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Advancing the Health of Lesbian, Gay, and Bisexual Adults

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To the Editor

In an Original Investigation in a recent issue of *JAMA Internal Medicine*, Gonzalez et al,³ using national health surveillance data, observed that lesbian, gay, and bisexual (LGB) adults experience health disparities that warrant clinician attention. These findings were described, incorrectly, as “the first to capture the disparity in a population-based sample rather than a convenience or clinic-based sample.”³(p3333) In fact, these effects have been well documented, both in the United States³ and elsewhere,³ in population-based studies published in the scientific literature.

It is time to use this knowledge to implement changes in clinical services and research. Although many US health surveillance systems measure sexual orientation, this is not yet integrated in our electronic health records or public health reporting systems. Furthermore, these data systems are not designed to explain why these differences exist nor how systems should be redesigned to respond to the patient-centered needs of LGB individuals. To advance the health of the LGB population, science must build on what is known and move with the proper protections to collect sexual orientation data as a necessary aspect of health care services.

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