

## Ensuring Equality for LGBT Communities

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These days we spend a lot of our time in the Health Policy area of the Missouri Foundation for Health talking about the potential to make real and lasting change. Come this fall, health philanthropy has the opportunity to assist millions of Americans to enroll into new health insurance options made available through the Affordable Care Act (ACA). In the last three years, many of us have been assisting states and communities with the implementation of the ACA, but these efforts have only been a prologue to the next 12 months. Starting in October 2013 the insurance exchanges will begin taking applications for enrollment as a setup for 2014 when the major coverage components of the law become a reality.

The role for foundations is clear. We must be leaders, conveners, and facilitators. We must take risks. We must be agents of change. We must bring stakeholders together and encourage collaboration in preparation for the next 12 months. We must build awareness among the populations that we serve regarding their new insurance options. We must play a role in assisting the uninsured to enroll into coverage and to properly

navigate the health care system. We must let the data guide our work and the populations with whom we work.

### LGBT HEALTH DISPARITIES

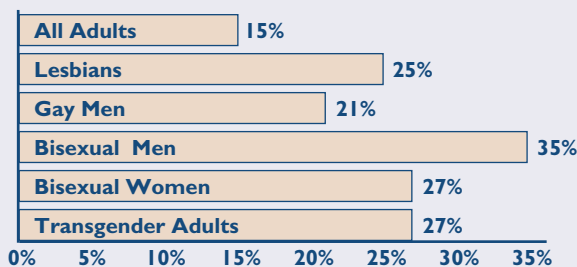
In 2012 the Missouri Foundation for Health released *Responding to LGBT Health Disparities* as part of our Health Equity Series. The publication is both a data book and a set of policy recommendations on increasing health equity for the

*LGBT Missourians are more than twice as likely to not receive needed medical care or surgery compared to the general population.*

lesbian, gay, bisexual, and transgender (LGBT) population. It is the most comprehensive publication focused on the LGBT population in Missouri, and offers insights and policies that are applicable in states across the nation. Highlights of the findings include:

- LGBT Missourians are more than twice as likely to not receive needed medical care or surgery compared to the general population.
- LGBT Missourians who belong to racial and ethnic minority groups experience higher rates of negative health outcomes.
- Missouri's Medicaid coverage explicitly excludes transgender transition care, but surgery is required for a transgender person to change the gender marker on state identification documents.
- More than one-third of gay and lesbian young people have not disclosed their sexual orientation to their doctors.
- More than two-thirds of health care organizations do not require that physicians attend cultural competency training that includes LGBT health issues.
- LGBT families in the United States are more likely to be poor, underemployed, and multiracial than non-

**FIGURE I**  
**PERCENT OF MISSOURI ADULTS WITHOUT HEALTH INSURANCE**



Source: Winter 2012; McElroy and Everett 2012

LGBT families.

- One in seven LGBT Missourians reports experiencing discrimination in the workplace.
- LGBT Missourians are 1.5 times more likely to be uninsured than the general population (see Figure 1).

It is the last bullet that brings us back to the ACA and the new coverage opportunities that will become available in 2014. The most important role that philanthropy can play is as a voice and an advocate for the most vulnerable and marginalized populations, including the LGBT population. In states like Missouri, providing this voice is not always easy

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*LGBT youth who have experienced high levels of family rejection are eight times more likely to attempt suicide than LGBT peers not experiencing family rejection.*

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or popular. If we truly want to assist the uninsured in learning about and enrolling into health insurance, however, then we use data as our guide. We must talk about what is required to remove barriers, increase awareness, and improve outcomes. These conversations can make people uncomfortable.

## LGBT YOUTH

One section of the report that exemplifies this need is the portion that discusses LGBT youth. A survey asked youth to describe the most important problems they are currently facing. For non-LGBT youth, the top three concerns were what many people might expect:

- 1) class/exams/grades,
- 2) college/career, and
- 3) financial pressures related to college or job.

For LGBT youth, however, the top three concerns were:

- 1) non-accepting families,
- 2) school/bullying problems, and
- 3) fear of being out or open.

This discrepancy helps explain why LGBT youth have higher rates of school drop-out and higher rates of suicide, and why LGBT persons continue to have different concerns into adulthood.

## POLICY CONSIDERATIONS

As the policy section of the LGBT report points out, there are still 29 states where LGBT persons can be fired due to their sexual orientation. In those same states, discrimination against LGBT persons in housing is legal. Additionally,

because the majority of states does not recognize same-sex relationships, many couples are unable to access benefits such as health insurance for their partners. These are three examples of concerns that other populations may not face. These facts do not make our jobs in health philanthropy any easier, but they should guide our work, and be given voice, as we design new programs related to the ACA's insurance opportunities.

## OPPORTUNITIES FOR FUNDERS

Philanthropy must ask: Who are the uninsured? Where do they live? Where do they work? Where do they play? Where do they worship? What do the data tell us? What can be done to reduce the effects of health disparities?

It is important that we not let this unique and historic opportunity pass. Philanthropy must partner with new organiza-

tions and individuals with whom we have not worked with in the past. We must give voice to everything we have learned about the most vulnerable in the decades that we have been working with communities. We must be willing to seek out the trusted sources of information for different subgroups of the uninsured. If we wish to succeed, we must be willing to make room at the table for new partners, new gatekeepers, and new communities. We are on the precipice of a historic moment (and opportunity) in which the number of uninsured in America will reduce by more than 50 percent; this will most likely not happen again during our lifetimes. We must take ownership of this opportunity to lead our communities to a healthier future and to facilitate a future where health equality is a possibility for all Americans.

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## SOURCES

McElroy, J., and K. Everett, "Out, Proud and Health Project: SGM Health Behaviors and Access to Care," PowerPoint presentation, April 27, 2012.

Winter, C., *Responding to LGBT Health Disparities* (St. Louis, MO: Missouri Foundation for Health, August 2012).

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