

October 15, 2013

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation Donald B. Moulds  
Strategic Planning Team  
Attn: Strategic Plan Comments  
200 Independence Avenue SW., Room 446F.8  
Washington, DC 20201

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Re: **Comments on HHS draft strategic plan FY14-18**

Dear Assistant Secretary Moulds,

Please accept these comments on the Department of Health and Human Services (HHS) draft strategic plan for FY14-18 on behalf of The Fenway Institute at Fenway Health. We are grateful for this opportunity to comment. The Fenway Institute works to make life healthier for those who are lesbian, gay, bisexual, and transgender (LGBT), people living with HIV/AIDS, and the larger community. We do this through research and evaluation, education and training, policy analysis, and public health advocacy. We are the research division of Fenway Health, a federally qualified health center that serves about 22,000 patients each year. Half of our patients are LGBT and more than 2,000 are living with HIV.

The Fenway Institute at Fenway Health greatly appreciates the significant strides that HHS and the Administration have taken in support of LGBT health and science-based HIV prevention and treatment policies. We make our suggestions in this broader context, and refer to many developments that embody the unprecedented attention directed toward LGBT health and HIV/AIDS over the past four years: the 2011 Institute of Medicine report on LGBT health, Healthy People 2020's commitment to eliminate LGBT health disparities, the CLAS standards, and the National HIV/AIDS Strategy. We believe that the suggested changes we offer here to the HHS strategic plan can help those groundbreaking policy developments reach their full potential.

Goal 1: Strengthen Health Care

Objective A: Make coverage more secure, cover the uninsured

Strategies: Bullet 12 after "vulnerable populations" insert "—including members of groups know to be disproportionately uninsured, such as racial/ethnic minority groups, low-income people, and lesbian, gay, bisexual and transgender (LGBT) people,"

Objective B: Improve healthcare quality and patient safety

Strategies: Bullet 2, after “Educate healthcare professionals about health disparities, cultural competencies, and health literacy” insert “as identified in Healthy People 2020 and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards),”

Bullet 20, After “practice location” insert this sentence “Gather standard demographic data to document disparities in experiences of harm and inappropriately delivered care, including data on race/ethnicity, sex, age, income, national origin, sexual orientation, and gender identity.”

Objective C: Preventive care services

Strategies – after bullet 10, add the following separate bullet:

Address and reduce disparities in preventive screenings, such as lower rates of mammography and Pap tests among Black and Latina women and lesbians and bisexual women.

Objective D: Reduce costs

Strategies: After Bullet 7 insert the following separate bullet:

Encourage providers to gather demographic data on hospital readmissions to understand the disproportionate impact of this phenomenon on various populations. Gather standard demographic data on race/ethnicity, sex, age, income, national origin, sexual orientation, and gender identity. This will help build the evidence base needed to improve patient outcomes and reduce disparities in costs and quality between population groups and regions, a key goal of HHS.

Objective E: Ensure access for vulnerable populations

Second paragraph, after “refugees and immigrants,” insert “LGBT people,”

Strategies: Insert this after bullet 3 (re: racial disparities):

Help eliminate LGBT health disparities by educating and training physicians, nurses, and allied healthcare professionals, and medical and public health graduate students, on LGBT health disparities and cultural competency.

Objective F: Health IT

Strategies: Insert after bullet 1 a free-standing bullet:

Encourage the use of standard demographic measures—including race/ethnicity, sexual orientation, and gender identity—to gather data in electronic health records in order to better understand and reduce health disparities.

Goal 2: Advance scientific knowledge and innovation

Objective A: Accelerate the process of scientific discovery to improve health

Add this new bullet after bullet 3:

Encourage states to add questions measuring sexual orientation and gender identity to Behavioral Risk Factor Surveillance Surveys and Youth Risk Behavior Surveys in order to better understand health issues facing LGBT adults and youth.

Goal 3: Advance Health, Safety, Wellbeing of the American People

Objective B: Promote economic, social well-being for individuals, families and communities

Insert after bullet 3:

Work with the Administration for Children and Families and other agencies to promote cultural competency training for social service providers in the unique needs and experiences of LGBT youth, especially youth in foster care, homeless youth, youth in juvenile detention, and youth in congregate living facilities related to mental health and substance use issues.

Objective D: Promote prevention and wellness across lifespan

After bullet 8 please insert:

Prioritize populations disproportionately affected by disparities in health risk behaviors. For example, obesity prevention efforts should prioritize African American women and lesbians, two groups that disproportionately experience obesity and sequelae such as cardiovascular disease. Tobacco prevention and cessation efforts should prioritize LGBT people, who are 1.5 to 2.5 times as likely to smoke as other Americans.

Objective E: Reduce the occurrence of infectious diseases

After bullet 6 please insert these two bullets:

Address structural drivers of vulnerability to HIV, such as parental rejection, anti-gay and anti-transgender prejudice and discrimination, and lack of access to culturally competent health care.

Develop strategies for reducing the racial disparities we see in the HIV epidemic, including among gay and bisexual men and other men who have sex with men (MSM). Address disparities in access to prevention and testing services as well as disparities seen in the treatment cascade, in which Black and Latino Americans are less likely to be in regular care and less likely to be virally suppressed.

Should you have any questions about these comments or wish to discuss in more detail, please contact Sean Cahill, Director of Health Policy Research at the Fenway Institute, at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org) or 617-927-6016.

Thank you for considering these comments.

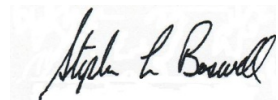
Sincerely,



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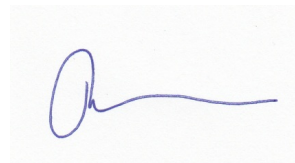
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