EQUITY IN OC

Population Overview

LGBTQIA+ COMMUNITY

This document was produced as part of a Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities, Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103), which was completed in 2024.

OC health CARE AGENCY

An initiative of OC health CARE AGENCY

Population Overview

LGBTQIA+ COMMUNITY

Addressing health inequities across Orange County by enabling system change.

Achieving Equity in Orange County

Health inequities are differences in health status or in the distribution of health resources among various populations. This is due to the social conditions in which people are born, grow, live, work, and age. Across Orange County (OC) we see differences in the length and quality of life; rates of disease, disability, and early death; severity of disease; and access to treatment because of these inequities.

Equity in OC is an OC Health Care Agency (HCA) initiative in collaboration and partnership with local Orange County community partners. Funded by a grant from the Centers for Disease Control and Prevention (CDC), the Equity in OC Initiative is a community-informed and data-driven initiative to address health inequities and disparities in Orange County by laying the foundation for creating a healthier, more resilient, and equitable Orange County.

Why Create Population Overviews?

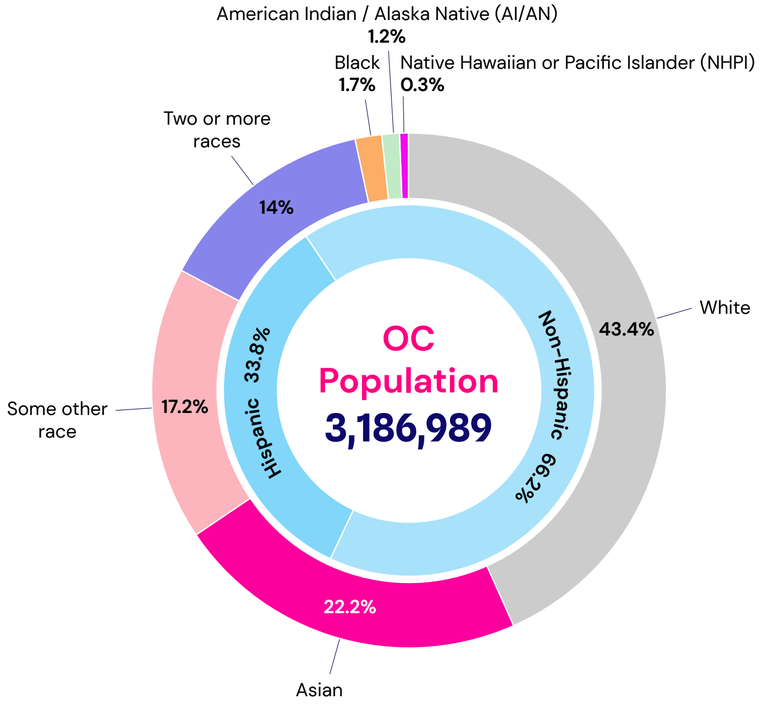
These population overviews are snapshots of available data for various populations in Orange County. By laying out population-specific data in these overviews, we can identify systemic changes that can improve the quality of life within these communities. Since these population overviews are only the start of democratizing community-level data, we welcome feedback and input to further refine and improve this living document.

For more information go to www.equityinoc.com.

Population Overview

LGBTQIA+ COMMUNITY

Orange County at a Glance



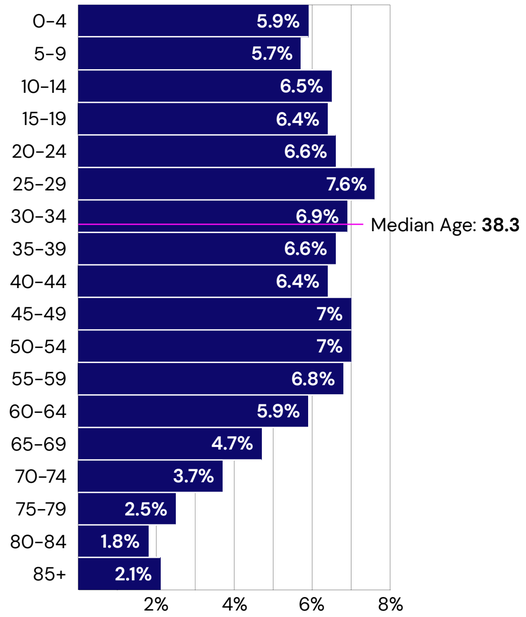
The United States (U.S.) Census Bureau collects racial data according to guidelines by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification.

Racial categories in the census survey reflect a social definition of race in the U.S. It is not an attempt to define race biologically, anthropologically, or genetically. Also, categories of race include national origin or sociocultural groups. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

About the Topic of Race (census.gov)

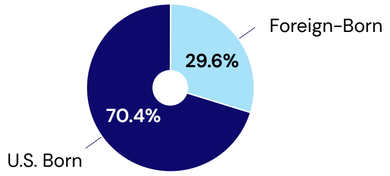
Source: 2020 Decennial Census

Population by Age Group



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

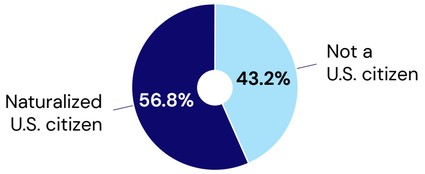
Population by Birth Origin



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

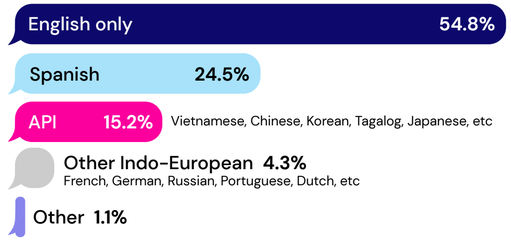
Population by Citizenship

of foreign-born residents



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Languages Spoken at Home



Source: 2020 ACS 5-Year Data, U.S. Census Bureau

Orange County at a Glance

$94,441

Median Household Income

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

56.9%

Home Ownership Rate

as of March 2022

Source: U.S. Bureau of Labor Statistics

1,129,785

Total Housing Units

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

41.2%

Bachelor's Degree or Higher

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

10.1%

Persons in Poverty

2020

Source: 2020 ACS 5-Year Data, U.S. Census Bureau

3.1%

Unemployment Rate

as of March 2022

Source: U.S. Bureau of Labor Statistics

LGBTQIA+ Community Population Overview in OC

Understanding the Term LGBTQIA+

LGBTQIA+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Intersex, and Asexual. The "+" refers to sexual orientation or gender identities that may not fit into those that are mentioned. LGBTQIA+ is an umbrella term for individuals who aren't straight (heterosexual) or cisgender (an individual whose gender identity matches their sex assigned at birth) and for those who identify somewhere on the sexual orientation / gender identity (SOGI) spectrum. Definitions of identity are always evolving. As we strive to better understand, recognize, and include diverse sexual identities and gender expressions, we also recognize that not everyone identifies with those listed in the acronym. For additional gender identities and LGBTQIA+ terminology, UMass Amherst presents a list of reference terms to become an effective ally. Anyone who wishes to support LGBTQIA+ community members should use the labels they associate with. In this report, naming conventions may differ depending on the source data.

Sexual Orientation

To understand the identities in the acronym "LGBTQIA+", community members should understand the difference between sexual orientation and gender identity (SOGI). Sexual orientation refers to an individual's enduring pattern of physical, romantic, emotional and/or spiritual attraction toward other people. While some are attracted to one particular gender, others may be attracted to more than one gender or none at all. Examples include:

- **Lesbian:** A self-identified woman who is romantically, emotionally, spiritually, and/or physically attracted to other women.
- **Gay:** A self-identified man who is romantically, emotionally, spiritually, and/or physically attracted to other men. It is also used as an umbrella term to describe an individual who is attracted to people of their same gender.
- **Bisexual ("bi"):** An individual who is emotionally, romantically, spiritually, and/or physically attracted to more than one gender. This is different from being attracted to only men or only women.
- **Asexual:** An individual who may experience other forms of non-sexual attraction (e.g., intellectual, spiritual, and/or emotional). Asexual individuals may also identify as lesbian, gay, bisexual, or many more sexual orientations.
- **Straight:** A self-identifying male who is attracted to a self-identifying woman, or a self-identifying woman who is attracted to a self-identifying male.
- **Queer:** An umbrella term used to describe individuals who think of their sexual orientation or gender identity as outside of societal norms. While it was previously employed as a derogatory term, many have reclaimed it as an empowering expression. Nevertheless, it's worth noting that some individuals may still find the term offensive.
- **Pansexual:** A sexual orientation that encompasses emotional and physical attraction to individuals of all gender identities or whose attraction is independent of other individual's gender.

LGBTQIA+ Community Population Overview in OC

Gender Identity

Gender identity refers to an individual's understanding and conceptualization of their own gender on the spectrums of identity (internal) and expression (external). Gender identity may match or not match a person's sex/gender assigned at birth.

Examples of gender identities include:

- **Transgender:** An individual whose conceptualization of gender identity does not align with the sex they were assigned at birth. This is also an umbrella term that can apply to anyone in the gender-expansive community.
- **Intersex:** Individuals who are born with physical or genetic differences that deviate from the typical definitions of either male or female. Intersex individuals may possess a blend of biological characteristics associated with both male and female sexes.
- **Cisgender (cis):** An individual whose conceptualization of gender identity matches their sex assigned at birth.
- **Genderfluid:** An individual whose gender identity regularly varies over time.
- **Nonbinary:** An umbrella term used to describe individuals who do not identify exclusively as male or female.
- **Genderqueer/Genderfluid:** An umbrella term that describes individuals whose gender identity or expression does not conform to traditional gender norms.
- **Non-Binary**: An umbrella term for those whose identity does not fit with the categories of male or female.

Source: National LGBTQIA+ Health Education Center

Upon consultation with members of the LGBTQIA+ community, we will use both "LGBTQIA+" and "queer" (and its related terms) in this document in order to be inclusive. "Queer" is used as an umbrella term that describes sexual orientation, gender identity, or gender expression for individuals who do not conform to societal norms. While historically used as a derogatory slur (and some LGBTQIA+ community members still prefer to not use this term), the community has reclaimed this term and made it a positive identity among many LGBTQIA+ people today.

LGBTQIA+ Pride Flags

Source: Human Rights Campaign

Population Overview

LGBTQIA+ COMMUNITY

LGBTQIA+ Population: A Historical Context

There is a long history of lesbian, gay, bisexual, transgender, and queer people all over the world. Some of the earliest documented same-sex relationships trace back to Classical Europe, Middle East, and Asia. This includes Sappho (630-570 BC), a poet from ancient Greece who serves as a symbol of love between women to this day. Similarly during the Ming Dynasty in China (1368-1644), homosexual relationships were discussed euphemistically with terms like, "passions of the cut sleeve." In India, religious Hindu texts depicted gods that broke gender norms and identities. There are also a group of people called Hijra who are recognized as a third gender in India. The term, "two-spirit" was coined in the 1990s, but gender variance has long existed in many Indigenous North American societies.

Regardless of sexual orientation or gender identity however, the LGBTQIA+ population has faced backlash from organized religion. Religious texts like the Talmud, Torah, and the Bible have all played a major role, as each can be interpreted as prohibiting same-sex relationships. During the High Middle Ages, homosexual behavior was prosecuted against as it was considered sinful. The Roman Catholic Church maintained this position during the Renaissance and same-sex unions were eventually banned by both the Church and many states around the world.

Fast forward to the 20th and 21st centuries, acceptance of the LGBTQIA+ population has slowly improved. A major milestone occurred when the Netherlands became the first country in the world to legalize same-sex marriage in 2000, setting a precedent for other countries to follow. This includes when Belgium legalized same-sex marriage in 2003, as well as when Spain and Canada became the fourth and fifth countries to legalize same-sex marriage in 2005. The United States joined this group when the Supreme Court ended all state bans on same-sex marriage in the case of *Obergefell v. Hodges* on June 26, 2015. As of December 2022, there are currently 32 countries in the world that have legalized same-sex marriage as well.

The Gay Liberation Movement of the 1960s started a new era for LGBTQIA+ individuals in the U.S. to counter societal shame with "gay pride." The Stonewall Uprising of June 1969 was also a critical turning point. One night, New York City police raided a gay/transgender bar in the Greenwich Village of Lower Manhattan called the Stonewall Inn and roughly hauled patrons and employees out of the bar. This sparked riots between the police and LGBTQ+ community members for several nights, ultimately serving as a catalyst for the LGBTQIA+ Rights Movement in the U.S. and around the world.

Some of the first gay pride events occurred a year after the riots on June 28, 1970 to commemorate the anniversary of the riots. Now, Pride Month takes place every year during June to recognize the Stonewall Uprising, to allow individuals to celebrate diversity, and to commemorate LGBTQIA+ activism and culture. The LGBTQIA+ community also had another victory in November 2022, when the US Senate passed the Respect for Marriage Act which codifies same-sex and interracial marriage.

Orange County also has a rich LGBTQIA+ history. In Garden Grove during the 1960s, Garden Grove Blvd was recognized as a "Mecca" for gay bars as it outnumbered those in West Hollywood. Laguna Beach also had a prominent LGBTQIA+ population in the 1970s. It was recognized as a "gay beach" in the summertime. At one point in the 1980s, Laguna Beach had the highest incidence of AIDS in the nation but remained a safe haven for the community and those going through this diagnosis. There are also institutions working to preserve the history of the LGBTQIA+ population of Orange County. To that end, UC Irvine established a collection that contains media clippings, publications, and related materials which highlights important LGBTQIA+ events and organizations. For a more detailed timeline of the LGBTQIA+ community in Orange County, please view the "Orange County L/G/B/T Time Line Project" via the UC Irvine Library.

Population Overview

LGBTQIA+ COMMUNITY

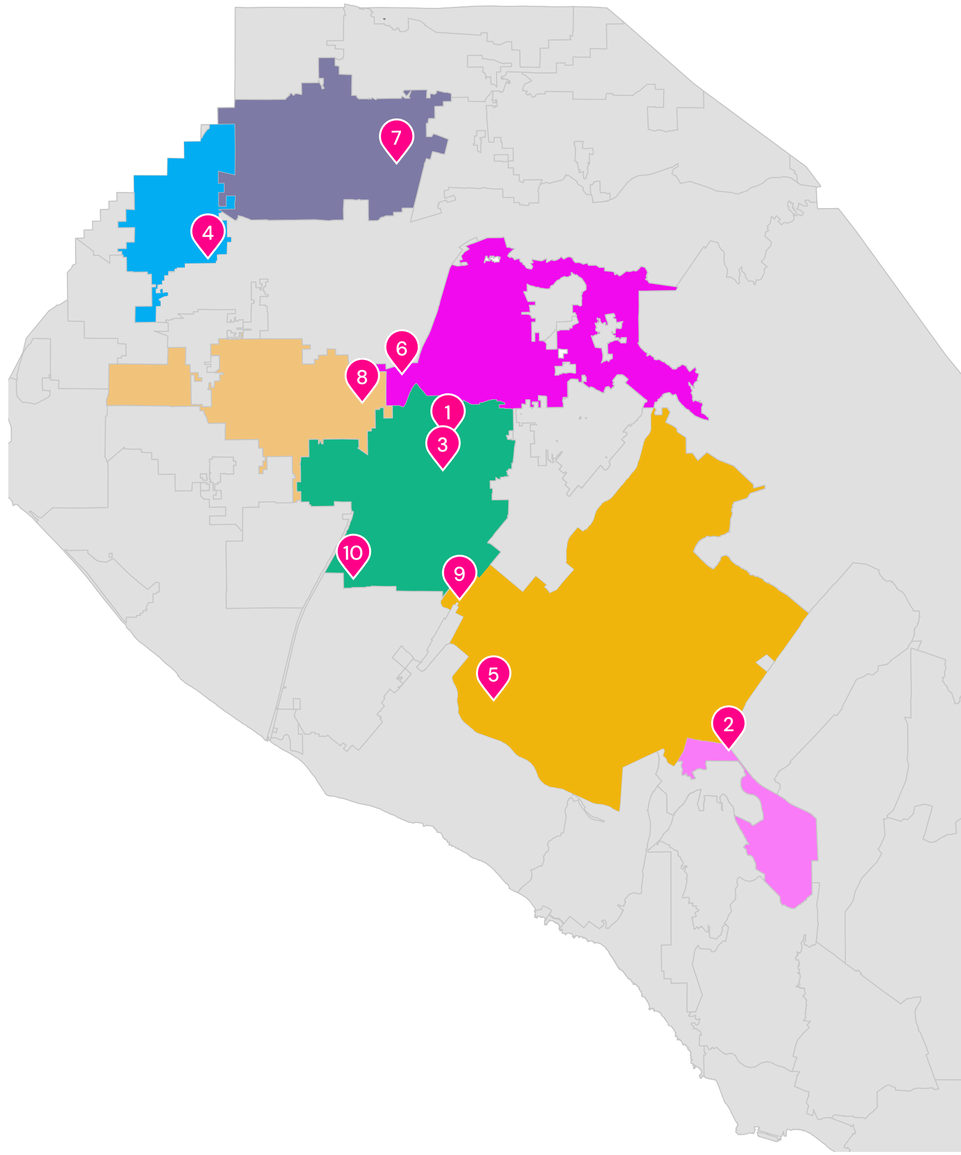
Even with all of the progress the community has made, the LGBTQIA+ population continues to face disparities that uniquely affect their lives and livelihood. They are at greater risk for behavioral health disorders, HIV/AIDS, and have less access to healthcare (among other disparities). These barriers are compounded by the lack of health data on this community. Stigma and racism exacerbate these disparities even further. Ultimately, it is critical to close this gap in knowledge on the LGBTQIA+ population. Doing so will mean members of this community are able to receive the care they need and ensure health outcomes are equitable regardless of one's sexual orientation and gender identity.

LGBTQIA+ Residents

The US Census Bureau only began collecting information on "same sex couples" in the 2020 census and SOGI data in a "Household Pulse Survey" in 2021. As such, very little data is available regarding the LGBTQIA+ population in California, let alone in Orange County. The data that follows are state-level estimates produced by the Williams Institute in 2021. Moreover, though collecting this data is a step in the right direction for the LGBTQIA+ community, barriers to self-identification remain. These barriers include fear of discrimination and job loss, as well as internalized homophobia and transphobia.

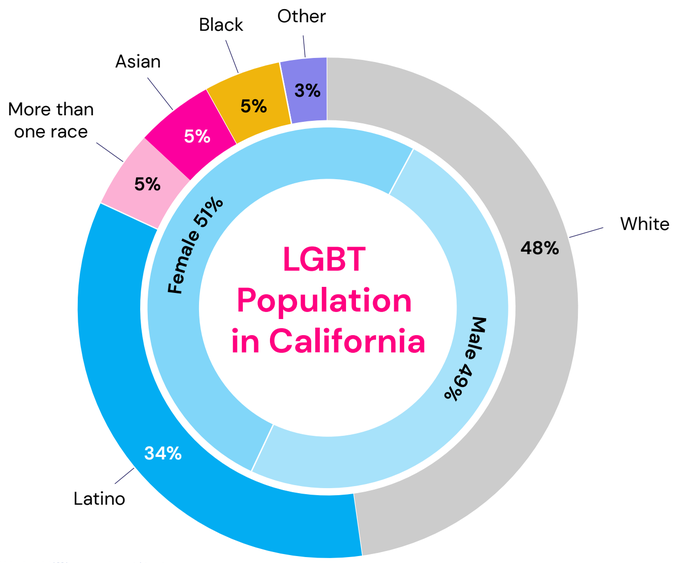
Geographical Markers

1. LGBTQ Center OC
2. Shanti Orange County
3. Alianza Translatinx
4. Viet Rainbow of Orange County
5. UCI LGBT Center
6. UCI Gender Diversity Program
7. CSUF LGBT Queer Resource Center
8. APAIT OC
9. Radiant Health Centers
10. PFLAG Orange County



Population Overview

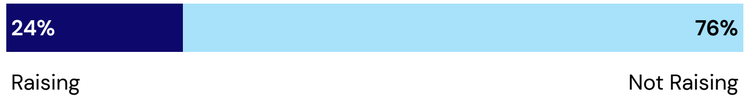
LGBTQIA+ COMMUNITY



Source: UCLA Williams Institute

Percent of LGBT Population Raising Children

In California



Source: UCLA Williams Institute

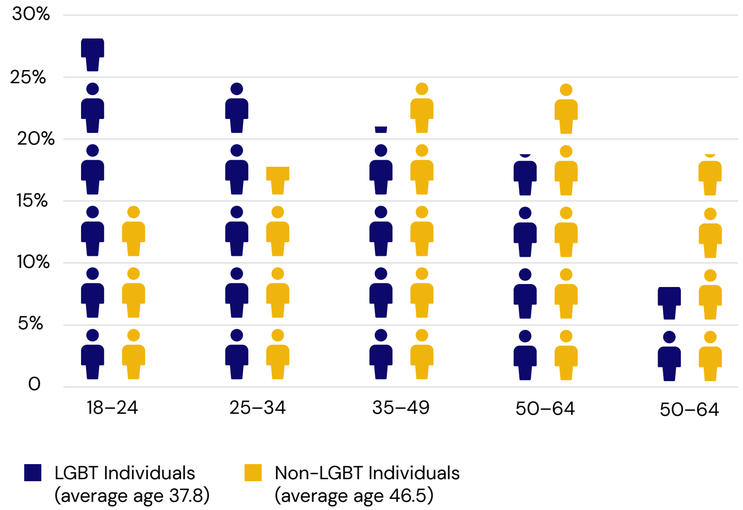
U.S. States with Highest LGBT Populations

2017

Source: UCLA Williams Institute

Age Distribution

LGBT and Non-LGBT Population in California



Source: UCLA Williams Institute

California LGBT Population

5.3%
Percent of Adults (18+) Who are LGBTQ
2019

1,859,000
Total LGBTQ Population (13+)
2020

6%
Percent of Workforce Who are LGBTQ
2020

1,194,000
Total LGBTQ Workers
2020

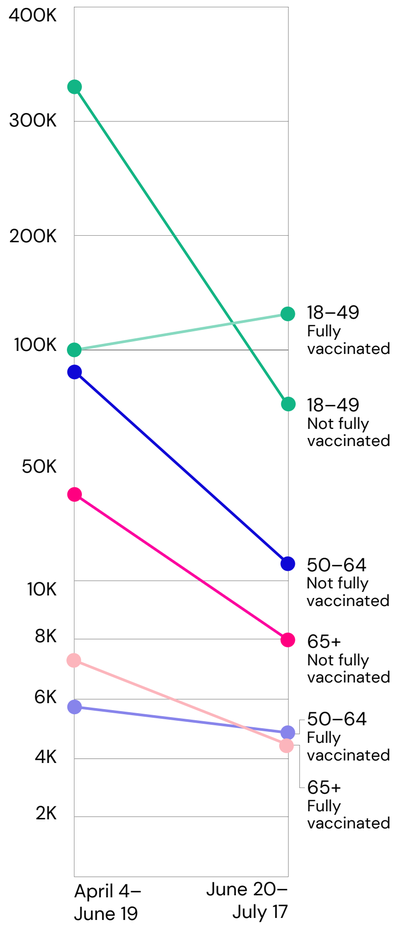
Source: Movement Advancement Project

LGBTQIA+ Individuals and COVID-19 in Orange County

While there is a lack of data on COVID-19 within the LGBTQIA+ population, pre-pandemic data as well as the experiences of LGBTQIA+ individuals suggest that this community may be disproportionately affected. One way the pandemic has impacted this community is by worsening physical health outcomes. Pre-pandemic data suggests that the LGBTQIA+ population more frequently experienced unique comorbidities that increased the risk of COVID infection compared to cisgender, heterosexual individuals. The underlying conditions that are more prevalent among LGBTQIA+ individuals include, but are not limited to: hypertension, obesity, cancer, asthma, diabetes, kidney disease, smoking, and heart disease. Two explanations of these increased risks are stigmatization from healthcare providers and a lack of culturally-competent providers. Either of these could prevent LGBTQIA+ individuals from seeking regular care. Relatedly, this postponement in care may play a role in delays of early testing and treatment for COVID-19.

Total Cases

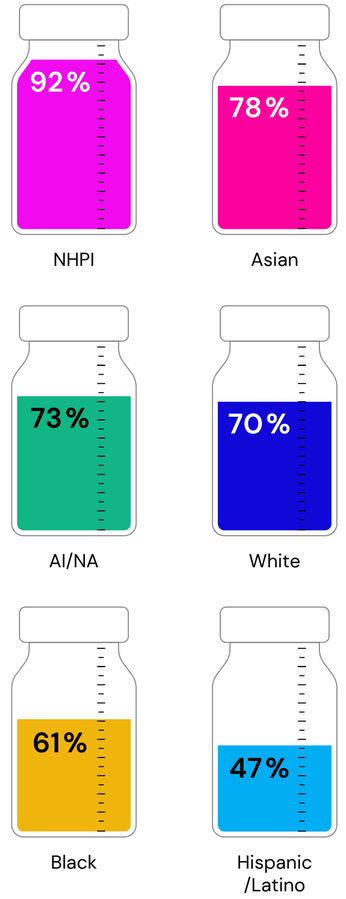
by age and vaccination status, 2021



Source: OC Health Care Agency

Vaccination Rate

per 100K population, 2021



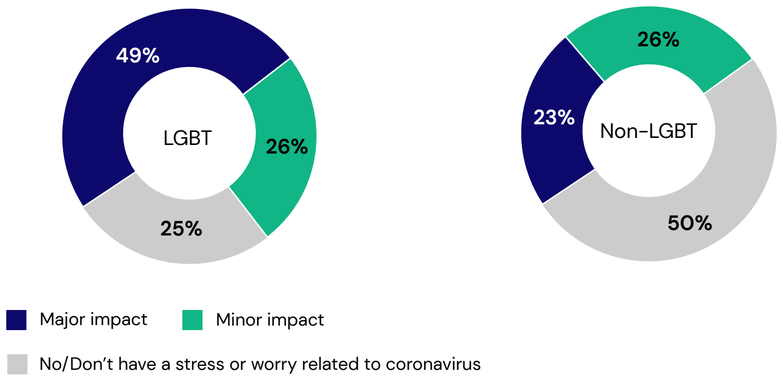
Source: OC Health Care Agency

Older Adults and COVID-19 in OC (continued)

Mental health among LGBTQIA+ individuals has also worsened because of COVID-19. Pre-pandemic data suggests that in general, the LGBTQIA+ community experienced mental health conditions including depression, suicidality, post-traumatic stress disorder, anxiety, and substance abuse disorders at nearly twice the rate of their cisgender and heterosexual counterparts. This was made worse by the added stresses of the pandemic like social distancing, isolation, and fear of infection. These struggles were experienced at all ages. A recent study focused on LGBTQIA+ youth found that 60% of LGBTQIA+ college students experienced depression and anxiety during the pandemic as many transitioned to online schooling.

Stress and Worry Related to the Coronavirus

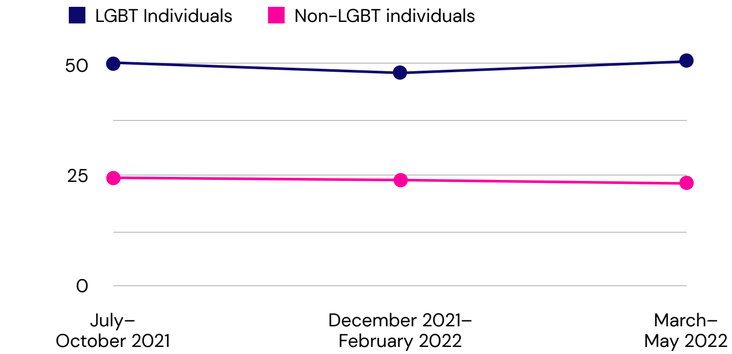
LGBT and Non-LGBT people



Source: KFF.org

Percentage of U.S. Adults With Symptoms of Anxiety

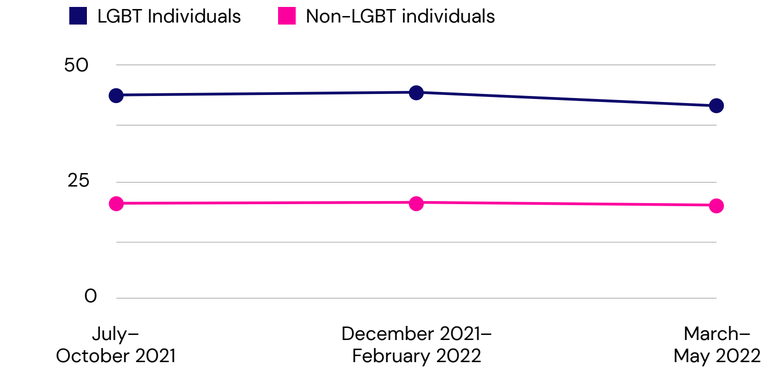
by LGBT status, 2021–2021



Source: United States Census Bureau

Percentage of U.S. Adults With Symptoms of Depression

by LGBT status, 2021–2021



Source: United States Census Bureau

Health and Mortality

LGBTQIA+ Health Disparities

Though new HIV infections among gay and bisexual men declined over the last decade, it still continues to disproportionately affect them compared to other communities in the US. In 2022, the CDC reported that nationally, transgender Women, Black/African American men, and Hispanic/Latino men have the highest risk for new HIV infection. This is due to a variety of factors which will be discussed in greater depth later in this overview such as racism, poverty, homophobia, and limited access to high-quality care. Older LGBTQIA+ adults are more likely to rate their health as poor and report more chronic conditions while having less social support. Another study based in the UK from 2019 found that lesbian and bisexual women are more likely to be obese or overweight. A different study conducted in the US from the same year found that lesbian and bisexual women also have higher rates of breast cancer, and higher rates of HPV infection and related cervical or anal cancers. As a collective, LGBTQIA+ people are less likely to have a regular health care provider.

The LGBTQIA+ population is less likely to access preventative services for cancer, such as mammograms, Pap smears and rectal exams. As such, lesbians are at a higher risk of cervical cancer and gay men are at a higher risk for anal cancer. Gay men are at a higher risk for HIV and other STDs, and the community has higher rates of HPV infection. In 2022, 68.3% of men who have sex with men (MSM) had HIV in Orange County according to the OC Health Care Agency. While this indicates a steady decrease in HIV compared to 2014, the care is still complicated by community members being less likely to have health insurance compared to their straight, cisgender peers. This, in turn, leaves them more likely to delay care.

When it comes to the collective mental health of the LGBTQIA+ population, suicide and suicidal thoughts, mood disorders and anxiety, eating disorders, alcohol and substance abuse were some of the most prevalent issues. To that end, the LGBTQIA+ population is two or three times more likely to have suicidal thoughts or attempt suicide and also more likely to have anxiety or mood disorders. These issues do not occur in a vacuum. If we can determine why these disparities persist, we can begin to address them.

Ultimately, there are many causes for these inequities at both the institutional and individual level and must be considered any time inequities are discussed. With regards to the institutions serving the community, a lack of LGBTQIA+ specific education and training for health care workers, a lack of clinical research on LGBTQIA+ health-related issues, and restrictive health benefits all contribute. For individuals, discrimination, fear of mistreatment, stigma, and institutional bias in the health care system can have catastrophic health consequences.

Racism Compounds Inequities Faced by the LGBTQIA+ Community

The cumulative and intersecting impact of three main factors contributes to significant negative health outcomes for LGBTQIA+ people: their reduced access to employer-provided health insurance, the social stigma that exists against LGBTQIA+ people, and a lack of culturally competent care in the healthcare system. For people of color, a lack of affordable health care and insurance and culturally competent service providers - along with persistent racism in society - are some of the largest causes of health disparities.

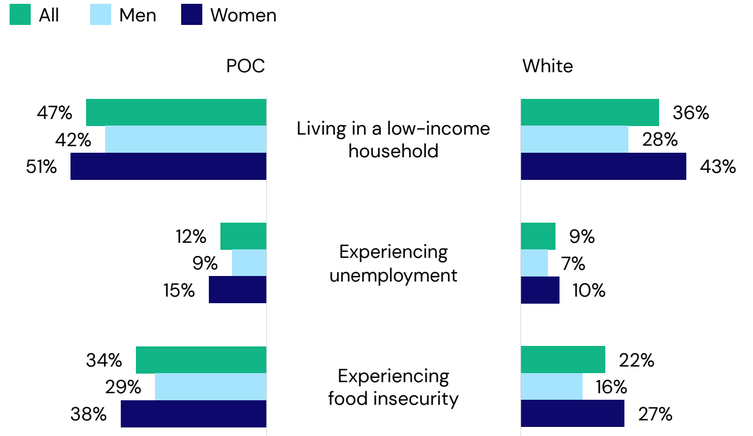
Health and Mortality (continued)

While there is almost no data about the health disparities faced by transgender people of color, the combined impacts of racism and transphobia undoubtedly lead to worse health outcomes. The few statistics that do exist around the health disparities faced by transgender people focus almost exclusively on transgender women and incidence of HIV/AIDS. These statistics show drastically high rates of HIV/AIDS among transgender women. In California, publicly funded counseling and testing sites report that transgender women have higher rates of HIV diagnosis (6%) than all other risk categories, including men who have sex with men (4%) and partners of people living with HIV (5%). African-American transgender women have a substantially higher rate of HIV diagnosis (29%) than all other racial or ethnic groups.

LGBTQIA+ adults of color reported that their overall health was only fair or poor, compared to 22% of White LGBTQIA+ people. Mental health, by comparison, is one domain of health outcomes in which racial minorities do not consistently fare worse than White respondents. Specifically, fewer LGBTQIA+ adults of color report depression diagnoses compared to White LGBT people. In short, while Black Americans tend to report higher levels of psychological distress than White Americans, they do not report depression diagnoses or symptoms at higher rates. Also in line with previous research, more women report experiencing depression than men, with White women reporting this most.

LGBTQIA+ POC and White Adults Experiencing Economic Instability

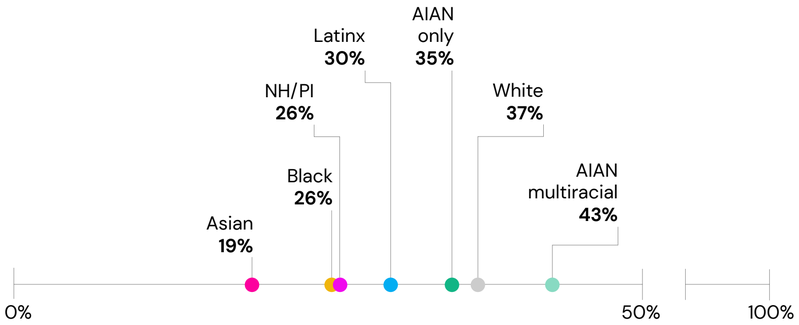
Overall and by gender, January 2022



Source: UCLA Williams Institute

LGBT Adults Reporting Depression

by race

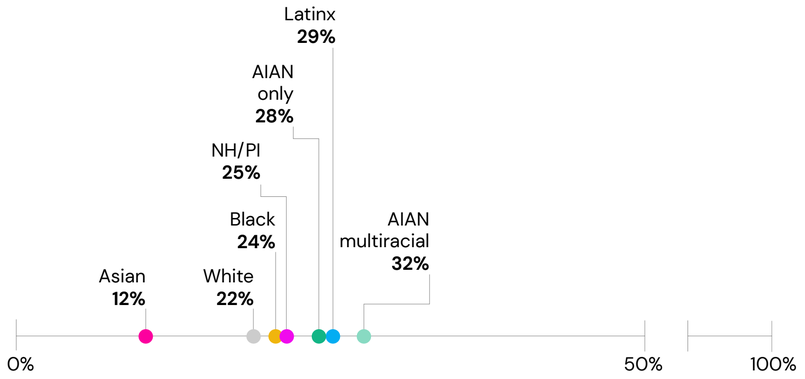


Source: UCLA Williams Institute

Health and Mortality (continued)

LGBT Adults Reporting Poor Health

By race



Source: UCLA Williams Institute

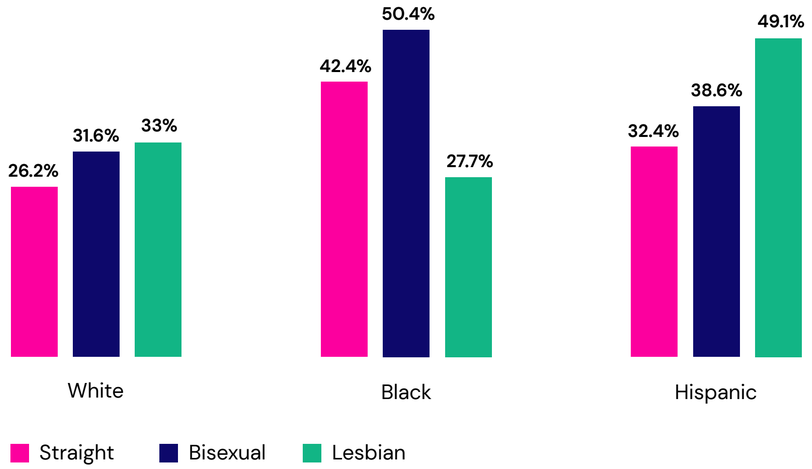
Obesity and Eating Disorders in the LGBTQIA+ Community

Research has found that bisexual and lesbian women were more likely to be overweight or obese than women who identify as heterosexual. Gay men, by contrast, are less likely to be overweight or obese than straight men. These findings are likely caused, at least in part, by the fact that LGBTQIA+ individuals experience unique stressors such as bullying, harassment, fear of rejection, internalized homophobia, body image distress, barriers to accessing medical and mental health treatment, and violence. These stressors, in turn, place them in a higher risk category for the development of eating disorders and other mental health issues.

As shown in the figure below, data from the Behavioral Risk Factor Surveillance System (BRFSS) indicated that Black bisexual women experienced the highest rates of obesity and Hispanic lesbians had the highest rates of diabetes. Notably, white and Hispanic women experienced greater obesity rates if they were lesbian or bisexual, while Black lesbians experienced lower rates of obesity than their straight counterparts. Because heights and weights in the BRFSS are self-reported, these data may underestimate the true prevalence of obesity.

Obesity in Women by Race and Sexual Orientation

2014–2015



Source: STOP Obesity Alliance

Health and Mortality (continued)

Breast and Cervical Cancers in the LGBTQIA+ Community

Although there isn't conclusive evidence, breast and cervical cancers may disproportionately affect the LGBTQIA+ community. For example, some research suggests that lesbian and bisexual women have a higher risk of breast cancer than straight women. Another study found that increased substance abuse and stress among lesbian and bisexual women compared to the general population may contribute to that risk. Also, other evidence suggests that lesbian and bisexual women are less likely to receive regular cervical cancer screenings than their heterosexual counterparts. This lack of cervical cancer screenings may lead to higher rates of cervical cancer.

Cancer.org states that lesbian and bisexual women may be at increased risk for breast, cervical, and ovarian cancer compared to heterosexual women; this may be a result of less access to routine health care. Queer women may also hesitate to visit their medical providers due to fear of discrimination, low rates of health insurance, and past negative experiences.

When it comes to fear of discrimination, some women don't tell their health care providers about their sexual orientation because they fear it will affect the quality care they will receive. This can make it harder to develop a positive relationship with a provider. With regards to low rates of health insurance, many health insurance policies don't cover unmarried partners. This makes it harder for many lesbian and bisexual women to get quality health care. Finally, the fear of having a negative experience with a health care provider can lead some women to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screening can lead to cancer being diagnosed at a later stage, when it's harder to treat.

While transgender men who have had a total hysterectomy to remove their cervix do not need cervical cancer screenings, those who still have a cervix should be screened, according to the National Health Service. With that said, accessing this service can be difficult for many transgender men, due to a lack of health care coverage and due to dysphoria / discomfort with that part of their body. The same can also be true for breast cancer screening. These issues can be further compounded by providers who lack training / sensitivity with regards to the medical needs of the transgender community.

Heart Disease in the LGBTQIA+ Community

According to the Journal of the American Heart Association, there is growing evidence that LGBTQIA+ adults experience worse cardiovascular health (CVH) relative to their cisgender, heterosexual peers. With that said, CVH has received limited attention relative to other health topics (eg, HIV/AIDS and substance use) in this population. Only 4.0% of all National Institutes of Health–funded studies on LGBTQIA+ health between 1989 and 2011 focused on cardiovascular disease or cardiovascular disease risk factors (e.g. diet, diabetes, and obesity). Although LGBTQIA+ people are often grouped together, subgroups within this population have distinct health risks and exposures; multiple studies have identified variations in cardiovascular disease risk by sex assigned at birth, gender identity, sexual orientation, and race. Ultimately, to improve the CVH of LGBTQIA+ adults, more research is needed.

Health and Mortality (continued)

Additional health disparities that contribute to reduced CVH in the queer community include the fact that bisexual men have twice the odds of having high blood pressure as heterosexual men. Moreover, LGBTQIA+ adults, particularly women, are more likely to use tobacco than other adults, and lesbian and bisexual women tend to have higher obesity rates than heterosexual women. Short sleep duration, a risk factor for high blood pressure, diabetes and heart disease, is more common among lesbian and bisexual women than heterosexual women. It also represents an overlooked risk factor not only in the LGBTQIA+ community, but also among millions of Americans regardless of sexual orientation.

Mpox and the LGBTQIA+ Community

Mpox, a rare pox virus typically carried by rodents in Central and Western Africa, has been making international headlines recently because of unusual outbreaks in Europe, North America, Israel, and Australia. Transmission of the Mpox virus (MPXV) during the 2022 multinational Mpox outbreak has been associated with close contact, primarily sexual behavior, between men. Although one-time partnerships represented <3% of the total daily partnerships and 16% of the sex between men on any given day, they accounted for approximately 50% of MPXV transmission.

While Mpox appears to spread among some sexual and social networks of gay and bisexual men, and other men who have sex with men (MSM), it is crucial to emphasize that there is no such thing as a disease exclusive to a particular sexual orientation. Infections caused by viruses and bacteria can affect anyone, regardless of their sexual orientation. Mpox is not classified as a sexually transmitted infection; instead, it spreads through close contact, as previously explained. Anyone can get Mpox, including heterosexual people, women, transgender and nonbinary people, and others. It is important not to stereotype gay and bisexual men as bearers of disease. Gay and bisexual men already experience significant stigma and prejudice and are vulnerable to discrimination and violent victimization.

Researchers are investigating whether the virus can be spread by someone who has no symptoms, or through semen, vaginal fluids and fecal matter, according to the CDC. The CDC says that wearing a condom may help, but alone, it probably will not protect against the spread of Mpox. One thing people can do to protect themselves is to avoid contact with those who are clearly infected, especially close face-to-face contact like kissing. A decrease in one-time partnerships not only decreased the percentage of MSM infected, but it also increased the number of days needed to reach a given level of infection in the population, allowing more time for vaccination efforts to reach susceptible persons.

HIV/AIDS in the LGBTQIA+ Community

According to the U.S. Centers for Disease Control and Prevention (CDC), there are 1.2 million people living with HIV (PLWH) in the United States, and approximately 40,000 people were diagnosed with HIV in 2015 alone. Gay and bisexual men made up an estimated 2% of the U.S. population in 2013 but 55% of all PLWH in the United States. If current diagnosis rates continue, 1 in 6 gay and bisexual men will be diagnosed with HIV in their lifetime. For Latino and Black men who have sex with men, the rates are in 1 in 4 and 1 in 2, respectively.

Health and Mortality (continued)

Transgender people have also been hit especially hard by the epidemic despite comprising a similarly small percentage of the U.S. population. While more data is needed to understand the full impact of HIV on the transgender community, one international analysis found that transgender women in certain communities have 49 times the odds of living with HIV than the general population. Although HIV prevalence among transgender men is relatively low (0-3%) according to the CDC, some data suggest transgender men may still yet be at elevated risk for HIV acquisition.

Dealing with the potential consequences of bias and discrimination — job loss, homelessness, lack of healthcare insurance — often results in LGBTQIA+ people engaging in behaviors that facilitate the spread of HIV. Following decades of inadequate funding, our nation's public health infrastructure lacks the resources it needs to respond aggressively to the HIV and AIDS epidemic.

Major advancements in HIV prevention, treatment, and care have put an AIDS-free generation squarely within reach. HIV tests are faster and more reliable than ever before. HIV medications are safer and more effective, and there are now several ways to prevent the spread of HIV, including condoms and Pre-Exposure Prophylaxis (PrEP). PrEP is an HIV prevention strategy that currently involves taking a once daily-pill. When taken as prescribed, PrEP is safe and highly effective at preventing people from becoming HIV-positive.

Aging and Sexuality

2017

73%
Adults 57–64 engage in sexual activity

53%
Adults 65–74 engage in sexual activity

26%
Adults 75–84 engage in sexual activity

69%
LGBT older adults that were sexually active within the last year
2017

Source: LGBT Elder Initiative

Transgender Women Living with HIV

2019–2020

42%

Source: AIDSVu

Health and Mortality (continued)

Sexually Transmitted Infections (STIs)

Risk for HIV/AIDS and STIs is conferred by behavior, not identity. Again, there is no such thing as an LGBTQIA+ disease. With that being said, some lesbian, gay, bisexual, transgender, and queer people face an increased risk for HIV and sexually transmitted infections (STIs). This increased risk is best documented for gay, bisexual, and other men who have sex with men (MSM), for whom rates of HIV, syphilis, and gonorrhea exceed those of the general population. Transgender women are also at increased risk for HIV. The epidemiology of these infections among lesbians and other women who have sex with women (WSW), transgender men, and non-binary people is not currently known. The increased risk of HIV and STIs in these populations stems from a variety of factors. Stigma and discrimination can foster unhealthy coping mechanisms, such as risky sexual behavior. It can also impair access to health care, thereby limiting opportunities for screening and prevention.

The first step in addressing HIV and STIs is for providers to take a routine comprehensive sexual history that is inclusive of all people, including those who are LGBTQIA+. The purpose of the sexual history is to identify opportunities for screening and prevention and to address any sexual health concerns patients may have. The key to an inclusive sexual history is to ask open and non-judgmental questions about sexual behavior, avoiding assumptions based on the patient's sexual orientation and gender identity. Knowing the sexual orientation and gender identity prior to the sexual history helps clinicians communicate in a more culturally appropriate manner and prevents assumptions that all patients are heterosexual and cisgender.

Causes of Death Among LGBTQIA+ Individuals

Men in the United States are more likely to take their own life than women and represent 79% of all U.S. suicides. Suicide is also the seventh leading cause of death for all men in the United States. Gay, bisexual, and other men who have sex with men are at even greater risk for suicide attempts, especially before the age of 25. A study of youth in grades 7–12 found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers.

Among women, heart disease, cancer, chronic lower respiratory disease, stroke, Alzheimer's disease, unintentional injuries, and diabetes all represent leading causes of death. Though information is limited, a recent study suggests transgender women were three times as likely to die of cardiovascular disease, three times as likely to die from lung cancer, nine times as likely to die from infection, and six times as likely to die from non-natural causes as compared to cisgender women. The suicide rate was also seven times higher for transgender women when compared to their cisgender counterparts. Additional research is needed to support transgender, intersex, and asexual individuals.

The LGBTQIA+ community has historically struggled with data parity compared to their heterosexual, cisgender peers. This extends to leading causes of death, as SOGI data is not routinely recorded at the time of passing. This means the reporting of leading causes of death for LGBTQIA+ individuals is incredibly difficult. Ultimately, until the deceased are no longer assumed to be straight and cisgender and until this data is collected in a more systematic way, discussing mortality in the LGBTQIA+ community will require some level of guesswork.

Health and Mortality (continued)

Mental Health and the LGBTQIA+ Community

Although the full range of LGBTQIA+ identities are not commonly included in large-scale studies of mental health, there is strong evidence from recent research that members of this community are at a higher risk for experiencing mental health conditions — especially depression and anxiety disorders. Moreover, LGBTQIA+ adults are more than twice as likely as heterosexual adults to experience a mental health condition. Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with their birth sex) individuals to experience a mental health condition.

LGBTQIA+ youth also experience greater risk for mental health conditions and suicidality— in fact, they are more than twice as likely to report experiencing persistent feelings of sadness or hopelessness than their heterosexual peers. Transgender youth face further disparities as they are twice as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to cisgender lesbian, gay, bisexual, queer and questioning youth.

Risk factors for negative mental health outcomes in the LGBTQIA+ community include, but are not limited to: stress and fear of coming out, rejection, trauma, substance abuse, homelessness, suicide, and inadequate mental health services. LGBTQIA+ youth regularly report higher levels of self-harm, symptoms of generalized anxiety disorder, and being physically threatened or harmed in their lifetime because of their LGBTQIA+ identity. Older adults in the LGBTQIA+ community, by contrast, often report experiencing a lack of companionship and feeling isolated from others. 41% of transgender older adults are reported to have attempted suicide. SAGE USA states that the health risks of prolonged isolation have been equated with smoking 15 cigarettes every single day.

Substance Abuse and the LGBTQIA+ Community

Substance abuse is a significant problem among members of the LGBTQIA+ community. From alcohol abuse and binge drinking to the use of harder drugs like methamphetamines, heroin, and opioids, many people in this community struggle with addiction. A review on the use of tobacco products by LGBTQIA+ individuals showed elevated rates of smoking and e-cigarette use compared to their heterosexual counterparts. Among LGBTQIA+ adults, bisexual women reported greater rates of trying e-cigarettes compared to heterosexual women and greater dual use of tobacco cigarettes and e-cigarettes compared to both lesbian and heterosexual women. Bisexual men were also more likely to report lifetime or current e-cigarette use compared to heterosexual men. Taken together, these findings suggest that targeted health messages may be needed. Statistics suggest that LGBTQIA+ adults are more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder.

Whether or not their families and friends provide acceptance, many members of the LGBTQIA+ community suffer from internalized homophobia. This happens when queer people self-identify with anti-gay stigmas. The result is often self-loathing and an inability to feel comfortable in one's own skin. For those suffering from internalized homophobia, alcohol and drugs can silence negative thoughts for a time. When drunk or high, LGBTQIA+ individuals can temporarily enjoy living as their true selves. Substance use and abuse can also serve as a coping mechanism for the barriers many LGBTQIA+ people regularly face such as homophobia, rejection, and discrimination.

Health and Mortality (continued)

Discrimination in Health Care

Discrimination Against the LGBTQIA+ Community

LGBTQIA+ discrimination is defined as mistreating an individual based on their gender identity or sexual orientation, and it comes in many different forms. Discrimination may be direct or more subtle. It may also be intersectional, or arise from multiple identities (i.e. discrimination against a disabled transgender woman of color). Discrimination may also arise via association, or when someone is mistreated for being perceived as being a part of the community. Finally, all of this discrimination is facilitated by the systemic disenfranchisement of LGBTQIA+ people by institutional policies and practices that treat them as lesser. Unfortunately, all of these forms of discrimination and more can be experienced in health care settings.

A lack of provider competency in LGBTQIA+ care underlies the discrimination faced by LGBTQIA+ patients. A 2011 study found the median reported time dedicated to teaching LGBTQIA+ content over the entire medical school curriculum was 5 hours across about 150 schools; it is unclear how much the training of medical professionals has improved in the intervening decade. As such, it should come as no surprise that providers' failure to understand the LGBTQIA+ patient experience contributes to the healthcare practice being perceived as discriminatory by patients. It also contributes to discrimination, as providers lacking adequate training in LGBTQIA+ healthcare issues simply cannot provide the same quality of care afforded to straight, cisgender patients. Increasing provider education on the psychosocial aspects of being LGBTQIA+ as well as on healthcare screening, diagnoses, and treatments unique to this population may reduce the barriers faced by LGBTQIA+ patients in receiving quality care.

With regards to the transgender community specifically, the biggest barrier both to safe hormonal therapy and to appropriate general medical care is the lack of access to care. Despite both guidelines and data supporting the current transgender medicine treatment paradigm, transgender patients report that lack of providers with expertise in transgender medicine represents the single largest component inhibiting access. Transgender treatment is not taught in conventional medical curricula and too few physicians have the requisite knowledge and comfort level. Other reported barriers include: financial barriers (lack of insurance, lack of income), discrimination, lack of cultural competence by health care providers, health systems barriers (inappropriate electronic records, forms, lab references, clinic facilities) and socioeconomic barriers (transportation, housing, mental health). While some of these health care barriers are faced by other minority groups, many are unique and significantly magnified for transgender persons.

It is critical these issues be addressed, because new research confirms that transgender adolescents receiving pubertal blocking and/or gender-affirming hormone therapy report significant improvements in body satisfaction. These improvements are also often accompanied with more moderate changes in depression and anxiety. Testosterone is used in transgender men to induce virilization and suppress feminizing characteristics. In transgender women, estrogen is used to help feminize patients, and anti-androgens are used to help suppress masculinizing features. The number of transgender individuals seeking cross-sex hormone therapy has risen over the years and the administration of hormones is considered medically necessary for many transgender individuals.

Health and Mortality (continued)

Spotlight on: LGBTQIA+ Youth

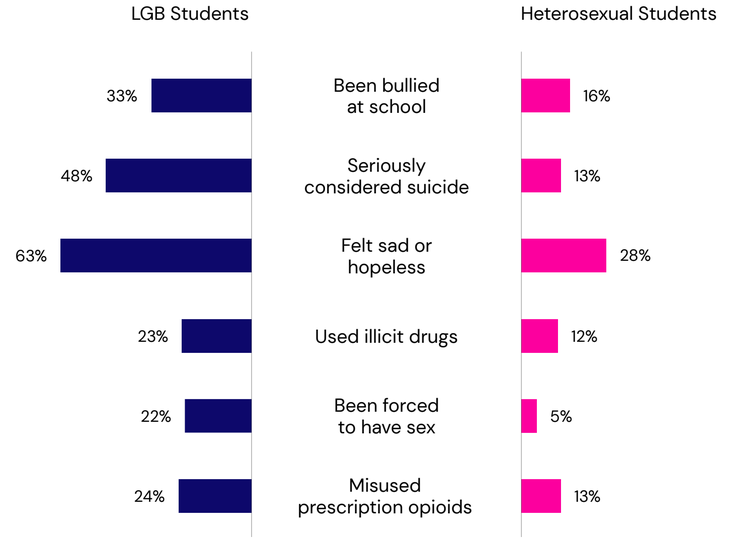
According to the CDC, LGBTQIA+ youth are part of every community, come from all walks of life, and are present in every racial, ethnic, socioeconomic, and geographical group. While many LGBTQIA+ youth transition to adulthood successfully, others struggle with social stigma pertaining to their sexual orientation or gender identity. Stigma comes in many forms, including: family disapproval, social rejection, discrimination, harassment, and violence. This leaves LGBTQIA+ youth especially vulnerable to certain negative health outcomes. Adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual peers. Finally, transgender youth are more likely to have attempted suicide than their cisgender peers.

A recent study suggested that LGBTQIA+ youth are more likely to engage in high-risk sexual behaviors than their heterosexual, cisgender peers, leading to an increased incidence of STDs. Young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other sexually transmitted diseases (STDs), for example. LGBTQIA+ youth may engage in this behavior for a variety of reasons, from bullying and familial rejection to social stigma and peer victimization. The rates of gonorrhea, chlamydia, and HIV are two times higher in queer youth than in heterosexual men. According to the Dane County Youth Assessment Surveys (2008-2009), multiple factors accounted for unsafe sexual behaviors in LGBTQIA+ youth, including sexual encounters at earlier ages, increased number of known and anonymous sexual partners, lack of education on safe sex practices, and ineffective use of condoms.

Like LGBTQIA+ adults, young queer individuals may also struggle to report their sexual identity and gender identity to their providers. Some clinicians are not well trained (or are untrained) in addressing the concerns of members of this community. A study conducted in Washington DC suggested that almost 70% of sexual minority youth reported not discussing their sexual orientation with their clinician, and 90% shared reservations about reporting it to their provider.

Health Disparities Among LGBTQ Youth

2017



Source: CDC

Health and Mortality (continued)

Spotlight on: LGBTQIA+ Older Adults

America's population is aging. By 2050, it is estimated that the number of people over the age of 65 will increase to 84 million (from 54 million in 2020). While the public perception of queer people is largely one of a young, affluent community, there are more than 2.7 million LGBTQIA+ adults ages 50 or older in the US today. While confronted with the same challenges that face all people as they age, LGBTQIA+ older adults also face an array of unique barriers and inequalities that can stand in the way of a healthy and rewarding later life. For an illustration of the distinct challenges LGBTQIA+ adults face, read, "Aging as LGBT."

LGBTQIA+ Older Adults of Color

Approximately one in five (20%) LGBTQIA+ older adults are people of color, a proportion that is expected to double by 2050. LGBTQIA+ people of color have unique experiences related to their sexual orientation and gender identity and their race and ethnicity. Research finds increased disparities across many measures of wellbeing, including physical and mental health outcomes, economic security, and experiences of discrimination. To begin to address these disparities and the breakdown of trust between LGBTQ+ older adults of color and healthcare providers, it is essential to establish ongoing initiatives aimed at fostering trust and accountability by those who serve the community.

Transgender Older Adults

Transgender older adults have specific medical needs, including medically necessary transition-related care. When transgender elders are forced back into the closet due to discrimination or stigma, their health suffers. Older adults who transition later in life face added health challenges in accessing care and support. These struggles are only compounded for undocumented transgender older adults, who may avoid care due to concerns about revealing their immigration status.

2,700,000

LGBT adults aged 50+ in the U.S.

2017

Source: lgbtmap.org

LGBT older adults are 2 times more likely to live alone as non-LGBT adults

Key Challenges for LGBT Older Adults

A reliance on chosen family

A lack of competent inclusive healthcare

A lifetime of discrimination and lack of legal and social recognition

Source: lgbtmap.org

Health and Mortality (continued)

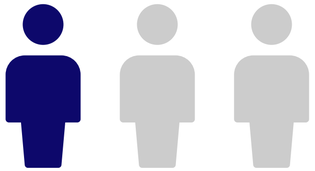
LGBTQIA+ Older Adult Economics and Employment

Both queer people and older people are more likely than their cisgender, heterosexual peers to live in poverty. It should come as no surprise, then, that many older LGBTQIA+ adults struggle to afford basic necessities like food or a place to live. A lifetime of discrimination and lack of equality under the law have left many with lower earning power. While marriage equality recently became the law of the land, its long-time absence denied many older same-sex couples many of the financial and family protections afforded straight couples, often leaving a surviving LGBTQIA+ partner in deep economic distress.

Moreover, many LGBTQIA+ elders have faced a lifetime of employment discrimination coupled with inadequate or no legal protections against this discrimination. This, unsurprisingly, has also contributed to lower earning power. As of 2017, no federal law explicitly prohibited employment discrimination based on sexual orientation or gender identity. With that said, various rulings by the federal Equal Employment Opportunity Commission have extended Title VII's prohibition on sex discrimination to prohibit discrimination on the bases of sexual orientation and gender identity. Much more work is needed to achieve equity between LGBTQIA+ older adults and their cisgender, heterosexual peers, however.

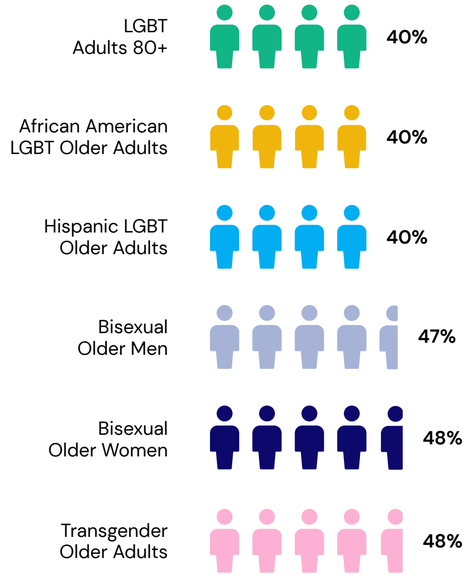
LGBT Older Adults Living at or Below 200% of the Federal Poverty Level

2016



1/3

LGBT older adults



Source: lgbtmap.org

What are Social Determinants of Health?

The World Health Organization (WHO) defines social determinants of health (SDoH) as the conditions in which people are born, live, learn, work, play, worship, and age that impact health outcomes of a person or community. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. These forces are outside the control of an individual or community and can greatly affect their overall health and well-being. Addressing these SDoH requires collective community action on a systemic level. The following pages highlight the status of the Older Adult population in Orange County across three social factors:

Health and Mortality

Comparing how long a group lives and determining their quality of life to the population at large can be a baseline for whether systemic disparities exist and how these disparities impact the community.

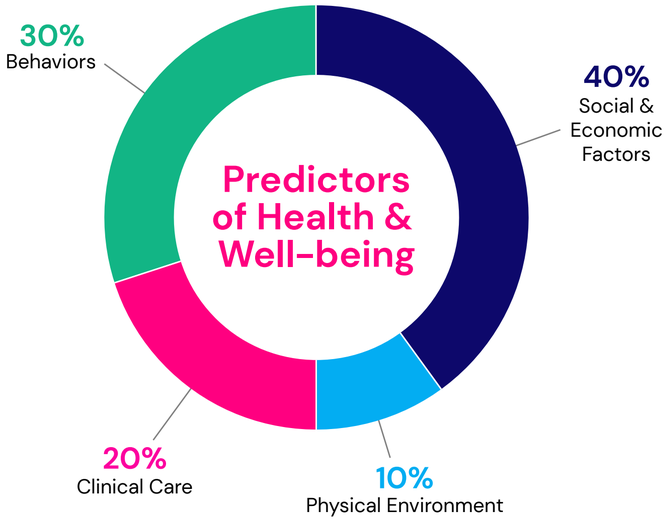
Economics and Education

Education does more than determine one's income. Individuals with higher education are more likely to be healthier and live longer. Improving education in various communities can bring significant health benefits to everyone.

Built Environment and Social Context

Where someone lives, how an individual gets around, and what is going on in a person's community can greatly impact both individual and community health and well-being. Things like neighborhood walkability, cleanliness of air and water, and even the age of buildings in the community can affect quality of life.

> *It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and political environment conspire against such change.*
>
> **National Academy of Medicine**



Source: County Health Rankings

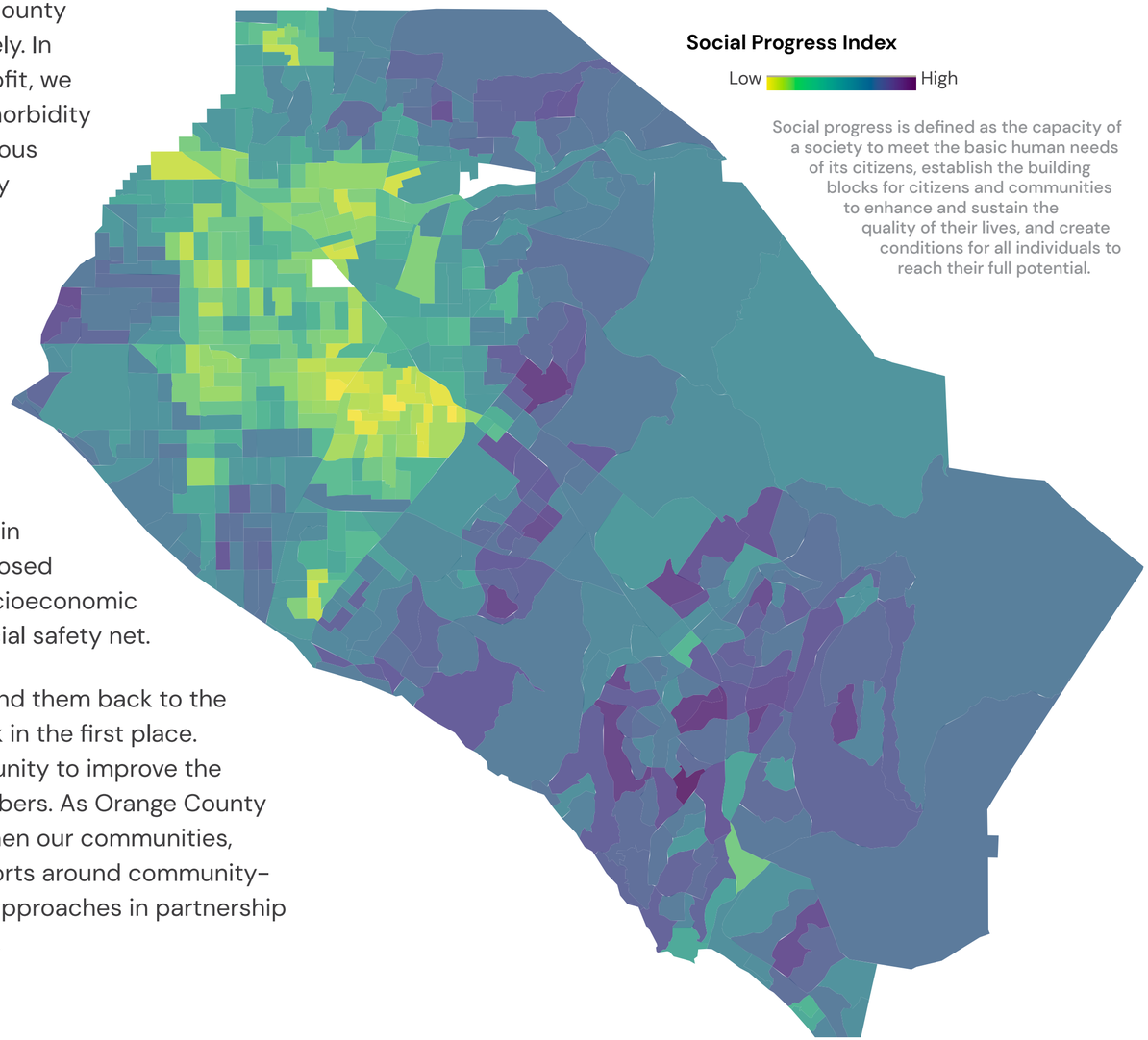
Mapping the Disparity

The COVID-19 pandemic impacted Orange County communities unequally and disproportionately. In partnership with AdvanceOC, a local non-profit, we identified vulnerable communities using comorbidity risk factors and social vulnerability. This rigorous analysis resulted in the Orange County Equity Map and guided the county's response and management of the pandemic.

What We Learned

The OC Equity Map measures social progress in various census tracts of the county. Analyzing and layering COVID-19 cases in Orange County showed that higher concentrations of COVID-19 cases occurred in low social progress areas. The pandemic exposed and magnified existing racial, gender, and socioeconomic inequities, including flaws in the county's social safety net.

We cannot treat and heal individuals then send them back to the systems and conditions that made them sick in the first place. Orange County sees COVID-19 as an opportunity to improve the health and well-being of all community members. As Orange County charts a path forward to rebuild and strengthen our communities, the Health Care Agency will center these efforts around community-informed, data-driven, and equity-oriented approaches in partnership and collaboration with community members.



Source: OC Equity Map, AdvanceOC

SDoH Impacting LGBTQIA+ Individuals

Homelessness

While data on homelessness amongst the LGBTQIA+ population is limited in Orange County specifically, California data suggests there is a disproportionately high percentage of LGBTQIA+ youth who experience homelessness compared to their straight peers. LGBTQIA+ youth in California are significantly more likely to experience homelessness. With that being said, though "Point In Time" homeless counts do include transgender and non-binary individuals, they represented only a fraction of a percent of the total count.

Moreover, according to the California department of education, the number of homeless children in K-12 schools has increased by 20% between 2014-15 and 2016-17. The higher prevalence of homelessness in the LGBTQIA+ community, especially the youth, may stem from youth being, abandoned by their families, or when they run away from home because they feel unwelcome or abused after telling their parents they're LGBTQIA+. Statistics suggest that 55% of LGBTQIA+ youth have run away from their homes due to fear of being mistreated or actual mistreatment because of their sexual identity and 40% were kicked out or abandoned. These disparities can further accelerate the contributing factors of homelessness, only further accelerating contributing factors of homelessness such as drug abuse, depression, family conflict, or absence from school.

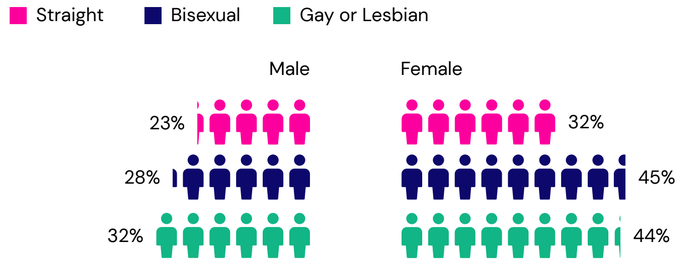
While still sparse, resources for housing assistance for the LGBTQIA+ community do exist in Orange county. They include Radiant Health Centers, which provides financial assistance, case management, and short-term supportive housing for eligible clients. One issue facing unhoused members of the LGBTQIA+ community is that many homeless shelters are gender-specific or geared towards families. This, in turn, can make it difficult for transgender individuals specifically to find a place to stay. Currently, the LGBTQIA+ Center in OC has established a partnership with a facility for homeless transgender clients. These resources are not sufficient to meet the housing needs of unhoused LGBTQIA+ people in Orange County.

Access to Healthcare

The LGBTQIA+ community also faces more difficulties with health care access and quality compared to their straight, cisgender peers. In OC specifically, there are a large number of LGBT individuals who report having trouble finding providers, especially with finding providers who they feel comfortable with. While providers are often not openly hostile, it can be a difficult, lengthy process for a queer person to find a provider they feel comfortable with. The graph below indicates the proportion of individuals who experienced difficulty finding a primary care provider. It shows that gay or lesbian males and females as well as bisexual females had a significantly harder time finding care.

Ever Experienced Unfair Medical Treatment When Getting Medical Care

by sexual orientation and gender, adults 18+ in California 2015–2017

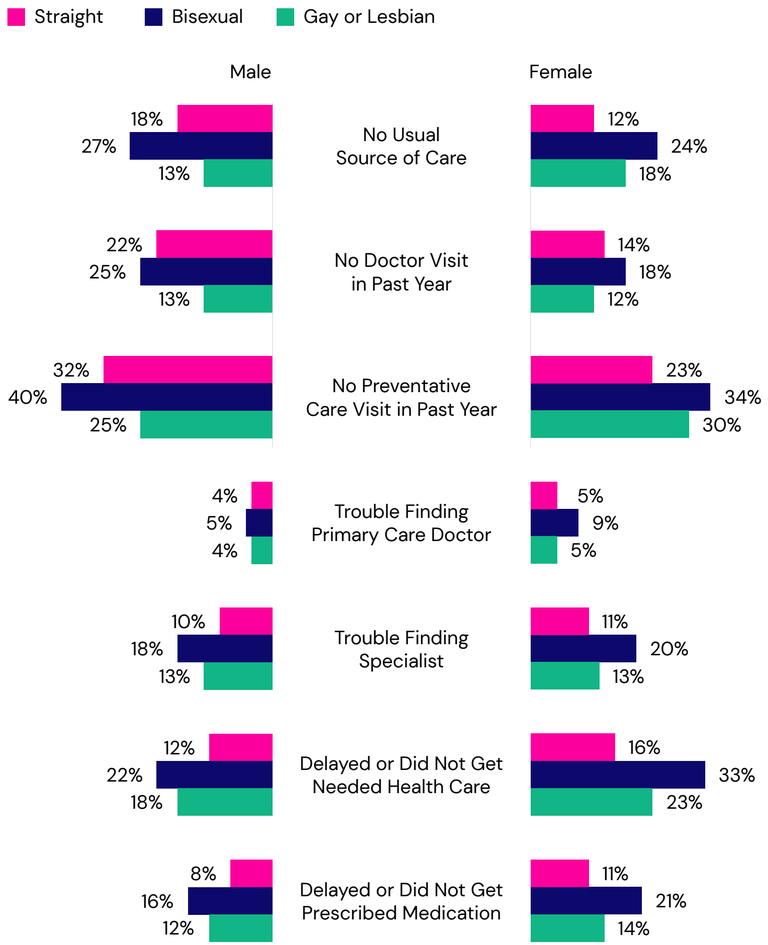


Source: UCLA Williams Institute

SDoH Impacting LGBTQIA+ Individuals (continued)

Indicators of Access to Health Care

By sexual orientation and gender, adults 18+ in California 2017–2020



Source: UCLA Williams Institute

It should come as no surprise then, that gay/lesbian and bisexual males and females reported significantly higher proportions of having no usual source of care, no doctor visits in the past year, as well as no preventative care visits in the past year (2022).

This lack of providers also means queer people face more delays to access care and medication. In the worst case scenario, some queer people simply do not receive needed care. To that end, 33% of bisexual women have had delayed or did not get their needed healthcare (compared to 16% of straight women, 2022). Under state regulation, patients legally should not have to wait longer than 10 business days to see their primary care providers. Studies have indicated that LGBTQIA+ people tend to wait longer, however. A survey of queer Californians showed that 35% of participants waited more than 10 business days for services and the majority indicated that they were not able to access therapy in the past year.

In summary, the barriers faced by the LGBTQIA+ community include: limited access, negative experiences with providers, and providers' lack of knowledge when it comes to serving the queer community. They are also less likely to have health insurance than their straight, heterosexual peers (a difference that may potentially be as a result of rejection from family during youth, homelessness, or being unemployed). Additionally, many LGBTQIA+ individuals have faced negative experiences and prejudice from healthcare staff, causing them to avoid seeking medical care, or to seek it much more selectively. Lastly, many in the LGBTQIA+ community have expressed difficulty in finding providers that have experience in caring for them, discouraging them from seeking medical attention at all.

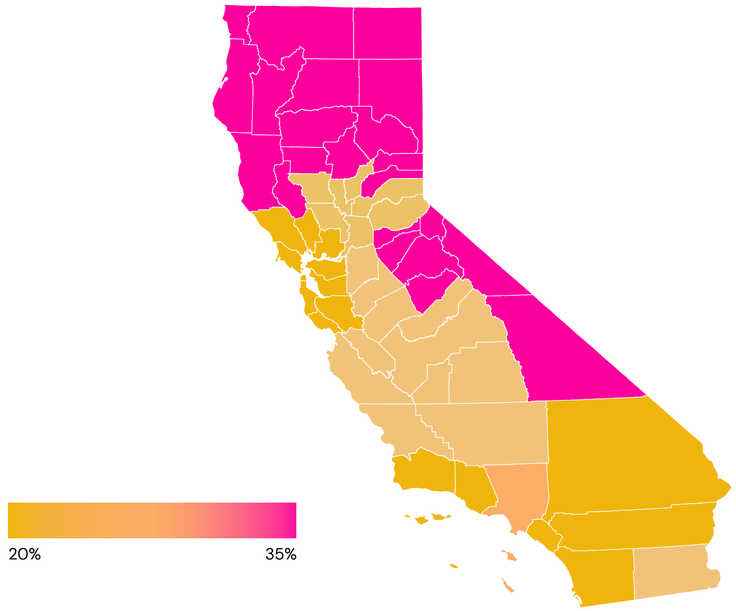
Economics and Education

Income and Poverty

After examining 2010 census data and Gallup Daily Tracking Survey results, the Williams Institute concluded that Orange County has fewer queer individuals with annual incomes less than $24,000 when compared to California as a whole. Specifically, around 20% of Orange County's queer population earns less than $24,000 per year (as compared to 35% in Northern California).

Percentage of LGBT Population with Income Less than $24,000

California, January 2016



Source: UCLA Williams Institute

Even with that in mind, however, poverty rates are still incredibly high in the LGBTQIA+ community, with extreme income disparities between heterosexual, cisgender people and queer people. For instance, the highest income that a white, gay male couple earns has been shown to be 15% less than a heterosexual couple. Likewise, in lesbian and transgender headed households, aggregate incomes are 40-60% lower than similar straight households. This is described in more detail in the graph below which shows that on average, LGBTQIA+ workers earn less than their heterosexual, cisgender peers. Furthermore, there is an even greater disparity when looking at poverty rates of queer people of color in the United States. Nearly 1 in 2 Latinx transgender adults and 4 in 10 of Black transgender adults live in poverty.

Employment Disparities

In addition to income disparity, employment disparity is also a prevalent concern in the queer community. LGBTQIA+ individuals are more often underemployed, meaning they receive less compensation and are not as able to save or purchase assets. Before the COVID-19 pandemic, nearly double the percentage of LGBTQIA+ people were unemployed when compared to straight, cisgender people, which may be linked to discrimination in the workplace. In 2020, a study by the Center for American Progress showed that 36% of LGBTQIA+ adults experienced discrimination at their work in the past year. Many queer adults have also experienced disparities in benefits, especially in employer policies towards parents. A 2018 survey on paid leave found that less than half of LGBTQIA+ respondents reported equal coverage and inclusivity from employers for new parents of all genders.

Economics and Education (continued)

Education

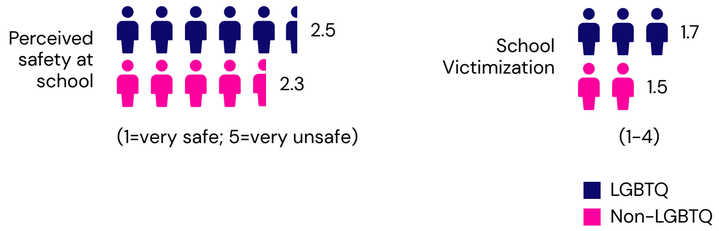
In Orange County and all across the state of California, LGBTQIA+ students face unequal pressures, causing lower grades and more absences than their cisgender, heterosexual classmates. A study conducted in 2017 showed that in California, there was a significant difference in school performance measures among queer youth compared to straight, cisgender youth.

LGBTQIA+ youth were also more likely to report that their reason for absence was due to lack of sufficient sleep. Other reasons included: feeling sad, anxious, or bored, having to take care of family members, wanting to use alcohol or drugs, and not feeling safe at school compared to their straight, cisgender peers.

Additionally, LGBTQIA+ youth generally had a more negative perception of the school climate compared to straight, cisgender youth. As shown in the graph below, queer youth felt lower levels

School Victimization Experience and Perceived School Safety

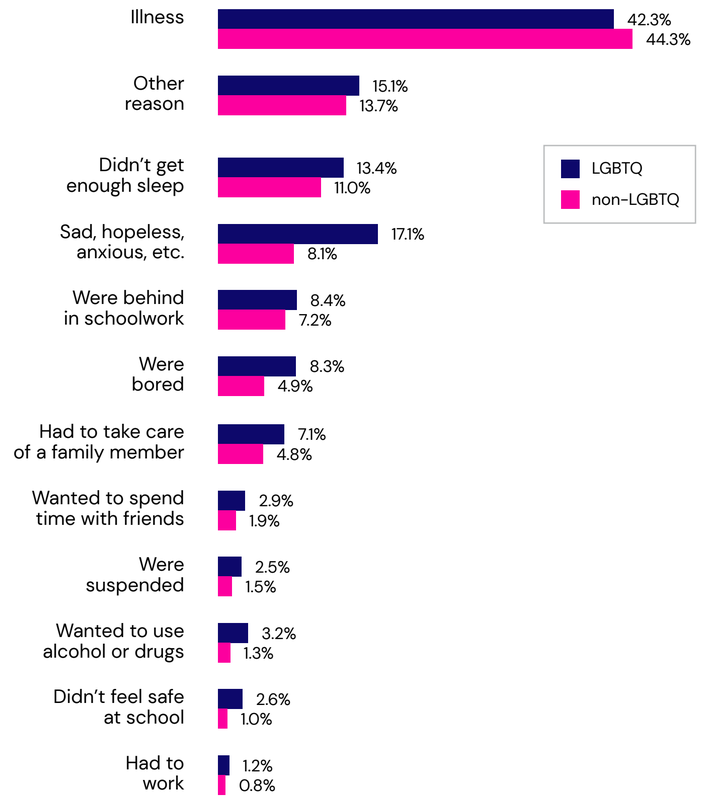
In California Public Schools, 2017



Source: UCLA Williams Institute

Reasons for School Absence in the Past 30 Days Among Middle and High School Students

In California Public Schools, 2017



Source: UCLA Williams Institute

Economics and Education (continued)

of meaningful participation, had lower expectations for adults, especially caring adults, and did not feel as connected in school.

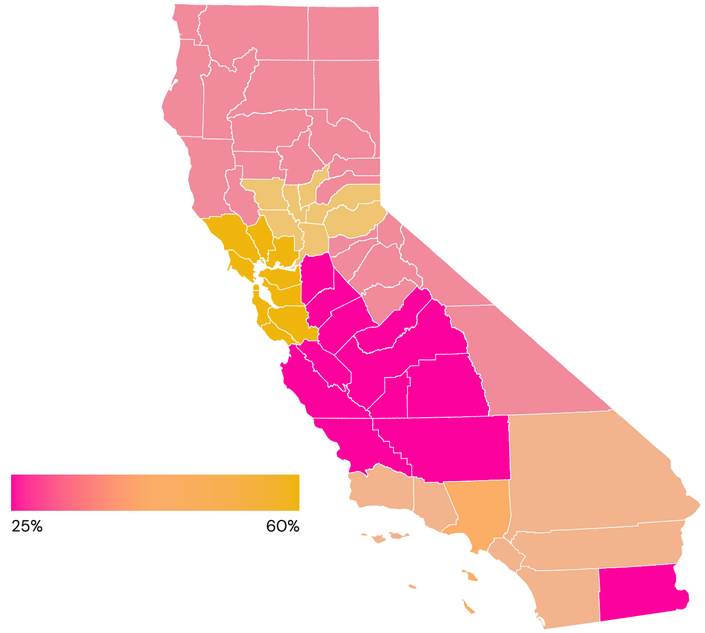
Much of this negativity towards school is due to experiences that cause them to feel unsafe or unwelcomed. In Orange County specifically, queer youth were found to be almost four times more likely to miss school because they did not feel safe and transgender youth were nearly eight times more likely to skip school for the same reason. Taking a closer look, 10% of LGB youth and 21% of transgender youth reported feeling unsafe at school compared to only 4% of their heterosexual, cisgender peers. Queer youth also reported experiencing more physical and verbal bullying compared to their peers, reporting having been pushed, shoved, slapped, hit, kicked, and having sexual jokes, comments, and gestures directed towards them.

In efforts to address these issues, various groups have been founded in an attempt to create a more inclusive and welcoming learning environment for queer youth. For instance, the Gay Lesbian Straight Educator Network (GLSEN) was founded to create affirming learning environments. This organization provides guidance to teachers and school mental health providers to advocate for LGBTQIA+ students. Another example is the School Compliance Task Force started by the Orange County Equity Coalition to monitor schools in Orange County to ensure they comply with anti-discrimination laws, safe school laws, and the FAIR education act (which amended the California Education Code to include the Fair, Accurate, Inclusive, and Respectful reference to contributions by people with disabilities and members of the LGBTQIA+ community in history and social studies curriculum).

Little data regarding higher education within the LGBTQIA+ community is available. A study conducted in 2016 found that

LGBT Population with a College Degree

California, January 2016



Source: UCLA Williams Institute

urban areas have a larger population of LGBT college graduates compared to the rest of California. As observed in the map to the right, Orange County appears to have a similar percentage of queer individuals with a college degree as the remainder of the state with the exception of central California (lower percentages) and the Bay Area in northern California (higher percentages).

Built Environment and Social Context

The LGBTQIA+ Community and Food Accessibility

Food insecurity is defined as having limited access to adequate food due to lack of money or other resources. It is an ongoing issue among many minority groups in the US, including the queer community. Some LGBTQIA+ communities (including women, racial and ethnic minorities, and adults with children), are particularly vulnerable to food insecurity. In fact, LGBTQIA+ adults experience food insecurity and participate in Supplemental Nutrition Assistance Program (SNAP) at higher rates than straight, cisgender adults.

When it comes to the LGBTQIA+ population, more than 1 in 4 LGBTQIA+ adults (27%), approximately 2.2 million people, experienced a time in the last year when they did not have enough money to feed themselves or their families, compared to 17% of straight, cisgender adults. 18% of LGBTQIA+ adults reported that they or someone in their family went without food for an entire day in the past 30 days and 14% of LGBTQIA+ adults reported running out of food for their families and not having money for more in the past 30 days. Lastly, 9% of LGBTQIA+ adults reported that they ate less than they believed they should in the past 30 days. 6% of LGBTQIA+ adults reported going hungry in the past 30 days.

Food insecurity and SNAP participation are not distributed evenly across the LGBTQIA+ community. Rather, we find that women, younger people, certain racial and ethnic minorities, those without college degrees, unmarried individuals, and those with children in the home are particularly vulnerable to food insecurity. When it comes to additional racial and ethnic minorities within the LGBTQIA+ community, 42% of African-Americans, 33% of Hispanics, 32% of American Indians and Alaskan Natives, and 21% of Whites reported not having enough money for food in the 2015.

The LGBTQIA+ Community, Violence, and Crime

Discrimination, bias, homophobia, and transphobia can, and has, led to physical violence and hate crimes towards people of this community. In fact, queer people are nearly four times more likely as straight, cisgender people to experience violent victimization, including rape, sexual assault, and aggravated or simple assault, according to a new study by the Williams Institute. In addition, LGBTQIA+ people are more likely to experience violence both by someone they know well and at the hands of a stranger. LGBTQIA+ people (16+) are nearly 4 times more likely to experience violent victimization, compared to non-LGBT people. Lastly, queer women are 5 times more likely than straight, cisgender women to experience violent victimization. This is compounded by the fact that estimates suggest about half of all victimizations are not reported to police. These findings are also reflected in the 2021 Orange County Hate Crimes Report by Groundswell, formerly OC Human Relations. Though the overall number of hate crimes in Orange County decreased compared to the previous year, there was an 83% increase in LGBTQ+ hate crimes.

Housing Affordability

LGBTIA+ adults, as a whole, have at least 15% higher odds of being poor than cisgender straight adults after controlling for age, race, urbanicity, employment status, language, education, disability, and other factors that affect risk of poverty. Among LGBTQIA+ people, poverty is especially prevalent among racial minorities, bisexuals,

Built Environment and Social Context

women, transgender people, and younger people. Stigma and discrimination both play a large role in housing for the LGBTQIA+ community as they often are charged higher rent, are denied mortgages, or are charged higher interest rates. Additionally, the government provides very minimal protection against discrimination motivated by a person's gender identity or sexual orientation (SOGI). Laws such as The Equal Credit Opportunity Act and the Fair Housing Act prohibit discrimination based on race, nationality, religion, sex, disability, and familial status, but neither expressly forbids SOGI as a ground for discrimination. Even in 2023, there are still many gaps in the legal system.

Homeownership

According to representative data from 35 states, nearly half (49.8%) of LGBTQIA+ adults own their homes, compared to 70% of straight, cisgender adults. Homeownership is even lower among LGBTQIA+ racial minorities and transgender people. Additionally, same-sex couples are significantly less likely to own their own homes when compared to straight-couples (64% and 75% respectively). Homeownership is higher among married couples than unmarried couples, but married same-sex couples significantly are less likely to own their homes than married straight couples (72% and 79%, respectively). One major barrier to homeownership for the LGBTQ community is the fear of rejection or intolerance of communities, especially for homebuyers looking to raise a family. According to Forbes, 55% of LGBTQ respondents in the US indicated that they would not buy a home if they were unsure about being accepted into the community.

Compared to non-LGBT people, LGBT people have higher rates of poverty, lower rates of homeownership, and higher rates of homelessness.

Federal, state, and local laws provide only a patchwork of protections against anti-LGBT discrimination in housing, lending, and social services

LGBT people face an array of stigma and discrimination that undermines their ability to have stable, safe, and affordable housing

Source: UCLA Williams Institute

Stigma and Discrimination in Housing

LGBTQIA+ people face an array of stigma and discrimination across their lives that undermines their ability to have stable, safe, and affordable housing. Family rejection of LGBTQIA+ youth is a major factor contributing to their high levels of homelessness. That rejection also diminishes both the possibility of reunification but also family ties for LGBTQIA+ people into adulthood and elder years. LGBTQIA+ youth and adults face challenges in accessing homeless shelters and services, including: harassment and violence, staff who are not equipped to appropriately serve queer people, and sex-segregated facilities in which transgender people are housed according to their sex assigned at birth. This leads many transgender people to go unsheltered instead.

Built Environment and Social Context (continued)

LGBTQIA+ people also face widespread harassment and discrimination by housing providers. Studies have shown many providers are less likely to respond to rental inquiries from same-sex couples and are more likely to quote male same-sex couples higher rents than comparable heterosexual couples. LGBTQIA+ elders are at risk of being turned away from or charged higher rents at independent or assisted living centers, as well as harassed, treated poorly, or forced to go back in the closet once moved in.

Same-sex couples face system-wide discrimination by mortgage lenders. One study found that, compared to heterosexual borrowers of similar profiles, same-sex borrowers experienced a 3% to 8% lower approval rate. Among approved loans, they also faced higher interest and/or fees. As previously mentioned, discrimination against LGBTQIA+ people in employment and other settings is widespread and can render housing more unaffordable. LGBTQIA+ people may face not only sexual orientation or gender identity discrimination in housing but also other forms of disadvantage, such as racial prejudice, language barriers, and inaccessibility related to a disability.

Federal and State Laws

Despite evidence of widespread discrimination and its harms, federal, state, and local law provide only a patchwork of protection against anti-LGBTQIA+ discrimination in housing, lending, and social services. This often leaves many LGBTQIA+ people without clear (or no) legal recourse when they face bias because of their sexual orientation or gender identity. The federal Fair Housing Act and Equal Credit Opportunity Act do not expressly prohibit discrimination on the bases of sexual orientation and gender identity. They do prohibit sex discrimination, however, and many courts have concluded anti-LGBTQIA+ discrimination is a form of sex discrimination under these and similar statutes.

Title VI of the 1964 Civil Rights Act, which prohibits discrimination in programs and activities receiving federal funding, does not protect against sex, sexual orientation, or gender identity discrimination. Federal regulations prohibit anti-LGBTQIA+ discrimination in programs and activities conducted by or receiving funding from the U.S. Department of Housing and Urban Development; however, a 2019 study found systemic discrimination against same-sex male couples seeking mortgages backed by the Federal Housing Administration. The fact that only a minority of states and localities prohibit sexual orientation or gender identity discrimination in housing, lending, and homeless services shows that there is still much work to be done.

California and Orange County also have a handful of anti-discrimination laws relevant to the LGBTQIA+ community. Statewide examples include SB-1441 (which aims to protect LGBTQIA+ Californians from discrimination in state-operated and funded services, activities, and programs) and the Gender Recognition Act (which streamlines the process for Californians to apply to change the gender markers on their state identification documents). Orange County specific policies include the "County of Orange Equal Employment Opportunity and Anti-Harassment Policy" (which seeks to ensure equal opportunity in terms and conditions of employment) and the Orange County Department of Education's non-discrimination policy.

Built Environment and Social Context (continued)

The LGBTQIA+ Community and Data Collection

In 2020, the household poll survey added more inclusive household relationship options to include the LGBTQIA+ community. The options "same-sex husband / wife / spouse" or "same-sex unmarried partner" were added with the goal of allowing the government to better distribute money in community block grants to fund programs. The rest of the US census still lacks inclusivity with an example being only having "male" and "female" options for gender with no option for non-binary, however.

Furthermore, there is currently no known data collected to protect LGBTQIA+ individuals under the following acts:

- Equal credit opportunity act: prohibits discrimination in any aspect of a credit transaction
- Fair housing act: prohibits discrimination in housing based upon race, color, national origin, religion, sex, familial status, and disability
- Home mortgage disclosure act: requires financial institutions to maintain, report, and publicly disclose loan-level information about mortgages
- Small business act: to make equity capital and long-term credit more readily available for small business concerns
- Community reinvestment act: requires the federal reserve and other federal banking regulators to encourage financial institutions to help meet the credit needs of the community in which they do business

The lack of data on the LGBTQIA+ community regarding these acts means that many are falling through the cracks of the legal system and not receiving the proper protections and resources that they deserve. This is an issue because while these acts have been put into place to promote equity, there is no way of knowing which populations are actually being positively impacted without the data to show it.

Built Environment and Social Context (continued)

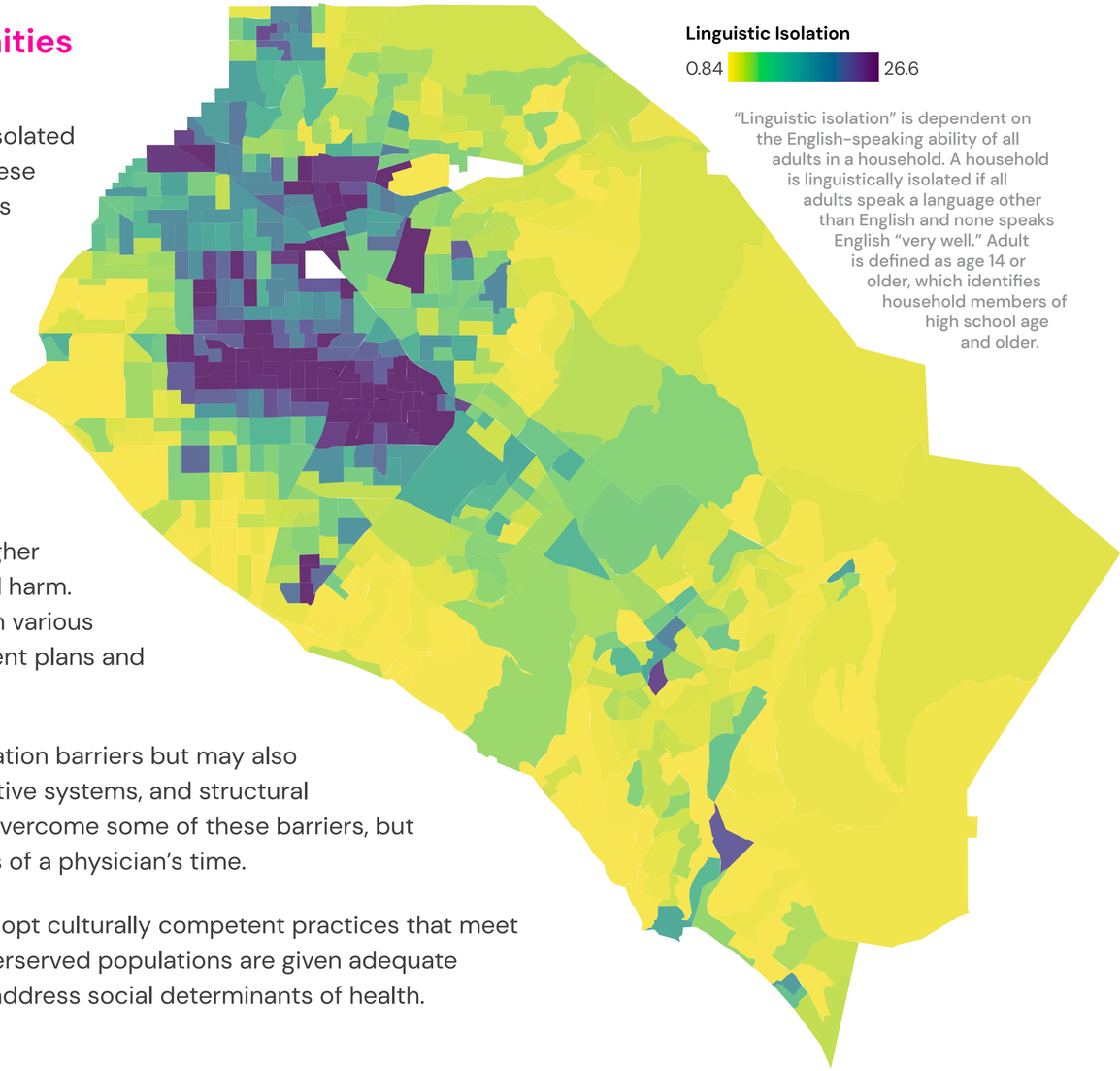
Orange County Language Opportunities and Services

Orange County residents who live in linguistically isolated communities are often from immigrant families. These immigrant families tend to gather in ethnic enclaves as a means of survival because of discriminatory practices or due to being shunned from other parts of the county.

People with limited English proficiency (LEP) are defined by the U.S. Census as those who speak English less than "very well." In 2020, 8.7% of Orange County residents are LEP. They experience high rates of medical errors with worse clinical outcomes than English-proficient patients. This higher incidence of medical errors could result in physical harm. LEP individuals also receive lower quality of care on various measures and are less likely to understand treatment plans and disease processes.

These disparities are rooted in obvious communication barriers but may also reflect cultural differences, clinician biases, ineffective systems, and structural barriers. Medical interpretation services can help overcome some of these barriers, but they have associated costs financially and in terms of a physician's time.

We must strive to remove language barriers and adopt culturally competent practices that meet residents where they are. This will ensure that underserved populations are given adequate resources to access healthcare and services that address social determinants of health.



Source: OC Equity Map, AdvanceOC

Built Environment and Social Context (continued)

Air Pollution Exposure in Orange County

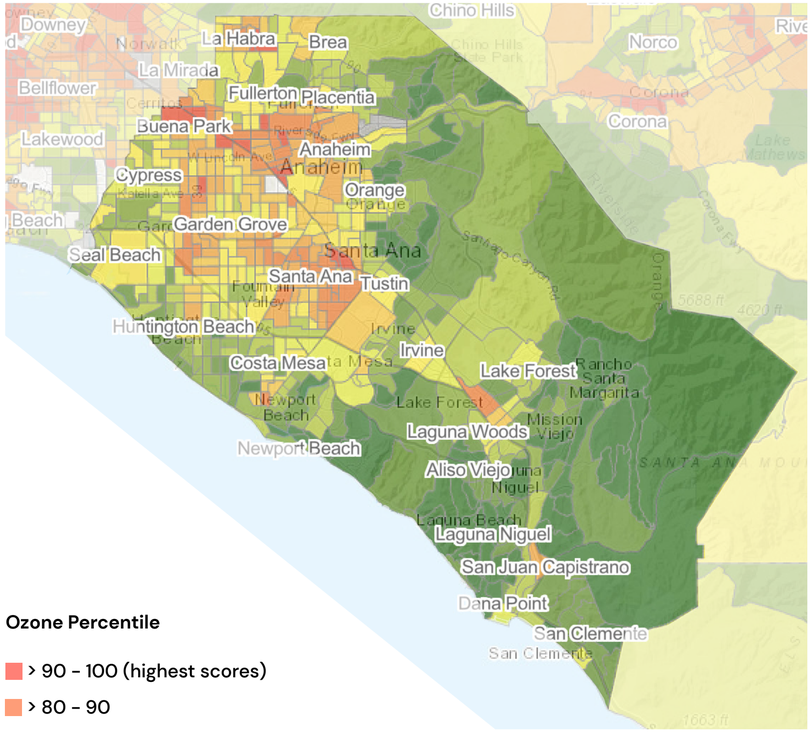
In California, environmental quality has improved over the last few decades. This is seen in improved water quality, reduced air pollution, decrease in pesticide use, continued cleanup of hazardous waste sites, increased recycling, and reduction of solid waste going into landfills. However, pollution reduction and the resulting health and environmental benefits are not uniformly distributed across the state, within a region, or among all population segments. Many communities continue to bear a disproportionate burden of pollution not only from multiple nearby sources but also from pollution in various forms, such as air and water.

Ozone pollution causes adverse health effects including respiratory irritation and worsening of lung disease. Adverse effects of ozone have been studied extensively since the late 1960s, and ongoing exposure to ozone shows inflammation and cell and tissue injury. People with asthma and chronic obstructive pulmonary disease (COPD) are considered sensitive to the effects of ozone. Studies also show that long-term ozone exposure affects respiratory and cardiovascular mortality. A 2019 study estimates 13,700 deaths in California in the year 2012 were due to long-term ozone exposure.

Of these deaths, 7,300 were from respiratory causes, and 6,400 were from cardiovascular causes. The CalEnviroScreen 4.0 draft ozone map of Orange County shows high levels of ozone pollution scores in north and central Orange County. In the OC Equity Map, these communities have low Social Progress Index scores.

Ozone Levels by Pollution Score

2021



Source: CalEnviroScreen

Population Overview

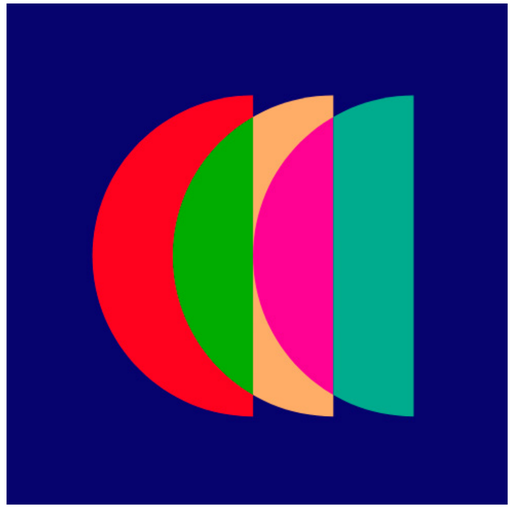
LGBTQIA+ COMMUNITY

Health is a shared value. Your involvement will help create a healthier, more resilient, and equitable Orange County.

Here's how you can get involved:

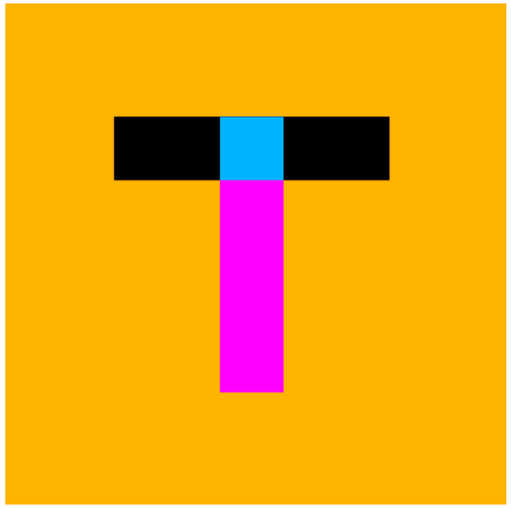
Participate in the EiOC Action and Learning Community

Learn More



Join a Population Health Equity Collective

Learn More



Make your voice heard at EiOC Partnership Meetings

View Events

An Initiative of OC health CARE AGENCY

EquityinOC.com