THE NETWORK FOR LGBT HEALTH EQUITY

Act Now to Engage LGBT People in Local Community Transformation Grants

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Network for LGBT Health Equity

The Network for LGBT Health Equity is community-driven network of advocates and professionals enhancing LGBT health by countering tobacco use, and enhancing diet and exercise. We are one of six CDC-funded tobacco disparity networks and a project of The Fenway Institute in Boston. We advance these issues primarily by linking people and information to advocate for policy change. We actively monitor national and state health policymakers and urge community action when there is an opportunity to enhance LGBT wellness.

We would like to thank our cosponsors for this webinar

Agenda

- **411** - Overview of this funding stream & goals for inclusion– Dr. Scout & Gustavo Torrez
- **How** to advocate for LGBT inclusion – Dr. Scout
- **What** LGBT Health disparities to highlight – Dr. Barbara Warren
- **Who** to advocate with for LGBT inclusion – Dr. Scout & Gustavo Torrez
- Comments from CenterLink & Equality Federation & National Coalition for LGBT Health staff

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The 411

What are CTGs?

- A major component of healthcare reform is additional funding for health prevention, especially for the combo of nutrition + exercise, + tobacco control referred to as “wellness”.
- CTGs are $100M+ of new federal funds in this area, being spread to states & communities
- See website here: http://www.cdc.gov/communitytransformation/

Why do I care now?

- CDC just released a Request for Proposals for states, counties, cities & tribal areas to submit plans for CTG projects
- Those plans ***could*** include LGBT targeted activities/funding – but we usually have to speak up to make sure that happens.
- So, ***now*** is the time to approach your Department's of Health to say – "Don't leave LGBT people behind! LGBT equality means health equality too!"

Goals of This Webinar

- Educate local LGBT advocates on CTGs
- Provide the tools so you can approach your local health departments and advocate for LGBT inclusion.
- Build the number of LGBT focused CTG programs nationwide

What could be goals for you?

- Build positive relationships with Department of Health reps
- Make sure there's LGBT equality in this big new funding stream
- Build local LGBT activities & projects
- Create new relationships with other disparity leaders or major health players locally.
- Possibly – become a funded partner in a CTG award.

CTG Background

- This is 2nd round of this type of funding, last round was $650M from stimulus money
- Not all regions get it, could be your region does not apply. ☹
- Applicants for last round have built lessons – most likely to be applicants for this round
- More later from the conference for the folks from the prior round of funding.

CTG Request for Applications

- It didn't take as much leadership as desired (see The Long-Awaited Community Transformation Grants? Thumbs down so far. http://lgbthealthequity.wordpress.com/2011/05/13/the-long-awaited-community-transform-grants-thumbs-down/)
- But, there is much stronger focus on including disparity populations routinely, sexual orientation specifically mentioned as a possible one.
- Letter of intent due June 6th, final app due July 15th.

Goal of CTGs & Key Facts

"The overarching purpose of this program is to prevent heart attack, strokes, cancer and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes in states, large counties, tribes and territories."

How?

- Reduce death/disability from tobacco use by 5%,
- Reduce rate of obesity by 5%,
- Reduce rate of heart disease/attack by 5%

Applicants can choose to apply in capacity building –OR- intervention

Only 1 award per area, applicants must have support from local department of health

50% of funds must be re-granted – to include agencies with disparity experience

Trends and Info from Conference

- Policy change is key
- Tobacco is leader in arena, that model is being ported to exercise/nutrition area

How to Advocate for LGBT Inclusion

Step 1: Submit your own LOI

- Optional
- Submitting a letter of intent will push your info to other local applicants, while a local DOH can trump you – this encourages them to team with you.
- Dates and Requirements for the Community Transformation Grants, Letters of Intent - http://lgbthealthequity.wordpress.com/2011/06/01/4095/

Step 2: ID your local applicant

- We have contact information for the prior awardees
- If not, it might be harder, but we can provide you with the tobacco contact to begin

Step 3: Call & visit your applicant

- You want to be their solution, you want to make it easy for them to write their proposal including LGBTs seamlessly (more next)
- Remind them of RFA wording: "Applications will be funded in order, by score and rank, determined by a review panel. In addition, the following factors may affect the funding decision: geographic diversity; representation of a varied mixture and type of strategies; inclusion of communities of varying sizes; and inclusion of populations and areas with a high burden of chronic diseases and those which bear the highest burden of health disparities."

Step 4: Remind other policymakers we need to be in CTGs

- Work your contacts, bug other policymakers a bit to remind them that we need to be in CTGs.
- Past experience shows: even allies don’t understand we’re left out til we mention it.

What to say when you visit applicant

- Educate them on key LGBT health disparities
- Urge them to include LGBT disparity plans in their proposal
- Offer to be their partner in providing resources and data for their proposal development
- If possible – offer to be funded partner

How you can help them – big picture

1. Give them access to LGBT community needs assessments they might not know about
2. Provide access to LGBT folks for their Leadership Team, or Community Coalition.
3. Provide expertise on how to integrate LGBTs in their Capacity Building Plan or Community Transformation Implementation Plan.

How you can help them – big picture

4. Do a project that pushes for policy changes in LGBT organizations.
5. Use your LGBT civil right policy relationships to get strong LGBT folk working in the general coalitions working on policy change (e.g. clean air measures)
6. Help them add smart LGBT measures to their health surveys to evaluate LGBT disparity changes.

How you can help them – proposal

1. **Needs section** (10 pts) – write 1-2 paras describing LGBT community & health disparities
2. **Leadership Team & Coalitions** (20 pts) – a. Commit to participate in their leadership team or coalition. B. Write letter of support! (& offer to get others)
3. **Community Transformation & Implementation Plan** (20 pts) – review current plan & suggest places for more LGBT inclusion.
4. **Performance Monitoring & Evaluation** (10 pts) – Give them resources on how to add LGBT measures to key health surveys so they can say in the proposal they will be added.

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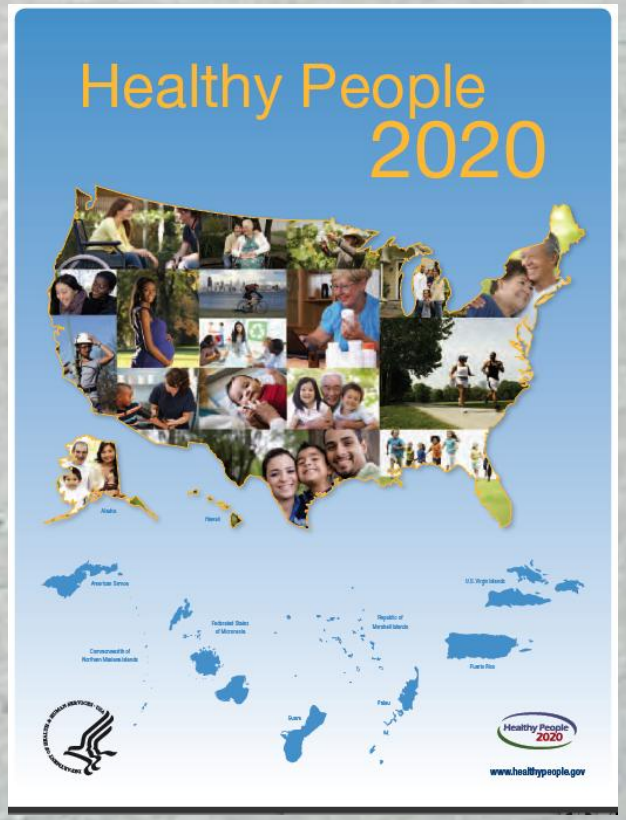
Healthy People 2020

- Overarching goal: "Achieve health equity, eliminate disparities."
- Disparities/inequity to be assessed by: Race/ethnicity, Gender, Socioeconomic status, Disability status, *Lesbian, gay, bisexual, and transgender status,* Geography
- New LGBT Topic Area



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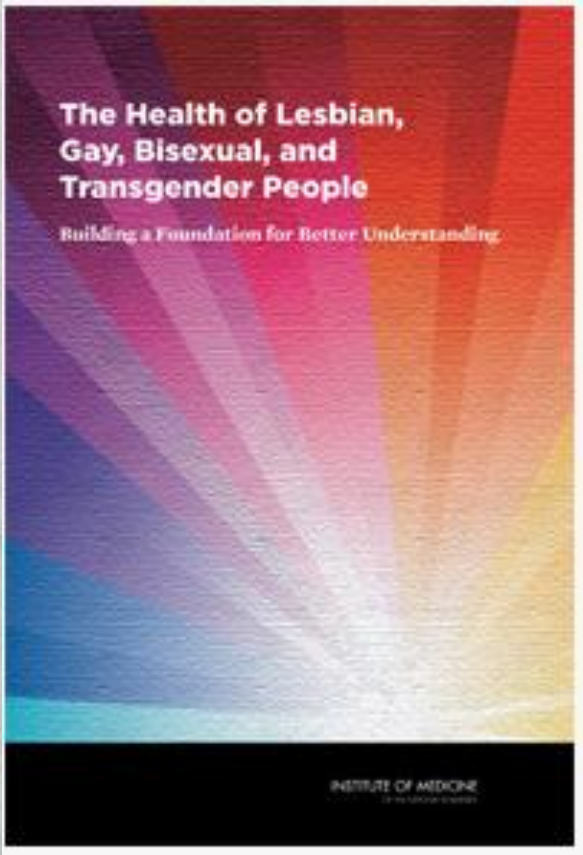
IOM Report

- Historic review of LGBT health disparities
- Calls for data collection, cultural competency, & additional research.



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Tipping Point?

- HHS testing LGBT questions for major health surveys
- Secty Sebelius outlines range of coming LGBT health enhancements at http://1.usa.gov/kfS5yP.

Photos by Chris Smith

U.S. Department of Health and Human Services Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities

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What LGBT Disparities to Highlight

CTG Webinar: Some Talking Points on LGBT Health Disparities and Prevention /Health Promotion Needs

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Strategic Area 1. Tobacco Free Living

- LGBT adolescent and adult populations have the highest rates of tobacco use 1, 2
- In the largest and most scientific study to date, LGBT people smoke at rates almost 50% to 200% higher than the rest of the population 3.
- LGBT adolescents are taking up smoking at an alarming rate: in a national study 45% of females and 35% of males reporting same-sex attraction or behavior smoked. In comparison, only 29% of the rest of the youth smoked 3.
- American Cancer Society estimates that over 30,000 LGBT people die each year of tobacco-related diseases 3.

Strategic Area 2 : Active Living, Healthy Eating

- Lesbians and bisexual females more likely to be overweight or obese4.
- Lesbians may be at greater risk for obesity and the health problems it may cause 5.
- A number of studies have examined why lesbians, and in some cases bisexual women, are more obese and overweight than heterosexual women 5.
- Suggested theories include an association with childhood sexual abuse, the impact of minority stress, more positive body images, and different exercise patterns; however, insufficient research has been conducted to understand these associations 5.

Strategic Area 3: High Impact, Evidence-based Clinical and Preventative Services

- Lesbians and bisexual women may use preventive health services less frequently than heterosexual women 5.
- Lesbians and gay men are less likely to get preventive services for cancer 6, 7.
- More research is needed to establish LGBT culturally competent evidence based health promotion, prevention and interventions 5.

Strategic Area 4 Social and Emotional Wellness, and 5) Healthy and Safe Physical Environment

Minority Stress: physical and emotional stress correlated with perceived and/or actual social stigma, discrimination, harassment and anti-gay violence

- Same-sex individuals 2X as likely as heterosexuals to have experienced discrimination in their lifetime;
- 5 X more likely to indicate that discrimination had interfered with having a full and productive life;
- Perceived discrimination correlated with mental disorders including elevated rates of depression and substance use disorders 8, 9.

Transgender Health Disparities

Transgender individuals have a high prevalence of HIV/STDs victimization mental health issues and suicide , and are less likely to have health insurance than heterosexual or LGB individuals, all of which are barriers to accessing culturally competent preventative care and health promotion services 10, 11, 12.

Other Opportunities

- SAMHSA FY 2011 Grant Request for Application (RFA)
  Funding Announcements:
  www.samhsa.gov/grants/

- SAMHSA needs LGBT savvy grant reviewers.
  Sign up at
  www.samhsa.gov/Grants/emailform/index.aspx

- HRSA needs LGBT savvy grant reviewers.
  Sign up at
  https://grants.hrsa.gov/webReview/

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Who to Advocate with for LGBT Inclusion

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Comments

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Questions

THANK YOU!

We look forward to working with you to collaboratively address LGBT wellness disparities.

Additional questions?

Feel free to contact us whenever needed

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