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Secretary's Advisory Committee on Healthy People 2030
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

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RE: Request for Public Comment on the Proposed Healthy People 2030 Framework

Submitted online at: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Public-Comment/Items-for-comment>

Dear colleagues,

We at the Fenway Institute write to provide public comment regarding the proposed framework for Healthy People 2030. The Fenway Institute works to make life healthier for those who are lesbian, gay, bisexual, and transgender (LGBT), as well as people living with HIV/AIDS and the larger community. We do this through research and evaluation, education and training, and policy analysis. We are the research division of Fenway Health, a federally qualified health center that serves about 30,000 patients each year.

We are pleased to see that the proposed framework for Healthy People 2030 aligns with efforts to improve the health and well-being of LGBT people, and we are hopeful that this proposed framework will eventually result in more in-depth Healthy People 2030 objectives related to LGBT health outcomes and data collection. Below, we highlight several points from the proposed framework's Plan of Action and Overarching Goals as they relate to LGBT health.

Plan of Action:

Identify regions and groups with poor health or at high risk for poor health in the future.

We support the Plan of Action item to identify regions and groups who are disproportionately affected by health disparities or risk factors for negative health outcomes. A growing body of research has documented LGBT health disparities in health and disease outcomes, as well as risk behaviors and factors that contribute to poorer health outcomes, such as access to preventive health screenings. For example, lesbians are less likely to get preventive screenings for cancer;¹ gay and bisexual men are at higher risk of HIV, especially Black and Latino gay men;² transgender people experience high rates of violence

¹ Kerker BD, Mostashari F, Thorpe L. "Health care access and utilization among women who have sex with women: Sexual behavior and identity." J Urban Health. 2006;83(5):970-979.

² Centers for Disease Control and Prevention. "Half of black gay men and a quarter of Latino gay men projected to be diagnosed within their lifetime." Press release. February 23, 2016.

victimization, behavioral health burden, and suicidality;³ and the LGBT population as a whole has the highest rates of tobacco,⁴ alcohol,⁵ and other substance use.⁶ In recent years, experts have agreed upon the importance of collecting sexual orientation and gender identity (SOGI) data in order to better understand and reduce LGBT health disparities. We need to increase the number of health surveys collecting SOGI data and increase data collection in healthcare settings. Research has shown that patients are much more willing to answer SOGI questions than providers think they are,⁷ and SOGI questions have been found acceptable and understandable to diverse patient populations.⁸

Additionally, more research needs to be done to identify and address the specific needs of LGBT people who live in more rural areas of the country and of LGBT people of color. Regional variation in social support networks and anti-LGBT discrimination could contribute to unique health needs for this group of people.

Share evidenced-based programs that are scalable and sustainable.

The dissemination of evidence-based programming, training, and resources will be very helpful for reducing the health disparities that disproportionately burden LGBT people. For example, the dissemination of evidence-based training and resources on LGBT cultural competency in clinical settings would be very helpful in creating more affirming and safer healthcare environments for LGBT people, who often experience discrimination in trying to access these services.

Stimulate research and innovation toward meeting Healthy People 2030 goals.

New and innovative research will be critical for reducing the health disparities that disproportionately affect LGBT people. For example, in order to make meaningful progress in ending the HIV/AIDS epidemic, it will be critical to implement innovative and effective HIV prevention and care interventions that specifically address the needs of Black and Latino gay and bisexual men and transgender women. Other priority areas for innovative research include: understanding and promoting resiliency in LGBT people, family acceptance and other resiliency factors for LGBT youth, racial/ethnic and geographic differences in health outcomes, and gerontological research on LGBT elders.

³ James SE, Herman JL, Rankin S, Keisling M, Mottet L, & Anafi M. 2016. *The Report of the 2015 U.S.*

Transgender Survey. Washington, DC: National Center for Transgender Equality.

⁴ Lee GL, Griffin GK, Melvin CL. "Tobacco use among sexual minorities in the USA: 1987 to May 2007: A systematic review." *Tob Control*. 2009;18:275-82.

⁵ Hughes TL. "Alcohol use and alcohol-related problems among lesbians and gay men." *Ann Rev of Nurs Res*. 2005;23:283-325.

⁶ Lyons T, Chandra G, Goldstein J. "Stimulant use and HIV risk behavior: The influence of peer support." *AIDS Ed and Prev*. 2006;18(5):461-73.

⁷ Haider A, Schneider E, Kodadek L et al. 2017. "Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity: The EQUALITY Study." *JAMA Internal Medicine*.

⁸ Cahill S, Singal R, Grasso C, King D, Mayer K, Baker K, Makadon H. (2014, September 8). "Do ask, do tell: High levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers." *PLOS ONE*.

Overarching Goals:

Attain health literacy, achieve health equity, eliminate disparities, and improve the health and well-being of all populations.

This goal is directly in line with increasing efforts to reduce and eliminate LGBT health disparities. In order to fully achieve health equity for LGBT people, it will be important to address the structural barriers that prevent LGBT people from accessing health care, such as stigma, poverty, lack of health insurance, and other social determinants of health. This is especially important for LGBT people of color who may experience stigma and minority stress stemming from both their race/ethnicity as well as their sexual orientation and gender identity.

Create social and physical environments that promote attaining full potential for health and well-being for all.

There is a large body of peer-reviewed literature that documents the negative effects of social stigma, discrimination, and minority stress on health outcomes. In order to make progress on the health disparities affecting LGBT people, it is essential to address factors such as persecution, stigma, and discrimination which contribute to negative social environments for LGBT people. Anti-LGBT stigma creates minority stress, which plays a major role in the health disparities that disproportionately burden the LGBT community.⁹ Research shows that LGBT people that live in communities with high levels of structural stigma and anti-LGBT prejudice die an average of 12 years earlier compared to LGBT people living in more accepting communities.¹⁰ While we've seen much social progress for the LGBT community in America in recent years, LGBT people across the country still face widespread discrimination. For example, in the 2015 U.S. Transgender Survey, 33% of respondents experienced anti-transgender discrimination in healthcare, and 23% of respondents chose to forego necessary healthcare due to fear of discrimination.¹¹ In order to reduce the health disparities that LGBT people experience, it is essential to address social stigma and anti-LGBT discrimination. This is very much in line with this overarching goal of the proposed Healthy People 2030 framework.

Promote healthy development, healthy behaviors and well-being across all life stages.

Promoting healthy development and behaviors across all life stages will be essential for addressing the unique needs and disparities affecting LGBT youth and LGBT elders. LGBT youth are overrepresented in the juvenile justice

⁹ Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. The Institute of Medicine. Washington, D.C.

¹⁰ Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, Fiscella K. 2014. "Structural stigma and all-cause mortality in sexual minority populations." *Soc Sci Med*. 103:33-41.

¹¹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. 2016. *The Report of the 2015 U.S.*

Transgender Survey. Washington, DC: National Center for Transgender Equality.

system,¹² and they are overrepresented among homeless youth.¹³ LGBT youth also experience family rejection,¹⁴ social stigma,¹⁵ and harassment in schools,¹⁶ which can all contribute negative health outcomes. Data from the Massachusetts Youth Risk Behavior Survey shows much higher rates of binge drinking, cocaine use, and injection drug use in sexual minority youth compared to their heterosexual youth counterparts.¹⁷

LGBT elders also have unique needs and experience health disparities. For example, aggregate data from 2003-2010 Washington State Behavioral Risk Factor Surveillance System showed that LGBT older adults had higher risk of physical disability and poor mental health outcomes compared to the general population.¹⁸ Furthermore, LGBT elders are more likely to be socially isolated than their peers. A 2010 MetLife survey found that 33% of LGBT older adults lived alone, compared to only 18% of heterosexual older adults.¹⁹ LGBT older adults are also more likely to be without children or other family to provide caregiving assistance.²⁰ The overarching goal of promoting healthy behaviors and well-being at all stages of life will be especially important for reducing the disparities that affect LGBT youth and LGBT elders.

We would like to thank the Secretary's Advisory Committee on Healthy People 2030 for the opportunity to provide feedback on the proposed framework. We

¹² Majd K, Marksamer J, & Reyes C. "Hidden injustice: Lesbian, gay, bisexual and transgender youth in juvenile courts." Washington, DC: Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights. <http://www.modelsforchange.net/publications/237> (2009)

¹³ Nicholas Ray. "Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness". 1, 11-14 (National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless 2006), http://www.thetaskforce.org/reports_and_research/homeless_youth; Rob Woronoff et. al., "Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care". 34-35 (Child Welfare League of America 2006).

¹⁴ Caitlin Ryan & Donna Futterman, *Lesbian and Gay Youth: Care and Counseling* 22-23 (Columbia University Press 1998); Caitlin Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Adults," 123 *Pediatrics* 346, 349-51 (2009) [hereinafter *Family Rejection as a Predictor*]; Anthony R. D'Augelli, "Incidence and Mental Health Impact of Sexual Orientation Victimization of Lesbian, Gay, and Bisexual Youths in High School", 17 *School Psychology Quarterly* 148, 163-64 (2002).
¹⁵ *Ibid.*

¹⁶ Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C. & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

¹⁷ Massachusetts Youth Risk Behavior Survey, 1995-2009. Goodenow, C. "Prevention needs of sexual minority youth, MYRBS 1995-2009." Powerpoint presentation. Massachusetts Department of Elementary and Secondary Education. June 2011. Data are from 2009 Mass. YRBS.

¹⁸ Fredriksen-Goldsen, K.I., H.J. Kim, C. Emlet et al. 2011. *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults*. Seattle, WA: Institute for Multigenerational Health

¹⁹ MetLife Mature Market Institute and American Society on Aging. 2010. Still Out, Still Aging: The MetLife Study of Lesbian, Gay, Bisexual and Transgender Baby Boomers. Westport, CT: MetLife. <http://www.lgbtagingcenter.org/resources/pdfs/StillOutStillAging.pdf>.

²⁰ 3 deVries, B. 2006. "Home at the End of the Rainbow: Supportive Housing for LGBT Elders." *Generations* 29(4):64-9.

believe that the proposed framework's Plan of Action and Overarching Goals are very much in line with efforts to reduce health disparities affecting LGBT people.

Sincerely,

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