

# LETTERS

## NATIONAL INSTITUTES OF HEALTH EFFORTS ON SEXUAL AND GENDER MINORITY HEALTH RESEARCH

We here at the National Institutes of Health (NIH) read with interest the recent study by Coulter et al.<sup>1</sup> We would like to take this opportunity to provide additional context regarding NIH's ongoing efforts in the arena of sexual and gender minority health research. The authors' analysis, which shares findings similar to NIH's portfolio analysis for fiscal year 2010, will benefit ongoing discussions at NIH about Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) health research priorities. NIH is currently gathering input on LGBTI-related research needs to help inform an LGBTI Health Research Strategic Plan, and this NIH-supported study will contribute to our knowledge base.

Much of NIH's work in LGBTI health research is facilitated by the LGBTI Research Coordinating Committee (RCC), which was established in early 2013 by NIH Director Francis S. Collins, MD, PhD. (The RCC continues the work of a predecessor committee, formed shortly before the release of the 2011 Institute of Medicine Report on the Health of LGBT People.) This standing committee has

representation from across the agency and facilitates the coordination and initiation of research specific to sexual and gender minority populations.

Our first LGBTI listening session in June 2013, hosted by Collins and myself, provided us with valuable input from the research and LGBTI advocacy communities. NIH continues to gather input through targeted listening sessions (on topics such as transgender health research and training needs for LGBTI researchers), outreach at scientific conferences, and a recent Request for Public Information on LGBTI health research issues for sexual and gender minorities. We are consistently working to engage and communicate with these communities.

Studies like this one from Coulter et al. can inform our work as scientists, planners, and funders of extramural biomedical research and training. We look forward to our ongoing work with researchers and LGBTI advocates in developing a strategic plan that addresses the unique health issues of the LGBTI population. We welcome input on LGBTI health research priorities, which can be sent to [lgbtihealthresearch@od.nih.gov](mailto:lgbtihealthresearch@od.nih.gov). ■

*Lawrence A. Tabak, DDS, PhD*

### About the Author

*Lawrence A. Tabak is the Principal Deputy Director of the US National Institutes of Health, Bethesda, MD.*

*Correspondence should be sent to Lawrence A. Tabak, DDS, PhD, Building 1, Room 126, 1 Center Drive, Bethesda, MD 20892 (e-mail: [Lawrence.tabak@nih.gov](mailto:Lawrence.tabak@nih.gov)). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.*

*This letter was accepted March 6, 2014.*

*doi:10.2105/AJPH.2014.301973*

### Reference

1. Coulter RWS, Kenst KS, Bowen DJ, Scout. Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *Am J Public Health*. 2014;104(2):e105-e112.

### COULTER ET AL. RESPOND

We appreciate NIH's recognition of and response to our study. We also applaud the

diversified efforts NIH has employed to gain a thorough understanding about the current state of lesbian, gay, bisexual, transgender, and intersex (LGBTI) health and health research.

Examining the agency's actions through the three-phase cyclical framework provided by the National Public Health Performance Standards,<sup>1</sup> it is clear NIH is on its way to accomplishing the initial two phases. The first phase includes systematic assessments of the current health of LGBTI populations, and the second includes developing policies and plans and working with key stakeholders and informants. The activities described in NIH's response to our study, along with the funding of the 2011 Institute of Medicine report,<sup>2</sup> can neatly be categorized into one of the aforementioned phases. We hope NIH will share the results of these efforts.

Moreover, we are eager to learn how these preliminary efforts inform the next phase of the framework—assuring policies, programs, and practices are bringing health equity to LGBTI populations. This third phase of the cycle should include:

1. Assurance of competent research and health workforces (e.g., investment in training researchers and practitioners),
2. Enforcement of policies that protect and serve LGBTI populations (e.g., inclusion of LGBTI populations in NIH's definition of underserved and priority populations),
3. Stimulation of prevention and treatment research and programs (e.g., program announcements for research and interventions targeting LGBTI populations), and
4. Evaluation of NIH's efforts (e.g., regular, publically available progress reports and updates).

For many of these, the Discussion section of our article provides detailed examples. Furthermore, we expect to see each item incorporated in NIH's forthcoming Strategic Plan, and urge NIH to create a comprehensive set of specific, measurable, attainable, relevant, and time-bound (SMART) goals aimed at LGBTI health equity.

As public health researchers and practitioners invested in achieving LGBTI health equity, we are optimistic that NIH can—and

*Letters to the editor referring to a recent Journal article are encouraged up to 3 months after the article's appearance. By submitting a letter to the editor, the author gives permission for its publication in the Journal. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge letters and to publish responses.*

*Text is limited to 400 words and 10 references. Submit online at [www.editorialmanager.com/ajph](http://www.editorialmanager.com/ajph) for immediate Web posting, or at [ajph.edmgr.com](http://ajph.edmgr.com) for later print publication. Online responses are automatically considered for print publication. Queries should be addressed to the Editor-in-Chief, Mary E. Northridge, PhD, MPH, at [men6@nyu.edu](mailto:men6@nyu.edu).*

will—foster and sustain an explicitly welcoming and affirming environment for investigations targeting LGBTI health equity. If NIH is successful in attaining the National Public Health Performance Standards for LGBTI health issues, their process can serve as a model for domestic and global public health agencies and funders to follow and engage in health equity for LGBTI populations. ■

*Robert W. S. Coulter, MPH  
Karey S. Kenst, MPH  
Deborah J. Bowen, PhD  
Scout, PhD*

### About the Authors

*Robert W. S. Coulter is with the Behavioral and Community Health Sciences Department, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA. Karey S. Kenst is with The Disparities Solution Center, The Mongan Institute for Health Policy, Massachusetts General Hospital, Boston. Deborah J. Bowen is affiliated with Department of Community Health Sciences, School of Public Health, Boston University, Boston, MA. Scout is with the Network for LGBT Health Equity, CenterLink: The Community of LGBT Centers, Fort Lauderdale, FL.*

*Correspondence should be sent to Robert W. S. Coulter, MPH, Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh, 130 DeSoto Street, Pittsburgh, PA 15261 (e-mail: robert.ws.coulter@gmail.com). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.*

*This letter was accepted March 16, 2014.  
doi:10.2105/AJPH.2014.302028*

### Contributors

All authors contributed to the writing of this letter and approved the final version.

### Acknowledgments

The authors gratefully acknowledge all the researchers, practitioners, and funders who continue to work tirelessly to assess and improve the health and wellbeing of LGBT populations.

### References

- Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support. *National Public Health Performance Standards (NPHPS): The public health system and the 10 essential public health services*. 2013; Available at: <http://www.cdc.gov/nphsp/essentialservices.html>. Accessed March 7, 2014.
- Institute of Medicine (IOM). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press; 2011.