At crossroads: How place, data, and identity impact suicide prevention for LGBT communities

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Overview

Describe

unique health risk factors for LGBT populations

Summarize

differences in suicide morbidity and mortality for LGBT individuals

Explain

data limitations hampering research about LGBT communities

Disclosures

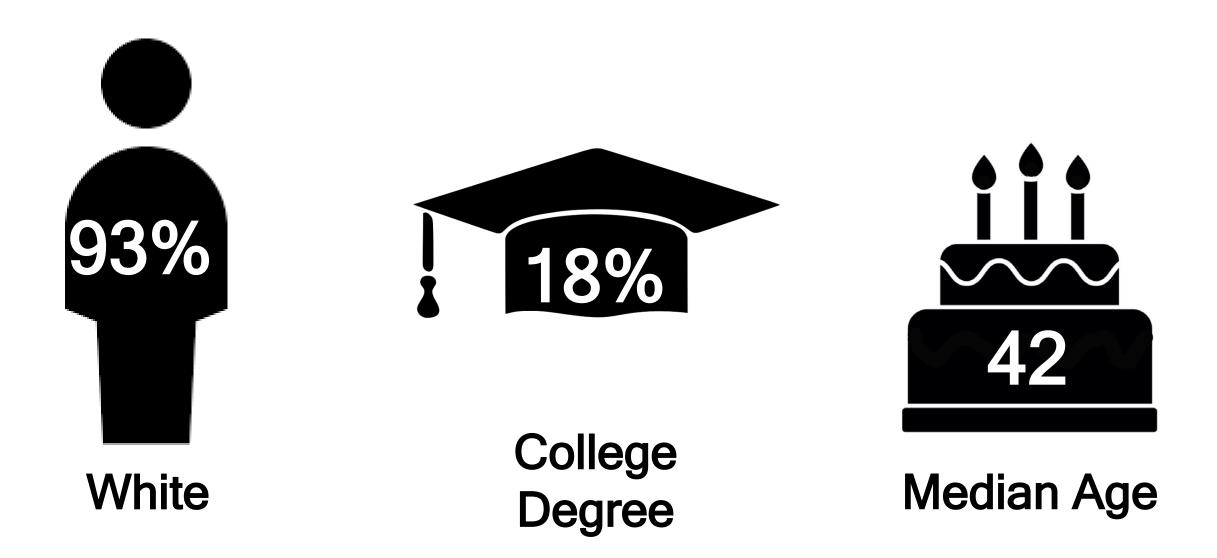
- Support from NIMH (DP2MH129967 PI Blosnich; R21MH125360 PI Blosnich)
- Opinions are those of the presenter and do not necessarily reflect those of the funders or institution





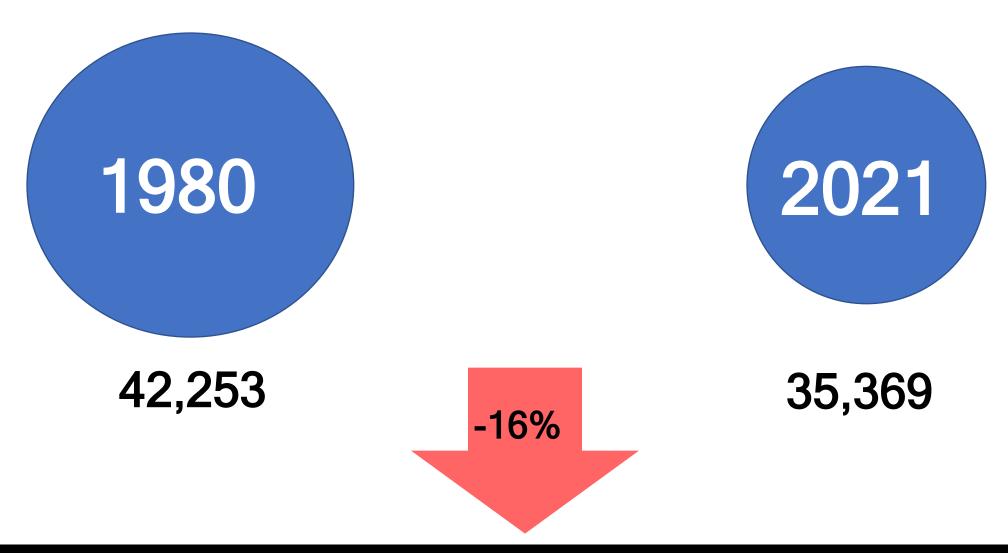


Greene County Is Like Many Rural Areas in Appalachia



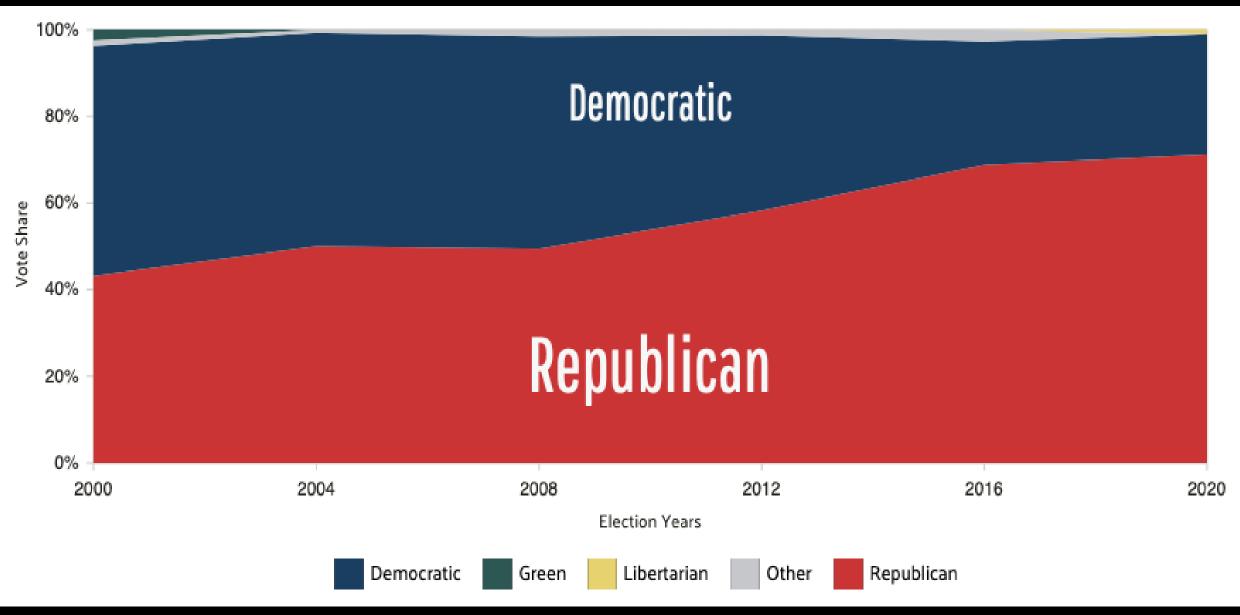
DATA USA: https://datausa.io/profile/geo/greene-county-pa

Greene County Is Like Many Rural Areas in Appalachia



DATA USA: https://datausa.io/profile/geo/greene-county-pa

Greene County Is Like Many Rural Areas in Appalachia



DATA USA: https://datausa.io/profile/geo/greene-county-pa



Sex and gender are complex



Sex assigned at birth or in utero based on genitals or chromosomes

Gender

social constructions of how sexes should look, behave, think, etc.

Gender identity internal sense of self as masculine, feminine, both, neither, or another identity

> Gender expression how you show your identity to the world



A California fire sparked by a gender reveal party has grown to more than 10,000 acres

By Sarah Moon and Hollie Silverman, CNN () Updated 4:46 PM ET, Tue September 8, 2020

U.S. Gender Wage Gap Narrowed by Less Than One Cent Last Year

Median income also decreased 1.2% for working women in 2020.

By <u>Amy Yee</u> September 14, 2021, 12:32 PM CDT

'Bathroom bill' allowing students, teachers to reject shared restrooms with transgender peers clears Senate

Yue Stella Yu Nashville Tennessean Published 12:07 p.m. CT April 21, 2021 | Updated 2:54 p.m. CT April 21, 2021

Transgender

gender identity, expressions, or behaviors that are different from those traditionally associated with one's assigned sex at birth

Transgender woman

assigned male sex at birth and identifies as woman/feminine

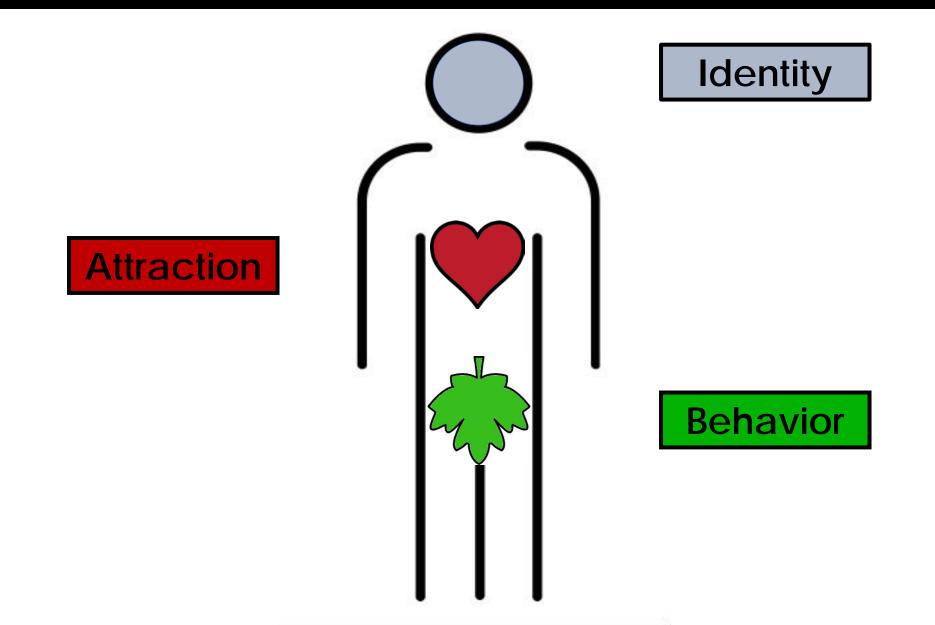
Transgender man

assigned female sex at birth and identifies as man/masculine

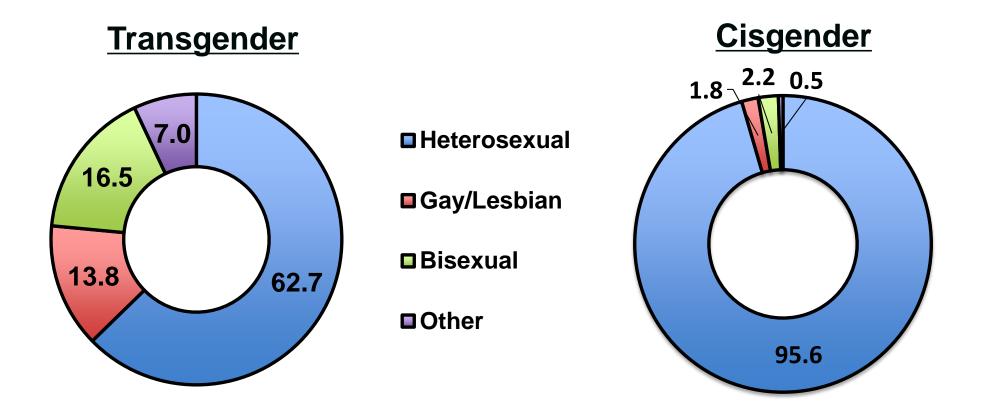
Many other identities (USTS, 2016)Genderqueer: 29%Androgynous: 18%Non-binary: 31%Gender fluid: 20%

Gender identity does not depend on medical interventions

Sexual orientation is related to, but distinct from, gender identity

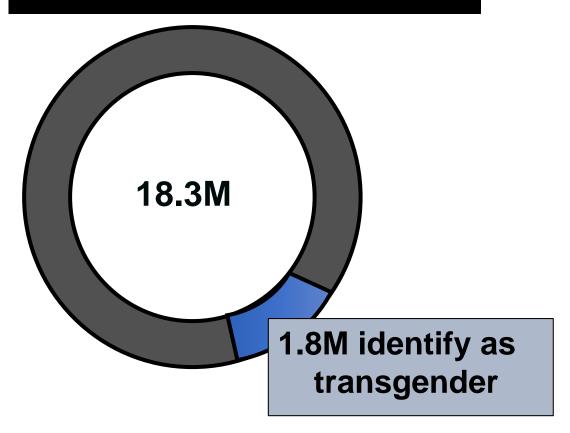


756 transgender adults answered questions about their sexual orientation (BRFSS, 2016)



How many adults are LGBT in the US?

2022 Gallup survey: 7.1% identified at LGBT



- Could be the 5th most populous state in the US
- More people than Pennsylvania

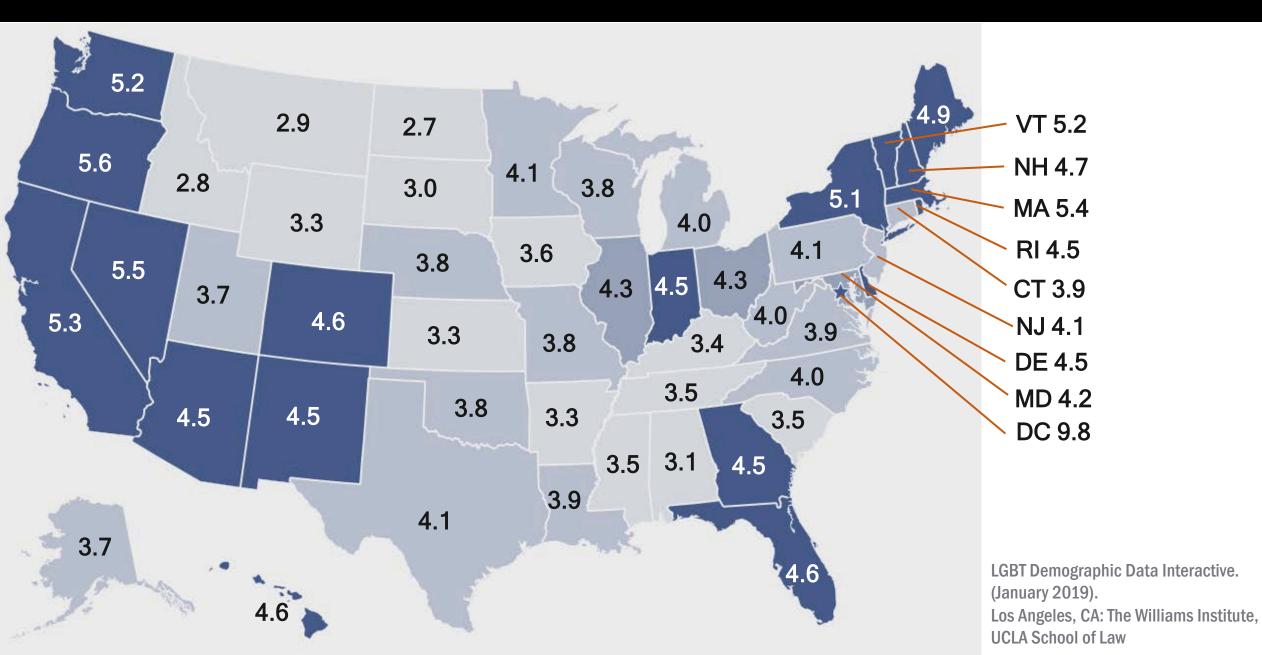
LGBT identities more common among younger generations

Americans' Self-Identification as LGBT, by Generation

	LGBT	Straight/Heterosexual	No response
	%	%	%
Generation Z (born 1997-2003)	20.8	75.7	3.5
Millennials (born 1981-1996)	10.5	82.5	7.1
Generation X (born 1965-1980)	4.2	89.3	6.5
Baby boomers (born 1946-1964)	2.6	90.7	6.8
Traditionalists (born before 1946)	0.8	92.2	7.1
GALLUP, 2021			

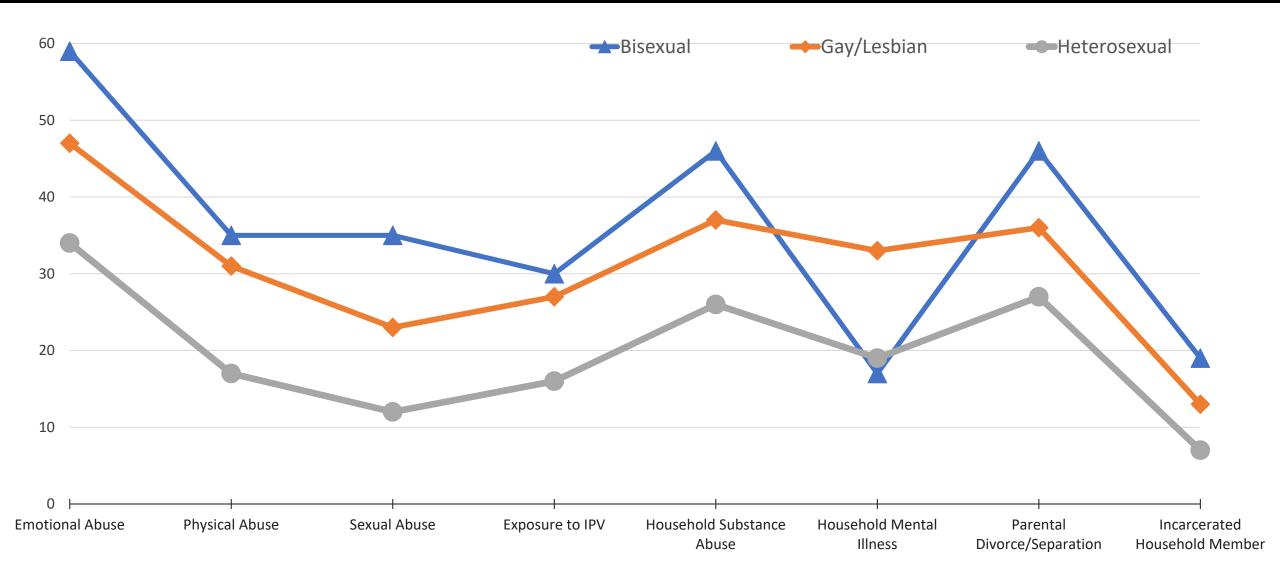
Jones, J.M. (2022). LGBT identification in US ticks up 7.1%. Accessed May 4, 2022 from https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx

% LGBT-identified Adults, 2015-2017





Adverse childhood experiences are highly prevalent



Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 behavioral risk factor surveillance system in 23 states. JAMA Pediatrics, 172(11), 1038-1044.



More likely to smoke



More likely to experience chronic stress

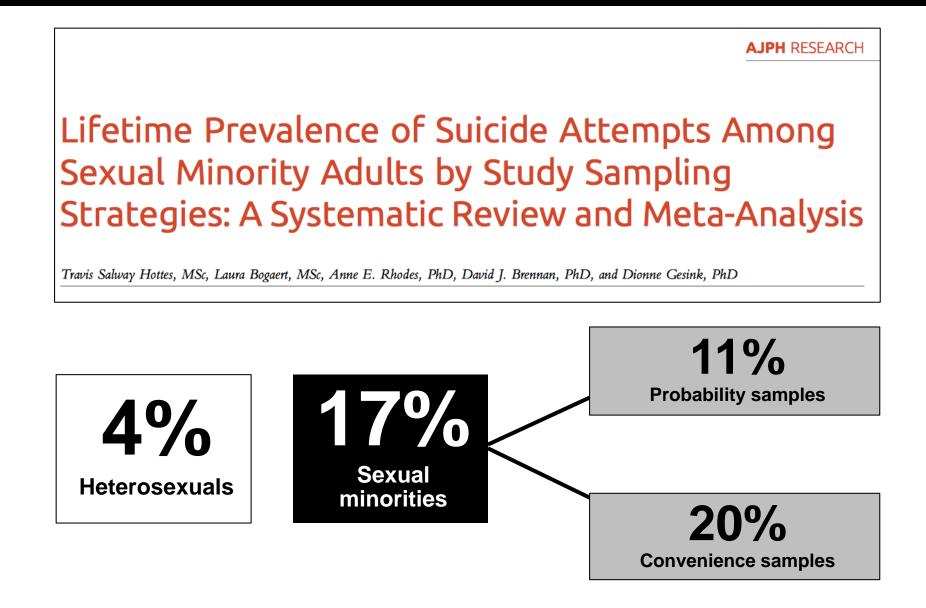
More likely to be victims of assault



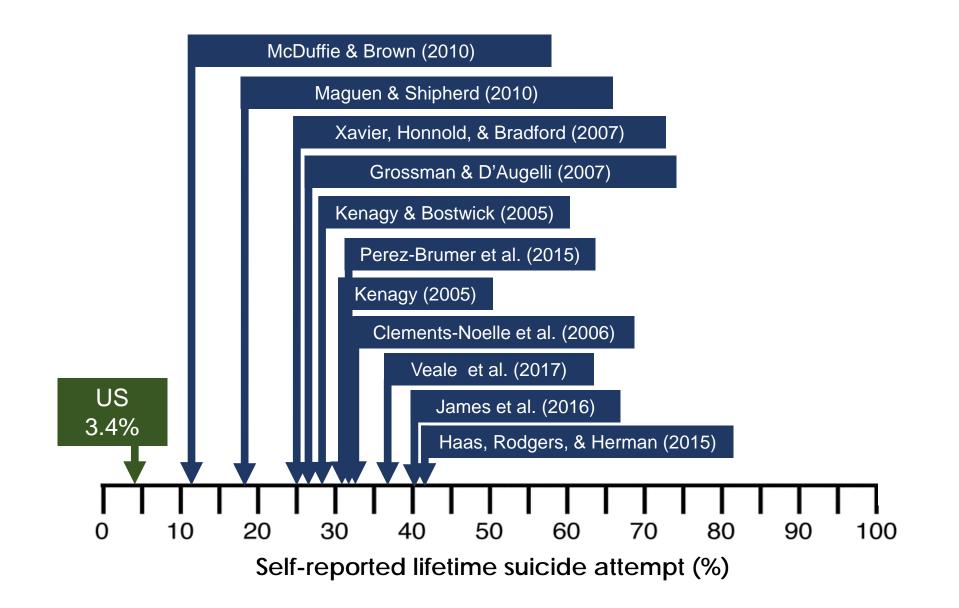
More likely to use opioids

More likely to have lifetime suicide ideation and attempt

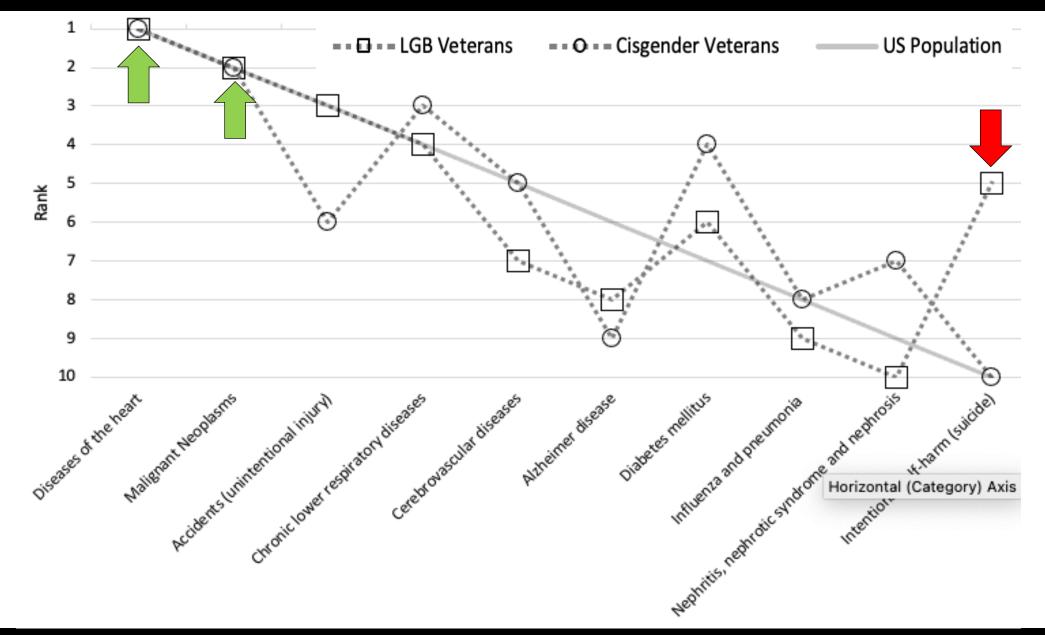
Sexual minority adults 3-5x higher prevalence lifetime suicide attempt



High prevalence of lifetime suicide attempt among TGD individuals

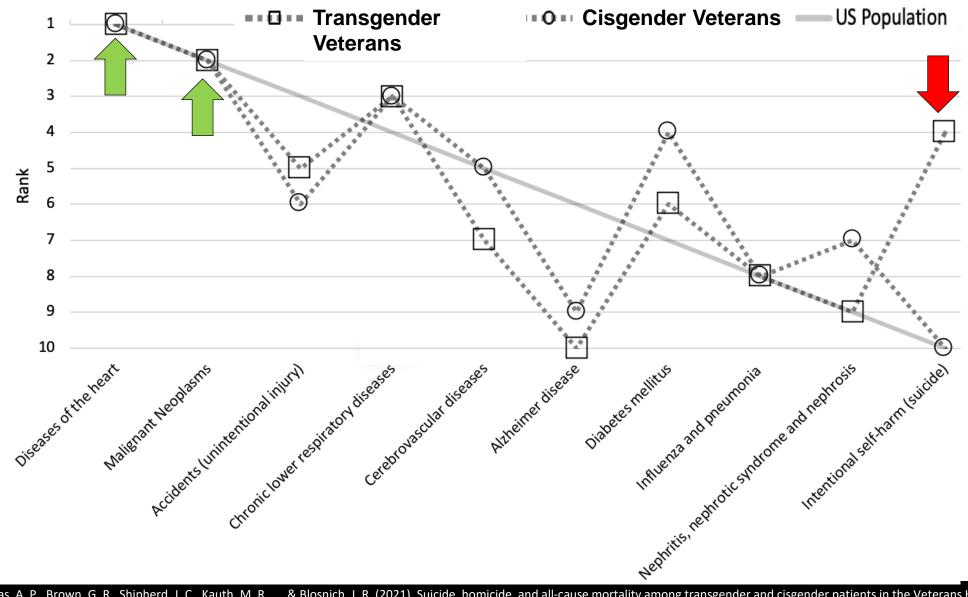


Suicide 5th leading cause of death for LGB VHA Veterans



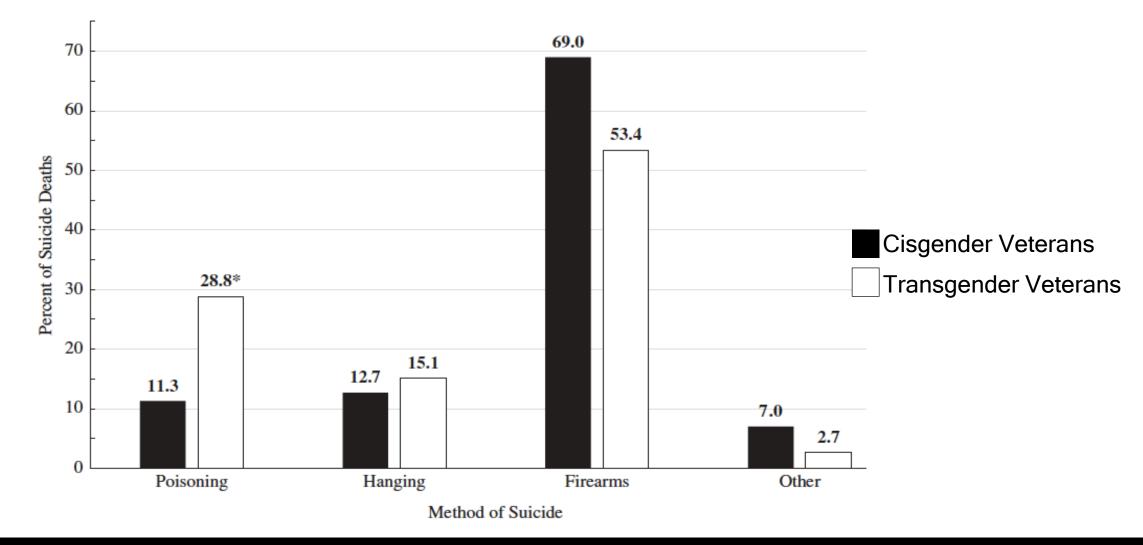
Lynch, K. E., Gatsby, E., Viernes, B., Schliep, K. C., Whitcomb, B. W., Alba, P. R., ... & Blosnich, J. R. (2020). Evaluation of suicide mortality among sexual minority US Veterans from 2000 to 2017. JAMA Network Open, 3(12), e2031357.

Suicide 4th leading cause of death for transgender VHA Veterans



Boyer, T. L., Youk, A. O., Haas, A. P., Brown, G. R., Shipherd, J. C., Kauth, M. R., ... & Blosnich, J. R. (2021). Suicide, homicide, and all-cause mortality among transgender and cisgender patients in the Veterans Health Administration. LGBT health, 8(3), 173-180.

Looking more closely at suicide deaths of transgender Veterans



Blosnich JR, Boyer TL, Brown GR, Kauth MR, Shipherd JC. Differences in Methods of Suicide Death Among Transgender and Nontransgender Patients in the Veterans Health Administration, 1999–2016. Medical Care. 2021;59:S31-S35.

General Social Survey

Sexual minorities had 45% lower odds of firearm in household compared to heterosexuals

Behavioral Risk Factor Surveillance System – CA & TX

Sexual minorities had 53% lower odds of firearm in household compared to heterosexuals

Clark KA, Blosnich JR, Coulter RW, Bamwine P, Bossarte RM, Cochran SD. Sexual orientation differences in gun ownership and beliefs about gun safety policy, General Social Survey 2010–2016. Violence and Gender. 2020;7(1):6-10.

Blosnich JR, Clark KA, Mays VM, Cochran SD. Sexual and gender minority status and firearms in the household: findings from the 2017 Behavioral Risk Factor Surveillance System Surveys, California and Texas. Public Health Reports. 2020;135(6):778-784.

2,007 people who inject drugs in Denver recruited between 1996 and 2011 enrolled in study to enhance treatment retention

Mortality records obtained from Colorado Department of Public Health and Environment; combined with behavioral information collected during the interviews

Gay/lesbian people who inject drugs had over twice the risk of death compared to heterosexual who inject drugs (HR=2.22, 95%CI=1.02-4.82)

Davis, J. M., Suleta, K., Corsi, K. F., & Booth, R. E. (2017). A hazard analysis of risk factors of mortality in individuals who inject drugs in Denver CO. AIDS and Behavior, 21(4), 1044-1053.

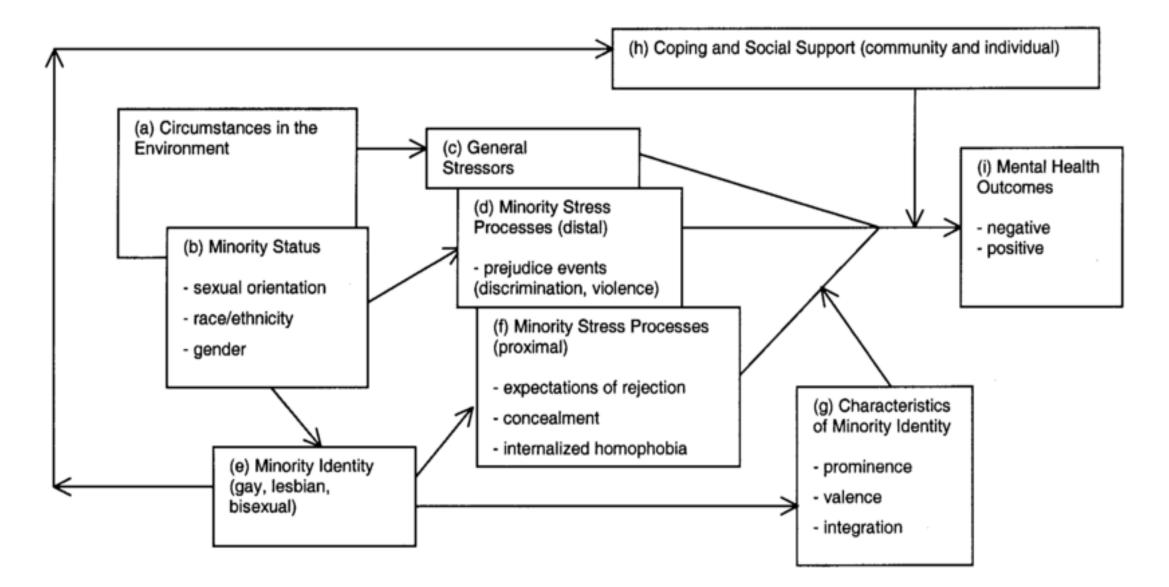


Dimensions of Stigma

Anticipatory	Internalized	Enacted			
Worry, apprehension, concern for discrimination or prejudice to occur	Feelings/acceptance that discrimination and prejudice are deserved	Actual discrimination and prejudice events - either interpersonal or structural			
Hypervigilance	Loss of Self-worth	Intrusive Thoughts			
	Depression Anxiety				

Herek GM, Gillis JR, Cogan JC. Internalized Stigma among sexual minority adults: insights from a social psychological perspective. Journal of Counseling Psychology. 2009; 56(1): 32–43.

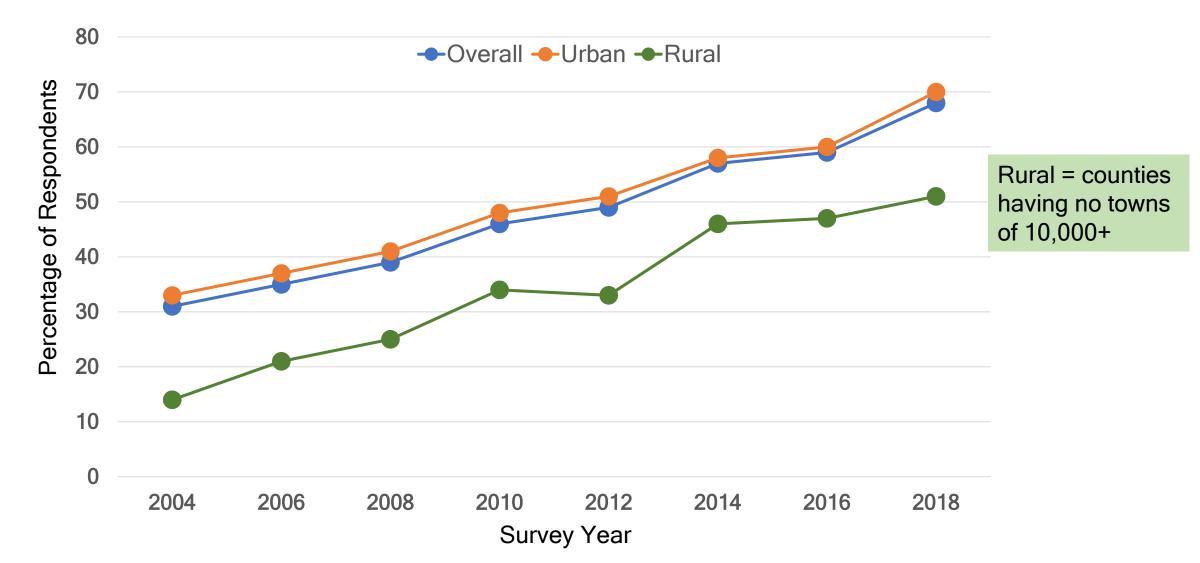
Minority Stress: the Consequence of Stigma



Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674.

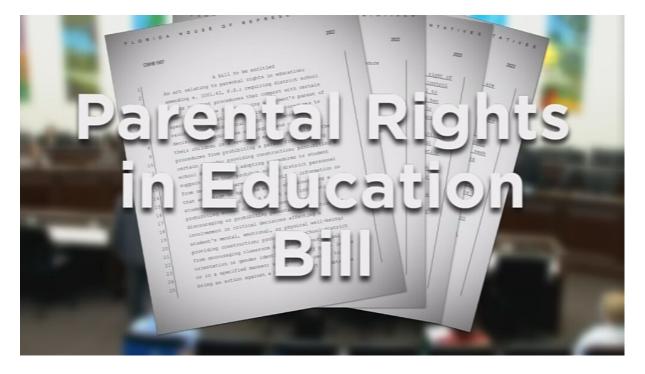
Changing Landscape of Indicators of Stigma in US

General Social Survey: Strongly Agree/Agree "Homosexual couples should have the right to marry one another."



Still, stigma abounds...very publicly...and very cleverly





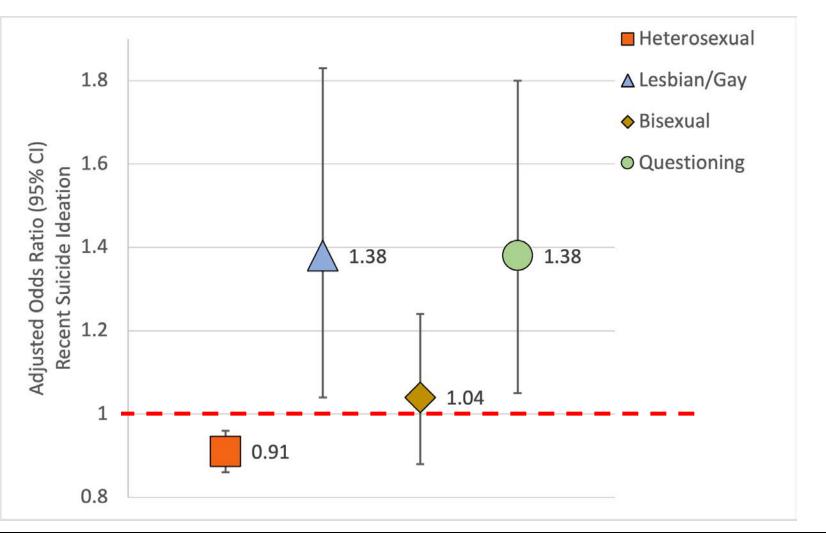
Example of Identities at Crossroads of Suicide Prevention: Religion

Association of Importance of religion with recent suicidal ideation

21,247 college-enrolled young adults aged 18-30 years

"How important are your religious or spiritual beliefs to your personal identity?"

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1 = "Not at all important"
3 = "Moderately important"
4
5 = "Very important"
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Lytle, M. C., Blosnich, J. R., De Luca, S. M., & Brownson, C. (2018). Association of religiosity with sexual minority suicide ideation and attempt. *American Journal of Preventive Medicine*, 54(5), 644-651.

Example of Identities at Crossroads of Suicide Prevention: Religion

Association of Importance of religion with recent suicidal ideation

21,247 college-enrolled young adults aged 18-30 years

Sexual orientation	Religious importance		
	Not important	Moderately important	Very important
Recent suicide ideation			
Lesbian/Gay			
Overall	1.41 (0.81, 2.47)	0.90 (0.33, 2.48)	4.17 [*] (2.27, 7.64)
Bisexual			
Overall	3.10[*] (2.13, 4.50)	2.69 [*] (1.59, 4.53)	4.62 [*] (2.98, 7.14)
Questioning			
Overall	2.43 [*] (1.31, 4.52)	4.06 [*] (1.96, 8.43)	10.26[*] (5.73, 18.39)

Lytle, M. C., Blosnich, J. R., De Luca, S. M., & Brownson, C. (2018). Association of religiosity with sexual minority suicide ideation and attempt. *American Journal of Preventive Medicine*, 54(5), 644-651.

Example of Identities at Crossroads of Suicide Prevention: Family

Parents getting to acceptance can be a long road

Qualitative Examples of Parental Distress after Their Children's Disclosure

"I was afraid. Fear, fear was my biggest thing. I was petrified. I thought somebody would hurt him." - Grafsky, 2014

> "It's awful to have these thoughts about one of your children. And I think that's what the depression and drinking was about. I felt so torn by all the awful thoughts I had about the child I loved. And I shut down from her and felt so empty."

> > - Saltzburg, 2004

"It was and still is to date the worst day of my life because all of my dreams were shattered that day." - Jaspal, 2020

"I know that I was grieving. I was stunned. I felt like, this can't be my daughter...And I felt like I was just losing my child."

- Maslowe & Yarhouse, 2015

Family Acceptance Project®

Building healthy futures for LGBT children and youth through:

BES

ENTION RESO



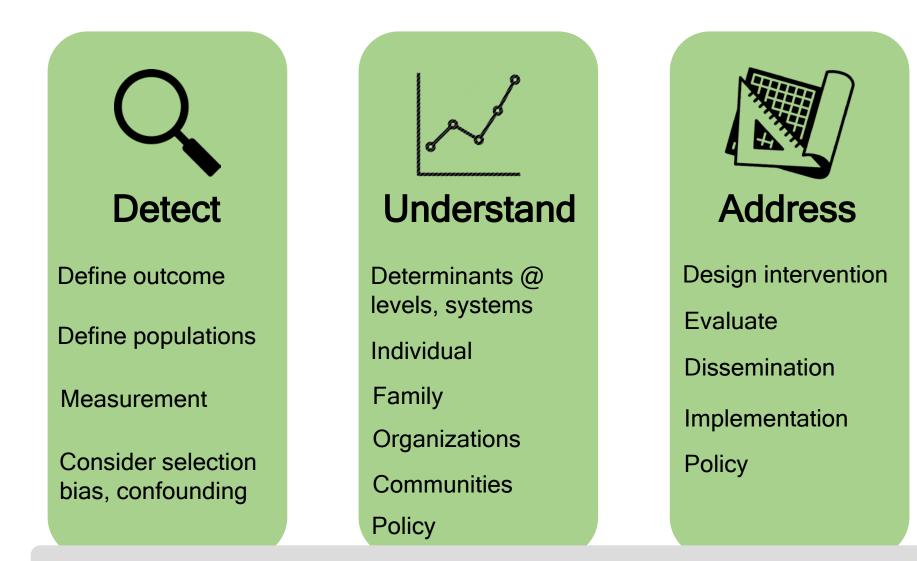
Who is this guy?

LGBT Population Health & Risk Disparities

The Role of Stigma

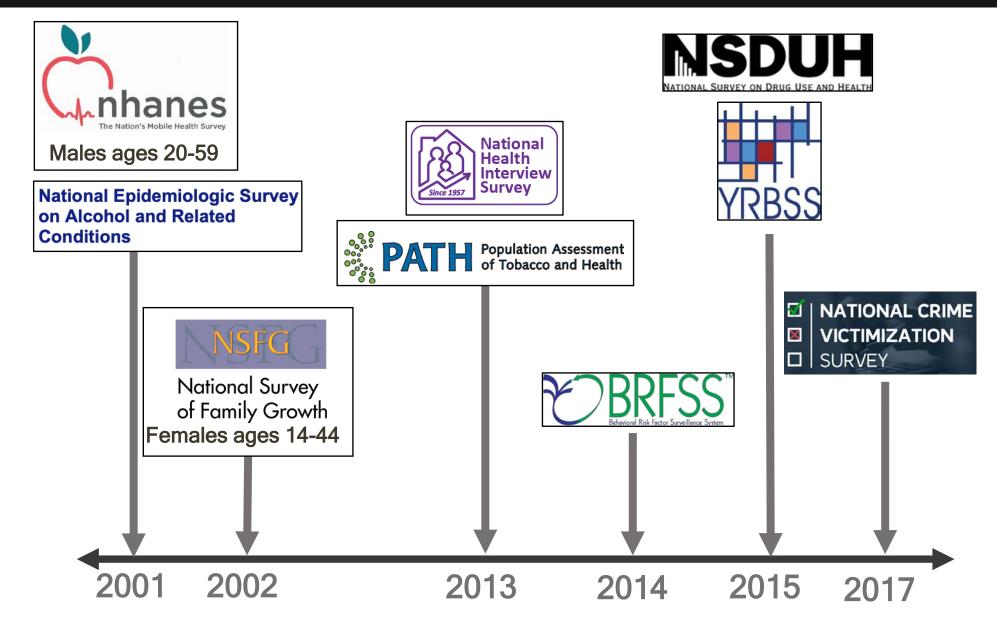
The Need for Data

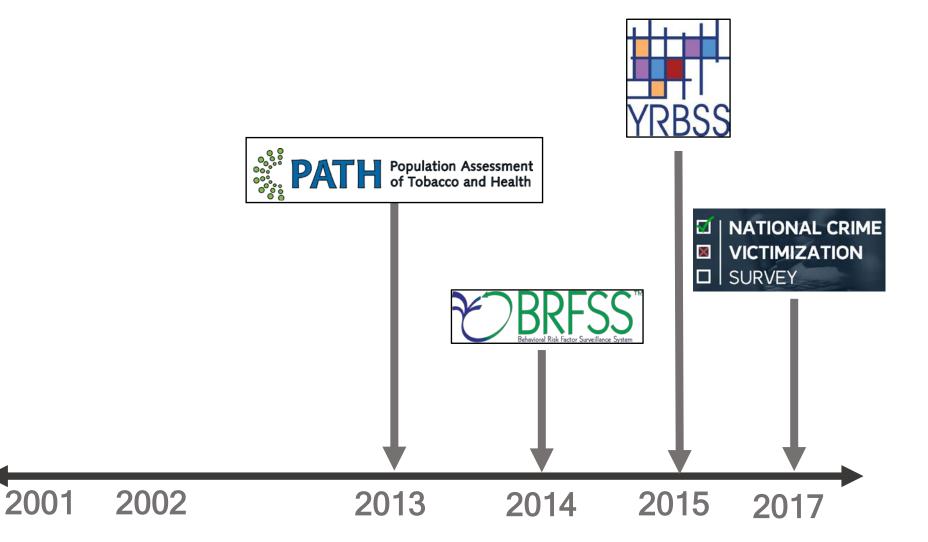
Generational Framework of Health Disparities Research



Community and Stakeholder Engagement

Sexual identity in ongoing federal health surveillance surveys





Considerably less about addressing

Mental Health, Drug, and Violence Interventions for Sexual/Gender Minorities: A Systematic Review

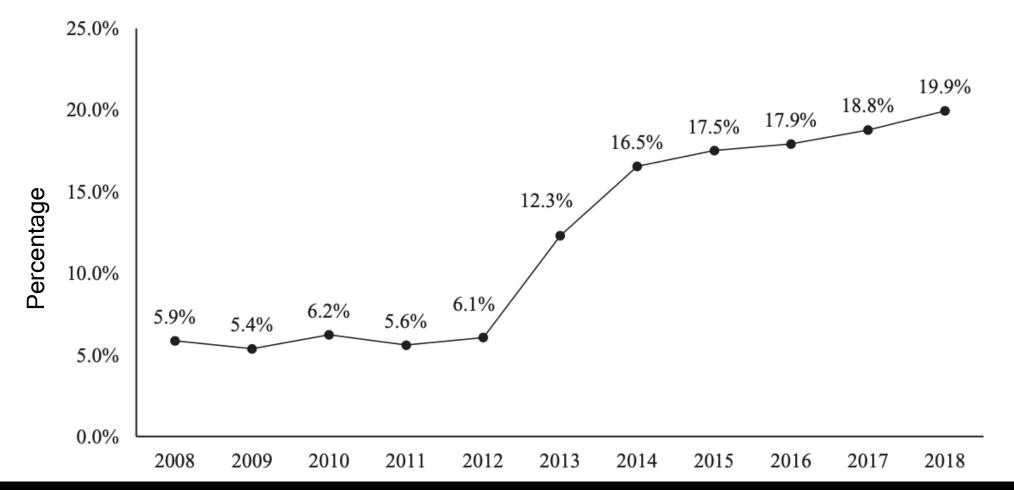
Robert W. S. Coulter, PhD, MPH,^{a,b,c,d} James E. Egan, PhD, MPH,^{a,b} Suzanne Kinsky, MPH, PhD,^{a,b,e} M. Reuel Friedman, PhD,^{b,f} Kristen L. Eckstrand, MD, PhD,^g Jessica Frankeberger, MPH,^a Barbara L. Folb, MM, MLS, MPH,^{a,h} Christina Mair, PhD,^a Nina Markovic, PhD,^{b,i} Anthony Silvestre, PhD,^b Ron Stall, PhD, MPH,^{a,b} Elizabeth Miller, MD, PhD^{a,d}

PEDIATRICS Volume 144, number 3, September 2019:e20183367

Study	Global Quality Rating	Addressed suicidality
Costa et al. 2015	Weak	No
De Vries et al. 2011	Weak	No
De Vries et al. 2014	Weak	No
Diamond et al. 2012	Weak	Suicidal ideation
Lucassen et al. 2015	Weak	No
Painter et al. 2018	Weak	No
Raifman et al. 2017	Strong	Suicide attempt
Schwinn et al. 2015	Weak	No
Seelman & Walker 2018	Moderate	Suicidal ideation & attempt

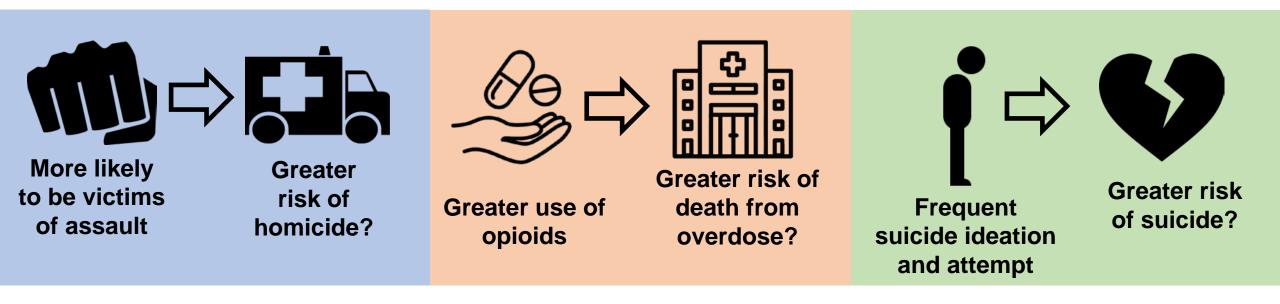
Ability to evaluate programs and services

SUD treatment facilities with LGBT-tailored programs, United States 2008 - 2018



Qeadan, F., Akofua Mensah, N., Gu, L. Y., Barbeau, W. A., Madden, E. F., Porucznik, C. A., & English, K. (2021). Factors associated with the availability of tailored programs for LGBT clients in substance use disorder treatment facilities in the US from 2008 to 2018. *Journal of Gay & Lesbian Social Services*, 1-22.

LGBTQ people not represented in mortality statistics



Bender, A. K., & Lauritsen, J. L. (2021). Violent victimization among lesbian, gay, and bisexual populations in the United States: Findings from the National Crime Victimization Survey, 2017–2018. American journal of public health, 111(2), 318-326.

Capistrant, B. D., & Nakash, O. (2019). Lesbian, gay, and bisexual adults have higher prevalence of illicit opioid use than heterosexual adults: Evidence from the National Survey on Drug Use and Health, 2015–2017. LGBT health, 6(6), 326-330.

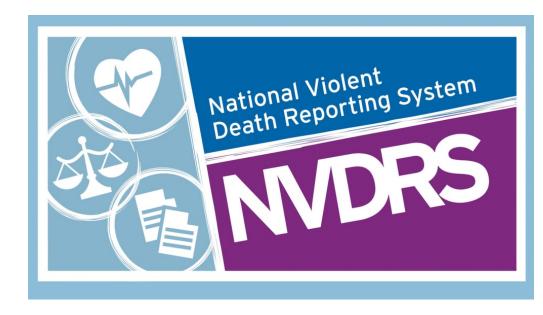
Hottes, T. S., Bogaert, L., Rhodes, A. E., Brennan, D. J., & Gesink, D. (2016). Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: A systematic review and meta-analysis. American journal of public health, 106(5), e1-e12.

Example of improving data systems: Postmortem SOGI Project

History: May 2014 meeting to develop consensus plan

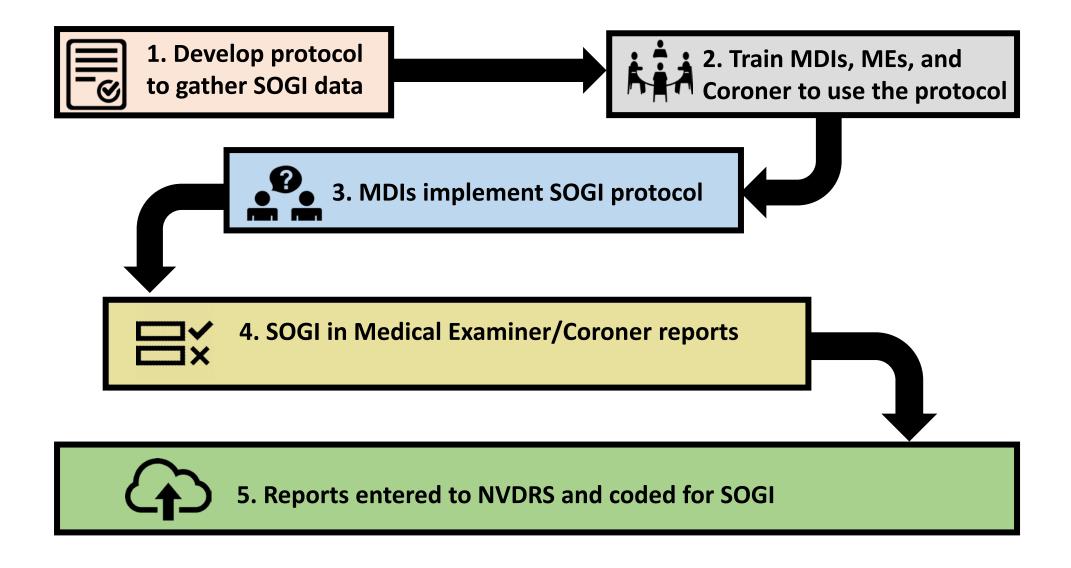
<u>Goal</u>: Getting more complete SOGI data in mortality surveillance

Focus: Decedents of suicide and other violent or investigated deaths



Audience: Medicolegal death investigators (MDIs), medical examiners, coroners

Envisioning a data pipeline



Despite suspecting LGBT cases, most investigators are not asking about SOGI

Death investigators (n=113; Nevada, Colorado, New York)



Had investigation when they suspected decedent was LGBT



Did not ask about decedent's sexual orientation

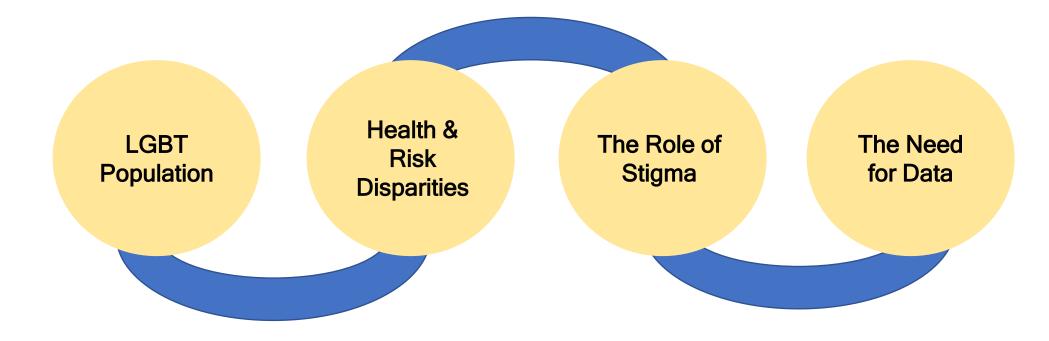
75%

0%

Did not ask about decedent's gender identity

Had training about how to collect SOGI data

Tying it all together



Without data we:

- Cannot fully measure burdens of disease outcomes of risk
- Cannot measure service utilization
- Cannot evaluate public health and clinical interventions

At crossroads: How place, data, and identity impact suicide prevention for LGBT communities

Thank you

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