

[Request for Comment on the NIH-Wide SGM Health Research Strategic Plan FY26—FY30](#): NIH is developing a strategic plan to advance SGM research in FY26-FY30. This RFI invites input from interested parties throughout the scientific research, advocacy, and clinical practice communities, federal partners, those employed by the Department of Health and Human Services (HHS) and NIH or at institutions receiving NIH support as well as the general public, regarding the below topics for the NIH-Wide Strategic Plan for SGM Health Research. This input is a valuable component in developing the SGM health research strategic plan, and the community's time and consideration are appreciated. NIH seeks comments and/or suggestions from all interested parties on the following topics:

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The highest priority needs, and emerging areas of opportunity related to SGM health research at NIH.

The Gerontological Society of America (GSA) appreciates the opportunity to provide comments to the Request for Comment on the NIH-Wide Sexual and Gender Minorities (SGM) Health Research Strategic Plan FY26-FY30. NIH has an opportunity to inspire new ideas and innovative approaches in research to improve how society supports the older person population who identify within the SGM community. GSA recommends:

1. **Increasing federal funding for research on the SGM population should be considered a priority.** Not only should NIH funded research collect Sexual Orientation and Gender Identity (SOGI) data in studies of the general population, but we recommend NIH target specific funding on research on aging SGM populations. According to an article published *The Journals of Gerontology Series B*, titled, "Recommendations for Advancing Research with Sexual and Gender Minority Older Adults" (Flatt, et.al., 2021), note that "in 2018 the **National Institute on Aging (NIA) funded only seven studies focused on SGM aging research.** ... Researchers should advocate for

SGM aging-related research funding from other government agencies, private foundations, and nonprofit organizations.”

2. **Enhancing data collections efforts of diverse SGM adults in diverse SGM communities in longitudinal studies.** Flatt et.al. note limitations and gaps in research, adding that while there has been an increase in SGM aging-related research, “SGM older adults have been described as a hard-to-reach population and population-based aging research often neglects to include SOGI [Sexual Orientation and Gender Identity] measures. Representation of SGM older adults in aging research is crucial. ...” The Healthy People 2030 objectives include increasing the number of national surveys that collect SOGI data.
3. **Require community participation in studies.** Negative historical experiences with healthcare and research often influence the SGM older peoples’ participation in studies. We recommend NIH support community-based efforts that ensure SGM older people are not only study subjects, but also participate in the full spectrum of research from study conceptualization to implementation.

Reference: https://academic.oup.com/gsa/search-results?page=1&q=oral%20health&fl_SiteID=5531&SearchSourceType=1&allJournals=1

Actions that NIH should prioritize to advance SGM health-related research.

1. **Expand early and mid-career research, training, and mentorship awards with a specific focus on older people in the SGM population.** We recommend this include establishing support networks, funding collaborative research teams, and leveraging senior level leaders in the field of SGM research in aging.
2. **Provide training programs and incentives for NIH-funded researchers, health care providers, and community-based organizations to advance SGM aging health research.** Prioritize funding for interdisciplinary training programs, research mentorship programs, and professional development opportunities focused on SGM aging health disparities and culturally appropriate care for older adults will help advance SGM research.
3. **Incentivize translational and systems research.** Quite often, research diffuses through academic settings and policy and systems diffusion are left out. We recommend NIH consider requiring funded research to include not only academic related diffusion, but also dissemination through practice and consumer-oriented channels.

Partnerships NIH should pursue, both inside and outside of government, to advance SGM health-related research.

To advance SGM health-related research, particularly with regards to older people, we recommend NIH consider partnering with GSA’s Rainbow Research Interest Group (RRIG). The RRIG – one of more than 50 interest groups at GSA -- helps facilitate connections between

researchers interested in LGBT aging as well as researchers who identify as LGBT. Each year the RRIIG convenes a business meeting, group dinner, and presents member research during the GSA Annual Scientific Meeting (ASM). The ASM, held annually, assembles 4,000 professionals from around the world.

In addition, GSA is the home of the Resource Centers for Minority Aging Research (RCMAR) National Coordinating Center, which is committed to increasing the diversity of the aging research workforce and serving as a resource for RCMAR center leaders, scientists, and staff. We encourage other NIH Centers and colleagues to partner with the RCMAR centers, along with the National Coordinating Center.

Finally, we encourage NIH to partner with SAGE, an organization which addresses issues related to lesbian, gay, bisexual, transgender, queer and questioning and other self-identifying members of the aging LGBT community.

Any other relevant topics that NIH should consider when developing the next NIH-Wide strategic plan for SGM health research.