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RE: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government

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 to patients regardless of insurance coverage or ability to pay. Howard Brown's Center for Education, Research and Advocacy (ERA) conducts rigorous community-based clinical and behavioral research, supports the next generation of LGBTQ healthcare professionals, and advances policies that affirm the lives of LGBTQ people. ERA develops and disseminates community driven, evidence-based, high quality best practices in LGBTQ health. We are happy to provide input on advancing and strengthening racial equity and support for underserved communities throughout the federal government.

This comment speaks specifically to Priority Area 1: Equity Assessments and Strategies and Priority Area 5: Stakeholder and Community Engagement.

Priority Area 1: The need for inclusion of SOGI data measures in public policy and public health strategies implemented by the federal government

LGBTQ communities face disparities in physical and mental health, economic stability, and social well-being compared to their heterosexual, cisgender peers. For example, LGBTQ communities experience higher prevalence of HIV and STIs, substance use, social isolation, and suicidality.¹ LGBTQ people also face higher rates of poverty, housing insecurity, food insecurity, and unemployment.²

Many of these disparities can be attributed to anti-LGBTQ stigma and discrimination that is still prevalent across the country. In fact, currently we are experiencing a surge of anti-transgender legislation that threatens the health of transgender youth being introduced

¹ Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health. Available online at: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

² Caroline Medina, Sharita Gruberg, Lindsay Mahowald, and Theo Santos, "Improving the Lives and Rights of LGBTQ People in America" (Washington: Center for American Progress, 2020), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2021/01/12/494500/improving-lives-rights-lgbtqpeople-america/>

and passed in states across the country. Data from the National Crime Victimization Survey shows that LGBTQ people are more likely to be the targets of hate crimes.³ A recent study conducted in 2020 by the Center for American Progress found that more than 1 in 3 LGBTQ Americans, and 3 in 5 transgender Americans, experienced at least one instance of discrimination within the past year.⁴ Anti-LGBTQ discrimination acts as a barrier to seeking necessary medical care; 15% of LGBTQ Americans, and nearly 30% of transgender Americans, reported postponing or avoiding necessary medical treatment due to fear of discrimination.⁵

Because of the health and economic disparities caused by historic and structural discrimination, LGBTQ individuals are more likely to rely on federal government assistance. In 2017, 25% of LGBTQ individuals reported needing Supplemental Nutrition Assistance Program (SNAP) benefits, with other LGBTQ individuals reporting a high usage of unemployment insurance, Medicaid, Social Security Insurance (SSI), and Temporary Assistance for Needy Families (TANF).⁶

While there is scientific research on LGBTQ individuals and the realities of their lives, understanding the difficulties of those in the LGBTQ community, especially LGBTQ individuals who carry intersecting identities, is difficult without regular collection and reporting of population-based data. The lack of federal sexual orientation and gender identity (SOGI) data collection makes it impossible to understand the full extent of the hardships that LGBTQ Americans are facing. It also limits the federal government's ability to create and implement intentional and targeted policies to address LGBTQ health disparities. This is especially important as the federal government continues to help Americans recover from the COVID-19 pandemic.

In order to address the national dearth of SOGI data, the federal government can take several steps to implement more comprehensive and inclusive data collection to advance equity for LGBTQ populations. SOGI data should be collected alongside other demographic info in: electronic health records, research studies, clinical trials, public health surveillance

³ 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.

⁴ Gruberg S, Mahowald L, Halpin J. "The State of the LGBTQ Community in 2020: A National Public Opinion Study." (Washington: Center for American Progress, 2020). Available at: <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

⁵ *Ibid.*

⁶ 5 Caroline Medina and Lindsay Mahowald, "Lessening the Pandemic's Burden on LGBTQ Workers and Families" (Washington: Center for American Progress, February 11, 2021), available at <https://www.americanprogress.org/issues/lgbtq-rights/news/2021/02/11/495675/lessening-pandemics-burden-lgbtqworkers-families/>.

systems, and federal surveys like the Behavioral Risk Factor Surveillance Survey. When looking at the feasibility of incorporating SOGI data into these data systems, there are many resources that provide best practices and example data collection questions. FQHCs have been required to collect and report SOGI data since 2016, and many LGBTQ-focused FQHCs, including Howard Brown, provide technical assistance and training in SOGI data collection. Research studies such as the Sexual Minority Assessment Research Team [SMART] in 2009 the Gender Identity in U.S. Surveillance Group [GenIUSS] report of 2014 have given guidelines on how to expand and include SOGI questions on federally funded surveys.⁷ Research has shown that SOGI questions are not “too sensitive” to ask, and they will not be too burdensome or difficult to understand for respondents.⁸ Funding is necessary to test enhanced SOGI data collection measures, but the value of adding tested measures immediately has been amply demonstrated. Collecting SOGI data is a critical and necessary first step in order to advance equity for LGBTQ communities.

Priority Area 5: Engaging with underserved communities to advance health equity

One strategy for engaging with underserved communities—especially communities that have been historically mistreated and marginalized by government agencies—is by investing in and collaborating with trusted community-based organizations. For example, Howard Brown used this strategy in its COVID-19 vaccine outreach efforts to ensure that the organization was reaching the Black and Brown communities on the south and west sides of Chicago that were hit hardest by the pandemic. Howard Brown partnered with local churches, museums, and other community-based organizations to host free vaccination clinics in neighborhoods all across the greater Chicago area. This eliminated many logistical barriers to accessing vaccines for community members, and provided a safe and familiar space to receive critical medical care. These community-based vaccine outreach events were very successful in reaching Black and Brown community members who needed access to the vaccine the most.

⁷ Sexual Minority Assessment Research Team (SMART). 2009. Best Practices for Asking Questions about Sexual Orientation on Surveys. Los Angeles, CA: The Williams Institute, UCLA School of Law. Available from: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>; The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute; National Academies of Sciences, Engineering, and Medicine, “Understanding the Wellbeing of LGBTQI+ Populations” (Washington: 2020), available at <https://www.nap.edu/read/25877/chapter/1>; The Williams Institute, “Sexual Orientation and Gender Identity (SOGI) Adult Measures Recommendations FAQs” (Los Angeles: University of California Los Angeles School of Law, 2020), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SOGI-Measures-FAQ-Mar-2020.pdf>.

⁸ Nancy Bates and others, “Are Sexual Minorities Hard-to-Survey? Insights from the 2020 Census Barriers, Attitudes, and Motivators Study (CBAMS) Survey,” *Journal of Official Statistics* 35 (2019): 709-729, available at <https://sciendo.com/article/10.2478/jos-2019-0030>.

Howard Brown also engages underserved communities through our community-based participatory research (CBPR) programs. CBPR focuses on social and structural inequities through active involvement of community members in all phases of the research project. Community members provide their expertise, promote research findings, and ensure that the research actually benefits the community. CBPR is a great research model for advancing science around health disparities experienced by marginalized communities, and it requires building lasting relationships with those communities. There are many advantages to CBPR, including that it empowers community members to be agents of change and it ensures that the research is applicable, credible, and useful to the impacted communities.⁹ One barrier to conducting more CBPR is a general lack of funding for this type of research. Because CBPR requires time to build trust and relationships with community members, it can take longer and require differing funding guidelines (e.g., food allowance, community stipends, access to professional development, memberships, or certifications) compared to more traditional research models. In order to best understand and engage marginalized communities in research to address health disparities, more funding and investment should be prioritized for research projects that use CBPR frameworks or have other specific strategies for engaging underserved communities. This also includes additional funding and policy initiatives to ensure that scientists from underserved communities are included within the research teams as well.

Thank you for the opportunity to provide this feedback. We look forward to continued partnership in advancing equity for underserved populations throughout the federal government. If you have questions about our feedback, please feel free to reach out to Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

David Ernesto Munar, President and CEO
Howard Brown Health

⁹ AHRQ Activities Using Community-Based Participatory Research to Address Health Care Disparities. Content last reviewed April 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/factsheets/minority/cbprbrief/index.html>