

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Health Care Access, Social Support, and Suicidal Ideation in a Transgender and Cisgender Population

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Primary care is a main source for behavioral or mental health care provision in adults. Data suggests primary care settings may be an important place for mental health interventions, specifically for assessing and treating suicidal ideation (SI). Access to healthcare or primary care has been associated with reduced SI in cisgender individuals (CI), however, it is not clear if access to health care is associated with lower levels of SI for transgender people (TG).

Objective: This study examines exploratory models to assess whether access to health care reduces SI in TG and CI.

Study Design and Analysis: Cross-sectional data from the U.S. Transgender Population Health Survey (TransPop) was used.

Setting: TransPop used a national probability sample of TG and CI across the U.S.

Population Studied: The TransPop survey included a total of 274 TG and 1,162 CI.

Instrument: The study utilized several validated scales, including a modified STARRS instrument for suicidal behavior, healthcare access questions from the CDC's Behavioral Risk Factor Surveillance System survey, insurance status modified from the American Community Survey, and the Multidimensional scale of Perceived Social Support.

Outcome Measure: The analysis employed two separate structural equation models (SEM) for TG and CI. A latent variable for SI was created using 4 questions from the STARRS instrument on suicidal behavior.

Results: For TG, only having issues with health care cost was positively associated with SI ($\beta = .307$, $p = .002$). Having a provider, social support, having a place they usually go to for health care, being sexually diverse, or lacking health insurance, were not associated with SI in TG. In CI, friend support was negatively associated with SI ($\beta = -.152$, $p = .033$) while issues with health care cost ($\beta = .149$, $p = .006$) and sexually diverse status ($\beta = .252$, $p < .001$) were both positively associated with SI.

Conclusion: In both TG and CI, avoidance of health care due to cost was significantly associated with SI. For both populations, finding ways to reduce health care costs may allow for more active engagement in health care, which may allow for earlier detection of SI in primary care. Social support and sexual diverse status were not significant for TG but were for CI. This highlights the need to explore both risk factors and resilience factors that are uniquely associated with SI in the TG population that can be used to intervene in a primary care setting.

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