



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

ISSUE: NEED FOR EXPLICIT INCLUSION OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER 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 A POPULATION CHARACTERIZED BY “HEALTH DISPARITIES,” 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(CDC) and the Institute of Medicine (IOM) have both recognized women who partner with women as a medically underserved population. The Fenway Institute’s recent volume The Health of Sexual Minorities makes clear that LGBT people are sometimes at risk for disease because of unique exposures (such as the use of hormones by transgender persons), and may have a high prevalence of exposure to certain diseases (such as HIV and AIDS). 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. This in turn leads to poor health outcomes, as for example in the case of lesbians who delay medical examinations and thus suffer heightened morbidity from breast cancer. 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.

RECOMMENDATIONS FOR CHANGE: Language identifying sexual and gender minority persons as a population marked by health disparities should be made explicit by adding language (in **CAPITAL LETTERS** below) to:



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Title 42, Part 6A Public Health Service, Subchapter VII AHRQ

Part A Establishment and General Duties

(a) In general

The Director shall:

- 1) conduct and support research to identify populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to and satisfaction with such services, as compared to the general population;
- 2) conduct and support research on the causes of and barriers to reducing the health disparities identified in paragraph (1), taking into account such factors as socioeconomic status, attitudes toward health, the language spoken, the extent of formal education, the area or community in which the population resides, **SEXUAL ORIENTATION AND GENDER IDENTITY**, and other factors the Director determines to be appropriate;
- 3) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for reducing or eliminating health disparities, including development or identification of effective service delivery models, and disseminate effective strategies and models;
- 4) develop measures and tools for the assessment and improvement of the outcomes, quality, and appropriateness of health care services provided to health disparity populations;
- 5) in carrying out section 299a(c) of this title, provide support to increase the number of researchers who are members of health disparity populations, and the health services research capacity of institutions that train such researchers; and
- 6) beginning with fiscal year 2003, annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.

(b) Research and demonstration projects

In carrying out subsection (a) of this section, the Director shall conduct and support research and support demonstrations to:

- 1) identify the clinical, cultural, **SEXUAL ORIENTATION, GENDER IDENTITY**, socioeconomic, geographic, and organizational factors that contribute to health disparities, including minority health disparity populations, which research shall include behavioral research, such as examination of



A new beginning: Policy recommendations to improve the lives of LGBT people and eliminate discrimination from federal policies

- patterns of clinical decision making, and research on access, outreach, and the availability of related support services (such as cultural and linguistic services);
- 2) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for health disparity populations, including minority health disparity populations;
 - 3) test such strategies and widely disseminate those strategies for which there is scientific evidence of effectiveness; and
 - 4) determine the most effective approaches for disseminating research findings to health disparity populations; which includes: **RACIAL, ETHNIC, GENDER, and SEXUAL** minority populations.