

Feedback on *The National Stakeholder Strategy for Achieving Health*
May 11, 2011 Feedback submitted by Linda A. Travis, Psy.D.

The National Stakeholder Strategy for Achieving Health Equity is an important document in moving forward discussion and plans to eliminate health disparities for minorities. As a psychologist primarily housed in medical settings and specializing in geriatrics, health, LGBT/diversity, and couples/families, I offer four recommendations regarding the *The National Stakeholder Strategy for Achieving Health Equity*.

First, although LGBT are addressed as one of the particular populations encountering health disparities, it is important to understand the differences *within* the LGBT population regarding the relatively different health concerns and fears of discrimination by health care providers. For example, there is solid literature documenting transgender individuals' pervasive experiences of healthcare discrimination throughout most, if not all, dimensions of health care. Moreover, the long-term effects of HIV/AIDS medications are critical to research for effective practice with all populations but especially with gay, bisexual, and MSM individuals.

Second, much more attention is needed regarding the intersection of LGBT identities with other minority identities, particularly ethnic and racial minority identities. Future strategic plans that address two or more minority identities would help to facilitate effective prevention, treatment, and intervention efforts for underserved populations that benefit from carefully tailored outreach programs explicitly embracing multiple dimensions of diversity.

Third, the report addresses older adults but does not include LGBT older adults. Unique aging challenges are encountered by LGBT older adults, especially in long term care and home care settings. LGBT older adult couples also face care giving inequities from several federal aging programs, such as the Family Medical Leave Act, Medicaid and Spend Down Rules, and Social Security (life, retirement, and death benefits). Given the increase of health utilization by older adults and the ever increasing volume and visibility of Baby Boomers, it is important that the needs of LGBT older adults are understood and addressed as part of caring for an aging population.

Fourth, training health care providers to work effectively with LGBT populations across the lifespan is necessary. Providers that have awareness, knowledge, and skills about LGBT populations are an important step in addressing health care disparities. Such training efforts should be present in curriculums/degree programs and in health care systems partnering with schools in residencies and internship trainings.

Thank you for soliciting feedback.