

Low national funding for LGBT health research contributes to inequities, analysis finds

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Only one-half of 1 percent of studies funded by the National Institutes of Health (NIH) between 1989 and 2011 concerned the health of lesbian, gay, bisexual and transgender (LGBT) people, contributing to the perpetuation of health inequities, according to a University of Pittsburgh Graduate School of Public Health-led analysis.

The findings, which grew from the Fenway Institute's Summer Institute in LGBT Population Health in Boston and continued at Pitt Public Health's Center for LGBT Health Research, are in the February issue of the *American Journal of Public Health*, published today. The researchers make several recommendations for how to stimulate LGBT-related research.

"The NIH is the world's largest source of health research funding and has placed a low priority on LGBT health research," said Robert W.S. Coulter, M.P.H., a doctoral student in Pitt Public Health's Department of Behavioral and Community Health Sciences. "In general, LGBT people experience stigma associated with their sexual and gender minority status, disproportionate behavioral risks and psychosocial health problems, and higher chronic disease risk factors than their non-LGBT counterparts. Increased NIH funding for research on these topics, particularly focusing on evidence-based interventions to reduce health inequities, could help alleviate these negative health outcomes."

About 3.5 percent of the U.S. adult population is estimated to be gay, lesbian or bisexual, according to recent research based on national- and state-level population surveys.

Mr. Coulter and his colleagues found 628 NIH-funded studies concerning LGBT health between 1989 and 2011, accounting for 0.5 percent of all NIH-funded studies. The majority of those studies focused on HIV/AIDS and other [sexual health](#) matters. When those studies were excluded, there were only 113 LGBT-related studies remaining, or 0.1 percent of NIH-funded studies during this time period.

After analyzing those studies, Mr. Coulter's research team found further gaps within the 628 LGBT-related studies, with 86.1 percent concerning the health of sexual minority men, only 13.5 percent focused on sexual minority women and 6.8 percent focused on transgender populations, with some of the projects studying more than one subgroup.

The authors also found that there were 202 projects on the development, implementation or evaluation of interventions. When intervention studies concerning HIV and other sexual health matters were removed, the number of projects dropped to 21.

"Studies have shown that specific subgroups of LGBT populations experience health problems like tobacco use, violence and obesity at higher rates than their non-LGBT counterparts. Thus, the lack of intervention studies aimed at reducing these health disparities contributes to the perpetuation of health inequities among LGBT populations," said Mr. Coulter.

He added that, "The political climate has had a chilling effect within the NIH that constrains LGBT health research and appears to be responsible, at least in part, for the marginalization of LGBT research at the NIH."

Mr. Coulter and his colleagues noted that a 2003 request by some Republican members of Congress for the NIH to justify the benefits of nearly 200 projects, most of which investigated LGBT or other marginalized populations, was followed by more than half of the researchers leading those studies removing words from their study proposals that might be deemed controversial, such as "gay," "lesbian," "bisexual" and "AIDS." A smaller proportion of researchers completely dropped their LGBT-related studies, with some even changing careers. The research by Mr. Coulter and colleagues showed a substantial drop in LGBT-related projects at NIH during these years as well.

Mr. Coulter and his colleagues believe that NIH is on the path toward lessening the dearth of LGBT-related research. In 2012, NIH supported a workshop about sexual orientation and gender identity in electronic health records and encouraged professional development activities related to LGBT health.

To more efficiently stimulate research projects on LGBT health, the researchers recommend the NIH engage in the following practices to comprehensively address the problem:

- Establish policies that designate LGBT people as priority populations for research that goes beyond HIV/AIDS and sexual health issues.
- Increase evidence-based intervention research to improve LGBT and reduce health inequities.
- Explore new strategies to increase the amount of LGBT health research, including support for diversity among researchers.
- Support efforts to expand the pool of trained researchers prepared to propose LGBT research projects through training grants, fellowships, career awards and the establishment of LGBT Centers of Excellence.

Provided by University of Pittsburgh Schools of the Health Sciences

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