RESEARCH THAT MATTERS

TRANSGENDER IMMIGRANTS in California

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EXECUTIVE SUMMARY

Transgender people in the United States experience well-documented discrimination and stigma, which is associated with increased risk for violence and negative health and economic outcomes. Less is known about the needs and experiences of transgender immigrants due to gaps in public data collection systems. This study used data gathered between 2015 and 2021 on the annual California Health Interview Survey to better understand the characteristics of transgender adult immigrants in California. Information about U.S.-born transgender people and cisgender immigrants is presented to identify similarities and differences in the needs of these overlapping communities.

We estimate that there are 174,200 transgender immigrants in the United States, comprising 13% of the U.S. transgender population. We estimate that there are 41,000 transgender immigrants in California, comprising over one-quarter (26.8%) of California's adult transgender population.

Compared to U.S.-born transgender people, transgender immigrants in California were more likely to be older, people of color, married, and have children. Transgender immigrants were like cisgender immigrants in many ways, including age, regions of origin, amount of time spent in the U.S., and the diversity of languages spoken at home. However, they were less likely to be heterosexual (straight), currently married, raising children, own homes, or live in Los Angeles. They also differed on English proficiency, with greater spoken language proficiency reported by transgender than cisgender immigrants. Transgender immigrants were like U.S.-born transgender people and cisgender immigrants on most indicators of economic well-being, health, and healthcare access.

KEY FINDINGS

- Half (50.0%) of transgender immigrants were ages 50 and up, compared to 13.9% of U.S.-born transgender people.
- Women represented a majority (43.4%) of transgender immigrants; 26.5% were men, and one-third (30.1%) selected transgender as their gender identity.
- A little over half (52.7%) of transgender immigrants identified as heterosexual (straight), 24.9% identified as bisexual, 9.5% as gay/lesbian, and 12.9% indicated that they were not sexual, identified in some other way, or didn't know how to answer the question.
- Nearly three-quarters (72.2%) of transgender immigrants were people of color compared to just over half (52.0%) of U.S.-born transgender people.
- Transgender immigrants reported their race-ethnicity as Latinx (37.6%) or non-Hispanic Asian (33.4%) or White (27.8%). A small percentage (1.2%) were non-Hispanic Black, multi-racial, or another race.
- Fewer transgender immigrants were married than cisgender immigrants (30.6% vs. 60.7%, respectively), but more were married than U.S.-born transgender people (12.5%).
- Transgender immigrants were represented in all areas of California. Most transgender immigrants reported living in the Greater Bay Area (42.3%) or Southern California, other than Los Angeles (32.3%). Transgender immigrants were less likely than cisgender immigrants to live in Los Angeles (12.8% vs. 33.0%).

- Most transgender immigrants reported being born in one of three regions: Asia and the Pacific Islands (36.9%), Mexico (26.6%), and Europe (18.9%). Another 11.2% were born in Central America (8.9%) or elsewhere in Latin America (2.3%).
- Most (82.5%) transgender immigrants had lived in the U.S. for more than 10 years.
- Less than a quarter (19.8%) of transgender immigrant respondents reported that they spoke only English at home. Fewer transgender immigrants said that they did not speak English well or at all compared to cisgender immigrants (10.5% vs. 36.8%).
- Almost half (47.4%) of transgender immigrants had a high school degree or less formal education, 24.9% had an associate degree or some college, and 27.7% had a bachelor's degree or more.
- The majority (79.5%) of transgender immigrants were in the workforce; of these, just over half (53.6%) were employed by private companies or nonprofits, and 38.7% were self-employed.
- Approximately one in four (26.5%) transgender immigrants were living in poverty (earning less than $12,784 for a one-person household in 2018).
- Among people living below 200% of the federal poverty level, more transgender immigrants received Supplemental Security Income (SSI) than cisgender immigrants (29.6% vs. 9.9%).
- More than two-thirds (68.0%) of transgender immigrants were renting housing. Fewer transgender than cisgender immigrants owned homes (26.4% vs. 47.9%).
- Almost one-third (32.6%) of transgender immigrants reported poor or fair health.
- Psychological distress in the past 30 days impacted 11.5% of transgender immigrants, 4.5% of cisgender immigrants, and was the most prevalent (34.5%) among U.S.-born transgender people, who were also the youngest group.

These findings suggest that organizations serving immigrant communities in California should ensure that services are inclusive of transgender people, including those who are older adults, sexual minorities, people of color, people who are single, married, and in relationships other than marriage, and people who have children. Findings also highlight a need for mental health services and services for those who are low-income, at risk of housing insecurity, or have disabilities. Finally, more research on transgender immigrants is needed, including research with large enough samples to examine the socioeconomic and health characteristics of those who are authorized to be in the U.S. compared to those who are not and to examine differences by gender identity and race-ethnicity. In particular, more research is needed on older transgender immigrants and those who are Asian.

INTRODUCTION

Transgender immigrants live at the unique intersection of transgender status and immigrant status. The term *transgender* refers to people who have a gender identity that is different than the sex they were assigned at birth. The term *cisgender r*efers to people who are not transgender. Here, we use the term *immigrant* to describe people who live in the U.S. and were not U.S. citizens at birth. We estimate that there are a total of 174,200 transgender adult immigrants in the United States, including 41,000 transgender immigrants who live in California.[1] Within the state of California, 26.8% of transgender adults are immigrants.[2]

Transgender people report significant discrimination, harassment, and victimization in the U.S. For example, research has shown that transgender people experience discrimination in employment, housing, healthcare coverage, and general access to healthcare.[3] Transgender people may also face barriers related to obtaining government identification documents with an affirming name and gender marker on them, both in the U.S. and abroad, which, in turn, can result in discrimination and increased risk of violence.[4] Transgender people report high rates of microaggressions, such as being disrespected or insulted, compared to cisgender sexual minority people.[5] They also experience more severe forms of violence. For example, a recent analysis of National Crime Victimization Survey data found that transgender people in the U.S. are four times more likely than cisgender people to experience violent victimization.[6]

[1] See Methods section in the Appendix for further information about the calculation of transgender immigrant estimates in California and in the U.S.

[2] Analyses conducted by the Williams Institute using pooled California Health Interview Survey (CHIS) data collected from 2015 to 2021.

[3] Sears, B., Mallory, C., Flores, A.R., & Conron, K.J. (2021, September). LGBT people's experiences of workplace discrimination and harassment. The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/lgbt-workplace-discrimination/; James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality; Mallory, C. and Sears, B. (2016) Evidence of housing discrimination based on sexual orientation and gender identity. The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-discrimination-us/; Mirza, S.A., & Rooney, C. (2018, January 18). Discrimination prevents LGBTQ people from accessing health care. Center for American Progress. https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/; Mallory, C., & Tentindo, W. (2022) Medicaid coverage for gender-affirming care. The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/medicaid-trans-health-care/

[4] James et al., (2016)

[5] Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). LGBTQ people in the US: Select findings from the Generations and TransPop studies. The Williams Institute. https://williamsinstitute.law.ucla.edu/publications/generations-transpop-toplines/

[6] Flores, A.R., Meyer, I.L., & Langston, L.L. (2021). Gender identity disparities in criminal victimization: National Crime Victimization Survey, 2017–2018. *American Journal of Public Health*,*111*(4),726-729. http://doi.org/10.2105/AJPH.2020.306099

Stigma and stress due to discrimination negatively impact the well-being of transgender people.[7] Transgender people experience significantly worse social, economic, and health outcomes in the U.S. relative to their cisgender counterparts. Research has shown that more transgender people experience loneliness and a lack of social support compared to cisgender peers.[8] Transgender people are also more likely than cisgender people to experience unemployment, given their educational attainment, as well as poverty, food insecurity, and homelessness.[9] Furthermore, transgender people are more likely than cisgender people to report fair or poor health than cisgender people and to experience poor mental health, including anxiety, depression, serious psychological distress, and suicidal ideation.[10] Research has also shown a high prevalence of HIV and HIV risk factors among transgender women, compared to their cisgender counterparts, with a disproportionate impact on Black, Indigenous, and other transgender women of color.[11]

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[7] Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual and structural level risk factors for suicide attempts among transgender adults, *Behavioral Medicine*, 3, 164–171. http://doi.org/10.1080/08964289.2015.1028322; Blosnich, J.R. et al. (2016). Mental health of transgender veterans in U.S. states with and without discrimination and hate crime legal protection. *American Journal of Public Health*,*106*,534-540. http://doi.org/10.2105/AJPH.2015.30298

[8] Factor, R.J., & Rothblum, E.D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research*, *3*(3),11-30. http://doi.org/10.1080/15574090802092879; Allen, B.J., Stratman, Z.E., Kerr, B.R., Zhao, Q., & Moreno, M.A. Associations between psychosocial measures and digital media Use among transgender youth: cross-sectional study. *JMIR Pediatrics and Parenting* 4(3). e25801. http://doi.org/10.2196/25801

[9] Carpenter, C. S., Eppink, S. T., & Gonzales, G. (2020). Transgender status, gender identity, and socioeconomic outcomes in the United States. *ILR Review*, *73*(3), 573-599. http://doi.org/10.1177/0019793920902776; Wilson, B.D.M., Bouton L.J.A., Badgett, M.V.L., & Macklin M.L. (2023). LGBT poverty in the United States: Trends at the onset of COVID-19. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Poverty-COVID-Feb-2023.pdf; Conron, K.J., & O'Neill, K. (2022). Food insufficiency among transgender adults during the COVID-19 pandemic. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Food-Insufficiency-Update-Apr-2022.pdf; Wilson, B.D.M. et al. (2020). Homelessness among LGBT adults in the U.S. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Homelessness-May-2020.pdf

[10] Meyer et al., (2021); Feldman J.L., Luhur W.E., Herman, J.L, Poteat, T., & Meyer I.L. (2021). Health and health care access in the U.S. Transgender Population Health (TransPop) Survey. *Andrology*, *9*(6), 1707-1718. http://doi.org/10.1111/andr.13052; Meyer, I. H., Brown, T. N., Herman, J. L., Reisner, S. L., & Bockting, W. O. (2017). Demographic characteristics and health status of transgender adults in select U.S. regions: Behavioral Risk Factor Surveillance System, 2014. *American Journal of Public Health*, *107*(4), 582–589. http://doi.org/10.2105/AJPH.2016.303648; Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, *81*(3), 545–557. http://doi.org/10.1037/a0031774; Kidd, J.D., Tettamanti, N.A., Kaczmarkiewicz, R., Corbeil, T.E., Dworkin, J.D., Jackman, K.B., Hughes, T.L., Bockting, W.O., & Meyer, I.L (2023). Prevalence of substance use and mental health problems among transgender and cisgender U.S. adults: Results from a national probability sample. *Psychiatry*, 326(2023):115339. http://doi.org/10.1016/j.psychres.2023.115339.; Meyer et al., (2021); James et al., (2016); Herman J.L. & O'Neill, K.K. (2021). Suicide risk and prevention for transgender people: Summary of research findings. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Suicide-Summary-Sep-2021.pdf

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Because surveys rarely include questions about gender identity and nativity or citizenship status, little is known about how the socioeconomic status and health of transgender immigrants and U.S.-born transgender people might differ. The report of the 2015 U.S. Transgender Survey (USTS), the largest survey of transgender people in the country to date, did include such questions and found that approximately 6% of respondents were not citizens by birth compared to 13.7% of the general population.[12] The underrepresentation of immigrants in the USTS may have been due to sampling limitations, the languages in which the survey was available (English and Spanish), or the means through which the survey was conducted.[13]

Smaller community-based, qualitative studies provide some insight into the experiences of transgender immigrants. Scholars working with transgender immigrant communities have emphasized the necessity of an *intersectional* lens.[14] This means looking at transgender immigrant experiences and differences within transgender immigrant communities (e.g., by race-ethnicity, gender identity, region of origin) in the context of multiple interlocking systems of marginalization, inequity, and power.

Much of the existing research on transgender immigrants in the U.S. has focused on Latinx transgender immigrants, rather than transgender immigrants as a whole or on other racial-ethnic groups of transgender immigrants, such as Asian transgender immigrants. Lack of safety and acceptance in home countries emerge as consistent themes across several qualitative studies.[15] Studies also document negative experiences related to the migration process itself, including being held in immigration detention and experiencing abuse and mistreatment while detained.[16] Some

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Disease Control and Prevention. (n.d.) HIV and transgender communities [Issue brief]. Retrieved November 23, 2023, from https://www.cdc.gov/hiv/pdf/policies/data/cdc-hiv-policy-issue-brief-transgender.pdf; Operario, D., Soma, T., & Underhill, K. (2008). Sex work and HIV status among transgender women: Systematic review and meta-Analysis. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *48*(1), 97-103. http://doi.org/10.1097/QAI.0b013e31816e3971; Centers for Disease Control and Prevention. (2021, April). HIV infection, risk, prevention, and testing behaviors among transgender women—National Behavioral Surveillance, 7 U.S. Cities, 2019-2020. *HIV Surveillance Special Report 27*. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf

[12] James et al., (2016); Budiman, A. (2020, August 20). Key findings about U.S. immigrants. Pew Research Center: https://www.pewresearch.org/short-reads/2020/08/20/key-findings-about-u-s-immigrants/

[13] James et al., (2016)

[14] Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. http://doi.org/10.2307/1229039; Gonzalez, K.A., Abreu, R.L., Rosario, C.C., Koech, J.M., Lockett, G.M., & Lindley, L. (2020). "A center for trans women where they help you": Resource needs of the immigrant Latinx transgender community. *International Journal of Transgender Health*, *23*(1-2), 60-78. https://doi.org/10.1080/26895269.2020.1830222

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[16] Lee, J.J., Vera, C.A.L., Ramirez, J.I., Mungia, L., Herrera, J.A., & Basualdo, G. (2022). "They already hate us for being immigrants and now for being trans – we have double the fight": A qualitative study of barriers to health access among transgender Latinx immigrants in the United States. *Journal of Gay & Lesbian Mental Health*, *27*(3), 319-339. http://doi.org/10.1080/19359705.2022.2067279; Minero, L.P., Domínguez Jr., S, Budge, S.L., & Salcedo, B. (2022). Latinx trans

research has found that transgender Latinx immigrants lack socioeconomic support upon arrival in the U.S. and experience persistent employment discrimination, which can lead to low-wage jobs or participation in sex work.[17] Community-based studies show high rates of sexual assault and violent attacks and negative interactions with law enforcement among transgender immigrant Latinas.[18] Despite these experiences, one study of transgender Latinas found that nearly all respondents felt safer in the U.S. than in their home countries.[19]

Several studies provide insight into the health status of Latinx transgender immigrants. For example, multiple studies have documented negative mental health repercussions associated with discrimination and lack of access to culturally competent mental health care.[20] One study reported an association between a lack of legal documentation in the U.S. and depressive symptoms and another with a higher risk for HIV.[21] Studies also note resilience and perseverance factors among Latinx transgender immigrants, including bravery and courage, persistence in seeking employment, commitment to building community, practicing faith, and providing support to others.[22]

Very little research exists about Asian transgender migrants to the U.S. However, a study that used data collected by USTS found that almost one in five (18.3%) foreign-born Asian transgender respondents had been "denied equal treatment or service, such as at a place of business, government agency, or public place for any reason."[23] Further, more than half (53.9%) of foreign-born Asian transgender respondents reported having been "verbally harassed" for any reason, and 11.9% reported having been "physically attacked," which included being grabbed, having something thrown at them, being punched, or having had a weapon used against them. Experiences of discrimination,

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immigrants' survival of torture in U.S. detention: A qualitative investigation of the psychological impact of abuse and mistreatment. *International Journal of Transgender Health*, *23*(1-2), 36-59; Frankel, A. (2016). Do you see how much I'm suffering here?" Abuse against transgender women in U.S. immigration detention. Human Rights Watch. https://www.hrw.org/report/2016/03/23/do-you-see-how-much-im-suffering-here/abuse-against-transgender-women-us

[17] Cerezo, (2014); Abreu, R.L., Gonzalez, K.A., &Teran, M. (2021) "Why can't I have the office jobs?": Immigrant Latinx transgender peoples' experiences with seeking employment. *Journal of Career Development*, *50*(1):20-36. doi:10.1177/089484532110629; Mora-Lett, 2018; Sausa, L.A., Keatley, J., & Operario, D. (2007). Perceived risks and benefits of sex work among transgender women of color in San Francisco. *Archives of Sexual Behavior*, 36, 768-777. http://doi.org/10.1007/s10508-007-9210-3

[18] Padron & Salcedo, 2016; Galvan, F.H., & Bazargan, M. (2012). Interactions of Latina transgender women with law enforcement. Bienestar. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Latina-Trans-Women-Law-Enforcement-Apr-2012.pdf

[19] Padron & Salcedo, (2016); Mora-Lett, (2018); Abreu et al., (2021)

[20] Cerezo, (2014); Lee et al., (2022)

[21] Yamanis, T., Malik, M., Rio-Gonzalez, A.M., Wirtz, W.L., Cooney, E., Lujan, M., Corado, R., & Poteat, T. (2018) Legal immigration status is associated with depressive symptoms among Latina transgender women in Washington, DC. *International Journal of Environmental Research and Public Health 15*(6),1246. http://doi.org/10.3390/ijerph1506124.; Palazzolo, S.L., Yamanis, T.J., De Jesus, M., Maguire-Marshall, M., & Barker, S.L. (2016) Documentation status as a contextual determinant of HIV risk Among young transgender Latinas. *LGBT Health*, *3*(2), 132-8. http://doi.org/10.1089/lgbt.2015.0133.

[22] Cerezo, (2014); Abreu et al., (2021); Lee et al., (2022)

[23] Lerner, J.E. & Lee, J.J. Transgender and gender diverse Asian Americans in the United States: Experiences of violence, discrimination and family support. *Journal of Interpersonal Violence*, *37*(21-22): NP21165-NP2118. http://doi.org/10.1177/08862605211056721

harassment, and violence were similar for U.S.-born and immigrant Asian transgender people; however, access to formal and informal support may differ by nativity and was not explored in this study.

Beyond this research, little data, particularly representative data, exist about transgender immigrants —including how they are alike and differ in socioeconomic, physical, and emotional well-being compared to their U.S.-born transgender and cisgender immigrant counterparts. As a result, policymakers and practitioners have limited information to guide them in serving and supporting this population. Efforts to support transgender people may overlook immigrants, while efforts to support immigrants may overlook transgender people.

This study aims to fill gaps in knowledge about transgender immigrants, who comprise over one-quarter (26.8%) of California's adult transgender population.[24] Information is provided about the characteristics of transgender immigrants in California across several domains: demographics, time in the U.S., language capacities, socioeconomic status, and health using data collected on the California Health Interview Survey (CHIS) between 2015 and 2021.[25] Comparisons to U.S.-born transgender people and cisgender immigrants—groups for whom programs and services are more common—are provided.

Due to sample size and other data limitations, we were unable to disaggregate information about transgender immigrants by citizenship status (e.g., naturalized citizen and non-citizen) or by authorization status among non-citizens. Some non-citizens are authorized to be in the country by the U.S. government, including people who have a Permanent Resident Card ("Green Card"),[26] people who have work or student visas, and those seeking or who have received asylee or refugee status from U.S. Citizenship and Immigration Services, while others are undocumented ("unauthorized") to be in the U.S.[27] Prior research indicates that naturalized citizens, on average, have more formal education and higher incomes than non-citizens.[28] Among non-citizens, people who lack authorization to be in the U.S. face greater barriers to employment and hazards at work than those who are authorized to be in the country.[29] Thus, while this study advances knowledge about transgender immigrants, further research is needed to understand and support this heterogeneous population.

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[24] Analyses conducted by the Williams Institute using pooled California Health Interview Survey (CHIS) data collected from 2015 to 2021.

[25] UCLA Center for Health Policy Research. (n.d.). *California Health Interview Survey*. https://healthpolicy.ucla.edu/chis/Pages/default.aspx

[26] Those with Permanent Resident Cards or "Green Cards" are the largest group of authorized non-citizens. Budiman, A. (2020, August 20). Key findings about U.S. Immigrants. Pew Research Center. https://www.pewresearch.org/short-reads/2020/08/20/key-findings-about-u-s-immigrants/

[27] Among transgender immigrants in California, an estimated 68.7% are naturalized citizens, 14.2% are non-citizens with "Green Cards" and 17.2% are non-citizens without "Green Cards." Analyses conducted by the Williams Institute using pooled CHIS data collected from 2015 to 2021.

[28] U.S. Census Bureau (n.d.). *Table S0501. Selected characteristics of the native and foreign-born populations, American Community Survey 2021: ACS 1-year estimates subjects tables*. Retrieved November 21, 2023, from https://data.census.gov/table?q=S0501:+selected+characteristics+of+the+native+and+foreign-born+populations&g=010XX00US&tid=ACSST1Y2021.S0501

[29] Sudhunaraset, M., Nakphong, M.K., & De Trinidad Young, M.-E. (2022, April). Latinx and Asian immigrants face high levels of job exclusion, workplace violations in California [Health policy fact sheet]. UCLA Center for Health Policy Research. https://healthpolicy.ucla.edu/publications/Documents/PDF/2022/Latinx-Asian-Immigrants-Workplace-Violations-factsheet-apr2022-ADA.pdf

FINDINGS

DEMOGRAPHIC CHARACTERISTICS

Compared to U.S.-born transgender people, transgender immigrants in California were older, more likely to select a binary gender identity (i.e., female, male) rather than transgender as their gender identity, more likely to be people of color, ever married, and to have children.

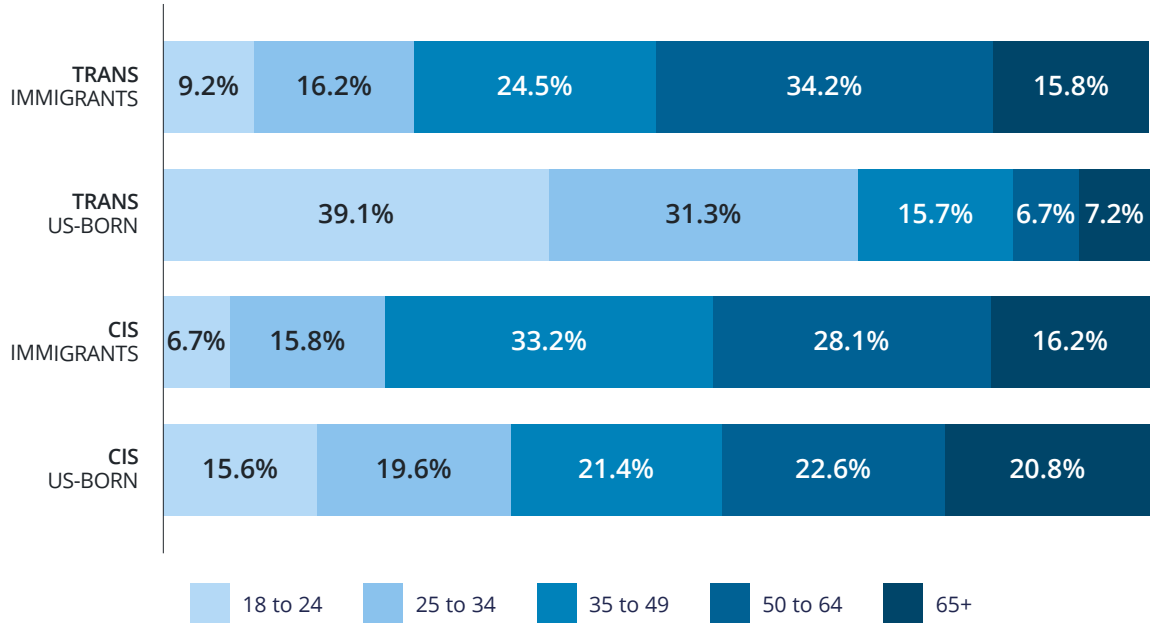
The largest regional concentration of transgender immigrants in California was in the Greater Bay Area. The largest regional concentration of U.S.-born transgender Californians was in Southern California, outside of Los Angeles.

Compared to cisgender immigrants in California, transgender immigrants were less likely to be currently married, raising children, or live in Los Angeles.

Age

Transgender immigrants were older than U.S.-born transgender people; half (50.0%) of transgender immigrants were ages 50 and up compared to 13.9% of their U.S.-born counterparts. A quarter (25.4%) of transgender immigrants were under the age of 35, and 24.5% were 35 to 49 years old.

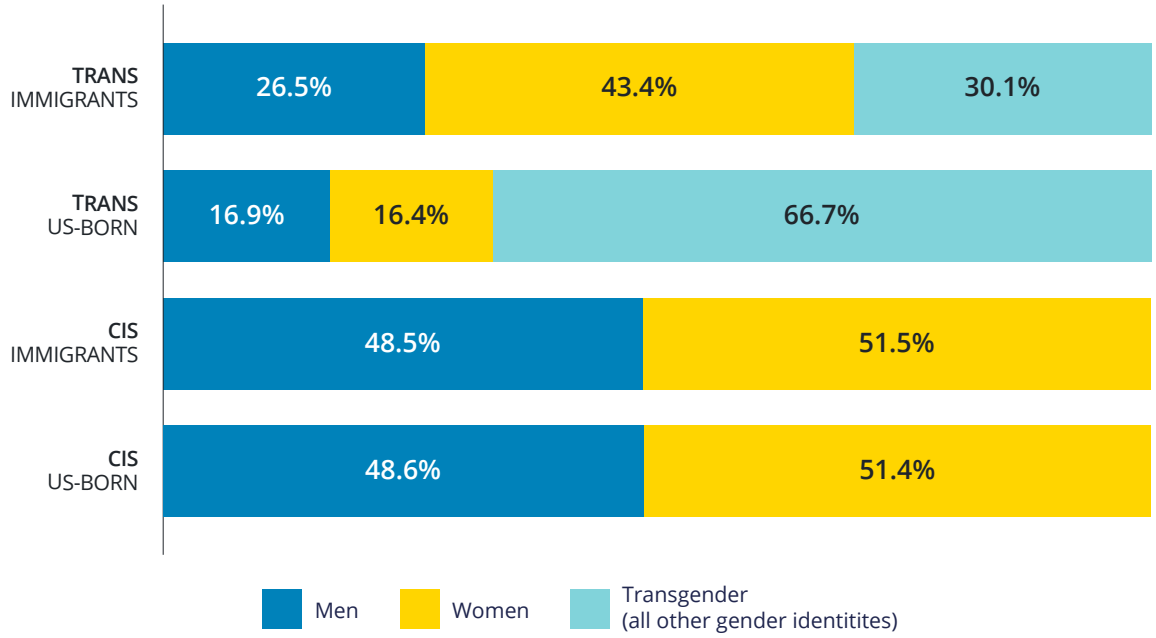
Figure 1. Age of transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



Gender

More than two-thirds (69.9%) of transgender immigrants selected a binary gender identity (i.e., female, male) compared to one-third (33.3%) of U.S.-born transgender people. More transgender immigrants identified as women (43.4%) than as men (26.5%); one-third (30.1%) selected transgender as their gender identity.

Figure 2. Gender of transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



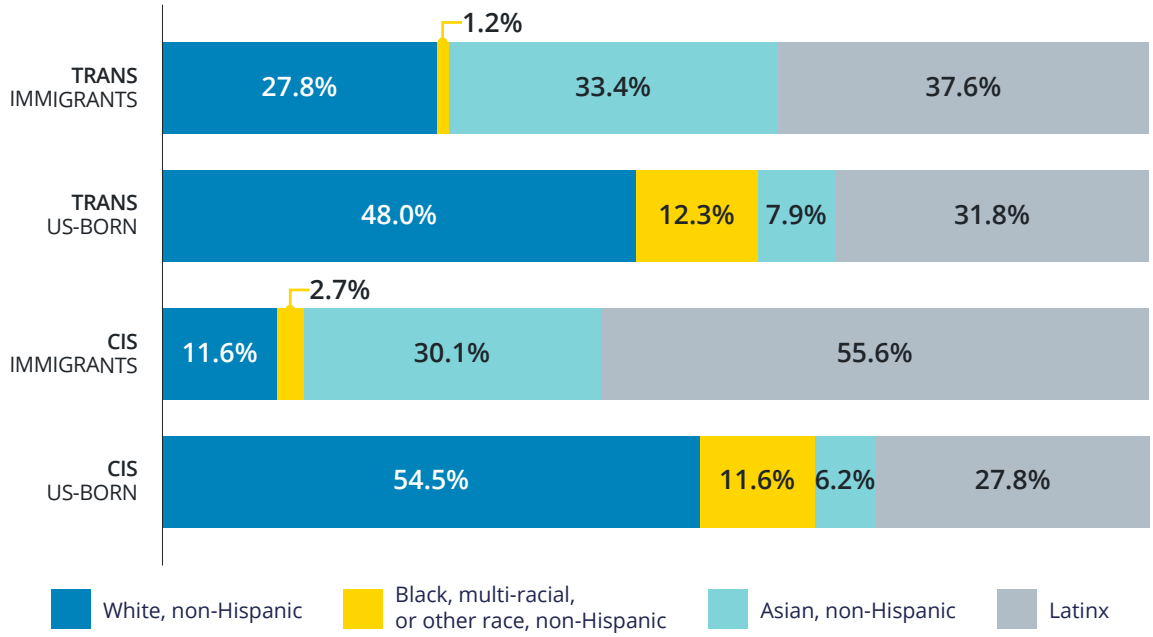
Sexual Orientation

Transgender immigrants in California were less likely than cisgender peers to identify as heterosexual (52.7% vs. 93.3%). A quarter of transgender immigrants (24.9%) identified as bisexual, 9.5% as gay/lesbian, and 12.9% indicated that they were not sexual or celibate, identified their sexuality in some other way, were not sure, or didn't know how to answer the question (Table 1).

Race-ethnicity

Nearly three-quarters (72.2%) of transgender immigrants were people of color compared to just over half (52.0%) of U.S.-born transgender people. Slightly more than a third (37.6%) of transgender immigrants were Latinx, a third (33.4%) were Asian, non-Hispanic, and the remainder were White, non-Hispanic (27.8%) and Black, multi-racial, or another race, non-Hispanic (1.2%).

Figure 3. Race-ethnicity of transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



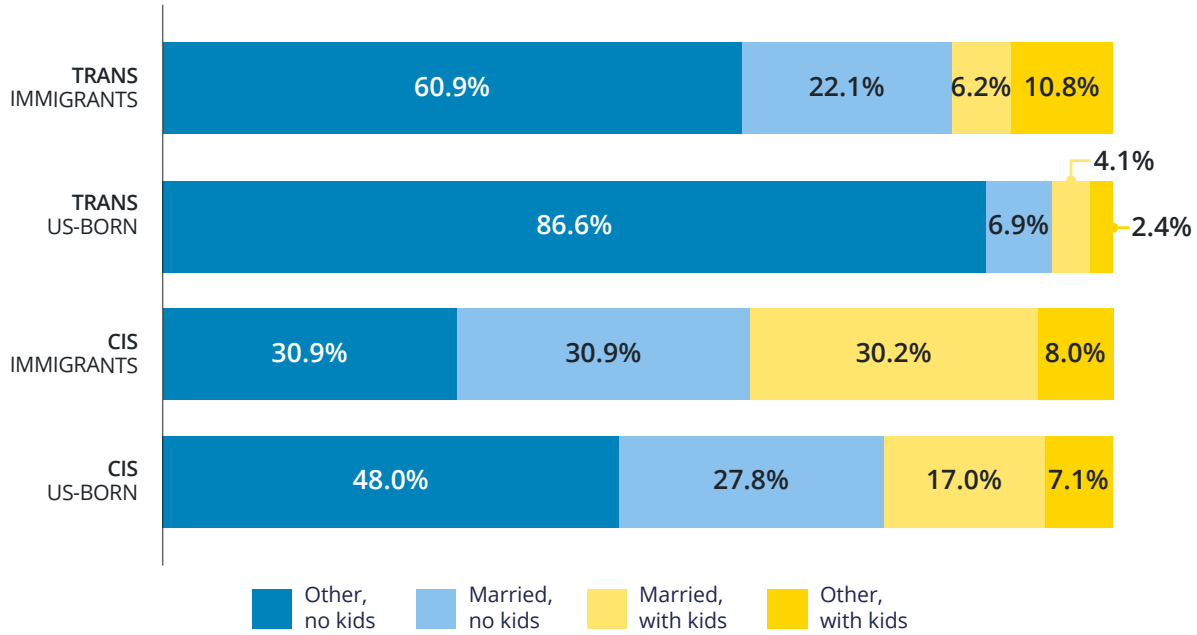
Marital Status and Household Type

Slightly over a third (34.4%) of transgender immigrants were married (30.6%) or living with a partner (3.8%). A similar proportion (34.8%) were widowed, separated, or divorced, and 30.8% had never been married (Table 1).

Compared to U.S.-born transgender people, more transgender immigrants were currently married (30.6% vs. 12.5%) or had ever been married (65.4% vs. 21.6%) (Table 1). More transgender immigrants had children in the household than U.S.-born transgender people (17.0% vs. 6.5%). Differences in current marital status and children in the household may be due, in part, to differences in the age composition of each group, where transgender immigrants were older, as a group, than their U.S.-born counterparts.

Transgender immigrants were less likely to be currently married (30.6% vs. 60.7%) than cisgender immigrant peers and were less likely to have children in the household (17.0% vs. 38.2%) (Table 1).

Figure 4. Household type* of transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



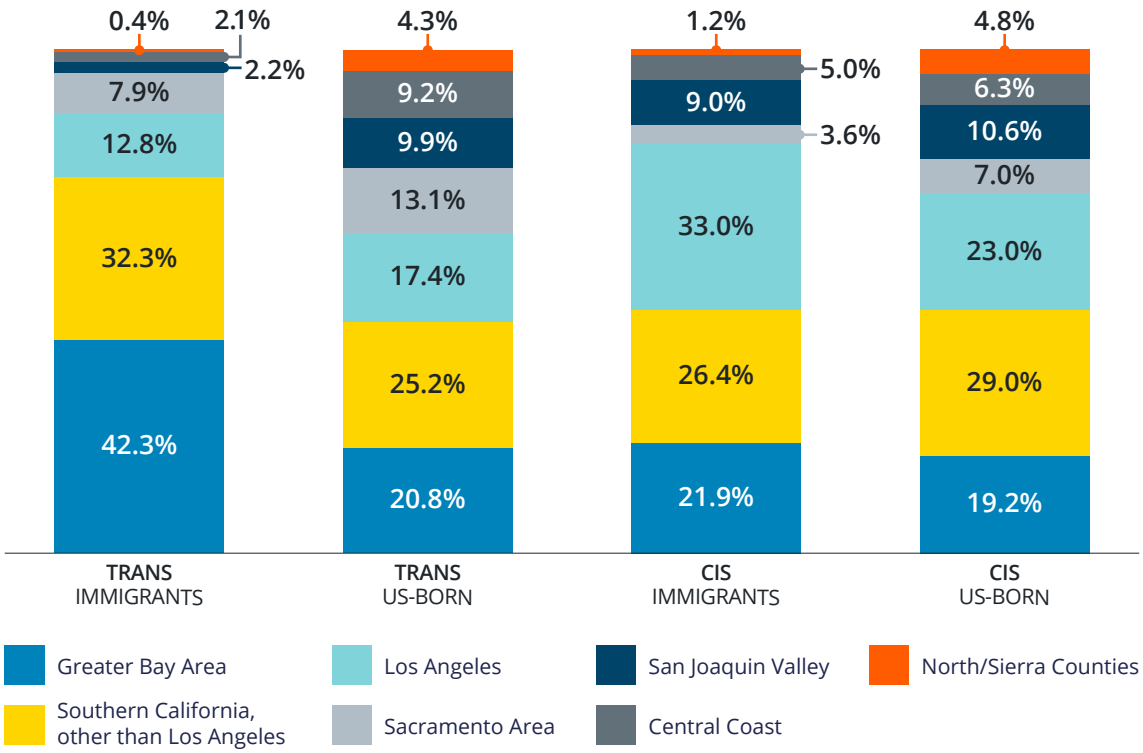
*Adults not living with a married spouse are classified as "other." Therefore, percent married reported in household type will differ from percent married reported under marital status.

Region of Residence

Most transgender immigrants in California reported living in one of two regions of the state—the Greater Bay Area (42.3%) or Southern California, other than Los Angeles (32.3%). Other areas where transgender immigrants lived include Los Angeles (12.8%), the Sacramento area (7.9%), San Joaquin Valley (2.2%), and Northern California (0.4%).

While the largest concentration of transgender immigrants was in the Bay Area (42.3%), the largest concentration of U.S.-born transgender people was in Southern California, other than Los Angeles (25.2%). Fewer transgender immigrants than cisgender immigrant peers lived in Los Angeles (12.8% vs. 33.0%).

Figure 5. California region of residents among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



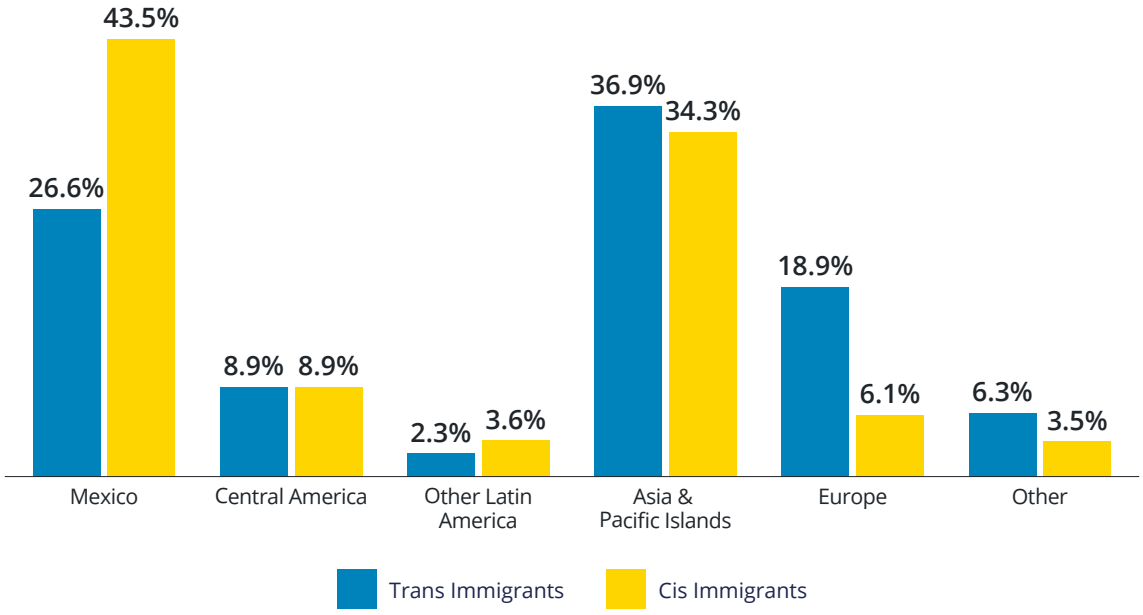
REGION OF ORIGIN, TIME IN US, LANGUAGE USAGE, AND ENGLISH PROFICIENCY

Transgender immigrants were like cisgender immigrants in many ways, including coming from the same regions of the world, the amount of time spent in the U.S., and the diversity of languages spoken at home (Table 2). However, they reported greater spoken English language proficiency than their cisgender peers.

Region of Origin

Most transgender immigrants were born in one of three regions: Asia and the Pacific Islands (36.9%), Mexico (26.6%), and Europe (18.9%). Another 11.2% were born in Central America (8.9%) or elsewhere in Latin America (2.3%).

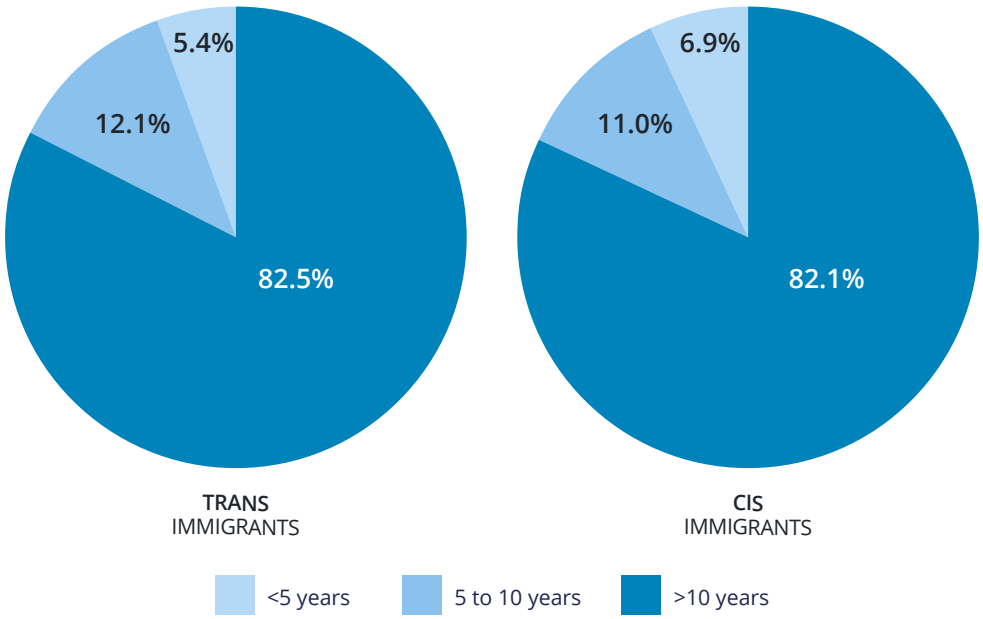
Figure 6. Region or country of origin among transgender and cisgender California immigrant adults (n=34,394), 2015-2021 California Health Interview Survey



Time in the US

Most (82.5%) transgender immigrants had lived in the U.S. for more than 10 years.

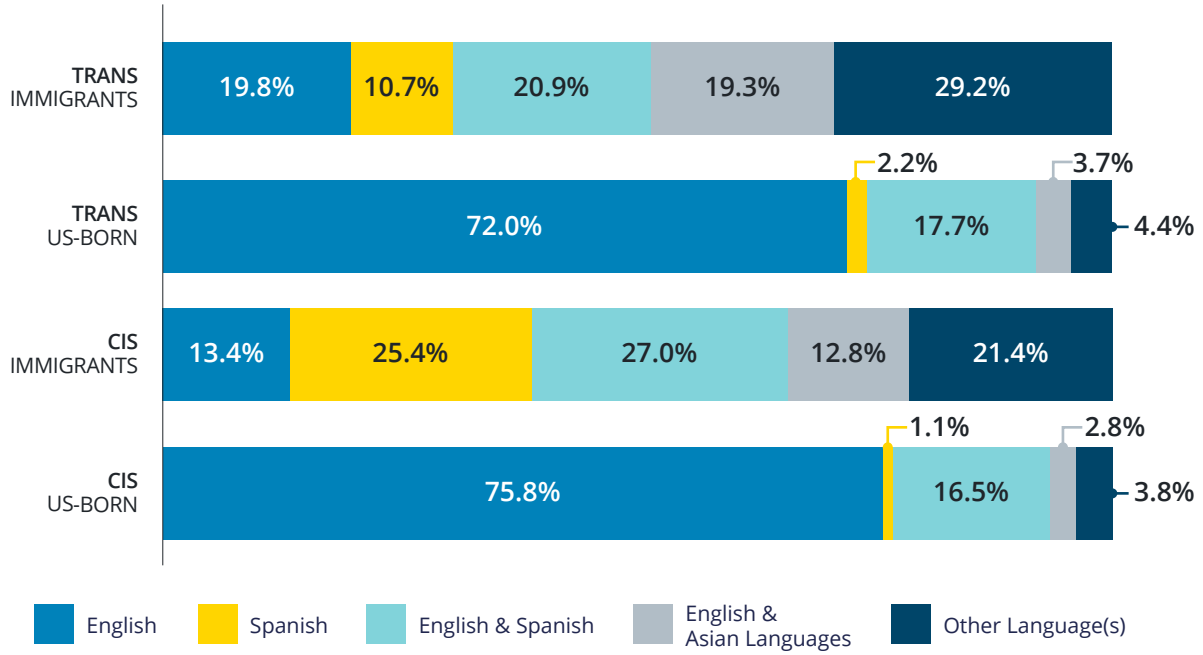
Figure 7. Time in the US among transgender and cisgender California immigrant adults (n=34,394), 2015-2021 California Health Interview Survey



Language Usage

Approximately one in five (19.8%) transgender immigrants reported speaking only English at home, while 31.6% spoke Spanish or both English and Spanish at home, 19.3% spoke English and one or more Asian languages, including Cantonese, Tagalog, Korean, and Vietnamese, and 29.2% reported speaking only languages other than English or Spanish at home.

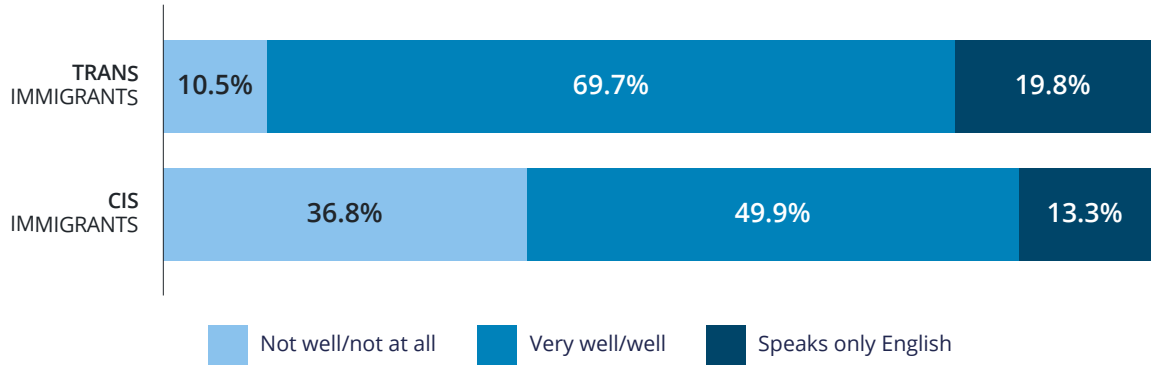
Figure 8. Language spoken at home among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



English Proficiency

Most transgender immigrants spoke only English (19.8%) or spoke English well or very well (69.7%). Fewer transgender immigrants reported that they did not speak English well or at all compared to their cisgender counterparts (10.5% vs. 36.8%, respectively).

Figure 9. Spoken English proficiency among transgender and cisgender California immigrant adults (n=34,394), 2015-2021 California Health Interview Survey



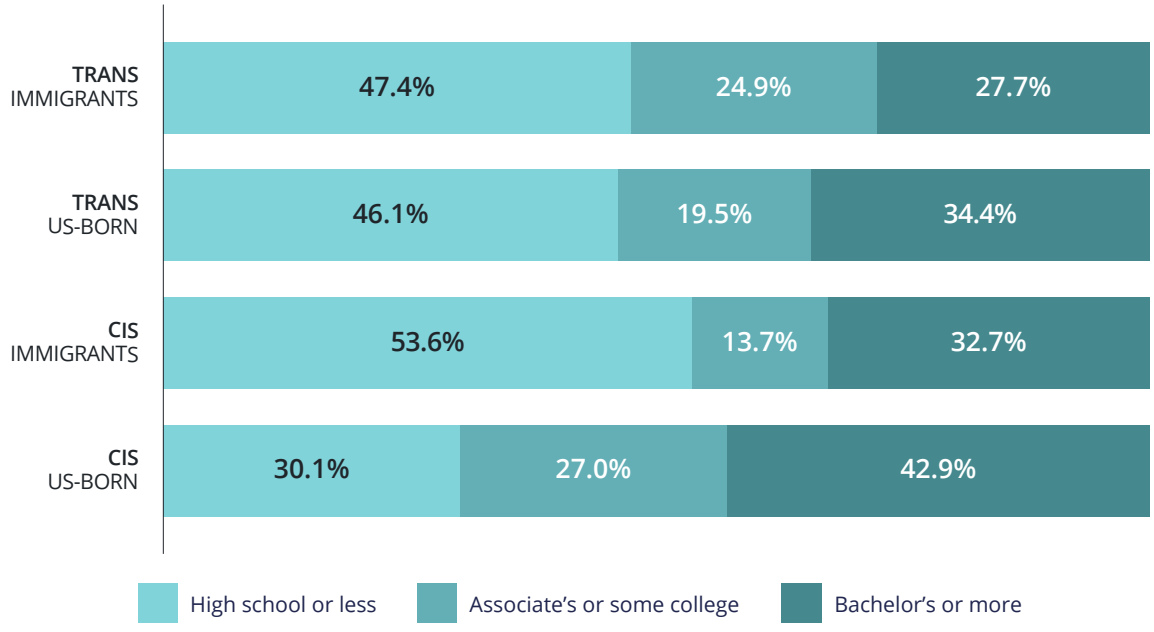
ECONOMIC WELL-BEING

Transgender immigrants were similar to U.S.-born transgender people and cisgender immigrants on several indicators of socioeconomic status, as well as food insecurity and participation in the CalFresh food stamp benefits program (Table 3). Nevertheless, more transgender immigrants living below 200% of the Federal Poverty Level (FPL) received Supplemental Security Income (SSI) than cisgender immigrants. In addition, fewer transgender than cisgender immigrants owned homes (26.4% vs. 47.9%).

Education

Among transgender immigrants, almost half (47.4%) had a high school degree or less formal education, 24.9% had an associate degree or some college, and 27.7% had a bachelor's degree or more.

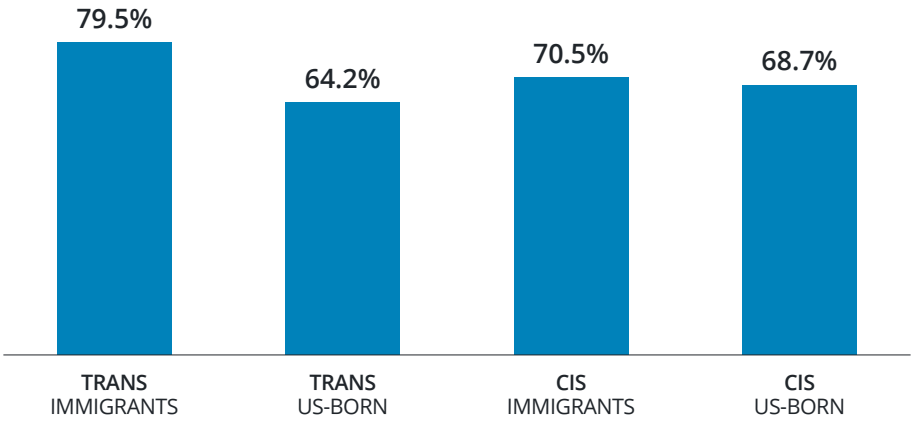
Figure 10. Educational attainment of transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



Workforce Participation

The majority (79.5%) of transgender immigrants were in the workforce. Among those in the workforce, slightly more than half (53.6%) of transgender immigrants worked for private companies or nonprofits, and 38.7% were self-employed (not shown).

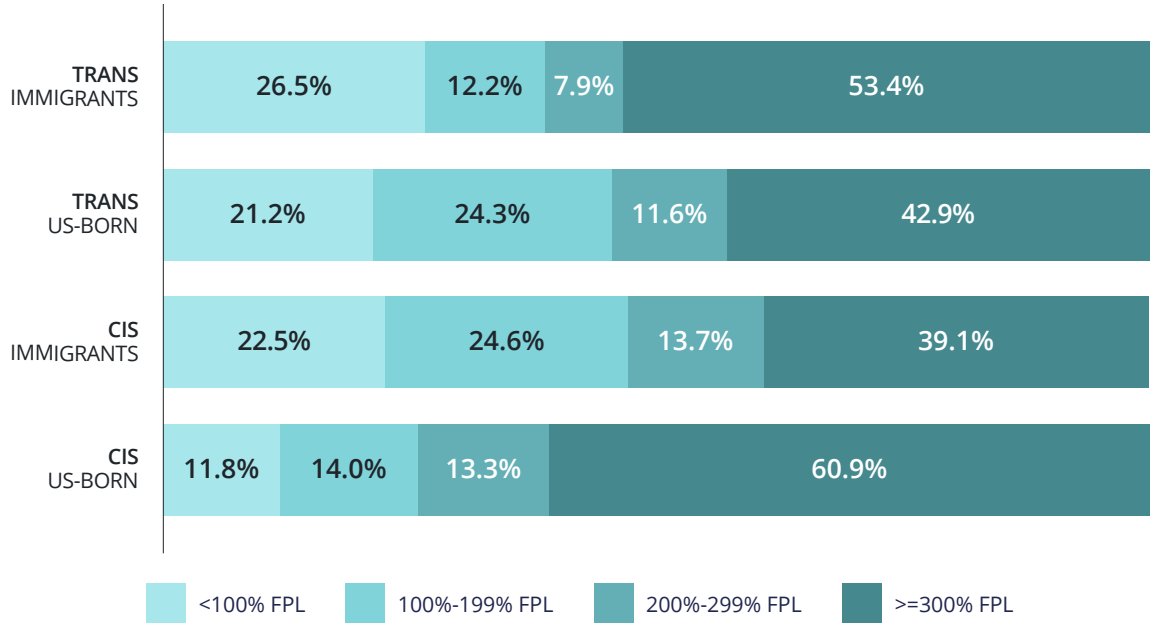
Figure 11. Workforce participation among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



Household Economic Status

More than a third (38.7%) of transgender immigrants were living below 200% of the federal poverty level (earning less than $25,568 for a one-person household in 2018),[30] 7.9% were at 200-299% of the FPL, and 53.4% were living at 300% of the FPL or more. More than a quarter (26.5%) of transgender immigrants were living in poverty (earning less than $12,784 for a one-person household in 2018).[31]

Figure 12. Household economic status among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



[30] U.S. Census Bureau. (n.d.). *Poverty thresholds: Poverty thresholds by size of family and number of children, 2018.* Retrieved November 21, 2023, from https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

[31] U.S. Census Bureau. *Poverty thresholds*

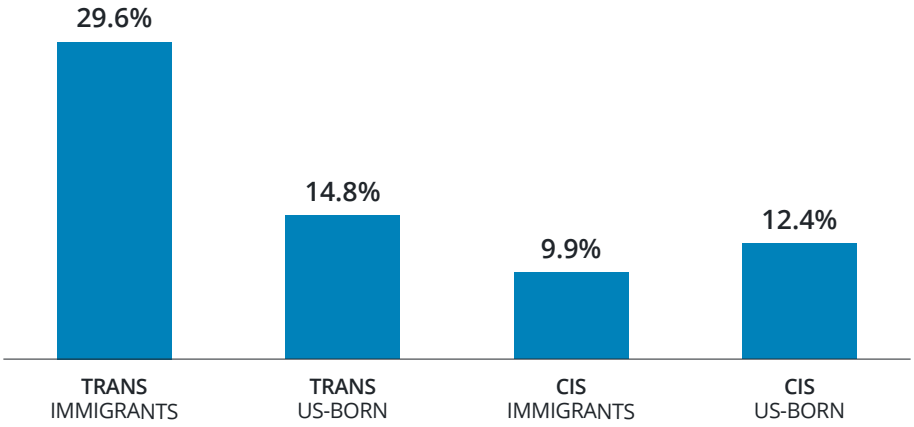
Food Security and CalFresh Enrollment

Slightly over one-third (35.3%) of transgender immigrants living below 200% of the FPL were food secure,[32] while 16.8% experienced food insecurity with hunger, and 47.9% experienced food insecurity without hunger (Table 3). Among those living below 200% of the FPL, only 26.0% were enrolled in the CalFresh food stamp benefits program.

Supplemental Security Income

Among those living below 200% of the FPL, 29.6% of transgender immigrants received Supplemental Security Income (SSI)—a larger proportion than was observed for cisgender immigrants (9.9%).[33]

Figure 13. Supplemental Security Income (SSI) among transgender and cisgender California adults living at < 200% poverty (n=41,687) by nativity, 2015-2021 California Health Interview Survey



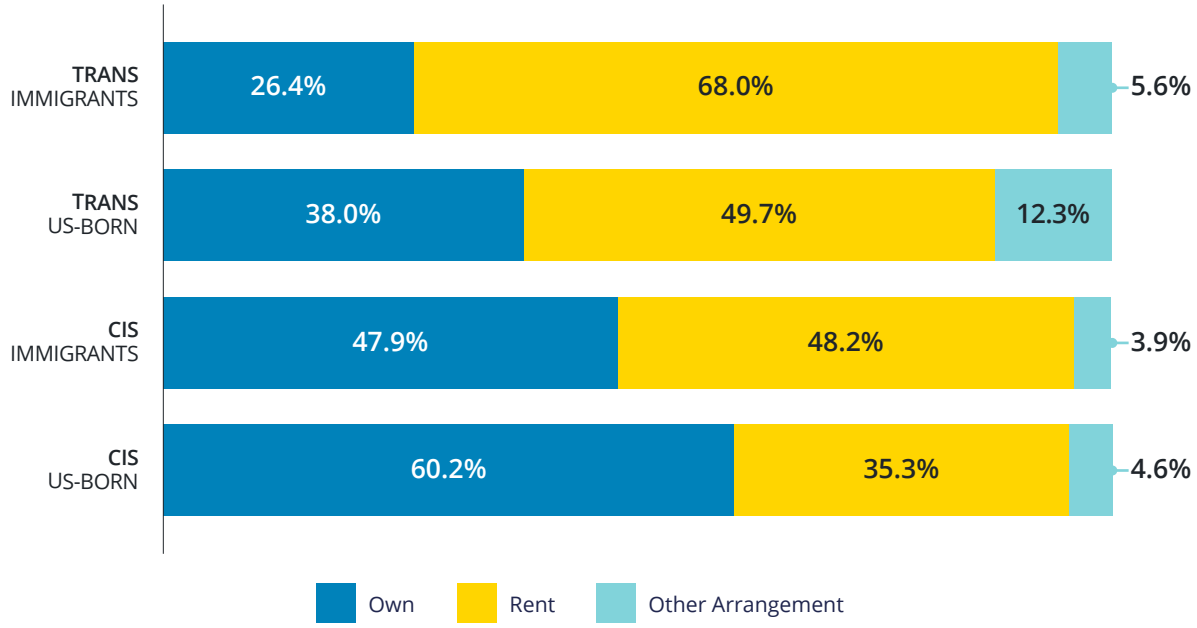
[32] Food security was measured with the USDA's six-item Household Food Security Survey Module and scored by the UCLA Center for Health Policy Research using criteria set by the USDA, https://www.ers.usda.gov/media/8271/hh2012.pdf

[33] The difference between transgender and cisgender immigrant participants in the proportions that reported receipt of SSI was statistically significant at p=0.02

Housing

More than two-thirds (68.0%) of transgender immigrants were renting housing, 26.4% owned a home, and 5.6% reported another living arrangement.

Figure 14. Homeownership among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



HEALTH STATUS AND HEALTHCARE ACCESS

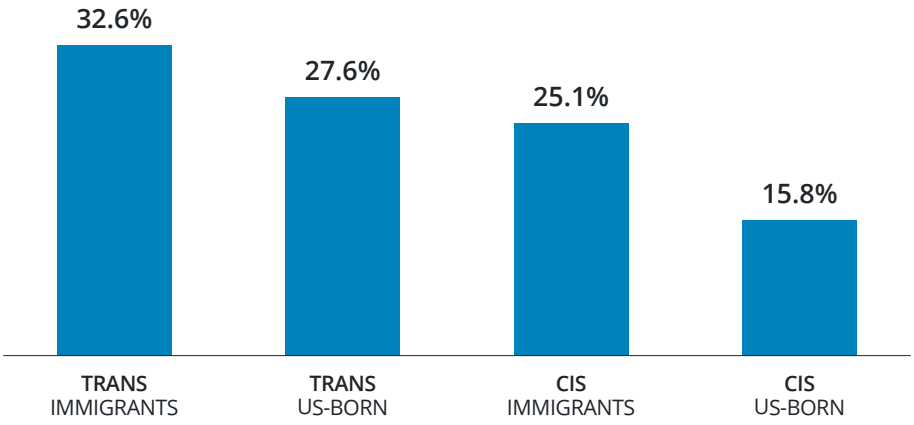
Transgender immigrants were similar to U.S.-born transgender people and cisgender immigrants on most indicators of health status and healthcare access (Table 4), including self-rated health, lack of health insurance, and no usual source of care. Almost one-third (32.6%) of transgender immigrants reported poor or fair health, 6.7% were uninsured, and 18.6% had no usual source of health care (Table 4). Emotional well-being varied across groups. Psychological distress in the past 30 days impacted 11.5% of transgender immigrants, 4.5% of cisgender immigrants, and was the most prevalent (34.5%) among the youngest group—U.S.-born transgender people.[34]

Self-Rated Health

Nearly a third (32.6%) of transgender immigrants described their health as poor or fair.

[34] The difference between transgender and cisgender immigrant participants in the proportions that scored about the cutoff for psychological distress was marginally statistically significant at p=0.05.

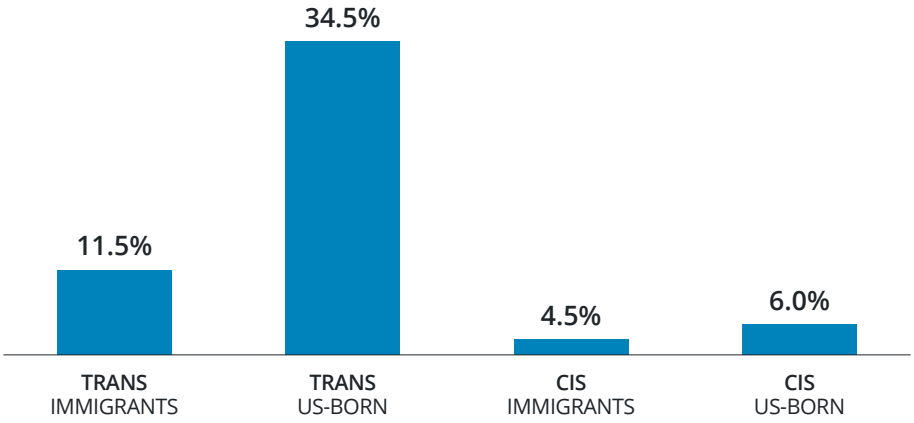
Figure 15. Poor/fair self-rated health among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



Emotional Well-being

More than one in ten (11.5%) transgender immigrants scored above the cutoff for psychological distress in the past 30 days.[35]

Figure 16. Psychological distress (30 day) among transgender and cisgender California adults (N=152,489) by nativity, 2015-2021 California Health Interview Survey



[35] Psychological distress was assessed with the Kessler-6 and dichotomized by the UCLA Center for Health Policy Research using the recommended cut point of > 13. (Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184–189. http://doi.org/10.1001/archpsyc.60.2.184)

DISCUSSION

While transgender immigrants are more likely to live in poverty, to rent (vs. own homes), and to report poor/fair health compared to cisgender U.S.-born cisgender people, our findings indicate that the demographic, socioeconomic, and health profiles of transgender immigrants are similar in many ways to that of cisgender immigrants and in some ways to that of U.S.-born transgender people. However, transgender immigrants differ from cisgender immigrants and U.S.-born transgender people on several key characteristics that are important to policymakers and service providers.

TRANSGENDER VERSUS CISGENDER IMMIGRANTS

- **Family Structure.** Transgender immigrants are less likely to be currently married and to have children in the household than cisgender immigrants. Organizations serving immigrant communities should ensure that services are inclusive of transgender people, including people who may be single or have relationships other than marriage.
- **Housing.** Homeownership is less common among transgender immigrants relative to their cisgender immigrant peers (26.4% vs. 47.9%). This suggests that transgender immigrants may face more housing precarity than their cisgender counterparts. Although evidence suggests that lifetime homelessness among immigrants is not significantly different than among U.S.-born people,[36] our finding is consistent with previous research, which has observed lower rates of homeownership among LGBT people than cisgender straight people.[37] Prior research has also found that transgender people may be as much as eight times as likely to experience homelessness as cisgender straight people.[38] Thus, organizations serving transgender immigrants may consider building networks for housing support, including information about affirming housing options, assistance with vouchers for rental assistance, loans for those seeking to purchase a home, and emergency and legal assistance in case of eviction or foreclosure.
- **Disability and SSI.** Among those living below 200% of the federal poverty level, transgender immigrants were three times as likely to receive SSI as cisgender immigrants (29.6% vs. 9.9%, respectively). SSI is a form of income for eligible applicants with lawful immigration status who meet certain eligibility criteria, most commonly a continuous mental or physical disability.[39] In this study, similar proportions of transgender and cisgender immigrants reported fair or poor health (32.6% and 25.1%, respectively). However, more than one in ten (11.5%) transgender immigrants experienced psychological distress in the past 30 days as compared to 4.5% of cisgender immigrants. These findings are consistent with published research, which has found higher rates of disability among transgender versus cisgender people, particularly difficulty

[36] Tsai, J. & Gu, X. (2019). Homelessness among immigrants in the United States: Rates, correlates, and differences compared with native-born adults. *Public Health*, *168*:107-116. http://doi.org/10.1016/j.puhe.2018.12.017

[37] Wilson, B.D.M, O'Neill, K., & Vasquez, L. (2021). LGBT renters and eviction risk. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Eviction-Risk-Aug-2021.pdf

[38] Wilson, B.D.M., Choi, S.K., Harper, G.W., Lightfoot, M., Russell, S., & Meyer, I. H. (2020). Homelessness among LGBT adults in the U.S. The Williams Institute https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/

[39] Social Security Administration (2023, May). Supplemental Security Income. Publication No. 05-11000. Retrieved November 22, 2023, from https://www.ssa.gov/pubs/EN-05-11000.pdf

concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.[40] Organizations serving transgender immigrants should ensure that health services or referrals are available to support mental and physical health.

TRANSGENDER IMMIGRANTS VERSUS US-BORN TRANSGENDER PEOPLE

- **Age, Gender, Racial, and Family Diversity.** Transgender immigrants are significantly older, as a group, than U.S.-born transgender people. They are also more likely to have binary gender identities (i.e., woman, man), to be people of color, married, and have children. These differences could impact the ability of transgender immigrants to connect and build a network of support with U.S.-born transgender people. Thus, organizations that serve transgender people in California should ensure that services and programming are inclusive of the needs of older adults, people of color, those who are married, and people with children.
- **Concentration in Bay Area**. Our findings suggest that transgender immigrants are more likely to live in the Bay Area (42.3%) than any other area in California and more likely to live in the Bay Area than either cisgender immigrants (21.9%) or U.S.-born transgender people (20.8%). Government and community-based organizations serving transgender communities in the Bay Area, such as the San Francisco Office of Transgender Initiatives, Santa Clara County Office of LGBTQ Affairs, the Transgender Law Center, and the TGI Justice Project, should continue or expand services tailored to transgender immigrants.[41] Immigrant-serving organizations in the Bay Area should also make sure that their services are welcoming for transgender immigrants. This could include, for example, using gender-inclusive language, asking and using personal gender pronouns, providing inclusive bathroom options, and making referrals for services commonly needed by transgender people, such as help with legal name change or gender-affirming care.[42] Organizations could also seek consultants to assist with transgender competency or partner with local transgender organizations to build collaboration opportunities. Other regions where immigrant-focused services should ensure that they are inclusive of transgender immigrants include Los Angeles (12.8% of our sample) and all other parts of Southern California (32.3% of our sample).

[40] James et al., (2016); Smith-Johnson, M. (2022). Transgender adults have higher rates of disability than their cisgender counterparts. *Health Affairs*, *41*(10), 1470-1476.

[41] San Francisco Office of Transgender Initiatives https://sf.gov/departments/city-administrator/office-transgender-initiatives#:~:text=OTI%20is%20the%20first%20and,intersex%20(TGNCI)%20San%20Franciscans; Santa Clara County office of LGBTQ Affairs https://desj.sccgov.org/lgbtq; Transgender Law Center https://transgenderlawcenter.org; TGI Justice Project https://tgijp.org

[42] National Center for Transgender Equality. (n.d.). *Resources*. Retrieved December 7, 2023, from https://transequality.org/issues/resources/supporting-the-transgender-people-in-your-life-a-guide-to-being-a-good-ally. National Institutes of Health. (2023, November 24). *NIH Style Guide: Inclusive and Gender-affirming Language*. https://www.nih.gov/nih-style-guide/inclusive-gender-neutral-language. Transgender Law Center. (n.d.), 10 Tips for Working with Transgender Patients, Retrieved December 7, 2023, from https://www.wright.edu/sites/www.wright.edu/files/page/attachments/10Tips85x11.pdf

This study used a representative state sample to provide new information about transgender immigrants and their similarities and differences to comparators; however, far more research is needed, including the following:

- Research that explores differences in the health and economic well-being of transgender immigrants by legal authorization status, as well as specific gender identity and race-ethnicity, would also be valuable given that inequities observed in studies of the general U.S. adult transgender population[43] are likely to be present.
- Research that explores topics that could not be examined in this study (e.g., access to identity documents, experiences with immigration officials and detention facilities, violence, discrimination) due to limitations of currently available data is also needed.
- Finally, research that entails partnerships with transgender-led organizations and embraces a community-based participatory model is recommended to create and sustain long-term change.[44]

[43] James et al., (2016)

[44] Vaughn, L. M., Jacquez, F., Lindquist-Grantz, R., Parsons, A., & Melink, K. (2017). Immigrants as research partners: A review of immigrants in community-based participatory research (CBPR). *Journal of Immigrant and Minority Health*, *19*(6), 1457–1468. http://doi.org/10.1007/s10903-016-0474-3

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SUGGESTED CITATION

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APPENDIX

METHODS

This study analyzed data collected on the California Health Interview Survey (CHIS) conducted by the UCLA Center for Health Policy Research.[45] The CHIS survey is administered annually—collecting data from a representative sample of more than 20,000 adults ages 18 and up on a range of demographic and health topics. In 2019, the CHIS began utilizing a mixed-method approach (web and telephone) using a random sample of California addresses. Prior to 2019, CHIS was administered only via telephone using random digit dialing (RDD). The survey is offered in English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, and Tagalog. In 2015, questions needed to differentiate between transgender and cisgender respondents were added to the CHIS survey. Thus, we pooled data collected from 2015 to 2021 to examine the demographic, socioeconomic, and health characteristics of adults (N=152,489) by gender and nativity (U.S.-born citizen vs. foreign-born non-citizen or "immigrant.") Pooling data over these years allowed us to produce more stable point estimates for small population groups. In the pooled analytic sample of N=152,489, 450 respondents were classified as transgender, including 94 immigrants, and 152,039 were classified as cisgender, including 34,300 immigrants.

Responses to questions about sex assigned at birth ("On your original birth certificate, was your sex assigned as male or female?") and current gender identity ("Do you currently describe yourself as male, female, or transgender?") were used to classify respondents by gender—as transgender or cisgender. Those who selected a gender identity (male or female) that differed from their sex assigned at birth or who selected "transgender" (regardless of their sex assigned at birth) were classified as transgender. Respondents who selected gender identity options (male or female) that were the same as their sex assigned at birth (male or female) were classified as cisgender. Those who selected "none of these" as their response to the gender identity question were not classified as transgender or cisgender. Respondents who could not be classified as either transgender or cisgender were excluded from analyses.

Nativity was determined based on responses to a series of sequential questions regarding country of birth ("In what country were you born?") and citizenship ("Are you a citizen of the United States?"). Based on responses to these questions, respondents were classified into one of two categories (U.S.-born citizen or foreign-born non-citizen/immigrant). If respondents selected the United States or any of its territories as their country of birth, they were classified as U.S.-born citizens.

We performed descriptive analyses of the pooled CHIS data through the CHIS data access center (DAC), which is managed by the UCLA Center for Health Policy Research. We performed descriptive analyses using design-based F-tests (Rao-Scott Chi-square tests) of differences in proportions to assess whether sociodemographic and health characteristics varied across nativity group in analyses stratified by gender, as well as by gender in analyses restricted to immigrants. Findings were deemed

[45] California Health Interview Survey (CHIS) (n.d.) *CHIS design and methods*. UCLA Center for Health Polic Research. Retrieved November 21, 2023, from https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/chis-design-and-methods

statistically different at an alpha of 0.05. Confidence intervals (95% CI) were included to communicate the degree of uncertainty around and estimate due to sampling error. Non-overlapping confidence intervals were indicative of statistical significance at an alpha of 0.05 for comparisons between any two groups. All analyses were performed on Stata v17.1 and were weighted using person-level weights provided by the UCLA Center for Health Policy Research. All sample sizes (n) are unweighted.

Approach to Population Estimation

To estimate the number of transgender adult immigrants in California, we relied upon estimates available through AskCHIS—an online data query platform maintained by the UCLA Center for Health Survey Research. We conducted our queries of gender (gender identity-2 level) restricted by citizenship status (citizenship 3-level, naturalized and non-citizen groups selected) in the CHIS pooled 2015 to 2021 data to obtain a count of 41,000 transgender immigrants in California – representing 0.4% of immigrant adults in the state. To provide lower and upper bound estimates of the number of transgender adult immigrants in the state (28,900, 57,700), the lower and upper 95% confidence intervals for percent transgender among adult immigrants in the state (0.3%, 0.6%) was applied to the population count estimates of adult immigrants in the state (9,624,000) contained in AskCHIS.[46] Estimates were rounded to the nearest 100. Ranges reflect the natural imprecision (due to sampling error) in percentages and estimates that are based upon survey samples rather than a census count.

To estimate the number of transgender adult immigrants in the U.S. (174,200), we multiplied percent transgender among California adult immigrants (0.4%) to national count estimates of adult immigrants (43,549,793) obtained by summing the estimated number of foreign-born people ages 18 and up in the *Selected Characteristics of the Native and Foreign-Born Populations. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0501*, 2022 prepared by the U.S. Census Bureau.[47] We applied the 95% confidence intervals for percent transgender among California adult immigrants (0.3%, 0.6%) to the U.S. adult immigrant count estimate to generate ranges (130,600, 261,300) for our national transgender adult immigrant estimate.

Our approach to producing a national estimate assumes that the percentage of immigrants who are transgender in California is the same as the percentage of immigrants who are transgender who live elsewhere in the U.S. In relation to our published U.S. transgender adult population estimate (1,337,100),[48] our transgender immigrant population estimate is 13.0% of the total transgender adult population – a percentage that is similar to the 17.7% of U.S. adults who are foreign-born.[49] Given

[46] The AskCHIS count estimate is very similar to the state count estimate (10,031,476) of adult immigrants produced by the U.S. Census Bureau. U.S. Census Bureau. (n.d.) Selected Population Profile in the United States. American Community Survey, ACS 1-Year Estimates Selected Population Profiles, Table S0201, 2022. Accessed December 8, 2023, https://data.census.gov/table/ACSSPP1Y2022.S0201?q=foreign born&g=040XX00US06

[47] U.S. Census Bureau. (n.d.). Selected Characteristics of the Native and Foreign-Born Populations. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0501, 2022. Accessed on December 6, 2023, https://data.census.gov/table/ACSST1Y2022.S0501?q=S0501: SELECTED CHARACTERISTICS OF THE NATIVE AND FOREIGN-BORN POPULATIONS&g=010XX00US

[48] Herman, J.L., Flores, A.R., & O'Neill, K.K. (2022). How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA, Los Angeles, CA. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf

[49] Calculation produced by the Williams Institute using information provided in Selected Characteristics of the Native

that the transgender population is younger, on average, than the U.S. adult population,[50] and that immigrants, on average, are older than the U.S.-born population,[51] a smaller percent immigrant would be expected among transgender people in the U.S. than among the general U.S. adult population. That the percent immigrant among transgender adults appears reasonable lends greater support for the assumption that the percentage of immigrants who are transgender in California is the same as the percentage of U.S. immigrants who are transgender who live outside of the state.

TABLES

Table 1. Demographic characteristics of transgender and cisgender adult participants (N=152,489) in the California Health Interview Survey, 2015-2021, by nativity

	TRANSGENDER (N=450)					CISGENDER (N=152,039)				
	FOREIGN-BORN (N=94)		US-BORN (N=356)		F#	FOREIGN-BORN (N=34,300)		US-BORN (N=117,739)		F
	%	95% CI¥	%	95% CI	P-VALUE	%	95% CI	%	95% CI	P-VALUE
Age					**<0.01**					**<0.01**
18-24	9.2	2.8, 26.3	39.1	30.1, 48.9		6.7	6.2, 7.2	15.6	15.4, 15.8	
25-34	16.2	6.2, 36.4	31.3	23.8, 40.1		15.8	15.2, 16.4	19.6	19.2, 19.9	
35-49	24.5	11.8, 44.1	15.7	8.7, 26.5		33.2	32.4, 34.0	21.4	21.0, 21.8	
50-64	34.2	14.5, 61.6	6.7	4.1, 10.9		28.1	27.5, 28.7	22.6	23.2, 22.9	
65+	15.8	7.5, 30.1	7.2	4.5, 11.3		16.2	15.7, 16.8	20.8	20.6, 21.1	
Sex assigned at birth					0.68					**<0.01**
Male	42.0	20.4, 67.1	47.9	37.1, 58.8		48.5	47.9, 49.2	48.6	48.3, 49.0	
Female	58.0	32.9, 79.6	52.1	41.2, 62.9		51.5	50.8, 52.1	51.4	51.0, 51.7	
Gender										
Cisgender man						48.5	47.9, 49.2	48.6	48.3, 49.0	
Cisgender woman						51.5	50.8, 52.1	51.4	51.0, 51.7	
Transgender man	26.5	8.0, 59.9	16.9	10.4, 26.3						
Transgender woman	43.4	23.9, 65.2	16.4	10.8, 24.1						
Transgender (all other gender identities)	30.1	15.6, 50.1	66.7	55.9, 76.0						
Sexual orientation					0.36					**<0.01**
Straight or heterosexual	52.7	30.4, 74.0	32.8	23.4, 43.9		93.3	92.7, 93.8	91.4	91.0, 91.8	
Gay, lesbian, or homosexual	9.5	3.2, 24.9	14.0	9.3, 20.7		1.8	1.6, 2.0	3.3	3.1, 3.5	
Bisexual	24.9	7.2, 58.9	41.8	30.6, 53.9		1.7	1.4, 1.9	4.3	4.0, 4.5	
Not sexual, celibate, none, "other"	12.9	4.6, 31.0	11.4	6.9, 18.1		3.3	2.9, 3.7	1.0	0.9, 1.1	

and Foreign-Born Populations. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0501, 2022 produced by the U.S. Census Bureau

[50] Feldman et al., (2021)

[51] Migration Policy Institute. (n.d.). Age-sex pyramids of U.S. immigrant and native-born populations, 1970-present. Retrieved December 8, 2023, from https://www.migrationpolicy.org/programs/data-hub/charts/age-sex-pyramids-immigrant-and-native-born-population-over-time

	TRANSGENDER (N=450)					CISGENDER (N=152,039)				
	FOREIGN-BORN (N=94)		US-BORN (N=356)		F[#]	FOREIGN-BORN (N=34,300)		US-BORN (N=117,739)		F
	%	95% CI[¥]	%	95% CI	P-VALUE	%	95% CI	%	95% CI	P-VALUE
Race-ethnicity					**0.02**					**<0.01**
White, non-Hispanic	27.8	9.0, 60.1	48.0	38.7, 57.4		11.6	11.1, 12.1	54.5	54.2, 54.8	
Black, non-Hispanic	S[±]	S	S	S		1.6	1.4, 1.9	7.5	7.4, 7.6	
Asian, non-Hispanic	33.4	17.4, 54.5	7.9	2.9, 19.9		30.1	29.5, 30.7	6.2	5.9, 6.5	
Latinx or Hispanic	37.6	20.8, 58.1	31.8	22.5, 42.7		55.6	55.0, 56.2	27.8	27.4, 28.2	
Any other race alone, or more than one race	S	S	S	S		1.1	0.9, 1.2	4.1	4.0, 4.1	
Marital status					**<0.01**					**<0.01**
Married	30.6	17.0, 48.7	12.5	8.6, 17.9		60.7	59.7, 61.7	44.6	44.1, 45.1	
Living with partner	3.8	1.0, 13.1	10.8	6.5, 17.5		7.3	6.6, 8.0	8.5	8.2, 8.9	
Widowed, separated, or divorced	34.8	14.5, 63.8	9.1	4.7, 16.9		15.0	14.2, 15.8	15.8	15.4, 16.3	
Never married	30.8	15.0, 52.9	67.6	58.9, 75.2		17.0	16.3, 17.8	31.1	30.6, 31.6	
Household type*					**<0.01**					**<0.01**
Other, no kids	60.9	41.5, 77.4	86.6	80.9, 90.8		30.9	30.0, 31.8	48.0	47.5, 48.5	
Married, no kids	22.1	11.6, 38.1	6.9	4.2, 11.0		30.9	30.0, 31.8	27.8	27.4, 28.3	
Married, with kids	6.2	2.1, 16.7	4.1	2.1, 7.7		30.2	29.2, 31.3	17.0	16.6, 17.5	
Other, with kids	10.8	4.6, 23.1	2.4	0.8, 7.4		8.0	7.5, 8.6	7.1	6.8, 7.4	
Region					**<0.05**					**<0.01**
North/Sierra Counties	0.4	0.1, 1.8	4.3	2.2, 8.0		1.2	1.1, 1.3	4.8	4.8, 4.9	
Greater Bay Area	42.3	21.1, 66.7	20.8	12.1, 33.6		21.9	21.2, 22.5	19.2	19.0, 19.5	
Sacramento Area	7.9	2.6, 22.0	13.1	7.4, 22.3		3.6	3.3, 3.9	7.0	6.9, 7.2	
San Joaquin Valley	2.2	0.6, 8.5	9.9	5.3, 17.7		9.0	8.7, 9.4	10.6	10.4, 10.8	
Central Coast	2.1	0.6, 7.1	9.3	5.6, 14.9		5.0	4.7, 53	6.3	6.2, 6.4	
Los Angeles	12.8	5.7, 26.2	17.4	11.3, 25.9		33.0	32.2, 33.7	23.0	22.6, 23.4	
Other Southern California	32.3	17.0, 52.6	25.2	18.2, 33.8		26.4	25.8, 26.9	29.0	28.7, 29.3	

[¥]CI: Confidence Interval. [#]F test for test of difference in proportions; F tests cannot be calculated when all rows are empty. [±]S represents suppressed data due to small cell sizes and deductive disclosure concerns. *Adults who are not living with a married spouse are classified as "other." Therefore, percentages for married reported in household type will differ from those reported under marital status. Bold p-values are statistically significant.

Table 2. Country of origin, time in US, language spoken at home, and English proficiency of transgender and cisgender adult participants (N=152,489) in the California Health Interview Survey, 2015-2021, by nativity

	TRANSGENDER (N=450)					CISGENDER (N=152,039)				
	FOREIGN-BORN (N=94)		US-BORN (N=356)		F[#]	FOREIGN-BORN (N=34,300)		US-BORN (N=117,739)		F
	%	95% CI[¥]	%	95% CI	P-VALUE	%	95% CI	%	95% CI	P-VALUE
Region or country of birth					**<0.01**					**<0.01**
United States	--		100%			--		100%		
Mexico	26.6	14.5, 43.8				43.5	42.7, 44.4			
Central America	8.9	2.1, 31.4				8.9	8.3, 9.6			
Other Latin America	2.3	0.6, 8.1				3.6	3.3, 4.0			
Asia & Pacific Islands	36.9	19.9, 57.9				34.3	33.7, 35.0			
Europe	18.9	3.4, 60.4				6.1	5.6, 6.6			
Other	6.3	1.4, 24.2				3.5	3.2, 3.9			
Percent of life in US					**<0.01**					**<0.01**
<=25%	12.2	4.5, 29.1				16.0	15.1, 17.0			
26%-50%	28.9	14.4, 49.7				30.2	29.0, 31.5			
51%-75%	40.4	19.8, 65.2				36.3	35.3, 37.4			
76%-100%	18.4	8.7, 34.9	100%			17.5	16.7, 18.2	100%		
Years in US					**<0.01**					**<0.01**
<5 Years	5.4	2.2, 12.9				6.9	6.4, 7.5			
5-10 Years	12.1	4.2, 30.5				11.0	10.3, 11.7			
>10 Years	82.5	64.9, 92.3				82.1	81.2, 83.0			
Language spoken at home					**<0.01**					**<0.01**
English	19.8	9.4, 37.1	72.0	61.3, 80.7		13.4	12.7, 14.1	75.8	75.2, 76.3	
Spanish	10.7	2.9, 32.2	2.2	0.8, 5.6		25.4	24.5, 26.4	1.1	1.0, 1.3	
English & Spanish	20.9	10.6, 36.9	17.7	9.8, 29.9		27.0	26.1, 28.0	16.5	16.0, 17.1	
English & Asian Languages	19.3	7.9, 40.3	3.7	1.0, 12.3		12.8	12.2, 13.4	2.8	2.6, 3.0	
Other language(s)	29.2	10.3, 59.7	4.4	1.5, 12.1		21.4	20.7, 22.2	3.8	3.6, 4.1	
Spoken English proficiency					**<0.01**					**<0.01**
Speaks only English	19.8	9.4, 37.1	72.0	61.3, 80.7		13.3	12.7, 14.0	75.7	75.2, 76.3	
Very well/well	69.7	50.4, 83.9	24.7	16.3, 35.7		49.9	48.8, 50.9	23.7	23.1, 24.2	
Not well/not at all	10.5	3.3, 28.4	3.2	0.2, 35.2		36.8	35.7, 37.9	0.6	0.5, 0.7	

[¥]CI: Confidence Interval. [#] F test for test of difference in proportions; F tests cannot be calculated when all rows are empty. Bold p-values are statistically significant.

Table 3. Economic well-being of transgender and cisgender adult participants (N=152,489) in the California Health Interview Survey, 2015-2021, by nativity

	TRANSGENDER (N=450)					CISGENDER (N=152,039)				
	FOREIGN-BORN (N=94)		US-BORN (N=356)		F#	FOREIGN-BORN (N=34,300)		US-BORN (N=117,739)		F
	%	95% CI¥	%	95% CI	P-VALUE	%	95% CI	%	95% CI	P-VALUE
Education					0.75					**<0.01**
High school or less	47.4	27.6, 68.1	46.1	36.8, 55.7		53.6	52.8, 54.4	30.1	29.7, 30.5	
Associates or some college	24.9	12.9, 42.7	19.5	13.2, 27.8		13.7	13.1, 14.3	27.0	26.5, 27.5	
Bachelor's or more	27.7	9.3, 59.0	34.4	24.8, 45.5		32.7	31.9, 33.6	42.9	42.3, 43.6	
In the workforce					0.09					**<0.01**
No	20.5	10.3, 36.7	35.8	27.0, 45.6		29.5	28.5, 30.4	31.3	30.8, 31.8	
Yes	79.5	63.3, 89.7	64.2	54.4, 73.0		70.5	69.6, 71.5	68.7	68.2, 69.2	
Poverty					0.45					**<0.01**
<100% federal poverty level (FPL)	26.5	13.1, 46.2	21.2	14.1, 30.7		22.5	21.7, 23.4	11.8	11.3, 12.3	
100%-199% FPL	12.2	4.5, 29.0	24.3	15.0, 36.9		24.6	23.8, 25.4	14.0	13.6, 14.5	
200%-299% FPL	7.9	2.1, 25.1	11.6	6.5, 19.9		13.7	13.0, 14.5	13.3	12.8, 13.8	
>= 300% FPL	53.4	32.4, 73.3	42.9	32.8, 53.5		39.1	38.3, 40.0	60.9	60.3, 61.5	
Food security (among those at < 200% FPL)					0.66					**<0.01**
Food secure	35.3	16.8, 59.5	37.7	23.0, 55.1		60.1	58.5, 61.7	59.2	58.0, 60.4	
Food insecurity without hunger	47.9	25.5, 71.2	36.3	19.2, 57.7		29.9	28.5, 31.4	24.8	23.8, 25.9	
Food insecurity with hunger	16.8	5.0, 43.4	26.1	13.8, 43.6		10.0	9.2, 10.9	16.0	15.0, 17.0	
Has CalFresh benefits (among those at < 200% FPL)	26.0	10.3, 52.0	19.2	10.3, 32.8	0.54	20.3	19.1, 21.6	25.0	23.9, 26.2	**<0.01**
Has SSI (among those at < 200% FPL)	29.6	11.4, 57.7	14.8	5.3, 34.7	0.26	9.9	9.1, 10.8	12.4	11.7, 13.3	**<0.01**
Housing status					0.20					**<0.01**
Own	26.4	13.9, 44.4	38.0	28.7, 48.3		47.9	47.1, 48.7	60.2	59.8, 60.6	
Rent	68.0	47.2, 83.4	49.7	39.2, 60.2		48.2	47.4, 49.0	35.3	34.9, 35.7	
Other arrangement	5.6	1.1, 23.7	12.3	7.7, 19.0		3.9	3.6, 4.3	4.6	4.3, 4.8	

¥CI: Confidence Interval. # F test for test of difference in proportions; Bold p-values are statistically significant.

Table 4. Health status and healthcare access of transgender and cisgender adult participants (N=152,489) in the California Health Interview Survey, 2015-2021, by nativity

	TRANSGENDER (N=450)					CISGENDER (N=152,039)				
	FOREIGN-BORN (N=94)		US-BORN (N=356)		F#	FOREIGN-BORN (N=34,300)		US-BORN (N=117,739)		F
	%	95% CI¥	%	95% CI	P-VALUE	%	95% CI	%	95% CI	P-VALUE
Self-reported health					0.65					**<0.01**
Excellent	12.1	5.6, 24.0	8.9	5.2, 14.9		15.8	15.1, 16.6	19.4	18.8, 20.0	
Very good/good	55.3	33.9, 74.9	63.5	54.2, 71.9		59.1	58.1, 60.1	64.8	64.3, 65.4	
Poor/fair	32.6	16.8, 53.7	27.6	19.9, 36.9		25.1	24.2, 26.1	15.8	15.3, 16.3	
Psychological distress (30 days)					**0.01**					**<0.01**
Yes	11.5	4.3, 27.2	34.5	25.4, 44.8		4.5	4.2, 4.9	6.0	5.7, 6.4	
No	88.5	72.8, 95.7	65.5	55.2, 74.6		95.5	95.1, 95.8	94.8	93.6, 94.3	
Health insurance type					0.66					**<0.01**
Uninsured	6.7	2.3, 18.5	9.3	5.4, 15.3		14.3	13.6, 15.1	5.9	5.6, 6.2	
Medi-Cal	37.2	20.5, 57.7	40.7	30.4, 51.9		31.4	30.4, 32.4	20.9	20.3, 21.4	
Employment-based	42.8	21.9, 66.5	31.2	23.2, 40.6		38.9	38.0, 39.9	47.6	47.0, 48.3	
Other	13.2	4.6, 32.3	18.8	11.8, 28.6		15.3	14.7, 16.0	25.6	25.0, 26.1	
Has usual source of health care					0.76					**<0.01**
No	18.6	9.2, 33.9	21.0	13.6, 30.9		20.6	19.9, 21.4	13.8	13.3, 14.3	
Yes	81.4	66.1, 90.8	79.0	69.1, 86.4		79.4	78.6, 80.1	86.2	85.7, 86.7	

¥CI: Confidence Interval. # F test for test of difference in proportions. Bold p-values are statistically significant.