

Meeting Date: February 11, 2025
Agenda Item No. 10
Distribution Date: February 10, 2025
Batch No. 02

From: [Joanne Wigmanich](#)
To: [FGG, Public Comment](#)
Subject: [External] Women and Girls in Women's Sports
Date: Monday, February 10, 2025 8:08:37 AM

Please fight for women and girls in biological female sports only. Men do not belong in women's sports.

Please note that all emails are now received at my Gmail account.

joanne.wigmanich@gmail.com

Joanne

From: [Christena StJames](#)
To: [FGG, Public Comment](#)
Subject: [External] I support protecting our women and children
Date: Sunday, February 9, 2025 7:12:41 PM

I support protecting our women and children

Tina Penman
Fallbrook

From: [Christena StJames](#)
To: [FGG, Public Comment](#)
Subject: [External] SUPPORT THE PROTECTION OF WOMEN AND GIRLS IN SPORTS ACT
Date: Sunday, February 9, 2025 7:20:23 PM

I SUPPORT THE PROTECTION OF WOMEN AND
GIRLS IN SPORTS ACT

Lisa Cunningham

From: [Mariana Meirelles](#)
To: [FGG, Public Comment](#)
Subject: [External] Feb 11 Public Comment on "SUPPORT THE PROTECTION OF WOMEN AND GIRLS IN SPORTS ACT"
Date: Sunday, February 9, 2025 7:58:15 PM

Good evening, I left a public e-comment under Mariana Meirelles [REDACTED] and incorrectly stated that I support this proposition and I am very much against it. I am having trouble logging into my account as the reset password link is not working. Can you either update my comment or remove it and I can re-submit?

Thank you very much!

--

Thank you,

Mariana Meirelles
(She/Her)

From: [Important Issues](#)
Subject: [External] SUPPORT THE PROTECTION OF WOMEN AND GIRLS IN SPORTS ACT
Date: Monday, February 10, 2025 12:07:25 PM
Importance: High

I urge you to SUPPORT THE PROTECTION OF WOMEN AND GIRLS IN SPORTS ACT at tomorrow's Board meeting!!!!

Grace

From: [Daniela Perez](#)
To: [FGG, Public Comment](#)
Subject: [External] "LGBTQ Youth Population in SDC Brief 2021-2023" by Marquez (Contractor), Hanna
Date: Monday, February 10, 2025 12:50:10 PM
Attachments: [LGBTQ Youth Population in SDC Brief 2021-2023.pdf](#)

To whom this may concern,

I am in the process of writing my comments regarding the SUPPORT THE PROTECTION OF WOMEN AND GIRLS IN SPORTS ACT

..Title

(DISTRICTS: ALL)

And I would like to add this PDF to my comments.

Singling out transgender and non-binary individuals and infringing on their right to play sports does **NOT** help ensure safe communities that improve the quality of life for all residents.

Please confirm receipt of this email at your earliest convenience.

Sincerely,

Daniela J Perez-Velasco, D.O.

Sincerely,

Daniela J Perez-Velasco



The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Youth Population in San Diego County, 2021-2023



Accredited on May 17, 2016
Reaccredited on August 21, 2023

County of San Diego, Health and Human
Services Agency, Public Health Services,
Community Health Statistics Unit

Prepared September 2024



The Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth Population in San Diego County, 2021-2023

September 2024

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County of San Diego, Health and Human Services Agency. The Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth Population in San Diego County, 2021-2023. September 2024.

This publication of The Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth Population in San Diego County, 2021-2023 utilizes estimated data that is current up through 2024 or the most current year available at the time this publication was in development. This document was developed under the Community Health Statistics Unit of the County of San Diego and is in support of Live Well San Diego.

Inquiries regarding this document may be directed to:

Community Health Statistics Unit
5469 Kearny Villa Road
San Diego, CA 92123
(619) 692-6667
www.SDHealthStatistics.com



*Accredited on May 17, 2016
Reaccredited on August 21, 2023*

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Introduction

The United States was home to nearly 2 million Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) youth aged 13 to 17 from 2017-2019.¹ Individuals who identify as LGBTQ are diverse, include people of all demographic backgrounds, and frequently have intersecting identities. The lived experiences and needs of the LGBTQ population vary by their intersecting identities, including sexual orientation, gender, age, and race/ethnicity.² A variety of social determinants of health (SDOH) may interact with systemic discrimination to influence health and well-being outcomes among LGBTQ populations.³

While the social and legal environment for LGBTQ people in the United States has improved in the last decade, existing research indicates that some members of the LGBTQ community are at increased risk for numerous poor health and well-being outcomes compared to heterosexual and cisgender people.⁴ These inequities may be a result of the social stigma, prejudice, and discrimination that LGBTQ people experience within communities and institutions, as well as from individuals. The most common framework to describe increased health and well-being risk among the LGBTQ population is the minority stress model. The minority stress theory “proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact access to care.”⁵ LGBTQ youth face additional challenges, including family rejection and failure, which further increase stress and poor health outcomes. Additionally, teens may lack the skills and support necessary to cope with fear and anxiety related to social acceptance, which may lead to risky health behaviors.⁶

The lack of data sources identifying LGBTQ people has created a significant gap in knowledge and understanding of their experiences.⁷ It is crucial to collect more and consistent data to better understand the needs of the LGBTQ population and decrease the existing health inequities. Further, research has indicated that health and well-being outcomes and health behaviors may vary significantly by specific sexual orientations and gender identities that exist within the community². Recent data from the California Healthy Kids Survey (CHKS)⁸ have provided an opportunity to produce health and well-being outcomes disaggregated by sexual orientation and gender identity for San Diego County youth. This data source was chosen due to the availability of statistically stable estimates for the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) youth population in San Diego County.

This brief provides information on some of the health and well-being issues that may affect the LGBTQ youth community included in the LGBTQ Youth Dashboard, 2021-2023, located here: [LGBTQ Youth in San Diego County, 2021-2023 | Tableau Public](#).



9.5% of youth ages 13 to 17 in the United States identified as **LGBT** from 2017-2019.



1 in 6 teenage students in San Diego County identified as **Lesbian, Gay, Bisexual, or some other sexual minority** from 2021-2023.



2.3% of teenage students in San Diego County identified as **Transgender** from 2021-2023.

Methodology

Data Source

All data for the LGBTQ youth population in San Diego County came from the **California Healthy Kids Survey (CHKS)**. Data from survey years **2021 through 2023** were used to obtain stable population estimates for the LGBTQ Youth student population. The student population includes students in San Diego County in grades 7-11.

Sexual Orientation Categories

To determine sexual orientation, the results from the question, "Which of the following best describes you?" and "What is your gender?" from CHKS were used.

The following sexual orientation categories were created:

1. **Lesbian** – Self-reported identifying as gay/lesbian or homosexual and female
2. **Gay** – Self-reported identifying as gay/lesbian or homosexual and male
3. **Female Bisexual** – Self-reported identifying as bisexual and female
4. **Male Bisexual** – Self-reported identifying as bisexual and male
5. **Other Sexual Minority** – Self-reported identifying as "something else," other than gay/lesbian, bisexual, or straight
6. **Straight** – Self-reported identifying as straight or heterosexual

To determine gender identity, the results from the question, "What is your gender?" and "Are you transgender?" from CHKS were used.

The following gender identity categories were created:

1. **Transgender** – Self-reported identifying as transgender
2. **Nonbinary** – Self-reported identifying as nonbinary and not transgender
3. **Female** – Self-reported identifying as female and not transgender
4. **Male** – Self-reported identifying as male and not transgender

Definitions

Sexual Orientation

Sexual Orientation refers to a person's emotional, sexual, and/or relational attraction towards other people.

Heterosexuality, or **straight**, is used to identify those who are attracted to individuals of a different sex from themselves. There are many different terms used to identify individuals who may be attracted to the same sex. The terms used within this brief are defined below and can also be found in the World Health Organization's FAQ on Health and Sexual Diversity – An Introduction to Key Concepts.⁹

Lesbian

A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.

Gay

A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.

Bisexual

A person who self-identifies as having emotional, sexual, and/or relational attraction to the same or different sex, or to more than one gender.

Queer

In this brief, queer is used to describe individuals who identify as lesbian, gay, bisexual, or another sexual minority. Within the LGBTQ community, it is also used to describe "transgender and other people and institutions on the margins of mainstream culture. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.

Gender Identity

Gender identity refers to a person's internal sense of being male, female, or something else. Gender identity can be the same or different than their sex assigned at birth. Gender identity is not related to sexual orientation. The terms used to describe gender identity in this brief are defined below.

Transgender

An umbrella term used to describe people whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.

Nonbinary

Individuals who do not identify their gender as man or woman. Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.

Cisgender

A person whose gender identity matches their assigned sex at birth.

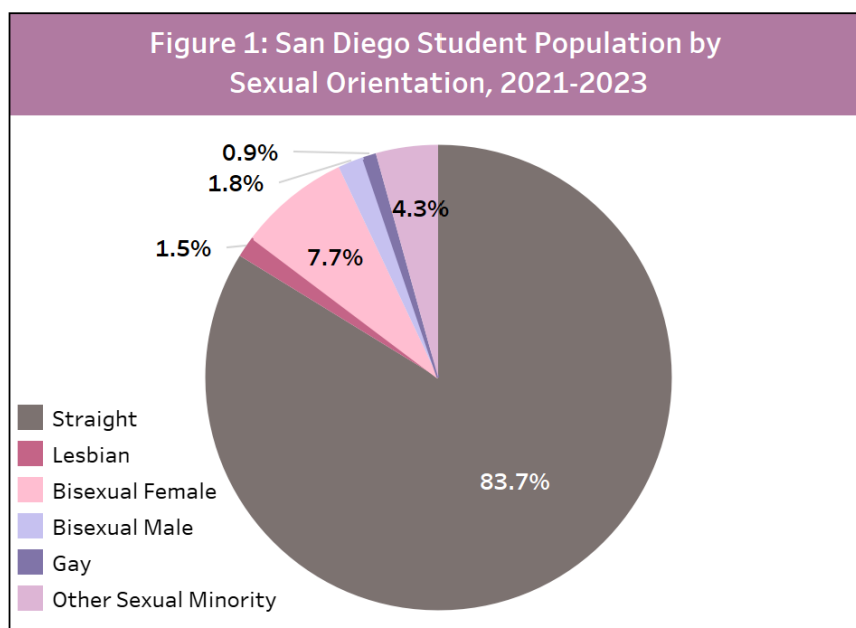
Demographics

Lesbian, Gay, Bisexual, Transgender, and Queer Youth Population in San Diego County

From 2021-2023, 1 in 6 teenage students in San Diego County identified as LGBTQ.

Overall, 16.3% of teenage students identified as LGBTQ in San Diego County.

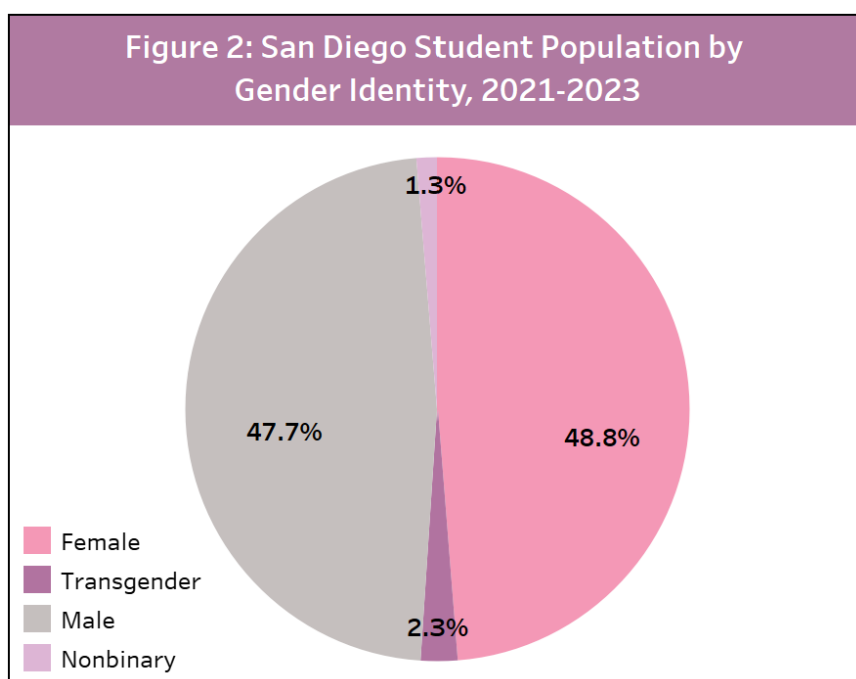
Bisexual females made up 7.7% of the teenage student population in San Diego County, making it the greatest proportion of the LGBTQ youth population. Students that identified as another sexual minority other than lesbian, gay, or bisexual made up 4.3% of the teenage student population in San Diego County, the second greatest proportion of the LGBTQ youth population.



Source: California Healthy Kids Survey, 2021-2023.

From 2021-2023, 3.6% of teenage students in San Diego County identified as a gender other than cisgender.

From 2021-2023, 2.3% San Diego County teenage students identified as transgender, and 1.3% identified as nonbinary.



Source: California Healthy Kids Survey, 2021-2023.

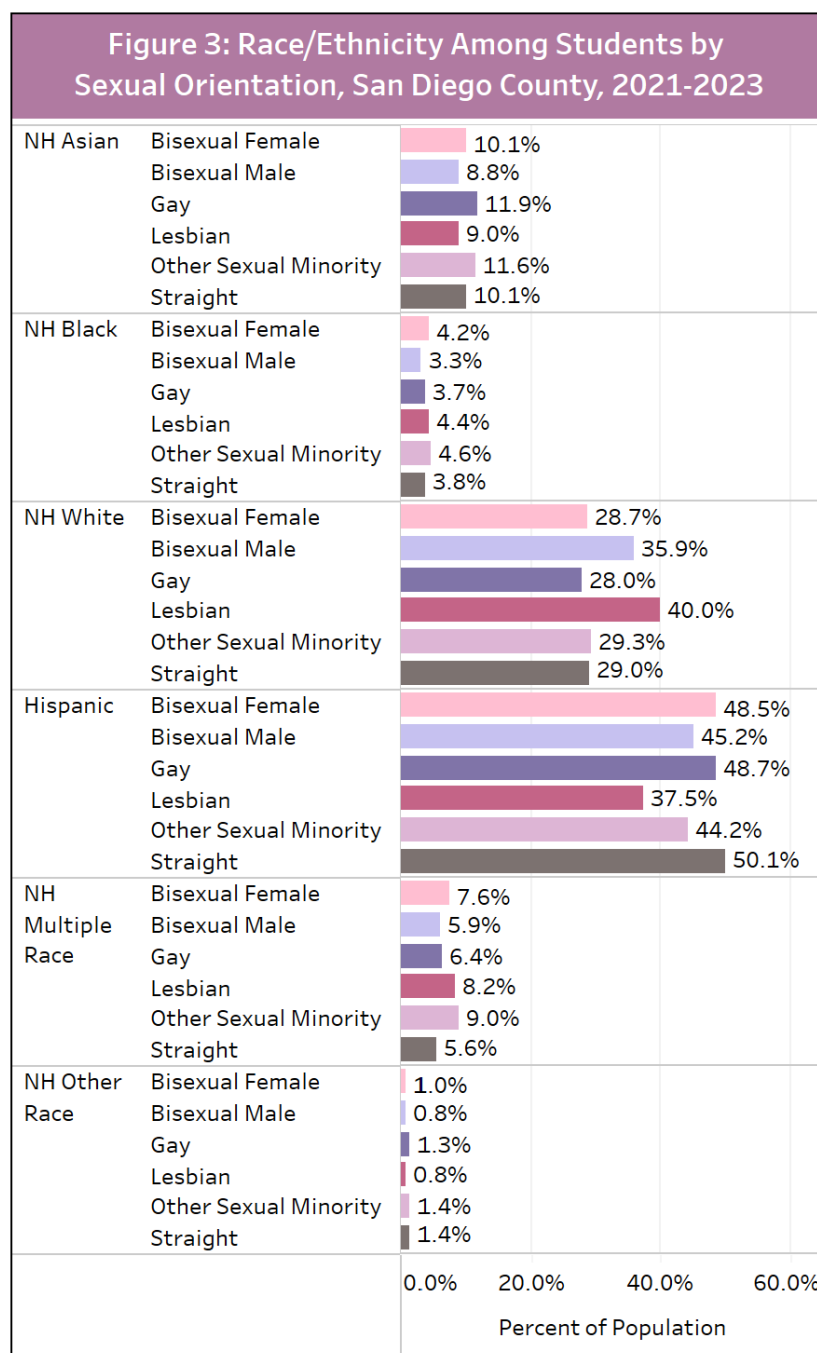
Race/Ethnicity by Sexual Orientation

The majority of both the LGBTQ and straight youth population were Hispanic and non-Hispanic White in San Diego County.

From 2021-2023, the majority of both the LGBTQ and straight youth population were Hispanic and non-Hispanic White in San Diego County; however, there were higher proportions of non-Hispanic Multiple Race students among the LGBTQ youth population compared to the straight youth population (Figure 3).

The other sexual minority population had the greatest racial diversity, with 11.6% identifying as non-Hispanic Asian, 9.0% identifying as non-Hispanic Multiple Race, 4.6% identifying as non-Hispanic Black, and 1.5% identifying as a non-Hispanic race other than White, Black, or Asian. (Figure 3).

The lesbian teenage student population had the greatest proportion of non-Hispanic White students (40.0%), followed by the bisexual male student population (35.9%) (Figure 3).



NH: Non-Hispanic. NH Other race includes any non-Hispanic race other than Asian, Black, or White. Source: California Healthy Kids Survey (CHKS), 2021-2023.

Race/Ethnicity by Gender Identity

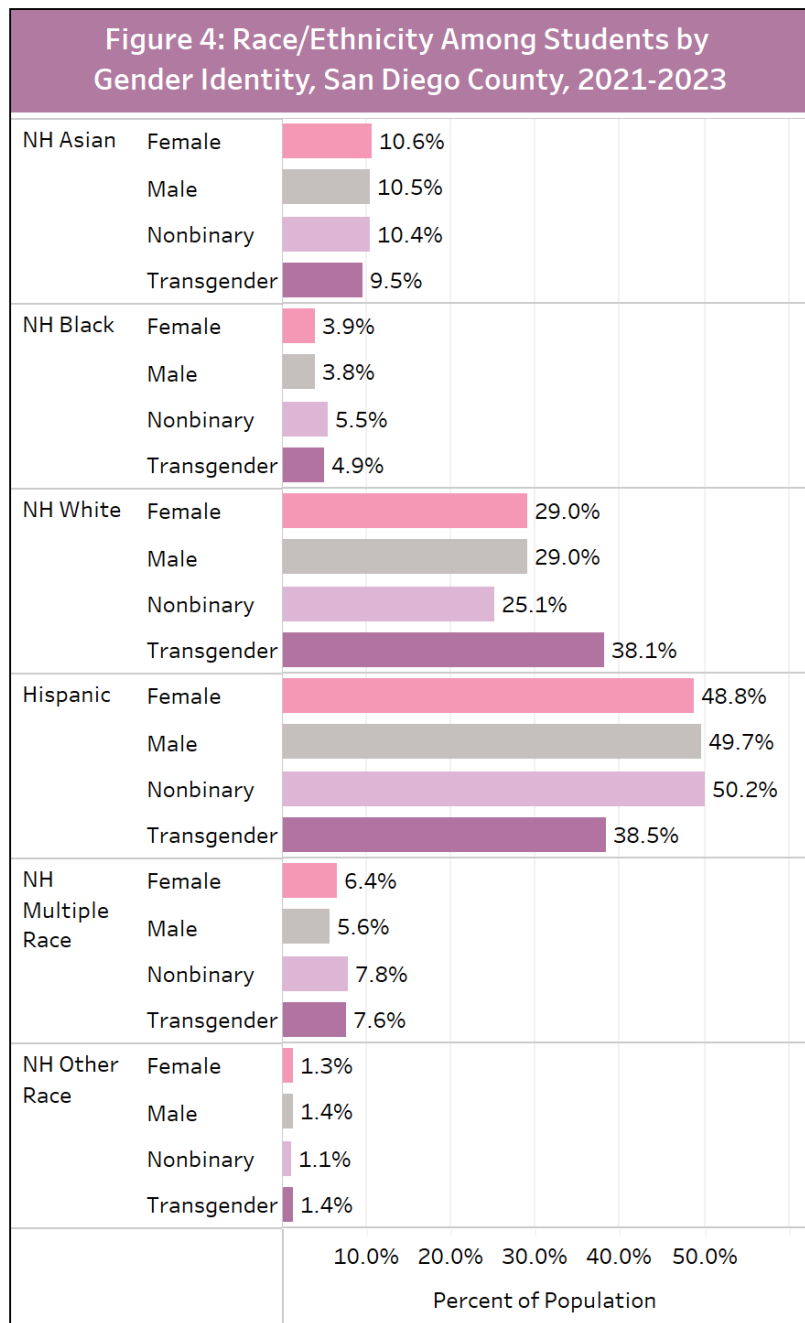
Overall, 38.5% of transgender teenage students were Hispanic, and 38.1% were non-Hispanic White.

The transgender youth population had the greatest proportions of non-Hispanic White students (38.1%) compared to cisgender males and females (29.0%) and nonbinary students (25.1%) (Figure 4). The transgender youth population also had the lowest proportions of Hispanic students (38.5%) compared to cisgender male (49.7%), cisgender females (48.8%), and nonbinary students (50.2%).

Overall, the proportion of non-Hispanic Asian, non-Hispanic Black, non-Hispanic Multiple Race, and non-Hispanic other race students was similar among teenage transgender students compared to teenage cisgender students (Figure 4).

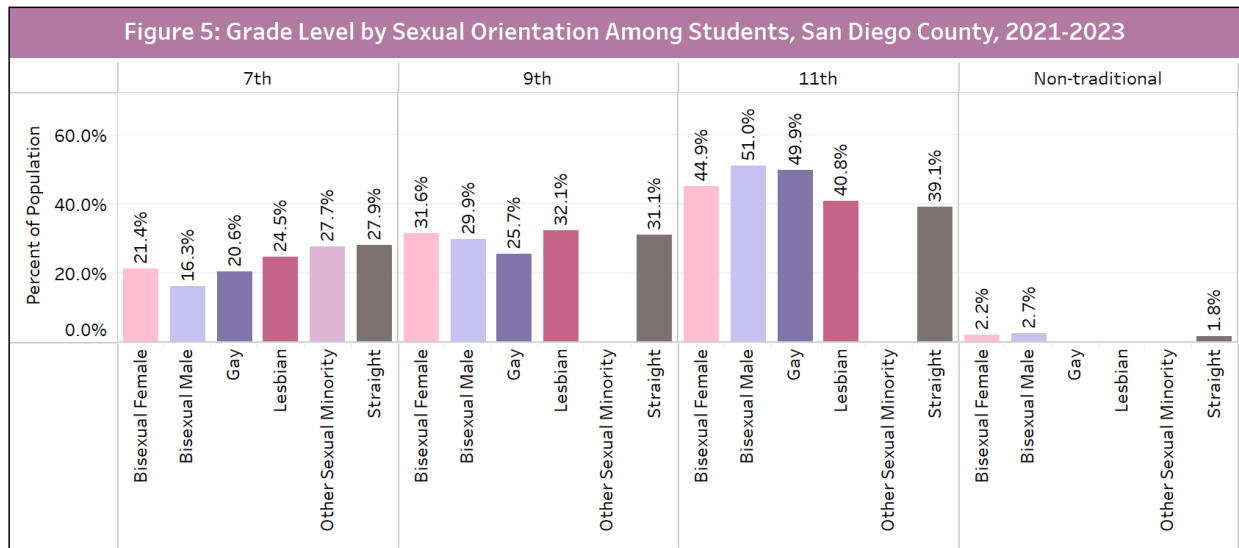
The teenage nonbinary student population had the greatest racial diversity, with the highest proportions of Hispanic (50.2%), non-Hispanic Black (5.5%), and non-Hispanic Multiple Race (7.8%) students (Figure 4).

It is important to recognize that the lived experiences of the LGBTQ population vary by race/ethnicity. Racial and ethnic minorities who identify as LGBTQ experience the world differently and may face additional challenges. Further data is needed to explore these differences and the possible effects on health and well-being.



NH: Non-Hispanic. NH Other race includes any non-Hispanic race other than Asian, Black, or White. Source: California Healthy Kids Survey (CHKS), 2021-2023.

Grade Level by Sexual Orientation

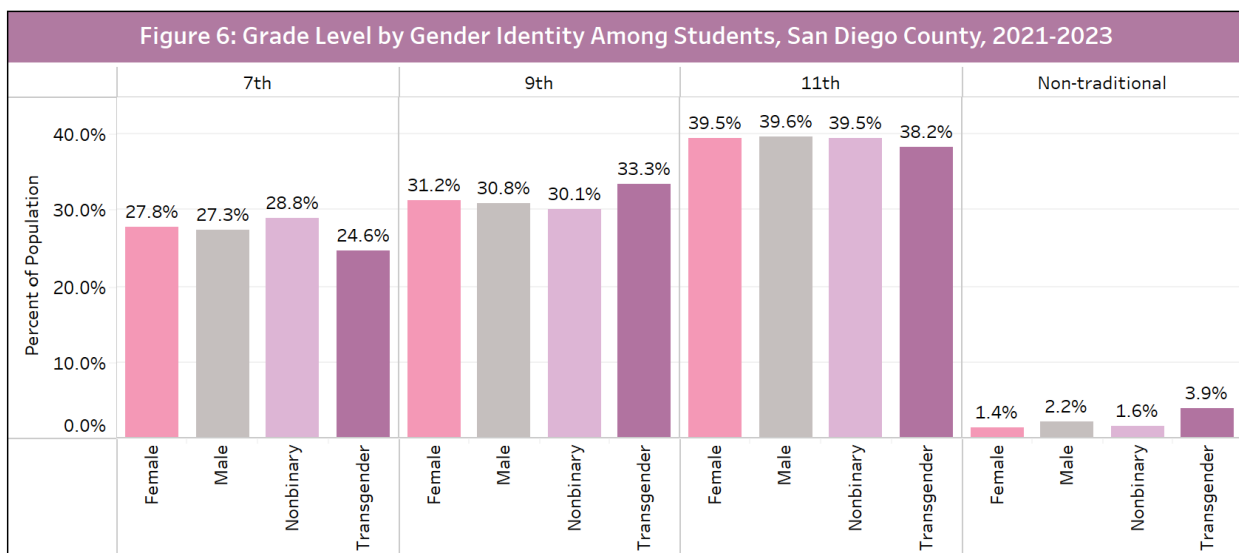


Source: California Healthy Kids Survey (CHKS), 2021-2023.

Overall, a higher percentage of the LGBTQ youth population was in 11th grade compared to the straight youth population.

From 2021-2023, nearly 50% of the teenage gay student population and 51% of the teenage bisexual male student population were in 11th grade compared to 39.1% of the teenage straight student population (Figure 5). The grade level distribution among the teenage lesbian and bisexual female student populations were similar to the straight teenage student population (Figure 5).

Grade Level by Gender Identity



Source: California Healthy Kids Survey (CHKS), 2021-2023.

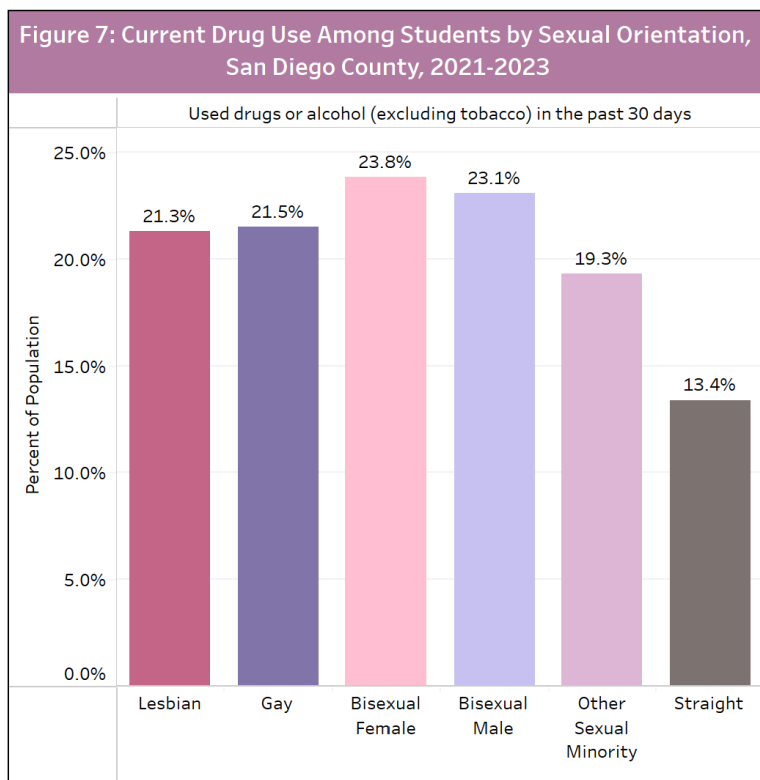
Overall, the grade level distribution was similar across cisgender, transgender, and nonbinary youth.

From 2021-2023, 24.6% of teenage transgender students were in 7th grade, 33.3% were in 9th grade, and 38.2% were in 11th grade, similar to cisgender and nonbinary students (Figure 6). However, a higher percentage of transgender students were in non-traditional schooling (3.9%) compared to the other gender identities (Figure 6).

Health and Well-Being Outcomes

There are a variety of factors that influence health and well-being outcomes among LGBTQ youth, many of which lead to health inequities. In the United States, LGBTQ youth are more likely to experience depression, attempt suicide, use drugs, and engage in sexual activity that may place them at risk for HIV and other STDs compared to their heterosexual and cisgender peers.¹⁰ Minority stress theory suggests that stigma, prejudiced behaviors, and discrimination create a chronically stressful environment for minority populations which can result in poor health and well-being outcomes, as well as health behaviors that might increase the risk of poor health outcomes.⁵ The LGBTQ youth population in particular experiences distinct and chronic stressors related to their sexual and/or gender identity, including lack of acceptance from peers, discrimination, family rejection, and school failure.⁶ LGBTQ youth often lack the skills required to cope with discrimination, fear, and anxiety related to social acceptance. Additionally, LGBT youth may experience family rejection and have limited access to resources. This may lead to increased depression, feelings of hopelessness, and substance abuse.⁶

Current Drug Use by Sexual Orientation



Source: California Healthy Kids Survey (CHKS), 2021-2023.

Overall, all teenage sexual minority groups had higher percentages of current drug or alcohol use compared to their straight peers.

From 2021-2023, the teenage bisexual female student population had the highest percentage of drug or alcohol use in the last 30 days (23.8%), followed by the teenage bisexual male population (23.1%) (Figure 7).

The teenage lesbian and gay student population had similar percentages of current drug or alcohol use (21.3% and 21.5%, respectively), higher than the teenage straight student population (13.4%) (Figure 7).

Bisexual females had the highest percentages of current use of alcohol (12.6%), marijuana (11.8%), and vaping (12.1%). Current vape use among bisexual female students was nearly 2.5 times that of their straight peers (4.9%).⁸

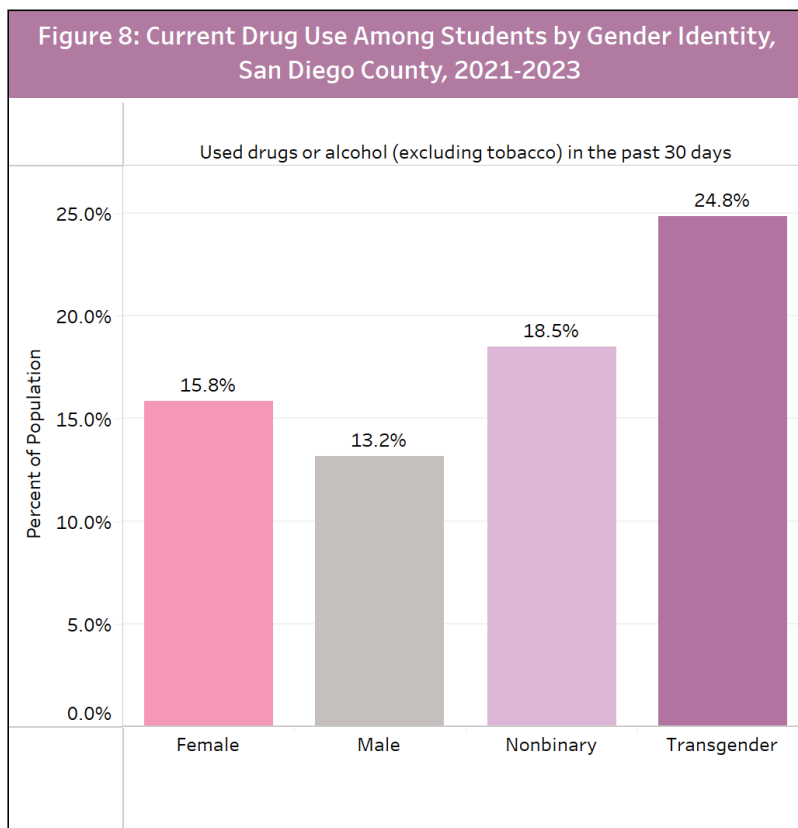
Lesbian and gay students had the highest percentage of current binge drinking (5.7% and 5.6%, respectively), nearly 1.8 times that of their straight peers (3.2%).⁸

Current Drug Use by Gender Identity

Overall, all transgender and nonbinary teenage students had higher percentages of current drug or alcohol use compared to their straight peers.

From 2021-2023, the transgender teenage student population had the highest percentage of drug or alcohol use in the last 30 days (24.8%), nearly 1.6 times higher than cisgender teenage females (15.8%) and nearly 1.9 times higher than cisgender teenage males (13.2%) (Figure 8).

Transgender teenage students had the highest percentages of current use of all drugs included in CHKS, including cigarettes and smokeless tobacco, inhalants, marijuana, pills, and prescription medication misuse compared to their cisgender peers.⁸ The transgender student population also had higher percentages of current binge drinking and vaping compared to their cisgender peers.⁸



Source: California Healthy Kids Survey (CHKS), 2021-2023.

Lifetime Drug Use by Sexual Orientation

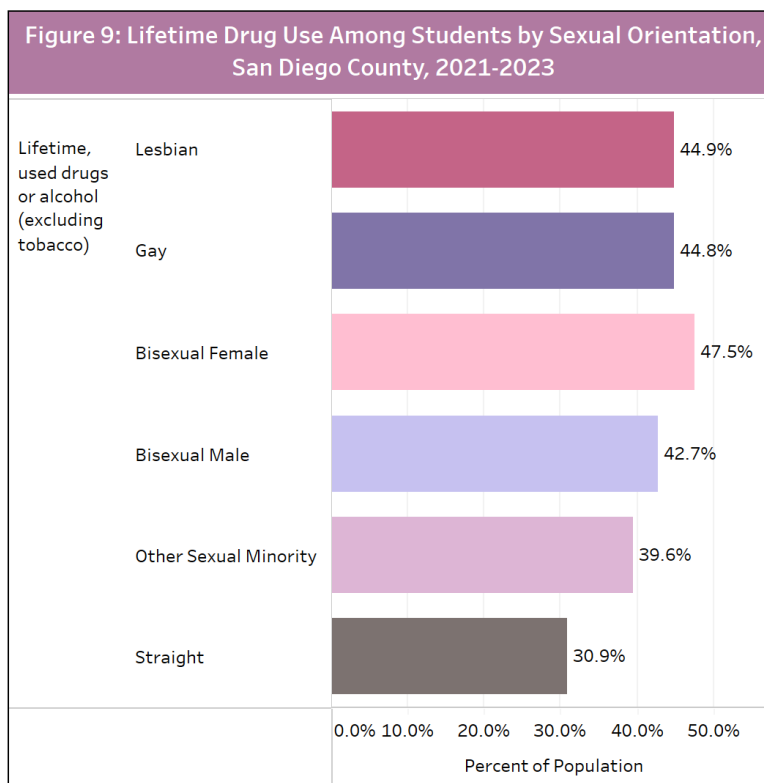
Overall, all sexual minority groups had higher percentages of lifetime drug or alcohol use compared to their straight peers.

From 2021-2023, the teenage bisexual female student population had the highest percentage of lifetime drug or alcohol use (47.5%), followed by the teenage lesbian population (44.9%), and the teenage gay population (44.8%) (Figure 9).

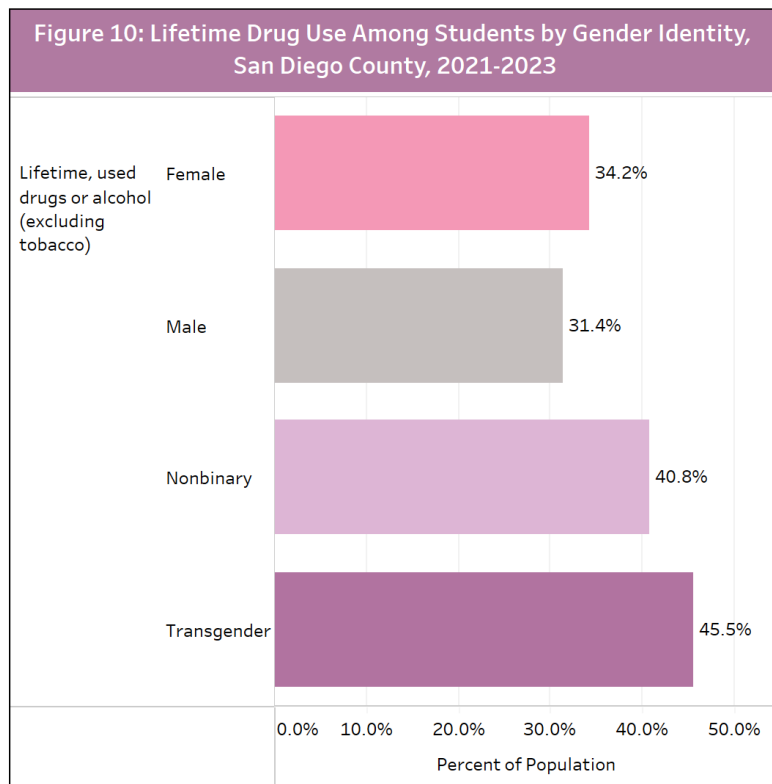
Teenage bisexual females had the highest percentages of lifetime use of alcohol (30.9%), marijuana (22.5%), and vaping (25.9%). Lifetime vape use among teenage bisexual female students was nearly 2.1 times that of their straight peers (12.4%).⁸

Teenage bisexual male students had the highest percentages of lifetime use of ecstasy, LSD, or other psychedelics (6.4%) and inhalants (5.8%).⁸

Teenage gay students had the highest percentage of lifetime cigarette use (8.0%), cocaine, methamphetamine or any amphetamines use (2.4%), and lifetime use of cold/cough medicines or other over the counter medicines to get high (7.8%).⁸



Source: California Healthy Kids Survey (CHKS), 2021-2023.



Source: California Healthy Kids Survey (CHKS), 2021-2023.

Lifetime Drug Use by Gender Identity

Overall, all transgender and nonbinary teenage students had higher percentages of lifetime drug or alcohol use compared to their cisgender peers

From 2021-2023, the transgender teenage student population had the highest percentage of lifetime drug or alcohol use (45.5%), followed by nonbinary teenage students (40.8%) (Figure 10).

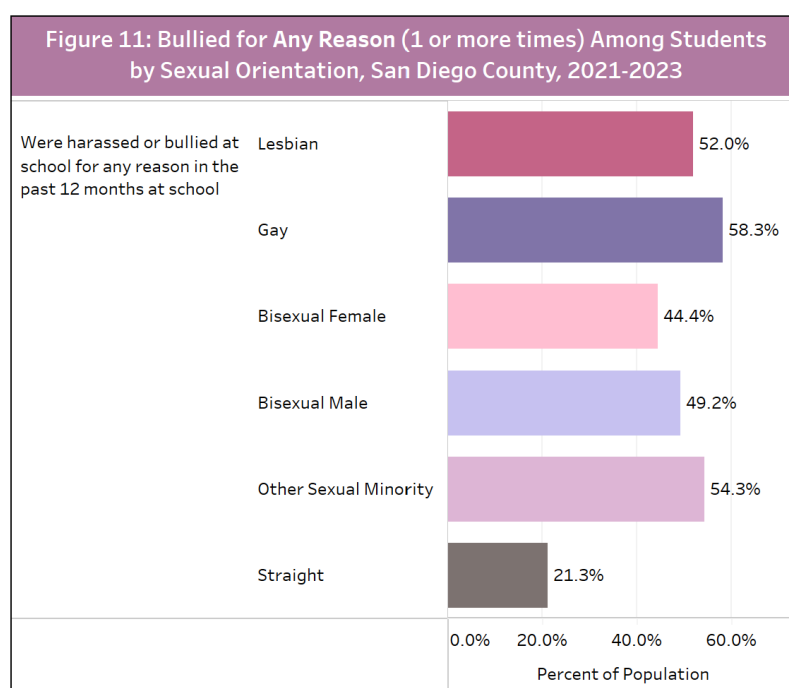
Transgender teenage students had the highest percentages of lifetime use of all drugs included in CHKS, including cigarettes and smokeless tobacco, cocaine, methamphetamine or any amphetamines, inhalants, ecstasy, LSD, or other psychedelics,

marijuana, and medication misuse compared to their cisgender peers.⁸ The transgender student population also had higher percentages of lifetime alcohol and vape use compared to their cisgender peers.⁸

Bullying by Sexual Orientation

Overall, higher percentages of all teenage sexual minority groups experienced bullying, regardless of the reason, compared to their straight peers.

From 2021-2023, the proportion of population that had experienced bullying 1 or more times in the last year was over two times greater in all teenage sexual minority groups compared to that of the straight population. The gay teenage student population had the highest



Source: California Healthy Kids Survey (CHKS), 2021-2023.

percentage of experiencing bullying (58.3%), followed by other sexual minority teenage students (54.3%) (Figure 11).

From 2021-2023, 1 in 2 (51.0%) gay teenage students had experienced bullying 1 or more times because of their sexual orientation in the last year, the highest percentage of all sexual minority groups, followed by lesbian teenage students (41.4%).⁸ Teenage bisexual females had the lowest proportion of population that had experiencing bullying 1 or more times because of their sexual orientation in the last year (27.0%) compared to other sexual minority groups.⁸ Just 3.1% of straight teenage students had experienced bullying because of their sexual orientation 1 or more times in the last year.⁸

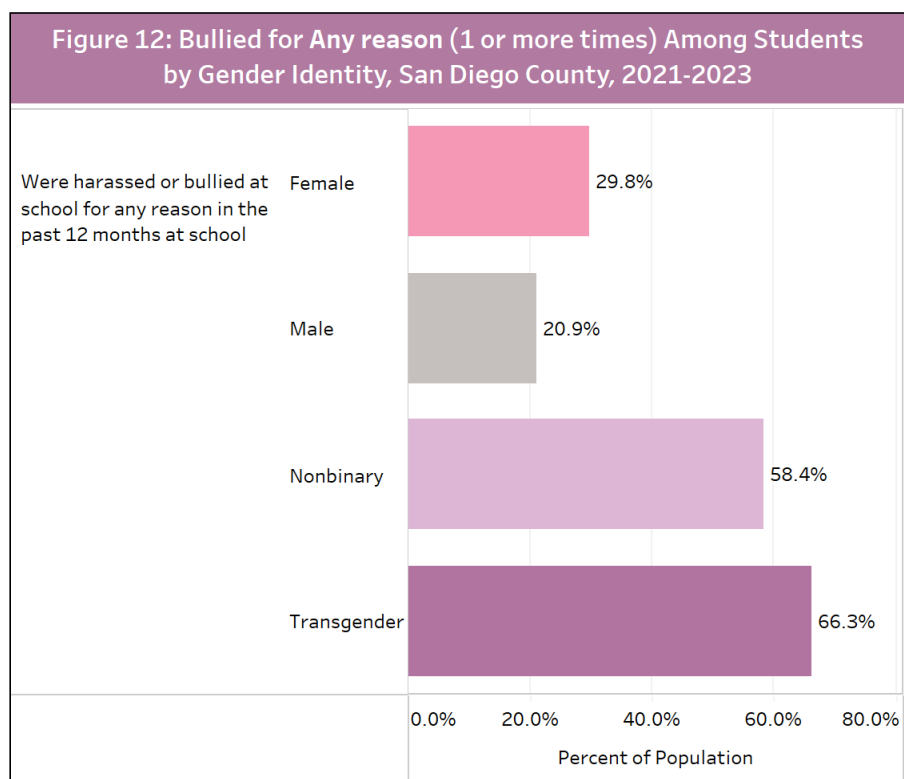
Bullying by Gender Identity

Overall, transgender and nonbinary students had higher percentages of experiencing bullying, regardless of the reason, compared to their cisgender male and female peers.

From 2021-2023, nearly 2 in 3 (66.3%) transgender teenage students experienced bullying 1 or more times in the last year, nearly 2.2 times higher than the percentage of cisgender female teenage students (29.8%) and nearly 3.2 times higher than the percentage of cisgender male teenage students (20.9%) (Figure 12).

Similarly, 58.4% of nonbinary teenage students had experienced bullying 1 or more times the last year, higher than their cisgender peers (Figure 12).

From 2021-2023, 54.4% of transgender teenage students had been bullied for their gender identity 1 or more times in the last year, compared to 37.3% of nonbinary teenage students, 9.9 % of cisgender teenage females, and 3.1% of cisgender teenage males.⁸



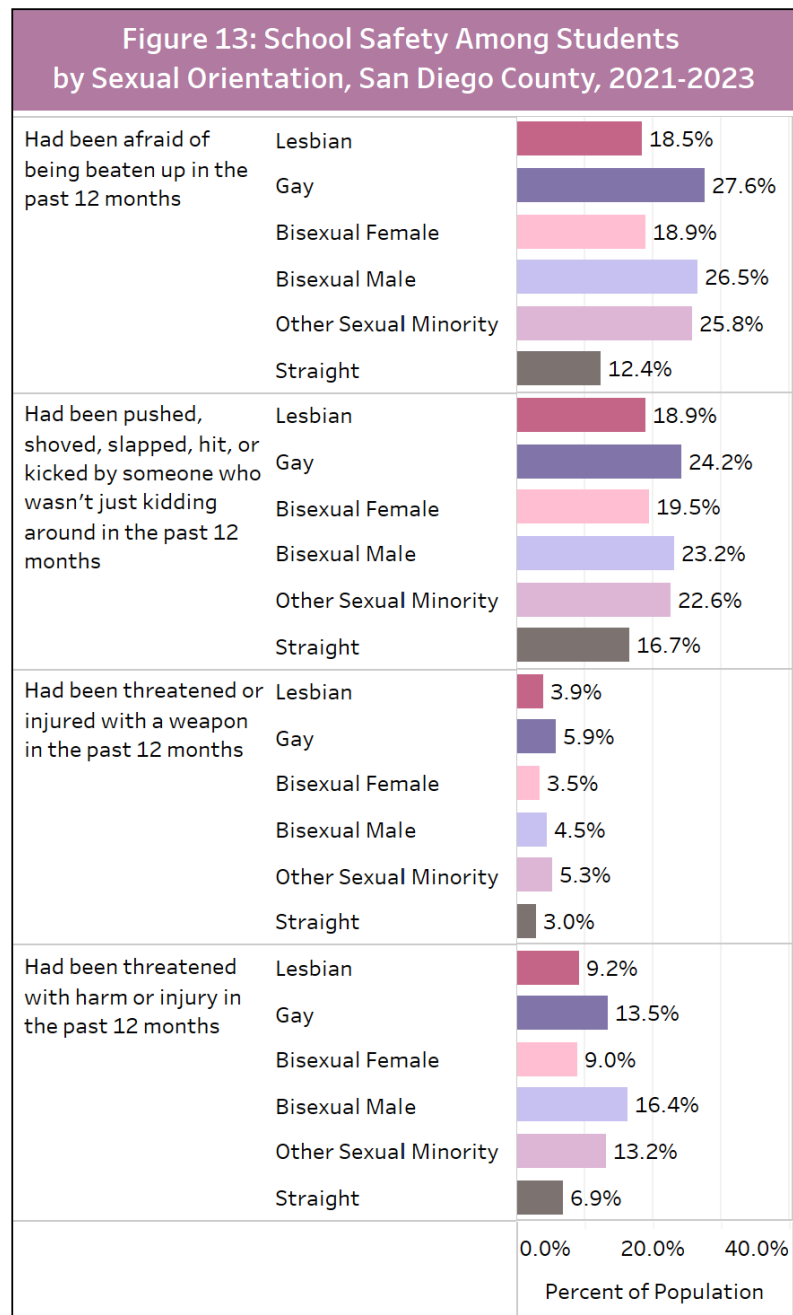
Source: California Healthy Kids Survey (CHKS), 2021-2023.

School Safety by Sexual Orientation

Overall, higher percentages of all sexual minority groups experienced violence at school compared to their straight peers.

From 2021-2023, gay teenage students reported the highest percentages of being afraid of being beaten up (27.6%), being pushed, shoved, slapped, hit or kicked by someone who wasn't just kidding around (24.2%), and being threatened or injured with a weapon (5.9%) one or more times in the last year (Figure 13). Teenage bisexual male students reported the highest percentage of being threatened with harm or injury (16.4%) one or more times in the last year (Figure 13).

A lower proportion of teenage lesbian and bisexual female students reported experiencing violence at school compared to other sexual minority groups but higher than their straight peers (Figure 13).



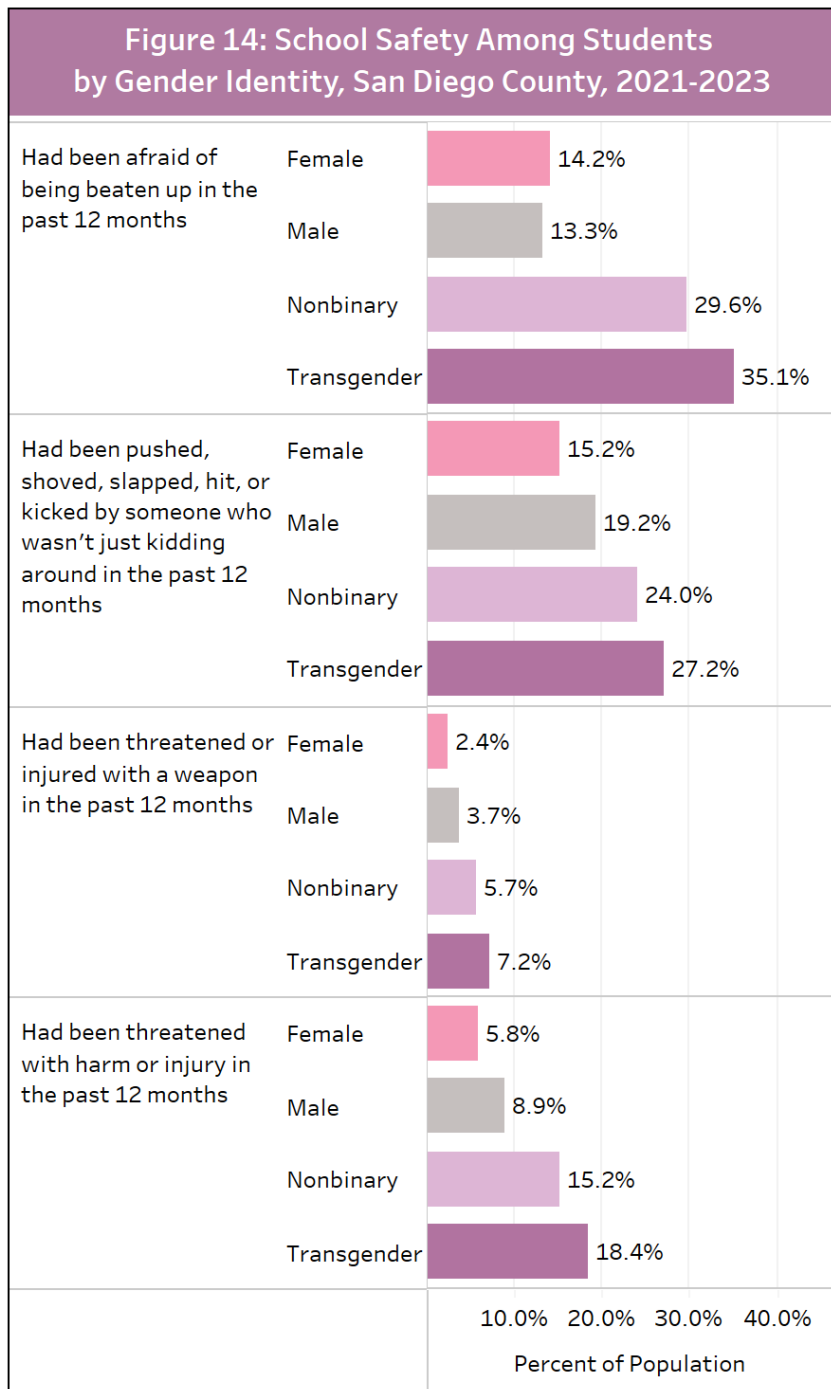
Source: California Healthy Kids Survey (CHKS), 2021-2023.

School Safety by Gender Identity

Overall, teenage transgender and nonbinary students had higher percentages of experiencing victimization at school compared to their cisgender male and female peers.

From 2021-2023, teenage transgender students reported the highest percentages of being afraid of being beaten up (35.1%), being pushed, shoved, slapped, hit or kicked by someone who wasn't just kidding around (27.2%), being threatened or injured with a weapon (7.2%), and being threatened with harm or injury (18.4%) one or more times in the last year (Figure 14). These percentages were over two times higher than those among their cisgender male and female peers (Figure 14).

A lower proportion of teenage nonbinary students reported experiencing victimization at school compared to teenage transgender students but higher than their cisgender male and female peers (Figure 14).

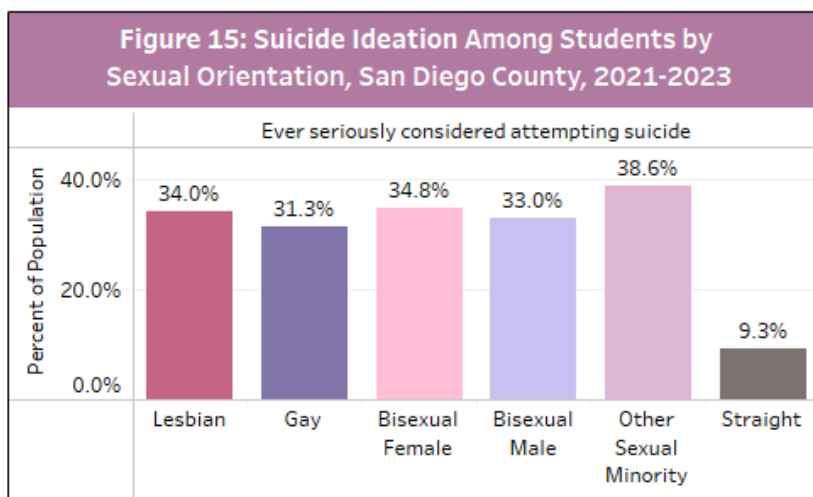


Source: California Healthv Kids Survey (CHKS). 2021-2023.

Mental Health by Sexual Orientation

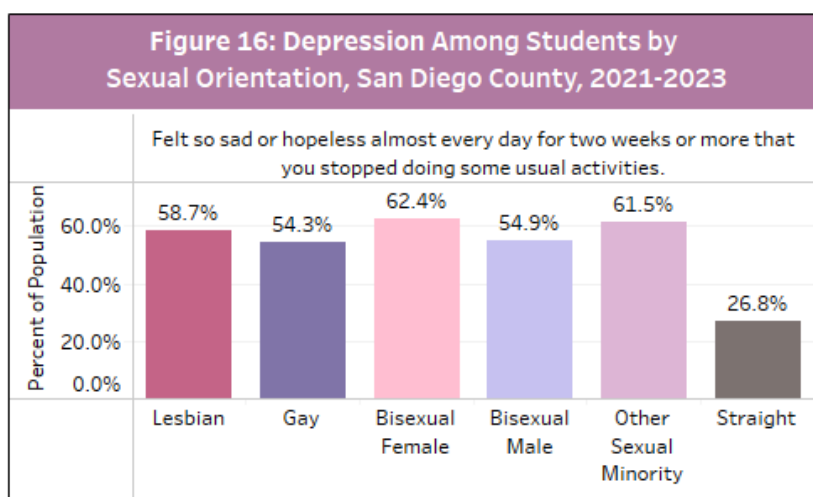
Overall, a greater proportion of teenage sexual minority groups experienced poor mental health outcomes compared to their straight peers.

From 2021-2023, the proportion of all sexual minority groups that had ever seriously considered attempting suicide was over three times higher than that of their straight peers (Figure 15). The other sexual minority student population had the greatest proportion of their population report suicidal ideation (38.6%), which was over four times higher than the straight teenage student population (9.3%), followed by bisexual females (34.8%), which was 3.7 times higher than the straight teenage student population (Figure 15). The teenage gay student population reported the lowest percentage of suicidal ideation (31.3%) compared to other sexual minority groups, but the percentage of gay teenage students that had ever seriously considered attempting suicide was still nearly 3.4 times higher than that of their straight peers (Figure 15).

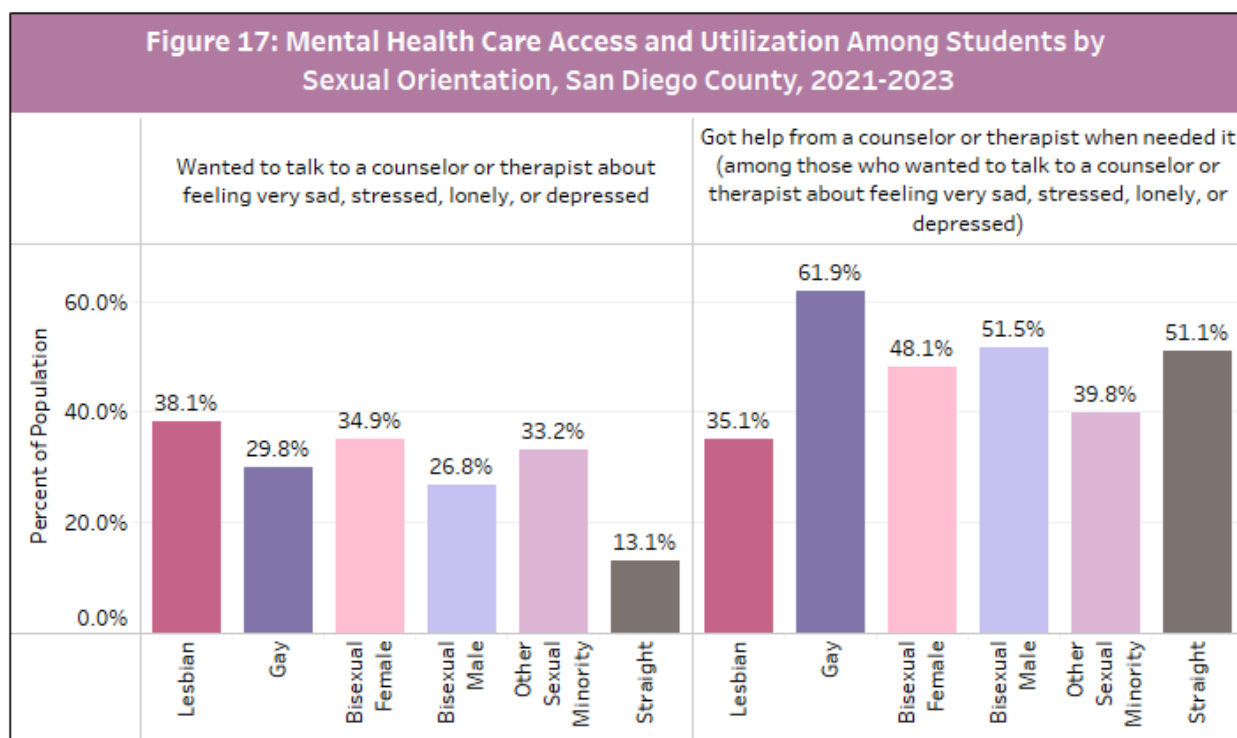


Source: California Healthy Kids Survey (CHKS). 2021-2023.

Similarly, from 2021-2023, the proportion of all sexual minority groups that had felt so sad or hopeless almost every day for two weeks or more that they stopped doing some of their usual activities was over two times higher than that of their straight peers (Figure 16). The bisexual female student population had the greatest proportion of their population report depressive symptoms (62.4%), nearly 2.3 times that of the straight student population (26.8%), followed by the teenage other sexual minority student population (61.5%) (Figure 16).



Source: California Healthy Kids Survey (CHKS). 2021-2023.



Source: California Healthy Kids Survey (CHKS), 2021-2023.

Sexual minority students reported greater proportions of their populations wanting to access mental health services in the last year compared to their straight peers. However, among those who reported wanting to access those services, the percentage of students who utilized mental health services in the last year among sexual minority groups was similar or lower than their straight peers.

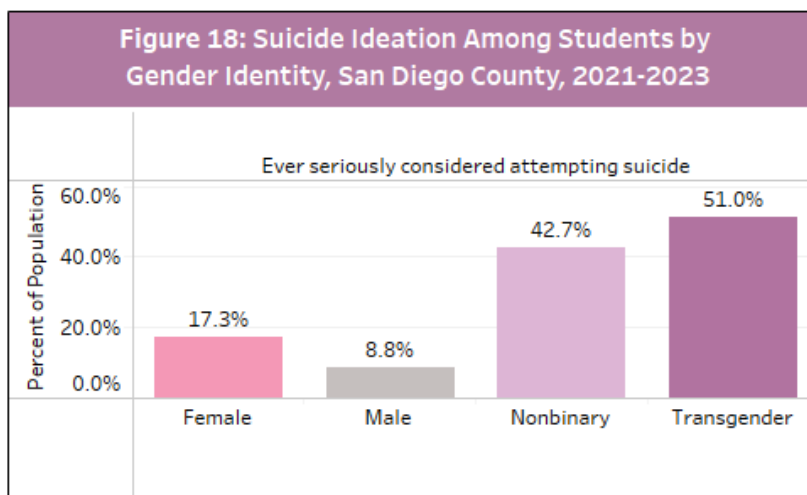
From 2021-2023, the lesbian student population had the greatest proportion of their population report wanting to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed (38.1%), compared to all sexual orientation groups (Figure 17). However, among those who reported wanting help, the lesbian student population had the lowest proportion of their population report that they received help from a counselor or therapist when they needed it (35.1%), compared to all sexual orientation groups (Figure 17).

The teenage gay and bisexual male student populations reported the lowest percentages of their populations that wanted to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed, with percentages of 29.8% and 26.8%, respectively (Figure 17). However, among those who did want help, the teenage gay student population had the highest proportion of their population report that they received help from a counselor or therapist when they needed it (61.9%), followed by teenage bisexual males (51.5%), compared to all sexual orientation groups (Figure 17).

Mental Health by Gender Identity

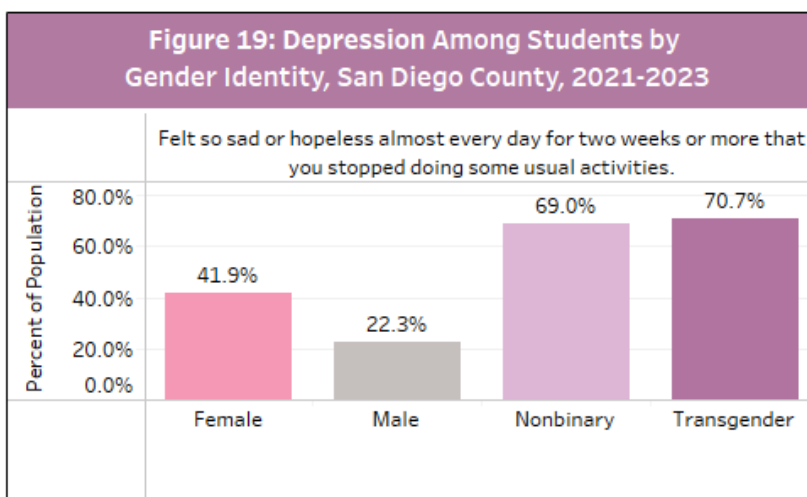
Overall, a greater proportion of teenage transgender and nonbinary students experienced poor mental health outcomes compared to their cisgender peers.

From 2021-2023, the proportion of teenage transgender that had ever seriously considered attempting suicide in the last year (51.0%) was nearly three times higher than that of cisgender female students (17.3%) and nearly 5.8 times higher than cisgender males (8.8%) (Figure 18). Similarly, 42.7% of the nonbinary teenage student population reported ever seriously considering suicide in the last year, lower than the transgender student population but nearly 2.5 times higher than cisgender female students and nearly 4.9 times higher than cisgender male students (Figure 18).

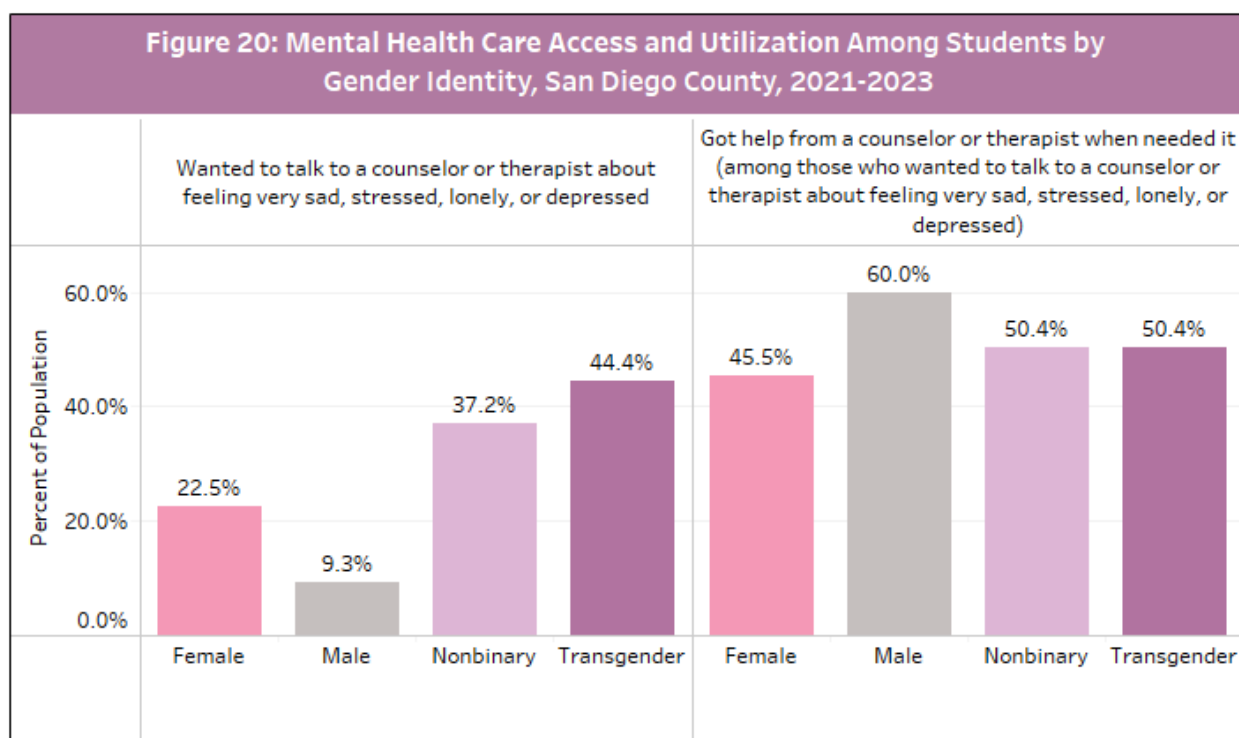


Source: California Healthv Kids Survey (CHKS). 2021-2023.

From 2021-2023, the proportion of teenage transgender students that had felt so sad or hopeless almost every day for two weeks or more that they stopped doing some of their usual activities in the last year was 70.7%, nearly 1.7 times higher than that of cisgender female students (41.9%) and over 3 times higher than that of cisgender male students (22.3%) (Figure 19). Similarly, over 2 in 3 (69.0%) teenage nonbinary students reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities in the last year (Figure 19).



Source: California Healthv Kids Survey (CHKS). 2021-2023.



Source: California Healthy Kids Survey (CHKS), 2021-2023.

Teenage transgender and nonbinary students reported greater proportions of their populations wanting to access mental health services in the last year compared to their cisgender peers. However, among those who reported wanting to access those services, the percentage of students who utilized mental health services in the last year among transgender and nonbinary students was similar or lower than their cisgender peers.

From 2021-2023, the teenage transgender student population had the greatest proportion of their population report wanting to talk to a counselor or therapist about feeling very sad, stressed, lonely, or depressed (44.4%), followed by the teenage nonbinary student population (37.2%), compared to their cisgender peers (Figure 20). However, among those who reported wanting help, both the teenage transgender and nonbinary student populations had lower proportions of their population report that they received help from a counselor or therapist when they needed it (50.4%) compared to their cisgender male peers (60.0%) and slightly higher proportions compared to their cisgender female peers (45.5%) (Figure 20).

To view additional health and well-being data among San Diego County youth by sexual orientation or gender identity, visit: [LGBTQ Youth in San Diego County, 2021-2023 | Tableau Public](#).

Conclusion

About 16% of teenage students in San Diego County identify as lesbian, gay, bisexual, or some other sexual minority, 2.3% identify as transgender, and 1.3% identify as nonbinary. Many LGBTQ youth lead successful and healthy lives; however, they also have unique needs and may be more likely to face barriers, including stigma, discrimination, and family rejection, that can lead to poor health and well-being outcomes. LGBTQ youth face alarmingly high rates of victimization, high rates of depression, and high rates of suicidal ideation compared to their heterosexual and cisgender peers. Health and well-being outcomes appear to vary by sexual orientation and gender identity. Further research is needed to understand what can be done to improve safety and support for LGBTQ youth and what can be done to meet the needs of the LGBTQ youth population in San Diego County. These data can educate and inform the public for program and planning purposes.

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LIVE WELL
SAN DIEGO



*Accredited on May 17, 2016
Reaccredited on August 21, 2023*

From: [richard.hart](#)
To: [FGG, Public Comment](#)
Subject: [External] Item 10: Support for H.R. 28
Date: Monday, February 10, 2025 3:25:48 PM

Respectfully submitted to the San Diego County Board of Supervisors:

I just want to urge in the strongest possible terms support for Supervisor Jim Desmond's advocacy to acknowledge the importance of HR 28! I don't know why this is even a controversy! Having biological males who simply are saying they're a woman competing against people who actually are women, is blatantly unfair and dangerous! There have been many cases of women being seriously injured because of the reality of greater strength of biological males they are competing against! Also because of the strength advantage, as well as other advantages of biological males, any idea that such "competition" is fair, is a farce! Consequently, women are being terribly disadvantaged with scholarship opportunities, etc.! I'm hoping that truth and logic and consideration of opportunities for women will prevail in advocating for protection of women's sports!

Thank you!
R. H.

[Yahoo Mail: Search, Organize, Conquer](#)