



# LGBTQ

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

**2021-2024**



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

Prepared April 2026





# The Adult Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Population in San Diego County, 2021-2024

April 2026

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## **Inquiries regarding this document may be directed to:**

Community Health Statistics Unit  
5530 Overland Ave, Ste. 210  
San Diego, CA 92123  
(619) 692-6667  
[www.SDHealthStatistics.com](http://www.SDHealthStatistics.com)



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# Introduction

As of 2024, 9.3% of adults in the United States identified as Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ).<sup>1</sup> 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.<sup>2</sup> A variety of social determinants of health (SDOH) may interact with systemic discrimination to influence health and well-being outcomes among LGBTQ populations.<sup>3</sup>

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.<sup>3</sup> 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.”<sup>4</sup> However, the lack of data sources identifying LGBTQ people has created a significant gap in knowledge and understanding of their experiences.<sup>5</sup> 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 community.<sup>2</sup> Recent data from the California Health Interview Survey (CHIS), 2021-2024<sup>6</sup> have provided an opportunity to produce health and well-being outcomes disaggregated by sexual orientation and gender identity for San Diego County. Some sexual orientation outcomes are also disaggregated by sex. This data source was chosen due to the availability of statistically stable estimates for the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) population in San Diego County.

This brief provides information on some of the health and well-being issues that may affect the LGBTQ community included in the Adult LGBTQ Dashboard, 2021-2024, located here: [Adult LGBTQ Dashboard, 2021-2024](#).



# 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 2021 through 2024 were pooled to obtain stable population estimates for the LGBTQ population.

## Sexual Orientation Categories

In data year 2023, there was a change to the wording of the sexual orientation question. To determine sexual orientation for this project, the results from the question, “Do you think of yourself as: lesbian or gay; straight, that is, not lesbian or gay; bisexual; something else; or you don’t know the answer?” from CHIS 2021-2022 and “Which of the following best represents how you think of yourself? lesbian or gay; straight, that is, not lesbian or gay; bisexual or pansexual; I use a different term; don’t know; or prefer not to answer” from CHIS 2023-2024 were used. Self-reported gender was used to determine sex.

The following sexual orientation categories were used:

- **Lesbian** – Self-reported thinking of themselves as gay/lesbian or homosexual **and** female
- **Gay** – Self-reported thinking of themselves as gay/lesbian or homosexual **and** male
- **Bisexual** – Self-reported thinking of themselves as bisexual (CHIS years 2021-2022)/bisexual or pansexual (CHIS 2023-2024)
- **Other/Don’t Know** – Self-reported thinking of themselves as something other than gay/lesbian, bisexual/bisexual or pansexual, straight, or answered “don’t know”
- **Straight** – Self-reported thinking of themselves as straight or heterosexual

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

- **Female Bisexual** – Self-reported thinking of themselves as bisexual (CHIS years 2021-2022)/bisexual or pansexual (CHIS 2023-2024) **and** female
- **Male Bisexual** – Self-reported thinking of themselves as bisexual (CHIS years 2021-2022)/bisexual or pansexual (CHIS 2023-2024) **and** male
- **Straight Female** – Self-reported thinking of themselves as straight or heterosexual **and** female
- **Straight Male** – Self-reported thinking of themselves as straight or heterosexual **and** male

## Gender Identity Categories

The variable TRANSGEND2 from CHIS 2021-2024 was used to categorize gender identity. The following gender identity categories were used:

- Cisgender i.e., not transgender or gender expansive
- Transgender and gender expansive

# 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.<sup>7</sup>

### 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.

## 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.

### Queer

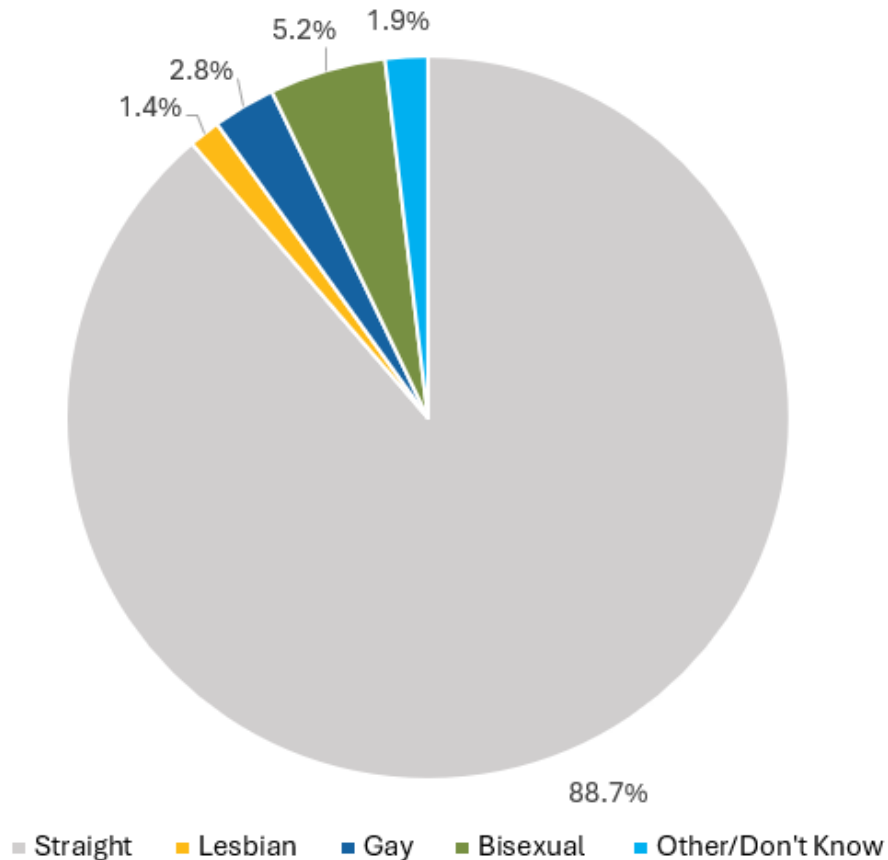
In this brief, queer is used to describe individuals who identify as lesbian, gay, bisexual, or another sexual minority. Within the LGBTQ community, it is also used to describe “transgender and other people and institutions on the margins of mainstream culture. Queer can be a convenient, inclusive term 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.”

### Cisgender

A person whose gender identity matches their assigned sex at birth

## LGBTQ Population in San Diego County

Figure 1: San Diego County Adult Population by Sexual Orientation, 2021-2024



Source: California Health Interview Survey, 2021-2024.

### Sexual Orientation

Overall, over 1 in 9 adults in San Diego County identified as LGBTQ.

From 2021-2024, about 11% of adult individuals identified as LGBTQ in San Diego County, a population proportion that parallels the proportion in California overall in 2024 (11.3%).

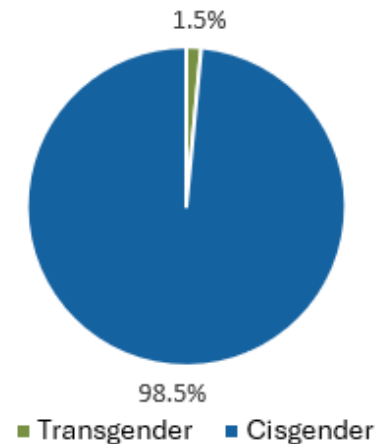
Bisexual adults made up 5.2% of the adult population in San Diego County, making it the greatest proportion of the LGBTQ population. Gay and lesbian adults made up 4.2% of the adult population, and other sexual minority adults made up 1.9% of the adult population in San Diego County (Figure 1).

### Gender Identity

Overall, just over 1.5% of the San Diego County adult population identified as transgender or gender non-conforming.

From 2021-2024, 1.5% of adult individuals identified as transgender in San Diego County, a population proportion similar to California overall (1.3%) from 2021-2024.

Figure 2: San Diego County Adult Population by Gender Identity, 2021-2024



Source: California Health Interview Survey, 2021-2024.

# Race/Ethnicity

## Sexual Orientation

About 32% of the LGBTQ population in San Diego County was Hispanic, compared to 31% of the straight population.<sup>6</sup>

The majority of both the adult LGBTQ and straight population in San Diego County were non-Hispanic White, followed by Hispanic (Figure 3).

Among sexual minority groups, the other sexual minority population had the greatest racial diversity, with the lowest proportion of adults identifying as non-Hispanic White (43.2%), 45.6% identifying as Hispanic, and 6.9% identifying as non-Hispanic Black (Figure 3).

Compared to the straight population, the bisexual population had lower proportions of non-Hispanic Asian adults (4.6%), but higher proportions of adults who identified as a race other than non-Hispanic White, Black, or Asian (4.8%) and Hispanic (33.0%) (Figure 3).

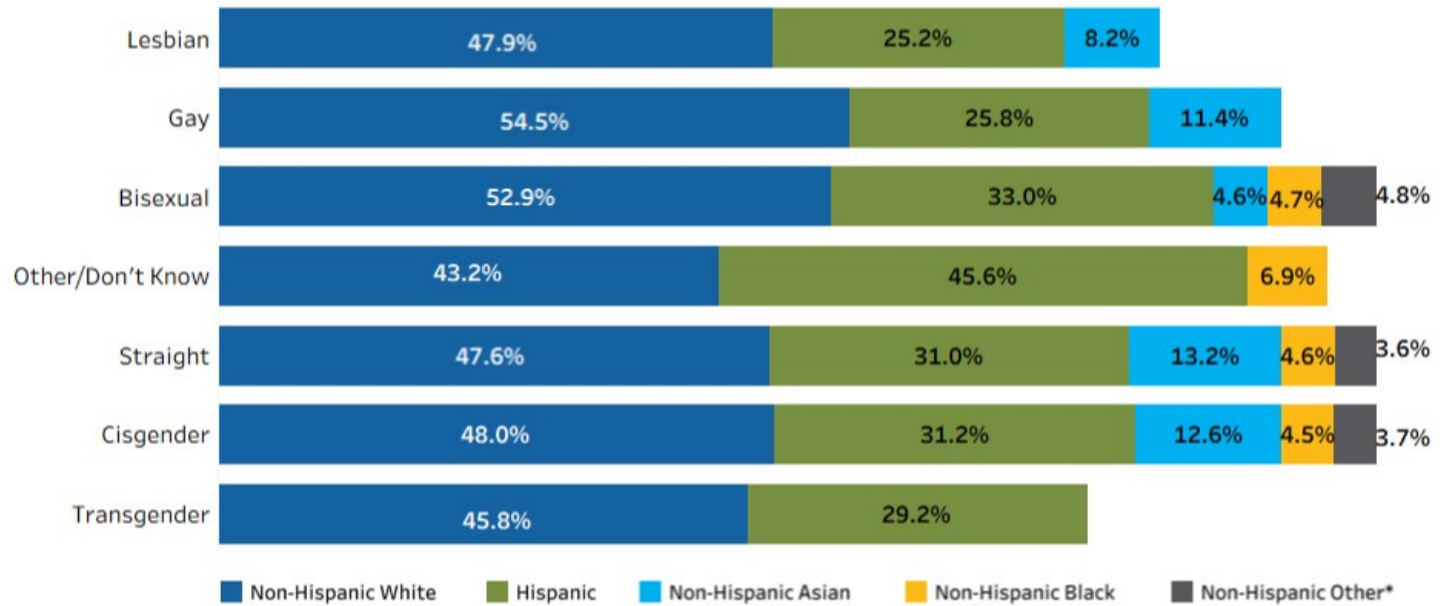
The gay population had the highest proportion of non-Hispanic White adults, while the lesbian population had the lowest proportion of Hispanic adults compared to all sexual orientations (Figure 3).

The estimates for Black residents who identified as lesbian or gay and estimates for residents with a race other than White, Black, or Asian who identified as lesbian gay, or another sexual minority in San Diego County were unavailable due to statistic instability.

## Gender Identity

The transgender population had a similar racial and ethnic distribution to the cisgender population for non-Hispanic White and Hispanic groups (Figure 3). Additional racial and ethnic group estimates were unavailable for the transgender population due to statistic instability. 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.<sup>2</sup> Further data is needed to explore these differences and the possible effects on health and well-being.

Figure 3: Race/Ethnicity Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



\*Non-Hispanic Other race includes non-Hispanic American Indian/Alaska Native, Other single race, including Native Hawaiian and Other Pacific Islander (NHOPI), and two or more races. Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

# Age

## Sexual Orientation

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

From 2021-2024, about 67% of the adult population in San Diego County that self-identified as LGBTQ was under 40 years old, compared to 38% of the straight population.<sup>6</sup> However, when disaggregated by sexual orientation, the age group distribution varies.

The bisexual population had the largest population aged 18 to 25 (43.5%) and the smallest population of adults aged 65 years and older (2.6%) compared to all sexual orientations (*Figure 4*).

The lesbian population had a higher proportion of adults aged 18-25 (43%) and 26-39 (28.9%), and a lower proportion of adults aged 40-64 (19.2%) and 65+ (9.0%) compared to the straight population (*Figure 4*).

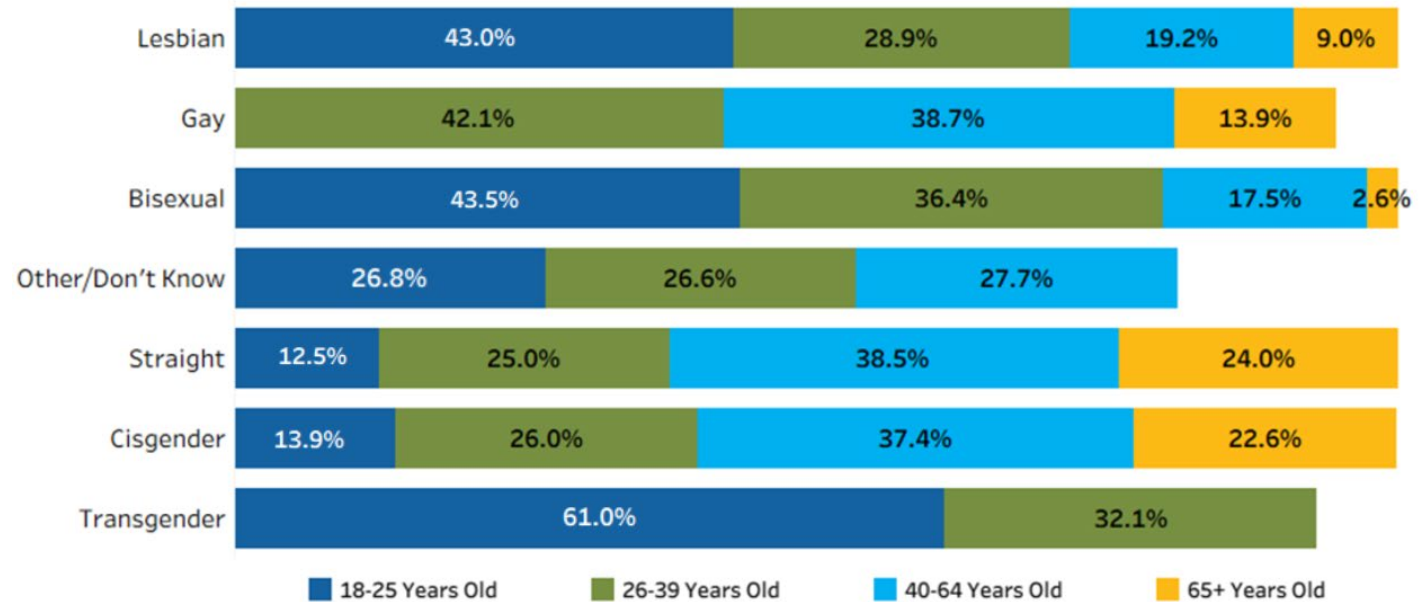
The gay population had the highest population of adults aged 26-39 (42.1%) compared to all sexual orientations and a similar proportion of adults aged 40-64 (38.7%) compared to the straight population (*Figure 4*).

The other sexual minority population appeared to be older compared to the lesbian and bisexual populations but younger than gay and straight populations (*Figure 4*).

## Gender Identity

From 2021-2024, 93% of transgender adults in San Diego County were under the age of 40. Those aged 18-25 made up 61% of the transgender adult population, compared to 13.9% of cisgender adults. 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, 1 in 3 adults who self-identified as LGBTQ were over 40 years old.<sup>6</sup> Further research is needed to disaggregate health and-wellbeing outcomes among LGBTQ adults by age as different age groups may face unique challenges.<sup>8</sup>

Figure 4: Age Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

# Marital Status

## Sexual Orientation

In San Diego County, nearly 1 in 3 adult individuals who identify as LGBTQ were married.<sup>6</sup>

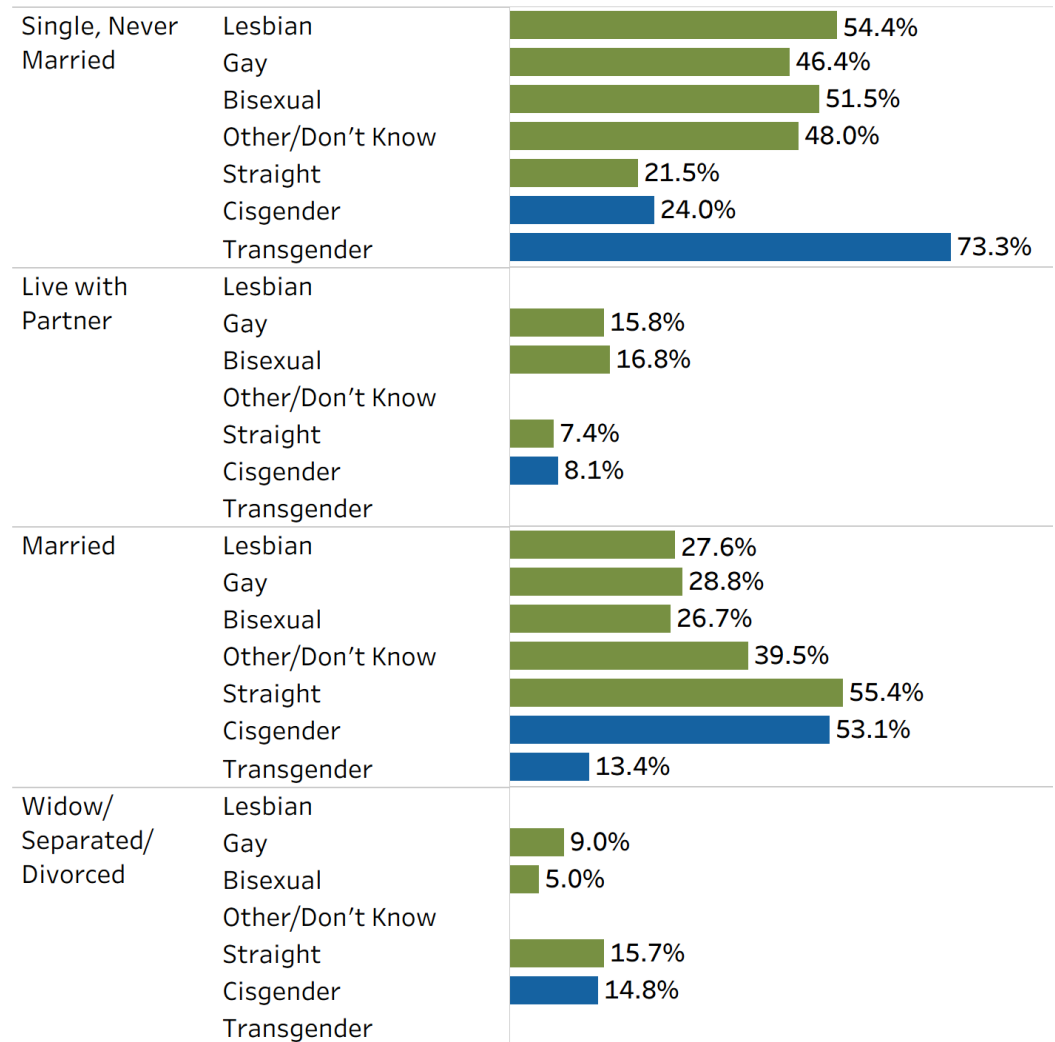
From 2021-2024, about 30% of adult LGBTQ residents in San Diego County were married.<sup>6</sup> Among the sexual minority groups, the lesbian population had the highest proportion of single, never married adults (54.4%). The other sexual minority population had the highest rate of marriage (39.5%) compared to the other sexual minority groups. Bisexual adults had the lowest rate of marriage (26.7%) and the highest proportion of adults who lived with their partner (16.8%) compared to all sexual orientation groups. (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.<sup>9</sup> 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.

## Gender Identity

Nearly three in four (73.3%) of transgender adults were single, never married, compared to 24% of the cisgender population. Estimates for other marital status categories were unavailable due to statistic instability.

Figure 5: Marital Status Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

# Family Type

## Sexual Orientation

From 2021-2024, about 1 in 10 adult individuals who identified as LGBTQ were raising children in San Diego County.<sup>6</sup>

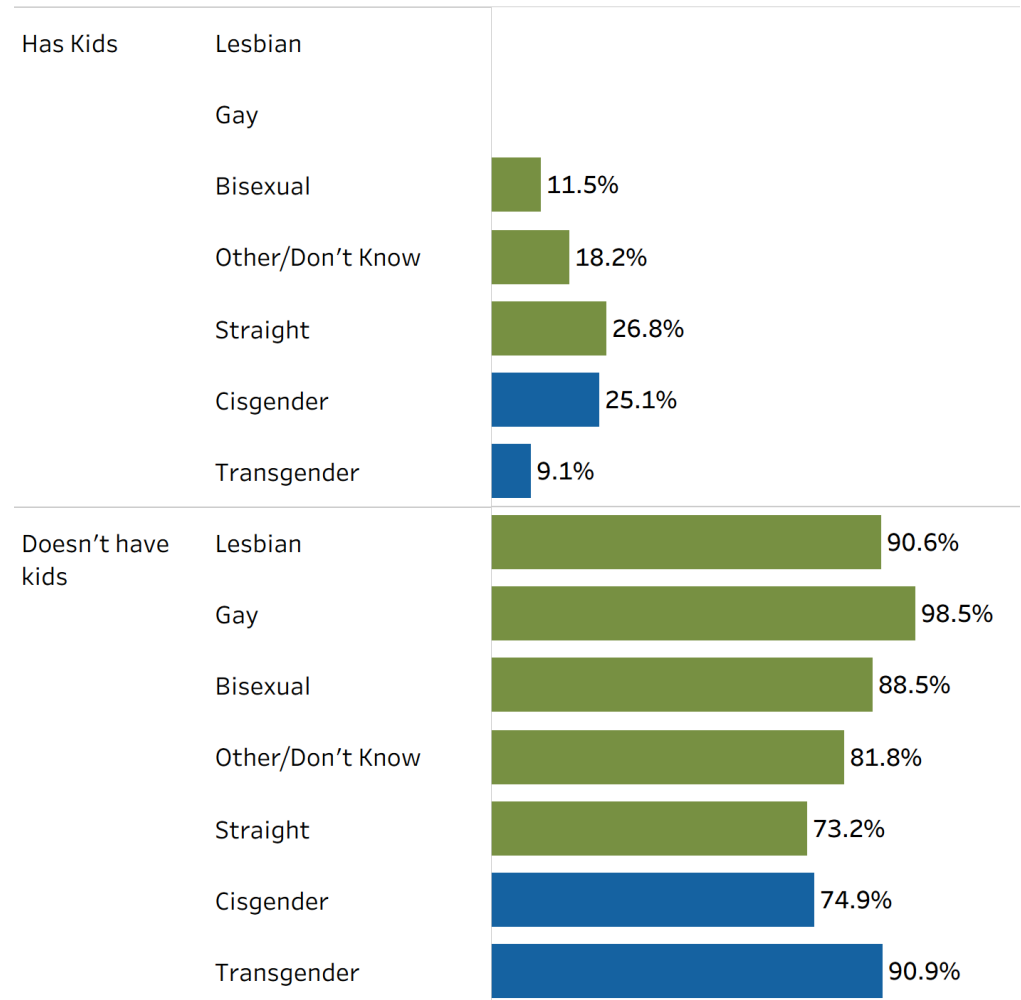
From 2021-2024, about 10% of adult LGBTQ residents in San Diego County were raising children.<sup>6</sup> Overall, there were less adults raising children among the sexual minority groups compared to the straight population. However, 18.2% of the other sexual minority group and 11.5% of the bisexual 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.<sup>11</sup> Additionally, LGBTQ 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.<sup>12</sup>

## Gender Identity

From 2021-2024, 9.1% of transgender adults in San Diego County were raising children, compared to 25.1% of cisgender adults.

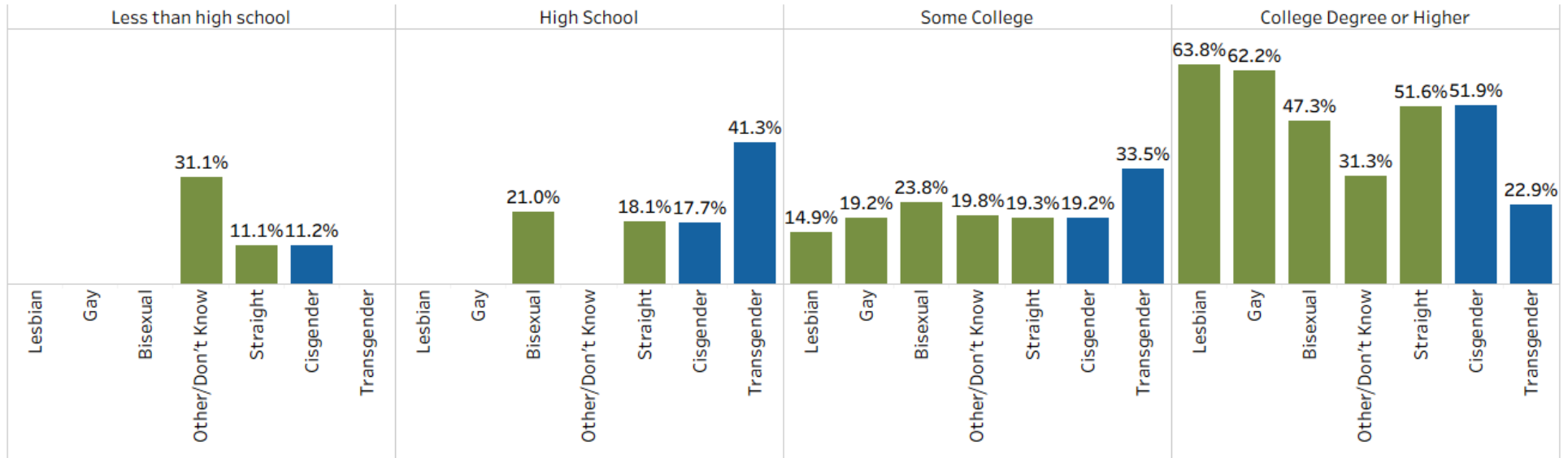
**Figure 6: Family Type Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024**



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

# Education

Figure 7: Education Level Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

Education levels vary by sexual orientation and gender identity.

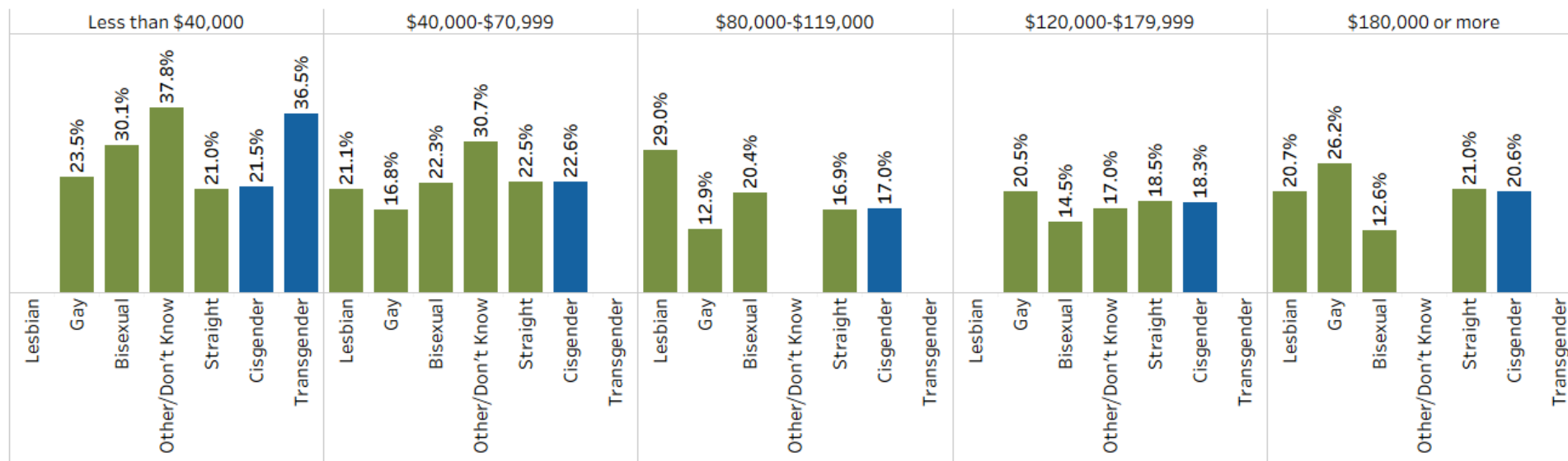
From 2021-2024, the lesbian and gay population had the highest percentage of adults who earned their bachelor's degree or higher, 63.8% and 62.2%, respectively, compared to all sexual orientation groups, including the straight population. The other sexual minority population had the lowest percentage of adults with a bachelor's degree or higher (31.3%) and the highest percentage of adults with less than a high school education (31.1%) compared to all sexual orientation groups. The bisexual population had a lower percentage of adults with a bachelor's degree or higher (47.3%) compared to the straight, lesbian, and gay populations (*Figure 7*).

## Gender Identity

From 2021-2024, transgender adults appeared to have lower educational attainment compared to cisgender adults in San Diego County. About 41% had a high school degree, while about 23% had a college degree or higher, compared to 17.7% and 51.9% of the cisgender population, respectively.

# Income

**Figure 8: Income Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024**



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

Among all sexual orientation groups, the gay population had the highest levels of income.

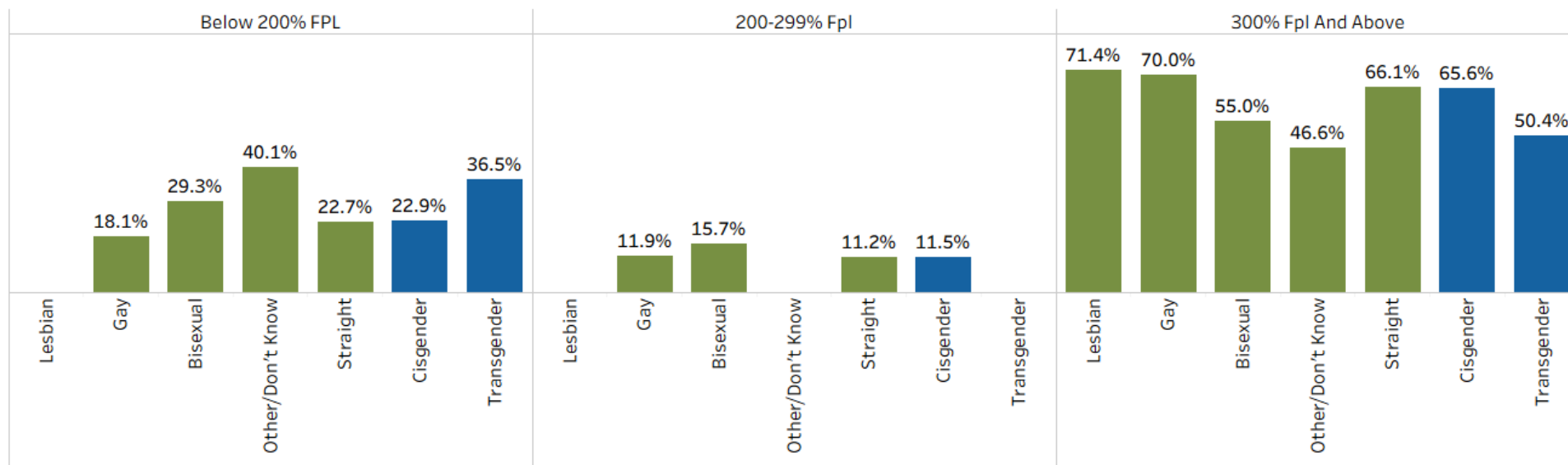
Overall, from 2021-2024, the gay population had the highest proportion of adults who had an income of \$120,000 or more (46.7%) compared to all other sexual orientation groups. The bisexual population had the lowest proportion of adults who had an income of \$180,000 or more (12.6%) compared to all other sexual orientation groups. The other sexual minority group had the highest proportion of adults who had an income of \$40,000 or less (37.8%) (Figure 8).

## Gender Identity

The transgender population had lower levels of income compared to the cisgender population. From 2021-2024, 36.5% of the transgender adult population had an income of less than \$40,000, compared to 21.5% of the cisgender population in San Diego County (Figure 8).

# Poverty

Figure 9: Poverty Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

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

From 2021-2024, 29.3% of the bisexual population and 40.1% of the other sexual minority population in San Diego County were living below 200% of the Federal Poverty Level (FPL) compared to 22.7% of the straight population (*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.<sup>3</sup> However, in San Diego County, gay men had lower proportions of their population living below 200% FPL, and lesbians and gay men had higher proportions of their population living 300% FPL and above compared to all other sexual orientation groups (*Figure 9*). Further research is needed to understand why these disparities exist.

## Gender Identity

From 2021-2024, over 1 in 3 transgender adults in San Diego County were living below 200% of the FPL, compared to 22.9% of the cisgender adult population (*Figure 9*). Among transgender adults, 50.4% of the population was living 300% FPL and above compared to 65.6% of the cisgender adult population.

# 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.<sup>12</sup>

## Health Status

### Sexual Orientation

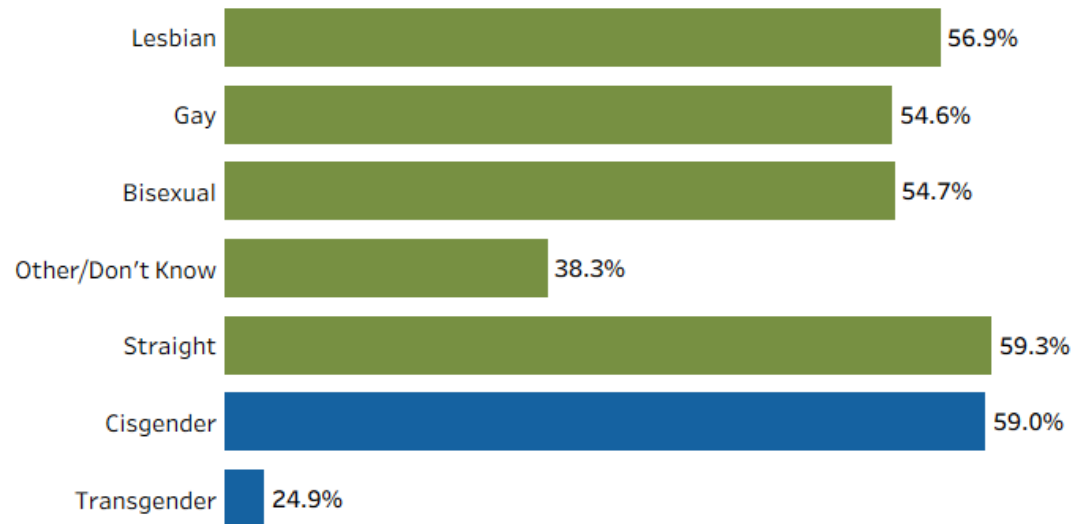
Overall, health status varied by sexual orientation in San Diego County.

The other sexual minority population had the lowest proportion of population that reported excellent or very good health (38.3%) compared to all other sexual orientations (*Figure 10*). The other sexual minority population also had the highest proportion of population that reported fair or poor health (29.5%), followed by the gay population (21.4%), compared to all other sexual orientations.<sup>7</sup>

### Gender Identity

From 2021-2024, nearly one in four transgender adults reported their health status as excellent or very good, compared to 59% of the cisgender adult population in San Diego County (*Figure 10*).

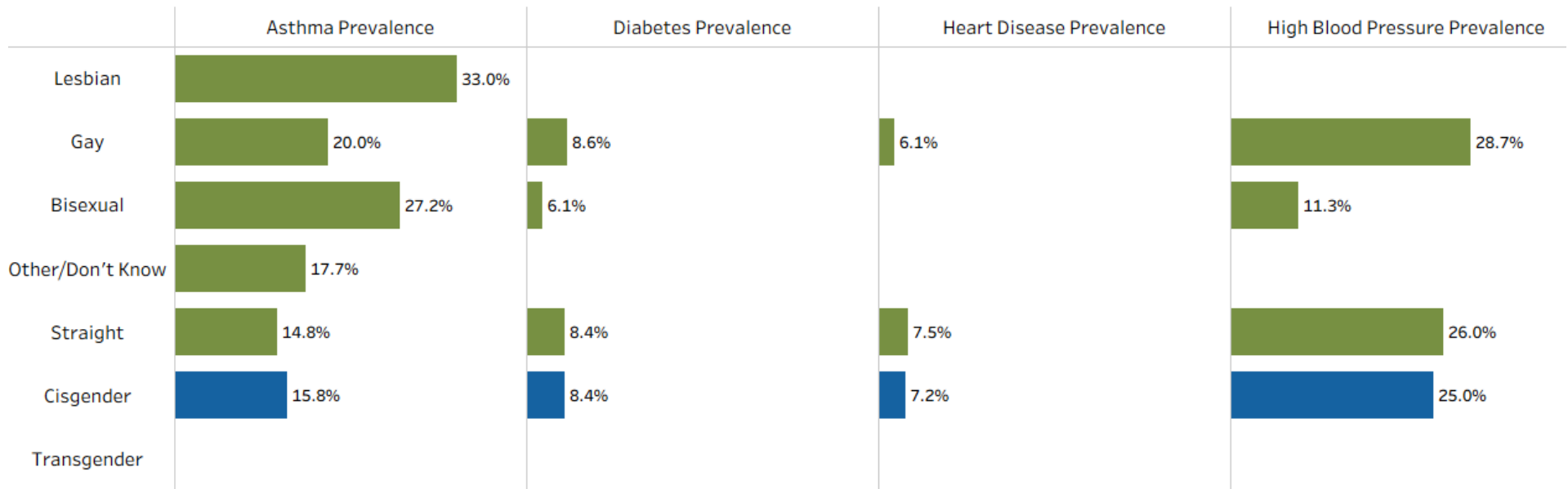
Figure 10: Percentage of Adults who Self-Reported Health Status as Excellent or Very Good by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Source: California Health Interview Survey, 2021-2024.

# Chronic Disease

Figure 11: Chronic Disease Prevalence by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

**Asthma prevalence was higher among the LGBQ population compared to the straight population.**

From 2021-2024, asthma prevalence was notably higher among the lesbian, gay, and bisexual population compared to the straight population, with prevalences of 33.0%, 20%, and 27.2% respectively. Notably, the prevalence among the lesbian population (33%) and the bisexual population (27.2%) was about twice the prevalence among the straight population (14.8%).

From 2021-2024, the prevalence of diabetes and heart disease among sexual minority populations was similar to the straight population in San Diego County based on the available estimates. The prevalence of High Blood Pressure (HBP) among the bisexual population (11.3%) was over half that of the straight (26.0%) and gay populations (28.7%) (Figure 11).

## Gender Identity

Chronic disease estimates for transgender adults were unavailable due to statistic instability.

Previous research has found that LGBTQ individuals have a higher prevalence of asthma, diabetes, heart disease, and high blood pressure.<sup>2,13</sup> However, there may be a different pattern of chronic disease prevalence when sexual minority data are not grouped together.

# Childhood Experiences

## 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.<sup>14</sup> 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.<sup>14</sup> Current research indicates that experiencing a higher number of ACEs is associated with chronic health conditions, mental illness, and health risk behaviors.<sup>14</sup>

## Sexual Orientation

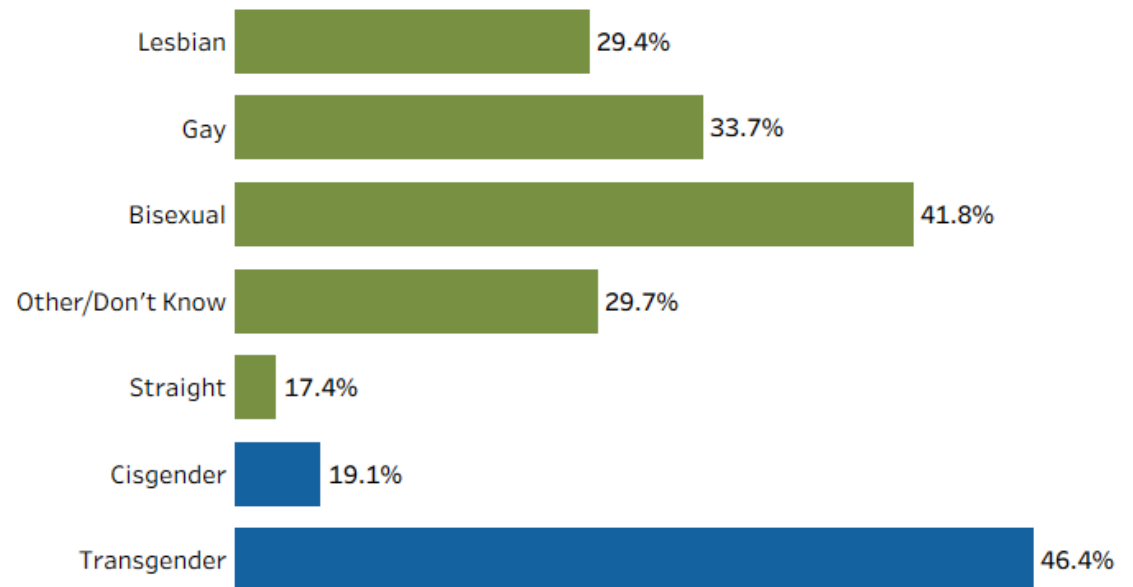
Overall, the LGBTQ population experienced more adverse childhood experiences compared to the straight population in San Diego County.

From 2021-2024, 41.8% of bisexual adults reported experiencing 4 or more ACEs, 2.4 times higher than the straight population (17.4%). Notably, 48.6% of the female bisexual population reported experiencing 4 or more ACEs<sup>6</sup>, nearly 2.8 times higher than the straight population and 1.7 times higher than the lesbian and other sexual minority population, and 1.4 times higher than the gay population, which had rates of 29.4%, 29.7%, and 33.7%, respectively (Figure 12).

## Gender Identity

From 2021-2024, 46.4% of transgender adults in San Diego County reported experiencing four or more ACEs, 2.4 times higher than the cisgender population (19.1%) (Figure 12).

Figure 12: Percentage of Adults who Experienced 4 or More ACEs by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Source: California Health Interview Survey, 2021-2024.

## 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.<sup>15</sup> 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.<sup>15</sup>



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>

## Sexual Orientation

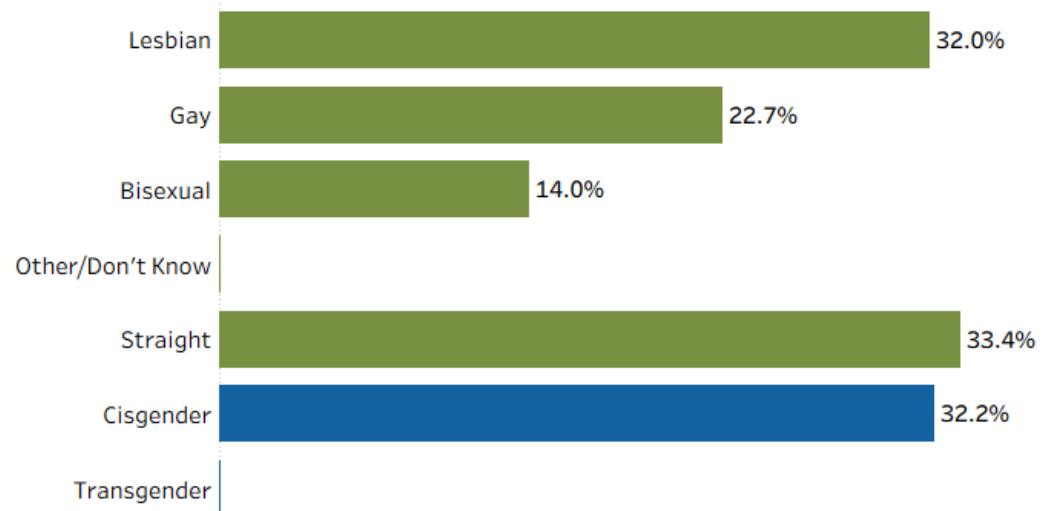
In San Diego County, just 14% of bisexual adults reported experiencing six to seven Positive Childhood Experiences (PCEs).

From 2021-2022, the bisexual population reported the lowest percentage of 6-7 PCEs (14.0%), followed by the gay population (22.7%) (Figure 13). The bisexual population appears to be at greatest risk of the numerous poor health and well-being outcomes associated with ACEs.

## Gender Identity

Estimates for 6-7 PCEs among transgender adults were unavailable due to statistic instability. However, 61.7% of transgender adults had experienced just 0-2 PCEs from 2021-2022, compared to 26.6% of cisgender adults.

Figure 13: Percentage of Adults who Experienced 6-7 Positive Childhood Experiences (PCE) by Sexual Orientation and Gender Identity, San Diego County, 2021-2022



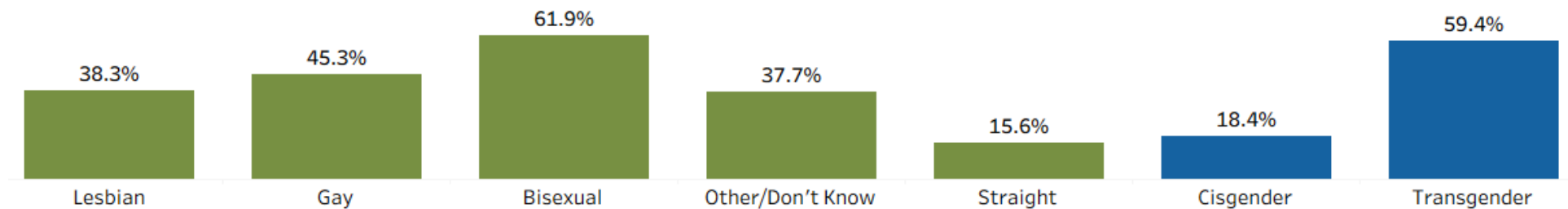
Statistically unstable estimates not shown. Source: California Health Interview Survey, AskCHIS, 2021-2022.

Downloaded 3/02/26.

# Behavioral Health

## Behavioral Health Outcomes

Figure 14: Suicide Ideation Among the Adult Population by Sexual Orientation, San Diego County, 2023-2024



Source: California Health Interview Survey, AskCHIS, 2023-2024. Downloaded 2/10/26.

### Sexual Orientation

**In San Diego County, 61.9% of bisexual adults had ever seriously thought about committing suicide.**

From 2023-2024, the bisexual population had the highest proportion of population that had ever seriously thought about committing suicide (61.9%), nearly four times higher than the straight population (15.6%). The lesbian, gay, and other sexual minority population also experienced suicidal thoughts at higher rates than the straight population, with rates of 38.3%, 45.3%, and 37.7%, respectively (*Figure 14*).

**Overall, a greater proportion of the adult LGBTQ population in San Diego experienced poor mental health outcomes compared to the adult straight population.<sup>6</sup>**

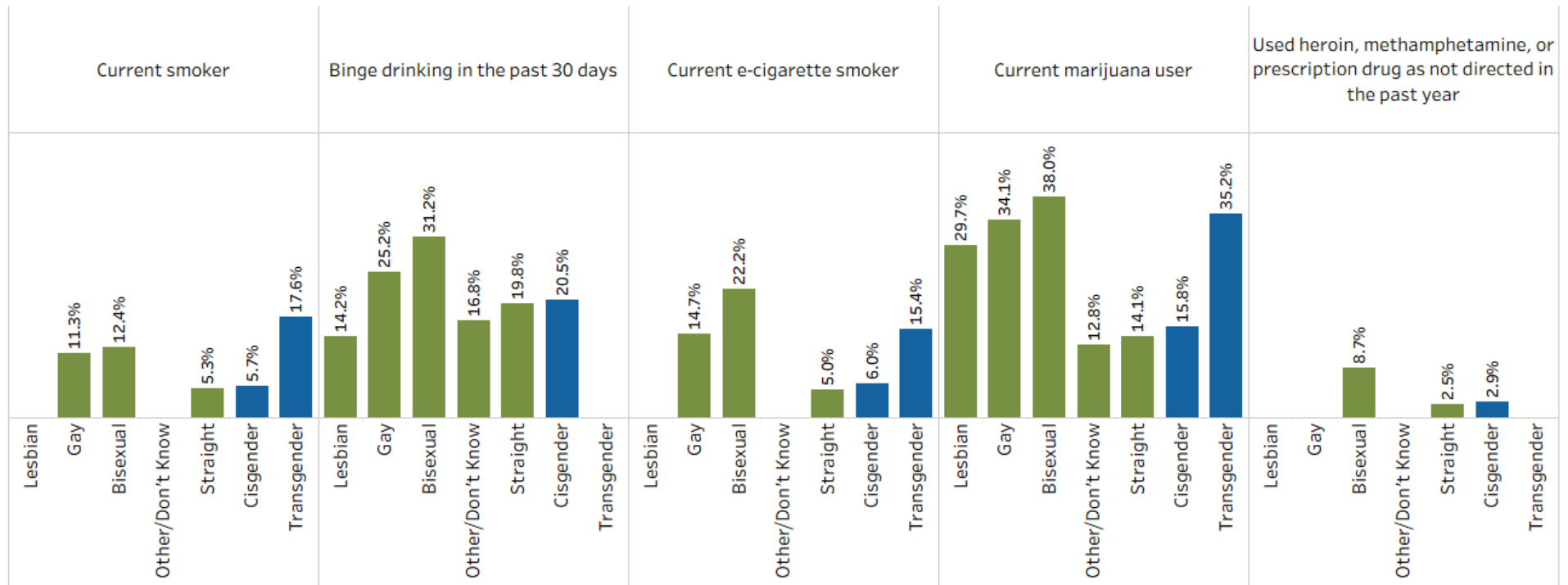
From 2021-2024, the adult LGBTQ population in San Diego County was more likely to experience psychological distress and severe life impairment due to mental health compared to the straight population.<sup>6</sup> Bisexual adults experienced poor mental health outcomes at disproportionate rates compared to all sexual orientation groups.<sup>6</sup>

### Gender Identity

From 2021-2024, the transgender population experienced suicidal ideation at a rate over three times higher than the cisgender population (59.4%) (*Figure 14*). Additionally, transgender adults experienced poor mental health outcomes at disproportionate rates compared to their cisgender peers.<sup>6</sup>

# Health Behaviors

Figure 15: Substance Use Among Adults by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Statistically unstable estimates not shown. Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

Overall, lesbian, gay, and bisexual adults had higher rates of substance use than the straight population in San Diego County.

From 2021-2024, the bisexual population had the highest proportion of population that were current marijuana users (38%), higher than all other sexual orientation populations (Figure 15). The bisexual population also had the highest rate of binge drinking (31.2%), followed by the gay population (25.2%). Notably, 8.7% of the bisexual population had used heroin, methamphetamines, or prescription drugs as not directed in the last year, a rate 3.5 times higher than the straight population (2.5%).

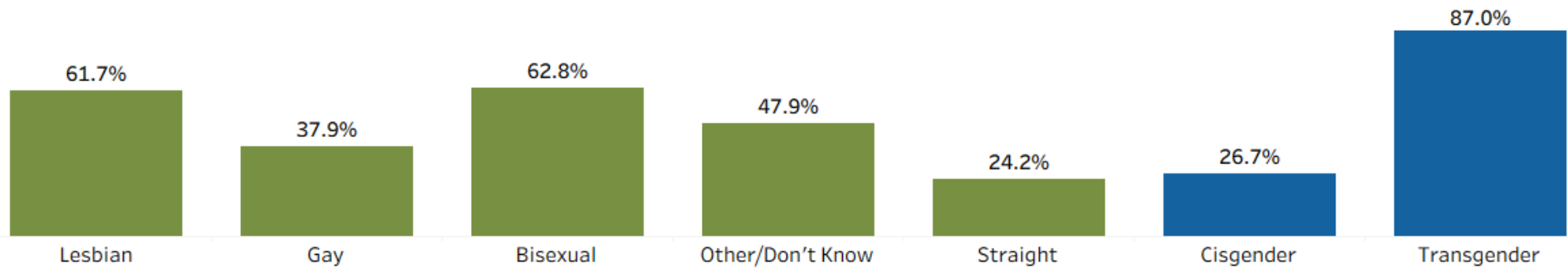
The lesbian population had the lowest proportion of population that binge drank in the last month (14.2%), compared to all sexual orientation groups (Figure 15). The gay and bisexual populations had the highest rates of current smoking and current e-cigarette smoking.

## Gender Identity

The transgender population had higher rates of current smoking (17.6%), e-cigarette smoking (15.4%), and marijuana use (35.2%) compared to the cisgender population (Figure 15).

# Behavioral Healthcare Access

Figure 16: Percentage of Adults who Needed Help for Emotional/Mental or Alcohol/Drug Problem in the Last Year by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

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

From 2021-2024, a higher proportion of the LGBTQ population reported needing help for mental health problems or substance use compared to the straight population. Nearly two in three bisexual and lesbian adults reported needing help for mental health problems or substance use, about 2.6 and 2.5 times more than the straight population, respectively, in San Diego County (Figure 16).

## Gender Identity

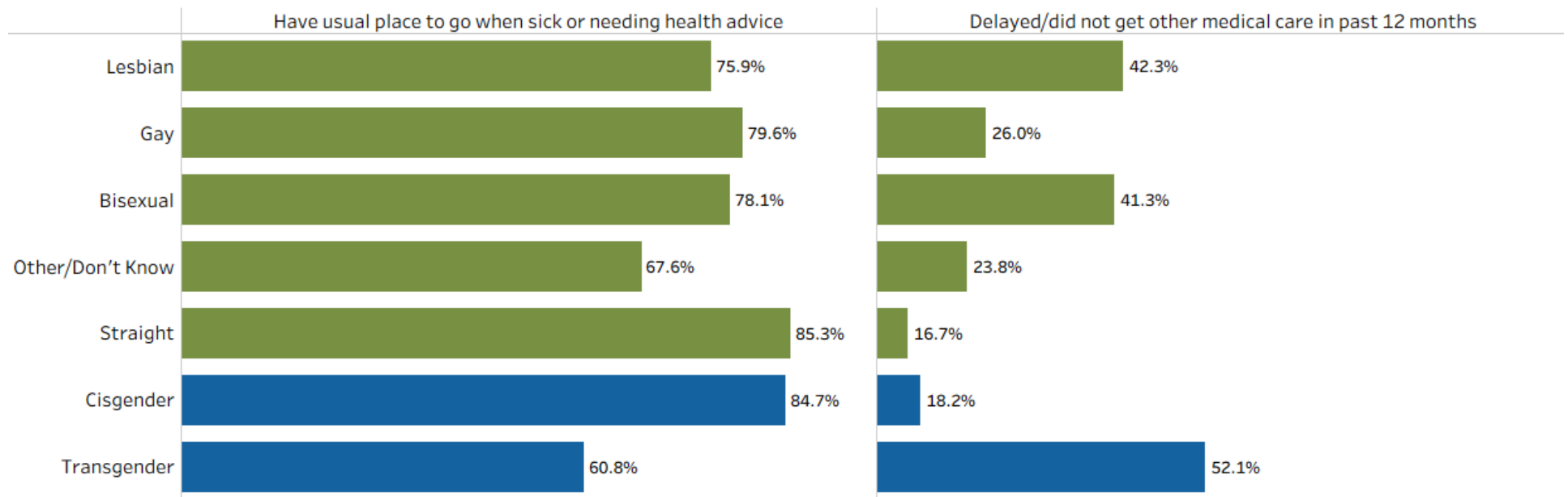
From 2021-2024, a large majority of the transgender population (87%) reported needing help for emotional/mental or alcohol/drug problems in the last year, compared to 26.7% of the cisgender population (Figure 16).

# Healthcare Access

Current research has indicated that LGBTQ people are more likely to experience reduced access to healthcare and underutilization of healthcare services.<sup>3</sup> 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.<sup>3</sup>

## Healthcare Access and Utilization

Figure 17: Healthcare Access Measures by Sexual Orientation and Gender Identity, San Diego County, 2021-2024



Source: California Health Interview Survey, 2021-2024.

## Sexual Orientation

**The LGBTQ 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 2021-2024 among the sexual minority population, the lesbian population had the lowest percentage of adults who had a routine check-up in the last year (46.9%), the second lowest percentage of adults who had a usual source of care (75.9%), and the highest percentage of adults who delayed or did not get medical care in the past year (42.3%) and had to forgo needed medical care (27.1%).<sup>6</sup>

Among the sexual minority population, the gay male population had the highest percentage of adults with a usual source of care (79.6%), the highest percentage of adult population that had a routine check-up in the last year (64.1%), and the second lowest percentage of adults who delayed or didn't get medical care in the past year (26.0%) (*Figure 17*).

Over 1 in 5 bisexual adults did not have a usual source of care (21.9%), compared to 14.7% of the straight population (*Figure 17*). Additionally, 14.4% of the bisexual population reported having difficulty finding primary care, and 41.3% reported delaying or not getting medical care (*Figure 17*).<sup>6</sup>

The other sexual minority population had the highest percentage of adults covered by Medi-Cal (30.6%), the highest percentage of adults that did not have a usual source of care (32.4%), and the lowest percentage of adults that delayed or didn't get medical care in the past year (23.8%) compared to other sexual minority groups (*Figure 17*).

## Gender Identity

**The transgender population in San Diego County experienced reduced access to healthcare and underutilization of healthcare services compared to the cisgender population (*Figure 17*).**

From 2021-2024, just 60.8% of transgender adults had a usual source of care, compared to 84.7% of cisgender adults, and over half (52.1%) of transgender adults delayed or did not get medical care in the past 12 months compared to 18.2% of cisgender adults (*Figure 17*). Among transgender adults, 16.4% reported having difficulty finding a primary care doctor in the last 12 months, 27.3% had to forgo needed medical care, and less than half (48.6%) had a routine check-up within the last year. However, 22.9% of transgender adults had visited the emergency room in the past year, and 87.9% had visited a doctor in the past year, compared to 17.8% and 82.5% of cisgender adults, respectively.

# 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 and transgender populations experience poor behavioral health and well-being outcomes at disproportionate rates. Further research is needed to explore underlying factors contributing to health disparities.

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