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RESEARCH THAT MATTERS

HEALTH VULNERABILITIES TO COVID-19

Among LGBT Adults
in California

May 2020

Kathryn O'Neill

EXECUTIVE SUMMARY

This report describes characteristics of LGBT adults in California, a population of nearly 1.7 million, in relation to their vulnerability to illness and other health consequences stemming from the COVID-19 pandemic. A separate report examines the vulnerability to economic disruption experienced by LGBT Californians due to efforts to contain COVID-19.¹ Data were extracted from the 2015-2018 California Health Interview Survey through the AskCHIS platform.² Thus, information reported here does not reflect recent changes in health related to the COVID-19 pandemic. Key findings about LGBT adults in California include the following.

In the four years covered by the Survey:

- 361,000 had fair or poor health.
- 134,000 did not have health insurance.
- 231,000 had problems paying for their own or a family member’s medical bill.
- 150,000 had delayed or forgone needed medical care because of cost, lack of insurance, or another insurance related reason.
- Many LGBT adult Californians had health conditions which elevate their risk for serious illness from COVID-19.³
 - More than 100,000 GBT adults live with **HIV**.^{4,5}
 - 216,000 LGBT adult Californians had **asthma**.
 - 114,000 had **diabetes**.
 - 81,000 had **heart disease**.
- 304,000 were current smokers.
- 262,000 lived alone.
- Over 500,000 had a history of suicidal ideation.

Efforts to monitor the health impact of COVID-19 on Californians must include a focus on vulnerable populations, including LGBT adults, to ensure that interventions are targeted to meet the particular needs of different communities.

¹O’Neill, K. K. (2020) *Economic vulnerabilities to COVID-19 among LGBT Adults in California*. Los Angeles, CA: Williams Institute. https://williamsinstitute.law.ucla.edu/?post_type=publications&p=4572&preview=true.

²UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2018. Available at <http://ask.chis.ucla.edu>. Exported on April 1, 2020.

³Centers for Disease Control and Prevention. (2020). *People who are at higher risk for severe illness*. Accessed online 4/2/2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications.html

⁴The California Department of Public Health, Center for Infectious Diseases, Office of AIDS. (2019). *The Continuum of HIV Care—California, 2017*. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/2017_HIV_CareContinuumFactSheet_AllLiving.pdf

⁵The California Department of Public Health, Center for Infectious Diseases, Office of AIDS. (2019). *California HIV Surveillance Report – 2017*. <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202017.pdf>

INTRODUCTION

While all people are vulnerable to the COVID-19 virus, some subgroups are especially at risk. This report describes characteristics of LGBT adults in California in relation to their health vulnerabilities stemming from the COVID-19 pandemic. A separate report examines the economic vulnerabilities LGBT Californians face due to social distancing efforts undertaken in response to the pandemic.⁶

California is home to nearly 15% of all LGBT adults in the U.S., and many have health conditions, which make them particularly vulnerable to the impacts of this pandemic. As of May 17th, California had the fifth highest number of COVID cases in the United States, with 80,430 cases and 3,302 deaths.^{7,8} In this report, we examine the prevalence of health conditions among LGBT Californians, such as HIV, asthma, diabetes, and heart disease, as well as smoking, which make individuals more susceptible to serious illness.⁹ Poverty is also an important determinant of health, and poverty among LGBT Californians is described in more detail in the accompanying report examining economic vulnerabilities that LGBT Californians face.^{10,11}

Data for this report were obtained from the California Health Interview Survey 2015-2018 through the AskCHIS platform.¹² AskCHIS provides population estimates and weighted percentages for demographic and health characteristics of California adults such as those described in this report (percentages are provided in the appendix). Since the most recent available data are from 2015-2018, all information reported here was collected prior to the COVID-19 pandemic and does not reflect recent changes and repercussions related to COVID-19.

⁶O'Neill, K. K. (2020) *Economic vulnerabilities to COVID-19 among LGBT Adults in California*. Los Angeles, CA: Williams Institute. https://williamsinstitute.law.ucla.edu/?post_type=publications&p=4572&preview=true

⁷CA Department of Public Health. (2020). COVID-19 Updates. Accessed online 4/10/2020. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

⁸Centers for Disease Control and Prevention. (20 April 2020). Cases of Coronavirus Disease (COVID-19) in the U.S. Accessed online 4/21/2020. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#anchor_1586784349

⁹Centers for Disease Control and Prevention. (2020). People who are at higher risk for severe illness. Accessed online 4/2/2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications.html

¹⁰Centers for Disease Control and Prevention. (2018). Social determinants of health: Know what affects health. Accessed online 4/27/2020. <https://www.cdc.gov/socialdeterminants/index.htm>

¹¹O'Neill, K. K. (2020) *Economic vulnerabilities to COVID-19 among LGBT Adults in California*. Los Angeles, CA: Williams Institute. https://williamsinstitute.law.ucla.edu/?post_type=publications&p=4572&preview=true

¹²UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2018. Available at <http://ask.chis.ucla.edu>. Exported on April 1, 2020.

FINDINGS

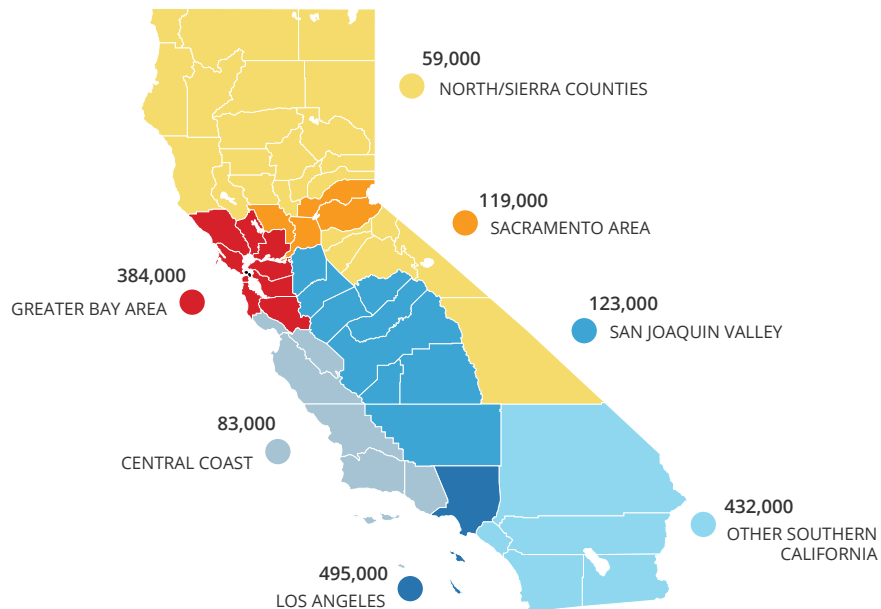
DEMOGRAPHICS

California is home to nearly 1.7 million LGBT adults. This includes 1,646,000 lesbian, gay, and bisexual people of any gender identity and 109,000 transgender people of any sexual orientation.¹³

LGBT people live across the entire state, though large numbers are concentrated in southern California (Figure 1).

The majority (92%) of LGBT adults in California live in urban areas, while a minority, 137,000, live in rural areas. While urban areas are seeing the most significant concentrations of COVID-19 cases currently, many expect that rural areas will experience serious outbreaks later.¹⁴ Residents of rural areas tend to be older, with less access to healthcare, putting them at significant risk of serious illness from COVID-19.¹⁵

Figure 1. Estimated population of LGBT people in regions¹⁶ of California



¹³This report describes LGBT people as a group; for information disaggregated by sexual orientation and gender identity, please refer to the Appendix.

¹⁴Healy, J., Tavernise, S., Gebeloff, R., Cai, W. (8 April, 2020). Coronavirus was slow to spread to rural America. Not anymore. *The New York Times*. Accessed online 4/9/2020. <https://www.nytimes.com/interactive/2020/04/08/us/coronavirus-rural-america-cases.html>

¹⁵Schroeder, S. (2018). *Rural communities: age, income, and health status*. Rural Health Research Gateway. <https://www.ruralhealthresearch.org/assets/2200-8536/rural-communities-age-income-health-status-recap.pdf>

¹⁶Northern/Sierra Counties: Butte, Humboldt, Mendocino, Tehama, Glenn, Colusa, Yuba, Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine, Shasta, Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra, Lake, Sutter, and Nevada Counties. Greater Bay Area: Santa Clara, Contra Costa, San Mateo, Solano, Napa, Alameda, San Francisco, Sonoma, and Marin Counties. Sacramento Area: Sacramento, Yolo, Placer, and El Dorado Counties. San Joaquin Valley: Fresno, San Joaquin, Tulare, Kings, Kern, Stanislaus, Merced, and Madera Counties. Central Coast: Ventura, Santa Cruz, Monterey, Santa Barbara, San Luis Obispo, and San Benito Counties. Los Angeles: Los Angeles County. Other Southern California: Orange, San Bernardino, Imperial, San Diego, and Riverside Counties.

Table 1. Estimated population of LGBT people in regions¹⁷ of California

REGION	LGBT
Northern Counties (Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne)	58,000
Napa, Sonoma, Solano, Marin	65,000
Sacramento, Placer, El Dorado, Yolo	119,000
San Francisco	94,000
Contra Costa	59,000
Alameda	79,000
Santa Clara	57,000
San Mateo	31,000
Santa Cruz, Monterey, San Benito	35,000
San Joaquin, Stanislaus, Merced, Mariposa	63,000
Fresno, Kings, Madera	36,000
San Luis Obispo, Ventura, Santa Barbara	48,000
Mono, Inyo, Imperial	4,000
Kern	23,000
Los Angeles	495,000
San Bernardino, Riverside	175,000
Orange	99,000
San Diego	154,000

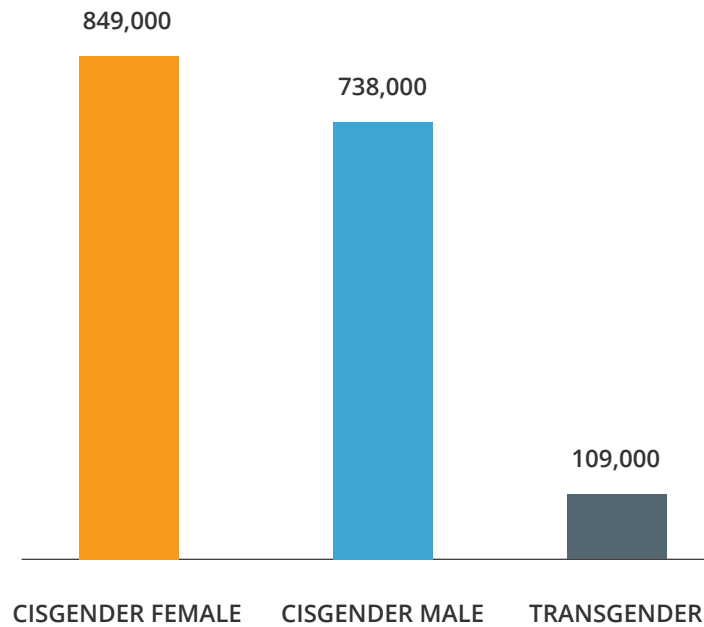
There are approximately 317,000 LGBT older adults (age 55+) in California. Older adults have been found to have greater risk for serious illness from COVID-19.^{18,19} About half of all LGBT Californians identify as cisgender women, followed by cisgender men and transgender individuals (Figure 2). Transgender is an umbrella term for individuals who identify with a gender different than the one assigned to them at birth. They may identify as men, women, or another gender, but the available survey data do not allow us to disaggregate the gender identities within this group.

¹⁷These regions, the Covered California Pricing Regions, are the most detailed regions available from Ask CHIS.

¹⁸Meyer, I. H. & Choi, S.K. (2020). *Vulnerabilities to COVID-19 among Older LGBT Adults in California*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/older-lgbt-covid-ca/>

¹⁹CDC COVID-19 Response Team. Severe outcomes among patients with coronavirus disease 2019 (COVID-19) – United States, February 12–March 16, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:343-346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e2>

Figure 2. Gender among LGBT Californians



LGBT people are represented among all racial and ethnic groups (Table 2). Health outcomes and risk factors relevant to COVID-19 are frequently stratified by race-ethnicity, including the risk factors described in this report. Recent CDC research has found that African American communities in particular have been much more impacted by COVID-19 than other racial or ethnic groups, making up disproportionate numbers of both cases and deaths from the virus.²⁰ The COVID-19 pandemic has amplified existing inequities related to health and healthcare access. LGBT people of color may thus experience an intersection of structural disadvantage which results in disproportionately high risk.^{21,22,23,24}

²⁰Centers for Disease Control and Prevention. (20 April 2020). *Cases of Coronavirus Disease (COVID-19) in the U.S.* Accessed online 21 April 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

²¹Singh S, Ruiguang S, Johnson AS, McCray E, Hall I. (2018). HIV incidence, prevalence, and undiagnosed infections in U.S. men who have sex with men. *Annals of Internal Medicine*. 168:685-694. <https://doi.org/10.7326/M17-2082>

²²Becasen JS, Denard CL, Mullins MM, Higa DH, Snipe TA. (2019). Estimating the prevalence of HIV and sexual behaviors among the US transgender population: A systematic review and meta-analysis, 2006–2017. *American Journal of Public Health*. 109(1): e1-e8. <https://doi.org/10.2105/AJPH.2018.304727>

²³Beach, L. B., Elasy, T. A., & Gonzales, G. (2018). Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System. *LGBT Health*, 5(2), 121-130. <https://doi.org/10.1089/lgbt.2017.0091>

²⁴Caceres BA, Brody A, Luscombe RE, et al. A systematic review of cardiovascular disease in sexual minorities. (2017). *American Journal of Public Health*. 107:e13–e21. <https://doi.org/10.2105/AJPH.2016.303630>

California is home to many immigrants, including 174,000 adult LGBT naturalized citizens and 151,000 adult LGBT non-citizen residents (Table 3). Those who are born outside the U.S. may face higher poverty levels and more challenges accessing government benefits such as those provided through the CARES Act.^{25,26,27}

Table 2. Estimated population of LGBT people in California across racial-ethnic groups.

	TOTAL LGBT
Latino/a	584,000
<i>Non-Latino/a</i>	
White	776,000
Asian	166,000
African American	92,000
Two or More Races	60,000
Native Hawaiian/Pacific Islander	10,000
American-Indian/Alaska Native	8,000

Table 3. Californian LGBT adults and citizenship

	LGBT
U.S. born citizen	1,371,000
Naturalized citizen	174,000
Non-citizen	151,000

²⁵Tang, C. Mahoney, M.K., Manna, M. (2020). CARES Act: Foreign national and immigrant eligibility for paid leave, unemployment benefits, and stimulus rebates. *The National Law Review*. Accessed online 4/7/2020.

²⁶Bustamante AV, Fang H, Garza J, Carter-Pokras O, Wallace SP, Rizzo JA, Ortega AN. (2012). Variations in healthcare access and utilization among Mexican immigrants: The role of documentation status. *Journal of Immigrant and Minority Health*. 14:146-155. <https://doi.org/10.1007/s10903-010-9406-9>

²⁷Semega J, Kollar M, Creamer J, Mohanty A. (2019) *Income and poverty in the United States: 2018*. United States Census Bureau. <https://www.census.gov/library/publications/2019/demo/p60-266.html>

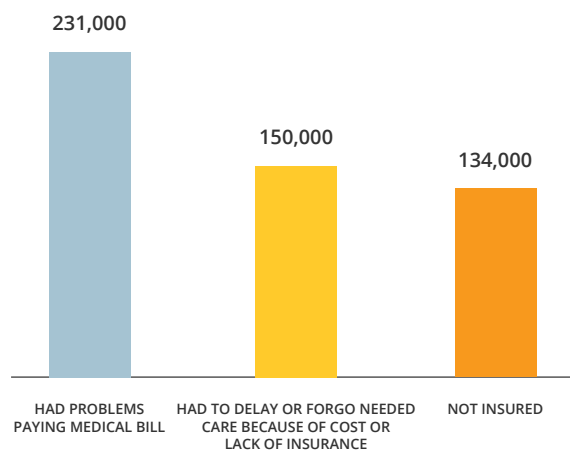
HEALTH VULNERABILITIES

During a pandemic, access to healthcare is crucial, especially for those who have preexisting poor health. Among LGBT adults in California, 361,000 have fair or poor health (Figure 3). LGBT people have been found to report poorer physical health than non-LGBT people.^{28,29} Additionally, 134,000 LGBT Californians do not have health insurance (Figure 4). With and without insurance, cost is a significant barrier to healthcare for many Californians. An estimated 231,000 LGBT adults in California have had problems paying for their own or a family member’s medical bill within the last 12 months (Figure 4). Additionally, as many as 150,000 LGBT Californians have delayed or forgone needed medical care because of cost, lack of insurance, or another insurance related reason (Figure 4).

Figure 3. Self-rated health of LGBT people in California



Figure 4. Health insurance and cost barriers to healthcare for LGBT Californians



²⁸Cicero EC, Reisner SL, Merwin EI, Humphreys JC, Silva SG. (2020). The health status of transgender and gender nonbinary adults in the United States. *PLoS ONE*: 15(2): e0228765. <https://doi.org/10.1371/journal.pone.0228765>

²⁹Gonzales, G., Henning-Smith, C. (2017). Health disparities by sexual orientation: Results and implications from the Behavioral Risk Factor Surveillance System. *Journal of Community Health* 42:1163-1172. <https://doi.org/10.1007/s10900-017-0366-z>

Many LGBT Californians have health conditions which elevate their risk for serious illness from COVID-19.³⁰ People living with HIV may experience especially high risk, especially those who are not receiving treatment.³¹ LGBT people, particularly men who have sex with men, continue to be the population most affected by HIV.^{32,33} An estimated 153,154 Californians are living with HIV, including 134,972 adults who have been diagnosed with HIV. Among diagnosed cases, 74.6% are males who had sex with men and 1.3% are transgender (more than 100,000 people).^{34,35,36,37}

The CDC has also identified asthma, diabetes, and heart disease as conditions which elevate individuals' risk. These health conditions are frequently more common among LGBT populations as compared to their cisgender, heterosexual counterparts.^{38,39,40,41}

- 216,000 LGBT Californians have **asthma**.
- 114,000 LGBT Californians have **diabetes**.
- 81,000 LGBT Californians have **heart disease**.

³⁰Centers for Disease Control and Prevention. (2020). People who are at higher risk for severe illness. Accessed online 4/2/2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_r

³¹Ibid.

³²Singh S, Ruiguang S, Johnson AS, McCray E, Hall I. (2018). HIV incidence, prevalence, and undiagnosed infections in U.S. men who have sex with men. *Annals of Internal Medicine*. 168:685-694. <https://doi.org/10.7326/M17-2082>

³³Becasen JS, Denard CL, Mullins MM, Higa DH, Snipe TA. (2019). Estimating the prevalence of HIV and sexual behaviors among the US transgender population: A systematic review and meta-analysis, 2006–2017. *American Journal of Public Health*. 109(1): e1-e8. <https://doi.org/10.2105/AJPH.2018.304727>

³⁴Some transgender women are also counted under the CDC MSM risk transmission group in the cited HIV surveillance reports.

³⁵The California Department of Public Health, Center for Infectious Diseases, Office of AIDS. (2019). The Continuum of HIV Care—California, 2017. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/2017_HIV_CareContinuumFactSheet_AllLiving.pdf

³⁶The California Department of Public Health, Center for Infectious Diseases, Office of AIDS. (2019). California HIV Surveillance Report – 2017. <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202017.pdf>

³⁷We added the number of MSM (91,436) and MSM/IDU (9,294) among persons age 12 and older living with diagnosed HIV infection to obtain a total of 100,730 MSM living with HIV in 2017 in California. This approach avoids overcounting transgender people who are misclassified as 'MSM', but produces a slight undercount of all GBT people living with HIV in California.

³⁸Gonzales, G., Henning-Smith, C. (2017). Health disparities by sexual orientation: Results and implications from the Behavioral Risk Factor Surveillance System. *Journal of Community Health* 42:1163-1172. <https://doi.org/10.1007/s10900-017-0366-z>

³⁹Beach, L. B., Elasy, T. A., & Gonzales, G. (2018). Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System. *LGBT Health*, 5(2), 121-130. <https://doi.org/10.1089/lgbt.2017.0091>

⁴⁰Caceres BA, Brody A, Luscombe RE, et al. A systematic review of cardiovascular disease in sexual minorities. (2017). *American Journal of Public Health*. 107:e13–e21. <https://doi.org/10.2105/AJPH.2016.303630>

⁴¹Caceres BA, Jackman KB, Edmondson D, Bockting WO. (2020). Assessing gender identity differences in cardiovascular disease in US adults: an analysis of data from the 2014-2017 BRFSS. *Journal of Behavioral Medicine*. 43(2):329-338. <https://doi.org/10.1007/s10865-019-00102-8>

304,000 LGBT people in California currently smoke, which also increases their risk for serious illness from COVID-19. Smoking has been found to be more prevalent within the LGBT population than in the general population.^{42,43}

An estimated 262,000 LGBT Californians live alone and may experience exacerbated isolation due to social distancing. Social isolation, financial strain, and job loss are associated with elevated risk for suicide, and the COVID-19 pandemic may cause more people to experience each of these factors.⁴⁴ Prior to COVID-19, LGBT people have been found to have a disproportionate risk of suicide compared to non-LGBT people.^{45,46,47} While the impact of this pandemic and social isolation on mental health has yet to be studied, over 500,000 LGBT Californians have a history of suicide ideation and may be at higher risk for suicide.⁴⁸

⁴²Jamal, A., Phillips, E., Gentzke, A. S., Homa, D. M., Babb, S. D., King, B. A., & Neff, L. J. (2018). Current Cigarette Smoking Among Adults - United States, 2016. *MMWR Morb Mortal Wkly Rep*, 67(2), 53-59. <https://doi.org/10.15585/mmwr.mm6702a1>

⁴³Hoffman, L., Delahanty, J., Johnson, SE, Zhao, X. (2018). Sexual and gender minority cigarette smoking disparities: An analysis of 2016 Behavioral Risk Factor Surveillance System data. *Preventative Medicine*. 113:109-115. <https://doi.org/10.1016/j.ypmed.2018.05.014>

⁴⁴Centers for Disease Control and Prevention. (2019). *Risk Factors for Suicide*. Accessed online 4/7/2020. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

⁴⁵Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., . . . Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *J Homosex*, 58(1), 10-51. <https://doi.org/10.1080/00918369.2011.534038>

⁴⁶King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, 70. <https://doi.org/10.1186/1471-244X-8-70>

⁴⁷Herman, J, Brown, TNT, Haas, AP. (2019). *Suicide thoughts and attempts among transgender adults*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>

⁴⁸Previous suicidal ideation is among the best predictors for future suicide risk.

METHODOLOGY

Population estimate data are obtained from the California Health Interview Survey AskCHIS online tool, using pooled data for 2015-2018.⁴⁹ One estimate, of the number of people who have had problems paying for medical bills in the last twelve months, includes data from only 2017-2018 because that question has only been asked for the two most recent years. This data does not reflect recent changes due to the COVID-19 pandemic. Estimates of the number of cisgender LGB adults who have a specific characteristic (e.g., asthma) were added to the number of transgender adults estimated to have the same characteristic to generate estimates of the total number of LGBT people with that characteristic.

⁴⁹UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2015-2018. Available at <http://ask.chis.ucla.edu>. Exported on April 1, 2020.

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SUGGESTED CITATIONS

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RESEARCH THAT MATTERS



APPENDIX

For all the following tables, an asterisk (*) reflects a statistically unstable estimate. A cell with a dash (-) indicates that the estimate has been suppressed due to small sample size.

In tables that include multiple groups, confidence intervals can be used to informally assess whether differences between groups (i.e., straight versus LGB) are statistically significant. If confidence intervals do not overlap, the difference between the two groups may be statistically significant.

Demographics

	CISGENDER, STRAIGHT OR HETEROSEXUAL		CISGENDER, LESBIAN, BISEXUAL, OR GAY		TRANSGENDER OR GENDER NON-CONFORMING		CISGENDER (NOT TRANSGENDER)	
	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI
Age								
18-24 years	12.5	12.3, 12.7	26.1	23.2, 29.0	33.8	22.5, 45.0	13.2	13.1, 13.2
25-34 years	17.9	17.6, 18.2	26.2	22.5, 30.0	24.3	12.8, 35.7	18.4	18.2, 18.6
35-44 years	17.0	16.6, 17.4	14.8	11.9, 17.7	9.1*	1.5, 16.7	16.8	16.5, 17.2
45-54 years	17.3	17.0, 17.7	13.8	11.5, 16.1	11.6*	0, 23.6	17.2	16.9, 17.5
55+	35.2	34.9, 35.5	19.0	16.4, 21.6	21.2*	7.1, 35.4	34.4	34.2, 34.6
Race/Ethnicity								
Latino/a	35.4	35.1, 35.6	35.2	31.9, 38.5	21.3*	7.4, 35.2	35.7	35.7, 35.8
<i>Non-Latino/a</i>								
White	41.5	41.3, 41.7	45.6	41.8, 49.3	51.2	37.3, 65.1	41.4	41.4, 41.5
African American	5.6	5.5, 5.8	5.7	3.2, 8.1	0.9*	0, 3.4	5.6	5.6, 5.6
American Indian/Alaska Native	0.4	0.4, 0.5	0.5*	0.1, 0.8	-	-	0.4	0.4, 0.5
Asian	14.7	14.5, 14.8	9.2	7.0, 11.4	18.1*	5.1, 31.1	14.4	14.3, 14.4
Native Hawaiian/Pacific Islander	0.4	0.3, 0.4	0.4*	0, 0.9	1.3*	0, 4.4	0.4	0.3, 0.4
Two or More Races	2.0	1.9, 2.1	3.4	2.3, 4.6	7.1*	0, 14.6	2.1	2.0, 2.1
Rurality								
Urban	89.9	89.2, 90.5	91.9	90.2, 93.6	91.4*	84.8, 97.9	90.0	89.4, 90.6
Rural	10.1	9.5, 10.8	8.1	6.4, 9.8	8.6*	2.1, 15.2	10.0	9.4, 10.6

	CISGENDER, STRAIGHT OR HETEROSEXUAL		CISGENDER, LESBIAN, BISEXUAL, OR GAY		TRANSGENDER OR GENDER NON-CONFORMING		CISGENDER (NOT TRANSGENDER)	
	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI
Citizenship								
U.S. born citizen	66.8	66.0, 67.6	81.0	78.0, 84.1	73.6	58.3, 89.0	67.1	66.4, 67.8
Naturalized citizen	17.9	17.3, 18.6	9.9	7.5, 12.2	17.0*	2.1, 31.9	17.6	17.0, 18.2
Non-citizen	15.2	14.5, 15.9	9.1	6.4, 11.8	9.4*	1.9, 16.8	15.2	14.6, 15.8
Region								
Northern Counties	3.6	3.5, 3.6	3.4	2.5, 4.2	4.5*	0.7, 8.2	3.5	3.5, 3.6
Napa, Sonoma, Solano, Marin	3.4	3.2, 3.5	3.8	2.5, 5.1	4.2*	0, 10.0	3.4	3.3, 3.5
Sacramento, Placer, El Dorado, Yolo	5.8	5.7, 5.9	6.4	4.7, 8.2	15.5*	4.0, 27.1	5.8	5.8, 5.9
San Francisco	2.2	2.0, 2.3	5.5	3.9, 7.1	6.0*	0, 15.4	2.4	2.3, 2.5
Contra Costa	3.0	2.8, 3.3	3.5*	1.4, 5.6	1.8*	0, 4.0	3.0	2.9, 3.2
Alameda	4.3	4.2, 4.3	4.6	3.2, 6.0	5.1*	1.2, 9.1	4.3	4.2, 4.3
Santa Clara	5.1	5.0, 5.2	2.4	1.4, 3.4	14.6*	0, 31.5	4.9	4.8, 5.0
San Mateo	2.1	2.0, 2.2	1.8	1.0, 2.6	2.4*	0, 6.4	2.1	2.0, 2.2
Santa Cruz, Monterey, San Benito	1.8	1.7, 1.9	2.2	1.4, 3.0	1.1*	0, 2.7	1.9	1.8, 1.9
San Joaquin, Stanislaus, Merced, Mariposa	5.0	4.9, 5.1	3.9	2.6, 5.2	1.3*	0, 3.6	5.0	4.9, 5.1
Fresno, Kings, Madera	3.1	3.0, 3.2	2.1	1.0, 3.1	5.7*	0, 13.9	3.0	3.0, 3.1
San Luis Obispo, Ventura, Santa Barbara	4.1	4.0, 4.2	2.9	2.0, 3.8	1.4*	0, 3.7	4.1	4.0, 4.1
Mono, Inyo, Imperial	0.5	0.5, 0.5	0.2*	0.1, 0.4	-	-	0.5	0.5, 0.5
Kern	2.1	2.0, 2.2	1.4	0.7, 2.1	1.4*	0, 3.6	2.1	2.0, 2.2
Los Angeles	26.1	25.9, 26.3	30.3	26.8, 33.7	15.0	6.6, 23.4	26.4	26.3, 26.4
San Bernardino, Riverside	11.2	11.1, 11.3	10.6	8.5, 12.7	6.4*	0.1, 12.8	11.2	11.1, 11.2
Orange	8.4	8.3, 8.5	5.8	4.0, 7.6	8.0*	0, 16.2	8.3	8.2, 8.3
San Diego	8.2	8.1, 8.3	9.2	7.4, 11.0	5.5*	0, 11.2	8.3	8.2, 8.3

Health Conditions

	CISGENDER, STRAIGHT OR HETEROSEXUAL		CISGENDER, LESBIAN, BISEXUAL, OR GAY		TRANSGENDER OR GENDER NON-CONFORMING		CISGENDER (NOT TRANSGENDER)	
	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI	% (N)	95% CI
Health Insurance								
Currently Insured	90.7	90.2, 91.2	92.3	90.0, 94.6	89.4*	80.9, 97.8	90.7	90.3, 91.2
Not currently insured	9.3	8.8, 9.8	7.7	5.4, 10.0	10.6*	2.2, 19.1	9.3	8.8, 9.7
Had to delay or forgo needed care due to cost, lack of insurance, or other insurance-related reasons.⁵⁰	47.7	45.1, 50.4	45.6	38.0, 53.1	40.8	17.0, 64.6	47.7	45.3, 50.1
Has had trouble paying for their own or a family member's medical bills in the past 12 months.	9.2	8.4, 9.9	12.2	9.2, 15.3	9.6*	0, 19.3	9.4	8.7, 10.1
Health Status								
Excellent	17.8	17.0, 18.7	17.2	14.2, 20.3	9.6*	2.1, 17.1	17.7	16.9, 18.4
Very good	30.2	29.3, 31.0	30.3	27.0, 33.5	27.9	13.1, 42.7	30.0	29.2, 30.8
Good	30.9	30.0, 31.8	31.7	28.3, 35.1	35.1	20.9, 49.3	31.0	30.1, 31.8
Fair	16.6	15.8, 17.3	16.3	12.5, 20.0	24.9	13.3, 36.5	16.8	16.1, 17.4
Poor	4.5	4.2, 4.8	4.5	3.0, 6.1	2.5*	0, 5.1	4.6	4.2, 4.9
Asthma⁵¹	56.0	53.3, 58.6	60.7	53.4, 68.0	71.1*	44.5, 97.8	56.3	53.9, 58.8
Diabetes	9.9	9.4, 10.4	6.7	5.0, 8.4	8.3*	0, 16.9	9.9	9.4, 10.4
Heart Disease	6.6	6.1, 7.0	4.8	3.1, 6.5	6.6*	0, 13.5	6.5	6.1, 6.9
Current Smoker	11.2	10.7, 11.7	17.8	15.2, 20.3	19.5*	6.6, 32.4	11.6	11.0, 12.1
Ever Seriously thought about Committing Suicide	9.8	9.3, 10.3	29.3	25.5, 33.2	38.2	22.8, 53.5	10.9	10.4, 11.4
Lives Alone	11.2	10.8, 11.5	15.2	12.9, 17.5	25.2*	10.0, 40.4	11.4	11.0, 11.7

⁵⁰Asked of respondents who delayed/did not get other needed medical care in past 12 months. This means that 47.7% of respondents who needed to delay or forgo needed care did so because of cost, lack of insurance, or other insurance-related reasons. See AskCHIS (<http://ask.chis.ucla.edu>) for more information.

⁵¹Asked of respondents who have been told by a doctor every in their life that they have asthma. This means that 56% of respondents who have ever had asthma currently have asthma. See AskCHIS (<http://ask.chis.ucla.edu>) for more information.