



Budget Justice: Investing in the Health of New York City’s Ethnoracially Minoritized LGBTQ+ Students in the Wake of COVID-19

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Municipal budgets are public health interventions: city residents are only as healthy insofar as government chooses to invest in them. No time and place has demonstrated this more starkly than the last years of COVID-19 in New York City (NYC), where the virus has torn through communities in which municipal, state, and federal governments have historically disinvested [1, 2]. This has been devastatingly true for ethnoracially minoritized LGBTQ+ youth (i.e., LGBTQ+ youth of color), who have been historically excluded in NYC municipal budgets. This commentary from a collaboration between NYC-area education and public health professionals, academics, and

nonprofit service providers highlights the need to increase funding for LGBTQ+ services in the NYC municipal education budget, during the COVID-19 pandemic and beyond.

LGBTQ+ Youth Health Prior to COVID-19

Prior to the pandemic, ethnoracially minoritized NYC LGBTQ+ youth were already facing unprecedented health inequities: LGBTQ+ youth were 120% more likely to be homeless than other youth [3]; they had higher rates of substance use [4] and asthma [5], which are linked to inequities in LGBTQ+ adult cardiovascular health [6] and cancer [7], and 32% of LGBTQ+ youth bullied at NYC schools reported attempting suicide in the previous year, with 40% of transgender youth reporting they attempted suicide during the same time period [8]. Critically, these trends appear to have been even worse for ethnoracially minoritized LGBTQ+ youth who nationally reported higher levels of homelessness [9] and worse mental health outcomes, including suicidality [10], than White LGBTQ+ youth.

LGBTQ+ Youth Health During COVID-19

The COVID-19 pandemic has exacerbated these already chasmic inequities. Research suggests that depression and anxiety have increased

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disproportionately among LGBTQ+ youth communities nationally since the beginning of the pandemic [11] as a result of spending increased time with unsupportive adults and being cut-off from sexual and gender identity supports [12]. Additionally, LGBTQ+ youth nationally have likely experienced housing instability at higher rates than other youth, and emerging evidence suggests that suicidality may be increasing disproportionately among Black LGBTQ+ youth during COVID-19 [13]. Considering this in the context of LGBTQ+ communities being diagnosed with, and dying from, COVID-19 at higher rates than other communities in cities across the USA [14], it is likely that ethn racially minoritized LGBTQ+ are suffering in ways that other New Yorkers simply are not.

NYC Municipal Support Prior to COVID-19

Notwithstanding recent investments in LGBTQ+ health citywide (e.g., Unity Project) [15], NYC public schools, the largest social services provider for NYC youth, has lagged behind other US public school systems in addressing health inequities for ethn racially minoritized LGBTQ+ youth. Despite evidence that LGBTQ+ -affirmative policies in schools can be critical to protecting LGBTQ+ youth from bullying victimization, and can promote their psychological, behavioral, and social health [12, 16, 17], the majority of NYC public schools have seen little to no change in enacting LGBTQ+ -affirmative policies in recent years [18]. For example, only 29% of NYC middle and high schools have a Gender Sexuality Alliance [19], one of the most robust school-based interventions to promote LGBTQ+ youth health, compared to state and national rates over 50% [20]. Additionally, more than half of NYC schools currently do not provide comprehensive health education, and even fewer provide an LGBTQ+ -inclusive sexual health curriculum [21]. Moreover, 64% and 89% of schools reported that no teachers and no administrators, respectively, received gender and sexual diversity training in 2018 [19]. The schools that lack the resources to update their curricula and LGBTQ+ -affirming training are disproportionately in ethn racially minoritized communities. Taken together, there has been a clear need for investments in school-based LGBTQ+ -affirming

supports for ethn racially minoritized LGBTQ+ youth even prior to the onset of COVID-19.

Looking Toward the Future

In the past years, community organizations have led conversations on “budget justice” that define a fair distribution of NYC municipal funds [22]. We argue that any conversation of budget justice should center ethn racially minoritized LGBTQ+ youth. NYC’s 2021–2022 budget made some strides in doing this as it included unprecedented funding for LGBTQ+ youth job training and homelessness outreach [23] and tripled the DOE’s budget for LGBTQ+ inclusive curricula to \$2.8 million [24]. Most recently, NYC’s record \$101 billion budget 2022–2023 increased the LGBTQ+ community services investments to \$5.2 million and maintained the funding level for LGBTQ+ -inclusive curricula [25]. These critical investments notwithstanding, given the historical lack of investment in, and the disproportionate disease burden for, ethn racially minoritized LGBTQ+ youth, future just budgets must continue to allot these critical and long overdue investments in these young people.

As a group of professionals in public health, education, research, and LGBTQ+ social services, we offer recommendations below for policy approaches to a just budget, including ways to use the LGBTQ+ inclusive curriculum funding. Some represent changes that require minimal or no new investment, while others require more robust funding. In both cases, and consistent with the principles of health promotion [26], these investments will likely save money in the long-term by preventing the need for medical and emergency services for LGBTQ+ youth and adults linked to accumulated stress and poor health across the lifespan (e.g., allostatic load) [27]. While a robust review of the potential sources for this investment is beyond the scope of this commentary, fair distribution of educational funds to schools in historically excluded areas [28, 29] and the removal of police from schools [30], could greatly increase funding for supports for ethn racially minoritized LGBTQ+ youth.

Make Comprehensive LGBTQ+ Competency Training Mandatory Currently, comprehensive

sexual and gender diversity training is provided to NYC public school teachers and administrators on an opt-in basis. As a result, there are trainings provided monthly, usually for a small repeat group of dedicated teachers and administrators sparsely distributed throughout some of NYC's better-resourced schools. This opt-in, untargeted approach is likely a primary reason for the current low numbers of sexual and gender diversity-trained teachers and administrators in NYC schools [19]. This training can mean the difference between life and death for some LGBTQ+ youth: evidence indicates that supportive adults in schools can effectively reduce rates of bullying victimization and suicidality among LGBTQ+ youth [31, 32].

An alternative to the current approach may be to mandate the equitable distribution of the current training capacity to schools throughout NYC, while prioritizing schools that have had no or few trained staff. Additionally, if NYC schools were to focus on training principals and other administrators, for whom training is currently not required, this would represent an opportunity to employ a train-the-trainer approach. Finally, NYC policymakers may align sexual and gender diversity training with existing priority structures, such as including it as an aspect of performance reviews and Continuing Teacher and Leader Education (CTLE) hours, alongside other life-saving trainings (e.g., CPR training).

Hire LGBTQ+ Support Staff At the time of writing, there is one LGBTQ+ liaison in the DOE. For a school system of over 1 million students, that person is responsible for developing training materials and training staff, drafting LGBTQ+ -inclusive policies, coordinating student events, managing funding for GSAs, collaborating to develop LGBTQ+ -inclusive curricula, and responding to LGBTQ+ -related bullying reports. Fully staffing a DOE LGBTQ+ Support Office does not need to be a costly endeavor. In fact, hiring additional staff for a DOE LGBTQ+ Support Office in recent years would have *saved* NYC money by enabling access to large grants that required office capacity to design and administer enrichment programs. The NYC DOE lags behind other city agencies that currently have dedicated LGBTQ+ teams, including the NYPD's LGBTQ+ Outreach Unit, which has grown over the last decade to a staff of seven. Additional capacity for NYC DOE could be

provided in collaboration with community-based organizations, such as the Hetrick-Martin Institute, and existing citywide mechanisms (e.g., Summer Youth Employment Program) [33], including programming funded in the 2021–2023 budgets, that are educating and training ethnoracially minoritized LGBTQ+ youth for careers in NYC.

An increase in the number of LGBTQ+ -identified ethnoracially minoritized administrators and educators across the DOE would also be a boon to ethnoracially minoritized LGBTQ+ youth. Their shared experiences with ethnoracially minoritized LGBTQ+ students make them more likely to implement affirming education policy for these youth [34, 35]. Hiring staff is also an opportunity to directly invest in the training and career development of ethnoracially minoritized LGBTQ+ communities. As such, hiring for NYC public schools is an opportunity to empower ethnoracially minoritized LGBTQ+ communities both indirectly, through school-based services, and directly, through job opportunities.

Invest in LGBTQ+ -Affirmative Health Curricula Research indicates developmentally-appropriate, LGBTQ+ -affirmative K-12 sexual education is a protective factor against bullying and health risk behaviors for all youth, especially LGBTQ+ youth [31]. However, in 2017, the NYC Comptroller's office found 97% of NYC health educators were not licensed to teach health. Furthermore, the LGBTQ+ -appropriateness of current health education curricula is unknown [21]. To rectify this, the NYC DOE provides the aforementioned opt-in trainings to make their pedagogical practices more LGBTQ+ -affirming. We recommend that NYC DOE use the LGBTQ+ -inclusive curricula budget to prioritize and invest in the training and licensure of all school health educators and develop an affirming and culturally relevant K-12 sexuality education curriculum that focuses on psychological and sexual health promotion and meets the extant Scope and Sequence DOE policies around gender and sexuality. Such resources should draw from foundational work on inclusive learning environments that confront interlocking systems of oppressions targeting race, class, gender, and sexual identity [36], and create collaborative settings where all students feel safe and a sense of belonging.

Support Schools-Based Implementation Currently, the Office of School Wellness Programs, which is tasked with Health and Physical Education (HPE) class curricula, professional development for HPE instructors, and school program evaluation, is not well-positioned to provide support to schools attempting to implement LGBTQ+ -affirmative programming. While the office had nine staff in the 2019–2020 school year, there were only three to four at any time in 2020–2021 due to staff being reassigned to cover COVID-19-related educator shortages. As a result, schools have had less support than ever in implementing LGBTQ+ -affirmative programming at a time when the need is highest for ethn racially minoritized LGBTQ+ youth. This may be exacerbated in the 2022–2023 school year given lower levels of federal funding for many schools across the city. What schools need is not simply the return of all staff members to focus on supporting LGBTQ+ -affirmative programming, but additional investment to ensure that schools that have historically received less resources in ethn racially minoritized communities are getting the support they need. This includes assistance in implementing trainings in a way that is consistent with the needs and context of each program.

Make Data Accessible and Actionable NYC schools collect a wealth of data from students, parents, and staff. While these data assist with reporting out counts (e.g., number of staff who have completed a specific training), much of the information is not accessible nor actionable for program planners and policymakers. For example, at the time of writing, data collection on the establishment of gender-neutral bathrooms within NYC schools is being conducted without the input of the DOE office housing the LGBTQ+ liaison and other offices charged with LGBTQ+ equity in NYC government. As a result, it is possible that these data will not be optimal for efforts to ensure school facilities are safe and accessible to transgender and gender expansive ethn racially minoritized youth. Additionally, though NYC schools are collecting data on bullying incidents, including their identity targets (e.g., sexual orientation, gender, race) and remediation efforts [37], it is unclear what current trends really indicate and how the data can inform systemic approaches to reduce bullying and its adverse effects. For example, some schools report

high levels of bullying targeting sexual and gender identity while others report extremely low levels of bullying [37]. It is possible that there are problems to be addressed in both cases. The high reports may reflect students who are seeking help from teachers and administrators, and the low reports may reflect schools where students do not feel empowered to report their experiences. Targeted evaluation of schools with high and low numbers of bullying reported may provide actionable insight into these conflicting patterns. Finally, it is critical that NYC schools collect data on the utility of current intervention efforts. For example, dozens of schools are currently utilizing aspects of the Out for Safe Schools® intervention, which aims to combat bullying and create safe spaces for LGBTQ+ youth by empowering adults in schools to be visible and affirmative allies. However, there is no robust empirical evidence that this program is effective and there are no comprehensive efforts to measure its impact on participating NYC schools.

Facilitate Collaboration While the authors represent a former collaboration across NYC government agencies, community organizations, and public academic institutions, there are few formal avenues to develop and co-create programming efforts, along with advocating for policy change. Consistent with this, we have found there are segmented and overlapping efforts being enacted in parallel across city agencies, at times in collaboration with outside paid consultants. The competing demands of addressing students' needs during the unprecedented COVID-19 public health emergency has exacerbated this lack of coordination in addressing ethn racially minoritized LGBTQ+ youth's most pressing needs. Disjointed and inconsistent funding of programs, including misaligned priorities, may represent missed opportunities in responding to these needs. As such, there is a clear imperative to formalize and strengthen existing collaborations, and develop partnerships across government, community organizations, and academia, rather than paid consultants, to support affordable and impactful programming.

Conclusion

Now is when NYC shows its values: municipal government has the opportunity to model a just budget that invests in ethnoracially minoritized LGBTQ+ youth. As public health professionals, educators, social service providers, and health equity advocates for ethnoracially minoritized LGBTQ+ youth, we believe that the priorities offered here are a starting point for a budget that centers the humanity, worth, and resilience of these valuable members of our community.

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