

10 Key LGBTQ Health Advocacy Issues



The National LGBTQ Task Force Action Fund builds political power, takes action and creates change to achieve freedom and justice for lesbian, gay, bisexual, transgender and queer people and their families. The National Coalition for LGBT Health works to improve health and advance health equity for LGBTQ people and their families.

We believe that true liberation will only come when the LGBTQ community and our families can adequately access culturally competent and comprehensive healthcare in all forms. We must advocate for healthcare through an intersectional approach that is inclusive of all of the realities that make up our everyday lives such as economic justice, racial justice, gender justice and immigration status. This document lists the LGBTQ health priorities that our respective organizations will continue to focus on throughout the next Presidential administration. We have identified ten distinct priorities, recognizing that these issues overlap with one another. The priorities listed are not exhaustive and are not ranked in any particular order. To learn more about the work that our organizations perform please go to our websites: thetaskforce.org and healthlgbt.org.

1. Reproductive Health, Rights & Justice – Abortion access, contraceptive equity & comprehensive sex education

LGBTQ people have the right to safe abortion services, access to contraceptives, sexually transmitted infections (STI) testing and a range of other health services free from stigma, discrimination or coercion. People who identify as LGBTQ can get pregnant, and young lesbian and bisexual women disproportionately experience unintended pregnancy.¹ The failure of public schools to provide accurate, comprehensive sex education for students

disempowers LGBTQ youth, who are less likely to use condoms or other prevention methods and are vulnerable to STIs.²

Response: We advocate for accessible, culturally competent and trauma-informed reproductive healthcare for all regardless of their socioeconomic status, sexual orientation, gender identity, race, or geographic location.

2. HIV/AIDS, PrEP and Harm Reduction

HIV/AIDS has evolved into a manageable chronic condition, yet 48,500 people still contract HIV every year with a disparate rate of new incidents among Black and Latinx³ people.⁴ HIV is most frequently sexually transmitted, but people who share needles to inject drugs or hormones are similarly vulnerable and at heightened risk of coinfection with Hepatitis C.⁵ The disproportionate effect of HIV on underserved communities is exacerbated by lack of funding for many highly effective and approved interventions. For example, pre-exposure prophylaxis (PrEP) reduces the risk of HIV transmission by 92% when taken daily.⁶ Syringe access

programs have been found to lower HIV incidence by 80% for people who inject drugs.⁷

Response: We advocate for funding for evidence-based harm reduction interventions and that state and local health departments be allowed to create programs that are accessible to the most affected populations.

1. Challenges, Risks and Protective Factors: A Tip Sheet for Grantees of the Office of Adolescent Health and the Family and Youth Services Bureau. OFFICE OF ADOLESCENT HEALTH AND FAMILY SERVICES BUREAU, https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/lgb-youth-508.pdf.

2. Laura Kann, Emily O'Malley Olsen, Tim McManus, et al., Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — U.S. and Selected Sites, 2015. MMWR SURVEILL. SUMM., 2016;65(SS-9) 48.

3. Latinx: pronounced "Latin-ex," is a gender neutral way to describe people of Latin American descent.

4. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, New HIV Infections. CENTERS FOR DISEASE CONTROL AND PREVENTION, 1 (Oct. 21, 2016), <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/new-hiv-infections-508.pdf>.

5. Aidsmap, Hepatitis C, NAM (2016), <http://www.aidsmap.com/Hepatitis-C/page/1506093/>.

6. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N ENGL J MED. 2010;363(27):2587-2599. doi: 10.1056/NEJMoa1011205.

7. Cost Effectiveness of Syringe Access Programs. HARM REDUCTION COALITION (2010), <http://harmreduction.org/wp-content/uploads/2012/01/CostEffectivenessofSSPFactSheet2010.pdf>.

3. STIs/STDs (research, prevention, treatment)

Sexually transmitted infections (STIs) are a substantial health challenge facing the United States and account for almost \$16 billion in health care costs. 2015 saw record increases in gonorrhea, syphilis, and chlamydia, largely among men who have sex with men (MSM).⁸ People on PrEP may be less likely to use condoms, perceiving other STIs/STDs as easily cured despite the troubling rise of drug resistant gonorrhea. Vaginal STI symptoms may be less recognizable, yet they can increase cisgender women or transgender men's vulnerability to HIV and

lead to other health and reproductive complications.⁹ Additionally, complex issues like homophobia, transphobia and sexual stigma can also make it difficult for LGBTQ people to find culturally-sensitive and appropriate care and treatment.

Response: We advocate for funding for culturally competent education that reaches people where they are and research into the new treatments to fight evolving diseases.

4. LGBTQ youth experiencing homelessness

It is estimated that 40% of the 1.6 million youth who experience homelessness each year identify as LGBTQ.¹⁰ Transgender youth have been found to leave home on average 2 years earlier than cisgender youth, endure longer periods of unstable housing, and disproportionately experience violence in shelters.¹¹ Homelessness or housing instability may result in a person partaking in chosen, coercive or survival sex work and risking violence, HIV and other STIs, or trafficking.

Response: We advocate for homeless shelters to be LGBTQ inclusive, for communities and institutions to provide LGBTQ affirming support services, and for an end to employment inequality that leaves LGBTQ people with fewer options to sustain themselves independently.

5. Transgender/Gender non-conforming (GNC) affirming healthcare

Under the Affordable Care Act (ACA), insurers and healthcare providers are prohibited from discriminating against transgender people in coverage or care. However, last year one in five transgender people postponed or forewent healthcare for fear of discrimination. 50% of transgender people report teaching their provider about their own care.¹²

Response: We advocate for enforcement of non-discrimination provisions of the ACA.

6. Religious Exemptions

Legislation and policies that permit people to be exempt from non-discrimination protections on the basis of religion seriously harm the rights and freedoms of LGBTQ individuals. 43% of LGBTQ people in the U.S. live in a state with a statutory or constitutional religious exemption law,¹³ which can hinder a person's ability to access contraceptives, adopt, get married or enjoy non-discrimination in the workplace. The result of such laws is an increased experience of stigma and discrimination,

based on homophobia or transphobia, including bullying of LGBTQ youth in schools.

Response: We support real religious liberty, which recognizes a pluralistic society that respects the first amendment's guarantee of freedom of religion and freedom from religion. We will continue to fight to ensure that religion is never used as a justification to cause a person material or dignity harm.

7. Cultural Competency

Many LGBTQ people experience discrimination in healthcare settings and are denied care because of their sexual orientation or gender identity. Half of physicians report not knowing if they serve any LGBTQ patients. As a result, LGBTQ people have higher rates of chronic, non-communicable and communicable diseases.

Response: We advocate that national surveys, scientific, and medical research include questions about sexual orientation and gender identity, and medical training include information about the medical concerns and legal rights of LGBTQ patients and their families. We are working to expand LGBTQ cultural competency training requirements for healthcare providers.

8. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, *Reported STDs in the United States: 2014 National Data for Chlamydia, Gonorrhea, and Syphilis*, CENTERS FOR DISEASE CONTROL AND PREVENTION, 2 (Nov. 2015), <https://www.cdc.gov/std/stats14/std-trends-508.pdf>.

9. *10 Ways STDs Impact Women Differently from Men*, CENTERS FOR DISEASE CONTROL AND PREVENTION (April 2011), <https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf>.

10. Laura E. Durso and Gary J. Gates, *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*, THE PALETTE FUND, TRUE COLORS FUND AND WILLIAMS INSTITUTE, 3 (2012), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.

11. Price, C., Wheeler, C., Shelton, J., & Maury, M., *At the Intersections: A collaborative report on LGBTQ youth homelessness*, TRUE COLORS FUND AND THE NATIONAL LGBTQ TASK FORCE (2016), <http://attheintersections.org/violence-and-lgbtq-youth-experiencing-homelessness/>.

12. *At the Intersections*, supra note 10.

13. *State Religious Exemption Laws*, MOVEMENT ADVANCEMENT PROJECT (Oct. 10, 2016), http://www.lgbtmap.org/equality-maps/religious_exemption_laws.

8. Mental Health

Many LGBTQ people suffer from mental health disorders or have experienced trauma. Experiences of homophobia, transphobia, biphobia and other types of stigma and discrimination experienced by LGBTQ individuals can cause or exacerbate mental health conditions. LGBTQ youth experience bullying and depression at higher rates than their heterosexual peers, and nationwide survey data indicates that 1/4 of

transgender youth and almost 1/3 of gay, lesbian, and bisexual students have attempted suicide.¹⁴

Response: We advocate for increased research on the mental health needs of the LGBTQ community and for healthcare and other institutional services to provide trauma informed and culturally competent care.

9. Access to Health Care, including Medicaid Expansion and ACA enrollment & Implementation

Despite recent historic gains in insurance coverage, 27 million Americans still do not have health insurance. 11.7 million are eligible for coverage under the ACA, but find it still out of reach. Additionally, 2.6 million people living in the 19 states that have not expanded Medicaid would gain coverage if the state expanded. LGBTQ people are more likely to experience poverty and unable to receive medical care,¹⁵ and we are also more

likely to have a disability or chronic condition.¹⁶ Transgender people in particular are routinely unable to access needed care.¹⁷

Response: We must push for Medicaid expansion in eligible states and work to eliminate barriers to care experienced by LGBTQ individuals.

10. Violence (structural violence, gun violence, police violence and Intimate Partner Violence)

LGBTQ people experience violence, including police brutality, intimate partner violence and gender-based violence, and gun violence, on individual, societal, and institutional levels, often simply for being who we are. Intimate partner violence, including rape, physical violence, and stalking, is experienced among LGBTQ people at a rate equal to if not higher than that experienced by non-LGBTQ people. Young people who identify as LGBTQ are more likely to experience relationship violence.¹⁸ There were more reported homicides of transgender people in 2015 than any year on record,¹⁹ and transgender women of

color, facing racism, transphobia and gender-based violence, are disproportionately affected by assault and harassment from both citizens and law enforcement.²⁰

Response: We will advocate for an end to all violence targeted at the LGBTQ community by engaging in policy solutions such as expanding the Violence Against Women Act and creating an interagency working group that address violence against the LGBTQ community.

About

NATIONAL LGBTQ TASK FORCE ACTION FUND



The National LGBTQ Task Force Action Fund builds political power, takes action and creates change to achieve freedom and justice for lesbian, gay, bisexual, transgender and queer people and their families.

We accomplish this through direct and grassroots lobbying and organizing on legislation and ballot initiatives.

As a progressive social justice organization, the Task Force Action Fund works toward a society that values and respects the diversity of human expression and identity and achieves equity for all.

be you.

The National Coalition for LGBT Health is dedicated to achieving LGBT health equity. The Coalition is comprised of leaders from national and state LGBT organizations, health centers, health departments, universities, health organizations, clinical and behavioral health providers, and LGBT individuals and allies who are committed to addressing LGBT health.



14. *Gay and Bisexual Men's Health: Mental Health*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Feb. 29, 2016), <http://www.cdc.gov/msmhealth/mental-health.htm>.

15. Rachel Garfield, Anthony Damico, Cynthia Cox, Gary Claxton, and Larry Levitt, *Estimates of Eligibility for ACA Coverage among the Uninsured in 2016*, Kaiser Family Foundation, (Oct. 18, 2016), <http://kff.org/uninsured/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016/>.

16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3490559/>.

17. Jaime Grant, Lisa A. Mottet, & Justin Tanis, *National Transgender Discrimination Survey Report on Health and Health Care*, NAT'L. CTR. FOR TRANSGENDER EQUAL. AND THE NAT'L. GAY AND LESBIAN TASK FORCE, 1-23, 1 (Oct. 2010), http://www.thetaskforce.org/static_html/downloads/resources_and_tools/ntds_report_on_health.pdf.

18. *At the Intersections*, supra note 10.

19. *Addressing Anti-Transgender Violence: Exploring Realities, Challenges and Solutions*, HUMAN RIGHTS CAMPAIGN AND TRANS PEOPLE OF COLOR COALITION (Nov. 2015), <http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/HRC-AntiTransgenderViolence-0519.pdf>.

20. *Id.*