



# VITAL FUNDING

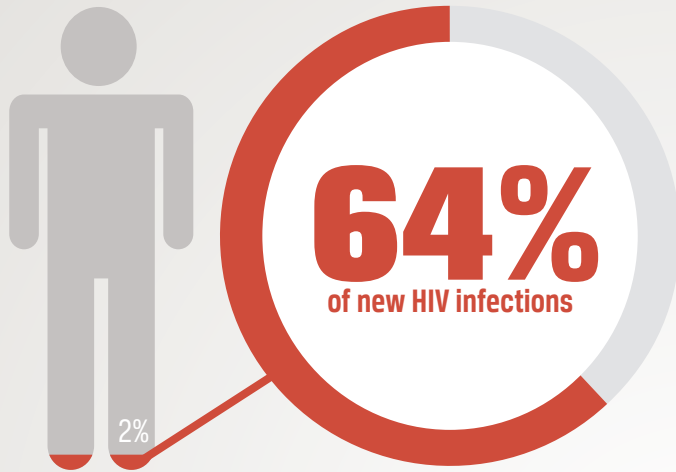
Investing in LGBTQ Health and Wellbeing



FUNDERS FOR  
LGBTQ  
ISSUES

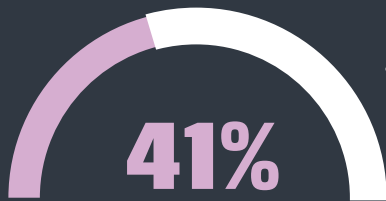
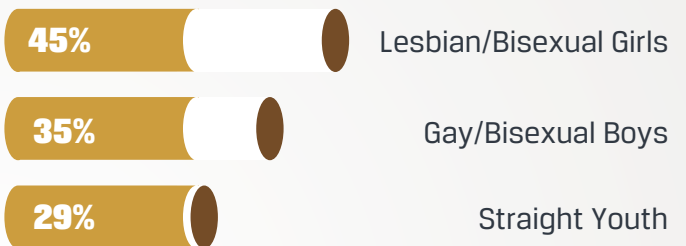
# The Need

Like other minorities, lesbian, gay, bisexual, and transgender communities face significant health disparities.

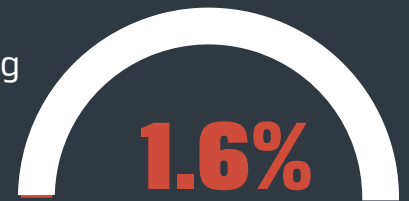


Gay and bisexual men and other men who have sex with men account for **64 percent of new HIV infections** even though they make up only about 2 percent of the population.

## LGBTQ youth are more likely to smoke

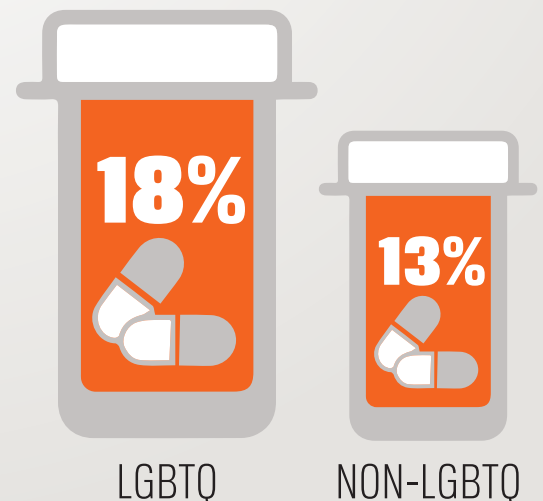


41% of transgender people report having attempted suicide compared to 1.6 percent of the general population.



## LGBTQ people are more likely to **lack health insurance.**

18% of LGBTQ adults have no health insurance compared to about 13% of non-LGBTQ adults



# The Funding



Between 2011-2013, foundations and corporations awarded more than **\$50 million for LGBTQ health.**

On average, less than one half of one percent of foundation funding for health is for LGBTQ communities.

HIV/AIDS	\$23,200,000
General Health Services & Health Promotion	\$8,645,407
Mental health, substance abuse, & suicide prevention	\$4,467,421
Cancer	\$4,113,557
Primary care	\$3,570,900
Insurance Coverage & ACA implementation	\$3,382,775
Cultural competence & data collection	\$1,959,965

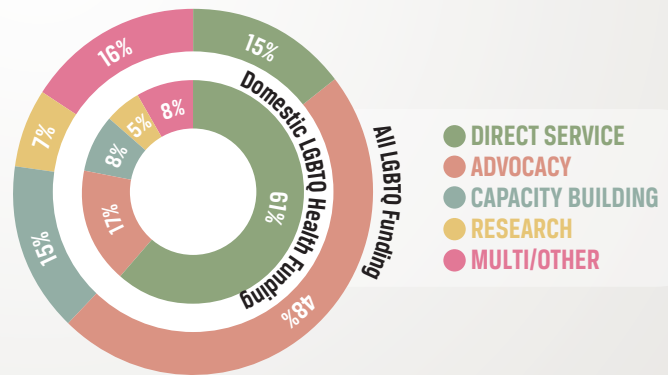
Of U.S. funding for HIV/AIDS, only 21% targets LGBTQ communities - although LGBTQ people account for the majority of new infections.

## HEALTH ISSUES FUNDED

Nearly half of LGBTQ health funding was for HIV/AIDS prevention and treatment, with significant portions also devoted to primary care, mental health and substance abuse, cancer, and insurance coverage.

## STRATEGIES FUNDED

While advocacy is the most commonly funded strategy for LGBTQ funding overall, **direct service is the most commonly funded strategy for LGBTQ health.**



# The Opportunity

In a rapidly changing policy landscape for both healthcare and LGBTQ rights, funders concerned about health disparities, HIV/AIDS, and LGBTQ communities have **several unique opportunities for increased impact on LGBTQ health.**



Explore Collaborative Efforts to Address Mental & Behavioral Health & Other Social Determinants Related to Stigma.



Increase LGBTQ Cultural Competence of Health Service Providers and Systems.



Increase Access to Insurance Coverage for LGBTQ People.



Strengthen HIV/AIDS and LGBTQ Health Policy and Advocacy Infrastructure.



Build Capacity of the HIV/AIDS and LGBTQ Health Services Sector.

# INTRODUCTION

---

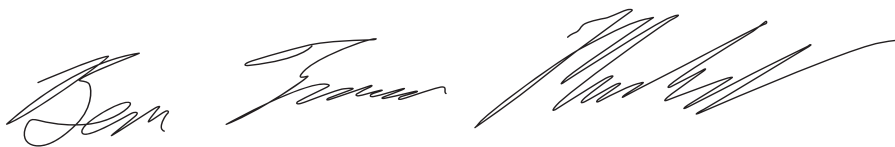
The movement for lesbian, gay, bisexual, transgender and queer (LGBTQ) rights has seen amazing progress in recent years, on issues ranging from the freedom to marry to inclusion in the military. Yet even with these advances in legal equality, many LGBTQ people still face basic challenges when it comes to quality of life. LGBTQ people are at greater risk for mental and behavioral health challenges, and for diseases such as HIV/AIDS and cancer. Many of us lack health insurance and face other barriers to accessing health care—especially among those who are transgender, people of color, undocumented or economically disadvantaged. In short, we are more likely to get sick, and we are less likely to get the care we need.

This report, *Vital Funding: Investing in LGBTQ Health and Wellbeing*, assesses the scale and character of foundation funding for the health and well-being of LGBTQ communities. Drawing on the data collected for our annual tracking reports on LGBTQ funding, we find that domestic foundation funding for LGBTQ health totaled \$50.4 million for 2011 - 2013. Considering the magnitude of the health disparities facing LGBTQ communities, this is a fairly modest amount – and it is highly dependent on a small set of dedicated funders.

When it comes to LGBTQ health, we face daunting challenges, but we also have impressive assets to build on. As a community and as a movement, we have time and again demonstrated our ability to come together to support one another, to advocate for ourselves, and to build lasting institutions. Across the country, there are hundreds of LGBTQ community centers, health centers, and HIV/AIDS service agencies, and other community groups advancing LGBTQ health. There are also a growing number of non-LGBTQ-focused institutions—from hospitals to research centers—seeking to improve their competence, expertise, and effectiveness in working with LGBTQ communities.

In the philanthropic sector, LGBTQ health offers a unique opportunity for LGBTQ funders, HIV funders, and health funders to come together, to learn from each other, and to leverage grant dollars in creative ways. We are honored to have the support of the Robert Wood Johnson Foundation for this effort, and to have wonderful allies in organizations such as Funders Concerned About AIDS and Grantmakers In Health. We hope this report will provide a starting point for a broad and diverse group of funders to develop strategies for lasting and powerful impact on the health and wellbeing of LGBTQ communities.

Take care,



Ben Francisco Maulbeck  
President

# Table of Contents

THE NEED	6
OVERVIEW OF LGBTQ HEALTH FUNDING	10
WHO IS FUNDING LGBTQ HEALTH?	12
WHAT IS BEING FUNDED IN LGBTQ HEALTH?	15
FUNDING OPPORTUNITIES	23

## LGBTQ Health Funding

2004-2013

25M

15M

3M

2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
------	------	------	------	------	------	------	------	------	------

\* Includes both domestic and international health funding.

# The Need



# HEALTH DISPARITIES

---

Like other minority groups, the LGBTQ community faces significant health disparities, particularly around issues of HIV, cancer, cardiovascular health, and mental health. These disparities tend to be especially severe among various LGBTQ subpopulations such as people of color, youth, older adults, and transgender people.

## HIV

Despite decreasing HIV incidence rates in the general U.S. population, rates among men who have sex with men (MSM) and transgender women have continued to rise. In 2010, there was an estimated 12-percent increase in new infections among men who have sex with men, who accounted for more than three-quarters of new infections among men and nearly two-thirds of all new infections. There is an especially high prevalence among youth between 13-24 years of age, Black men, and Latino men.<sup>1</sup> Young Black gay and bisexual men showed the greatest increase of new cases from 2008-2011.<sup>2</sup> Among transgender women, the incidence is more difficult to estimate because gender identity is not tracked by most data collection sources. Still, we know that transgender people, and African American trans women in particular, face severe risks of HIV. Based upon a 2008 meta-analysis of 29 studies focusing on trans health, 28 percent of trans women tested positive for HIV. When adjusted for population size, trans women are nearly twice as likely as gay and bisexual men to contract HIV.<sup>3</sup> Gay men and trans people not only face these higher rates of infection, but are also more likely to face obstacles to diagnosis and treatment.

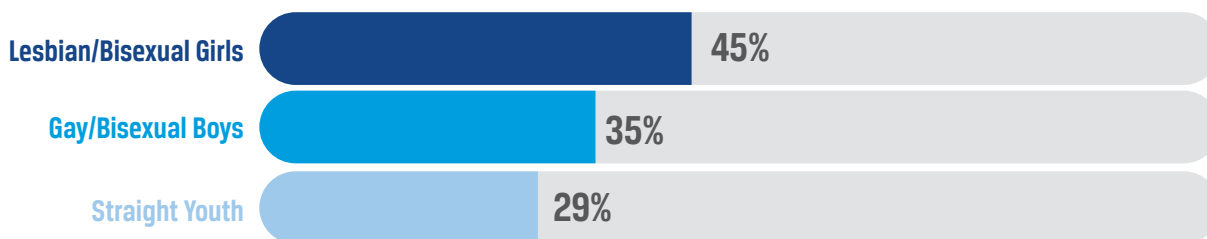
## Cancer

Due to higher rates of obesity, smoking, alcohol consumption, and delayed engagement in preventative healthcare, LGBTQ people are at increased risk for developing various types of cancer. LGBTQ people are at higher risk for both colon cancer and lung cancer. Lesbians and bisexual women are at increased risk for breast cancer and gynecological cancers. Gay and bisexual men face increased risk for both prostate cancer and anal cancer. One major contributor to increased risk for gynecological cancers, anal cancer, and, in some cases, oral cancers is HPV. Many members of the LGBTQ community perceive low risk regarding HPV and are less inclined to have Pap smears or anal Pap tests, which is critical to detecting potential symptoms of HPV, gynecological cancers, and anal cancer.<sup>4</sup> It is hard to assess the specific numbers of cancer-related cases in the LGBTQ community, given that no large national data has been collected on sexual orientation or gender identity among the major cancer-related entities; improved data collection on sexual orientation and gender identity around cancer would enable development of more targeted strategies for prevention and early treatment of cancers in LGBTQ communities.

## Substance Abuse

Disparities around HIV, cancer and other health conditions can be attributed in part to behavioral risk factors such as substance use and addiction, particularly tobacco and alcohol use. LGBTQ people are 2-3 times more likely to be addicted to tobacco compared to general population. It is estimated that over 30,000 LGBTQ people die annually because of tobacco-related causes. A recent adolescent health survey found that same-sex attracted individuals were more likely to smoke (45 percent of girls and 35 percent of boys) compared to other youth (29 percent).<sup>5</sup> Additionally, it is estimated that approximately 30 percent of gays and lesbians have substance abuse problems related to alcohol. LGBTQ youth are almost 200 percent more likely to use substances compared to heterosexual youth.<sup>6</sup> This contributes to various types of cancer, cardiovascular health concerns, and sexual health risks resulting from behavioral choices made while under the influence.

## Percentage of Youth Who Smoke, by Sexual Orientation



### Mental Health

In part, higher rates of substance abuse among LGBTQ people are tied to coping strategies in the face of discrimination and stigma, as well as historical socialization processes and community-building opportunities that most often occurred in bars and clubs. LGBTQ individuals are more likely to report feelings of depression and anxiety. In fact, it is estimated that close to 720,000 LGBTQ community members suffer from serious mental illness.<sup>7</sup> LGBTQ people have higher rates of suicide and attempts, especially among transgender people—41 percent of whom report attempting suicide at some point in their lives, compared to 1.6 percent of the general population.<sup>8</sup> These mental health challenges are even more prevalent among youth and elders.

## SOCIAL DETERMINANTS OF HEALTH

Social determinants are environmental factors—whether place-based or sociocultural—that contribute to health outcomes. Many of the health disparities faced by LGBTQ communities are due to inequities related to social determinants. The LGBTQ community has been subjected to a long history of legal inequality, social marginalization, and other forms of discrimination based on sexual orientation or gender identity. These systems of discrimination have resulted in inequities around housing access, employment and socioeconomic status, and other stresses, which in turn contribute to poor health.

### Homelessness

It is estimated that LGBTQ youth make up to 40 percent of the homeless youth population.<sup>9</sup> Within this population of LGBTQ homeless youth, nearly two-thirds are people of color.<sup>10</sup> Many more LGBTQ youth are also in the foster care and the juvenile justice system. The high rate of homelessness among LGBTQ youth is in part attributable to lack of family acceptance and fears of repercussions for coming out.

### Family Rejection

Not only can family rejection directly lead to problems such as homelessness, it also has long-term health consequences. Researchers have found that LGBTQ people who are rejected by their families in adolescence are more likely to experience depression, low self-esteem, substance abuse, and other health problems in adulthood. LGBTQ people who feel rejected by their families in their youth are more than twice as likely to have suicidal ideations in their adulthood.<sup>11</sup>

### Poverty and Unemployment

LGBTQ people are more likely to live in poverty compared to the general population. Thirty-two percent of LGBTQ individuals have household incomes of less than \$24,000, compared to 24 percent of non-LGBTQ people with incomes of less than \$24,000.<sup>12</sup> Transgender people, youth, women, and African Americans face particularly severe income disparities.<sup>12</sup> A large segment of the LGBTQ community is also underemployed or unemployed. Transgender individuals are the most impacted, as they are often discriminated against by employers or potential



employers and lack explicit legal protections in most jurisdictions. In fact, 44 percent of transgender individuals are underemployed, and they are twice as likely to be unemployed.<sup>13</sup> LGBTQ individuals also have higher living costs because they are often ineligible for various incentives and tax breaks afforded to heterosexual married couples. Additionally, gay families on average have the lowest annual incomes and often do not qualify for some federal assistance programs like WIC.<sup>14</sup>

## Violence and Bullying

Based on reports from LGBTQ-focused anti-violence programs, more than 2,000 LGBTQ people were the victims of hate-motivated violence in 2013. Only 45 percent of these survivors of violence reported the incident to the police; of those who did report, nearly one-third reported hostility, being unjustly arrested, being subjected to excessive force, or other forms of police misconduct.<sup>13</sup> LGBTQ people also experience high levels of intimate-partner violence. Forty-four percent of lesbians and 61 percent of bisexual women have experienced intimate-partner violence, compared to 35 percent of heterosexual women.<sup>14</sup> LGBTQ youth are also more likely to face violence and other forms of bullying. Eighteen and a half percent of gay and lesbian high school students and 15.5 percent of bisexual students reporting threatened or injured with a weapon on school property, compared to 6.1 percent of heterosexual students.<sup>15</sup> These experiences of bullying, hate violence, and intimate partner violence are likely to contribute to depression and other mental health challenges, difficulties accessing care, and to other social determinants such as economic security.

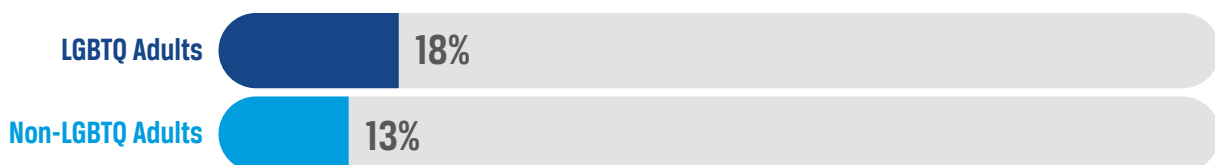
## Delayed Care

LGBTQ individuals are less likely to engage in preventive health and treatment services. Delayed engagement in health care is a leading cause for many of the poor health outcomes plaguing the LGBTQ community. LGBTQ individuals report feeling their healthcare providers are less culturally responsive and understanding of their needs. This causes some to avoid healthcare engagement or for those engaging in care to not disclose their sexual and/or gender identity for fear of discrimination.

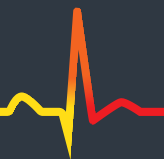
# HEALTH INSURANCE COVERAGE

Lack of health insurance is another major factor contributing to poor health outcomes for LGBTQ people. Nearly 18 percent of LGBTQ adults have no health insurance compared to about 13 percent of non-LGBTQ adults.<sup>16</sup> Legal inequality contributes to this gap; in states that do not recognize marriage equality or same-sex partnerships, LGB people are unable to attain health insurance through a same-sex spouse's employer. Advancements in marriage equality and the Affordable Care Act (ACA) have helped increase the number of LGBTQ people with health insurance. Among LGBTQ people living below 400 percent of federal poverty guidelines, the ACA has decreased the uninsured population from 34 percent to 26 percent.<sup>17</sup> Despite this progress, LGBTQ people face discrimination and unique barriers to accessing health insurance coverage in many jurisdictions. Transgender people face particularly severe barriers when it comes to insurance; more than one-third have no health insurance, even after the first year of the ACA's full implementation. Even among those who do have health insurance, they are often denied coverage by health plans that exclude necessary medical care for transgender people.<sup>18</sup>

## Percentage of Uninsured Adults, by Sexual Orientation and Gender Identity



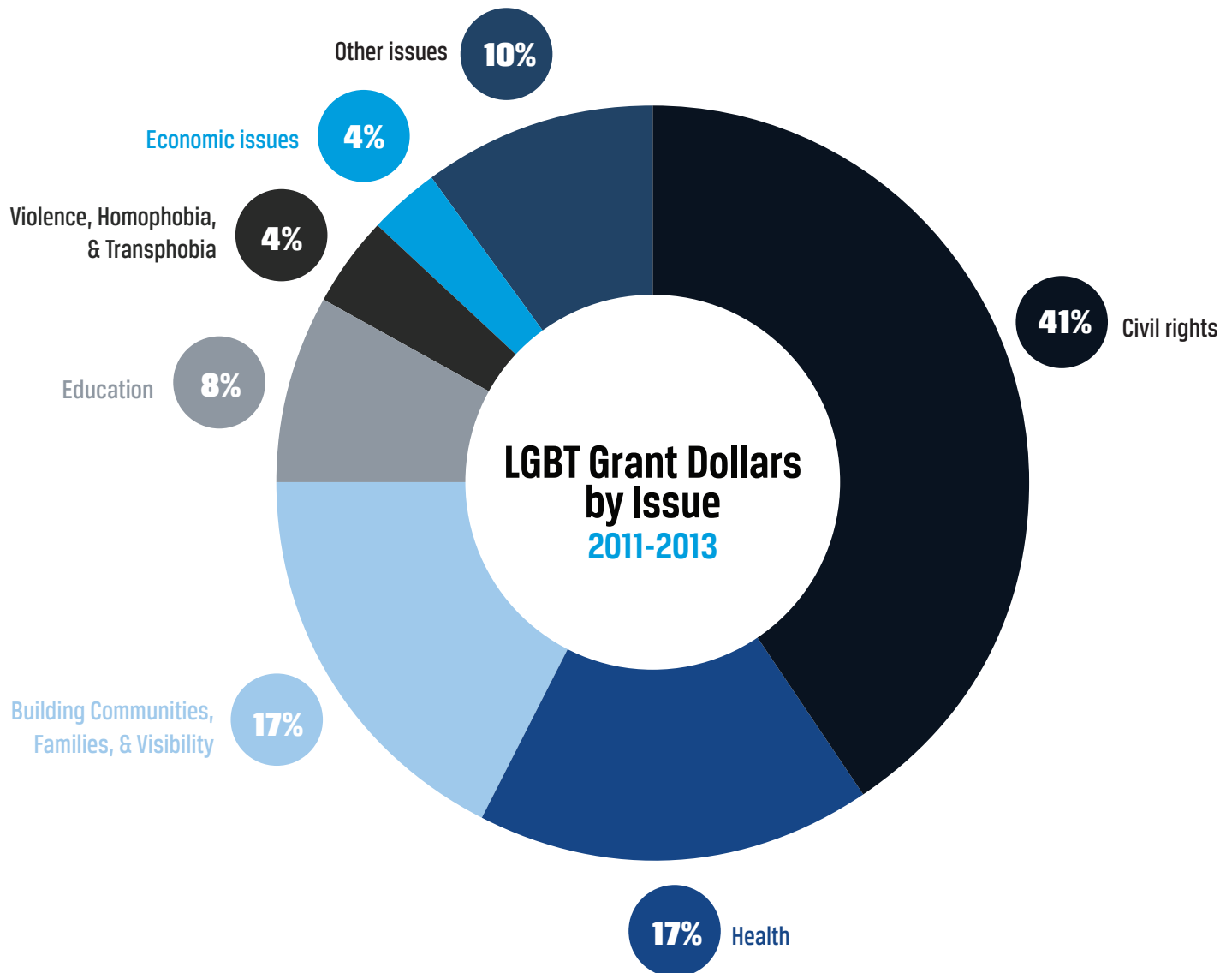
# **Overview of LGBTQ Health Funding**



# U.S. FOUNDATION FUNDING FOR LGBTQ HEALTH ISSUES

In 2011-2013, foundations awarded 1,757 grants totaling \$50.4 million for LGBTQ health in the U.S. Nearly half (46 percent) of these grant dollars were for HIV/AIDS, and the remaining 54 percent addressed health issues ranging from breast cancer to mental health and suicide prevention.

Health captured about 17 percent of the total \$301 million in domestic LGBTQ funding for 2011-2013. This makes health the second most-funded LGBTQ issue—though it is a distant second, capturing a much smaller portion than the 41 percent for civil rights.



In the context of overall foundation funding for health, only a tiny fraction specifically targets LGBTQ communities. In 2011, foundations awarded \$3 billion in grants for health in the U.S.<sup>19</sup> Domestic LGBTQ health funding that year was approximately \$16 million, or about one half of one percent of the total. Even in the context of HIV/AIDS, only about 21 percent of HIV/AIDS funding targets gay, bisexual, and transgender communities, even though LGBTQ people account for the majority of new infections in the U.S.<sup>20</sup>

# Who is funding LGBTQ health?



# SOURCES OF LGBTQ HEALTH FUNDING

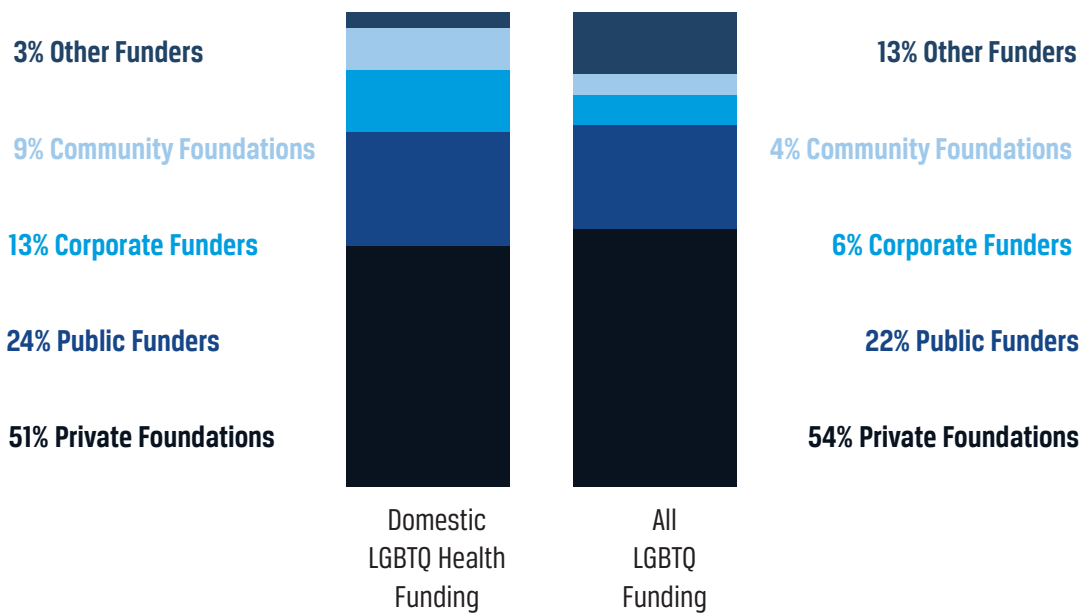
As with LGBTQ funding overall, the majority of domestic LGBTQ health funding (51 percent) is provided by private foundations. The second largest share of LGBTQ health funding (24 percent) comes from various public funders—including public LGBTQ foundations as well as public HIV/AIDS foundations, such as the Elton John AIDS Foundation.

Notably, a larger share of LGBTQ health funding comes from corporate funders, which provide 13 percent of domestic LGBTQ health funding but only 6 percent of LGBTQ funding overall. This trend is largely driven by several corporate funders that are among the top HIV/AIDS funders, such as Levi-Strauss & Co., the M.A.C. AIDS Fund, and Wells Fargo.

Community foundations also provide a larger share of LGBTQ health funding (9 percent) than they do for LGBTQ funding overall (4 percent). This is largely because a number of community foundations have invested in health services for LGBTQ communities in their local area, both for HIV/AIDS and for health needs more broadly.

## Sources of LGBTQ Health Funding by Type of Funder

2011-2013



	Domestic LGBTQ Health Funding	All LGBTQ Funding
<b>Private Foundations</b>	\$25,730,262	\$220,873,346
<b>Public Funders</b>	\$12,276,686	\$90,066,522
<b>Corporate Funders</b>	\$6,545,284	\$25,757,222
<b>Community Foundations</b>	\$4,504,809	\$17,308,575
<b>Other Funders</b>	\$1,740,000	\$53,422,810
<b>Grand Total</b>	<b>\$50,797,041</b>	<b>\$407,428,475</b>

\*This chart includes funds intended for regranteeing.

The top 25 funders awarded a total of \$35.6 million in grants for LGBTQ health, accounting for about 70 percent of all LGBTQ health funding in 2011-2013. This group of 25 funders is more diverse than the list of top LGBTQ funders overall, including not only LGBTQ-specific funders but also a number of HIV funders, broadly-focused health funders, community foundations, and corporate funders.

Top 25 LGBTQ Health Funders, 2011 - 2013		
1.	Elton John AIDS Foundation, New York, NY	\$4,317,556
2.	Ford Foundation, New York, NY	\$4,312,000
3.	Susan G. Komen Foundation, Dallas, TX	\$4,000,007
4.	M.A.C. AIDS Fund, New York, NY	\$2,942,789
5.	The California Endowment, Los Angeles, CA	\$2,750,773
6.	AIDS United, Washington, DC	\$1,757,100
7.	Anonymous, Various Locations	\$1,741,000
8.	Harry and Jeanette Weinberg Foundation, Owing Mills, MD	\$1,500,000
9.	Arcus Foundation, New York, NY	\$1,272,780
10.	Keith Haring Foundation, New York, NY	\$1,235,000
11.	Wells Fargo Foundation, Palm Springs, CA	\$1,197,355
12.	New York Community Trust, New York, NY	\$1,063,150
13.	Jewish Communal Fund, New York, NY	\$1,035,690
14.	The Paul Rapoport Foundation, New York, NY	\$899,500
15.	Houston Endowment, Houston, TX	\$690,000
16.	GE Foundation, Fairfield, CT	\$600,000
17.	Levi Strauss & Co. Foundation, San Francisco, CA	\$596,000
18.	Henry van Ameringen Foundation, New York, NY	\$595,000
19.	San Francisco Foundation, San Francisco, CA	\$548,500
20.	Healthcare Foundation of New Jersey, Millburn, NJ	\$457,000
21.	Horace W. Goldsmith Foundation, New York, NY	\$450,000
22.	Greater Milwaukee Foundation, Milwaukee, WI	\$438,243
23.	Black Tie Dinner, Dallas, TX	\$435,810
24.	District of Columbia Bar Foundation, Washington, DC	\$424,000
25.	Chicago Community Trust, Chicago, IL	\$390,550

# **What is being funded in LGBTQ health?**



# SPECIFIC HEALTH ISSUES FUNDED

The \$27.4 million in LGBTQ health funding (other than HIV/AIDS) for 2011-2013 addressed a range of health issues, with no other issue capturing more than 20 percent of total dollars.

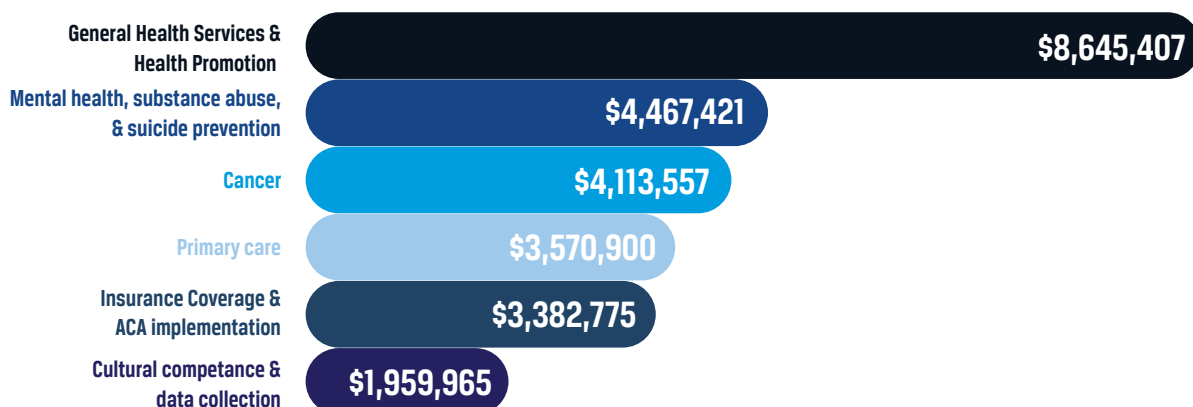
- The largest share of dollars (\$8.6 million, or 17 percent of the total) went to **general health services and health promotion**, such as those offered by LGBTQ community centers, and for activities ranging from health fairs to community wellness campaigns to advance the health of LGBTQ communities.
- **Mental health, substance abuse, and suicide prevention** collectively received \$4.5 million for activities ranging from suicide hotlines to addiction recovery programs.
- Services and research related to **breast cancer** and other cancers received about \$4.1 million, the bulk of it from the Susan G. Komen Foundation.
- More than \$3.3 million were devoted to activities related to **insurance coverage and implementation of the Affordable Care Act**, largely for outreach to enroll LGBTQ people in new insurance coverage options and for advocacy for LGBTQ-inclusive policies in the establishment of state health care exchanges.
- More than \$3.5 million were devoted to **primary care**, largely for general support of LGBTQ health clinics and other primary care providers specifically targeting LGBTQ communities.
- **Cultural competence and data collection** received almost \$2 million for data collection on LGBTQ health care needs and training of health care providers on effectively serving LGBTQ communities.
- Smaller amounts were devoted to sexual and reproductive health (\$682,981), child welfare/foster care (\$465,073), smoking cessation (\$191,271), and food and nutrition (\$108,520).

The above breakdown, however, may underestimate the level of support for certain health issues. In particular, a significant portion of HIV/AIDS grant dollars by their nature also address other health issues affecting LGBTQ communities. For example, HIV/AIDS prevention activities often address issues of mental health, addiction, and sexual and reproductive health. Similarly, many primary care providers and health service providers also offer HIV/AIDS treatment.

The wide range of issues addressed are reflected in the list of top 25 LGBTQ health grantees for 2011-2013, which include organizations addressing issues such as HIV/AIDS, reproductive health, health care reform, primary care, aging, suicide prevention, and breast cancer.

## LGBTQ Health Funding by Specific Health Issue Funded

excluding HIV/AIDS, 2011-2013





### Top 25 LGBTQ Health Grantees, 2011 - 2013

1.	GMHC, New York, NY	\$2,895,364
2.	SAGE, New York, NY	\$2,225,000
3.	Kaiser Family Foundation, Menlo Park, CA	\$1,250,000
4.	Callen-Lorde Community Health Center, New York, NY	\$1,218,899
5.	AIDS Project Los Angeles, Los Angeles, CA	\$1,078,287
6.	Planned Parenthood of New York City, New York, NY	\$1,030,000
7.	Trevor Project, Palm Springs, CA	\$1,011,976
8.	How to Survive a Plague, New York, NY	\$950,000
9.	Hetrick-Martin Institute, New York, NY	\$902,500
10.	Howard Brown Health Center, Chicago, IL	\$896,321
11.	San Francisco AIDS Foundation, San Francisco, CA	\$893,020
12.	Community Catalyst, Boston, MA	\$875,000
13.	Legacy Community Health Services, Houston, TX	\$810,000
14.	Fenway Community Health Center, Boston, MA	\$796,976
15.	AIDS Foundation of Chicago, Chicago, IL	\$694,760
16.	Mautner Project, Washington, DC	\$555,163
17.	Transgender Law Center, San Francisco, CA	\$543,000
18.	National Foundation for the Centers for Disease Control and Prevention, Atlanta, GA	\$520,280
19.	Regents of the University of Michigan, Ann Arbor, MI	\$513,000
20.	Asian & Pacific Islander Coalition on HIV-AIDS, New York, NY	\$512,000
21.	Equality California Institute, West Hollywood, CA	\$500,000
22.	Mazzoni Center, Philadelphia, PA	\$483,538
23.	Lyon-Martin Health Services, San Francisco, CA	\$466,784
24.	Lesbian, Gay, Bisexual & Transgender Community Center, New York, NY	\$440,658
25.	Illinois Caucus for Adolescent Health, Chicago, IL	\$402,000

# TARGET POPULATIONS

LGBTQ health funding is exceptionally likely to target specific populations: 77 percent of LGBTQ health grant dollars are directed toward a specific racial group, sexual or gender identity, age group, or other demographic. This reflects philanthropic responses to specific health disparities faced by particular identity groups.

For sexual orientation and gender identity, gay men and men who have sex with men were the target population of the largest share of dollars—\$10.8 million. Ninety-six percent of these dollars were for HIV/AIDS treatment and prevention. The second largest share of LGBTQ health funding targeted lesbians and other queer-identified women: \$4 million, 83 percent of which was for breast cancer. About \$2.9 million targeted transgender people, 34 percent of which was to advance inclusive health insurance coverage and health care reform implementation. Only \$82,500 targeted intersex communities. No known LGBTQ health grants explicitly targeted bisexuals, although some of the funding targeting gay men and men who have sex with men undoubtedly supported services for significant numbers of bisexual-identified men.

## LGBTQ Health Grant Dollars Targeting Specific Sexual & Gender Identities

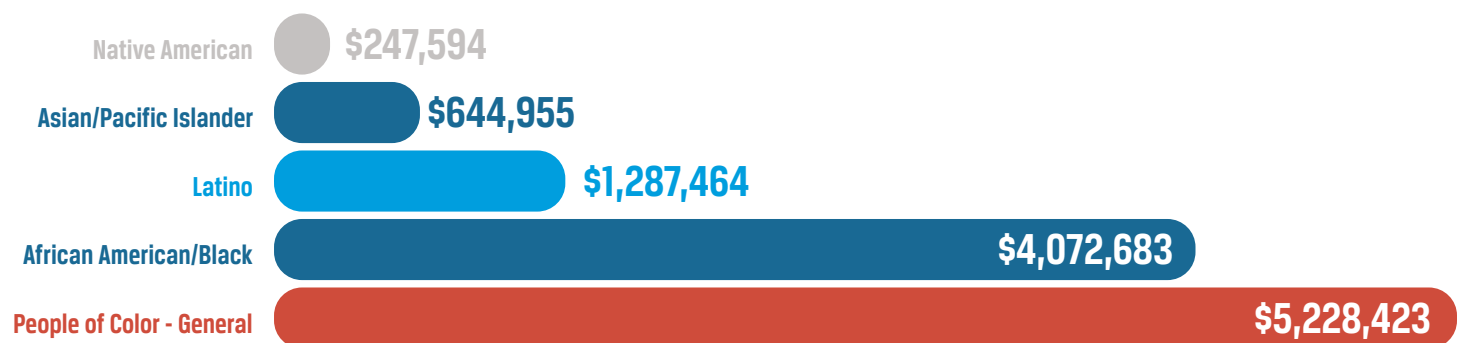
2011-2013



Nearly \$11.4 million—or 22 percent of LGBTQ health funding—targeted LGBTQ communities of color. Approximately \$4 million targeted African Americans, and another \$5.2 million targeted communities of color broadly, with smaller amounts focused on Latinos, Asian American/Pacific Islanders, and Native Americans. HIV/AIDS funding accounts for the majority of LGBTQ health grant dollars targeting communities of color.

## LGBTQ Health Grant Dollars Targeting People of Color

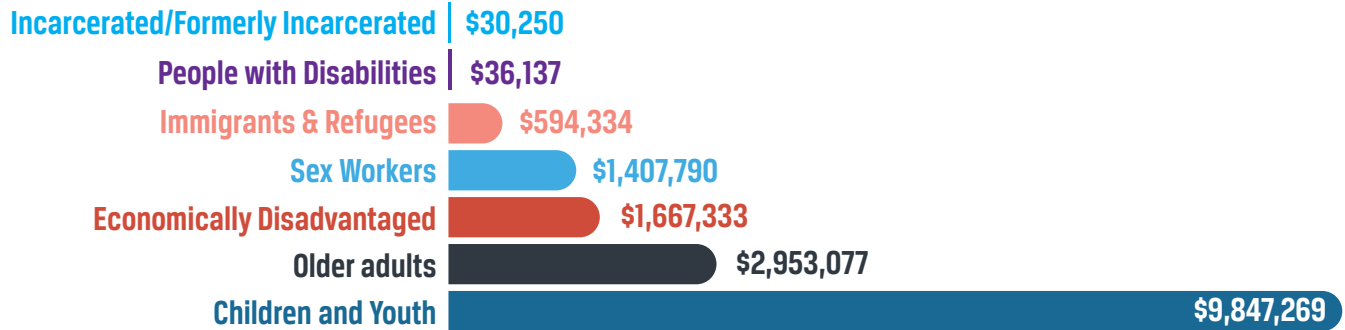
2011-2013



Significant LGBTQ health grant dollars targeted several other key population groups. In particular, \$9.8 million targeted LGBTQ children and youth, and nearly \$3 million targeted LGBTQ older adults. Nearly \$1.7 million of LGBTQ health funding focused on the economically disadvantaged, and about \$1.4 million specifically focused on sex workers.

# LGBTQ Health Grant Dollars Targeting Other Populations

2011-2013

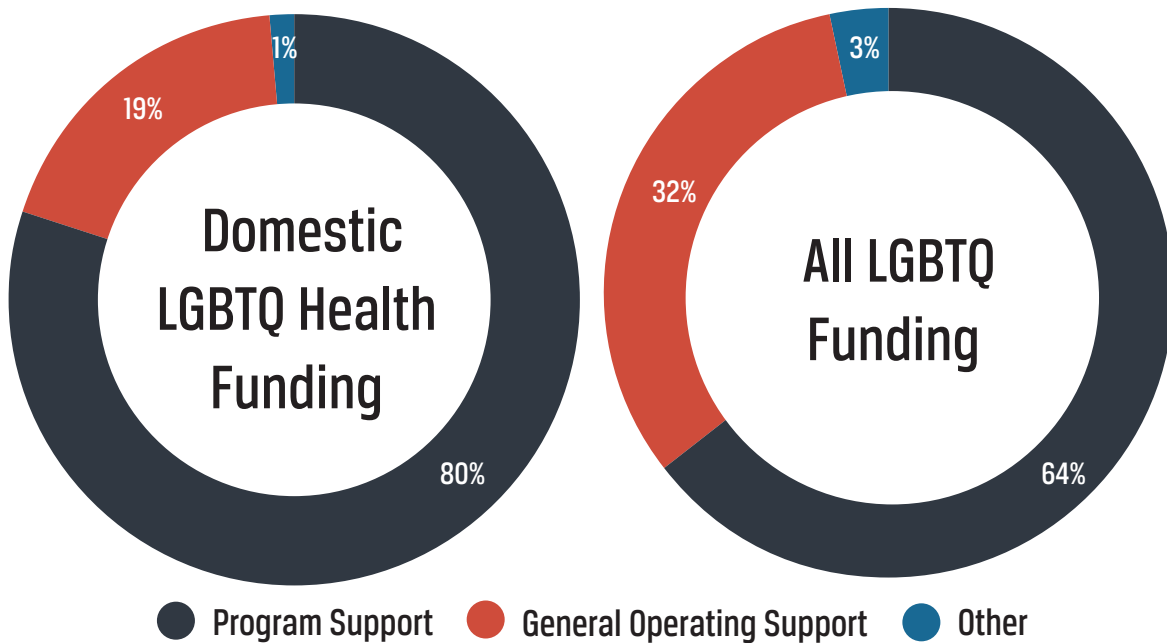


## TYPE OF SUPPORT

About four-fifths of domestic LGBTQ health funding is for the support of a specific program, with the remaining fifth devoted to general operating support. LGBTQ health funding is more likely to be for programmatic support compared to overall LGBTQ funding, which sees 64 percent of grant dollars devoted to program support.

### Distribution of Grant Dollars by Type of Support

2011-2013



	Domestic LGBTQ Health Funding		All LGBTQ Funding	
Program support	\$40,440,003	80%	\$240,907,485	64%
General operating support	\$9,378,205	19%	\$120,387,618	32%
Other	\$670,796	1%	\$12,241,889	3%
	<b>\$50,489,005</b>	<b>100%</b>	<b>\$373,536,992</b>	<b>100%</b>

# GEOGRAPHIC FOCUS

The vast majority of LGBTQ health funding—79 percent—is locally focused, and 21 percent is national in focus. The geographic focus of LGBTQ health funding is closely tied to the strategy funded; 80 percent of local dollars are devoted to direct services, and 41 percent of national dollars are devoted to advocacy.

In contrast, for all LGBTQ funding overall, a full half of dollars are devoted to national work, much of it for policy and advocacy.

## Distribution of Grant Dollars by Geographic Focus

2011-2013

### Domestic LGBTQ Health Funding



### All Domestic LGBTQ Funding



	Domestic LGBTQ Health Funding 2011-2013		All Domestic LGBTQ Funding 2011-2013	
<b>Local</b>	\$35,970,099	71%	\$99,813,753	33%
<b>State</b>	\$3,474,128	7%	\$43,166,929	14%
<b>Regional</b>	\$332,325	1%	\$9,467,561	3%
<b>National</b>	\$10,712,452	21%	\$147,743,087	50%
	<b>\$50,489,005</b>	<b>100%</b>	<b>\$300,191,330</b>	<b>100%</b>

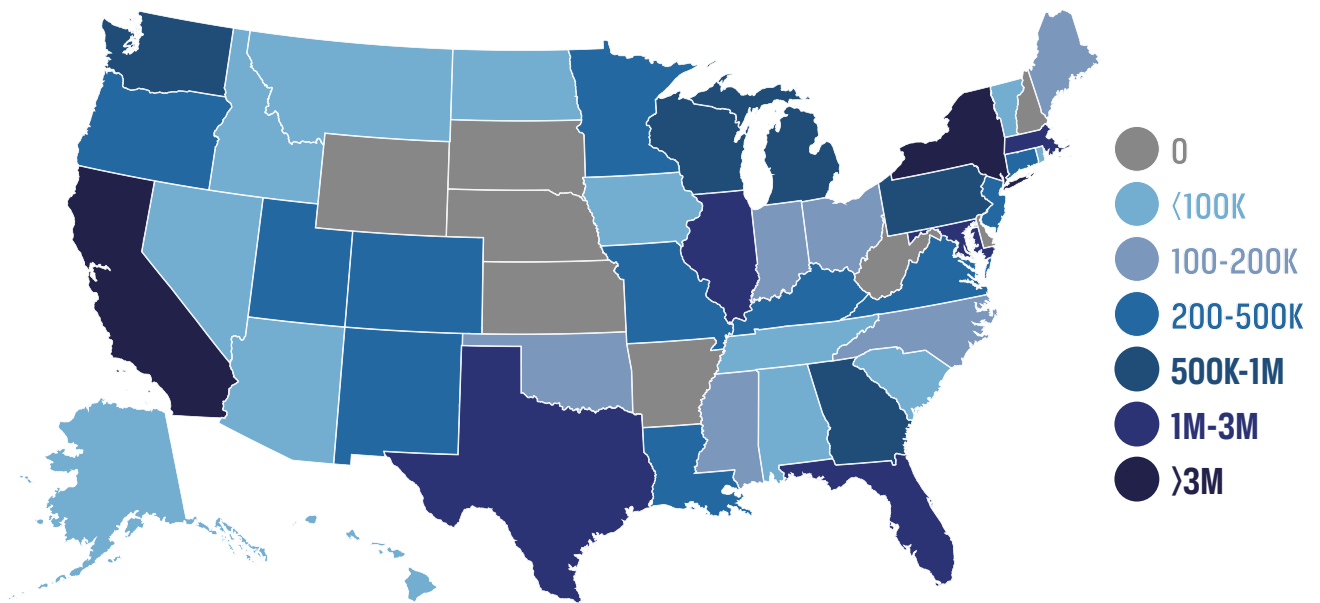
Of the approximately \$40 million awarded to LGBTQ health at the local, state, and regional levels, the largest share (\$17.5 million) was devoted to the Northeast region. The Midwest, the Mountain states, and the South received much lower dollar amounts, especially in proportion to their populations.

State and Local Funding for LGBTQ Health by Target Region 2011 - 2013	
Northeast	\$17,530,257
Pacific	\$8,940,507
South	\$6,819,008
Midwest	\$5,503,932
Mountain	\$928,833
U.S. Territories	\$40,000

Note: Does not include \$14,015 awarded to anonymous individuals in undisclosed regions.

In most of these regions, much of the funding was concentrated in just one or two states. In the Northeast, the majority of funding (\$11.1 million) was focused on New York. More than 88 percent of funding for the Pacific was for California—three-quarters of which was provided by funders based in California, such as The California Endowment and The California Wellness Foundation. Nearly half of Midwest funding went to Illinois, and nearly 60 percent of Southern funding focused on Florida or Texas. Each of these relatively well-funded states is home to major urban centers with large LGBTQ communities and a number of HIV/AIDS and LGBTQ-focused service providers. The disparities between states points to the challenges of addressing LGBTQ health issues outside of urban centers, and to the need for deeper engagement of more local funders in states beyond the coasts.

## State and Local Funding for LGBTQ Health by Target State 2011-2013



Alabama	\$34,000	Illinois	\$2,600,698	Missouri	\$262,352	Pennsylvania	\$885,307
Alaska	\$500	Indiana	\$145,500	Montana	\$28,100	Puerto Rico	\$40,000
Arizona	\$66,650	Iowa	\$1,000	Nevada	\$50,855	Rhode Island	\$23,650
California	\$7,904,237	Kentucky	\$408,015	New Jersey	\$399,122	South Carolina	\$25,000
Colorado	\$213,226	Louisiana	\$306,000	New Mexico	\$336,338	Tennessee	\$46,000
Connecticut	\$403,906	Maine	\$138,780	New York	\$11,121,399	Texas	\$2,630,548
District of Columbia	\$1,546,271	Maryland	\$1,805,532	North Carolina	\$146,850	Utah	\$201,164
Florida	\$1,401,500	Massachusetts	\$1,131,790	North Dakota	\$60,000	Vermont	\$74,500
Georgia	\$821,429	Michigan	\$977,552	Ohio	\$102,951	Virginia	\$381,341
Hawaii	\$6,073	Minnesota	\$408,369	Oklahoma	\$158,500	Washington	\$624,392
Idaho	\$32,500	Mississippi	\$170,000	Oregon	\$362,806	Wisconsin	\$945,510

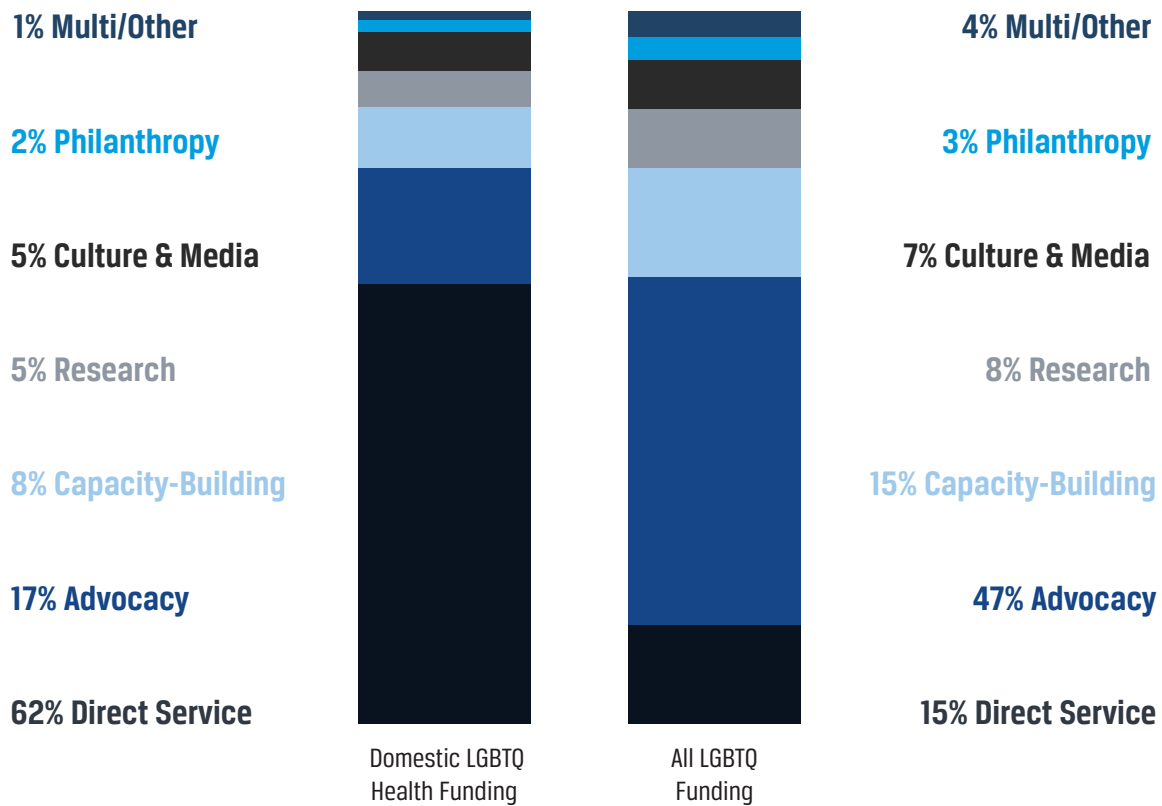
Note: Does not include \$14,015 awarded to anonymous individuals in undisclosed regions.

# STRATEGY

Looking at LGBTQ health funding by the types of strategies funded, **direct services** garnered the majority (62 percent) of grant dollars. This was followed by **advocacy** (17 percent), **capacity building and training** (8 percent), **research** (5 percent) and **culture and media** (5 percent). In contrast, advocacy is the predominant strategy for LGBTQ funding overall, followed by capacity building, and then by direct services.

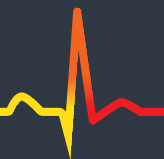
## Distribution of Grant Dollars by Strategy

2011-2013



	Domestic LGBTQ Health Funding		All LGBTQ Funding	
Direct Service	\$31,052,701	62%	\$54,413,570	15%
Advocacy	\$8,465,454	17%	\$177,332,672	47%
Capacity Building	\$4,108,713	8%	\$55,790,537	15%
Culture & Media	\$2,730,268	5%	\$25,635,432	7%
Research	\$2,453,134	5%	\$31,474,497	8%
Philanthropy & Fundraising	\$930,475	2%	\$12,774,393	3%
Multiple/Other Strategies	\$748,260	1%	\$13,670,682	4%
	<b>\$50,489,005</b>	<b>100%</b>	<b>\$371,091,783</b>	<b>100%</b>

# Funding Opportunities



# RECOMMENDATIONS

This report is largely intended as a starting point for a longer assessment and series of conversations about potential high-impact funding strategies to improve the health and well-being of LGBTQ communities. However, the data herein do highlight several key gaps and opportunities for funders seeking to advance health and wellbeing in LGBTQ communities.



## **Explore Collaborative Efforts to Address Mental and Behavioral Health and Other Social Determinants Related to Stigma**

LGBTQ communities face an especially severe disease burden in mental and behavioral health. These challenges are driven by the stigma and marginalization related to homophobia and transphobia, which are also key social determinants of HIV/AIDS and other health disparities. This is an area that relates to the priorities of a range of funders, including LGBTQ-focused funders, HIV/AIDS funders, and funders broadly concerned about health disparities and inequity.



## **Increase Access to Insurance Coverage for LGBTQ People**

The Affordable Care Act is rapidly shifting the health policy landscape and increasing access to health insurance. Funders have an opportunity to assure that coverage outreach efforts reach LGBTQ populations, and that insurance providers do not discriminate against LGBTQ people—especially when it comes to medical care for transgender people.



## **Build Capacity of the HIV/AIDS and LGBTQ Health Services Sector**

There is a rich array of community-based organizations providing health services specifically for the LGBTQ community, including HIV/AIDS service organizations, LGBTQ health centers, community centers, and counseling and referrals hotlines. These service providers have unparalleled cultural competence when it comes to serving LGBTQ communities. However, many lack the resources to meet the full range of needs of their communities or are heavily reliant on one or a handful of government contracts. Particularly given the current shifting health policy climate, funders have an opportunity to build the capacity of these agencies, to expand the scope of their work and to develop sustainable revenue strategies.



## **Increase LGBTQ Cultural Competence of Health Service Providers and Systems**

Many LGBTQ people may never be able to take advantage of LGBTQ-focused service providers, particularly in rural and less densely populated areas. Funders have an opportunity to support training, curriculum development, and other efforts to increase the cultural competence of hospitals, health centers, and other mainstream health care providers, so as to maximize their ability to effectively serve LGBTQ communities. Key areas include increasing competence in providing transition-related care for transgender people and providing sexual health and HIV prevention services that are sensitive, relevant, and empowering for LGBTQ communities.



## **Strengthen HIV/AIDS and LGBTQ Health Policy and Advocacy Infrastructure**

The LGBTQ movement has built a fairly robust set of organizations for policy advocacy at the national and state levels, but much of this infrastructure has focused on civil rights issues such as marriage equality and protections from discrimination. Much of the HIV/AIDS infrastructure in the U.S. has shifted to a services focus, with only a small number of organizations focused on advocacy for people living with HIV. Funders have an opportunity to support LGBTQ and HIV/AIDS organizations in building advocacy programs around the health policy issues that affect LGBTQ communities, including inclusive implementation of ACA exchanges, repeal of HIV criminalization laws, improving data collection on sexual orientation and gender identity, and providing government funding for health services for LGBTQ communities.



# NOTES

---

1. Department of Health & Human Services: "HHS LGBT Issues Coordinating Committee 2013 Report" (2013). See: <http://www.hhs.gov/lgbt/resources/reports/health-objectives-2013.html>
2. The Centers for Disease Control: "HIV Among African American Gay and Bisexual Men" (2014). See: <http://www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts/>
3. Center of Excellence for Transgender Health: "Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services" (2014). See: <http://transhealth.ucsf.edu/trans?page=lib-data-collection>
4. National LGBT Cancer Network: "Cancer and the LGBT community" (2013). See: [http://www.cancer-network.org/cancer\\_information/cancer\\_and\\_the\\_lgbt\\_community/](http://www.cancer-network.org/cancer_information/cancer_and_the_lgbt_community/)
5. National LGBT Tobacco Control Network: "Cold Hard Truth" (2014). See: <http://www.lgbttobacco.org/truth.php>
6. LGBT Drug Rehab: "Gay and Lesbian Addiction Treatment Statistics" (2014). See: <http://lgbtdrugrehab.com/addiction-treatment-statistics/>
7. National Alliance on Mental Illness: "Mental Health Issues among Gay, Lesbian, Bisexual, and Transgender (GLBT) People" (2007). See: [http://www.nami.org/Content/ContentGroups/Multicultural\\_Support1/Fact\\_Sheets/GLBT\\_Mental\\_Health\\_07.pdf](http://www.nami.org/Content/ContentGroups/Multicultural_Support1/Fact_Sheets/GLBT_Mental_Health_07.pdf)
8. Division of Gender, Sexuality & Health at the NYS Psychiatric Institute and the Columbia University Department of Psychiatry: "LGBT Health: The Issues" (2014). See: <http://gendersexualityhealth.org/LGBT/LGBTHealthIssues.html>
9. The Williams Institute: "America's Shame: 40% of Homeless Youth are LGBT Kids" (2012). See: <http://williamsinstitute.law.ucla.edu/press/americas-shame-40-of-homeless-youth-are-lgbt-kids/>
10. Advocates for Youth: "The Impact of Homophobia and Racism on LGBTQ Youth of Color." (2007). See: [http://www.lgbt.ucla.edu/documents/ImpactofHomophobiaandRacism\\_000.pdf](http://www.lgbt.ucla.edu/documents/ImpactofHomophobiaandRacism_000.pdf)
11. Ryan, Caitlin; Stephen T. Russell; David Huebner; Rafael Diaz; and Jorge Sanchez: "Family Acceptance in Adolescence and the Health of LGBT Young Adults," *Journal of Child and Adolescent Psychiatric Nursing* Volume 23, Number 4 (2010). See: [http://familyproject.sfsu.edu/files/FAP\\_Family%20Acceptance\\_JCAPN.pdf](http://familyproject.sfsu.edu/files/FAP_Family%20Acceptance_JCAPN.pdf)
12. The Williams Institute: "The LGBT Divide: A Data Portrait of LGBT People in the Midwestern, Mountain, and Southern States" (2014). See: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>
13. National Coalition of Antiviolence Programs: "Lesbian, Gay, Bisexual, Transgender, and HIV-Affected Hate Violence in 2013" (2014). See: [http://www.avp.org/storage/documents/2013\\_ncavp\\_hvreport\\_final.pdf](http://www.avp.org/storage/documents/2013_ncavp_hvreport_final.pdf)
14. National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention: "The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victims by Sexual Orientation" (2013). See: [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_sofindings.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf)
15. Centers for Disease Control and Prevention: "MMRW: Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12—Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009" (2011). See: [http://www.lgbtdata.com/uploads/1/0/8/8/10884149/mmwr\\_sexual\\_identity\\_sex\\_of\\_sexual\\_contacts\\_yrbs.pdf](http://www.lgbtdata.com/uploads/1/0/8/8/10884149/mmwr_sexual_identity_sex_of_sexual_contacts_yrbs.pdf)
16. Gallup: "In U.S., LGBT More Likely Than Non-LGBT to Be Uninsured" (2014). See: <http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx>
17. Center for American Progress: "Moving the Needle: The Impact of the Affordable Care Act on LGBT Communities" (2014). See: <https://www.americanprogress.org/issues/lgbt/report/2014/11/17/101575/moving-the-needle/>
18. The Henry J. Kaiser Family Foundation: "Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S." (2014). See: <http://kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/>
19. The Foundation Center: "Key Facts on U.S. Foundations: 2013 edition" (2014). See <http://foundationcenter.org/gainknowledge/research/keyfacts2013/foundation-focus.html>.
20. Funders Concerned About AIDS: "Philanthropic Support to Address HIV/AIDS in 2013" (2014). See <http://www.fcaids.org/AIDSFunding/ResourceTrackingReport/tabid/305/Default.aspx>.

# METHODOLOGY

---

This report combines LGBTQ funding data captured for the *2013 Tracking Report: Lesbian, Gay, Bisexual, Transgender and Queer Grantmaking* by U.S. Foundations; the *2012 Tracking Report: Lesbian, Gay, Bisexual, Transgender and Queer Grantmaking* by U.S. Foundations; and *Lesbian, Gay, Bisexual, Transgender and Queer Grantmaking* by U.S. Foundations – Calendar Year '11. For these reports, requests for grant information were sent to nearly 700 grantmakers. All types of foundations were surveyed - private, public, community, and corporate - as well as nonprofit organizations with grantmaking programs. Information was obtained predominantly through self-reporting by grantmakers, as well as a review of 990s and annual reports.

This report specifically focuses on funding for LGBTQ health issues in the United States and captures grants made to support organizations as well as programs and projects.

The data does not include health grants to organizations or projects that are generally inclusive of LGBTQ populations unless they explicitly target LGBTQ communities or address an LGBTQ health issue. For example, a grant awarded to a local community center to support a breast cancer awareness campaign, open and welcoming to lesbians, would not have been included in the data. If that same center was funded to launch a breast cancer awareness campaign specifically targeting lesbians, then the grant would have been included.

Re-granting dollars are included in charts that rank individual grantmakers to accurately show the overall level of LGBTQ funding provided by each grantmaker. As a result, the charts that rank grantmakers "double-count" re-granting when aggregated. However, for all other tabulations and charts, we have not included dollars awarded for the purpose of re-granting, so as to avoid double counting.

# ACKNOWLEDGEMENTS

---

Thank you to the Robert Wood Johnson Foundation, whose support made this report possible.

Many thanks to our LGBT Health Funding Summit Planning Committee, who guided the development of this report and provided helpful feedback on early drafts. We would also like to acknowledge member and long-time board member Andrew Lane, who also provided helpful feedback and guidance. Finally, many thanks to John Barnes and Sarah Hamilton of Funders Concerned About AIDS, who have been invaluable partners in the development of this report and in so much of our work on LGBTQ health issues.

# LGBT HEALTH FUNDING SUMMIT PLANNING COMMITTEE

---

**David Adler**  
*Robert Wood Johnson Foundation*

**Rebecca Fox**  
*Wellspring Advisors*

**Jeffrey Kim**  
*California Wellness Foundation*

**Ryan Barker**  
*Missouri Foundation for Health*

**Samantha Franklin**  
*Johnson Family Foundation*

**James Loduca**  
*San Francisco AIDS Foundation*

**Matt Blinstrubas**  
*Elton John AIDS Foundation*

**Michael Joyner**  
*Viiv Healthcare*

**Andy Marra**  
*Arcus Foundation*

**Francisco Buchting**  
*Horizons Foundation*

**Sara Kay**  
*Atlantic Philanthropies*

**J. Channing Wicham**  
*National AIDS Partnership*

**Richard Burns**  
*Independent Consultant*

**Brook Kelly-Green**  
*Ford Foundation*

# MISSION

---

Funders for LGBTQ Issues works to mobilize the philanthropic resources that enhance the well-being of lesbian, gay, bisexual, transgender and queer communities, promote equity and advance racial, economic and gender justice.

# BOARD OF DIRECTORS

---

**Cindy Rizzo, Chair**

*Vice President, Impact & Learning, Arcus Foundation*

**Rebecca Fox, Vice Chair**

*Program Officer, Wellspring Advisors*

**Kristine Stallone, Treasurer**

*Vice President for Finance and Administration, American Jewish World Service*

**Beatriz “Bia” Vieira, Secretary**

*Philanthropic Consultant*

**Rohit Burman**

*Executive Director, Global Philanthropy and Corporate Citizenship of the Estée Lauder Companies*

**Alfonso Cruz**

*Director of Programs, Foundation for Louisiana*

**Matthew “Matty” Hart**

*President of the Board of Directors, Calamus Foundation, DE*

**Surina Khan**

*Chief Executive Officer, Women’s Foundation of California*

**Mitchell Singer**

*Director, Rockefeller Philanthropy Advisors*

**Patricia St. Onge**

*Partner, Seven Generations Consulting and Coaching*

**Nathaniel “Toby” Thompkins**

*Vice President, Tides 21st Century*

# STAFF

---

**Ben Francisco Maulbeck**

*President*

**Lyle Matthew Kan**

*Director of Communications and Education*

**Marvin Webb**

*Director of Operations and Member Services*

**Kristina Wertz**

*Director of Engagement*

**Naa Hammond**

*Research and Communications Associate*

**Justin Brown**

*LGBT Health Funding Summit Intern*

**Rebecca Wisotsky**

*Consultant*

# REPORT CREDITS

---

**Authors:**

Justin Brown & Ben Francisco Maulbeck

**Creative Director:**

Lyle Matthew Kan

**Editors:**

Naa Hammond & Kristina Wertz

**Graphic Designer:**

Knol Aust

©January 2015, FUNDERS FOR LGBTQ ISSUES

Permission is granted to reproduce this document in part or in its entirety, provided that Funders for LGBTQ Issues is cited as the source for all reproduced material.



FUNDERS FOR  
**LGBTQ**  
ISSUES

104 West 29th Street, 4th Floor

New York, NY 10001

Telephone: 212.475.2930

Fax: 212.475.2532

 [lgbtfunders.org](http://lgbtfunders.org)

 [@lgbtfunders](https://twitter.com/lgbtfunders)

 [facebook.com/LGBTQFunders](https://facebook.com/LGBTQFunders)