

INTRODUCTION

This report describes the actions necessary to move towards parity in health and human services for lesbian, gay, bisexual, and transgender (LGBT) people in New York State. The Empire State Pride Agenda's previous publication, *LGBT Health and Human Service Needs in New York State*, described the disparities experienced by LGBT people. This document takes the next steps to suggest concrete measures that government and non-governmental agencies can take to reduce and eliminate these disparities.

The report is organized into three sections: LGBT HEALTH IN GOVERNMENT, recommendations that span government entities including policymakers in legislative, executive, and state agency offices; LGBT AFFIRMATIVE HEALTH CARE, recommendations in specific areas—primary care, mental health, substance abuse, and tobacco, and anti-violence services; and SERVING THE LGBT POPULATION, recommendations for specific populations—youth, seniors, people of color, transgender people, geographically isolated people, and LGBT families. The sections describing each of these topics and populations summarize the disparities experienced by each of these groups and suggest recommendations and a series of specific action steps that serve as a path to implementation.

This executive summary highlights what the various sections have in common—data collection, inclusion, cultural competency, the creation of an office to oversee LGBT health and human services, health insurance and increased access to care. It also summarizes the major recommendations for each health area and for each population. The best LGBT health and human services are delivered to consumers with an understanding of the complexity of human identity. Although some of this information is organized by singular identities—transgender, or senior, to name examples, this is for ease of use only. All of this work acknowledges the importance of multiple identities in determining experiences of health and human services. Finally, it is important to note that while HIV/AIDS continues to disproportionately affect LGBT people in New York State and beyond, this document targets non-HIV/AIDS related disparities.

CROSCUTTING RECOMMENDATIONS

The recommendations and paths to implementation contained within this document are intended to provide direction and guidelines for action. Progress in any one area, or on any series of steps will inform and serve as models to similar efforts within other agencies, statewide and at a local level. These suggestions may be helpful to other states and regions as they seek to address health and human services needs of their LGBT constituents. Collaboration and cooperation between all of the stakeholders-policymakers, health and human services providers, LGBT health equity advocates, and LGBT community members is integral to implementing these recommendations and action steps as they have been written, and the success of these efforts will depend upon an ongoing commitment on the part of all to working together to eliminate LGBT health disparities throughout New York State.

1. More data collection, analysis and utilization.
 - **Collection**
LGBT demographic data collection by government must include sexual orientation identity, gender identity to reflect transgender populations and, where appropriate and relevant, same-sex sexual behaviors, same-sex partner status and same-sex domestic household status, including dependent children.
 - **Analysis**
Data that are collected must be analyzed in order to be useful. Each agency that collects data (in addition to adding questions on sexual orientation and gender identity where they do not currently exist) should analyze health and human services data examining these key variables in order to identify local and topical disparities.
 - **Utilization of data**
In order to act upon what is learned from data collection and analysis, evidence based practice must be developed (where they do not exist) and implemented where they are well understood.
2. Including LGBT people in decision-making about health and human services, particularly in cases where they are most affected.
3. Cultural competency training and enforcement for both students of health and human services and existing providers.
 - Adopt cultural competency guidelines and standards for all state funded/licensed health and behavioral health programs that are inclusive of training in and competency with LGBT adult and adolescent populations.
 - Require that all educational programs training health and behavioral health services providers in New York State incorporate LGBT cultural competency in their curricula.
4. The creation of a cabinet-level position and ombudsperson's office to oversee implementation of these recommendations and future efforts.
 - Monitor LGBT cultural competency through annual program audits for state licensed, certified and/or funded health and human services programs and require programs to address deficiencies.
 - Provide training for relevant state agency staff in LGBT culturally competent services and care. Ensure that state issued funding proposals require prospective applicants to address how they will be inclusive of LGBT populations in their proposals.
 - Establishing a cabinet level position for LGBT health and human services within the Office of the Secretary to the Governor to direct and oversee these efforts.
 - Appoint a state ombudsman for complaints about discrimination including on the basis of sexual orientation and gender identity and expression by state agencies or in provision of state services in the Solicitor General's Office or Division of Human Rights.
5. The creation of interagency task forces to address LGBT health and human services equity across the following topical areas: Primary Care, Mental Health Services, Tobacco Control, Substance Abuse and Anti-Violence, as well as to address the following specific issues: youth services, seniors services, the needs of people of color and transgender people, geography and transportation, and families.
6. Continued funding of *both* LGBT-specific outreach and efforts to make mainstream service providers LGBT-friendly.
 - Recognizing that some LGBT consumers will be best served by mainstream providers (or have no other options), it is recommended that all mainstream service providers be aware of and culturally competent to work with LGBT people.
 - Other LGBT consumers and issues are best served or provided for by LGBT-specific settings, and these should continue to expand.
7. Health insurance **must** cover issues and procedures specific to LGBT people without a disproportionate cost. These include:
 - LGBT families being covered by insurance, including spouses, same-sex partners, and children (whether biological or adopted);
 - Reproductive assistance for same-sex couples; and
 - Cross-gender hormone therapy, sex reassignment surgery, mental health care and appropriate gender-specific screenings for transgender people.
8. Increase access to care for issues with a disproportionate affect on LGBT people, including mental health, substance abuse, and violence.

ISSUE SPECIFIC RECOMMENDATIONS

Primary Care

1. Implement and monitor non-discrimination guidelines for hospitals and outpatient health care facilities that operate under the oversight of the New York State Department of Health and the New York City Health and Hospitals Corporation.
2. Develop and implement LGBT-specific Standards of Practice (SOP), with related indicators for monitoring the provision of quality health care services to LGBT patients and their families, in all primary care settings licensed or operated by the New York State Department of Health and the New York City Health and Hospitals Corporation.
3. Increase access to preventative health care and enhance access to health promotion and wellness for LGBT individuals and families.

Mental Health Services, Tobacco Control and Substance Abuse

1. Develop and implement prevention and wellness, as well as increasing access to care and base services in the LGBT community.

Anti-Violence

1. Law enforcement should be visibly engaged in working with the LGBT community to stop anti-LGBT bias crimes and provide sensitive services for victims.
2. Increase public awareness of the extent and impact of victimization against LGBT individuals and communities and on crime victims' rights and services.
3. Foster a culture that makes anti-LGBT violence unacceptable and promotes appreciation for diversity and inclusion.

POPULATION SPECIFIC RECOMMENDATIONS

Youth services

1. Continue to work to prevent youth homelessness and assist homeless youth.
2. Expand access for LGBT youth to LGBT positive and affirmative youth development, health promotion and wellness activities, and to reduce social isolation for these youth throughout New York State
3. Prevent hate violence in schools and in the community.

Seniors

1. Support legislation modeled on California's *Older LGBT Equality and Protection Act* to require state units on aging and area agencies in aging to:
 - Increase access for LGBT seniors to a comprehensive continuum of aging-related services and supports.
 - Protect LGBT seniors from discrimination by vigorous enforcement of the letter and spirit of the Sexual Orientation Non-Discrimination Act (SONDA)'s prohibition on discrimination in public accommodations and housing.

2. Support legislation like the Older New Yorkers Equality and Protection Act to institutionalize the progress made in recent years and support additional progress.
3. Ensure that the Point of Entry initiative, to provide seniors with one stop access to comprehensive information and referral services, is inclusive of the needs of and provides appropriate resources for LGBT seniors.

People of color

1. All health and human services infrastructure should be welcoming and culturally sensitive to people of color issues and the ways that these issues intersect with issues of sexuality and gender identity.
2. Data analysis and reporting on racial and ethnic communities should examine intersectional disparities involving LGBT people.
3. LGBT people of color-specific programming should be available for a wide variety of LGBT health and human services issues.
4. LGBT people of color-specific programming should be available in communities of color.
5. Given the lack of systematic information on intersectionality and pending further research, programs should target issues where both LGBT people and people of color experience disparities in health and human services.

Transgender people

1. Protect transgender and gender non-conforming people from discrimination and violence. Public facilities such as homeless shelters, jails, and prisons should decrease the risk of violence against transgender people.
2. Ensure adequate medical care for transgender and gender non-conforming people through requiring public and private insurance policies to cover transgender responsive and inclusive health care.

Geography and transportation

1. Create LGBT-specific infrastructure in rural areas, including community centers and youth, family, people of color, and older adult programming.
2. Integrate LGBT services into health and human services located outside of major urban areas and evaluate the effectiveness of these models.
3. Utilize new media and internet tools to reach rural LGBT people with health and human services.

Families

1. Broaden state understandings and definitions of what constitutes a family.
2. Expand access to family building resources for LGBT adults.
3. Schools and child care must be made safe and welcoming for children of LGBT parents.
4. Ensure that all families have access to legal processes and documents that assure their safety and cohesion.
5. Expand access for LGBT families with children to LGBT-positive and affirmative family support, health promotion, and wellness activities in order to reduce social isolation for these families throughout New York State.



Office of the President

August 18, 2010

It is with great excitement and pride that we at Hunter College present you with this report – the first official publication of the Hunter College Institute for LGBT Social Science and Public Policy.

Though many issues affecting the LGBT population have gained widespread attention in the last several years, and though much progress has been made, critical disparities in health and human services have gone largely unreported. As this report shows, LGBT people and their families continue to experience inequities in the prevention and treatment of HIV, cancer, mental illness, substance abuse, and other health crises. More importantly, this report shows what we can do about it, and how New York City and State can lead the way in addressing and solving this human rights issue.

This focus on evidence-based solutions is at the heart of the LGBT Institute, and of every project at the new Roosevelt House Institute of Public Policy at Hunter College. Located at the newly restored New York home of Franklin and Eleanor Roosevelt, which has been part of Hunter College since 1942, the Roosevelt House Public Policy Institute serves as a vital center for student learning, faculty research, and public programming related to public policy and human rights. From its inception, we have planned to make the study and implementation of LGBT policy an essential component – and thanks to the dedication and foresight of Dr. Barbara Warren and Dr. Jeffrey Parsons, the LGBT Institute is off to a phenomenal start.

We are grateful to Somjen Frazer Consulting, the New York State LGBT Health and Human Services Network, and especially our friends and partners at the Empire State Pride Agenda for collaborating on this important publication. And we look forward to contributing Hunter's resources to help follow through on its recommendations and become a national model for action.

We sincerely hope you join us.

Jennifer J. Raab
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INTRODUCTION

This report describes the actions necessary to move towards parity in health and human services for lesbian, gay, bisexual, and transgender (LGBT) people in New York State. The Empire State Pride Agenda's previous publication, *LGBT Health and Human Service Needs in New York State*, described the disparities experienced by LGBT people. This document goes a step further and suggests concrete measures that government and non-governmental agencies can take to correct these disparities.

The project is a collaboration between the Empire State Pride Agenda Foundation, the New York State LGBT Health and Human Services Network, and the Institute for LGBT Social Science and Public Policy at Hunter College. Each contributing organization brought expertise and information without which the project would not have been possible. The authors also drew upon the experience of the many LGBT advocates, researchers, frontline services providers, and consumers from across the State who have been dedicated to working towards LGBT health equity for over two decades. A number of recent national LGBT policy reports were also invaluable sources and all are credited in the reference and acknowledgements sections.

The document is organized into thirteen sections, each of which contains an introduction to the issue, a brief description of the relevant disparities and a set of recommendations with implementation guidelines for each. We have included sections on two issues that cross-cut all others: data collection and cultural competency training. We have also included sections on the most important areas where LGBT people experience health and human services disparities: primary care, mental health, tobacco use, substance abuse and violence. Finally, we have included sections on vulnerable subpopulations of the LGBT community: youth, seniors, families, people of color, transgender and gender non-conforming people, and rural LGBT people.

These sub-populations require special consideration because they have specific health issues and disparities — e.g., transgender people often need access to hormone therapy, LGBT families may require specific reproductive services, etc. We also include these sections to draw attention to the fact that identities do not exist in isolation and individuals cannot be well-served in health and human services if a holistic approach is not taken. No one should ever have to choose to be a transgender woman first and African American second, or a father first, a gay man second and a member of a rural community third.

It is our hope that this document offers agencies and organizations in New York State a guide to moving their work towards more fully serving the LGBT community. While this community may continue to struggle to achieve parity in law and full citizenship in their treatment by the non-LGBT community, we hope that New York State will remain a trailblazer in its commitment to closing the gaps experienced in health and human services.

AUTHORSHIP

This report was developed collaboratively by:

The Hunter College Institute for LGBT Social Science and Public Policy, City University of New York (The LGBT Institute)

The Hunter College Institute for LGBT Social Science and Public Policy is located within Hunter College, a comprehensive teaching, research and service institution, long committed to excellence and access in the education of undergraduate and graduate students in the liberal arts and sciences, as well as in several professional fields: education, health sciences, nursing and social work. Hunter College serves a diverse population of over 21,000 students who come from over 150 countries, speak 100 different languages and represent virtually every major religion of the world. While teaching and research are its primary missions, community service is also an essential goal of the College. In this context, the LGBT Institute, under the direction of Dr. Barbara E. Warren, focuses on development of credible social science research on LGBT issues to inform policy decisions, dissemination of the findings and implications, to inform public opinion and development of LGBT policy academic training and practicum opportunities for Hunter students.

Somjen Frazer Consulting

Somjen Frazer has been providing affordable research and evaluation services to nonprofits and universities since 2003. With a specific focus on LGBT communities, Somjen Frazer worked on projects in a variety of relevant fields, such as criminal justice and political participation. Current and recent clients include Lambda Legal, the National Council for Research on Women, the New York State LGBT Health and Human Services Network, and Public Agenda. To date, twenty percent of the firm's work has been pro bono for small LGBT organizations that could not otherwise afford such research services.

The Empire State Pride Agenda (Pride Agenda)

The Pride Agenda is New York's statewide lesbian, gay, bisexual and transgender (LGBT) civil rights and advocacy organization. Our mission is to win equality and justice for LGBT New Yorkers and our families. We recognize that while significant cultural, legal and governmental advances have led to greater equality for LGBT New Yorkers, we and our families remain highly vulnerable without the vast majority of rights and protections that most New Yorkers take for granted. Through our education, organizing and advocacy programs, we work toward creating a broadly diverse alliance of LGBT people and our allies in government, communities of faith, labor, all sectors of the workforce and other social justice movements to achieve equality for LGBT New Yorkers and the broader goals of social, racial and economic justice.

The New York State Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Human Services Network (The Network)

The Network is a coalition of more than 50 LGBT-specific and LGBT-supportive nonprofit groups and organizations that provide health and human services to LGBT New Yorkers and their families. The Network is coordinated by the Empire State Pride Agenda. Its member organizations serve urban and rural populations all across New York State, including LGBT individuals who are part of other communities that have historically experienced barriers and marginalization, such as youth, seniors, people of color, people with low incomes and transgender individuals. The Network focuses on non-HIV related services, such as primary and preventive care, crime victim assistance, substance abuse, and mental health needs, family counseling and education.

METHODOLOGY

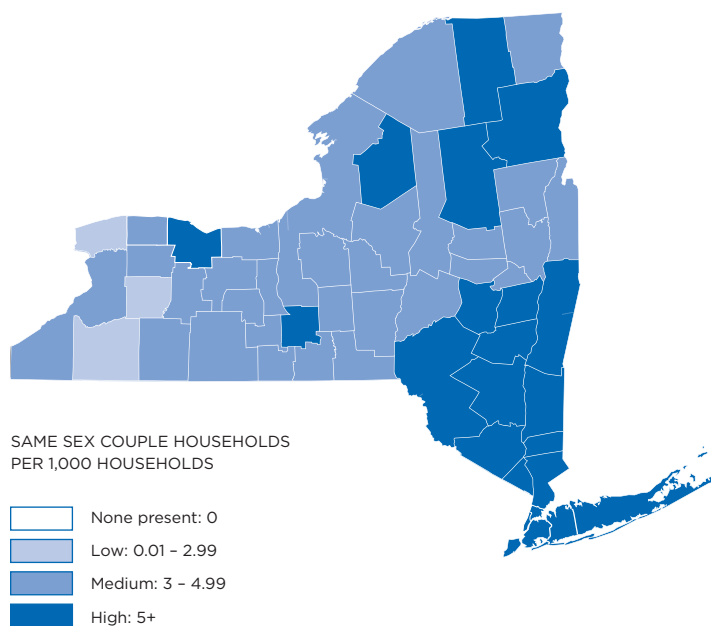
Estimates of the size of the LGBT population in New York State vary. In 2004, the New York State Department of Health's Adult Tobacco Survey included questions on sexual orientation and gender identity. It suggested that 2.6% of adults in New York State are lesbian, gay or bisexual, while 2.1% are transgender. In 2007, the New York City Department of Health and Mental Hygiene's Community Health Survey estimated that 4.1% of people in New York City identify as lesbian, gay, or bisexual; however, this survey did not ask about transgender identities. National estimates suggest that 4.1% of the population identifies as lesbian, gay, or bisexual. However, a larger number have had sex with someone of the same gender or experience same-sex attractions. For example, one study found that 7% of males and 14% of females reported some attraction to the same sex.¹

Although it does not include all LGBT people, the Williams Institute's *Census Snapshot* of same-sex couples in New York State shows that these couples live in the every area of the state.²

This document works towards providing documentation of the health and human services disparities that LGBT people face and how to address them. In order to do so, it uses multiple methodologies. The *Documenting the Disparities and Identifying the Gaps* sections drew on an expanded analysis of the same datasets used in the *LGBT Health and Human Services Needs in NY State*.³ Interested readers should consult that document for more details to understand data utilization. Unless otherwise noted, all Community Health Survey and Youth Risk Behavior Survey data were compiled from Epiquery, an online tool created by the New York City Department of Health.⁴ The Community Health survey is an annual random digit dial telephone survey of New York City adults with approximately 10,000 participants per year. The Youth Risk Behavior Survey is a survey of high school students that takes place in odd numbered years.

New York State population-based data are far more limited; the Adult Tobacco Survey most recently collected sexual orientation and gender identity in 2004 and we have cited these data in numerous places throughout this publication. In order to ask questions statewide that have not been placed on population-based surveys, a needs assessment survey was conducted in April 2009 with approximately 3,500 New York State LGBT adults and the results have been extensively analyzed for this publication.

New data collection was also conducted for this report. Approximately 40 key informant interviews were conducted with Network members, government agency officials, influential policymakers, LGBT researchers and health and human services providers, health care advocates, and LGBT consumers of health care. These informants described experiences with health and human services from multiple perspectives, gaps in these services for LGBT people, past efforts to expand services and typical costs of such expansions in a multitude of contexts. We have provided *Recommendations and Path to Implementation*, organizing the report by cross-cutting recommendations for policymakers and government agencies; types of disparities; and sub-populations. Although we acknowledge that both identities and types of health care disparities intersect and interact, we hope that this organization will allow users to more easily find the information they need.



<http://www.law.ucla.edu/williamsinstitute/publications/NewYorkCensusSnapshot.pdf>

Romero, A., Rosky, C., Badgett, M.V.L., and Gates, Gary, J. *Census Snapshot: New York*.

For more information please visit www.prideagenda.org or www.hunter.cuny.edu

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ADDRESSING LGBT HEALTH WITHIN GOVERNMENT

Despite recent progress in bringing more visibility and resources to address LGBT health and human services needs, significant health disparities still exist. People who are both LGBT and members of a racial or ethnic minority face the highest level of health disparities. In developing an effective action plan to address and eliminate health disparities among all LGBT New Yorkers, several overarching actions emerge on which state government should take leadership. These actions would have a profound effect upon achieving LGBT inclusive and relevant care: a state government mandate for LGBT cultural competence throughout the healthcare system, including its governance; universal statewide LGBT data collection that includes sexual orientation and gender identity demographics to make LGBT populations visible and measurable and through which to hold health systems more accountable; and close government oversight of these efforts to coordinate and sustain more equitable access to care for LGBT populations.

A MANDATE FOR LGBT CULTURAL COMPETENCY

“Because of a general lack of knowledge by the health care system related to LGBT sexuality, gender identity, and gender expression, LGBT individuals may neglect routine screenings and/or delay treatment for chronic illness. They may avoid mainstream service providers out of fear that sharing information about their lives and sexuality will subject them to rejection and discrimination. Even when LGBT individuals access health care, lack of knowledge and information sharing between LGBT individuals and their service providers may result in less than comprehensive assessment or treatment. In addition, service providers themselves may not be trained to recognize the stressors impacting upon LGBT individuals, couples and families. These stressors include, but are not limited to, ‘coming out,’ family disruptions, alcohol and substance abuse, violence, poor health, stigma, harassment in school and homelessness.”

From: New York State Department of Health, Request for Applications, 2009

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

According to the federal Office of Minority Health, cultural competency is one of the “main ingredients in closing the disparities gap in health care, enabling providers to more effectively communicate with their patients about health concerns, without cultural differences hindering the conversation, but enhancing it.”⁵ Research demonstrates that health care that respects and is responsive to the health beliefs, practices and cultural and linguistic needs of diverse patient’s results in more positive health outcomes.⁶

Despite the promotion and dissemination of population focused curricula in healthcare cultural competency over the past decade, most of what is available from mainstream and government sources includes little or no content addressing LGBT populations. There is no mandate for including LGBT healthcare topics or issues in higher education for health professionals or in continuing education and training for healthcare providers at state and local levels. Furthermore the racial, ethnic and socio-economic diversity of LGBT populations mandates that existing curricula focusing on racial/ethnic cultural competency address its intersection with LGBT identities and that LGBT cultural competency initiatives be inclusive of racial, ethnic and socio-economic differences and needs. In the most recent national Health Care Equality Index survey of LGBT-affirmative health care,⁷ 119 of the 166 respondents surveyed claimed to offer some training to staff on sexual orientation and gender identity, yet the majority (90 facilities) offer these trainings on a voluntary basis, requiring no employees to attend and two facilities require only clinical employees to attend. Other research finds that fewer than 9% of public health schools and medical schools offer courses that cover LGBT health topics beyond HIV/AIDS.⁸

The health and behavioral health care service system in New York State lacks consistent, effective training and consultation in LGBT culturally competent care. LGBT training curricula are available across a number of practice areas including substance abuse, mental health, aging, youth services, violence prevention and primary care. A number of organizations with expertise have been funded to offer training and consultation to providers. However, the absence of any mandate to undergo

such training or demonstrate LGBT cultural competency for students, professionals seeking certification or licensure or programs and agencies providing state licensed services has resulted in far too few providers who are culturally competent in this topic.

In a recent statewide survey of 125 New York State organizations offering substance abuse, mental health, youth, domestic violence and primary care outpatient services asking about the need for LGBT cultural competency training,⁹ findings included: 86% of the agencies report serving LGBT clients, yet only 3% of those surveyed reported LGBT-specific training was mandated; 61% reported not receiving any sort of training on LGBT-related issues; 82% reported they did not offer training to help educate employees and managers on how to better include LGBT employees; 53% reported their organization did not need any training on sensitizing the workplace for LGBT employees in the future.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Require all current and future health and behavioral health care professionals to receive cultural competency training. Use a relevant, proven curriculum delivered by a qualified provider and tie cultural competency to exam success, credentialing and licensing.

Path to Implementation Through:

1. Convening a state interagency committee to include LGBT organizations, providers, and consumer advocates as a key resource in creating, evaluating and disseminating curriculum, and delivery of LGBT cultural competency training and consultation.
2. Adopting cultural competency guidelines and standards for all state funded/licensed health and behavioral health programs that are inclusive of training in and competency with LGBT adult and adolescent populations.
3. Developing a central, comprehensive web-based clearinghouse that will provide access to LGBT resources,

including LGBT cultural competency guidelines and standards, educational and training materials and opportunities and community-based referral guides and databases containing LGBT-competent service providers.

4. Requiring that all educational programs training health and behavioral health services providers in New York State incorporate LGBT cultural competency in their curricula.
5. Monitoring LGBT cultural competency through annual program audits for state licensed, certified and/or funded health and human services programs and require programs to address deficiencies.
6. Providing training for relevant state agency staff in LGBT culturally competent services and care. Insuring that state issued funding proposals require prospective applicants to address how they will be inclusive of LGBT populations in their proposals.
7. Insuring that all LGBT cultural competency training, materials and resources effectively address the racial, ethnic and socioeconomic diversity of LGBT populations across New York State working with expert advisors from LGBT communities of color, components that are specific to diverse LGBT communities can be developed and implemented.

RECOMMENDATION 2:

Provide access to more resources for research, evaluation and dissemination of best practices in LGBT cultural competency training and consultation, and in providing services and care to diverse LGBT populations.

Path to Implementation through:

1. Securing and allocating funding for community participatory research in evidence-based practices for LGBT culturally competent provider education and LGBT patient care through state agencies, the New York State Health Foundation and the New York City Fund for Public Health.
2. Enhancing funding for evaluation of promising practices and implementation of evidence based practices in LGBT culturally competent care for LGBT organizations and other providers who are offering LGBT cultural competency training and consultation in their communities or to their provider networks.

UNIVERSAL GOVERNMENT DATA COLLECTION ON LGBT POPULATIONS

“To improve the health of all Americans, it is critical to keep collecting data about all components of health, documenting trends in access to and utilization of health care services, and disseminating reliable and accurate information about the health of our population. Equally important is gaining an understanding of the health care needs and utilization patterns of population subgroups, such as young adults. Such insight will enable policymakers to monitor future trends, target resources most effectively, and set program priorities.”

From: Health, United States, 2008, the 32nd annual report on the health status of the Nation prepared by the Secretary of the Department of Health and Human Services for the President and Congress.

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

Government agencies make important decisions about how to allocate resources based on conclusions they draw from analyses of data. Data is collected in a variety of forms, which include surveys and surveillance systems that monitor patterns of disease and health care utilization. The agencies that have oversight of health and human services both nationally and locally determine what questions are asked on surveys and how the data is analyzed.

Currently, all of the New York State agencies providing health-related services rely upon both federal health surveys with NYS data subsets and state and city administered data collection, very few of which collect comprehensive data on sexual orientation and gender identity. This lack of government sponsored and reliable LGBT data critically limits policymakers, government agencies, researchers and health care providers from understanding the LGBT community's health related needs and impedes the development of public policies and programs to improve LGBT health and wellbeing.

This pervasive lack of documentation of LGBT health status, both nationally and within New York State, leaves those concerned with LGBT health relying on “a loosely knit patchwork that often raises more questions than it answers”¹⁰ and extrapolating data on LGBT health trends and needs from those states, like California and Massachusetts, that have collected LGB data. Smaller local studies have used convenience samples of LGBT populations that have supplied much needed information on LGBT health, but these sources are limited by small sample sizes and results that cannot be generalized to LGBT populations throughout the State. In addition, it is critical to collect and analyze data that reflects the intersection of other demographics with LGBT identity and the health and social issues of concern to LGBT people of color, LGBT people living with disabilities, LGBT people experiencing poverty and LGBT immigrants.

Although the New York City Department of Health and Mental Hygiene's Community Health Survey (CHS) of adults and the NYC Youth Risk Behavior Survey (YRBS) of high school students do collect data on sexual orientation, both surveys exclude transgender populations. The NYSDOH Office of Tobacco Control discontinued collecting data on both transgender and LGB populations within the NYS Adult

Tobacco Survey after 2004 because of lack of sufficient funding and small sample size.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Add sexual orientation and gender identity demographic questions to all government physical and behavioral health-related surveys and data collection throughout New York State.

Path to Implementation through:

1. Including comprehensive, ongoing LGBT demographic data collection at all levels of state, city and county data collection: within all NYS and NYC funded general population health surveys, e.g. BRFSS, NHANES and YRBS; in all state, county and city agency health and human services surveys and data collection systems that document health status, health needs, health services engagement, enrollment, utilization and outcomes, e.g. PRISM, SPARCS, PCS, and at NYSOFA; and at the program level, in data collection and reporting by health and human service programs that are licensed or certified by the state or city, or which receive state, county or city funding.
2. Making LGBT demographic data collection inclusive of sexual orientation identity, gender identity to reflect transgender populations and, where appropriate and relevant, same-sex sexual behaviors, same-sex partner status and same-sex domestic household status, including dependent children.
3. Convening a panel of external and internal experts and stakeholders to advise state and city agency staff on how best to approach adding survey questions on sexual orientation and gender identity to general population surveys and within state and city agency data collection systems.
4. Equipping this panel of experts and stakeholders with access to current expertise in LGBT demographic data collection, e.g. *Best Practices for Asking Questions about Sexual Orientation on Surveys*, from the Williams Institute at UCLA;¹¹ *LGBT Surveillance and Data Collection Briefing Paper*, from National LGBT Tobacco Control Network;¹² and

Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services, from the National Center of Excellence for Transgender HIV Prevention: University of California, San Francisco.¹³

5. Collaborating with agency and external stakeholders including policymakers, planning and program development staff, providers and consumers to create accessible and useful formats for data dissemination and application, and provide assistance to them to be able to apply data to improving LGBT health promotion and access to care.
6. Funding and implementing regular needs assessments that are driven by and include the participation of LGBT consumers and stakeholders to document and respond to emerging needs.

RECOMMENDATION 2:

Provide resources and funding to monitor the results and to report out the findings.

Path to Implementation through:

1. Enabling government and health policymakers, state and city agencies, researchers and health care providers to obtain epidemiological data for rates of incidence, prevalence and trends, to monitor and track access to and utilization of services at the program level, and to be able to measure impacts and outcomes of LGBT targeted funding, programs, and interventions.
2. Implementing regular analysis of LGBT data subsets with an emphasis on trends and issues for LGBT people of color, LGBT people living with disabilities, and LGBT immigrants, to more effectively monitor and then address higher rates of health disparities and elevated risk due to multiple stigmas.
3. Preparing reports that provide diverse stakeholders including policymakers, program administrators, service providers, and consumers with access to plain language summaries and reports.
4. Providing qualified researchers and external stakeholders with full access to public, i.e. state and city, data sets to conduct additional research and analysis towards eliminating LGBT health disparities and promoting LGBT health.

GOVERNMENT STEWARDSHIP OF LGBT HEALTH EQUITY

“One of the New York State Department of Health’s goals is to eliminate disparities in healthcare access by increasing the availability and quality of health care services for New York’s underserved populations. This initiative focuses on addressing disparities through building a wider, more sensitive and appropriate system to promote health and human services for lesbian, gay, bisexual and transgender (LGBT) individuals, families and communities. The intent of this initiative is to increase access to, and improve quality and appropriateness of, non HIV-related health and human services and improve health outcomes and quality of life for LGBT individuals and families through the promotion of full and equal access to health and human services...”

From: New York State Department of Health, Request for Applications, 2009

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

New York State has made progress towards gaining equal rights for its LGBT residents, including in health care: allocating the first designated state funding to LGBT health and human services needs; development of a groundbreaking LGBT sensitivity training for substance abuse providers that served as a national model; establishing state-mandated guidelines for the humane treatment of LGBT youth in juvenile detention; and passage of several historic pieces of legislation including the Sexual Orientation Non-Discrimination Act and most recently, the Family Health Care Decisions Act. However, as documented by the Needs Assessment and within this report, too many LGBT New Yorkers still suffer significant health disparities and a critical lack of equitable access to health and human services. Government leadership, initiative and oversight that permeates all levels of government is now required to comprehensively and efficiently authorize and sustain efforts toward achieving full health equality for all New Yorkers.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

New York State should establish administrative oversight to direct and facilitate a consistent, comprehensive and evidence-based response to eliminate LGBT health disparities and to insure equal access to effective healthcare for LGBT persons and their families throughout all NYS health and human services agencies.

Path to Implementation through:

1. Establishing a cabinet level position for LGBT health and human services within the Office of the Secretary to the Governor to direct and oversee these efforts.
2. Appointing a state ombudsman for complaints about discrimination by state agencies or in provision of state services in the Solicitor General’s Office or Division of Human Rights.

RECOMMENDATION 2:

Foster government and stakeholder collaborations in order to reduce these health disparities and ensure implementation.

Path to Implementation through:

1. Convening a statewide LGBT Initiative Working/Advisory Group to oversee and advise on implementation of all recommendations, comprised of internal and external stakeholders, including: designated state agency staff; experts in LGBT-specific health and behavioral health services, including those with experience providing services and consultation within New York State’s system; and LGBT consumer advocates who represent the racial, ethnic and socio-economic diversity of the LGBT communities across New York State.
2. Participating in a state government interagency initiative to work with other NY State agencies to address LGBT disparities and promote LGBT health at the intersection of health-related needs with other social issues, e.g. substance abuse and dependence, mental health, HIV/AIDS, aging, education, criminal justice, homelessness, violence prevention, social isolation and disability.
3. Allocating increased funding that is sustained within state agency budgets, to enable expansion and maintenance of community-based programs and activities that promote LGBT health awareness and link LGBT consumers to effective, affordable and sensitive health and human services throughout New York.

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PROVIDING COMPREHENSIVE, EFFECTIVE, AND LGBT-AFFIRMATIVE HEALTHCARE SERVICES

As demonstrated in last year's *Needs Assessment* and documented throughout this report, LGBT New Yorkers continue to experience significant health disparities for which they face considerable barriers to accessing care. Of particular concern is lack of sufficient access to: primary care for screening, early detection and adequate treatment; substance abuse and mental health prevention and treatment services; and smoking cessation and anti-violence services which if unaddressed in themselves can create risk for additional health problems. This section specifies recommendations to address barriers to care in each area and to enhance and expand effective health prevention and treatment and to promote health maintenance for LGBT consumers and communities across New York State.

PRIMARY CARE

“All New Yorkers deserve equal access to public healthcare services, period. And every New Yorker should expect the quality of care to be the same no matter the sexual orientation or gender identity of the patient. This report points out areas of concern that LGBT organizations and I have regarding healthcare for gay and transgender New Yorkers. I have shared these concerns with HHC (New York City Health and Hospitals Corporation), as well as recommendations for addressing them, and I expect HHC to take the necessary steps to help LGBT New Yorkers receive quality care.”

From: Former Public Advocate Betsy Gotbaum, Report on Improving Lesbian, Gay, Bisexual and Transgender Access to Healthcare at New York City Health and Hospitals Corporation Facilities, 2008

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

In New York State, LGBT people have poor access to healthcare because of lower rates of primary care utilization. According to NYC Community Health Survey data, 28% of lesbian and gay people in the sample did not have a primary care provider, compared to 17% of heterosexual people. Similarly, according to the NYC Youth Risk Behavior Survey, young people who identify as gay/lesbian (25%), or bisexual (22%) are more likely than those who are heterosexual (18%) to NOT have had a physical in a doctor’s office, which means that they have less access to healthcare.

For LGBT people, social stigma and systemic discrimination based on sexual orientation and gender identity have led to disproportionately adverse health effects. Many LGBT persons avoid or delay care, or receive inappropriate or inferior care, because of perceived or real stigma and discrimination by health care providers and institutions.¹⁴ Stereotyping and ignorance on the part of health care providers may lead them to neglect preventive health care needs of LGBT clients (i.e., failing to provide pap smears to lesbian women).¹⁵ These factors have, in turn, led to higher rates of late detection and delayed treatment for many LGBT persons and have resulted in higher rates of death and complications from cancers and other diseases.

LGBT persons across New York State report that they have little or no access to LGBT culturally competent health care. The Needs Assessment survey found that 40% of LGBT people—and higher numbers of people of color and transgender people—say that it is a problem accessing culturally competent health care. Geographic isolation is also significant barrier to healthcare for LGBT people living outside major urban areas.

Coming out as LGBT to family members often results in abuse and homelessness for young people,¹⁶ which has implications for health disparities. Thus, an awareness and understanding around the potential for instability in the homes of LGBT youth is important to understanding health behavior and issues of access to care.¹⁷

LGBT New Yorkers also have lower rates of insurance.¹⁸ The New York City Department of Health and Mental Hygiene’s Community Health Survey (2007) estimates that 21% of lesbian and gay and 24% of bisexual people lack insurance, while only 15% of heterosexual people do. LGB New Yorkers are also less

likely to get needed health screenings. Previous studies using the NYC Community Health Survey have found that women who partner with women are less likely to have mammograms and cervical cancer screening than women who partner with men.¹⁹ While health care reform legislation is anticipated to bring many LGBT uninsured into coverage, unless addressed, the healthcare access needs described above will remain.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Implement and monitor non-discrimination guidelines for hospitals and outpatient health care facilities that operate under the oversight of the New York State Department of Health and the New York City Health and Hospitals Corporation.

Path to Implementation through:

1. Convening an LGBT Primary Care Working/Advisory Group to oversee and advise on the creation and implementation of state guidelines, comprised of internal and external stakeholders including: designated DOH staff; experts in LGBT-specific health services, including those with experience providing services and consultation within New York State’s system; and LGBT consumer advocates. As a template, utilize recommendations from the *Gay and Lesbian Medical Association: Non-Discrimination Guidelines for Hospitals and Office of the New York City Public Advocate: Improving Lesbian, Gay, Bisexual and Transgender Access to Healthcare at New York City Health and Hospitals Corporation Facilities*.
2. Requiring implementation of non-discrimination policies in all facilities that apply to all areas of operations to demonstrate commitment to providing equal treatment and care for all persons, regardless of sexual orientation, gender identity or expression, marital status or other non-medically relevant factors.
3. Requiring that Patient Bills of Rights are explicitly inclusive of LGBT patients, including non-discrimination policies that define “family” following the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations) definition, which is inclusive of “person(s) who plays a significant role in an individual’s life, who are not legally related to the individual.”

4. Requiring the provision of regular training on issues of discrimination, including detection and prevention of LGBT discriminatory practices, in all primary care and hospital settings. These training sessions should be directed at both professional and non-professional hospital staff and address both workplace nondiscrimination and the experience of patients.
5. Requiring the designation of institutional LGBT liaisons to monitor staff compliance with nondiscrimination policies and to serve as a contact person for complaints from both LGBT patients and staff. The LGBT liaison should also support the institution's outreach to the LGBT community, encouraging the use of preventive services by LGBT patients.

RECOMMENDATION 2:

Develop and implement LGBT-specific Standards of Practice (SOP), with related indicators for monitoring the provision of quality health care services to LGBT patients and their families, in all primary care settings licensed or operated by the New York State Department of Health and the New York City Health and Hospitals Corporation.

Path to Implementation through:

1. Using the model SOP from the Massachusetts Dept. of Public Health's GLBT Health Access Project as a guide.
2. Disseminating the LGBT SOP widely to practitioners and consumers, through LGBT community-based organizations and healthcare provider networks.
3. Requiring inclusion of sexual orientation and gender identity data fields under NYS's Meaningful Use guidelines within all forms of Electronic Health Records to insure adequate documentation of LGBT patients' needs, care and health outcomes; to monitor LGBT healthcare access and utilization patterns; to create visibility for LGBT relevant and competent healthcare throughout the healthcare and hospital system; and to ensure appropriate coordination of data sharing and care between providers.

RECOMMENDATION 3:

Increase access to affordable health care and insurance coverage for LGBT individuals, same-sex couples, and their families.

Path to Implementation through:

1. Extending domestic partnership benefits, such as health insurance, to same-sex couples and respecting legally married same-sex couples for spousal benefits. Under both current law and new health care reform laws, members of same-sex couples lack access to partners' health insurance.
2. Extending Medicaid benefits to include LGBT families and transgender-specific medical needs (for example, cross-gender hormone therapy and sex reassignment surgery).
3. Asking the federal government to do the same for Medicare benefits.

4. Eliminating in New York – and asking the federal government to rescind – the policy of taxing same-sex partners and spouses for health insurance benefits they received from their partner's insurance coverage, equitable to the tax benefits of opposite-sex married couples.
5. Supporting the expansion of Federally Qualified Health Centers (FQHCs), which provide low-cost, federally subsidized care to low-income communities, FQHC's across the State and ensuring that all FQHCs offer LGBT-affirmative and relevant care.
6. Removing insurance, regulatory and legal exclusions through the NYS Insurance Department that block coverage and provision of care based on sexual orientation, gender identity or same-sex partner status. This would include access to medically necessary gender specific treatments for transgender persons and family medical services for LGBT parents and their children.

RECOMMENDATION 4:

Increase access to preventative health care and enhance access to health promotion and wellness for LGBT individuals and families.

Path to Implementation through:

1. Ensuring that LGBT patients are consistently screened for issues that disproportionately affect LGBT populations, such as cancer screening, intimate partner violence (see violence section), depression, alcohol use and substance abuse, and smoking.
2. Linking state and local health promotion initiatives to local primary care initiatives, particularly around issues that may disproportionately affect the LGBT community such as adolescent access to regular primary care, smoking cessation and cancer support.
3. Providing funding and resources to LGBT community-based programs, such as LGBT community centers and youth programs, to develop and sustain comprehensive wellness and health promotion programming, targeted to the needs of diverse LGBT populations, including outreach, education and prevention activities, within local communities across New York State.
4. Providing materials to mainstream health services providers – local hospitals, primary care clinics, primary group medical practices and independent physicians and health care providers – to educate their patients on LGBT-specific health issues and refer them to local LGBT-specific wellness programs.

RECOMMENDATION 5:

Require all current medical providers and all current and future health professionals to receive LGBT cultural competency training. Use a relevant, proven curriculum delivered by a qualified provider and tie cultural competency to exam success and licensing.

Path to Implementation through:

1. Convening an advisory committee to include LGBT organizations, healthcare providers and consumer advocates as a key resource in identifying, enhancing, evaluating and disseminating curriculum and in delivery of LGBT cultural competency training and consultation.
2. Making LGBT-specific information accessible to primary and specialty physicians. This can occur through Continuing Medical Education and cultural competency training for current medical professionals as well as classroom training for medical students. In addition, LGBT-specific information should be available online and in physician resources.
3. Requiring all facilities licensed, certified or funded by the State and New York City to provide in-house sensitivity training. Hospitals, clinics, and nursing homes should include modules on LGBT sensitivity that is inclusive of racial, ethnic, socioeconomic, and other differences within LGBT populations, in their continuing education curricula, Grand Rounds, and mandatory staff education.

MENTAL HEALTH SERVICES

“Cultural competence—congruent behaviors, attitudes, and policies that promote cross-cultural efforts in groups, organizations, and systems—is seen as an important factor in reducing disparities in mental health services and outcomes. The delivery of culturally and linguistically competent care is essential if we are to identify, respect, and respond to individual and community need and improve the outcomes of care.”

From: New York State Office of Mental Health Statewide Comprehensive Plan, 2009-2013

“One population often identified as underserved relative to its need is the lesbian, gay, bisexual and transgender community... These differences in the experience of people who are LGBT suggest that mental health service providers may need to assess their programs and treatment strategies to ensure that they are supportive of people who are LGBT and responsive to their unique needs and experiences.”

From: New York City Mental Health Plan for Local Government Services, 2008

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

LGBT populations continue to face significant challenges in prevention of mental health disorders and in access to LGBT-affirmative and culturally competent treatment and recovery support. A growing body of evidence indicates that minority stress in LGBT populations, chronic stress related to stigmatization, marginalization, and lack of institutional and social supports within a predominantly heterosexual society act as both a determinant of mental health and mental illness and a deterrent to seeking and finding appropriate and adequate care.²⁰ Although it has been more than 50 years since psychologist Evelyn Hooker's groundbreaking research in the 1950s led the American Psychiatric Association to declassify homosexuality as a mental disorder in 1973, surveys and studies continue to document ongoing pathologizing of LGB orientation and transgender identity in the mental health treatment system.²¹

A major study commissioned by the federal Center for Mental Health Services²² found: a pervasive lack of provider knowledge about and competence in addressing the needs of LGBT consumers; the tendency for treatment staff to view any exploration or expression of LGBT sexual or gender identity as evidence of inappropriate behavior and/or mental illness; and an unwillingness or inability by staff to effectively intervene when LGBT patients are threatened by other patients who are frequently derogatory or violent toward them.

Mental health disparities, particularly in incidence and prevalence of depressive disorders, persist for LGBT communities across New York State, yet New York State does not consistently or adequately collect and document the full range of mental health disparities, service needs or outcomes for LGBT populations. According to the 2008 New York City Community Health Survey, 13% of heterosexual people have been told they have depression, compared with 27% of gay/lesbian people and 35% of bisexual people. The Needs Assessment survey found high rates of probable depression

particularly for people of color and transgender people. For example, nearly one in four (24%) of Black and African American respondents to the Needs Assessment survey had probable depression, as did 22% of Latino/a respondents, compared with 15% of white people who took the survey. Nearly half of American Indian respondents (47%) had probable depression, as did one in five of mixed race people (20%). Twice as many transgender and gender non-conforming people had probable depression (31%) as did non-transgender people (16%).

In addition, New York State lacks access to LGBT culturally competent mental health services in inpatient and outpatient settings, and to LGBT-affirmative community-based recovery support. The recent NYS LGBT Needs Assessment also found that LGBT people still have less access to mental health services with 35% identifying lack of LGBT sensitive mental health services and 39% identifying lack of LGBT-affirmative support groups as being a major problem in accessing care. Black and Hispanic respondents, as well as those who were in the youngest age group (18-24) and those who identified as transgender or gender non-conforming, were most likely to have difficulty accessing mental health and support group services.

Drs. Ronald Hellman and Christian Huygen have pioneered development of LGBT-affirmative mental health care and recovery support in New York City and are able to demonstrate lowered rates of hospitalization, enhanced adherence to medication and treatment protocols and increased prosocial behaviors in the consumers who access LGBT-focused services.²³ Yet their program remains the only State-funded mental health continuum of care program for LGBT patients in all of New York State. This points to the critical need for LGBT culturally competent mental health care that affirms LGBT identity, integrates LGBT experience, offers peer and provider social support, and assists in development of proactive coping mechanisms for minority stress.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Add sexual orientation and gender identity demographic questions to collect comprehensive data on mental health needs, disorders, service utilization, access to recovery support and treatment outcomes in LGBT populations, at every level of data collection – general population, statewide survey and program levels – including monitoring of results and reporting out findings. (See Section 1 for additional recommendations.)

Path to Implementation through:

1. Appointing a panel of external and internal experts to advise and work with the NYS Office of Mental Health and the New York City Dept of Health and Mental Hygiene on how best to approach new survey questions about sexual orientation and gender identity, including the Patient Characteristics Survey, to effectively address ethical, methodological and related concerns.
2. Conducting an audit of all data collection systems within the purview of the NYS Office of Mental Health (OMH) and local departments of health, such as the New York City Department of Health and Mental Hygiene (DOHMH) and County Offices of Mental Health, including agencies and grantees licensed, certified or funded by these entities to ensure collection of sexual orientation and gender identity data system wide.

RECOMMENDATION 2:

Ensure access to LGBT culturally competent mental health prevention, treatment, and recovery support throughout New York State.

Path to Implementation through:

1. Convening an advisory committee to include LGBT organizations, providers, and consumer advocates with expertise in mental health issues and in the intersection of issues of race, ethnicity, class, and gender with sexual orientation and gender identity, as a key resource in creating, evaluating and disseminating curriculum and delivery of LGBT cultural competency training and consultation.
2. Adopting cultural competency guidelines and standards for OMH funded/licensed programs, inclusive of training in and competency with LGBT adult and adolescent populations.
3. Requiring that all state certified educational programs training mental health services professionals in New York State incorporate LGBT cultural competency in their curricula.
4. Mandating that any OMH licensed, certified, or regulated agency, program or provider under section 31.02 of the Mental Hygiene Law and sections of 14 NYCRR, implement a rigorous and evidence-based LGBT cultural competency training program for professional and nonprofessional staff.

5. Funding and supporting community participatory research to develop and evaluate evidence-based practices for LGBT recipients of mental health services.

RECOMMENDATION 3:

Facilitate increased LGBT consumer participation in statewide mental health planning, educational and program development activities and as advisors to OMH and local / regional initiatives and activities.

Path to Implementation through:

1. Recruiting, engaging and supporting more LGBT identified consumer participants on the NYS OMH Recipient Affairs Advisory Committee and within the NYS OMH Office of Consumer Affairs.
2. Ensuring that LGBT consumers and providers have meaningful input into the yearly local government planning process in New York City and within each designated local governmental unit (LGU) across New York State.
3. Working with local and regional mental health departments, such as the LGBT Citywide Committee of the DOHMH Federation, to ensure that its provider and consumer membership's input is more effectively incorporated into delivery of mental health services throughout localities.

RECOMMENDATION 4:

Increase access to LGBT-focused community-based prevention, early intervention, and recovery support services for LGBT adults and adolescents.

Path to Implementation through:

1. Developing, funding and evaluating demonstration projects in LGBT-specific mental health prevention, treatment, and recovery support services throughout New York State.
2. Fostering networking and collaborations between LGBT community-based providers and programs with the mainstream mental health services system including hospital-based, outpatient, clubhouse, social support, and mental health prevention programs, to create a continuum of LGBT-affirmative and supportive services across New York State.

RECOMMENDATION 5:

Foster government and stakeholder collaborations in order to ensure implementation and reduce these health disparities.

Path to Implementation through:

1. Convening an LGBT Initiative Working/Advisory Group to oversee and advise on implementation of all of the above recommendations, comprised of internal and external stakeholders, including: designated OMH staff; experts in LGBT-specific mental health services, including those with experience providing services and consultation within New York State's system; and LGBT consumer advocates.
2. OMH participating in a state government interagency initiative to work with other NY State agencies to address LGBT disparities and promote LGBT health at the intersection of mental health needs with other health and social issues, e.g. substance abuse and dependence, HIV/AIDS, aging, education, homelessness, criminal justice, violence prevention, and disability.

LGBT TOBACCO CONTROL

“The elimination of tobacco-related health disparities poses a major challenge to this nation. Certain groups remain at high risk for tobacco use and suffer disproportionately from tobacco-related illness, disease, and death. Underlying the challenge to eliminate health disparities is the inadequate empirical understanding of the proximal and distal determinants of tobacco use, nicotine addiction, and related consequences among understudied and historically underserved populations in the United States... “

From: Eliminating Tobacco-Related Health Disparities Summary Report: Forging a National Research Agenda to Reduce Tobacco-Related Health Disparities, National Conference on Tobacco and Health Disparities, NIH Publication No. 05-5283, April 2005

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

Despite trends over the past decade showing cessation in adult smokers and reduced initiation of smoking by young people, ²⁴ LGBT youth and adults still smoke at nearly twice the rate found in the general population. The intersection of smoking disparities among LGBT populations with other critical health issues – for example, a higher prevalence of smoking among gay and bisexual men living with HIV/AIDS – requires that tobacco control activities throughout the state effectively engage LGBT populations in prevention and cessation services.

Numerous studies of tobacco control activities show that culturally focused policies and interventions are effective;²⁵ and studies on emerging LGBT-specific tobacco control interventions demonstrate best practices for those communities.²⁶ However, most states have yet to fund or implement LGBT-specific tobacco cessation or prevention programs, or collect general LGBT population data to enable allocation of resources and evaluation of practices.

In New York State, the NYS Office of Tobacco Control pioneered data collection on smoking in LGBT populations. According to the Adult Tobacco Survey, there are 133,774 LGBT smokers in New York State — 40% of all LGBT adults.²⁷ This was compared to 32% of the general population at the time of the survey in 2005. While smoking continues to drop in the general population, disparities between LGBT and non-LGBT populations persist. For example, in New York City, where rates of smoking have fallen recently due to increased tobacco control efforts, 35% of gay and lesbian people continue to smoke compared to 16% of heterosexual people. A total of 51,000 LGBT smokers live in NYC alone.²⁸

The New York State Tobacco Control program funded several demonstration projects in New York City to address smoking in LGBT and HIV-positive populations, but funding was not sustained for these efforts. In addition, the statewide NYS Department of Health Adult Tobacco Survey (ATS) from 2004 included questions on sexual orientation and gender identity, as well as tobacco use and insurance status. However it discontinued that data collection after 2005 because of lack of sufficient funding and small sample size.

Here again, the lack of consistent LGBT data collection and the lack of sufficient LGBT culturally competent or focused tobacco control programs and activities to meet the needs across the State has led to ongoing and significant tobacco-related

disparities for LGBT New Yorkers. To date, smoking related illness not only continues to be the number-one preventable cause of death among LGBT New Yorkers, it eventually could kill twice as many of them.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Maintain consistent inclusion of sexual orientation and gender identity demographic questions to collect comprehensive epidemiological, service utilization, emerging trends and outcome data on smoking initiation and tobacco use in youth and adult LGBT populations, including monitoring of results and reporting of findings.

Path to Implementation through:

1. Appointing a panel of external and internal experts to advise and work with the NYS Tobacco Control Program and the local departments of health, such as the NYC Department of Health, on how best to construct survey questions and analyze data on sexual orientation and gender identity.
2. Creating a central clearinghouse to disseminate LGBT related tobacco control data, research, best and evidence based practices and other resources to providers, consumers, researchers, government and the public.
3. Providing qualified researchers and external stakeholders with full access to public, i.e. state and city, data sets to conduct additional research and analysis towards eliminating LGBT tobacco control disparities and promoting LGBT prevention and cessation activities and services.

RECOMMENDATION 2:

Ensure access to LGBT culturally competent tobacco control and smoking prevention and cessation throughout New York State.

Path to Implementation through:

1. Convening an expert advisory committee to include LGBT organizations and providers who represent the racial, ethnic, and socioeconomic diversity of LGBT populations, as a key resource in creating, evaluating, and disseminating curriculum and delivery of LGBT cultural competency training and consultation for tobacco control.

2. Adding a training component on LGBT cultural competency to required training for all persons staffing the NYS Quitline.
3. Adding LGBT-specific concerns regarding tobacco use and LGBT culturally competent prevention and cessation services to clinical cessation guidelines that are used to train health care providers in New York State.
4. Providing access to LGBT cultural competency training and resources to health and behavioral health care providers throughout New York State.
5. Developing and disseminating LGBT targeted social marketing and education campaigns to prevent youth initiation and encourage adult cessation.
6. Engaging LGBT researchers with mainstream researchers to develop, implement and review proposals for tobacco control research that are inclusive of LGBT population, needs, and concerns.

RECOMMENDATION 3:

Increase access to LGBT community-based tobacco use and smoking prevention and cessation delivered by LGBT organizations.

Path to Implementation Through:

1. Providing capacity building and technical assistance resources to LGBT-identified community-based organizations and service providers to provide a continuum of tobacco prevention and smoking cessation activities within their communities.
2. Developing, funding, and evaluating demonstration projects in LGBT-specific and focused prevention and cessation throughout New York State.

SUBSTANCE ABUSE SERVICES

“SAMHSA [Substance Abuse and Mental Health Services Administration] has learned a great deal about issues and needs that should be addressed when attempting to provide service to the LGBT community... Substance abuse treatment providers, counselors, therapists, administrators, and facility directors should have increased awareness of the issues facing LGBT clients. In the context of addressing the mental health and substance abuse treatment needs of LGBT persons, providers should be aware of the effects of internalized homophobia, of bias against LGBT individuals, and of heterosexism on the LGBT individual and community. Helping LGBT clients affirm themselves and address negative feelings may frequently contribute to improved treatment outcomes.”

From: Addressing Lesbian, Gay, Bisexual, and Transgender Issues From the Inside: One Federal Agency's Approach, Edwin M. Craft, DrPH, LCPC, and Kevin P. Mulvey, PhD, American Journal of Public Health. 2001; 91:889-891.

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

Nearly 40 years ago, the research on substance abuse in the LGBT communities reported extremely high rates of drinking and other drug use among gays and lesbians, but these studies relied upon small and non-representative convenience samples. More recent LGBT substance abuse research uses larger and more diverse samples, but significant gaps still exist. The National Household Survey on Drug Abuse and the Monitoring the Future study, the most commonly cited government-administered substance abuse data sets, still do not include sexual orientation or gender identity in their demographic variables.

Despite the need for LGBT inclusive population data, LGBT health experts agree that discrimination, isolation, and other social pressures increase the risk that LGBT communities, particularly LGBT youth, may turn to drugs and alcohol to alleviate and cope with stress. The alarming surge in the use of methamphetamine (“crystal meth”) among gay and bisexual men, and other men who have sex with men, over the last decade has been directly related to these “sexual minority” stress factors.²⁹ Even without inclusive data collection, there is no doubt that many LGBT individuals are among the tens of thousands of Americans who suffer from alcoholism and other addictions, and that there is a critical need for an LGBT-affirmative continuum of services throughout New York State.

According to the 2008 New York City Community Health Survey, about 19,000 lesbian, gay, and bisexual adults are heavy drinkers, putting them at risk for negative health outcomes. This represents 11% of lesbian and gay and 8% of bisexual respondents, compared to 4% of heterosexual respondents.³⁰ Fully one-third of lesbian and gay respondents and nearly one in four bisexual respondents (24%) to the 2004 Community Health Survey reported drug use, while only 8% of heterosexual respondents did. Although the survey did not ask about current drug use, 59,000 LGB people in New York City alone have used drugs at some time. This suggests a significant need for increased substance abuse prevention and treatment. More data is needed.

For LGBT people, higher rates of substance abuse may also translate into higher rates of risk for other health problems. For example, higher rates of crystal methamphetamine use among

men who have sex with men have been well-documented in studies using data from New York City, and this type of drug use is strongly linked to risky sexual behavior including elevated risk for HIV and other sexually transmitted infections.³¹

New York State has acknowledged the need for LGBT-specific alcohol and drug services through several initiatives undertaken over the past decade, including prevention programming targeted to LGBT youth, to gay and bisexual men at risk for crystal meth abuse, and the development of the first ever state-sanctioned training curriculum in LGBT-affirmative addiction treatment. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) also licensed and funded the first LGBT-identified outpatient chemical dependency treatment program in New York City, housed within the LGBT Community Center.

However, significant disparities still exist. New York State still does not include LGBT demographic data in any of its substance abuse population or program level data collection efforts; it does not require LGBT cultural competency in its counselor credentialing processes; it has not undertaken development or dissemination of LGBT culturally competent intervention practices throughout its substance abuse services workforce; nor has it sustained funding for or allocated resources to address the critical need for LGBT culturally competent prevention, treatment and recovery support throughout the State.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Add sexual orientation and gender identity demographic questions to collect comprehensive epidemiological, service utilization, emerging trends and outcome data on substance use, abuse, and dependence in LGBT populations, monitor results and report out findings.

Path to Implementation through:

1. Appointing a panel of external and internal experts to advise and work with OASAS, Department of Health and other state agency staff on how best to approach new survey questions on sexual orientation and gender identity to effectively address ethical, methodological, and related concerns.

2. Convening a state interagency effort to collect and utilize LGBT-related data to discern and effectively address intersecting issues impacting and affecting LGBT populations including substance abuse and: aging; HIV/STD risk and treatment; criminal justice; violence prevention; homelessness; and disability.
3. Creating a central clearinghouse to disseminate LGBT substance abuse data, research, best and evidence based practices and other resources to providers, consumers, researchers, government, and the public.

RECOMMENDATION 2:

Ensure access to LGBT culturally competent substance abuse prevention, treatment and recovery support within mainstream programs throughout New York State.

Path to Implementation through:

1. Convening an advisory committee to include LGBT organizations and providers as a key resource in creating, evaluating and disseminating curriculum, and delivery of LGBT cultural competency training and consultation.
2. Adopting cultural competency guidelines and standards for OASAS funded/licensed prevention and treatment programs, inclusive of training in and competency with LGBT adult and adolescent populations. These same guidelines and standards should be applied to other New York State agency funded or licensed programs offering harm reduction, recovery readiness, or co-occurring disorder services.
3. Ensuring that all educational programs training addiction services providers in New York State incorporate LGBT cultural competency in their curricula.
4. Mandating that any OASAS licensed, certified, or regulated agency, program, or provider implement a rigorous and evidence-based LGBT cultural competency training program for professional and nonprofessional staff.
5. Mandating inclusion of LGBT-related content to required training for initial and renewal credentialing criteria for the Credentialed Alcohol and Substance Abuse Prevention Professionals and Prevention Specialists (CPP, CPS) and for Credentialed Substance Abuse Counselors (CASAC) in New York State.

RECOMMENDATION 3:

Increase access to LGBT community-based substance abuse prevention and recovery promotion programming through LGBT-specific and LGBT culturally competent community-based organizations throughout New York State, to reach, educate, engage, and assist LGBT New Yorkers in prevention, and early intervention and recovery support.

Path to Implementation through:

1. Providing capacity building and technical assistance resources to LGBT-identified community-based organizations and service providers to provide a continuum of substance abuse services, for adolescents and adults, especially in prevention and recovery support within their communities.
2. Developing, funding and evaluating demonstration projects

in LGBT-specific prevention, treatment and recovery support services throughout New York State.

3. Creating mechanisms for LGBT service providers and other community-based support organizations to share resources and do reciprocal referrals with mainstream substance abuse services providers in all regions and areas of NYS.
4. Developing capacity to institute and implement special initiatives to address emerging issues and needs such as sustaining anti-methamphetamine activities that began with the Assembly funding allocated in F07 and to effectively address the critical need for similar efforts in communities across New York State.
5. Including LGBT populations in cultural competence training for substance abuse treatment within prison. The New York State Department of Corrections is the largest treatment provider in the state and the incarcerated population includes LGBT people. LGBT people of color are especially at risk of incarceration for addiction and drug use in NY State.

RECOMMENDATION 4:

Foster government and stakeholder collaborations in order to ensure implementation and reduce these health disparities.

Path to Implementation through:

1. Convening an LGBT Initiative Working Group including: external stakeholders; designated OASAS staff; experts in LGBT-specific substance abuse prevention and treatment, including those with experience providing services and consultation within New York State's system; and LGBT consumer advocates.
2. OASAS participating in an interagency initiative to work with other NY State agencies to address LGBT disparities and promote LGBT health at the intersection of substance abuse and dependence with other health and social issues, e.g. HIV/AIDS, mental health, aging, education, criminal justice, homelessness, violence prevention, and disability.

ANTI-LGBT VIOLENCE

“You understood that we must stand against crimes that are meant not only to break bones, but to break spirits – not only to inflict harm, but to instill fear. You understand that the rights afforded every citizen under our Constitution mean nothing if we do not protect those rights – both from unjust laws and violent acts... Prosecutors will have new tools to work with states in order to prosecute to the fullest those who would perpetrate such crimes... because no one in America should ever be afraid to walk down the street holding the hands of the person they love.”

From: President Barack Obama, on signing into law the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act, 2009

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

From a public health perspective, the impact of anti-LGBT violence extends beyond the injuries or disabilities inflicted directly upon its victims, to affect the entire community. Studies by the National Institute of Mental Health (NIMH) report that hate crimes based on sexual orientation bias have more serious and long-lasting psychological effects than other crimes because of the link to core aspects of the victim's identity and community.³² Fear of violence as well as anti-LGBT harassment, stigma and discrimination act as secondary stressors, which in turn elevate risk for depression, anxiety, substance abuse and obesity. Because it is much harder for anyone to focus on their physical well-being when suffering from trauma or distress, violence can impede all health promotion behaviors. Most critically, LGBT survivors of violence, their partners and family members cannot consistently rely on police, prosecutors, courts or mainstream victim service agencies to help them.³³

The recent groundbreaking report released by the National Center for Victims of Crime with the National Coalition of Anti-Violence Programs (NCAVP) provides stunning evidence that hate violence against LGBT populations is on the rise across the country. Data indicates that between 2006 and 2008, anti-LGBT bias-motivated violence increased by 26% overall, with a 36% increase in crimes committed by strangers, a 48% increase in bias-related sexual assault and the highest rate of hate violence resulting in murder ever reported. In 2008, medical attention was required by 46% of all victims of LGBT hate violence reported to NCAVP programs.³⁴ Reports of anti-LGBT bias-related physical abuse at the hands of law enforcement personnel increased 150% from 2007 to 2008.³⁵

New York is no exception. In 2007, there were 403 anti-LGBT incidents documented in New York City alone.³⁶ In the Needs Assessment, 13% of those who answered questions about hate violence reported having been victims of homophobic or transphobic physical or sexual assault serious enough to require medical attention. Despite the high rates of violence, these incidents often go unreported to the police. Verbal abuse, for example, is almost never reported to the police. Although 5% of the sample experienced homophobic verbal abuse and reported it, 63% experienced it and did not report it.

Population-based data from the New York City Community Health (CHS) survey suggest that 11,000 LGB people have experienced forced sex and may be in need of victim services, with 8% of lesbian and gay and 5% of bisexual

people experiencing forced to sex, compared to 4% of the heterosexual population. The 2006 CHS data suggest similar disparities in experiences of intimate partner violence. About 7,000 LGB adults report being injured by an intimate partner in the last year. Although lesbian and gay people were much less likely to report intimate partner violence (<1%) than heterosexual people (1%), bisexual people had high rates of intimate partner violence (8%).

The Needs Assessment survey has documented high rates of hate crime and low levels of reporting hate crime to police. This paints a picture of a seriously victimized community; however, resources have been limited to meet their needs in a culturally sensitive manner. While numerous cities, including Dallas and Ft. Worth, Texas, and Washington, D.C., have LGBT police liaison units, most New York State cities do not.³⁷

Although hate, domestic and sexual violence disproportionately affect LGBT persons and their families throughout New York State, only four programs statewide – in New York City, Rochester, Albany and Bay Shore – receive funding to directly offer assistance and support to LGBT victims, let alone provide training and consultation to first responders and mainstream anti-violence service providers. These programs do a heroic job to address the anti-violence needs of LGBT persons within their districts but remain overwhelmed with need and under-funded. In addition, there is a critical need for developing government supported and funded statewide education campaigns that would build public support for respecting LGBT identities and deter anti-LGBT harassment and violence.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Law enforcement should be visibly engaged in working with the LGBT community to stop anti-LGBT bias crimes and provide sensitive services for victims. All police services must be LGBT-friendly and culturally competent.

Path to Implementation through:

1. Police leadership at the state and local levels convening a task force to study this problem and implement ideal cultural competency solutions.
2. Police departments across the state collecting statistics on homophobic and transphobic hate crimes, according

to national law, and working actively with communities to reduce homophobic and transphobic hate crime.

3. Providing cultural competency training for all police, district attorneys and other criminal justice personnel including intensive training on how to identify and respond to anti-LGBT bias crimes, same-sex intimate partner violence and transgender issues.
4. Designating an LGBT police liaison unit or officer in all major cities and local jurisdictions.

RECOMMENDATION 2:

Health and human services settings where LGBT people seek services after experiences of violence must be LGBT-friendly and culturally competent.

Path to Implementation through:

1. Providing training to medical personnel in emergency departments (i.e. emergency rooms) in hospitals and primary care settings where effective interventions in intimate partner violence and hate crimes may take place on working more effectively with racially, ethnically and socioeconomically diverse LGBT populations. (See cultural competency section for more information.)
2. Making all domestic violence infrastructures LGBT-friendly; at the same time, parallel systems for LGBT people who prefer services designed specifically for them should also be developed further. All facilities should respect the gender identities of those presenting for services and alternative family structures must be respected and accommodated.
3. Including information about anti-LGBT bias crimes and intimate partner violence, in all LGBT cultural competency training for health and human services providers, as health and human services agencies may need to screen (as appropriate) for interpersonal violence (IPV) and hate crime trauma given that they are common experiences in the LGBT population.

RECOMMENDATION 3:

Increase survey data and epidemiology on violence prevalence, prevention and intervention in LGBT populations as well as evaluation of existing programs and laws.

Path to Implementation through:

1. Encouraging injury prevention and workplace health specialists and other scientists working on violence prevention in state and city health departments to use data

to understand the local nature of anti-LGBT bias crime and intimate partner violence and develop local policy initiatives to combat violence.

2. Increasing state funding for collaboration, training, outreach, services, research, and data collection on the victimization of LGBT people.
3. Assessing and evaluating the implementation of state and federal protections for victims of crime and the above-named efforts to assure equal protection for LGBT victims of crimes.

RECOMMENDATION 4:

Increase public awareness of the extent and impact of victimization against LGBT individuals and communities and on crime victims' rights and services.

Path to Implementation through:

1. Creating statewide campaigns to ensure understanding among the public that anti-LGBT violence is a social problem.
2. Creating local awareness of crime victim services and rights.

RECOMMENDATION 5:

Foster a culture that makes anti-LGBT violence unacceptable and promotes appreciation for diversity and inclusion.

Path to Implementation through:

1. Clarifying the state's hate crimes law to explicitly include crimes motivated by gender identity and expression.
2. Implementing training for teachers on how to respond to incidents of LGBT bias harassment and bullying in schools.
3. Including age-appropriate components in diversity and inclusion, including around sexual orientation and gender identity and expression, in the state's mandated school character and civility education.
4. Documenting incidents of bias violence in school, as currently required in state law, and have those incidents identified by type (e.g. race, sexual orientation, gender identity or expression, etc.) to assess the precursors and conditions that promote anti-LGBT violence and to hold schools accountable for taking steps to remedy and prevent future incidents.

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SERVING THE DIVERSE LGBT POPULATION

LGBT people are often treated as one singular group because they are targeted for a common form of discrimination. However, LGBT people are of all races, ages and genders, live in all regions of the state and in all types of families. This section focuses on the youngest and oldest LGBT people, transgender people's specific needs, the challenges created by geography and transportation, and the unique issues faced by LGBT families. Because LGBT people are often treated as one group, the full diversity of the population needs further description in research. Specific groups within the LGBT community also need specific services, delivered where they live, work and play and in ways that fit their specific needs.

LGBT YOUTH SERVICES

“It shall be the policy of the New York State Office of Children and Family Services (OCFS) to maintain and promote a safe environment for lesbian, gay, bisexual, transgender, and questioning (LGBT) youth in OCFS operated residential and after-care programs. All OCFS staff, volunteers and contract providers are prohibited from engaging in any form of discrimination against or harassment of youth on the basis of actual or perceived sexual orientation, gender identity, and gender expression.”

From: New York State office of Children and Family Services, Policy and Procedures Manual, PPM 3442.00, 2008

“New York City may be one of the most tolerant places on earth, but LGBT youth still face daily discrimination that forces many of them to leave home and sometimes make risky decisions...”

From: New York City Mayor Michael Bloomberg, on Appointing A Commission for Lesbian, Gay, Bisexual, Transgender and Questioning Runaway and Homeless Youth, Press Release, Office of the Mayor

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

LGBT youth are often denied important opportunities in youth development. They often experience bullying and family rejection, and may cope with stress by using tobacco, alcohol and other drugs. Research indicates that hate violence is universally experienced by openly LGBT youth.³⁸

Homelessness is epidemic for LGBT youth in New York City, but without LGBT specific statewide data collection, it is still unknown how many LGBT youth throughout New York State become homeless. LGBT-affirmative shelter and related services throughout the State are not yet adequate to meet the needs of LGBT youth. The Office of Children and Family Services estimates that about 12,000 young people were admitted to homeless shelters and similar facilities in 2007; there are almost certainly more who remain uncounted.³⁹ Studies consistently find that disproportionate numbers — from about 28% in one NYC study to as high as 40% — of homeless youth are LGBT.⁴⁰ Although exact counts of current homeless LGBT youth are impossible to find, some extrapolations can be made that suggest the size of the problem. The Needs Assessment survey found that 14% of LGB and 33% of transgender people had been homeless at some time.

High rates of alcohol, tobacco and other drug use continue to put LGBT adolescents in New York at risk for substance addictions, sexually transmitted infections and other health problems associated with these behaviors. Data from New York City strongly supports the need for resources that will effectively reach, engage and support health promotion for LGBT youth. Data about and services for LGBT youth throughout New York State are urgently needed to understand and address these health disparities. The 2007 NYC Youth Risk Behavior survey suggests that as many as 4,000 LGB and questioning youth in New York City alone may be binge drinking. 21% of lesbian and gay and 26% of bisexual youth report this behavior, compared to only 14% of heterosexual youth. Similarly, nearly 4,000 LGB and questioning youth are using marijuana - 17% of lesbian and gay and 24% of bisexual youth compared to 12% of heterosexual youth. 3,000 LGB and questioning youth may be using cocaine (9% of gay and

lesbian and 8% of bisexual, compared with 3% of heterosexual youth); 9% of lesbian and gay teens and 6% of bisexual teens have used ecstasy, compared with 1% of heterosexual youth; and 7% of lesbian and gay teens and 4% of bisexual teens have used heroin compared with 1% of heterosexual youth.⁴¹ The Youth Risk Behavior Survey shows that there may be as many as 4,000 teen LGB smokers in New York City alone; 17% of lesbian and gay and 23% of bisexual students smoke compared to 8% of their heterosexual peers.⁴²

Hate violence, harassment and bullying is a universal experience for openly LGBT youth throughout New York State, not only within their communities but within many of the institutional settings where they would seek care and support, including schools. The YRBS shows high rates of experiences of violence for LGBT adolescents in New York City. For example, 9% of gay and lesbian, 12% of bisexual and 18% of question youth had missed school because they felt unsafe, compared with 7% of heterosexual youth. The patterns among youth showed high rates of intimate partner violence among lesbian and gay (28%) and bisexual (26%) youth (compared to 10% of heterosexual youth), as well as forced sex (18% for gay and lesbian and 21% for bisexual compared to 7% of heterosexual youth). Recent policy initiatives undertaken by the New York State Office of Children and Family Services and the New York City Mayor's Office to prevent harassment and discrimination based on sexual orientation and gender identity are promising first steps, but more efforts are needed throughout New York State's educational and health services systems and across all geographical regions.

One of the major reasons for all of these health disparities is a lack of opportunity for positive LGBT youth development in mainstream settings. LGBT-focused programs for adolescents enable them to explore developmentally appropriate milestones with their peers and to find acceptance and support, all of which are correlated to health and wellbeing.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Include sexual orientation and gender identity within all youth-related data collection throughout New York State.

Path to Implementation through:

1. Collecting and publishing data on the sexual orientation and gender identity in the annual reports of the New York State Office of Children and Family Services.
2. Collecting and analyzing information about sexual orientation and gender identity in the state Youth Risk Behavior Survey.
3. Including comprehensive, ongoing LGBT youth demographic data collection in all other state, county and city agency health and human services data collection systems that document health status, health needs, health services engagement, enrollment, utilization, and outcomes; and at the program level, in data collection and reporting by health and human services programs that are licensed or certified by the state or city, or which receive state or city funding to serve youth.
4. Convening a panel of external and internal experts and stakeholders to advise State and City agency staff on how best to approach adding demographic questions on sexual orientation, sexual behaviors and gender identity for youth, to general population surveys and within state and city agency data collection systems.

RECOMMENDATION 2:

Continue to work to prevent youth homelessness and assist homeless youth.

Path to Implementation through:

1. Collaborating with OCFS to ensure that their policies on LGBT youth are disseminated and enforced, consistent with best practices; e.g. all youth in all shelters should be asked which gender they identify with and housed where they feel safest. They should be called by preferred names and pronouns.⁴³
2. Raising the age at which youth 'age out' of homeless services and allow youth to stay in the system longer. LGBT young people have numerous needs and may take longer to develop into adults who can provide housing for themselves. All youth will benefit from these policy changes.
3. Mandating LGBT cultural competency training for youth homelessness service providers and programs that includes needs and concerns of the racial, ethnic, gender, socioeconomic, and other diversity within LGBT adolescents.

4. Continuing the work of the New York City Commission for LGBT Runaway and Homeless youth, and expand its work to include the entire state. Base the Commission not only in Department of Youth and Community Development (DYCD) but also in the Department of Homeless Services, in order to ensure compliance with best practices for serving LGBT homeless youth.

RECOMMENDATION 3:

Expand access for LGBT youth to LGBT positive and affirmative youth development, health promotion and wellness activities, and to reduce social isolation for these youth throughout New York State.

Path to Implementation through:

1. Creating mechanisms for LGBT youth service providers and other community-based youth organizations to share resources and do reciprocal referrals to create a more comprehensive continuum of services and support for LGBT youth in their geographic areas. Providing incentives such as funding for project collaborations between area youth providers to co-sponsor activities to engage and support their LGBT youth constituents.
2. Providing capacity building and technical assistance resources to LGBT-identified community-based organizations and service providers to integrate effective substance abuse and tobacco, mental health and suicide prevention activities for LGBT adolescents.
3. Providing resources and funding to enable LGBT community centers and organizations to develop and sustain social programming and positive youth development activities, such as peer leadership development, civic engagement and employment readiness in their LGBT youth programs. This might involve collaborations with the NYS Department of Labor on employment programming, the NYS Department of Education on civic education initiatives and the NYS interagency Youth Development Team.
4. Providing resources to enable LGBT community centers and organizations to enhance their cultural competence to work more effectively with the intersection of race, culture, religion, socio-economic status, differing abilities and other issues of diversity within their LGBT clients and constituents.
5. Working with State and New York City Departments of Education to offer LGBT youth development activities that are not tied to requirements for in-school participation, which is problematic for LGBT youth, and offering those services through local LGBT organizations that can serve youth citywide or region wide, regardless of what school district youth reside in.
6. Developing capacity to institute and implement special initiatives targeted to LGBT youth to address emerging issues and needs such as the anti-methamphetamine activities that began with the Assembly funding allocated in FY07 and to effectively address the critical need for similar efforts in other communities across New York State.

7. Developing and funding LGBT community centers and organizations to provide transportation for LGBT youth, particularly those in rural areas, where LGBT-affirmative youth resources are severely limited.
8. Providing LGBT youth with opportunities to experience developmental milestones that mainstream settings do not provide. An example is the alternative 'proms' held by many LGBT centers located in communities where youth cannot bring same-sex dates to mainstream proms or wear clothing that expresses a gender different from the one expected by educators.
9. Implementing comprehensive, medically accurate, age-appropriate LGBT-inclusive sex education for all young people.

RECOMMENDATION 4:

Prevent hate violence in schools and in the community.

Path to Implementation through:

1. Working with the State Department of Education and local Departments of Education to: develop comprehensive and effective student conduct policies that include clear prohibitions regarding bullying and harassment, for teachers and school personnel as well as for student-to-student conduct; promote prevention strategies and professional development designed to help school personnel meaningfully address issues associated with bullying and harassment; and to ensure that the state and districts maintain and report data regarding incidents of bullying and harassment specified by type (e.g. motivated by race, sexual orientation, etc.) in order to inform the development of effective state and local policies that address these issues.
2. Creating funding and allocating additional resources to LGBT anti-violence programs across the state to enhance and expand their LGBT youth specific activities and services.
3. Allocating resources and funding for local community-based youth programs to actively seek to engage and integrate gay and straight youth together in personal and community development activities.
4. Increasing public awareness of the extent and impact of victimization against LGBT youth and on LGBT youth rights and services through developing and funding statewide and local public awareness, education and outreach campaigns.
5. Including respect for LGBT students in character education offered to young people in schools.

SENIORS

“... When it comes to disparities in medical care, economic security or training health care professionals, the needs of lesbian, gay, bisexual and transgender communities must be considered, especially as this country attempts to create a much more holistic and inclusive health care system. AARP is acutely aware of the intersection of aging and diversity as we move into the 21st century... That means [AARP] must be relevant to the older lesbian, gay, bisexual and transgender communities.”

From: Jennie Chin Hansen, President, AARP, Keynote Address, SAGE National Conference on LGBT Aging, 2008

“LGBT seniors face a variety of issues as they strive to maintain their independence. These include health concerns, financial matters, and a variety of social issues. Like other underserved populations, LGBT individuals also face a number of unique challenges as they grow older. Many of these challenges result when older LGBT individuals begin to seek supports and services to assist them as they strive to age in place in their homes and communities.”

From: Request for Proposals, Technical Assistance Resource Center: Promoting Appropriate Long Term Care Supports for LGBT Elders, US Administration on Aging, 2010

DOCUMENTING DISPARITIES AND IDENTIFYING THE GAPS

Older LGBT adults face unique challenges as they age. They have lived through periods of great change for LGBT rights, but their families are still not recognized under law. All people are vulnerable as they age, and LGBT older adults face the additional burden of stigma. A lifetime of substandard healthcare has cumulative effects, as do experiences with violence. Previous literature has documented high rates of poverty among LGBT adults.⁴⁴ Poverty contributes to a lack of choice in how people age, as well as a dearth of resources.

LGBT seniors are less likely to be partnered and less likely to have children to care for them.⁴⁵ This puts them at risk for isolation and accompanying health risks such as falls and cardiovascular incidents.⁴⁶ It is estimated that there are 8,000 lesbian, gay and bisexual seniors at risk for social isolation in New York City alone. In addition, LGBT infrastructure may not be accessible to older adults, while mainstream services often fail to welcome LGBT people. Nearly 3 out of 5 (59%) of older adults in the LGBT Needs Assessment survey said that they had never used health and human services targeted to LGBT people, compared with fewer than half of younger LGBT people. This suggests that LGBT health and human services for older adults need to be developed further, and that LGBT services need to be made age-friendly.

Nearly half of older adults in the LGBT Needs Assessment were not partnered or dating (46%); thus, they need alternative supports as they age. One out of five say that they ‘often’ lack companionship (22%). Further, 16% screen positive for probable depression.

LGBT older adults, like other older adults, may become vulnerable to abuse and neglect. However, homophobia and transphobia (including blackmail threats to ‘out’ an older adult forcibly) add an additional element of vulnerability. One in five (21%) older adults in the Needs Assessment had experienced neglect or financial exploitation related to homophobia or transphobia.

There is a great dearth of detailed and reliable information about LGBT seniors because little relevant research has been conducted. Government-supported research has generally ignored LGBT seniors. State support for research on the needs and demographics of LGBT seniors would facilitate the strengthening of relevant public policy and planning for appropriate services. Some of this research should be focused on higher and earlier mortality rates in poor communities of color, including LGBT communities, and how this impacts services and funding for seniors in these communities.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Increase access for LGBT seniors to a comprehensive continuum of aging-related services and supports.

Path to Implementation through:

1. Including LGBT people as a “vulnerable senior constituency and identity” and as those with “greatest social need” in the NYS Office for the Aging (NYSOFA) and other local aging departments, such as the New York City Department of the Aging, annual planning and development of the senior services delivery systems, as mandated by the Older Americans Act.
2. Extending outreach, education and services to meet the needs of caregivers for LGBT adults and to ensure that existing caregiver services programs are willing and able to support LGBT caregivers.
3. Developing and supporting innovative civic engagement programs to recruit and engage LGBT seniors in lifelong learning initiatives, workplace and volunteer settings, and public policy advocacy.
4. Including LGBT representatives in local advisory committees and on statewide advisory commissions established by the New York State Office for Aging, to address the needs of LGBT older adults.

5. Addressing the housing needs of LGBT seniors. This discussion is significantly framed by the need for affordable housing for all seniors, regardless of sexual orientation or gender identity.

RECOMMENDATION 2:

Ensure culturally competent care and service provision for LGBT seniors throughout New York State.

Path to Implementation through:

1. Requiring state units on aging and area agencies in aging (also known as AAAs, or triple-As) to include LGBT older adults in AAA needs assessments and planning processes, provide LGBT cultural competency training to AAA staff, contractors and volunteers and ensuring that all of AAA's services are free of discrimination based on sexual orientation and gender identity.
2. Working with NYSOFA to offer LGBT cultural competence training for senior centers, assisted living facilities and other senior service providers in the State. Training should be conducted by organizations with training expertise in LGBT aging. Funding can be distributed through Area Administrations on Aging or other NYSOFA contracted training organizations, with appropriate guidelines to ensure proper allocation and utilization of funds for LGBT cultural competence training.
3. Including a requirement to enhance and document culturally competent services for LGBT clientele within all RFP's issued by NYSOFA.
4. Identifying federal funding opportunities and allocating state and local funding that specifically serve LGBT older people.
5. Expanding current efforts to develop administrative regulations for assisted living facilities and nursing homes so that they include provisions that prohibit discrimination, including sexual orientation and gender identity discrimination, and include inclusive intake forms and other means by which LGBT families are recognized.
6. Developing new policies, modified case reporting systems and training for long term care ombudsmen to insure that they will document and resolve complaints of discrimination based on sexual orientation and gender identity within all senior programs and facilities.
7. Making New York State's definition of NORC's (naturally occurring retirement communities) inclusive of the communities formed by LGBT seniors, to provide appropriate services to LGBT senior communities. LGBT seniors often form communities based not on residence but on affinity or cultural identity, which can provide a framework for service delivery. To date, this has not been recognized or leveraged sufficiently through public policy and funding.

RECOMMENDATION 3:

Protect LGBT seniors from discrimination by vigorous enforcement of the letter and spirit of the Sexual Orientation Non-Discrimination Act (SONDA)'s prohibition on discrimination in public accommodations and housing.

Path to Implementation through:

1. Protecting LGBT seniors with administrative regulations, including but not limited to, regulations requiring inclusion of sexual orientation in senior facilities' non-discrimination policies, and recognition of LGBT relationships and families in facilities' procedures and practices.
2. Developing as necessary additional administrative regulations to address discrimination against transgender seniors.

RECOMMENDATION 4:

Support and amend legislation like the Older New Yorkers Equality and Protection Act to insure that LGBT seniors are fully included in its implementation.

Path to Implementation through:

1. Modeling additional legislation on the California Older LGBT Equality and Protection Act to require state units on aging and area agencies to include the needs of LGBT seniors in their assessment and area plans.
2. Providing technical assistance to local agencies for the training of staff, contractors and volunteers regarding the unique needs of LGBT seniors.
3. Ensuring that programs and services provided through the Older Americans Act and New York State law in each planning and service area are available to all older adults regardless of sexual orientation and gender identity.

RECOMMENDATION 5:

Ensure that the NYSOFA Point of Entry initiative provide seniors with one stop access to comprehensive information and referral services that is inclusive of the needs of and provides appropriate resources for LGBT seniors.

Path to Implementation through:

1. Facilitating partnerships between LGBT senior service providers and mainstream senior centers to ensure that LGBT seniors take advantage of the services provided by the centers (e.g. meals).
2. Establishing LGBT-specific senior programs within LGBT community centers and organizations to provide congregate meals and other traditional senior center services.
3. Developing policies to address the acute needs of same-sex couples who are seniors. This is critical given the lack of legal protections for same-sex couples in New York State, and the increased vulnerability of same-sex couples who are seniors.

LGBT PEOPLE OF COLOR

“Despite strong efforts, health disparities persist, the result of a complex interplay of root causes—which include cultural and environmental factors, behavioral influences, socioeconomic conditions, and healthcare access and quality issues... strong efforts are needed to address socioeconomic needs—such as housing and education—which are strong contributing factors in health disparities... We know that an African-American baby boy born in the U.S. today lives 7 fewer years than a white baby boy; people of color account for 80 percent of new HIV infections, with African Americans accounting for 50 percent and Hispanics, 30 percent; the diabetes death rate in Hispanics is 40 percent higher than for non-Hispanic whites; cancer deaths are 35 percent higher among African Americans than whites; African American, Hispanic and Asian American women wait twice as long as white women for diagnostic tests following abnormal mammograms. These are some well-documented disparities in the U.S.”

From: Richard F. Daines, M.D., New York State Commissioner of Health, 6th Annual Urban Health Conference⁴⁷

DOCUMENTING THE DISPARITY AND IDENTIFYING THE GAPS

LGBT people of color experience both homophobia and racism in their daily lives. They are dually marginalized when seeking health and human services, yet their needs may be greater as a result of previous unmet needs. They are rarely represented in policy making and may mistrust mainstream institutions. LGBT people of color may experience racism in LGBT settings as well as homophobia and trans-phobia in people of color communities. People of color are less likely to have access to resources (social and financial capital). Their communities are also disproportionately affected by HIV and AIDS.

There is very little research on LGBT people of color and their health and human services needs. For example, health disparities work conducted by the New York City and State health departments focuses on racial and ethnic disparities but does not include other factors such as sexuality.⁴⁸ However, the Needs Assessment survey documented large disparities between LGBT people of color and white people. For example, 18% of African American respondents, 22% of Latino/a respondents and 32% of American Indian respondents felt that bias resulting in refusal of medical care was a problem for them, compared with 8% of white LGBT respondents. Similarly, 30% of African American respondents, 34% of Asian respondents and one third (33%) of Latino/a respondents were concerned about being treated badly by a health professional, while only one in four (25%) of white LGBT respondents had this fear.⁴⁹

These findings are echoed in the small amount of research available nationally on LGBT people of color health disparities. The Center for American Progress found that lesbian and bisexual African American women are particularly unlikely to get mammograms and that transgender women of color were particularly likely to have HIV/AIDS.⁵⁰ However, they note that so little research at the federal level includes LGBT people that in many cases, it is impossible to know what other health disparities may exist.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

All health and human services infrastructure should be welcoming and culturally sensitive to people of color issues and the ways that these issues intersect with issues of sexuality and gender identity.

Path to Implementation through:

1. Including LGBT populations in racial/ethnic cultural competency training for agencies working with the general population such that intersectional disparities are acknowledged and different LGBT people of color groups (African American, Latino/a, Asian American, American Indian, Arab and Middle Eastern etc.) are discussed.

RECOMMENDATION 2:

Data analysis and reporting on racial and ethnic communities should examine intersectional disparities involving LGBT people.

Path to Implementation through:

1. Examining how income and race (which are already foci of their work) intersect with sexuality to determine patterns in health disparities in reports such as those produced by the NYC Department of Health and Mental Hygiene.
2. Fostering collaborations between LGBT working groups who are discussing closing health and human services gaps (as recommended for mental health, primary care, etc. see above) with similar groups discussing racial and ethnic disparities, in order to coordinate their work.

RECOMMENDATION 3:

LGBT people of color-specific programming should be available for a wide variety of LGBT health and human services issues.

Path to Implementation through:

1. Expanding funding streams for programs targeted at LGBT people of color across issue areas.
2. Utilizing recommendations developed by Funders for LGBT Issues, a group concerned with equity in funding for LGBT programs to guide funding programs more equitably for LGBT people of color.⁵¹
3. Using research and community consultation to determine whether integrating LGBT people of color services into mainstream services or providing autonomous funding is more effective in closing gaps.

TRANSGENDER AND GENDER NON-CONFORMING PEOPLE

“For generations, New York has been a national leader on civil rights, yet the State has lagged far behind in securing basic civil rights for transgender New Yorkers.”

From: Governor David Paterson New York State Press Release December 16, 2009: Governor Paterson Signs Gender Identity and Expression Executive Order (No.33)⁵²

DOCUMENTING DISPARITIES AND IDENTIFYING THE GAPS

Transgender people live in a different gender from the one expected from the sex they were assigned at birth. Gender non-conforming people may adopt different gender presentations at different times, or adopt male and female attributes in their self-expression. Many transgender people require additional health services because they are undergoing medical transitions that may require cross-gender hormone therapy, sex reassignment surgery, psychotherapy or other services. Because transgender and gender non-conforming people experience high levels of minority stress and stigma, they often need additional support services as well as specific medical care.

Transgender and gender non-conforming people often lack access to health and human services.⁵³ They can also have challenges around insurance coverage, both for health care related to gender transition, and for more general healthcare that is appropriate to their bodies regardless of what sex is listed on government identification. They are also at high risk for violence and health disparities.⁵⁴ Although much of the research on transgender people has focused on male-to-female transgender risks for HIV transmission, more research is needed on other health disparities that have been suggested by a developing literature. These health disparities include smoking, diabetes, cardiovascular disease and cancer.⁵⁵ In mental health, studies find elevated rates of depression, suicidal thoughts and suicide attempts.⁵⁶

In the needs assessment survey, transgender people were much more likely to be homeless (33% vs. 14%), have probable depression (31% vs. 16%), experience loneliness or have experienced violence (28%). Transgender and gender non-conforming people who took the needs assessment survey were also among the respondents with the highest ratings of barriers to health care.

Further, multiple studies document transgender and gender non-conforming people's experiences with violence in prison and other criminal justice facilities.⁵⁷ This type of violence is a serious violation of transgender and gender non-conforming people's civil rights and must be taken seriously as a public health issue.

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

All health and human services agencies and governmental offices must be welcoming and inclusive of transgender people.

Path to Implementation through:

1. Allowing for the selection of 'transgender' as a gender identity, in addition to 'male' or 'female', on paperwork and forms. State and local facilities should have some gender neutral or unisex restroom facilities available.
2. Cultural competency training (see recommendations in cultural competency section) should include gender expression and gender identity and explain the relationship to and differences between these and sexual orientation.

RECOMMENDATION 2:

Improve data collection on gender identity by including questions about transgender experience.

Path to Implementation through:

1. Including sexual orientation identity and gender identity to reflect transgender populations.
2. Where appropriate and relevant on health surveys, including transgender-specific health questions and risk factors.
3. Adding crimes based on gender identity and expression to the state's hate crimes law to mandate data collection by local law enforcement on bias crimes against transgender people.

RECOMMENDATION 3:

Protect transgender and gender non-conforming people from discrimination.

Path to Implementation through:

1. Passing and enforcing basic civil rights legislation for transgender people, like the Gender Expression Non-Discrimination Act (GENDA), to outlaw discrimination based on gender identity and expression in employment, credit, education, and public accommodations. This includes cultural competency training on transgender issues for NYS Department of Human Rights (NYS DHR) staff and adjudicators.

2. Convening a task force with the New York State Department of Labor and NYSDHR to create strategies for protecting people from employment discrimination.
3. Allowing transgender people to change their birth certificates, driver licenses, and other government identification to the gender that reflects their self-identification. Such changes should not include requirements or unnecessarily intrusive inquiries around medical procedures undertaken to transition gender.

RECOMMENDATION 4:

Ensure adequate medical care for transgender and gender non-conforming people.

Path to Implementation through:

1. Requiring public and private insurance to be inclusive of medical issues unique to transgender people’s needs. The New York State Insurance Department, which regulates insurance, should require health insurers operating in New York State to cover hormones, surgery, psychotherapy, and other medically necessary care specific to transgender people.
2. Public and private insurance must also cover general healthcare that is responsive to the bodies of transgender people, regardless of sex indicated on legal identification. For example, transgender women may require prostate exams and transgender men may require cervical cancer screening.
3. Public insurances such as the Children’s Health Insurance Program (CHIP), Medicare, and Medicaid should also conform to these standards.
4. Ensuring that transgender youth and adults who are in the criminal justice system, as well as youth in foster care, have access to medically appropriate care.

RECOMMENDATION 5:

Public facilities such as homeless shelters, jails and prisons should decrease the risk of violence against transgender people.

Path to Implementation through:

1. Allowing transgender people to identify whether they feel safest in women’s or men’s facilities and respecting their gender identity and expression within public facilities.
2. Convening an interagency working group on revisions to existing policy that will decrease the likelihood of violence in prisons and homeless shelters.
3. Mandating cultural competency training in transgender issues for public defenders, judges, correctional officers and other criminal justice system staff.
4. Ensuring that transgender and gender non-conforming youth are safe from bullying in schools through anti-bullying initiatives and rigorous policy enforcement.

GEOGRAPHY AND TRANSPORTATION

“Health disparities, most often associated with urban ethnic and racial populations, persist in rural America as well. Geographic isolation, socio-economic status, health risk behaviors, and limited job opportunities contribute to health disparities in rural communities. While 20% of the United States population lives in rural areas, higher rates of chronic illness and poor overall health are found in those communities when compared to urban populations. Rural residents are older, poorer, and have fewer physicians to care for them. This inequality is intensified as rural residents are less likely to have employer-provided health care coverage; and if they are poor, often not covered by Medicaid. Federal and state agencies, and membership organizations are working to diminish these disparities and keep rural America healthy and strong. Some provide funding, information, and technical assistance to be used at the state, regional and local level and others inform state and federal legislators to help them recognize the issues affecting health care in rural America.”

From: Rural Health Disparities, Rural Assistance Center⁵⁸

DOCUMENTING DISPARITIES AND IDENTIFYING THE GAPS

People living outside major urban centers experience health disparities. Because LGBT people tend to congregate in major urban areas, those living in rural areas, suburbs and smaller towns are less likely to have access to the LGBT-specific infrastructure more available in cities. Further, mainstream services in rural areas may be less equipped to serve LGBT people who live there effectively.⁵⁹

The Needs Assessment survey showed that LGBT people living outside major urban areas were more likely to have barriers to LGBT-sensitive health care that were related to lack of transportation (11% vs. 9%) and the need to travel long distances to receive health care (25% vs. 16%). They were also more likely to lack access to LGBT centers, with nearly 2/3 of people who live outside major urban areas having never been to an LGBT-specific health and human services agency, compared with less than half of those in urban areas, and twice as many (17%) having never been to an LGBT center (versus 8% of those who lived in major urban areas).

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Create LGBT-specific infrastructure in rural areas, including community centers and youth, family, people of color and older adult programming.

Path to Implementation through:

1. Creating LGBT community centers in underserved areas through allocation of resources and funding, and monitoring the success of initiatives designed to decrease social isolation for replication across the state.
2. Providing for support and growth for the LGBT Health and Human Services Network. Many of the Network’s providers offer services to LGBT people through LGBT-specific, reproductive health or AIDS services settings outside major urban areas. The Network touches 800,000 people each year.⁶⁰
3. Funding outreach work and transportation options for rural LGBT people. A few organizations have pioneered the use of vans to transport youth to programs where there are no public transportation organizations (for example, Long Island Gay and Lesbian Youth). These programs should be expanded.

RECOMMENDATION 2:

Integrate LGBT services into health and human services located outside of major urban areas and evaluate the effectiveness of these models.

Path to Implementation through:

1. Cultural competency training across all agencies (see cultural competency section) should be relevant to non-urban populations. In addition to the recommendations made for specific types of cultural competency training (primary care, mental health, anti-violence, etc.), in rural areas, multi-service organizations, which may be the only

places LGBT people can find social services, should also receive this type of training.

2. All rural health agencies should evaluate this type of integrated cultural competency training for effectiveness; there are no best practices yet developed for this type of work.

RECOMMENDATION 3:

Utilize new media and internet tools to reach rural LGBT people with health and human services.

Path to Implementation through:

1. Creating and adding LGBT content to government and non-governmental agencies websites, social media and other alternative methods of outreach for health promotion. Many LGBT health and human services agencies have been pioneers in the use of social media, and these efforts should be provided resources to expand.
2. Funding research on alternative ways to use social media and other tools to reach rural LGBT people. Despite the extensive use of social media, little is known about the best methods to utilize to reach LGBT people and how to effectively work with them to improve access to health and human services and shrink health disparities. Further research is needed.

LGBT FAMILIES

“The leading expert in the world about welfare of children... testified that children do as well in a same sex environment, where both of their parents are the same sex, just as well as opposite sex parents. And it’s important to recognize California recognizes the right of same sex couples to live together, to have children, to adopt children, or conceive of children in various ways that are available these days. There’s 37,000 children in California with same-sex couples. And the evidence shows that those children are doing fine, just fine. Compare an opposite sex couple with an abusive father. With a same-sex loving couple. Quality of parenting is not based upon gender or sexual orientation. It is in the quality of one’s heart.”

From: Ted Olson and David Boies, Attorneys, Proposition 8 Federal Lawsuit, Interviewed on Bill Moyers Journal, March 2010

DOCUMENTING DISPARITIES AND IDENTIFYING THE GAPS

Analysis of 2000 US Census on same-sex households in New York show that 20% of same-sex couples in New York are raising children under the age of 18 with an estimated 18,335 of New York’s children living in households headed by same-sex couples and 7% of New York’s adopted children (or 7,042 children) living with a lesbian or gay parent. The analysis also shows that these same-sex couples live throughout the state, are racially and ethnically diverse, have partners who depend upon one another financially, and actively participate in New York’s economy.⁶¹

The census data also indicated that same-sex parents have fewer financial resources to support their children than married parents in New York. The median household income of same-sex couples with children is \$45,300, or 29% lower than that of married parents (\$63,700). The average household income of same-sex couples with children is \$61,042, significantly less than \$83,927 for married parents.⁶²

The lack of recognition of LGBT families in law and policy remains a problem when those families need health and human services. People who had children living with the, including both same-sex couples and LGBT single parents, were more likely to say that distance from LGBT-friendly healthcare was a problem for them (22% vs. 19%), that refusal of care was a problem for them (12% vs. 10%) and that negative community perceptions of LGBT people was a problem for them (47% vs. 41%).

RECOMMENDATIONS AND PATH TO IMPLEMENTATION

RECOMMENDATION 1:

Broaden State understandings of what constitutes a family.

Path to Implementation through:

1. Defining family, for all New York State government purposes, through allowing families to define for themselves who their members are which can include LGBT parents, their children, biological relatives, and family members of choice.
2. Extending sick leave and bereavement leave to domestic partners on the same basis as spouses, in both public and private employment.

3. Treating domestic partners the same as spouses for workers compensation, crime victims, and line-of-duty death and disability benefits.
4. Government agencies should build services that do not assume heterosexual couples, gender conformity, or the presence of children to constitute a family.

RECOMMENDATION 2:

Expand access to family building resources for LGBT adults.

Path to Implementation through:

1. Ensuring that sperm bank facilities which are regulated by the New York State Department of Health are welcoming and culturally competent to work with LGBT adults. Standards of care and practice guidelines should be the same for all donors and recipients, LGBT and heterosexual.
2. Providing targeted education on and referrals for access to LGBT-affirmative assisted reproductive technologies, for LGBT prospective parents.
3. Providing equal and affirming access to comprehensive adoption and foster care services to LGBT foster and adoptive parents.

RECOMMENDATION 3:

Schools and child care must be made safe and welcoming for children of LGBT parents.

Path to Implementation through:

1. Mandating cultural competency training and policies inclusive of diverse LGBT families within Head Start programs, day care facilities and other childcare provision regulated by the New York State government.
2. Including children of LGBT families as well as LGBT children in all school anti-discrimination policies. Schools need to develop programming and policies to enable compliance with the new NYS Dignity for All Students Act.
3. School curricula should be inclusive of LGBT history, culture, civic, and social issues and include diverse images of families.

RECOMMENDATION 4:

Ensure that all families have access to legal processes and documents that assure their safety and cohesion.

Path to Implementation through:

1. Same-sex couples should be allowed to marry on the same terms as opposite-sex couples. Assure access to marriage-related privileges such as covering partners and their children under health insurance policies.
2. Mandating cultural competency training for judges, legal aid lawyers, and other family court and surrogate court officials.
3. Ensuring non-discriminatory practices towards both parents in adoption and in child custody determinations for same-sex couples and for transgender parents. This includes promotion of simultaneous 2nd parent adoptions for LGBT adopting couples as of right, and not at the discretion of individual judges; and equal standing for consideration for child custody to the non-biological or transgender parent in post-separation custody determinations.
4. Same-sex couples should be able to place both parents' names on the birth certificate regardless of whether they are married. Currently these marriages must be performed in another state but are honored by New York.
5. Allowing LGBT people who want to become foster parents to do so, in a welcoming and inclusive environment and requiring cultural competency training for foster care staff.

RECOMMENDATION 5:

Expand access for LGBT families with children to LGBT-positive and affirmative family support, health promotion, and wellness activities in order to reduce social isolation for these families throughout New York State.

Path to Implementation through:

1. Creating mechanisms for LGBT family service providers and other community-based family services organizations to share resources and do reciprocal referrals to create a more comprehensive continuum of services and support for LGBT parents and their children in their geographic areas. This includes providing incentives such as funding for project collaborations between area family service organizations to co-sponsor activities to engage and support LGBT parents and their children.
2. Providing resources and funding to enable LGBT community centers and organizations to develop and sustain family social programming and support services, such as parenting education groups, family counseling services, and family recreational activities in their programs.

For more information please visit www.prideagenda.org or www.hunter.cuny.edu

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