orientation groups. It is important to recognize that the lived experiences of the LGBQ population vary by race/ethnicity. Racial and ethnic minorities who identify as LGBQ 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.

Age

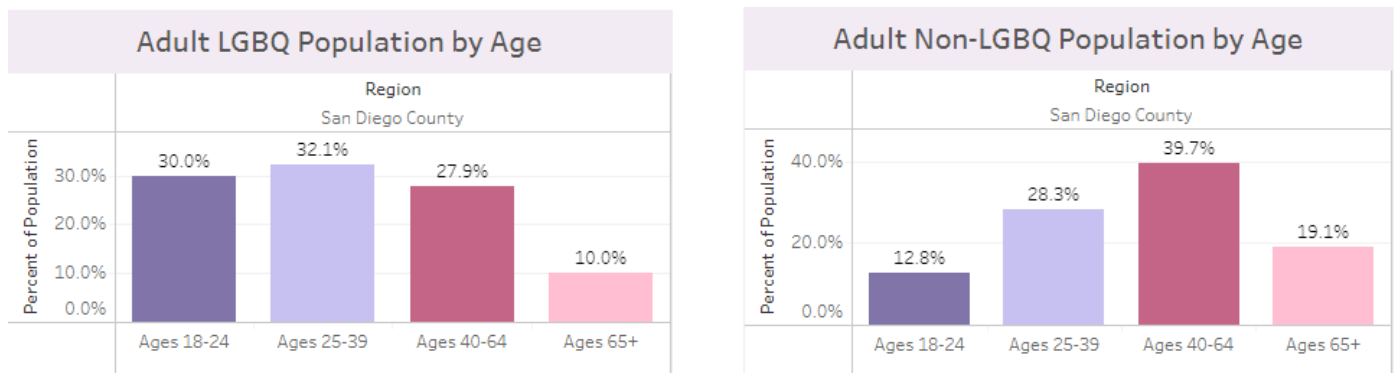


Figure 3: Adult age distribution by sexual orientation, San Diego County, 2016-2020

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

From 2016-2020, about 60% of the adult population in San Diego County that self-identified as LGBQ was under 40 (Figure 3). While social acceptance of individuals who identify as LGBQ has increased significantly in the last decade, older LGBQ adults may be less open about their sexuality due to generational differences and/or fear of discrimination. However, over in 1 in 3 adults who self-identified as LGBQ was over 40 years old. Further research is needed to disaggregate health and-wellbeing outcomes among LGBQ adults by age as different age groups may face unique challenges.¹⁰

Sex

The adults who self-identified as LGBQ were more likely to be female.

From 2016-2020, the LGBQ population was 55.2% of adults who self-identified as LGBQ were female and 44.8% were male (Figure 4). The lived experiences and well-being of LGBQ individuals varies by sex, as well as by gender identity.

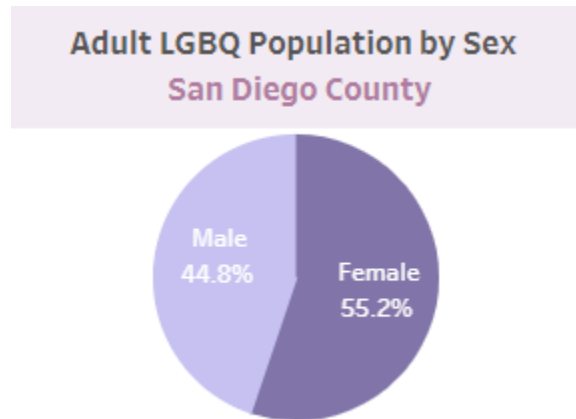


Figure 4: Adult sex by sexual orientation, San Diego County, 2016-2020

Household Composition

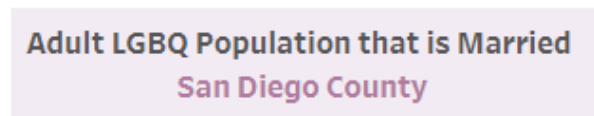


Figure 5: Percentage of adult LGBQ population that is married or raising children, San Diego County, 2016-2020

In San Diego County, **1 in 4** adult individuals who identify as LGBQ were married and about **1 in 7** were raising children.

From 2016-2020, about 25% of adult LGBQ residents in San Diego County were married and about 14% were raising children (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.¹¹ LGBQ families existed in the United States prior to the Supreme Court ruling, however, the rulings enabled couples within the LGBQ community to begin building families with the some of the same rights as opposite-sex couples.

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.¹² 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.¹³

Poverty

In San Diego County, about 1 in 3 adult individuals who identify as LGBQ were facing economic hardship.

From 2016-2020, about 34% of the LGBQ population in San Diego County was living below 200% of the Federal Poverty Level (FPL) (Figure 6). The existing literature has indicated that individuals who identify as LGBQ are more likely than their non-LGBQ peers to face economic difficulties.⁴ Further research is needed to understand why these disparities exist.

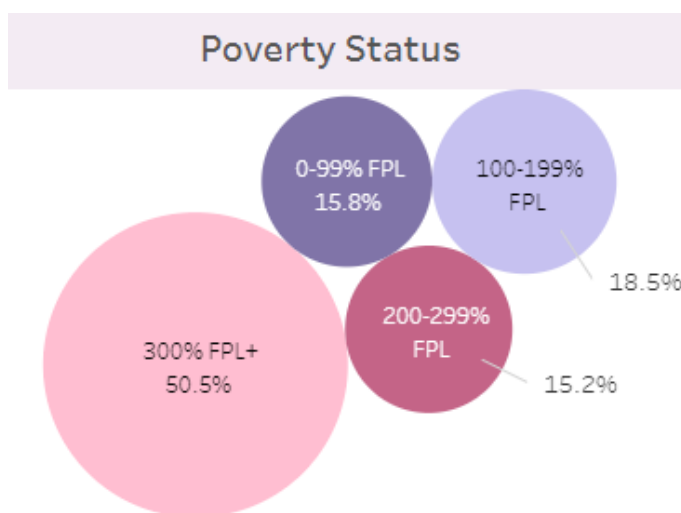


Figure 6: LGBQ population by poverty status, San Diego County, 2016-2020

To view available demographics of Health and Human Services (HHSA) Regions in San Diego County, visit the dashboard here: [The LGBTQ Health and Well-Being Dashboard](#)

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.¹⁴

Overall Health Status Among the Adult LGBQ Population in San Diego County

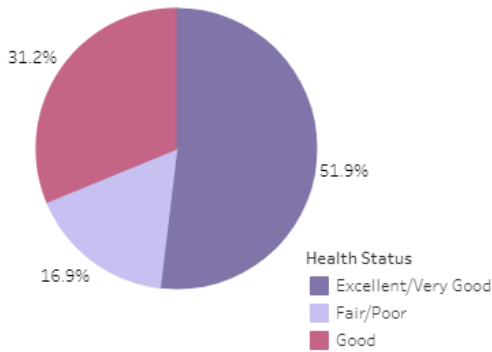
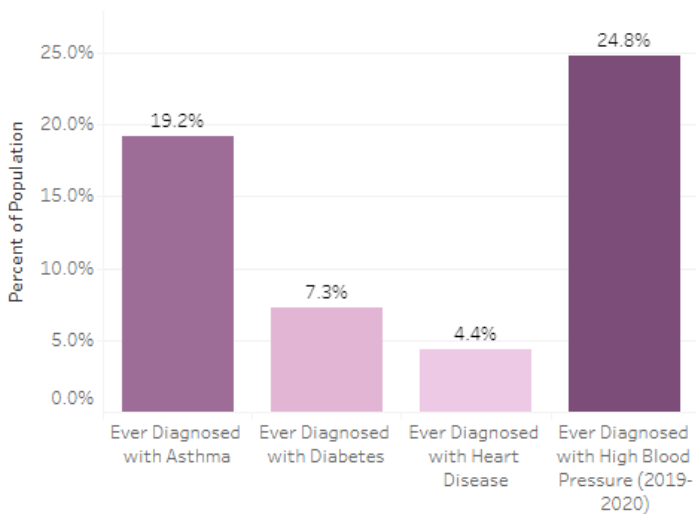


Figure 7: Health status among LGBQ population, San Diego County, 2016-2020

In San Diego County, about 16.9% of the LGBQ population reported fair or poor overall health status.

From 2016-2020, 16.9% of the LGBQ population reported their overall health status as fair or poor, compared to 14.6% of the non-LGBQ population (Figure 7).

Chronic Disease Prevalence Among the Adult LGBQ Population in San Diego County



Chronic Disease Prevalence Among the Adult Non-LGBQ Population in San Diego County

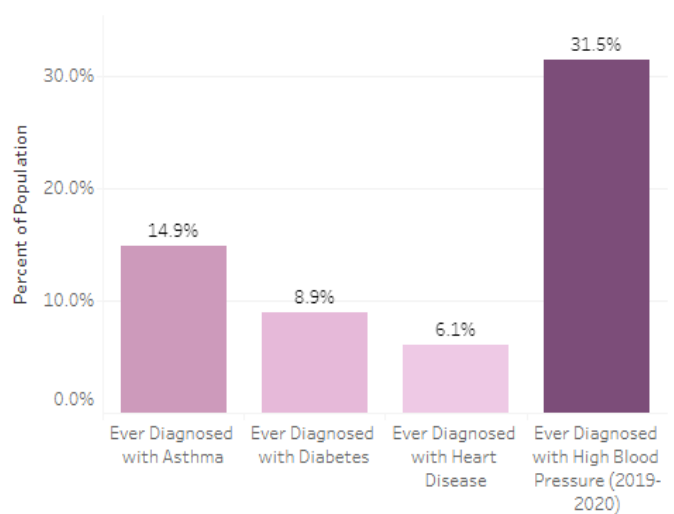
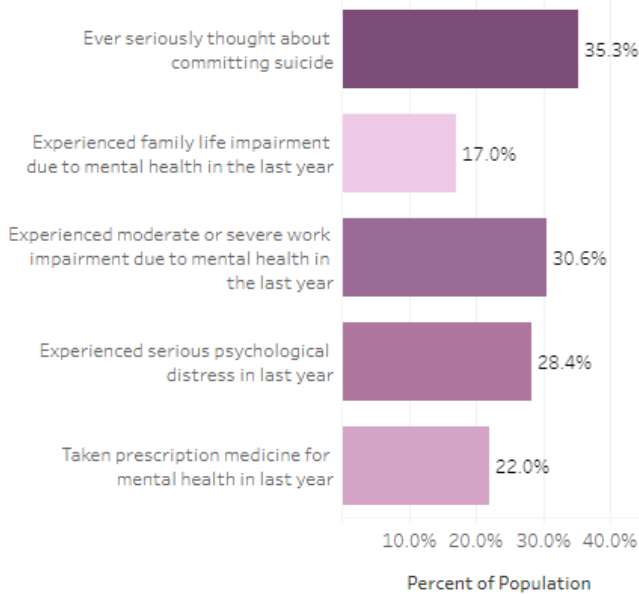


Figure 8: Adult chronic disease prevalence by sexual orientation, San Diego County, 2016-2020

Asthma prevalence was higher among the LGBQ population compared to the non-LGBQ population. However, diabetes, heart disease, and high blood pressure prevalence was lower among the LGBQ population.

From 2016-2020, asthma prevalence was 29% higher among the LGBQ population compared to the non-LGBQ population. From 2016-2020, the non-LGBQ population had a prevalence of 8.9% for diabetes, 6.1% for heart disease, and 31.5% for high blood pressure. Comparatively, the LGBQ population had a prevalence of 7.3% for diabetes, 4.4% of heart disease, and 24.8% for high blood pressure (Figure 8). Previous research has found that when adjusted for age, LGBTQ individuals have a higher prevalence of asthma, diabetes, heart disease, and high blood pressure. The estimates for chronic disease prevalence were not adjusted for age. This could explain why these estimates differ from previous literature.¹

Mental Health Outcomes Among the Adult LGBQ Population in San Diego County



Mental Health Outcomes Among the Adult Non-LGBQ Population in San Diego County

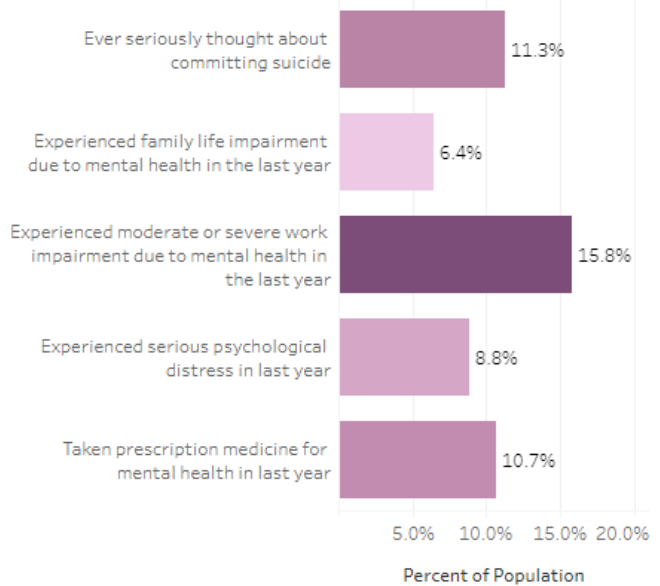


Figure 9: Adult mental health outcomes by sexual orientation, San Diego County, 2016-2020

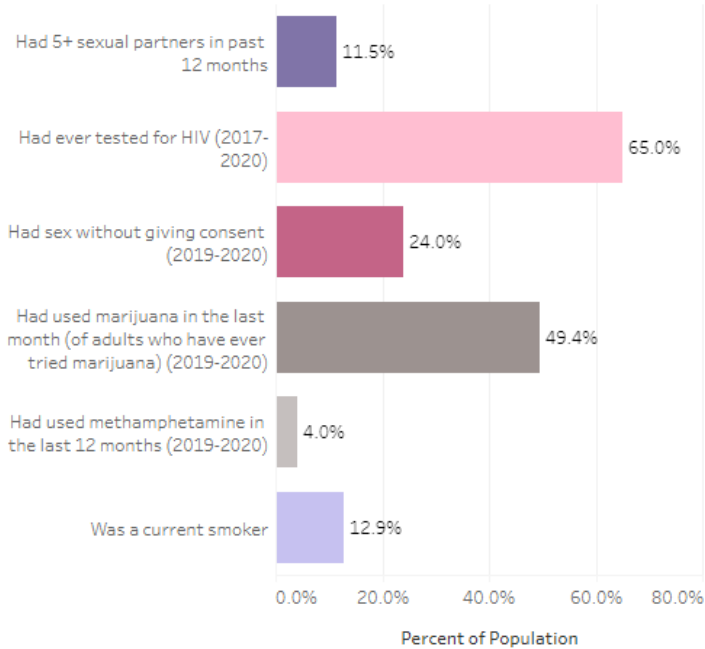
In San Diego County, more than 1 in 3 adult LGBQ residents had ever seriously thought about committing suicide.

From 2016-2020, the LGBQ population was 3 times more likely to have ever seriously thought about committing suicide compared to the non-LGBQ population (Figure 9).

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

From 2016-2020, the adult LGBQ population in San Diego County was more likely to experience psychological distress, family life impairment due to mental health, moderate or severe work impairment due to mental health, and have taken prescription medicine for mental health compared to the non-LGBQ population (Figure 9).

Health Behaviors Among the Adult **LGBQ** Population in San Diego County



Health Behaviors Among the Adult **Non-LGBQ** Population in San Diego County

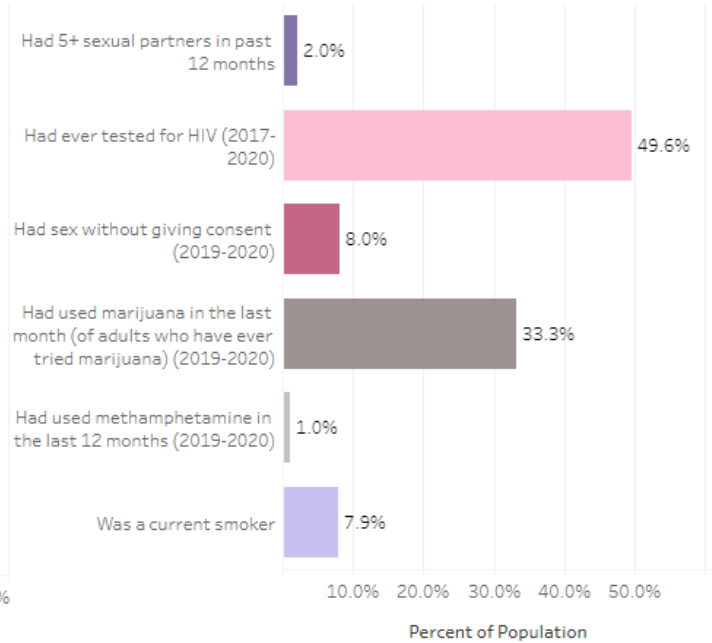


Figure 10: Adult health behaviors by sexual orientation, San Diego County, 2016-2020

Health behaviors vary by sexual orientation.

From 2016-2020, the adult LGBQ population in San Diego County was more likely to have had 5 or more sexual partners in the past year, have had sex without giving consent, have used methamphetamines in the last 12 months, and to be a current smoker compared to non-LGBQ adults. Of adults who have ever tried marijuana, LGBQ adults were more likely to have used marijuana in the last month (Figure 10). Additionally, LGBQ adults were more likely to have tested for HIV compared to non-LGBQ adults, likely due to the public health focus on HIV prevention efforts among gay and bisexual men.

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. LGBQ 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, LGBQ adults may choose to delay or avoid care altogether, which ultimately may result in undiagnosed and untreated health issues. LGBQ adults may also delay care until their condition is more severe and possibly less treatable.³

Healthcare Access Among the Adult LGBQ Population in San Diego County, 2016-2020

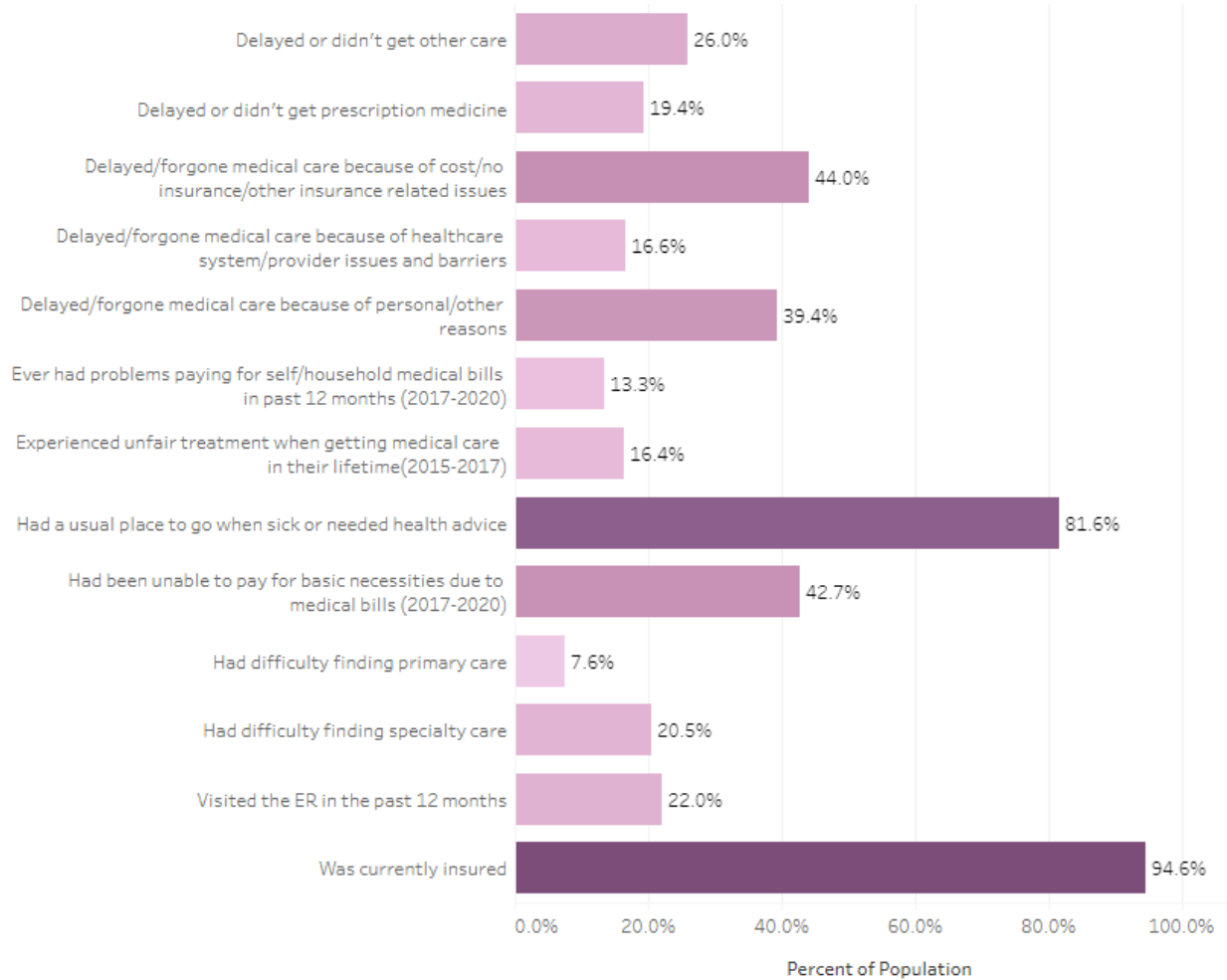


Figure 11: Healthcare access among adult LGBQ population, San Diego County, 2016-2020

Healthcare Access Among the Adult Non-LGBQ Population in San Diego County, 2016-2020

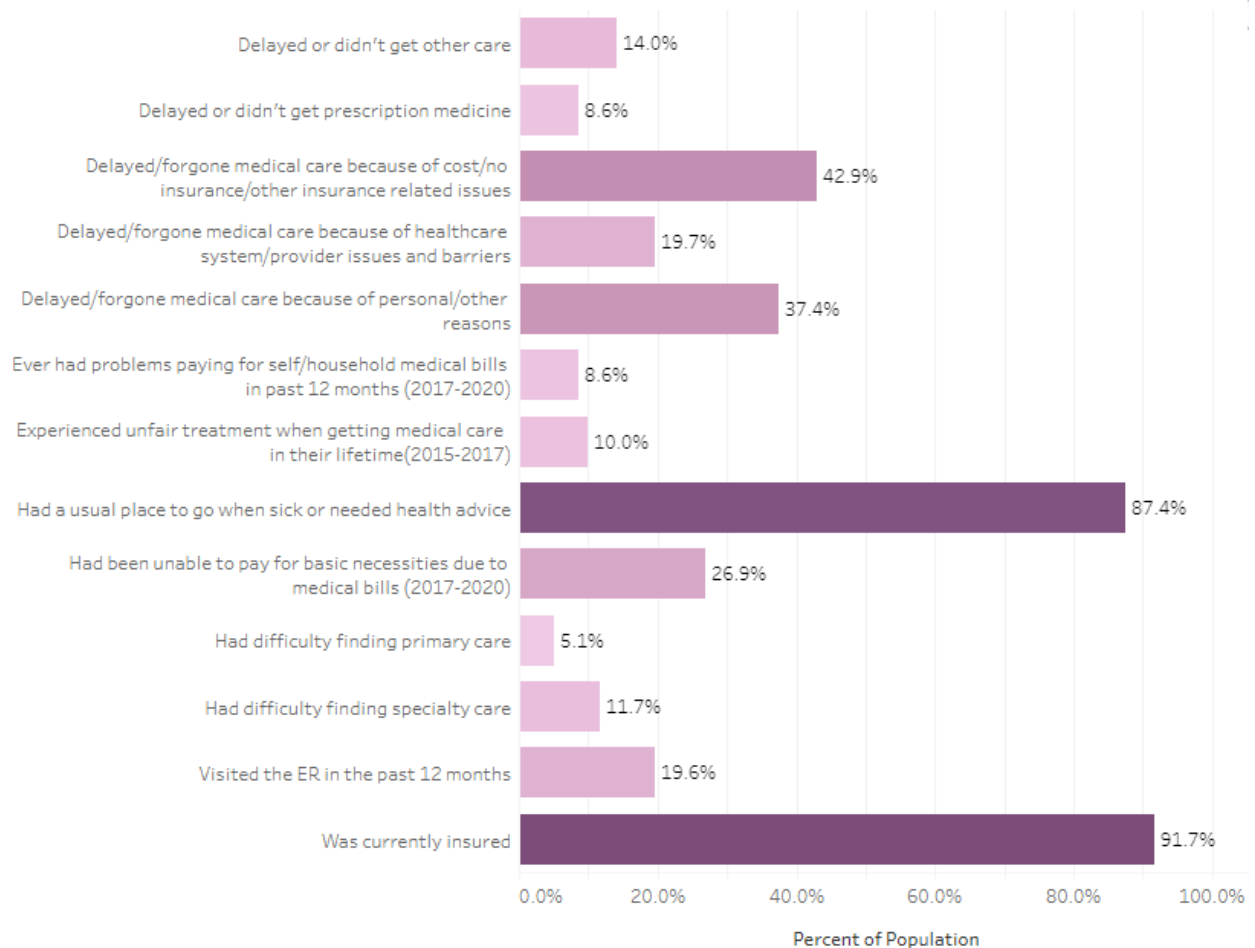


Figure 12: Healthcare access among non-LGBQ population, San Diego County, 2016-2020

The LGBQ population in San Diego County had similar healthcare coverage to non-LGBQ population.

From 2016-2020, 94.6% of the LGBQ population was currently insured compared to 91.7% of the non-LGBQ population (Figure 11, Figure 12).

However, LGBQ adults were more likely to face barriers to care.

The LGBQ population in San Diego County experienced reduced access to healthcare and underutilization of healthcare services. LGBQ adults were more likely to delay or not get care, delay or not get prescription medicine, have difficulty finding primary and specialty care, and to have visited the ER in the last year. They were less likely to have a usual place to go when they were sick or needed health advice. Additionally, from 2015-2017, LGBQ adults were 1.8 times more likely to have experienced unfair treatment when getting medical care compared to non-LGBQ adults. From 2017-2020, LGBQ adults were also more likely to have problems paying for household medical bills and basic necessities due to medical bills (Figure 11, Figure 12).

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. Further research is needed to understand why these disparities exist, and what can be done to meet the needs of the LGBTQ population. Additionally, more research that disaggregates sexual orientation and gender identity is needed in order to identify and address the unique health concerns for each group.

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