



LGBT COMMUNITY INVOLVEMENT IN FEDERAL HEALTH POLICY AND PROGRAM DEVELOPMENT

Catherine Houser (Claudia Geist)
Department of Sociology



With an estimated 3-5% of the United States population identifying as lesbian, gay, or bisexual, and 1% of Americans identifying as transgender (1), the unique health care needs of the LGBT community are of utmost prevalence. Data gathered for U.S. Department of Health and Human Services (HHS) sponsored studies has shown that LGBT communities experience differential prevalence of negative health conditions and specific risk factors compared to heterosexual and cisgender (meaning gender conforming) counterparts. HHS has recognized, in their Strategic Plan FY 2014-2018, the importance of working to address health disparities experienced by underserved populations through the creation of the strategic objective 1E: “Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations.” A major point of study is how the policies, programs, and initiatives meant to target the LGBT community through objective 1E are developed. By analyzing evidence-based practices and integration of LGBT voice, this paper will work to identify the extent to which the LGBT community is involved in recent federal LGBT health policy and program development. Due to the timing of the landmark *Obergefell v. Hodges* Supreme Court decision, the health policy and program documents involved in this content analysis have been gathered based on the years 2015 and 2016, the policies and programs were implemented and passed.

