



Listening to Black Californians Who Identify as LGBTQ+

Black LGBTQ+ Californians Are Actively Engaged in Their Physical Health

More than nine in ten LGBTQ+ respondents (94%) had at least one health care visit between January 2021 and May 2022. LGBTQ+ respondents regularly receive preventive care, with three in four (76%) having a routine check-up or preventive health screening (75%) in the year prior to the survey. In addition, 83% of LGBTQ+ respondents report devoting “a great deal” or “quite a bit” of effort into speaking up about their concerns when they go to the doctor, and 61% report tracking indicators of personal health like blood pressure, blood sugar, and cholesterol.

Black LGBTQ+ Californians Prioritize Their Mental Health

“[To maintain my well-being, I am] working out, trying to eat more vegetables and fruit, taking walks. . . . As far as, like, mental health, I try writing, reading different books, socializing with friends, spiritual health. . . . I am taking pharmaceutical medication now to help aid [my mental health.] But I try to take it when I know my depression is getting worse. So, when I talk to my therapist, like, ‘Hey, I need to adjust.’”

33-year-old Black woman, Oakland

About the Study:

In 2021, Black-owned research firm EVITARUS conducted the *Listening to Black Californians* study for CHCF. In [100 individual interviews, 18 focus groups, and a statewide survey of 3,325 adult Black Californians](#), participants described their attitudes toward their own health and their experiences with the health care system.¹ This set of fact sheets highlights the health care experiences of specific groups within California’s Black population. This fact sheet was written by Amber Bolden.

About the Participants: Black Californians Who Identify as LGBTQ+

In the *Listening to Black Californians* study, Black LGBTQ+ (lesbian, gay, bisexual, transexual, queer/questioning, and more) Californians are more likely to report specific negative experiences in the health care system compared to Black Californians overall.

California has the largest lesbian, gay, bisexual, and transgender population of any state in the nation — 2.7 million residents.² This study included an oversample of Black Californians who identify as LGBTQ+ in order to learn more about the health care experiences of this understudied population. This study included one-hour interviews with 13 Black LGBTQ+ Californians, two focus groups

with LGBTQ+ participants, and 330 survey respondents who identified as LGBTQ+. About half of these survey respondents (51%) identified as female, 48% identified as male, and 1% identified as nonbinary. Six percent of LGBTQ+ survey respondents identified as transgender.

LGBTQ+ survey respondents were younger than respondents overall; 60% were 18 to 34 years old, compared to 30% of all other respondents. And they were more likely to have incomes below 200% of the federal poverty level (39%), compared to non-LGBTQ+ respondents (27%). This was particularly true for LGBTQ+ women (47%).

Focus group participants shared how limited familial and societal support, coupled with financial challenges, contribute to their mental health conditions. Nearly half of LGBTQ+ survey respondents (49%) report having a mental health condition, compared to less than one-fourth of all other respondents (22%).

More than four in five LGBTQ+ respondents (84%) report putting “a great deal” or “quite a bit” of effort into focusing on mental health. Three in four LGBTQ+ respondents (75%) report placing “a great deal” or “quite a bit” of effort into actively reducing stress.

In focus groups, Black LGBTQ+ Californians discussed the efforts they make and the challenges they experience in building communities of

support, especially in places that have historically been anchors for the Black community, including the Black Church. One individual shared the difficulties of finding a religious space that is welcoming for LGBTQ+ people: “[A]s a queer person of faith, . . . I find that there are some safe spaces for Black queer people within Christian faith, but [they are] extremely limited. . . . I definitely have to travel and go out of the way in order to make those connections.”

Finding and building communities of support is critically important, especially for LGBTQ+ youth and other vulnerable groups, as strong social support systems are associated with better health outcomes.³

Black LGBTQ+ Californians Often Experience Mistreatment Due to Their Layered Identities

“I’ve had a lot of negative experiences with providers. Some of them have been really blatantly homophobic. Some of them have been racist. That was pretty obvious to me. And some of it is . . . who knows what it is? It could be misogyny. It could be racism, it could be homophobia, sometimes it’s hard to tell.”

33-year-old Black nonbinary person, San Diego

The LGBTQ+ community is diverse and includes all races, generations, income levels, genders, and sexual orientations. Unfortunately, many Black

LGBTQ+ Californians find that the combination of their race, sexual orientation, and gender identity can expose them to poor treatment from the health care system.

Three in five Black LGBTQ+ Californians (60%) report being treated poorly by a doctor or other provider for any reason, much higher than all other respondents (44%). LGBTQ+ respondents are most likely to report being treated poorly because of their race/ethnicity (43%), perceived ability to pay (28%), and weight or body type (25%). (See Figure 1, following page.)

Black LGBTQ+ Californians Report Many Specific Negative Health Care Experiences

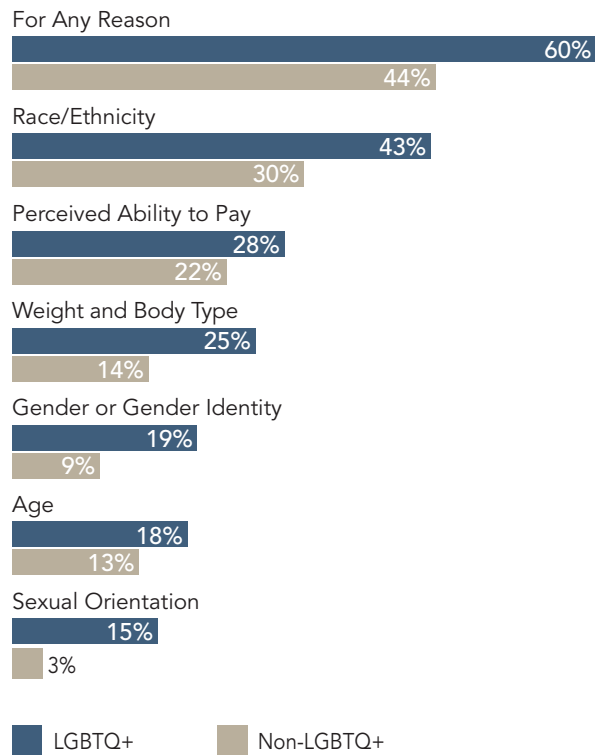
“...[M]y wife is White. She carried the baby because I was like, I do not trust this health care system . . . [because of] the statistics of Black mothers dying, in childbirth and after childbirth, because doctors don’t believe them. It is across socioeconomic status. . . . Family planning is a lot different for queer couples. . . . We were like, she’s gonna carry, probably [get] better health care if something goes wrong. We were still like, but we want a Black donor. And we’re not letting the racism of the world decide that we will only make White children, that’s not happening.”

33-year-old Black nonbinary person, San Diego

Figure 1. Experience of Poor Treatment Because of Identity

Q: Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your . . . ?

Those Who Answered "Yes"

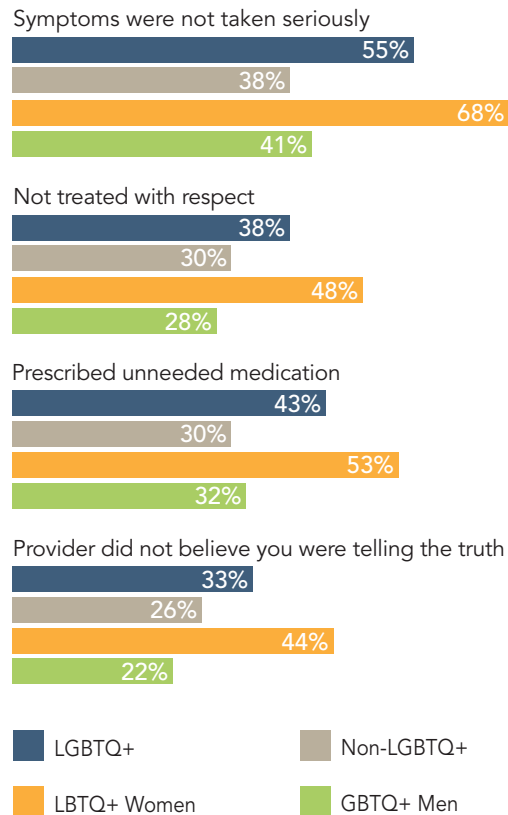


Notes: Sample includes 3,325 Black California residents age 18 and older. LGBTQ+ sample includes 330 Black California residents age 18 and older. $P < .05$ for differences between groups except for age. Source: *Listening to Black Californians* statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Figure 2. Negative Experiences with Health Care Visits

Q: Thinking more generally about your experiences with health care visits, have any of the following ever happened to you?

Those Who Answered "Yes"



Notes: Sample includes 3,325 Black California residents age 18 and older. LGBTQ+ sample includes 330 Black California residents age 18 and older. $P < .05$ for differences between LGBTQ+ and Non-LGBTQ+; and between LGBTQ+ Women and GBTQ+ Men. Source: *Listening to Black Californians* statewide survey conducted by EVITARUS (March 5–May 8, 2022).

In each phase of the study, LGBTQ+ people shared similar experiences of poor treatment in the health care system and spoke of being “dismissed and blamed for health problems” by physicians and nurses. In the survey, more than half of LGBTQ+ respondents (54%) report that their pain was not treated adequately, compared to 37% of non-LGBTQ+ respondents.

In addition, 55% of LGBTQ+ respondents report that their symptoms were not taken seriously by health care providers, and 38% report that they were not treated with respect. Female LGBTQ+ respondents are more likely to report mistreatment than male LGBTQ+ respondents. (See Figure 2.)

Many Black LGBTQ+ Californians Avoid Care or Minimize Questions When Seeking Care

Unfortunately, many Black LGBTQ+ Californians respond to prior mistreatment by the health care system by avoiding care. Black LGBTQ+ Californians (41%) are significantly more likely to avoid care because of concerns that they would not be treated fairly or with respect, compared to all other respondents (25%).

Significantly more LGBTQ+ Californians (45%) report minimizing questions and concerns to avoid being perceived as “difficult” when they do receive care, compared to all other respondents

(26%). More than half of LGBTQ+ women (56%) and one-third of LGBTQ+ men (33%) report minimizing questions and concerns. In addition, 53% of LGBTQ+ respondents report signaling their education and knowledge to providers, and 47% report adjusting their speech or behavior during health care visits, with the goal of increasing their chances of being treated with respect when seeking health care.

LGBTQ+ People Want Providers Who Listen and Spend Time with Them

"I don't care who you are, . . . I care about how well [you listen], . . . how responsive you are, and how competent. Sometimes I might not necessarily even care whether a person is culturally competent, [if] they know how to at least ask the right questions in areas that they don't know about."

44-year-old Black man, Los Angeles

Interviews with Black LGBTQ+ Californians reveal a pervasive feeling of being marginalized and treated worse when receiving care due to providers focusing on their differences. Black LGBTQ+ Californians share that they do not want to have to defend their identity — and in some cases, their humanity — to receive care. While some participants report positive experiences with the health care they received in clinics focused on LGBTQ+ populations, they also emphasize that they should be able to receive that same level of care in all health care settings.

Like other Black Californians, LGBTQ+ respondents are nearly unanimous in considering it "extremely" or "very" important to have a provider who spends time with them (99%) and listens to them (98%). In addition, nearly half (47%) of Black LGBTQ+ respondents consider it "extremely" or "very" important to have a Black doctor, and nearly one-third (32%) to have a LGBTQ+ doctor. Female LGBTQ+ respondents (62%) especially consider having a Black doctor to be "extremely" or "very" important.

Key Areas for Action

The Listening to Black Californians study reveals that many Black LGBTQ+ Californians do not receive the support and care they need from the health care system or from individual providers. In interviews, experts recommend that policymakers and providers increase their support of Black LGBTQ+ Californians by adopting the following strategies:

- ▶ **Engage LGBTQ+ people in conversations about what they need from the health care system.** Health systems can invest in listening to their LGBTQ+ patients when changing policies and practices, rather than assuming they know what patients need. Health care agencies can collaborate with the LGBTQ+ community to design and implement new programs, just as the California Department of

Public Health has engaged the community in the California Reducing Disparities Project to identify promising practices and recommendations to transform the public mental health system into one that better meets LGBTQ+ Californians' needs.⁴

- ▶ **Restructure clinical and administrative documentation to be inclusive of LGBTQ+ patients and their families.** This includes revising new patient enrollment forms and hospital admission forms to use inclusive language like "partner" or "spouse" instead of "husband" or "wife." Forms can also ask for preferred name, pronouns, and allow for self-selection of gender identity.⁵
- ▶ **Educate all health care staff, from providers to medical receptionists, to use gender-neutral language and exercise cultural humility.** Research indicates younger LGBTQ+ people, compared to their older counterparts, are more likely to "delink sex and gender identity" and to reject traditional labels.⁶ Providers can ask about the sexual experiences of their patients and then focus on providing treatment based on these experiences, rather than on sexual orientation.⁷
- ▶ **Pursue public-private partnerships to secure funding and resources for community-operated programs that support Black LGBTQ+ residents.** Policymakers can lead

the development of public-private partnerships like Project Legacy, a new LGBTQ+ campus in Riverside that will provide wrap-around services, including on-site primary health services, and transitional housing to its residents.⁸

- ▶ **Promote patient advocacy and education tools.** Community-based organizations and providers can partner with trusted messengers to meet LGBTQ+ people where they feel safe and provide resources that help them advocate for their own health and for the health of their families.

THE TAKEAWAY

Listening to Black Californians who identify as LGBTQ+ uncovers a story of recurring mistreatment in the health care system. Health systems and policymakers should actively integrate Black LGBTQ+ Californians into designing and implementing new health-related policies, practices, and resources. Community-based organizations and trusted messengers can serve as important partners for reaching, engaging, and educating patients.

Endnotes

1. Linda Cummings, [In Their Own Words: Black Californians on Racism and Health Care](#), California Health Care Foundation (CHCF), January 2022; and Linda Cummings, [Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health](#), CHCF, October 2022.
2. Hans Johnson, ["California's LGBT Population,"](#) Public Policy Institute of California, June 28, 2022.
3. Katherine G. Quinn et al., ["Intersectional Discrimination and PrEP Use Among Young Black Sexual Minority Individuals: The Importance of Black LGBTQ Communities and Social Support,"](#) *AIDS and Behavior* 27, no. 1 (2023): 290–302; and Sean A.P. Clouston and Bruce G. Link, ["A Retrospective on Fundamental Cause Theory: State of the Literature, and Goals for the Future,"](#) *Annual Review of Sociology* 47, no. 1 (July 2021):131-156.
4. ["California Reducing Disparities Project,"](#) California Department of Public Health, June 2, 2023.
5. Aboelata, Noha, MD, interview conducted by Amber Bolden and Linda Cummings, MD, April 19, 2023, Zoom.
6. Ella Ben Hagai et al., ["Intersecting Sexual Identities, Oppressions, and Social Justice Work: Comparing LGBTQ Baby Boomers to Millennials Who Came of Age After the 1980s AIDS Epidemic,"](#) *Journal of Social Issues* 76, no. 4 (December 2020): 971-992.
7. Aisha Mays, MD, interview conducted by Amber Bolden, April 19, 2023, Zoom.
8. ["Project Legacy,"](#) TruEvolution, 2021.

Appendix A. Demographics of Respondents Who Identify as LGBTQ+ (N = 330, 18+)

	PARTICIPANTS (#)	PARTICIPANTS (%)
GENDER IDENTITY		
Female	166	51%
Male	139	48%
Non-Binary, Gender Non-Conforming, Prefer to Self-Describe	25	1%
Transgender	28	6%
AGE		
18 to 34	103	60%
35 to 49	106	23%
50 to 64	77	12%
65+	41	5%
REGION		
Los Angeles County	164	44%
San Francisco Bay Area	73	21%
Inland Empire	24	14%
Other Southern California	28	8%
North	26	7%
Central Coast	8	4%
Central Valley	7	2%
Far North	0	0%

	PARTICIPANTS (#)	PARTICIPANTS (%)
INSURANCE STATUS AND COVERAGE		
Uninsured	29	9%
Employer-Provided	132	44%
Medi-Cal	96	33%
Medicare	27	9%
Privately Purchased	18	3%
Other	28	5%

Notes: Ns are unweighted. Percentages are weighted. "Prefer not to say" is not shown.