

# Status of **LGBTQ** Health

Santa Clara County

2013

Santa Clara County  
**PUBLIC**  
**HEALTH**



**One Community, Many Voices**

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December 20, 2013

To the Residents of Santa Clara County:

During my State of the County Address in January, I called on the Santa Clara County Public Health Department for the creation of a health assessment of the LGBTQ community. Although there have been past efforts that focused on HIV/AIDS, this report is the first of its kind to provide a look at the LGBTQ community, which will have important long-term consequences for improving the health and well-being of LGBTQ residents of Silicon Valley. On behalf of my co-chairs, Martin Fenstersheib, MD, recently retired Health Officer, and Frederick Ferrer, CEO of The Health Trust and the diverse group of local LGBTQ community advocates, allies, and leaders who led and guided this effort, I am very excited and proud to present **Status of LGBTQ Health: Santa Clara County 2013**, a report on the key priority health issues for the diverse lesbian, gay, bisexual, transgender, and queer communities of Santa Clara County.

This report is a compilation of data collected through surveys in multiple languages, focused community conversations and interviews with key community stakeholders that encompasses the following areas: general health and healthcare access, sexually transmitted infections and sexual health, social and self-acceptance, mental health and substance use, safety and violence, and social service needs. It also includes findings on community resources and recommendations for addressing health concerns.

My goal is to have this report serve as an important tool for local organizations and government agencies to strategically allocate resources; plan services; inform program development; and address health and social inequalities and disparities, as well as recognize and celebrate the strengths and capacities of the LGBTQ community.

I would like to acknowledge Dan Peddycord, Public Health Director, and his staff for their tremendous dedication in leading this project along with my office staff, Laura Jones and Jim Weston. I also wish to acknowledge and thank all of the steering committee members who have been helpful in completing this report.

Best Regards,

Supervisor Ken Yeager  
Board of Supervisors

Marty Fenstersheib, MD, MPH  
Health Officer, 1994-2013

Frederick J. Ferrer  
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To the Residents of Santa Clara County:

It is with great enthusiasm that we present the first ever health assessment of LGBTQ residents of Santa Clara County entitled ***Status of LGBTQ Health: Santa Clara County 2013.***

This report was an unprecedented opportunity to work in partnership with co-chairs Supervisor Ken Yeager, Marty Fenstersheib, MD, recently retired Health Officer, and Frederick Ferrer, CEO of The Health Trust, to mobilize more than 100 LGBTQ community members towards a discussion and documentation of the most pressing health issues.

Prior to this assessment, data for this population had been primarily focused on HIV/AIDS and other STIs. Today, we present a report that encompasses a much broader spectrum of health and well-being, including general health and healthcare access, sexually transmitted infections and sexual health, social and self-acceptance, mental health and substance use, safety and violence, and social service needs. The information in this report provides a view of the interpersonal, social, political, institutional, and environmental factors that promote or adversely impact the health and well-being of LGBTQ individuals.

This assessment captures the diversity of the LGBTQ community across age, race/ethnicity, and language via input from our steering committee and participation by community members in a community forum, community conversations, and key informant interviews. The results from the assessment reveal that the LGBTQ community experiences substantial health disparities and health inequities. Our assessment found that the LGBTQ community experiences a high level of need for social services, particularly affordable housing, and uncovered a lack of awareness of available services and a shortage of LGBTQ-competent services. It also revealed that more than one-third of LGBTQ respondents have ever been diagnosed with a chronic physical health issue and that 1 in 4 is obese. Mental health and substance use were noted as major concerns, along with social acceptance, anti-LGBTQ violence, and intimate partner violence, which was described as a hidden issue in the LGBTQ community.

We hope that this report will better inform the community about important health issues facing LGBTQ residents and that the recommendations it puts forward will serve as a building block from which to generate community-wide action-oriented solutions, policy development, and resource allocation.

We thank our co-chairs, Supervisor Ken Yeager, Dr. Marty Fenstersheib, and Mr. Frederick Ferrer, and members of the steering committee and LGBTQ community leaders for their contributions and efforts in making this report a reality. Special thanks to LGBTQ residents of Santa Clara County who participated in the assessment.

Sincerely,

A handwritten signature in black ink that reads "Dan Peddycord". The signature is written in a cursive style.

Dan Peddycord, RN, MPA/HA  
Public Health Director

A handwritten signature in black ink that reads "Sara H. Cody". The signature is written in a cursive style.

Sara H. Cody, MD  
Health Officer, Santa Clara County

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# Executive summary

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults constitute an estimated 4% of the adult population in Santa Clara County, or more than 50,000 people. Research suggests that for some indicators, LGBTQ people experience poorer health outcomes than heterosexuals and that unfair treatment may be a root cause of many of these disparities. Despite the size of the population and its unique needs, information on the health status and related social experiences of LGBTQ residents in Santa Clara County is scarce, making it difficult for leaders to shape policy or allocate funding to improve LGBTQ health and well-being.

In order to address the limited availability of data, the Santa Clara County Board of Supervisors requested that the Santa Clara County Public Health Department conduct an assessment of LGBTQ health. **Status of LGBTQ Health: Santa Clara County 2013** presents findings from this assessment, the first in the county's history.

Although the LGBTQ community is combined into a single "umbrella" entity for the purposes of advocacy, each group within the community has distinct health-related needs and experiences. Furthermore, characteristics like age, race/ethnicity, and income interrelate with sexual orientation and gender identity to affect health in different ways. With this in mind, the assessment seeks to understand overall LGBTQ health and related factors, while providing information on disparities for specific groups within the community where possible.

## Community engagement and data collection

A steering committee comprised of LGBTQ community leaders provided guidance to the Santa Clara County Public Health Department throughout the assessment and set priorities based on assessment results. More than 1,100 LGBTQ adults completed surveys online and at community events or locations. The survey complemented in-person participation and engagement of LGBTQ community members in 17 small-group discussions called "community conversations," 27 key informant interviews with knowledgeable leaders, and a community forum designed to guide next steps based on identified priorities.

## Findings

### Socio-demographics and social service needs

Approximately 31,000 of the county's 1.2 million adults (3%) identify as lesbian or gay and 16,000 (1%) as bisexual. Based on extrapolations from national data, there are approximately 3,500 transgender adults in the county. Lesbian and gay adults are more likely to have a college degree but are also more likely to live below 200% of the federal poverty line than heterosexual adults; the latter is also true for bisexual adults.

The assessment reveals a high level of need for social services, particularly housing:

- More than one-quarter of LGBTQ survey respondents and/or their families need affordable housing but have a hard time accessing it.

- LGBTQ individuals comprise nearly one-third of homeless youth and young adults under the age of 25 and 10% of homeless adults ages 25 and older.

Additionally, more than one-third of LGBTQ survey respondents ages 65 and older and/or their families need senior services but have a hard time accessing them. Community conversation participants and key informants report that transgender individuals and LGBTQ seniors in particular experience economic challenges. Moreover, community members report that discrimination in social service settings makes it difficult for them to access services.

## General health and healthcare

More than one-third of LGBTQ survey respondents have been diagnosed with a chronic physical health issue and 1 in 4 is obese. Obesity is more common among lesbian, older, and Latino and White respondents.

While most (86%) LGBTQ respondents are insured, the percentage insured was low among African American respondents (65%). LGBTQ-competent healthcare remains a challenge:

- Most respondents report that there are not enough health professionals who are adequately trained to work with LGBTQ people.
- More than 1 in 10 respondents reported some type of discriminatory treatment by healthcare professionals in the past 12 months.
- Many community conversation participants report that they are not aware of available healthcare services or that the services they are aware of are perceived as not LGBTQ-competent.

## Mental health and substance use

Mental health and substance use were major concerns among participants in community conversation and key informant interviews, who noted that these issues are often connected to rejection, isolation, and discrimination. The survey confirmed high levels of need among respondents:

- Nearly half of respondents felt they might have needed to see a professional in the past 12 months because of concerns about mental health or substance use.
- Nearly one-quarter of all respondents and nearly half of transgender respondents seriously considered suicide or hurting themselves during the past 12 months.
- Approximately 1 in 12 LGBTQ respondents have ever used injection drugs, and most of these respondents are current users.
- Nearly one-quarter currently smoke cigarettes.

*"The mental health issues we face are somewhat unique, and often providers don't understand how we frame our issues or talk about things."*

-Mental health community conversation participant

The assessment uncovers multiple barriers to treatment, including cost and a shortage of mental health and substance use providers that are LGBTQ-friendly and LGBTQ-knowledgeable.

### Sexually transmitted infections, safer sex, and sexual health

Since 1983, 73% of reported HIV cases in Santa Clara County were contracted through male-to-male sexual contact, including those who were both men who have sex with men (MSM) and injection drug users (MSM & IDU). The number of MSM diagnosed with HIV has stabilized, but HIV remains a significant challenge. The proportion of cases who are Latino MSM and Asian/Pacific Islander MSM has increased over time. In terms of testing for HIV and other sexually transmitted infections (STIs):

- Approximately 1 in 5 MSM LGBTQ survey respondents report that they have never been tested for HIV. One-third or more of lesbian, bisexual women, and transgender respondents have never been tested for HIV.
- A high percentage of respondents (between 38% and 65%) from each LGBTQ subgroup have never been tested for other STIs such as syphilis, gonorrhea, or chlamydia.

Participants in community conversations and key informant interviews identify a shortage of HIV and other STI outreach and testing and limited awareness about existing services.

Safer sex practices remain a challenge. One-quarter of MSM respondents never used a condom when having anal sex in the past 6 months and three-quarters never used a condom when having oral sex. Use of condoms or dental dams was uniformly low among lesbians, regardless of type of sexual activity.

### Social acceptance and discrimination

Two-thirds (62%) of LGBTQ survey respondents agree that most people in Santa Clara County are accepting of LGBTQ people. Participants in community conversations and key informant interviews also perceive acceptance to be increasing, but challenges remain, particularly among older generations and certain racial/ethnic groups. The LGBTQ survey reveals that perceptions of social acceptance are lower among transgender and bisexual respondents, African American and Asian/Pacific Islander respondents, and younger adult respondents.

*"In California, homophobia is very different than other parts of the country. It's more underground. People talk politically correct, but you don't know how they actually feel."*

- Key informant

Many participants in community conversations report experiences of physical violence, verbal harassment, or threats of violence due to being LGBTQ. The LGBTQ survey and other data sources suggest that anti-LGBTQ violence and harassment remains a concern:

- One in 10 LGBTQ respondents were physically attacked or injured and one-third had been verbally harassed in the past 12 months due to sexual orientation and/or gender identity.
- Discriminatory experiences were more commonly reported by transgender respondents.

- One in 10 middle and high school students were harassed or bullied on school property in the past 12 months because they were gay or lesbian or someone thought they were.

## Self-acceptance

Community conversation participants note that the availability of social support and the degree of social acceptance within their community impacts self-acceptance and influences decisions to disclose gender identity or sexual orientation. Most survey respondents do not indicate feeling conflicted regarding their sexual orientation and most have come out in personal and professional relationships. However, the survey finds lower levels of self-acceptance and outness among African American respondents:

- Only half (53%) of African American respondents have ever come out to someone.
- Nearly 4 in 10 African American respondents agree or strongly agree that sometimes they dislike themselves for being attracted to people of the same sex.

## Intimate partner violence

Community conversation participants emphasize that intimate partner violence is a hidden issue in the LGBTQ community and is rarely discussed. According to the LGBTQ survey, intimate partner violence has affected a significant proportion of respondents:

- More than 1 in 5 respondents have ever been physically abused by an intimate partner and 13% have ever been forced into unwanted sex; rates of both physical and sexual violence are highest among bisexual women.

Moreover, 3 in 4 LGBTQ survey respondents who ever experienced intimate partner violence did not report the incident(s) to law enforcement.

## LGBTQ families

LGBTQ parents who participated in community conversations express that they and other LGBTQ parents they know are apprehensive about the safety and security of their families. They describe challenges LGBTQ individuals face in starting a family, such as discriminatory adoption and foster care practices and the high cost of fertility treatments. Community members also feel there is inconsistency across the county in how school districts approach LGBTQ families and that bullying related to LGBTQ status is insufficiently addressed.

*"A child came into my son's class and said [that if Proposition 8] passes, we won't be a family anymore."*

– Family community conversation participant

## Community assets and community cohesion

Community members express that the LGBTQ community is much more visible and more widely accepted today in Santa Clara County than it has been in the past. They recognize the many LGBTQ people in leadership positions within the county and the presence of multiple organizations that help create community for LGBTQ residents, such as the Billy DeFrank LGBT Community Center, The Health

Trust, the PACE clinic, and Youth Space. Community members emphasize that many LGBTQ subgroups have strong, supportive communities that foster connectedness and self-acceptance.

LGBTQ community members express a desire to create a more cohesive community by building on community assets. In order to do so, participants agree that barriers should be addressed, including a lack of community cohesion among different subgroups within the LGBTQ community; limited opportunities for community building; and discrimination within the LGBTQ community itself related to factors like gender, gender identity, age, disability, and race/ethnicity.

## Recommendations

In order to guide next steps, the report details the strengths and resources available in Santa Clara County and proposes strategies for each topic above, based on input from stakeholders involved in the assessment. The following recommendations cut across topic areas:

- Address the shortage of health and social service providers who are LGBTQ-friendly and LGBTQ-knowledgeable through competency training.
- Improve awareness of available health and social services, including those that are low- or no-cost, among LGBTQ residents through education, outreach, and development of directories and inventories.
- Provide additional funding, training, and technical support for existing LGBTQ services and program staff so that services can be expanded and coordinated.
- Support legislation and develop and enforce policies across social service agencies and school systems to ensure consistent and equal treatment of LGBTQ people and families.
- Revise forms and procedures to be more inclusive of LGBTQ individuals and families and to streamline access to social and healthcare services.
- Increase the visibility of the LGBTQ community to encourage social and self-acceptance through educational campaigns, public service announcements, and community events.

## Conclusion

This assessment intends to provide elected leaders, county agencies, foundation staff, community organizations, community advocates, and LGBTQ community members with information, inspiration, and ideas for improving the lives of all LGBTQ residents in Santa Clara County. With this goal, the report lays the groundwork for solutions that will benefit LGBTQ residents and groups within the community who are underserved, underrepresented, and most in need of health and human services.

# Introduction

Santa Clara County is home to approximately 47,000 adults who identify as lesbian, gay, or bisexual, constituting 4% of the adult population.<sup>1</sup> Although no local data is available on the size of the adult transgender population of Santa Clara County, extrapolations from national data suggest that more than 3,500 adult residents are transgender. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people play increasingly visible and important roles in Santa Clara County and in virtually all sectors of American society. Despite this, significant challenges remain to their health and well-being.

LGBTQ people have unique needs and experiences that impact their physical and mental health and well-being.<sup>2</sup> Prior research on LGBTQ populations has found that they have poorer outcomes than heterosexuals across a number of key health indicators, including overweight and obesity, substance use, tobacco use, and some mental health conditions, including depression and anxiety.<sup>3</sup> In addition, LGBTQ individuals, particularly men who have sex with men and transgender women, are at higher risk of HIV infection and other sexually transmitted infections. The U.S. Centers for Disease Control and Prevention (CDC) suggests that the discrimination, stigma, and rejection that many LGBTQ people experience may contribute to many of these disparities.<sup>4</sup>

At the request of the Santa Clara County Board of Supervisors, the Santa Clara County Public Health Department carried out an assessment of LGBTQ health in 2013. The goal of the assessment was to understand the health-related needs and experiences of LGBTQ people in order to identify strategies to reduce disparities and promote optimal health outcomes for the county's LGBTQ residents.

This culminating report draws on a variety of data collected over a 4-month period, primarily a survey of more than 1,100 LGBTQ adults and interviews and discussion groups ("community conversations") with more than 100 Santa Clara County LGBTQ residents, leaders, and service providers. In addition to highlighting areas of strength, assets, and resilience, findings from the assessment also reveal significant health concerns within the LGBTQ community in Santa Clara County, many of which are consistent with results from national and state surveys and other county health assessments.

In order to enhance the county's ability to meet the needs of LGBTQ residents, this report aims to present a broad picture of the health and social issues that are important to the county's LGBTQ community. With that goal, the report is divided into 11 chapters, each of which addresses a health or social topic. Each chapter begins with a brief overview of what is known about that topic from other surveys and assessments on LGBTQ health. Each chapter then reviews findings from the Santa Clara County Public Health Department's 2013 LGBTQ Adult Survey for LGBTQ respondents overall and by LGBTQ group, age, household income, and race/ethnicity where appropriate to highlight disparities within the community. Where relevant, data are included from past surveys collected in Santa Clara County, as well as information from disease surveillance systems maintained by the Santa Clara County Public Health Department. These data are followed by findings from interviews and community conversations with LGBTQ residents, leaders, and service providers.

In addition, each chapter concludes with 2 important tools to help guide next steps: (1) a list of community strengths and resources; and (2) a series of suggested strategies for action. Both the strengths and resources and the strategies for action were identified by LGBTQ community members.

The information presented here aims to capture the diversity of health needs and related concerns in the LGBTQ community, in order to inform policies to promote and improve the health and well-being of LGBTQ residents and residents countywide.

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## Key terms

Language can play a powerful role in either contributing to the stigmatization of a historically marginalized community or fostering greater social acceptance and understanding. Throughout this report, we endeavored to use language that was simultaneously inclusive and specific, in order to acknowledge the common experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals as well as the diversity and specificity of different people's experiences.

"LGBTQ survey respondents," "community members," or "participants" refer to the LGBTQ residents of Santa Clara County who participated in the LGBTQ Health Assessment. Whenever possible, the report includes the language that participants themselves used; however, terminology used may not resonate with all LGBTQ people. The list below defines key terms used in this report.

**Sex:** The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitals.<sup>1</sup>

**Intersex:** Used to describe a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations that make a person's sex ambiguous. Parents and medical professionals usually assign intersex infants a sex and perform surgical operations to conform the infant's body to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term intersex is not interchangeable with nor a synonym for transgender.<sup>2</sup>

**Gender identity:** An individual's internal, deeply felt sense of being male, female, something other, or in between. This is not necessarily the same as an individual's sex at birth.<sup>3</sup>

**Gender expression:** External manifestation of one's gender identity, usually expressed through behavior, clothing, haircut, voice, and body characteristics.<sup>2</sup>

**Sexual orientation:** Whom an individual finds physically, sexually, and emotionally attractive.<sup>2,3</sup> This includes lesbian, gay, bisexual, pansexual, queer, and heterosexual (straight) orientations, among others.<sup>1</sup>

**Gay:** Individuals who are physically, romantically, and/or emotionally attracted to people of their same gender or sex—traditionally used to describe men who are attracted to men, but some women also use "gay" to describe their sexual orientation.<sup>3</sup>

**Lesbian:** Female-identified individuals who are physically, romantically, and/or emotionally attracted to people of their same gender or sex.<sup>3</sup> Some lesbians may prefer to identify as gay or as gay women.<sup>1</sup>

**Bisexual:** An individual who is physically, romantically, and/or emotionally attracted to men and women.<sup>1,3</sup>

**Pansexual:** An individual whose sexual orientation and/or gender identity may be fluid.<sup>4</sup>

**Queer:** Used as an umbrella identity term encompassing lesbians, gay men, bisexuals, transgender people, individuals who are questioning their sexual orientation and/or gender identity, individuals who do not label their sexual orientation, and anyone else who does not strictly identify as heterosexual. “Queer” originated as a derogatory word. Currently, it is being reclaimed by some people and used as a statement of empowerment.<sup>5</sup>

**Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.<sup>2</sup> The term may include individuals who identify as transsexuals, cross-dressers, transwomen or male-to-female (MTF), transmen or female-to-male (FTM), transgender men or women, gender fluid, or gender non-conforming.

Additional terms used less frequently in the report are defined in the qualitative methods section.

## References

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# Community engagement and participation

The engagement of key community members, leaders, and advocates of the Santa Clara County LGBTQ community played a critical and important role in this health assessment. Collectively, they provided guidance in various ways, including the assessment's steering committee, a series of "community conversations," a community forum, and by staying active, involved, and committed throughout the process. The partnership between the Santa Clara County Public Health Department, co-chairs, and the more than 100 LGBTQ community members who participated in this assessment, generated substantive inquiry and a respectful dialogue on issues of importance, infusing a sense of urgency to move from data to action on key health priority areas.

## Steering committee and co-chairs

A group of LGBTQ stakeholders representing the diversity of the LGBTQ community of Santa Clara County were invited to serve as steering committee members for the assessment. The assessment was chaired by Supervisor Ken Yeager, the President of the Santa Clara County Board of Supervisors; Frederick Ferrer, Chief Executive Officer of The Health Trust; and Dr. Martin Fenstersheib, MD, recently retired Health Officer for Santa Clara County. The steering committee helped guide the assessment from start to finish, providing input on methods, areas of focus, and key informants, and mobilizing their professional and personal networks to extend the reach of the assessment. The steering committee officially launched the assessment on August 5, 2013 to discuss the assessment's objectives and to provide feedback on data collection methods. At this event, the steering committee confirmed the assessment's focus on the following four main areas of study:

- General health
- Sexual health
- Social and self-acceptance
- Mental health and domestic violence

Based on their feedback, additional areas of interest were also added to the assessment. The group agreed on the following methods of collecting information from the community:

1. An online and paper-based survey for LGBTQ adults, launching at San Jose Gay Pride on August 17, 2013 and closing on October 23, 2013.
2. A series of community conversations that focused on specific issues and specific subpopulations within the LGBTQ community.
3. Key informant interviews with individuals with specific knowledge or expertise about select issues in the LGBTQ community.

## From data to action: selection of priority areas

The steering committee and the broader Santa Clara County LGBTQ community played an important role in laying the groundwork necessary to transition from collecting data about the needs of the LGBTQ community to identifying action-oriented strategies to address those needs. On November 5, 2013, the Santa Clara County Public Health Department convened an ad hoc working

group comprised of volunteers from the steering committee to discuss preliminary findings and select the top 20 priority areas from the assessment. To accomplish this, the Santa Clara County Public Health Department, in concert with Resource Development Associates (RDA), a research firm in Oakland, CA contracted for the assessment, presented the working group with preliminary findings from 47 priority areas that emerged from the analysis of the LGBTQ Adult Survey, community conversations, and key informant interviews. After reviewing the data for all 47 priority areas, the working group ranked each area against the following criteria:

1. Size/disparity—the size of the issue or the extent to which it disproportionately affects particular segments of the LGBTQ community.
2. Actionable—the extent to which the issue can be addressed.
3. Seriousness—how much of an impact the issue has on the lives of LGBTQ people and the LGBTQ community.

The working group and the Santa Clara County Public Health Department forwarded the top 20 ranked health priority areas to the assessment’s co-chairs who further narrowed them down to 12 health priority areas.



## Community forum

On November 14, 2013, the Santa Clara County Public Health Department presented the 12 health priority areas at a community forum. More than 60 participants from the LGBTQ community reviewed data for the priority areas and discussed strategies for addressing and improving LGBTQ community

health and well-being. The topic areas of this report synthesize and present findings related to these 12 priority areas and present community recommendations.

## **Next steps**

This report is an opportunity to continue the conversation that began through the participation and engagement of LGBTQ community members, leaders, and advocates in Santa Clara County. The recommendations put forth at the forum and throughout the assessment can help inform community organizations, county agencies, and elected officials with the goal of generating equitable action-oriented solutions to improve the lives of the LGBTQ community.

# Demographic profile

Understanding the size and socio-demographic characteristics of the LGBTQ population in Santa Clara County is a critical step in creating effective public policy, developing quality health and wellness programs, and strategically allocating resources.<sup>1</sup>



This section presents demographic data on the LGBTQ population in Santa Clara County.

Estimates of overall population size provided below are based on a sufficient sample size to make reliable estimates. However, estimates of specific socio-demographic breakdowns presented in this section are based on a small sample size and should be viewed with caution. In addition, the data source used for estimates in this section combined lesbian and gay adults, so results for these groups are presented together. See the methods section for more detail on the data source used in this section.



## Population size

In 2011-12, approximately 31,000 of Santa Clara County's 1.2 million adults (3% of the adult population) identified as lesbian or gay and 16,000 (1%) identified as bisexual.<sup>2</sup> No local estimates of the size of the transgender population are available. However, a national survey estimates that 0.3% of the U.S. population is transgender.<sup>1</sup>



Based on this estimate, the size of the adult transgender population of Santa Clara County is estimated to be 3,500.<sup>2</sup>



In 2011-12, approximately 15,000 (31%) of Santa Clara County LGB adults were married or lived with a partner and 8,000 (18%) were living with children.<sup>2</sup>

## Gender

In 2011-12, among lesbian and gay adults, 51% identified as male and 49% as female. Forty-four percent (44%) of bisexual adults were male and 56% were female.<sup>2</sup>

## Age

In 2011-12, lesbian, gay, and bisexual adults were younger than their heterosexual counterparts. Fifty-seven percent (57%) of lesbian and gay adults and 67% of bisexual adults were under the age of 40, compared to 47% of heterosexual adults.<sup>2</sup>



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### Age distribution by sexual orientation

	Heterosexual %	Lesbian or gay %	Bisexual %
Ages 18-24	13	8	20
Ages 25-39	34	49	47
Ages 40-64	48	40	30
Ages 65-79	6	4	--

Source: UCLA Center for Health Policy Research, 2011-12 California Health Interview Survey

Note: Percentages may not add to 100% due to rounding.

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### Race/ethnicity

In 2011-12, a higher percentage of lesbian and gay adults were Latino (40%) than White (31%) or Asian/Pacific Islander (29%). Bisexuals were more likely to be White (55%) than Asian/Pacific Islander (22%) or Latino (11%). Results for African American adults are not reported due to small sample size.<sup>2</sup>

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### Race/ethnicity by sexual orientation

	Heterosexual %	Lesbian or gay %	Bisexual %
Asian/Pacific Islander	36	29	22
Latino	25	40	11
White	35	31	55

Source: UCLA Center for Health Policy Research, 2011-12 California Health Interview Survey

Note: Percentages may not add to 100% due to rounding and categories not reported.

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### Education

In 2011-12, lesbian and gay adults ages 25 and older (62%) were more likely than heterosexual (56%) or bisexual adults (41%) to have attained a college degree.

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### Educational attainment among adults ages 25 and older by sexual orientation

	Heterosexual %	Lesbian or gay %	Bisexual %
High school or less	27	32	23
Some college or technical school	17	7	33
College graduate	56	62	41

Source: UCLA Center for Health Policy Research, 2011-12 California Health Interview Survey

Note: Percentages may not add to 100% due to rounding.

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## Poverty

In 2011-12, nearly half of bisexual adults (46%) were living below 200% of the federal poverty level. Thirty percent (30%) of lesbian and gay adults lived below 200% of the federal poverty level compared to 24% of heterosexual adults.<sup>2</sup>

## References

1. Gates GJ. How many people are lesbian, gay, bisexual, and transgender? <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>. Published April 2011. Accessed December 6, 2013.
2. UCLA Center for Health Policy Research. 2011-12 California Health Interview Survey.

# Survey respondent characteristics

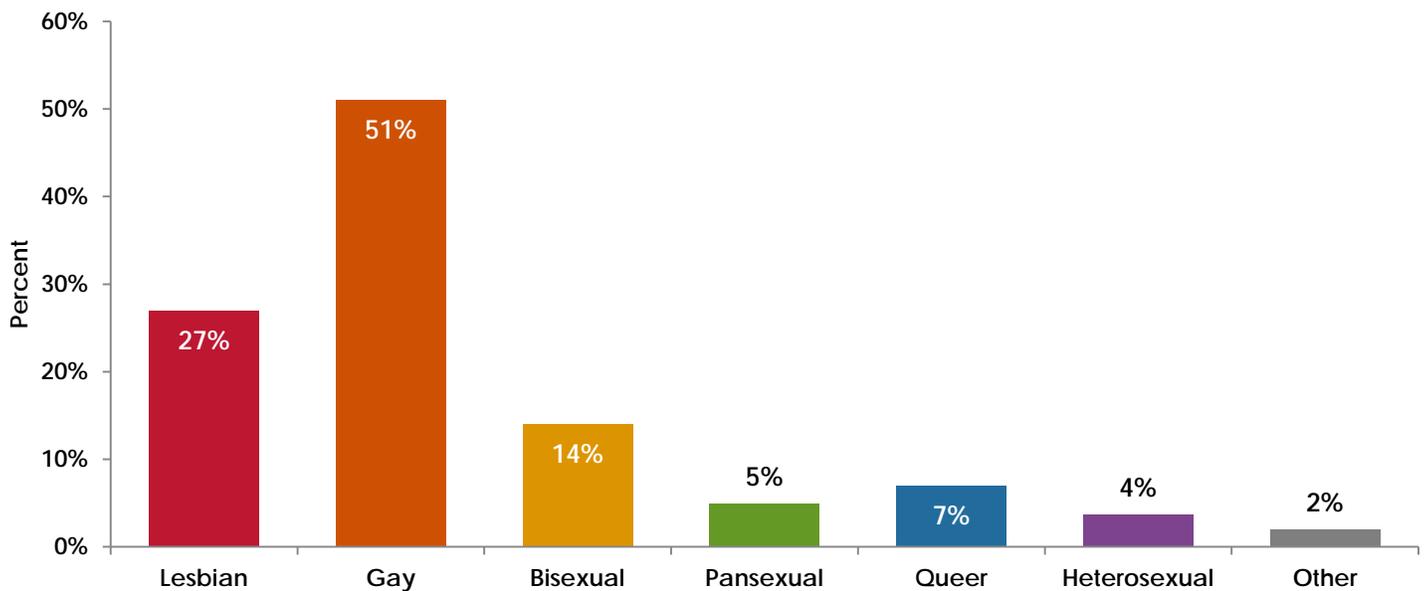
This section presents the characteristics of respondents to the 2013 LGBTQ Adult Survey, which was conducted as part of the assessment. Where possible, subsections compare the demographics of survey respondents to those of the general Santa Clara County population, as a benchmark. For additional information on the survey, please see the methods section.

## Sexual orientation

The LGBTQ Adult Survey asked respondents to indicate their sexual orientation; respondents could mark all that applied (see methods section for information on classification if respondents checked more than 1 orientation). More than one-quarter (27%) of survey respondents identified as lesbian, 51% as gay men, 14% as bisexual, 7% as queer, 5% as pansexual, 4% as heterosexual, and 2% as other. Among those who marked other and specified an orientation, responses included: "asexual," "bicurious," "fluid bisexual," and "sapiosexual."

Due to small sample size for some groups and for ease of reporting, the remainder of the report combines respondents into 5 categories: lesbians, gay men, bisexual women, bisexual men, and transgender adults. Please see the methods section for more detail.

Sexual orientation of Santa Clara County LGBTQ Adult Survey respondents



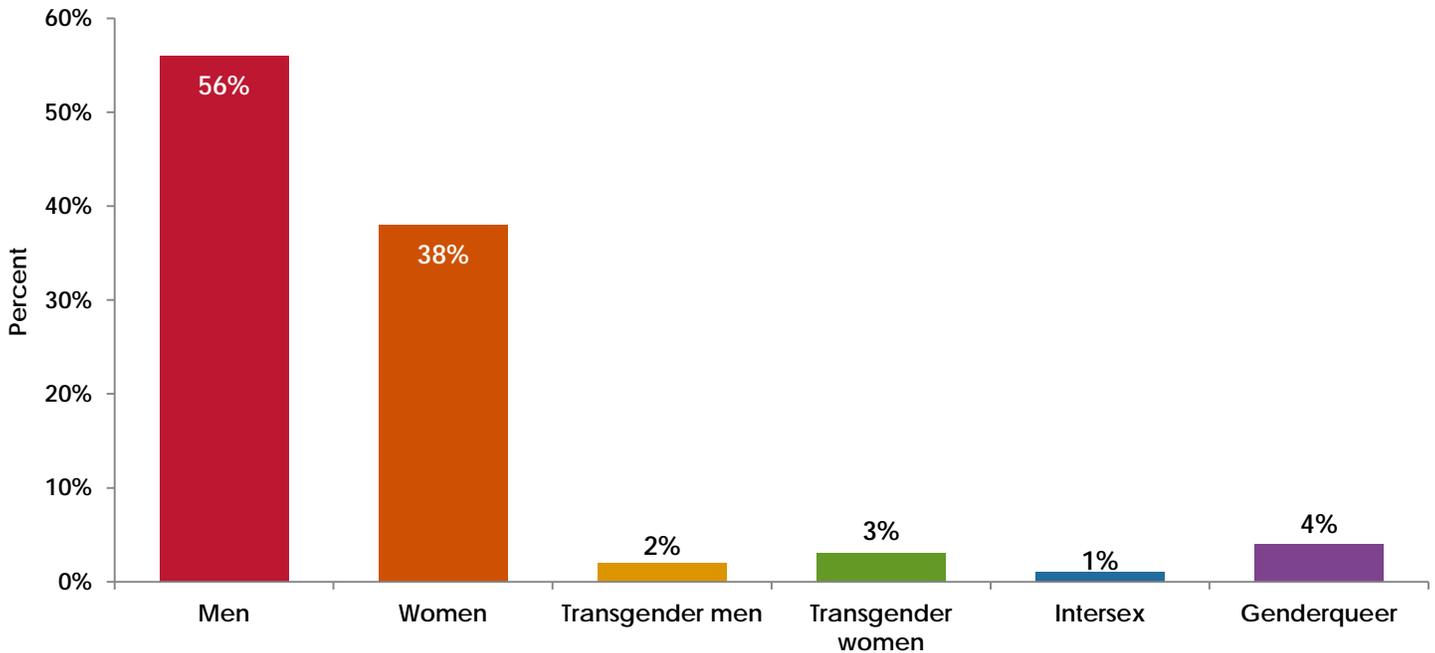
Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

## Gender identity

As with sexual orientation, respondents to the LGBTQ survey could mark all that applied in response to a question on gender identity (see methods section for information on classification if respondents checked more than 1 identity). Fifty-six percent (56%) of survey respondents identified as men and

38% identified as women. Four percent (4%) identified as genderqueer, 3% as transgender women, 2% as transgender men, and 1% as intersex. Fewer than 1% selected "other" and wrote in "butch," "gender dysphoria," "genderless," "person," or "post-operative TS woman."

Gender identity of Santa Clara County LGBTQ Adult Survey respondents



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

## Age

Nineteen percent (19%) of respondents reported that they were ages 18 to 24, 63% were ages 25 to 54, and 18% were ages of 55 or older. LGBTQ survey respondents were slightly younger than adults in the general Santa Clara County population. Among all adults in the county, 12% are ages 18 to 24, 61% are ages 25 to 54, and 27% are ages 55 and older.<sup>1</sup>

## Race/ethnicity and nativity

As with sexual orientation and gender identity, respondents to the LGBTQ survey could mark all that applied in response to questions on race/ethnicity and Asian subgroup. Nearly half (47%) of survey respondents were White, 16% were Latino, 11% were Asian/Pacific Islander, 5% were African American, 4% were "other" race and 3% were mixed race. Compared to the Santa Clara County population as a whole, LGBTQ survey respondents were somewhat more likely to be White, African American, mixed race, and "other," and less likely to be Asian/Pacific Islander or Latino.<sup>2</sup>

Twenty-eight percent (28%) of Asian/Pacific Islander respondents were Chinese, 19% were Vietnamese, 12% were Filipino, 8% were Japanese, 6% were Asian Indian, 2% were Korean, 2% were Native Hawaiian, 2% were Guamanian or Chamorro, and 8% were "other" Asian or Pacific Islander subgroup.

Eighty-nine percent (89%) of LGBTQ survey respondents reported being born in the U.S., a higher proportion than adults in the general population of Santa Clara County (54%).<sup>3</sup>

## Religious affiliation

In response to a question about religious affiliation, respondents could mark all that applied. The most common religious affiliation reported by respondents was “nothing in particular” (22%). Seventeen percent (17%) identified as atheist followed by an equal percentage of Protestants and Catholics (15% each), 12% agnostic, 7% Buddhist, 6% Jewish, 2% Mormon, 2% Hindu, and 1% Muslim. Nine percent (9%) identified as “other,” with write-in responses most commonly citing Pagan, Unitarian Universalist, and spiritual.<sup>4</sup>

## Relationship status

The LGBTQ survey asked respondents to indicate their relationship status; respondents could mark all that applied. Most respondents were dating exclusively someone of the same sex, legally married to a same-sex partner, or in a registered domestic partnership with a same-sex partner. Nearly one-quarter (22%) of respondents were single and not dating and 9% were dating more than 1 person. Smaller percentages were in an open relationship, in opposite-sex relationships, involved in discreet sexual activity and/or on the down-low, or divorced or widowed, not partnered.

Relationship status of Santa Clara County LGBTQ Adult Survey respondents

Relationship status	%
Dating exclusively someone of the same sex	27
Single, not dating	22
Legally married to same-sex partner	16
Registered domestic partnership with same-sex partner	12
Single, dating more than 1 person	9
In open relationship	8
Legally married to opposite-sex partner	5
Dating exclusively someone of the opposite sex	4
Discreet sexual activity/on the down-low	4
Divorced or widowed, not partnered	2

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

## Educational attainment

Most survey respondents ages 25 and older had a college degree or more (65%). Approximately one-quarter (27%) reported having some college or technical school and 7% had obtained a high school diploma or less.<sup>4</sup> LGBTQ respondents had higher educational attainment than the general

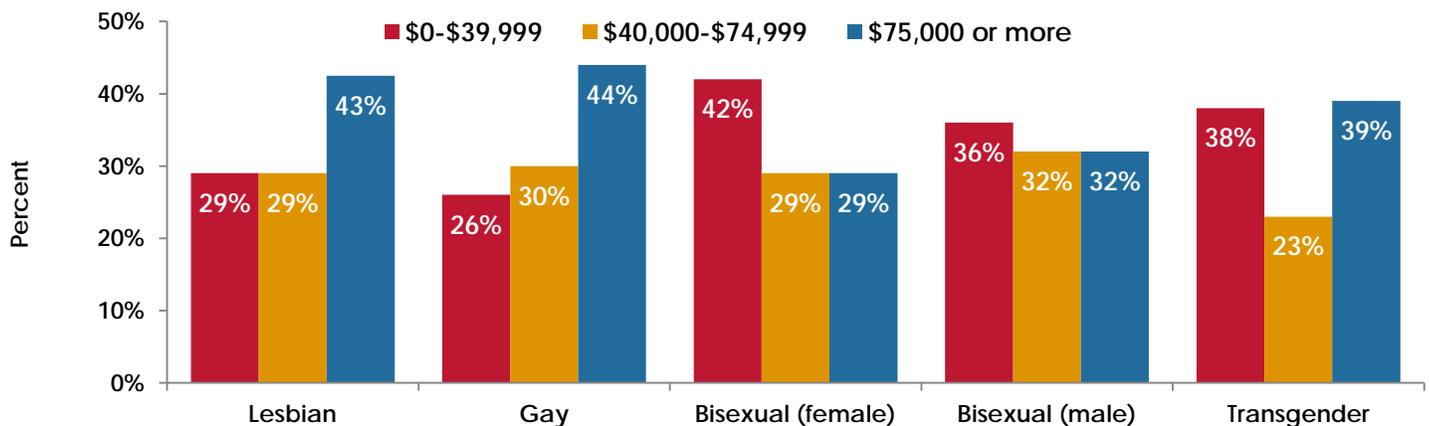
population of Santa Clara County. In the general adult population ages 25 and older, 47% of adults have a college degree or more, 24% have some college or technical school, and 29% have a high school diploma or less.<sup>1</sup>

## Income

The majority of survey respondents reported an annual household income of \$75,000 per year or more (41%). Thirty percent (30%) reported a household income of \$40,000 to \$74,999 and 30% reported a household income of \$0 to \$39,999.<sup>4</sup> In comparison, in Santa Clara County overall, 57% of households have a household income of \$75,000 or more, 20% a household income of \$40,000 to \$74,999, and 23% a household income below \$40,000.<sup>1</sup>

Gay men and lesbian respondents were most likely to have higher household incomes (\$75,000 or more). Bisexual women respondents were most likely to have household incomes less than \$40,000, followed by transgender and bisexual men respondents.

Annual household income of Santa Clara County LGBTQ Adult Survey respondents



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey  
 Note: Percentages may not add to 100% due to rounding.

## Residence

Half of respondents (50%) reported living in San Jose, followed by 17% living in the City of Santa Clara, 6% in Sunnyvale, 5% in Mountain View, 4% in Palo Alto, 3% in Campbell, 3% in unincorporated areas of the county, and 2% or fewer in Cupertino, Gilroy, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Morgan Hill, and Saratoga.<sup>4</sup> The percentage among LGBTQ survey respondents from each city is similar to the percentage living in each city in the general adult population in Santa Clara County.<sup>2</sup>

## References

1. U.S. Census Bureau. 2012 American Community Survey, 1-Year Estimates.
2. Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey; U.S. Census, 2006-2010 American Community Survey, 5-Year Estimates.

3. Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey; U.S. Census, 2012 American Community Survey, 1-Year Estimates.
4. Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey.
5. Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey; U.S. Census Bureau. 2008-2012 American Community Survey, 5-Year Estimates.

## Topic 1: General health

LGBTQ people nationwide experience poorer health outcomes and are less likely to report having excellent or very good health than their heterosexual counterparts.<sup>1</sup> Due to high levels of stress, higher rates of smoking, and poorer nutrition, LGBTQ people may be at greater risk of cardiovascular diseases.<sup>2</sup> Additional disparities include higher rates of obesity among lesbians and higher rates of eating disorders among gay men.<sup>3</sup> LGBTQ people of color face added barriers to health and well-being as a result of experiencing both racism and homophobia.<sup>1</sup> In order to address health disparities among Santa Clara County's LGBTQ residents, it is necessary to understand their overall physical health and the degree to which they experience chronic physical health conditions.

### Key findings

- More than one-third of LGBTQ survey respondents have ever been diagnosed with a chronic physical health issue.
- One in 4 respondents is obese. The prevalence of obesity is highest among lesbian, older, and White and Latino respondents.
- Transgender individuals and LGBTQ seniors report experiencing unique challenges that limit the economic resources available to them and hinder optimal health outcomes.

### In numbers: survey findings<sup>a</sup>

#### Physical chronic conditions

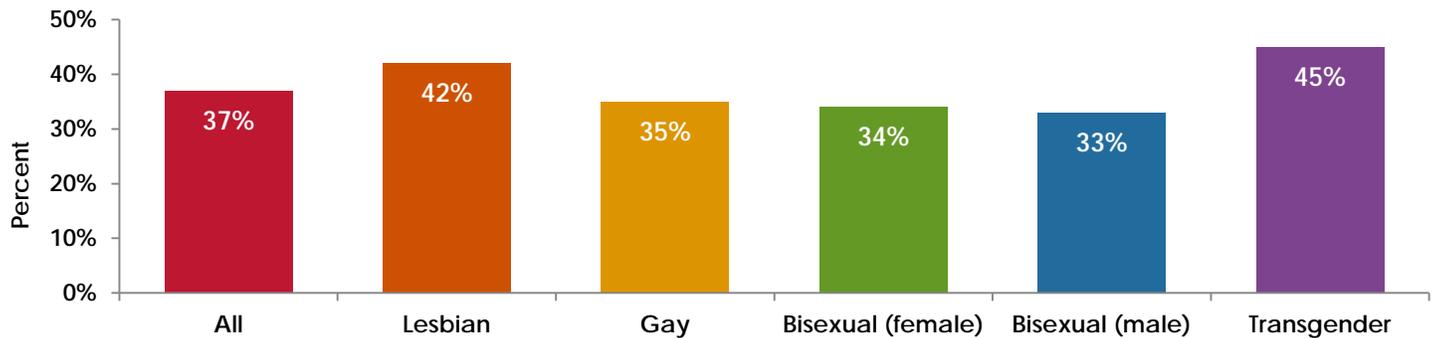
More than one-third (37%) of LGBTQ survey respondents had ever been diagnosed with 1 or more physical chronic conditions. The most common chronic conditions were asthma (16%), arthritis (11%), diabetes (7%), cardiovascular disease (6%), and cancer (5%). A higher percentage of transgender and lesbian respondents had ever been diagnosed with 1 or more physical chronic conditions than respondents from other LGBTQ subgroups; the percentage was lowest among bisexual respondents. More than two-thirds (60%) of respondents ages 55 and older had ever been diagnosed with 1 or more physical chronic conditions, in comparison to younger adults (ages 25 to 54, 34%; ages 18 to 24, 24%). Higher percentages of African American (47%) and White (38%) respondents had ever been diagnosed with 1 or more physical chronic conditions than Latino (31%) and Asian/Pacific Islander (28%) respondents. Respondents with annual household incomes between \$40,000 and \$74,999 (41%) were more likely to have ever been diagnosed with 1 or more physical chronic conditions than those with lower or higher household incomes (less than \$40,000, 36%; \$75,000 or more, 36%).

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<sup>a</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

Fourteen percent (14%) of respondents had ever been diagnosed with pre-diabetes. Approximately 1 in 5 (19%) respondents had ever been diagnosed with obesity by their healthcare provider.

### Percentage of LGBTQ survey respondents with 1 or more physical chronic conditions



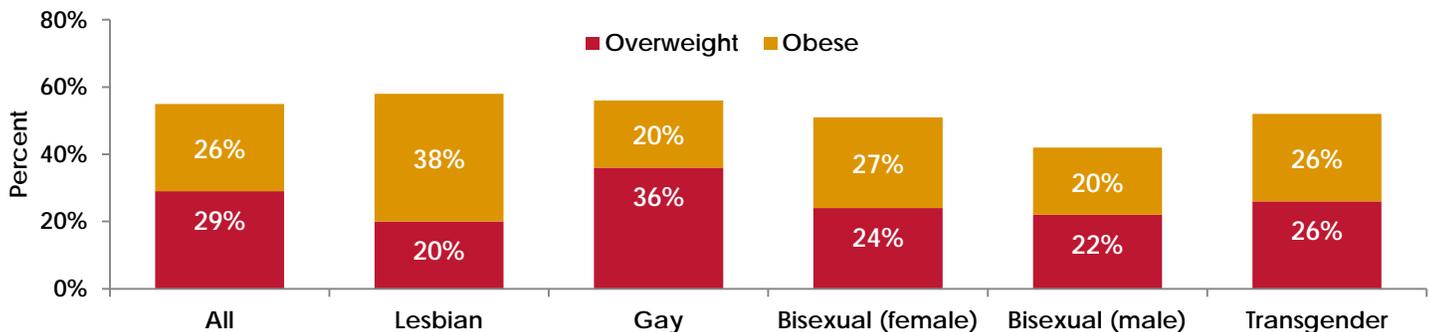
Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

### Overweight and obesity

The 2013 LGBTQ Adult Survey asked respondents to report their height and weight, which was used to assess overweight and obesity. A quarter (26%) of LGBTQ respondents was obese and 29% were overweight. <sup>b</sup> A higher percentage of lesbian respondents were obese than respondents from other LGBTQ subgroups.

A higher percentage of respondents ages 55 and older were overweight or obese (33% for each condition) than those ages 25 to 54 (29% overweight, 27% obese) or ages 18 to 24 (22% overweight, 13% obese). A higher percentage of White and Latino respondents were obese than Asian/Pacific Islander respondents. Percentages for African American respondents are not reported due to small sample size.

### Percentage of LGBTQ survey respondents who were overweight or obese

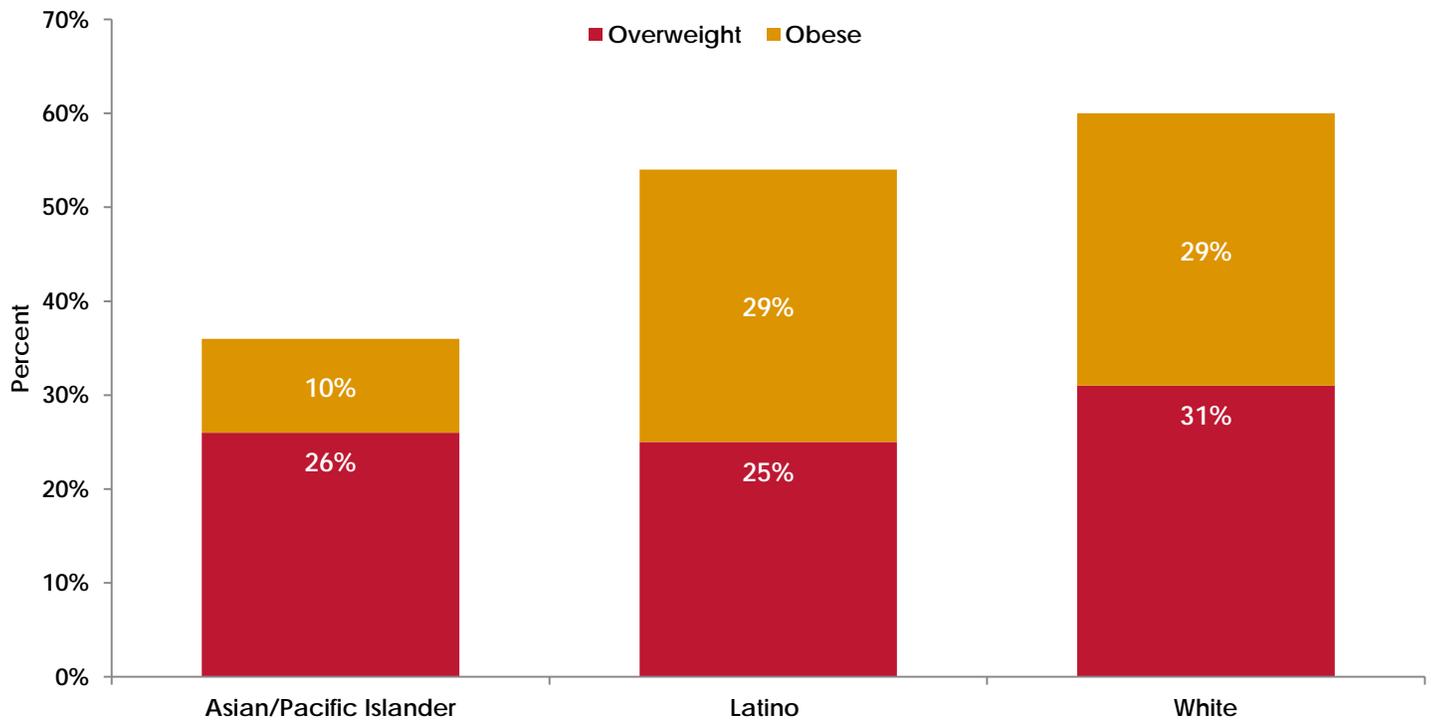


Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

<sup>b</sup> The percentage of obese LGBTQ respondents was based on self-reported height and weight. This percentage was higher than the percentage ever diagnosed with obesity by a healthcare provider, which may indicate issues with obesity screening in clinical settings or difficulty recalling this diagnosis on the part of the respondent.

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## Percentage of LGBTQ survey respondents who were overweight or obese by race/ethnicity



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Activity limitations

Preliminary data from the Santa Clara County Public Health Department's 2013 Behavioral Risk Factor Survey, underway at the time of reporting, suggest that a higher percentage of lesbian, gay, or bisexual adults (38%) experience limitations in their activities because of physical, mental, or emotional problems than heterosexual adults (30%).<sup>4</sup> Examples of the major health problems that limit activities among lesbian, gay, or bisexual adults are respiratory issues, such as asthma, physical issues, such as problems with walking, vision, hearing, or heart problems, and mental health conditions, such as depression.

Approximately 1 in 10 (9%) LGBTQ survey respondents reported that they and/or their families needed but had difficulty accessing disability and special needs services. A higher percentage of bisexual men and women (17% and 15%, respectively) had difficulty accessing needed services than lesbian (9%), transgender (8%), or gay men (6%) respondents. Percentages were similar for younger and older adults (ages 18 to 24, 7%; ages 25 to 54 and 55 and older, 9% for both groups). African American (23%) respondents were more likely to have difficulty accessing needed services than Latino (9%), White (7%), and Asian/Pacific Islander (5%) respondents. Respondents with lower annual household income had more difficulty accessing such services than higher-income respondents (less than \$40,000, 13%; \$40,000 to \$74,000, 11%; \$75,000 or more, 3%).

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants on the topic of economic insecurity, stress, and family rejection and its impact on health.

### Economic insecurity

*Community members noted that economic insecurity contributes to poor physical health and mental health outcomes.*

A number of community conversation participants and key informants spoke about the impact of economic insecurity on health. Several LGBTQ seniors described making difficult choices about paying for medical care and other necessities. As one community member commented, “I have to decide between paying for gas to visit the doctor or buying groceries.” Many transgender community members noted that because their health insurance does not cover the cost of hormone treatment or gender reassignment surgery, they pay for these treatments out-of-pocket, leaving them with fewer financial resources for food, medications, and other basic necessities. A number of transgender community conversation participants reported that they had struggled to find or maintain employment during their transition, further reducing their financial resources and forcing them to make difficult financial choices that impacted their health.

*“I would say economic insecurity is not unrelated to other issues of isolation for LGBTQ seniors – if you are living close to your family of origin, you’re more likely to be able to draw on their resources.”*

– Key informant

An African American community conversation participant further stressed that lack of communication about health issues among the African American community is further compounded by financial stressors: “If I don’t talk about it, it won’t become a reality and if I do talk about it, what are you going to do to help me because I can’t afford to go to the doctor. I can’t afford the \$3,000 bill to go to the E.R.”

Many LGBTQ seniors also reported that they are isolated from their families of origin and live alone, leaving them with fewer social and financial supports. Some LGBTQ seniors also commented that they did not have access to welcoming, age-appropriate exercise programs.

### Stress

Community members also spoke about the effects of stress related to discrimination and family rejection on their overall physical health.

Throughout community conversations and key informant interviews, participants described how stress related to social stigma or minority status as well as family rejection can impact their ability to make healthy choices and live healthier

*“I have given up food money to ensure I have my medications.”*

– Transgender men community conversation participant

lifestyles, which ultimately impacts their overall health. These findings are discussed throughout the report in the “In their own words” sections at the conclusion of each chapter.

## What’s out there?

*LGBTQ community members identified the following community strengths and resources:*

- The Billy DeFrank LGBT Community Center offers health and nutrition-related services for LGBTQ seniors.
- The Health Trust’s Living Center offers exercise programs for people living with HIV/AIDS, including a weekly walking group.

## What’s next?

*LGBTQ community members suggested the following strategic actions:*

### *Obesity and obesity-related chronic conditions*

- **Raise awareness of chronic health issues** that LGBTQ people disproportionately experience. Integrate health education into LGBTQ social and support groups to foster healthy habits.
- **Conduct targeted health campaigns** to address higher rates of particular chronic health conditions among subgroups within the LGBTQ community. Ensure that health campaigns targeted to the general public are inclusive of the LGBTQ community.
- **Develop nutrition and exercise programs** to promote the health and well-being of Santa Clara County’s LGBTQ residents. Provide funding to existing LGBTQ organizations to develop and improve health promotion activities.

### *Health disparities*

- **Maximize access to health promotion services** to reduce the health disparities experienced by the LGBTQ community. Improve referrals and linkages between health services and existing community centers. Provide support to LGBTQ adults to enroll in county, state, and federal assistance programs, such as reduced-price transportation programs for seniors and food stamp programs for low-income LGBTQ adults.

## References

1. Krehely J. How to Close the LGBT Health Disparities Gap. Center for American Progress. [http://www.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt\\_health\\_disparities.pdf](http://www.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities.pdf). Published December 21, 2009. Accessed December 6, 2013.
2. Substance Abuse and Mental Health Services Administration. *Top Health Issues for LGBT Populations Information & Resource Kit*. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration;2012.
3. The Gay and Lesbian Medical Association. Lesbian, Gay, Bisexual and Transgender Health 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. University of Michigan Health System. <http://www.med.umich.edu/diversity/pdffiles/healthpeople.pdf>. Accessed December 6, 2013.
4. Santa Clara County Public Health Department. 2013 Behavioral Risk Factor Survey (preliminary data).

## Topic 2: Healthcare

Discrimination within healthcare settings and a shortage of LGBTQ-competent providers prevent optimal health outcomes for LGBTQ people.<sup>1</sup> A recent national survey revealed that more than half (56%) of lesbian, gay, and bisexual respondents, and the majority (70%) of transgender and gender-nonconforming respondents, have experienced healthcare discrimination, including healthcare professionals being physically rough, using harsh and abusive language, blaming patients for their health status, and refusing needed care.<sup>2</sup> LGBTQ people of color, transgender individuals, and low-income LGBTQ individuals are more likely to experience healthcare discrimination and health disparities.<sup>1,2</sup> In order to ensure that LGBTQ individuals in Santa Clara County have access to the care they need, it is important to understand the barriers they experience with regard to accessing healthcare and developing high-quality patient-provider relationships.

### Key findings

- Most (86%) LGBTQ survey respondents are insured, although African Americans were less likely to be insured than Asian/Pacific Islander, Latino, or White respondents.
- More than one-quarter of LGBTQ respondents needed medical care in the past 12 months but were not able to access it, mainly due to cost or lack of insurance. The percentage was higher among African American and Latino respondents.
- More than 1 in 10 LGBTQ survey respondents report that in the past 5 years, healthcare professionals refused to touch them or used excessive precautions, blamed them for their health status, or used harsh or abusive language.
- The majority of LGBTQ respondents report that there are not enough health professionals who are adequately trained to work with LGBTQ people. This is particularly true for lesbian, bisexual women, and transgender respondents.
- Many LGBTQ community conversation participants report that they are not aware of available healthcare services or services that they are aware of are perceived as not LGBTQ-competent.

### In numbers: survey findings<sup>c</sup>

#### Health insurance coverage

The majority of LGBTQ survey respondents (86%) had health insurance, with little difference in the percentage insured by sexual orientation or gender identity. LGBTQ respondents with higher annual

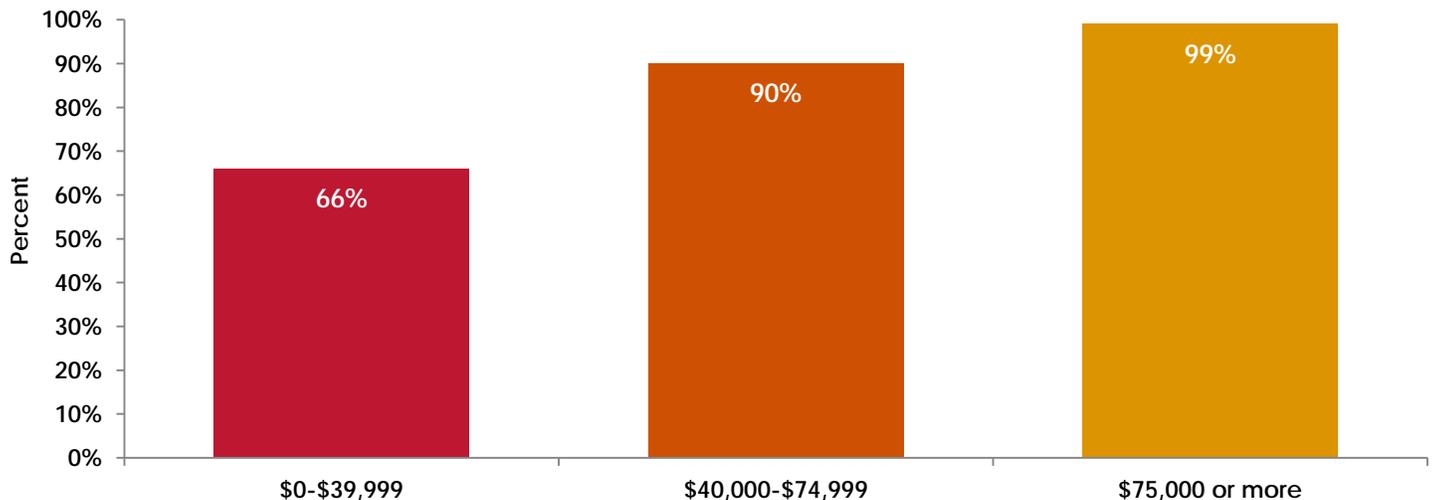
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<sup>c</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

household incomes were more likely to be insured than respondents with lower household incomes. A lower percentage of African American respondents (65%) were insured than Latino (81%), Asian/Pacific Islander (87%), and White (91%) respondents. Younger LGBTQ respondents were less likely to be insured (ages 18 to 24, 81%; ages 25 to 54, 84%) than LGBTQ respondents ages 55 and older (97%).

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### Percentage of LGBTQ survey respondents with health insurance by household income



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Healthcare access

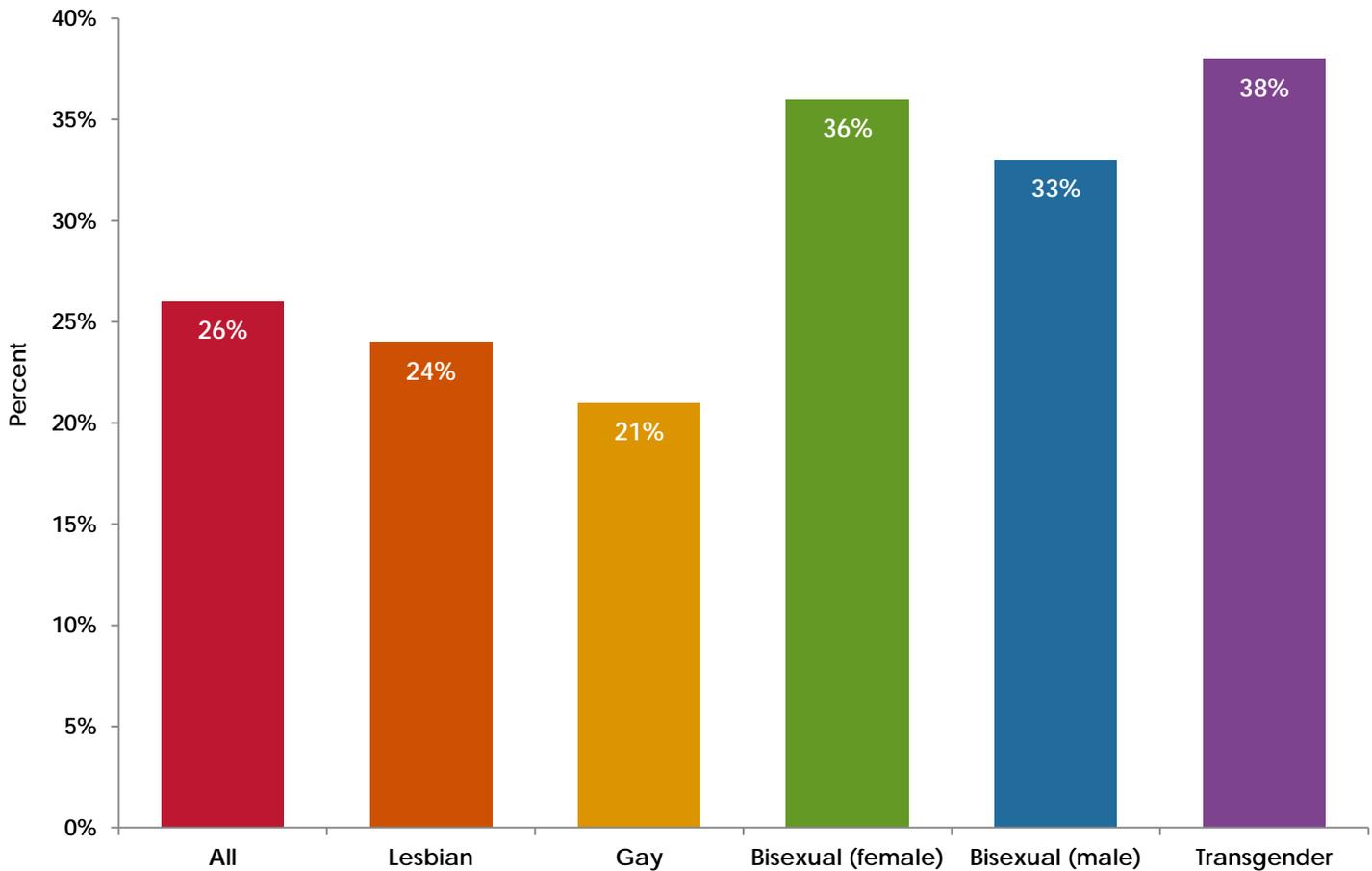
More than one-quarter (26%) of LGBTQ respondents needed medical care in the past 12 months but were not able to access it, with higher percentages among transgender (38%), bisexual women (36%), and bisexual men (33%) respondents than lesbian (24%) and gay men (21%) respondents. A higher percentage of Latino (33%) and African American (26%) respondents were unable to access medical care when needed than White (22%) and Asian/Pacific Islander (16%) respondents. This was also more likely among LGBTQ respondents ages 18 to 24 (29%) and ages 25 to 54 (28%) than those ages 55 and older (10%) and those with annual household incomes below \$40,000 (39%) and between \$40,000 and \$74,999 (32%) than with \$75,000 or more (12%).

LGBTQ respondents who were unable to access medical care when needed in the past 12 months indicated the following reasons:

- The high cost of medical care (55%)
- Lack of insurance (45%)
- Insurance not being accepted (21%)
- Too long of a wait for an appointment (19%)
- Could not find an LGBTQ-friendly provider (17%)
- Humiliation or fear of exposing their LGBTQ status (12%)
- Transportation barriers (10%)

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## Percentage of LGBTQ survey respondents who needed medical care in the past 12 months but could not get it



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Dental care

More than 1 in 5 LGBTQ respondents (21%) reported that they and/or their families needed but found it difficult to access dental care. For those with annual household incomes below \$40,000, 44% found it difficult to access dental care compared to 18% for those with household incomes between \$40,000 and \$74,999 and 8% for those with household incomes of \$75,000 and higher. A higher percentage of African American respondents (33%) had a hard time accessing dental care than Latino (24%), Asian/Pacific Islander (20%), and White (16%) respondents.

### Healthcare discrimination

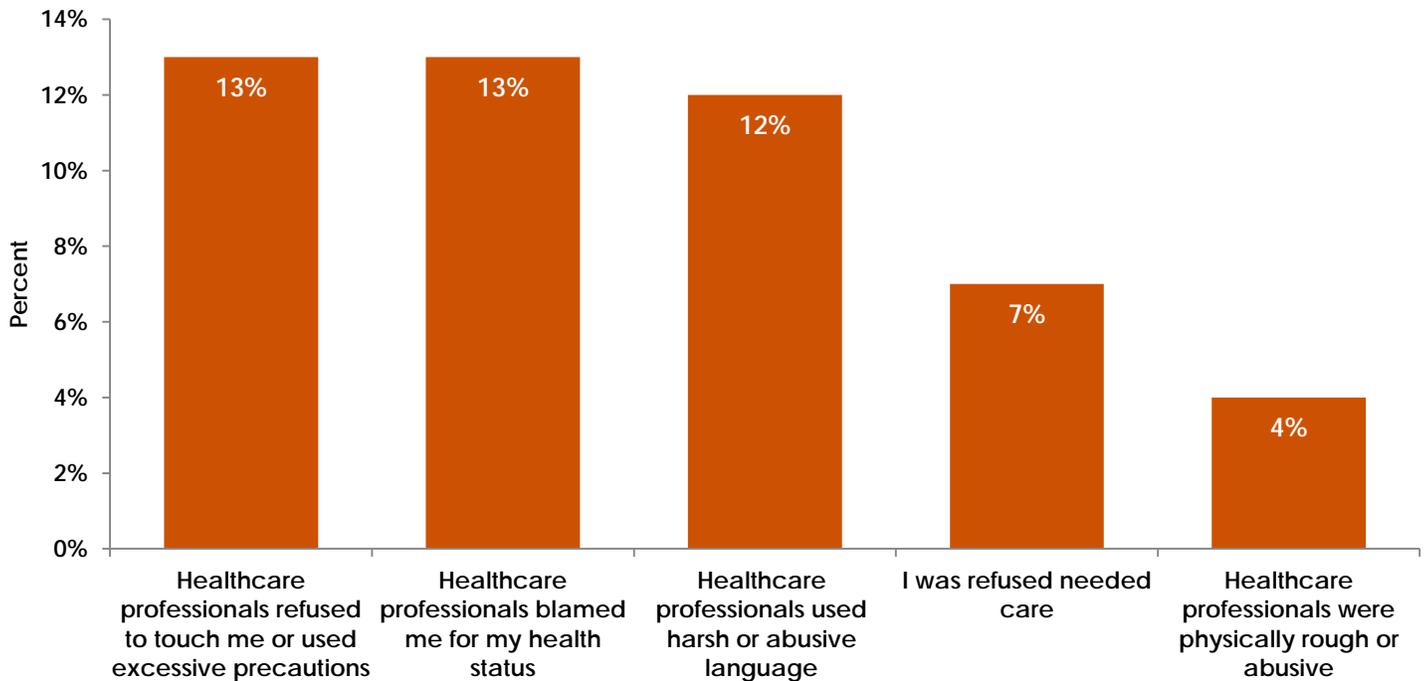
Twelve percent (12%) of LGBTQ respondents reported that they were denied or given lower quality healthcare in the past 12 months because someone knew or assumed that they were attracted to people of the same sex, were intersex, and/or were transgender. Transgender respondents (28%) were more likely to report having been denied or given lower quality healthcare than bisexual women (17%), gay men (10%), or lesbian (8%) respondents. The percentage of bisexual men who reported that they were denied or given lower quality healthcare is not reported due to small sample

size. A higher percentage of African American respondents (16%) reported being denied or given lower quality healthcare than Latino (13%), White (12%), or Asian/Pacific Islander (3%) respondents.

The most common forms of healthcare discrimination experienced in the past 5 years by LGBTQ respondents were healthcare professionals refusing to touch them or using excessive precautions, blaming them for their health status, and using harsh or abusive language. Fewer LGBTQ respondents reported that they were refused needed care or that healthcare professionals were physically rough or abusive.

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**Percentage of LGBTQ survey respondents who have experienced healthcare discrimination in the past 5 years**



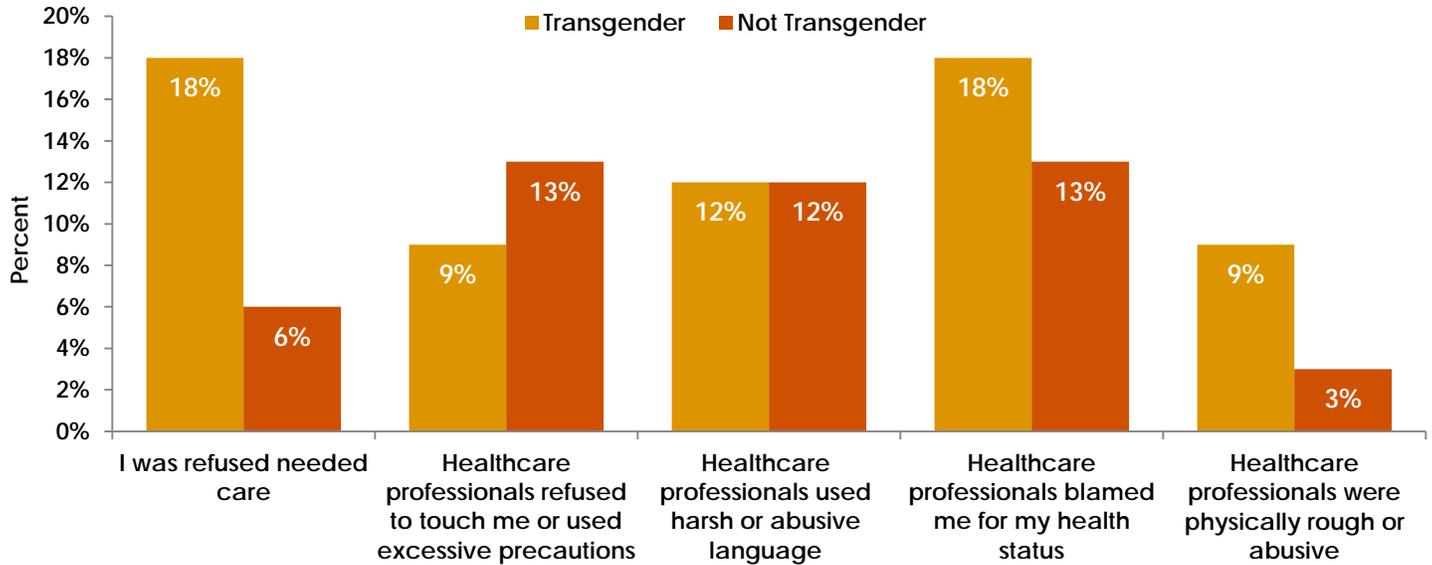
Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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Transgender respondents reported higher levels of discrimination than non-transgender respondents in some cases. For example, nearly 1 in 5 transgender respondents (18%) reported that they were refused needed care in the past 5 years, compared to 6% of non-transgender respondents, and nearly 1 in 10 (9%) transgender respondents reported that healthcare professionals were physically rough or abusive, compared to 3% of non-transgender respondents.

Forty-two percent (42%) of LGBTQ respondents somewhat agreed or agreed that medical personnel would treat them differently because they are LGBTQ. Nearly 1 in 5 (18%) LGBTQ respondents somewhat agreed or agreed that they would be refused medical services because they are LGBTQ.

**Percentage of transgender versus non-transgender survey respondents who experienced healthcare discrimination in the past 5 years**

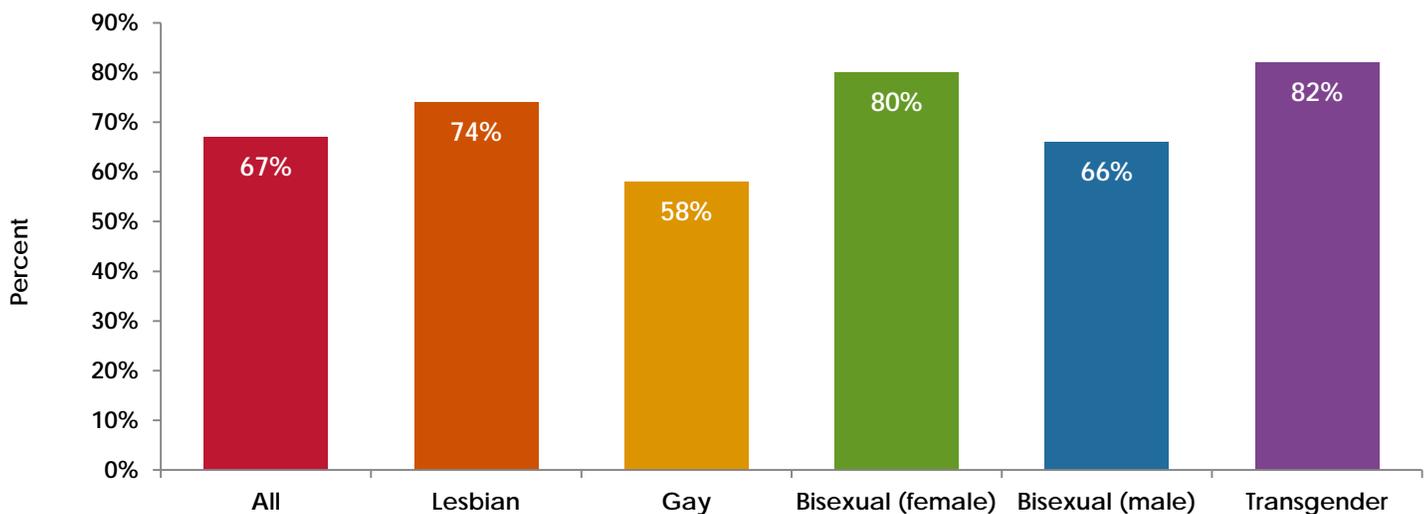


Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

**Healthcare provider competence**

Highlighting the importance of LGBTQ-competent medical providers, 67% of LGBTQ somewhat agreed or agreed that there are not enough health professionals adequately trained to care for LGBTQ people. This sentiment was more common among lesbian, bisexual women, and transgender respondents than gay and bisexual men respondents.

**Percentage of LGBTQ survey respondents who somewhat agreed or agreed with the statement, "Not enough health professionals are adequately trained to care for people who are LGBT."**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

When asked which health topics they regularly discuss with their healthcare providers, respondents reported the following:

- Heart health (30%)
- Cancer (9%); breast cancer (35% of respondents assigned female sex at birth); gynecological cancer (30% of respondents assigned female sex at birth); anal papilloma (10% of respondents assigned male sex at birth)
- HIV/AIDS (32%)
- Sexually transmitted infections other than HIV/AIDS (34%)
- Safe sex practices (26%)
- Reproductive health/fertility (20% of respondents assigned female sex at birth)
- Hormone use (70% of transgender respondents)
- Hepatitis immunization (13%)
- Depression/anxiety (38%)
- Domestic violence (5%)
- Alcohol use (18%)
- Substance use (8%)
- Tobacco use (13%)
- Diet and exercise (49%)

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants, community conversation participants, and open-ended survey questions on the topics of healthcare access, healthcare discrimination, and medical provider competence.

### Healthcare access

*Community members cited multiple barriers to healthcare access, including lack of awareness of available healthcare services, the cost of medical care, and insufficient or costly transportation.*

Many LGBTQ community members expressed that they were not aware of the healthcare services available in the county. This was true for services ranging from STI testing to primary healthcare. Key informants and community conversation participants working with LGBTQ youth reported that transgender youth often do not know where to access hormone treatment. Latino community conversation participants expressed that it is difficult to access healthcare when one is undocumented because health insurance companies often require a social security number. Participants also noted that many services and programs, such as TransPowerment, which sought to reduce HIV infection and transmission among transgender persons, have closed due to lack of funding.

*“It’s not just a question of whether we offer the services, but rather, do they reflect the culture of LGBTQ? Is it a comfortable setting? Is interaction with staff positive? Are we understanding the specific needs of the individual and dialoguing with the individual or are we making assumptions?”*

– Key informant

Consistent with survey results, many LGBTQ community members stated that the cost of healthcare presents a barrier to accessing needed services. Youth expressed that their health insurance did not include dental and vision coverage. Similarly, some LGBTQ seniors reported that their Medicare plans did not cover their basic dental, vision, and hearing needs, and transgender participants noted that not all insurance plans covered costs related to transitioning.

Similar to some survey respondents, some participants also cited transportation to and from medical services as an obstacle, particularly for seniors, youth, and people with disabilities. They emphasized that the dispersed geography of Santa Clara County makes it difficult for some to access medical care. The existing transportation services and infrastructure were described as insufficient, unsafe, or unaffordable. For instance, LGBTQ seniors reported that they did not feel comfortable taking public transit after dark.

Some community members also noted that health-oriented campaigns targeted to the general population, such as breast cancer awareness initiatives, are often not inclusive of the LGBTQ community.

## Healthcare discrimination

*Many LGBTQ community members reported that they have experienced discrimination in healthcare settings.*

Community members reported that they or people they know have experienced healthcare discrimination. For example, a number of community conversation participants noted that some healthcare professionals use insensitive language and make stereotypical assumptions about LGBTQ patients, such as not using transgender patients' preferred gender pronouns, assuming that gay men are promiscuous or at risk for HIV, or assuming that female patients are heterosexual. Participants also shared that they had experienced discrimination from providers because of their skin color or cultural background. Some reported discrimination due to their weight. A transgender woman further explained, "I tend to have my transition be blamed for whatever it is that's bothering me, even if it's a tooth ache or a sprained wrist."

*"There are quite a few unique challenges [that African American LGBTQ people in SCC face]. One is the sense of distrust in the community itself and the lack of commitment by the county service providers to the community."*

– Key informant

In addition to unfair treatment from medical professionals, community members also discussed forms of institutional discrimination, noting, for example, that intake forms and healthcare paperwork are often not inclusive of LGBTQ individuals' gender identity, sexual orientation, or marital status.

## Medical provider competence

*Community members highlighted that being "LGBTQ friendly" is not enough; providers need to be "LGBTQ knowledgeable."*

Consistent with survey findings about medical provider competence, a common theme among community members was that medical providers are not adequately trained in LGBTQ experiences or health issues.

Participants indicated that providers typically do not know how to talk to LGBTQ patients about their health and often ask irrelevant and inappropriate questions. For example, one community conversation participant explained, "Just because you are gay, it doesn't mean that you should be always asked, 'Have you been tested for HIV?' when you go in the clinic for a headache or ear infection." Lesbians and transgender men who participated in community conversations reported that obstetrics and gynecology (OBGYN) providers and staff often do not understand their healthcare needs and lack appropriate language for communicating with them about their sexual and reproductive health. For instance, some lesbian community conversation participants expressed that their gynecologists assumed they were straight and judged them for being sexually active without using birth control or were confused as to why they were not using birth control.

A number of transgender individuals reported that they leave the county to access medical providers in San Francisco or Santa Cruz, noting both a fear of harassment from medical providers and a desire for medical providers who are knowledgeable about transgender health needs. For

example, a transgender women explained, “It’s nice to educate our doctors [about transgender issues], but I want to know that they know what they’re doing, and not just fudging a little bit and figuring it out on us.”

Some LGBTQ people of color reported that it was challenging to find medical providers who were culturally competent with regards to their race/ethnicity and their sexual orientation or gender identity. For example, an African American key informant noted, “For the African American lesbian community, there is nothing, no services. For transgender [African Americans], there is nothing, especially for youth. A lot of people from the African American community seek services outside the community.” Some Asian/Pacific Islander community members reported that they preferred to visit White doctors instead of Asian doctors because of cultural beliefs about LGBTQ people in some ethnic communities. Additionally, some community members noted that there are not enough LGBTQ-oriented health resources and information available for non-English speaking individuals.

### What’s out there?

***LGBTQ community members identified the following community strengths and resources:***

- Some community members felt that healthcare professionals are more knowledgeable and accepting of the LGBTQ community now than they were in the past.
- Some participants observed that the county makes an effort to provide healthcare services to underserved populations.
- St. James Clinic, PACE Clinic, Gardner Family Health Center, and Crane Center are perceived to provide LGBTQ-welcoming and competent healthcare.
- LGBTQ competency training for healthcare providers is available in Santa Clara County.

## What's next?

**LGBTQ community members suggested the following strategic actions:**

### **Healthcare access**

- **Create an inventory of LGBTQ-competent healthcare providers** in Santa Clara County. Highlight providers who are knowledgeable about transgender health needs and have experience working with ethnically and linguistically diverse LGBTQ communities.
- **Conduct outreach to raise awareness about services available** in the county. Highlight low-cost and free services. Advertise services through public announcements and social media, and target a variety of racial and ethnic communities.
- **Provide additional funding to support existing services** that address the primary care, dental, behavioral, and sexual health needs of LGBTQ people.

### **Healthcare discrimination**

- **Educate LGBTQ healthcare consumers and providers about LGBTQ rights** and enforce existing nondiscrimination statutes.
- **Standardize intake and medical forms** to be more inclusive of the LGBTQ community. Include optional gender identity and sexual orientation questions to prevent unintentional discrimination. Ask respectful and explicit questions, such as "Do you have sex with men, women, or both?" to avoid misunderstandings and to identify hard-to-reach populations.

### **Medical provider competence**

- **Develop LGBTQ competency trainings** for all providers and staff members working within healthcare settings. Discuss the specific needs and experiences of subgroups within the LGBTQ community and be mindful of racial and ethnic diversity. Educate healthcare staff on appropriate language to use when communicating with LGBTQ patients.
- **Actively create opportunities for racial and ethnic communities**, such as the African American LGBTQ community, to come together to help build and develop programs, to ensure that their input is included.

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## Topic 3: Mental health and substance use

Prejudice, harassment, and discrimination related to sexual orientation and gender identity lead LGBTQ populations to experience a higher prevalence of mental health disorders and suicide than the general population.<sup>1</sup> LGBTQ individuals are also at greater risk of substance use, which is associated with chronic health problems and increased risk of car crashes, domestic violence, and unsafe sexual behavior.<sup>2,3</sup> In addition, evidence suggests that LGBTQ groups are at higher risk of smoking.<sup>4</sup> Understanding the mental health and substance use concerns of LGBTQ residents of Santa Clara County will help government officials, policymakers and community members to develop strategies to better educate the community about risks, identify existing resources, and build lasting solutions to improve the health of the community.

### Key findings

- Nearly half of LGBTQ survey respondents felt they might have needed to see a professional in the past 12 months because of concerns about mental health or substance use.
- Nearly one-quarter of all LGBTQ respondents and nearly half of transgender respondents seriously considered suicide or hurting themselves during the past 12 months.
- Community members report experiencing a shortage of mental health providers who are both LGBTQ-friendly and LGBTQ-knowledgeable.
- Approximately 1 in 12 LGBTQ respondents have ever used injection drugs, and most of these respondents are current users.
- Nearly one-quarter of LGBTQ respondents currently smoke cigarettes, and fewer than half of current smokers tried to quit in the past 12 months.
- LGBTQ community members noted that feelings of rejection, isolation, discrimination, and harassment may contribute to mental health and substance use issues in the LGBTQ community.

### In numbers: survey findings<sup>d</sup>

#### Mental health

Nearly one-third (31%) of LGBTQ survey respondents had ever been diagnosed with depression, and more than one-quarter (27%) had ever been diagnosed with anxiety. Nearly 1 in 10 (9%) LGBTQ respondents had ever been diagnosed with bipolar disorder.

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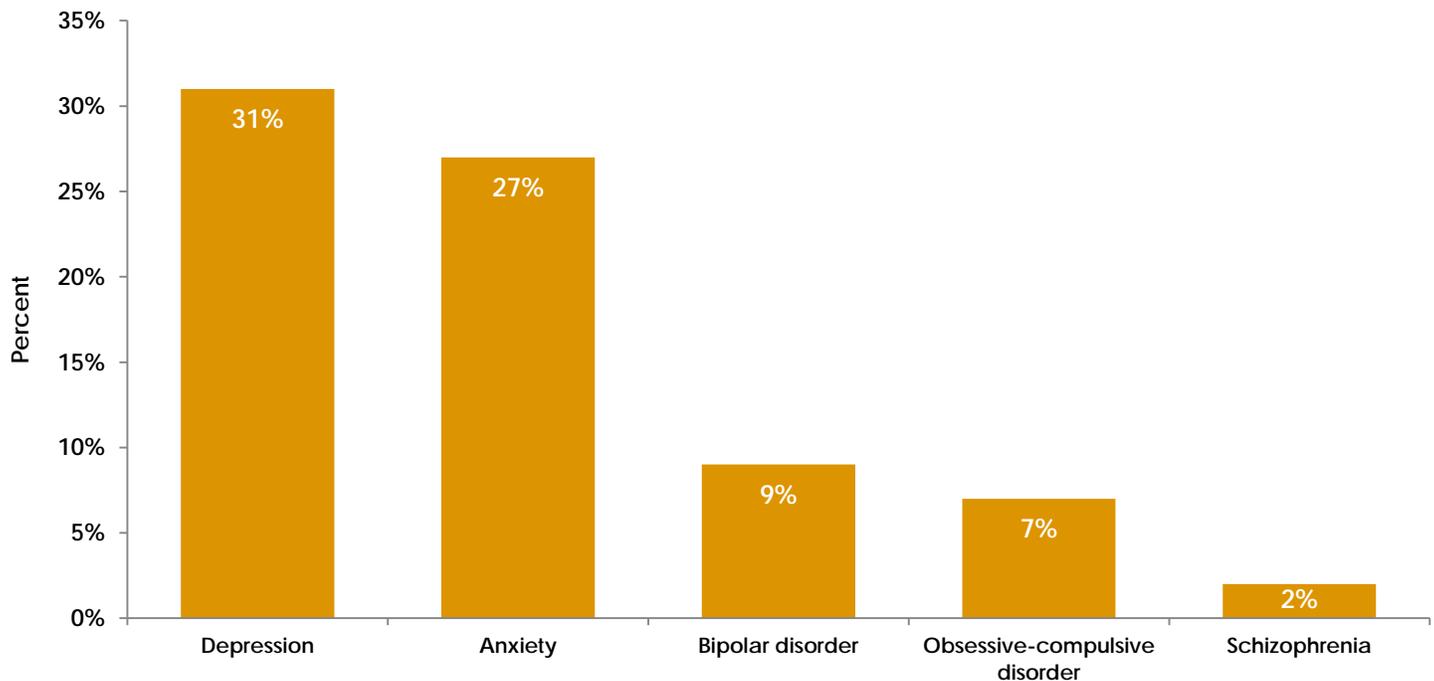
<sup>d</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

To assess current mental health status, the LGBTQ Adult Survey asked respondents to think about the month in the past 12 months when they were at their worst emotionally and indicate how much their emotions interfered with a number of aspects of their daily lives. LGBTQ respondents indicated that emotions interfered “a lot” with the following areas (they could mark all that applied):

- Their social lives (29%)
- Their performance at work or school (27%)
- Their ability to complete household chores (27%)
- Their relationships with friends and family (25%)

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### Percentage of LGBTQ survey respondents ever diagnosed with selected mental health conditions



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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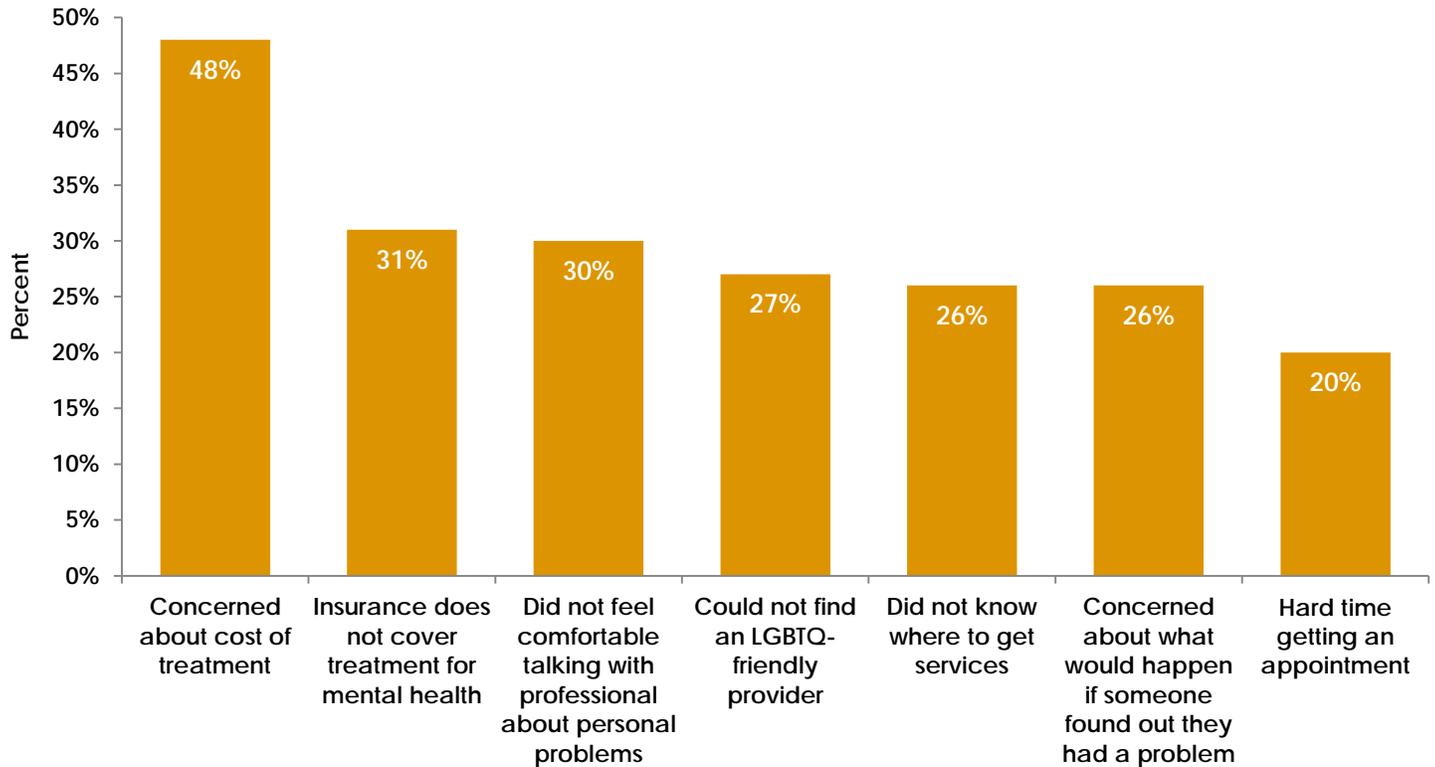
### Seeking mental health treatment

Nearly half of LGBTQ respondents (47%) felt they might have needed to see a professional in the past 12 months because of concerns about their mental health, emotions, nerves, or use of alcohol and drugs. Among those who felt they might have needed to see a professional, mental health was the most commonly cited concern (93%), while concerns related to drugs (14%) and alcohol (9%) were less common. More than half of Latino (54%) and White (51%) respondents felt they might have needed to see a professional in the past 12 months compared to 36% of Asian/Pacific Islander and 13% of African American respondents.

Among respondents who felt they might have needed help from a professional in the past 12 months, 48% did not seek treatment because they were concerned about the cost of care. Concern about the cost of treatment was higher among respondents whose annual household income was

less than \$40,000 (65%) and \$40,000 to \$74,999 (50%) than respondents whose household income was \$75,000 or higher (32%). Nearly one-third (30%) of respondents who felt they might have needed help did not feel comfortable talking with a professional about personal problems, and more than one-quarter (27%) of respondents did not seek professional care because they could not find an LGBTQ-friendly provider.

**Reasons for not seeking help from a professional in the past 12 months among LGBTQ survey respondents who felt they might need it regarding their mental or emotional health or use of alcohol or drugs**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

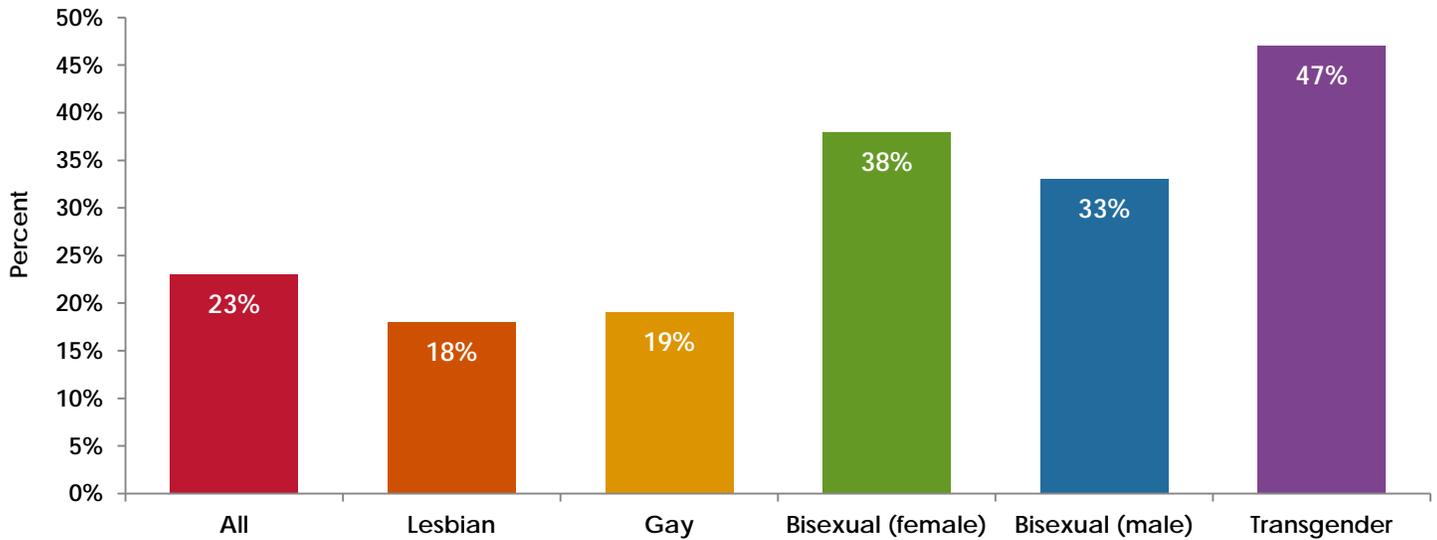
**Suicide and self-harm**

Nearly one-quarter (23%) of LGBTQ respondents had seriously considered attempting suicide or physically harming themselves within the past 12 months. The percentage was highest among transgender respondents (47%), followed by bisexual women (38%) and bisexual men (33%) respondents.

A higher percentage of Latino respondents (28%) had seriously considered attempting suicide or physically harming themselves in the past 12 months than White (23%), Asian/Pacific Islander (18%), and African American (13%) respondents. Considering suicide or self-harm in the past 12 months was more common among respondents ages 18 to 24 (37%) and 25 to 54 (24%) than respondents ages 55 and older (8%). Individuals with annual household incomes of less than \$40,000 (27%) and \$40,000 to \$74,999 (28%) also reported higher suicide and self-harm ideation than individuals with household incomes \$75,000 or higher (15%).

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## Percentage of LGBTQ survey respondents who seriously considered attempting suicide or physically harming themselves during the past 12 months



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Alcohol use

Preliminary data from the Santa Clara County Public Health Department's 2013 Behavioral Risk Factor Survey (BRFS), underway at the time of reporting, suggests that nearly 1 in 10 LGBTQ adults (9%) engaged in binge drinking during the past 30 days.<sup>5</sup> Binge drinking is defined as consuming 5 or more drinks on 1 occasion for men and 4 or more drinks for women. The percentage of lesbian, gay, or bisexual (LGB) adults who engaged in binge drinking was the same as that for heterosexual adults (9%).<sup>5</sup> The survey did not ask about gender identity. Transgender adults who responded to the BRFS and who identified as lesbian, gay, or bisexual were included in the percentage for binge drinking for LGB adults. Those who identified as heterosexual were included in the percentage for heterosexual adults.

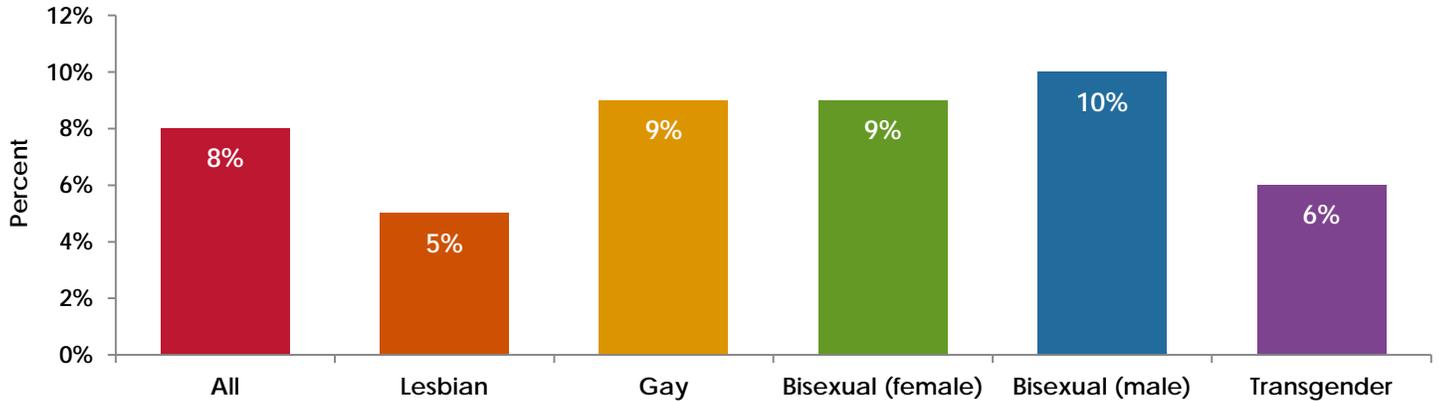
### Drug use

Eight percent (8%) of LGBTQ survey respondents reported that they had ever shot up or injected any drugs other than those prescribed. The percentage was highest among gay men and bisexual respondents. Of those who had used injection drugs, two-thirds (65%) had done so in the past 12 months. Latino (13%) and African American (13%) respondents had higher rates of injection drug use than White (8%) and Asian/Pacific Islander (2%) respondents. Injection drug use was higher among respondents ages 25 to 54 (11%) than respondents ages 18 to 24 (4%) and respondents ages 55 and older (2%).

Among all LGBTQ respondents, 9% used marijuana every day or weekly in the past 12 months. A small percentage reported using painkillers (2%), downers (1%), steroids (1%), or other drugs (4%) every day or weekly. (Other drugs included methamphetamine, cocaine, hallucinogens, ecstasy, heroin, or poppers). Specifically, 1% of LGBTQ respondents reported using crystal methamphetamine regularly in the past 12 months.

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### Percentage of LGBTQ survey respondents who had ever shot up or injected any drugs other than those prescribed



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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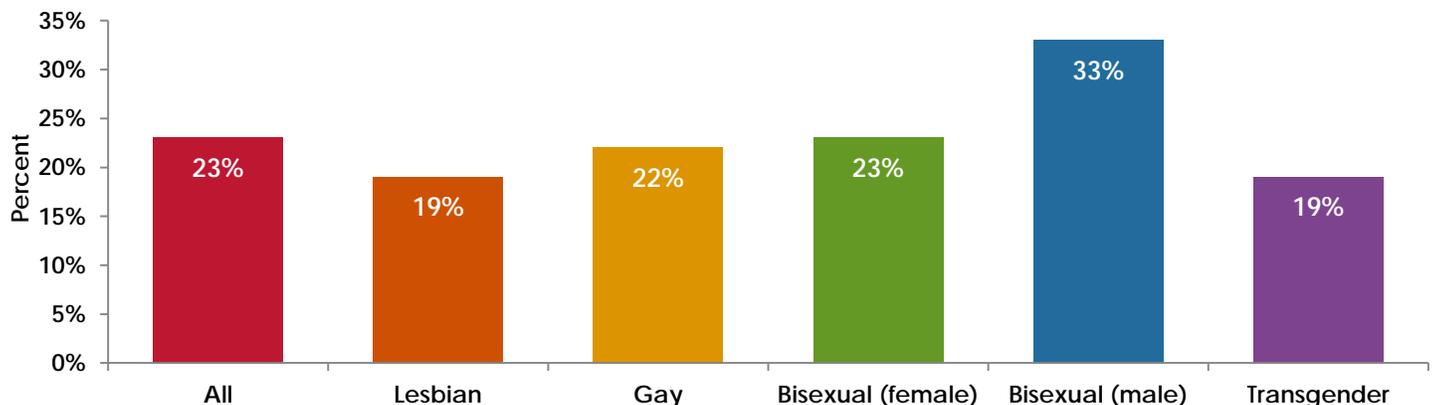
### Tobacco use

Nearly one-quarter (23%) of LGBTQ respondents reported that they had smoked 1 or more cigarettes in the past week. This percentage was highest among bisexual men. More respondents ages 25 to 54 (31%) were current smokers than respondents ages 18 to 24 (17%) and ages 55 and older (3%). Nearly one-third of Latino respondents (31%) were current smokers compared to 17% of White and 15% of Asian/Pacific Islander respondents. The percentage of African American respondents who were current smokers is not reported due to small sample size. Cigarette smoking was more common among LGBTQ respondents whose annual household income was \$40,000 to \$74,999 (43%) than those with household incomes less than \$40,000 (24%) or \$75,000 and higher (11%).

Among LGBTQ smokers, fewer than half (45%) had tried to quit smoking in the past 12 months. The percentage of smokers who tried to quit smoking in the past 12 months by LGBTQ subgroup or other demographic factors is not reported due to small sample size.

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### Percentage of LGBTQ survey respondents who smoked 1 or more cigarettes in the past 7 days



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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## Access to mental health and substance use services

One in 5 (20%) LGBTQ respondents reported that they and/or their families needed, but had a hard time accessing, mental health services. A small percentage (7%) also needed but found drug and alcohol services difficult to access. Sixty-four percent (64%) of LGBTQ respondents somewhat agreed or agreed that in general there are not enough support groups for people who are LGBTQ, and 60% agreed that there is not enough substance use treatment for LGBTQ people.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants, community conversation participants, and open-ended survey responses on the topics of mental health, substance use, and tobacco use.

### Mental health

*LGBTQ community members described mental health as a serious concern within their community and noted that mental health issues and substance use are often connected to rejection, isolation, discrimination, and harassment.*

Consistent with survey findings, participants highlighted depression and suicide as particular concerns, observing that the lack of a strong LGBTQ community, isolation from families, and daily experiences of xenophobia, homophobia, transphobia, and discrimination contribute to mental health and substance use issues among LGBTQ individuals.

Participants expressed that certain groups within the LGBTQ community face unique challenges to their emotional well-being related to their gender, age, or race/ethnicity. For example, many reported that transgender people are at risk for depression and suicide as a result of isolation from families, harassment, violence, and discrimination based on their gender identity. Participants also noted that LGBTQ older adults are at risk for depression due to isolation from their families, financial difficulties, and from coming of age during an era when homosexuality was perceived as a mental illness and homophobia and persecution was accepted and commonplace. Several LGBTQ seniors noted that homophobia in mainstream senior programs and facilities has put them in a bind: they can either remain out, further isolating themselves, or they can go back into the closet in order to avoid discrimination and rejection.

*"I think people are dealing with trauma in the community [based on perceptions that they are] second-class citizens; having laws change constantly; and not knowing where we stand."*

– Mental health community conversation participant

### Mental health provider competence

Consistent with survey findings regarding the shortage of health professionals adequately trained to care for LGBTQ people, community members reported experiencing a shortage of mental health providers who are both LGBTQ-friendly and LGBTQ-knowledgeable. Some community conversation participants explained that LGBTQ individuals face distinctive mental health challenges and observed that mental health professionals are often not trained to address LGBTQ-specific mental health needs. Community members with knowledge of mental health and substance use services mentioned that residential treatment facilities can be unwelcoming and at times hostile environments for LGBTQ adults. LGBTQ clients may either be the subject of sexualized comments or accused of being sexually attracted to their roommates, the assumption being that if they are LGBTQ they are automatically attracted to people of the same gender. Community members also noted that many substance use programs are mostly staffed by heterosexual males and as a result can be poorly equipped to appropriately address instances of LGBTQ harassment and discrimination.

## Substance use

*Community members observed that substance use in the LGBTQ community is a problem that is influenced by discrimination, isolation, homophobia, peer pressure, and LGBTQ social environments.*

Community members described the use of illicit drugs, alcohol, and tobacco as coping mechanisms to deal with stress, grief, and anxiety related to discrimination, with one community conversation participant explaining alcoholism as a way to “drink away the homophobia.” Other participants suggested that for older gay men who lived through the height of the HIV/AIDS epidemic, grief, trauma, and fear may also play a role in substance use.

In addition, community members noted that alcohol and drugs are central to many LGBTQ social spaces. Participants explained that bars are the most common LGBTQ social venue and noted that most community events involve alcohol consumption and many are even sponsored by alcohol companies.

Community members expressed concern about methamphetamine use among gay men and transgender women, pointing out a link between methamphetamine use and high-risk behaviors such as unprotected sex. Participants described that gay men may use methamphetamine as a way to party, socialize, and initiate sexual relationships. One participant added that some individuals who are not out may use methamphetamine to mitigate anxiety and shame they may feel about having sexual relationships with other men.

Aligning with findings on tobacco use from the LGBTQ Adult Survey, some community members expressed that tobacco use in the LGBTQ community, specifically smoking, is an issue of concern that should not be overlooked. Participants recognized that there are public health-related tobacco education campaigns that target the LGBTQ community, but they are administered sporadically and acknowledged that there is a need for more frequent outreach and education.

*“Resorting to alcohol or drug use is a coping mechanism; if that is the way a person can feel some relief from the stress of their situation.”*

-Key informant

## What's out there?

*LGBTQ community members identified the following community strengths and resources:*

- The Billy DeFrank LGBT Community Center, San Jose State University, and Youth Space provide LGBTQ-competent and welcoming support groups and services that target specific LGBTQ populations.
- Community members reported that HIV/AIDS services provide referrals and linkages to mental health and substance use treatment.
- Several Bay Area universities offer LGBTQ-specific training to behavioral health clinicians.
- There are substance use prevention and harm reduction outreach services in locations such as bathhouses and bars.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Mental health and substance use*

- **Designate the LGBTQ population as high-risk for mental health issues** in order to prioritize services and funding for this population.
- **Develop LGBTQ-specific mental health and substance use services** to reduce barriers and mitigate fears of harassment and discrimination among LGBTQ individuals.
- **Continue targeted outreach and education** related to mental health and substance use risks as well as information on available services and programs. Targeted outreach activities should be conducted for difficult-to-reach and high-risk populations such as gay men, intravenous drug users, men who have sex with men, LGBTQ people of color, bisexual men and women, and transgender respondents.
- **Conduct regular tobacco cessation** campaigns that target LGBTQ populations.

### *Competency and access*

- **Develop training** to improve LGBTQ competence among mental health service providers and incorporate such training into local mental health and social work degree programs.
- **Provide training to ensure an LGBTQ-competent workforce** in mental health and substance use services. Develop opportunities for LGBTQ individuals to pursue careers in mental health and substance use treatment. Maintain a directory of LGBTQ-knowledgeable mental health and substance use providers and programs.
- **Reduce economic barriers** by providing more affordable mental health services and resources.

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4. Lee JG, Griffin GK, Melvin CL. Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. *Tob Control*. 2009 Aug;18(4):275-82.
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## Topic 4: Sexually transmitted infections

Sexually transmitted infections (STIs) affect people of all ages and genders. Although the human body's immune system can clear some infections, many people with STIs experience signs or symptoms of infection, which can develop into sexually transmitted diseases (STDs) when the infection is undiagnosed and untreated.<sup>1</sup> Some STIs, including HIV, disproportionately affect LGBTQ people. HIV remains a significant public health problem in the U.S., and men who have sex with men (MSM) remain the most heavily affected.<sup>2,3</sup> Nationwide, African American and Latino MSM and transgender individuals—particularly transgender women—are among the groups at highest risk for HIV infection.<sup>2,4</sup> MSM account for the majority of primary and secondary syphilis cases in the U.S. and are also at risk for other bacterial STIs, such as gonorrhea and chlamydia.<sup>5</sup> Some research suggests that some women who have sex with women, particularly adolescents, young women, and women with both male and female partners, might be at increased risk for STIs, including HIV, as a result of engaging in certain risk behaviors.<sup>6</sup> As with HIV, transgender individuals are at risk for other STIs.<sup>7,8</sup> Understanding the prevalence of STIs and disparities in access to regular testing and healthcare in the LGBTQ community will allow Santa Clara County to develop services and programs that meet the needs of its LGBTQ residents.<sup>e</sup>

### Key findings

- Nearly three-quarters of the reported HIV cases in Santa Clara County were contracted through male-to-male sexual contact, including those who were both men who have sex with men and injection drug users.
- About 1 in 5 MSM and more than one-third of lesbian, bisexual women, and transgender respondents have never been tested for HIV.
- More than 4 in 10 MSM respondents have never been tested for syphilis and more than a third have never been tested for gonorrhea.
- Approximately two-thirds of lesbians and nearly half of bisexual women respondents have never been tested for chlamydia or gonorrhea.
- Approximately half of transgender respondents have never been tested for chlamydia or gonorrhea and nearly two-thirds had never been tested for syphilis.
- Community members describe limited availability of comprehensive HIV and other STI services, limited awareness about existing services, and issues with medical provider competence.

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<sup>e</sup> To be consistent with national reporting standards, the term HIV is used below to refer to individuals with HIV infection regardless of disease stage, except when the term HIV/AIDS was used on the LGBTQ Adult Survey or in comments made by participants. Similarly, the term "STI" is used to refer to sexually transmitted infections throughout the chapter; however, the term "STD" (sexually transmitted disease) is used where this term appeared on the LGBTQ Adult Survey or in comments made by participants.

## In numbers: surveillance data and survey findings

This section combines gay men, bisexual men, and heterosexual men who reported having same-sex partners or having sexual relationships on the “down low,” given that men who have sex with men (MSM) have a higher risk of infection with HIV and some other STIs and because the number of respondents in some of these subgroups was small.<sup>2</sup> Combining these groups enables more in-depth analysis of patterns among respondents, although it is important to note that risk may vary depending on sexual orientation (e.g., gay versus bisexual men) and related factors like outness. For the same reason, the section begins with a focus on MSM. Because younger people are at increased risk for STIs, the age groups in this section are ages 18 to 24, 25 to 44, and 45 and older. This age categorization differs from other chapters in this report. Due to small sample size, African American, mixed race, and “other” MSM respondents were combined for this analysis.

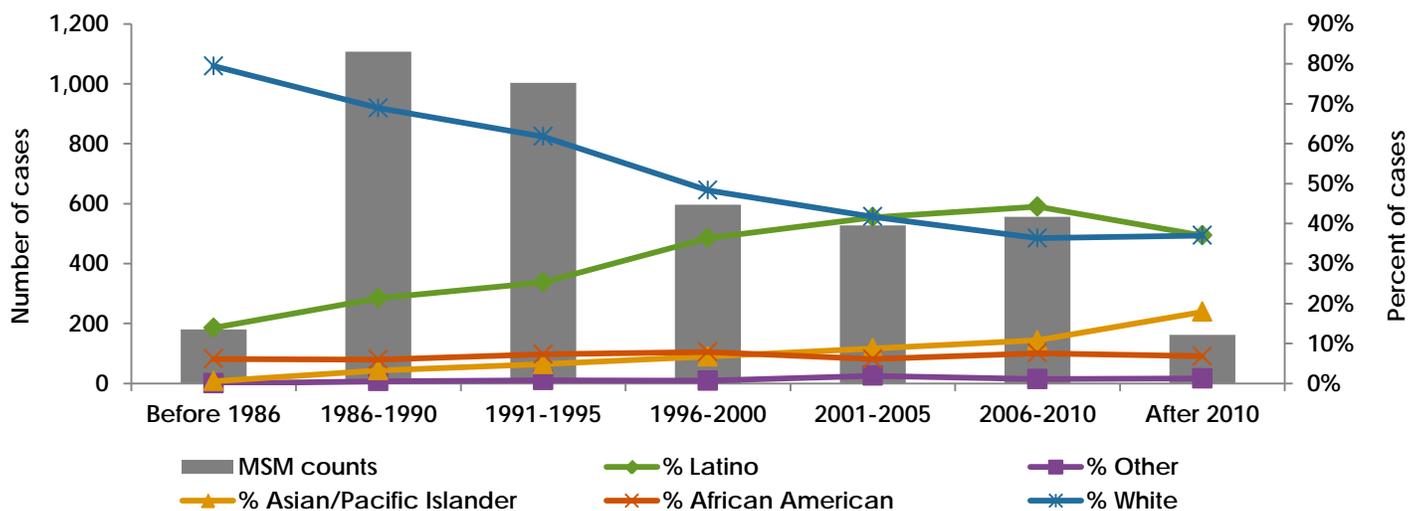
### HIV

Human immunodeficiency virus (HIV) is a viral infection that slowly weakens the body’s immune system, making individuals susceptible to opportunistic infections and tumors. Acquired Immunodeficiency Syndrome (AIDS) is the final stage of HIV infection. The main means of HIV transmission are unprotected sexual contact, sharing of contaminated needles or syringes with someone who has HIV, and transmission from mother to infant during pregnancy, childbirth, or breastfeeding.<sup>9</sup>

#### HIV diagnosis

From 1983 to 2012, 73% of the 5,641 reported HIV cases in Santa Clara County were contracted through male-to-male sexual contact, including those who were both MSM and injection drug users (MSM & IDU). The number of MSM diagnosed with HIV decreased from 1986 to 2000, and then stabilized.<sup>10</sup>

Total number of MSM HIV cases and percentage of cases by race/ethnicity, 1983-2012



Source: Enhanced HIV/AIDS Reporting System (eHARS), 1983-2012

Note: The category “After 2010” includes cases from a shorter time period than other categories (2010 to 2012).

The proportion of HIV cases that are Latino MSM has increased over time. From 2006 to 2010, the highest proportion of new HIV cases was Latino. The proportion of cases that were Asian/Pacific Islander MSM has also gradually increased over time.<sup>10</sup>

Sixteen percent (16%) of MSM, 5% of lesbian, and 6% of bisexual women survey respondents reported that they had been diagnosed with HIV/AIDS. A higher percentage (19%) of MSM respondents ages 25 to 44 had been diagnosed with HIV/AIDS than MSM respondents ages 18 to 24 (10%) or ages 45 and older (16%).<sup>11</sup> The percentage of MSM respondents who reported an HIV/AIDS diagnosis is consistent with estimates elsewhere; data from the National HIV Behavioral Surveillance System suggest that HIV prevalence among MSM in the United States is 19%; of those who tested positive during the national survey, 44% were unaware of being infected before being tested.<sup>12</sup>

### *Late diagnosis*

Between 2000 and 2011, 41% of MSM and MSM & IDU were diagnosed late, which is defined as being diagnosed with AIDS within 3 months of initial HIV diagnosis.<sup>10</sup> Although there are multiple factors associated with delayed diagnosis, lack of awareness of HIV risk and lack of access to HIV testing might partially explain these patterns.

Please visit the Santa Clara County Public Health Department website, [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2), for additional information on prevalence and trends in reported HIV cases in Santa Clara County.

### *HIV testing*

The Centers for Disease Control and Prevention (CDC) recommends HIV screening at least once a year for all sexually active gay men, bisexual men and other MSM, and more frequent screening of MSM who engage in higher risk behaviors, such as having multiple or anonymous sexual partners and/or injection drug use.<sup>13</sup> Only half (49%) of MSM survey respondents had been tested for HIV/AIDS in the past 12 months. A higher percentage (62%) of MSM respondents who had multiple sexual partners in the past 6 months had been tested for HIV/AIDS in the past year than those who had 1 partner (46%).<sup>11</sup>

Among MSM respondents who had ever been tested for HIV/AIDS, most were last tested at a private doctor's office or HMO (46%), community-based or other type of clinic (23%), or counseling and testing site (14%).<sup>11</sup>

One in 5 (21%) MSM respondents had never been tested for HIV/AIDS. MSM respondents ages 18 to 24 were more likely to have never been tested for HIV/AIDS (47%) than MSM ages 25 to 44 (25%) or ages 45 and older (3%). Thirty-nine percent (39%) of African American, mixed race, and "other" MSM respondents had never been tested. This was higher than the percentage of Latino MSM (28%), Asian/Pacific Islander MSM (17%), and White MSM (16%) respondents.<sup>11</sup>

Of MSM respondents who had not been tested for HIV/AIDS in the past 12 months, including those who had never been tested, half (50%) had not done so because they felt that they were at low risk or had already tested negative for HIV/AIDS. Other reasons included fear of finding out that they had HIV/AIDS (17%) or not having time or some other reason (12%).

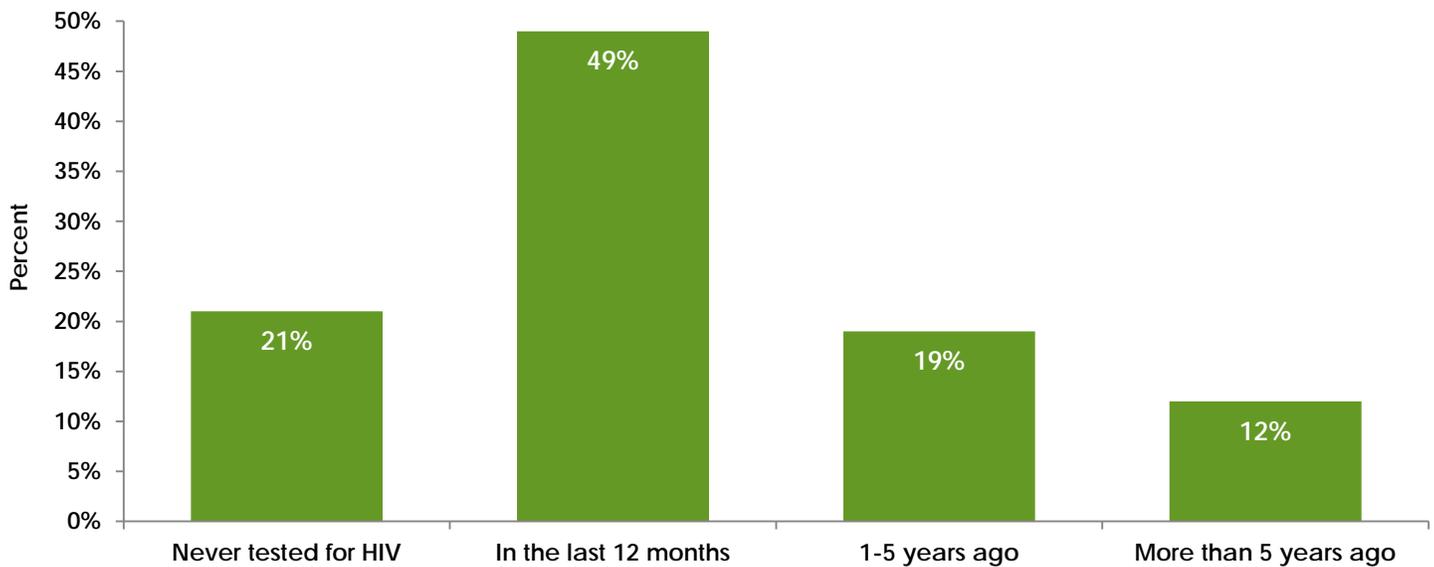
When asked if they would consider using OraQuick, a FDA approved rapid in-home HIV testing kit, the majority of MSM respondents (85%) would consider using it.<sup>11</sup>

In addition to the HIV testing recommendations for MSM individuals, the CDC recommends that all adults and adolescents should be tested at least once for HIV.<sup>13</sup> Thirty-four percent (34%) of lesbian survey respondents and 40% of bisexual women respondents had never been tested for HIV.<sup>11</sup>

Only one-quarter (24%) of transgender respondents had been tested in the past 12 months and more than a third (35%) had never been tested for HIV.<sup>11</sup>

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### Percentage of MSM survey respondents tested for HIV by length of time since last tested



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Other sexually transmitted infections

STIs are a group of diseases that are contagious and transmitted through unprotected sexual contact with someone who has a STI. STIs can be bacterial, parasitic, or viral infections. STIs can cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, cancer, and facilitation of the sexual transmission of HIV infection.<sup>13, 14, 15</sup> In addition to HIV, examples of STIs include chlamydia, gonorrhea, and syphilis.

#### STI diagnosis

MSM comprise the majority of syphilis cases reported in Santa Clara County. From 2003 to 2012, there were 619 reported cases of primary and secondary syphilis diagnosed among Santa Clara County residents. Of these cases, most (94%) were male and more than three-quarters (77%) were MSM.<sup>16</sup>

More than 1 in 5 (21%) MSM survey respondents had ever been diagnosed with gonorrhea and 11% had ever been diagnosed with syphilis.<sup>11</sup> Among lesbian respondents, 8% had ever been diagnosed with chlamydia and 4% had ever been diagnosed with gonorrhea. Eleven percent (11%) of bisexual

women respondents had ever been diagnosed with chlamydia and 7% had ever been diagnosed with gonorrhea. Eleven percent (11%) of transgender respondents reported that they had ever been diagnosed with chlamydia, 6% with gonorrhea, and 2% with syphilis.<sup>11</sup>

### STI testing

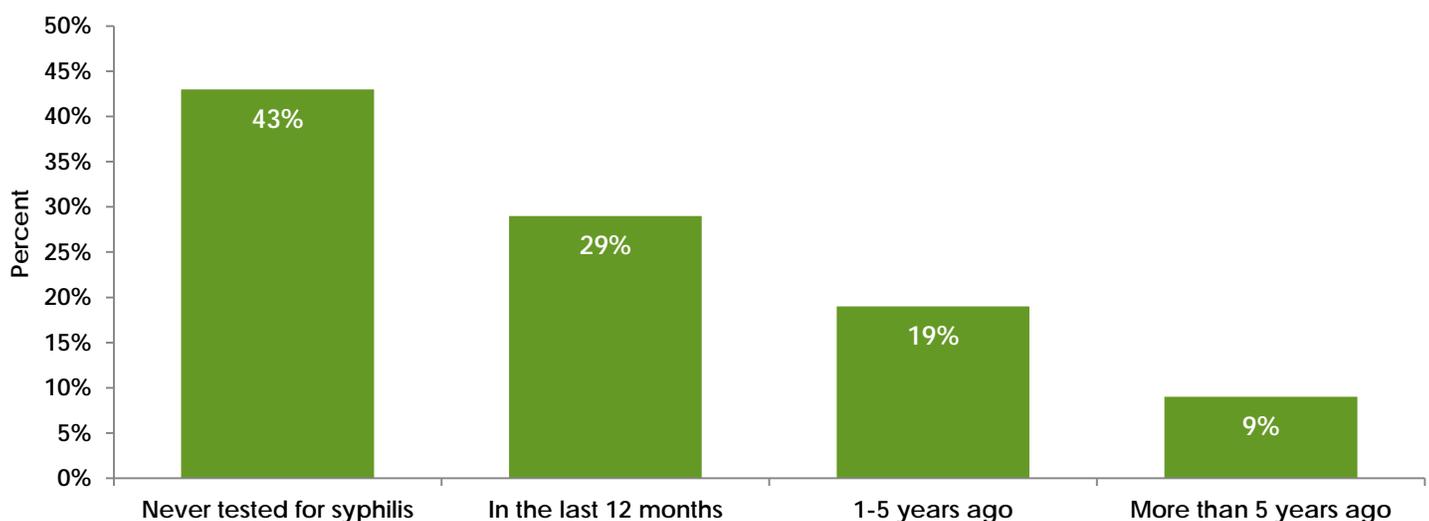
Although regular STI testing is recommended for sexually active adults, this section focuses on survey respondents who have never been tested, given high percentages in this category. In addition, those never tested are a priority population for intervention, given that lack of testing delays treatment for those infected and due to potentially heightened risk of transmission to partners.

### Among MSM respondents

More than 4 in 10 (43%) MSM respondents had never been tested for syphilis. A lower percentage of MSM respondents with multiple partners in the past 6 months (36%) had never been tested for syphilis than MSM with 1 partner (48%). Nearly two-thirds (63%) of MSM respondents ages 18 to 24 had never been tested, compared to half (49%) of MSM ages 25 to 44 and a quarter (27%) of MSM ages 45 and older. Sixty-six percent (66%) of African American, mixed race, and "other" MSM respondents and 57% of Asian/Pacific Islander MSM respondents had never been tested for syphilis. These percentages were higher than for Latino MSM (43%) and White MSM (35%) respondents.<sup>11</sup>

Overall, more than a third (38%) of MSM respondents had never been tested for gonorrhea. A lower percentage (31%) of MSM who had multiple partners in the past 6 months had never been tested for gonorrhea than MSM with 1 partner in the past 6 months (41%). A higher percentage of younger MSM respondents had never been tested for gonorrhea (ages 18 to 24, 47%; ages 25 to 44, 45%) than MSM ages 45 and older (24%). A higher percentage of African American, mixed race, and "other" MSM (57%) had never been tested for gonorrhea than Asian/Pacific Islander MSM (43%), Latino MSM (41%), and White MSM (32%) respondents.<sup>11</sup>

### Percentage of MSM survey respondents tested for syphilis by length of time since last tested



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

### Among lesbian and bisexual women respondents

Sixty percent (60%) of lesbian and 46% of bisexual women respondents had never been tested for chlamydia. A similar percentage of lesbian or bisexual women respondents with multiple partners in the past 6 months (50%) and those with 1 partner in the past 6 months (48%) had never been tested for chlamydia. A higher percentage (68%) of lesbian or bisexual women respondents ages 45 and older had never been tested for chlamydia than those ages 18 to 24 (54%) and ages 25 to 44 (38%).<sup>11</sup>

Nearly two-thirds (65%) of lesbian respondents and 45% of bisexual women respondents had never been tested for gonorrhea. A lower percentage of lesbian or bisexual women respondents with multiple partners in the past 6 months (47%) had never been tested for gonorrhea than lesbian or bisexual women respondents with 1 partner in the past 6 months (54%). A higher percentage of lesbian or bisexual women respondents ages 45 and older (71%) had never been tested for gonorrhea than those ages 18 to 24 (54%) and ages 25 to 44 (53%).<sup>11</sup> Due to small sample size, lesbian and bisexual women respondents were combined for analysis by number of partners and age.

### Among transgender respondents

Among transgender respondents, 57% had never been tested for chlamydia, 46% had never been tested for gonorrhea, and 60% had never been tested for syphilis.<sup>11</sup> Due to small sample size, analysis by number of partners and age is not reported for transgender respondents.

### Reasons for lack of STI testing

Among LGBTQ respondents not tested for STIs (other than HIV) in the past 12 months, reasons for lack of testing were as follows:

- I think I am at low risk (43%)
- I feel good/I don't have any symptoms (19%)
- I have already tested negative (9%)

The percentage of respondents citing these reasons for lack of testing was similar across LGBTQ subgroups.

Among LGBTQ respondents who had ever been tested for any STI other than HIV, most were last tested at a private doctor or medical office/clinic (53%), community-based clinic (20%), or counseling and testing site (10%).<sup>11</sup>

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from LGBTQ key informants and community conversation participants related to barriers to HIV and other STI testing and provider competence.

### Barriers to HIV and STI testing

*Community members identified a shortage of HIV and other STI outreach and testing.*

Several community members observed a shortage of free and comprehensive HIV and other STI testing, as well as a lack of awareness about those services that do exist. Participants explained that testing for HIV and other STIs are generally separate. One community member shared, "Normally, gay men go out of the county to San Francisco to get a one-stop shop service." Community members also raised concerns about confidentiality and anonymity of testing, noting fears that providers may share test results with clients' family members and partners.

### Provider competence

*Community members highlighted stereotypes about who is at risk for HIV and other STIs as a barrier to increasing access to HIV and other STI testing.*

Participants observed that providers often do not associate certain groups with HIV risk, such as seniors, married men, and transgender men. Participants noted that these populations tend to "get forgotten" when it comes to HIV prevention and testing. For example, one participant observed, "There are misconceptions that Asians are not at risk for HIV because many are married."

*"Gay people have particular health issues, but providers often don't ask the right questions or don't know about sexual behaviors of LGBTs."*

– Latino community conversation participant

## What's out there?

***LGBTQ community members identified the following community strengths and resources:***

- There are a number of community organizations that provide HIV testing and counseling.
- Community venues, such as the Watergarden Bathhouse, collaborate with health organizations to offer testing in-house.
- There is access to high-quality HIV and other STI testing and care, including the Pace Clinic, St. James, and the Crane Center. HIV/AIDS service providers collaborate well together. The Crane Center offers linkages to care for those who test positive for HIV.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Barriers to testing*

- **Offer free, comprehensive HIV and other STI testing** in a one-stop shop approach.
- **Integrate testing in community venues** including both LGBTQ organizations and non-LGBTQ specific community sites, such as senior centers and senior housing.
- **Reduce barriers to testing** by offering low- or no-cost testing, anonymous testing with no parental consent required, and transportation to and from testing sites. Address concerns about confidentiality and anonymity of testing by reinforcing the need for confidentiality, offering anonymous testing even when covered by insurance, and addressing concerns that insurance coverage will be affected if test results are positive.
- **Promote and subsidize home HIV testing kits.** Make home testing kits available online and in discreet packaging.
- **Consider routine “universal” testing for sexually active adults.** Work with doctors to encourage HIV and other STI testing as part of annual physical exams.
- **Promote existing services** and educate people on how to access them.

### *Provider competence*

- **Train medical providers and medical students** about how to talk to patients about HIV and other STI risk, testing, and care. Include providers serving ethnic communities.

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## Topic 5: Safer sex and sexual health

Engaging in safer sex practices by using protection such as condoms or dental dams, limiting the number of sexual partners, knowing a partner's STI status, and knowing one's own STI status can reduce the risk of contracting sexually transmitted infections (STIs). Safer sex can help to promote optimal sexual health. Sexual health is the status of physical, emotional, mental, and social well-being in relation to a person's sexuality. It also includes the ability to have or enjoy sex, the absence or presence of disease, and other behaviors related to sexuality.<sup>1</sup> Individuals who identify as lesbian, gay, bisexual, transgender, or queer may have different sexual health care needs or engage in different risk behaviors than heterosexual individuals. Examining data on safer sex practices in the LGBTQ community, as well as exploring community members' experiences receiving sexual healthcare, will allow the county to develop services and programs that promote overall health and meet the needs of its LGBTQ residents.<sup>f</sup>

### Key findings

- Approximately a quarter of MSM respondents never used a condom when having anal sex in the past 6 months. Condom use during anal sex was higher among MSM with multiple partners in the past 6 months.
- More than half of MSM respondents consider themselves somewhat at risk or at risk for contracting HIV/AIDS.
- More than 4 in 10 MSM respondents do not consider themselves at risk for contracting gonorrhea or syphilis. Most lesbian, bisexual women, and transgender respondents do not consider themselves at risk for contracting chlamydia, gonorrhea, or syphilis.
- Community members point to certain subgroups that may be difficult to reach for sexual health outreach and education, particularly men who have sex with men but who do not identify as gay.

### In numbers: survey findings<sup>g</sup>

This section combines gay men, bisexual men, and heterosexual men who report having same-sex partners or having sexual relationships on the "down low," given that men who have sex with men (MSM) have a higher risk of infection with HIV and some other STIs and because the number of respondents in some of these subgroups was small.<sup>2</sup> Combining these groups enables more in-depth

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<sup>f</sup> To be consistent with national reporting standards, the term HIV is used below to refer to individuals with HIV infection regardless of disease stage, except when the term HIV/AIDS was used on the LGBTQ Adult Survey or in comments made by participants. Similarly, the term "STI" is used to refer to sexually transmitted infections throughout the chapter; however, the term "STD" (sexually transmitted disease) is used where this term appeared on the LGBTQ Adult Survey or in comments made by participants.

<sup>g</sup> Quantitative data is from the Santa Clara County Public Health Department 2013 LGBTQ Adult Survey unless otherwise specified.

analysis of patterns among respondents, although it is important to note that risk may vary depending on sexual orientation (e.g., gay versus bisexual men) and related factors like outness. For the same reason, the section begins with a focus on MSM. Because younger people are at increased risk for STIs, the age groups in this section are ages 18 to 24, 25 to 44, and 45 and older. This age categorization differs from other chapters in this report. The section begins by examining patterns for MSM, given their higher risk for some STIs.

## Sexual partners

The 2013 LGBTQ Adult Survey asked respondents how they were most likely to meet sexual and romantic partners; respondents could mark all that applied. Most commonly, LGBTQ respondents reported that they meet partners through the internet/online (47%), through a friend (45%), or at a bar or club (30%).

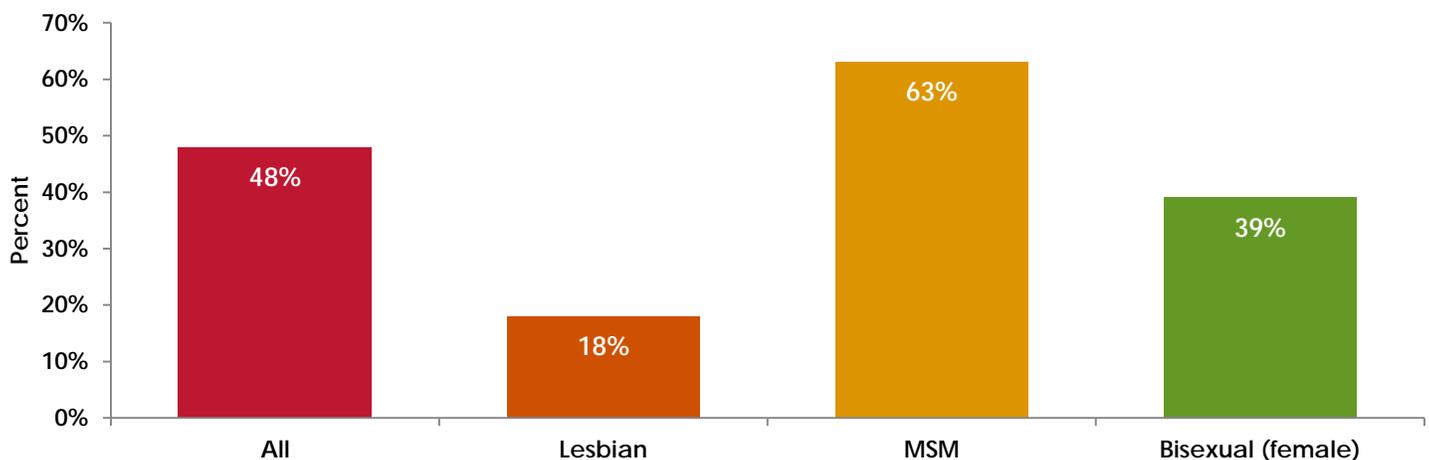
LGBTQ adults who had more than 1 sexual partner in the past 6 months were most likely to meet a sexual or romantic partner through the internet/online (71%), through a friend (51%), at a bar or club (47%), or through phone apps (37%). Younger LGBTQ respondents ages 18 to 24 were most likely to meet a sexual or romantic partner through the internet/online (62%), through a friend (51%), and at school or work (51%).

## Safer sex

Questions about safer sex on the LGBTQ Adult Survey were asked of individuals who had sex with at least 1 partner in the past 6 months (72% of respondents). Among these respondents, a higher percentage (63%) of MSM had more than 1 sexual partner in the past 6 months than lesbian or bisexual women respondents. Number of sexual partners is not reported for transgender respondents due to small sample size. Among respondents who had sex with at least 1 partner in the past 6 months, more than half of those ages 25 to 44 (55%) had more than 1 partner followed by ages 18 to 24 (44%), and ages 45 and older (39%).

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### Percentage of LGBTQ survey respondents who had oral, vaginal, or anal sex with more than 1 partner in the past 6 months



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

## Condom use

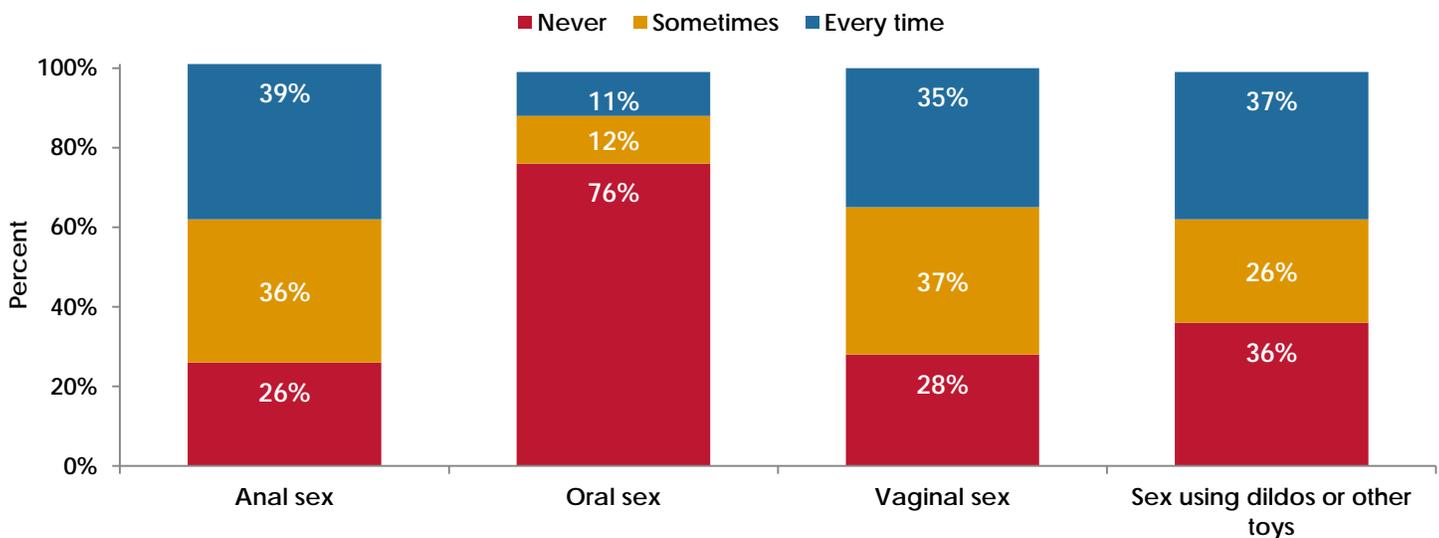
Consistent use of condoms and other forms of protection have been shown to reduce the risk of contracting HIV and other STIs. Use of condoms or dental dams during some forms of sexual activity is not reported for all LGBTQ subgroups below due to small sample size.

### Among MSM respondents

One-quarter (26%) of MSM respondents who had sex with at least 1 partner in the past 6 months never used condoms when having anal sex. MSM who had 1 partner in the past 6 months were more likely to never use a condom when having anal sex (49%) than those with more than 1 partner (15%). MSM respondents ages 18 to 24 (11%) were less likely to report never using a condom when having anal sex in the past 6 months than those ages 25 to 44 (24%) or ages 45 and older (33%).

More than three-quarters (76%) of MSM respondents never used condoms when having oral sex in the past 6 months. A smaller percentage of MSM respondents never used condoms when having vaginal sex (28%) or sex using dildos or other toys (36%) in the past 6 months.

Percentage of MSM survey respondents who used condoms or dental dams never, sometimes or every time when having sex in the past 6 months by type of sexual activity



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

Note: Percentages may not sum to 100% due to rounding.

When compared to MSM respondents who had 1 sexual partner in the past 6 months, a lower percentage of MSM with multiple partners never used condoms when having oral sex (88% vs. 71%), vaginal sex (48% vs. 21%), or sex using dildos or other toys (54% vs. 28%).

The survey asked those who never or sometimes used protection when having sex to report the reasons why they did not use protection. Respondents could mark all that applied.

Among these MSM respondents who had 1 sexual partner in the past 6 months, the most common reasons why they never or only sometimes used protection were:

- I am in a monogamous relationship (anal sex, 80%; oral sex, 65%; vaginal sex, 41%; sex using dildos or other toys, 30%)
- I do not think my partner(s) is at risk for STDS (anal sex, 31%; oral sex, 32%; vaginal sex, 20%; sex using dildos or other toys, 9%)
- I do not think I am at risk for STDs (anal sex, 29%; oral sex, 25%; vaginal sex, 14%; sex using dildos or other toys, 17%)
- This [type of sex] is not a high risk activity (anal sex, 6%; oral sex, 29%; vaginal sex, 2%; sex using dildos or other toys, 20%)

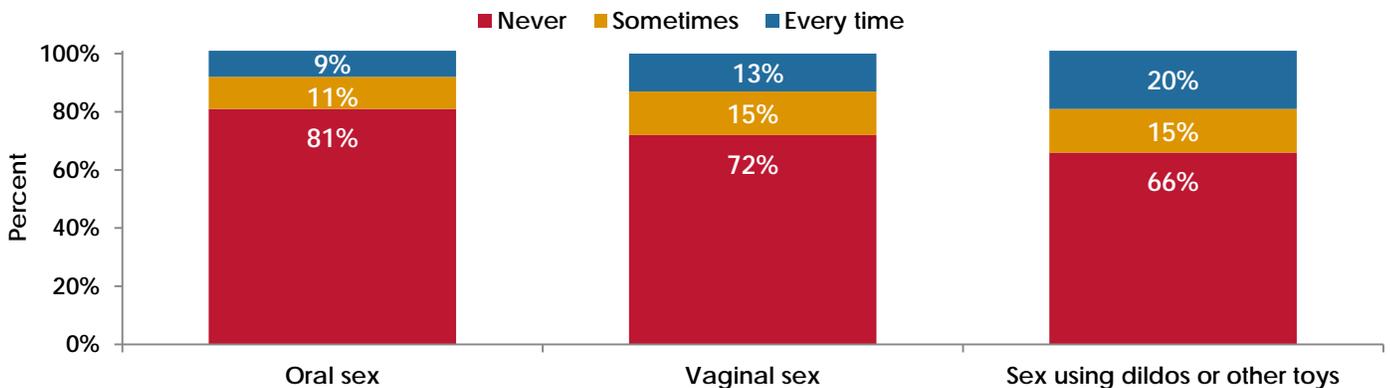
Among MSM respondents who had more than 1 sexual partner in the past 6 months the most common reasons why they never or only sometimes used protection were:

- I do not think my partner(s) is at risk for STDS (anal sex, 45%; oral sex, 25%; vaginal sex, 33%; sex using dildos or other toys, 22%)
- Using condoms reduces sexual satisfaction (anal sex, 37%; oral sex, 37%; vaginal sex, 28%; sex using dildos or other toys, 17%)
- I do not think I am at risk for STDs (anal sex, 23%; oral sex, 22%; vaginal sex, 28%; sex using dildos or other toys, 9%)
- This [type of sex] is not a high risk activity (anal sex, 13%; oral sex, 59%; vaginal sex, 14%; sex using dildos or other toys, 35%)

**Among lesbian respondents**

Among lesbian respondents who had sex with at least 1 partner in the past 6 months, a high percentage never used a condom or dental dam when having oral sex (81%), vaginal sex (72%), or sex using dildos or other toys (66%). Data for condom use when having anal sex is not reported due to small sample size.

**Percentage of lesbian survey respondents who used condoms or dental dams never, sometimes, or every time when having sex in the past 6 months by type of sexual activity**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey  
 Note: Percentages may not sum to 100% due to rounding.

Reasons why lesbian respondents who had 1 or more partners in the past 6 months never or sometimes used condoms or dental dams included:

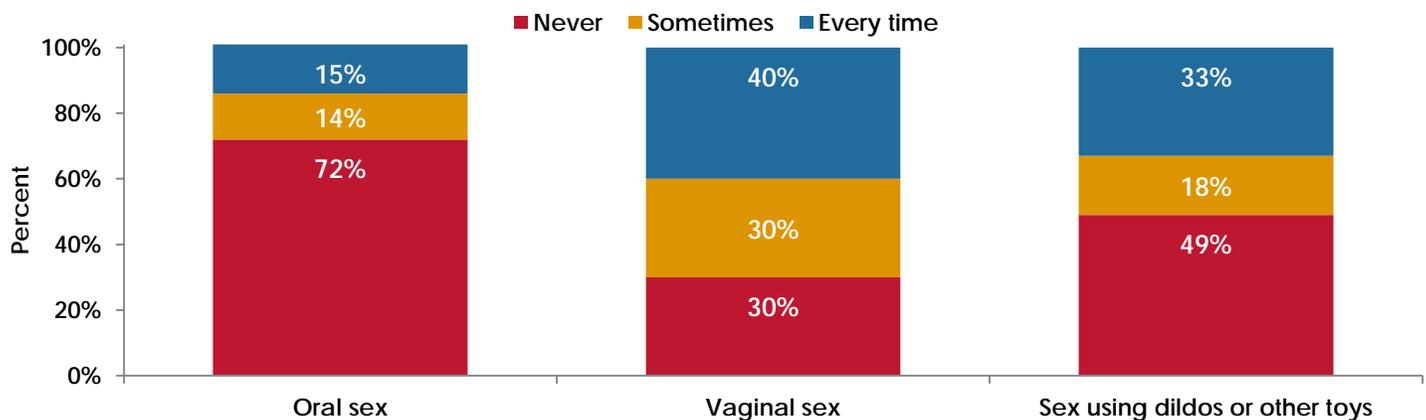
- I am in a monogamous relationship (oral sex, 70%; vaginal sex, 68%; sex using dildos or other toys, 63%)
- I do not think I am at risk for STDs (oral sex, 36%; vaginal sex, 38%; sex using dildos or other toys, 31%)
- I do not think my partner(s) is at risk for STDs (oral sex, 37%; vaginal sex, 37%; sex using dildos or other toys, 30%).

Because few lesbian respondents reported having more than 1 sexual partner in the past 6 months, reasons for not using condoms or dental dams are not reportable for lesbians who had multiple sexual partners.

### Among bisexual women respondents

A high percentage of bisexual women respondents who had sex with at least 1 partner in the past 6 months never used a condom or dental dam when having oral sex (72%), vaginal sex (30%), or sex using dildos or other toys (49%). Data for condom use when having anal sex is not reported due to small sample size.

Percentage of bisexual women survey respondents who used condoms or dental dams never, sometimes, or every time when having sex in the past 6 months by type of sexual activity



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey  
 Note: Percentages may not sum to 100% due to rounding.

Reasons why bisexual women respondents who had 1 or more partners never or sometimes used condoms or dental dams included:

- I am in a monogamous relationship (oral sex, 51%; vaginal sex, 61%; sex using dildos or other toys, 43%).
- I do not think I am at risk for STDs (oral sex, 39%; vaginal sex, 39%; sex using dildos or other toys, 27%)

- I do not think my partner(s) is at risk for STDs (oral sex, 48%; vaginal sex, 48%; sex using dildos or other toys, 35%)

Because few bisexual women respondents had more than 1 sexual partner in the past 6 months, reasons for not using condoms or dental dams are not reportable for bisexual women who had multiple sexual partners.

### Among transgender respondents

Responses for transgender respondents regarding use of protection when having sex are not reported due to small sample size. Transgender respondents who identified as gay, lesbian, or bisexual were included in the analysis of safer sex practices by sexual orientation above.

### *Perceived risk of HIV*

While more than half (59%) of MSM respondents felt that they were at risk or somewhat at risk for contracting HIV, 39% felt that they were not at risk. Nearly half of MSM respondents ages 18 to 24 (48%) and ages 45 and older (49%) felt that they were not at risk for contracting HIV, compared to those ages 25 to 44 (29%).

A high percentage of lesbian (78%) and bisexual women (68%) respondents felt that they were not at risk for contracting HIV. Approximately 7 in 10 (71%) transgender respondents felt that they were not at risk for contracting HIV.

### *Partner HIV status*

Among MSM respondents with multiple sexual partners in the past 6 months, knowledge of partner HIV status varied. Most knew their partner's HIV status either every time (34%) or frequently (30%) before having sex. However, 13% never knew their partner's HIV status before having sex. Results for knowledge of partner's HIV status for lesbian, bisexual women, and transgender respondents with multiple partners in the past 6 months are not reported due to small sample size.

### *Perceived risk of other STIs*

More than 4 in 10 MSM respondents considered themselves not at risk for contracting gonorrhea (42%) or syphilis (45%). Among lesbian and bisexual women respondents, most considered themselves not at risk for contracting chlamydia (77% and 68%) or gonorrhea (80% and 71%). Approximately two-thirds of transgender respondents considered themselves not at risk for contracting chlamydia (66%), gonorrhea (65%), or syphilis (67%).

### *Partner status for other STIs*

Among MSM who had more than 1 sexual partner in the past 6 months, most knew their partner's STD status every time (31%) or frequently (20%) before having sex. However, 19% never knew their partner's STD status before having sex. Results for knowledge of partner's STD status for lesbian, bisexual women, and transgender respondents with multiple partners in the past 6 months are not reported due to small sample size.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants related to HIV and STI risk perception and sexual health outreach and education.

### HIV and STI risk behaviors

*Community members highlighted the effects of drug and alcohol use on safer sex practices.*

While community members did not frequently raise issues related to HIV and STI risk among their top concerns, some participants expressed worry about the ways in which alcohol and drug use influence risk behaviors, particularly among gay men. Several community members brought up the impact of methamphetamine use on safer sex practices. One participant commented, "The biggest issue is with meth. It's a really out-of-control problem down here. It leads to so many high-risk behaviors...meth takes away any sort of apprehension you may have, especially with safe sex practices."

### At-risk and hard-to-reach populations

*Community members pointed to certain subgroups that may be difficult to reach for sexual health outreach and education.*

Participants raised concerns about populations that may be harder to reach for HIV and STI outreach and education, particularly men who have sex with men but who do not identify as gay. Participants also reported a need to increase sexual health outreach and education for sex workers, transgender women, and transgender men. Other at-risk populations identified by community conversation participants included youth, seniors, individuals who are uninsured or newly insured, and people living below poverty level.

### Other sexual health issues

Community conversation participants also brought up sexual health issues beyond HIV and STIs. For example, several transgender participants noted that transgender men may not receive important preventive services related to sexual health, such as Pap smears. One participant explained, "A huge number of guys are not getting what they need, like Paps, and this causes further health concerns and issues."

In addition, community members brought up issues related to sexual health education for youth, noting that the sex education provided in schools is often not relevant to LGBTQ students.

### Provider competence

*Community members highlighted barriers to sexual healthcare resulting from medical providers' lack of knowledge about or comfort with discussing LGBTQ sexual health issues.*

Participants observed that medical providers often have

***"Medical professionals  
mentally triage patients  
based on their assumptions."***

– Asian/Pacific Islander  
community conversation  
participant

limited training in LGBTQ sexual health and may not know how to talk to their LGBTQ patients about sexual health issues. For example, some lesbian and transgender men community conversation participants recalled experiences with obstetrics and gynecology (Ob/Gyn) providers who did not appropriately communicate or share knowledge about lesbian and transgender sexual health issues.

### What's out there?

***LGBT community members identified the following community strengths and resources:***

- There are a number of community organizations that conduct outreach around safer sex promotion. Safer sex outreach is often targeted to locations where high-risk behavior is more likely to occur, such as bathhouses, bars, clubs, and parties.
- Community venues, such as the Watergarden Bathhouse, collaborate with health organizations to offer safer sex education in-house.
- Safer sex supplies are available in many schools.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *HIV and STI risk behaviors*

- **Enhance social messaging around substance use and safe sex** to reduce risk behaviors.
- **Create LGBTQ social spaces and events that are alcohol and drug-free** such as movie nights and volunteer opportunities.

### *At-risk and hard-to-reach populations*

- **Improve outreach to hard-to-reach and high-risk groups.** To reach men who have sex with men, work with ethnic organizations, religious leaders in ethnic communities, and organizations that serve undocumented immigrants. Work with senior centers and senior housing facilities to facilitate education, testing, and to provide protection. Make use of existing HIV/AIDS infrastructure to target transgender women and men.
- **Raise public awareness to reduce stigma about HIV and other STIs.** Increase the visibility of HIV by having people who are HIV-positive conduct outreach and education.
- **Mandate school-based sex education that is inclusive of LGBTQ identities** using a standard curriculum.

### *Provider competence*

- **Train medical providers and medical students** in how to talk to LGBTQ patients about safer sex and HIV/STI risk. Include providers serving ethnic communities.

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## Topic 6: Social acceptance and discrimination

According to a national survey, almost all LGBTQ adults in the U.S. (92%) feel that society has become more accepting in the last decade, but only 1 in 5 (19%) say there is a great deal of social acceptance today, and 21% feel there is little or no social acceptance at all.<sup>1</sup> Previous research has found that LGBTQ people continue to face discrimination on many levels: more than half of LGBTQ adults (58%) have been the target of slurs or jokes at some point in their lives, 39% have been rejected by a family member or close friend because of their sexual orientation or gender identity, 29% have been made to feel unwelcome in a place of worship, and 21% have been treated unfairly by an employer.<sup>1</sup> Studies have found that transgender individuals, in particular, are affected by discrimination, especially in employment and healthcare.<sup>2</sup> Understanding the social climate for LGBTQ residents is a critical first step in identifying strategies to increase acceptance of and reduce discrimination against the county's LGBTQ community.

### Key findings

- Two-thirds of LGBTQ survey respondents agree that most people in Santa Clara County are accepting of LGBTQ people; however, less than half of transgender respondents share this perception.
- Community members report experiencing less homophobia now than in years past, but note that transphobia remains a concern.
- Transgender respondents report higher levels of discrimination overall than non-transgender respondents.
- Lower percentages of African American, Asian/Pacific Islander, lower income, and young adult respondents report that LGBTQ people are accepted in their neighborhoods and in their families.
- African American and Latino respondents more commonly report discrimination in businesses, workplaces, and schools due to LGBTQ status.

### In numbers: survey findings<sup>h</sup>

#### LGBTQ social acceptance

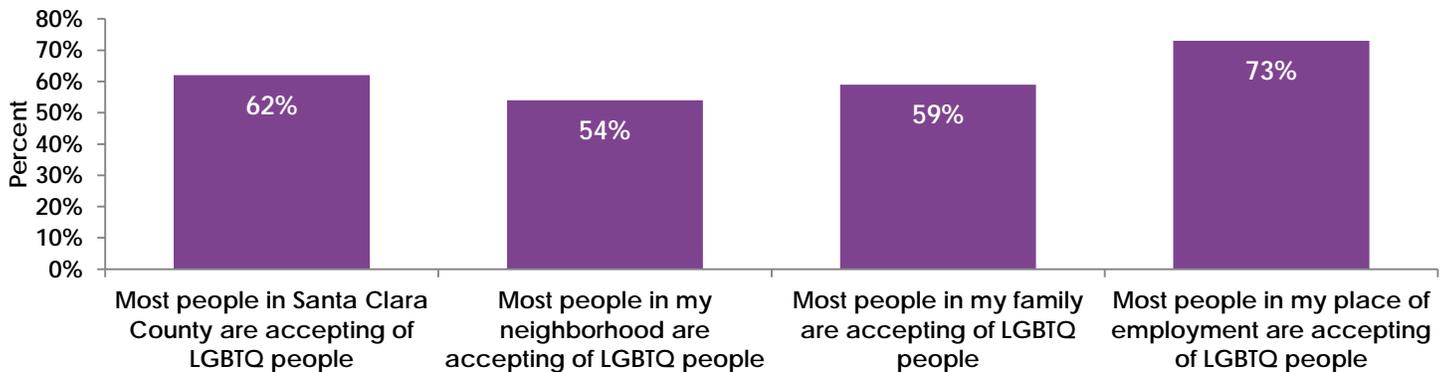
The 2013 LGBTQ Adult Survey asked respondents to indicate the extent to which they agreed or disagreed with a series of statements concerning acceptance of LGBTQ people in Santa Clara County. More than half of LGBTQ survey respondents agreed or strongly agreed with statements that most people in Santa Clara County and most people in their neighborhoods, families, and/or

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<sup>h</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

workplaces are accepting of LGBTQ people. Level of agreement with regards to acceptance differed across LGBTQ subgroup, age, race/ethnicity, and household income and is reviewed below.

**Percentage of LGBTQ survey respondents who agreed or strongly agreed with statements regarding social acceptance of LGBTQ people in Santa Clara County**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

**Perceptions among LGBTQ subgroups**

Transgender respondents in particular, and in some cases bisexual men respondents, were less likely to agree with statements regarding social acceptance. For example, fewer than half (46%) of transgender respondents agreed or strongly agreed that most people in Santa Clara County are accepting of LGBTQ people, compared with 50% or more of respondents from other LGBTQ groups.

**Percentage of LGBTQ survey respondents who agreed or strongly agreed with statements regarding social acceptance of LGBTQ people in Santa Clara County by LGBTQ subgroup**

	Lesbian %	Gay %	Bisexual (female) %	Bisexual (male) %	Transgender %
Most people in Santa Clara County are accepting of LGBTQ people	59	66	59	54	46
Most people in my neighborhood are accepting of LGBTQ people	54	58	49	--	36
Most people in my family are accepting of LGBTQ people	64	61	52	46	44
Most people in my place of employment are accepting of LGBTQ people	74	73	78	58	62

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

**Perceptions by age**

Young adult respondents, ages 18 to 24, were less likely to agree with statements regarding social acceptance in their neighborhoods and families than older respondents. For example, only 41%

agreed or strongly agreed with the statement regarding family acceptance compared to those ages 25 to 54 (61%) and ages 55 and older (72%).

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**Percentage of LGBTQ survey respondents who agreed or strongly agreed with statements regarding social acceptance of LGBTQ people in Santa Clara County by age group**

	<b>Ages 18 to 24 %</b>	<b>Ages 25 to 54 %</b>	<b>Ages 55 and older %</b>
Most people in Santa Clara County are accepting of LGBTQ people	62	62	64
Most people in my neighborhood are accepting of LGBTQ people	43	56	58
Most people in my family are accepting of LGBTQ people	41	61	72
Most people in my place of employment are accepting of LGBTQ people	74	70	81

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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**Perceptions by race/ethnicity**

African American and Asian/Pacific Islander respondents were less likely to agree with social acceptance statements than Latino and White respondents. For example, 43% of African American and 44% of Asian/Pacific Islander respondents agreed or strongly agreed that most people in their families are accepting of LGBTQ people, compared to 56% of Latino and 66% of White respondents.

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**Percentage of LGBTQ survey respondents who agreed or strongly agreed with statements regarding social acceptance of LGBTQ people in Santa Clara County by race/ethnicity**

	<b>African American %</b>	<b>Asian/ Pacific Islander %</b>	<b>Latino %</b>	<b>White %</b>
Most people in Santa Clara County are accepting of LGBTQ people	46	51	63	68
Most people in my neighborhood are accepting of LGBTQ people	51	39	52	60
Most people in my family are accepting of LGBTQ people	43	44	56	66
Most people in my place of employment are accepting of LGBTQ people	51	63	73	77

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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## Perceptions by household income

Respondents with lower annual household incomes were less likely to view most people as accepting of LGBTQ than those with higher household incomes. For example, only 41% of respondents with household incomes below \$40,000 agreed or strongly agreed that most people in their neighborhoods are accepting of LGBTQ people, compared with 56% with household incomes between \$40,000 and \$74,999 and 63% with household incomes of \$75,000 or more.

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### Percentage of LGBTQ survey respondents who agreed or strongly agreed with statements regarding social acceptance of LGBTQ people in Santa Clara County by household income

	\$0 to \$39,999 %	\$40,000 to \$74,999 %	\$75,000 or more %
Most people in Santa Clara County are accepting of LGBTQ people	54	61	69
Most people in my neighborhood are accepting of LGBTQ people	41	56	63
Most people in my family are accepting of LGBTQ people	49	62	67
Most people in my place of employment are accepting of LGBTQ people	69	68	78

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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## Social inclusion and support

The 2013 LGBTQ Adult Survey asked a series of questions about how much respondents felt part of particular communities or settings, to assess levels of social inclusion and support. The percentages below represent those who reported “somewhat” or “a lot” in response to the following questions (excluding those who marked “does not apply”):

- How much do you feel part of your ethnic community? (69%)
- How much do you feel part of your work community? (83%)
- How much do you feel part of your school community? (71%)
- How much do you feel part of your spiritual or religious community? (59%)

These results suggest that most LGBTQ respondents feel part of their various communities, although less so in spiritual or religious settings.

## Anti-LGBTQ discrimination

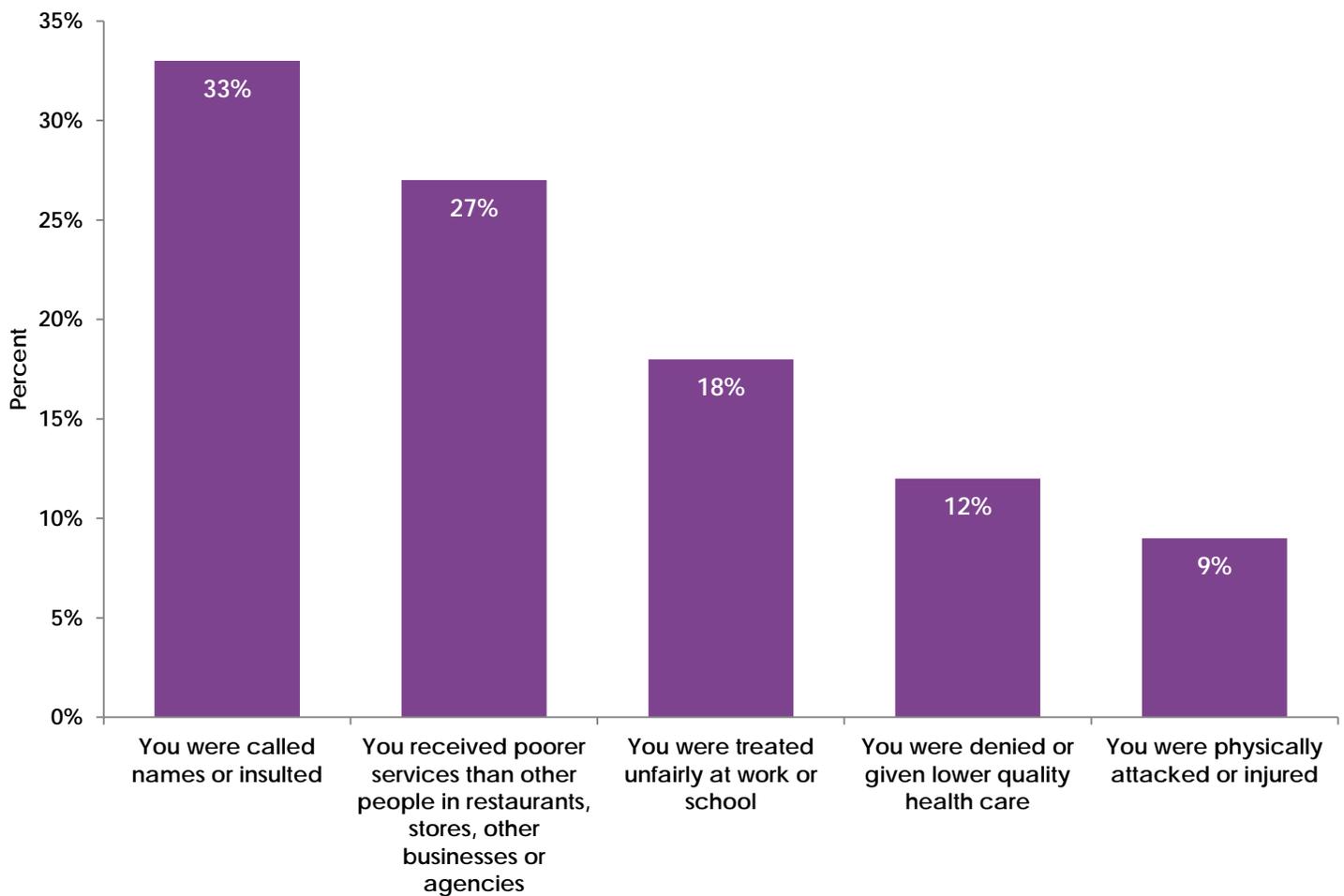
The 2013 LGBTQ Adult Survey asked a series of questions about discrimination and abuse in the past 12 months because someone knew or assumed they were attracted to people of the same sex, intersex, and/or are transgender.

One-third of LGBTQ survey respondents (33%) had been called names or insulted and 1 in 10 (9%) had been physically attacked or injured due to their sexual orientation and/or gender identity in the past 12 months. More than one-quarter (27%) had received poorer services in restaurants, stores, or other businesses or agencies due to their sexual orientation and/or gender identity, 18% were treated unfairly at work or school, and 12% reported that they were denied or given lower quality healthcare. Survey findings on healthcare discrimination are also discussed in the healthcare chapter and findings on verbal and physical abuse are discussed in the chapter on safety and violence.

A higher percentage of African American (29%) and Latino (31%) respondents received poorer services in restaurants, stores, or other businesses or agencies in the past 12 months due to their sexual orientation or gender identity than White (26%) or Asian/Pacific Islander (17%) respondents. A higher percentage of African American (22%) and Latino (20%) respondents were treated unfairly at school or work due to their sexual orientation or gender identity than White (17%) or Asian/Pacific Islander (10%) respondents.

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**Percentage of LGBTQ survey respondents who experienced discrimination due to sexual orientation and/or gender identity in the past 12 months**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

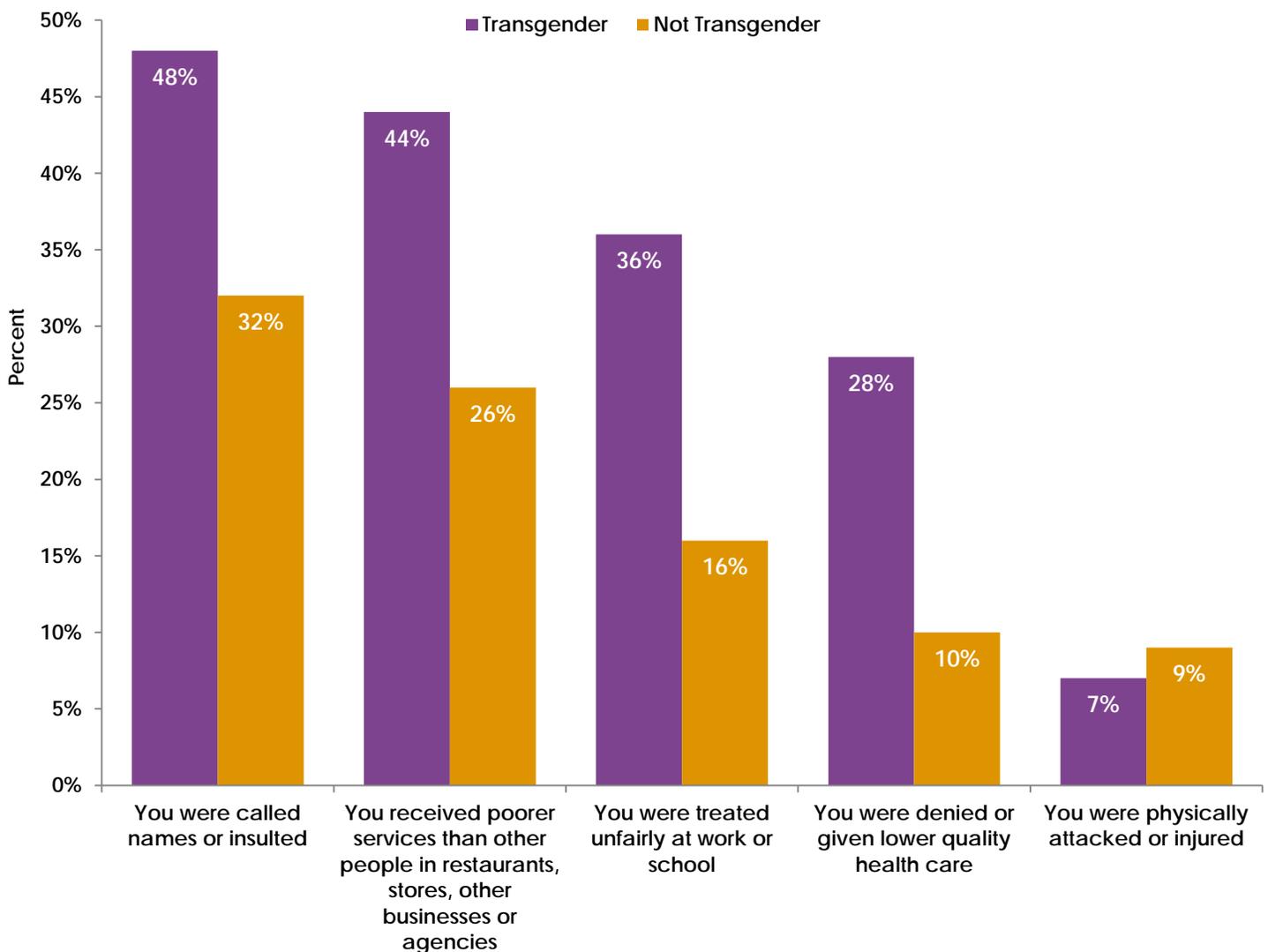
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## Transgender discrimination and acceptance

A higher percentage of transgender respondents were called names or insulted, received poor services in restaurants, stores, or other businesses or agencies, were treated unfairly at work or school, or were denied or given lower quality healthcare due to their sexual orientation or gender identity in the past 12 months than non-transgender respondents.

Comparing transgender versus non-transgender responses on questions discussed earlier related to social acceptance, a lower percentage of transgender than non-transgender respondents agreed or strongly agreed that most people in Santa Clara County (46% vs. 63%), their neighborhoods (36% vs. 55%), their families (44% vs. 61%), or their workplaces (62% vs. 73%) are accepting of LGBTQ people.

Percentage of transgender versus non-transgender survey respondents who were discriminated against due to sexual orientation and/or gender identity in the past 12 months



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants on the topics of social acceptance, family acceptance, and workplace and school discrimination.

### Social acceptance

*LGBTQ community members felt that while there is less obvious homophobia than in past years or other parts of the country, LGBTQ people in Santa Clara County are not widely accepted, particularly among older generations and in certain racial and ethnic groups.*

A number of LGBTQ community conversation participants observed that Santa Clara County is more socially conservative than neighboring San Francisco and Alameda counties. They noted that there has been progress in integrating LGBTQ themes into communitywide events, such as sporting matches and LGBTQ family days at amusement parks and also observed that there has been progress nationally in passing anti-LGBTQ discrimination laws, including employment laws. However, many still do not feel accepted in largely heterosexual environments. Community members provided examples of the stigma and negative beliefs that remain about LGBTQ people, such as people being surprised that LGBTQ people can be well educated, making assumptions that LGBTQ people are promiscuous or are sex workers, and expressing beliefs that being gay is an illness. In addition, some community members spoke about negative media representation of LGBTQ people.

*"It can be very hard to be LGBTQ, especially in the Black and Hispanic communities."*

- Transgender women  
community conversation  
participant

Participants provided several examples of community-based organizations that bring speakers to educate schools and organizations about LGBTQ issues. For example, the Center of Excellence for Transgender Health provides cultural humility training to medical providers and Youth Space provides cultural competence training and training for school faculty on incorporating LGBTQ sensitivity into their teaching. Despite progress, however, community members described that social acceptance and discrimination vary based on an individual's gender expression, observing that effeminate males and transgender women experience greater discrimination.

Participants noted that there are religious institutions that are LGBTQ friendly and that some even have LGBTQ clergy as well as programs and support groups for LGBTQ members. Participants also observed that communities of color, immigrant communities, and communities that are more religious can be less accepting of LGBTQ individuals. For example, when speaking about LGBTQ acceptance in African American communities, an African American key informant shared, "Most of the churches frown upon the LGBTQ. It's something you've been taught your whole life, but that's a big problem because they are not willing to accept the gay or lesbian lifestyle." A Latino community conversation participant shared, "In the Latino community, parents worry about what others will say if they find out their child is gay." A participant in the Asian/Pacific Islander community conversation commented that in Asian communities, being LGBTQ can be seen as weak.

Community members also highlighted generational differences in LGBTQ social acceptance. Several participants noted that young people tend to be more accepting than older generations.

## Family acceptance

*Community members described challenges faced by LGBTQ youth and older respondents related to family acceptance.*

A number of LGBTQ community members identified a range of challenges to family acceptance, including rejection, verbal and physical abuse, and being kicked out of the home or disowned. Key informant interview and community conversation participants suggested that LGBTQ seniors may be isolated from their own children and that LGBTQ young people may be rejected or isolated from their parents.

*"Growing up gay leads to becoming sort of an outcast among family and peers."*

- Key informant

## Workplace and school acceptance and discrimination

*Community members discussed organizational and institutional discrimination in the workplace and at school.*

Community conversation participants described varying levels of acceptance at work; some felt supported at work, while others did not. Community members identified large technology companies as leaders in LGBTQ workplace acceptance, with several participants giving examples of companies that sponsor LGBTQ events and groups and provide employee benefits tailored to LGBTQ families. Yet participants also noted that the workplace can be a less accepting environment for LGBTQ workers. Several experienced slurs and derogatory comments at work and noted that in some cases, supervisors intervened, while in other cases, they did not. One community conversation participant said, "Professionals bring their personal beliefs to work." Several also recounted instances where they had either been fired or passed over for job opportunities due to being LGBTQ. Others mentioned that human resources staff is not always trained in providing benefits for LGBTQ employees.

*"If I am outed, it will ruin my career as a personal trainer. I am not out and my employment is not too gay-friendly."*

- Transgender men community conversation participant

Community members also raised issues of acceptance in school environments. Some observed that there has been progress toward increasing acceptance of LGBTQ students and teachers in schools, describing the presence of Gay/Straight Alliances (GSA) in schools and a new law that mandates access to restrooms for transgender students in schools. At the same time, some youth mentioned instances of derogatory comments from peers and teachers. A participant in the Latino community conversation shared, "You can't fully express yourself in high school." One youth participant described attending a school with a GSA "where it seemed like people only came to make fun of trans and gay kids." Several youth participants also brought up examples of school administrations prohibiting LGBTQ teachers and staff from being out. Participants observed that on an institutional level, school districts vary in how they handle LGBTQ issues and noted that some schools have faced bureaucratic barriers in establishing GSAs.

## Transgender acceptance and discrimination

*Participants from many different communities observed that the transgender population faces unique challenges related to social, family, and institutional acceptance and discrimination.*

In line with survey results, community members overwhelmingly identified transgender individuals as a subgroup that experience greater discrimination and intolerance than other LGBTQ groups. Transgender community conversation participants observed that, overall, society is less comfortable with transgender individuals than with other LGBTQ populations. Many transgender community members described that discrimination against transgender individuals relates to the degree to which they “pass” as the gender with which they identify. Community members observed that those who pass have an easier time in the workplace and in accessing social services.

*“The world’s gotten used to male homosexuals and lesbians coming out... We’re different, we’re trying to look like girls... this is a different thing. The world’s not quite ready for transgender.”*

- Transgender women  
community conversation  
participant

Transgender community conversation participants reported facing damaging assumptions and harassment, such as assumptions that they are sex workers and being solicited for sex work. They agreed that media tends to represent transgender individuals in a negative light, giving examples of reports depicting transgender women as sex workers, failing to use preferred gender pronouns or names, and seemingly downplaying the severity of hate crimes involving transgender people.

Transgender community conversation and key informant interview participants also emphasized that family acceptance is a critical issue for transgender children and youth. As one community conversation participant summarized, “Everybody I know who has come out [as transgender] has had some family relationship that’s been disrupted.”

*“For people of color, transphobia is matched by racism.”*

- Latina community  
conversation participant

Transgender participants expressed challenges related to obtaining and maintaining employment due to their gender identity or gender expression. Participants explained that this challenge can be particularly strong during the transition process due to discomfort with employees whose gender may appear ambiguous.

Community conversation and key informant interview participants also discussed issues related to transgender acceptance and discrimination at school, including individual discrimination from other students, as well as institutional discrimination such as lack of access to bathrooms and showers concordant with gender identity.

Finally, community members discussed barriers that transgender individuals face in accessing social services, in that eligibility is often based on one’s sex assigned at birth. One key informant interview participant commented, “When a trans person seeks out services, they are given answers like, ‘We

don't know what to do with your situation.' " Some transgender participants also shared firsthand experiences of rude or discriminatory treatment from staff in social service agencies.

## What's out there?

***LGBTQ community members identified the following community strengths and resources:***

- There has been some integration of the LGBTQ community into community events, such as LGBTQ nights at sports games.
- There has been progress in passing anti-LGBTQ discrimination laws, including employment laws and a law that mandates access to restrooms for transgender students in schools.
- Some larger technology companies sponsor LGBTQ events and groups and have LGBTQ-friendly policies.
- There are some religious institutions that are openly LGBTQ-friendly. Some have programs for LGBTQ members and some have LGBTQ clergy.
- There are organizations that provide education to social service agencies and schools on transgender issues.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Social acceptance*

- **Increase LGBTQ visibility in the larger community** by promoting a LGBTQ presence at community events such as arts and cultural festivals and including visual representations of diverse individuals and families in public places such as hospitals.
- **Support national and develop local educational campaigns** about the LGBTQ community.

### *Workplace and school acceptance and discrimination*

- **Educate human resource managers** about LGBTQ rights and discrimination.
- **Increase acceptance at schools by carrying out sensitivity trainings** with school staff and faculty.

### *Transgender acceptance and discrimination*

- **Increase the visibility of transgender people** through public education campaigns. Engage religious leaders including churches and the Christian community.
- **Carry out education and training** in federal agencies and public social service agencies about transgender issues.
- **Educate students, teachers, and staff** to increase transgender acceptance in schools.
- **Modify government and school paperwork** to be inclusive of transgender individuals.
- **Develop shelters and safe houses** for homeless transgender individuals.
- **Offer legal assistance** for transgender individuals, particularly for formally changing one's gender.
- **Increase employment opportunities** for transgender individuals through job training programs for transgender individuals, such as a Job Corps-type program.
- **Assist transgender students in attending college** by providing scholarships.
- **Create a transgender community center** that would provide a safe space for the community, with services such as legal assistance, information about services, and support services for families.

## References

1. Pew Research Center. A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times. Pew Research Center. [http://www.pewsocialtrends.org/files/2013/06/SDT\\_LGBT-Americans\\_06-2013.pdf](http://www.pewsocialtrends.org/files/2013/06/SDT_LGBT-Americans_06-2013.pdf). Published June 13, 2013. Accessed December 7, 2013.
2. National Center for Transgender Equality. Discrimination. National Center for Transgender Equality. <http://transequality.org/Issues/discrimination.html>. Accessed December 7, 2013.

## Topic 7: Self-acceptance

A 2013 national survey of LGBTQ Americans found that only 7% of LGBTQ adults reported that their sexual orientation or gender identity is a negative aspect of their life, while one-third (34%) of LGBTQ adults expressed that their sexual orientation or gender identity contributes positively to their life.<sup>1</sup> More than half (54%) of LGBTQ adults have shared their sexual orientation or gender identity with their family and close friends.<sup>2</sup> A majority (59%) of LGBTQ adults indicated that coming out to their parents was difficult, but about one-third felt it strengthened their relationship with their mother (39%) and father (32%).<sup>3</sup> In order to support the emotional and physical well-being of LGBTQ people in Santa Clara County, it is important to understand how LGBTQ adults feel about their LGBTQ identity, and how comfortable they feel disclosing their sexual orientation or gender identity to others.

### Key findings

- One in 5 LGBTQ survey respondents wish they were not attracted to people of the same sex or sometimes dislike themselves for being attracted to people of the same sex.
- Only half of African American respondents have ever come out to someone.
- Fewer bisexual men and African American respondents are out to their family members, friends, healthcare providers, and coworkers than other LGBTQ or racial/ethnic subgroups.
- Community members report that age, religion, race/ethnicity, and other socioeconomic factors affect LGBTQ community members' experiences with coming and being out of the closet. The decision to be out may be more difficult for youth, particularly transgender youth, and communities of color.

## In numbers: survey findings<sup>i</sup>

### Self-acceptance

The 2013 LGBTQ Adult Survey asked respondents 3 questions about self-acceptance related to sexual orientation. The percentages that agreed or strongly agreed were as follows:

- Sometimes I wish I was not sexually attracted to people of the same sex (22%)
- Sometimes I dislike myself for being attracted to people of the same sex (19%)
- Sometimes I feel guilty about having sex with people of the same sex (16%)

The percentage that agreed or strongly agreed with each of these statements was higher among bisexual men and women and gay men respondents than lesbian and transgender respondents

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<sup>i</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

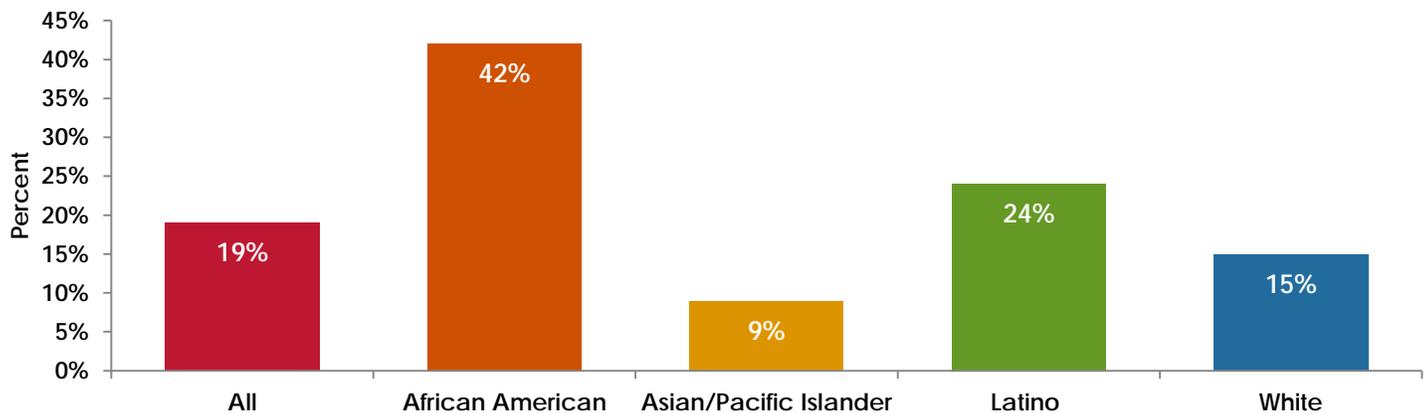
(with the exception of feeling guilty, in which percentages for gay men respondents and transgender respondents were similar). As an example, 33% of bisexual men, 27% of bisexual women, and 23% of gay men respondents sometimes wished they were not attracted to people of the same sex than lesbian (17%) and transgender (9%) respondents.

Younger LGBTQ respondents were more likely to agree or strongly agree with each of the above statements than older respondents. For example, a higher percentage of respondents ages 18 to 24 (23%) and ages 25 to 54 (25%) sometimes wished they were not attracted to people of the same sex than respondents ages 55 and older (13%).

A higher percentage of African American and Latino respondents agreed or strongly agreed with each statement than Asian/Pacific Islander or White respondents. For example, more than 4 in 10 (42%) of African American respondents sometimes disliked themselves for being attracted to people of the same sex, which was 2 to 4 times as high as the percentage for any other racial/ethnic group. The pattern was similar for feeling guilty about being attracted to people of the same sex. Latinos (31%) and African Americans (27%) were more likely to sometimes wish they were not attracted to people of the same sex than White (21%) and Asian/Pacific Islander (18%) respondents.

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**Percentage of LGBTQ survey respondents who agreed/strongly agreed with the statement, "Sometimes I dislike myself for being attracted to people of the same sex" by race/ethnicity**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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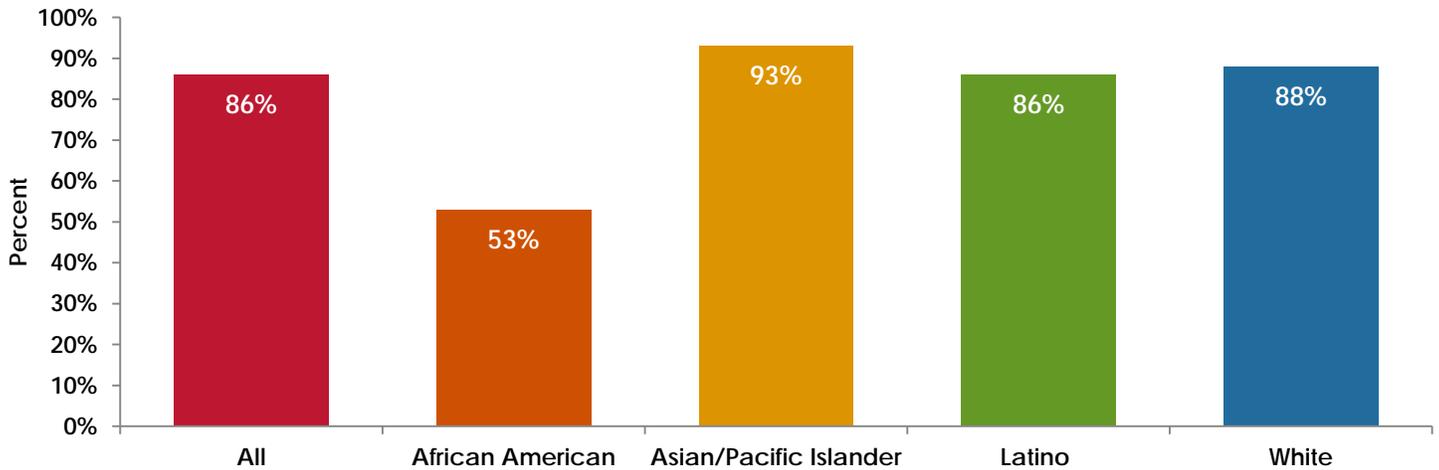
## Outness

Overall, most LGBTQ respondents had come out to someone (a friend, family member, healthcare provider, coworker, etc.) about their sexual orientation and/or gender identity. Fewer bisexual men (75%) had ever come out to someone than bisexual women (82%), gay men (85%), lesbian (91%), and transgender (93%) respondents. A lower percentage of respondents ages 25 to 54 (81%) had ever come out to someone than younger respondents ages 18 to 24 (90%) and respondents ages 55 and older, nearly all of whom (99%) had come out to someone.

Only half (53%) of African American respondents had ever come out to someone, a lower percentage than for any other racial/ethnic group.

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**Percentage of LGBTQ survey respondents who had ever told anyone that they are lesbian, gay, bisexual, pansexual, queer, intersex, or transgender by race/ethnicity**



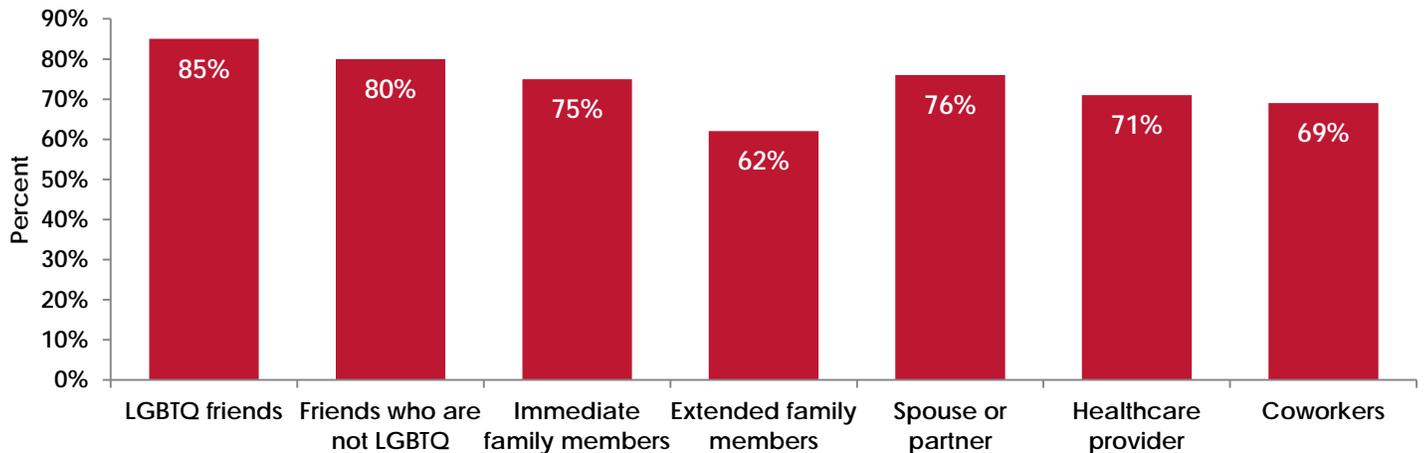
Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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More LGBTQ respondents had come out to their LGBTQ friends, non-LGBTQ friends, immediate family members, or spouse or partner than to their healthcare provider, coworkers, and/or extended family members. The following section describes outness across various types of relationships by LGBTQ subgroup, age, and race/ethnicity.

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**Percentage of LGBTQ survey respondents who had told people that they are lesbian, gay, bisexual, pansexual, queer, intersex, or transgender by relationship type**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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***Outness among LGBTQ subgroups***

A lower percentage of bisexual men survey respondents had come out to friends, family, partners, coworkers, or healthcare providers than respondents from other LGBTQ subgroups. In general, lesbian

and transgender respondents were the most likely to have come out in various types of relationships (extended family and coworkers were exceptions to this pattern for transgender respondents). As with all LGBTQ respondents, described above, LGBTQ subgroups were least likely to be out to extended family, healthcare providers, and coworkers.

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**Percentage of LGBTQ survey respondents who had come out by relationship type and LGBTQ subgroup**

Relationship type	Lesbian %	Gay %	Bisexual (female) %	Bisexual (male) %	Transgender %
LGBTQ friend	90	85	80	69	91
Friends who are not LGBTQ	86	78	80	65	88
Immediate family members	84	75	64	50	85
Extended family members	73	64	40	34	65
Spouse or partner (among respondents with a spouse or partner)	86	74	69	--	--
Healthcare provider	80	73	52	50	85
Coworkers	77	72	57	41	62

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

Note: Some percentages are not reported due to small sample size.

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**Outness by age**

Younger survey respondents, ages 18 to 24 and ages 25 to 54, were less likely to be out in various types of relationships than those ages 55 and older. Almost all older respondents (90% or more) were likely to be out in all of their personal and professional relationships. In fact, the percentage of older adults who were out was higher and more consistent across relationships than patterns by LGBTQ subgroup or by race/ethnicity (see below). As with all LGBTQ respondents, younger respondents were least likely to be out to extended family, healthcare providers, and coworkers.

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**Percentage of LGBTQ survey respondents who have come out by relationship type and age**

Relationship type	Ages 18 to 24 %	Ages 25 to 54 %	Ages 55 and older %
LGBTQ friend	89	80	98
Friends who are not LGBTQ	85	75	93
Immediate family members	71	73	90
Extended family members	43	60	87
Spouse or partner (among respondents with a spouse or partner)	77	69	100
Healthcare provider	56	69	96
Coworkers	60	65	91

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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## Outness by race/ethnicity

African American respondents were less likely to be out than respondents from any other racial/ethnic group, regardless of type of relationship. In comparison, most Asian/Pacific Islander, Latino, and White respondents were out to friends and immediate family. However, even though most Asian/Pacific Islander and Latino respondents were out in close personal relationships, a lower percentage of both groups was out to extended family members—even lower than the percentage of respondents in these groups who were out to coworkers and healthcare providers.

Percentage of LGBTQ survey respondents who have come out by relationship type and race/ethnicity

Relationship type	African American %	Asian/Pacific Islander %	Latino %	White %
LGBTQ friend	53	90	83	87
Friends who are not LGBTQ	42	82	79	83
Immediate family members	37	75	74	81
Extended family members	37	52	49	71
Spouse or partner (among respondents with a spouse or partner)	--	86	71	80
Healthcare provider	29	67	66	78
Coworkers	28	65	67	75

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

Note: Some percentages are not reported due to small sample size.

## Reasons for not coming out

The 2013 LGBTQ Adult Survey asked survey respondents who had not come out about the reasons for their reluctance to share their sexual orientation and/or gender identity (respondents could mark all that applied). This section reports reasons for 3 types of relationships: 1) family and friends (which included non-LGBTQ friends, immediate and extended family, and spouses and partners); 2) healthcare providers; and 3) coworkers.

### Friends and family

Those who had not come out to friends and family reported the following reasons (most common reason reported first):

- My family members or non-LGBTQ friends might be uncomfortable with my sexual orientation/gender identity (47%)
- I am afraid that my relationship with my family members or non-LGBTQ friends will be damaged if they knew my sexual orientation/gender identity (32%)
- I am afraid that my family members or non-LGBTQ friends might treat me differently if they knew my sexual orientation/gender identity (28%)

- My sexual orientation/gender identity has no bearing on my relationships with my family members or non-LGBTQ friends (26%)
- My family members or non-LGBTQ friends might tell other people of my sexual orientation/gender identity (24%)

### Healthcare provider

Those who had not come out to a healthcare provider reported the following reasons (most common reason reported first):

- My sexual orientation/gender identity is none of their business (48%)
- My sexual orientation/gender identity has no bearing on my health (45%)
- My healthcare provider might be uncomfortable with my sexual orientation/gender identity (38%)
- I am afraid that my healthcare provider might treat me differently if he/she knew my sexual orientation/gender identity (26%)
- My healthcare provider might tell other people of my sexual orientation/gender identity (18%)

Open-ended survey responses revealed that LGBTQ respondents often disclosed their sexual orientation or gender identity to some of their doctors, while not telling other doctors for whom they felt their sexual orientation or gender identity was irrelevant, such as when visiting their dermatologist or ophthalmologist.

### Coworkers

Those who had not come out to coworkers indicated the following reasons (most common reason reported first):

- My sexual orientation/gender identity has no bearing on my relationships with my coworkers (57%)
- My coworkers might be uncomfortable with my sexual orientation/gender identity (44%)
- I am afraid that my relationship with my coworkers would be damaged if they knew my sexual orientation/gender identity (30%)
- My coworkers might tell other people of my sexual orientation/gender identity (29%)
- I am afraid that my coworkers might treat me differently if he/she knew my sexual orientation/gender identity (28%)

Open-ended survey responses indicated that some respondents were concerned that disclosing their sexual orientation or gender identity to coworkers would put their jobs in jeopardy.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from LGBTQ key informants and community conversation participants on self-acceptance and outness within the LGBTQ community.

### Self-acceptance and outness

*Community members noted that an individual's socioeconomic status, age, cultural background, religion, and generation influence self-acceptance and outness.*

Community members noted that their perceptions of social acceptance, the visibility of LGBTQ people in their communities, their experiences of discrimination, and the social support available to them impact their levels of self-acceptance. They also reported that fear of rejection or discrimination influences their decisions to disclose their gender identity or sexual orientation.

Some community members described traumatic experiences associated with coming out to friends and families, such as being disowned and physically abused. Others described stress and isolation as a result of not coming out to their friends and family members. Coming out may have different ramifications for different subpopulations. For example, some transgender participants described needing to come out for the purposes of transitioning, but once completing the transition, wanting to then “pass” as their preferred gender.

Coming out may be more challenging for some LGBTQ people than others. Socioeconomic status and age play an important role in the experience of outness. Youth, for example, noted that participating in LGBTQ events and receiving LGBTQ services might reveal their gender identity or sexual orientation to their classmates, teachers, and family members. Some youth reported difficulty navigating who they can be out to and with whom they feel they must remain closeted. For some, social pressure limits their comfort with being out at school, while for others, economic dependency keeps them closeted at home. Transgender youth, in particular, described examples of familial rejection, homelessness, and financial hardship resulting from coming out to their parents and guardians.

Some community members of color described how cultural and religious beliefs, including expectations about gender roles and pressure to get married, lead to stigma about being LGBTQ, which can make self-acceptance and coming out difficult in their communities. Some LGBTQ people of color emphasized that their communities are a crucial source of support, and yet, as one key informant explained, “There is often not space in many communities for LGBTQ [people] to be out.” A participant shared, “Both [African American and Latino] community members have this machismo that they

*“In an ideal world, you would not have to come out; it would be safe to talk about your life and not worry about consequences.”*

– Outness community conversation participant

*“Close-knit communities can make it difficult to come out—you face the whole community.”*

– Asian/Pacific Islander community conversation participant

have to express. It's ok to be anything but gay. People who I know are gay, they say they are not, because there is still the stigma of being gay. You're supposed to be a man. You are not supposed to be gay." Another African American participant expressed how community acceptance can influence a person's identity: "[African American] people will often choose their culture or their sexual orientation. It is either, 'I choose my [sexual] identity,' or '[I choose] my culture'."

Other LGBTQ people of color offered hope for greater acceptance in the future, such as a Vietnamese participant who stated, "I think when the Vietnamese American straight community sees the Vietnamese American LGBTQ community as an organized and strong community they will have more respect for LGBTQ people and more easily accept LGBTQ people on [the] basis of equality." Some LGBTQ people of color also noted that their process of coming out may appear different than that of White LGBTQ people. For example, they may be quieter about their gender identity or sexual orientation, but that does not mean they are not prideful of their LGBTQ identity or that their families are not accepting.

*"A lot of the LGBT seniors have depression because they are not out to their families and friends."*

– Key informant

While the LGBTQ survey revealed that older LGBTQ respondents were more commonly out to the community than younger respondents, several senior community conversation participants and key informants believed that many older adults are not out. They explained that seniors are often private about their personal information and may feel less comfortable disclosing their sexual orientation or gender identity because they "have gone through being LGBTQ in years when it was not socially acceptable to be gay."

## What's out there?

***LGBTQ community members identified the following community strengths and resources:***

- San Jose State University offers support services for LGBTQ students around coming out.
- Outlet and Youth Space provide counseling services, support groups, and social events to LGBTQ youth to promote self-acceptance and to build welcoming communities for youth.
- Stanford University and San Jose State University offer leadership opportunities for LGBTQ students to empower them to become leaders on their campus and within the LGBTQ community.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Self-acceptance and outness*

- **Increase the visibility of the LGBTQ community within Santa Clara County** through educational campaigns, public service announcements, and community events to encourage greater self-acceptance. Support teachers and other public figures in disclosing their sexual orientation or gender identity.
- **Support leadership training programs for LGBTQ youth** to empower youth, promote community involvement, and foster self-acceptance. Develop storytelling projects and connect youth with seniors to encourage a sense of connection to LGBTQ history.
- **Incorporate LGBTQ services into non-LGBTQ-specific community centers** to enable access to confidential services for those who are not comfortable in LGBTQ settings.

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## Topic 8: Social services

Access to social services, housing, food, and other support services is foundational to physical and emotional well-being.<sup>1</sup> Understanding the social service needs of LGBTQ individuals and families is essential to service planning and allocation of resources. This section will inform a comprehensive and LGBTQ-welcoming health and human services system in Santa Clara County.

### Key findings

- More than one-quarter of LGBTQ survey respondents and/or their families need affordable housing but have a hard time accessing it.
- LGBTQ comprise nearly one-third of homeless youth and young adults under the age of 25 and 10% of homeless adults ages 25 and older.
- More than one-third of LGBTQ survey respondents ages 65 and older and/or their families need senior services but have a hard time accessing them.
- More than one-fifth of LGBTQ survey respondents and/or their families lack adequate access to dental care.
- LGBTQ community members report that harassment and discrimination from some social service staff and clients makes it difficult for them to access services.

## In numbers: survey findings<sup>j</sup>

### Social services

#### Housing

Accessing affordable housing is a significant issue for LGBTQ survey respondents and/or their families. When asked which services they and/or their families need, but have a hard time accessing, affordable housing was selected most often by LGBTQ respondents (28%). Among LGBTQ respondents with annual household incomes less than \$40,000, 46% reported needing affordable housing but having difficulty accessing it, compared to 26% of those with household incomes between \$40,000 to \$74,999 and 15% of those with household incomes of \$75,000 or more. Difficulty accessing affordable housing was more common among respondents between the ages of 25 to 54 (32%) than adults ages 18 to 24 (26%) and respondents ages 55 and older (13%).

#### Homelessness

For the first time in 2013, the Santa Clara County Homeless Census & Survey asked respondents to identify their sexual orientation because national research shows a higher prevalence of homelessness among LGBTQ individuals, especially youth and young adults.<sup>2, 3</sup> In 2013 in Santa Clara

<sup>j</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

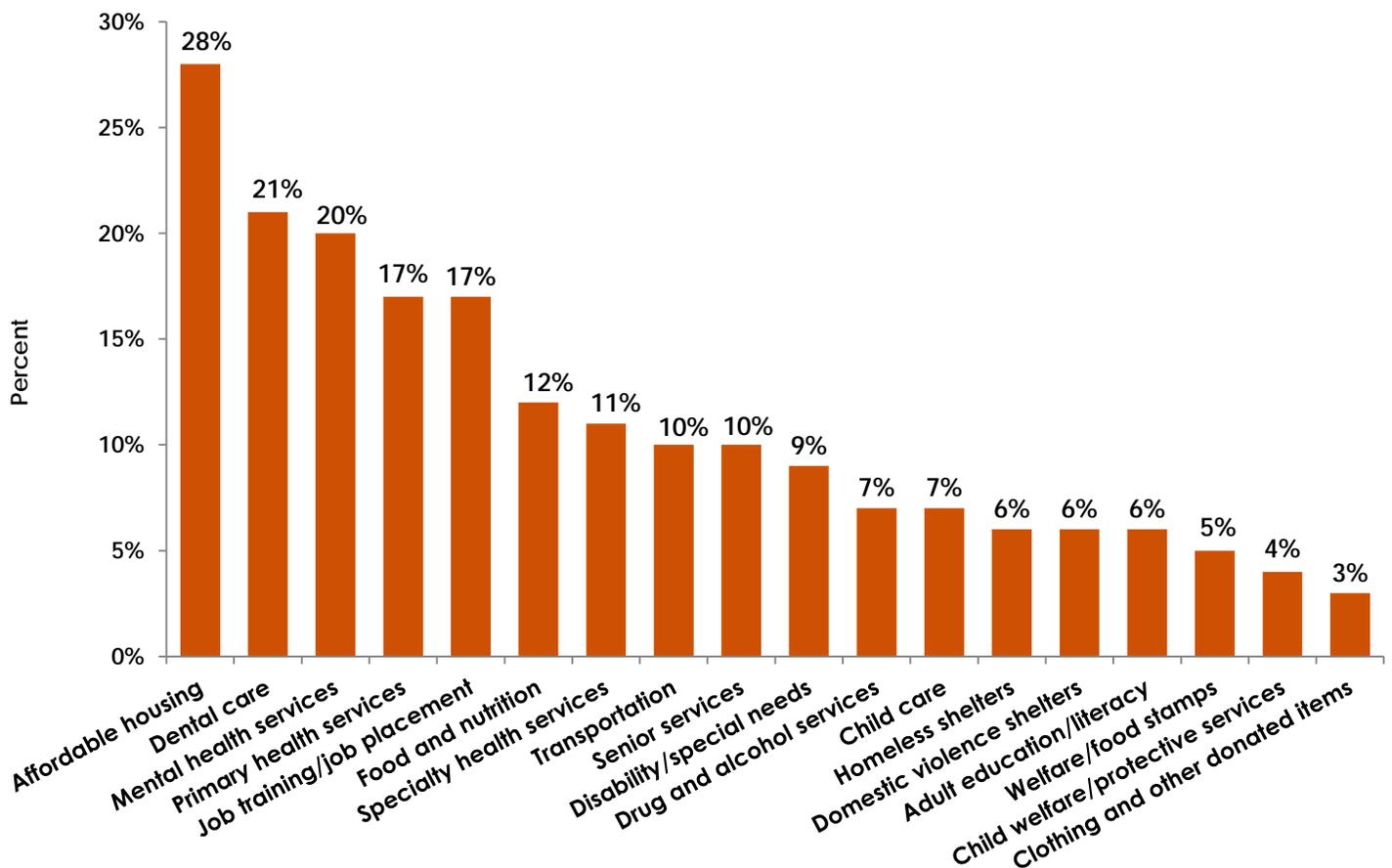
County, LGBTQ youth and young adults made up 29% of the homeless population under the age of 25 and 10% of the homeless population ages 25 years and older. Four percent (4%) of homeless youth and young adults under the age of 25 identified as transgender and 2% of homeless adults ages 25 and older identified as transgender or "other." <sup>2</sup>

Six percent (6%) of LGBTQ survey respondents identified homeless shelters as a social service they needed, but had a hard time accessing.

**Food, nutrition, and welfare**

More than 1 in 10 LGBTQ survey respondents (12%) reported that they and/or their families needed assistance with food and nutrition but had a hard time accessing it. In addition, 5% of LGBTQ respondents reported difficulty accessing needed welfare benefits and/or food stamps. Difficulty accessing needed food and nutrition services was especially common among lower-income LGBTQ respondents, with approximately one-quarter (24%) of respondents with annual household incomes below \$40,000 reporting difficulty accessing these services than 13% of respondents with household incomes between \$40,000 and \$74,999 and 4% of respondents with household incomes above \$75,000.

**Health and social services that LGBTQ survey respondents and/or their families needed but had a hard time accessing**



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

### *Senior services*

More than one-third (35%) of LGBTQ respondents ages 65 and older reported that they and/or their families needed senior services but had a hard time accessing them.

### *Other social services*

Nearly 1 in 5 LGBTQ survey respondents (17%) reported that they and/or their families needed job training and/or job placement services but had a hard time accessing them. One in 10 respondents reported a need for but difficulty accessing transportation (10%) or disability/special needs (9%) services. More than one-quarter (27%) of LGBTQ respondents with annual household incomes less than \$40,000 needed but had difficulty accessing job training and/or placement services, compared to those with household incomes between \$40,000 and \$74,999 (16%) and \$75,000 or more (10%). Fewer LGBTQ respondents reported that they and/or their families needed child-related, other social welfare, or domestic violence services.

### *Healthcare services*

Dental care was the second most commonly reported need among LGBTQ respondents, with 21% reporting that they and/or their families needed dental care but had a hard time accessing it. Other commonly reported types of healthcare and behavioral health services needed by LGBTQ respondents and/or their families included mental health (20%), primary health (17%), specialty health (11%), and/or drug and alcohol services (7%). Additional information on healthcare access can be found in the healthcare chapter.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants on the topics of housing, homelessness, and social services.

### Housing and homelessness

*The lack of safe and affordable housing options for LGBTQ individuals threatens emotional and physical well-being.*

The need for safe and affordable housing was a concern among key informants and community conversation participants. Community members cited the high cost of housing in the county as a major barrier to individual and community well-being. Seniors pointed out that finding LGBTQ-friendly senior housing is especially challenging given that people their age tend to be much less accepting of LGBTQ people than younger people. In community conversations, a common theme among seniors was the difficult choice between living somewhere with supportive services and being out about their sexual orientation.

Community members also expressed concerns that there are limited homeless shelters and homeless support services that are welcoming and safe for LGBTQ adults and noted that LGBTQ people often avoid shelters out of fear of violence and harassment from staff and other residents. Community conversation participants and key informants who serve as youth advocates were especially concerned about the limited resources available for homeless LGBTQ youth, who sometimes live on the streets after being kicked out of their homes because of their sexual orientation or gender identity. Transgender community members pointed out that homeless shelters tend to be organized by gender, severely limiting housing services for transgender people who are homeless.

*“There are 2 choices for LGBTQ seniors moving into senior living facilities: maintaining their identity and being isolated or going back to the closet after being out for so many years.”*

-Senior women community conversation participant

### Social services

*Overt and bureaucratic discrimination creates a barrier to LGBTQ adults accessing social services.*

Access to LGBTQ-competent and welcoming services was a major concern for community members. Community members felt that many LGBTQ adults in need of social services avoid them due to fear of violence, discrimination, and harassment from other clients and staff. Community conversation participants described instances when they or their friends had been verbally abused by front desk staff, made to feel uncomfortable in waiting rooms, or were offered corrective therapy. LGBTQ people of color noted that they often had to choose between services that are LGBTQ-friendly and services that are culturally and linguistically competent. Transgender community members explained that if they do not clearly pass as the gender they identify with, they tend to avoid social services and public agencies out of fear of discrimination, humiliation, or exposure. Transgender community members also noted that transgender adults who do pass as their identified gender may find it

difficult to access services if there is a mismatch between the sex listed on their official documentation (e.g., social security card and driver's license) and their gender identity.

### What's out there?

*LGBTQ community members identified the following community strengths and resources:*

- Individual organizations such as Catholic Charities and Youth Space are addressing LGBTQ homelessness by providing LGBTQ-welcoming homeless services.
- LGBTQ community centers, such as the Billy DeFrank LGBT Community Center and Youth Space, provide support groups, social activities, referrals, and life skills education to the LGBTQ community.
- San Jose State University is seen as a very supportive place for LGBTQ students and families.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Housing and homelessness*

- **Leverage existing LGBTQ community resources** to provide homeless LGBTQ adults with safe and welcoming services. Use spaces such as the Billy DeFrank LGBT Community Center and Youth Space as “one-stop-shops” for food, clothing, resources, and referrals.
- **Build partnerships** between LGBTQ organizations and homeless shelters to develop capacity to serve homeless LGBTQ individuals and make shelters safe and welcoming.
- **Dedicate a portion of senior housing to be LGBTQ-specific.** Creating an LGBTQ senior living community may reduce isolation and increase social supports for LGBTQ seniors.

### *Social services*

- **Increase outreach campaigns to the LGBTQ community.** Create education and information campaigns that target all LGBTQ people as well as subgroups within the LGBTQ community to provide information on available services. Use social networking, ethnic media, and PSA campaigns to better access underserved and hard-to-reach populations.
- **Build on existing LGBTQ resources** by increasing funding, technical support, and staffing to improve services.
- **Ensure proper training** for program staff who provide social and safety net services. Identify processes and protocols that can be made more gender neutral within the current service delivery system.
- **Create a directory of programs, services, and providers** that are LGBTQ-competent and knowledgeable. Provide “safe space” stickers that providers can place on their windows.

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## Topic 9: Safety and violence

In 2011, attacks based on sexual orientation made up 20% of hate crimes in the U.S.<sup>1</sup> Victims of anti-LGBTQ violence may suffer greater psychological distress than victims of other crimes because of the personal nature of the crimes and because victims of hate crimes often adjust their behavior to avoid further victimization.<sup>2</sup> Nationwide, LGBTQ individuals also report rates of intimate partner violence equal to or higher than heterosexual individuals, though such violence is often overlooked by medical professionals.<sup>3,4</sup> In order to develop strategies to address issues of violence in Santa Clara County's LGBTQ community, it is important to understand the degree to which LGBTQ individuals in Santa Clara County face both anti-LGBTQ violence and intimate partner violence, as well as how they respond to these experiences.

### Key findings

- One in 10 LGBTQ survey respondents were physically attacked or injured in the past 12 months due to their sexual orientation or gender identity.
- One in 5 African American survey respondents were physically attacked or injured in the past 12 months due to their sexual orientation or gender identity.
- One in 10 middle and high school students were harassed or bullied on school property in the past 12 months because they were gay or lesbian or someone thought they were.
- LGBTQ community members—particularly transgender women—describe that living in fear of anti-LGBTQ violence has serious impacts on their mental health and well-being.
- More than 1 in 5 LGBTQ respondents have ever been hit, slapped, pushed, kicked, or physically hurt by an intimate partner.
- Bisexual women respondents experience higher rates of intimate partner physical and sexual violence than other LGBTQ groups.
- Three in 4 LGBTQ respondents who experienced intimate partner violence did not report the incidents to law enforcement.

### In numbers: survey findings<sup>k</sup>

#### Anti-LGBTQ violence and verbal harassment

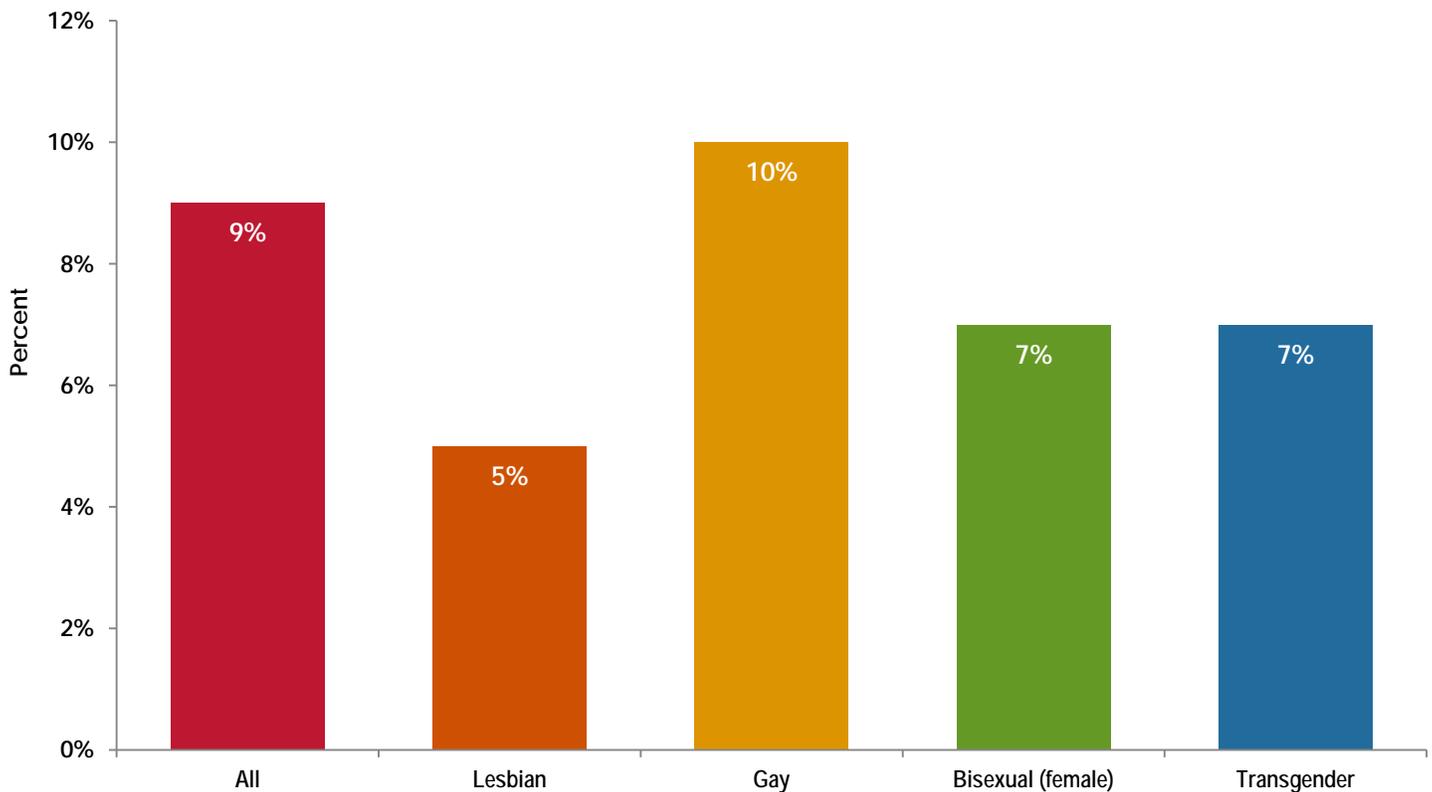
One in 10 (9%) LGBTQ survey respondents were physically attacked or injured because someone knew or assume they were attracted to people of the same sex, were intersex, and/or were transgender in the past 12 months. The percentage was highest among gay men respondents. Twenty percent (20%) of African American respondents had been attacked or injured due to sexual orientation or gender identity in the past 12 months, compared to 9% of Latino respondents, 8% of

<sup>k</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

White respondents, and 2% of Asian/Pacific Islander respondents. The percentage of bisexual men who were physically attacked or injured due to sexual orientation or gender identity in the past 12 months is not reported due to small sample size.

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**Percentage of LGBTQ survey respondents who were physically attacked or injured due to sexual orientation or gender identity in the past 12 months**



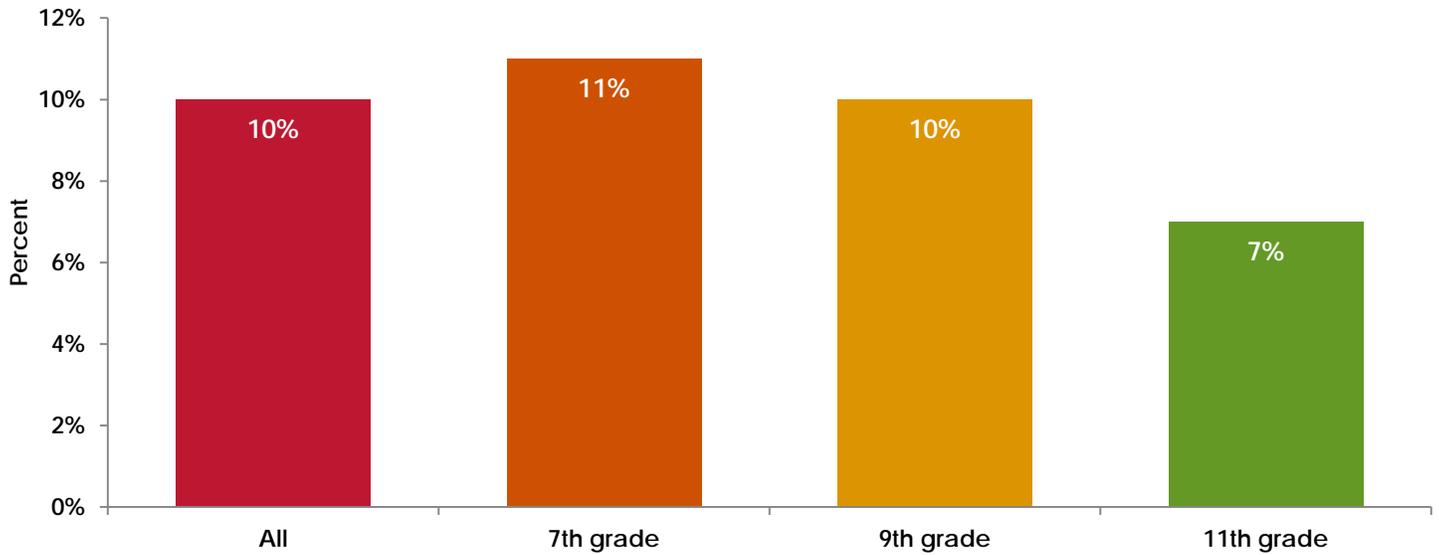
Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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A third (33%) of all LGBTQ respondents were called names or insulted because someone knew or assumed they were attracted to people of the same sex, are intersex, and/or are transgender in the past 12 months. The percentage was highest among transgender respondents—48%, versus 34% for gay men, 31% for bisexual women, and 27% for lesbian respondents. The percentage was higher among African American (50%) and Latino (36%) respondents than White (29%) or Asian/Pacific Islander (11%) respondents. The percentage of bisexual men respondents who were called names or insulted due to sexual orientation or gender identity in the past 12 months is not reported due to small sample size.

In 2009-10, 10% of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders in Santa Clara County were harassed or bullied on school property in the past 12 months because they were gay or lesbian or someone thought they were.<sup>5</sup>

Percentage of 7th, 9th, and 11th graders who were harassed or bullied on school property in the past 12 months because they were gay or lesbian or someone thought they were

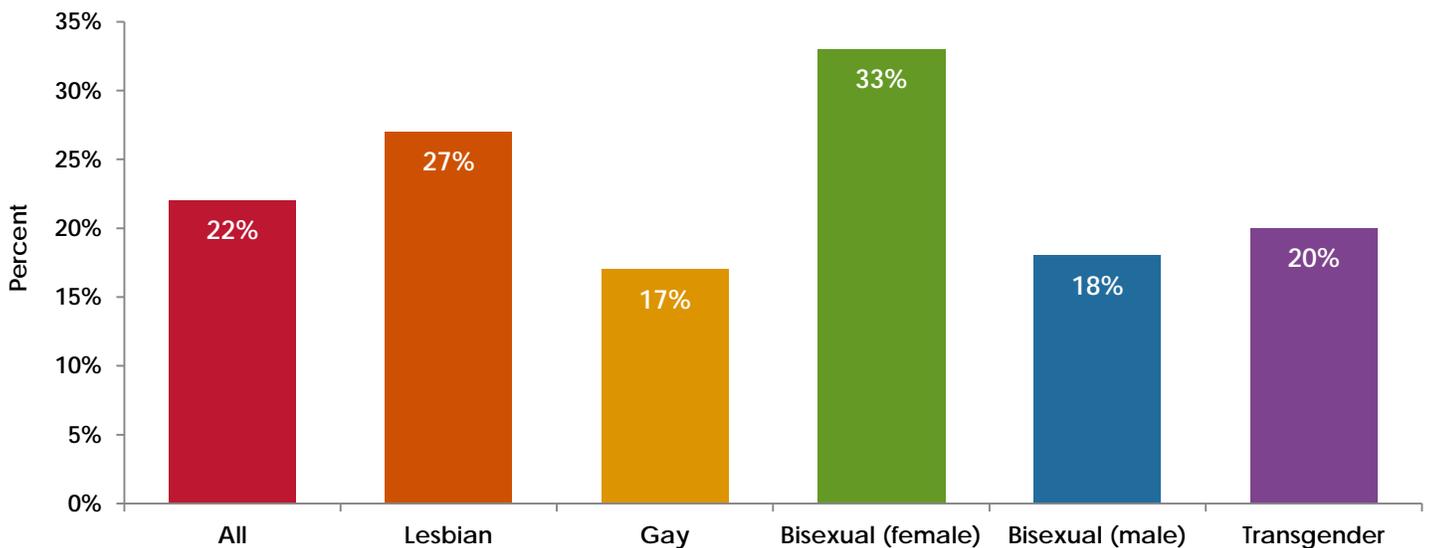


Source: California Healthy Kids Survey, 2009-2010

Intimate partner violence and control

More than 1 in 5 LGBTQ survey respondents (22%) had ever been hit, slapped, pushed, kicked, or physically hurt by an intimate partner (non-consensual), and more than 1 in 10 (13%) had ever been forced to have unwanted sex (sexual intercourse, oral or anal sex, or sex with an object) by an intimate partner. Bisexual women were most likely to have experienced either physical or sexual violence from an intimate partner.

Percentage of LGBTQ survey respondents ever hit, slapped, pushed, kicked, or physically hurt in any way by an intimate partner



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

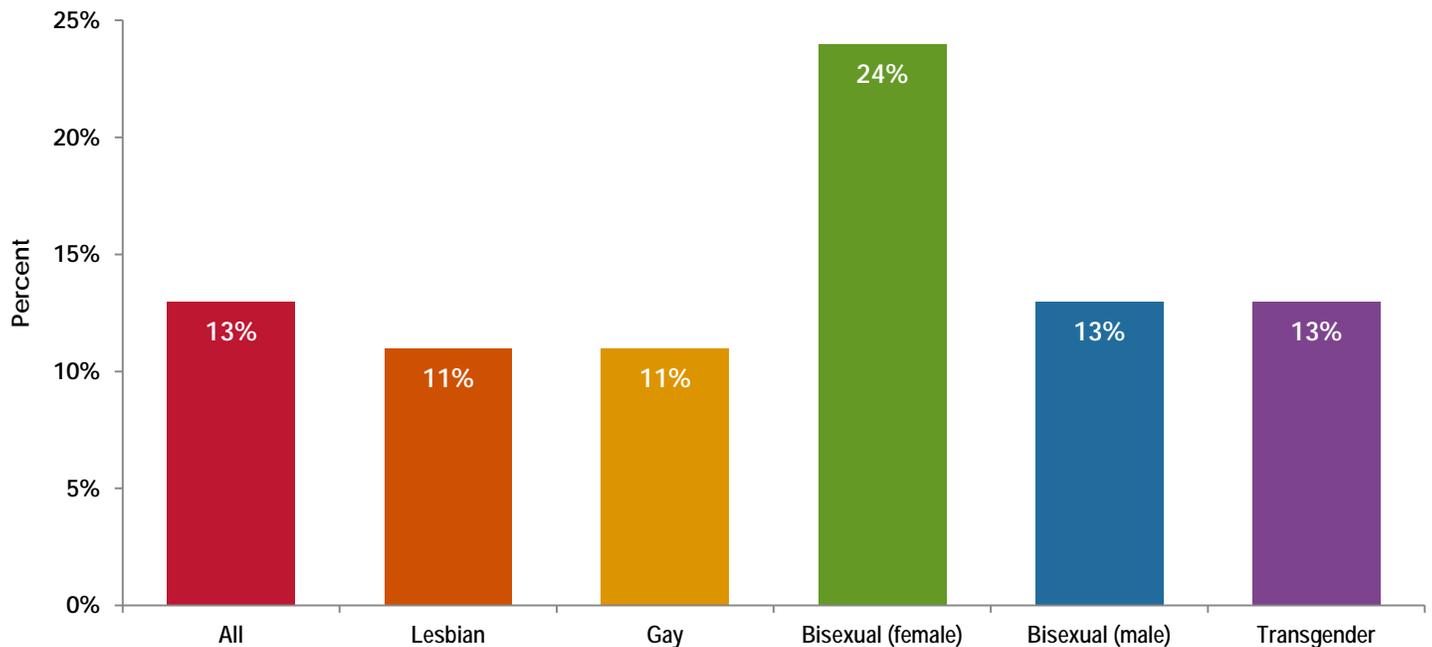
Latino respondents were most likely to have experienced either non-consensual physical or sexual violence from an intimate partner. A quarter (25%) of Latino respondents had ever been physically hurt by an intimate partner, compared to 23% of White respondents, 19% of African American respondents, and 12% of Asian/Pacific Islander respondents. A higher percentage of Latino respondents (22%) had ever been forced into unwanted sex by an intimate partner than African American (13%), White (12%), or Asian/Pacific Islander (11%) respondents.

Eight percent (8%) of LGBTQ survey respondents reported that they had been frightened for the safety of themselves, their family, or friends in the past 12 months because of the anger or threats of an intimate partner. Nearly 1 in 5 (19%) reported that an intimate partner always, almost always, or sometimes tried to control most or all of their daily activities in the past 12 months.

Five percent (5%) of LGBTQ respondents had ever forced an intimate partner into unwanted sex, with higher percentages among bisexual men and women (9% each) than lesbian (3%), gay men (5%), or transgender (3%) respondents.

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### Percentage of LGBTQ survey respondents ever forced into unwanted sex by an intimate partner



Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

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### Reporting intimate partner violence

Among those who had ever experienced intimate partner physical or sexual violence, nearly three-quarters (73%) did not report the incidents to law enforcement, although 62% sought counseling. Examples of reasons respondents stated for not reporting incidents to law enforcement included fear of retribution, embarrassment, or believing that the police would not intervene. Examples of reasons for not seeking counseling were that respondents felt it was not necessary or had concerns about talking to a stranger about personal issues.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants on the topics of anti-LGBTQ violence, intimate partner and family violence, and barriers to reporting violence to law enforcement.

### Anti-LGBTQ violence and verbal harassment

*Many community members reported personal experiences or knowledge of others who have experienced physical violence, verbal harassment, or threats of violence due to being LGBTQ.*

Consistent with survey findings about anti-LGBTQ violence, a number of community members shared experiences of partners and friends who had been physically harassed or attacked because of their gender expression or sexual orientation, attributing these to a perceived lack of acceptance of LGBTQ people and conservative culture in Santa Clara County. However, community members feel that overt violence against LGBTQ people has decreased in recent years.

Community members also spoke about being verbally harassed or threatened because of their LGBTQ status, noting that such harassment instills a fear of physical violence. They perceived that this fear, along with media stories about anti-LGBTQ violence, leads them and others in the community to feel the need to be constantly vigilant about physical violence, with one key informant noting that anti-LGBTQ violence “makes you feel [there is] no place for LGBTQ people to feel safe and free from violence.” Participants spoke openly about how living with this fear of violence negatively impacts their mental health and well-being.

Community members commented that transgender individuals—particularly transgender women—are vulnerable to violence and harassment, observing that the risk of violence depends on how well transgender people pass as their chosen gender. Several transgender community members reported having experienced altercations after being perceived as the “wrong” gender in public restrooms. A transgender man shared that he “had been put in the hospital due to being a transman”, stressing that he felt nervous about people telling others for fear that he may be attacked. Community members also raised concerns about bullying and cyber-bullying of LGBTQ youth in schools, safety concerns for LGBTQ youth in foster care and juvenile justice settings, as well as the potential for abuse of LGBTQ seniors in senior centers or assisted living facilities.

*“[The transgender] community as a whole recognizes that walking out the door, sitting at the bus stop, going to the store, realistically, can cost us our lives.”*

– Transgender women  
community conversation  
participant

### Intimate partner violence and control

*Community members emphasized that intimate partner violence is a hidden issue in the LGBTQ community.*

According to participants, intimate partner violence among LGBTQ people is rarely discussed in the LGBTQ community or in the broader community; participants attributed this lack of awareness in part to the false perception that same-sex partners or spouses cannot be in abusive relationships.

Asian/Pacific Islander community conversation participants noted that certain cultures see family violence as a private issue and may therefore be less likely to acknowledge it.

In addition to issues around intimate partner control of daily activities reported in the previous section, community members observed that other forms of coercion and control such as financial abuse are also a concern in the LGBTQ community.

Many community members noted that intimate partner violence services—for both victims and perpetrators—tend to be geared toward people in heterosexual relationships. Some also pointed out that few services, particularly for perpetrators, are available in languages other than English.

### Family violence

*Participants explained that LGBTQ children and youth may experience violence from their family members when coming out.*

Community members cited instances of parents physically, emotionally, or verbally abusing their children for being LGBTQ. One transgender community member shared, “It’s common that I hear about trans people, if they come out young, to have violence in the family—to be attacked or beaten by one or both parents.”

### Reporting violence

*Confirming survey results, participants spoke about a reluctance to report violence to law enforcement out of fear of stigma and discrimination.*

Many community members discussed experiencing unfair or discriminatory treatment from law enforcement, and as a result do not always report or seek help when experiencing violence. Community members noted that the tendency not to report violence may be exacerbated when people are part of other marginalized communities, including communities of color and people who were formerly involved with the justice system.

*“LGBTQ people in family violence situations often don’t come forward. Domestic violence is a dirty little secret in our community.”*

– Mental health community conversation participant

*“Most of us are very reluctant to go to the police; we are not confident at all about how we’ll be dealt with there. If I were attacked I would think long and hard before I walked into a police station to report it.”*

– Transgender women community conversation participant

## What's out there?

*LGBTQ community members identified the following community strengths and resources:*

- San Jose State University is providing training to create a safer campus for LGBTQ students.
- Some LGBTQ sensitivity training is available for court and law enforcement officials.
- The Santa Clara County Domestic Violence Council has created a LGBTQQ Domestic Violence Subcommittee.
- AB1266 permits students to use school facilities consistent with their gender identity.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *Anti-LGBTQ violence*

- **Carry out education in the community at large** about anti-LGBTQ violence and harassment. Raising awareness through public advertisements and social media would help to increase the visibility of the LGBTQ community and promote acceptance of LGBTQ people.
- **Equip schools to respond to anti-LGBTQ bullying and discrimination** by educating school administrators, teachers, and counselors about how to respond to anti-LGBTQ bullying; posting “LGBTQ safe space” posters in school classrooms; including LGBTQ-related topics in school events; training school counselors to provide LGBTQ-oriented services; ensuring that gender non-conforming students have access to safe bathrooms; and increasing the general visibility of LGBTQ teachers, staff, and school board members.
- **Work toward transgender-safe bathrooms.** Ensure transgender individuals, especially students, feel safe using bathrooms.

### *Intimate partner violence*

- **Increase education and outreach within the LGBTQ community** to lessen the stigma associated with experiencing intimate partner violence and with seeking help. Education efforts should target a variety of racial and ethnic communities and involve partnerships with community leaders to ensure culturally and linguistically appropriate approaches.
- **Develop LGBTQ-specific intimate partner violence services** that may include intimate partner violence information and resource workshops; support groups for LGBTQ victims and perpetrators of violence; shelters for LGBTQ intimate partner violence victims; and youth crisis services. Train providers to understand the diversity of LGBTQ relationships and families.

### *Reporting violence*

- **Improve law enforcement response and services for LGBTQ victims of violence.** Facilitate reporting by training law enforcement agencies and courts about responding to anti-LGBTQ violence and intimate partner violence. Instate victim advocates trained in LGBTQ issues at local police stations and develop resource cards that include LGBTQ organizations.

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## Topic 10: LGBTQ families

A 2013 national survey on LGBTQ Americans found that more than a third (35%) of LGBTQ adults are parents, with more bisexual adults (52%) having children than lesbians (31%) or gay men (16%).<sup>1</sup> Because of legal and social discrimination, the children of LGBTQ parents can face obstacles to receiving high-quality services that promote health and well-being.<sup>2</sup> In addition, LGBTQ parents face greater difficulty adopting or fostering children, and more than half of U.S. states deny legal protections to LGBTQ parents.<sup>2</sup> Same-sex couples raising children are more ethnically and racially diverse and have lower median household incomes than married heterosexual couples raising children. LGBTQ families face greater tax burdens, less access to health insurance, and more challenges accessing safety net programs because of current legal definitions of family.<sup>2</sup> Additionally, LGBTQ families experience stigma in their communities and many children of LGBTQ parents are bullied at school.<sup>2</sup> In order to support LGBTQ families living in Santa Clara County, it is crucial to understand the unique challenges LGBTQ families face.



### Key findings

- LGBTQ parents are apprehensive about the safety and security of their families.
- LGBTQ parents face challenges in starting a family, such as discriminatory adoption and foster care practices and the high cost of fertility treatments.
- Community members expressed that school districts within Santa Clara County are inconsistent in how they approach LGBTQ families and do not sufficiently address bullying of LGBTQ children and children of LGBTQ parents.
- Community members feel that teachers, school administrators, and school counselors do not receive adequate LGBTQ-competency training.

### In numbers: survey findings<sup>1</sup>

#### LGBTQ parenthood

In 2011-12, there were at least 3,000 LGBTQ adults with children living in Santa Clara County.<sup>3</sup> A small percentage of LGBTQ survey respondents indicated that they needed, but had a hard time accessing child care services (7%) and child welfare or protective services (4%).

<sup>1</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

## In their own words: conversations with LGBTQ community members and leaders

The following section presents findings from key informants and community conversation participants on the topics of LGBTQ parenthood and school acceptance of LGBTQ children and families.

### LGBTQ parenthood

*LGBTQ parents discussed the challenges of starting a family and concerns about the safety and security of their families.*

LGBTQ parents who participated in community conversations discussed the difficulties they experienced when trying to start families, citing discriminatory practices around adopting and fostering children and the high cost of fertility treatments. Single gay and bisexual men commented that adoption agencies were skeptical of their interest in adopting a child, and lesbians noted that adoption was sometimes easier if they applied as single women and did not disclose their sexual orientation. Participants mentioned that some countries prohibit LGBTQ couples in the U.S. from adopting children from their country, making international adoption more difficult. Community members also explained that their health insurance plans often did not cover fertility treatments, making it expensive for them to have children.

*“LGBTQ couples and individuals could be a resource to help fill the need for foster parents and respite care.”*

– Mental health community conversation participant



LGBTQ parents also raised concerns about the safety and security of their families. For example, LGBTQ parents expressed that they sometimes feel uncomfortable holding hands in public because of the attention it may bring to their families. They also related that frequent changes in legislation, such as that surrounding same-sex marriage, cause them to feel insecure about their rights as parents and the legal status of their families. Some LGBTQ parents voiced feeling isolated after becoming parents because of the lack of services and resources available to them.

Participants in a community conversation about LGBTQ families reported that the media images of LGBTQ families tend to be White, obscuring the prevalence of culturally diverse LGBTQ families. Several LGBTQ family members of color who participated in the community conversation encouraged other LGBTQ families of color to be visible in their workplaces and neighborhoods to pave the way for greater community acceptance.

### School acceptance of LGBTQ children and families

*Community members expressed concerns about school sensitivity towards LGBTQ children and families and felt schools needed to do more to address their needs.*

Community members experience varying levels of sensitivity to LGBTQ children and families at different schools and school districts. They also noted that there are no countywide policies to ensure that all schools are sensitive to the needs of LGBTQ families. For example, LGBTQ parents reported that school paperwork is written as if 2 parents cannot be the same sex and classroom activities like creating family trees or celebrations for Mother's Day and Father's Day do not acknowledge the diversity of Santa Clara County's families.

In addition, several community members reported incidences in



which teachers made homophobic comments about LGBTQ individuals and families, including joking about the passage of California's Proposition 8, which eliminated same-sex marriage. Participants also described bullying that LGBTQ children and children of LGBTQ parents have experienced at their schools, noting that teachers and administrators only intervened to address the bullying after pressure from the parents.



## What's out there?

**LGBTQ community members identified the following community strengths and resources:**

- Community acceptance and visibility of LGBTQ families is increasing.
- LGBTQ couples and individuals can be a crucial resource for foster children needing permanent homes.
- Recent marriage equality legislation and the overturning of the Defense of Marriage Act (DOMA) have increased the legal rights of LGBTQ families.
- Some community organizations are perceived as sensitive to LGBTQ families, such as Bill Wilson Center and Asian Americans for Community Involvement (AACI).
- AB1266 protects transgender children's right to safe bathrooms and permits them to use locker rooms and participate in activities, such as sport teams, that match their gender identity.

## What's next?

*LGBTQ community members suggested the following strategic actions:*

### *LGBTQ parenthood*

- **Develop informational toolkits** that can help LGBTQ people who want children understand the options and processes for starting a family, and that can help LGBTQ parents advocate for their rights.
- **Sponsor community events for LGBTQ families** to foster inclusion and acceptance. Ensure events are accessible with regards to costs and transportation.

### *School acceptance of LGBTQ children and families*

- **Conduct LGBTQ competency trainings for school faculty** to increase awareness of issues facing LGBTQ children and families. Emphasize teachers' responsibility to protect and support all children regardless of their gender identity, sexual orientation, or family structure. Develop consistent policies across all county school districts to ensure equal treatment of LGBTQ families.
- **Encourage representation of diverse families** within schools to foster greater visibility and acceptance of LGBTQ families. Ensure that school events and classroom activities are inclusive of all families, such as celebrating Family Day rather than Mother's or Father's Day.
- **Address bullying of LGBTQ children and children of LGBTQ parents** within schools. Conduct anti-bullying campaigns within schools and the larger community to raise awareness of the prevalence of bullying and the impact it has on children's physical and mental health.

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## Topic 11: Community assets and community cohesion

Identifying community assets is key to leveraging resources and can also help empower residents and build a sense of community.<sup>1</sup> Feeling connected to one's community is associated with positive individual and social outcomes, and community connectedness is an important factor to explore in understanding issues related to health and wellness among LGBTQ individuals.<sup>2,3</sup> In order to support the emotional and physical well-being of LGBTQ people in Santa Clara County, it is important to understand perceptions of the community's strengths and ties.

### Key findings

- More than 4 in 5 LGBTQ respondents have participated in an LGBTQ community event in the past 5 years.
- Community members highlight the visibility, diversity, and supportive nature of the LGBTQ community, but also point out that the LGBTQ community as a whole is not united and that cohesion may not be a top priority for many LGBTQ individuals and subgroups.
- Community members report several barriers to community cohesion, including a shortage of places and opportunities for the community to congregate.
- LGBTQ community members acknowledge that sexism, racism, ableism, and ageism are present in the LGBTQ community and limit community cohesion.

### In numbers: survey findings<sup>m</sup>

#### Involvement in the LGBTQ community

Most LGBTQ survey respondents (83%) have participated in an LGBTQ community activity in the past 5 years, with little variation across sexual orientation, gender identity, age, or race/ethnicity. Percentages for each type of activity were as follows:

- LGBTQ nonprofit or community organization (55%)
- LGBTQ fundraising (40%)
- LGBTQ advocacy group (36%)
- LGBTQ political group (28%)
- LGBTQ social group (48%)
- Other LGBTQ activity (5%)



<sup>m</sup> Quantitative data are from the LGBTQ Adult Survey unless otherwise specified.

## In their own words: conversations with LGBTQ community members and leaders



Community members were asked to discuss the degree to which they felt the LGBTQ community was a cohesive community. They responded by describing a number of strengths in the LGBTQ community and identifying some common challenges to greater community cohesion. The following section presents findings from LGBTQ key informants and community conversation participants about community assets, community cohesion, and discrimination within the LGBTQ community.

### Community assets

*Participants emphasized the resilience of and protective factors within the LGBTQ community.*

Community members expressed that the LGBTQ community is much more visible and more widely accepted today than it has been in the past. Participants noted that there are many LGBTQ people in leadership positions within the county that act as role models and advocates for the LGBTQ community. Community members commented on the many LGBTQ-oriented events that take place within Santa Clara County, such as the San Jose Pride Festival and LGBTQ nights at sporting events and amusement parks.

Participants highlighted the rich history of the LGBTQ community and expressed that having an understanding of the community's history encourages a sense of pride that is important for resilience. Community members described the LGBTQ community as consisting of many subgroups with unique experiences and needs, and emphasized that many of the subgroups within the LGBTQ community have strong, supportive communities that foster community connectedness and self-acceptance. For example, one participant described the strong connectedness that exists within the Latino LGBTQ community: "Everybody knows everybody, and I feel like there is a sense of being part of that community." Community members voiced that they appreciate the diversity within the LGBTQ community and that, in general, there is a willingness to understand the different needs and experiences of subgroups.

Community members noted that LGBTQ youth are particularly comfortable embracing each other's identities. One participant commented that in the LGBTQ community there is "strength in numbers as a result of our shared resources and networks."

Participants also described multiple organizations within the county that help create community for LGBTQ residents of Santa Clara County, such as the Billy DeFrank LGBT Community Center, The Health Trust, the PACE clinic, and Youth Space. Participants also acknowledged the important work LGBTQ youth are doing on high school and university campuses.

*"There are all these differences that make us unique. Becoming a melting pot is not going to happen—we want to retain our uniqueness. But I think there can be something in the middle where we retain our identities [as subgroups], but are still able to relate to the larger community."*

– Key informant

## Community cohesion

*LGBTQ community members expressed a desire to create a more cohesive community by building on the growing visibility of the LGBTQ community and the many community assets and strengths available. Several mentioned that the LGBTQ health assessment and the events associated with it has been an important step in community building because it is the “first time [we] all have a clear vision of who makes up the community.”*

While community members described many strengths of the LGBTQ community, they also discussed barriers to creating greater cohesion between the many subgroups that make up the LGBTQ community. One community conversation participant described cohesion as central to resolving the common issues that face the LGBTQ community in Santa Clara County. Other participants noted that limited connectedness has led to a lack of knowledge about the availability of resources and services among some groups within the LGBTQ community.

*“So much of LGBT culture surrounds partying. Having events that everyone in the community can embrace and not just having events in the bars [is important].”*

– Key informant

Participants agreed that in order to build more cohesion among community members, there are specific barriers and issues that should be identified and addressed. The following were common themes:

- Some community members observed that LGBTQ people are not always interested in greater community cohesion, partially because subgroups may feel that their needs and experiences are different than those of other subpopulations.
- Community members pointed out that Santa Clara County lacks an LGBTQ neighborhood or commercial district for LGBTQ people to congregate and that there are limited opportunities for community building within the larger LGBTQ community.
- Community members noted that the geographically dispersed nature of Santa Clara County poses challenges for facilitating greater community cohesion, and many participants explained that Santa Clara County’s close proximity to San Francisco and Oakland may cause some people to be less invested in creating a vibrant LGBTQ community in Santa Clara County.
- Participants described barriers to accessing LGBTQ social spaces and events, including the cost of events, insufficient transportation, language barriers, an emphasis on alcohol and partying, and limited youth-oriented activities.
- A number of community members expressed that many LGBTQ social spaces in Santa Clara County are targeted specifically to gay men, with limited social spaces for lesbians, bisexuals, and transgender individuals.



## Discrimination within the LGBTQ community

*Community members noted that some LGBTQ people and subgroups face discrimination within the LGBTQ community itself, which poses additional barriers to fostering a unified LGBTQ community.*

Although community members described the LGBTQ community in Santa Clara County as accepting and inclusive, they also expressed concerns about discrimination within the community that is both specific to the LGBTQ community and mirrors discrimination that minorities experience in the general population.

Community members observed that transgender and bisexual individuals are less included in the LGBTQ community and sometimes experience discrimination within LGBTQ settings. A key informant perceived that lesbians and gay men do not advocate for transgender and bisexual people. Some transgender and bisexual individuals reported that they do not feel welcomed by the gay and lesbian communities and find that gay men and lesbians are not interested in socializing with them. For example, one transgender woman described how she experienced hostility from gay men, but also did not feel accepted by lesbians because they perceived her as “not really a girl.” Some transgender men voiced that prior to coming out as transgender, they had been involved in the lesbian community “because that is the only place we could fit,” but after coming out felt they were no longer welcome within the lesbian community. Some bisexual men reported that they do not feel welcome among either straight or gay men.

Although the diversity of the LGBTQ community was largely viewed as a strength, community members acknowledged that sexism, racism, ableism, and ageism persist within the LGBTQ community, much like in the general population. For example, one community conversation participant recalled some instances where LGBTQ seniors used racial slurs and made inappropriate comments. Some older LGBTQ men explained that they felt isolated from younger gay men and felt like younger men perceived them as “predators.” Many community members of color expressed that they feel more connected to LGBTQ people of their same race/ethnicity than to the broader LGBTQ community, noting that “even though you identify as gay, the racial barrier is something that creates barriers within the community.” Along these lines, community members from LGBTQ subgroups highlighted the strong support networks and community ties that exist within their groups.

### What’s out there?

***LGBTQ community members identified the following community strengths and resources:***

- Community members felt that the diversity within the LGBTQ community is a source of strength and resiliency.
- Many subgroups within the LGBTQ community have strong and supportive communities.
- The LGBTQ community is more visible today than it has been in the past, with more LGBTQ people in leadership positions and more LGBTQ events at sporting events and amusement parks.

## What's next?

**LGBTQ community members suggested the following strategic actions:**

### **Community cohesion**

- **Host more events geared to the larger LGBTQ community** to increase community cohesion. Ensure that events are inclusive and accessible with regards to cost and transportation.
- **Assist LGBTQ organizations in funding professional staff** to boost their fundraising, outreach, and strategic planning capabilities.
- **Involve existing LGBTQ organizations in implementation of strategies.** Encourage cooperation between LGBTQ organizations to promote community building and shared wisdom. Build on the foundation provided by the LGBTQ health assessment to learn more about specific underserved communities within the LGBTQ community.

### **Discrimination within LGBTQ community**

- **Conduct educational activities within the LGBTQ community** that discuss the experiences and needs of subpopulations and address transphobia, racism, sexism, ableism, and xenophobia to foster greater acceptance within the LGBTQ community.
- **Prioritize resources for LGBTQ organizations targeting underserved populations,** such as transgender individuals, people of color, and non-English speaking communities.

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## Methods

The findings presented in this report are drawn from a variety of quantitative and qualitative data sources. Quantitative data sources include an LGBTQ Adult Survey and a variety of existing data sources. Qualitative data sources include small-group discussions called “community conversations” with LGBTQ community members and key informant interviews with community leaders, experts, and service providers. All new data collection and analysis was conducted by the Santa Clara County Public Health Department and Resource Development Associates, a research firm in Oakland, CA. Quantitative and qualitative data collection and analysis methods are presented in greater detail in this chapter.

### Quantitative data collection

The 2013 LGBTQ Adult Survey was conducted from August 17, 2013 to October 23, 2013. The survey was administered at San Jose PRIDE on August 17 and 18 and available online from September 5, 2013 to October 23, 2013. The survey was limited to residents of Santa Clara County ages 18 and older. Survey respondents were given an incentive for participation. Incentives included Mardi Gras beaded necklaces, condoms, and/or reusable shopping bags for respondents at San Jose PRIDE and \$5 Amazon gift cards for online survey respondents. A link to the online survey was distributed via e-mail by steering committee members, promoted on social media, appeared in various county newspapers, and promoted on local LGBT community organization websites. The online survey was also available at a dedicated computer at the Billy DeFrank LGBT Community Center for individuals with limited or no Internet access. The LGBTQ Adult Survey is posted online on the Santa Clara County Public Health Department website, [www.sccphd.org/statistics2](http://www.sccphd.org/statistics2).

Results from the LGBTQ Adult Survey are not representative of LGBTQ residents of the county, due to the methods used for selection of participants. Instead, results provide information only on respondents to the survey.

The survey included 75 questions on a number of health and social topics, including: healthcare access, healthcare discrimination, general health, mental health, sexual health, substance use, social acceptance and discrimination, self-acceptance, and violence. The survey also included a number of questions on demographics. These topics were selected by the assessment’s co-chairs and the Santa Clara County Public Health Department based on input from the steering committee. Questions came from national and local health surveys and surveys focusing on LGBTQ.

### Quantitative data analysis

Data analysis was limited to survey respondents who selected 1 of the following sexual orientations: lesbian, gay, queer, bisexual, or pansexual; or heterosexual with a gender identity of transgender or intersex, or heterosexual with a relationship status of “discrete sexual activity/on the down-low”. In total 1,175 respondents met the criteria for inclusion in the survey.

Respondents were able to select multiple sexual orientations. Almost all respondents (92%) selected only 1 orientation, and were classified accordingly. The 8% who selected more than 1 orientation were classified as follows. Those who selected lesbian and queer or gay and queer were reclassified as lesbian or gay respectively. Respondents who selected lesbian and bisexual or lesbian and

pansexual were reclassified as bisexual females. Respondents who selected gay and bisexual or gay and pansexual were reclassified as bisexual males. Respondents who selected bisexual and pansexual were reclassified as bisexual. Respondents who selected bisexual and queer or pansexual and queer were reclassified as bisexual.

Thirty-six (36) respondents selected only queer as sexual orientation. Classifying women and men who are queer in the same category could potentially mask health issues that are related to gender. Additionally, the number of respondents was too small for reliable reporting as a separate group. In order to include these individuals in the analysis, we reclassified these 36 individuals into lesbian (26) or gay (9) depending on their gender identity. One individual with gender identity of genderqueer and sexual orientation of queer could not be reclassified.

Respondents were classified as transgender if their sex assigned at birth was different from their current gender, or if they selected a current gender of transmale or transfemale or intersex. Transgender respondents were included in both the transgender category and in their selected sexual orientation category.

Responses of don't know and declined to answer were not included for the purpose of calculating percentages for individual indicators. In order to provide statistically reliable estimates, results were not reported for indicators for which there were fewer than 50 responses in a given group.

The Santa Clara County Public Health Department also conducted an online survey of LGBTQ youth but due to a low response rate results from the youth survey are not included in this report.

## Secondary data

To date, few surveys, disease surveillance systems, or government agencies collect information on sexual orientation and/or gender identity and in some cases where such information is collected, the number of respondents is too small for reliable reporting. For this reason, the majority of quantitative data included in the assessment comes from the LGBTQ Adult Survey. However, where possible, the assessment included results from existing, or "secondary", data sources. Secondary data included state surveys such as the California Health Interview Survey, the Santa Clara County Homeless Census & Survey, and the California Healthy Kids survey, as well as from disease surveillance data sources that capture information on communicable diseases reported to the Santa Clara County Public Health Department. Secondary data sources are cited where appropriate in the text and in figures.

## Qualitative data collection

### Community conversations

The Santa Clara County Public Health Department facilitated community conversations to ensure that a variety of topic areas were discussed in detail and to encourage data collection from diverse and often underrepresented LGBTQ community members. Outreach efforts involved working with representatives of local community based organizations such as Asian Americans for Community Involvement (AACI), the Billy DeFrank LGBT Community Center, Outlet and Youth Space to convene and publicize conversations, and extending invitations to potential participants by leveraging

networks of LGBTQ community members via email, phone, and social media i.e. Facebook, and promoting it on websites of community-based organizations.

The Santa Clara County Public Health Department facilitated 17 community conversations with LGBTQ residents of Santa Clara County. These community conversations comprised anywhere from 3 to 20 individuals and lasted 1 to 2 hours. The first 10 community conversations were held on August 28, 2013 during a community stakeholder meeting hosted by the assessment's co-chairs and the Santa Clara County Public Health Department. Nine of these community conversations focused on health-related issue areas, which were selected by the co-chairs and the Santa Clara County Public Health Department based on input from the steering committee, while 1 conversation focused on the unique needs of LGBTQ youth.

The 9 areas included the following:

- Community connection
- Discrimination and acceptance
- Healthcare access and discrimination
- LGBTQ families
- Mental health
- Outness
- Resilience
- Substance use
- Safety and violence

Stakeholders who attended this meeting selected the area that they wanted to discuss, and were then organized into breakout groups to answer the following questions:

1. What are the issues my community experiences in this area?
2. Are there unique needs or experiences among different groups?
3. What are some ideas for addressing these issues?
4. What strengths can we build on in this area?
5. Who else do we need to talk to about this issue?

In addition, youth attendees participated in their own community conversation, during which they discussed the following questions:

1. What issues are important to LGBTQ youth?
2. Are there unique needs or experiences for different groups among LGBTQ youth?
3. What are some ways to address these issues?
4. What strengths among LGBTQ youth can we build on?
5. Who else should we talk to about these issues?
6. What other issues would be important to discuss?

Following these community conversations, the Santa Clara County Public Health Department and the assessment's co-chairs recognized that there were a number of subgroups within the LGBTQ

community whose unique needs and experiences would be better captured through additional targeted community conversations. As a result, the Santa Clara County Public Health Department conducted population-specific community conversations with the following groups:

- Asian/Pacific Islander adults
- Spanish-speaking Latina lesbians and transgender women
- Spanish-speaking Latino gay men
- Senior lesbians
- Senior gay men
- Transgender men
- Transgender women

Consistent with the youth conversation, these population-specific community conversations sought to understand the issues that are important to each of these communities and the unique needs or experiences of LGBTQ subgroups within each of these communities.

The Santa Clara County Public Health Department scheduled a community conversation with LGBTQ African American participants, but due to insufficient participation, was unable to facilitate the conversation. As a result the Department made additional attempts to reach African American community leaders via key informant interviews and will continue to reach out to this underrepresented community via LGBTQ-specific conversations conducted as part of the 2013/14 Santa Clara County African and African Ancestry community health assessment.

### **Key informant interviews**

The Santa Clara County Public Health Department conducted 27 interviews with community leaders, experts, and service providers in the Santa Clara County LGBTQ community. These key informants were identified collaboratively via input from the steering committee and co-chairs and included institutional and grassroots leaders from the public, private, and nonprofit sectors; members or service providers for underserved LGBTQ communities, such as immigrants and people of color; and representatives from regions of the county. Each key informant was asked to choose 2 to 3 issue areas from the following list of topics:

- Community cohesion
- Discrimination/acceptance
- Health care access and discrimination
- Mental health and substance use/abuse
- Seniors/older adults
- Transgender discrimination
- Transgender health access
- Youth

## Qualitative data analysis

Data derived from the community conversations and key informant interview transcripts were coded according to the health issues and subpopulation categories discussed above. The analysis focused on similarities and differences across all of the responses in order to identify key themes related to community needs and issues, community strengths and resources, and suggestions for action.

## Additional key terms

The list below defines additional key terms used in the qualitative sections of the report.

**Coming out:** To declare and affirm both to oneself and to others one's gender identity or sexual orientation. It is not a single event but instead a life-long process.<sup>1</sup>

**Homophobia:** Fear of lesbians and gay men. Prejudice is usually a more accurate description of hatred or antipathy toward LGBT people.<sup>2</sup>

**Transphobia:** Fear of transgender people.

**Transition:** Refers to the process of changing one's living situation so that it suits the individual's gender identity more accurately.<sup>3</sup> Transition may include some or all of the following personal, legal, and medical adjustments: telling one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly 1 or more forms of surgery.<sup>4</sup>

**Passing:** Although assigned to 1 physical sex at birth, an individual is able to resemble the other sex closely and convincingly in the public eye. This word is technically a misnomer; transgender people who "pass" are not doing so as trickery or disguise, but rather revealing their actual genders.<sup>3</sup>

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# Acknowledgements

## Santa Clara County Board of Supervisors

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Supervisor Cindy Chavez, District 2  
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## Steering committee

Thank you to representatives from the following organizations and to the LGBTQ leaders, activists, and allies who took the time to serve on the steering committee and to publicize and participate in data collection: Adolescent Counseling Services - Outlet Program, Asian Americans for Community Involvement (AACI), Asian & Young Adult Connections, Bay Area Municipal Election Committee (BAYMEC), the Billy DeFrank LGBT Community Center, Business and Community Connections, Carla's Social Club, Colectivo ALA (Acción Latina de Ambiente), County of Santa Clara Office of Deputy County Executive, EHC LifeBuilders, El Camino Hospital District, Family & Children Services, Franklin McKinley School Board, The Health Trust, Hillel at Stanford, HIV Planning Council, IHSS-Department of Aging & Adult Services, LGBT Resource Center and Women's Resource Center at San Jose State University, Planned Parenthood, Rainbow Chamber, San Jose Police Officer Association (SJPOA), San Jose Pride, Santa Clara County Probation Department, Silicon Valley LGBT Center, Water District.

## **Support for organizing community conversations with the LGBTQ community**

A special thank you to Adolescent Counseling Services - Outlet Program, Asian Americans for Community Involvement (AACI), Social and Support groups at the Billy DeFrank LGBT Community Center, and Youth Space for their assistance and support with outreach and recruitment efforts for the community conversations, and for their critical and timely feedback during the adult and youth survey development phase, confirming that language used was culturally and linguistically appropriate.

## **Data collection and analysis, writing, editing, and photography**

Resource Development Associates (RDA)

## **Creative direction and design**

Johanna Silverthorne

## **Special thanks**

We are deeply grateful to the LGBTQ community of Santa Clara County who contributed their time in responding to surveys, participated in community conversations, served as key informants and attended the community forum as part of data collection for the assessment.



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