the NETWORK for LGBT health equity

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COMMENTS ON THE NATIONAL PREVENTION AND HEALTH PROMOTION STRATEGY (NATIONAL PREVENTION STRATEGY):

Comments as listed in response to the National Prevention Strategy online submission questionnaire

Submitted by Scout, Ph.D and Emilia Dunham of The Network for LGBT Health Equity on December 5, 2010

NATIONAL ADVISORY COUNCIL

American Cancer Society
American Lung Association
American Legacy Foundation
Americans for Nonsmokers Rights
Callen-Lorde Community Health Center
Campaign for Tobacco Free Kids
Chase-Brexton Health Services
CLASH
Fenway Community Health
Gay and Lesbian Medical Association
Howard Brown Health Center
LA Gay and Lesbian Center
Legacy Community Health Services
LGBT Community Center of New York
Mautner Project
National Association of LGBT Community Centers
National Coalition for LGBT Health
National Youth Advocacy Coalition
North American Quitline Consortium
Robert Wood Johnson Foundation
Tobacco Control Network
Tobacco Technical Assistance Consortium
Whitman Walker Clinic

1. What are your general suggestions on the development of the National Prevention and Health Promotion Strategy (National Prevention Strategy)?

The National Prevention Strategy strongly addresses health equity within its Strategic Directions and guiding principles. These directions effectively address preventative causes of death and disability by developing actions to counteract these factors. However, we have a number of recommendations to ensure specific inclusion of disproportionately at-risk populations such as the LGBT population.

2. What are your thoughts on the following elements of the Draft Framework:

Vision:
We recommend defining the term "community" to extend beyond geography as many social/community networks transcend the geographical boundaries that constrain state and local governments. If the definition of community is restricted to geography, key social networks may be limited from exerting the influence that can mobilize their constituencies.

Goals:
We request "community" be defined as stated above.

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Strategic Directions:
See below for our recommendations to the Strategic Directions text:

3. What recommendations should be included in the National Prevention Strategy to advance the Draft Strategic Directions?

Recommendation 1:
In the second paragraph under "Additional Information on the Framework," in reference to "a number of conditions that disproportionately affect certain sub-populations (e.g., racial/ethnic groups, specific age groups, gender)" add "sexual orientation" and "gender identity," and consider replacing "gender" with "sex" for clarity.

Recommendation 2:
Within the "Draft Strategic Direction" Table, Strategic Direction: "Address Specific Populations' Needs to Eliminate Health Disparities," provide examples of health disparity measures such as "LGBT" and "Socio-Economic Status" on the Example Program of "Electronic health records to collect/analyze data on health disparities measures."

Recommendation 3:
For Draft Table's fifth Strategic Direction: "Healthy Physical and Social Environment," consider adding "work", "socialize" and "go to school" (i.e. Most Americans do not live, **work, socialize or attend school** in communities that optimize healthy behaviors). This addition connotes that health disparities are experienced via membership in a broader definition of communities, not limited to geography. An example program could be in promoting clean indoor air at workplaces, clubs and community centers.

Recommendation 4:
The Draft Table's sixth "Strategic Direction: High Impact, Quality Clinical Preventive Services" rationale "Half of Americans do not receive recommended preventative care" could be expanded to add "and that figure increases for many populations experiencing health disparities." A further Example Program of that Strategic goal could be: "Provide cultural competency for providers to sensitively and appropriately treat at-risks populations (e.g. LGBT, low-SES, racial/ethnic minorities, persons with disabilities, elderly)."

Recommendation 5:
The Draft Table's seventh "Strategic Direction: Injury-Free Living" may consider that some populations (e.g. LGBT, racial/ethnic minorities, religious minorities) suffer from bias-related violence not always enforced or protected within the criminal justice system.

Recommendation 6:
For the Draft Table's eighth "Strategic Direction: Mental and Emotional Wellbeing," an additional Example Program could include "Ensure inclusion of vulnerable populations traditionally marginalized from/within mental health services (e.g. LGBT)."

Recommendation 7:
In the Draft Table's tenth "Strategic Direction: Tobacco-Free Living" an Example Program could include "Address populations affected by tobacco health disparities (e.g. LGBT, low-SES, racial/ethnic minorities) through culturally tailored counter-marketing and quit programs."

4. Do you have suggestions for how the National Prevention Council can work with state, local, tribal governments, non-profit, or private partners to promote prevention and wellness?

Research has increasingly shown that social change is hugely facilitated by two factors: environmental norms and social networks (as discussed in the books Connected and Switched). Thus we make two suggestions for working with local governments. A. Emphasize policy/environmental changes such as building bike lanes, clean air legislation, and passing non-discrimination laws protecting LGBT youth in schools from harassment. B. Encourage governments to partner with community nexus organizations that can be change leaders for wellness in social networks, such as community based organizations for disparity populations (e.g. LGBT equality groups, African American churches, immigrant rights groups).

Additionally, we respectfully suggest that the National Prevention Council consider how to work with community nexus groups that engage social/community networks that transcend the geographical boundaries that necessarily constrain state and local governments. If resources, information, and partnerships continue to remain entrenched in geographically bounded organizations, key social networks may be shortchanged from exerting the influence that can mobilize their constituencies. The Prevention Council should seriously consider working with national community-based organizations as well as the local governmental agencies.

We also request that the National Prevention Council encourage all government and agency partners to include traditionally excluded and/or underserved populations experiencing health disparities within their programs, goals, funding announcements, and research.

5. What prior federal prevention and health promotion efforts could serve as a model for the National Prevention Council?

The integration of community leaders through Ryan White Planning Councils was one model that showed great promise in creating a bidirectional flow of information and innovation, from federal to local level and vice versa. Lessons from this can be used to create an even more successful wellness community council that engages disparate community leaders at a local level. This community group can generate ideas for local innovation, then flow successful innovations to the national level for further study and replication.