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Submitted online

RE: Proposed Healthy People 2030 Objectives

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 and the larger community. We do this through research and evaluation, education and training, and health policy analysis. We are the research division of Fenway Health, a federally qualified health center and Ryan White Part C HIV clinic in Boston, MA. We would like to make the following recommendations regarding the proposed Healthy People 2030 Objectives:

EMC (Early and Middle Childhood)
Developmental Objectives
EMC-2030-D02
Reduce the number of children who experience exclusionary discipline in preschool
- Expand this to include “elementary and secondary school,” and add: “and reduce disparities in exclusionary discipline correlating with race/ethnicity, sexual orientation, gender identity, or other factors.”

FP (Family Planning)
Developmental Objective
Add this objective:
- Increase the number of school districts providing comprehensive sexual health education that includes age-appropriate discussion of same-sex attraction and behavior, gender diversity, and LGBT identity.

HIV
Core Objectives
Add this objective:
Reduce racial/ethnic disparities (Black, Latino, native vs. foreign born) and sexual orientation, gender identity disparities in HIV infection rates and at what stage of the disease people are diagnosed (e.g. dual HIV and AIDS diagnosis). Reduce these disparities by 50%.
Data source: National HIV Surveillance System (NHSS), CDC/NCHHSTP

IID (Immunization and Infectious Diseases)
Core Objectives
Core Objective IID-2030-05
Increase the proportion of persons aware they have chronic hepatitis C
- Add the words “by 100%.”

Add this objective:
- Increase the proportion of people living with hepatitis C who access the cure by 200%.
Data source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

**LGBT (Lesbian, Gay, Bisexual, and Transgender Health)**

We recommend that HP2030 refer to “Sexual and Gender Minority Health” instead of “LGBT Health,” in accordance with the Sexual and Gender Minority Research Office at the National Institutes of Health. Changing terminology from “LGBT” to “sexual and gender minorities” will encompass not only lesbian, gay, bisexual, and transgender populations, but also all persons whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms. This includes individuals with disorders or differences of sex development (DSD), sometimes known as intersex. This terminology and expanded population focus is widely accepted and has been embraced by the National Institutes of Health’s Sexual and Gender Minority Research Office: [https://dpcpsi.nih.gov/sgmro](https://dpcpsi.nih.gov/sgmro).

**Core Objectives**

We believe that the Core Objectives proposed for LGBT health should have quantified targets for improvement, as follows:

**LGBT-2030-01**
Increase the number of nationally representative, population-based surveys that collect data on (or for) lesbian, gay and bisexual populations
- Please add “by 50%” to the end of this objective statement.

**LGBT-2030-02**
Increase the number of nationally representative, population-based surveys that collect data on (or for) transgender populations
- Please add “by 100%” to the end of this objective statement. We recommend that a sharper increase in the number of surveys asking gender identity or transgender status questions be a goal for HP2030 because only about half of the federal surveys that currently ask about sexual orientation also ask about gender identity or transgender status.

**LGBT-2030-03**
Increase the number of states, territories, and the District of Columbia that include questions on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS)
- Please add “by 50%” to the end of this objective statement.

**LGBT-2030-04**
Increase the number of states, territories, and the District of Columbia that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS)
- Please add “by 50%” to the end of this objective statement.

**LGBT-2030-05**
Reduce bullying of sexual minority (gay, lesbian, bisexual, or not sure) high-school students
- Please insert “and gender” between the words “sexual” and “minority,” and add “transgender” after “bisexual.” Nine states currently ask a question about transgender status on their Youth Risk Behavior Survey. With leadership from
the CDC, many more states could ask these questions over the next decade. Also the National Crime Victimization Survey collects sexual orientation and gender identity data and asks 16- and 17-year-olds about violence victimization. The NCVS School Crime Supplement asks about bullying in school. These surveys could also provide data for this objective. Please add “by 50%” to the end of this objective statement.

LGBT-2030-06
Reduce suicidal ideation among sexual minority high school students, including those who seriously considered suicide, made a plan, or made an attempt in the past year
Please insert “and gender” between the words “sexual” and “minority,” so that this includes transgender students as well as LGB students. Please add “by 100%” to the end of this objective statement.
Data source: YRBS, including nine states that ask about transgender status.

LGBT-2030-07
Reduce proportion of sexual minority youth in high school who have ever used illicit drugs
• Please insert “and gender” between the words “sexual” and “minority,” so that this includes transgender students as well as LGB students. Please add “by 100%” to the end of this objective statement.
Data source: YRBS, including nine states that ask about transgender status.

In addition to the above edits to the proposed LGBT objectives, please add the following 3 objectives:
• Increase collection/tracking of SOGI data in federal and state cancer registries by 50%.
Data sources include the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) registry and the CDC’s National Program of Cancer Registries (NPCR), including state cancer registries.
• Increase collection/tracking of SOGI data in federal and state cardiovascular disease and stroke registries by 50%.
Data sources include the National Cardiovascular Data Registry, the STEMI (ST-elevation myocardial infarction) registry, the Paul Coverdell National Acute Stroke Registry, and 6 state stroke registries.
• Increase the proportion of persons who report their sexual orientation and gender identity to their health care provider.
Data source: Uniform Data System (UDS), HRSA

MHMD (Mental Health and Mental Disorders)

Core Objectives
Add this objectives:
• Increase the percentage of LGB people accessing substance use treatment by 100%.
Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA, which asks questions about sexual orientation.

Research Objectives
Add these objectives:
- Reduce suicide attempts by LGBT adolescents
  Data source: YRBS, including nine states that ask about transgender status
- Increase proportion of LGBT adolescents and adults who are screened for depression

**NWS (Nutrition and Weight Status)**
*Research Objectives*
*Add this objective:*
- Document and reduce disparities in disordered eating affecting gay and bisexual male youth and transgender youth.
  Data source: YRBS, including nine states that ask about transgender status.

**SDOH (Social Determinants of Health)**
*Research Objectives*
*Add this objective:*
- Document and reduce disparities in disordered eating affecting gay and bisexual male youth and transgender youth.
  Data source: YRBS, including nine states that ask about transgender status.

**STD (Sexually Transmitted Diseases)**
*Developmental Objectives*
**Developmental Objective STD-2030-D01**
Reduce the rate of primary and secondary syphilis in men who have sex with men
- Please add “by 50%” after “syphilis” and please add “and transgender women” after “men who have sex with men…”

**SU (Substance Use)**
*Developmental Objectives*
*Please add a new Developmental Objective as*
- Increase access to culturally competent and affirming substance use treatment for LGBT people, especially in rural areas.

**C (Cancer)**
*Core Objectives*
We recommend rewriting these objectives so that they are not gender specific. For example, transgender men disproportionately experience lower rates of cervical cancer screening. Some transgender men may have a cervix and as such, should receive cervical pap smears. By making these objectives gender specific, transgender men may be excluded from increased cervical cancer screening efforts. We recommend rewriting the following objectives:

**C-2030-04**
Reduce the female breast cancer death rate
- Rewrite as “Reduce the breast cancer death rate”

**C-2030-05**
Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
- Rewrite as “Increase the proportion of people with breast tissue who receive breast cancer screening based on the most recent guidelines”
C-2030-09
Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines
  • Rewrite as “Increase the proportion of people with a cervix who receive a cervical cancer screening based on the most recent guidelines”

HC/HIT (Health Communication and Health Information Technology)

Research Objectives
Add the following objectives:
  • Increase the number of providers who receive LGBTQ training.
  • Increase the accurate documentation of a patient’s anatomy through the inclusion of an anatomical/organ inventory for all certified EHR’s.
  • Increase the number of EHR vendors who include anatomical inventory, sexual orientation and gender identity into clinical decision support.
  • Increase the number of Population Management tools that include sexual orientation and gender identity with other demographics.

TU (Tobacco Use)

Core Objectives
Add this objective
  • Reduce current use of any tobacco products among LGBT adults
    Data Source: National Adult Tobacco Survey (NATS), CDC

Thank you for the opportunity to provide comment. If you have any questions, please feel free to contact Sean Cahill, PhD (scahill@fenwayhealth.org) or Tim Wang, MPH (twang@fenwayhealth.org).

Sincerely,

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