

# **MENTAL HEALTH DISPARITIES BY GENDER IDENTITY IN THE US ACCORDING TO BRFSS**

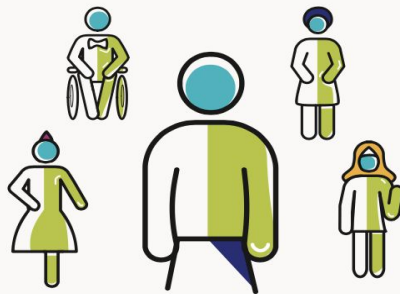
**Darid Prom | Blanca Himes | University of Pennsylvania**

# GENDER IDENTITY

**GLSEN**<sup>®</sup>

**InterACT**  
Advocates for Intersex Youth

## GENDER TRIANGLE



### ATTRIBUTION

HOW YOU ARE PERCEIVED BY OTHERS



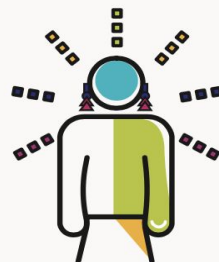
### GENDER IDENTITY

HOW YOU SEE YOURSELF ON THE INSIDE



### BODY

HOW YOUR BODY EXISTS & CHANGES



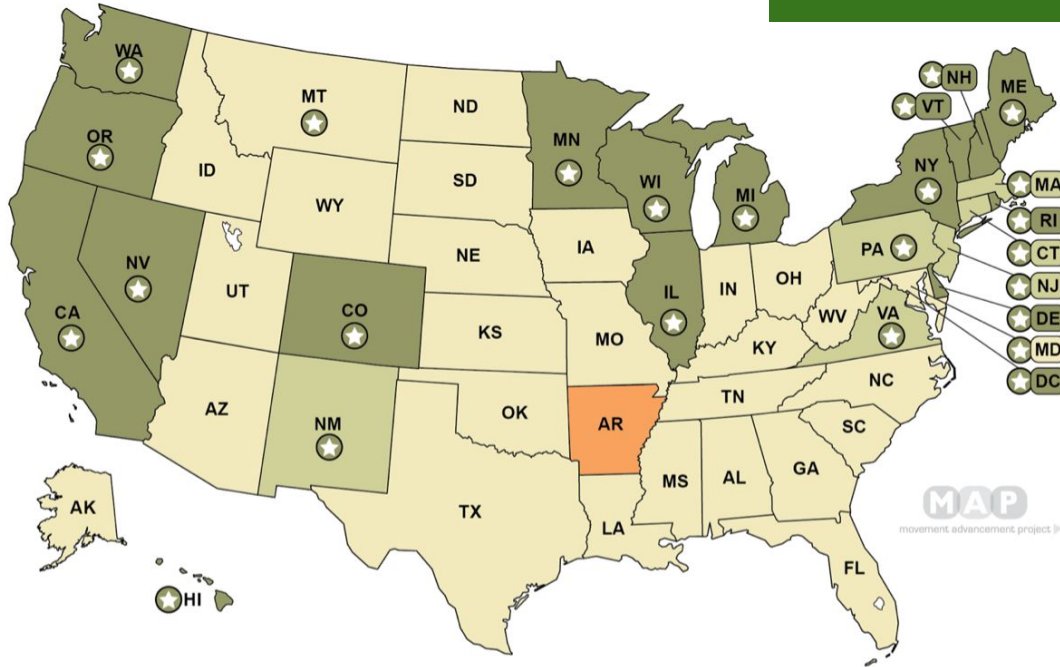
### EXPRESSION

HOW YOU PRESENT YOURSELF

## BACKGROUND: HEALTHCARE

- 1 out of 5 transgender adults are uninsured
- Nearly 48% have postponed medical care when sick/injured due to affordability
- 28% reported experiencing verbal harassment in medical setting
- 19% reported being refused medical care by providers
- 28% reported avoiding medical care altogether

# BACKGROUND: HEALTH INSURANCE



★ Transgender exclusions in health insurance service coverage prohibited (24 states, 0 territories + D.C.)

Law prohibits health insurance discrimination based on sexual orientation and gender identity (16 states, 1 territory + D.C.)

Law prohibits health insurance discrimination based only on gender identity only (6 states, 0 territories)

Law prohibits health insurance discrimination based only on sexual orientation only (0 states, 0 territories)

No law providing LGBTQ inclusive insurance protections (27 states, 4 territories)

Law explicitly permits insurers to refuse to cover gender-affirming care (1 state, 0 territories)

## U.S. Territories

American Samoa

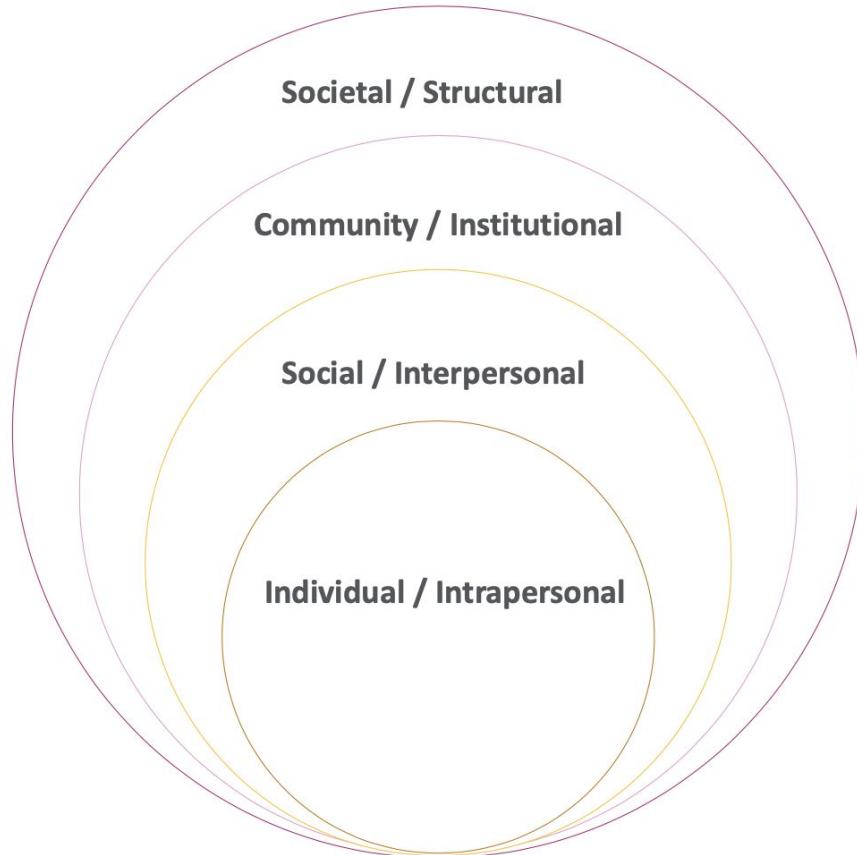
Commonwealth of the Northern Mariana Islands

Guam

Puerto Rico

U.S. Virgin Islands

# THEORETICAL FRAMEWORK



## Societal / Structural

- Legal housing discrimination
- Marriage bans

## Community/Institutional

- Exclusively negative media depictions
- Social norms

## Social / Interpersonal

- Bullying, slurs
- Family rejection

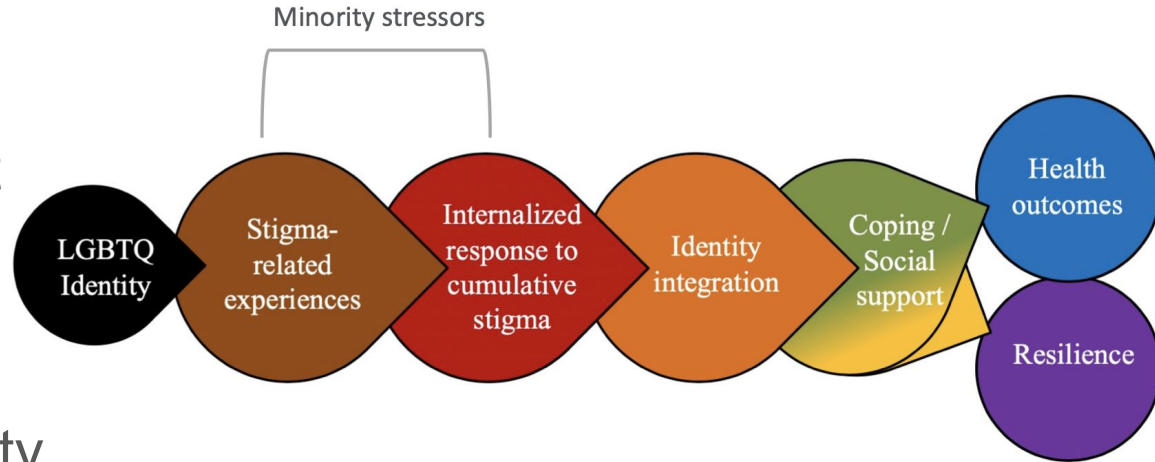
## Individual / Intrapersonal

- Identities
- Characteristics

# THEORETICAL FRAMEWORK

## MINORITY STRESS THEORY

- Relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members



# BARRIERS TO TREATMENT: INTERVIEWS

- “Awkward... trying to navigate how to discuss my sexuality and gender and ‘lifestyle choices’ with my doctor... most healthcare providers are not always the best at providing gender-affirming / racially-aware care unless they hold some level of proximity to my identities.”
- “I think my mental health is treated as very individual and self-limited. My identity impacts how my mental health looks and manifests, but it doesn’t really seem to be considered by professionals.”

## **OVERVIEW**

**Measure differences  
in self-reported  
mental health between  
transgender and  
cisgender people**

## **PURPOSE**

**Provide public health  
evidence to bring  
awareness around the  
existed disparities to  
further push for policy  
reform**



# STUDY DESIGN & DATA SOURCE

## 2019 Behavioral Risk Factor Surveillance System (BRFSS)

- A telephone-based survey that collects information on health-related risk behaviors U.S. residents
- Includes a core module AND optional modules on a state-by-state basis.
- 42 states and 3 U.S. territories implemented the “Sexual Orientation and Gender Identity (SOGI)” module in 2019
- SO/GI module was developed in 2013
- 1 of 2 national survey that incorporate gender identity questions



# STUDY VARIABLES

**Dependent variable:** Mental Health

- *“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.” (CDC)*

**“3 level not good mental health status: 0 days, 1-13 days, 14-30 days”**

- 0 days: “Positive”
- 1-30 days: “Some/Negative”



## STUDY VARIABLES

### Primary Independent variable:

- Gender Identity
  - Female to Male (FTM)
  - Male to Female (MTF)
  - Gender Nonconforming (GN)
  - Cisgender (CIS)

### Secondary Independent variables

- Education, Income, Health Coverage, Overall Health

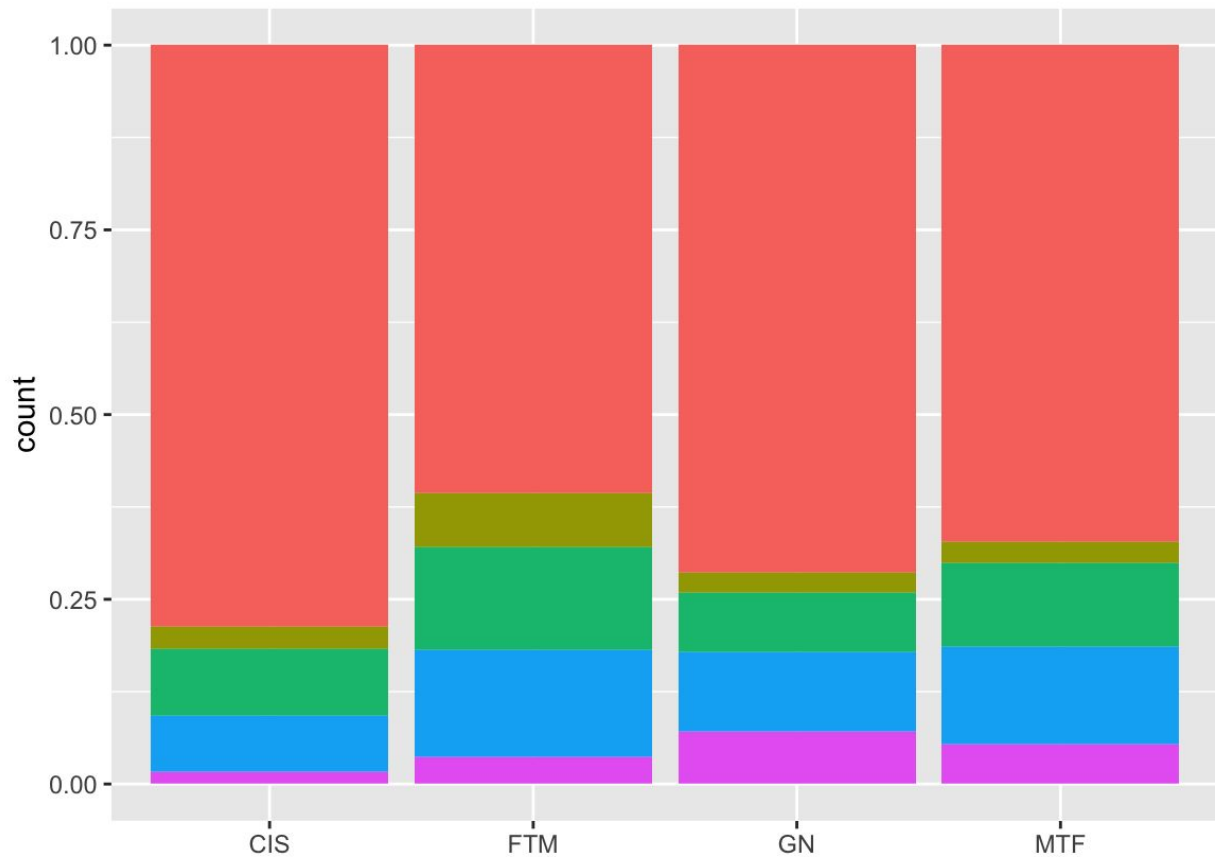


# STUDY PARTICIPANTS BREAKDOWN

## GENDER IDENTITY

CISGENDER	804	60,120
FEMALE TO MALE	193	70,193
MALE TO FEMALE	2	
GENDER NONCONFORMING	4	
TOTAL: 130,313 PARTICIPANTS		





## STUDY PARTICIPANTS

### RACE



**WHITE: 102,427**



**ASIAN: 3,996**



**BLACK: 11,741**



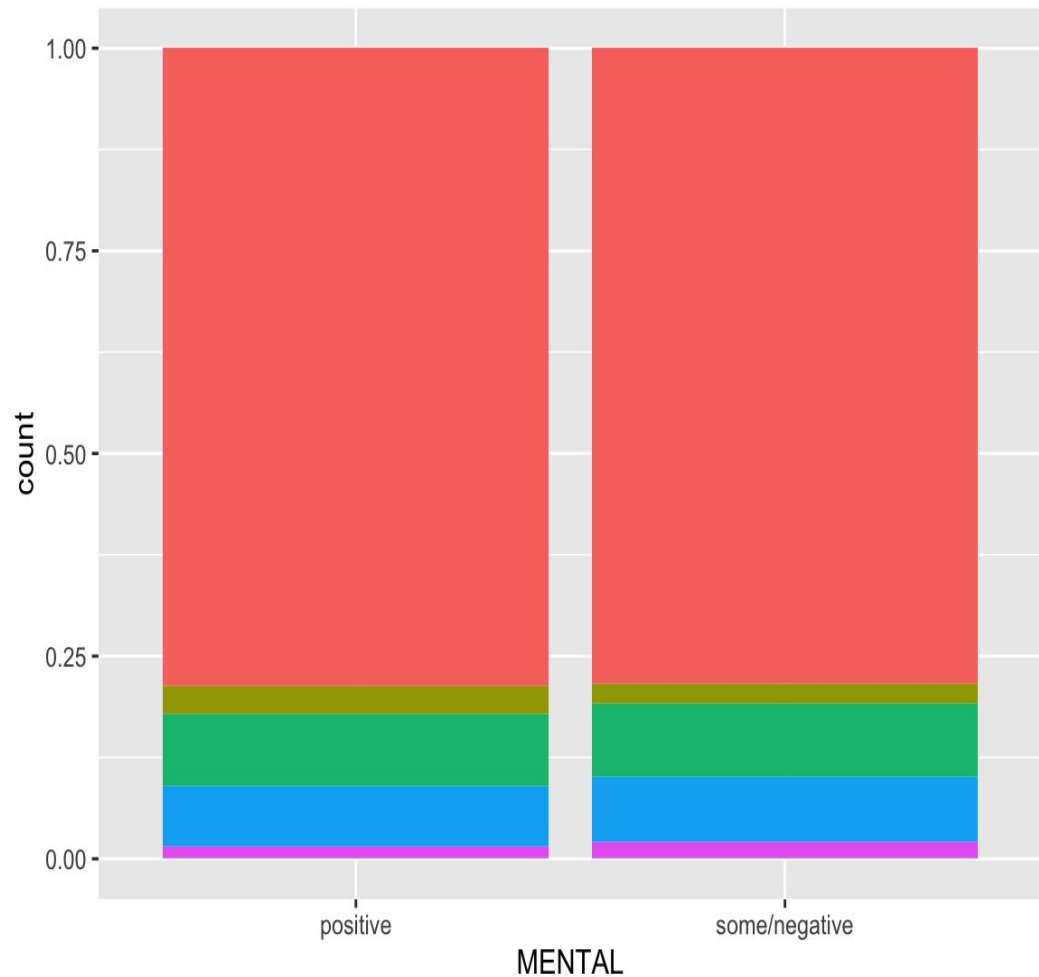
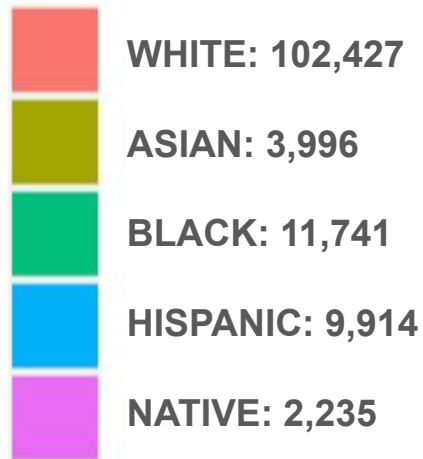
**HISPANIC: 9,914**



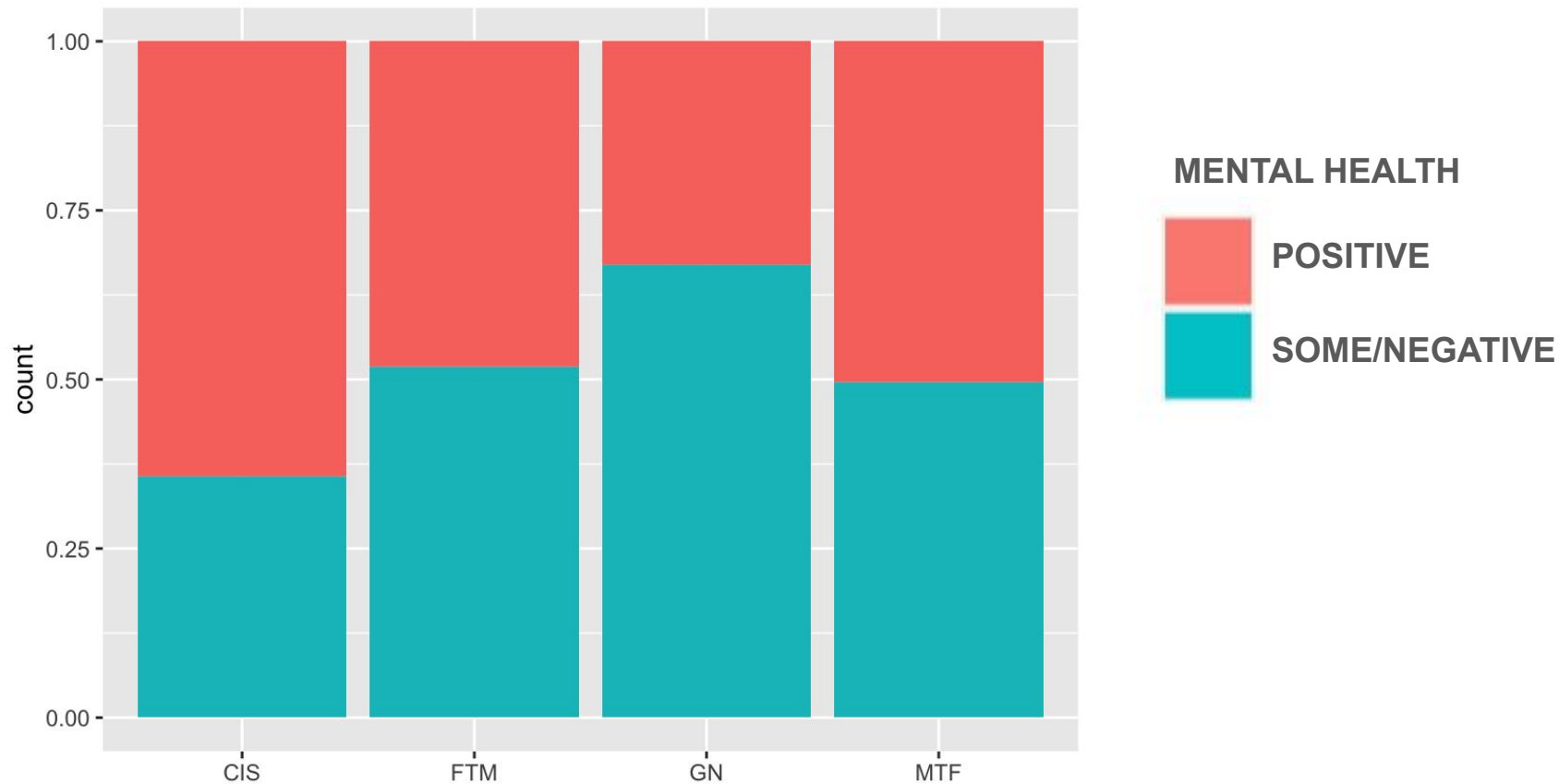
**NATIVE: 2,235**

# RACE & MENTAL HEALTH

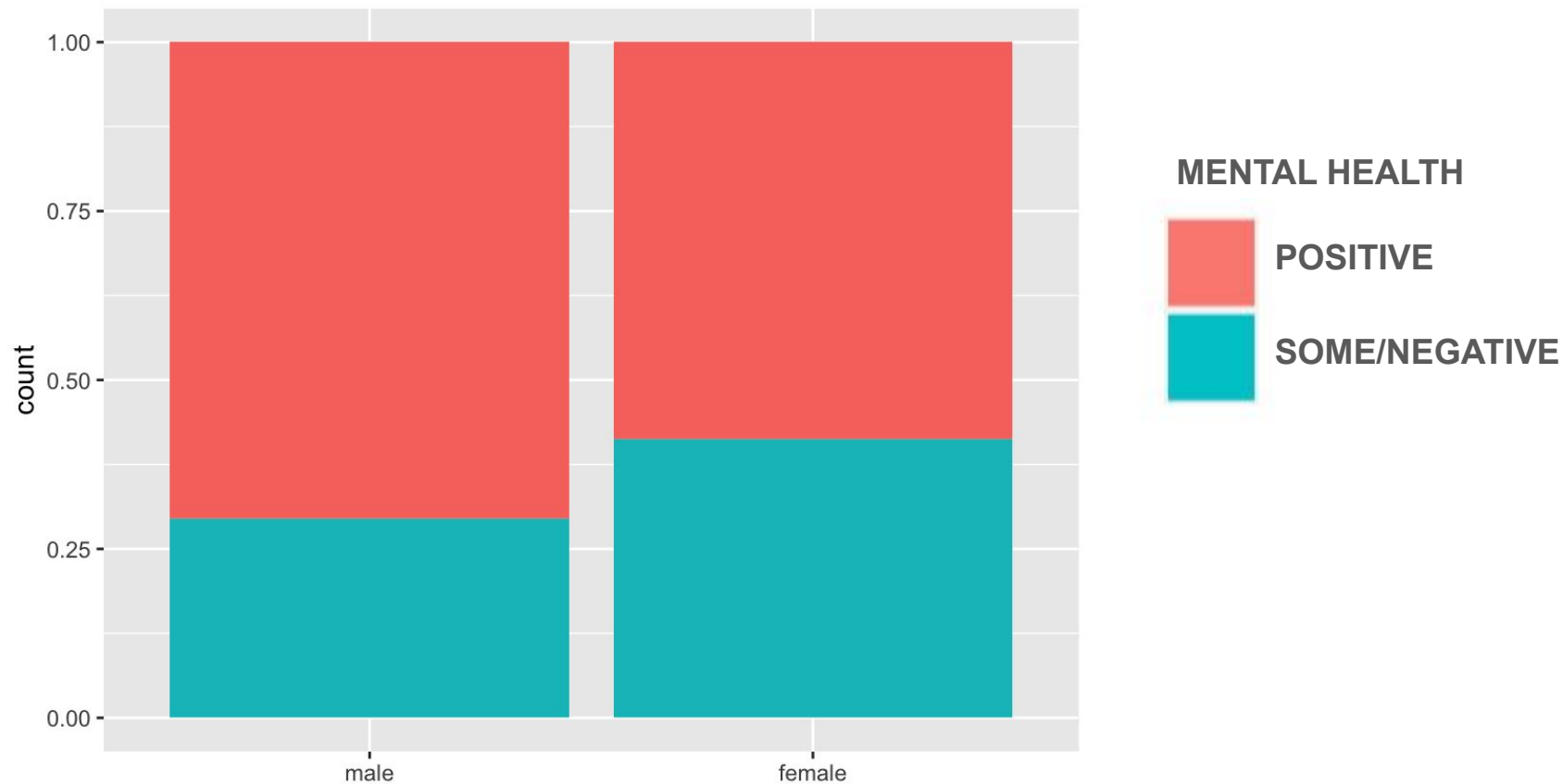
## RACE



# GENDER IDENTITY & MENTAL HEALTH



# SEX & MENTAL HEALTH

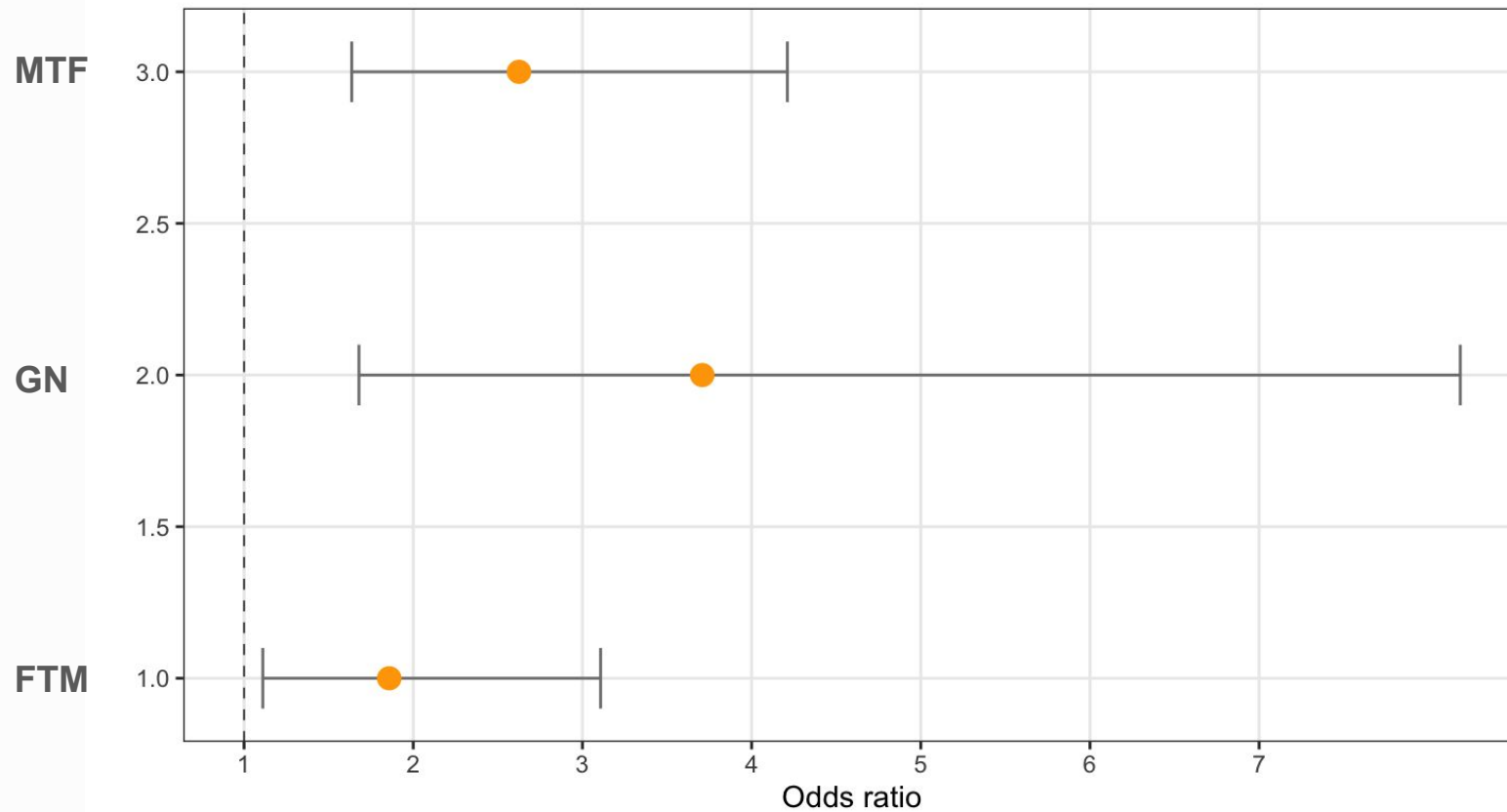




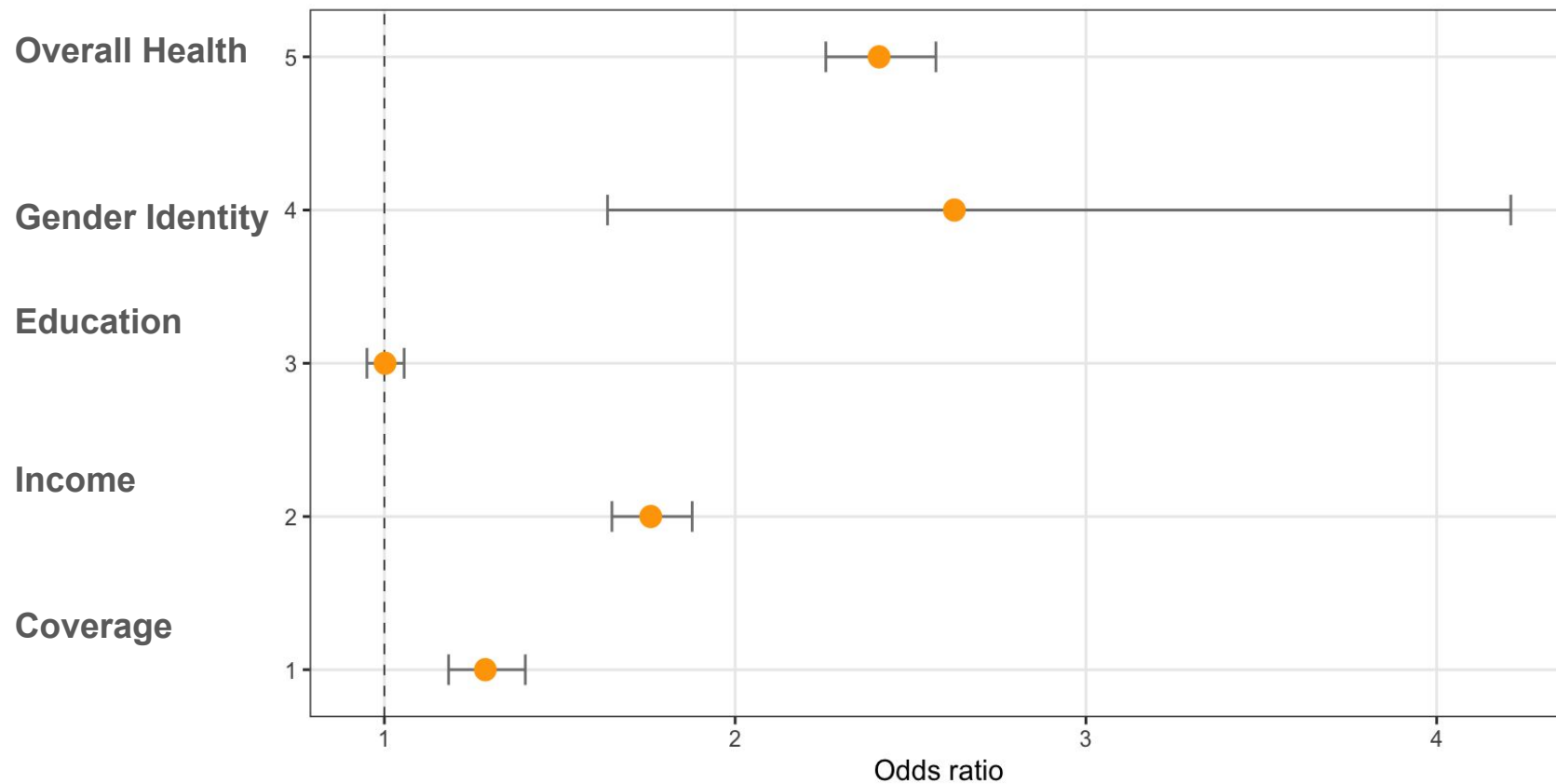
## MAIN MEASURES

- Multivariable logistic regression
  - Model mental health as the main function among trans identifying and cisgender
  - Adjusting for education, healthcare coverage, income, and overall health

## Trans Identity and Mental Health in BRFSS



## Associations with Mental Health in BRFSS



# INTERSECTIONALITY

- Systems of power and privilege interlock, impact marginalized populations
  - Privilege: absence of identity-based marginalization or discrimination
- Many or most individuals occupy social positions that include both privileged and marginalized domains
  - Examples: Pete Buttigieg, Me
- Without intersectionality, we risk misunderstanding population health by not properly situating people within their overlapping contexts

# FUTURE STEPS

- Incorporating a Mixed Model Method
  - Examining wider BRFSS data framework from different years
  - Conducting more interviews
  - Conduct more study focusing on trans people



# LESSONS LEARNED

**Goal 1:** Practice using R, specifically tabular text data manipulation, and statistical analyses

**Goal 2.** Describe complex tasks and take good notes of code and research performed

**Goal 3.** Use BRFSS data to characterize differences in health outcomes vs gender identity and sexual orientation, including by taking into account survey design

**Goal 5.** Learn to be independent, as well as seek guidance and ask questions

**Goal 6.** Receive constructive feedbacks and learning to apply it for further improvements.

Thank  
You