

Medicare, Medicaid, and Suicide Risk Among LGBT+ Individuals in California

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- Behind these statistics are **real lives** affected by **isolation, stigma, and limited access to support**
- Programs like Medicare and Medicaid reaches about 140 million people—but are they reaching those who need help the most?

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- Research shows that proactive spending on mental health programs for LGBTQ communities **can reduce costly emergency visits, hospitalizations, and rehabilitation expenses**
- Such early investments yield significant fiscal savings and broader macroeconomic benefits

How We Analyze the Impact

$$\text{SuicideRate}_{it} = \beta_0 + \beta_1 \text{MedicaidSpending}_{it} + \beta_2 \text{LGBTShare}_{it} \\ + \beta_3 (\text{MedicaidSpending} \times \text{LGBTShare})_{it} + \gamma X_{it} + \epsilon_{it}$$

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- Supplement with **regression trees** to explore non-linear and interactive relationships
- Potential limitations include time constraints, research literacy, and data sources

Recommendations

- **Targeted funding works:** If we find a link between public spending and lower suicide rates, it supports expanding mental health coverage—especially for vulnerable groups like LGBT youth.

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- **Policy must be intersectional:** Mental health spending should be paired with inclusive training, outreach, and community-level support.
- **More data, better policy:** States should improve LGBT-specific reporting to inform more equitable and evidence-based decisions.