



LGBT Cultural Competency in Funding

Just like in a clinic, funders create an environment that can welcome or alienate disparity populations. Lesbian, gay, bisexual, and transgender health issues are underserved and understudied. We are pleased to see major new initiatives spreading LGBT cultural competency among service providers. We have trained a wide variety of state staff in cultural competency. The main message in these trainings is simple: with a stigmatized population, members do not presume an environment is welcoming until such welcome is visibly demonstrated.

This same premise needs to be applied in the funding arena. At the same time that individual NIH project officers are urging people submit more LGBT focused research projects, LGBT researchers are unwilling to invest the money and energy to develop proposals without evidence that particular funding stream is welcoming. This phenomenon is just as applicable to all agencies in Health and Human Services (HHS), as well as state and private funders. The historic barrier of stigmatizing LGBT research and program inclusion will continue to dampen the number of LGBT proposals submitted and funded until funders also address cultural competency.

Considering input we have received from LGBT researchers, programmatic applicants, and allied racial/ethnic minority health disparity networks, this is not a complicated issue to resolve. Below are three simple strategies that can demonstrate a funding stream is welcoming to LGBT applicants.

1. When announcing funding, routinely *prioritize* LGBT people as a disparity population:

- a. As recommended in the 2011 IOM LGBT report: require research applicants to address inclusion of LGBT people in the sample as they do women and minorities.
- b. Prioritize LGBT inclusion (among other disparity populations) when you emphasize goals of the funding announcement. Simply allowing inclusion is not equivalent.
- c. Set a reasonable bar for demonstration of need: since HP2020 prioritizes eliminating LGBT disparities, do not require applicants to provide a level of data that are unavailable to make the case for inclusion.
- d. Use a similar standard for all disparity populations: whenever one is named, presume this is a place to also mention LGBT unless exclusion is justified.
- e. If disparity populations get any preferential treatment, explicitly include LGBT as among those that get preferential treatment.
- f. Request action plans that include disparity populations, including LGBT people, in the *scored section* of the proposals, including but not limited to plans for: routine evaluation, community advisors, community funding, and programmatic tailoring.

2. Whenever possible, directly fund LGBT community organizations: These groups have developed unparalleled expertise and community trust; they are often one of the few trusted community access points at local levels.

3. Ensure the grant review process is also welcoming:

- a. Ensure any additional reviewer directions also emphasize the importance of including LGBT focused proposals.
- b. Ensure the reviewer pool includes people with LGBT health expertise. Historically, reviewers without any knowledge of the area provide inconsistent and widely varying reviews, reflecting more on their lack of knowledge than the specific proposal under review.



Priority HHS Funding Streams to Address

References to funding announcements include but are not limited to: Requests for Applications (RFAs), Program Announcements (PAs) and their parent Research Announcements (RAs.)

- Community Transformation RFAs, and any further healthcare reform new funding rollout or healthcare prevention fund rollouts.
- CDC state and disparity network tobacco RFAs.
- NIH disparity Program Announcements (PAs).
- NIH career development RAs/PAs/RFAs and CDC's public health infrastructure funding.
- NIH loan repayment programs.
- SAMHSA block grants and other funding streams targeting suicide, mental health, or substance abuse. (SAMHSA has taken cultural competency measures for their recent suicide RFAs).
- HRSA community center funding.
- All cultural competence trainings and technical assistance awards, for example SAMHSA's technical assistance awards or the Public Health Training Center funding.
- Centers of Excellence awards in any of the topic areas identified as relating to LGBT health disparities, especially: access to care, wellness, addictions, mental health, tobacco, HIV.
- The full range of social service programs, especially youth focused ones. (ACF has taken the lead in asking for LGBT inclusion in the scored section of some of their RFAs.)
- NIH Collaborative Translational Research Awards.

Important Note: In every case where the funding stream has disparity populations as its sole target, we urge the funding pool be increased concomitant with the expansion of focus to include LGBT populations.

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