

HHS LGBT Issues Coordinating Committee

2013 Report

Introduction

In April 2010, President Barack Obama asked Secretary of Health and Human Services Kathleen Sebelius to identify steps the Department could take to improve the health and well-being of lesbian, gay, bisexual, and transgender (“LGBT”) individuals, families, and communities. In response, Secretary Sebelius set up a Department-wide LGBT Issues Coordinating Committee, currently co-chaired by Assistant Secretary for Health Dr. Howard Koh, Administrator of the Administration for Community Living and Assistant Secretary for Aging Kathy Greenlee, and Deputy General Counsel Ken Choe. The Committee, on behalf of the Secretary, developed the Secretary’s Recommended Actions to the President to Improve LGBT Health and Well-Being (“2011 objectives”), which were sent to the President and released to the public in April 2011 (<http://www.hhs.gov/secretary/about/lgbthealth.html>). In June of 2012, the Committee released to the public its 2012 report of accomplishments in 2011 and goals for the following 12 months (“2012 objectives”) (http://www.hhs.gov/secretary/about/lgbthealth_objectives_2012.html).

As the Department continues its efforts in support of all communities, it is again pleased to present in this report both some highlights of its accomplishments from this past year and some highlights of its goals for this coming year with respect to the LGBT community.¹

2013 Objectives²

Federal Recognition of Same-Sex Spouses/Marriages

HHS will continue to work quickly to implement the Supreme Court ruling invalidating Section 3 of the Defense of Marriage Act.

Health Insurance Marketplace Outreach and Enrollment

Beginning in 2013 and continuing into the future, HHS is engaging in broad outreach to help uninsured Americans gain access to affordable health insurance coverage through the Health Insurance Marketplaces that are being established under the Affordable Care Act. It

¹ In this report, the acronym “LGBT” may also encompass other sexual and gender minority populations, including, but not limited to, those who are diagnosed with intersex conditions and those who identify as Native American Two-Spirit or questioning.

² In this report, the term “2013 objectives” means objectives for the 12 months following the issuance of this report.

is crucial for all communities to understand their options and how to enroll in coverage. HHS will ensure that LGBT communities are included in its outreach efforts in several ways:

- 1) In conjunction with the first open enrollment season for the Marketplaces, HHS will host an outreach and engagement summit for the LGBT community to equip LGBT community leaders with the tools, information, and resources that they need to assist LGBT individuals and families in obtaining affordable health insurance coverage through the Marketplaces.
- 2) By October 2014, the start of the next open enrollment season, the Office of the Assistant Secretary for Planning and Evaluation (“ASPE”) will issue a report that will examine the prevalence of, and the factors contributing to the lack of, insurance among LGBT populations to help guide HHS in its Marketplace outreach to LGBT communities.
- 3) The Substance Abuse and Mental Health Services Administration (“SAMHSA”) will develop a best practices toolkit on health insurance outreach and enrollment assistance for LGBT communities with high prevalence rates of behavioral health needs.

Research and Data Collection

- 1) The National Institutes of Health (“NIH”) will continue working toward growing the field of health research relating to the LGBT community. NIH will host the first annual NIH Lesbian, Gay, Bisexual, Transgender, and Intersex (“LGBTI”) Research Symposium to further explore critical topics in LGBTI health research. NIH will also conduct and release an analysis of the fiscal year (FY) 2012 LGBTI-research related portfolio to build on the analysis conducted on the FY 2010 portfolio.
- 2) HHS has developed survey questions on gender identity (in addition to sexual orientation) as a module that states are encouraged to use in the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention (“CDC”) to help develop scientific survey data on the health status and health care experience of transgender populations (in addition to lesbian, gay, and bisexual populations). During the next year, HHS will complete cognitive testing of the questions and dedicate resources to providing technical assistance and support to states that use the questions.
- 3) SAMHSA will pilot test sexual orientation questions within its deployment of the 2013 National Survey on Drug Use and Health.

Youth and Families

- 1) SAMHSA, working with the Family Acceptance Project, will develop a resource document for practitioners who work with LGBT youth in multiple service sectors (e.g., behavioral health, child welfare, juvenile justice, primary care, schools, homeless and runaway programs) to help them understand the role of family acceptance/rejection in the overall health, behavioral health, and well-being of youth, as well as implement best practices in engaging and creating supportive families.
- 2) The Administration for Children and Families (“ACF”) will fund two grantees to begin a systematic review of practices and services aiming to improve the well-being of lesbian, gay, bisexual, transgender, and questioning (“LGBTQ”) individuals, and to lay a foundation for improving such services and practices. One grantee will target its efforts to homeless LGBTQ youth, and the other will focus its efforts on domestic violence, intimate partner violence, and dating violence prevention for LGBTQ individuals and their families.

2012 Accomplishments

The following represent just some of the highlights of the Department’s accomplishments from this past year:

To further the development of improved data on the factors that contribute to health disparities experienced by LGBT individuals, since January 2013 CDC has included a sexual orientation-specific question on the National Health Interview Survey. CDC is collecting the data now and will have the first results in 2014. Moreover, as mentioned above, HHS has developed and is testing survey questions on gender identity as well as sexual orientation as a module that states are encouraged to use in CDC’s Behavioral Risk Factor Surveillance System to help develop scientific survey data on the health status and health care experience of transgender populations in addition to lesbian, gay, and bisexual populations.

HHS established a sexual orientation and gender identity-inclusive non-discrimination policy applicable to services provided to HHS program beneficiaries by HHS contractors. As a result, all applicable HHS contracts must include a non-discrimination-in-service delivery clause stating that “no person otherwise eligible will be excluded from participation in, denied the benefits of, or subjected to discrimination in the administration of HHS programs and services based on non-merit factors such as race, color, national origin, religion, sex, gender identity, sexual orientation, or disability (physical or mental).” The policy can be found at <http://www.hhs.gov/asfr/ogapa/acquisition/apm-2012-03.html>.

NIH completed a portfolio analysis and determined that 232 projects addressing LGBT health were active in 2010. Details of that analysis and the report, along with a statement from NIH Director Francis Collins charging NIH to continue the momentum into the future, can be found at http://www.nih.gov/about/director/01032013_lgbt_statement.htm. Additionally, NIH convened a scientific work group to develop strategies to expand research on the care of intersex children and their families.

The Health Resources and Services Administration (“HRSA”) awarded nine grants to organizations supporting the development, implementation, and evaluations of interventions to improve timely entry into and retention of quality HIV care for transgender women of color. HRSA also provided funding to the Center of Excellence for Transgender Health at the University of California at San Francisco to serve as the evaluation and technical assistance center for these grants.

Following a recommendation from the 2011 Institute of Medicine Report on LGBT Health, the Office on Women’s Health (“OWH”) funded five pilot studies across the nation to identify and test innovative and effective ways of reducing obesity in lesbians and bisexual women.

CDC has funded evaluation of the impact on LGBT communities of chronic disease prevention and health promotion programs currently being implemented by Community Transformation Grant (“CTG”) awardees. Activities include both multi-site surveillance as well as site-specific evaluation of CTG programs that encompass LGBT communities. Such evaluation efforts are ongoing, and results are expected in 2016.

The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation was released by CDC. CDC has worked to increase the visibility of the report and its findings, including by sharing information with LGBT intimate partner violence/sexual violence-specific service organizations, participating in national webinars for practitioners of such services, policymakers in the field of intimate partner violence/sexual violence prevention, and the LGBT community in general; as well as by producing fact sheets and other materials available on CDC’s website at <http://www.cdc.gov/violenceprevention/nisvs/>.

CDC’s Tips From Former Smokers national tobacco education campaign included specific messaging and outreach to the LGBT community, with advertisements featuring a representative from the LGBT community. The campaign can be viewed at <http://www.cdc.gov/tobacco/campaign/tips/groups/lgbt.html>. Additionally, CDC worked with The Network for LGBT Health Equity on LGBT-specific paid and earned media efforts.

The Food and Drug Administration (“FDA”) is developing a plan to engage in outreach to at-risk LGBT youth, designed to educate them about the dangers of using tobacco with the intent of helping prevent initiation and experimentation. The plan includes conducting research to understand perceptions, opinions, attitudes, and beliefs around tobacco use within this vulnerable population. FDA is committed to reaching LGBT teenagers in a culturally relevant way to prevent tobacco use and plans to launch a campaign targeted at this audience in 2014.

SAMHSA and HRSA identified and reviewed curricula that help behavioral health and primary care practitioners assess, treat, and refer LGBT clients in a culturally competent manner. Curricula were identified by HHS, technical assistance providers, and stakeholder organizations. SAMHSA and HRSA reviewed the curricula to ensure that they were federally-supported and available for Continuing Medical Education/Continuing Education Unit (CME/CEU) credit. This list of existing federally-supported LGBT culturally competent training curricula that are available for CME/CEU credit was disseminated to stakeholder organizations and is posted online at <http://samhsa.gov/lgbt/curricula.aspx> and <http://www.hrsa.gov/lgbt/>. SAMHSA and HRSA will continue to disseminate this information over the course of the next year.

ASPE disseminated resources about LGBT homeless youth at <http://findyouthinfo.gov/youth-topics/lgbtq-youth/homelessness>, including a profile of a collaboration in Oregon that focuses on training staff to provide unbiased services for LGBT youth in in-home and out-of-home care settings and a podcast from Administration for Children, Families, and Youth Commissioner Bryan Samuels on the need to include LGBT youth in teen pregnancy prevention efforts. With respect to ASPE’s continuing work with ACF on its Research Development Project on the Human Services Needs of LGBT Populations, ASPE funded a sub-study under which site visits were conducted at four runaway and homeless youth programs to examine how these programs collect data and target services for homeless LGBT youth.

ACF required grant recipients in its runaway and homeless youth programs to assure that they have policies prohibiting harassment based on sexual orientation or gender identity, and that their staff is trained to prevent and respond to harassment and bullying.

ACF issued revised operating instructions for the placement of unaccompanied immigrant youth in ACF’s custody, and added consideration of the safety and well-being of LGBT youth as a factor when making placement decisions. ACF’s technical assistance providers will continue to host trainings for staff working at ACF-funded shelter care facilities that focus on creating a safe and inclusive environment for LGBT unaccompanied immigrant youth.

The Centers for Medicare & Medicaid Services (“CMS”) and the Administration for Community Living (“ACL”) are completing a training video to educate key stakeholders about LGBT older Americans, the impacts of the social stigma on them, and their rights in nursing homes and other settings. The video will be released in the summer of 2013.

CMS also released guidance clarifying visitation rights of LGBT individuals in Medicare- and Medicaid-participating nursing homes.

Section 1557 of the Affordable Care Act provides for federal nondiscrimination protection in the health care system, including on the basis of “sex.” The Office for Civil Rights (“OCR”) clarified that this prohibition includes discrimination based on gender identity and sex stereotyping.

The Office of Minority Health, in collaboration with federal and non-federal partners, published LGBT-inclusive enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). The National CLAS Standards are intended to advance health equity, improve quality and eliminate health disparities, and establish a blueprint for health and human services organizations to provide culturally and linguistically appropriate services. The enhanced standards promote a more inclusive definition of culture encompassing not only race, ethnicity, and language, but also elements such as sexual orientation and gender identity. The National CLAS Standards raise awareness of the importance of the role of sexual orientation and gender identity in all areas of health – mental, physical, social, and spiritual – and provide a host of resources that will empower health and human service professionals and organizations to address the needs of and better serve the LGBT community.

The Office of the Assistant Secretary for Health (“OASH”) expanded the Healthy People 2020 LGBT Topic Area to include two national objectives. The objectives aim to increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify 1) lesbian, gay, bisexual, and 2) transgender populations. The establishment of the first-ever national LGBT objectives with targets to be achieved by the end of the decade underscores HHS’s commitment to securing data that are critical to understanding the health issues and needs of the LGBT population and working to address those needs.

ACL funded a new grantee to further develop and extend the National Resource Center (“NRC”) for LGBT Aging work to reach its three distinct audiences: aging network entities, LGBT stakeholder agencies, and LGBT individuals. The grantee will focus on the use of efficient and effective strategies to more fully embed NRC activities into the LGBT and

Aging Services Networks; employ technology to reach greater numbers of trainees and consumers; enhance the volunteer potential of the LGBT community as a sustainable resource for training and other NRC activities; and expand technical assistance activities as they relate to LGBT aging, including in the key areas of housing, mental health, family caregiving, and aging with disabilities.

The Office of Global Affairs (“OGA”) continues to work with the World Health Organization (“WHO”) to improve the health and well-being of LGBT persons. OGA successfully petitioned an item on this topic be added to the May 2013 Executive Board meeting agenda, and in preparation WHO wrote the first ever summary report on barriers to care for LGBT populations. This marked the first time that the global health body had ever discussed the role that it should play in addressing the health of LGBT populations. A vigorous debate took place at the meeting, and, although countries were unable to agree on steps forward at this time, the discussion alone, in the face of opposition, has been seen as a historic step forward. As a result, the WHO Director General Margaret Chan is now personally leading regional consultations on this topic, and it will likely be added to the January 2014 meeting agenda.