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Public Comment on Healthy People 2020's Proposed New Objectives in the Lesbian, Gay, Bisexual, and Transgender Health Topic Area

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Submitted electronically to www.healthypeople.gov.

This comment is on behalf of the Fenway Institute at Fenway Health. The Fenway Institute works to make life healthier for LGBT people, as well as people living with HIV/AIDS and the larger community. We do this through research and evaluation, education and training, policy analysis, and public health advocacy. We are the research division of Fenway Health, a federally qualified health center that serves about 26,000 patients each year.

We write to provide comment on the new proposed objectives in the Lesbian, Gay, Bisexual, and Transgender (LGBT) Health topic area. A growing body of research has documented LGBT health disparities in health and disease outcomes, risk behaviors and factors, rates of insurance coverage, access to preventive care, and access to culturally competent care. For example, lesbians are less likely to get preventive screenings for cancer; gay and bisexual men are at higher risk of HIV; transgender people have high rates of suicide; and the LGBT population as a whole has the highest rates of tobacco, alcohol, and other substance use. In recent years, a consensus has emerged among LGBT health experts and health policymakers regarding the relative dearth of data on LGBT health and the importance of increasing data collection on sexual orientation and gender identity (SO/GI) in public health and demographic surveys in order to better understand LGBT health disparities and inform interventions to eliminate them. As such, we support the goal of the new proposed objectives to increase the number of states, territories, and the District of Columbia that include SO/GI questions on state level health surveys.

We recommend that Objectives 2.2 and 2.3 (increase the number of states and territories that use the provided module on sexual orientation and gender identity in the BRFSS and the YRBSS, respectively) aim for total coverage instead of a 10% increase because it would ensure that all respondents across the nation are being asked standardized questions. In 2015 marriage equality is legal for same-sex couples in all 50 states, gay and lesbian people can serve openly in the U.S. military, and federal hate crimes law prohibits bias violence against LGBT people. LGBT health disparities have been prioritized by federal agencies including CMS, the VHA, HRSA and others, and CMS and the Office of Health IT have recommended SO/GI data collection in Electronic Health Records. It is time that all 50 states collect basic demographic data on LGBT people and their health care.

While Objective 2.1 (increase the number of states, territories and the District of Columbia that include questions on sexual orientation and gender identity in BRFSS) will be very helpful for states to be able to address their individual LGBT health disparities, it will be less helpful for gathering national data if states can word the SO/GI questions differently. Variation in question terminology could create differences in acceptability and understandability of questions among respondents, such that the

data gathered from Objective 2.1 could not be pooled to create national data. If all states and territories asked standard SO/GI questions, it would ensure that the data collected could be pooled and analyzed together as a national sample. This data would be essential for tracking LGBT health disparities and informing interventions to address them at the national level. Additionally, using standardized questions that have been validated through research helps to ensure that the questions are acceptable and understandable to respondents across the nation. Because of the importance of standardization for tracking and eliminating LGBT health disparities on the national level, we recommend that the goal for Objectives 2.2 and 2.3 be changed from a 10% increase to total coverage.

We also encourage you to create an additional HP2020 objective of adding gender identity questions to other federal health surveys, such as the National Health Interview Survey and the National Survey on Drug Use and Health.

Thank you for the opportunity to provide public comment on the proposed objectives in the LGBT Health topic area.

Sincerely,
The Fenway Institute