

December 11, 2020

Submitted online at [nimhodwd@nih.gov](mailto:nimhodwd@nih.gov).

Re: Request for Information (RFI): Fostering Innovative Research to Improve Mental Health Outcomes Among Minority and Health Disparities Populations

Howard Brown Health would like to thank you for the opportunity to provide comment on this RFI. Howard Brown is the largest LGBTQ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. As a federally qualified health center (FQHC), Howard Brown provides primary care, behavioral and mental health services, HIV/STI prevention, social services and community outreach initiatives to our patients regardless of ability to pay. Through these programs, Howard Brown fulfills its mission of eliminating health disparities and improving health outcomes experienced by LGBTQ individuals.

We are pleased to see the NIMH is interested in innovative research strategies and interventions to improve mental health and wellness in health disparities populations, including research that aims to better understand and address systemic racism, bias, and discrimination. As a FQHC that provides mental health care to patients who hold multiple marginalized identities, we understand and support the need for more innovative and inclusive research. This is especially important now as the disparate effects of the COVID-19 pandemic on different communities has clearly illustrated how historic and systemic racism and bias has a clear connection to health outcomes.

Below, we've compiled a list of research questions and opportunities that emphasize understudied minority populations for NIMH to consider in its next generation of research priority areas.

**The effects of quarantine and social distancing requirements on mental health and well-being:**

- Research has shown that LGBTQ individuals, and transgender people especially, experience stark disparities in mental health outcomes—including depression, anxiety, substance use disorder, and suicidal ideation—compared to non-LGBTQ individuals.<sup>1</sup> For example, according to the 2015 U.S. Transgender Survey, 40% of the nearly 28,000 transgender and gender nonconforming respondents reported

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<sup>1</sup> American Psychiatric Association Division of Diversity and Health Equity. (2017). Mental Health Disparities: LGBTQ. Available online at: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/lgbtq-patients>

that they had attempted suicide in their lifetime.<sup>2</sup> While the pandemic has been difficult in terms of mental health burden for everyone, early data indicate that it may be especially difficult for many LGBTQ people. A sample of approximately 2000 LGBTQ people who participated in a longitudinal survey reported increases in anxiety and depression symptoms since the beginning of quarantine measures in March 2020, with the most notable increases happening among people who were not experiencing symptoms prior to the pandemic.<sup>3</sup> There may be many reasons for this increase in mental health burden specifically for LGBTQ people. For example, research conducted by the Human Rights Campaign and PSB Research found that LGBTQ people were more likely to report being in a worse financial situation and having work hours cut due to the pandemic compared to non-LGBTQ people.<sup>4</sup> This additional financial strain amidst a global pandemic could contribute to increased mental health burden. Furthermore, with quarantine measures in place, many LGBTQ people have been cut off from their support networks and communities. LGBTQ youth have had to isolate with families who are unsupportive. Transgender people who have fought long and hard for access to gender affirming services have had to cope with the sudden postponement of these critical services. All of these may be significant contributors to mental health burden among LGBTQ people and should be fully investigated in future research.

- Data from the National Crime Victimization Survey (NCVS), the nation's primary source for data on criminal victimization, show that LGBTQ people are disproportionately the victims of violence. LGBTQ people were significantly more likely to experience violence victimization—including events such as robbery, physical and sexual assault, and assault with a weapon—compared to non-LGBTQ people (OR = 3.91). LGBTQ people were also significantly more likely to experience violence perpetrated by a well-known person (OR = 6.61) or an intimate partner (OR = 6.88).<sup>5</sup> Rates of intimate partner violence (IPV) are especially high among transgender individuals. According to the 2015 U.S. Transgender Survey, more than half of respondents (54%) reported experiencing IPV in their lifetimes, and nearly one quarter (24%) reported experiencing severe physical violence by an intimate

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<sup>2</sup> James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

<sup>3</sup> Flentje A, Obedin-Maliver J, Lubensky M, Dastur Z, Neilands T, Lunn M. (June 17, 2020). Depression and Anxiety Changes Among Sexual and Gender Minority People Coinciding with the Onset of COVID-19 Pandemic. *Journal of General Internal Medicine* 35: 2788-2790.

<sup>4</sup> Human Rights Campaign and PSB Research. (2020). The Economic Impact of COVID-19 on the LGBTQ Community. Available online at: [https://assets2.hrc.org/files/assets/resources/COVID19-EconomicImpact-IssueBrief-042220.pdf?\\_ga=2.196880943.2089494785.1587657760-2057534991.1585147486](https://assets2.hrc.org/files/assets/resources/COVID19-EconomicImpact-IssueBrief-042220.pdf?_ga=2.196880943.2089494785.1587657760-2057534991.1585147486)

<sup>5</sup> Flores A, Langton L, Meyer I, Romero A. (October 2, 2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*. 6(40): eaba6910.

partner.<sup>6</sup> With stay-at-home orders in place, victims of IPV may be at risk for increased abuse while at the same time being cut off from outside sources of support. This would disproportionately affect LGBTQ people who are already at increased risk of IPV. Innovative research strategies and interventions to provide culturally affirming and trauma-informed care to LGBTQ individuals experiencing IPV, especially during the pandemic, are needed.

- Social isolation is already of particular concern for older LGBTQ adults. Research has shown that LGBTQ elders are less likely to have children and more likely to live alone—both of which have been used as proxy measures for social isolation in research—compared to the general population.<sup>7</sup> Many LGBTQ older adults also avoid accessing elder services and elder community events due to fears and past experiences of discrimination, which can exacerbate social isolation. Because of the pandemic, LGBTQ elders may feel even more isolated from friends and community. More research is necessary on interventions that promote community and reduce feelings of isolation among LGBTQ older adults, especially interventions that can be administered virtually or without close physical proximity.

#### **Engagement and access to COVID-related care and screening:**

- There are many reasons to believe that LGBTQ people may be disproportionately vulnerable to becoming infected with COVID-19 and experiencing worse health outcomes if infected. This is especially true of Black, Latinx and indigenous LGBTQ people. According to a Human Rights Campaign analysis of 2018 General Social Survey data, LGBTQ people disproportionately work in essential industries where they are at high risk of exposure: 40% work in restaurants/food services, health care, education, and retail, compared to 22% of non-LGBTQ individuals.<sup>8</sup> Research also shows that LGBTQ people are more likely to have chronic health conditions and risk behaviors that increase vulnerability to COVID-19-related health complications and fatalities. A 2017 Center for American Progress survey found that 65% of LGBTQ people have chronic conditions.<sup>9</sup> LGBTQ people across the age spectrum are

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<sup>6</sup> James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

<sup>7</sup> Fredriksen-Goldsen KI, Kim HJ, Emlert CA, Muraco A, Erosheva EA, Hoy-Ellis CP, ...Petty, H. (2011). The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults. Seattle: University of Washington, Institute for Multigenerational Health.

<sup>8</sup> Whittington C, Hadfield K, Calderón C (2020, March). The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis. Washington, DC: Human Rights Campaign Foundation.

<sup>9</sup> Baker K, Singh S, Mirza SA, and Laura E. Durso (2017, July 6). The Senate Health Care Bill Would Be Devastating for LGBTQ People. Washington, DC: Center for American Progress.  
<https://www.americanprogress.org/issues/lgbtq-rights/news/2017/07/06/435452/senate-health-care-bill-devastatinglgbtq-people/>

more likely to smoke<sup>10</sup> or vape<sup>11</sup>, which are risk factors for respiratory diseases like COVID-19. All of these conditions and risk behaviors indicate that LGBTQ people, especially LGBTQ people of color, would be disproportionately burdened by COVID-19. However, we do not have an accurate picture of the impact of COVID-19 on the LGBTQ community because sexual orientation and gender identity (SOGI) data is not regularly collected along with other demographic data during screening and treatment of COVID-19 or in contact tracing. This data is essential for understanding and addressing any disparities in health outcomes and access to services experienced by LGBTQ people during the pandemic. Research that aims to better understand, engage, and treat the populations that are most disproportionately burdened by the pandemic should require collection of SOGI data, or investigators should be asked to justify the exclusion of SOGI data collection in COVID-related research.

- LGBTQ people may avoid engaging with the health care system in general—including testing, treatment, and vaccination for COVID-19—due to widespread anti-LGBTQ discrimination and stigma in health care.<sup>12</sup> This is especially true for transgender individuals. In the 2015 U.S. Transgender Survey, 33% of respondents reported experiencing anti-transgender discrimination in health care in the last year, and 23% of respondents chose to forego necessary health care due to anticipation of and/or past experiences of discrimination.<sup>13</sup> In order to ensure that LGBTQ people are able to safely access COVID-19 testing, treatment, and vaccines, it is important that proper research, education and training is in place to prevent discriminatory behavior that acts as a barrier to seeking services. Additionally, innovative research to better understand and address historical and systemic bias and discrimination in health care towards marginalized communities is needed. This includes community embedded/informed research on what affirming care actually looks like for various communities, as well as research that explores the use of community health worker/peer support interventions.

### **Expansion of telehealth:**

- Like many other health care providers, we at Howard Brown quickly pivoted to primarily offering services, including mental and behavioral health appointments,

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<sup>10</sup> Lee JG, Griffin GK, Melvin CL. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tob Control* 18:275–282.

<sup>11</sup> Washington R, Cahill S. (2019, June). “Do e-cigarettes represent a harm reduction approach for the LGBT community? How do we reduce disparities in use?” National LGBTQ Health Conference, Emory University, Atlanta. Concurrent session—substance use.

<sup>12</sup> Lambda Legal. (2010.) *When Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination against LGBT People and People with HIV*. New York: Lambda Legal.

<sup>13</sup> James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

via telehealth. We need research that measures health outcomes across patients who are newly engaging in mental health telehealth services to better understand the efficacy of telehealth for various patient populations. We also need research that assesses who is and who isn't accessing telehealth services and why. Are there differences in acceptability of telehealth among different populations? Early research among infectious disease and HIV medicine practices indicate that this may be the case. One study notes that age, race, income, and other social determinants of health all contribute to a "digital divide" in terms of acceptability of telehealth, and individuals who are not able or willing to connect virtually are lost to care.<sup>14</sup> More research is needed to investigate interventions that mitigate this digital divide. Other challenges in telehealth that should be addressed in research include: how best to engage with LGBTQ youth not comfortable talking at home, and how to reach and provide services to people experiencing domestic violence who aren't safe speaking about their situation at home.

#### **Anti-Black racism and violence:**

- The COVID-19 pandemic has laid bare stark racial disparities in both access to services and health outcomes related to COVID-19. According to CDC data, Black people in the U.S. have 2.6 times the cases, 4.7 times the hospitalizations, and 2.1 times the deaths from COVID-19 compared to White, non-Hispanic people.<sup>15</sup> Black people are also experiencing the COVID-19 pandemic at the same time as they are experiencing a large-scale social justice movement in response to repeated acts of anti-Black racism and violence. We need research that employs syndemic frameworks to understand how the co-occurring epidemics of COVID-19 and anti-Black racism and violence are affecting the physical and mental health of Black people. This research should center the voices and experiences of Black people and should be rooted in the community. Research that examines resiliency factors, community building and healing, and trust and accountability between marginalized communities and the health care system is also needed.

Thank you for providing the opportunity for us to provide comment. Now more than ever, it is important to prioritize research to improve mental health outcomes and well-being among marginalized communities that have been disproportionately burdened by the COVID-19 pandemic. If you have any questions or feedback about this comment, please feel

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<sup>14</sup> Wood B, Young J, Abdel-Massih R, McCurdy L, Vento T, Dhanireddy S, Moyer K, Siddiqui J, Scott J. (Oct. 9, 2020). Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association. *Clinical Infectious Diseases*. Caa1525

<sup>15</sup> CDC. (Aug. 18, 2020). Cases, Data & Surveillance: COVID-19 Hospitalization and Death by Race/Ethnicity. Available online at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

free to reach out to Tim Wang, Director of Policy and Advocacy, at [timothyw@howardbrown.org](mailto:timothyw@howardbrown.org).

Sincerely,



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