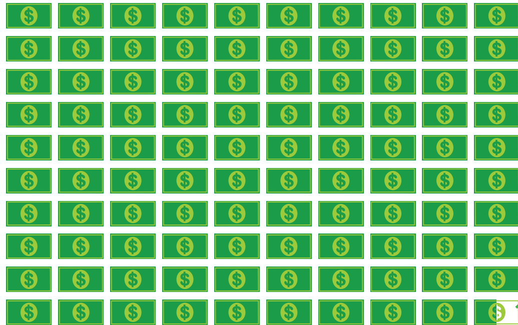
Funders for LGBTQ Issues Special Report | September 2015

Grantmaking Strategies for Improving LGBTQ Health

FUNDERS FOR
LGBTQ
ISSUES

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.

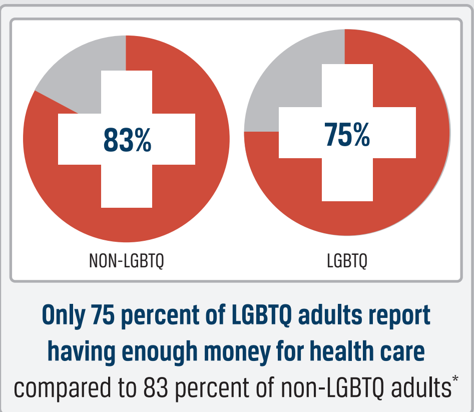


Between 2011-2013, foundations and corporations awarded more than **$50 million for LGBTQ health.**

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

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.*

Funders have an opportunity to **increase access to insurance coverage for LGBTQ people.**



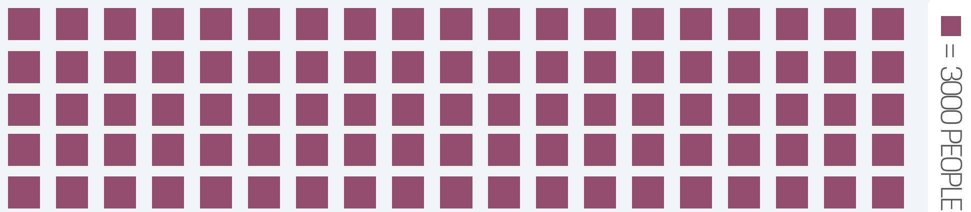
Only 75 percent of LGBTQ adults report having enough money for health care compared to 83 percent of non-LGBTQ adults*

* Gates, G., (2014). In U.S., LGBT More Likely Than Non-LGBT to Be Uninsured. See: http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

While hundreds of LGBTQ and HIV/AIDS organizations serve nearly 300,000 individuals a year – roughly the population of Cincinnati, Ohio – **many LGBTQ health and HIV/AIDS organizations are dependent on a small number of funding sources**, particularly government grants.

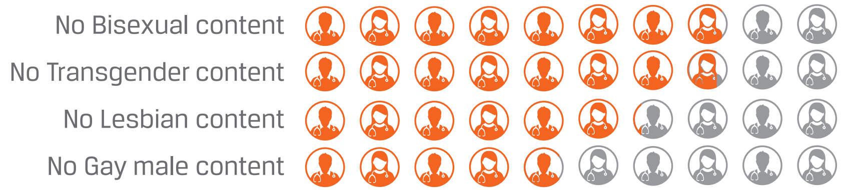
300K

INDIVIDUALS RECEIVE HEALTH SERVICES FROM LGBTQ/HIV/AIDS ORGANIZATIONS



Funders have an opportunity to **build the capacity of the HIV/AIDS and LGBTQ health services sector.**

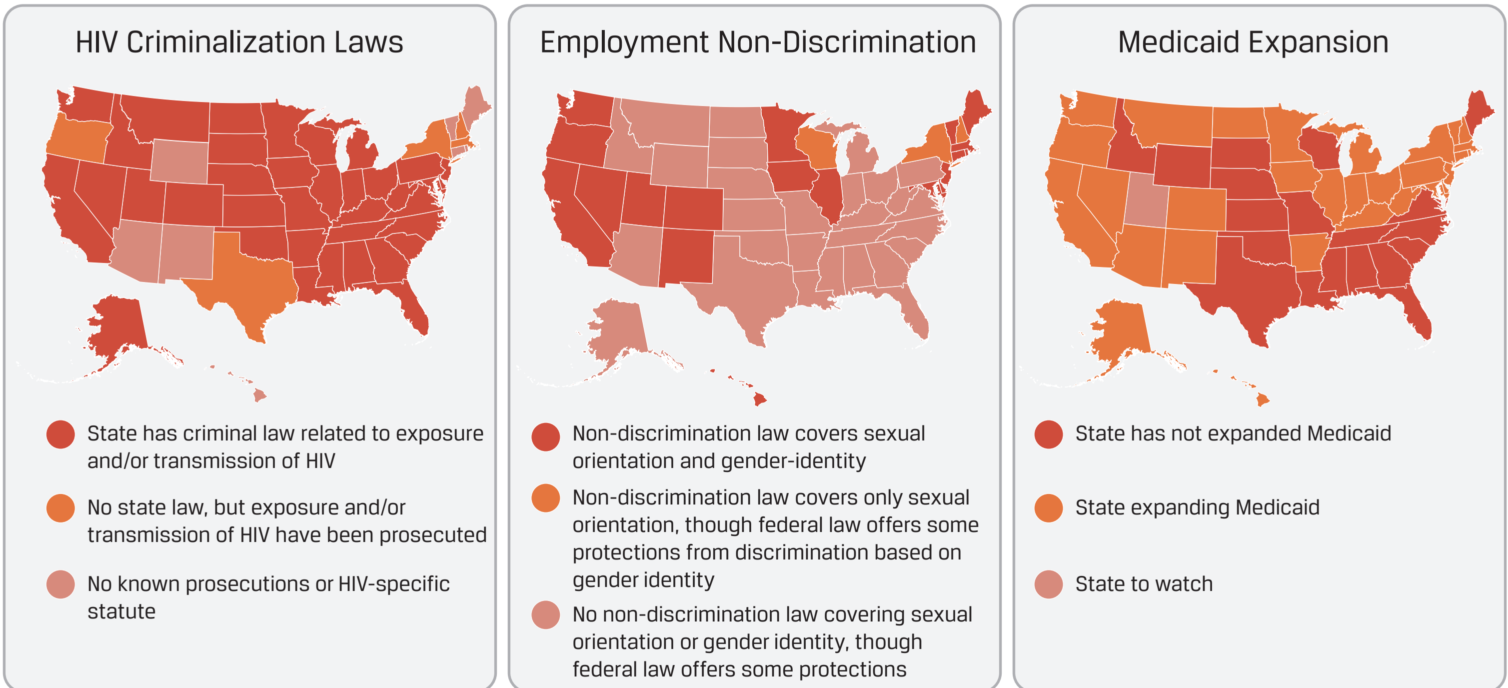
Percentage of physicians who received zero hours of training on LGBTQ populations in medical school.



Eliason, M.J., Dibble S., Robertson, P.A., (2011). Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace.
See: http://www.researchgate.net/publication/51747459_Lesbian_Gay_Bisexual_and_Transgender_(LGBT)_Physicians'_Experiences_in_the_Workplace

Funders have an opportunity to **increase LGBTQ cultural competence of health service providers and systems.**

A number of states have multiple policies that disadvantage LGBTQ people and other marginalized communities. Nineteen states are not expanding Medicaid, and most of these states also lack protections from discrimination on the basis of sexual orientation and gender identity.



Funders have an opportunity to **strengthen the HIV/AIDS and LGBTQ health policy and advocacy infrastructure.**

LGBTQ individuals are disproportionately likely to experience poverty, family rejection, food insecurity, homelessness, criminalization, and violence.
Lesbian and bisexual women are disproportionately likely to experience intimate partner violence in the form of rape, physical violence or stalking.

Intimate Partner Violence

Funders have an opportunity to **support efforts to address mental and behavioral health and other social determinants related to stigma.**

INTRODUCTION

Over the course of two snowy days in January, Funders for LGBTQ Issues, Funders Concerned About AIDS, and Grantakers In Health convened a group of approximately 50 grantmakers, advocates, and experts to explore meaningful ways for philanthropy to improve health outcomes in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. This report builds on both the conversations from that two-day summit and the Funders for LGBTQ Issues report, Vital Funding – Investing in LGBTQ Health and Wellbeing.

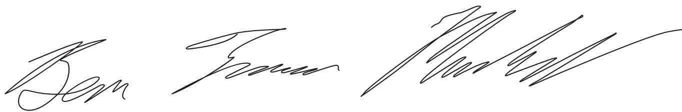
This report identifies several potential strategies for funders concerned about health disparities, HIV/AIDS, and LGBTQ communities to:

- Increase access to insurance coverage for LGBTQ people;
- Build the capacity of the HIV/AIDS and LGBTQ health services sector;
- Increase LGBTQ cultural and clinical competence of health service providers and systems;
- Strengthen HIV/AIDS and LGBTQ health policy and advocacy infrastructure; and
- Support efforts to address mental and behavioral health and other social determinants related to stigma.

We were honored to have the Robert Wood Johnson Foundation support our initial summit and we are grateful to The California Wellness Foundation for making possible our upcoming follow-up convening in San Francisco.

Against the backdrop of many advances in LGBTQ rights, LGBTQ people still face basic quality of life challenges. At this pivotal moment for LGBTQ communities, the time is ripe for LGBTQ funders, HIV funders, and health funders to work together to improve the health and wellbeing of LGBTQ communities.

Take Care,



Ben Francisco Maulbeck

WHAT IS LGBTQ HEALTH?

Health is defined as a state of physical, mental and social wellbeing. Health is more than being free of disease and disability. Health also requires that people benefit from social, behavioral, and structural aspects of wellbeing:

- **Socially**, people should benefit from healthy relationships, supportive communities and families, as well as freedom from stigma, discrimination, bullying, harassment, and physical violence.
- **Behaviorally**, people should benefit from exercise, good nutrition, and good management of chronic health issues related to aging, mental health, or addiction.
- **Structurally**, people should benefit from access to employment, housing, and education, freedom from criminalization or incarceration, and access to health education and healthcare.

Lesbian, gay, bisexual, transgender and queer (LGBTQ) people have **diverse and unique health needs**. Measures and challenges of health vary between LGBTQ populations, and across demographics such as age, race, income, education level, and geography.[1]

LGBTQ populations face alarming **health disparities**. Compared to the general population, LGBTQ people are more likely to become HIV positive, contract sexually transmitted infections (STIs), develop certain forms of cancer, suffer from mental health issues (including addiction), be the targets of violence, or attempt suicide. To complicate this, LGBTQ people are less likely to receive proper healthcare. For example, twenty-eight percent of transgender and gender nonconforming people said they postponed medical care when they were sick or injured due to concerns about discrimination.[2] Additionally, many bisexual people don't come out to their healthcare providers and as such receive incomplete information and care.[3]

Homophobia, biphobia, and transphobia contribute to LGBTQ health disparities. A history of rejection by parents and caregivers is associated with much higher rates of attempted suicide, depression, drug use, and exposure to HIV and other sexually transmitted infections.[4] Studies show that trans women, who experience systemic discrimination and violence, experience corresponding lack of employment, high rates of stress and depression, limited access to clinically and culturally competent healthcare, and high rates of HIV infection.[5 6]

Meeting the priorities and needs identified by LGBTQ people themselves promises to advance both the community's longer term needs and broader public health goals. Many participants of the January LGBT Health Summit provided examples of this dynamic. For example, a health program in Chicago that offered trans people faster access to hormone therapies saw a four-fold increase in the number of trans people accessing all health services over the subsequent four years. Another service provider found that offering legal services for people recently arrested or assaulted, or offering food and showers to homeless youth, provided entry points for linking people to broader health and wellness services.

1 A bibliography was compiled for this summit that linked to articles about many of these specific subpopulation needs.

2 Grant, J.M., Mottet, L.A., D.Min, J.T., Harrison, J., Herman, J.L., Keisling, M., (2011). The National Transgender Discrimination Survey Report. See: http://endtransdiscrimination.org/report.html

3 San Francisco Human Rights Commission (2011). "Bisexual Invisibility: Impacts and Recommendations" See: http://sf-hrc.org/sites/sf-hrc.org/files/migrated/FileCenter/Documents/HRC_Publications/Articles/Bisexual_Invisiblity_Impacts_and_Recommendations_March_2011.pdf

4 Ryan, C. (2009). Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children. See: http://nccc.georgetown.edu/documents/LGBT_Brief.pdf

5 Baral, S., Poteat, T., Strömdahl, S., Wirtz, A., Guadamuz, T., Beyrer, C. (2012). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. See: http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2812%2970315-8/fulltext

6 Poteat, T., Wirtz, A., Radix, A., Borquez, A., Silva-Santisteban, A., Deutsch, M.B., Islam Khan, S., Winter, S., Operario, D., (2014). HIV risk and preventive interventions in transgender women sex workers. See: http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)60833-3.pdf

Increase access to insurance coverage for LGBTQ people

THE CONTEXT

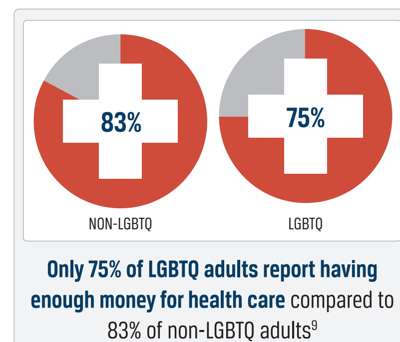
- LGBTQ people are more likely to lack health insurance than the general population.
- The Affordable Care Act has greatly increased the affordability and accessibility of health insurance for U.S. citizens, including LGBTQ people.
- The Affordable Care Act has already significantly decreased the uninsured rate among LGBTQ people (especially low-income LGBTQ people), but many LGBTQ people still lack insurance and are unaware of the options available to them and how to access them.

THE FUNDING OPPORTUNITIES

- Fund targeted outreach efforts to enroll LGBTQ people in affordable insurance options, through both national and state-level efforts.

THE DETAILS

According to a recently updated study by the Center for American Progress, in the first year of full implementation of the Affordable Care Act, the uninsured rate among LGBTQ people with incomes less than 400 percent of the federal poverty level dropped 8 percentage points, from one in three—34 percent—to one in four—26 percent—uninsured.[7] This means that hundreds of thousands of LGBTQ people have gained access to healthcare in 2013 and 2014 due to the Affordable Care Act.



Only 75% of LGBTQ adults report having enough money for health care compared to 83% of non-LGBTQ adults[9]

Funders have an opportunity to maintain momentum in this important work and get even more LGBTQ individuals and families enrolled in health insurance by funding organizations that do tailored outreach to LGBTQ communities. Over 200 healthcare organizations and LGBTQ advocacy groups are now trained and listed as part of the Out2Enroll program. They form a core group of experts who can counsel LGBTQ people and their families about how to get health insurance and healthcare that is affordable, appropriate, competent, and affirming.[8]

Several funders, such as The California Endowment and The Missouri Health Foundation, have funded LGBTQ advocacy organizations and service providers to conduct outreach to enroll LGBTQ communities in affordable health insurance options. These state-level efforts are a promising practice that have the potential to be replicated in other states.

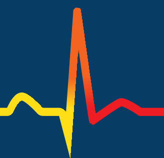
As with the overall U.S. population, there are segments of the LGBTQ community that the Affordable Care Act has not benefited. In particular, undocumented LGBTQ immigrants—most of whom do not have health insurance—are not eligible to receive subsidized insurance through the exchanges. In states that have refused to expand Medicaid, LGBTQ people within certain low-income brackets still have no affordable options for health insurance. Given these realities, it is essential that LGBTQ community organizations and leaders participate in broader coalitions to advocate for full healthcare access for all. This is discussed further under the recommendation on supporting policy and advocacy efforts, on pages 15-17.

7 Baker, K.E., Durso, L.E., Cray, A., (2014). Moving the Needle: The Impact of the Affordable Care Act on LGBT Communities. See: https://cdn.americanprogress.org/wp-content/uploads/2014/11/LGBTandACA-report.pdf

8 Out 2 Enroll. See: http://out2enroll.org/find-local-help/

9 Gates, G., (2014). In U.S., LGBT More Likely Than Non-LGBT to Be Uninsured.See: http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

Build the capacity of the HIV/AIDS and LGBTQ health services sector



THE CONTEXT

- Hundreds of LGBTQ and HIV/AIDS organizations are addressing the health needs of LGBTQ communities through a range of innovative strategies.
- Many LGBTQ health and HIV/AIDS organizations are dependent on a small number of funding sources, particularly government grants.
- In many parts of the country, larger HIV/AIDS and LGBTQ service organizations lack racial and gender identity diversity among senior leadership.
- The implementation of the Affordable Care Act and the changing context of health policy create opportunities for LGBTQ health and HIV/AIDS organizations to explore new funding models.

THE FUNDING OPPORTUNITIES

- Fund grassroots community organizations to develop LGBTQ wellness programming, including effective models for health education and promotion, linkage to healthcare, and health maintenance.
- Fund LGBTQ health and HIV/AIDS organizations to develop new revenue strategies for increasing their sustainability in the current context.
- Support leadership development and succession planning to build the leadership of people of color and transgender people in health and HIV/AIDS service organizations.
- Fund community-based LGBTQ organizations to document effective models for linking people to care and keeping them healthy.

THE DETAILS

LGBTQ and HIV/AIDS organizations provide services ranging from referrals and peer counseling to HIV testing and primary medical care. They are often the first point of contact for LGBTQ people who are in need of care but may lack trust in mainstream health providers—whether because they are just coming out, have had previous experiences of homophobia, biphobia, or transphobia in the healthcare system, or lack health insurance. The 2014 LGBT Community Center Survey Report found that surveyed centers provided physical health services to more than 277,500 people, and mental health services to more than 42,000 people.[10]

Data show that the greatest potential impact on health for LGBTQ people would come from targeted campaigns on smoking, diet, exercise, and key determinants of health such as family acceptance, peer support among youth, healthy sexual relationships, linkage to employment and education, and good management of chronic conditions related to aging, mental health, addiction, and HIV infection. Yet at least one survey of LGBTQ organizations has found that many groups still center their programming around crisis issues, such as suicide prevention, bullying, homelessness, and HIV risk encounters, instead of the longer-term factors and facilitators of these issues. This is in part due to a funding bias: a survey of LGBTQ community centers showed that 65 percent of centers provided some or all of these wellness services and wanted to do more, but very few were getting any dedicated funding for this work. LGBTQ community centers, health centers, and HIV/AIDS service providers have a track record of addressing LGBTQ health needs as well as credibility and trust with marginalized

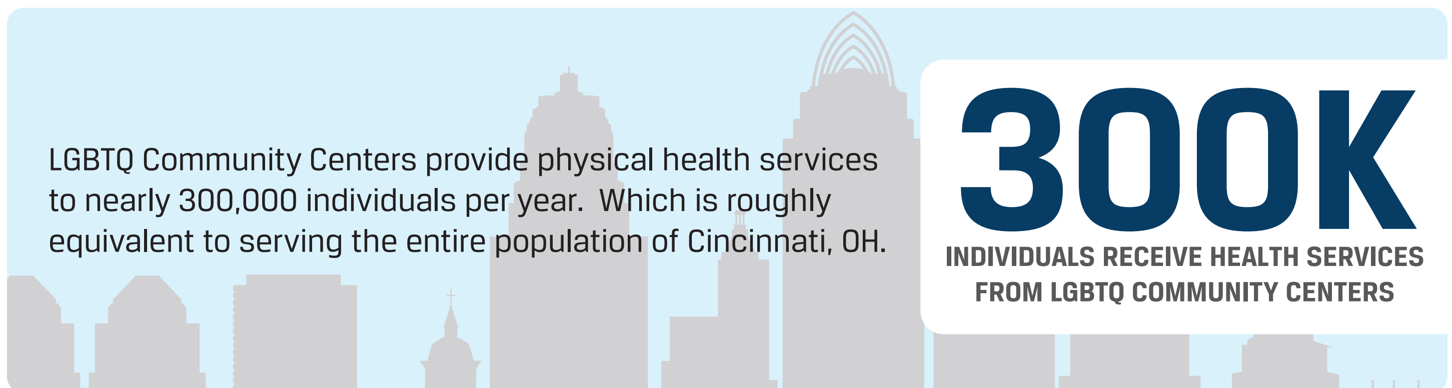
10 CenterLink: The Community of LGBT Centers and Movement Advancement Project, (2014). 2014 LGBT Community Center Survey Report: Assessing the Capacity and Programs of Lesbian, Gay, Bisexual, and Transgender Community Centers. See: http://lgbtmap.org/file/2014-lgbt-community-center-survey-report.pdf

LGBTQ communities. **Funders have an opportunity to build on these assets by providing support for LGBTQ community organizations to develop holistic wellness programs addressing issues ranging from addiction and nutrition to self-esteem and economic empowerment.**

A number of HIV/AIDS service organizations have grown to scale by attaining government funding for HIV/AIDS services—a funding source that has shrunk in recent years. A handful of LGBTQ community centers and health centers have grown through a range of revenue strategies, but the majority remain relatively small and struggle to keep up with growing demand and limited resources. Organizations focused on serving transgender people, LGBTQ communities of color, and rural areas are particularly under-resourced and likely to be dependent on a small number of funding sources. In this context, some have attained Federally Qualified Health Center (FQHC) or FQHC-lookalike status.

Several new healthcare reforms have also created strong financial incentives for clinical providers to link people to care and keep them healthy. In certain instances, fixed per capita payments offer healthcare providers the freedom to determine how to ensure the patient's health and prevent or reduce overall costs of illness. In many states, grants are available for pilot programs, innovations, and improvements in healthcare delivery. As such, healthcare providers are interested in increasing the number of patients they see while also keeping them healthy and thereby lowering costs.

This creates a potential new funding stream for LGBTQ community organizations. Mainstream hospitals and healthcare organizations throughout the U.S. now have an interest in partnerships and reimbursement arrangements with LGBTQ community organizations to reach and serve at-risk LGBTQ patients. LGBTQ community organizations that have experience in implementing wrap-around support services through Ryan White Care Act funding and CDC grants have important expertise to offer in working with at-risk populations to retain people in care and promote health.



Funders have an opportunity to build the sustainability of LGBTQ community health and HIV/AIDS organizations by providing them with capacity-building grants to explore new revenue strategies. For some organizations, these strategies may center on shifting to a clinical care model, attaining federal funding, and building revenue-generating partnerships with mainstream health providers. For others, it may focus on more grassroots fundraising models such as the cultivation of an individual donor base.

In addition, in some parts of the country, larger HIV/AIDS and LGBTQ service organizations lack racial and gender identity diversity among senior leadership. Many of the clients of these organizations are people of color or trans people. Funders have an opportunity to strengthen these organizations by supporting leadership development and succession planning to increase diverse leadership in the sector.

Finally, funders can provide support for LGBTQ community health and HIV/AIDS organizations to **improve data collection and health records systems to better document outcomes**. If LGBTQ community organizations are to be partners or subcontractors to the mainstream healthcare system, they need evidence that they can link people to care, keep people in care, and reduce healthcare costs. These methods should be well-documented and scalable or replicable.

Increase LGBTQ cultural and clinical competence of health service providers and systems.

THE CONTEXT

- Increased visibility of LGBTQ communities and improved data on LGBTQ health disparities have increased awareness among medical providers of the need to improve their cultural and clinical competence for serving LGBTQ communities.
- Healthcare reforms have created new financial incentives for providers to improve patients' overall health and to lower costs, further increasing the demand for better clinical competence in serving LGBTQ people and other high-risk populations.
- Strong curricula and content for training in LGBTQ competence have also been developed and are available at a national level.
- Despite the growing demand and well-documented models, most medical providers have received little or no training in LGBTQ clinical and cultural competence, creating a large unfulfilled need.

THE FUNDING OPPORTUNITIES

- Fund hospitals, clinics, and medical education programs to include LGBTQ competency standards and training components in existing health professional training programs.
- Fund community-based LGBTQ organizations to partner with clinics as cultural competence experts, to provide training and sites for clinical rotation.

THE DETAILS

In a study of 177 medical schools published by the Journal of the American Medical Association, a median of only five hours of LGBTQ-related content was taught over four years of medical training, and one-third of medical schools reported no LGBTQ content at all in their training curricula.[11] In a survey of LGBTQ-identified physicians, the majority had received little or no medical school training on providing effective care for LGBTQ populations, with an alarming 78% and 76% reporting that they received zero training on bisexual health issues and transgender health issues, respectively. Surveys of patients reveal the same gap; for example, in a survey of over 6,450 trans people, the National Transgender Discrimination Survey found that half of all trans people had to teach their medical providers about their health needs and appropriate healthcare.[12]

Luckily, strong curricula and content have been developed and are available at a national level through organizations such as the American Association of Medical Colleges, HRSA, Fenway Health, GLMA, LGBT HealthLink, the National LGBT Cancer Network, and the Rainbow Heights Club.[13] [14] [15] [16] [17] [18]

National healthcare reforms now provide strong financial incentives for clinical providers to link people to care,

11 Obedin-Maliver, J., Goldsmith, E.S., Stewart, L., White, W., Tran, E., Brenman, S., Wells, M., Fetterman, D.M., Garcia, G., Lunn, M.R., (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. See: http://www.ncbi.nlm.nih.gov/pubmed/21900137

12 Grant, J.M., Mottet, L.A., D.Min, J.T., Harrison, J., Herman, J.L., Keisling, M., (2011). The National Transgender Discrimination Survey Report. See: http://endtransdiscrimination.org/report.html

13 Association of American Medical Colleges, Diversity 3.0 Learning Series. See: http://www.aamc.org/initiatives/diversity/learningseries/

14 U.S. Department of Health and Human Services, Health Resources and Services Administration, (2013). LGBT Training Curricula for Behavioral Health and Primary Care Practitioners. See: http://www.hrsa.gov/LGBT/lgbtcurrcicula.pdf

15 Fenway Health. See: http://thefenwayinstitute.org/

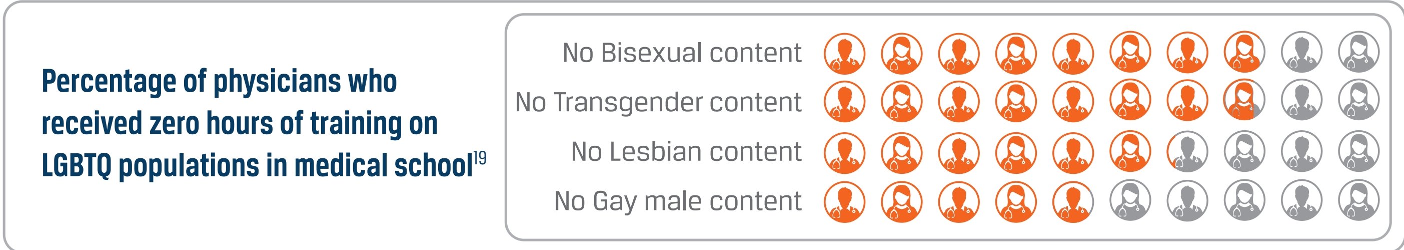
16 GLMA. See: http://www.glma.org

17 National LGBT Cancer Network. See: http://www.cancer-network.org/

18 Rainbow Heights Club. See http://www.rainbowheights.org/

keep them healthy, and lower costs. These reforms, along with non-discrimination requirements and greater data collection efforts focused on LGBTQ patients in healthcare settings, are driving hospitals, health centers, and other mainstream health care providers to improve their competency related to care of LGBTQ patients.

Healthcare providers therefore see the need to build their cultural competency, notably in the way they understand and interact with LGBTQ patients and also in the way they foster diverse and affirming employee environments. Providers also need clinical competency in addressing specific clinical needs, such as breast cancer screenings for lesbians, anal pap smears for men who have sex with men, hormone therapy management and surgeries for trans people, screening for HIV and other sexually transmitted infections among gay men and trans people, and appropriate screening for mental health and substance use across all LGBTQ populations. Medical schools and nursing schools also see this demand and are competing with each other to be leaders in LGBTQ-related training, residency programs, and student associations.



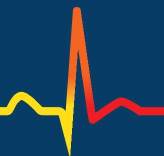
Funders have an opportunity to provide support for hospitals and medical education programs to implement training programs on LGBTQ clinical competence. Since these institutions are large and have access to considerable resources, grants of this type have the potential for significant leverage. Some hospitals and universities may also be able to access government dollars for cultural competence training, or contributions from alumni and major donors with a passion for LGBTQ communities. A foundation grant of modest size can create an institutional mandate for LGBTQ inclusion, serving as a catalyst for the integration of LGBTQ issues into large-scale programs.

In addition, as noted above, LGBTQ community organizations have developed in-depth curricula and experience in effectively training a range of providers in LGBTQ cultural and clinical competence. **Funders have an opportunity to support community-based LGBTQ organizations to partner with clinics as cultural competence experts, to provide training and sites for clinical rotation.**

19 Eliason, M.J., Dibble S., Robertson, P.A., (2011). Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace. See: http://www.researchgate.net/publication/51747459_Lesbian_Gay_Bisexual_and_Transgender_(LGBT)_Physicians'_Experiences_in_the_Workplace

20 Hamel, L., Firth, J., Hoff, T., Kates, J., Levine, S., Dawson L., (2014). HIV/AIDS In The Lives Of Gay And Bisexual Men In The United States. See: http://kff.org/hivaids/report/hivaids-in-the-lives-of-gay-and-bisexual-men-in-the-united-states/

Strengthen the HIV/AIDS and LGBTQ health policy and advocacy infrastructure.



THE CONTEXT

- There are well-established models and standards to protect LGBTQ people from discrimination in health insurance and health care, but many states and providers have not implemented these standards.
- A number of states, particularly in the South, have multiple policies that disadvantage LGBTQ people and other marginalized communities. Nineteen states are not expanding Medicaid, and most of these states also criminalize HIV/AIDS and lack protections from discrimination on the basis of sexual orientation and gender identity.
- At the state level, the infrastructure for LGBTQ health and policy advocacy is uneven. Some states have strong LGBTQ state equality organizations, while others have strong progressive health advocacy organizations—each of which can offer unique assets in advocating for more equitable health policy.
- New models and best practices have been established for collecting health data related to sexual orientation and gender identity, providing an opportunity for better documentation of the health disparities faced by LGBTQ communities.

THE FUNDING OPPORTUNITIES

- Fund policymakers, healthcare providers, and advocates to advance and implement nondiscrimination standards throughout the U.S.
- Fund state-level advocacy efforts and coalitions to advocate for accessible and affordable healthcare, especially in states that lack policies to protect LGBTQ people from discrimination, that criminalize HIV/AIDS, and that have not expanded Medicaid.

THE DETAILS

Standards and protections against discrimination toward LGBTQ people are now well defined in U.S. healthcare practice, healthcare institution requirements, and healthcare training, anchored by:

- Professional guidelines in a 2011 Institute of Medicine (IOM) report "The Health of Lesbian, Gay, Bisexual, and Transgender People",
- Hospital accreditation requirements described in Joint Commission documents published in 2010 and 2011,
- Healthcare training recommendations made by the Association of American Medical Colleges (AAMC) and other professional health associations, and
- Additional guidance issued by Federal government agencies overseeing funding and regulation of healthcare.

These standards and recommendations are being used by state and local policymakers to steadily challenge discrimination in health insurance coverage and healthcare, in turn helping people to access health services.

As one example, in many states transgender people who have health insurance find that all public and private health insurance plans reject any coverage related to being transgender, meaning that medically-necessary health services such as mental health services, hormones or surgeries are not covered. With advocacy, eleven states now ban these exclusions.[21] Organizations such as the National Center for Transgender Equality, the

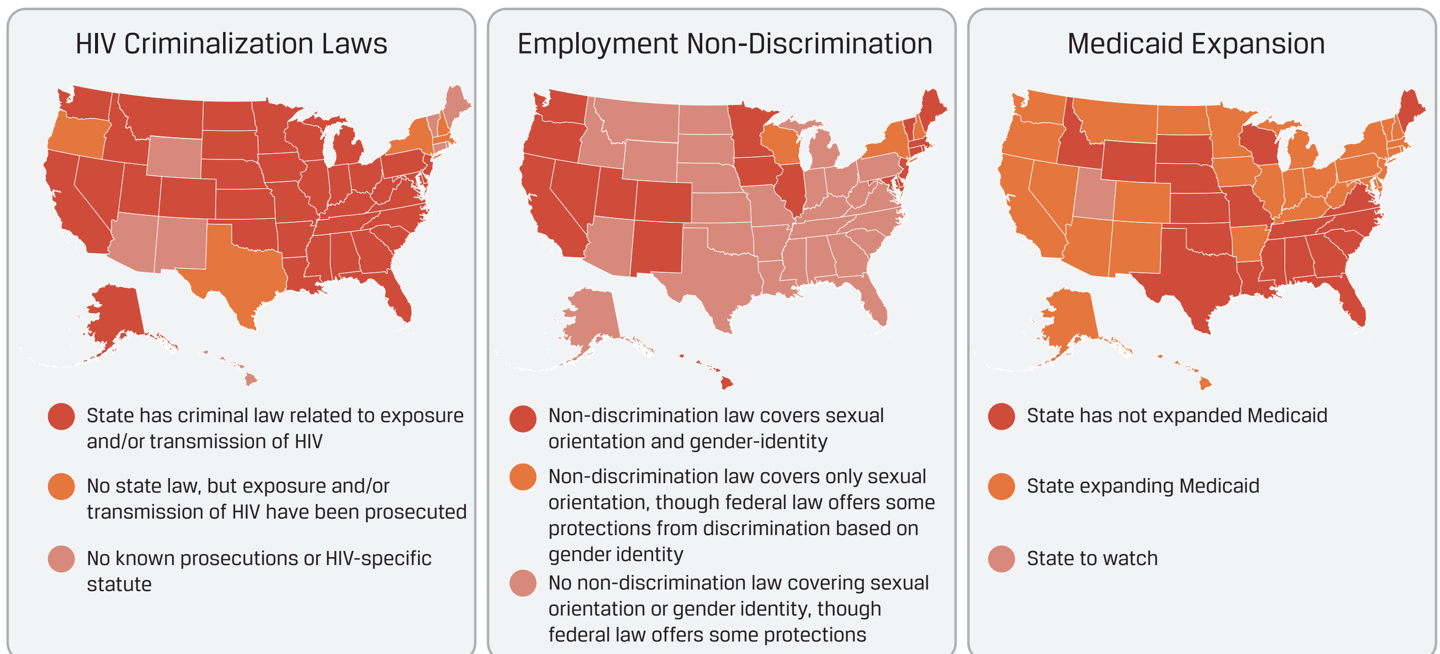
21 In addition to Washington, DC, the eleven states are California, Colorado, Connecticut, Illinois, Maryland, Massachusetts, New Jersey, New York, Oregon, Vermont, and Washington. See the National Center for Transgender Equality: http://transequality.org//issues/resources/transgender-healthcare-insurance-laws.

Transgender Law Center, the Transgender Legal Defense & Education Fund and many others are now working to inform people in these states about their rights to these health services, and to expand this protection to other states, to all Medicare beneficiaries, and to employees of all Fortune 500 companies and of the Federal government.

As a second example, in 2011 and 2012, as part of a health equity portfolio, the Missouri Foundation for Health increased its investments in a number of LGBTQ policy organizations in the state, including Equality Missouri, PROMO, and SAGE, along with the national group LGBT HealthLink to provide technical support. During 2013, that coalition used the national Joint Commission standards to ensure that 35 local hospitals adopted and publicly communicated about nondiscrimination standards, not only pushing for policies but offering onsite trainings and support for implementation. As a result, in the annual Human Rights Campaign (HRC) Healthcare Equality Index, Missouri climbed from 37th in the country to sixth in the number of local "LGBT leader hospitals," and accessibility and quality of care increased for LGBTQ people in the state. [22] [23]

State governments are the second largest source of funding for health, exceeded only by the federal government. However, many states place restrictions on funding for healthcare for the poor. For example, nineteen states have declined to expand Medicaid under the Affordable Care Act. Ten of those states are in the U.S. South, and those ten states are home to 65 percent of African-Americans who still lack health insurance, show the highest rates of HIV/AIDS and other STIs in the country, and experience the lowest life expectancies in the country.

Thirty-seven states have laws that criminalize the transmission of, or perceived exposure to, HIV - in some cases even for behaviors that pose no risk of HIV transmission, such as spitting. These laws result in adverse public health outcomes by stigmatizing HIV and creating a strong disincentive for getting tested for HIV. In a 2012 study of people living with HIV/AIDS, 25 percent of respondents said they knew someone who wouldn't get tested for HIV for fear that they would be prosecuted if they tested positive.[24]



22 Missouri Foundation for Health Resources. See: http://www.mffh.org/Page.aspx?id=839

23 Scout, (2014). Missouri Coalition Pushes State to National Leadership on LGBT Health. See: http://www.huffingtonpost.com/scout-phd/missouri-coalition-pushes_b_5992222.html

24 The Sero Project (2012). The SERO Project: National Criminalization Survey. See: http://seroproject.com/wp-content/uploads/2012/07/Sero-Preliminary-Data-Report_Final.pdf

Funders have an opportunity to support advocates for consumer health, LGBTQ equality, and social justice in these states to work in coalition to expand access to health care, repeal laws that criminalize HIV, monitor private health insurers against efforts to restrict coverage, and work with state health commissioners in developing administrative policy changes to reduce barriers to care.

Funders may also consider supporting state-level policy work to encourage government agencies to expand data collection about LGBTQ populations. Uncounted people don't count. This is particularly true for smaller or more stigmatized populations of trans people, young people, and people of color. It is important to document their presence and needs, as well as the interplay of various social, structural, and behavioral determinants of health. Data collection is a crucial part of ensuring progress in LGBTQ rights and healthcare access. Strong examples of the impact of data collection have already been seen in New York and California. New York in mid-2014 announced a statewide initiative to require all state agencies to integrate sexual orientation and gender identity (SOGI) into all existing patient and population data collection, offering free training and state funding to help agencies to make this transformation. In late 2014, California also enacted a mandate for all healthcare providers to ask about SOGI and to be competent in serving LGBTQ populations. In both states there was immediate demand from state agencies and healthcare institutions that had previously denied serving any LGBTQ populations but now sought trainings to gain competency on these issues in order to better serve LGBTQ people.

Support efforts to address mental and behavioral health and other social determinants related to stigma.

THE CONTEXT

- LGBTQ individuals are disproportionately likely to experience poverty, family rejection, food insecurity, homelessness, criminalization, and violence.
- These social and environmental factors, or social determinants, are documented to adversely affect the health outcomes of LGBTQ people.

FUNDING OPPORTUNITIES

- Support the wide range of LGBTQ organizations addressing the social determinants of health through advocacy, education, and services.
- Fund the pilots of new models and research on effectively addressing social determinants.
- Support the replication and scaling-up of promising practices and evidence-based interventions for improving economic opportunity, family acceptance, and safe schools.

THE DETAILS

Health outcomes are shaped not only by biological factors and the effectiveness of direct medical treatment, but by a wide range of social and environmental factors. These social determinants of health include access to healthcare, socioeconomic status, social support networks, exposure to violence, education, and discrimination. These are the conditions in which individuals are born, grow up, live, learn, work, play, worship, and age – all of which can affect one's health.

Throughout the life of an LGBTQ individual, there exists the constant threat of rejection from family members, co-workers, neighbors, and even service providers. Family rejection, in particular, can lead not only to homelessness but can also lead to depression, attempted suicide, substance abuse, unsafe sex practices, and a lifetime of lowered self-esteem.

LGBTQ people are more likely to be the targets of violence, including bullying and harassment in school. Transgender people (particularly trans women of color), people living with HIV/AIDS, and undocumented immigrants are disproportionately impacted by hate violence. This situation is made worse by the fact that members of the LGBTQ community and people living with HIV/AIDS are disproportionately more likely to have negative experiences with the criminal justice system.

As LGBTQ individuals age, they find themselves at increased risk for depression, smoking and alcohol use, and cardiovascular health concerns. These health challenges are exacerbated by inequity in safety-net programming for same-sex couples, less familial support, and the legacy of discrimination's effect on lifetime income.

Transgender people are 3.7 times more likely to experience police violence

Fortunately, there are a number of LGBTQ community assets and promising practices that can be built upon to address these social determinants of health:

- *Aging:* Across the country, there are dozens of organizations and programs addressing the needs of LGBTQ elders, including SAGE at the national level, grassroots groups of LGBTQ elders of color, and a small but growing set of LGBTQ-focused senior centers and housing facilities.
- *Criminalization:* The "Get Yr Rights Network" is a national network of more than 30 grassroots groups and youth organizations that work to empower LGBTQ youth and seek to end discriminatory policing. The "A Roadmap for Change" report by Streetwise and Safe and the Center for American Progress offers federal policy recommendations for addressing the criminalization of LGBTQ people and people living with HIV/AIDS.
- *Family Acceptance:* The Family Acceptance Project has developed evidence-based interventions for helping families move from rejection to acceptance. There are more than 350 PFLAG chapters across the U.S., as well as a number of other organizations providing education and support for parents of LGBTQ children.
- *Homelessness:* Across the country, dozens of community centers, youth centers, and other social service agencies provide LGBTQ housing services, including shelter, legal services, and case management; most of these programs serve youth and are located in urban centers.
- *Safe Schools:* There are a number of national and state-level LGBTQ organizations advocating for safe schools for LGBTQ youth, dozens of other LGBTQ youth service organizations and advocacy groups, and thousands of Gay-Straight Alliances in high schools around the country.
- *Violence:* There are more than 40 organizations and programs across the U.S. devoted to addressing violence in LGBTQ communities, providing advocacy and services such as hotlines, counseling, support groups, and legal clinics.

Funders have an opportunity to improve LGBTQ health by supporting the wide range of LGBTQ organizations addressing the social determinants of health through advocacy, education, and services, by piloting new models for addressing social determinants, and by replicating promising practices and evidence-based interventions across the country. Addressing these social determinants of LGBTQ health is also an area rich for potential cross-learning and collaboration, not only among LGBTQ funders, health funders, and HIV funders, but also among funders concerned about aging, criminal justice reform, economic opportunity, education, homelessness, and violence.

Conclusion

The current moment offers new and exciting opportunities to advance LGBTQ health.

In the United States, the advances of healthcare reform, marriage equality, and nondiscrimination protections have allowed LGBTQ people to gain new access to health insurance and healthcare. Funders now have a unique opportunity to support advocates, community organizations, and healthcare providers as they build on these positive developments while combatting continued health disparities that are intertwined with larger economic, political, and social inequalities.

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MISSION

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

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