

**TABLE 1—Actual and Financial Representation of Non-HIV Lesbian, Gay, and Bisexual (LGB) Projects as Part of Fiscal Year 2012 Overall National Institutes of Health (NIH) Funding Portfolio Listed by Activity Code**

Activity Code	Total NIH Projects, No.	Non-HIV LGB, No. (% of Total)	Total NIH Funding Allocated, \$	Non-HIV LGB Funding, % (% of Total)	Administrating ICs	Study Sections
F31	1 239	2 (0.161)	40 056 950	96 225 (0.24)	NIAAA, NICHD	Health Services Research Review Subcommittee; Special Emphasis Panel [ZRG1-F16-B (20)]
F32	1 379	1 (0.073)	61 959 993	21 405 (0.03)	NICHD	Special Emphasis Panel [ZRG1-PSE-J (50)]
K08	967	1 (0.103)	130 175 088	16 0984 (0.12)	NIMH	ITVC
K23	1 018	2 (0.196)	150 293 765	310 587 (0.21)	NIAAA, NIMH	Health Services Research Review Subcommittee; SRNS
K99	358	1 (0.279)	36 034 622	121 841 (0.34)	NIAAA	Health Services Research Review Subcommittee
P30	3 688	1 (0.027)	—	104 439 (—)	NIA	Special Emphasis Panel [ZAG1-ZIJ-3(M1)]
R01	27 221	10 (0.037)	10 599 741 043	4 645 315 (0.04)	NIAAA, NICHD, NIDA, NIMH	CIHB; CLHP; PDRP; RPIA; SPIP; Special Emphasis Panel (ZRG1-AARR-F[03]); Special Emphasis Panel (ZRG1-PSE-J [50]); Special Emphasis Panel (ZRG1-PSE-K [02])
R03	1 236	2 (0.162)	98 866 819	218 650 (0.22)	NICHD	CDRC, Pediatrics Subcommittee
R13	684	1 (0.146)	13 464 707	10 000 (0.07)	NICHD	Pediatrics Subcommittee
R15	234	1 (0.427)	79 833 929	446 056 (0.56)	NIAAA	PDRP
R21	3 884	1 (0.026)	780 534 600	180 383 (0.02)	NICHD	CIHB
R25	690	1 (0.145)	181 663 617	168 483 (0.09)	NICHD	Pediatrics Subcommittee
R34	276	1 (0.362)	65 593 255	307 144 (0.047)	NIMH	SRNS
U54	2 077	1 (0.048)	—	166 666 (—)	NIMHD	Special Emphasis Panel (ZMD1-RN[09])

Note. CDRC = Communication Disorder Review Committee; CIHB = Community Influences on Health Behavior; CLHP = Community-Level Health Promotion Study Section; ICs = institutes and centers; ITVC = Interventions Committee for Disorders Involving Children and Their Families; NIA = National Institute on Aging; NIAAA = National Institute on Alcohol Abuse and Alcoholism; NICHD = National Institute of Child Health and Human Development; NIDA = National Institute on Drug Abuse; NIMH = National Institute of Mental Health; NIMHD = National Institute on Minority Health and Health Disparities; PDRP = Psychosocial Development, Risk and Prevention Study Section; RPIA = Risk, Prevention and Intervention for Addictions Study Section; SPIP = Social Psychology, Personality and Interpersonal Processes Study Section; SRNS = Mental Health Services in Non-Specialty Settings

### COULTER ET AL. RESPOND

We appreciate Voyles and Sell's continued monitoring of the National Institutes of Health's (NIH's) research portfolio related to lesbian, gay, and bisexual (LGB) health. Our article examined trends from 1989 through 2011, and their analysis extends NIH funding trends through 2012. Ongoing monitoring is not only important but also necessary to ensure NIH is held accountable for their investment in understanding and improving the health of LGB populations.

Curiously, projects about transgender health were not mentioned. Was this because there were not any non-HIV transgender health projects in 2012, or was there another rationale for exclusion? Regardless of the reason, we hope NIH and researchers make efforts to include—and measure—transgender people in future projects.

Voyles and Sell included a thorough analysis of NIH funding by examining the total dollars

invested in each project and which institutes funded LGB projects. They found at least one promising piece of evidence: the percentages of dollars funded in LGB health are equal to the proportion of projects per activity code. However, the percentages were dismal, with the highest at 0.56%. Moreover, 74.07% (n = 20) of the institutes did not fund any non-HIV LGB projects in 2012. This is an area of improvement necessary for NIH, because most, if not all, institutes are involved with topic areas pertinent to LGB and transgender (LGBT) health. It is, however, important to note that additional institutes have funded non-HIV LGB projects since 2012 (e.g., National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Allergy and Infectious Diseases, National Institute on Nursing Research, National Cancer Institute). This suggests NIH is able to increase the number of granting institutes in a short amount of time. Thus, institutes absent any LGBT projects should be targets of focused efforts to increase LGBT health research, as this may present a target for

efficient growth. It may also be that some institutes did not fund LGB projects because viable proposals were not submitted. In addition to changes at the institutes, researchers may need to assume greater responsibility for addressing LGBT disparities in their proposals.

We view analyses of NIH's research portfolio as a call to action that can fuel NIH to improve their policies and foster a welcoming and affirming climate for LGBT health research. Additionally, we hope our analyses provide LGBT health researchers with (1) information to pair the funding gaps with issues we know are problematic<sup>1</sup> and communities want resolved, and (2) motivation to submit high-quality proposals on such topics. ■

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### Contributors

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### References

1. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press; 2011.