

Equity for All:

Entry Points to Elevate LGBT Health

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Lesbian, gay, bisexual, and transgender (LGBT) health is a critical health equity issue. According to Healthy People 2020, LGBT individuals experience a range of health disparities, including behavioral health challenges and lack of access to care, as a result of discrimination, victimization, and stigma. Recognizing these disparities, the Agency for Healthcare Research and Quality included LGBT individuals among its priority populations in the 2011 and 2012 *National Healthcare Disparities* reports.

Health funders have provided limited direct philanthropic support for LGBT health. Many question whether LGBT issues should be integrated into mainstream systems and organizations or if they should be supported through targeted strategies. Since few health grantmakers are prepared to carve out a separate programmatic area focused on this issue, a growing opportunity exists for health funders to provide more purposeful support for LGBT health within existing grantmaking strategies to address health disparities and promote health equity. Potential entry points for addressing LGBT health discussed here include: implementing the Affordable Care Act (ACA), supporting cultural competency initiatives and policy, and reducing tobacco use.

IMPLEMENTING THE ACA

The passage of the ACA presents an unprecedented opportunity to provide health care coverage and access to a large number of uninsured communities, many of whom identify as LGBT. For example, LGBT individuals and families will benefit from greater access to comprehensive coverage as a result of guaranteed availability of coverage, fairness standards for premiums, and guaranteed coverage for Essential Health Benefits (Cray and Baker 2013). Additionally, provisions to prevent unfair discrimination by health insurers offer new protections to LGBT consumers, and Medicaid eligibility expansions will help many more low-income LGBT families obtain coverage.

As part of its “Health Happens with Equality” campaign, The California Endowment is providing funding to Equality California to educate and enroll at-risk and marginalized LGBT Californians in ACA-approved health care plans. The campaign will focus on educating LGBT people and the general public about issues that affect the LGBT community. Additionally, the New York State Health Foundation sponsored a briefing to publicize a campaign by the LGBT Task

Force of Health Care for All New York to provide information to LGBT individuals about the more affordable health plans that will be offered by the New York State Health Benefit Exchange.

Other strategies for health grantmakers:

- Partner with LGBT media to create and disseminate relevant information regarding the ACA and its impact on LGBT communities.
- Support federally qualified health centers to enroll LGBT individuals in care.
- Collaborate with civil society funders reaching out to LGBT individuals to promote simultaneous voter registration and health care enrollment.

SUPPORTING CULTURAL COMPETENCY INITIATIVES AND POLICY

Cultural competency programs seek to develop the knowledge and skills of individuals and organizations to more effectively provide high-quality health care to diverse communities. Often these programs focus on issues of culture related to race and ethnicity, given that communities of color experience more limited access to high-quality health care and poorer health outcomes than white communities. Including sexual orientation as a dimension within cultural competency trainings and programs is a crucial area to consider since LGBT individuals also experience barriers to care or substandard care (Lambda Legal 2010).

Harvard Pilgrim Health Care Foundation’s Culture InSight program tailors its cultural competency trainings for health and human service organizations to include an LGBT component when requested. Recognizing that sexual orientation is not a visible characteristic, the program seeks to help providers avoid making potentially harmful assumptions about patients. Culture InSight’s trainings include techniques such as case studies and story examples that illustrate the diversity of LGBT communities, acknowledging that people who identify as LGBT can also be immigrants, have a disability, or be a person of color. Similarly, The California Endowment has supported advocacy efforts to push for policy changes related

to cultural competency and LGBT issues. Through partnerships with community foundations and statewide advocacy coalitions, the endowment helped advance policy that establishes LGBT cultural competency training requirements for senior care facilities, requires state agencies to include sexual orientation in data collection, and includes LGBT in cultural and linguistic competency requirements of physicians and dentists.

Other strategies for health grantmakers:

- Fund cultural competency trainings with an LGBT health component for Marketplace navigators associated with implementation of the ACA.
- Promote the implementation of culturally competent health care services supportive of LGBT health that satisfy the National Culturally and Linguistically Appropriate Standards in Health and Health Care for health care organizations.
- Support usage of the Healthcare Equality Index for health care organizations seeking to provide equitable, inclusive care to LGBT communities.

REDUCING TOBACCO USE

The devastating health consequences of tobacco use are widely known. In fact, tobacco is the leading cause of mortality in the United States. According to the National Coalition for LGBT Health, LGBT individuals are 40 to 70 percent more likely to smoke than non-LGBT individuals, and more than 30,000 LGBT individuals die each year of tobacco-related illnesses (National Coalition for LGBT Health 2005). Higher levels of social stress, higher rates of alcohol and drug use, and direct targeting of LGBT consumers by the tobacco industry contribute to disproportionately high smoking rates among LGBT communities.

To address inequities facing the LGBT community, Blue Cross and Blue Shield of Minnesota Foundation integrated efforts to support tobacco cessation specific to LGBT individuals as part of its broad Health Equity in Prevention portfolio. This program includes working at the state level to advance awareness of LGBT health inequities related to smoking, promoting anti-tobacco policies that change smoking norms at the environmental level, and creating a directory of LGBT-friendly providers for those seeking tobacco cessation support. Additionally, through its Tobacco Policy Changes program, the Robert Wood Johnson Foundation funded organizations in 33 states to cultivate grassroots efforts to promote policy changes among communities disproportionately affected by tobacco use, including the LGBT community.

Other strategies for health grantmakers:

- Support interventions focused on changing perspectives and perceptions of tobacco use among LGBT communities.
- Collect surveillance-level data on sexual orientation and tobacco use.
- Partner with the National LGBT Tobacco Control Network to support the national action plan to address the disproportionately high rates of tobacco use among LGBT communities.

CONCLUSION

Given the disparities affecting LGBT communities, the issue of LGBT health stands to benefit from more strategic philanthropic attention. Because LGBT individuals are present in all communities, funders are already serving LGBT populations, though there is an opportunity to elevate LGBT health within existing approaches to advance health equity. Addressing LGBT health through philanthropic efforts to implement the ACA, support cultural competency initiatives, and reduce tobacco use are three examples among many for health funders to create more integrated strategies so that the vision for achieving health equity truly does include all people.

SOURCES

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