

The Sellers Dorsey Foundation

Presents this Summary Report

Eliminating Health Disparities Among the LGBTQ Population



May 21st-25th, 2012

The Rockefeller Foundation in Bellagio, Italy

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

Liz Margolies

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

Shane Snowdon

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

Jennifer Jordan

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

Calvin Stowell

"We took a bunch of ingredients including the Rockefeller retreat center here and the different people at the table and we made a new recipe of something that I think will be pretty amazing and went beyond any one of our individual abilities."

Scout

INTRODUCTION

The state of Americans' health and access to quality health care are widely discussed social issues with serious social, economic, political, and quality-of-life implications. For the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the related challenges and problems are even more acute. This community experiences many health issues including obesity, cancer, depression, and HIV/AIDS at higher rates than the general population while having lesser access to quality health care. Such systemic disparities must be addressed and a unique opportunity exists to tackle the problem now while both healthcare and broader LGBT issues receive increased focus. Further, these are universally-experienced problems so there are opportunities for productive dialogue and replicable solutions between the U.S. and other countries.

Because many organizations and individuals work on this issue – often duplicatively and/or in isolation - and little clear funding or nationwide/international strategy leadership exists, improved communication and coordination are a vital priority. Seeking to eliminate these disparities, and with generous support from the Rockefeller Foundation, the Sellers Dorsey Foundation thus brought together LGBT health policy, business, philanthropic, and research talent with experts from the worlds of print, broadcast, and social media. The Sellers Dorsey Foundation aims to develop and implement a coordinated strategy which reduces health disparities for the LGBT community. The Sellers Dorsey Foundation will primarily serve as a coordinating resource and convener, and will also implement programs where voids exist.

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

THE PROBLEM

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

While additional data collection is needed to better define differences, and efforts are underway to do so, research has demonstrated that health disparities exist for lesbian, gay, bisexual, and transgender (LGBT) individuals. In other words, members of the LGBT community have worse health outcomes than their non-LGBT peers. Consider these statistics gathered from various sources by the Center for American Progress: Compared with 82% of heterosexual adults having access to health insurance coverage, only 77% of lesbian, gay, and bisexual individuals have access to health care insurance.ⁱⁱ Nineteen percent of transgender people report being refused medical care because of their gender identity, and 2% report being violently assaulted in a doctor's office.ⁱⁱⁱ

Lesbian and bisexual women are less likely to receive mammograms and may be more likely to receive a later-stage breast cancer diagnosis.^{iv} Health disparities are not limited to physical health, as there are glaring examples of mental and behavioral health disparities too. For instance, lesbian, gay, and bisexual youth are significantly more likely to attempt suicide,^v and 41% of transgender adults have tried to commit suicide, compared to 1.6% of their cisgender peers.^{vi}

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

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

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

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

differently by health care providers because one presents as a gender different than that on the birth certificate or medical record.

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

SPOTLIGHT: STIGMA

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

LACK OF CULTURAL COMPETENCY TRAINING –

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

SPOTLIGHT CULTURAL COMPETENCY:

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

LEGALIZED DISCRIMINATION – No federal law explicitly protects LGBT people against discrimination on the basis of sexual orientation and gender identity in the workplace, in housing, in healthcare, in financial access, or in public accommodations. Various employers, states, and localities have chosen to extend protection against discrimination but LGBT individuals are forced to live under a patchwork of laws in this regard and experience varied realities.

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

SPOTLIGHT LEGALIZED DISCRIMINATION:

Thomas earns \$50,000 per year and his employer contributes \$10,000 toward the family health plan that covers his legally married opposite-sex wife, Jane. In this scenario, Thomas pays federal income taxes only on his \$50,000 salary. If Thomas is instead legally married to someone of the same sex named James and covers him under the same family health plan, he is taxed on his employer's \$10,000 contribution to the plan and must pay federal taxes on a total of \$60,000. On average, an employee covering his or her domestic partner owes an additional \$1,700 each year in federal taxes on that family health coverage. The employer who is generously providing these health care benefits also owes more in federal payroll taxes as a result. This inequity can result in individuals like Thomas not being able to afford to provide health insurance for their spouses or partners due to the increased tax burden.

MAY BELLAGIO MEETINGS

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

DAY 1

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

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

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

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

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

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

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

DAY 2

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

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

DAY 3

The group began the final morning by separating into small teams of 3 or 4. The organizers chose to use a Merlin Exercise for the purpose of determining what the best next step or steps would be to eliminate LGBT health disparities and achieve big-picture goals. Named for the fictional character Merlin who lived his life backwards, a Merlin Exercise asks groups to work backwards from a milestone instead of the more traditional way of working forward. The organizers chose this type of exercise to encourage creativity and ensure that the group remained focused on the big picture goal.

The small groups were asked to envision and list milestones that could be achieved if LGBT health disparities were eliminated. Those milestones listed were:

- Unfettered access for the LGBT community to affordable and quality health insurance;
- Access to well-trained health care providers, with an expertise in providing culturally and clinically competent care to the LGBT community;
- Formal recognition, cultural acceptance, and full integration and inclusion of the LGBT community within society;
- Well communicated standards of care for LGBT health to providers and LGBT health consumers;
- Proportionate representation of LGBT individuals in the health care workforce;
- Access to a broad variety of safe and culturally competent options for LGBT elders;
- Increased and standardized research on LGBT health; and
- Increased self-knowledge and pride in wellness and healthy living among the LGBT community.

The groups universally agreed that an awareness-raising campaign was the best and most-needed immediate next step. Without broader awareness by politicians, health care providers, funders, and the LGBT community, there would be no improvement made on this topic. One related example which informed this thinking was the recent success of the “It Gets Better” campaign. This campaign has been extraordinarily successful in raising awareness about youth suicide. It also has raised funds which catalyzed the growth of service organizations like The Trevor Project and the Gay and Lesbian Straight Education Network (GLSEN).

The group continued working in its smaller groups and each designed their own public awareness campaign. Metrics will be included in any final campaign and can be developed in cooperation with the advertising agency. The four campaigns were presented to the entire group by each smaller group and were opened to helpful suggestions and critiques from the other participants. After these were shared, the group returned to the list of expectations from the first day. It was agreed that all had been met and

the week exceeded participants' expectations. Following are the four public awareness campaigns generated by each group:

Group #1:

Project:	<i>"5 and 5: Partnering for Health"</i>
Prepared by:	<i>Rebecca Fox, Elaine Lamarre, Shane Snowdon</i>
Background/Overview:	<p>Most LGBT patients don't know how best to discuss their LGBT status with their health care providers. Therefore, this campaign aims to ensure that both patients and health care providers have an optimal appointment by providing a piece of paper which has on one side five things for patients to ask/tell their health care provider, and on the other side five things for health care providers to ask/discuss with patients. These questions/topics for discussion will be specially crafted by experts to target the most important points of information to obtain the best care. The piece of paper will be cost effective and can be widely distributed. Because of the ease of remembering "5 and 5," it has maximum public awareness cachet.</p> <p>Further, this campaign emphasizes the importance of not just focusing on the negative aspects of LGBT health, but also on the resilience of this community.</p>
Objective/Purpose	We want to make health care appointments less anxiety-provoking and much more successful by providing an easy-to-use tool for both patients and providers.
Target Audience:	<p>LGBT Patients & ALL Providers (Neither side can do it alone)</p> <ul style="list-style-type: none"> • Patients: 5 Things to Ask / Tell your Doctor • Providers: 5 Things to Ask / Discuss with your Patient
Single Most Important Thing To Say:	This is an easy, cost-effective solution to deliver optimal health care to patients.
Distribution Channels:	<p>Multiplatform for Patients:</p> <ul style="list-style-type: none"> • Social, Earned, Advertising, Word of Mouth <li style="padding-left: 20px;">A. Rollout in Targeted Locations <p>Multiplatform for Providers:</p> <ul style="list-style-type: none"> • Continuing Education • Journals & Publications <p>Professional groups</p>

Group #2:

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

Group #3:

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

Group #4:

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

CONCLUSION

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

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

PARTICIPANTS:

Sellers Dorsey Foundation

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

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

Attendees

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

Brian Dorsey is Vice President of the Sellers Dorsey Foundation and co-owner of the national health care consulting firm Sellers Dorsey, which designs and implements Medicaid finance and health care reform programs to address the cost and quality of health care. He is also a Certified Executive Coach specializing in Management Performance Consulting. As a former communications director for two non-profit health care organizations in Pennsylvania, Brian helped to launch the VISION USA™ program sponsored by the American Optometric Association, which provides eye health and vision care services to uninsured, low-income patients. As an Independent Theatrical Producer involved in both Broadway and Off-Broadway productions, Brian founded The Red Rose Project, LLC, a production company that creates theatrical projects focusing primarily on historic LGBTQ themes. Some of Brian's philanthropic endeavors and advocacy include The Gay and Lesbian Leadership Council of the Democratic National



Committee, Victory PA, The Gill Foundation, the Allens Lane Art Center of Philadelphia, and Big Brothers Big Sisters. Brian also serves as Co-Vice Chair of The Trevor Project. Brian holds a Bachelor of Arts degree in Organizational Communications from Wilkes University.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Shane Snowdon, MA, heads the LGBT Health & Aging Program of the Human Rights Campaign, the largest LGBT organization in the U.S. She previously founded and led the Center for LGBT Health and Equity at the University of California San Francisco, for 14 years the nation's only LGBT office in a health care or health education setting. She has provided LGBT health training and consulting for hundreds of hospitals, health professional schools, and other health organizations throughout the U.S. She has also written extensively on LGBT health, and was Project Adviser for The Joint Commission's *LGBT Field Guide*. Shane has designed and convened numerous LGBT health meetings, including the UCSF LGBTQI Health Forum for Health Professional Students (now in its fourth year) and the National Summit on LGBT Concerns in Medical Education (attended by faculty from most of the nation's medical schools). She also serves on the boards of the National LGBT Health Coalition, the Pacific AIDS Education & Training Center, and the Alliance Health Project. Shane's groundbreaking work has been recognized by numerous awards, including the Health Achievement Award of the Gay & Lesbian Medical Association, the Transgender Law Center Ally Award, the KQED Local Hero Award, and the University of California Award for Exceptional University Service.

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

NEXT STEPS

Because the group agreed that an awareness-raising campaign is a logical first step following our Bellagio meetings, the Sellers Dorsey Foundation is developing a plan to move one or more of the drafted public education campaigns.

The organizers also recognized the wide consensus from the participants of the value of continued communication and collaboration. To address this need, the Sellers Dorsey Foundation will convene two additional meetings in the next twelve months. These meetings will focus on specific activities designed to increase collaboration among LGBT health organizations. As currently envisioned, these meetings would include participants of the Bellagio meetings, as well as others who would bring additional value and perspective. These gatherings will provide a space to share best practices, coordinate efforts and continue to incubate ideas to address health care disparities among the LGBT community. The Sellers Dorsey Foundation acknowledges that membership in this group is likely to grow and evolve but believes it has assembled a team representing the next generation of leaders on LGBT health issues.

Finally, as an immediate next step representing the excitement and potential of this group, the group placed an op-ed co-authored by two conference participants, Hutson Inniss and Hector Vargas, and placed by participant Matthew Breen, Editor-in-Chief of leading LGBT publication *The Advocate*. It can be found in Appendix A. Kellan Baker from the Center for American Progress also published an article shortly following the Bellagio gathering, which can be found in Appendix B.

APPENDIX A

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

Op-ed: LGBT Health Is About Life and Death

By Hector Vargas and Hutson W. Inniss

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

LGBT health is about life and death.

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

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

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

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

There is no question that the ACA goes a long way towards beginning to close health disparities. The Center for American Progress has identified all the provisions mentioned above, as well as more that

also promise to benefit the health of LGBT Americans. But today, the fate of the ACA is on the line. Within days, the Supreme Court is expected to rule on whether the law will stand and if our community will continue to have these tools to improve health into the future. From our perspective, losing these tools would be a significant setback, but one that cannot erase the progress we and many others have made toward ending the disparities that harm our community's health.

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

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

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

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

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

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

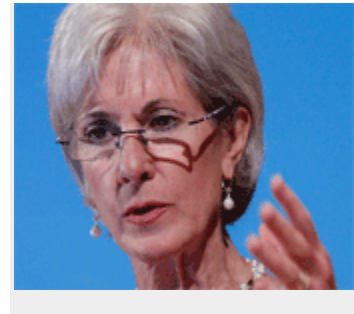
APPENDIX B

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

by Kellan Baker

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

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



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

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

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

APPENDIX C

Additional Resources:

The Institute of Medicine's 2011 Report: *The Health of Lesbian Gay Bisexual and Transgender People*
<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

Healthy People 2020: Lesbian, Gay, Bisexual and Transgender Health
<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

Human Rights Campaign Foundation: Health Care Equality Index 2012
<http://www.hrc.org/hei/about-the-healthcare-equality-index#.T-2oixem98E>

Center for American Progress: How to Improve Mental Health Care for LGBT Youth
http://www.americanprogress.org/issues/2010/12/mental_health_lgbt_youth.html

Center for American Progress: How to Close the LGBT Health Disparities Gap
<http://lgbthealth.webolutionary.com/sites/default/files/CAP%20LGBT%20Race%20and%20Ethnicity%20ultimate.pdf>

Supreme Court Upholds Health Care Law, LGBT Leaders Cheer
<http://www.advocate.com/politics/2012/06/28/supreme-court-upholds-health-care-law>

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

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

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

APPENDIX D

Transcripts of Selected Interviews at Bellagio Center

My name is Calvin Stowell, DoSomething.org social media strategist, and I live in New York City.

What are the biggest disparities in healthcare facing LGBT people?

I think it's a multi-pronged issue where there is policy, there's cultural, there's lifestyle all involved but I think the biggest obstacle that I kind of discovered as an outsider because I'm not in the world of healthcare or policy or even the equality movement was just that there are a lot of great organizations that all have a very different idea of how to solve this disparity. And I feel like before this week there wasn't as much dialogue and collaboration between the groups as there should have been and everyone with the most noble intentions moving forward with what they thought was best with that tunnel vision and I think when you are looking at a problem as big and complex as you know the disparity in health in LGBT people like you kind of need everyone to come on board and work together and work on something much bigger than themselves so I think this week was actually really cool to see everyone that maybe had met at conferences or talked briefly but had never really collaborated in this kind of environment where we all sat down at a table for 8 hours a day and kind of forced this conversation to happen. And so the biggest roadblock was too many organizations with too many different agendas all trying to solve the same problem but never actually communicating with each other.

You know social media and how people communicate online...what did you bring to the conversation that perhaps hadn't been there before?

My role typically, and this is my role in my job too is to say keep it simple, stupid because you need to make sure that your messaging is simple enough that it's accessible for everyone to comprehend, not just the people that it might be directly affecting. So, when we're talking about healthcare disparity within the LGBT community, we might want to use a lot of words and phrases and ideas and philosophies that most LGBT people would probably understand but if you ever, if someone outside of that group, ever saw the messaging or the campaign or whatever you came up with it, they would probably be really confused and I think kind of rightfully so.

The evolution I saw here was the first day everyone came in with the point of view of their organization, basically gave a pitch of what their organization did, spoke from the perspective of either policy making or healthcare reform or even just different sectors and kind of the equality movement and funding and everything that everyone here represented and I think by the end we kind of saw this evolution where we were no longer saying "healthcare disparity in the LGBT community" anymore. Then, we moved the subject to kind of health and wellness and how can we empower people and I think we ended up coming up with a lot of ideas that even work beyond the LGBT community and they were ideas that could kind of be adapted to a lot of different groups. I would like to think that I had something to do with that but I don't think I could take all the credit but the biggest thing that I think I saw was that at the end when we made all the four different campaigns, every campaign had a social component and I don't just mean

social media. I mean the idea of being social and relying on a digital space and kind of relying on the fact that you have a community built in that will interact with on the internet and I feel that when we got here a lot of the ideas that were being tossed around were "we're going to print flyers" and "we're going to hold a protest in a public park" just something that was very isolated and "siloed" and not accessible and not kind of ready for the mainstream public to embrace and so I felt like there was a huge shift toward the end and the campaigns that we came up with were all about community and social and making an experience that was solitary into a more social experience and I mean I think that's great and that's what I do for work so I thought it was really cool to see everyone move to that point without me being like "please do this" it was exactly what I was hoping would happen. Yet I didn't know what to expect today when we came up with the campaigns. I didn't know what was going to happen and I was very happy with what everyone came up with.

Did you learn anything that you'll take back with you?

One of the things I've learned is that I've always had experience dealing with other smaller non-profits and kind of the relationships I have there and dealing with the heavy activists and I come from a more commercial not for profit standpoint where it's not for profit where it's supported by a foundation and corporate sponsors so it's kind of very different than running around and trying to fundraise. We don't fundraise. So, I'm so lucky that I don't have to deal with that experience and I've kind of learned how other groups work and what really works for them and what doesn't work for them and how can I kind of adapt that and apply that to what I do. And, of course, I've learned so many things about healthcare that I did not know because I just kind of had a layman's understanding of the Affordable Care Act and the disparities I always knew they existed but I didn't know the lengths that it went to until I came here and learned from all these people that this is their life and this is their passion and they have so much that they can teach if you're willing to listen.

Christopher Labonte, I live in Philadelphia. I work for Sellers Dorsey, a national healthcare consulting firm where I am a principal and director of external affairs.

One of the biggest challenges over the next ten years is making sure that LGBT people, health care providers and really anyone in the healthcare system is educated about LGBT individuals' lives. Their families' lives and what it takes to make sure that they can really have better health outcomes as well as lead healthy and well lives.

What's changed over the past four days from what you came here thinking would be accomplished?

When I first arrived I had this expectation that it was going to be a special opportunity for me and for other people who cared deeply about these issues to collaborate and talk and really kind of tackle what is a really large problem in the United States and around the world. Words can't describe how I underestimated how special this opportunity was. Organizations and individuals who do research and work on these issues on a daily basis rarely have the opportunity and the resources to really unpack a lot of these issues and the opportunity to collaborate and the opportunity to talk with one another and discuss and strategize was something that I don't think we could ever do in the United States.

What will you take back?

It sounds trite, but I think one of the blessings that came from this opportunity here is really helping to stop and smell the roses and understand and appreciate relationships with people. In our daily lives, working, constantly, on the phone, on email, you know, PDAs, on my iPhone, it's often lost that it's important to have those sort of personal relationships and I think that's the sort of one thing that I'm going to take back with me to Philadelphia in my daily life.

My name is Elaine Lamarre and I work for Sellers Dorsey and the Sellers Dorsey Foundation.

You came to this conference with a bit of an outsider's perspective?

I always welcome experiences like this where I can learn more and kind of build on my experience of the straight ally. I think it's a really important role in the LGBT fight and one that needs to be represented in instances like this as well as out in the world because the fight is not within the LGBT community. The LGBT community wants their healthcare. They want equality but it is unfortunately the straight community that doesn't understand them or accept them that is creating the inequality. And, so in order to build on the straight ally community who can possibly reach out to those who won't listen to the LGBT community necessarily directly I think is a huge step forward and I think the more that we're educated the more that we can share with others.

Over the past week I saw a huge shift in everybody's thought process of instead of focusing on the negative and focusing on all of the problems that the LGBT community is dealing with within healthcare, we're going to focus on being positive and finding a solution for that and I think there was just this giant shift, all of a sudden in the middle of the second day where in the morning people were talking about healthcare disparities and then in the afternoon it was, "we need to make this better. We are going to make this better."

Hector Vargas

The most important issue that we see as a medical association to ensuring that gay, lesbian, bisexual, and transgender people receive the health care that they need and deserve is making sure that doctors are trained to address the needs of LGBT patients and are ensuring that their doctors' offices, that their staffs are welcoming of lesbian, gay, bisexual, and transgender patients. What we often see is discrimination in these settings and making sure that these offices are welcoming and that the doctors can relate to their patients. That's an important part of care and it's an important part of care for everyone including the LGBT community.

How did you feel coming into this process?

At the beginning of the week I felt a tremendous opportunity here. I knew a little bit about some of the people that were going to attend and some of the experts who would be here in this room and the

opportunity that we had to share ideas and get laser-focused on the kinds of strategies that we needed to implement to ensure that lesbian, gay, bisexual, and transgender people are healthy and are achieving high-levels of health.

What worked and what are you able to think about in a different way?

I think one of the most important things that has come out of this meeting for me is a strong reminder that what we're really working toward is insuring that lesbian, gay, bisexual, and transgender people are healthy.

As much as we focus on training and policies it's really important for us to remember that what we're trying to do is insure the health and well-being of lesbian, gay, bisexual, and transgender people and to remember that who we're trying to serve is the teenager who is depressed and thinking about suicide or the woman who is denied visitation at the hospital to see her partner who is sick. Those are the people we need to remember as we do this work.

One of the takeaways that I have from my time here at Bellagio, which has been amazing, is focusing in on strategies that relate to ensuring that the messages we want to convey and the communication that we want to have with the LGBT community, that there are new strategies and innovations around how to do that to make sure that we are addressing the underlying issue which is about the health and well-being of LGBT people.

An important takeaway is a reminder that there is strength and resilience in the LGBT community and that we need to tap into that strength and resilience to ensure that our communities, LGBT people, are taking care of themselves and are taking care of each other.

This week has been a tremendous opportunity to learn from experts in the LGBT health field, from communications and messaging strategy experts and it's really been all thanks to the wonderful generosity of the Sellers Dorsey Foundation and the Rockefeller Foundation and I really appreciate the opportunity to be here and to have the takeaways that I have from this really innovative meeting.

My name is Hutson W. Inniss, and I am the Executive Director of the National Coalition for LGBT Health in Washington, DC.

It's very important that we look at how LGBT people are able to engage in a wide range of health activities, whether it's being able to reach out to their doctor and engage a health care provider, whether it's a prevention program that focuses on their unique needs, whether it's about creating an environment that supports health. All of these things are really important for all communities and especially for LGBT folks who are less likely to have access to health.

Before I came to the conference I was really wondering, is this just going to be another academic conversation that was focused on what the problem is. What I really got out of our time together was

that we focused on solution. What can make a difference and how can we share our thinking with others out in the community...all of who are interested in improving the lives of our community.

What are you taking back?

We really need to have a comprehensive approach and a partnership with expanding multiple disciplines. That as a person who runs a health advocacy organization I certainly have a certain take on the problem but we also need those that are engaged in policy work, those that are engaged in communications and media work, those that are engaged in thinking about how to create funding opportunities to support the campaign, the ideas that we may come up with but it needs to be a very comprehensive and collaborative approach.

My name is Brian Dorsey. I am the vice president of the Sellers Dorsey Foundation and co-owner of the consulting firm Sellers Dorsey. I live in Philadelphia, Pennsylvania.

What's the number one issue that we have to deal with?

The single biggest issue that I personally see is figuring out a way to collaborate. There are many organizations and advocates in this space that are concerned and educated on this topic and all have something to offer to create a social movement per se, and I think collaboration and learning how to collaborate together and to work together as opposed to compete with each other for funding dollars or for specific agendas I think is probably the most important key to success in making progress in this movement and basically creating a social movement.

Over the next ten years we need to find a solution to any barriers that prevent us from collaborating and working as a team to make this happen because it's such a large issue that collaboration is the most important for finding success.

Do you feel that those ideas were fulfilled or were you able to come up with something completely different?

I came here to this conference with the hope that relationships would be formed that can then be taken back and would basically strengthen the basis for moving the ball forward in this area. That I think happened very easily and I expected that to happen. I don't know if I expected it to happen to the extent that it has because I think people have really stretched and have sort of grown in their own opinions and their own views and there have been some shifts in perspectives and whether it be the location or the energy with which the group is supportive of this idea. It's turned into something more than I expected it to. It was definitely not a status quo...let me give you my report. Let me give you what I know and be done. It was definitely...I want to do more. I want to be more involved. People have come up to me throughout the week saying, "what's next?"- "what can I do to be the most effective agent in this process?". And that surprised me because these folks are all very busy, they are all leaders in their field, however, they're busy and mostly from non-profit organizations so they're working on very limited budgets.

Why did you bring people that weren't necessarily part of the movement?

Here's what I believe to be true over time as I've seen the movement, the LGBT movement. It's a small world in the United States. It's a small group of folks and as talented and as bright as that world is, they're not asked to stretch and they're not asked to go beyond and to think out of the box. They're asked to stay in a very safe place in their position of expertise and what I wanted to do was challenge them, make them feel uncomfortable by examining what they didn't know and also to look at this issue from a perspective of "who or what is not present?" or, "what is missing from the process or the formula for success?", and, so specifically bringing in someone who specializes in digital media, bringing in individuals who are involved in media because those are the professionals that no matter what a good fight is fought, that no matter what data is collected if the public is going to take this and turn it into something that they own, this group of experts is going to be judged. The world is going to judge them and if they're doing a good job and bringing in this other factor was automatic judgment and I wanted this group to feel the pressure of that and to understand how important to take the individuals in this conference out of their comfort zone. Advocates are very comfortable sort of banging the table and protesting.

I'm Jennifer Jordan. I'm a consultant at Sellers Dorsey and I live in Philadelphia, Pennsylvania.

Biggest issue to solve over the next decade?

Over the next ten years I'd say the biggest issue is actually two different issues. It is one about discrimination and the way that affects the lives of LGBT people and the health of LGBT people and also access to healthcare that's actually appropriate for different health issues that affect that community.

Has your way of looking at the issue evolved?

When I arrived I think I came in with my information. I came in with a very focused area thinking about healthcare finance and public policy so my approach to eliminating healthcare disparities was strictly a policy oriented approach. One that thought about finance and how to pay for the services that we need. after being here and being around people who do a lot of thinking in this area in both their political and professional lives I'm more open to having options that place agency back within the community - options that talk about personal responsibility and our own communal approach to health.

What was the biggest shift that you saw?

Over the past 4 days I saw a significant shift away from a policy focus, away from a data focus to one that talks about positive health messaging and positive self-image.

Solutions?



One of the things I found most striking was the idea of just approaching health and health status from a position of personal power and from a position of community power. Prioritizing health. That's something that we can all do. I don't do it myself. I found it very revealing that I'd never thought about my health as a priority and I think that that's powerful.

I am very confident that after the last four days of being exposed to some of the thinking going on here that we can move the needle in improving health, health care and health status in the LGBT population. I think that one of the most unique things that I saw here was that the communal thinking and collaborative thinking fills in the gaps of what is actually going on in health policy and health services research space within the LGBT community.

There is a lot of creative thinking that happened this week and I think that the thinking fits into the gaps of what is currently going on in everyone's "siloes" organizations so I'm excited to see that sort of collaboration.

I think some of the thinking around making the health care experience less isolated and more communal is really profound to me. I live in the healthcare world that we're in right now and I think about the policies in the healthcare world that are shaping the healthcare world that we have and to think about one where people don't go to the doctor alone as a more communal experience is quite outside the box of the way I normally think about health care and it's definitely one worth continuing to flush out in my work life.

Katherine Peck, Sr. VP Programs, Gill Foundation and my hometown is Denver, Colorado.

I think that like most people who are here the significant shift that happened at some point over the course of the four days was we started talking about wellness as opposed to health disparities and we started talking about changing the behaviors that lead to health disparities and focusing on the positive and I think that's a shift in the way people talk about this issue and think about this issue.

Biggest issue over the next 10 years?

I think health generally stems from how you feel about yourself and how you take care of yourself. so I think the biggest issue is getting LGBT people to feel proud of who they are and what they bring to the table. What they offer and to recognize that we are wonderful, contributing, amazing people and that if we can work on getting LGBT people to understand that there is no reason to be ashamed of anything that we are, we're just like everybody else, we want the same kinds of things everybody else wants which is a loving family, good health, good health care, a good career, those kinds of things, that's what we really want, that's what we should be focused on.

A new way of looking at a problem?

I think the collective wisdom of a group is something incredibly powerful and we saw that happen here. that individual groups or organizations or people focus on an issue and they tend to think in a box.

Sometimes that box can be a big box but when you put people who come at an issue from different perspectives together and focus on the collective wisdom of a group, you get amazing results.

Kellan Baker, I'm a health policy analyst with the LGBT Research and Communications Project at the Center for American Progress in Washington, DC.

Biggest issue over the next decade?

The biggest issue and it's not just for the LGBT community but for everyone is that we don't make health a priority. We don't think about health when we're healthy. We don't plan for when we get sick, when we get hurt, when we get old and so we're caught unprepared and so what I think we need to do is to make the most progress toward eliminating disparities and making sure that everyone is as healthy as they are able to be, keep themselves and their families healthy is to prioritize that: prioritize health.

What is the one thing you saw that has moved the needle?

For me this conference has really broken open a lot of issues that I was previously unaware of. Not in terms of the disparities - I know the stats. I know the numbers, but in terms of the connection between the work that we are trying to do and the communications that we need to be having with the people that we're trying to reach and that's something I really haven't spent a lot of time thinking about before. I've always sort of imagined you do the good work and the good work speaks for itself but it's pretty clear that while we might have a lot of good ideas, we're not necessarily communicating them in a way that people are able to use in their everyday lives and I think this conference has really brought that together for me -that process of thinking through how do we take our great ideas and turn them into tools that people can use to prioritize their health.

Is there anything you'll take back?

If you want people to do really great creative thinking you should bring them to beautiful places! I've definitely learned that this week. In terms of work itself, I would say again the power of communication because that is really something that as a policy person I underestimate so much I don't do that thinking about how to craft a message that people can actually hear, and what I'm taking away from this week is moving forward in my work is that drive to translate whatever it is that I'm saying that has numbers, that has policy terminology, that has words and concepts around health that have become controversial and turning that into something that everybody can hear regardless of what their background is, regardless of whether they're LGB or T, regardless of whoever they are - whatever their life looks like- so that they can think about health in a way that is accessible to them and that they can use in their own lives.

I'm Liz Margolies, I am the founder and executive director of the national LGBT Cancer Network and I'm located in New York City.

Biggest issue over the next 10 years?



I see really three parts that have to come together over the next decade or so in order to really change the health of the LGBT community. One would be legislation that would give us greater access to health insurance and end discrimination. The second would be more culturally competent health care workers meaning doctors, nurses, social workers, hospital administrators, etc., and then third would be a subsequent change in the experience of being LGBT which would encourage us to value ourselves, our lives and our bodies and lead healthier lives.

What did you think was going to emerge?

I thought that I'd be working very hard every minute to try to achieve something in a very linear, "don't look until you get it done" kind of way and the process of doing the work that we did was like nothing I have ever done. I'm used to problem solving and thinking it through in a large or small group but this was a creative process that fed our quiet time and interactions and our trust in each other and it made me nervous and I didn't think it was going to work and I am astounded by what we accomplished.

Key takeaway?

When I go back I will never go back to my old way of thinking. I will continue to at least publicly, even if not at my own desk, focus on what I'm aiming for, not what's broken and wrong, and that difference feels like all the difference in the world. It doesn't feel depressing and hopeless. It's a focus on what I want and what can be done.

One thing that I got out of it that I never imagined would happen is that I found a new piece of myself here and it was interacting in the way I did with these people in this setting that made me feel even better about myself. I feel like I can be a leader in this field, which is separate from being the hardest worker in America which I always was. I feel like I found a new power in my voice here and I will take that back to New York with me, too.

Matthew Breen, EIC, Advocate Magazine

Biggest Issue?

There are a couple of challenges I feel we have in terms of health in the LGBT community over the next 10 or so years. Those are external factors which have to do with how we're perceived. Whether we are discriminated against in the culture at large and whether internally we take care of our own health in our community. You see the inequities in the way people are treated in hospitals, in doctors' offices in just access to healthcare and that sort of stuff externally and that's a function of the fact that we're not viewed as equal in many parts of this country, many parts of the world, but also a lot of those pressures cause us to not treat our own health as a priority. We face anxiety and depression, higher incidences of alcoholism and smoking. Isolation and discrimination can really have a distinct effect on how healthy we are.

Breakthroughs?

It's been really fascinating to see the different perspectives that people have when they come to this issue with thoughts on how to solve it. Thoughts on the particular dimensions of the issue that affect their own communities. So it was really fascinating to see people step back and take a look at the way other actors in this field look at healthcare, look at general health and well-being and I think we really, we really looked at the various problems, because there are a number of them, for each other's points of view and that was really fascinating to watch that happen. It was a really collegial group, it was a really open group after we got to know each other a little bit. I really enjoyed watching the process. It was really fun to take part in it.

Key takeaway?

One of the key things I think I'll bring back from this week is just vigilance. Watching the disparities in terms of the way we are treated in terms of health and the way we treat ourselves. I think that's an ongoing story. There are a lot of new dimensions that just hadn't occurred to me personally but are things that we report on. You can see really how each of the people who came to this discussion is passionate about what they do and it's not just out of thin air that they have this passion. The passion comes from knowing people in their lives, knowing people in their work, that are deeply affected by this chasm between access to health care that we're denied sometimes and that others aren't.

Rebecca Fox, Wellspring Advisors, I'm a program manager and I live in New York City and Washington, DC.

Over the next decade in order to move toward solving lesbian, gay, bisexual and transgender health disparities or issues, the single largest issue that we need to focus on is moving LGBT health needs into mainstream medical and health provisos. When I arrived here a week ago at the Bellagio I didn't have preconceived notions, or, I didn't think I had preconceived notions about what we would be doing. I came with an open mind. I thought....and then having spent time here with these people after a week I realized how many notions I had about basic knowledge around LGBT health, what the needs are for our community and leaving here a week later really with a deeper understanding of both how far we have to go and what needs to happen to get there. What conversations need to happen. What possible language needs to be used. What possible steps are at every level of society.

For the players that were brought to the table I knew about half of the people before I arrived and I was unsure of why the other people that I didn't know, the media folks, the messaging people were here. It really was an amazing joining of ideas coming out of lesbian, gay, bisexual, and transgender health work both in the policy sector but also direct service providers and what really needs to happen in the media for the average person, let alone the average LGBT person to understand the health needs of the community and it was an amazing, I'm trying to avoid saying the word synergy, but an amazing melding of different kinds of ideas and different ways of looking at an issue.

Any observations you are taking home with you?

The single largest thing that I'm taking home with me is the need to be clearer about what the needs are and how to translate those needs to people who have no background in health or no background in the LGBT community or also have really no idea about how to empower themselves around their own health and how to advocate for themselves with their doctors, with legislators, and with their congressmen.

Are you optimistic?

I have so much optimism about the future of our community and the future of our society and this plays into all of that. I think that we actually have a long journey, but it's an exciting journey and a journey that can really change the trajectory of this world.

I'm Scout, I'm the director of LGBT health equity at The Fenway Institute. That's in Boston, Massachusetts but I live in Lincoln, Rhode Island.

Biggest issue over 10 years?

I think the biggest issue that we really need to address in order to eliminate our health disparities is simply that we need to start expecting equal treatment and good treatment. Right now, it's like a chained dog. Once you take off the chain they don't necessarily know that they can leave the porch. And unfortunately, we haven't received good treatment for so long that our expectations are too low.

What were your expectations coming here?

The expectations coming here. We didn't know a lot about what was going to go on. We didn't know a lot about who was going to be here. I think for a lot of my colleagues in the health arena, this was very different than the meetings that we're usually at. We had different skill sets at the table. We had less knowledge about what the process was going to be. We heard a lot about the Rockefeller-inspired creative process and you know how that doesn't necessarily go from "a to b" and it goes up the hill and then back down the hill. And I think we even got a little nervous as it unfolded that we still didn't see the endpoint. But it was really fascinating to be a part of how that did work even as of last night.

We absolutely accomplished something that I'd hoped we'd get to but I wasn't sure we could. We took a bunch of ingredients including the Rockefeller retreat center here and the different people at the table and we made a new recipe of something that I think will be pretty amazing and went beyond any one of our individual abilities.

We really took the ingredients and some of the things that we'd never had at the table before and made something that went beyond each of us and for those of us who have worked together in the past, beyond our thinking in the past. you know, it's great to be at the table with people who can provide resources but also bring new skills and it's also really interesting to be at this place where we are taken out of our world and I think one of the amazing things that came out of this is that we did some really

good planning for a project that goes beyond any of our little kingdoms and is something that can affect not just our areas but all of our colleagues, too, and that's a powerful combination that really may have some interesting potential. I think maybe a good testimony is that I'm more excited now to see what's going to happen in the United States a year from now because we've got that much good potential and good planning behind what could come from this.

What will you take home?

There were a lot of takeaways. One of them was the process of how we created this and went beyond our own spheres. I think that's something I really want to emulate in some of the development work I do at home but another big one was there were just tangible skills and whole areas of expertise related to media, related to development of campaigns, that were for me very far beyond what the nonprofit world usually does and there were just so many people to learn from. I do a lot of cross-disciplinary work, academically I do it, I do it between researchers and advocates, I do it between federal health officials and everybody else, but this was a new type of cross-disciplinary that raised the bar for me and I saw the outcome go up just as much as well and that's what makes it so exciting.

I'm Shane Snowdon. I'm the director of the Health & Aging Program of the Human Rights Campaign.

Biggest issue over next 10 years?

Until very recently, I was based at a medical center and a medical school, and I'm very involved in training health care providers, training hospitals and training individual doctors and nurses, to care for LGBT people the way they care for everybody else. And we're coming along in that project: they are becoming much more accepting and knowledgeable and welcoming toward LGBT people. Sometimes it's a short journey for them, sometimes longer, but we're moving them along. The challenge is to start conveying to LGBT patients, who may still be very scared and not know how much more welcoming providers are becoming, that they can go ahead and come into the healthcare system and expect more of a welcome, more knowledge on the part of providers. We're working very hard to have the providers change, and we want to make sure the patients know, "Come on in--the water is fine. It's not the way things used to be in health care for you."

The broad LGBT health field is relatively new. We've only been really active for a decade and a half, and in the very early years there were so few of us that that we knew each other pretty well. But, as the field, the organizations, and the people have proliferated, we aren't as intimately connected. We don't have that many opportunities to come together and really talk, So the idea of coming to one place and being in the same kind of intimacy and doing the same kind of collaborative work that we used to do in the early days, because there were very few of us, is very powerful.

One LGBT health challenge I think about is, how do you tell a group of people to take good care of themselves without doing it in a scolding way? That's something, of course, that HIV/AIDS organizations have really struggled with. How do you tell people to take care of themselves without

sounding like a nag? For me, it was really remarkable that this group, in less than a week, came up with at least four really powerful self-care messages, none of which was scolding or blaming and all of which were enticing and positive. Frankly I wouldn't have expected that, because it's tempting just to say, "C'mon--don't be bad--take care of yourself" . . . sounding a little too much like the proverbial nagging mom.

I've been working in LGBT health for almost 20 years now, and I have really not been sure whether we would ever make LGBT health something that everyone, not just LGBT people, could come to care about. So for me it was really touching, very energizing, to think, "This isn't just an insider thing anymore--this isn't just health wonks and such talking to each other." LGBT health beyond HIV/AIDS now seems to be an issue that a whole broad range of people--as this meeting demonstrates--can really latch onto, can really come to care about. And that is a huge breakthrough. I've been waiting for 20 years to feel that we aren't just talking to each other but really have the ear of a larger public, both LGBT and not.

For me, as someone who has been in the field a long time, it really was a dream come true to have two savvy, well-resourced organizations, Rockefeller and Sellers Dorsey, out of the blue contact the group of us who have been toiling on this issue for so long and say, "We'd like to bring you somewhere and have you do your very best work with people who will really listen and help you live it out in the world much more powerfully." That is an advocate's dream come true—and, of course, the setting made it even more fabulous.

ENDNOTES

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

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

ⁱⁱⁱ Injustice at Every Turn (Task Force and NCTE trans survey)

^{iv} Ibid.

^v Ibid.

^{vi} Ibid.

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

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

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