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October 30, 2015

National Institutes of Health  
Building 1, Room 126  
Bethesda, Maryland 20892

**Re: National Institutes of Health FY 2016-2020 Strategic Plan To Advance Research on the Health and Well-Being of Sexual and Gender Minorities (SGM) Request for Comments, 80FR59169**

The Association of American Medical Colleges (AAMC) appreciates the opportunity to respond to the National Institutes of Health's request for comment on its strategic plan to advance research on the health and well-being of sexual and gender minorities (SGM). The AAMC is a not-for-profit association representing all 144 accredited U.S. allopathic medical schools, nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers, and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, 115,000 resident physicians, and thousands of graduate students and post-doctoral trainees in the biomedical sciences.

The AAMC recognizes health and health care disparities arise from conditions in which people are born, live, work and age and is committed to increasing the capacity of our member institutions to create the evidence-base for solutions to these health and healthcare gaps. These gaps are persistent in certain groups such as SGM, rural populations, racial/ethnic subgroups, the elderly, veterans and individuals from lower socioeconomic status backgrounds. Given the seeming intransigence of these inequities, AAMC applauds NIH's and NIMHD's current efforts to develop not only a 10-year vision for that Institute's health equity research, but also a targeted strategy to investigate and improve the health of SGM, specifically.

To ensure the success of this plan, the **AAMC encourages NIH to continue to seek input from diverse SGM communities.** The NIH should ensure that all relevant stakeholders from this population have the opportunity to be engaged in meaningful ways. Selecting methods and measures for health equity research based on community input and acceptability is a guiding principle for making appropriate choices. Just as various kinds of science – from fundamental discovery to community-based participatory research – can help build the evidence base of solutions to health and health care disparities, various methods and metrics can be deployed in service of health equity research. The AAMC commends the NIH's commitment to increase community access and engagement with community leaders. In a previous comment letter, we

recommended the NIH strengthen its commitment by working with key LGBT organizations and advocacy groups in conjunction with the existent outreach strategies outlined by the Health and Human Services LGBT Issues Coordinating Committee.<sup>1</sup> As the NIH continues to implement new outreach strategies, the **AAMC suggests NIH conduct robust evaluation and assessment of any new engagement efforts to determine and document their effectiveness.**

Valid measurement of sexual orientation and gender identity (SO/GI) is fundamental for health equity research aiming to improve SGM health. Despite the Office of Management and Budget (OMB) standard classification for racial and ethnic categories, and the Office of National Coordinator for Health Information Technology's (ONC) recent inclusion of patients' SO/GI data as part of the its demographics certification criterion for Meaningful Use Stage 3, SO/GI measures are not yet standardized across Federal agencies.<sup>2</sup> Aligned with the recommendations presented in the NIH-commissioned Institute of Medicine (IOM) report, *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding*,<sup>3</sup> **AAMC encourages NIH to take the lead on developing and standardizing a well validated set of questions to be used in research for gathering sexual orientation and gender identity information.**

AAMC commends NIH for recognizing the importance of training researchers to be culturally sensitive to SGM-specific considerations during research design and implementation. **We recommend NIH urge researchers to develop evaluations of these efforts in order to measure important outcomes, behaviors and competencies that result from such training.** Such evaluations are paramount in light of the Agency for Healthcare Research and Quality's recent draft report that found no association between cultural competence-based interventions and decreasing health inequities.<sup>4</sup>

A literature review completed by the IOM revealed that little is known about the specific health issues affecting SGM populations.<sup>5</sup> In 2014, AAMC and AcademyHealth released a report on trends in disparities-focused health services research (HSR). In this report we found certain groups – including SGM – were underrepresented in the disparities-focused health services research portfolio.<sup>6</sup> In a previous comment letter to NIMHD, **AAMC urged that Institute to conduct a similar analysis of its health equity research portfolio – and health equity research**

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<sup>1</sup> AAMC Comment Letter, June 19, 2015, available at:

<https://www.aamc.org/download/435116/data/aamcsubmitsacommentlettertonihonpmiandcommunityengagement.pdf>

<sup>2</sup> 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications. Final rule. *Fed Regist.* Oct 16 2015;80(200):62601-62759.

<sup>3</sup> *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington DC: National Academy of Sciences.; 2011.

<sup>4</sup> *Improving Cultural Competence to Reduce Health Disparities for Priority Populations (Draft systematic review)*: Agency for Healthcare Research and Quality; 2015.

<sup>5</sup> *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington DC: National Academy of Sciences.; 2011.

<sup>6</sup> Alberti PM, Kanani NS, Sutton K, Johnson BH, Holve E (2014) "The State of Health Equity Research: Closing Knowledge Gaps to Address Inequities." Washington, DC: Association of American Medical Colleges.

**sponsored by other Institutes and Centers – to identify and work to close any gaps in vulnerable populations targeted by NIH-funded health disparities research.<sup>7</sup> We reiterate that suggestion here as a means to identify the segments of the SGM population for whom research is most urgently needed.** We also encourage NIH to assess the need for research at the intersection of SGM status and other facets of identity – race, disability status, etc. – so that potential solutions to disparities are generalizable.

In a recent comment letter to Health and Human Services, AAMC strongly urged that Agency to explicitly extend nondiscrimination protections to LGB groups for all health programs and activities funded to any extent by the Federal government.<sup>8</sup> **To support such an extension, AAMC suggests NIH sponsor research to estimate the health impact such a policy would have on SGM Americans.**

We applaud NIH for responding to the gaps identified in the IOM report by providing resources and removing barriers for researchers to continue to understand the health needs of a community about which little is known. The goals and objectives of the strategic plan help will help to build the foundational blocks needed for advancing discovery and research on SGM health. The AAMC appreciates the opportunity to comment on this issue and would be happy to connect NIH with AAMC-member institutions committed to understanding the health needs of SGM communities. Please contact me or my colleague Philip M. Alberti, Ph.D. (palberti@aamc.org) with any questions about these comments.

Sincerely,



Ann C. Bonham, Ph.D.  
AAMC Chief Scientific Officer

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<sup>7</sup> AAMC Comment Letter, July 13, 2015, available at: <https://www.aamc.org/download/437528/data/aamcsubmitsalettertonimhd.pdf>

<sup>8</sup> AAMC Comment Letter, October 26, 2015, available at: <https://www.aamc.org/download/aamc/447046/data/aamcsubmitslettertohhsnondiscrimination.pdf>