

The Sellers Dorsey Foundation

Presents this Summary Report

Eliminating Health Care Disparities Among the LGBTQ Population



May 21st-25th, 2012

The Rockefeller Foundation in Bellagio, Italy

"My hypotheses are that this process, clearly one devised in the for-profit world, created a community where we could both like each other and challenge each other. In addition, we were forced to reexamine our own insular ways of constructing both the problem of LGBT health and potential solutions. I cannot thank you all enough for changing me."

Liz Margolies

"I was struck by the fact that LGBT health has finally begun to receive significant attention in the LGBT movement and beyond. To have Rockefeller support for LGBT health work is a very significant breakthrough, historically as well as practically. There's a very understandable tendency for people to link "LGBT health" to their particular line of work or their own health concerns and it will be important for funders, media, LGBT advocates, and "folks on the street" to see the amazing breadth of LGBT health work, and the many ways they can connect with and support it."

Shane Snowden

"The formal and informal conversations at Bellagio allowed me to learn more about the root causes of health care and health disparities, the diverse range of organizations and individuals—policy/research organizations, patient advocates and provider associations—who are active in the LGBT health space and some of the dynamics at play in that space."

Jennifer Jordan

"I learned the way that not-for-profits CAN work together for a cause if you actually stick them all in a room together. So often we have splinter groups all working towards the same cause but all with different means. It was a great meeting of the minds that I wish more not-for-profit groups would do."

Calvin Stowell

INTRODUCTION

The state of Americans' health and access to quality healthcare are widely discussed social issues with serious social, economic, political and quality-of-life implications. For the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the related challenges and problems are even more acute. This community experiences many health issues including obesity, cancer and depression at higher rates than the general population while having lesser access to quality healthcare. Such systemic disparities must be addressed and a unique opportunity exists to tackle the problem now while both healthcare and broader LGBT issues receive increased focus. Further, these are universally-experienced problems that receive almost no mention outside of the U.S so any domestic efforts will have global implications and replication potential.

Because many organizations and individuals work on this issue – often duplicatively and/or in isolation - and no clear funding or nationwide/international strategy leadership exists, improved communication and coordination are a necessary first step. Seeking to eliminate these disparities, and with generous support from the Rockefeller Foundation, the Sellers Dorsey Foundation thus brought together LGBT health policy, business, philanthropic and research talent with experts from the worlds of print, broadcast and social media. The Sellers Dorsey Foundation aims to develop and implement a coordinated strategy which eliminates health disparities for the LGBT community. The Sellers Dorsey Foundation will primarily serve as a coordinating resource and convener, and will also implement programs where voids exist.

This report is from the Sellers Dorsey Foundation. Except when directly referenced, the opinions expressed in this report are not reflective of any of the participants' or their organizations' views.

THE PROBLEM

Health disparities refer to differences in the quality of and access to health care and the "presence of disease, health outcomes, or access to health care"ⁱ across various populations, including those defined by sexual orientation and gender identity.

While additional data collection is needed to better define differences, research has demonstrated that health disparities exist for lesbian, gay, bisexual and transgender (LGBT) individuals. In other words, members of the LGBT community have different health outcomes than their non-LGBT peers. Consider these statistics gathered from various sources by the Center for American Progress; Compared with 82% of heterosexual adults having access to health insurance coverage, only 77% of lesbian, gay and bisexual individuals have access to health care insurance. The number drops to 57% in the transgender community.ⁱⁱ Lesbian and bisexual women are less likely to receive mammograms.ⁱⁱⁱ Health disparities are not limited to physical health, as there are glaring examples of mental and behavioral health disparities too. Lesbian, gay and bisexual youth are significantly more likely to commit suicide^{iv} and transgender adults are dramatically more likely to have suicide ideation than their heterosexual peers.^v

Researchers investigating the causes of these disparities have identified three key factors :

1. ***Ongoing stigma***, homophobia, and transphobia causing some members of the LGBT community to be fearful of talking openly about sexual orientation or gender identity to health care providers;
2. ***Lack of ongoing cultural competency*** training of health care providers to care for the LGBT community; and
3. ***Legalized discrimination*** in state and federal laws causing lack of access to affordable health care.

For the purposes of this report, the Sellers Dorsey Foundation will not explore the additional factors that certainly exist and will only briefly discuss these three factors below. Additional resources and peer-reviewed studies can be found at the conclusion of this report in Appendix C.

ONGOING STIGMA --LGBT individuals experience stigma, prejudice and discrimination based on their sexual orientation and/or gender identity. This stigma leads to fear and harassment and can result in negative health outcomes, including high rates substance abuse, and suicide.^{vi} There are also daily reminders of being different from the majority, such as filling out forms that ask about marital status, being forced to go through customs or immigration separately instead of as a family, or being treated differently by health care providers because one presents as a gender different than that on the birth certificate or medical record.

A study from the UCLA Center for Health Policy Research demonstrated the impact of this stigma on health care, indicating that older lesbians, gay men, and bisexuals in California reported higher rates of high blood pressure, diabetes, physical disabilities and psychological stress.^{vii} A study published in 2010 indicated that older LGBT Americans have higher rates of poverty, homelessness, and depression due to a lifetime of stigma and inequality.^{viii}

SPOTLIGHT: STIGMA

LGBT youth are often some of the most invisible victims of health disparities. Rejected from their families because of their sexual orientation, many are forced into homelessness and lose their parents' healthcare coverage. Even those that end up in shelters often face continued discrimination because over 60% of homeless shelters are run by faith based organizations, many of whom have religious objections to homosexuality. Sometimes, youth who attempt to live openly as LGBT face outright hostility, as evidenced when staff at a faith based shelter removed the bedroom door of an out gay youth, supposedly to ward off any homosexual behavior. The same staff then warned that the second bed in the room was left empty and other residents were told that if they misbehaved they would have to share the room with the "gay kid." So in order to evade such abuse, many homeless LGBT youth will go back into the closet and therefore not receive appropriate health care.

LACK OF CULTURAL COMPETENCY TRAINING –

Very few healthcare providers receive the training they need to provide equitable, knowledgeable, sensitive, and welcoming care to LGBT patients and their families. Medical, nursing, and other health professional schools currently provide little or no information about LGBT health needs beyond HIV/AIDS, and very few healthcare settings make up for this deficit by training their providers around LGBT concerns. This near-total absence of LGBT health education is closely linked to denied care, delayed care, substandard care, and health disparities for LGBT people.

SPOTLIGHT CULTURAL COMPETENCY:

An example of how stigma negatively impacts LGBT health is seen in the case of Robert Eads, a female-to-male transsexual who was diagnosed with ovarian cancer. Because of prejudice and discrimination, Eads was declined care by more than two dozen physicians who were afraid that treating him might harm their reputations. By the time Eads finally found a doctor to treat his illness, the cancer had spread too far and he succumbed to the disease.

LEGALIZED DISCRIMINATION -- The U.S. LGBT community enjoys no federal protections against discrimination on the basis of sexual orientation and gender identity in the workplace, in housing, in financial access or in public accommodations. Various employers, states and localities have chosen to

extend protection against discrimination but LGBT individuals are forced to live under a patchwork of laws in this regard and experience varied realities.

Tax inequities and discrimination against legally married same-sex couples by the federal government in the United States can lead to decreased health care access for members of the LGBT community. Healthcare benefits from an employer for an opposite sex spouse are tax-free, while the federal government taxes both the employer and the employee for any health care insurance benefits provided to same sex spouses and domestic partners. Further, LGBT individuals can face significant healthcare access issues because the LGBT community lacks federal protections against workplace discrimination and most individuals receive health insurance through their employers.

SPOTLIGHT LEGALIZED DISCRIMINATION:

Thomas earns \$50,000 per year and has a family health care plan worth \$10,000 from his employer that covers his legally married opposite sex wife, Jane. In this scenario, Thomas pays income taxes based on the \$50,000 salary. If Thomas is instead legally married to someone of the same sex named James, he is taxed on the value of those health care benefits and must pay federal taxes on the entire \$60,000. On average, an employee with domestic partnership benefits owes an additional \$1,700 each year in federal taxes. The employer, who is generously providing these health care benefits, owes more in federal payroll taxes as a result. This inequity can result in individuals like Thomas not being able to afford to provide health care insurance for his spouse due to the increased tax burden.

MAY BELLAGIO MEETINGS

The organizers structured the Bellagio meetings focused on achieving three goals: First, generating high-impact, pragmatic ideas that the Sellers Dorsey Foundation could implement in pursuit of ending health disparities for the LGBT community following the meetings. The planning team hoped to get support from the attendees so that they would utilize their organizations and resources to support such initiatives. Second, they wanted to create a sense of community and camaraderie among these leaders, many of whom had not previously met or worked together. Related, the planning team wanted to create an environment that would foster more long-term, creative, strategic thinking than is the norm among the LGBT activist community. Finally, the planning team wanted to create a platform which could potentially serve as a future incubator of ideas and collaboration.

DAY 1

In order to set an effective tone for the conference, pre-empt competition and avoid cliques, the planning team determined prior to arrival that that attendee lists would not be shared so that pre-arrival conversations would be kept at a minimum. Thus, the first session was the first opportunity participants had to meet each other. During this first session, participants shared their expectations and the facilitator established ground rules.

The planning team assumed that participants would arrive at Bellagio viewing the LGBT health disparities topic almost solely through their role as advocate, programmatic implementer, communicator or data provider. Organizers hoped to help participants consider a broader range of approaches when tackling health disparities. The second session was entitled “The Lifeboat Exercise”. Its goal was for attendees to introduce themselves to the group in a way that explained and promoted what they brought to the table. Participants were asked to imagine that they were on a sinking ship with only three lifeboat seats available and then to their best case as to why they should be included on the lifeboat. Each participant was able to explain the value that their work brought to the week’s discussion. Organizers wanted to see how dramatic and compelling each person’s argument was.

After lunch, the group took an afternoon hike on the Rockefeller Estate, aiming to get people in a relaxed setting where authentic conversation and bonds could emerge. The hike was an inspiring and team-building experience. The spectacular setting helped to put people’s minds in “a different place”.

Upon return from the hike, the first formal session was the “Six Thinking Hats” exercise which is modeled after Edward de Bono’s book of the same name. This exercise provides a thinking process that helps people be more productive, focused and mindfully involved. It encourages participants to understand their natural default styles as well as those of others and to recognize the strengths and weakness of each. One underlying goal of this “typing” exercise was to eliminate nay-saying from the rest of the conference and to turn a crowd whose language often defaults to one of victimization into

an empowered, positive group focused on achieving big outcomes. It was obvious that this exercise made some people uncomfortable because they weren't necessarily used to the creative process. For most of the participants, this was their first chance to think about the bigger picture and process of the conference rather than just thinking about what was specifically expected of them that week.

The next session was a case study of the recently passed Affordable Care Act (ACA), which was topically relevant and provided salient, current data. The goals for the case study were twofold: first, to demonstrate how the various "hats" (or ways of looking at a situation) were illustrated in a real life social movement; and second, to share information of how the ACA affects the LGBT population. The most useful part of this exercise was that attendees wanted to learn more and talk about the ACA. They knew it affected their work but were often surprisingly uninformed as to how. Participants seemed to come away agreeing that policy can be an important tool in social movements, it is not by any means the only tool. This exercise left people excited about what else could be done and raised the stakes about needing to get more creative and why that was important.

Participants spent the evening of the first day at dinner at the Sfondrata at Villa Serbelloni, where the generous Rockefeller Center hosts treated them to a lovely dinner with the resident scholars there. Leader Brian Dorsey explained what our meeting was about to the rest of the Fellows and several conversations were had about current issues worldwide. The group was able to mingle with some of the world's preeminent scholars in their fields, including a leading scientist on super massive black holes who quickly endeared herself to the team. Discussions were had, bonds were made, and this experience was very positive. Participants from our meeting were inspired to potentially apply for a resident scholar position at the Rockefeller Foundation.

DAY 2

Following a day of introductions and information, it was time to get everyone actively involved in working towards the shared and stated goal of the trip. Organizers separated participants into pairs and told them that this was their once-in-a-lifetime opportunity for a nationwide interview on a preeminent platform such as *60 Minutes*. Participants were given time to prepare and were then interviewed in front of the group by the media team. The interviews were informative, diverse and improved significantly as the morning unfolded. Interestingly a number of default habits, lexicon and presumptions were put to rest. The group came to a significantly more positive and productive place than they began and seemed to understand that some of their past habits may not serve them as well in the future if they were to truly move the needle on this issue. Following lunch, the group had an informative panel discussion about media strategy and how to better reach our target audience. A focus on social media and its potential to reach a broad, often younger group was especially dynamic and appreciated by the group.

The second day ended with a group dinner at a restaurant in downtown Bellagio, followed by an evening of casual conversation in the comfortable setting of the Frati at Villa Serbelloni.

DAY 3

The group began the final morning by separating into small teams of 3 or 4. Each small group compiled lists of the major milestones which would be needed in order to eliminate health disparities for the LGBT population within a ten year period. This yielded an excellent compiled list which included public awareness, political, systemic, funding and other goals and will serve as a core input to the Sellers Dorsey Foundation strategic plan moving forward. These milestones include:

- Access to equitable insurance & affordable care
- Provider competency (Culturally & Clinically)
- Formal Recognition & Cultural Acceptance & Inclusion
- LGBT Elders have broad choice of welcoming / inclusive care facilities
- LGBT people proportionately represented in health care workforce
- LGBT Self Knowledge and pride in being healthy
- Research and standards of care about LGBT health

Universally agreed by each of these groups was the recognition that an awareness-raising campaign was the best and most-needed immediate next step. Without broader awareness by politicians, healthcare providers, funders and affected LGBT people, there would be no improvement made on this topic.

One related example which informed this thinking was the recent success of the *It Gets Better* campaign. This campaign has been extraordinarily successful in raising awareness about youth suicide example. It also has raised funds which catalyzed the growth of service organizations like The Trevor Project.

Thus, the group again dispersed into their small groups and each designed their own public awareness campaign. Metrics will of course be included in any final campaign but can be developed in cooperation with the advertising agency. The four campaigns were presented to the entire group while others in the room were able to offer helpful suggestions and critiques. After these were shared, the group as a whole returned to the list of expectations from the first day. It was agreed that all had been met and the week exceeded expectations for participants.

Following are the four public awareness campaigns generated by each group:

Group #1:

Project:	<i>"5 and 5": Partnering for Health</i>
Prepared by:	<i>Rebecca Fox, Elaine Lamarre, Shane Snowdon</i>
Background/Overview:	<p>Most patients don't know what to ask their doctors. Therefore, this campaign aims to ensure that both patients and health care providers have an optimal exam appointment by providing a piece of paper which has on one side five things for patients to ask/tell their health care provider, and five things for health care providers to ask/discuss with patients. These questions/topics for discussion will be specially crafted by experts to target the most important points of information to obtain the best care. The piece of paper will be cost effective and can be widely distributed. Because of the ease of remembering "5 and 5", it has maximum public awareness cache.</p>
Objective/Purpose	We want to simplify the health exam by taking the fear out of asking certain questions by having an easy tool to use to gather the most important information.
Target Audience:	<p>LGBT Patients & ALL Providers (Neither side can do it alone)</p> <ul style="list-style-type: none"> • Patients: 5 Things to Ask / Tell your Doctor • Providers: 5 Things to Ask / Discuss with your Patient
Single Most Important Thing To Say:	This is an easy, cost-effective solution to deliver optimal health care to patients.
Distribution Channels:	<p>Multiplatform for Patients:</p> <ul style="list-style-type: none"> • Social, Earned, Advertising, Word of Mouth • <u>A.</u> Rollout in Targeted Locations <p>Multiplatform for Providers:</p> <ul style="list-style-type: none"> • Continuing Education • Journals & Publications <p>Professional groups</p>

Group #2:

Project:	<i>"I'm Strong; I'm Sexy, and _____"</i>
Prepared by:	<i>Kellan Baker, Hector Vargas, Matthew Breen</i>
Background/Overview:	LGBT people (like everyone) are bombarded by images of perfect bodies and youthful faces; often times, these images can be damaging to one's self esteem. People with low self esteem don't take as good care of their bodies as they should, and in turn this leads to poorer health outcomes. This campaign aims to optimize LGBT health by emphasizing the physical benefits of diet and exercise, while at the same time rejecting popular notions of sexiness or the media's ideal of beauty. For instance, this campaign can feature someone who may be over age 65 but who maintains a regular fitness routine. It could also feature someone who is in a wheelchair but who lifts weights regularly. The idea is that you don't have to be a model to be sexy, and being healthy is sexy.
Objective/Purpose:	We want LGBT people to take pride in their health as they would take pride in their job, their appearance, and their passions.
Target Audience:	LGBT People of all ages & abilities
Single Most Important Thing To Say:	This campaign will motivate people to take proactive steps to ensure optimal health by showcasing "ordinary" people who take care of themselves, which is in and of itself "sexy".
Distribution Channels:	Digital media, Sports clubs, Community (Health) Centers, Professional Teams & Athletes, Photo Meme

Group #3:

Project:	<i>"Health is Sexy"</i>
Prepared by:	<i>Rick Naughton, Scout, Katharine Peck, Hutton Inniss</i>
Background/Overview:	The idea behind this campaign is to appeal to the famous adage that "sex sells." To that end, the campaign hopes to encourage LGBT people to invest in their health as a means to be sexy. Like the second campaign (described previously), this campaign does not intend to emphasize traditional notions of sexiness and beauty but will instead focus on diet and exercise as a means of being sexy. The twist that this campaign presents is "gamefication": the notion that an individual can earn badges and/or points as in a game or competition. ("Gamefication" means turning ordinary things into games; for instance, people can earn "points" or "badges" for achieving certain milestones.) The group who came up with this campaign also suggested an annual awards banquet on a community level where people with the most points or badges would be honored as "healthy heroes".
Objective/Purpose:	We want people to take a more active role in their own health by making health both sexy and competitive: things everyone wants to be at their best.
Target Audience:	The broader LGBT community, because if LGBT people aren't asking for better health outcomes for themselves, then how can they ask others?
Single Most Important Thing To Say:	This campaign uses the concepts of competition and sex to appeal to people to take better care of their own health.
Distribution Channels:	Comprehensive: traditional media (radio, tv, print), social/mobile media (especially with badges and points), word of mouth, targeted to LGBT community and health centers.

Group #4:

Project:	<i>"Make a Day of It"</i>
Prepared by:	<i>Jennifer Jordan, Chris Labonte, Liz Margolies</i>
Background/Overview:	The idea behind this campaign is "If you don't go to the movies alone...why would you go to the doctor's alone?" By making going to the health care provider a social experience, then individuals will have a built-in support system in the event that they receive bad news. By taking a friend, the level of fear of going to a doctor's office can be reduced. Furthermore, it can make going to the doctor's a fun activity. For instance, a campaign can focus on "Testing & Tapas", "Mammograms & Movies", or "Appointments & Appetizers".
Objective/Purpose:	We want to reduce the isolation of the health care experience.
Target Audience:	LGBT community at large and all sub-populations
Single Most Important Thing To Say:	This campaign will motivate more people to go to their health care provider by taking some of the fear and loneliness out of the equation.
Distribution Channels:	Busses, Trains, internet, "gay" blogs

CONCLUSION

Throughout the three days, the group heard from individuals representing diverse views about the causes of and potential solutions to the issue of LGBT health care disparities. The group had many rich and strategic discussions which really harnessed the shared passion for health equality. The group discussed current LGBT health initiatives and observed what was and what was not working with these efforts as well as explored the role federal and state policy can have in making change and how other tools, such as effective communications, can have a positive impact. At the conclusion of the conference, the Sellers Dorsey Foundation left with four potential public education campaigns that the assembled group felt could make progress in eliminating health care disparities within the LGBT community.

While there were several major breakthroughs, perhaps most interesting was the widely-viewed recognition that those working on these issues needed to take a step back and do some education amongst the LGBT community and among providers. It did not seem that any began the week with this opinion but all ended it in agreement on this point. Proper community and public education about these issues needed to happen – and in a positive manner that didn't portray the community as victims. The group also identified some immediate next steps, including the use of shared relationships to expand participation in a project called the Health Equality Index and a process to educate the LGBT community about the impact of an upcoming Supreme Court ruling on the ACA. Since the conference and its environment created a space that encouraged collaboration and creativity, there were also several pledges to work together on ongoing projects between partners that haven't traditionally collaborated.

PARTICIPANTS:

Sellers Dorsey Foundation

The Sellers Dorsey Foundation was founded to promote the health and general well-being of the lesbian, gay, bisexual, and transgender community by educating the public, eliminating prejudice and discrimination, defending human and civil rights, and making distributions to organizations that support this community.

Founded by Martin D. Sellers and Brian J. Dorsey, the Sellers Dorsey Foundation aims at minimizing disparities and improving access to culturally competent medical care, and preventive services specific to this population. The Foundation recognizes a need to address LGBT health care disparities in all of the traditional ways including policy, advocacy, and education. But in addition, the Foundation believes that innovative/creative strategies that are currently used to produce results in the for-profit sector may also help to achieve maximum positive results in the area of minimizing disparities. To that end, The Sellers Dorsey Foundation is investigating the feasibility of launching a consumer-focused public information campaign, aimed at various groups that encourage members of the LGBT community to have clear and direct discussions with their health care providers.

Attendees

The Sellers Dorsey Foundation carefully selected participants from a broad range of disciplines in order to benefit the entire group by providing perspectives from different points of view. In an effort to engage in the most productive discussion, the group invited representatives from the consulting world, the philanthropic sector, the health practitioner area, the LGBT non-profit side, and the research/policy arena. Brian Dorsey of Sellers Dorsey was the conference's principal organizer, and Maggie Neilson of Global Philanthropy Group served as facilitator.

Brian Dorsey, Vice President of the Sellers Dorsey Foundation and co-owner of the national health care consulting firm Sellers Dorsey, works with the CEO and COO to develop organizational strategy and direction. His history of knowledge of the firm and its vision since its inception in 2001 extends to the originality and collaborative culture that also extends to the work of the foundation. He offers council on driving the corporate mission, works with the COO to ensure that innovative management concepts are used to improve operations. He has served as Communications Director for two statewide healthcare organizations and has worked as an independent public relations consultant. Brian led the 1991 launch of the VISION USA™ program sponsored by the American Optometric Association, which provided basic eye health and vision care services at no cost to uninsured, low-income people and their families. Brian leads initiatives underwritten by the Sellers Dorsey Foundation to fund the improvement of public health programs, specifically "patient centered" healthcare delivery to the LGBT community. He holds a Bachelor of Arts degree in Organizational Communications from

Wilkes University. He is an executive coach specializing in Management Performance consulting and has been certified by the International Coach Federation. Brian serves as a member of the Board of Directors for the Trevor Project.

Maggie Neilson, Facilitator, is a co-founder and partner at Global Philanthropy Group. She has addressed domestic and international social issues ranging from microfinance to childhood obesity. At GPG, Maggie leads efforts for clients on issues including the economic empowerment of American women, child sex slavery, education reform, environmentally-friendly agriculture practices and maternal health, while managing the L.A. office. Previously, as a strategy consultant, she launched new organizations, restructured existing efforts, forged partnerships across sectors and branded international efforts. In addition to her philanthropic and socially-focused work, Maggie's private-sector experience in the technology and consumer product fields includes marketing, sales, business development, product and project management. Maggie is a founding board member of the Center for Women & Democracy, sits on the New Leadership Board for the International Women's Health Coalition, volunteers for the Trevor Group and has conducted international political training in Morocco and across Latin America for the National Democratic Institute. Maggie holds a BS from the University of Washington and an MBA from Columbia University, both with honors.

Kellan Baker is a Health Policy Analyst with the LGBT Research and Communications Project at American Progress, where his work includes strategically advocating for LGBT inclusion in the implementation of the Affordable Care Act, improving data collection on LGBT health and health disparities, and working with the Department of Health and Human Services on a broad range of LGBT health issues. Prior to joining American Progress, Kellan was the senior policy associate at the National Coalition for LGBT Health, an 80-member organization that is the nation's leading community voice in federal LGBT health policy. At the coalition, Kellan worked closely with the Department of Health and Human Services and leading LGBT health experts to develop the new LGBT health topic area in "Healthy People 2020," the federal blueprint for a healthier America between 2010 and 2020. He also led efforts to advance LGBT health issues through the drafting and implementation of the Affordable Care Act and in a range of initiatives across HHS, including the March 2011 report on LGBT health from the Institute of Medicine. Kellan is an affiliated faculty member for LGBT health policy at the Center for Population Research in LGBT Health at the Fenway Institute, and he holds a master of public health in global public health policy and a master of arts in international development from George Washington University, where he was elected to the Delta Omega Public Health Honors Society. He graduated from Swarthmore College with high honors in astrophysics and Russian.

Matthew Breen is an award winning journalist and entertainment writer living in Los Angeles, CA. He is the editor-in-chief of *The Advocate*, a national gay news magazine, and editorial director for The Advocate Group. As editor in chief, Breen leads all aspects of Advocate-branded editorial content. Breen oversees *The Advocate's* print edition, which for over 40 years has been the publication of

record for the LGBT community; *advocate.com*, the community's definitive, daily online news source; and *The Advocate* brand's growing video content, including the oversight of NBC News on *The Advocate* and *The Advocate On-Air*, the news magazine dedicated to examining current news, politics, lifestyle, and cultural trends. Breen was previously executive editor at *Out* and a freelance film critic. He was the program director for the 2001 Austin Film Festival, and an associate film programmer for the 2002 IFP/West Los Angeles Film Festival, and media manager for the 1998 and 1999 Sundance Film Festivals. He was previously on the board of directors of the Queer Lounge.

Hutson W. Inniss is the Executive Director for the National Coalition for LGBT Health, in Washington, D.C. Prior to joining the Coalition's staff, he was the Vice President – Community and Organizational Development for Tapestry Health, Inc. where he served as the project director for its Among Men/For Men Project, a HIV prevention and substance abuse treatment access program funded by the Substance Abuse Mental Health Services Administration, Center for Substance Abuse Treatment. Inniss also founded the agency's Health Initiative Partnership, a capacity development program for local minority-serving community based organizations. Mr. Inniss is a 2007 Fellow of the Center for Disease Control & Prevention/Association of Schools of Public Health's Institute for HIV Prevention Leadership, and 2005 Fellow of the Human Services Forum's Executive Leadership Development Institute. He is on numerous advisory committee and councils including the American Foundation for Suicide Prevention, National Black Justice Coalition, National LGBT Health Education Center (Fenway Institute), and National Resource Center on LGBT Aging (SAGE USA).

Jennifer Jordan serves as a consultant at Sellers Dorsey and manages client projects, addressing day-to-day concerns with a keen eye to project timelines and budget. Currently, her work is focused on Medicaid financing initiatives involving safety net hospitals and other stakeholders in several states. She is also heavily involved in the firm's health care technology client engagements. Ms. Jordan's experience includes health policy development and implementation, program analysis and evaluation, Medicaid program operations, political and community organizing, strategic positioning as well as Federal and state health policy issues. Prior to joining the firm, Jennifer played a key role in the implementation of three federal grants at the Department of Insurance in the State of Illinois. Jennifer also represented the Department's interests in Illinois Health Information Exchange (HIE) and other HITECH Act planning. While at Navigant Consulting, Inc., Ms. Jordan focused on evaluating the performance of Medicaid managed care organizations and State Employee Benefit Administrative Services Organizations. Ms. Jordan attended the University of Chicago where she earned both a Certificate in Health Policy and Administration and a Master of Public Policy. She also holds a BA in Political Science from Macalester College in St. Paul, Minnesota.

Christopher Labonte drives the implementation of both internal and external firm-wide Communications initiatives for Sellers Dorsey and works with the trustees of the Sellers Dorsey Foundation on their philanthropic initiatives. Prior to relocating to Philadelphia, Chris spent a decade in

Washington, DC in the public and non-profit sectors. As the legislative director for the Human Rights Campaign, Chris led the team of lobbyists and outside consultants to advance LGBT equality in Congress and the Administration. He advocated on health care issues, including HIV/AIDS, tax and benefit issues, to defeat the Federal Marriage Amendment in the House and the Senate in 2004, reauthorize the Ryan White CARE Act, engineer the first-ever committee markup of the Employment Non Discrimination Act and pass a hate crimes prevention measure in the House and the Senate. Prior to his work for the Human Rights Campaign, he was a senior legislative assistant to a Democratic member of Congress from Rhode Island. In this capacity, Chris provided advice and counsel to the congressman on a variety of issues, including health care, civil rights, and education policy. He currently serves as a member of the Board of Directors of the Human Rights Campaign and is the co-chair of the organization's Public Policy Committee.

Elaine Lamarre serves as Executive Assistant to Brian Dorsey, Partner in Sellers Dorsey, and provides key administrative support for him in New York City. Ms. Lamarre contributes to Sellers Dorsey by working with the team on a range of issues, including meeting planning, coordinating schedules, tracking expenses, and making travel arrangements. In addition, Elaine coordinates all meetings involving staff in New York City and provides assistance to the marketing and external affairs team around marketing and organizational branding. Elaine studied at The University of North Carolina at Chapel Hill as well as abroad in Florence, Italy, before graduating from The Fashion Institute of Technology with a BFA in Fashion Design.

Liz Margolies, LCSW, founder and executive director, has served the LGBT community for 25 years as a psychotherapist, political activist and volunteer before becoming the executive director of the National LGBT Cancer Network. Liz is the co-chair of The NYC Lesbian Cancer Support Consortium, a network of oncology social workers and cancer survivors whose mission is to share resources, improve treatment of LBT survivors in institutions and agencies and reach out to underserved and underinsured LBT survivors in NYC. She is also on the Diversity Outreach Committee of The Young Survival Coalition and a member of The Gay and Lesbian Medical Association. Liz was the original Coordinator of The Lesbian Cancer Initiative, the first program in NYC devoted exclusively to the needs of lesbians, bisexual women and transgender men and women with cancer. She both developed and directed the program, providing individual counseling, support groups, community outreach and training, advocacy, referrals and large public educational forums. She is one of the founders of the LGBT Mediation Project and currently coordinates the service for the NYC LGBT Community Center. Liz has maintained a private practice in psychotherapy in NYC for over 25 years, specializing in cancer, trauma, loss, sexuality and fertility, and has published scholarly articles, a training manual and lectured around the world.

Rick Naughton serves as an administrative assistant for the Sellers Dorsey Foundation, where he helped to plan and organize this conference. In addition he serves as Special Assistant to the CEO and COO at Sellers Dorsey, and coordinates their schedules, attends meetings, tracks next steps and

supports the senior leadership so they are able to meet their many commitments and travel demands. Mr. Naughton previously taught Civics and History for the Penn Delco and Philadelphia school districts. He also interned for Pennsylvania's Lt. Governor, Catherine Baker Knoll. Presently, Rick is a member of the Board of Directors of Equality Pennsylvania, the only statewide LGBT civil rights organization in the commonwealth. Rick graduated with a law degree from the Pennsylvania State University Dickinson School of Law. He also holds a Master of Science in Education from the University of Pennsylvania and a Bachelor of Arts in History and a Bachelor of Science in Political Science, both from the University of Scranton.

Katherine Peck is currently the senior vice president of programs for the Gill Foundation. She is responsible for overseeing the foundation's grant making and strategic programs, nationally and in Colorado, focusing on achieving full equality for lesbian, gay, bisexual, and transgender (LGBT) people. Katherine is responsible for the development and implementation of policy advocacy programs, and programs directed at building alliances with non-LGBT individuals, organizations and institutions. Katherine came to the Gill Foundation from the Denver-based Rose Community Foundation, where she was vice president for programs. At Rose, Katherine had oversight responsibility for the foundation's grantmaking, which in 2004 totaled more than \$8 million in the foundation's five program areas: aging, child and family development, education, health, and Jewish life. Katherine's extensive history of community involvement includes the Women's Foundation of Colorado, where she served as board president; the Denver Foundation's civic and education advisory committee; and the boards of the Colorado Women's Bar Association Foundation, the Colorado Women's Forum, and the Legal Aid Foundation. She is currently on the boards of the Colorado Nonprofit Association and the Colorado Nonprofit Development Center. Prior to joining the Rose Community Foundation, Katherine was a partner at Holme Roberts & Owen LLP where she practiced law from 1984 to 2001. She served in various leadership positions within the firm including the executive committee and was an openly gay partner in one of Denver's most prestigious law firms. She has also provided pro bono legal counsel to gay and lesbian people seeking to adopt children and has worked with grassroots activists working to defeat Amendment 2. Katherine earned her law degree from the University of Denver, attending school in the evenings while working as a financial analyst for the United Bank of Denver National Association. Katherine has been recognized as a Woman Leader of Excellence by the Colorado Women's Leadership Coalition, and is a member of the prestigious Women's Leadership Circle of the Girl Scouts of Colorado. Most recently, the Colorado Women's Bar Association honored Katherine with its "Raising the Bar Award."

Ruben Ramirez is the National Assignment Editor at PBS' *Nightly Business Report*. He is based in New York. Prior to joining NBR, Ramirez was a Reporter/Producer at Reuters Television. Ramirez reported for Reuters across the United States and around the world. In addition to his television reporting duties, Ramirez contributed print articles and blog posts to the Reuters News Service. Ramirez played

a key role in the coverage of Hurricane Katrina. Before joining Reuters, Ramirez was a producer at CNN and CNN Financial News. While at CNN, Ramirez was part of the network's Emmy-Award winning coverage of 9/11. Before CNN, he was a writer and segment producer at CNBC. Ramirez began his career at ABC News in New York as a desk assistant/field producer for *Good Morning America* and *World News Tonight Weekend*. Ruben Ramirez studied Finance and Broadcast Journalism at Boston University. Ramirez holds memberships in the National Academy of Television Arts & Sciences, the National Association of Hispanic Journalists and the National Lesbian and Gay Journalists Association. Ramirez is a member of The Trevor Project's board of directors. Ramirez is a native of Austin, Texas. In his spare time he enjoys skiing, running and cheering for the Tennessee Titans. Ramirez lives in Hoboken, NJ.

Cathy Renna is nationally recognized as a media relations expert and as a leader within the LGBT community. As a major force behind the success and growth of the Gay and Lesbian Alliance Against Defamation (GLAAD), where she worked for 14 years, Cathy served as a primary spokesperson for GLAAD, as well as its first National News Media Director. Her work at GLAAD was particularly notable in terms of crisis and strategic communications. Cathy played a central role in shaping media coverage of both the beating death of Matthew Shepard in 1998, a tragedy that became a cultural marker for a shift in the level of media visibility of LGBT issues, and the sexual abuse scandal within the Catholic Church, during which her efforts contributed to thwarting Church officials' attempts to link the dynamic of abuse to sexual orientation. Since leaving GLAAD and founding her independent PR firm Renna Communications in 2006, based in New York, Cathy has worked to increase the visibility of clients such as the Williams Institute, OutServe, The Ali Forney Center, The Fenway Institute, The National Gay and Lesbian Task Force, and more. In addition to her work as a communications consultant, Cathy continues to be highly sought after by the media as a spokesperson on LGBT issues and has appeared on Fox News, CNN, MSNBC, Good Morning America and numerous local affiliate shows throughout the country. She has been interviewed by media including the New York Daily News, Politico, and more.

Dr. Scout is the director of the Network for LGBT Health Equity at The Fenway Institute, an Adjunct Assistant Clinical Professor at Boston University School of Public Health, and a Huffington Post blogger. He is a frequent public speaker and cultural competency trainer who specializes in tobacco, wellness, transgender health, social determinants, health disparities, and surveillance. As director of the Network, he leads a team that provides a variety of technical assistance for state and federal health policy makers and works to link local LGBT health advocates to each other. Dr. Scout has been doing policy advocacy for LGBT health for over 10 years. He has written a series of briefs on surveillance and inclusion in funding; his most recent is *LGBT Cultural Competency in Funding*. He is a co-author of the Gay and Lesbian Medical Association's Provider Guidelines for LGBT Care and an online LGBT cultural competency training, also offered by GLMA. Dr. Scout was the first recipient of the Community Service Award from the National Coalition for LGBT Health and has received the

President's Award from the National Association of Gay and Lesbian Addiction Professionals. Dr. Scout is an openly transgender father of three kids, as well as a vegetarian who usually travels with his folding bicycle, and he just walked his first New York City marathon last year, as part of the LGBT health charity team Solvitur Ambulando.

Shane Snowdon is the founding Director of the University of California – San Francisco (UCSF) Center for LGBT Health & Equity. In her 12 years as Director, she has been a leading voice for LGBT equality in healthcare, education, and employment. Shane has provided LGBT health training and consulting to health institutions and professionals nationwide. With her guidance, the UCSF Medical Center has become the only healthcare facility to receive five consecutive perfect scores on the national LGBT Healthcare Equality Index, and the Medical Center's groundbreaking LGBT policies and practices have been featured in the HHS AHRQ Health Care Innovations Exchange. In addition, she served as Project Adviser for The Joint Commission's *LGBT Field Guide*. Shane frequently lectures on LGBT topics at health professional schools, healthcare facilities, and health conferences, and she has keynoted and co-convened numerous meetings on LGBT health. National meetings she has convened at UCSF include the annual UCSF LGBTI Health Forum for Health Graduate Students, and the pioneering National Summit on LGBT Concerns in Medical Education. Shane has also been a consultant and board member for numerous LGBT groups, and her writing has appeared in a variety of LGBT publications, winning her the National Gay & Lesbian Journalists Association's Award for Cultural Reporting. Prior to joining UCSF, Shane headed the Women's Center at UC Santa Cruz, was Editor/Publisher of the national journal *Sojourner*, and served as Executive Director of a national health organization, an urban domestic violence agency, a regional environmental center, and a community development group supporting ex-inmates, youth at risk, and recent immigrants. She attended Harvard College.

Hector Vargas, JD, became Executive Director of GLMA on June 2, 2010. Vargas was previously the Deputy Director of the Education and Public Affairs Department for Lambda Legal, the oldest and largest national legal organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and people with HIV. Before joining Lambda Legal in 2001, Vargas was a state legislative lawyer with the National Gay and Lesbian Task Force, where he worked with state and local activists and elected officials on legislation to protect LGBT people. Previously, he was an assistant director with the American Bar Association in the Section of Individual Rights and Responsibilities, and prior to that, he was a national student organizing director with the National Association for Public Interest Law.

NEXT STEPS

Because the group agreed that an awareness-raising campaign is a logical first step following our Bellagio meetings, the Sellers Dorsey Foundation now begin the process of writing an RFP, seeking funding and hopefully pro bono or discounted agency services to design the campaign. In parallel process, the Sellers Dorsey Foundation will begin outreach to outlets that might similarly donate or discount channels through which the campaign will be disseminated. These channels include traditional media, social media and paid media.

The organizers also seek to continue the momentum that began at Bellagio. Having assembled a core group representing key players from LGBT groups, the Sellers Dorsey Foundation would like to create an ongoing forum which will share best practices, coordinate efforts and suggest/incubate ideas like the campaign when no one else is currently doing such needed work.

The membership in this group is likely to grow and evolve but the organizers have assembled a team which they feel represents the leadership of the next generation of leaders on LGBT issues.

Finally, as an immediate next step representing the excitement and potential of this group, the group placed an op-ed co-authored by two conference participants, Hutson Inniss and Hector Vargas, and placed by participant Matthew Breen, Editor-in-Chief of leading LGBT publication *The Advocate*. It can be found in Appendix A.

APPENDIX A

<http://www.advocate.com/commentary/2012/06/20/reminder-lgbt-health-about-life-and-death>

Op-ed: LGBT Health Is About Life and Death

By Hector Vargas and Hutson W. Inniss

Originally published on Advocate.com June 20 2012 7:00 AM ET

LGBT health is about life and death.

While that statement seems dramatic, when we see LGBT youth are far more likely to have attempted suicide and to be homeless; lesbians are less likely than straight women to get preventive services for cancer; gay men, particularly men of color, experience far higher rates of HIV infection; and transgender men and women are far less likely to have health insurance, it's not a hyperbolic statement.

These are only a few examples of the health disparities the LGBT community faces. Ensuring our community has access to quality health care is about life and death, and as a community we should understand what has been done to address these health disparities and what we can do in the future to improve our own health.

Recently, we joined several other LGBT health experts from advocacy to policy to research along with private foundations who fund work in this space. We challenged each other to think about what we need to do to make our community healthier. Organized by the Sellers Dorsey Foundation and supported by the Rockefeller Foundation, we worked with media, press, and communications experts to get creative about how we can address the root causes of disparities and educate our community, health care providers, and policy makers.

We are not starting from ground zero. Through advocacy, our community has made significant strides over the past three years. Most notably, we welcomed the passage of the Affordable Care Act (ACA), the health care reform law signed into law by President Obama in 2010, which contains numerous provisions that are already helping to end disparities. The law, as being implemented by this administration, extends federal nondiscrimination protections to health care for the first time. The ACA provides for increased data collection and bars insurers from denying coverage to individuals with pre-existing conditions, which is significant for transgender individuals and people living with HIV, and helps make prescriptions more affordable—also a huge boon to people living with HIV/AIDS. The law also paves the way for much-needed research into the causes of these health disparities.

There is no question that the ACA goes a long way towards beginning to close health disparities. The Center for American Progress has identified all the provisions mentioned above, as well as more that also promise to benefit the health of LGBT Americans. But today, the fate of the ACA is on the line. Within days, the Supreme Court is expected to rule on whether the law will stand and if our community

will continue to have these tools to improve health into the future. From our perspective, losing these tools would be a significant setback, but one that cannot erase the progress we and many others have made toward ending the disparities that harm our community's health.

Whichever way the Supreme Court rules on the validity of the ACA, one thing is certain: We need to continue to address LGBT health disparities with a laser-like focus and through a multi-disciplinary approach. Sure policy work on the federal and state level needs to continue, as does research. Educating our community is another avenue, so is training health care providers to provide culturally competent care to the community.

When we set aside policy and politics and look at our own community, the focus of our work needs to go beyond policy change. We must reach out and address the fundamental issues that result in different health outcomes for the LGBT community. Homophobia, biphobia and transphobia, family and community rejection, ignorance and misinformation in the media and in health settings are just the beginning of our work.

We all walked out of our meeting with a renewed sense of purpose to create ways to reach everyday LGBT people to take their own health more seriously and understand the impact of stigma and discrimination on their physical and mental health, something that seems so basic is critical to our moving forward.

The landscape has shifted. The message that these disparities exist and that they need to be addressed is no longer just contained to a small group of LGBT organizations—it has penetrated the wider health and policy world. The administration has not only listened but also has taken action on several fronts to address LGBT health, including protecting hospital visitation rights for our community. As we look toward the International AIDS Conference coming to Washington in July and of course the impending Supreme Court decision, we redouble our efforts to keep moving forward, not back. Think about your own health, and join us.

HECTOR VARGAS is executive director of GLMA: Health Professionals Advancing LGBT Equality, which hosts its 30th Annual Conference on LGBT health issues in September.

HUTSON W. INNISS is the executive director for the National Coalition for LGBT Health. Its next annual meeting will be held November 12th and 13th in Washington, D.C

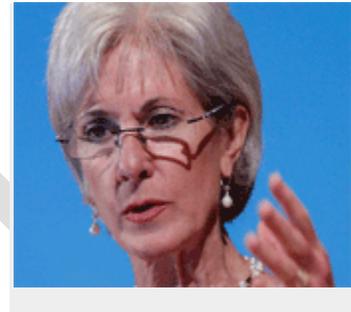
APPENDIX B

Fighting for Survival: Why Gay and Transgender Communities Should Care About Health Reform

By Kellan Baker

Imagine standing next to a hospital bed, watching someone fight for his or her life.

No one would ever want to be in that position. And mounting doubts darken the picture even further: Is the patient receiving the best care possible? Are the hospital's doctors and nurses stretched too thin to catch an emergency before it happens? Does the patient have enough insurance coverage to pay for an expensive stay in the hospital, and who picks up the tab if not?



The Supreme Court is expected to decide the 26-state lawsuit against the Affordable Care Act during the last week of June. The lawsuit attempts to challenge commonsense provisions of reform such as the expansion of the Medicaid program to cover lower-income people without insurance and the requirement that each individual secure a minimum level of health insurance coverage to pay for the costs of the medical care each of us may need at some point in our lives.

Similar to the millions of others in America who are falling through the cracks of the pre-reform health system, gay and transgender people should care about the outcome—because they have a lot to lose without health reform.

This issue brief explains what's at stake for gay and transgender communities in the pending Supreme Court ruling on the Affordable Care Act.

APPENDIX C

Additional Resources:

The Institute of Medicine's 2011 Report: *The Health of Lesbian Gay Bisexual and Transgender People*

<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

Healthy People 2020: Lesbian, Gay, Bisexual and Transgender Health

<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

Human Rights Campaign Foundation: Health Care Equality Index 2012

<http://www.hrc.org/hei/about-the-healthcare-equality-index#.T-2oixem98E>

Center for American Progress: How to Improve Mental Health Care for LGBT Youth

http://www.americanprogress.org/issues/2010/12/mental_health_lgbt_youth.html

Center for American Progress: How to Close the LGBT Health Disparities Gap

<http://lgbthealth.webolutionary.com/sites/default/files/CAP%20LGBT%20Race%20and%20Ethnicity%20ultimate.pdf>

Supreme Court Upholds Health Care Law, LGBT Leaders Cheer

<http://www.advocate.com/politics/2012/06/28/supreme-court-upholds-health-care-law>

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

http://www.americanprogress.org/issues/2009/12/lgbt_health_disparities.html

<http://www.hhs.gov/news/press/2012pres/03/20120326a.html>

ENDNOTES

ⁱ U.S. Department of Health and Human Services (HHS), Healthy People 2010: National Health Promotion and Disease Prevention Objectives, January 2000.

ⁱⁱ Center for American Progress | How to Close the LGBT Health Disparities Gap

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Ibid.

^{vi} <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

^{vii} <http://www.healthpolicy.ucla.edu/pubs/files/aginglgbpb.pdf>

^{viii} <http://lgbtmap.org/lgbt-older-adults>

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