Progress Review
Agenda and Speakers

Chair
■ Karen B. DeSalvo, MD, MPH, MSc, Acting Assistant Secretary for Health
  U.S. Department of Health and Human Services

Presentations
■ Don Wright, MD, MPH, Deputy Assistant Secretary for Disease Prevention
  and Health Promotion
■ Irma Arispe, PhD, Associate Director, National Center for Health Statistics
■ Pamela Hyde, J.D., Administrator, Substance Abuse and Mental Health
  Services Administration
■ Leandris Liburd, PhD, MPH, MA, Director, Office of Minority Health and
  Equity, Centers for Disease Control and Prevention
■ RADM Sarah Linde, MD, Chief Public Health Officer, Health Resources and
  Services Administration

Community Highlight
■ Christopher Brown, MBA, MPH, Director of Health and Mental Health
  Services, Los Angeles LGBT Center
Healthy People Remains Relevant

1979
- Smallpox Eradicated

1982
- AIDS is Infectious

1979 Clean Air Act

1988
- SG Declares Nicotine Addictive

1988
- A report of the Surgeon General

1990
- Human Genome Project Begins

1990
- Water Fluoridation

2000
- 2000s Obesity and Chronic Disease

2001
- September 11, 2001

2005
- Hurricane Katrina

2009
- H1N1 Flu
Healthy People 2020

A society in which all people live long, healthy lives

Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.
## Evolution of Healthy People

<table>
<thead>
<tr>
<th>Overarching Goals</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease mortality: infants–adults</td>
<td>• Increase span of healthy life</td>
<td>• Increase quality and years of healthy life</td>
<td>• Attain high-quality, longer lives free of preventable disease</td>
<td></td>
</tr>
<tr>
<td>Increase independence among older adults</td>
<td>• Reduce health disparities</td>
<td>• Eliminate health disparities</td>
<td>• Achieve health equity; eliminate disparities</td>
<td></td>
</tr>
<tr>
<td>Achieve access to preventive services for all</td>
<td>• Create social and physical environments that promote good health</td>
<td></td>
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<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td># Topic Areas</td>
<td>15</td>
<td>22</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td># Objectives/Measures</td>
<td>226</td>
<td>312</td>
<td>1,000</td>
<td>~1,200</td>
</tr>
</tbody>
</table>
Healthy People 2020’s Definition of Health Disparity

- A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

- Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on:
  - Racial or ethnic group
  - Religion
  - Socioeconomic status
  - Gender
  - Age
  - Mental health
  - Geographic location
  - Cognitive, sensory, or physical disability
  - Sexual orientation or gender identity
  - Other characteristics historically linked to discrimination or exclusion

Healthy People 2020’s Definition of Health Equity

- The attainment of the highest level of health for all people.

- Achieving health equity requires:
  - Elimination of health and health care disparities
  - Valuing everyone equally
  - Focused and ongoing societal efforts to address avoidable inequalities including injustices
    - Historical
    - Contemporary

Definition of Cultural Competence

- Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures to produce positive change.

- Practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context.

HHS initiatives that address disparities, health equity, and cultural competence

- Healthy People 2020
- National Partnership for Action to End Health Disparities
- National Prevention Strategy
- Health, United States
- National Healthcare Quality and Disparities Report
Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

February 5, 2015
Healthy People 2020
Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages
Progression of SDOH & LGBT from issues to Topic Areas

- Healthy People 2010 (HP2010)
  - Objectives related to SDOH included in HP2010, such as increase high school graduation rates
  - LGB populations established in the data template for population-based objectives
  - Healthy People 2010 LGBT Companion Document published, identified 29 specific HP2010 objectives salient to LGBT populations
Progression of SDOH & LGBT from issues to Topic Areas

- Healthy People 2020
  - SDOH and LGBT Health established as new topic areas
  - SDOH and LGBT Health objectives established
  - Social Determinants highlighted as a Leading Health Indicator
  - HP2020 Spotlight on Health Webinar featuring Transgender Health (May 2012)
  - HP2020 Spotlight on Health Webinar featuring SDOH (April 2013)
Healthy People 2020
Social Determinants of Health (SDOH) Topic Area

- A “place-based” approach
- Social determinants over the life course
- Prioritization of 5 key determinants and associated factors
- Each determinant interacts with the other four
- All affect the health of the individual
Healthy People 2020
SDOH Conceptual Model and Priority Issues

**Neighborhood/ Built Environment:**
- Quality of housing
- Crime and violence
- Environmental conditions
- Access to healthy foods

**Education:**
- High school graduation rates
- Enrollment in higher education
- Early childhood education/development
- Language/literacy

**Economic Stability:**
- Poverty
- Employment
- Housing stability
- Food insecurity

**Health and Health Care:**
- Access to health services
- Access to primary care
- Health literacy

**Social and Community Context:**
- Social cohesion
- Perceptions of discrimination and equity
- Civic participation
- Incarceration/institutionalization
Explore Resources Related to the Social Determinants of Health

Nearly everyone is impacted by the social determinants of health in one way or another. Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context.

To create effective programs, we must work collaboratively across sectors to address the unique needs of their community. Below are a variety of resources, organized by domain, to help you get started and explore the ways communities across the country are addressing social determinants of health.
Drive action to develop data systems used to monitor Healthy People 2020 objectives which collect standardized data that identify

- Lesbian
- Gay
- Bisexual
- Transgender populations
Progress Review Thematic Overview

Data Issues

Stigma

Social Norms

Social Determinants of Health
- Neighborhood and Built Environment
- Education
- Economic Stability
- Health and Health Care
- Social and Community Context

Health Literacy & Language Access
- Literacy and language access are key to ensuring cultural competency

Cultural Competency
- Intersectional and Interdisciplinary Approach
- Educational Experiences
- Healthcare Experiences
- Social and Employment Experiences
Presentation Overview

- Tracking the Nation’s Progress
- Lesbian, Gay, Bisexual, and Transgender (LGBT) Health
- Social Determinants of Health (SDOH)
  - Health and Health Care
  - Education
  - Economic Stability
  - Social and Community Context
  - Neighborhood and Built Environment
- Viewing LGBT Health through the Social Determinants Lens
Tracking the Nation’s Progress

- 2 HP2020 Measurable Lesbian, Gay, Bisexual and Transgender Health Objectives:
  - 0 Targets met
  - 1 Improving
  - 1 Little or No change
  - 0 Getting worse

- 26 HP2020 Measurable Social Determinants of Health Objectives*:
  - 4 Targets met
  - 4 Improving
  - 10 Little or No change
  - 0 Getting worse
  - 8 Informational

NOTES: *The 26 SDOH objectives include those specific to SDOH as well as some which are located in other topic areas. LGBT Health has 2 Developmental objectives. Measurable objectives are defined as having at least one data point currently available, and anticipate at least 1 additional data point throughout the decade to track progress. Informational objectives are a subset of measurable objectives that do not have a target. Developmental objectives lack baseline data and targets.
# HP2020 Data Systems That Collect Any Lesbian, Gay, or Bisexual Data

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Year Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHANES, CDC/NCHS</td>
<td>1999</td>
</tr>
<tr>
<td>YRBS, CDC/NCHHSTP</td>
<td>1993</td>
</tr>
<tr>
<td>BRFSS, CDC/PHSIFO</td>
<td>1995</td>
</tr>
<tr>
<td>ACS, U.S. Census Bureau*</td>
<td>2000</td>
</tr>
<tr>
<td>NCVS, DOJ/BJS</td>
<td>2001</td>
</tr>
<tr>
<td>NSFG, CDC/NCHS</td>
<td>2002</td>
</tr>
<tr>
<td>CPS, U.S. Census Bureau and DOL/BLS*</td>
<td>2010</td>
</tr>
<tr>
<td>NHIS, CDC/NCHS</td>
<td>2013</td>
</tr>
</tbody>
</table>

**NOTES:** Surveys counts are cumulative. Sexual orientation refers to the identity term that someone may choose such as lesbian, gay, or bisexual. *Data collection systems from the Census Bureau measure same-sex couple households, but do not directly collect data on sexual orientation.

**SOURCE:** Healthy People 2020 Database In-House System, CDC/NCHS.
HP2020 Data Systems That Collect Any Gender Identity Data

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Year Started</th>
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<tr>
<td><strong>BRFSS</strong>, CDC/PHSIPo</td>
<td>2007</td>
</tr>
<tr>
<td><strong>HIV Surveillance System</strong>,</td>
<td>2008</td>
</tr>
<tr>
<td>CDC/NCHHSTP</td>
<td></td>
</tr>
</tbody>
</table>

NOTES: Gender Identity refers to the concept that someone may not identify with the sex assigned at birth. Those who have a gender identity that is not in alignment with their sex assigned at birth may choose to identify as transgender, gender non-conforming, or gender queer.

SOURCE: Healthy People 2020 Database In-House System, CDC/NCHS.
# Sexual Orientation in the U.S., Ages 18-44

<table>
<thead>
<tr>
<th>Population</th>
<th>NHI S, 2013</th>
<th>NSFG, 2006-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight</td>
<td>97.1%</td>
<td>94.6%</td>
</tr>
<tr>
<td></td>
<td>(0.18)</td>
<td>(0.3)</td>
</tr>
<tr>
<td>Lesbian/Gay</td>
<td>1.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>(0.15)</td>
<td>(0.1)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>(0.12)</td>
<td>(0.2)</td>
</tr>
</tbody>
</table>

NOTES: Column totals may not sum to 100% due to rounding. Numbers in parentheses indicate standard errors.

SOURCES: National Health Interview Survey (NHIS), CDC/NCHS; National Survey of Family Growth (NSFG), CDC/NCHS.
NOTE: I = 95% confidence interval. Same-sex households include those who identified a spouse, unmarried partner, non-relative with a relationship, or as a housemate/roommate with a relationship. The denominator for these estimates includes all households. U.S. Census Bureau also reports on same-sex households through the American Community Survey.

SOURCE: Current Population Survey (CPS), U.S. Census Bureau and DOL/BLS.
Adults Without Health Insurance

Ages 18–64 Years, 2013*

NOTES: — = 95% confidence interval. *Final data. **Early release estimates are not final and are for the population age 18-64. Final 2013 and early release 2014 estimates are not directly comparable.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.
Usual Source of Care, Adults Ages 18–64 Years, 2013

HP2020 Target: 89.4%

NOTES: = 95% confidence interval. Usual source of care is defined as a health care provider, clinic, or health center, not including the emergency room, where a person goes for health care.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.
Five or More Alcoholic Drinks*, Adults Ages 18 Years and Over, 2013

NOTES: = 95% confidence interval. *Five or more alcoholic drinks in 1 day at least once in the past year.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.
Current Cigarette Smoking, Adults Ages 18 Years and Over, 2013

HP2020 Target: 12.0%

Percent

- Total
- Male
- Female
- Straight
- Lesbian/Gay
- Bisexual

NOTES: = 95% confidence interval. Data are for persons who have smoked at least 100 cigarettes in their lifetimes and currently report smoking every day or some days. Data are age adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.
Adolescents Who Have an Adult* In Their Lives with Whom They Can Talk About Serious Problems, Ages 12-17 Years, 2013

HP2020 Target: 83.2

NOTE: *Adults are parents, guardians, or other adults. Data on race and Hispanic origin are collected separately. The categories Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.
High School Completers Enrolled in 4-Year College the October Immediately Following High School

NOTE: Objective SDOH-2 is being tracked for informational purposes and does not have a target. Data on race and Hispanic origin are collected separately. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Enrollment in college, as of October of each year, is for individuals ages 16–24 who completed high school during the preceding 12 months. High school completion includes General Educational Development (GED) certificate recipients.

SOURCE: Current Population Survey (CPS), U.S. Census Bureau and DOL/BLS.
Educational Attainment for Same-Sex Couples

NOTE: I = 95% confidence interval. Educational attainment is collected for those age 25 and over.

SOURCE: American Community Survey (ACS), U.S. Census Bureau.
Proportion of People Living in Poverty, 2013

OBJECTIVE SDOH-3.1

Marital Status

Total
Female
Male
Widowed
Never Married
Divorced/Separated
Married

NOTE: I = 95% confidence interval. The denominator for these estimates includes all households. This objective is being tracked for informational purposes and does not have a target.

SOURCE: Current Population Survey (CPS), U.S. Census Bureau and DOL/BLS.
Both Partners Currently Employed
Persons 15 Years and Over, 2013

NOTES: 1 = 95% confidence interval. Data are for persons 15 years and over who identified as the householder, and indicated a partnership status. Beginning with 2013 data products ACS tables reflect edit/processing changes which show same-sex married couples along with all married couples. Tables that have a line for "married couples" will include same-sex married couples, unless otherwise noted, and the marital status for those adults will be shown as "now married" or "married, spouse present."

SOURCE: American Community Survey (ACS), U.S. Census Bureau.
NOTES: Data are for ICD-10 codes *U01-*U02, X85-Y09, Y87.1 reported as underlying cause of death and are age adjusted to the 2000 standard population.
SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC/NCHS.
Exposure to Violence, Children Ages 0–17 Years, 2011

NOTES: I = 95% confidence interval. The National Survey of Children’s Exposure to Violence measures children’s exposure to violence in the home, school, and community across all age groups from birth to age 17, and it is the first attempt to measure the cumulative exposure to violence over the child’s lifetime. Children and their adult caregivers were asked about incidents of violence that children suffered and witnessed themselves and about other related crime and threat exposures, such as theft or burglary from a child’s household, being in a school that was the target of a credible bomb threat, and being in a war zone or an area where ethnic violence occurred.

SOURCE: National Survey of Children’s Exposure to Violence (NatSCEV), DOJ/OJJDP.

HP2020 Target: 52.9%

Obj. IVP-42
Decrease desired
Threatened or Injured with a Weapon on School Property, Students in Grades 9–12, 2001–2009

NOTES: I = Upper and lower range of median estimate. YRBS is part of CDC’s Youth Risk Behavioral Surveillance System. These data are collected from 7 states and 6 metropolitan areas and are not nationally representative. These data reflect any fights on school property. Data are for high school students who reported on their sexual orientation. *Not sure category captures those students who are currently questioning their sexual orientation.

SOURCE: Centers for Disease Control and Prevention. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9—12 —Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009. MMWR Early Release 2011;60[June, 6].
The number of data systems used to track HP2020 objectives that ask any question on or for LGB populations is increasing.

The number of data systems used to track HP2020 objectives that ask any question on or for transgender populations has not increased.
Key Takeaways—SDOH

Health and Health Care

- Between 2013 and the first 6 months of 2014, the percentage of persons ages 18 to 64 years without health insurance decreased.
- For 2013, there was no difference in insurance coverage for LGB populations compared to straight populations.
- Though LGB populations have similar rates of access to care there are important differences in health risk behaviors such as drinking and smoking.
Social and Community Context
- For the nation as a whole, 1 out of 5 children ages 12-17 years does not have an adult they can talk to about serious problems.

Education
- White students had consistently higher rates of college enrollment following high school completion than Black and Hispanic students.
- Almost a third (30%) of couples in same-sex households both have a bachelor’s degree.
Key Takeaways—SDOH

- Economic Stability
  - Nationally, 15% of the population lives at or below the poverty threshold.
  - Women are more likely to be living in poverty than men, regardless of relationship status.

- Neighborhood and Built Environment
  - Overall, the homicide rate is currently meeting the HP2020 target.
  - Children’s cumulative exposure to violence increases with age.
  - Rates of being threatened or injured with a weapon on school property were higher for LGB and questioning youth compared to straight youth.
Pamela Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

February 5, 2015
Overview

- LGBT identity data collection
- LGBT inclusion in grants and contracts
- Programs addressing LGBT health
- Cultural competence
- Programs addressing social determinants of health
- Disparity Impact Statements
LGBT Identity Data Collection

- Surveillance data
  - NSDUH
    - same-sex couple behavioral health (current)
    - LGB identity (2015): sexual identity and attraction

- Discretionary reporting (program monitoring)
    - sexual identity, attraction, and behavior
LGBT Inclusion in Grants and Contracts

- SAMHSA Policy for LGBT Inclusion
  - FY 2012: include sexual and gender minority populations in services grants template

- Appendix: “applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:
  - By race
  - By ethnicity
  - By gender (including transgender), as appropriate
  - By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate.”
Programs Addressing LGBT Health

- Center for Mental Health Services (CMHS)
  - Garrett Lee Smith (GLS) Youth Suicide Prevention Grants
  - Children’s Mental Health Initiative

- Center for Substance Abuse Prevention (CSAP)
  - Center for the Application of Prevention Technologies (CAPT)
Center for Substance Abuse Treatment (CSAT)
- HIV portfolio includes focus on MSM and LGBT women
- Addition Technology Transfer Center: updating curriculum on substance abuse treatment for LGBT people

Cross-Center Programs and Initiatives
- Minority Aids Initiative Continuum of Care (CoC) Pilot grant
Cultural competence

- LGBT Training Curricula for Behavioral Health and Primary Care Practitioners
- A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children
- LGBTQ Youth and Sexual Abuse: Information for Mental Health Professionals
- ACA Enrollment Assistance for LGBT Communities
Programs Addressing Social Determinants of Health

- Employment: *Transforming Lives Through Supported Employment*
- Housing: *Cooperative Agreement to Benefit Homeless Individuals*
- Schools and Community Environment: *Safe Schools/Healthy Students – Project AWARE*
- Criminal Justice: *Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts*
Disparity Impact Statements

Stimulate a systems change process by:

- Creating a more strategic focus on racial, ethnic, and LGBT populations in SAMHSA investments

- Using a data-informed quality improvement approach to reduce these subpopulation disparities in SAMHSA programs;

- Utilizing this secretarial priority to influence how SAMHSA does it work, e.g., its grant-making operations, and uses its GPRA data
Overview of CDC’s Role in LGBT Health

Examples of areas to promote LGBT health:

- Support improvements in national representative data
- Engage LGBT partners in discussions of disease prevention and health promotion
- Fund national awareness campaigns
- Increase capacity of health departments and clinics to conduct targeted prevention initiatives
- Fund tailored community-based approaches and interventions for LGBT populations
LGBT-Specific Activities: Examples

- Surveillance
- Awareness Campaigns
- Funding Announcements
- Cultural Competence
- Social Determinants of Health
Surveillance

- National HIV Behavioral Surveillance System
- National Health Interview Survey (NHIS)
- National Adult Tobacco Survey (NATS)
- National Intimate Partner and Sexual Violence Survey
- Behavioral Risk Factor Surveillance System
- Youth Risk Behavior Survey
  - Includes questions about sexual orientation relating to sexual risk behavior, smoking cessation and partner violence.
Awareness Campaigns

- **Act Against AIDS**
  - Focuses on raising awareness of HIV risk and promoting partnerships among organizations serving gay and bisexual men, African Americans and Hispanic/Latinos

- **Reasons/Razones**
  - First national targeted effort to encourage HIV testing among Hispanic/Latino gay and bisexual men

- **Let’s Stop HIV Together**
  - Raises awareness about the impact of HIV and fights stigma by focusing on the real lives of people living with HIV

- **Tips from former Smokers**
  - Added LGBT advertisement and information materials for targeted promotion
Funding Announcements

- Young Men who Have Sex with Men and Young Transgender of Color Funding Announcement

- Community Approaches to Reducing Sexually Transmitted Diseases
  - Examples of Funding Opportunity Announcements (FOAs) that specifically target multiple GBT populations
Culturally Competent Programs

- Evaluating home grown HIV prevention interventions for African American and Hispanic/Latino Men who have Sex with Men (MSM)

- Development and Testing of an HIV Prevention Intervention Targeting Black Men who have Sex with Men and Women (MSMW)
  - Evaluating HIV behavioral interventions that have been developed for African American and Hispanic/Latino MSM and increasing the proportion of racial and ethnic minorities with HIV who are linked to and engaged in culturally-competent care
Social Determinants of Health


- Care and Prevention in the United States (CAPUS) Demonstration Project

- Enhancing HIV Mobilization among Organizations Serving Gay, Bisexual and other Men who have Sex with Men (MSM).
  - Structural interventions focusing on mobilizing MSM to improve sexual health, and addressing policy barriers in state health departments and health centers.
(CDC) included a question on sexual orientation in National Health Interview Survey in 2013.
- Based on a year of data collection, CDC issued its first report entitled “Sexual Orientation and Health among U.S. Adults: National Health Interview Survey, 2013.”

In collaboration with CDC’s Division of Reproductive Health, the Office of Population Affairs has developed and released clinical recommendations, “Providing Quality Family Planning Services” to include transgender populations.

Clarified that its National Breast and Cervical Cancer Early Detection Program is available to eligible transgender women and men.
Enhancements to internal guidance and support for the inclusion of LGBT SDOH in all Funding Opportunity Announcements

Broadening use of questions related to sexual orientation in all of CDCs surveillance systems

Training of CDC staff in areas such as SDOH, cultural competence and health equity
Social Determinants of Health and LGBT Health: The HRSA Perspective

Sarah R. Linde, M.D.
Rear Admiral, U.S. Public Health Service
Chief Public Health Officer
Health Resources and Services Administration (HRSA)
February 5, 2015
HRSA Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs
HRSA Strategic Plan

1. Improve Access to Quality Health Care and Services

2. Strengthen the Health Workforce

3. Build Healthy Communities

4. Improve Health Equity
Goal 4: Improve Health Equity

Subgoals

a. Reduce disparities in quality of care across populations and communities

b. Monitor, identify and advance evidence-based and promising practices to achieve health equity
Goal 4: Improve Health Equity

Subgoals

c. Leverage our programs and policies to further integrate services and address the social determinants of health
d. Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities
Access and Workforce

• Health Centers

• Ryan White HIV/AIDS Program

• National Health Service Corps

• Workforce training
Access and Workforce

- Maternal and Child Health
- Rural health care
- Federal organ procurement system
- Poison Control Centers
- 340B low-cost drug program
Social Determinants of Health (SDOH)

- Neighborhood and Built Environment
- Health and Health Care
- Economic Stability
- Education
- Social and Community Context
Health Center Model

- Located in or serve a high need community
- Governed by a community board
- Provide comprehensive primary care services
- Provide enabling services:
  - case management
  - translation/interpretation
  - eligibility assistance
  - health literacy
  - referrals
  - transportation
  - health education
  - outreach
- Provide services available to all
- Meet other performance and accountability requirements
Healthy Start

ENABLING SERVICES

- Total Number of Families Served: 74,938
- Case Management Prenatal Period: 30,677
- Case Management Interconceptional Period: 26,210
- Outreach Prenatal Period: 26,397
- Outreach Interconceptional Period: 19,271
- Home Visiting Prenatal Period: 21,369
- Home Visiting Interconceptional Period: 20,530
- Adolescent Pregnancy Prevention Activities: 7,035
- Pregnancy Childbirth Education Activities: 23,759
- Parenting Skill Building Education: 30,745
- Youth Empowerment Peer Education Self-Esteem Mentor Programs: 10,270
- Transportation Services: 18,182
- Translation Services: 3,268
- Child Care Services: 4,644
- Breastfeeding Education Counseling and Support: 30,026
- Nutrition Education and Counseling Services: 38,667
- Male Support Services: 5,398
- Housing Assistance: 6,814
- Jobs Training: 5,231
- Prison Jail Initiatives: 1,483
Ryan White HIV/AIDS Program

Core Services
- Outpatient ambulatory/medical
- Early intervention (Part A & B)
- Home health care
- Home/community-based services
- Medical case management
- Substance abuse: outpatient

Support Services
- Case management (nonmedical)
- Pediatric Assessment/early intervention
- Emergency financial assistance
- Food bank/home delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Medical transportation services
- Outreach services
- Permanency planning
SDOH and LGBT Health

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs for youth, adults & elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
SDOH and LGBT Health

- Safe schools, neighborhoods, and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services
LGBT Health Disparities

- Suicide and other mental health issues
- Tobacco, alcohol, and drug use
- Cancer Screening
- Infectious Diseases
- Overweight/Obesity
- Insurance Coverage
- Homelessness
- Victimization/Bullying
HRSA and LGBT Health

- Grants and Contracts
- Policy
- Workforce Development
- Data and Measurement
- Stakeholder Outreach
- Public Education and Communication
Grants and Contracts

THE NATIONAL LGBT HEALTH EDUCATION CENTER

TARGET Center
Tools for the Ryan White Community
Grants and Contracts

Ryan White Program

- Special Projects of National Significance
  - Enhancing Access to and Retention in Quality HIV Care for Transgender Women of Color
  - Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations

- Secretary’s Minority AIDS Initiative
  - Improving Recruitment and Retention for Black MSM, ages 13-24
Data Collection

Sexual Orientation

- NHSC Participant Satisfaction Survey (2013, 2014)
- NURSE Corps Participant Satisfaction Survey (2014)
- Health Center Patient Survey (2014)

Gender Identity

- Health Center Patient Survey (2014)
- Clients served by the Ryan White HIV/AIDS Program (since 2000)
  - CARE Act Data Report
  - Ryan White Data Report
  - Ryan White Services Report
Selected Health Indicators Among Women Aged 18–44 Years, by Sexual Identity, 2006–2010*

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Heterosexual or Straight</th>
<th>Homosexual, Gay or Lesbian</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Women</td>
<td>66.6</td>
<td>59.5</td>
<td>47.3</td>
</tr>
<tr>
<td>Excellent or Very Good Health Status</td>
<td>30.6</td>
<td>33.6</td>
<td>43.0</td>
</tr>
<tr>
<td>Obese**</td>
<td>43.0</td>
<td>43.9</td>
<td>60.3</td>
</tr>
<tr>
<td>Received Pap Smear in Past 12 Months†</td>
<td>25.8</td>
<td>38.1</td>
<td>55.7</td>
</tr>
<tr>
<td>Smoking‡</td>
<td>12.3</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>Binge Drinking§</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*Estimates are age-adjusted. **Based on Body Mass Index (BMI), a number calculated from a person’s weight and height. Obese is defined as a BMI of 30.0 or higher. †Calculated for females aged 20–44 years. ‡Smoked at least one cigarette per day on average in the past year. §Defined as consuming 5 or more drinks within a couple of hours at least once a month on average in the past year.


Stakeholder Outreach
Public Education and Communication Bullying

stopbullying.gov

WHAT IS BULLEYING CYBER BULLYING WHO IS AT RISK PREVENT BULLYING RESPOND TO BULLYING GET HELP NOW

FEATURES

Tumblr Page
Common Mistakes
Be More Than a Bystander
Follow us on Twitter

Get a new perspective on bullying.
Take a walk in your kid’s shoes and learn how they can safely stop bullying.
Intimate Partner Violence

A COMPREHENSIVE APPROACH FOR COMMUNITY-BASED PROGRAMS TO ADDRESS INTIMATE PARTNER VIOLENCE AND PERINATAL DEPRESSION
Resources

http://www.hrsa.gov/lgbt/

http://www.hhs.gov/lgbt/
“The health of the individual is almost inseparable from the health of the larger community. And the health of each community and territory determines the overall health status of the Nation”

Friendly Reminder

Open enrollment for health insurance under the Affordable Care Act ends February 15

Visit http://www.healthcare.gov today
Thank You!

Sarah R. Linde, M.D.
RADM U.S. Public Health Service
Chief Public Health Officer
Health Resources and Services Administration

slinde@hrsa.gov
301-443-2216
The Evolution of Culturally Competent Transgender Services

CHRISTOPHER BROWN, MBA, MPH
DIRECTOR, HEALTH AND MENTAL HEALTH SERVICES

LOS ANGELES LGBT CENTER
Overview

- History of the Center and Services Areas
- Social and Health Disparities with Transgender Persons in California
- History of Transgender Services at the Center
- Services Provided
  - Medical
  - Behavioral Health
  - Social Services and Housing
- Client Experiences
- Challenges
- Initiating Change
- Resources
History of the Los Angeles LGBT Center

1969 Gay Community Services Center began

1971 Center opens Men’s VD Clinic

1974 Center obtained non-profit status, after appealing the original denial from the IRS. First US organization to have “gay” in its name.

1985 Nation’s largest HIV testing and care clinic established

1993 Jeffrey Goodman Special Care Clinic opened
History of the Los Angeles LGBT Center

2009 Became a Federally Qualified Health Center (FQHC) Look-Alike

2011 Began youth suicide prevention project and LGBT foster care initiative

2013 Obtained full FQHC status and 330 grant

2015 - Employ 450 staff and have more than 3,000 volunteers
   - Provide approximately 42,000 client encounters each month
   - Deliver more than 2,000 sexual health visits each month
   - Provide primary care services to more than 4,000 clients
   - Provide 50 beds of emergency, transitional- and independent-living housing for at-risk youth
Center Service Departments

Health
Social Services & Housing
Culture & Education
Leadership & Advocacy
Transgender Social and Health Disparities in California

- In L.A. County, an estimated **15%** of transgender women are living with HIV
  - **48%** of Black transwomen are HIV positive
  - **27%** of Native American transwomen are HIV positive

- **70%** of the transgender community reports experiencing workplace harassment or discrimination directly related to their gender identity
- Transgender respondents are **twice as likely** to be living below the poverty line of $10,400 when compared to the general population
- **1 in 5** respondents have been homeless since they first identified as transgender
- **30%** of the community reports postponing care for illness or preventive care due to disrespect or discrimination from doctors or other health care providers

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The State of Transgender California: Results from the 2008 California Transgender Economic Health Survey

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Los Angeles LGBT Center
History of Transgender Services

- 1988 Anti-Violence Project and Legal Services
- 2005 Domestic Violence Legal Advocacy Project
- 2008 Transgender Economic Empowerment Project
- 2009 “Soft” opening of the Transgender Health Program (THP) with a part-time provider serving about 100 clients
- 2015 Social and Legal Services provider to more than 650 clients
  - THP serving more than 700 transgender clients in Northern and Southern California, Nevada, and Arizona
    - 67% 20-39 years old
    - 63% people of color
Medical Services

- Informed consent model of care
- Welcome video for new clients
- Ongoing primary care services/routine health maintenance
  - Culturally competent Pap/prostate screening
- Hormone management
- Pre-operative medical assessment
- Post-operative assessment, care and monitoring
- Medications (on-site pharmacy)
- Appropriate referrals
Behavioral Health Services

- New clients meet with psychologist to greet and assess psychosocial needs
- Warm hand-off to medical provider
- Individual therapy
- Group therapy (weekly MTF and FTM groups)
- Substance abuse services
- Genital Reassignment Surgery (GRS) letter-writing protocol
- Capacity-building initiative/provider consultation group
Social Services and Housing

- Case management
- Legal services
- Anti-Violence Project
- Emergency, transitional and independent-living housing
- Employment services
- Cultural competency assistance
- Transition assistance
30-year-old MTF from Nevada (travels 290 miles)

History of:
- high blood pressure, substance abuse, suicide attempts
- negative experiences with health care providers

In 2010, after a recent suicide attempt, she began receiving care at the Center:
- trans-specific individual and group substance abuse and mental health services
- primary care and hormone maintenance services

Client is currently stable, seen once a year
Client Experiences

- 19-year-old FTM client from Oklahoma
- Came to drop-in youth center for food and emergency shelter
- Client received transition support and accessed many Center services including:
  - mental health counseling and substance abuse services
  - primary care and hormone therapy
  - legal name-change assistance
  - GED program and job placement
- He is now in Center’s transitional living program, attending community college, and working part time. He plans to major in social work.
Challenges

- Lack of local and national data
- A-Z cultural competency (parking lot to check out)
- Overcoming service provider apprehension
- Electronic health record (EHR)
  - mismatched legal/insurance name and gender identity
  - disconnect with physiology and pre-generated medical tests and reference lab values
- Meeting unique needs of clients
  - surgery and specialty care referrals
  - medications on insurance formularies
Initiating Change

- Community engagement in planning, policy and advocacy
- Networking with LGBT organizations
- Federally supported technical assistance providers
- Federal and state requirements and standards of care
- Collecting and reporting of LGBT health statistics
- Incorporate LGBT variables into EHR platforms
- Cultural and medical competence is of utmost importance
Resources

- National Center for Transgender Equality
  http://transequality.org

- Transgender Law Center
  http://transgenderlawcenter.org

- Los Angeles LGBT Center
  http://www.lalgbtc.org/transgender_people
  Contact: Lisa Kimsey, lkimsey@lalgbtc.org
Roundtable Discussion
Please take a moment to fill out our brief survey
Healthy People 2020
Stories from the Field

A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Healthy People in Action
• 2015 Healthy Aging Summit Registration is Open!
  – State of the Science meeting
  – Social Determinants of Health Framework

• ODPHP encourages all sectors to submit abstracts online through 11:59 p.m. EST, Monday, February 9

• To get the most current information visit www.2015HealthyAgingSummit.org and follow us @gohealthypeople #HealthyAging2015
LHI Infographic Gallery

Featured Infographic:
Injury and Violence

Target has been exceeded.

November 2014

The Leading Health Indicators are high-priority health issues in the United States that serve as measures of the Nation’s health. Each month healthypeople.gov displays one or more infographics to visually communicate the existing health disparities for the featured Leading Health Indicator Topic.

If you would like the monthly infographic and bulletin sent straight to your inbox, sign up for Healthy People email updates.

Expand All

Access to Health Services (2)

Clinical Preventive Services (3)

Environmental Quality (3)
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Chipper Dean</td>
<td>SAMHSA/CBHSQ</td>
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<tr>
<td>Gem Daus</td>
<td>HRSA</td>
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<td>Emily DeCosteer</td>
<td>HRSA</td>
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<tr>
<td>George Roberts</td>
<td>CDC/OMHHE</td>
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<td>Julio Dicent Taillepierre</td>
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<td>Francisco Sy</td>
<td>NIH/NIMHD</td>
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<tr>
<td>Stan Lehman</td>
<td>CDC/OD</td>
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<td>Minh Wendt</td>
<td>HHS/OMH</td>
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<tr>
<td>Lenee Simon</td>
<td>HHS/OASH</td>
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<td>Susan Queen</td>
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<td>Carter Blakey</td>
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<td>Yen Luong</td>
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YOUTUBE ODPHP (search “healthy people”)