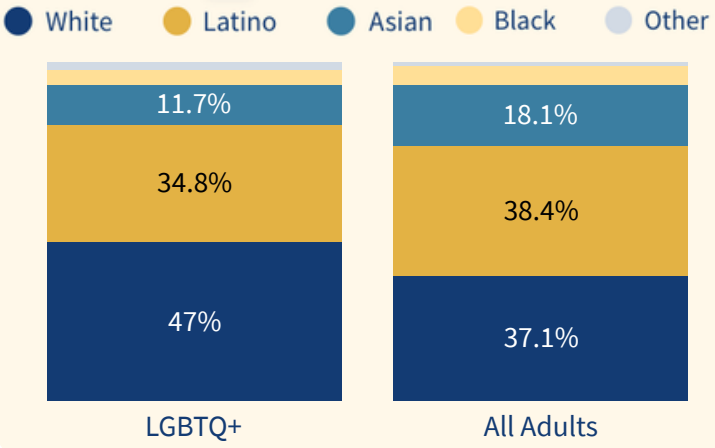
LGBTQ+ Health Disparities in California

HEALTH CARE NUTS AND BOLTS with CHBRP

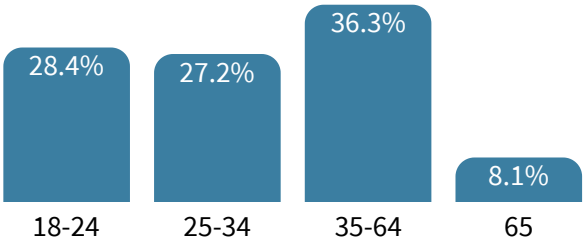
DEMOGRAPHIC CONTEXT*

2.8 million adults identify as LGBTQ+ — the highest proportion of any state

RACIAL AND ETHNIC COMPOSITION



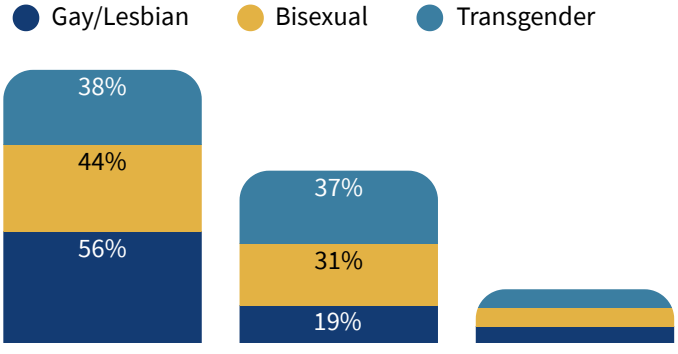
AGE OF LGBTQ+ ADULTS



ECONOMIC DISPARITIES

36% of California's adult LGBTQ+ population live below 200% of the federal poverty level

TYPE OF HEALTH INSURANCE COVERAGE



*Non-labelled bars are less than 10%.

HEALTH OUTCOMES

LGBTQ+ adults in California are more likely to report fair or poor health than non-LGBTQ+ adults. These disparities are reflected across a range of health conditions and outcomes.

CHRONIC CONDITIONS AND DISABILITY

LGBTQ+ Californians show higher rates of **diabetes, hypertension, physical disability**, and fair or poor health than heterosexual adults of similar age.

HIV

With **statewide HIV prevalence being 0.3%** and **transgender HIV prevalence being 9.2%**, the California Department of Public Health (CDPH) estimates HIV rates among Californians are roughly **31 times** the state's general population.

MENTAL HEALTH

LGBTQ+ Californians are about **three times as likely** as non-LGBTQ+ adults to have **seriously considered suicide**, at 48% versus 17%. They're also more than twice as likely to report needing mental health care **in the past year**, at 65% versus 30%.

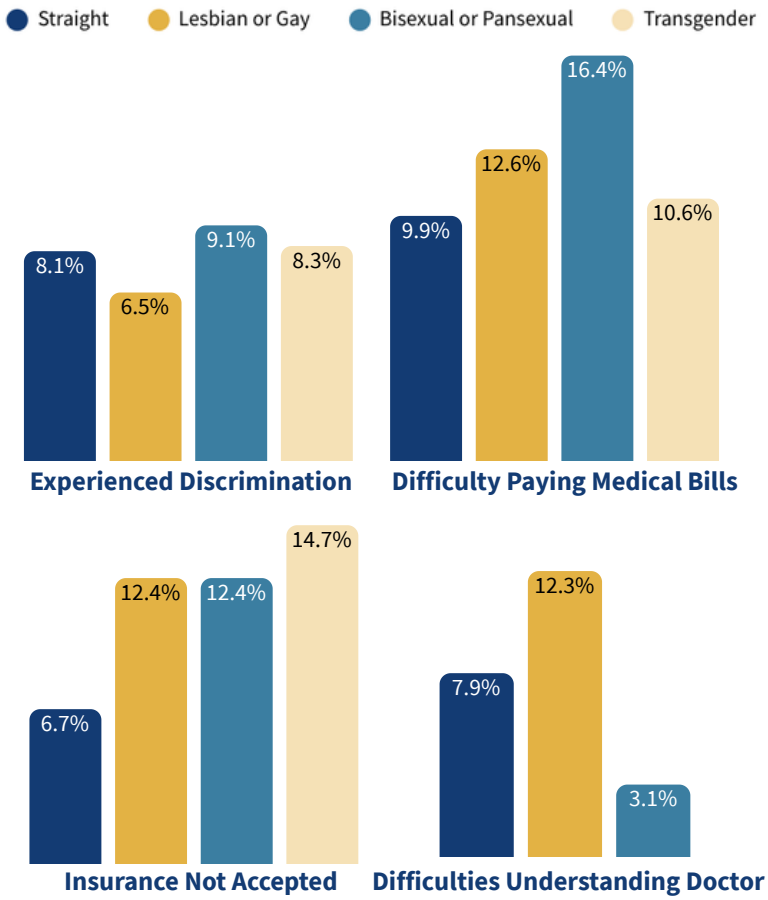
TOBACCO USE

19.5% of LGBTQ+ Californians report **current use of any tobacco product**, which is higher than the statewide adult overage of 11.3%. This pattern is especially present among **young adults**: 10.3% of LGBTQ+ high school students report tobacco use, versus 5.7% among their non-LGBTQ+ peers.

BARRIERS TO CARE

LGBTQ+ adults in California face significant barriers to accessing care, including unfair treatment, financial stress, and issues with health insurance coverage.

REASONS FOR FORGOING CARE



REDUCING DISPARITIES

Several California organizations work to close LGBTQ+ health gaps. CDPH's **California Reducing Disparities Project** funds 34 community programs addressing mental health disparities, including for LGBTQ+ Californians.

CDPH's **LBTQ Health Equity Initiative** includes the Transgender Learning Collective to improve SOGI data in cancer registries.

STRUCTURAL DRIVERS

Barriers in LGBTQ+ care are not driven by sexual orientation or gender identity themselves, but by structural conditions that shape access to, and quality of, care.

LIMITED HEALTH PROFESSIONAL TRAINING

California has **no centralized LGBTQ+ clinical guidelines**. Competency is instead addressed through broader licensing requirements: physicians must meet **cultural competency standards**, and psychologists must complete training in cultural diversity and social justice.

LACK OF CENTRALIZED SOGI DATA

40% of California cancer care clinics do not collect sexual orientation and gender identity (SOGI) data, limiting the ability to identify and address disparities.

COMPOUNDED RISKS FOR PEOPLE OF COLOR

43% of Black LGBTQ+ Californians report being treated unfairly by a health care provider because of their race or ethnicity, compared to **32% of Black Californians** overall.

HOUSING INSTABILITY

Unstable housing can disrupt continuity of care, delay preventive visits, and make it harder to access needed services. LGBTQ+ Californians **report it at 6%**, one-and-a-half times the **4% rate** among heterosexual adults.

Want to learn more? Read the **LGBTQ+ Disparities Explainer**!

Data sources linked in the explainer. Last updated July 30, 2026.