



# National Coalition *for* LGBT Health

To: Obama-Biden Transition Team:

Melody Barnes, Lisa Brown, Tom Gips, Agency Review Co-Chairs

Tom Perez, Lead, HHS Review Group

Other Interested Parties

From: National Coalition for LGBT Health

Date: 11/13/2008

Re: LGBT Inclusion at HHS

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At the end of the Clinton Administration, the federal government engaged in an inventory across the U.S. Department of Health and Human Services (DHHS) of programmatic and policy initiatives of concern to the lesbian, gay, bisexual and transgender(LGBT) population. A working group created and recommended a strategic plan for addressing gaps and inclusion of our communities in the nation's health priorities. The Bush Administration buried this plan and has neglected the needs of the LGBT population. A copy of the *Strategic Plan on Addressing Health Disparities Related to Sexual Orientation* is attached to this memo. The plan is extremely detailed and thorough. An unfortunate reality is that while this plan was created in 2001, little has changed and some programs already in place at the time of creation have been undone.

The National Coalition for LGBT Health, working in partnership with allied organizations and other experts, have narrowed these extensive recommendations down to a top few, immediate concerns. We strongly encourage the Transition Team to consider these five recommendations in its agency review of the Department of Health and Human Services (HHS) and to establish an Administration priority to enact the strategies listed in the document.

Our priority recommendations are:

- Due to historic social and legal discrimination, the health of the LGBT population has not received sufficient attention from our nation's leaders. We ask that DHHS immediately fulfill the report's Objective 5.1: Establish and Fund a DHHS Management Structure to Develop, Coordinate and Implement Policy and Activities Related to Sexual Orientation/Gender Identity Health.
  - We strongly recommend creating an HHS Office of LGBT Health. This office should have coordinating and policy development powers and should be in the Office of the Secretary or the Assistant Secretary of Health. It should not be subsumed under the Office of HIV/AIDS as the

- LGBT community suffers multiple health disparities, not only an uneven impact from the HIV/AIDS epidemic.
- We equally support the second strategy of Objective 5.1 of establishing a Sexual Orientation/Gender Identity Steering Committee with liaisons throughout divisions, bureaus and institutes. This Committee and these liaisons are necessary to ensure coordination of and inclusion for the LGBT population. The LGBT community is impacted by all areas of health and need to be represented in all aspects of the work of DHHS.
  - As with other U.S. minority populations, our communities have suffered from health disparities relative to the white, heterosexual population. Additionally, due to continued stigmatization of and discrimination against LGBT people, currently no federal health survey collects national data on LGBT populations. It is a priority that the new Administration support Objective 3.1: Increase the Quality and Amount of Information on Sexual Orientation and Gender Identity in DHHS Surveys, Surveillance Systems, and Research. A commitment must be made to provide resources to and work with the National Center for Health Statistics to include questions of sexual orientation and gender identity in critical national health surveys. Without this data, we are unable to truly discern the health needs of the LGBT community and DHHS is unable to comprehensively create, fund or monitor effective programs for the LGBT community. As you are aware, data underlies all of DHHS' efforts and without this data, the LGBT community is consistently ignored.
  - While not mentioned in the attached document, it is expected that the Obama-Biden Administration will preside over some form of healthcare reform in addition to the reauthorization of several HHS agencies and programs. These efforts will be passed through Congress, but will, of course, include input from DHHS. Healthcare reform and programmatic reauthorizations must be LGBT inclusive throughout. For example, requirements for improvements in cultural competency and training on the needs of vulnerable populations must include the LGBT populations. Additionally, DHHS program grant guidance in addressing population diversity must include language referring to sexual orientation and gender identity; lastly, the LGBT community must be a priority in funding areas that disproportionately impact our community such as HIV/AIDS in the African American gay and bisexual men's community.
  - The federal government's definition of family continues to be a priority concern. As long as government's definition remains heteronormative, same-sex partners who have entered into domestic partnerships and civil unions will not be able to access healthcare through programs designed to cover families, such as the State Children's Health Insurance Program (SCHIP).

To further discuss these recommendations or for additional information, please contact Rebecca Fox, National Director of the National Coalition for LGBT Health, at 202-558-6828 or [Rebecca@lgbthealth.net](mailto:Rebecca@lgbthealth.net).