



FY 2015

SGM Research Portfolio Analysis

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Introduction

The National Institutes of Health (NIH) is comprised of 27 Institutes and Centers (ICs). Each has its own specific research agenda, often focusing on particular diseases or body systems. All but three of these components receive their funding directly from Congress, and administrate their own budgets. NIH leadership plays an active role in shaping the agency's research planning, activities, and outlook.

The Office of the Director (OD) is the central office responsible for setting policy for the NIH and for planning, managing, and coordinating the programs and activities of all the NIH components. The Sexual and Gender Minority Research Office (SGMRO) resides within the Division of Program Coordination, Planning, and Strategic Initiatives in the OD.

The SGMRO coordinates sexual and gender minority (SGM) related research and activities by working directly with the NIH ICs and Offices. The Office was established in September 2015 and serves as a resource for the NIH as well as the extramural research and stakeholder communities.

The NIH strives to support a range of biomedical, clinical, behavioral, and social research to improve and protect the health of SGM populations. These populations include individuals who identify themselves as lesbian, gay, bisexual, or transgender (LGBT), and individuals who do not self-identify with one of these terms but whose sexual orientation, gender identity, or reproductive development varies from traditional, societal, cultural, or physiological norms. The NIH adopted the term "SGM" to be fully inclusive of these diverse populations, whose health is understudied and who may share or differ in their health concerns.

This report summarizes NIH's investment in SGM research for Fiscal Year (FY) 2015. Additional SGM research and research-related activities at the NIH are highlighted in the [2016 SGMRO Annual Report](#).



Background

Health Needs of SGM Populations

Contemporary health disparities based on sexual orientation and gender identity are rooted in and reflect the historical stigmatization of SGM populations (Institute of Medicine, 2011). Individuals, institutions, and systems function in a society that often stigmatizes SGM persons (Institute of Medicine, 2011). This has important implications for assessing the health needs of SGM populations (Institute of Medicine, 2011). These needs are reflected at both the micro and macro levels. At the macro level, we see evidence of current, ongoing stigmatization and discrimination in employment and housing (Hereck, 2009), state and local governments and laws (Knauer, 2012), and schools (O'Malley Olsen, et al., 2014). At the micro level, we see the devastating, cumulative impact of this structural violence on SGM populations in the form of suicide (King, et al., 2008), alcohol use (King, et al., 2008; Hatzenbuehler, et al., 2010), depression (King, et al., 2008; Reisner, et al., 2015), and anxiety (King, et al., 2008; Hatzenbuehler, et al., 2010; Reisner, et al., 2015).

IOM Report

In 2011, the Institute of Medicine (IOM), now the National Academy of Medicine, published a report on lesbian, gay, bisexual, and transgender health. The report, entitled *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding*, included a number of recommendations related to the U.S. Department of Health and Human Services (HHS) and the NIH. The IOM recommended that HHS collect sexual orientation and gender identity data in federally funded surveys and electronic health records. Among other things, the IOM recommended that the NIH implement a research agenda to advance the knowledge and understanding of LGBT health. An analysis of the FY 2015 SGM research portfolio is included in the next section.



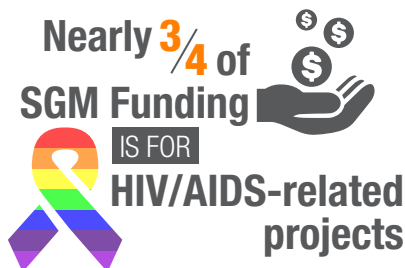
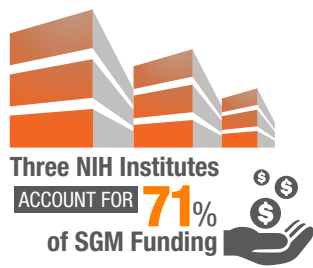
Methods

The 301 projects identified in [Reporter](#) that comprise the NIH SGM portfolio for 2015 were selected by using NIH’s Research, Condition, and Disease Categorization ([RCDC](#)) reporting tool. “Sexual and Gender Minorities” was added to the official list of 265 RCDC categories in FY 2015, and as a result, this estimate of SGM projects and spending constitutes the first ever report of those data. RCDC uses text data mining (categorizing and clustering using words and multiword phrases), in conjunction with a list of concepts and synonyms selected by NIH scientific experts, to define a research category. Reflecting the NIH’s inclusive approach to SGM health research, the RCDC definition includes lesbian, gay, bisexual, and transgender populations as well as other communities. For example, men who have sex with men (who may not identify as gay or bisexual) are included in the NIH definition of SGM. Also included are projects that address people with differences/disorders of sex development (DSD)—sometimes known as intersex.

RCDC funding amounts are an estimate, based upon the SGM fingerprint, text mining approach, and attribution of all grant funds to a given category. The RCDC SGM category is new; therefore, no historical funding trends are reported. In addition, not all SGM sub-populations are reported.

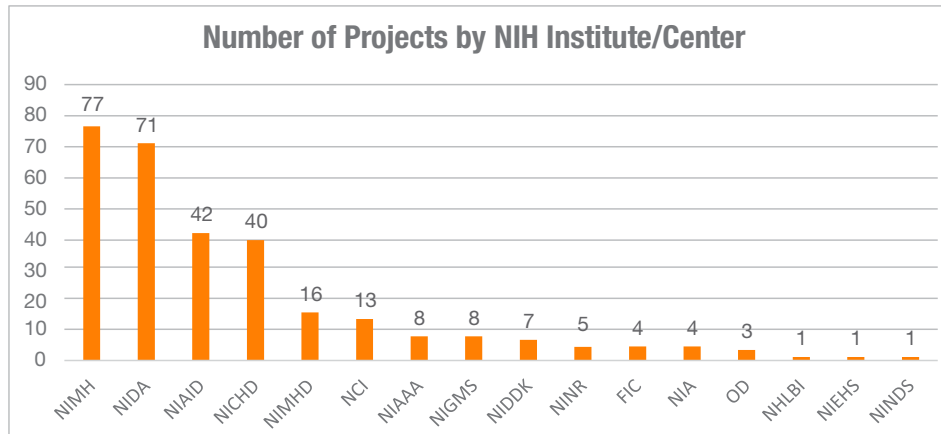
The 2015 Portfolio Analysis

According to Reporter, a total of 301 SGM-related projects were funded in FY 2015. The total dollar amount of SGM-related funding was \$161,297,200. Key findings from the 2015 portfolio analysis include the following:



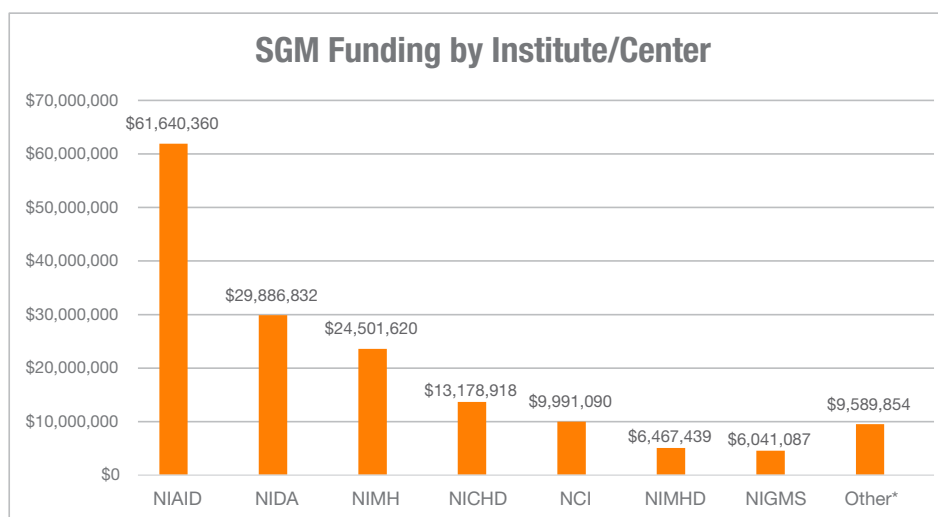
The Number of Projects by NIH Institute/Center

The total number of SGM projects administered by the NIH in FY 2015 was 301. These projects were administered by 16 of the 24 grant-making ICs. The majority (76%) of projects were administered by the National Institute of Mental Health, the National Institute on Drug Abuse, the National Institute of Allergy and Infectious Diseases, and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. The remaining, approximately one-quarter of the projects, were administered by 12 other ICs. For a list of all NIH ICs, see **Appendix A**.



SGM Funding by Institute/Center

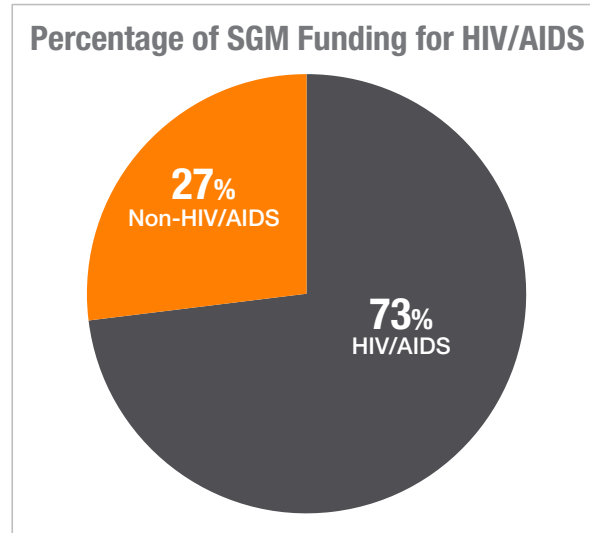
The amount of funding for administered projects corresponds roughly to the number of projects administered by each IC. The four ICs administering the largest number of projects (76%) also have the largest budgets in SGM research. The top four ICs accounted for 80 percent (\$129,207,730) of SGM funding for FY 2015. SGM funding was provided to organizations in 27 states.



*Other includes NINDS, NIEHS, OD, FIC, NHLBI, NIA, NINR, NIDDK, and NIAAA.

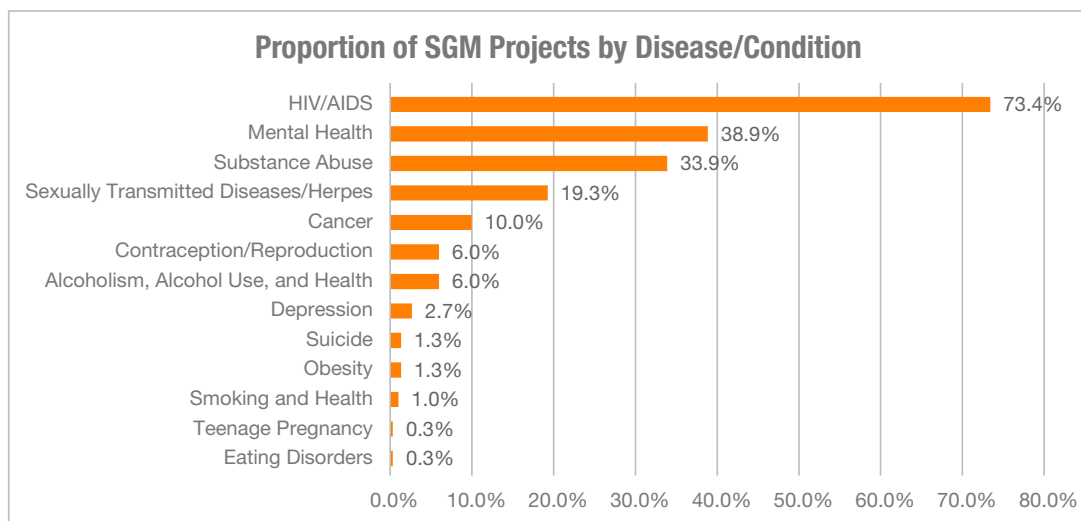
SGM Funding for HIV/AIDS Research

The majority of SGM funding (73%) was allocated to projects that pertain to HIV/AIDS. This reflects the historical and contemporary disproportionate incidence and prevalence of HIV/AIDS among SGM persons.



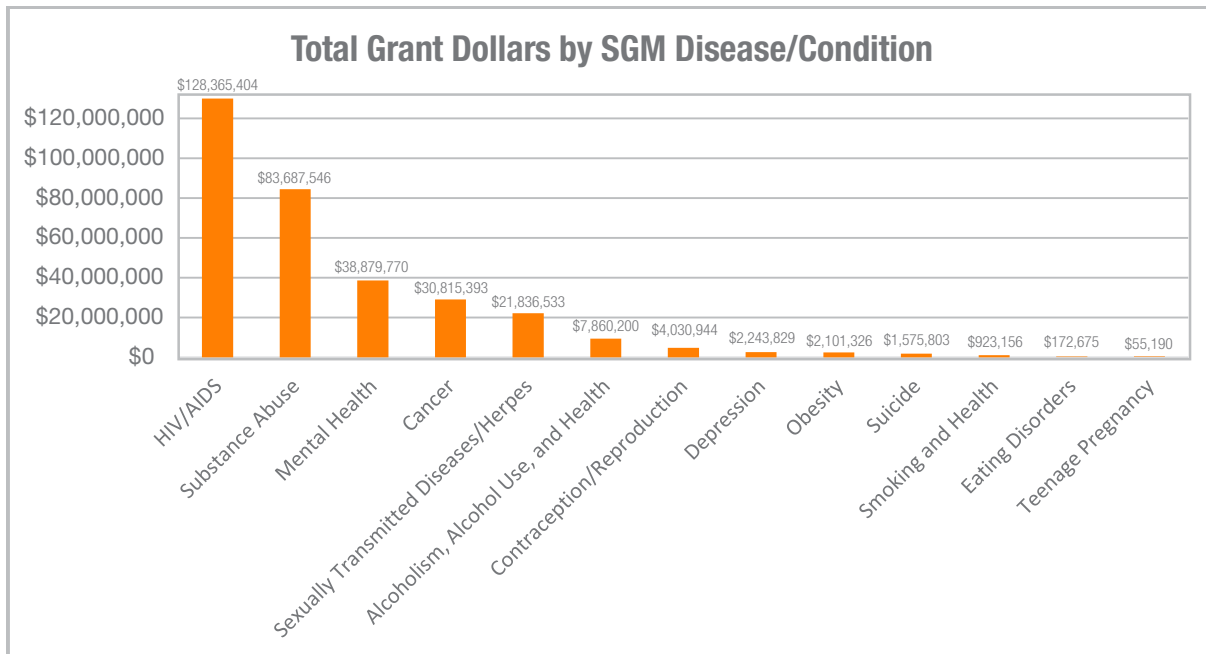
SGM Projects by Disease/Condition

Although the clear majority of SGM projects pertain to HIV/AIDS, there is a wide range of other disease categories and conditions that are addressed in SGM-related projects funded in FY 2015. Mental health, substance abuse, and cancer were the three most common types of projects; following those that pertain to HIV/AIDS or sexually transmitted diseases, such as herpes. Other projects addressed include alcoholism, alcohol use and health, contraception/reproduction, depression, suicide, obesity, smoking, and eating disorders. These categories are not mutually exclusive and represent existing RCDC categories.



SGM Funding by Disease/Condition

The amount of funding in each of the disease/condition areas corresponds roughly to the number of grants in those areas. As noted earlier, 73 percent of SGM funding is in HIV/AIDS. Funding for SGM research in substance abuse, mental health, cancer, and sexually transmitted diseases/herpes all exceeded \$20 million. These categories are not mutually exclusive.





Conclusion

In FY 2015, the NIH SGM portfolio consisted of 301 distinct grants and projects, for a total investment of \$161.3 million. The NIH acknowledges that there is much work to be done to better understand the health of SGM populations. The SGMRO will continue to work across NIH ICs and with the extramural community to increase research opportunities in this important field of inquiry.



Appendix A — NIH Institutes and Centers

NIH Offices

NIH Office of the Director (OD)

NIH Institutes

National Cancer Institute (NCI)

National Eye Institute (NEI)

National Heart, Lung, and Blood Institute (NHLBI)

National Human Genome Research Institute (NHGRI)

National Institute on Aging (NIA)

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

National Institute of Allergy and Infectious Diseases (NIAID)

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

National Institute of Biomedical Imaging and Bioengineering (NIBIB)

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

National Institute on Deafness and Other Communication Disorders (NIDCD)

National Institute of Dental and Craniofacial Research (NIDCR)

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

National Institute on Drug Abuse (NIDA)

National Institute of Environmental Health Sciences (NIEHS)

National Institute of General Medical Sciences (NIGMS)

National Institute of Mental Health (NIMH)

National Institute on Minority Health and Health Disparities (NIMHD)

National Institute of Neurological Disorders and Stroke (NINDS)

National Institute of Nursing Research (NINR)

National Library of Medicine (NLM)

NIH Centers

NIH Clinical Center (CC)

Center for Information Technology (CIT)

Center for Scientific Review (CSR)

Fogarty International Center (FIC)

National Center for Advancing Translational Sciences (NCATS)

National Center for Complementary and Integrative Health (NCCIH)



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National Institutes of Health
Sexual and Gender Minority Research Office

