

## **Public Comment on Healthy People 2020 Development**

### **December 2009**

Healthy People is central to the work of lesbian, gay, bisexual, and transgender (LGBT) community health advocates nationwide, and the undersigned organizations would like to thank the Department of Health and Human Services (HHS) for this and other opportunities to participate in the development of Healthy People 2020.

We would like to bring just four short points to your attention regarding the development of Healthy People 2020. These points are as follows:

- Include gender identity alongside sexual orientation in all Healthy People 2020 documents;
- Include sexual orientation/gender identity wherever scientifically indicated throughout Healthy People 2020 focus areas and objectives;
- Include an LGBT demographic question on major federal health surveys, particularly the National Health Interview Survey; and
- Ensure that definitions of “family” used in Healthy People 2020 are LGBT-inclusive.

Each of these points is discussed in more detail below.

#### **Include gender identity alongside sexual orientation in all Healthy People 2020 documents.**

We applaud the commitment by HHS and the Secretary’s Advisory Committee to maintaining the inclusion of sexual orientation as a disparity factor and a key determinant of health equity in Healthy People 2020.<sup>1</sup> As HHS notes in its report on the first phase of the Healthy People 2020 development process, “every person should be able to achieve the highest level of health possible, without distinction based on...sexual orientation...or other characteristics that have historically been linked to discrimination or having less influence or acceptance in society.” However, the inclusion of sexual orientation alone does not fully capture the diversity of the LGBT community. Transgender and other gender-nonconforming individuals have also been shown to suffer from significantly elevated rates of discrimination, harassment, and related health disparities, and their needs must be included alongside those of lesbian, gay, and bisexual people in Healthy People 2020. For example, as the Center for American Progress notes in its recent brief on LGBT health disparities, “up to 39 percent of all transgender people face some type of

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<sup>1</sup> Sexual orientation is included in preliminary Healthy People 2020 documents as a factor requiring particular attention in the achievement of health equity and the elimination of health disparities: “A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.” [The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. (October 2008). *Phase 1 Report: Recommendations for the Framework and Format of Health People 2020*. Pg. 29.]

harassment or discrimination when seeking routine health care,<sup>2</sup> and a recent meta-analysis of 29 studies showed that HIV prevalence among transgender women exceeds 25 percent nationwide.<sup>3</sup> Moreover, people of diverse sexual orientations may face discrimination on the basis of nonstandard gender identity or expression even if they do not identify as transgender. To best reflect the range of disparities that impact the health and well-being of all members of the LGBT community, which includes transgender people as well as sexual orientation minorities, we urge HHS to include gender identity alongside sexual orientation throughout Healthy People 2020.

**Include sexual orientation/gender identity wherever scientifically indicated throughout Healthy People 2020 focus areas and objectives.**

Healthy People 2010 was a milestone in the recognition of lesbian, gay, and bisexual (LGB) health needs and concerns by the federal government: sexual orientation is included in 33 of the 467 objectives across 10 of the 28 focus areas in Healthy People 2010. In addition to broad focus areas such as Access to Quality Health Services and Educational and Community-Based Programs, sexual orientation is included in the data tables in chapters covering certain conditions and risk factors that the scientific literature indicates heavily impact the LGB community (as well as transgender people), including HIV, Injury and Violence Prevention, Mental Health and Mental Disorders, Substance Abuse, and Tobacco Use. However, the inclusion of the LGBT community as a disparity population is not consistent even for chapters where a substantial body of research indicates that LGB and transgender individuals bear excess risk for particular conditions. For example, although a combination of inadequate access to insurance coverage and quality health care, increased risk factors such as tobacco use, and a lack of cultural competency in the health care system leaves LGBT people at high risk for cancer and heart disease, sexual orientation and gender identity are not included in either the Cancer or Heart Disease and Stroke chapters of Healthy People 2010.<sup>4</sup>

To ensure that LGBT health concerns are fully addressed in Healthy People 2020, we ask that sexual orientation and gender identity be included in all objectives and associated focus areas, both old and new, where inclusion of the LGBT community as a disparity population is scientifically indicated. The National Coalition for LGBT Health has compiled a list of these focus areas that is attached as an appendix to this document.

**Include an LGBT demographic question on major federal health surveys, particularly the National Health Interview Survey.**

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<sup>2</sup> Center for American Progress. (December 2009). *How to Close the LGBT Health Disparities Gap*. [ONLINE]. Available from

[http://www.americanprogress.org/issues/2009/12/lgbt\\_health\\_disparities.html](http://www.americanprogress.org/issues/2009/12/lgbt_health_disparities.html).

<sup>3</sup> Herbst, JH, Jacobs, ED, Finlayson, T, McKleroy, VS, Neumann, MS, Crepaz, N. (2008). Transgender HIV prevalence and risk behaviors. *AIDS and Behavior*, 12(1):1-17.

<sup>4</sup> Gay and Lesbian Medical Association and the National Coalition for LGBT Health. (2001). *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender Health* [ONLINE]. Available from [http://www.lgbthealth.net/side\\_hp2010.shtml](http://www.lgbthealth.net/side_hp2010.shtml).

Though existing research indicates that the LGBT population faces significant health disparities, federal health surveys such as the National Health Interview Survey (NHIS) do not collect any data on sexual orientation or gender identity. As a result, researchers exploring LGBT health disparities are often forced to rely on anecdotal data and convenience samples that are too small to be fully representative of the experiences of LGBT people. The omission of sexual orientation and gender identity measures from federal health surveys results in a serious lack of tools for assessing and improving the health of the LGBT population. It also hampers efforts to address other health disparities: members of the LGBT community are also often members of other disparity populations, such as racial and ethnic minority groups, but no federal health surveys currently allow respondents to identify both their race/ethnicity and their sexual orientation/gender identity.

The need for increased federal support for the scientific evidence base documenting LGBT health disparities is clear in Healthy People 2010: though sexual orientation is included in approximately 7 percent of the almost 500 objectives, sexual orientation data is listed as “DNC” (data not collected) for all but a handful of these objectives. As the HHS Fall 2008 Phase 1 report on Healthy People 2020 development notes, a “complete absence of data on...sexual orientation minorities” is a key challenge that must be addressed as part of efforts to eliminate health disparities and achieve health equity for all.<sup>5</sup>

Organizations that serve the LGBT community are eager to be early adopters and best practices innovators with regard to the Healthy People 2020 objectives. However, best practices are impossible to define and measure without a solid evidence base. To assist the LGBT community in measuring progress towards the targets of improved health and well-being set by the Healthy People 2020 objectives, we urge the National Center for Health Statistics to include an LGBT demographic question on all relevant federal health surveys. Such a question has already been developed by researchers at Brown University and field-tested to the highest CDC standards.<sup>6</sup>

**Ensure that definitions of “family” used in Healthy People 2020 are LGBT-inclusive.**

The focus in Healthy People 2020 on the ecological framework for the social and physical determinants of health includes families as an important factor in the health of individuals and their communities. However, the terms “family,” “parent,” and “spouse” are commonly interpreted to exclude LGBT families, which take many forms other than the definition of “family” restricted to two opposite-sex parents and their biological and/or adopted children. Such forms include female-headed households, same-sex

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<sup>5</sup> The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. (October 2008). *Phase 1 Report: Recommendations for the Framework and Format of Healthy People 2020*. Pg. 79.

<sup>6</sup> Gilbert, P and D Sabin. “The Importance of Sexual Orientation and Gender Identity in Health Research. (July 29, 2008). University of California San Francisco. [ONLINE]. Available from <http://www.lesbianhealthinfo.org/research/ResearchBriefingSheet.pdf>

domestic partners/spouses, guardians, and chosen family structures. We urge HHS to make every effort to ensure that definitions of “family” used in Healthy People 2020 follow the example of family definitions used for leave and caretaking, which define “family member” to include “any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.”<sup>7</sup>

Again, the undersigned organizations thank you for this opportunity to offer public comment on the development of Healthy People 2020, and we look forward to working with the Department of Health and Human Services to ensure the highest possible standard for the well-being of the lesbian, gay, bisexual, and transgender community throughout the coming decade.

Callen-Lorde Community Health Center  
Center for American Progress  
Chase Brexton Health Services  
Family Equality Council  
Human Rights Campaign  
National Center for Transgender Equality  
National Coalition for LGBT Health  
National Gay and Lesbian Task Force  
Parents, Families and Friends of Lesbians and Gays  
Transgender Law Center

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<sup>7</sup> 5 C.F.R. sec. 630.201(b) defines a "family member" of an employee to include the following: spouse, and parents thereof; children, including adopted children and spouses thereof; parents; brothers and sisters, and spouses thereof; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

**Appendix: Including sexual orientation/gender identity wherever scientifically indicated throughout Healthy People 2020 focus areas and objectives**

LGBT concerns are broadly distributed throughout HP2020 target areas and must be included in all areas where scientifically indicated.

Sexual orientation was included in the data tables for 10 of the 28 Focus Areas in Healthy People 2010:

- Access to Quality Health Services (Focus Area 1)
- Educational and Community-Based Programs (FA 7)
- Family Planning (FA 9)
- HIV (FA 13)
- Immunization and Infectious Diseases (FA 14)
- Injury and Violence Prevention (FA 15)
- Mental Health and Mental Disorders (FA 18)
- Sexually Transmitted Diseases (FA 25)
- Substance Abuse (FA 26)
- Tobacco Use (FA 27)

Additional Focus Areas where LGBT inclusion is scientifically indicated:

- Cancer (FA 3)
- Diabetes (FA 5)
- Disability and Secondary Conditions (FA 6)
- Health Communications (FA 11)
- Heart Disease and Stroke (FA 12)
- Nutrition and Weight (FA 19)
- Public Health Infrastructure (FA 23)

New Focus Areas for Healthy People 2020 with particular relevance to LGBT concerns:

- Adolescent Health
- Health Communication and Health IT
- Older Adults
- Quality of Life and Well-Being
- Social Determinants of Health