Transgender health and economic insecurity: A report from the 2015 LGBT Health and Human Services Needs Assessment Survey

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Executive Summary

This report, which describes the relationship between economic insecurity and health for transgender people in New York State, draws upon data from the 2015 LGBT[i] Health and Human Services Needs Assessment. The needs assessment data collection process took place from November 2014-August 2015 and gathered information from the New York State LGBT community about their health and human service needs through expert consultations, focus group discussions with community members and service providers and a community survey of 3,792 people. The 2015 needs assessment was in follow-up to one conducted in 2008-2009. The data will inform policies and programs, contribute to a growing knowledge base about LGBT health, track improvements over time, identify gaps and communicate with a wide variety of audiences about the importance of LGBT health.

Focus group discussions with community members revealed the connection between economic insecurity and health for the most marginalized and underserved members of the LGBT community. Lack of access to educational and employment opportunities, living in poverty, unstable housing and insufficient food impacted both health status and access to health care services for large numbers of LGBT respondents in New York State. These problems were even more significant for transgender people.

Transgender health has been identified by the Governor's Office and the New York State AIDS Institute as a priority area for ending the AIDS epidemic and improving LGBT health statewide. The 2015 needs assessment included a specific module on transgender health and 583 transgender people responded. The following are key findings on the impact of economic insecurity on health for transgender people in New York State.

Education

- Among respondents above age 24, transgender respondents were three times more likely to report they had less than a high school education and only half as likely to have a college degree.
- More than one in five transgender respondents reported being discouraged from continuing in their education.

Employment

- Regardless of whether they had completed college, transgender respondents (age 25-64) were twice as likely to be unemployed and 140% more likely to be in poverty than non transgender respondents.
- It was less common for transgender respondents who sought job training to successfully access it compared to non transgender respondents (59.7% vs. 46.8%), suggesting barriers that are specific to transgender people.

Income and Poverty

- Regardless of whether they had been to college, transgender respondents were twice as likely to be in poverty as non transgender respondents.

Housing and Food

- Transgender respondents were 150% more likely to have a history of homelessness and twice as likely to currently be homeless than non transgender respondents. Of those who are stably housed, transgender respondents are less than two thirds as likely to own their own homes, even when controlling for differences in age and poverty status.

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i LGBT stands for lesbian, gay, bisexual and transgender people, but also includes the variety of terms this community uses to describe themselves.

- More than one in ten transgender respondents had been refused housing because of their gender identity or expression and more than one quarter had been harassed by their neighbors.
- Nearly half of transgender respondents reported being food insecure.

Health

- Even when controlling for age and education, transgender respondents were nearly fifty percent more likely to be in fair or poor health when compared to non transgender respondents (and more than fifty percent more likely to be depressed.)
- Transgender respondents were three times more likely to report inadequate insurance and more than twice as likely to report lack of personal financial resources as barriers to accessing health care than non transgender respondents.

Recommendations

- Recognize the connections between economic insecurity and health and support access to income sufficiency as a method of improving access to health and health care.
- Address the underlying causes of health disparities. Report denials of needed services to transgender people.
- Work towards rectifying the discrimination transgender people face in education, employment and other locations by supporting the creation and enforcement of polices that affirm transgender rights.
- Create and support model programs that address economic insecurity among transgender people, including job placement programs.
- Encourage and support transgender leadership, particularly in social service and health care organizations, within government agencies and in the philanthropic sector.
- Work to pass and enforce human rights protections for transgender people and ensure that the needs and concerns of transgender people are taken into account in health care reform and policies that impact public benefits programs.
- Support specific grants and funding allocations to promote transgender health and economic security.

While there is very little research on transgender people in New York State, it is clear that they struggle with discrimination, poor access to education and employment, and a lack of economic opportunities that impact their health status and access to health care services. This report contributes to what is known about the relationship between education, employment, economic security, and health. It suggests that new, more and expanded programs and services are needed that address the intersections of health and economic insecurity.

Reports on other topics related to the LGBT community's health and human services needs and experiences are available at www.gaycenter.org/thenetwork. This report is the first of several that will focus on the needs and experiences of transgender people in New York State.

"...stable housing, employment and hormones are the three basic necessities for trans people..."

Introduction and Background

Background

There is a small but growing body of literature demonstrating that transgender people have poor health care access and outcomes compared to people who are not transgender.[1] This is due in part to the lack of economic opportunities that transgender people have, including disadvantages in education, job and housing discrimination and lack of options for health care.[2] There are many other reasons for the comparatively poor health care access and health outcomes among transgender people; however, this report shines a light on the link between economic insecurity and health. This topic was selected as it was a priority both for transgender people participating in focus groups discussions and advocates for transgender health and rights.

The relationship between economic security and health has been well established in public health literature.[3,4] Economic inequality is one of the fundamental causes of health disparities in the United States and elsewhere, and for transgender people, who also face stigma and discrimination in many aspects of their lives, lack of economic opportunity compounds already challenging circumstances. Transgender people also have unique health needs related to access to gender affirming health care.

This report begins to document these links. The data for the report come from a needs assessment survey conducted between June 5 and August 20, 2015 in New York State in collaboration with 70 organizations and programs, 54 of which are members of the New York State LGBT Health and Human Services Network. The report was funded by the AIDS Institute LGBT Health and Human Services Initiative through a grant to the LGBT Health and Human Services Network, which is administered by the Empire State Pride Agenda, by the Pride Agenda itself and by additional funding from the AIDS Institute's Division of HIV Integrated Planning, which was granted specifically to support extra outreach and survey questions designed for transgender and gender nonconforming (TGGNC) respondents.

The needs assessment was an opportunity to update what is known about LGBT health and human service needs in New York State over five years after the first New York State needs assessment, which was conducted in 2008 and 2009 (the findings of this needs assessment can be found at www.gaycenter.org/thenetwork).

As this was an LGBT convenience sample, the disparities between transgender and non-transgender people are actually greater in the general population.

This report focuses on those who identify as transgender, so all comparisons are within the LGBT community; there is no non-LGBT comparison group.

Methods

Prior to designing the survey, there was an extensive stakeholder input process. A group of six representatives from the LGBT Health and Human Services Network met monthly, beginning in September 2014, to give input and feedback on the process. Twenty two focus groups with over 150 community members were held from November 2014–April 2015, including seven with 70 participants focused specifically on transgender respondents and topics. The focus group protocol included the following domains: what health means to transgender people, available services, what works about services accessed and what could be improved, gaps in needed services and causes of stress. While this report does not fully summarize the findings of the focus groups, the quotes in this report are taken from transgender participants in the focus groups. A summary of the focus group data can be found at www.gaycenter.org/thenetwork.

The survey used Qualtrics software. All survey participants were asked about their demographics, health status, health care access, barriers to care and use of social services and benefits. There were also three additional modules for youth, TGGNC, and those who were eligible for pre-exposure prophylaxis (PrEP). In order to view the youth module, respondents must have selected an age category between 16 and 24. In order to view the TGGNC module, respondents must have selected transgender, gender non conforming or genderqueer, male to female, female to male, or indicated that their current gender identity was male while their birth sex was female or vice versa. If the only way to identify that a respondent should be asked the questions in the TGGNC module was an incongruence between their birth sex and current gender identity, a confirmatory question was asked.

The survey was available online from June–August 2015 in English and Spanish. There were

nearly four thousand valid responses (3,792) to the survey, including a total of 878 transgender and gender nonconforming responses. This total included 583 transgender and 434 gender nonconforming respondents (including 139 respondents who identified as both). Data were analyzed in STATA.

The phrases "more likely than" or "as likely as" refer to the odds of something being reported by one group compared to another. Odds ratios were calculated using logistic regression. Control variables are indicated by the phrase "accounting for" or "controlling for". Otherwise all odds ratios are bivariate comparisons. Odds ratios are reported only if they are significant at the .05 level (unless otherwise indicated). If odds ratios were tested but not significant, they are not reported, but "ns" is indicated for "not significant". More detailed methods, including a more comprehensive explanation of how recodes relating to gender identity were performed, are presented at www.gaycenter.org/thenetwork under "Survey Methods Report".

Terminology

In the needs assessment survey, respondents were asked about their birth sex. Response options included male, female, intersex and not sure and respondents could select only one answer.[ii] Respondents were also asked about their current gender identity. This question included eight listed genders and the option to write in a response if their current gender identities were not listed or respondents wanted to write in one or more. Respondents could select as many genders as applied to them. In the text, we use the term "transgender women" to refer to respondents who identified as "transgender" and "female, woman or girl" or as "male to female or MTF" or who reported "male" as their birth sex and "female, woman or girl" as their current gender identity. Similarly, we used the term "transgender men" to include those who identified as "transgender" and "male, man or boy", as "female to male or FTM" or who reported female as their birth sex and male as their current gender identity. In the graphs, we refer to transgender women and men using the shorthand "MTF" or "FTM" because of space concerns. Rather than using the emerging term "cisgender" to refer to those who are not transgender, we refer to respondents who are not transgender as non transgender.

For a copy of the survey, please visit www.gaycenter.org/thenetwork or contact the researchers.

ii United States birth certificates typically do not include the term "intersex" as an option; however, because not all respondents were born in the United States, we chose to include this option. It was selected by 5 respondents.

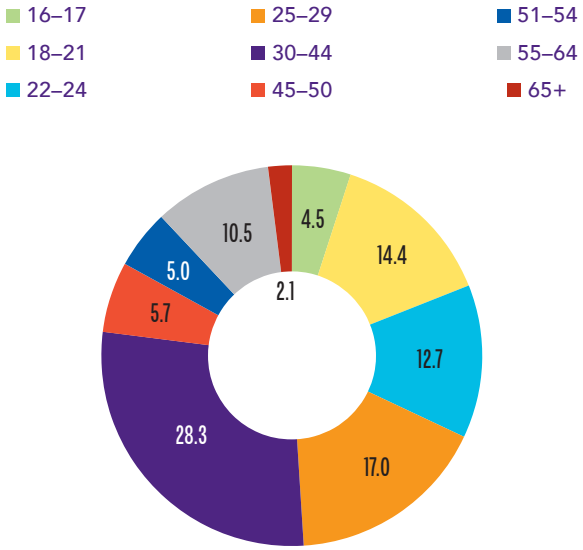
Demographics

Health varies by age, gender, race and ethnicity, as well as a variety of other factors. Transgender respondents were slightly younger than other non transgender survey respondents (data not shown). Almost one in five (18.9%) were under age 21, while just over two percent (2.1%) were over age 65.

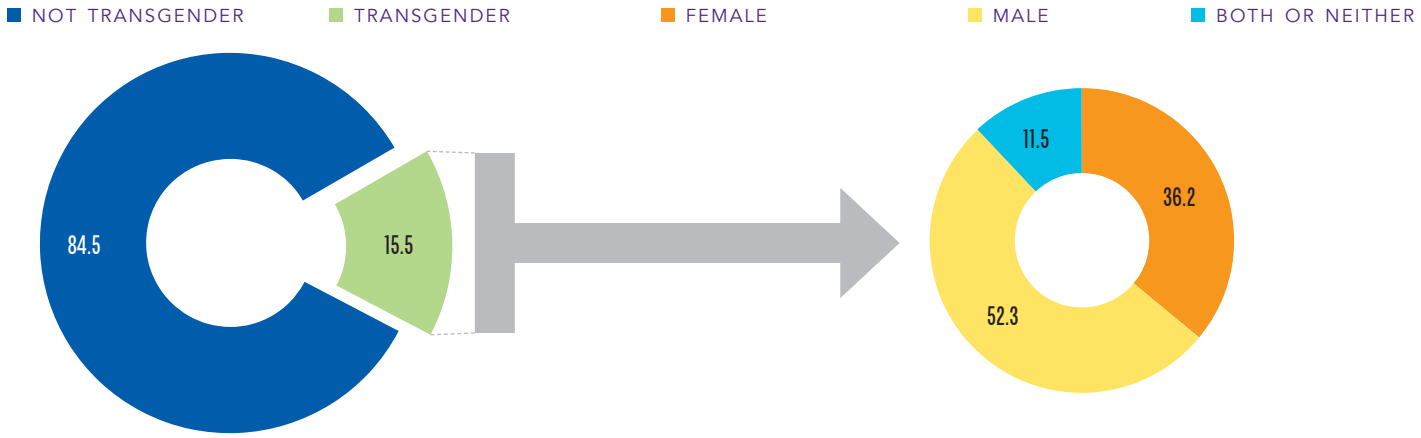
More than fifteen percent (15.5%) of respondents to the LGBT health and human needs assessment survey identified as transgender. Many transgender respondents identified as male (53.5%), while a smaller number identified as female (37.4%). While this report is limited to respondents identifying as transgender, subsequent reports will also address respondents identifying as gender non conforming.

Nearly one in five (23.8%) percent of all transgender respondents were also gender nonconforming.

Transgender Respondents by Age



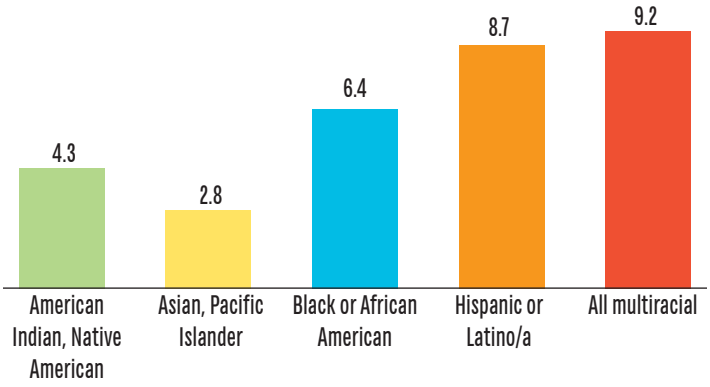
Transgender Respondents by Gender Identity



Nearly eighty five percent (84.8%) of transgender respondents identified their race or ethnicity as white. Nearly one in ten (9.2%) selected more than one race or ethnicity, while nearly nine percent (8.7%) identified as Hispanic or Latino. Just over six percent (6.4%) identified as Black or African American. Racial and ethnic groups not shown were too small to analyze (e.g. Caribbean, Arab American/Middle Eastern).

Transgender respondents were slightly more likely to report physical disabilities (OR=1.36, p=0.06) and almost twice as likely to report mental health disabilities (OR=2.04) compared to non transgender respondents. Less than one third (30.7%) of transgender respondents were from New York City and more than two thirds (69.3%) were from outside of the five boroughs.

Transgender Respondents by Race



Education

Among respondents above age 24, transgender respondents were three times more likely to report they had less than a high school education (2.0% vs. 0.7%, OR=3.10), and only half as likely to have a college degree (55.8% vs. 71.7%, OR=0.50) compared to non transgender respondents.

Education is an important predictor of health status and disadvantages in education can result in poorer health across the lifespan.

Lack of educational opportunity can result from family rejection, lack of resources or support to pursue further schooling or prejudice encountered in the school system. Among transgender respondents in this study ages 16 to 21, nearly two thirds (63.0%) reported rejecting behaviors from their families, including being punished for being too masculine or too feminine or being told to act more masculine or feminine (61.7%) or being told their parents were ashamed of their gender identity or expression (47.5%). Among all transgender survey respondents, more than one in five (22.1%) reported being discouraged from continuing in their education; this was more common among transgender men than transgender women (27.9% vs. 15.1%, OR=2.19).

> *"Since I came out I know a lot of people who haven't finished school, and people who dropped out of school…They didn't [n]ever really…have someone to encourage them to be like oh go to school, or go back to school, you know, finish you know."*

Employment, Discrimination, and Lack of Access to Job Training and Unemployment Benefits

Among respondents age 25 to 64, typically considered "working age", transgender respondents were about half as likely to report having a full time job (54.4% vs. 70.3%, OR=0.50) than non transgender respondents and more than twice as likely to be neither in school nor working (21.7% vs. 10.9%, OR=2.26). Regardless of whether they have completed college, transgender respondents (age 25-64) were more than twice as likely to be unemployed (OR=1.98) compared to non transgender respondents.

Among transgender respondents, transgender women of working age were most likely to report being neither employed nor in school (28.0% vs. 17.1%, OR=1.88).

The lack of identity documents that match one's current gender identity and expression is a major barrier to employment. Among transgender people who responded to the survey, only 28.2% reported that all of their identity documents matched, while just under half (48.7%) had no identity documents that matched their current gender. Transgender men were less likely to report that all their identity documents matched their current gender identity than transgender women (25.1% vs. 32.8%, OR=0.69, p=0.07)

In addition to lack of educational opportunity and lack of identity documents with the correct gender marker, experiences of employment discrimination due to gender identity and expression were common among the transgender respondents. One third (32.2%) reported being unfairly fired due to their gender identity or expression and just over two in five (42.2%) reported not being hired for the same reason.

Further, it was less common for transgender respondents who sought job training to successfully access these services compared to non transgender respondents (59.7% vs. 46.8%, ns), suggesting barriers to job training that are specific to transgender people.

> *"Job counseling is always a runaround. I can never find one because no one's willing to work with me. Or when I do find one, they don't have the proper know-how to help me. They don't know how to advocate for me."*

> *"There's a few jobs where I think it's possible that I might not have gotten them after they did a background check, because some of my employment history is in my old name and some of it's in my current name."*

Income and Poverty

Lack of educational and employment opportunities lead to high levels of poverty among transgender people. Transgender respondents were more than twice as likely to have lived under the poverty line in 2014 (27.0% vs. 14%, OR=2.27) than non transgender respondents. Although having been to college is a strong predictor of future earnings, regardless of whether they have completed college, transgender respondents (age 25+) were twice as likely to be in poverty (OR=2.00) compared to non transgender respondents.

"We need to put food on the table, clothes on our backs, [a] roof over our head."

Measuring Poverty

The official US Census definition of poverty calculates the cost of food for a given family size and multiplies it times three. That is the official poverty line. For example, in 2014, the poverty line for a family of four was $23,850 per year. The poverty line does not vary geographically and many people consider it to be very low compared to the actual cost of living, especially in high cost areas such as New York City. In order to reduce the burden on respondents, this survey asked annual income and how many adults and children lived in their household in 2014 and then used a series of skip logic questions to determine the poverty bracket where the individual's household fell. For more information see www.census.gov and www.aspe.hhs.gov

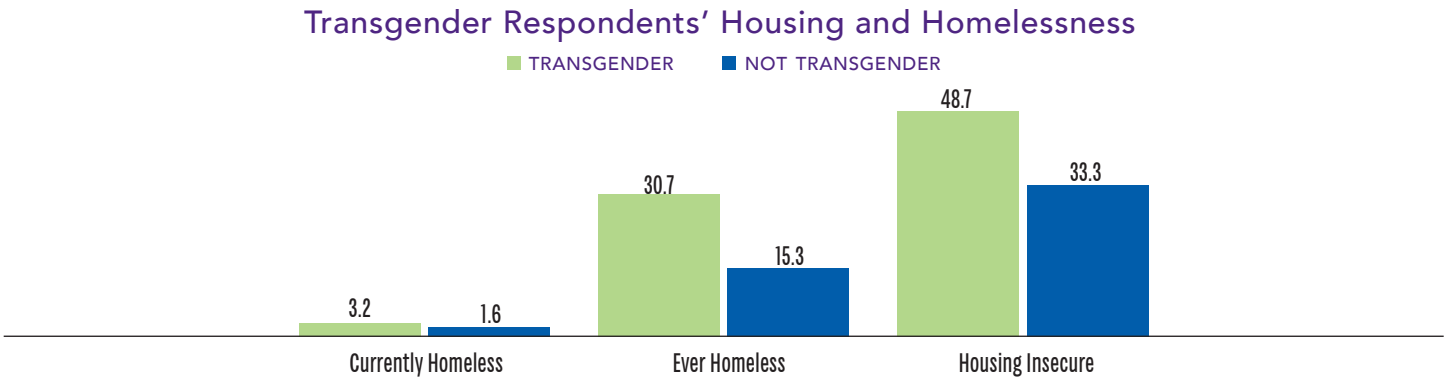
Housing and Food

Even controlling for higher levels of unemployment among transgender respondents, being transgender meant that respondents were 75% more likely to be housing insecure (OR=1.75).

In addition to facing lower incomes and poverty, transgender respondents were more than twice as likely to rent rather than own their homes (77.8% vs. 60.2% OR=2.31). This suggests that in addition to experiencing higher rates of poverty as a result of lower incomes, they have less access to wealth.

Transgender respondents were more than twice as likely to have ever been homeless (30.7% vs. 15.3%, OR=2.46) and were about twice as likely to have been homeless at the time of the survey (3.2% vs. 1.6%, OR=2.01). Even those who were housed were much more likely to be housing insecure (48.7% vs. 33.3%, OR=1.90).[iii]

Transgender respondents face significant barriers to accessing safe and affordable housing. Just over thirteen percent (13.4%) had been refused housing because of their gender identity or expression and more than one in four (27.1%) had



iii "Housing insecurity" refers to having difficulty paying for housing or utilities in the past 12 months. The question wording for the housing insecurity indicator is taken from the National Survey of America's Families and can be accessed at http://tools.nccor.org/css/system/53/

been harassed by their neighbors.

In addition to barriers to accessing housing, over half of transgender respondents were food insecure;[iv] they were nearly twice as likely to report being food insecure as non transgender respondents (54.1% vs. 37.3%, OR=1.98).

"You need stable housing. If anybody here, especially you guys, didn't have stable housing and you were going shelter to shelter, how can you function as a human being..."

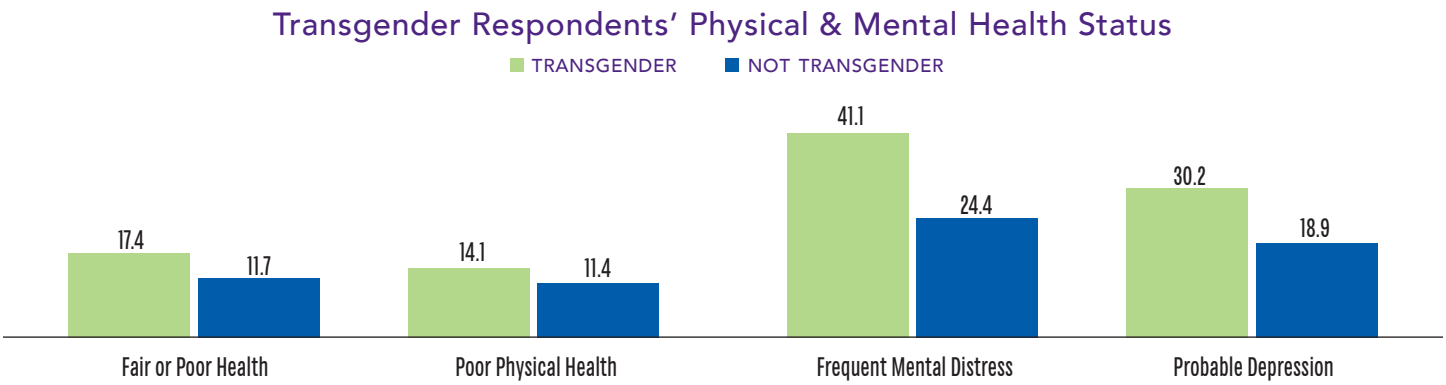
Health

Disparities in education and employment, living in poverty, and lack of access to housing and food (in the last 12 months) affected the health status of transgender respondents.[v] Transgender respondents whose incomes fell under the poverty line were almost twice as likely to have fair or poor health (26.3% vs. 15.4%, OR=1.96). Transgender respondents were 55% more likely to have probable depression (OR=1.55).[vi] Frequent mental distress was also more common among transgender respondents (41.1% vs. 24.4%, OR=2.17).

Even when compared to others of similar age and level of education, transgender respondents were 45% more likely to be in fair or poor health compared to non transgender respondents (OR=1.45).

Discrimination and Health

Transgender respondents are disproportionately likely to experience traumatic events as well as daily microaggressions that take a toll on mental health. Nearly one third (32.0%) had experienced serious physical violence, such as being hit, punched or kicked, because of gender identity or expression. One in five transgender respondents had been unfairly arrested, harassed or physically harmed by police (21.0%), while over three in ten (30.8%) of transgender respondents of color had this experience. Nearly two thirds (63.9%) had been refused use of a bathroom due to their gender identity or expression.



iv "Food insecurity" refers to having at least one positive response to the first stage of the USDA food insecurity screener, which includes questions about running out of food, lacking money for food and not being able to afford balanced meals. The USDA tools to measure food insecurity can be accessed at http://www.ers.usda.gov/topics/food-nutrition-assis-tance/food-security-in-the-us/survey-tools.aspx#adult

v The depression screener used in the survey is the Patient Health Questionnaire 2 item measure (PHQ-2). The score ranges from 0 to 6 and the cutoff for "probable depression" is >=3. The two questions ask respondents how frequently they felt "little interest or pleasure in doing things" or "down, depressed or hopeless" in the last two weeks. The screener has a sensitivity of 83% and a specificity of 92% for major depression.[5]

vi Questions about general health and days of poor mental and physical health are taken from Health Related Quality of Life measures.[6] HRQoL screeners define "frequent mental distress" as experiencing 14 or more days of poor mental health in the past month (30 days). They are included on all Behavior Risk Factor Surveillance Surveys and many other health questionnaires.

Among those with probable depression, transgender respondents were almost twice as likely (67.5% vs. 51.5%, OR=1.96) to report that lack of support groups were an important barrier to adequate health care.

While it was less common for transgender people to report they had no insurance (6.3% vs. 7.6%, ns), transgender respondents were more likely to report that they had missed needed care in the last 12 months due to cost (30.3% vs. 20.2% OR=1.72). They were also three times more likely to report inadequate insurance as a barrier to health care (42.6% vs. 19.4%, OR=3.09) and more than twice as likely to report that their personal financial resources were a barrier to accessing health care (45.3% vs. 33.4%, OR=2.4).

In addition to a disproportionate financial burden for health care in general, transgender people also faced serious financial burdens to accessing transition related care. Almost two thirds (65.7%) of transgender respondents said their personal financial resources were a barrier to accessing transition related care; while 61.3% said that their insurance does not cover transition related care.

Among transgender respondents, those who had not been to college were twice as likely to have frequent mental distress (48.7% vs 31.4%, OR=2.07).

"Right now though I think the major issue is just being able to make an appointment to see a doctor, get the hormones and figure out a way to be able to get them paid for because I can't pay $50 for that vial. I know it doesn't sound like a lot but I really just cannot pay for that vial."

Recommendations

For Transgender People

- Report unfair denials of insurance coverage to the LGBT Task Force of Health Care for All New York or the New York State Office of the Attorney General.
- Know your rights under your local human rights laws and policies and report rights violations to local human rights' offices.
- LGBT Health and Human Services Network members (listed with an asterisk in the back of this report) can provide services and referrals related to
    - Job training
    - Transition related and primary heath care
    - Legal services
    - Support for those in the criminal justice or juvenile detention systems
    - Patient navigation
    - Support groups

For All Allies

- Advocate for your school or workplace to develop policies or undertake training on transgender rights.
- Lead by example by asking about the name and pronoun people use and making sure to use the correct one. This is particularly important to do for a colleague undergoing a gender transition.
- If you can, donate to organizations with job placement programs specifically for transgender people, as this will further the development of models for how best to provide these services.

For Donors

- Support the development of job placement programs that are targeted to the needs of transgender people. Additional models are needed to determine what works best and how it can be replicated.
- Fund support groups for transgender people and organizations led by transgender people. Many transgender advocates are not paid for this work and it is critical they receive support to contribute community voices to policy and program development.
- Fund research on what works to help transgender people to attain the highest possible standard of health.
- Fund programs led by transgender people and those which are accountable to transgender communities.

For Employers

- Make a commitment to hire transgender people and pay a living wage to all employees. Make sure your workplace has policies that protect transgender rights and mechanisms to address problems that arise in the workplace.
- Organize sensitivity training for your workplace that includes transgender rights.
- Create and enforce policies that help transgender people transition on the job and thrive in the workplace. Examples include having gender neutral bathrooms, using employees' preferred names and pronouns, and including transition related care in the insurance coverage you offer.

For Social Service Providers

- Assess the job readiness and employment needs of your clients. When appropriate, refer them to a program that can address these needs.
- Provide supported referrals to health, social services and government benefits. Follow up to ensure that your client received needed services and make a complaint if services were denied and/or they were treated poorly.

For Health Care Providers

- Familiarize yourself with local resources for transgender people, particularly for transgender affirming mental health care providers and support groups for transgender people.
- Consider becoming trained in transgender primary care or transition related care and partnering with specialized providers.
- Assure that all staff at your organization or facility, whether or not they are health care providers, know how to address transgender people with respect.

For Health Care Providers (continued)

- Use standards of self determination for providing transition related and other forms of health care to transgender people.
- Help transgender people maintain continuity of care for both primary and transition related health needs.

For Policymakers

- Consider creating grants specific to transgender health, including both HIV and non HIV health care priorities.
- Where they are absent, pass human rights protections for transgender people such as anti-discrimination laws and policies in housing, public accommodations and employment.
- Where anti-discrimination laws and policies in housing, public accommodations and employment protections exist, enforce these protections and monitor and evaluate them.
- Pass and enforce laws and regulations that protect transgender people's rights to be hired and retain jobs.
- Create opportunities for transgender people to access affordable housing.
- Lower barriers to accessing public benefits and make the process easier for people who are undergoing or have undergone gender transition.
- Assure health care reform processes include and provide adequate care for transgender people.
- Support economic empowerment programs that are sensitive to the needs and concerns of transgender people.
- Assure that all transgender people, including those in the foster care system, juvenile detention or criminal justice system, have access to the health care they need.

Conclusions

While there is very little research on transgender people in New York State, it is clear they struggle with discrimination, poor access to education and employment and a lack of economic opportunities that impact their health status and access to health care services. This report contributes to what is known about the relationship between education, employment, economic security and health. It suggests that new, more and expanded programs and services are needed that address the intersections of health and economic insecurity. These programs will not only affirm transgender people's gender identity and expression, but also acknowledge and work to rectify the unique experiences of discrimination they face.

Limitations

Any study has strengths and limitations. This report does not include intersectional or life course analyses of data, nor does it report on all data collected in this study. This study does not use a random sample; it is based on a convenience sample and does not represent the population of New York State. It also does not include a comparison with heterosexual, non transgender people. Given that people of color are under represented in this study, it is likely that the data here underrepresent their health disparities. The survey also underrepresents those with lower educational attainment.

Further Research

Future reports using these data can examine the intersections between race and gender identity more fully, the differences between transgender men, women, and gender nonconforming people, examine health disparities across the life course and more fully investigate the variety of gender identities included in the report. Further data collection efforts should include population based samples that ask about gender identity in such a way that comparisons can be made between transgender and non transgender people's health outcomes.

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Organizations & Agencies that Contributed to the LGBT Health & Human Services Needs Assessment

Adolescent AIDS Program, Montefiore Medical Center • AIDS Center of Queens County, Inc. • Ali Forney Center* • Alliance for Positive Health* • Asian & Pacific Islander Coalition on HIV/AIDS (APICHA), APICHA Community Health Center* • Audre Lorde Project* • BOOM! Health • Brooklyn Community Pride Center* • BronxWorks • Callen-Lorde Community Health Center* • Center Lane, Westchester Jewish Community Services* • Cortland LGBT Resource Center, Cortland Prevention Resources, Family Counseling Services of Cortland County, Inc.* • Destination Tomorrow* • Empire State Pride Agenda (coordinating agency of LGBT HHS Network) • Family Residences & Essential Enterprises • Gay & Lesbian Youth Services (GLYS) of Western New York, Inc.* • Gay Alliance of the Genesee Valley (GAGV)* • Gay Men of African Descent (GMAD)* • Gay Men's Health Crisis, Inc. (GMHC)* • Grand Street Settlement* • Greater Hudson Valley Family Health Center • GRIOT Circle, Inc.* • Harm Reduction Coalition* • HEAT Program, Research Foundation of SUNY/SUNY Downstate Medical Center* • Hetrick-Martin Institute* • Hispanic AIDS Forum, Inc. • Hudson River Health Care • Hudson Valley LGBTQ Community Center* • Identity Youth Center, Southern Tier AIDS Program* • Immune Health Services, SUNY Upstate Medical University • In Our Own Voices, Inc.* • Institute for Human Identity (IHI) Therapy Center* • Latino Commission on AIDS • Lawyers for Children, Inc. • Lesbian & Gay Family Building Project/Pride and Joy Families • LGBTQ Education and Outreach Project, Planned Parenthood Mohawk Hudson* • LGBTQ Law Project, New York Legal Assistance Group* • Long Island Gay and Lesbian Youth (LIGALY), LGBT Network* • Make the Road New York • Family Permanency Program, MercyFirst • Metropolitan Community Church of New York (MCCNY)* • Mid Hudson Family Practice Residency Program, The Institute for Family Health • National Alliance on Mental Illness (NAMI) • National LGBT Cancer Network* • New York City Anti-Violence Project (AVP)* • North Shore Hospital • Out for Health, Planned Parenthood of the Southern Finger Lakes* • Peter Cicchino Youth Project, Urban Justice Center* • Pride Center of Staten Island, Staten Island's LGBT Community Center* • Pride Center of the Capital Region* • Pride Center of Western New York, Evergreen Association* • Pride for Youth, Long Island Crisis Center* • Project Reach-OUTRIGHT Consortium, Chinese American Planning Council* • Queens Center for Gay Seniors* • Queens Pride House, Queens Community House* • Rainbow Heights Club, a project of Heights Hill Mental Health Service Community Advisory Board* • Safe Horizon, Inc. • SAGE Long Island-Services and Advocacy for LGBT Elders • SAGE Upstate* • SAGE USA- Services & Advocacy for GLBT Elders* • Sylvia Rivera Law Project* • The Bridge (LGBTCC), Inc.* • The Lesbian, Gay, Bisexual & Transgender Community Center* • The LOFT, LGBT Community Services Center* • The MOCHA Center, Inc.* • The Q Center, ACR Health* • The Trevor Project* • Transgender Legal Defense and Education Fund (TLDEF)* • Trillium Health* • Trinity Community Connection, Inc. • United Health Services, Binghamton General Hospital • Youth Pride Initiative, Community Awareness Network for a Drug-free Life and Environment, Inc. (CANDLE)*

* = Members of the LGBT Health & Human Services Network