



DEPARTMENT OF HEALTH AND HUMAN SERVICES, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

ISSUE: NEED FOR EXPLICIT INCLUSION OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PERSONS IN RESEARCH STUDIES SEEKING TO IMPROVE HEALTH OUTCOMES BY STRENGTHENING QUALITY MEASUREMENT AND IMPROVEMENT OF HEALTHCARE, AND BY IDENTIFYING STRATEGIES THAT IMPROVE ACCESS, FOSTER APPROPRIATE USE AND REDUCE UNNECESSARY EXPENDITURES. LGBT PERSONS MUST BE RECOGNIZED AS “PRIORITY POPULATION” FOR APPROPRIATE INCLUSION IN FEDERALLY FUNDED STUDIES.

POLICY DESCRIPTION: Existing research has shown that LGBT populations have disparate health profiles from the general population and from one another. For example The Centers for Disease Control and Prevention and the Institute of Medicine have both recognized women who partner with women as a medically underserved population. LGBT people are sometimes at risk for disease because of unique exposures (such as the use of hormones by transgendered persons), and may have a high prevalence of exposure to certain diseases (such as HIV). There are indications of disparities in drug and alcohol use and in mental health. Yet access to care is often limited by stigma, discrimination, or fear of discrimination. And as unmarried and often self-employed persons, LGBT individuals have less access than others to medical insurance.

However, federal agencies are not mandated to explore LGBT health issues in the context of health and healthcare disparities; nor are LGBT persons identified as a “priority population” for purposes of research. The absence of research, data and evaluation of LGBT persons limits the development of quality healthcare for these groups, and should be remedied.

The 1999 reauthorizing legislation directs the Agency for Health Care Research and Quality to (1) improve the quality of healthcare, (2) promote patient safety and reduce medical errors, (3) advance the use of information technology for coordinating patient care and conducting quality and research outcomes, and (4) Establish an Office of Priority Populations. AHRQ is to ensure that the needs of these populations (low-income groups, minorities, women, children, the elderly, and individuals with special health care needs) are addressed throughout the Agency's intramural and extramural research portfolio.



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Beginning in fiscal year 2003, this will include an annual report on prevailing disparities in health care delivery as it relates to these priority populations.

Adding the words “sexual and gender minorities” to the definitions of groups identified as “priority populations” would mandate research that would take into account the diversity of needs among this population, and thus lead to more effective recommendations for improving health care.

RECOMMENDATIONS FOR CHANGE: To encourage research and data gathering that includes information about lesbian, gay, bisexual and transgender individuals, the language of Title 42, Part 6A Public Health Service, Subchapter VII AHRQ, Part A Establishment and General Duties should be revised to include the words “sexual and gender minorities” as follows:

Mission and Duties

The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. The Agency shall promote health care quality improvement by conducting and supporting:

- 1) research that develops and presents scientific evidence regarding all aspects of health care, including:
 - a) the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making
 - b) the outcomes, effectiveness, and cost-effectiveness of health care practices, including preventive measures and long-term care
 - c) existing and innovative technologies
 - d) the costs and utilization of, and access to health care
 - e) the ways in which health care services are organized, delivered, and financed and the interaction and impact of these factors on the quality of patient care
 - f) methods for measuring quality and strategies for improving quality
 - g) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information



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- 2) the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators
- 3) initiatives to advance private and public efforts to improve health care quality
- 4) Requirements with respect to rural and inner-city areas and priority populations: In carrying out this subchapter, the Director shall conduct and support research and evaluations, and support demonstration projects. This research should focus on health care for priority populations, which shall include:
 - a) low-income groups
 - b) minority groups
 - c) women
 - d) children
 - e) sexual and gender minorities
 - f) the elderly
 - g) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.