DC-AAPOR and the WSS Methodology Section present a seminar:
LGBT Population Measurement Issues
Tuesday, October 6th, 1:00 - 4:00pm
Bureau of Labor Statistics Conference Center

This free seminar will feature four presentations, with time for Q&A, and a discussant. It will address current issues in conducting research with or about the transgender population, sexual orientation, and households of same-sex couples. Presenters will cover emerging survey administration and measurement challenges related to identification, using administrative records, and obtaining health reports from the LGBT population

For free pre-registration and for more information for attending in-person or viewing a live Webcast, click here.

Abstracts

1. Using Health Care Claims Data to Identify the Transgender Population in the Medicare Program
Presenter: Samuel C. "Chris" Haffer, Ph.D., Director, Data and Policy Analytics Group, Office of Minority Health. U.S. Centers for Medicare & Medicaid Services

Medicare beneficiaries who are transgender are members of a vulnerable population with well-documented disparities in the health care setting who have been historically invisible in CMS data. Recent research conducted at the Department of Veterans Affairs suggests the potential for using health care administrative data to identify persons who are transgender. Expanding on this work we explore our ability to use Medicare provider billing data to identify and describe Medicare beneficiaries who are transgender. Using a combination of claims information, including diagnosis codes, claims history, billing modifiers, and prescription drug data, we analyze 100% of the CMS Fee-For-Service (FFS) "final action" claims from both institutional and non-institutional providers for CY 2013 (N=1 billion claims) to identify individuals who were seeking transgender-related services. We identified 3,194 persons as transgender Medicare beneficiaries in 2013. These classification methods were highly accurate, with 87.32%, or 2,789 persons, having enough information in their claims history to validate the classification. The majority of transgender Medicare beneficiaries was disabled under age 65, of every race, in each state, and suffers disproportionately from depression, hyperlipidemia and hypertension. Our work demonstrates that administrative data is a valuable resource for identifying the medically transitioning transgender population and that using ICD-9 codes and billing modifiers is a valid and replicable method that is relevant to many data systems. By replicating the methods outlined in this analysis, researchers can estimate the size of the transgender population and use this data to further analyze health disparities and outcomes in the transgender community.

2. Likely Transgender Individuals in Federal Administrative Records and the 2010 Census
Presenter: Benjamin Cerf Harris, Ph.D., U.S. Census Bureau

This paper utilizes changes to individuals' first names and sex-coding in files from the Social Security Administration (SSA) to identify people likely to be transgender. I first document trends in these transgender-consistent changes and compare them to trends in other types of changes to personal information. I find that transgender-consistent changes are present as early as 1936 and have grown with non-transgender consistent changes. Of the likely transgender individuals alive during 2010, the majority change their names but not their sex-coding. Of those who

changed both their names and their sex-coding, most change both pieces of information concurrently, although over a quarter change their name first and their sex-coding 5-6 years later. Linking individuals to their 2010 Census responses shows my approach identifies more transgender members of racial and ethnic minority groups than other studies using, for example, anonymous online surveys. In addition, likely transgender individuals in the SSA data are more likely than non-transgender individuals to leave the Census question on sex blank or to check both "M" and "F". Finally, states with the highest proportion of likely transgender residents have state-wide laws prohibiting discrimination on the basis of gender identity or expression. States with the lowest proportion do not.

3. Including Sexual Orientation and Gender Minority Status on the Medicare Current Beneficiary Survey
Presenter: Paul Guerino, Social Science Research Analyst, Office of Enterprise Data and Analytics, U.S. Centers for Medicare & Medicaid Services

The Medicare Current Beneficiary Survey (MCBS) is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through CMS operations and administration. The MCBS collects information that plays a critical role in the monitoring and evaluation of key provisions of the Affordable Care Act (ACA), such as analyzing and monitoring trends in health disparities. In response to Federal initiatives to enhance the collection and reporting of key demographic data, the MCBS is undergoing several enhancements to more accurately capture demographic information and be consistent with standards set for HHS sponsored population based health surveys. This includes the potential of adding new items on sexual orientation and gender identity (SOGI). This presentation will discuss the process used to determine the proposed MCBS SOGI items, as well as the results of cognitive interviews performed on the MCBS population.

4. Substance Use and Mental Health of Same-sex Couples Residing Together: Results from the National Survey on Drug Use and Health (NSDUH)
Presenter: David "Chipper" Dean Jr., Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration

In this study, researchers from the Substance Abuse and Mental Health Services Administration (SAMHSA) identify same-sex households using household roster data from the 2008-2013 National Survey on Drug Use and Health (NSDUH) and discuss analysis on the substance use and mental health (i.e. behavioral health) of same-sex couples residing together. First, in order to evaluate the quality of the NSDUH estimates of same-sex households, we benchmarked our findings against the American Community Survey and the General Social Survey. Given the comparability, we then compared same-sex households to different-sex households and found that many key behavioral health estimates appear to be different between same- and different-sex couples. Same-sex couples are more likely to experience severe behavioral health issues than different-sex couples, including serious mental illness (respectively 6.5 vs. 2.9%, $p < .01$) and substance use disorder (14.8 vs. 7.6%, $p < .0001$) in the past year. They are also more likely to experience major depressive episode (11.1 vs 5.4%, $p < .0001$) and serious psychological distress (14.7 vs. 18.2, $p < .0001$) in the past year. Though no different in past month heavy drinking, same-sex couples are more likely than different-sex couples to use cigarettes (29.6 vs. 19.3%, $p < .0001$), marijuana (13.4 vs. 5.8%, $p < .0001$), and illicit drugs (19.2 vs. 7.4%, $p < .0001$) in the past month. We conclude by discussing the public health implications of these findings, given the prior literature on LGBTQ behavioral health disparities, and potential opportunities for research on same-sex couples' behavioral health.

5. <u>Discussant:</u> *Nancy A. Bates, Bureau of the Census*

<u>Moderator</u>: *Carl Ramirez, US Government Accountability Office.*