

January 20, 2020

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VIA EMAIL: [SGMRO@nih.gov](mailto:SGMRO@nih.gov)

RE: Request for Information on the Development of the Fiscal Year 2021-2025 Trans-NIH  
Strategic Plan for Sexual and Gender Minority Health Research

Dear Dr. Parker,

Thank you for the opportunity to comment on the Development of the Fiscal Year 2021-2025 Trans-NIH Strategic Plan for Sexual and Gender Minority Health Research. As scholars dedicated to conducting research on sexual orientation and gender identity, we are writing to communicate the importance of sustained attention to transgender populations by the NIH. The proposed topics, scientific research goals, and operational goals outlined in the statement about the Development of the Strategic Plan are appropriate, grounded in the scientific literature, and are consistent with prior activities by the NIH to increase research on understudied and vulnerable populations.

As you are aware, evidence of health inequities by gender identity continues to amass, largely from non-probability samples. Findings highlight the necessity of sustained efforts to add measures of assigned sex at birth and transgender-inclusive gender identity measures to federally-funded or coordinated health, demographic, and criminal justice surveillance systems. Relatedly, we appreciate the NIH's attention to research on sampling and measurement as it is needed to ensure that large gaps in knowledge about transgender, gender nonconforming, and intersex people are filled.

Given that a large body of research has identified discrimination, harassment, and violence against transgender people in a range of settings, including schools, workplaces, and places of public accommodation, which has significant consequences for health across the life course, we strongly recommend a research agenda that expressly articulates a need to study the role of public and institutional policies as structural-level health determinants. Studies motivated by social epidemiological frameworks would be of value in that they place emphasis on upstream drivers of health inequities, that if modified, are likely to impact a range of health outcomes versus studies that begin downstream at health behavior. Further, we recommend emphasizing a need for research on trajectories of risk that include socioeconomic pathways and avoid an overreliance on psychological mechanisms as an overemphasis on stress mechanisms may unwittingly lead to interventions focused on individual-level coping skills.

At the intersection of NIH's proposed scientific and operational goal areas sits an opportunity to promote the inclusion of SGM people, particularly transgender people, in research. We recommend an agenda that prioritizes community-based participatory research (CBPR) as a strategy to promote health equity, as well as to ensure competent inquiry into complex topics such as detransition. Studies that utilize cohort and experimental designs and make use of representative panel samples and electronic health records would further existing knowledge beyond what has been gleaned to date from cross-sectional community samples. Finally, given the need for very large samples to examine health patterns across multiple intersecting social statuses, the NIH should consider funding mechanisms to support large data collection efforts that support research led by multiple Investigators.

The NIH are a vital source of funding for research to improve population health and we greatly appreciate the effort by the NIH and, specifically, the Sexual & Gender Minority Research Office to assess and respond to gender-identity based health inequities.

Sincerely,

Kerith Jane Conron, Sc.D., MPH, Blachford-Cooper Research Director and Distinguished Scholar

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