



GROUP

L e a r n i n g f o r A c t i o n

California LGBT HHS Network

California LGBTQ Health and Wellness: An overview of the LGBTQ health and human services landscape and community needs

EXECUTIVE SUMMARY

November 15, 2010

Prepared For

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Executive Summary

The LGBT Health and Human Services Network engaged LFA Group: *Learning for Action* to conduct a comprehensive mapping project to identify key opportunities and gaps in LGBTQ health and human services and funding in California. The goals of the research project were to identify health and human services needs for lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities in California and to assemble a clearinghouse of LGBTQ HHS data for Network members to use to make the case for their services in grant proposals and other fund development efforts. This Executive Summary highlights key findings from the full report. Literature review findings and survey responses from 54 organizations providing health and human services to LGBTQ communities in California are the primary source of information on the landscape of LGBTQ health and human services. A full description of methodology used for this report is included at end of this Executive Summary.

The full report, *California LGBTQ Health and Wellness: An overview of the LGBTQ health and human services landscape and community need*, is a rich source of data on the landscape of HHS for LGBTQ communities in California. The full report includes extensive tables of services available and populations served, organized by service type and by California county. Additionally, the full report contains resources to identify funding sources and find additional LGBTQ data, and includes a compendium of organizations that provide health and human services to LGBTQ communities in California.¹

The research results show a very thin safety net in some geographic regions, LGBTQ communities, and services while facing very challenging funding environments. **Overall, the health and human services needs of LGBTQ communities in California are largely unmet and require additional support and funding to ensure that LGBTQ communities in California have access to quality health and human services.**

California LGBTQ Health and Human Services Gaps

The gaps in health and human services provision to LGBTQ communities in California are described within the following categories: geographic areas served; LGBTQ communities reached; funding; and available data.

¹ To access the full report, please contact the LGBT HHS Network Coordinator, Daniel Gould at daniel@eqca.org.

The LGBT Health and Human Services Network

The LGBT Health and Human Services Network, a project of Equality California Institute, is a statewide coalition composed of LGBT and allied organizations that provide health and human services (HHS) to LGBT Californians and their families. The Network focuses on state level policy issues that impact HHS for LGBT people in California. The primary Network goals are to increase access to funding that supports LGBT-specific health and human services and to create and implement policy that effectively improves access to quality HHS for LGBT people. The LGBT HHS Network defines health and human services broadly and includes a wide range of support and services for LGBTQ people under this umbrella.

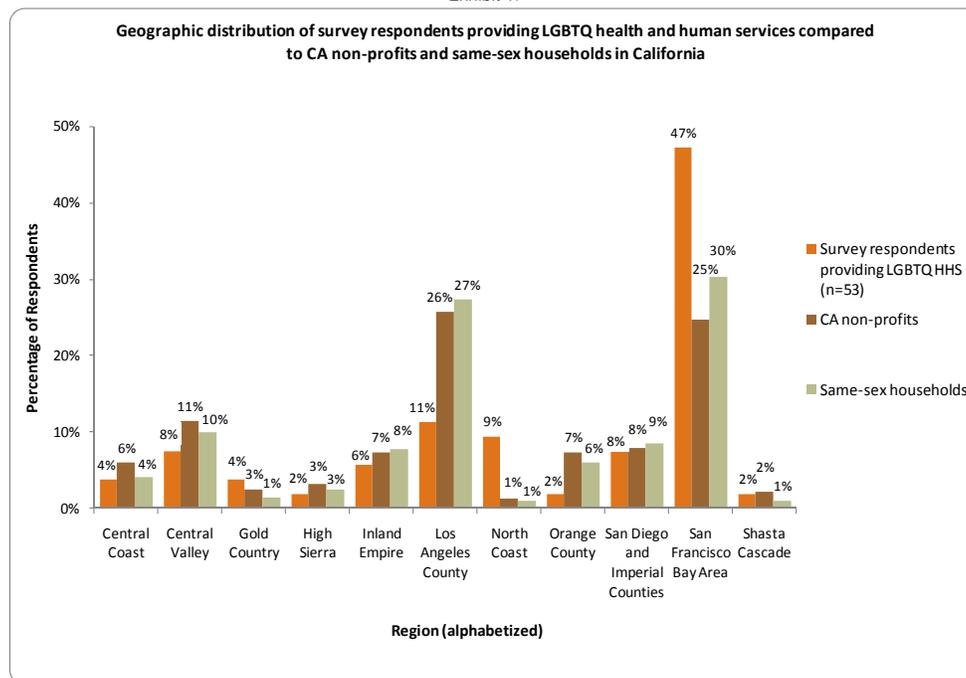
As members of the Network, organizations strengthen their capacity to advocate for LGBT health and human services needs at the state level. Members have the opportunity to meet with and educate key policy makers about LGBT health needs, exchange information and coordinate strategies with partner organizations, and receive information and guidance about available statewide funding opportunities and policy developments that can support their work.

Geographic Areas Served

LGBTQ people live in rural, suburban, and urban communities throughout California. Services for LGBTQ Californians can be found in all of the state’s eleven regions ²but are highly concentrated in the San Francisco Bay Area, which house all categories of services. Some areas, such as the Central Coast, High Sierra, and Shasta Cascade regions, are home to only one or two agencies with services tailored to the LGBTQ community, leaving an incomplete health and human services safety net for LGBTQ individuals living in those areas, and leaving some groups without any services tailored for them.

When comparing the geographic distribution of survey respondents compared to all California non-profits and same-sex households,³ we see roughly similar distributions across California’s regions (Exhibit 1⁴). However, there are a higher percentage of survey respondents providing LGBTQ health and human services in the San Francisco Bay Area as compared to both CA non-profits overall and the number of same-sex households in the region. This suggests either San Francisco Bay Area organizations providing LGBTQ health and human services were over-represented among survey recipients or that the respondents are representative and there is a higher concentration of organizations providing these services in the Bay Area. In contrast, organizations providing LGBTQ health and human services in Los Angeles show the reverse pattern. This may be an indication of under-representation of Los Angeles organizations in the survey sample or that there is a smaller concentration of Los Angeles organizations providing LGBTQ health and human services compared to the region’s same-sex households.

Exhibit 1.



² California statewide, **Central Coast:** Monterey, Santa Barbara, San Benito, San Luis Obispo, Ventura; **Central Valley:** Colusa, Fresno, Glenn, Kings, Merced, Sacramento, San Joaquin, Solano, Stanislaus, Yolo, Yuba; **Gold Country:** Amador, Calaveras, El Dorado, Nevada, Placer, Sierra, Sutter; **High Sierra:** Alpine, Inyo, Kern, Madera, Mariposa, Mono, Tulare, Tuolumne; **Inland Empire:** Riverside, San Bernardino; **Los Angeles County:** North Coast: Del Norte, Humboldt, Lake, Mendocino; **Orange County:** **San Diego and Imperial Counties:** Imperial and San Diego; **San Francisco Bay Area:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma; **Shasta Cascade:** Butte, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity.

³ Same-sex couple households serve as an imperfect proxy for the distribution of LGBQ communities because these data are limited to co-habiting partners, but may indicate the presence of stronger LGBTQ communities that include single and transgender community members as well. However, it is likely that LGBTQ youth populations will mirror general CA population patterns more closely, as they are more likely to live with their families of origin and to have not yet left their hometowns.

⁴ Sources for Exhibit 1 data non-profit and same-sex household data: <http://www.taxexemptworld.com/organizations/california-counties.asp> and <http://www.law.ucla.edu/williamsinstitute/publications/CaliforniaCensusSnapshot.pdf>

KEY FINDINGS ON GEOGRAPHIC GAPS

► **There is a need to increase the capacity of HHS providers to serve LGBTQ populations across many counties in California.**

- » Many counties in California, especially those in more rural areas, do not have a single agency providing LGBTQ health and human services. Therefore, providing education about LGBTQ populations and needs, as well as cultural competency training, to mainstream HHS organizations and providers may be an effective strategy for increasing the capacity of HHS providers to serve the LGBTQ adult individuals who live in areas without organizations explicitly providing tailored services.
- » Addressing the geographic gaps in LGBTQ services using technical assistance and training may be a particularly feasible strategy for areas in which a LGBTQ resource-rich county neighbors one with little to no services for LGBT populations, as in cases such as San Diego – with a strong network of LGBT health and human services – and its border county Imperial, with no such services. Similarly, Lake County has few LGBTQ-focused services but is surrounded by other North Coast counties with services that cover a wide range of health and human service needs for LGBTQ populations.
- » Organizations are able to provide this needed capacity building. A significant proportion of organizations surveyed (76%) provide technical assistance, capacity building, or training to help other organizations better serve LGBTQ populations, in addition to providing other direct services.

LGBTQ Communities Served

Overall, across all survey respondents, the data show that LGBTQ HHS needs are very rarely being “completely met.” There are myriad gaps in HHS provision across LGBTQ communities with some segments of LGBTQ communities being very underserved. Survey respondents, who constitute a well-informed group of HHS providers who have frequent opportunities to assess gaps in health and human services for LGBTQ communities, were asked to rate how well each LGBTQ group’s needs were being met within the geographic area their organization serves (see the results in Exhibit 2).⁵

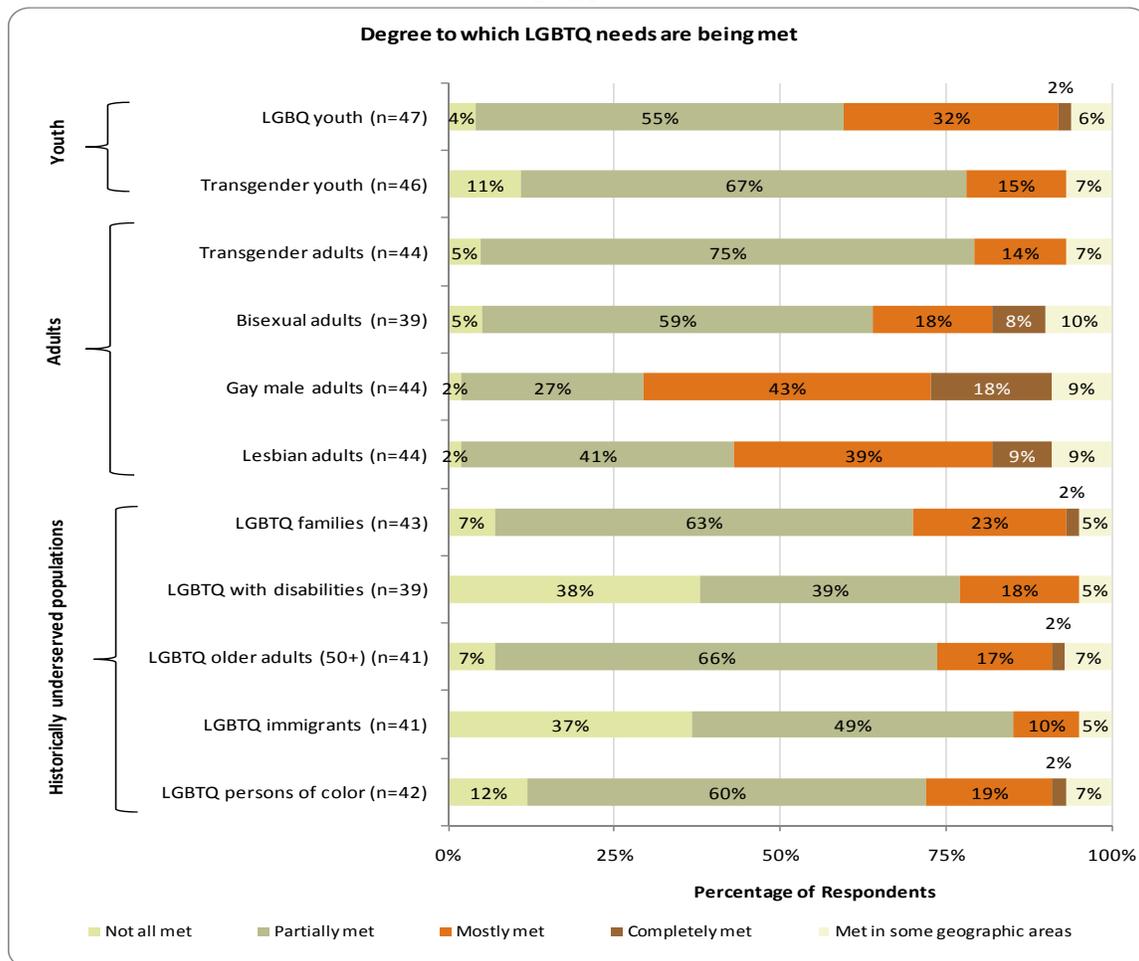
KEY FINDINGS ON GAPS IN LGBTQ COMMUNITIES SERVED

► **More support is needed to meet the health and human services needs of the diverse LGBTQ communities facing gaps across the state.**

- » Across the state, the health and human services infrastructure is inadequate for meeting the needs of all LGBTQ communities. Respondents rarely reported that services are completely meeting the needs of LGBTQ individuals and much more often reported that these needs are not being met at all.
- » The needs of LGBTQ youth, bisexual adults, transgender adults, and historically underserved populations (LGBTQ families, persons with disabilities, older adults, immigrants, and persons of color) are especially unmet and require additional health and human services support.

⁵ Survey options included “not at all met,” “partially met,” “mostly met,” “completely met,” and “met in some geographic areas” which refers to the assessment of organizations serving more than one area, and observed different rates of success in meeting the needs in each geographic area.

Exhibit 2.



LGBTQ HHS Funding

The global recession that began in December 2007 has created a financially challenging atmosphere for California, foundations, and individuals. In the beginning of 2009, the State of California faced a budget gap of \$41.6 billion⁶ and total charitable giving in 2009 by American individuals, corporations, and foundations saw a year-over-year decline of 3.2% as compared to 2008.⁷

A recent Horizons Foundation survey reveals the significant impact of the current prolonged economic recession on nonprofits focused on the LGBT community. Out of 52 organizations responding, all but two reported that the crisis has had an impact on their ability to further their missions. Nearly half of LGBT nonprofits indicated that they have laid off staff, 56% that they have left positions vacant for more than six months, and 43% that they have reduced hours for employees (Horizons Foundation, 2010)⁸.

⁶ State of California (2009). Governor's Budget 2009-10. Retrieved October, 2010 from: <http://2009-10.archives.ebudget.ca.gov/pdf/BudgetSummary/Introduction.pdf>.

⁷ Giving USA Foundation (2010). Press Release: U.S. charitable giving falls 3.6 percent in 2009 to \$303.75 billion. Retrieved October, 2010 from: http://www.givingusa.org/press_releases/gusa/gusa060910.pdf

⁸ Horizons Foundation. (2010). *Fact sheet: Impact of the economic crisis on Bay Area LGBT nonprofits*. Retrieved November 2010: <http://www.horizonsfoundation.org/pdf/ImpactofEconomicDownturn.pdf>

The landscape for LGBTQ-focused funding is challenging. 2006 data indicate that LGBT-focused organizations and projects received less than 0.1% of total U.S. grantmaking. Home to the largest number of LGBT people in the U.S., California has approximately 6,800 foundations, of which only 40 made grants to LGBT organizations or projects in 2006. Of these forty organizations, five non-LGBT funders gave more than 75% of total dollars. Of the remaining 35 funders, 60% gave less than \$50,000, while 40% gave \$25,000 or less (Horizons Foundation, 2009).⁹

When survey respondents were asked to share the funding history from the past few years and to envision the next few years of funding availability for their organizations, the overall trends pointed to recent and future decreases in funding (see Exhibit 3).

Exhibit 3. Recent and Projected Funding Trends*

Source of Funding	Percentage of Respondents Reporting that Funding During the Past Few Years...				Percentage of Respondents Reporting that Funding Over the Next Few Years Will Likely...				
	Decreased	Stayed the same	Increased	Overall Trend	Decrease	Stay the same	Increase	Overall Trend	
Foundations	Mainstream private health-related foundations (n=34)	50%	35%	15%	↓35%	41%	27%	32%	↓9%
	LGBT-focused foundations (n=25)	68%	12%	20%	↓48%	39%	21%	39%	=
	Local/community/family foundations (n=29)	41%	38%	21%	↓20%	33%	42%	24%	↓9%
Public Funding	State funding (n=26)	69%	19%	12%	↓57%	61%	26%	13%	↓48%
	Federal funding (n=21)	52%	24%	24%	↓28%	29%	39%	32%	↑3%
	City/County/other local public funding (n=37)	43%	32%	24%	↓19%	46%	35%	19%	↓27%
Individuals	Service recipient payments (n=23)	26%	57%	17%	↓9%	32%	39%	29%	↓3%
	Individual donor support (n=37)	43%	33%	24%	↓19%	22%	22%	56%	↑34%

* Percentages indicate the proportion of survey respondents' recent and projected funding trends and *do not* represent the percentage changes of actual funding amounts.

KEY FINDINGS ON FUNDING GAPS

- ▶ **Organizations providing health and human services to LGBTQ have faced and continue to face challenging funding environments.**
 - » Funding from all sources (foundations, public dollars, and individuals) has declined in the past few years and survey respondents' projections of future funding show limited anticipated increases in the next few years.
 - » Funding to support the health and human services needs of LGBTQ communities is necessary to ensure that current services can remain in place, and ideally thrive.
- ▶ **Changes in funding have resulted in decreased services for LGBTQ communities.**
 - » Services for LGBTQ youth and historically underserved LGBTQ populations (e.g., older adults, persons of color, families, persons with disabilities, and immigrants) have declined due to the funding landscape.
- ▶ **Organizations are successfully working in partnership to provide health and human services to LGBTQ communities.**

⁹ Horizons Foundation. (2009). *Fact sheet: California-based foundation funding of California LGBT nonprofits.*

- » Many organizations are successfully partnering, which they believe has greatly enhanced their ability to secure funding. These partnerships include both LGBTQ-specific and general HHS agencies, broadening the landscape of agencies addressing the needs of LGBTQ populations.
- » LGBTQ health and human services organizations can continue to seek out opportunities to collaborate to diversify the services offered to LGBTQ communities and strengthen grantseeking efforts.
- ▶ **Organizations providing health and human services to LGBTQ communities need more tools and supports to access funding to support their work.**
 - » A majority of agencies were “not at all confident” or “a little confident” in their abilities to access LGBTQ HHS funding.
 - » More information on the needs of LGBTQ populations as well as available funding streams to support LGBTQ health and human services will enable organizations to better seek funding.

Available Data and Literature on LGBTQ Health and Human Services

Both the literature review and comments from survey respondents illustrated many of the gaps in data and literature on LGBTQ populations in California. Many major state and federal health data sources either do not collect data on sexual orientation or gender identity (such as the Census, Youth Risk Behaviors Survey, and the California Healthy Kids Survey) or do not collect data on certain LGBTQ populations (such as the lack of gender identity data collected in the California Health Interview Survey). Even finding conclusive statistics on the number of individuals comprising key LGBTQ subgroups can be a challenge; such as the number of LGBTQ seniors, the number of LGBTQ-headed families, LGBTQ adults and youth in prison and juvenile justice facilities, and the number of LGBTQ people in California counties and schools.

There are a few key data sources which help to fill in these gaps: the Williams Institute uses U.S. Census data to identify adults living in same-sex partnered households and the California Health Interview Survey (CHIS) includes questions on sexuality, though does not collect information on transgender populations. LGBTQ organizations and ally organizations also create important reports to provide supplemental data on LGBTQ communities.

The literature review process confirmed that in particular, transgender populations are either entirely left out of data collection or reporting is inconsistent; sometimes they are lumped in with LGB populations, sometimes separated, and sometimes not necessarily included in the data collection but the LGBT acronym is still used in presenting the data. Focused advocacy efforts to include gender identity in population-based surveys pertaining to health and human service needs would go a long way toward improving documentation of the needs of transgender populations.

KEY FINDINGS ON DATA GAPS

- ▶ **Additional data on LGBTQ populations is required to better make the case for LGBTQ communities.**
 - » Advocacy efforts to ensure that questions regarding sexuality and gender are included in key research instruments can help spur the amount of available data on LGBTQ HHS needs.

Research Methods

To assess the landscape of health and human service needs for LGBTQ communities in California, LFA conducted a mixed method research project. In collaboration with the Network's Steering Committee, LFA developed the research approach and survey instruments to measure the health and human services offered, LGBTQ populations reached, and geographic regions served by California organizations. To provide existing data on the state of HHS needs of LGBTQ populations in California, a literature review was conducted. A key stakeholder survey of Network members and other California HHS service providers was administered during the summer of 2010 to assess current funding and services trends and to identify opportunities to strengthen the ability of these organizations' to seek funding for the services they provide to LGBTQ populations. The California LGBTQ HHS survey had a strong response rate from Network member organizations: 78% of members (42 out of 53) completed the survey. Through their survey responses, member organizations also recommended non-member organizations to participate; the 33 additional organizations that resulted from this snowball sampling were then sent surveys and 39% of non-members (13 out of 33) responded. Although efforts were made to include a diverse and inclusive non-member survey response, the data is not a comprehensive survey of all organizations providing health and human services to LGBTQ populations in California. In addition, the survey data do not include mainstream and public health and human services that are not particularly tailored for the LGBTQ community, which are likely serving some portion of LGBTQ populations.