

July 18, 2025

Health Resources and Services Administration

Re: Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Resources and Services Administration Uniform Data System

Submitted to: [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain)

Dear colleagues,

Fenway Health appreciates the opportunity to submit the following comment regarding the proposal to remove data elements related to sexual orientation and gender identity (SOGI) from the Uniform Data System. Fenway Health strongly opposes this move. Eliminating these data elements would significantly undermine the ability of health centers nationwide to identify, monitor, and reduce health disparities that affect LGBTQIA+ communities.

Fenway Health is a federally qualified health center and Ryan White Part C HIV clinic in Boston, Massachusetts. We provide care to about 35,000 patients every year, with a mission to advocate for and deliver equitable and accessible health care centering LGBTQIA+ people, BIPOC individuals, and other underserved communities. For many years we have worked to ensure our patients receive care rooted in ethical, rigorous, and peer-reviewed science, and that our services are guided by the needs and the lived experiences of the communities we serve. Fenway Health also serves as a national and international leader in HIV and STI prevention, screening, treatment, education, training, and research. Our clinical innovations and community-engaged research inform care delivery strategies for LGBTQIA+ and HIV-affected populations across the country.

It is essential that SOGI data be collected in health care settings so that we can understand, address and eliminate health disparities affecting LGBTQIA+ patients. Over the past 15 years, the collection of SOGI data has enabled public health professionals and health care providers to better understand and address the health needs of LGBTQIA+ people. As a result, we know that LGBTQ+ people are more likely to have chronic

conditions such as diabetes,<sup>1,2</sup> asthma,<sup>3</sup> obesity,<sup>4,5,6</sup> hypertension,<sup>7,8</sup> and cardiovascular disease.<sup>9,10,11,12</sup> LGBTQ+ people experience higher rates of cancer,<sup>13</sup> and gay and bisexual men and transgender women experience disproportionate burden of HIV and other STIs.<sup>14,15</sup> LGBTQ+ people are also more likely to experience risk factors like smoking,<sup>16,17,18</sup> vaping,<sup>19</sup> substance use disorder,<sup>20</sup> and physical inactivity.<sup>21,22</sup>

<sup>1</sup> Beach LB, Elasy TA, Gonzales G. Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System. *LGBT Health*. 2018 Feb/Mar;5(2):121-130.

<sup>2</sup> Caceres BA, Jackman KB, Edmondson D, Bockting WO. Assessing gender identity differences in cardiovascular disease in US adults: an analysis of data from the 2014-2017 BRFSS. *J Behav Med*. 2020 Apr;43(2):329-338.

<sup>3</sup> Fredriksen-Goldsen KI, Kim HJ, Shui C, Bryan AEB. Chronic Health Conditions and Key Health Indicators Among Lesbian, Gay, and Bisexual Older US Adults, 2013-2014. *Am J Public Health*. 2017 Aug;107(8):1332-1338.

<sup>4</sup> Laska MN, VanKim NA, Erickson DJ, Lust K, Eisenberg ME, Rosser BR. Disparities in Weight and Weight Behaviors by Sexual Orientation in College Students. *Am J Public Health*. 2015 Jan;105(1):111-121.

<sup>5</sup> Deputy NP, Boehmer U. Weight status and sexual orientation: differences by age and within racial and ethnic subgroups. *Am J Public Health*. 2014;104(1):103-109. doi:10.2105/AJPH.2013.301391

<sup>6</sup> Azagba S, Shan L, Latham K. Overweight and Obesity among Sexual Minority Adults in the United States. *Int J Environ Res Public Health*. 2019 May 23;16(10):1828.

<sup>7</sup> Caceres BA, Brody AA, Halkitis PN, Dorsen C, Yu G, Chyun DA. Sexual Orientation Differences in Modifiable Risk Factors for Cardiovascular Disease and Cardiovascular Disease Diagnoses in Men. *LGBT Health*. 2018;5(5):284-294.

<sup>8</sup> Jackson CL, Agénor M, Johnson DA, Austin SB, Kawachi I. Sexual orientation identity disparities in health behaviors, outcomes, and services use among men and women in the United States: a cross-sectional study. *BMC Public Health*. 2016;16(1):807.

<sup>9</sup> Fredriksen-Goldsen KI, Kim H-J, Emlet CA, et al. *The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: University of Washington; 2011.

<sup>10</sup> Caceres BA, Makarem N, Hickey KT, Hughes TL. Cardiovascular Disease Disparities in Sexual Minority Adults: An Examination of the Behavioral Risk Factor Surveillance System (2014-2016). *Am J Health Promot*. 2019 May;33(4):576-585.

<sup>11</sup> Caceres BA, Jackman KB, Edmondson D, Bockting WO. Assessing gender identity differences in cardiovascular disease in US adults: an analysis of data from the 2014-2017 BRFSS. *J Behav Med*. 2020 Apr;43(2):329-338.

<sup>12</sup> Nokoff NJ, Scarbro S, Juarez-Colunga E, Moreau KL, Kempe A. Health and Cardiometabolic Disease in Transgender Adults in the United States: Behavioral Risk Factor Surveillance System 2015. *J Endocr Soc*. 2018 Mar 5;2(4):349-360.

<sup>13</sup> Cahill SR. Legal and Policy Issues for LGBT Patients with Cancer or at Elevated Risk of Cancer. *Semin Oncol Nurs*. 2018 Feb;34(1):90-98.

<sup>14</sup> Centers for Disease Control and Prevention. *HIV and Gay and Bisexual Men*. Fact Sheet. Updated September 2021. <https://www.cdc.gov/hiv/pdf/group/msm/cdc-hiv-msm.pdf>

<sup>15</sup> Becasen JS, Denard CL, Mullins MM, Higa DH, Sipe TA. Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017. *Am J Public Health*. 2019 Jan;109(1):e1-e8.

<sup>16</sup> Caceres BA, Makarem N, Hickey KT, et al., 2019.

<sup>17</sup> Lunn MR, Cui W, Zack MM, Thompson WW, Blank MB, Yehia BR. Sociodemographic Characteristics and Health Outcomes Among Lesbian, Gay, and Bisexual U.S. Adults Using Healthy People 2020 Leading Health Indicators. *LGBT Health*. 2017 Aug;4(4):283-294.

<sup>18</sup> Alzahrani T, Nguyen T, Ryan A, Dwairy A, McCaffrey J, Yunus R, Forgione J, Krepp J, Nagy C, Mazhari R, Reiner J. Cardiovascular Disease Risk Factors and Myocardial Infarction in the Transgender Population. *Circ Cardiovasc Qual Outcomes*. 2019 Apr;12(4):e005597.

<sup>19</sup> McCabe SE, Matthews AK, Lee JGL, Veliz P, Hughes TL, Boyd CJ. Tobacco use and sexual orientation in a national cross-sectional study: age, race/ethnicity, and sexual identity-attraction differences. *Am J Prev Med*. 2018;54(6):736-745.

<sup>20</sup> National Institute on Drug Abuse (no date; accessed March 23, 2021). Substance use and SUDs in LGBTQ\* populations. <https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations>

<sup>21</sup> VanKim NA, Austin SB, Jun HJ, Corliss HL. Physical Activity and Sedentary Behaviors Among Lesbian, Bisexual, and Heterosexual Women: Findings from the Nurses' Health Study II. *J Womens Health (Larchmt)*. 2017 Oct;26(10):1077-1085.

<sup>22</sup> Beach LB, Turner B, Felt D, Marro R, Phillips GL 2nd. Risk factors for diabetes are higher among non-heterosexual US high-school students. *Pediatr Diabetes*. 2018;19(7):1137-1146.

LGBTQ+ health disparities intersect with other health disparities, such as rural-urban and racial and ethnic disparities. For example, rural LGBT people are less likely to disclose their sexual orientation or gender identity to a health care provider and to be offered an HIV test.<sup>23</sup> Black gay and bisexual men and transgender women experience disproportionate HIV burden.<sup>24</sup>

Health care providers use SOGI data to inform clinical decision support and prevention screenings, to evaluate the impact of care on health outcomes, and to engage in population health management. Fenway Health writes in firm opposition to the proposed rule. Millions of LGBTQ+ patients access care at the nation's 1400 community health centers. It is essential that the health center network continues to collect and use SOGI data to provide high quality health care to LGBTQ+ patients.

Should you have any questions, please contact Sean Cahill, PhD, Director of Health Policy Research, at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org). Thank you for considering this comment.

Sincerely,

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<sup>23</sup> Rosenkrantz, D. E., Black, W. W., Abreu, R. L., Aleshire, M. E., & Fallin-Bennett, K. (2017). Health and health care of rural sexual and gender minorities: A systematic review. *Stigma and Health*, 2(3), 229–243.

<sup>24</sup> KFF. *The impact of HIV in Black people in the U.S.* September 9, 2024. [The Impact of HIV on Black People in the United States | KFF](#)

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