



OPTIMIZING LGBT HEALTH UNDER THE AFFORDABLE CARE ACT:

Strategies for Health Centers

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The Patient Protection & Affordable Care Act (Affordable Care Act) is expected to expand insurance coverage to millions of Americans starting in 2014. Among those most in need of access to affordable health insurance and high-quality health services are lesbian, gay, bisexual, and transgender (LGBT) people. Research has shown that same-sex couples and their children are more likely to lack health insurance compared to families headed by heterosexual couples.¹ For many, this is due to a lack of access to employer-sponsored coverage through a same-sex partner or spouse.² Other LGBT people have been unable to find coverage due to a pre-existing condition such as HIV,³ or because they cannot find employment due to discrimination.⁴ For transgender people in particular, health insurance coverage related to gender transition or often any care at all is frequently difficult to obtain.⁵

The U.S. Department of Health and Human Services (HHS) recognizes that the LGBT population experiences significant disparities in health and health care access, including disproportionately high rates of tobacco use and HIV infection, frequent encounters with violence and homelessness, and elevated rates of depression and suicide attempts, as well as reduced access to preventive health services.⁶ These disparities are rooted in a long history of discrimination in health care and overall societal bias against LGBT people.⁷

To begin to overcome these disparities, HHS included advancing LGBT health as a goal in Healthy People 2020⁸ and has funded The Fenway Institute's National LGBT Health Education Center to provide federally-qualified health centers with training and technical assistance around LGBT health care.⁹ Now, with the

1 Institute of Medicine (IOM). 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

2 IOM, 2011.

3 The Affordable Care Act and HIV/AIDS. March 29, 2013. Available at: <http://aids.gov/federal-resources/policies/health-care-reform>

4 Grant JM, Mottet LA, Tanis J. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. 2011. Washington DC: National Gay and Lesbian Task Force and National Center for Transgender Equality. Available at: http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

5 <http://www.americanprogress.org/wp-content/uploads/2013/05/BakerNondiscriminationInsurance-6.pdf>

6 Lesbian, Gay, Bisexual, and Transgender Health. [Healthypeople.gov](http://www.healthypeople.gov). Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

7 IOM, 2011.

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

9 www.lgbthealtheducation.org

FIVE WAYS THE AFFORDABLE CARE ACT HELPS IMPROVE LGBT HEALTH

DATA
COLLECTION

NON-
DISCRIMINATION
PROTECTIONS

PREVENTION
AND
WELLNESS

INSURANCE
MARKET
REFORMS

NEW
COVERAGE
OPTIONS

opening of the state-based health insurance marketplaces and the introduction of new provisions for ensuring that insurance plans are comprehensive and of high quality, the Affordable Care Act is providing an unprecedented opportunity to improve the health of many LGBT Americans.

This brief explains how the Affordable Care Act will benefit LGBT Americans, particularly through better data collection, stronger nondiscrimination policies, a new essential health benefits standard and other insurance reforms, and coverage expansions. [Part 1](#) provides an overview of the issues, while [Part 2](#) discusses how America's health centers, which are integral to efforts to enroll uninsured people, can deploy effective strategies for reaching LGBT people.

Part 1: How the Affordable Care Act Can Improve LGBT Health

The Affordable Care Act provides immediate and longer-term remedies to the barriers that prevent many LGBT Americans from accessing and retaining health insurance and services. Specifically, the law will improve access to coverage and care for LGBT people in five key ways.

1. Data Collection

Policymakers, researchers, and health care providers need data on the health of LGBT people in order to set specific goals for improving LGBT health and wellbeing. However, because major federal surveys have not in the past routinely asked respondents about sexual orientation and gender identity, it has been difficult to collect nationally representative data on LGBT people. The Affordable Care Act requires HHS, through its programs and surveys, to collect a range of demographic data related to understanding health disparities.

As part of implementing this provision, HHS has instituted a "LGBT Data Progression Plan" to add sexual orientation and gender identity questions to federal population health surveys. In 2013, a sexual orientation question was added to the National Health Interview Survey, which is the federal government's flagship health survey, and work is underway to test and implement a gender identity question.

In addition, the Centers for Disease Control and Prevention (CDC) approved optional sexual orientation and gender identity questions for state-administered Behavioral Risk Factor Surveillance System surveys in spring 2013. These surveys help states and the CDC decide how to allocate funds to different health programs, including HIV and sexually transmitted infections (STI) prevention programs and programs focusing on public health and community education. Because the sexual orientation and gender identity questions are optional, survey coordinators in each state are responsible for deciding whether to add these questions to each year's survey.

2. **Nondiscrimination Protections**

The Affordable Care Act and other federal regulations have established new nationwide nondiscrimination protections on the basis of sexual orientation and gender identity.¹⁰ These protections apply to health plans that cover essential health benefits and to entities working with the new health insurance marketplaces, including navigators, in-person assisters, and certified application counselors, all of whom will be crucial to helping LGBT people and their families connect with new coverage options under the Affordable Care Act.

3. **Prevention and Wellness**

Under the Affordable Care Act, most insurance plans must cover a range of preventive services and screenings with no co-pays or other cost-sharing. Many of these preventive services, including Pap tests and screenings for tobacco use, depression, HIV, and other sexually transmitted infections target conditions that disproportionately affect the LGBT population.^{11,12,13} The Affordable Care Act also designates prevention as an essential health benefit, making it even easier for millions of Americans, including LGBT Americans, to get the preventive services they need to stay healthy.

4. **Insurance Market Reforms**

The Patient's Bill of Rights and other insurance market reforms in the Affordable Care Act take crucial steps to improve the quality of commercially available insurance plans. These reforms, which include phasing out annual and lifetime limits on coverage, ending pre-existing condition exclusions, and prohibiting arbitrary withdrawal of insurance coverage, are particularly important for people living with conditions that can be difficult and expensive to manage, such as HIV. Currently, almost 30% of people with HIV, including many gay and bisexual men and transgender women, are uninsured.¹⁴ Beginning in 2014, insurers will not be allowed to deny coverage to people with HIV or AIDS, exclude them from affordable coverage options, or impose annual or lifetime coverage limits on their benefits.

¹⁰ <http://www.hrc.org/files/assets/resources/HHSResponse8612.pdf>

¹¹ IOM, 2011.

¹² CDC Fact Sheet. New HIV Infections in the United States. December 2012. Available at: <http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf>

¹³ Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* 2008; 12(1): 1-17.

¹⁴ The Affordable Care Act and HIV/AIDS. March 29, 2013. Available at: <http://aids.gov/federal-resources/policies/health-care-reform>.

These reforms are also important for transgender people. Under the Affordable Care Act, insurers cannot invoke pre-existing condition exclusions as a pretext for refusing to sell coverage to a transgender person. Moreover, plans will not be able to pursue fraud or intentional misrepresentation claims against people who have undertaken gender transition, and insurers may not deny transgender people coverage for preventive screenings on the basis of the gender under which the individual is enrolled in the plan. In other words, transgender people will now be able to access the preventive screenings that are appropriate for their anatomy, such as a prostate screening for a transgender woman or a pelvic exam for a transgender man, regardless of the gender that is listed in the insurance plan's records. In general, under the Affordable Care Act, transgender people should expect that the plans sold through the health insurance marketplaces and other plans covering the essential health benefits will cover the health care services they need, as long as those services are covered for other people on the same plan. In addition to preventive screenings, these services may include mental health services, hormone therapy, and surgical procedures.

5. New Coverage Options

Subsidies are now available through the health insurance marketplaces to make insurance more affordable for millions of people, including almost 900,000 uninsured LGBT people in all 50 states.¹⁵ In addition, Medicaid will see significant expansion under the Affordable Care Act (roughly half of the states have expanded their Medicaid programs), allowing coverage to all people under 65 who make less than approximately \$16,000 a year. Prior to the Affordable Care Act, Medicaid coverage was unavailable to most adults, particularly those who are childless or not living with a disability. This meant that many LGBT people were previously unable to qualify for Medicaid coverage, no matter how low their incomes were. Under the Affordable Care Act, an estimated 815,000 low-income LGBT people will be newly eligible for Medicaid coverage.¹⁶ In addition, the website HealthCare.gov has a filter that allows same-sex couples to find plans in their area that offer domestic partner benefits. And same-sex married couples, no matter which state they live in, are able to apply for and receive health insurance marketplace subsidies as a family.

¹⁵ Baker K, Cray A, and Gates G. Infographic: How New Coverage Options Affect LGBT Communities. September 12, 2013. Available at: <http://www.americanprogress.org/issues/lgbt/news/2013/09/12/74029/infographic-how-new-coverage-options-affect-lgbt-communities/>

¹⁶ Ibid.

Part 2: Outreach & Enrollment for LGBT People: Strategies for Health Centers

BACKGROUND

The Affordable Care Act presents an unprecedented opportunity to improve the wellbeing and economic security of LGBT communities by promoting access to affordable, comprehensive health insurance coverage. However, in order to benefit from many of the new provisions outlined in Part 1 above, LGBT individuals and their families need to first be enrolled in health insurance. Fortunately, health centers now have key opportunities to increase enrollment of local LGBT people, as well as other underserved groups, through strategies tailored to reach these populations.

In order to understand how enrollment personnel and consumer assistance entities can help LGBT individuals and their families connect with their new coverage options, the Center for American Progress commissioned a study in Spring 2013 that asked over 860 LGBT respondents nationwide about health insurance coverage, awareness of the Affordable Care Act, and expectations about how the law will affect them.¹⁷ The respondents were selected on the basis of their eligibility for Medicaid or for receiving tax credits under the Affordable Care Act, meaning that their incomes and household size put them at or below 400 percent of the federal poverty level (FPL).

Consistent with previous research, one in three LGBT people in the survey was presently uninsured. Two-thirds of the uninsured have been without coverage for more than two years, and nearly half have never before shopped for health insurance. Moreover, roughly 50% of lower-income LGBT people without insurance coverage live in states that are currently not expanding Medicaid.

When asked to describe their view of health insurance, 9 in 10 participants described health insurance coverage as very important or a necessity that they would not give up. Despite this strong perception of the value of health insurance, among uninsured respondents the most frequently used terms to describe the process of looking for coverage included stressed, frustrated, worried, and overwhelmed. While the majority knew about the requirement to get coverage that takes effect in January 2014, fewer than 3 in 10 knew about the new coverage options that will be available through the health insurance marketplaces, or about the subsidies that will help make insurance more affordable.

Transgender respondents were particularly likely to report concerns and negative experiences related to insurance coverage. To gain additional insights into the experiences of LGBT people in the health care context, the study conducted focus groups in Philadelphia, Denver, Los Angeles, and Miami, with four groups of lesbian, gay, and bisexual people and four groups of transgender people. While participants in the LGB focus groups reported feelings of skepticism and confusion that are comparable to the general

17 Durso LE, Baker K, and Cray A. LGBT Communities and the Affordable Care Act: Findings from a National Survey. Center for American Progress, October 10, 2013. Available at: <http://www.americanprogress.org/wp-content/uploads/2013/10/LGBT-ACA-survey-brief1.pdf>

population, the transgender participants, who have previously experienced profound challenges in getting coverage, reported fears that they will not be able to find coverage that fits their needs through the health insurance marketplaces.

The biggest concerns among transgender respondents were whether available plan options contain discriminatory transgender exclusions and whether they will be able to access assistance in navigating application and enrollment systems.

In particular, transgender focus group participants described five key questions for evaluating their plan options:

- What transgender coverage exclusions exist in the plan?
- Does the plan provide transgender people with coverage for gender-specific services such as Pap tests, mammograms, and prostate exams?
- Does the plan cover mental health care?
- Does the plan cover care related to gender transition, including hormone therapy and surgeries?
- Does the plan's network include providers with experience serving transgender people?

STRATEGIES FOR ENROLLING LGBT PEOPLE IN COVERAGE UNDER THE AFFORDABLE CARE ACT

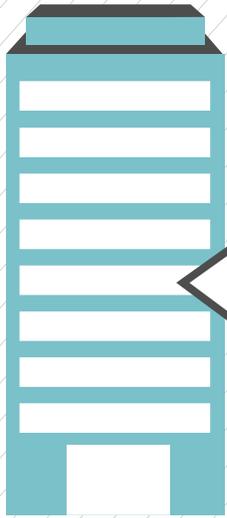
According to the study described above, LGBT respondents overwhelmingly said it is important that the people helping them with application and enrollment understand LGBT concerns such as family coverage, previous experiences of discrimination, and transgender coverage exclusions. A plurality of both insured and uninsured respondents also indicated that they trust health centers and health care providers as reliable messengers about the new coverage options available under the Affordable Care Act.

Fenway Health, which is located in Boston, MA, is a federally-qualified health center with a long history of working with LGBT communities. Starting in 2006, when Massachusetts instituted statewide health care reform that, in many respects, presaged the Affordable Care Act, Fenway Health has been developing LGBT-specific outreach efforts to enroll people in health insurance plans. Below, we present a variety of strategies for successful LGBT-oriented outreach, education, and enrollment efforts that health centers can undertake as part of helping to ensure that the benefits of the Affordable Care Act reach everyone who needs them, including LGBT people and their families.

IN THE HEALTH CENTER...

1. **Attract LGBT people into your health center** through free or low-cost services that respond to LGBT people's health needs, such as HIV and STI testing and counseling services, smoking cessation, hormone therapy for transgender people, and mammography. Promote these services through ads, articles, and flyers in local LGBT media and websites, LGBT community groups, and LGBT-friendly businesses.
2. **Create a welcoming environment for LGBT patients at your health center through strategies such as:**
 - Develop and display nondiscrimination policies that include sexual orientation and gender identity and expression.
 - Provide unisex bathrooms.
 - Post “safe space” or rainbow stickers and posters.
 - Have LGBT magazines or newspapers available in waiting areas.
3. **Train front desk and program staff to work with LGBT community members and their families.** Here are some tips for working successfully with LGBT community members:
 - Don't assume anything about an individual, such as:
 - Gender and gender identity
 - Preferred name and gender pronoun
 - Sexual orientation
 - Relationship status
 - HIV/AIDS status
 - Health services that the person may need
 - Don't call individuals “sir” or “ma'am” just on the basis of their voice, especially on the phone.
 - If you're unsure and need to know, just politely ask!
 - Write down important information such as preferred name and pronoun if it's different from what's in the person's legal record.

- Use neutral language such as “partner,” “partnered,” and “parent” rather than “husband/wife,” “married,” or “mother/father.”
 - Simply apologize and move on in case of a mistake.
4. **Train service staff members in the basics of health insurance.** These team members do not need to be experts in insurance; they can be trained to engage patients in an introductory dialogue around the importance and benefits of getting enrolled, as well as the new LGBT-inclusive discrimination protections that apply to all plans sold through the health insurance marketplaces.
 5. **Connect patients to patient service staff who can enroll them in coverage.** Your health center can develop a process that easily connects patients to a navigator or other patient service team member at your health center who can help them enroll in appropriate coverage.
 6. **Train enrollment assistance personnel on successfully enrolling LGBT community members, including transgender people and same-sex couples.**
 - Make a general nondiscrimination statement part of the opening conversation to put applicants at ease.
 - State that you ask all questions of every applicant, and that no question is a personal judgment or assumption about the individual.
 - Give individuals the option to point at answers or write down answers themselves.
 - Understand how to document income from freelance work. This can be done through a self-attestation of income prepared and signed by the applicant.
 - Be prepared to answer questions related to LGBT community concerns. See below for an overview of frequently asked questions.
 - Have a referral strategy for tough questions.
 7. Consider using patient surveys and program evaluation forms to give LGBT individuals the option of identifying themselves as lesbian, gay, bisexual, and/or transgender. This data can help your health center:
 - Assess the service needs of LGBT people.
 - Design successful programs and outreach strategies.
 - Measure the effectiveness of initiatives to promote cultural competence and quality care.



IN THE HEALTH CENTER

Attract LGBT people into your health center

Create a welcoming environment for LGBT patients at your health center

Train front desk and program staff to work with LGBT community members and their families

Connect patients to patient service staff who can enroll them in coverage

Consider using patient surveys and program evaluation forms to give LGBT individuals the option of identifying themselves as lesbian, gay, bisexual, and/or transgender

LGBT Frequently Asked Questions – and Answers

What protections does the Affordable Care Act provide for LGBT people?

Under the Affordable Care Act, health plans cannot discriminate against you based on your sexual orientation or gender identity. Plans also cannot deny you coverage if you have HIV/AIDS or other pre-existing conditions. If you're transgender, you have the right to expect that the services you need will be covered, as long as they are covered for non-transgender subscribers on the same plan.

There are a lot of questions about “household income” – is my same-sex partner in my household?

Your “household” includes the individuals you claim on your federal tax return. This includes you, your spouse, and your dependents. It does not include your partner in a civil union or domestic partnership: If you're not legally married, you and your partner will be considered two separate households when determining whether you are eligible for subsidies or for Medicaid. Depending on your state's rules, you may be able to combine your individual subsidies to purchase family coverage.

If you and your partner are legally married in any state and file your federal taxes jointly, you can apply for marketplace subsidies as a couple, regardless of which state you're currently living in. Your household's eligibility for Medicaid, however, will depend on whether your state's Medicaid program defines legally married same-sex couples as married or not.

What should I look for in a plan if I'm in a same-sex relationship? What if I have children?

If you want coverage for a same-sex partner and/or children in your household, you should look for a plan that offers family coverage. Plans might also offer varieties of family coverage such as “spousal coverage,” “domestic partner coverage,” or “individual plus one,” meaning an individual plus one other member of the household, such as a spouse, partner, or child. In some states, members of your household might also be eligible for Medicaid coverage, especially if they're under 18.

How do I find the best plan if I'm transgender?

Unfortunately, many commercially available plans have exclusions for care related to gender transition. If you're transgender, it's important to look at a plan document called the Evidence of Coverage to determine what services and procedures the plan excludes. If you're eligible for Medicaid, coverage for transition-related care varies by state, so you should contact your health care provider or your state's Medicaid office to determine what coverage is available.

If I'm transgender, what name and sex should I put on the application?

The name and sex you put on the application must match what's in your Social Security record. The marketplaces and Medicaid use this information to determine your eligibility for coverage based on your income. If you have a different preferred name or gender pronoun, you can ask the person helping you enroll to note it in your file. Under the nondiscrimination provisions of the Affordable Care Act, the sex indicated on your application should not affect the health care services you're able to access under your plan.

OUTSIDE THE HEALTH CENTER



Reach LGBT people where they already go for social support, services, and goods.



Use mobile technology to enroll on-site.



Advertise in the local LGBT press and develop communications strategies that incorporate new media.



Connect people to care at your health center.

Outside the health center...

1. **Reach LGBT people where they already go for social support, services, and goods.** Health center navigator teams can engage with LGBT-friendly businesses, support groups, community-based organizations, and Pride events about the possibility of allowing insurance enrollment outreach staff to educate and enroll their clientele on-site.
2. **Use mobile technology to enroll on-site.** Mobile technology, such as iPads or other tablets, can enable outreach staff to efficiently enroll people in a variety of settings.
3. **Advertise in the local LGBT press and develop communications strategies that incorporate new media,** such as LGBT-focused smart phone applications, blogs, and community-oriented websites, including community center sites, Twitter, and Facebook. Use images that include a variety of LGBT people, such as same-sex couples, transgender people, and LGBT people of color.
4. **Connect people to care at your health center.** Outreach staff should be prepared to educate consumers about the health services offered at their health center, ensuring that people take advantage of low-cost or free preventive services and other health care services promoted by the Affordable Care Act.

Case 1: Linking people to insurance through low-barrier care

Jon Vincent, Program Director for Fenway Health’s Prevention, Education, and Screening team, understands that health insurance can be very difficult for many patients to navigate. In Fenway Health’s experience, free sexual health care services such as HIV and STI testing have proven to be an effective way to attract uninsured LGBT people into the health center. By adding insurance enrollment to their capabilities, Vincent’s team has been able to directly “bridge the gaps between free care and insurance to ultimately navigate [their] patients to primary care physicians,” Vincent says.

Vincent’s team is guided by a philosophy of dealing with clients’ health care issues proactively and in prevention-oriented ways, rather than dealing only with critical situations. This core belief motivates the team to consistently bring up health insurance as a possible solution for their clients, even if the conversations can be challenging. Vincent recognizes that many social services organizations, including health centers and free clinics serving vulnerable populations (young people in urban settings, for example, or underinsured members of racial, ethnic, or linguistic minority populations), may not be inclined to talk about health insurance with their patients for fear of overwhelming them. Vincent maintains, however, that these clients are the most likely to need insurance and that they will ultimately gain a great deal from becoming enrolled – and the same is true of LGBT individuals.

Case 2: Reaching beyond the confines of the health center to enroll those most in need

Fenway Health’s Manager for Outreach and Insurance Engagement, Coco Alinsug, supervises a group of four navigators at the health center. Coco’s past experience as a manager of research study outreach to primarily LGBT communities is informing his team’s approach to insurance enrollment, which is to be out in the community as much as possible. In other words, organizations targeting LGBT communities cannot only show up to large events like annual LGBT Pride parades; rather, to be most effective, organizations must be present in many places throughout the year.

“We are considering the role of the insurance navigators and thinking about how they can be out in the communities, not just behind their desks in the health center. We need to think differently about enrollment,” Alinsug says. The ultimate goal is to balance *inreach* with *outreach*. For example, in addition to having patients enroll in insurance using computers when inside the health center, the team is also bringing iPads and other mobile technology to LGBT-friendly environments, such as gay/lesbian clubs and bars. “We know that we can’t only wait for new enrollees to come to us. We have to get out there and educate people about the changes and show them that there are so many options for insurance now,” Alinsug says.

Additional Resources

[Outzenroll.org](http://outzenroll.org) is a website that provides information resources for LGBT people about their insurance options under the Affordable Care Act. Out2Enroll, which was launched in September 2013, is a joint initiative between the Center for American Progress, the Sellers Dorsey Foundation, and the Federal Agencies Project.

The Center for American Progress reports on the Affordable Care Act's implications for LGBT health at <http://www.americanprogress.org/issues/lgbt/view/>

The National LGBT Health Education Center has an on-demand webinar on the Affordable Care Act featuring Kellan Baker of the Center for American Progress: www.lgbthealtheducation.org/training/webinars/

Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff is a resource from Fenway Health on working with transgender people: http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v9_04-30-13.pdf

The White House report on how the Affordable Care Act helps LGBT Americans: http://www.whitehouse.gov/sites/default/files/docs/the_aca_helps_lgbt_americans.pdf

The blueprint for implementing the Culturally and Linguistically Appropriate Services (CLAS) Standards from the Office of Minority Health at the U.S. Department of Health and Human Services: <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>

The Joint Commission monograph titled *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide*: <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

The joint HRSA/SAMHSA LGBT cultural competency group at the U.S. Department of Health and Human Services maintains a list of trainings that offer CME/CEUs: <http://samhsa.gov/lgbt/curricula.aspx>

Acknowledgements

This brief was written by Dan Kamyck, Marketing Manager at Fenway Health, and Kellan Baker, Associate Director of the LGBT Research and Communications Project at the Center for American Progress. We would also like to thank Coco Alinsug and Jon Vincent of Fenway Health and the LGBT Task Force of the Health Care for All New York Campaign for contributing their expertise.

This publication was produced by the National LGBT Health Education Center, The Fenway Institute, Fenway Health with funding under cooperative agreement# U30CS22742 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of HHS or HRSA.

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