

HEALTHY PEOPLE 2030: NEW LGBT OBJECTIVES

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INTRODUCTION

In August 2020, Healthy People 2030 objectives were released, setting data-driven, population-level health goals to be met over the next decade.¹ These national objectives fall into three categories (i.e., core, developmental, or research objectives) and are organized by topic (i.e., health conditions, health behaviors, populations, settings and systems, or social determinants of health).

The inclusion of LGBT people in these objectives is critically important. LGBT populations evidence elevated risk for myriad physical, mental, and behavioral health outcomes, in large part driven by social and structural factors.²⁻⁵ Population-based strategies to reduce these risks are limited, in part due to limited data collection about LGBT people and their health.^{2,6} Healthy People's recognition of LGBT communities as uniquely vulnerable is an important step in improving the health and wellbeing of LGBT people across the United States.

WHAT'S NEW IN HEALTHY PEOPLE 2030?

Table 1 (below) compares the LGBT-focused Healthy People 2020 objectives with those included in Healthy People 2030. There are several notable changes:

Data Collection

The data collection objectives for Healthy People 2030 utilizes slightly different language compared to the previous decade's objectives. Overall, the goal for 2030 is to increase the number of national surveys that collect data on LGBT people. Furthermore, the 2030 objectives retained objectives related to incorporating sexual orientation and gender identity questions in Behavioral Risk Factor Surveillance Survey (BRFSS)⁷ but dropped the analogous objective for the sexual orientation and gender identity module in Youth Risk Behavior Survey (YRBS).⁸

LGBT Youth

Healthy People 2030 also added clear objectives related to improving the health and wellbeing of LGBT high-school students through reduced substance use, suicidal ideation, and bullying.

Sexual Health

All Healthy People 2020 HIV objectives that specified "men who have sex with men (MSM)" have been removed. The objective to reduce syphilis transmission was modified to specify among MSM.

KEY POINTS

- LGBT data collection remains a priority.
- LGBT youth health is a new and urgent area of focus.
- Transgender-related goals are developmental and reflect the importance of ongoing, systematic data collection.
- Sexual health objectives related to MSM were largely removed.

POLICY RECOMMENDATIONS

- Mandate sexual orientation and gender identity data collection in all Health and Human Services data collection efforts.
- Invest in policies, programs, and practices that address LGBT youth substance use, suicidality, and bullying in schools.
- Explicitly address MSM populations in policies promoting sexual health.

IMPLICATIONS

It is critical that national surveys include sexual orientation and gender identity measures in their data collection. Researchers, policymakers, and other stakeholders cannot adequately prioritize and address health inequities without guidance from data.⁹ Although some national health surveys have been collecting sexual orientation and gender identity data since the mid-to-late 2000s, the sexual orientation and gender identity modules for the BRFSS and YRBS remain optional.^{7,8} There also are other national data sources have yet to incorporate these items.¹⁰ This leaves researchers and policymakers with an incomplete picture of how to intervene in ways that help to alleviate LGBT health inequities.

Disparities in substance use, suicidal ideation, and bullying for LGBT youth are evident in early adolescence.¹¹ However, there are currently no national health surveys that universally collect sexual orientation and gender identity data among youth, particularly at younger ages.¹⁰ These data collection efforts are crucial for understanding and addressing the Healthy People 2030 goals of reducing substance use, suicidal ideation, and bullying among LGBT youth and the programs, policies, and practices that need to be implemented to achieve these goals.

Finally, by removing the MSM-specific language in sexual health-related objectives, general measures of progress in HIV and STI reduction may obscure disparities between LGBT people and their heterosexual and cisgender counterparts. This is especially relevant given the differential risk between these groups, and even within subgroups of the LGBT community.¹² Losing this specificity may deter progress in both understanding and addressing persistent disparities in HIV/STI rates, impeding efforts towards LGBT health equity. This is particularly true for local, state, and federal-level policies related to HIV/STI reduction among MSM, which rely heavily on understanding the unique social and cultural context of MSM, including social and structural factors associated with HIV/STI risk (e.g. homophobia). “One size fits all” approaches to policies promoting sexual health inherently exclude MSM, and thus often contribute to disparities in adverse sexual health related outcomes among this population. Although there is a relative dearth of federal-level sexual health promotion policy specific to MSM, sexual health interventions specific to MSM have demonstrated notable success, such as the CDC Mpowerment program.¹³ Policies to reduce sexual health disparities among MSM require a focus on this population, making sexual health objectives specific to this population critically necessary.

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Table 1. Healthy People 2020 and 2030 LGBT Objectives Crosswalk

2020	2030
Increase the number of population-based data systems used to monitor HP2020 objectives which collect data on (or for) lesbian, gay and bisexual populations	Increase the number of national surveys that collect data on lesbian, gay, and bisexual populations
Increase the number of population-based data systems used to monitor HP2020 objectives which collect standardized data that identify lesbian, gay and bisexual populations	--
Increase the number of population-based data systems used to monitor HP2020 objectives which collect data on (or for) transgender populations	Increase the number of national surveys that collect data on transgender populations
Increase the number of population-based data systems used to monitor HP2020 objectives which collect standardized data that identify transgender populations	--
Increase the number of states, territories and the District of Columbia that include questions on sexual orientation and gender identity in the BRFSS	Increase the number of states, territories, and DC that include sexual orientation and gender identity questions in the BRFSS
Increase the number of states, territories and the District of Columbia that use the provided module on sexual orientation and gender identity in the BRFSS	Increase the number of states, territories, and DC that use the standard module on sexual orientation and gender identity in the BRFSS
Increase the number of states and territories that use the provided module on sexual orientation and gender identity in the YRBS	--
--	Reduce bullying of lesbian, gay, or bisexual high school students
--	Reduce bullying of transgender students (developmental)
--	Reduce the proportion of lesbian, gay, or bisexual high school students who have used illicit drugs
--	Reduce the proportion of transgender high school students who have used illicit drugs (developmental)
--	Reduce suicidal thoughts in lesbian, gay, or bisexual high school students
Increase the proportion of men who have sex with men (MSM) who report having been tested for HIV in the past 12 months	--
Reduce the proportion of men who have sex with men (MSM) who reported unprotected anal intercourse with a partner of discordant or unknown status during their last sexual encounter	--
Reduce new AIDS cases among adolescent and adult men who have sex with men	--
Reduce the percentage of young gay and bisexual males in grades 9 through 12 who engage in HIV-risk behaviors	--
Increase hepatitis B vaccine coverage among men who have sex with men	--
Reduce new hepatitis B infections among high-risk populations—Men who have sex with men	Reduce the rate of acute hepatitis B
Reduce domestic transmission of primary and secondary syphilis among males	Reduce the syphilis rate in men who have sex with men



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