

# TIME TO COME TOGETHER!

National Coalition  
**LGBT**  
Health

**LGBT HEALTH**  
**AWARENESS WEEK**

**MARCH**  
**23-27**  
**2015**





# It's Time for Trusting Relationships:

Lessons from LGBT Health Centers  
Building Trust With Their LGBT Clients

March 25, 2015



# 13<sup>th</sup> Annual LGBT Health Awareness Week

- The Week was created in 2003 to promote:
  - increased health awareness and outcomes in the LGBT community
  - the need for cultural competency in the healthcare system
- Members informed theme/scope of Week
- Sets the stage for year-long Coalition's activities in advocacy, education, and health services research

# 13<sup>th</sup> Annual LGBT Health Awareness Week

- **It's Time to Come Together** across settings and disciplines to participate in discussions about LGBT health disparities, and advocate and educate on critical healthcare gaps and needs of LGBT individuals
- It's time to build more **TRUST** with providers and in the healthcare system that culturally competent care will be provided
- It's time for **TRANSPARENCY** in our health care. We must advocate for authentic and complete data collection of sexual orientation and gender identity to reflect reality
- It's time to tell the **TRUTH**. We must be honest about our sexual orientation, gender identity, and health needs with our providers and the healthcare system overall

# Speakers and Topics

- **Transgender Health:** Nurit Shein, *Chief Executive Officer*, Mazzoni Center (Philadelphia, PA)
- **Racial and Ethnic LGBT Minority Health:** Luis Freddy Molano, MD, *Vice President of Infectious Diseases and LGBTQ Programs*, Community Healthcare Network (New York City, NY)
- **Gay/Bisexual Men's Health:** John Stryker, *Nurse Practitioner*, Howard Brown Health Center (Chicago, IL)
- **LBTQ Women's Health:** Liz James, *Chief Executive Officer*, Lesbian Health Initiative (LHI) (Houston, TX)



# ***Transgender Health***

Nurit Shein  
Chief Executive Officer,  
Mazzoni Center



# MAZZONI CENTER

## Building a Transgender Inclusive Program

Nurit Shein, CEO

March 2015



# BUILDING A TRANS\* INCLUSIVE PROGRAM

Transgender and gender non-conforming people face injustice at every turn: in childhood homes, in school systems that promise to shelter and educate, in harsh and exclusionary workplaces, at the grocery store, the hotel front desk, in doctors' offices and emergency rooms, before judges and at the hands of landlords, police officers, health care workers and other service providers.





# BUILDING A TRANS\* INCLUSIVE PROGRAM

## Health

- In the National Transgender Discrimination survey participants reported that when they were sick or injured, they **postponed medical care** due to discrimination (28%) or inability to afford it (48%).
- Respondents faced **serious hurdles to accessing health care**, including:
  - • **Refusal of care:** 19% reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color.
  - • **Harassment and violence in medical settings:** 28% were subjected to harassment in medical settings and 2% were victims of violence in doctor's office.
  - • **Lack of provider knowledge:** 50% reported having to teach their medical providers about transgender care. Respondents reported



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## Continued:

- **Over four times the national average of HIV infection**
- **Over a quarter of the respondents misused drugs or alcohol specifically to cope with the mistreatment they faced due to their gender identity or expression.**
- **A staggering 41% of respondents reported attempting suicide** compared to 1.6% of the general population, with unemployment, bullying in school, low household income and sexual and physical associated with even higher rates.



## BUILDING A TRANS\* INCLUSIVE PROGRAM

- *“I have been living with excruciating pain in my ovaries because I can’t find a doctor who will examine my reproductive organs.” (from a transgender man)*
- *“My choices for health coverage at my employer all exclude any treatment for transgender issues, even though they cover things like hormones for other people.”*
- *“I can no longer afford health care of any kind. I am fully transitioned and thus reliant upon estradiol as my body produces neither estrogens nor androgens in sufficient quantity. I am unable to go to the doctor for my prescriptions, and thus have been unable to buy my hormones for over one year. Thus I watch my hair falling out, my nails dissolve and am weak and tired like a far older lady than I am.”*



# BUILDING A TRANS\* INCLUSIVE PROGRAM

Clear and demonstrated need for Trans\* specific medical and support services;

- Mazzoni decided to initiate services over a decade ago –
  - Our challenge
    - No knowledge of population size;
    - No knowledge of population's needs
    - Few staff reflecting population;
    - Agency media was “vague”



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## ○ TRUST

- Conducted a Transgender Health Needs Assessment;
- Created a CAB;
- Reviewed all agency policies and materials;
- Recruited transgender providers and support staff;
- Sliding scale;
- Provide comprehensive services;

Mazzoni also now provides education for medical students at local medical schools



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## ○ TRANSPARENCY

- Work on the State and local level for LGBT data inclusion;
- Support the Coalition work in DC;
- Collaborate with local universities on transgender research;
- Pro-active advocacy with insurance companies;



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## ○ TRUTH

- All agency intake forms are inclusive and sensitive;
- Physical environment reflects/represents transgender constituency;
- Staff reflects the populations we serve;
- All Mazzoni media outlets (web-site; Facebook; Twitter; printed) reflects the populations we serve;



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## Current Services -

- Medical – over 2,000 unduplicated patients;
- Behavioral Health – 25% of clients;
- Case management & housing – 127 clients;
- Legal services – 80% of annual intakes are Trans\* related;





# BUILDING A TRANS\* INCLUSIVE PROGRAM

- Current Services –
  - Primary medical care
  - HIV medical care
  - Hormone therapy and monitoring
  - Pediatric & Adolescent Comprehensive Transgender Services (P.A.C.T.S)
  - Drop-In Clinics – Adolescent; T.R.U.E
  - Outreach – Trans\* Wellness Project
  - Sisterly L.O.V.E
  - Counseling and support groups (Bois Club; Evolutions)
  - Legal services
  - Laser hair removal
  - Social



# BUILDING A TRANS\* INCLUSIVE PROGRAM

- Philadelphia Trans-Health Conference
  - Community;
  - Professional Tracks –
    - Medical;
    - Behavioral Health;
    - Legal;



# BUILDING A TRANS\* INCLUSIVE PROGRAM



# BUILDING A TRANS\* INCLUSIVE PROGRAM



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## ○ **Community Involvement** –

- Philadelphia Trans-Health Conference –
  - Working Groups;
  - Steering Committee
  - Home Hospitality
- Community Advisory Board



# BUILDING A TRANS\* INCLUSIVE PROGRAM

## ○ **Community Impact**

- Better health outcomes
- Community visibility
- Individual and community empowerment
- Provider education





[www.mazzonicenter.org](http://www.mazzonicenter.org)





## ***Racial and Ethnic LGBT Minority Health***

Luis Freddy Molano, MD  
Vice President of Infectious  
Diseases and LGBTQ  
Programs, Community  
Healthcare Network







Robert M. Hayes, President / CEO

## CULTURALLY COMPETENT CARE FOR RACIAL/ETHNIC MINORITY LGBT COMMUNITIES: FROM ACCESS TO INTERVENTIONS

Luis Freddy Molano, MD, VP ID /LGBTQ Programs and Services



## A LITTLE ABOUT US

COMMUNITY HEALTHCARE NETWORK (CHN) IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES ACCESS TO AFFORDABLE, CULTURALLY-COMPETENT AND COMPREHENSIVE COMMUNITY-BASED PRIMARY CARE, MENTAL HEALTH AND SOCIAL SERVICES FOR DIVERSE POPULATIONS IN UNDERSERVED COMMUNITIES THROUGHOUT NEW YORK CITY.

### FACTS:

- + INCORPORATED IN 1981 FROM A GROUP OF ISOLATED FAMILY PLANNING CLINICS UNDER COMMUNITY FAMILY PLANNING COUNCIL (FPC).
- + FIRST ORGANIZATION IN NEW YORK CITY TO BRING HIV CARE AND COUNSELING AND TESTING SERVICES TO WOMEN'S HEALTH.
- + IN 1998 THE FIRST CLINIC BECAME A FEDERALLY QUALIFIED HEALTH CENTER.
- + IN 1999 CFPC BECOMES COMMUNITY HEALTHCARE NETWORK TO BETTER REFLECT THE FULL RANGE OF PRIMARY CARE SERVICES AND CATHERINE ABATE BECAME CEO/PRESIDENT
- + UNDER THE NEW LEADERSHIP CHN BECOMES ONE OF NYC'S PREMIER COMMUNITY PROVIDER FOR MEDICAL AND SOCIAL SERVICES FOR EVERYONE REGARDLESS OF THEIR SEXUAL IDENTITY AND/OR GENDER IDENTIFICATION

# LGBT PROGRAM

THE LGBT PROGRAM WAS IMPLEMENTED AT COMMUNITY HEALTHCARE NETWORK - BRONX HEALTH CENTER IN 2004 TO OFFER TO THE INCREASING NUMBER OF PATIENTS OF LGBT-EXPERIENCE COMPREHENSIVE AND UNDERSTANDING ACCESS TO HEALTHCARE.

## FACTS:

- + DIRECT SERVICES TO THE LGBT COMMUNITY IN A FAMILY HEALTH CENTER WITHOUT BEING PART OF A LARGER LGBT CENTER
- + FUNDED IN 2006 FROM THE AIDS INSTITUTE TO PROVIDE HIV PRIMARY CARE AND SUPPORT SERVICES FOR HIV POSITIVE LGBT PATIENTS
- + FUNDED IN 2007 BY AIDS INSTITUTE - COMMUNITIES OF COLOR TO PROVIDE PREVENTIVE SERVICES FOR THE LGBT COMMUNITY
- + PROGRAM ADOPTED THE MEDICAL HOME MODEL IN 2008
- + IN 2010 THE AS PART OF THE LGBT, CHN STARTED THE TRANSGENDER FAMILY PROGRAM

# PRIMARY CARE

- PRIMARY CARE
- HIV CARE
- NUTRITIONAL SERVICES
- TREATMENT ADHERENCE
- WELLNESS PROGRAM
- SUPPORT SERVICES



- PSYCHOSOCIAL ASSESSMENT
- PSYCHIATRIC SERVICES
- PREVENTION COUNSELING
- LETTERS OF SUPPORT FOR LEGAL ISSUES

# BEHAVIORAL HEALTH



## LGBT FAMILY PROGRAM



# PREVENTION

- COUNSELING AND TESTING
- EDUCATIONAL SERVICES
- PEP/PRP
- INDIVIDUAL LEVEL INTERVENTION
- SUPPORT GROUPS/WORKSHOPS
- COMMUNITY INVOLVEMENT

OUR

# GOAL

## IMPROVE OVERALL HEALTH OF THE LGBT COMMUNITY:

- ✦ BY PROVIDING COMPREHENSIVE MEDICAL CARE, BEHAVIORAL HEALTH SERVICES AND MONITORING CLINICAL OUTCOMES
- ✦ GIVE APPROPRIATE AND ACCURATE REFERRALS FOR OFF-SITE SERVICES
- ✦ IMPROVE CLIENTS' HEALTH LITERACY THROUGH INTERVENTIONS AND SUPPORTIVE SERVICES AS WELL AS TO RAISE AWARENESS OF LGBT HEALTH ISSUES AMONGST PROVIDERS
- ✦ DECREASE BARRIERS TO ACCESSING CARE
- ✦ SPREAD AWARENESS ABOUT AVAILABILITY OF PEP/PREP PREVENTION STRATEGIES

# STRUCTURAL BARRIERS TO ACCESSING CARE

- LACK OF MEDICAL INSURANCE
- DOCUMENTATION OF ELIGIBILITY CRITERIA
- STAFF'S ABILITY TO ACKNOWLEDGE THEIR OWN CULTURAL BACKGROUND/RELIGIOUS IDEALS
- PRIORITIZING OTHER PATIENT NEEDS (E.G. STABLE HOUSING, FOOD, TRANSPORTATION)

# CLINICAL COMPETENCY BARRIERS...

- STAFF NOT RESPECTING UNIQUE AND COMPLEX CULTURAL BACKGROUNDS
- ASSUMPTIONS ABOUT ONE'S SEXUALITY OR GENDER IDENTITY
- SEXUAL PRACTICES AND HOW THEY ARE DEFINED AND JUDGED (MULTIPLE SIMULTANEOUS PARTNERS VS. SEQUENTIAL PARTNERING)
- HYPER-AFFIRMATION OF ONE'S GENDER OR SEXUAL IDENTITY THROUGH STEREOTYPING (E.G. OVER IDENTIFICATION WITH THE PATIENT'S GENDER EXPRESSION)
- PROFESSIONAL CURIOSITY VS NEED TO KNOW

# ADDRESSING INTERSECTIONS OF LGBT & ETHNIC MINORITY IDENTITIES

- ✦ STIGMA OF WHAT MEDICAL CARE MEANS (E.G. MENTAL HEALTH, CONCERNS ABOUT CONFIDENTIALITY)
- ✦ MISTRUST OF THE MEDICAL COMMUNITY DUE TO HISTORICAL AND SYSTEMIC MISTREATMENT
- ✦ LANGUAGE BARRIERS
- ✦ SEXUAL ORIENTATION BEING ASSOCIATED WITH “UNLAWFUL BEHAVIOR”

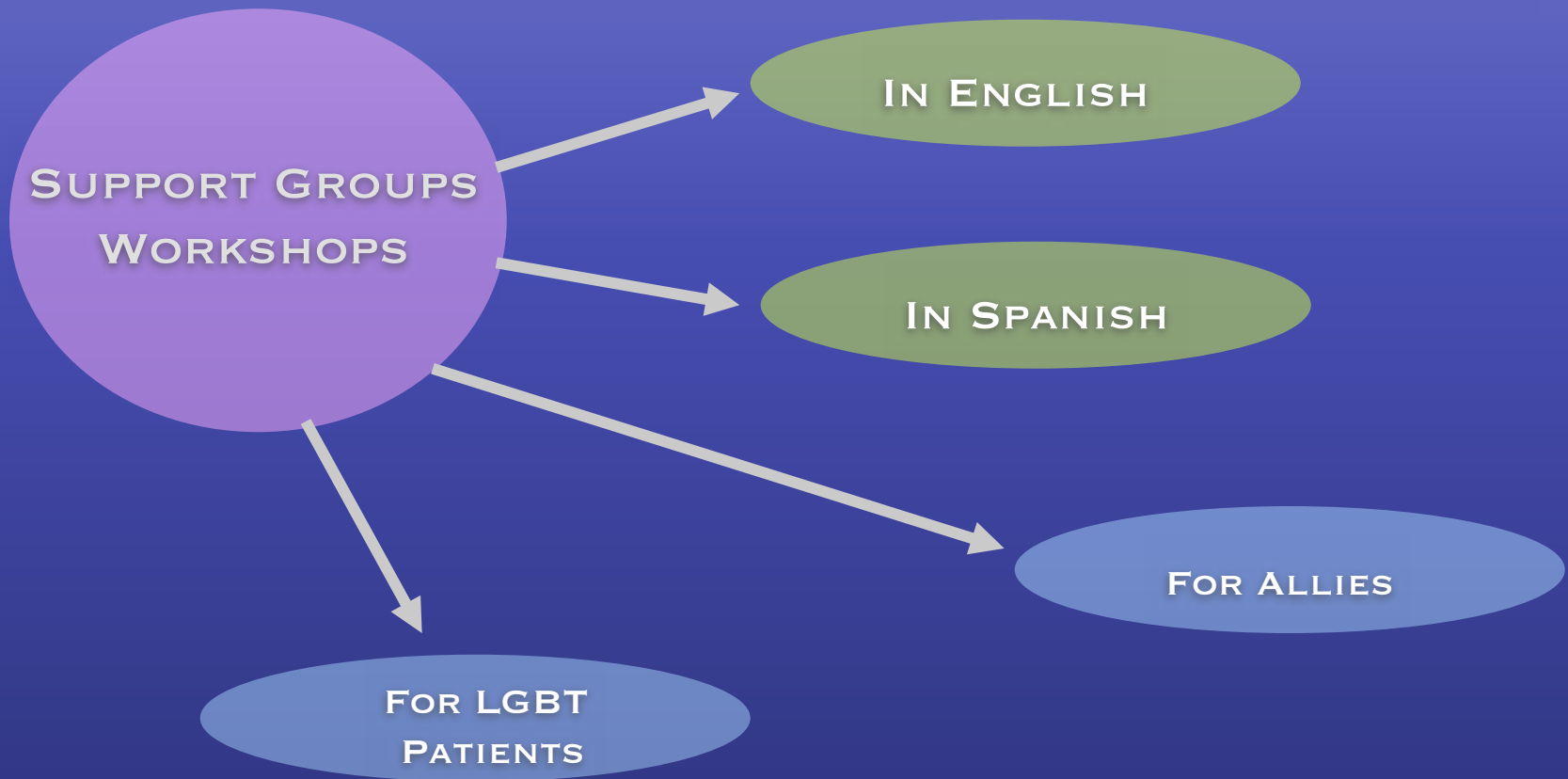


# BEGINNING STEPS TO ADDRESSING BARRIERS TO ACCESSING CARE

- INTAKE AND REGISTRATION. FRONT LINE STAFF NEED TO BE CONNECTING MORE WITH THE TARGETED POPULATION
- FRIENDLY ENVIRONMENT THAT APPROPRIATELY REPRESENTS THE COMMUNITY WE WANT TO SERVE. SAFE SPACE
- CLINICAL COMPETENCY TRAININGS (ON GOING)
- REPRESENTATION OF THE COMMUNITY YOU ARE SERVING. ASK THE GATE KEEPERS
- PLACE PRIORITY ON STAFF TRAININGS ON APPROPRIATE CULTURAL TERMINOLOGY

# SERVICES

THE LGBT PROGRAM DELIVERS THESE SUPPORTIVE SERVICES:



INTERVENTI

ONS

INDIVIDUAL LEVEL  
INTERVENTION  
(PREVENTION  
SPECIALIST)

INDIVIDUAL  
COUNSELING

PEP/PrEP  
INTERVENTIONS

HEALTHY  
RELATIONSHIPS

Motivational interviewing

IN ADDITION AND INTEGRATED TO THESE SERVICES WE WANTED TO CREATE AN INTERVENTION INTENDED TO RESPOND TO THE SPECIFIC NEEDS OF OUR LGBT PATIENTS AND THEIR ALLIES.

## GOALS:

- IMPROVE QUALITY OF LIFE
- FACILITATE TRANSITION TO CARE
- IMPROVE OVERALL HEALTH
- IMPROVE SELF-EFFICACY
- SUGGEST HEALTHY COPING MECHANISMS
- PROMOTE BEHAVIORAL CHANGE
- STOP THE SPREAD OF HIV AND STI'S TRANSMISSION
- ASSIST PATIENTS LIVING WITH HIV/AIDS



## SKILL DEVELOPMENT:

JOB READINESS  
GOAL SETTING  
SAFETY

DEALING WITH STIGMA AND DISCRIMINATION

SELF-EFFICACY  
SELF-ADVOCACY



## SEXUAL HEALTH:

SEXUAL HARM REDUCTION  
RELATED AT-RISK BEHAVIORS  
ANAL HEALTH  
SEX WORK



## SUBSTANCE USE:

OVERVIEW OF DRUGS  
OVERVIEW OF PRESCRIPTION MEDICATIONS  
HARM REDUCTION



## HIV/AIDS AND STI'S:

OVERVIEW OF HIV/AIDS  
OVERVIEW OF STI'S  
PREVENTION  
TREATMENT

# Case Study: Need Assessment



Intake



Assessment

## Medical

Primary Care, including HIV care in the same facility as well as PEP/PrEP

## Behavioral Health

Psychosocial assessment and therapy (stigma and rejection issues) and short-term counseling

## Nutrition

Encounters to promote healthy choices and correct the diet (promotes retention)

## Legal

Be aware of your options if legal assistance is needed

## Social

Volunteer opportunities, participation in LGBT-related events, individual level intervention(engagement)

## Health Literacy

Workshops, support groups, training opportunities, ways to understand the system



# THANK YOU

## CONTACTS

PLEASE DON'T HESITATE TO CONTACT US FOR ADDITIONAL INFORMATION

LUIS FREDDY MOLANO, MD, VP ID/LGBT PROGRAMS AND SERVICES

[FMOLANO@CHNNYC.ORG](mailto:FMOLANO@CHNNYC.ORG) (212) 545-2460





# ***Gay/Bisexual Men's Health***

John Stryker  
Nurse Practitioner,  
Howard Brown Health Center





Providing PrEP:  
Pre-exposure prophylaxis  
for HIV prevention  
in an LGBT health center

John Stryker MS NP  
Howard Brown Health Center

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# PrEP

- Indications
- Safety
- PEP - PrEP



Photo: Jeff Chiu, AP

# Prescribing PrEP

1. Identify patients at risk
  - Test and document HIV neg. status
  - No s/s of acute HIV
  - Normal renal function
  - Check Hep B status
2. Prescribe TDF/FTC (Truvada) 1 tab po daily.
3. Checkups every 3 months
  - Creatinine
  - Bacterial STIs
  - Assess med adherence
  - Assess side effects
  - Behavioral risk reduction support
  - WSM – preg test
  - IVDU – access to clean works and treatment services

# PrEP at Howard Brown Health Center



- Dedicated PEP / PrEP clinic
- Lessons Learned
  - Swabs for Oral and Rectal GC/CT
  - Insurance and Patient Assistance Paperwork
- Sexual History taking
  - Nusbaum, M. & Hamilton, C. (2002). The proactive sexual health history. *American Family Physician*, 66, 1705 – 1712.

# Independent and Rural Providers

- Identify a champion – you!
- Create a guide / chart algorithm
- Call or write for support or questions!
  - [johns@howardbrown.org](mailto:johns@howardbrown.org)
  - UCSF CCC PrEpline, 855-448-7737
    - 11 a.m. – 6 p.m. EST



# References

- Centers for Disease Control (2014). *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guideline*. Retrieved from <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
- Grant, R.M., Lama, J.R., Anderson, P.I., McMahan, V., Liu, A.Y., Vargas, L., ... Glidden, D.V. (2010). Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *New England Journal of Medicine*, 363 (27), 2587 – 2599.
- Nusbaum, M. & Hamilton, C. (2002). The proactive sexual health history. *American Family Physician*, 66, 1705 – 1712.



# ***LBTQ Women's Health***

Liz James  
Chief Executive Officer,  
Lesbian Health Initiative (LHI)





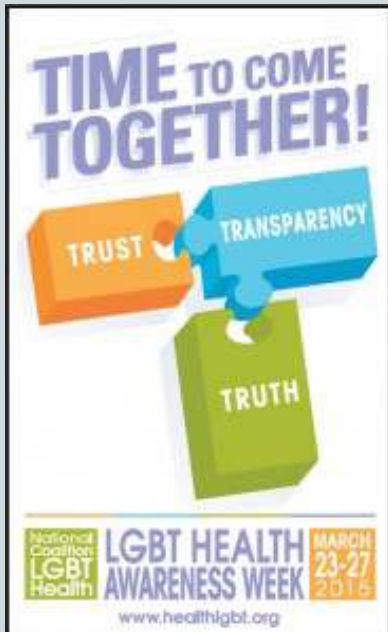


**Equality,**

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for Health™



# Building Trust and Inspiring Truth for Transparent Health Access for LGBTQ Women



**March 25, 2015**

**Liz James, CEO  
Lesbian Health Initiative of Houston, Inc.**



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# Agenda



LHI: Working *Together* to inspire *Truth* by building *Trust* and *Transparency* for the LGBT women and transgender men we serve

- Who We Are
- Why We're Needed
- What We Do
- What You Can Do

# Who We Are



**We are the Community, We are the Change.™**



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# Lesbian Health Initiative of Houston, Inc.



## Mission

Dedicated to eliminating barriers to healthcare and promoting health and wellness for LGBT-identified women and transgender men through integrated Education, Access and Advocacy programs

## Vision

That by working TOGETHER, as a community, we will illuminate and eliminate all barriers to ensure all have clear and equal access to the health and wellness services that they need and deserve, Regardless of sexual orientation, gender identification or gender expression.



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# Lesbian Health Initiative of Houston, Inc.



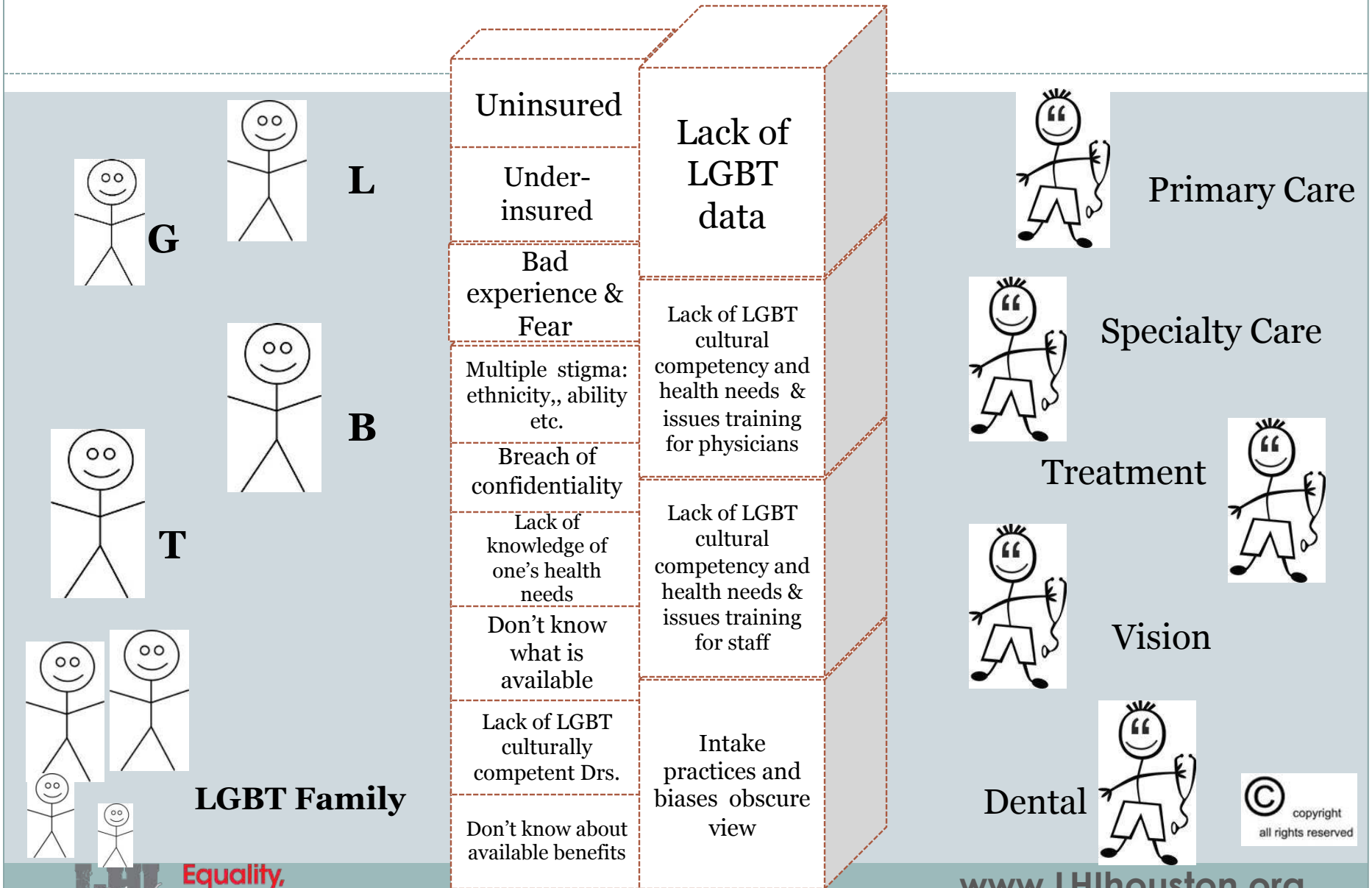
## LHI Organization

- 501(c)(3) established in 1992
- Only free standing 501(c)(3) in the US providing suite of innovative, integrative and collaboratively delivered health programs with a primary focus on LGBT women's and transgender men's health.

## LHI Health Programs

- **Education** – for LGBT community, healthcare providers, researchers, educators & policymakers
- **Access** – providing direct access for uninsured LGBT women/trans men to health screenings, information, benefits & providers
- **Advocacy** – promoting LGBT health awareness, inclusive policies & research.

# LHI identifies & eliminates barriers and illuminates & builds pathways to LGBT culturally competent health and wellness resources & services



# Why LHI is Needed & Why is this Critically Important to Healthcare Professionals and Our Communities?



	Population	Uninsured	% Uninsured
Greater Houston Area*	6,313,158	1,767,684	28%
<b>LGBT (LHI est. 5% )</b>	<b>315,658</b>	<del>88,384</del> <b>151,516</b>	<del>28%</del> <b>48%</b>

- 43.7% Hispanics , 35.9% of African American , 10.6% of Caucasian uninsured\*\*
- Texas has the 2<sup>nd</sup> largest LGBT population in US
- 2013 national survey showed 44% LGBT Southerners and 49% of Latino LGBT Southerners reported being uninsured
- Texas has NOT expanded Medicaid

\*2013 US Census \*\* 2007 BRFSS survey - Perry Udem Research & Communication - Center for American Progress



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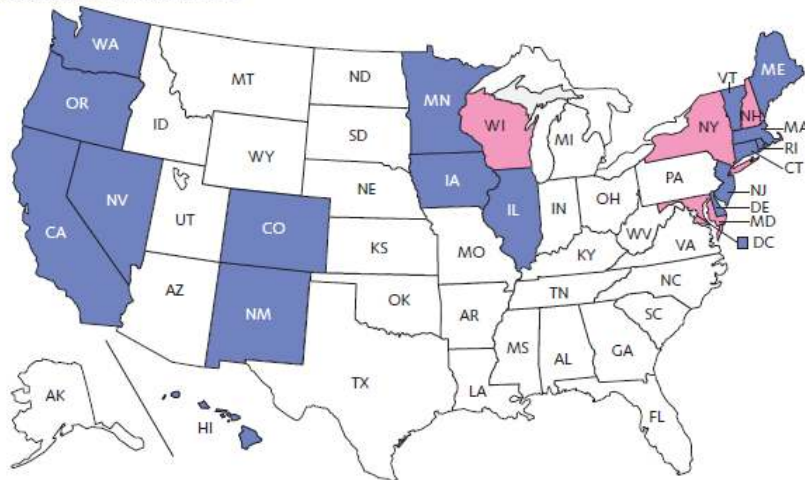
# Being LGBT in Texas



- **In TEXAS\*, it is legal to fire a worker for being lesbian, gay, bisexual or transgender .**

## State Nondiscrimination Laws in the U.S.

This map was last updated on June 21, 2013



**Blue** States banning discrimination based on sexual orientation and gender identity/expression (17 states and the District of Columbia)  
Minnesota (1993); Rhode Island (1995, 2001)<sup>1</sup>; New Mexico (2003); California (1992, 2003)<sup>1</sup>; District of Columbia (1977, 2005)<sup>1</sup>; Illinois (2005); Maine (2005); Hawaii (1991, 2005, 2006, 2011)<sup>2</sup>; New Jersey (1992, 2006)<sup>1</sup>; Washington (2006); Iowa (2007); Oregon (2007); Vermont (1992, 2007)<sup>1</sup>; Colorado (2007); Connecticut (1991, 2011)<sup>1</sup>; Nevada (1999, 2011)<sup>1</sup>; Massachusetts (1989, 2011)<sup>1</sup>; Delaware (2009, 2013)<sup>1</sup>

**Pink** Laws banning discrimination based on sexual orientation (4 states)  
Wisconsin (1982); New Hampshire (1997); Maryland (2001); New York (2002)

<sup>1</sup>California, Connecticut, Delaware, DC, New Jersey, Massachusetts, Nevada, Rhode Island and Vermont first passed sexual orientation nondiscrimination laws, then later passed gender identity/expression laws.

<sup>2</sup>In 1991, Hawaii enacted a law prohibiting sexual orientation discrimination in employment. In 2005, it enacted a law prohibiting sexual orientation and gender identity/expression discrimination in housing. In 2006, public accommodations protections were added for sexual orientation and gender identity/expression. In 2011, gender identity was added to the employment discrimination law.

National Gay and Lesbian  
**Task Force**  
www.theTaskForce.org

\* Some cities, including Houston, have enacted nondiscrimination protections.



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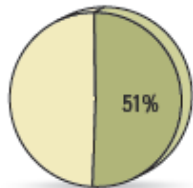


# WHO ARE LGBT WOMEN IN THE UNITED STATES?



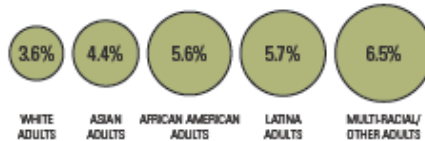
**5.1 MILLION LGBT WOMEN:**

HALF ARE LIVING WITH A PARTNER

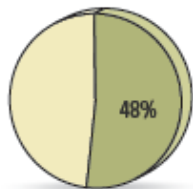


PERCENT OF WOMEN WHO IDENTIFY AS LGBT

**4.1%** OF ALL ADULT WOMEN | **6.7%** OF WOMEN AGES 18-44



NEARLY HALF UNDER 50 YEARS OLD ARE RAISING CHILDREN



**2 IN 3** LGBT WOMEN IDENTIFY AS BISEXUAL

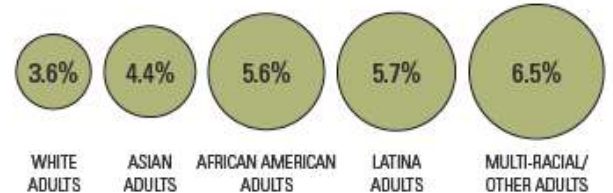


Source: Analysis by MAP based on Gallup Daily Tracking Survey and American Community Survey, Gary J. Gates, "LGBT Demographics: Comparisons among population-based surveys," The Williams Institute, October 2014, <http://williamsinstitute.law.ucla.edu/wp-content/uploads/gates-demographics-2014.pdf>; Gary J. Gates, "How many people are lesbian, gay, bisexual, and transgender?" The Williams Institute, April 2011, <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-HowManyPeopleLGBT-Apr-2011.pdf>.

## “PAYING AN UNFAIR PRICE The Financial Penalty for LGBT Women in America March 2015” CAP MAP

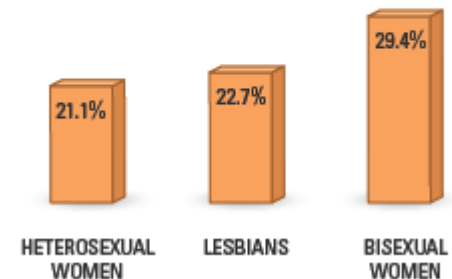
PERCENT OF WOMEN WHO IDENTIFY AS LGBT

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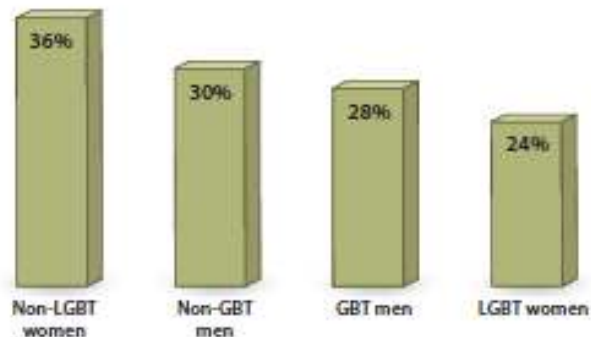
**2 IN 3** LGBT WOMEN IDENTIFY AS BISEXUAL

LESBIANS AND BISEXUAL WOMEN MORE LIKELY TO LIVE IN POVERTY



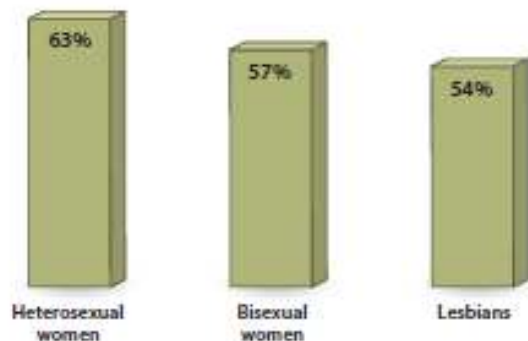
<http://www.lgbtmap.org/file/paying-an-unfair-price-lgbt-women.pdf>

**Figure 15: LGBT Women Are Least Likely To Be Thriving Physically**



Source: Gary J. Gates, "LGBT Americans Report Lower Well-Being," Gallup, August 25, 2014.

**Figure 16: LGB Women Less Likely to Report Being in Excellent or Good Health**



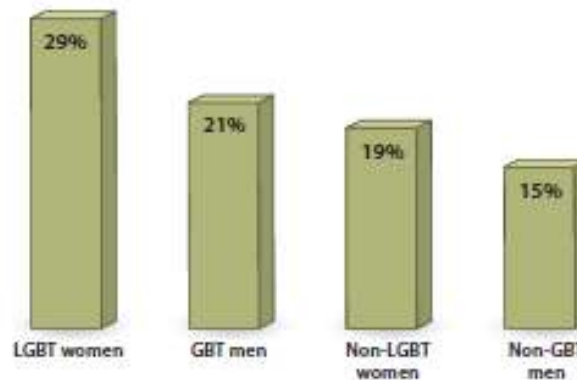
Source: Brian W. Ward, James M. Dahlhamer, Adena M. Galinsky, and Sarah S. Joestl, "Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013," National Health Statistics Reports; no. 77, National Center for Health Statistics, 2014.



**HEALTH: LGBT WOMEN FACE CHALLENGES TO GOOD HEALTH THAT IMPACT ECONOMIC SECURITY**

**“PAYING AN UNFAIR PRICE**  
*The Financial Penalty for LGBT Women in America March 2015*“ CAP MAP

**Figure 19: LGBT Women Struggle to Afford Healthcare**  
 % struggled to pay for healthcare in the past 12 months



Source: Gary J. Gates, "In U.S., LGBT More Likely Than Non-LGBT to Be Uninsured," Gallup, August 26, 2014.

<http://www.lgbtmap.org/file/paying-an-unfair-price-lgbt-women.pdf>



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# Why LHI and PCP/Clinic Partnerships are Imperative



## **LGBT Women Almost Twice As Likely Than Non-LGBT Women to Lack a Personal Doctor**

*Percentage in U.S. Without a Personal Doctor, by LGBT  
Status and Gender*

Do you have a personal doctor? (% No)

	<b>LGBT</b>	<b>Non-LGBT</b>	<b>Difference</b>
	<b>%</b>	<b>%</b>	<b>(pct. pts.)</b>
All adults	29	21	8
Men	29	27	2
Women	29	16	13

Gallup-Healthways Well-Being Index  
Jan. 1-June 23, 2014

<http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx>



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[www.LHIhouston.org](http://www.LHIhouston.org)

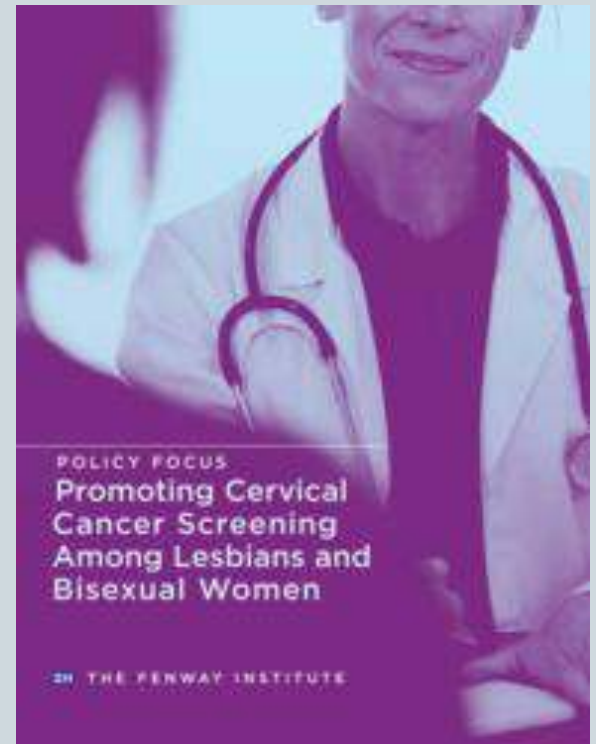
# LGBT Women Have Higher Health Risk Factors & Lower Screening Rates

## Higher risk factors include:

- Lack of access
- Obesity
- Nulliparity
- HPV
- Tobacco
- Mental Health

## Lower screening rates include:

- Mammograms
- Cervical Pap/Well Person exams
  - LB women 4-10 x less likely to have Pap tests



The Fenway Institute analysis, titled [Promoting Cervical Cancer Screening among Lesbians and Bisexual Women](#),

# What LHI Does



**LHI identifies & eliminates barriers and illuminates & builds pathways to LGBT culturally competent health and wellness resources & services through integrated program areas:**

- Advocacy
- Education
- Access

# LHI Advocacy Programs



**HARRIS COUNTY**  
Healthcare Alliance



**Mental Health &  
Aging Committee**



**Cover Texas Now**

MD Anderson's Breast & Cervical  
Comprehensive Cancer Control Workgroups



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# LHI Education Programs



- **LGBT Cultural Competency Training for Healthcare professionals**
  - *LGBT Cultural Competency 101 – Tools to Improve Patient Communication, Care and Outcomes*
- **Breast, Cervical, Cardiovascular health and health resources education for LGBT clients**
  - Health programs intake
  - Health Fairs and other Events
- **Affordable Care Act/Marketplace education and enrollment assistance/referral**
  - Training
  - Health Fairs and other events
- **LHI LGBT outreach and health education, cancer prevention and screening program presentations**
  - Breast Health Summit and HPV & Cervical Cancer Summit
  - Other events

# LHI Advocacy & Education



## Health Reform Highlights for LGBT

- **Nondiscrimination:** The Affordable Care Act prohibits discrimination on the basis of sexual orientation and gender identity by Marketplaces, Navigators and other consumer assisters, and qualified health plans.
- **Fair access to coverage:** Plans may not refuse coverage or charge higher premiums on the basis of conditions such as cancer, being transgender, or having HIV.
- **Essential Health Benefits and no co-pay preventative care:** ACA requires inclusion in all plans





# LHI Advocacy & Education



## Health Reform Highlights for LGBT

- **Family coverage:** For coverage starting January 1, 2015, all Marketplace plans that offer spousal or family coverage must offer it to same-sex spouses.
- **Financial assistance:** Many LGBT people will be newly eligible for **Medicaid** or for Marketplace subsidies to help make coverage affordable. (87% of enrollees have qualified for tax credits/Marketplace subsidies)

*\* Texas did not expand Medicaid (up to 41% of LGBT uninsured are at 139% or below FPL)*



# LHI Advocacy & Education - DATA



## The State of Health HOUSTON & HARRIS COUNTY 2015-2016



## The State of Health HOUSTON & HARRIS COUNTY 2015 - 2016

### 2015-2016 State of Health Committee

#### Harris County Healthcare Alliance

Lisa Mayes, Committee Chair  
LaVonne Carlson  
Stephen Collazo

#### Houston Department of Health and Human Services

Ryan Arnold  
Deborah Banerjee  
Robert Hines  
Amanda Kubala  
Beverly Nichols

#### Harris County Public Health and Environmental Services

LaPorcha Carter  
Jennifer Hadayia  
Bakeyah Nelson

#### Baylor College of Medicine

Christine Aldape  
Kim Lopez

#### Episcopal Health Foundation

Sandra Wegmann

#### Harris County Pollution Control

Latrice Babin

#### Harris Health System

June Hanke

#### Lesbian Health Initiative

Liz James  
Robin Landwehr

#### Mental Health and Mental Retardation Authority of Harris County

Scott Hickey  
April Sanders

#### University of Texas Medical School at Houston

Jane Hamilton

#### Texas Southern University

Denae King

<http://www.houstonstateofhealth.org>



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# LHI Advocacy & Education - DATA

## The State of Health HOUSTON & HARRIS COUNTY 2015 - 2016

### Homelessness

People who are homeless experience multiple social and economic factors that negatively impact health outcomes. Homeless individuals are at a greater risk of poor mental health, illness and disease, and are more likely to be victims of violence.

Lesbian, gay, bisexual, and transgender (LGBT) youth are at an increased risk of homelessness with up to 40% of homeless youth identifying as LGBT nationwide.<sup>8</sup> Research identifies family rejection and abuse as major factors leading to homelessness among LGBT youth.<sup>8</sup>

<http://www.houstonstateofhealth.org>



**Equality,**

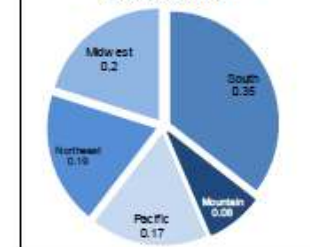
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### Social & Economic Indicators

#### Sexual Orientation & Gender Identity

In the United States, an estimated 9.5 million adults, approximately 4% of the population,<sup>1</sup> identify as lesbian, gay, bisexual, and transgender (LGBT), 35% of which indicate living in the south.<sup>2</sup> The Center for American Progress reported that 41% of LGBT individuals were at or below the 139 percent of the Federal Poverty Level (FPL), with lesbian and bisexual women having the highest poverty rate.<sup>3</sup> Of U.S. adults who identified as LGBT in the 2014 Gallup survey, 60% were white, 20% were Hispanic, 16% were black, 2% were Asian, and 2% identified as multiracial.<sup>4</sup> Locally, approximately 5%, or an estimated 298,274 of the Houston area population, self-identify as LGBT.<sup>4</sup> Members of the LGBT community are at increased risk for a number of health threats and also face unique health challenges.

Distribution of LGBT Adults by Geographic Area<sup>2</sup>



#### Healthcare Access Among LGBT

LGBT individuals are at greater risk of negative health behaviors and health conditions than their heterosexual counterparts; however, they are less likely to seek medical services. Gallup-Healthways Well-Being Index 2014 data indicate that LGBT individuals are more likely to be uninsured (13.2% compared to 17.5%), less likely to be able to afford health care, and less likely to have a personal doctor, than their non-LGBT counterparts.<sup>5</sup> Among LGBT women, disparities are even more apparent (see chart to the right). Although insurance access plays an important role in seeking medical care, negative experiences in health care settings as well as the lack of LGBT-informed care available contribute to delaying or not seeking medical care.<sup>6</sup>

Gallup Survey: Percentage who Struggle to Afford Healthcare or Medicine

	LGBT	Non-LGBT
All Adults	25%	17%
Men	21%	15%
Women	29%	19%

Gallup Survey: Percentage Without a Personal Doctor

	LGBT	Non-LGBT
All Adults	29%	21%
Men	29%	27%
Women	29%	16%

#### Health Disparities Among LGBT

Despite growing national evidence on LGBT health disparities, state and city-level data remains nominal. National data identifies health disparities in the following areas among LGBT, so local disparities are likely:

- Tobacco Use
- Substance Abuse
- Cancer Screening, Cancer
- Suicidal Ideations
- Mental Health Disorders
- Obesity and Eating Disorders
- Sexually Transmitted Diseases
- HIV/AIDS<sup>7</sup>

These health behaviors and health conditions that are more common among LGBT individuals can worsen by delaying care. Twenty-nine percent of LGB individuals report delaying or avoiding health care, compared to 17% of heterosexual adults.<sup>8</sup> According to the National Transgender Discrimination Survey, 19% of transgender or gender non-conforming people reported being turned away from a medical provider due to their status, 28% percent reported incidence of harassment resulting in them postponing medical care, and 50% reported having to instruct their provider about transgender care.<sup>9</sup>

# LHI Advocacy & Education -DATA

## The State of Health HOUSTON & HARRIS COUNTY 2015 - 2016

### Economic Impact of LGBT

National data suggests that health disparities faced by the LGBT community, coupled with poverty, result in great economic impact.

Some of the risk factors identified in the LGBT population include: increased rate of negative health behaviors such as smoking, an increase in emergency care utilization as a result of a lack of health insurance, and higher rates of expensive chronic health conditions due to low rates of preventative care and delay in seeking care. These factors also contribute to absenteeism or poor work performance.

### Examples of LGBT Health Disparities

#### Increased:

- Tobacco use
- Alcoholism and other substance use
- Mental health concerns, including suicide attempts
- Cancer
- Experience of violence and other abuse
- HIV/AIDS infection
- Care from emergency departments

#### Decreased:

- Insurance coverage
- Medical care
- Preventive screening<sup>18</sup>

### Beginning in 2015, the Texas Behavior Risk Factor Surveillance System (BRFSS)

will include questions of sexual identity and gender identification which will provide local data on personal health behaviors that affect premature morbidity and mortality.<sup>18</sup>

### Healthy People 2020

In 2012, two objectives were added with the goal of gathering data and improving the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

**OBJECTIVE LGBT-1.1** Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify lesbian, gay, and bisexual populations.

**OBJECTIVE LGBT-1.2** Increase the number of population-based data systems used to monitor Healthy People 2020 objectives that include in their core a standardized set of questions that identify transgender populations

Note: As of the time of this publication, baseline and target data were not available.

### Public Health Actions

- Gather sexual orientation and gender identity data to monitor LGBT health status.
- Educate the public about LGBT populations.
- Develop policies and plans that support efforts to improve LGBT health, decrease disparities, and increase cultural competency among those working with LGBT persons.

### For More Information

CDC, LGBT Health: <http://www.cdc.gov/lgbthealth/index.htm>

The Fenway Institute: <http://thefenwayinstitute.org/>

The Williams Institute: <http://williamsinstitute.law.ucla.edu/>

1. Gates, G.J. LGBT Demographics: Comparisons among population-based surveys. Williams Institute, UCLA School of Law. Williams Institute Web site. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgb-demogs-sep-2014.pdf>. Accessed December 11, 2014.  
2. Haseebullah A, Flores AP, Kattaria A, Sears B, Gates GJ. The LGBT divide: a data portrait of LGBT people in midwestern, mountain & southern states. The Williams Institute. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Divide-Dec-2014.pdf>. Published December 2014. Accessed December 11, 2014.  
3. Ballar KE, Dumbo LE, Clay A. Moving the needle. Center for American Progress. <https://cdn.americanprogress.org/wp-content/uploads/2014/11/LGBTandACA-report.pdf>. Published November 2014. Accessed December 11, 2014.  
4. James L. Lesbian Health in Midwestern, Inc. (LHM). Presented at 2014 Harris County Healthcare Alliance annual membership meeting. August 13, 2014. [http://www.challenge.org/images/LHM\\_UCLA\\_8-2014\\_Presentation\\_FHL.pdf](http://www.challenge.org/images/LHM_UCLA_8-2014_Presentation_FHL.pdf). Accessed December 11, 2014.  
5. Gates GJ. In U.S., LGBT more likely than non-LGBT to be uninsured. Gallup Web site. <http://www.gallup.com/press/175449/lgbt-likely-voor-igbt-uninsured.aspx>. Accessed December 11, 2014.  
6. Reed JG, Baumgardner A, Gales J, Gergenstorf A. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. The Henry J. Kaiser Family Foundation Web site. Published October 23, 2014. Accessed December 11, 2014.  
7. Institute of Medicine (IOM). Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps: Board on the Health of Selected Populations. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. [http://www.nap.edu/catalog.php?record\\_id=13128](http://www.nap.edu/catalog.php?record_id=13128). Published 2011. Accessed December 11, 2014.  
8. Kraljick J. How to close the LGBT health disparities gap. Center for American Progress. [http://cdn.americanprogress.org/wp-content/uploads/issues/2009/01/orig/orig\\_health\\_disparities.pdf](http://cdn.americanprogress.org/wp-content/uploads/issues/2009/01/orig/orig_health_disparities.pdf). Published December 31, 2008.  
9. Grant JM, Motzer LA, Taniguchi J, Herron JH, Keeling M. Injustice at every turn, a report of the National Transgender Discrimination Survey. National Center for Transgender Equality and National Gay and Lesbian Task Force. [http://www.transgenderequality.org/PT/ANTD0\\_Educ\\_Summary.pdf](http://www.transgenderequality.org/PT/ANTD0_Educ_Summary.pdf). Published 2011. Accessed December 11, 2014.  
10. Texas Department of State Health Services (TDSHS). Attachment B: 2015 CDC BRFSS survey outline of questions. Inclusion of Module 10 confirmed by Rebecca Wood, TDSHS. [http://www.data.state.tx.us/hhs/brfss/brfssattach\\_b.htm](http://www.data.state.tx.us/hhs/brfss/brfssattach_b.htm). Updated June 13, 2014. Accessed December 23, 2014.

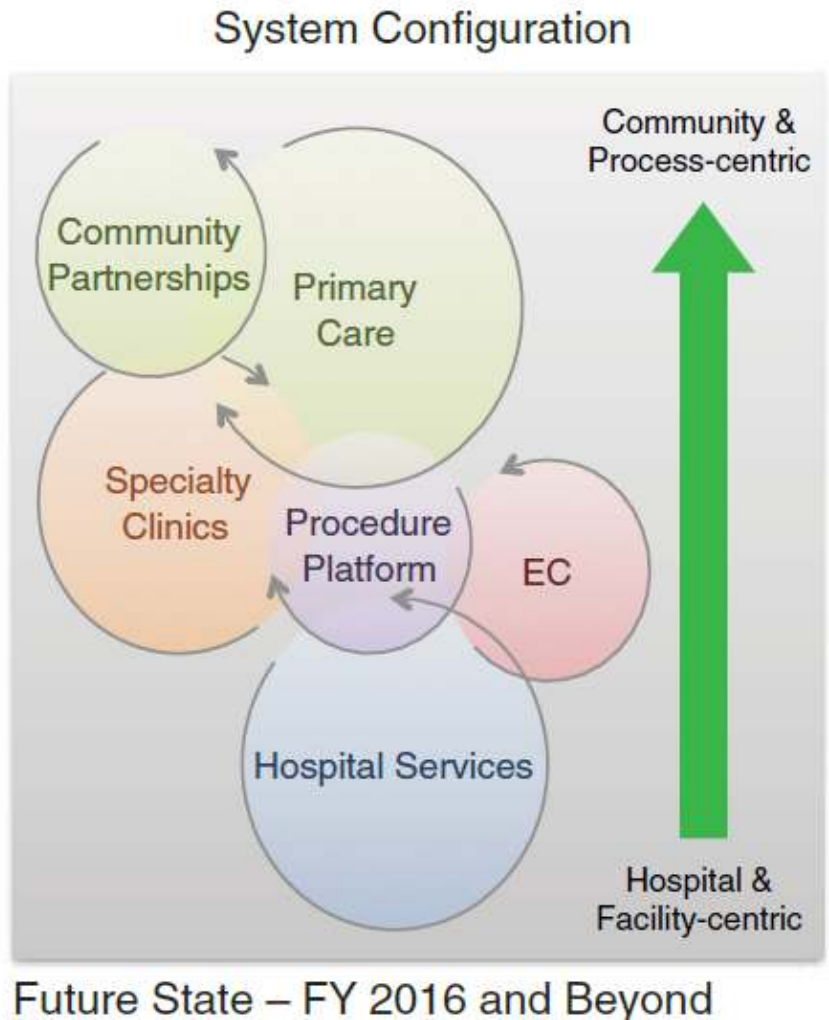
## Public Health Actions

- Gather sexual orientation and gender identity data to monitor LGBT health status.
- Educate the public about LGBT populations.
- Develop policies and plans that support efforts to improve LGBT health, decrease disparities, and increase cultural competency among those working with LGBT persons.

<http://www.houstonstateofhealth.org>

# LHI's "Heath Fairs" are innovative adaptable vehicles that create an emulated LGBT culturally competent health system

- LHI, "Community Partnerships" does LGBT outreach, education & navigation
- LHI develops, creates & produces a collaborative, connected, multi-provider healthcare "system"
- LHI, develops & creates a provider/client procedure platform that includes access to prevention, permanent health home/PCP, diagnostics and treatment.



Harris Health System 2012-2016 Strategic Plan

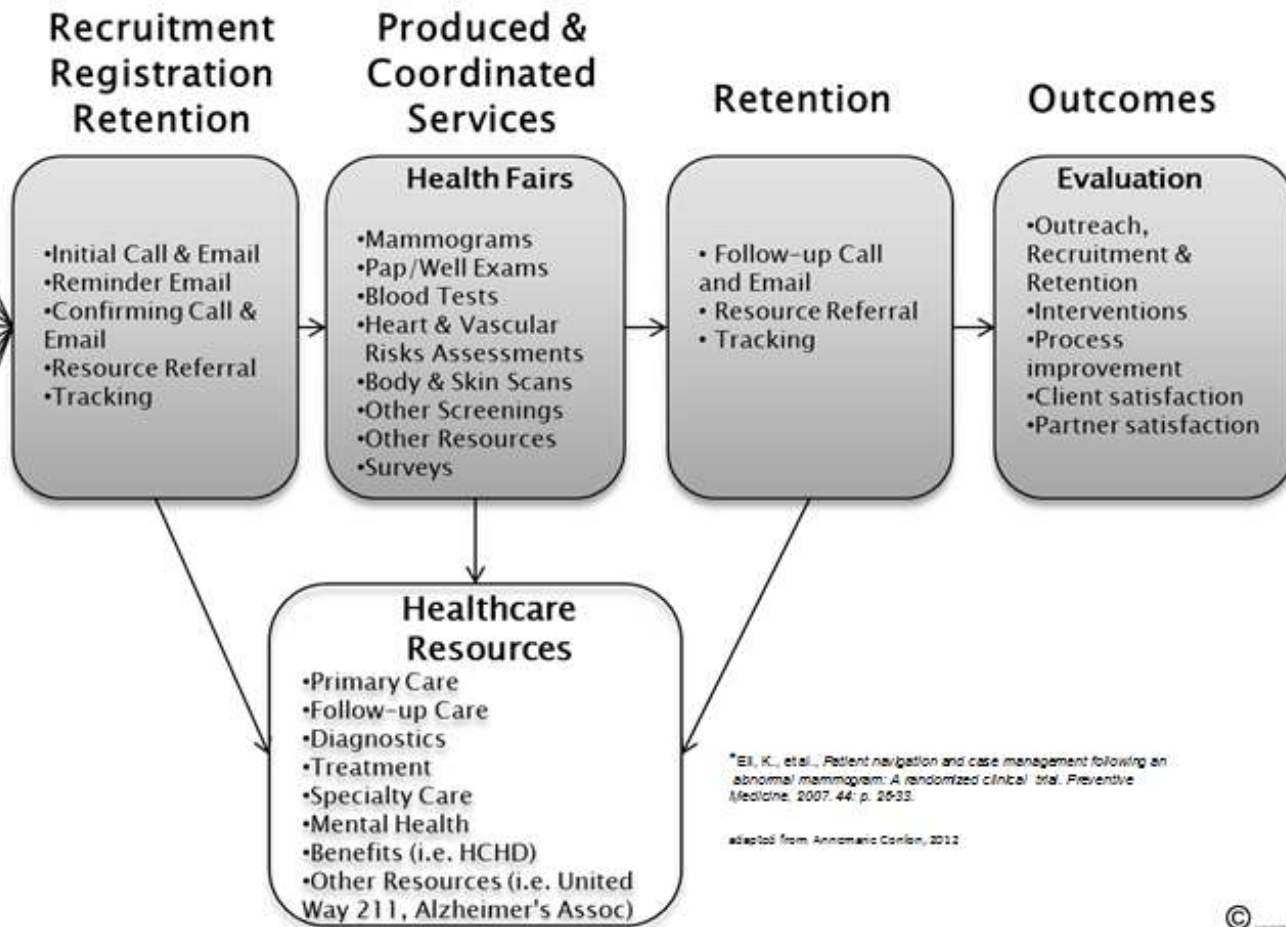
# LHI Access Programs

## Health Fairs/Referrals

LHI program includes adaptation of Project SAFE, an evidence based system of patient navigation counseling and case management designed to help at-risk populations to overcome barriers to screening and follow-up care.\*

### Outreach

- Newsletter
- Flyers
- Social Media
- Adverts
- Events
- Churches Universities
- Organization Lists
- Healthcare Partners



\*Eli, K., et al., Patient navigation and case management following an abnormal mammogram: A randomized clinical trial. Preventive Medicine. 2007. 44: p. 26-33.

adapted from AnnMarie Corbin, 2012



# LHI Access Programs



## LHI November 2014 Health Fair



Lesbian Health Initiative of Houston, Inc. (LHI) is a 501(c)(3) nonprofit.

*Provide safe, welcoming and LGBT culturally sensitive and competent healthcare access for uninsured LGBT women and transgender men*

- *Pap/well person exams*
- *Blood tests*
- *Mammograms*
- *Body & Skin Scans*
- *Heart & Vascular Risk Assessments*
- *Flu shots*
- *ACA Marketplace Enrollment*
- *OB-GYN consultations*
- *Legal – health document prep. & consultation*
- *Health & Wellness Resources*



# LHI Health Fair Volunteers



**We are the Community, We are the Change.™**



# LHI Spring/Fall 2015 Health Fairs

Saturday, June 6 & Nov. 7  
9 a.m. - 3 p.m.

**Location:**  
LHI medical home partner HACS  
2150 West 18th Street,  
Houston, Texas 77008



OFFERING A LIMITED  
NUMBER OF NO-COST\*

## Lifesaving tests and services for uninsured or under-insured

LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT)-IDENTIFIED WOMEN & TRANSGENDER MEN

- **Mammograms** with The Rose & UT MD Anderson Cancer Center
- **Pap/well person exams & blood tests** with HACS
- **Heart & vascular risk assessments** with Texas Heart Institute
- **Talk with an OB/GYN** Dr. MaryAlice Cowan
- **Learn about health insurance** available through the Affordable Care Act
- **Plus A LOT more** health & wellness services and information

\*Registration for screenings is required. To keep current on registration dates, visit our website and sign up for our eNews or follow us on Facebook at LHI - Houston.

[www.LHIHouston.org](http://www.LHIHouston.org) | 713-426-3356 | [info@LHIHouston.org](mailto:info@LHIHouston.org)



**Equality.**

*A Powerful Prescription for Health.™*

**You have the power to change and save lives—spread the word about LHI's Health Fairs!**



Lesbian Health Initiative of Houston, Inc.  
401 Branard, Houston, TX 77006  
501(c)(3) nonprofit Est. 1992



Supported by a grant from  
Susan G. Komen® Houston



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[www.LHIHouston.org](http://www.LHIHouston.org)

# LHI Access Programs



LHI Health Fairs Create a Safe Welcoming Environment to Overcome Barriers, Provide Health Literacy, Insurance/Benefits, Preventative Services and Permanent Health Home Choices



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# Trust and Truth



**When we trust we can share our truth, we are more likely to access healthcare, adhere to treatment, and develop trust in our PCP**

- Women who were open with their primary care doctors and gynecologists about their sexual orientation were nearly 2<sup>1</sup>/<sub>2</sub> to three times more likely to have routine screening than those who did not disclose it\*

\*BMC Public Health. 2013; 13: 442. Published online 2013 May 4. doi: 10.1186/1471-2458-13-442 J Kathleen Tracy, Nicholas H Schluterman, and Deborah R Greenberg

# What LHI Health Fair Clients Say...



- There are so many wonderful resources that I had no idea existed.
- Having providers that are sensitive to my sexual orientation is very important to me.
- It is a safe and comfortable environment.
- I have not had insurance in over 2 years and have not kept up with health issues
- Many years ago I had an unpleasant pap smear from two different male physicians. Both were homophobic and not sensitive regarding exam.
- Laid off from job - no longer have insurance.
- I am ineligible for my wife's health insurance since we are same-sex...I am a full-time student and stay-at-home parent.

# What can you do? Leverage best practices!



- The Agency for Healthcare Research and Quality's Health Care Innovations Exchange is a program designed to support health care professionals in sharing and adopting innovations that improve health care quality and reduce disparities.

The screenshot shows the AHRQ Health Care Innovations Exchange website. The header includes the logo and navigation links: About | Sitemap | FAQ | Help | Contact Us. Below the header is a menu with categories: Home, What's New, Browse By Subject, Downloadable Database, Videos, Scale Up & Spread, and Articles & Guides. The main content area features a green bar for 'Service Delivery Innovation Profile' and a title: 'Collaborative Health Education and Access Events Offer No-Cost Screenings and Navigation Services To Connect Lesbian, Gay, Bisexual, and Transgender Individuals With Medical Homes Offering Culturally Competent Care'. Below the title is a search bar and a 'Contact the Innovator' section with a photo of a woman. A 'Snapshot' section contains a 'Summary' of the innovation.

**Service Delivery Innovation Profile**

## Collaborative Health Education and Access Events Offer No-Cost Screenings and Navigation Services To Connect Lesbian, Gay, Bisexual, and Transgender Individuals With Medical Homes Offering Culturally Competent Care

**Contact the Innovator**

**Snapshot**

**Summary**

Lesbian Health Initiative of Houston, Inc., creates a gateway to medical homes for lesbian, gay, bisexual, and transgender women and transgender men through a program that combines culturally competent outreach, education, screening, and patient navigation. The organization and its partners use various media and other means to promote health screening events aimed at increasing access to Papanicolaou tests, clinical breast exams, mammography, body and skin exams, and other procedures that these individuals often do not receive. During the preregistration process and at the events, patient navigators connect these women and men to a medical home that can provide

<https://innovations.ahrq.gov/profiles/collaborative-health-education-and-access-events-offer-no-cost-screenings-and-navigation>

# What can you do?



- Gather, learn and share key LGBT women inclusive “facts” about your LGBT community
- Identify key health services and health sector providers, potential partners, organizations and associations
- Create, use, share and grow a list of key local and national LGBT health resources
- Learn and share information about the ACA, including SO/GI data collection with your LGBT community, the public and health professionals
- Educate your LGBT community about the power they each have to change and save lives today and tomorrow by participating in health research
- Engage, collaborate, learn, educate, connect, and refer to expand your capacity, reach and impact

# Fuel the TRUTH!



Know & Share your:

healthcare  
**BILLOFRIGHTS**  
HealthcareBillOfRights.org



LGBT  
HEALTHLINK  
THE NETWORK FOR HEALTH EQUITY

promo  
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**Lesbian Health Initiative of Houston, Inc.**

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**Phone: 713-426-3356**

**[www.LHIHouston.org](http://www.LHIHouston.org)**

**[info@LHIHouston.org](mailto:info@LHIHouston.org)**

Find us on Facebook 

**LHI-Houston**



**@LHIhouston**



# Congressional Briefing

## “It’s Time for Health Transparency”

Cannon Office Building, Room 421

3:00-4:00 PM

### Topics:

- Transparent Data Collection
- Transparent Public Health Systems
- Transparent Health Funding
- Transparent Government Programs
- Transparent Research

RSVP: email [christopher@HealthLGBT.org](mailto:christopher@HealthLGBT.org)



Thank you for participating in  
today's webinar.

Visit [www.HealthLGBT.org](http://www.HealthLGBT.org)

