

November 16, 2021

National Institutes of Health
Office of Strategic Coordination
The Common Fund
U.S. Department of Health and Human Services
9000 Rockville Pike
Bethesda, Maryland 20892

RE: Transformative Research to Address Health Disparities and Advance Health Equity initiative community listening sessions

Submitted via: [Transformative Health Disparities Research Initiative - Comment Submission \(https://www.surveymonkey.com/r/TN8HYW3\)](https://www.surveymonkey.com/r/TN8HYW3)

Dear Common Fund working group members,

Fenway Health is a federally qualified health center in Boston, Massachusetts that serves over 30,000 patients, about half of whom are LGBT, and about 4500 identify as transgender or non-binary. Fenway Health is also a Ryan White Part C clinic, with 2200 patients living with HIV and over 5,000 connected to PrEP. The Fenway Institute is our national research and education institute, focused on LGBTQIA+ healthcare and policy.

Fenway Health requests that the NIH Common Fund support research on sexual and gender minority populations within BIPOC populations through the collection and inclusion of sexual orientation and gender identity (SOGI) data, to address the disparities that these intersecting identities experience.

We see the effects of these disparities compounded when identities intersect. Within populations of people living with HIV, Black and Latinx gay and bisexual men, transgender women bear the greatest burden. In cancer prevention we see higher rates of ovarian, breast, and cervical cancer in lesbian and bisexual women as well as in Black and Latinx heterosexual women, because of lower rates of mammograms and pap smears. LGBTQIA+ people experience higher rates of cardiovascular disease risk factors, and higher rates of diabetes and kidney disease, which are compounded in BIPOC populations in part due to minority stress.^{1 2 3}

A long history of structural stigma and discrimination against Black people in healthcare settings contributes to medical mistrust and acts as a major barrier to accessing care—particularly for Black LGBT people.⁴

¹ Caceres, Makarem, Hickey, Hughes. Am J Health Promot. 2019

² Alzahrani et al., Circ Cardiovasc Qual Outcomes, 2019

³ Corliss et al., Diabetes Care, 2018. Beach et al., LGBT Health, 2018

⁴ Quinn et al., Arch Sex Behav. 2020; Fields, STIs, 2019

Discrimination effects ability to access healthcare. More than 1 in 3 LGBTQ Americans faced discrimination in past year. 15 percent of LGBTQ Americans report postponing or avoiding medical treatment due to discrimination. Those numbers are much higher within transgender populations.⁵

Combined with race/ethnicity and other demographic data, SOGI data can enable population health management. Black and Latinx MSM and transgender women are at much greater risk for HIV infection than their White counterparts, yet are not prescribed PrEP for HIV prevention at the higher rates needed to address this disproportionate burden. Collecting SOGI and race/ethnicity data could inform strategies to close these health equity gaps.

The incorporation of SOGI and related data into clinical decision support algorithms, coupled with provider judgment, can inform culturally competent care. SOGI data also convey important demographic information about a patient—indicating that they may experience minority stress and other behavioral health burden related to stigma, discrimination, and socioeconomic marginalization.

Please make sure SOGI populations are explicitly included in this bundle of target populations for this work.

Thank you.

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⁵ CAP, State of the LGBTQ Community in 2020: A National Public Opinion Study