

Comment Guidelines on the National Prevention Strategy January 13, 2011

In order to fulfill the Strategy's charge of improving the health and quality of life for LGBT individuals, families, and communities, we offer the following recommendations for you to consider in drafting the final version of the NPS. More information about the background for these recommendations can be found in the resources listed in Footnote 1 below.¹

Draft Goals:

We recommend an additional overarching goal: “Healthy Policies: Recognize and address the structural determinants—including legal discrimination and social stigma—of risk-taking and mental and physical health disparities.” This is particularly important for at-risk communities such as the LGBT community, in which mental and physical health disparities and elevated rates of tobacco, alcohol, and other drug use are significantly related to anti-LGBT discrimination and violence.

Strategic Direction 1 (SD1):

We applaud the focus in SD1 on developing healthy physical, social, and economic environments. An important part of developing healthy and safe environments is eliminating prejudice and discrimination against particular groups of people, such as LGBT people or people living with HIV or AIDS. Prejudice and discrimination against LGBT people cause significant health disparities by exacerbating financial and other barriers to accessing health insurance and culturally competent health care, provoking alarmingly high rates of bias-motivated violence, and imposing a significant burden of minority stress that contributes to high rates of mental health and substance use concerns among LGBT people. The challenges of being lesbian, gay, bisexual, and/or transgender in the United States are often felt even more strongly by people who must cope with additional sources of discrimination, such as LGBT people of color, those living with HIV or AIDS, or recent immigrants. To address these concerns, we suggest an additional

¹ Grant, JM et al. (October 2010). “National Transgender Discrimination Survey Report on Health and Health Care.” Available from http://transequality.org/PDFs/NTDSReportonHealth_final.pdf
Healthy People 2020. (2010). “Disparities.” Washington, DC: Department of Health and Human Services. Available from www.healthypeople.gov/2020/about/DisparitiesAbout.aspx. See also the LGBT Health topic area in Healthy People 2020.
Krehely, J. (December 2009). “How to Close the LGBT Disparities Gap.” Washington, DC: Center for American Progress. Available from http://www.americanprogress.org/issues/2009/12/pdf/lgbt_health_disparities.pdf
Lambda Legal. (2010). “When Health Care Isn’t Caring: Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV.” Available from <http://www.lambdalegal.org/publications/when-health-care-isnt-caring/>

recommendation saying, “Pursue prevention-oriented strategies to eliminate discrimination against any minority group, particularly those impacted by health disparities, and to foster the development of safe and mutually respectful environments in neighborhoods, communities, workplaces, and the United States as a whole.” As part of implementing this recommendation, we suggest that local, state, and national jurisdictions pass and enforce (through the involvement of community leaders and community-based organizations and the setting of community norms, not just policing) nondiscrimination ordinances that protect tolerance and an inclusive social fabric where they exist and promote their development where they do not.

Strategic Direction 2 (SD2):

We appreciate the focus in SD2 on eliminating health disparities, as this goal is particularly critical for LGBT people. SD2 already lists sexual orientation as a factor contributing to health disparities, and we recommend that the NPS follow the example of recent federal initiatives such as Healthy People 2020 by also including “gender identity” in this list. Sexual orientation alone does not fully capture the diversity of the LGBT community, and transgender and other gender-nonconforming individuals have been shown to suffer from significantly elevated rates of discrimination, violence, and related health disparities. Moreover, people of diverse sexual orientations may face discrimination on the basis of nonstandard gender identity or expression even if they do not identify as transgender. To best reflect the range of disparities that impact the health and wellbeing of all members of the LGBT community, which includes transgender people as well as sexual orientation minorities, we urge you to include gender identity alongside sexual orientation throughout the NPS and related initiatives.

- Employers should develop and implement equal opportunity policies in order to ensure that all people can fairly access jobs and are protected from arbitrary termination on the basis of factors such as sexual orientation or gender identity or expression.
- We suggest that the recommendation to address issues that disproportionately impact high-risk populations include an explicit mention of the need to focus on eliminating the discrimination and bias-motivated violence that affect so many health disparity groups, including the LGBT population. Moreover, efforts to create safer communities through local police enforcement should explicitly include community leaders and community members in creating safe neighborhoods, particularly since local police often do not come from the local communities that they are policing. At-risk communities must be considered part of the solution, not the problem.
- The federal government and state and local jurisdictions should repeal discriminatory laws, such as the Defense of Marriage Act and state bans on same-sex marriage, that contribute to stigma and prejudice against particular groups of people, such as the LGBT community.

- We suggest an additional recommendation under SD2 saying, “Enhance data collection for health disparity groups in order to better identify, track, and address health disparities and to aid in the design and evaluation of evidence-based prevention strategies.” As part of the implementation of this recommendation, local, state, and national actors (both public and private) who are designing, implementing, and evaluating preventive interventions should collect and report a wide range of demographic data, including race, ethnicity, sexual orientation, gender, and gender identity, on people served in order to track changes in risk factors and build the evidence base for preventive interventions in different populations.
- The recommendation that prevention strategies be culturally, linguistically and age appropriate should be based on models of cultural competency that recognize intersectional disparities. Many people who are members of one disparity group are also members of other groups that need particular attention, such as LGBT people of color, LGBT young people, LGBT elders, or children growing up in LGBT-headed families that lack the legal protections extended to other families.

Strategic Direction 3 (SD3):

- Enhanced data collection is also critical to address under SD3. We hope that the implementation of SD3 will include an emphasis on comprehensive data collection to help inform and evaluate evidence-based prevention programs. This data collection should include routine, consistent measures of sexual orientation and gender identity on federal, state, and local instruments, including community-based participatory research (CBPR) projects. Enhanced data collection is particularly important for disparity groups—such as the LGBT community—and conditions for which the current evidence base around effective preventive interventions is insufficient.
- Implementation of the recommendation in SD3 regarding recruitment, retention, empowerment, and training of a diverse and culturally competent prevention workforce should include a specific focus on the inclusion of LGBT workers and the provision of appropriate preventive services for LGBT people. Efforts to hire LGBT staff and to train the prevention workforce to provide appropriate services for LGBT people must be grounded in clear, consistent, and enforceable nondiscrimination standards and on comprehensive, ongoing cultural competency training that is inclusive of the needs of the LGBT community.

Strategic Direction 4 (SD4):

- We applaud the recommendation in SD4 regarding work to reduce barriers to accessing clinical preventive services, and we suggest that the implementation of this recommendation include a specific focus on increasing access to

culturally competent providers. A key component of increasing access to culturally competent providers is to encourage the incorporation of cultural competency training and standards into the public insurance programs (i.e., Medicare and Medicaid) that will provide the bulk of preventive services for many for members of populations affected by health disparities, including the LGBT community.

- We also suggest that SD4 emphasize that it should be providers and their patients, not insurance companies, deciding what clinical preventive care and screenings are appropriate for each individual. This is of particular concern for transgender people, who may need care that is “gendered” in insurance billing codes and thus inaccessible for people whose gender presentation or anatomy does not match the gender on their insurance documents (for example, a transgender woman may need a prostate exam, or a transgender man with an intact cervix may still require cervical cancer screening). It is also important for all people, not just LGBT people, to have their health and behavior risks appropriately evaluated on an individual basis by a provider who is familiar with and comfortable discussing their full medical history. To support this recommendation, providers, insurers, and vendors of electronic medical records systems should support the collection of demographic data on disparity factors such as race, ethnicity, sexual orientation, and gender identity (with an emphasis on privacy and voluntary responses), in order to track individual outcomes and evaluate the effectiveness of preventive interventions for different populations.
- Insurers should develop and publicize overrides for “gender mismatch” errors in coding for preventive services provided to people whose gender identity or anatomy does not match the sex on their insurance policies or medical records, as described above.

Strategic Directions 5-8 (SD5-SD8):

All of the areas of focus of SD5 (tobacco), SD6 (alcohol and drugs), SD7 (healthy eating), and SD8 (active living) are areas of vital importance to the health and wellbeing of LGBT people. We encourage you to include a specific focus on the LGBT population in the implementation of the recommendations in each of these areas.

Strategic Direction 9 (SD9):

As in our comment on SD1, we encourage you to include in SD9 a specific focus on reducing pervasive discrimination against the LGBT community in order to ameliorate the disproportionate impact of violence, abuse, and suicide on this community. These efforts should involve the regular inclusion of LGBT people and concerns in the wide range of prevention efforts under the NPS, as well as support for routine LGBT cultural competency in the prevention workforce, among law enforcement, in the workplace, and in schools.

Strategic Direction 10 (SD10):

- SD10 is of particular importance to the LGBT community, and we applaud the inclusion of a specific reference to LGBT youth. In the implementation of the recommendations under SD10, we encourage you to emphasize the importance of making culturally and age-appropriate mental health services available to LGBT people throughout the lifespan. We also suggest that SD10 include a specific mention of the role that preventive interventions can play in reducing the impact of minority stress, family rejection, and discrimination on the mental health of at-risk populations like the LGBT community.
- We also suggest that, in the implementation of SD10, policymakers and community leaders explicitly recognize and address the structural determinants—including legal discrimination and social stigma—of risk-taking and mental and physical health disparities. This is particularly important for at-risk communities such as the LGBT community, in which mental and physical health disparities and elevated rates of tobacco, alcohol, and other drug use are significantly related to anti-LGBT discrimination and violence.

Finally, we recommend the addition of **Strategic Direction 11 (SD11), “Sexual and Reproductive Health.”** Sexual and reproductive health are integral and essential components of health, as was recognized by previous federal initiatives such as Surgeon General David Satcher’s 2001 *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. This report emphasizes that sexuality is a fundamental part of human life and calls for the right of all people to enjoy a high standard of sexual and reproductive health free from stigmatization and violence on the basis of sexual orientation, among other characteristics. Moreover, as sexually transmitted diseases like HIV continue to impose a disproportional burden on LGBT people, particularly gay and bisexual men of color and transgender women, it is increasingly critical to address sexual and reproductive health concerns within the context of prevention, wellness, and health promotion efforts such as the NPS.

Below are several suggestions for evidence-based actions that the federal government should take to address the Draft Recommendations:

- Commit to recognizing that health disparities rarely occur alone and do not occur in a vacuum: efforts to eliminate health disparities will require systemic change via efforts that recognize intersections between disparity populations and the pervasive negative health impacts of discrimination and prejudice.
- Capitalize on the multi-agency design of the National Prevention Council to fully integrate all government agencies in the work of creating healthier, safer, and more livable communities. All government entities that affect health must also be involved in promoting it through their own work and through real, meaningful contributions to the work of the Council.
- Fully support the development and implementation of programs like the Community Transformation Grants, with a strong emphasis on at-risk

populations such as the LGBT community, women, communities of color, people with disabilities, immigrants, people with limited English proficiency, lower-income people, rural communities, and Native American tribes.

- Implement routine and comprehensive collection of data on health disparity populations, including data on sexual orientation and gender identity, on national survey instruments such as the National Health Interview Survey (NHIS) and the American Community Survey (ACS).
- Ensure that community-based organizations and representatives of the communities prioritized in the NPS for preventive programs and services are fully involved at all levels of decision-making around the design, implementation, and evaluation of preventive interventions.
- Create an evidence standard that includes not only previously tested programs but also innovative programs that are based on promising and sound theoretical models but that have not yet been scientifically evaluated.
- Commit to long-term capacity-building around prevention and wellness initiatives, particularly with regard to initiatives addressing the social determinants of health.

For non-federal partners in the implementation of the NPS, we would like to highlight several points in addition to those recommended above for the federal government:

- Implement routine and comprehensive collection of data on health disparity populations, including data on sexual orientation and gender identity, in all local and state data collection efforts, including Behavioral Risk Factor Surveillance Systems (BRFSS), Youth Risk Behavior Surveillance Systems (YRBSS), other state-administered health surveys, and CBPR projects.
- To the degree that programs serve diverse populations, require evaluators to collect and report data on disparity factors including age, race, ethnicity, sexual orientation, gender, gender identity, disability status, and primary language.

To evaluate progress on the implementation of the NPS, we offer the following suggestions:

- Enhance data collection for health disparity groups, including the LGBT community, in order to better identify, track, and address health disparities and to aid in the evaluation of evidence-based prevention strategies.
- Wherever possible, the goals and outcomes of the NPS recommendations should accord with those set out in other federal initiatives, such as Healthy People 2020, the Community Transformation Grants program, the National HIV/AIDS Strategy, and the forthcoming National Partnership for Action to Eliminate Health Disparities.