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National Coalition
for LGBT Health

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LGBT Caucus of the APHA
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New York State Dept. of Health, AIDS Institute
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Praxis Project
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Community-Based Prevention and the LGBT Community

The Patient Protection and Affordable Care Act of 2010 (PPACA) includes numerous provisions intended to promote community-based public health initiatives. In particular, the Prevention and Public Health Fund will fund initiatives such as the Community Transformation Grants. These grants will support broad community-based strategies to eliminate health disparities and foster healthier and more resilient communities by targeting resources to underserved communities and ensuring participation of diverse community stakeholders in the process of implementing reform and shaping the National Prevention Strategy. The effectiveness of programs like the Community Transformation Grants in offering new opportunities for communities to help improve the health and wellbeing of their members hinges on two main factors: how networks of implementer organizations are chosen and the definition of “community.”

Recommendation: Engage existing networks of community-based organizations in implementing prevention initiatives like the Community Transformation Grant program.

Existing programs such as the Pioneering Healthy Communities initiative, created by the YMCA and funded by the Centers for Disease Control and Prevention (CDC), demonstrate that the best partners for community-focused initiatives are often networks composed of organizations with deep roots in target communities. This fosters the cultural competency, mutual trust, and accountability necessary to implement effective prevention and wellness interventions, particularly in communities that have experienced persistent disadvantages and discrimination. For example, with few external resources on which to fall back, the lesbian, gay, bisexual, and transgender (LGBT) community has developed a strong history of mobilizing its own community-based organizations on the national, state, and local levels to partner with government entities in response to crises such as the HIV/AIDS epidemic. Building networks and alliances has been essential to the creation of a nationwide, broad-based effort to combat the health disparities facing the LGBT community, and we encourage the Department of Health and Human Services to utilize these existing organizational networks when implementing programs such as the Community Transformation Grants.

Recommendation: Define “community” to include communities bound by shared identity as well as those defined by geography.

Like health disparities, communities are not always confined by zip codes. In order to effectively promote positive outcomes for health disparity populations, the definition of “community” must be expanded beyond physical boundaries and towards an understanding of communities shaped by shared identities and common health disparities.

One such community is the LGBT community. No matter where LGBT people live, widespread discrimination on the basis of sexual orientation and gender identity and expression imposes a heavy burden of minority stress and routinely prevents them

from accessing insurance and health care, including preventive care. Many members of the LGBT community also face the threat of rejection from their families of origin on the basis of their sexual orientation, gender identity, or gender expression. The resulting health disparities include elevated levels of suicidal ideation, substance use, HIV/AIDS and mental health conditions such as depression, as well as a trend towards later diagnoses of more serious late-stage diseases such as cancer and heart disease.ⁱ These disparities are compounded for LGBT people who are also members of other disparity groups, such as immigrants and racial and ethnic minorities.

In order to most effectively target the health disparities facing communities such as the LGBT community, the Community Transformation Grant program must include initiatives that target populations bound by common identities and disparities. For example, research indicates that HIV/AIDS prevention interventions specifically targeting the LGBT community have high efficacy and cost-effectiveness. One study showed that an intervention program involving HIV-related risk behavior education, self-management and sexual responsibility training, and the fostering of supportive social networks saved almost \$20,000 per participant in medical costs averted.ⁱⁱ LGBT community-focused tobacco cessation efforts have also demonstrated success. Networks like the National LGBT Tobacco Control Network receive federal funding for evidence-based programming, and data indicates that LGBT-focused programming can achieve quit rates that are on par with standard American Cancer Society and American Lung Association classes by encouraging participants to speak without fear of negative repercussions about all aspects of their lives, including their sexual orientation and gender identity.ⁱⁱⁱ

Such portable interventions can have positive risk reduction effects in multiple local areas and can help to build the evidence base for replicable approaches to fighting the disparities facing communities as diverse as the LGBT community, communities of color, non-English-speaking communities, and others. Interventions focused on shared identity communities can also have spillover effects: by contributing to broader structural changes that improve health and reduce risk in local areas, interventions such as anti-stigma campaigns, strong anti-bullying laws, and dedicated investments in preventive and primary care for certain populations help foster a safer, healthier climate for everyone. For example, an increasing number of LGBT-focused community health centers have been expanding their services to provide care for a broader swathe of their local populations, including non-LGBT people who are un- and underinsured and people living with HIV/AIDS. In recognition of their contribution to the overall health and well-being of not only the LGBT community but the general population, centers like Howard Brown Health Center in Chicago and Callen-Lorde Community Health Center in New York City have received designation as federally qualified health centers (FQHCs).

To ensure that all kinds of communities reap the maximum benefits of the preventive interventions supported by PPACA, we encourage the Department of Health and Human Services to broadly define “community” as groups bound by geography, shared identity, or both.

ⁱ Ryan, C, Huebner, D, Diaz, RM, and Sanchez, J. (January 2009). “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults,” *Pediatrics* 123(1):346-352.

ⁱⁱ Holtgrave, D and Kelly, J. (September 1997). “Cost-Effectiveness of an HIV/AIDS Prevention Intervention for Gay Men,” *Aids and Behavior* (1)3:173-80.

ⁱⁱⁱ University of California San Francisco AIDS Research Institute Center for AIDS Prevention Studies. (February 2002). “Smoking Cessation Interventions in San Francisco’s Queer Communities,” *Prevention* (11).