
vivent health

Who are we?!

Becky Rowland

- Director of CM in WI
- Public Health Lifer
- LGBT Health Advocate
- Unrelenting ally and co-conspirator
- Wife and Mama

Corin Tubridy

- CM Supervisor for Eau Claire, Green Bay, Superior, and Wausau
- Social Worker
- Homeless Advocate
- Member of the LGBT Community
- Wife and Mom

Removing Stigma: Changing Our Name

- AIDS Resource Center of Wisconsin
- Rocky Mountain Cares
- St. Louis Effort for AIDS
- AIDS Services of Austin
- Thrive
- Additional expansion planned

Thriving. Together.

- Viv: to live
- Ent: prevent

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Vision:

Vivent Health envisions a world without AIDS and strives to ensure everyone with HIV lives a long and healthy life.

Mission:

To be a relentless champion for people affected by HIV and do all we can to help them thrive, because we believe every person has value and should be treated with respect.

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Vivent Health's Market Culture

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FEAR
LESS

Our Core Values

- ALL-IN
  - There is no half-way in the fight against AIDS
- ALIGNMENT
  - Alignment of work, staff, and goals
- ACCOUNTABILITY
  - It is our responsibility to deliver and achieve the results our organization needs
- AGILITY
  - We work in a dynamic organization in which change is constant and flexibility is not optional
- ACTION-ORIENTED
  - Identify issues and needs, gather information, gain support, and act decisively
- ALLYSHIP
  - We welcome, include, and learn from diverse perspectives

Agency Financials, Presence in 4 States

Budget

Net Assets $67,985,936

Total Liabilities $9,324,541

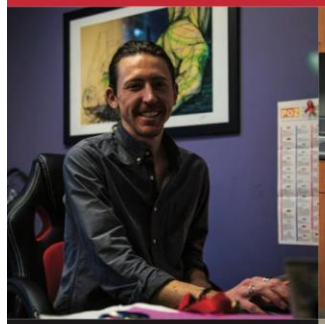
Expenses allocated for the Social Services Department in WI $15,398,199

Annual Enterprise Budget >$200M

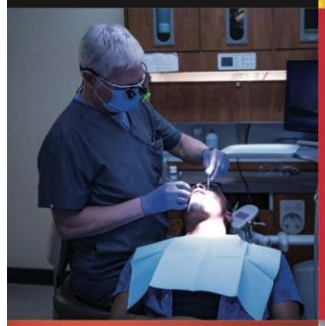
Funding Sources

Vivent Health receives funding from diverse sources such as government grants, private and public foundational support, donations, special events revenue, contractual partnerships, reimbursement for billable services and pharmacy.

VIVENT HEALTH HIV MEDICAL HOME



PATIENT-CENTER-ED CARE



LEARN MORE AT

viventhealth.org

The Vivent Health HIV Medical Home features our full-service pharmacies, and integrates medical, dental and mental health care with case management and social services provided by a team of professionals dedicated to patient care. We are pleased to provide all this care to you directly or in collaboration with our key partners.

MEDICAL

High-quality, integrated primary care and HIV treatment customized to meet individual needs of people living with HIV to ensure the best clinical outcomes.

LEGAL

Dedicated representation to make sure people living with HIV are treated fairly and their rights are protected, including appeals of the denial of public and private benefits, cases of discrimination and advance directives.

BEHAVIORAL HEALTH

Inclusive individual and group therapy, psychiatry, drug treatment and neuropsychological testing to improve quality of life and overall wellness.

CASE MANAGEMENT

Assist people living with HIV with access to quality health care, affordable medications, enrollment in benefit programs, housing, food, legal and other community resources.

PHARMACY

Full-service pharmacy where all prescriptions are filled, regardless of ability to pay, in addition to in-depth education, adherence counseling, home delivery and financial assistance.

HOUSING

Provide residential housing, rent and utility assistance to people living with HIV so they can have safe, stable and affordable options.

DENTAL

Full range of dentistry services to restore the health, smiles and confidence of people living with HIV.

FOOD

Access to healthy and delicious food to ensure good nutrition for people living with HIV so they can thrive.

Covering the Cost of HIV Health Care

Insurance & Benefits Navigation

- ADAP
- Medicare & Medicaid
- Marketplace Insurance
- Employer and Other private Insurance
- Private Insurance
- SNAP/Food Share
- Pharmaceutical Patient Assistance
- Insurance Cost-Sharing
- Facility-specific community care programs

Medical Care for the Uninsured

- Work towards Insured status
- Sliding scale fees
- Ryan White funding
  - No one living with HIV is ever turned away for inability to pay
- Qualifying durable medical equipment

Vivent Health Prevention and HIV Testing

- PrEP
- HIV & STI testing
- Vivent health store
- Lifepoint needle exchange
- Narcan training & access

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Service Delivery 2021

- All staff on site and doors fully open since January 2021
- Masking requirements for all individuals
- Physical distancing
- All staff vaccinated for COVID and influenza
- Increased air exchange
- Increased cleaning practices
- Policies developed for outreach in controlled and uncontrolled settings

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Vivent Health Integrated Medical Home Model

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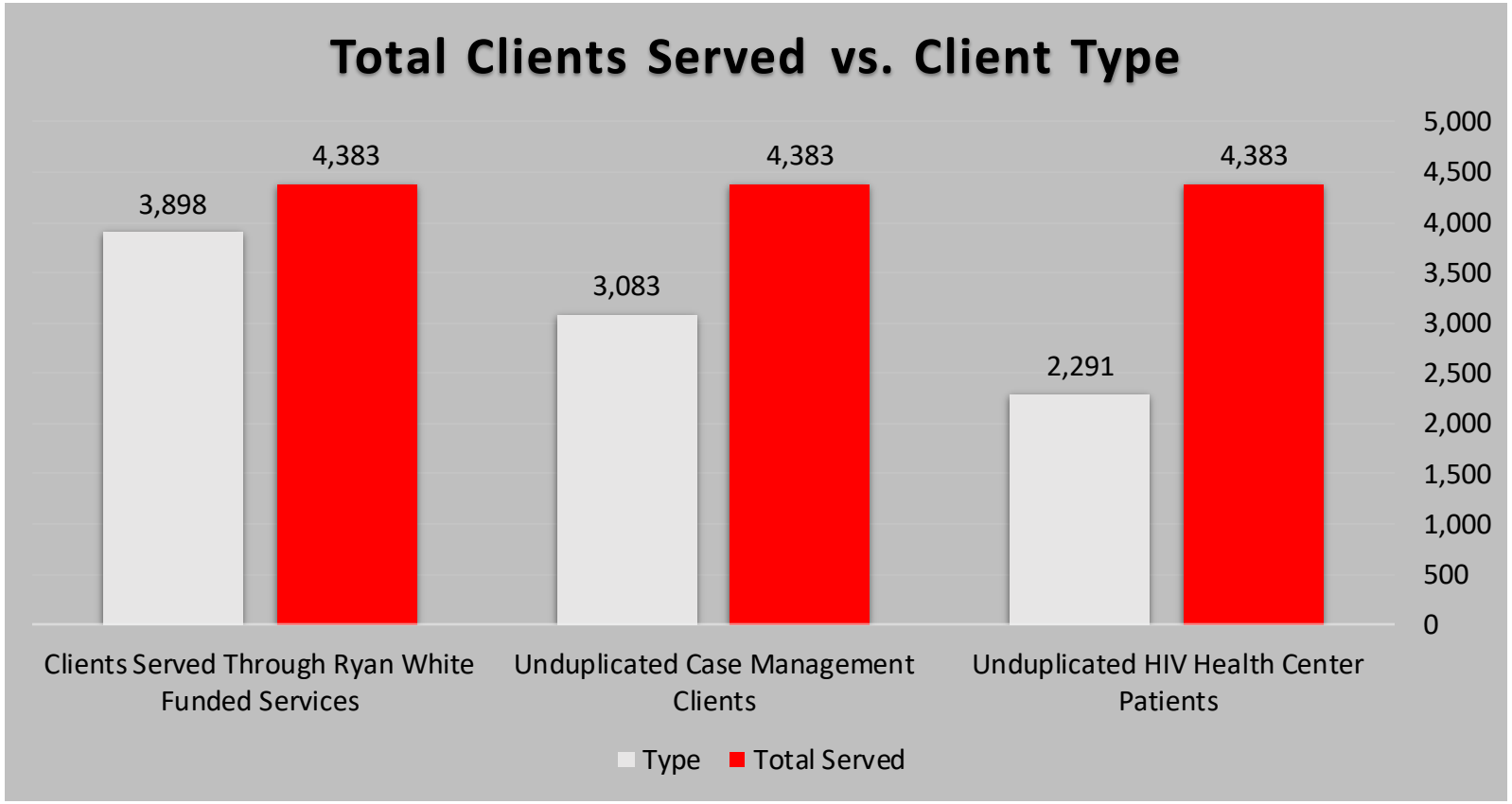
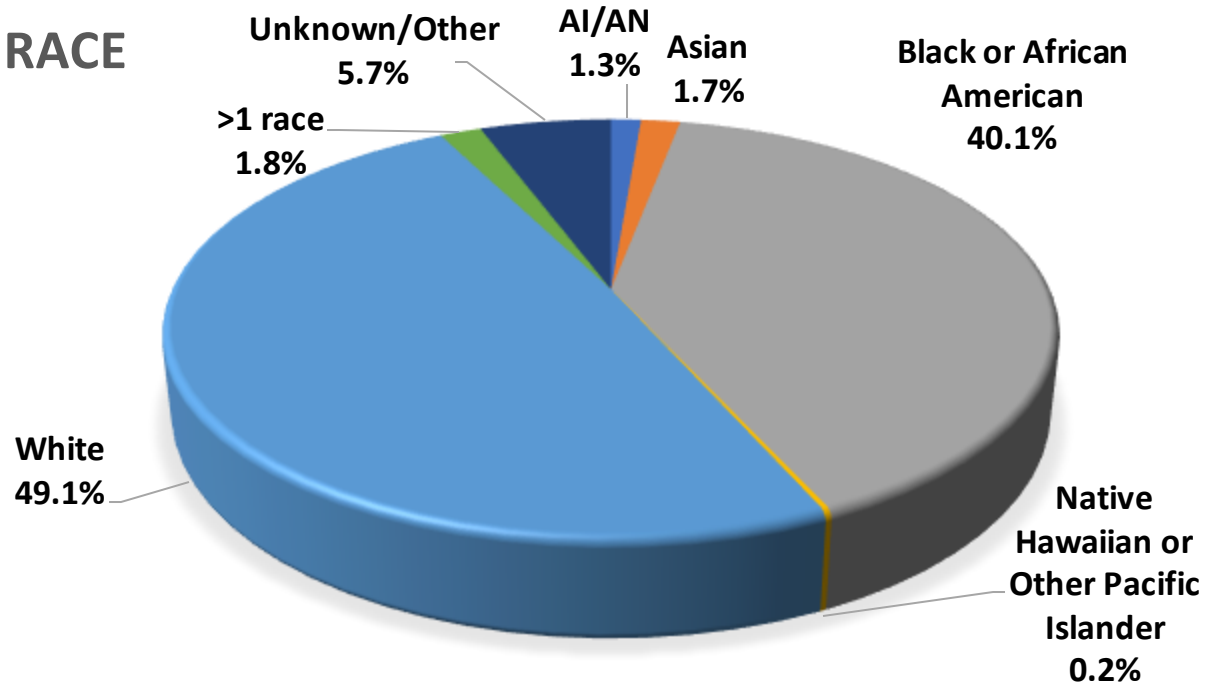
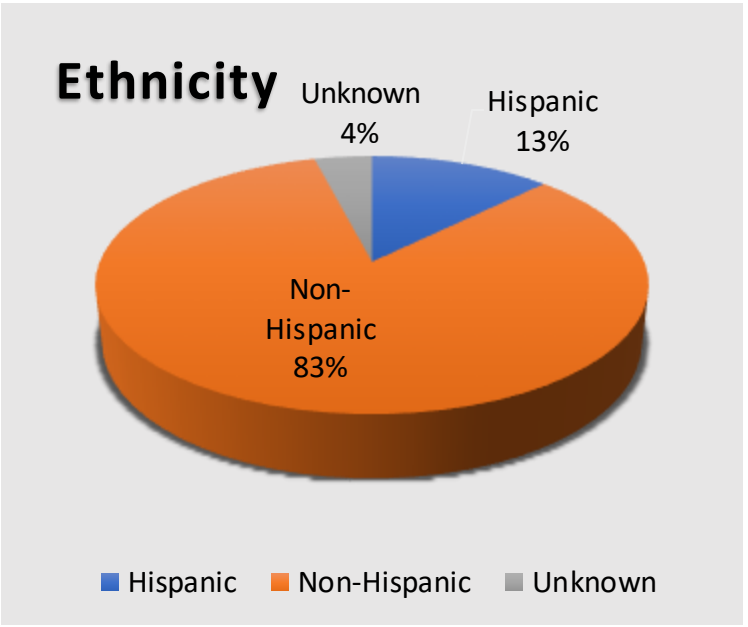
Who are our patients?

Patients/Clients Served in Wisconsin in 2020

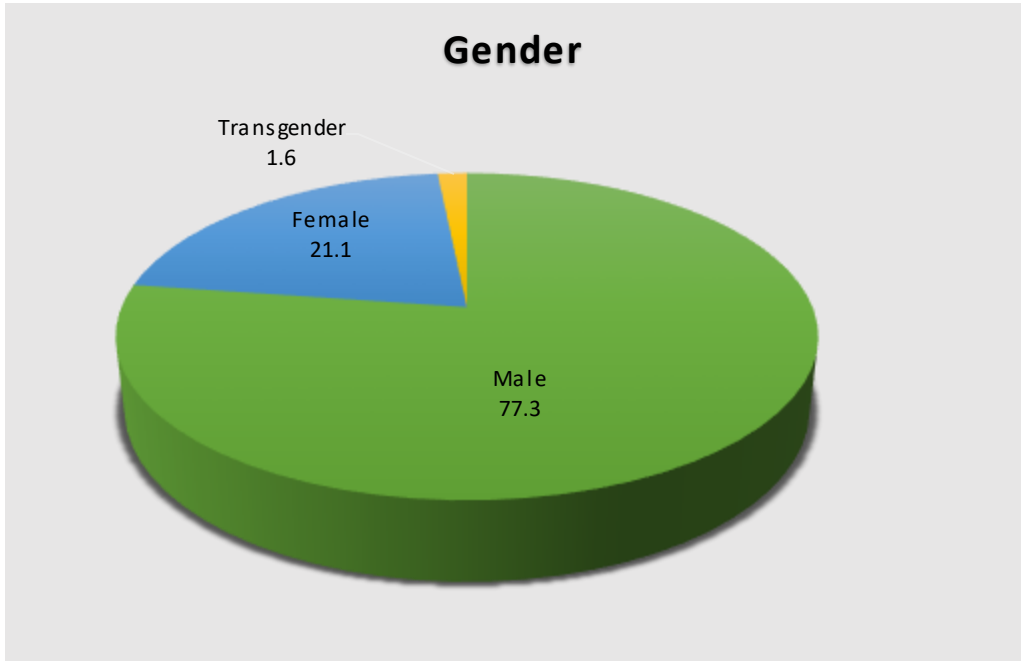


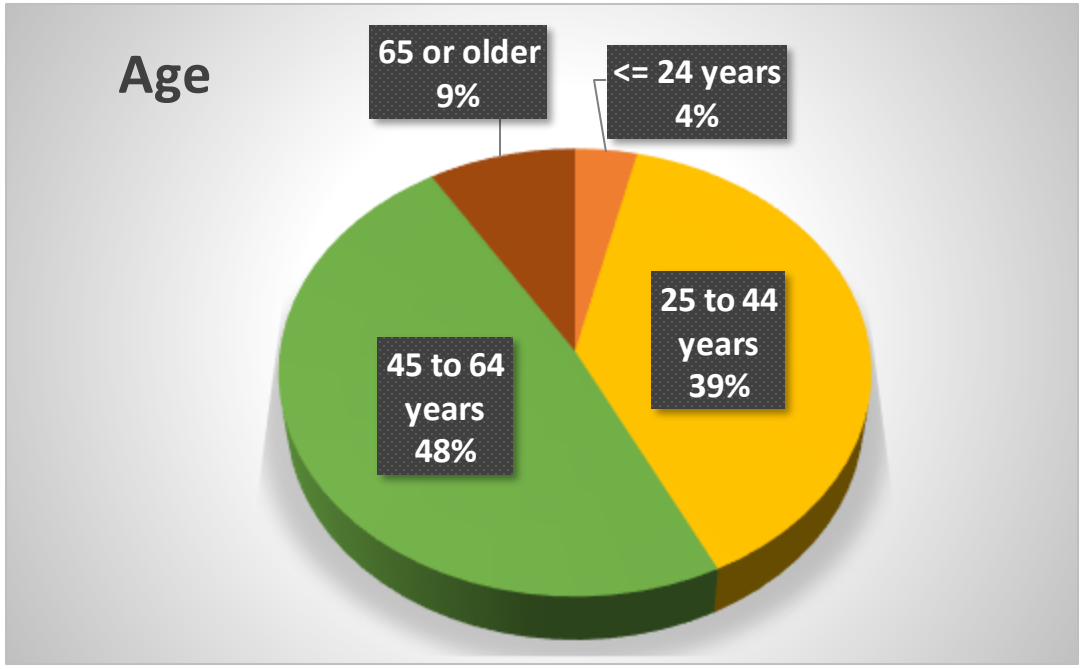
Demographics of WI Ryan White Clients (2020)





Demographics of WI Ryan White Patients/Clients (2020)





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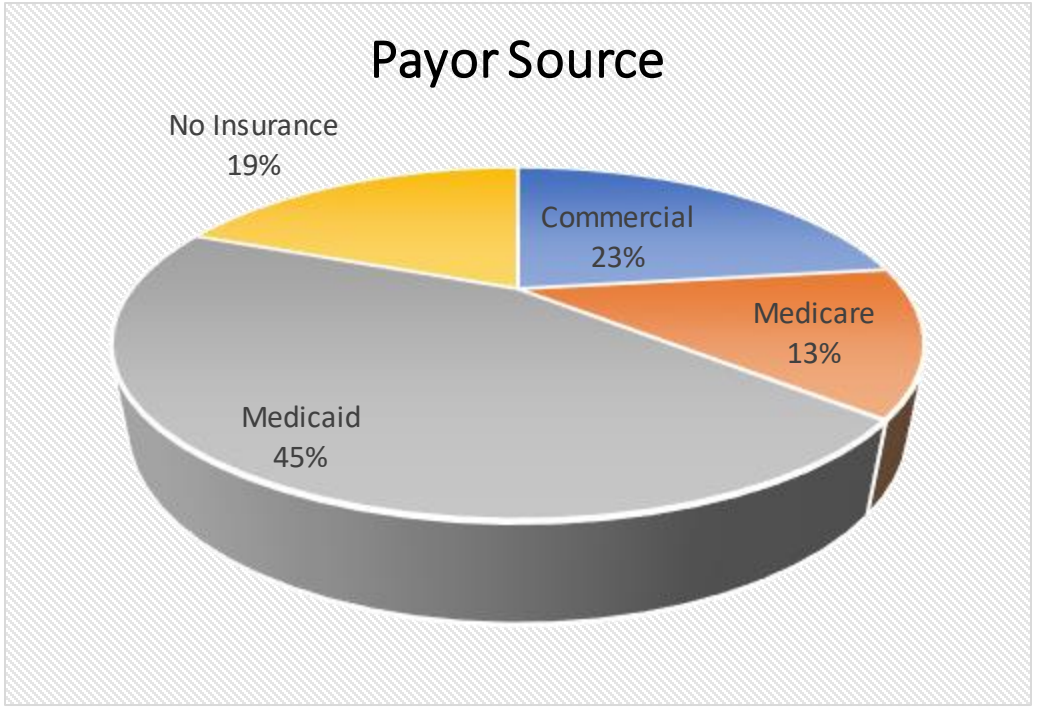
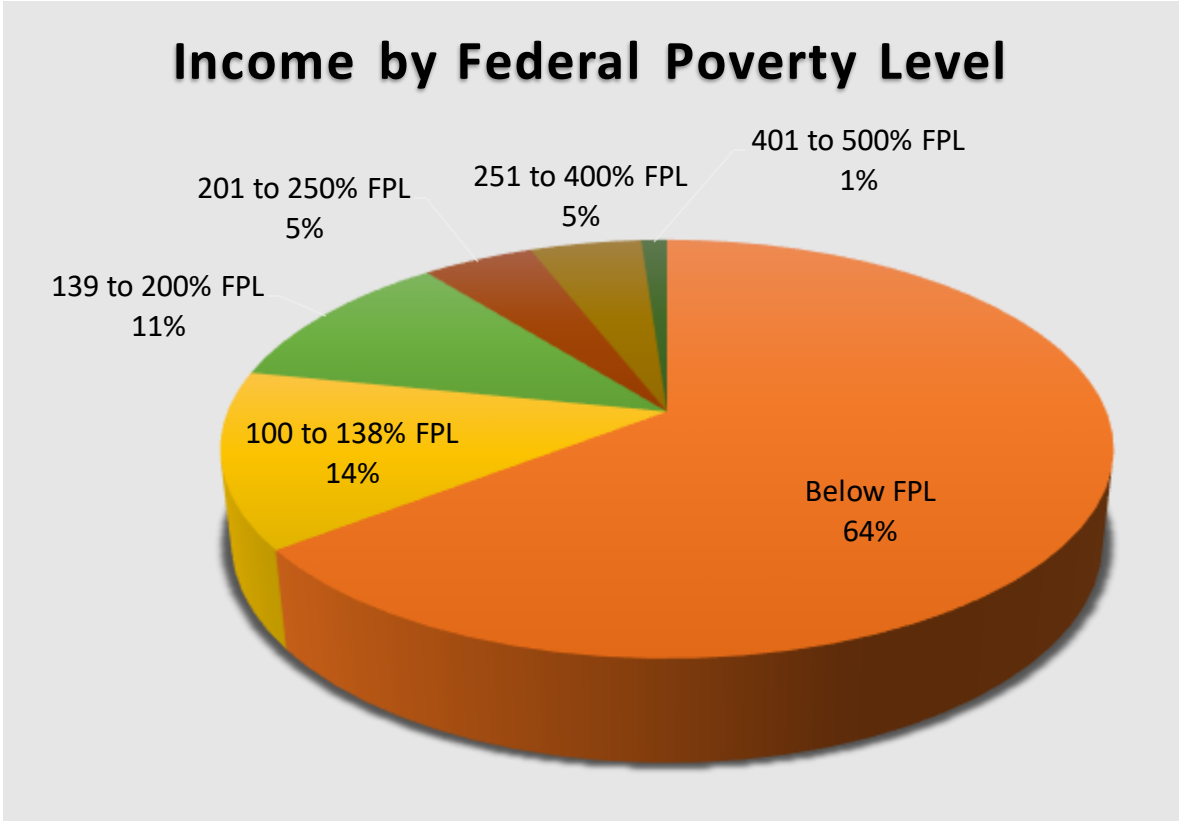


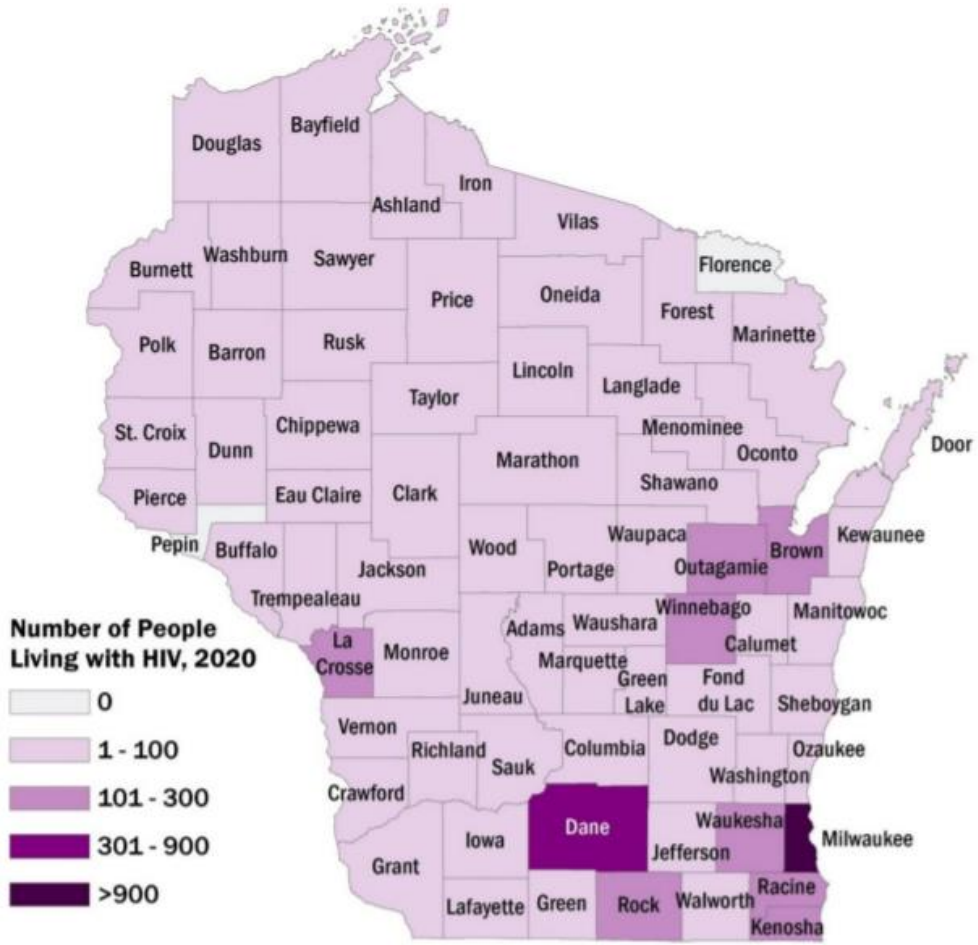


Geographic Distribution

- Nearly half (47%) of all individuals living with HIV in Wisconsin currently reside in Milwaukee County,
- 12% live in Dane County
- 4% each live in Racine and Brown counties

The majority of people living with HIV live in the southern and southeastern part of the state.

Geographic distribution of people living with HIV, Wisconsin, 2020



Demographics of New Diagnoses (2020)

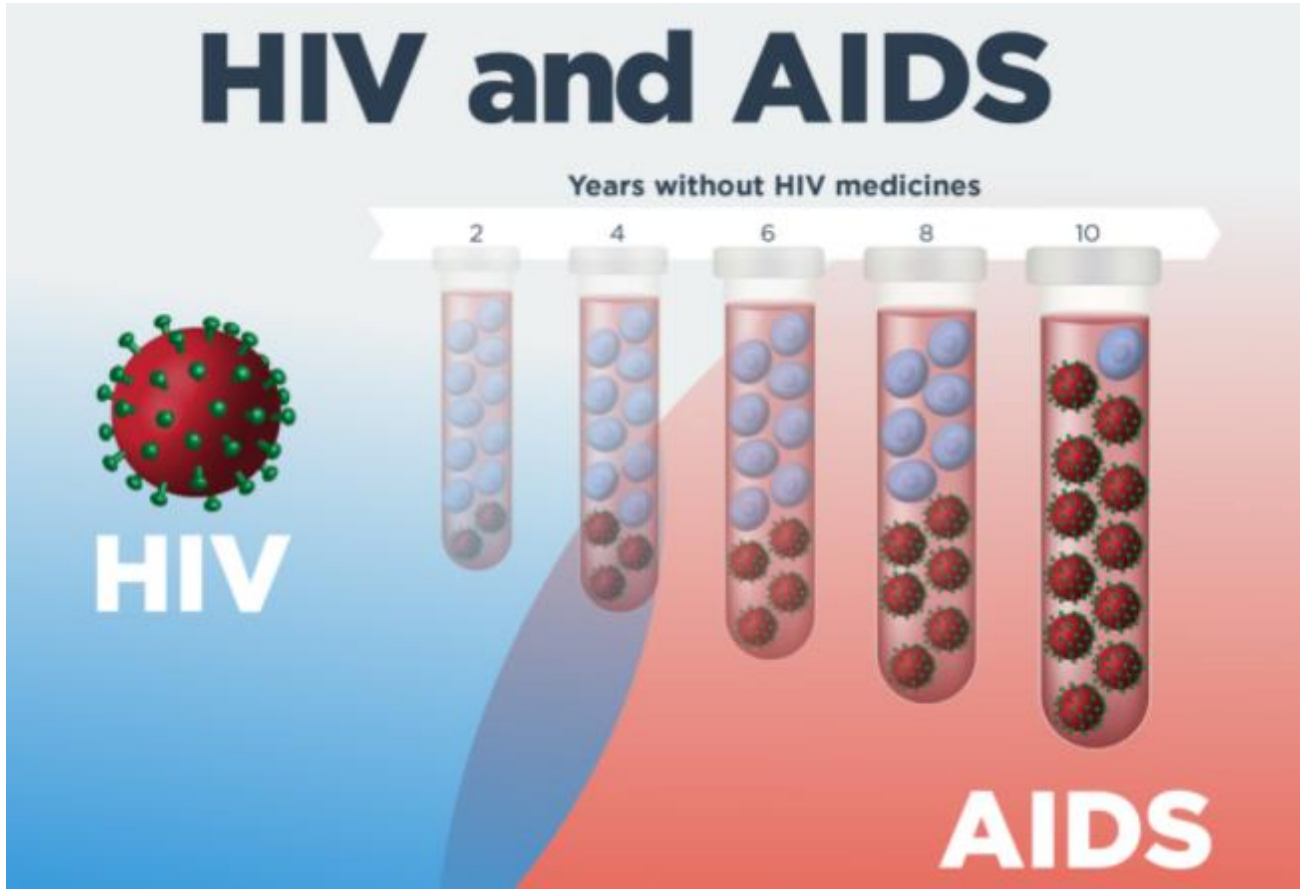
- Approximately 1 out of 3 new HIV diagnoses were among young cisgender men under 30
- Black men were diagnosed with HIV at a higher rate than other groups
- Racial and ethnic minorities accounted for 61% of new HIV diagnoses (but make up just 19% of the state's population)
- Two out of 3 new HIV diagnoses were attributed to male-male sexual contact

Questions about Vivent Health?

HIV 101

Stages of HIV

- Stage 1: Acute HIV Infection
  - Large amount of HIV in blood
  - Very contagious
- Stage 2: Chronic HIV Infection
  - HIV still active but reproduces at low levels
  - Can last a decade or longer without medication
  - People who take medications as prescribed may never move to stage 3
- Stage 3: AIDS
  - Badly damaged immune system leads to increasing opportunistic infections
  - Without treatment, people with AIDS typically live about 3 years



Prevention

- PrEP (Pre-Exposure Prophylaxis)
  - Medicine that people who are at risk for HIV take to prevent getting HIV from sex or injection drug use
  - Reduces the risk of getting HIV from sex by 99%
  - Reduces the risk of getting HIV from injection drug use by at least 74%
- PEP (Post-Exposure Prophylaxis)
  - Taking medicine to prevent HIV after a possible exposure
  - Must be started within 72 hours of possible exposure

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Testing

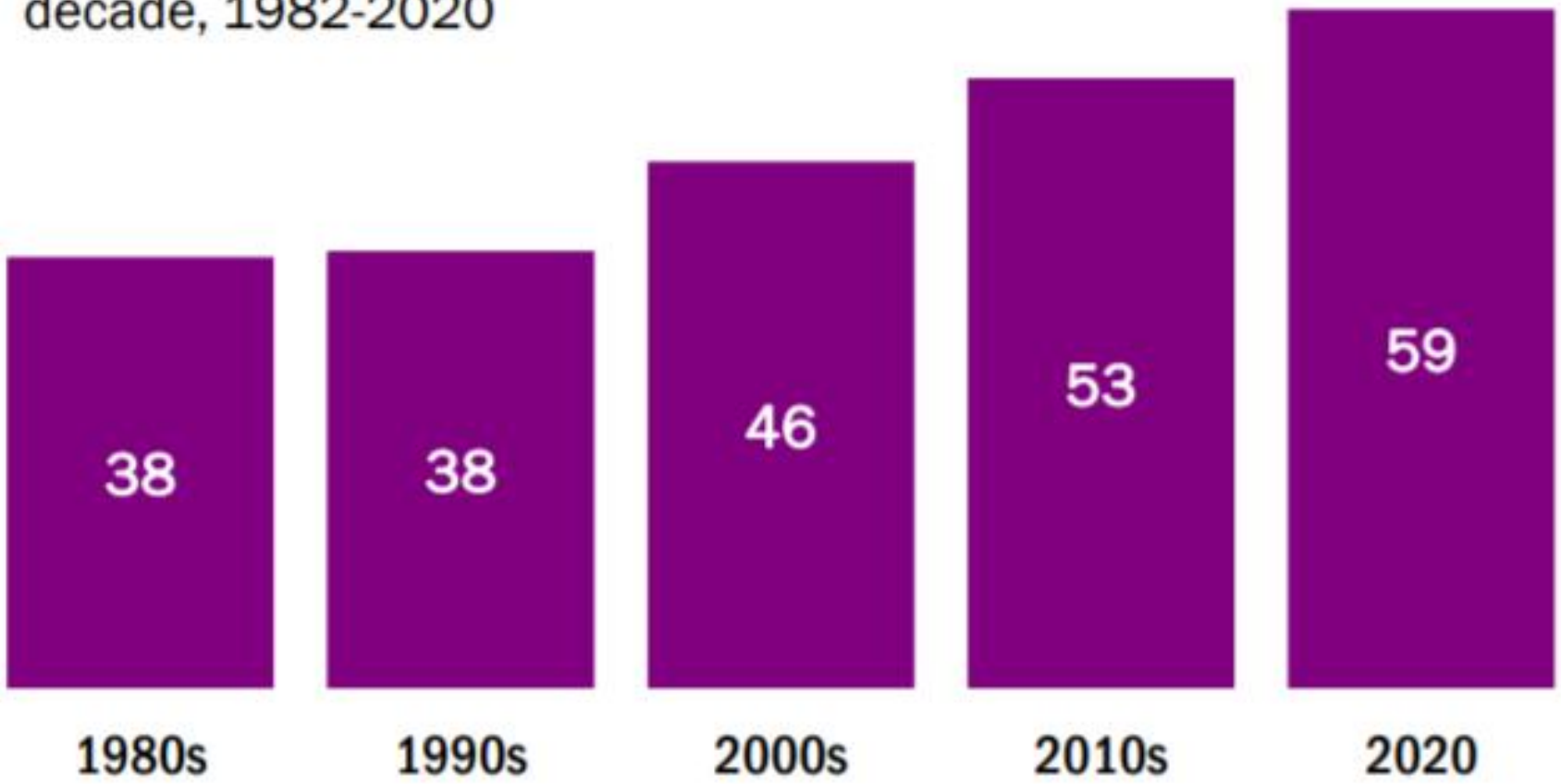
- HIV testing is covered by health insurance as required by the ACA
- Three types of tests -
  - Nucleic Acid Test (NAT)
    - Blood draw, several days for results
  - Antigen/Antibody Test
    - Finger prick, 30 minutes or less for results
  - Antibody Test
    - Finger prick or oral swab, 30 minutes or less for results

Living with HIV

- Infectious Disease Doctor
  - Appointments and labs every 3-6 months
- Anti-Retroviral Therapy (ART)
  - Daily
- Informing current and past partners
- Ultimate Goal: Viral Suppression

People living with HIV are living longer and healthier lives.

Median age at death of people living with HIV in Wisconsin by decade, 1982-2020



U=U Undetectable = Untransmissable

- HIV medicine can reduce the amount of HIV in blood (called viral load) to a level so low that a test can't detect it.
- If you get an undetectable viral load and keep it, you have effectively no risk of transmitting HIV to an HIV-negative partner through sex
- By taking medicine daily, as prescribed, most people can get an undetectable viral load within 6 months.
- The longer you are undetectable, the more likely you will stay undetectable.
- People living with HIV who take ART medications daily as prescribed and who achieve and then maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

Questions about HIV?

Break

Working to be more inclusive

Agency Level Inclusion Work

What is Vivent Health doing?

- Hiring from within the community
- HBCU Scholarship
- Employee Resource Groups (African American, LGBT, Parents, etc).
- DEIB Book Group
- Listening Sessions
- Leadership Training for all Supervisors
- Financial support for the work

Department Level Inclusion Work

How our department puts concepts into action

- All staff watched 2 episodes of Oprah's Where Do We Go From Here (2 hours total)
- All staff watched 1 episode of Robin DiAngelo's Deconstructing White Privilege (1 hour)
- All staff were tasked with identifying 9 items we want to work on over the next year in the realm of DEIB
  - Areas to focus: our personal lives, our workplace, our local community, and our state or federal communities.
- And we conduct like this...!

How our department puts concepts into action

- Director engaged staff in small group discussions to walk through the “9 things”
- After 18 sessions, Director compiled themes and presented them back to the team
- Supervisory team nominated staff to push projects forward—created the DEIB Task Force with representatives around the state
- Supervisory team met with their teams and identified what action steps they could take on

How our department puts concepts into action

- Director accumulated a variety of materials and funding to support implementation
- Initiatives to date:
  - Voter registration push
  - Monthly lunch and learns
  - Monthly staff profiles and Q&A sessions (voluntary)
  - Donation drives
  - Volunteering
  - Team charter

Investing in our Team

- Preceptorship to build CMs supervisory capacity
- Resource library at every site
- Increased employee education budget
- 360 Evaluations (anonymous) with full report back to department

Time for Sharing

What's happening at your agency?

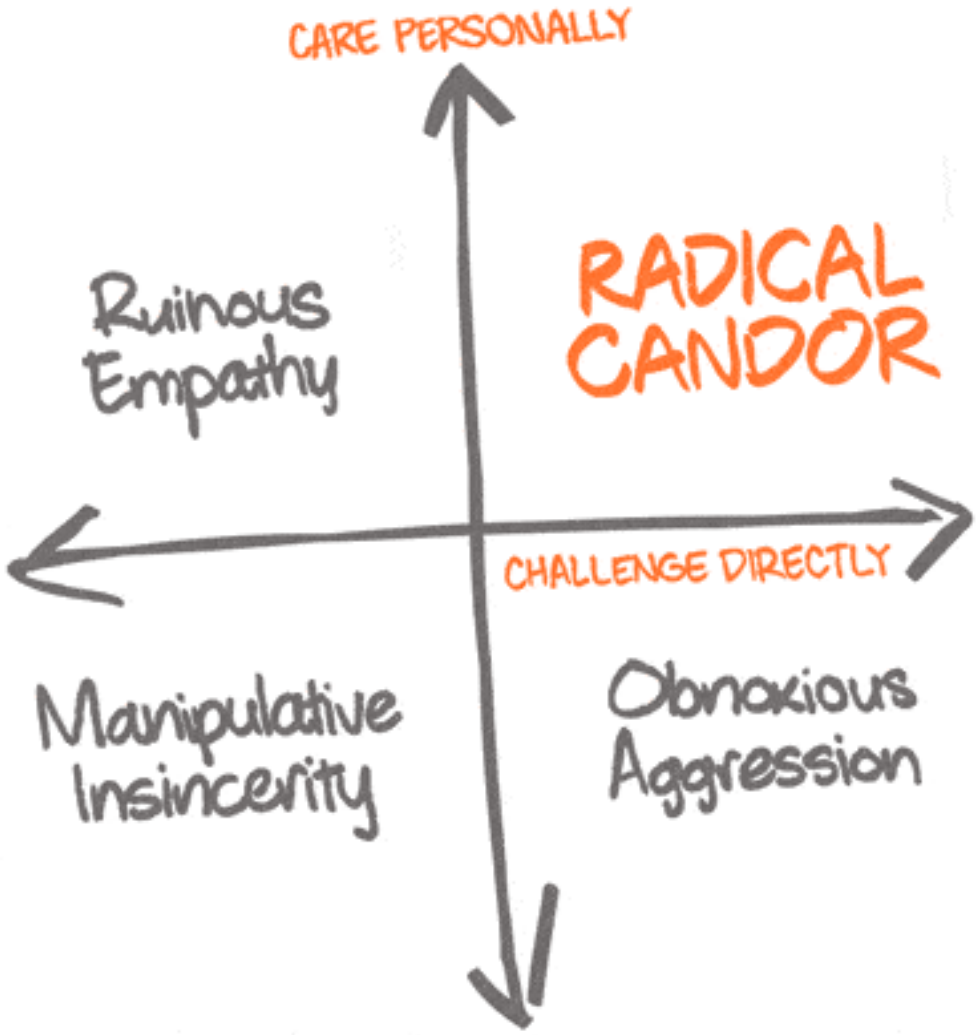
Questions about our process?

Break

Building Our Capacity

Starting here: Radical Candor

- Book by Kim Scott
- Reinforcing the concept at the intersection of caring authentically and challenging directly—not to be confused with brutal honesty
  - NOT ruinous empathy, where you care about someone personally, but fail to challenge them directly
  - NOT obnoxious aggression, where you challenge directly and do not care personally
  - NOT manipulative sincerity, where you do not challenge directly, but also are not sincerely invested in a person's success



Increasing Cultural Competence

- Cultural competence is a framework for working in cross-cultural situations.
- By being culturally competent, people have the ability and willingness to interact effectively with individuals and groups of the same and different cultures.
- Defined as “an individual’s ability to respect each person’s uniqueness.”
- This same framework can be applied to diversity related to sexual orientation and gender identity.

Language

01

The first step is learning the language

02

The second step is using the language

03

The third step is getting comfortable with the language

Transgender: A Working Definition

- Trans: A movement across, through, or beyond
- A person whose gender identity differs from the sex the person had or was assigned as having at birth
- Gender identity is not something you can tell by looking at someone
- Many identities fall under the transgender umbrella—let's explore them

Transgender: A Working Definition

- An “umbrella” term which unites the transexual, transgender, cross-dressing, and gender bending community.
- Also indicative of people who express a gender that does not correspond with that which was assigned to them on the basis of the biology (sex)

Transexual: A Working Definition

- A person who is biologically one sex, but emotionally, behaviorally, and/or spiritually another
- They **may** be in the process of changing their body through surgery and/or hormones, but also may not (and not want to)

Two-Spirit: A Working Definition

- Two-spirit is a Native/Indigenous term for individuals who "maintain a balance by housing both feminine and masculine spirits."
- Often the terminology preferred in Native communities, as it is more culturally relevant.
- It may encompass same-sex attraction, and a wide variety of gender variance, including LGBT, GNC, gender queer, or those who express multiple gender identities.
- Can also be inclusive of relationships consider "poly"

Intersex

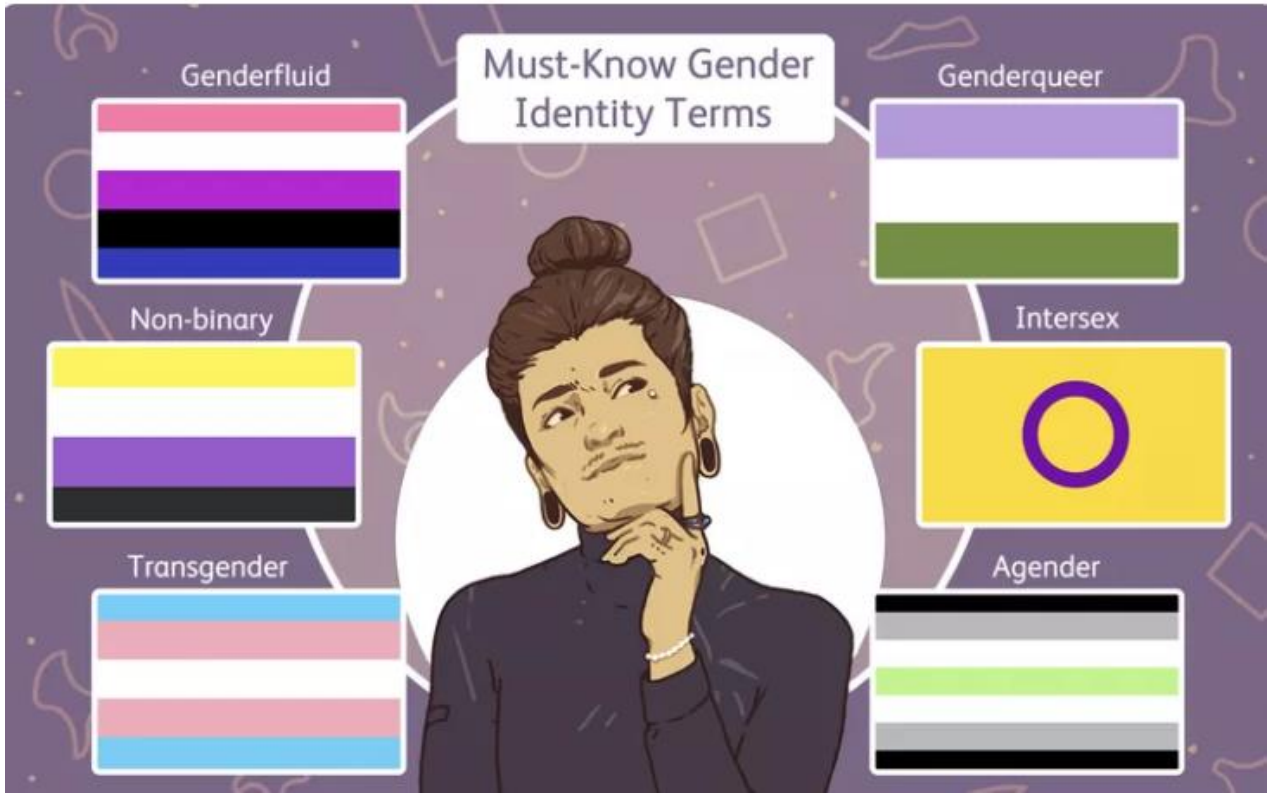
- Intersex is a general term used for a variety of situations in which a person is born with reproductive or sexual anatomy that doesn't fit the boxes of “female” or “male”
  - Sometimes doctors do surgeries on intersex babies and children to make their bodies fit binary ideas of “male” or “female”
- Some intersex people identify as transgender, but many do not
- There are about as many intersex people as natal redheads in the general population
- There are many terms that were formerly used to describe intersex people that are no longer deemed sensitive, appropriate, or affirming

Gender Non-Conforming (GNC)

- A person who does not identify with the male-female binary, rather, seeks another gender option authentic for themselves
- Individuals who do not adhere to traditional gender expectations for appearance and behavior of people of their assigned gender.
- Some identify as transgender, but others may not.

Gender Queer

- This term is commonly used to describe a person who feels that their gender identity does not fit into the socially constructed “norms” associated with their biological sex



Self-Identification

- Gender: social and cultural, commonly binary (male/female)
- Sex: biological and chromosomal, assigned at birth by witness determination
- A person may identify with a gender that is independent from their sex assigned at birth (which is based on external genitalia)

Additional Working Definitions

- Female: a person who self-identifies as female
- Male: a person who self-identifies as male
- Cisgender: a person whose gender identity is congruent to their sex assigned at birth.
  - Academically, this is a comparative term with transgender
  - Cis = no change
  - Used to de-normalize the cisgender experience
- Pangender: a person who feels that they cannot be labeled as female or male in gender, rather, identifies as many genders at once, or is gender fluid (freely moves along a continuum of gender identity)

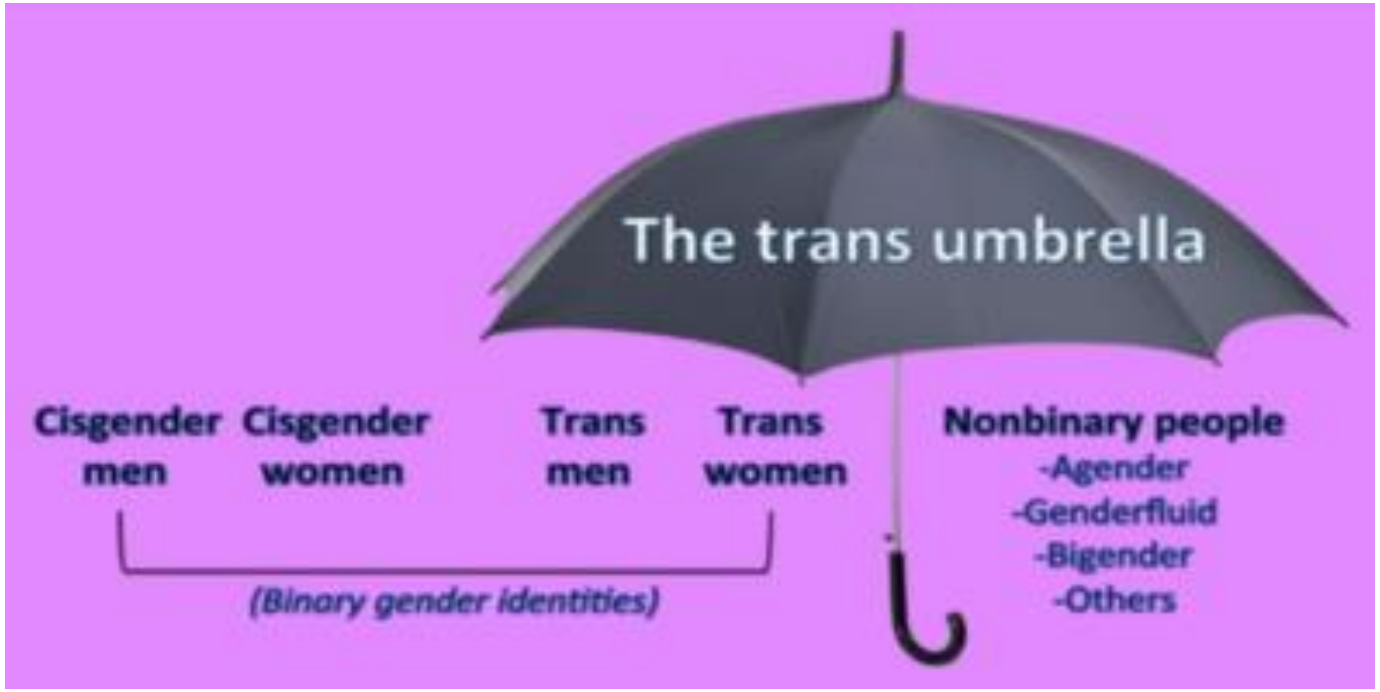
Questions or Comments? Let's Discuss!

Break

Addressing Myths

Let's Address Some Myths…

- Myth
  - All TGNC people are either FTM or MTF
- Reality
  - There are many different trans identities. Trans people have the right to self-identify
- Best Practice
  - Always ask people how THEY identify their gender



Let’s Address Some Myths…

- Myth
  - Transgender people are confused or tricking others
- Reality
  - Gender identity and expression are personal. Trans folks are simply trying to be the people they've long felt they are.
- Best Practice
  - Work to understand the systems that shape our society, and support others embracing their true selves—without judgement or opinion

Let's Address Some Myths…

- Myth
  - All TGNC people want to have "the surgery" and the only way a person can be trans is with surgery
- Reality
  - Not every trans person wants to have a gender affirming
  - Using the term "pre-op/non=op/post op" is problematic since it assumes surgery
  - There is not "one" surgery that people may want or choose to have one
- This also applies to hormone therapy—not all trans people want to take hormones
- Best Practice
  - Do not assume identity based on biology

Let's Address Some Myths…

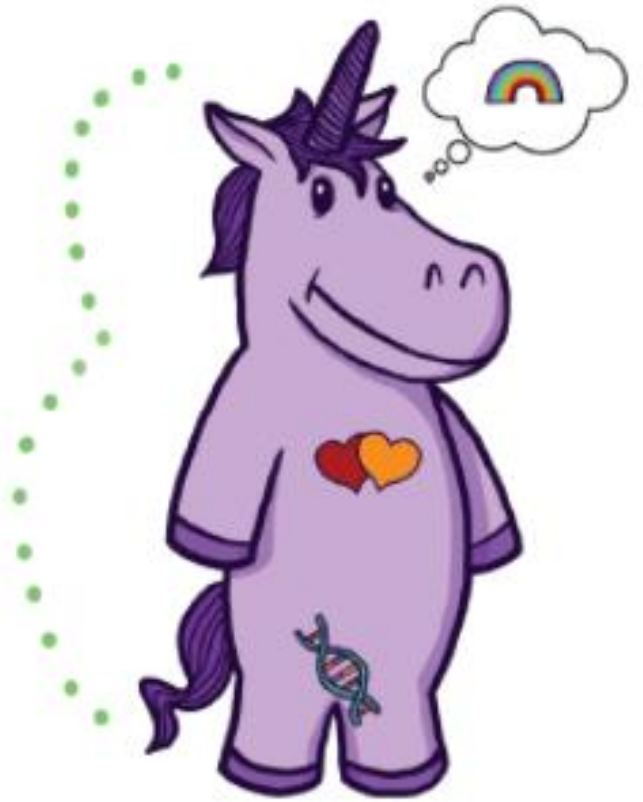
- Myth
  - All TGNC people are heterosexual
- Reality
  - Gender identity does not equal sexual orientation
  - Trans people can be gay, lesbian, bisexual, pansexual, queer, or heterosexual
- Best Practice
  - Always ask each person how THEY identify their sexual orientation
  - Why? So you know they people/chosen family important in a person's life

Let's Address Some Myths…

- Myth
  - Sexual orientation is linked to gender identity
- Reality
  - Sexual orientation is who someone is sexually attracted to. Gender identity is who someone is.
- Best Practice
  - Refer to the Gender Unicorn!

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Let's Address Some Myths…

- Myth
  - All TGNC people want to "pass"
- Reality
  - Not all trans people want to blend into society without being recognized as trans (but some DO and may no longer identify as trans at all)
  - "Passing" or being "passable" is a term used to describe a person who is perceived to be cisgender and is not necessarily identified (read or clocked) as trans by others
  - Sometimes "passing" is a priority because of safety concerns
- Best Practice
  - Avoid placing value on a TGNC person's ability to pass
  - Recognize that many TGNC folks have no interest in blending into a male/female binary

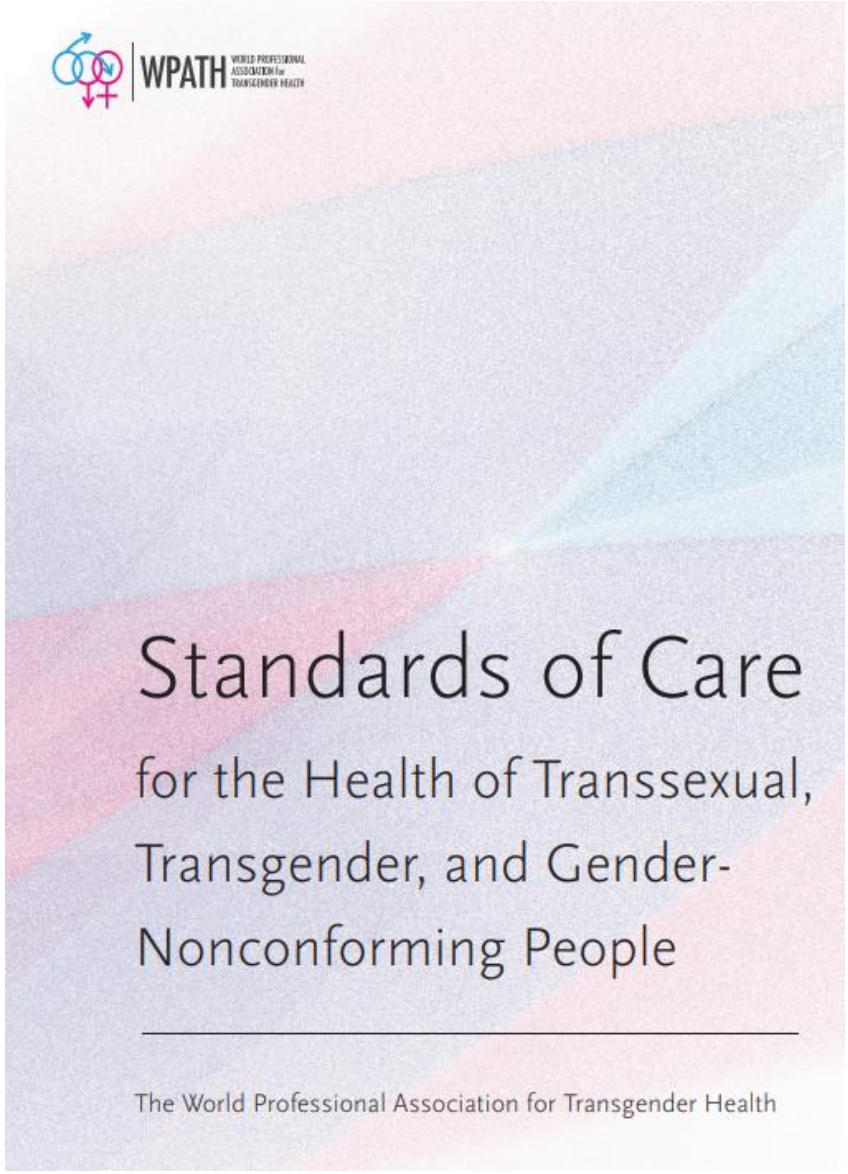

NBCout

Let's Address Some Myths…

- Myth
  - Transgender inclusive health care is expensive
- Reality
  - The **Human Rights Campaign**, an LGBTQ advocacy group, estimates that trans-specific treatments can cost between **$25,000 and $75,000**, which is minimal compared with other health-care needs. And very few patients require these treatments, since trans people make up **less than 1 percent** of the population, making the cost relatively small for major health providers.
- Best Practice
  - Health plans, many of which don't provide fully trans-inclusive care, can adopt these benefits at a minimal cost. For LGBTQ advocates, getting this point across is crucial as they lobby federal, state, and local lawmakers to stop discrimination against trans people in health-care plans — since, for a lot of trans people, an insurer's exclusion can be the biggest obstacle to dealing with severe, even life-threatening gender dysphoria.

Let's address some myths...

- Myth
  - Transgender people are mentally ill
- Reality
  - Major medical organizations, like the American Medical Association and American Psychiatric Association, say being transgender is not a mental disorder.
  - The APA explained this in explicit terms when it stopped using the term “gender identity disorder” in favor of “gender dysphoria”: “Part of removing stigma is about choosing the right words. Replacing ‘disorder’ with ‘dysphoria’ in the diagnostic label is not only more appropriate and consistent with familiar clinical sexology terminology, it also removes the connotation that the patient is ‘disordered.’”
- Best Practice
  - Being trans isn’t the medical condition; living as trans is in fact the *treatment* to the medical condition. Support folks living into their truth. It's about them, not us.



Let's address some myths...

- Myth
  - Drag queens and kings are transgender
- Reality
  - Being trans isn’t a matter of dressing up in different clothes. It’s a permanent identity that follows people throughout their entire lives. And while some trans people enjoy dressing up in exotic outfits to entertain others, the act of dressing up in clothes that match one’s gender identity reflects only one part of what it means to be trans.
- Best Practice
  - What cross-dressing means can vary a lot from individual to individual.
  - Getting this right is crucial to understanding the nuance of gender identity and expression, which are deeply ingrained and follow nearly all aspects of trans people’s lives. When in doubt ask, although, it’s not about YOU. Minimally use chosen pronouns (confirmed by asking!)

What else can we demystify?

Impact: Unpacking why this matters.

Transphobia

- Fear, hatred, disbelief, or mistrust of people who are transgender
- The combination of prejudice and power that = oppression
- Typically expressed in 4 levels
  - Interpersonal—between people
  - Institutional—among systems, structures, or environments
  - Ideological—based on what people believe (“othering” or subscribing to “norms”
  - Internalized—prejudice turned inward

How transphobia commonly manifests

It can be subtle or overt, implicit or explicit

- Through negative attitudes and beliefs about trans people
- Aversion to and prejudice against trans people
- Irrational fear and misunderstanding
- Disbelief or discounting pronouns or gender identity
- Derogatory language and name-calling
- Bullying, abuse, and violence


IN CONVERSATION WITH...
LAVERNE COX on TRANSPHOBIA

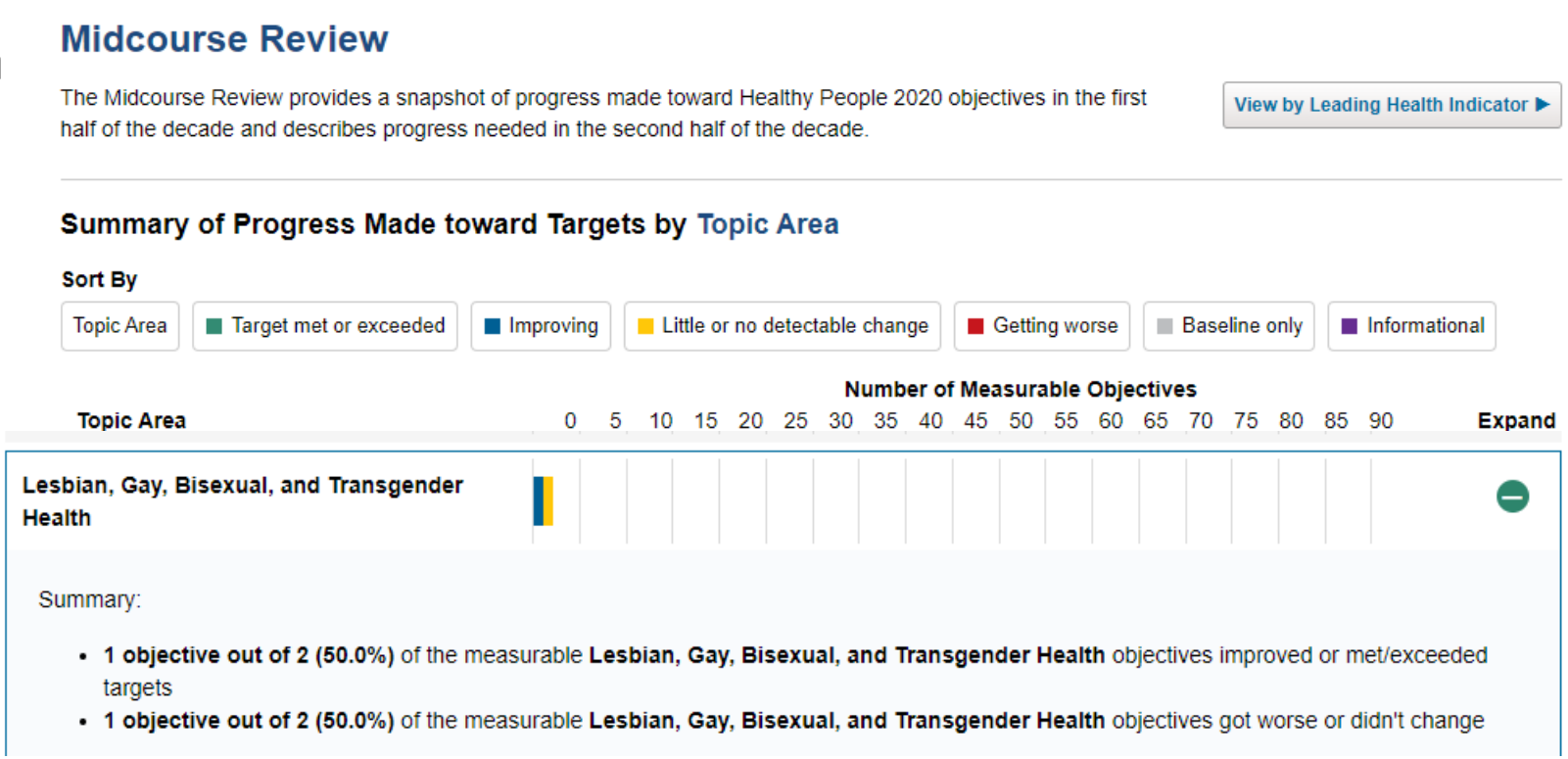
Misgendering as trauma

- Misgendering: To refer to someone, especially a transgender person, using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify.
- Misgendering someone signals that you are not safe and they are not in a safe environment
- How could this effect the rest of your interaction with them?
- How could this affect people beyond the individual who was misgendered?

Social Determinants of LGBT Health

- Research shows that LGBT individuals often face—still in 2021
  - Societal stigma
  - Discrimination
  - Denial of their civil and human rights

- HealthyPeople 2020 >>



Why is LGBT-Specific Health Important?

- Eliminating health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT folks can lead long, healthy lives. By addressing health concerns of the LGBT population specifically we can
  - Reduce disease transmission and progression
  - Increase mental and physical well-being
  - Reduce the cost of healthcare
  - Increase longevity

Why does this matter? HealthyPeople.gov says…

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.

Why does this matter? HealthyPeople.gov says…

- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol, & other drug use.

What to do next...lessons learned

- Don’t ask questions you would not ask your great aunt
- Don't assume trans folk are open to invasive questions
- Don't fetishize trans people
- Never act as an expert on someone else's gender identity
- Recognize cultural, religious, and spiritual perspectives on gender that do not align with male-female binary
- Never make comments about an individual's physical appearance that is related to their gender.
  - OK "you look nice"
  - NOT OK " you don't look trans..?!"

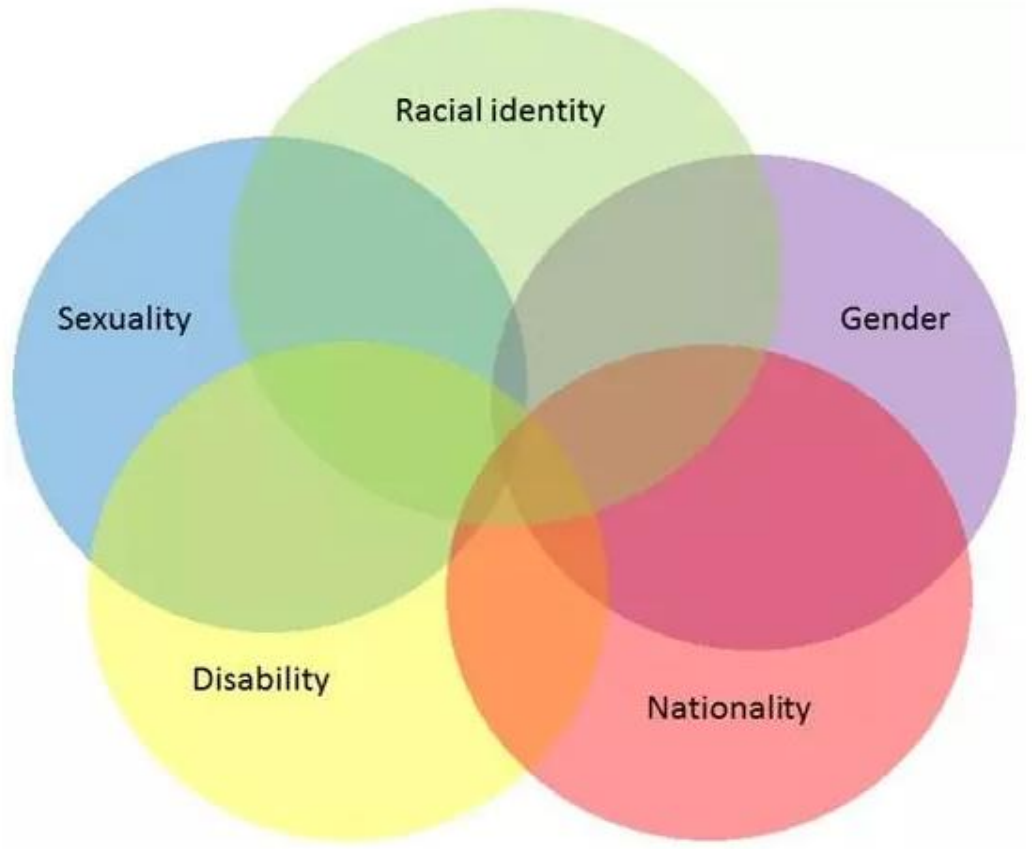
What to do next...lessons learned

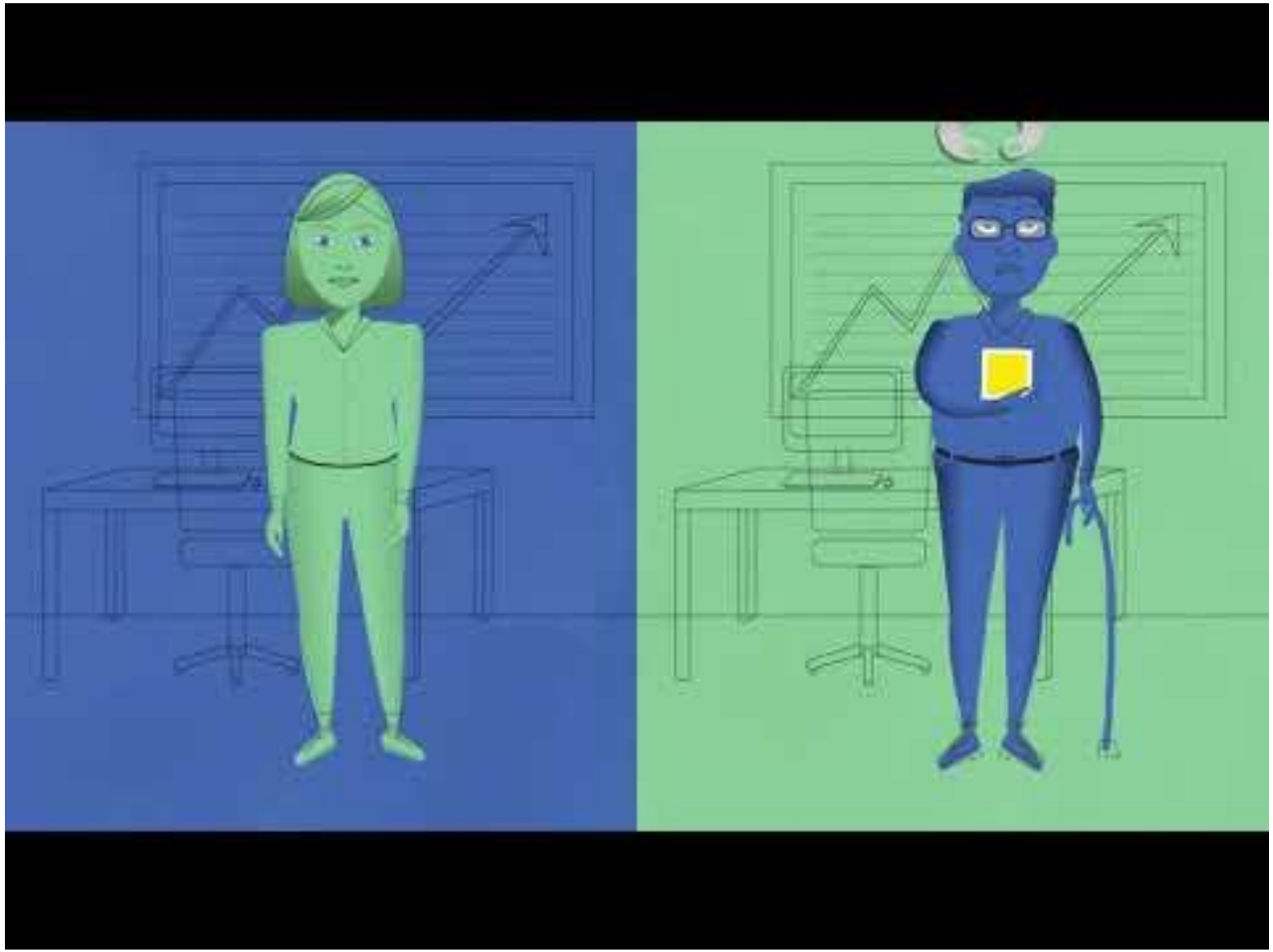
- Never out someone without their consent
- Make a habit/ritual of asking people's pronouns
- Support policies that affirm trans people
  - Bathroom rights/gender neutral restrooms
  - Trans actors playing trans roles
  - Trans athletes playing sports that are aligned with their gender identity
- Promptly apologize when you have crossed a line
- Call people in
  - Gently correct folks "Becky's pronouns are she/her"
  - Catch people privately afterward
  - Support the person being offended/targeted/harmed

Intersectionality: Digging in deeper

What is intersectionality and why is it important?

- Simply: The concept that all oppression is linked
- Academically: The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.





Intersectionality: Key Points

- Part of taking an intersectional approach is recognizing people's lives are multi-dimensional and complex; we expect multiple stories
- Human lives cannot be explained by single categories, such as gender, race, sexual orientation etc. Lived experience is an interactive process that goes beyond individual labels
- Lived experience is shaped by the interaction of identities, contexts and social dynamics
- People can experience privilege and oppression simultaneously

Intersectionality: Key Points

- Structural inequity interacts with contextual factors and social dynamics, increasing marginalization, inequity, and health disparity
- To understand someone's experience, we must also understand structures and systems
- Relationships involve power dynamics and power imbalances are inevitable. The question is how we acknowledge and negotiate power, particularly in institutions
- Reflexivity can support service providers to increase their awareness of their positions of power
- Urges transformation and collective work towards social justice

Reflective Questions: Intersectionality

- How do your own race, gender, class, sexual orientation, gender identity, and other identities intersect to form your experiences? Do you experience any forms of inequity or discrimination due to your identities? Are some more privileged? Are some less so?
- What power dynamics do you experience in your occupation, family life, and other social contexts? Are there times in which you hold more power due to the nature of the relationship (e.g. between a doctor and their patient) or vice versa? In what ways do these power dynamics affect your interactions with other people and services?
- What are some ways in which you can support people to share the complexity of their lives?

What can you do to address intersecting forms of oppression in your work?

- Check your privilege: All your social identities play into your privilege, even if you didn't ask for it. Reflect on these and consider how this impacts the discriminations you do and do not experience personally.
- Listen and learn: work to gather information and understanding about the experiences of others. Meaningfully collaboration with diverse groups. Hear and honor their words, while being mindful that is it not their responsibility to educate you.

What can you do to address intersecting forms of oppression in your work?

- Make space: ask yourself if you're the right person to take up space or speak upon certain issues. Center the stories, experiences and actions of those with individual experience. Don't speak for them and never speak over them.
- Watch your language: many of the words we use daily are ableist, exclusionary, and downright offensive to marginalized communities. Recognize and correct your use of terms that fall into this category (ie. "that's so lame") Accept criticism and call others out/in.
- As we increase our understanding of intersectionality, and grow in our understanding of differences, our language will evolve from simply reflecting experiences of people of a singular identity.

Intersections of Housing LGBT People

Housing oppressed and traumatized people

- Discussion—in your experience, how have you encountered this in your work?

- Mental health, specifically PTSD (those intersecting issues!) can increase an individual's risk of experiencing housing instability
- Because our clients experience intersecting levels of oppression, they are at an even greater risk of confounding issues.
  - Additionally compounding matters, oppressed individuals have greater rates of work absenteeism, a higher number of medical visits, an increased likelihood of un-or-under employment, low hourly pay, and increase difficulty meeting work-related demands.

Intersectional Discrimination: Housing Affordability

- LGBT adults, as a whole, have at least 15% higher odds of being poor than cisgender straight adults after controlling for age, race, urbanicity, employment status, language, education, disability, and other factors that affect risk of poverty (Badgett et al., 2019)
- Among LGBT people, poverty is especially prevalent among racial minorities, bisexuals, women, transgender people, and younger people (e.g., Badgett, 2018; Badgett et al., 2019; Carpenter et al., 2020; Meyer et al., 2019)

Intersectional Discrimination: Homeownership

- According to representative data from 35 states, nearly half (49.8%) of LGBT adults own their homes, compared to 70.1% of non-LGBT adults (Conron, 2019)
- Homeownership is even lower among LGBT racial minorities and transgender people (Conron et al., 2018; Meyer et al., 2019)
- Same-sex couples are significantly less likely to own their homes than different-sex couples (63.8% and 75.1%, respectively)
- Homeownership is higher among married couples than unmarried couples, but married same sex couples are significantly less likely to own their homes than married different-sex couples (72% and 79.4%, respectively)

Intersectional Discrimination: Homelessness

- Studies find that between 20% and 45% of homeless youth identify as LGBTQ, at least 2 to 4 times more than the estimated percentage of all youth who identify as LGBTQ (e.g., Baams et al., 2019; Choi et al., 2015)
- Among young adults aged 18-25, LGBT people have a 2.2 times greater risk of homelessness than non-LGBT people (Morton, Samuels, et al., 2018)

Intersectional Discrimination: Stigma

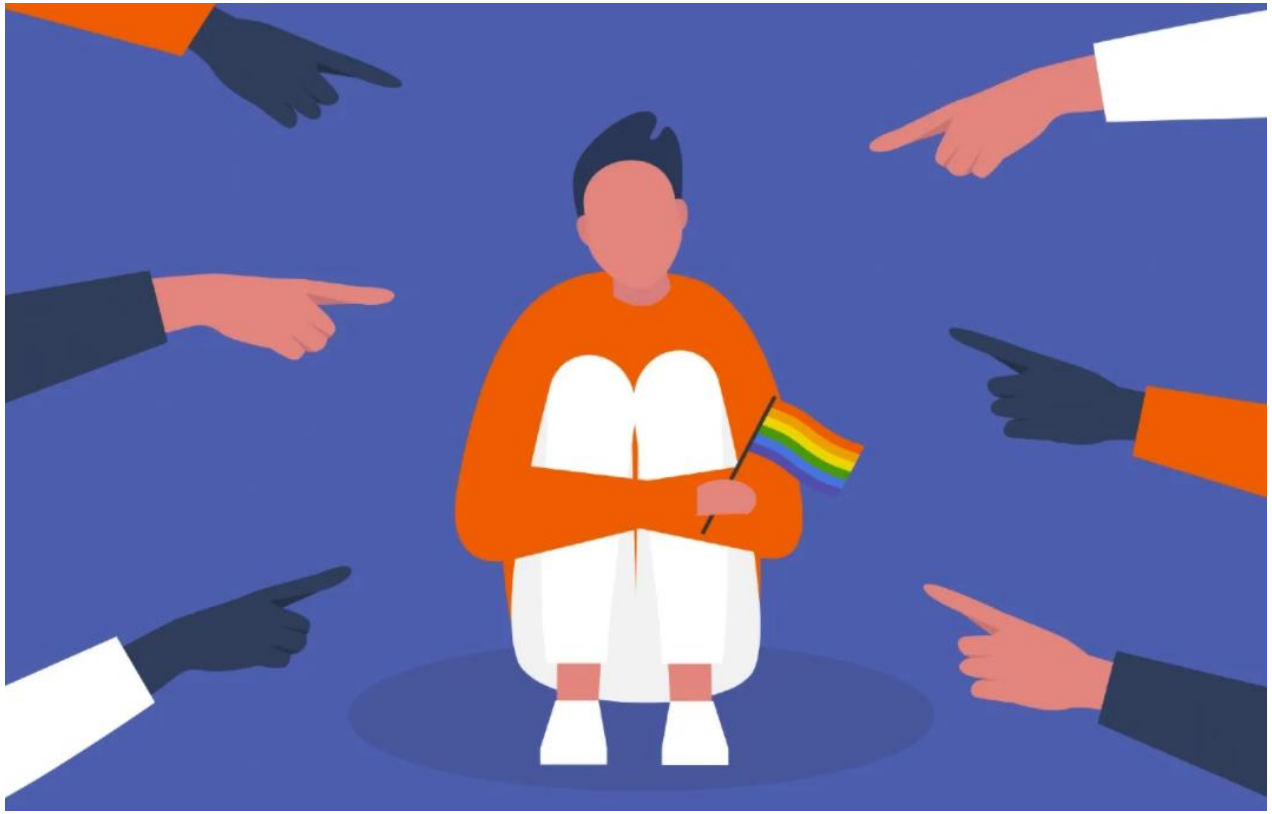
- LGBT people face an array of stigma and discrimination across the life course that undermines their ability to have stable, safe, and affordable housing.
- Family rejection of LGBTQ youth is a major factor contributing to their high levels of homelessness (e.g., Choi et al., 2015; Ecker, 2016), and that rejection diminishes not only the possibility of reunification but also family ties for LGBT people into adulthood and elder years.
- LGBT youth and adults face challenges in accessing homeless shelters and services, such as harassment and violence, staff who are not equipped to appropriately serve LGBT people, and sex-segregated facilities in which transgender people are housed according to their sex assigned at birth (which leads many transgender people to go unsheltered instead).

Stigma

- LGBT people face widespread harassment and discrimination by housing providers, who, for example, studies have shown are less likely to respond to rental inquiries from same-sex couples (Friedman et al., 2013) and are more likely to quote male same-sex couples higher rents (Levy et al., 2017) than comparable different-sex couples.
- LGBT elders are at risk of being turned away from or charged higher rents at independent or assisted living centers (Equal Rights Center, 2014), as well as harassed, treated poorly, or forced to go back in the closet once moved in (e.g., AARP Research, 2018).
- Same-sex couples face system-wide discrimination by mortgage lenders, with one study finding that, compared to different-sex borrowers of similar profiles, same-sex borrowers experienced a 3% to 8% lower approval rate and, among approved loans, higher interest and/or fees (Sun & Gao, 2019).

Stigma

- Discrimination against LGBT people in employment and other settings is widespread and can destabilize housing and make it more unaffordable.
- LGBT people may face not only sexual orientation or gender identity discrimination in housing but also other forms of disadvantage, such as racial prejudice, language barriers, and inaccessibility related to a disability.



Youth

- Approximately 20% of LGBT youth leave home because of lack of acceptance from their family.
  - It is estimated that 5%-10% of all youth in this country identify as LGBT; by contrast 20%-40% of homeless youth identified as LGBT
- LGBT youth of color have multiple intersections minority identities, therefore have different social needs compared to non-intersectional youth.
- Homeless LGBT youth of color experience high rates of engaging in sex work, STIs, discrimination from peers, problems in school, verbal and physical abuse, and other forms of violence.

Intersectional youth have unique needs

- Youth can have a host of developmental issues as they begin to understand the world.
  - Peer pressure, crime, emotional issues like anger and depression, attachment and trust issues, issues with poor performance at school, self-esteem issues, behavioral issues leading to violence, etc.
- These issues are often intensified when a young person is experiencing homelessness, especially when their sexuality deviates from what is too often considered "the norm" and they come from a minority population.
  - such as low economic status, domestic violence, low education, gender stereotyping, strong religious beliefs, high incarceration rates and more, the likelihood of homelessness skyrockets, leading homelessness to be just another outcome of the structural and social barriers inhibiting minorities

What can we do about it?

- Adoption and enforcement of comprehensive federal and state protections against sexual orientation and gender identity discrimination in housing, lending, and government-funded programs and activities, among other settings.
- Evaluation of the extent to which LGBT people face barriers to accessing programs and services aimed at increasing housing affordability and reducing housing instability—such as Section 8 and homebuying programs of the Federal Housing Administration—and execution of corrective actions as necessary.
- Allocation of governmental and private funding to develop and implement evidence-based programs to reduce stigma and discrimination faced by LGBT youth and adults, including within LGBT people's families-of-origin.

What can we do about it?

- Expansion of housing and shelter options for LGBT youth and adults so that they are sheltered safely and appropriately.
- Mandated training for all staff at agencies providing housing, child welfare, homelessness, and other relevant services to the LGBT population, in order to ensure that staff become and remain equipped to serve LGBT people in an affirming manner.
- Enhanced data collection and research on housing issues faced by the LGBT population and subpopulations in order to improve our knowledge base and help design interventions.

Other Best Practices

Best Practices...

- Use gender neutral language, preferably all the time!
- This is language that does not make assumptions about people's gender or exhibit a bias towards a particular gender
  - Instead of saying "the WOMAN in the red shirt" say "the PERSON in the red shirt"
  - Instead of saying "ladies and gentleman," use the words "everyone," "friends" or "y'all"
  - When referring to someone you do not know, use they/them pronouns until you are able to ask what pronouns they use

More Best Practices…

- Correct your mistakes
  - When you mess up, acknowledge, apologize, correct, and move one
  - Regroup, pause intentionally, and start over
- Model behavior
  - Introduce yourself with your pronouns
  - Ask for the pronouns of others

More Best Practices…

- Instead of “birth name” we can ask for:
  - Name on your ID Name or Insurance Card
  - Only ask these questions if you need this information
  - Think about where you would be using these depending on your role
- Using neutral language to greet people
  - Try not to use Sir/Ma’am, ladies/gentleman, “you guys” unless you are already acquainted with the patient/client or group
- Develop gender neutral language that works for you
  - Folks, friends, y’all

More Best Practices…

- Always respect pronouns (he, she, they, zie, hir, etc.)
  - Respect pronouns even when the person is not present
  - Always use them when talking to or about someone
  - Slow down, apologize, and correct errors as they are made
- Practice using gender neutral language
- When introduce self, share your pronouns as this gives the other person the opportunity to share theirs as well
  - Lead by example and model behavior
- Research ways to make your program more trans-inclusive

More Best Practices…

- Do not set expectations on what a trans person is supposed to look like
- Don’t make assumptions about trans people’s gender identity or sexual orientation
- Don’t make everything about the person being transgender focus on being client-centered
- Encourage staff to gently correct each other when misgendering individuals.
  - This can be done in private, and should always be in kindness, but it’s also important to address publicly if the misgendered individual is there.

More Best Practices…

- When in doubt, ask. We all make mistakes
- Do your research! (Peers, online, transgender health team)
  - Don’t learn from your patients
- Give trans people the respect you would give any other person

More Best Practices…

- Don’t ask a trans person a series of intimate or invasive questions
  - Most TGNC people report having to teach their providers about their lives and in many cases about how to medically care for them.
  - This lack of knowledge causes an understandable lack of trust and can be traumatizing
  - Seemingly innocent questioning can be harmful
    - Can you think of any examples?

No pronouns?

- A person may refrain from using pronouns for many reasons.
  - There may not be a set of pronouns that feels right for that individual.
  - The person might be figuring out what pronouns to use in the future and may not want to use any in the meantime.
  - There might be pronouns that fit but are not in common use, and explaining them feels exhausting.
  - In any scenario, whether temporary or permanent, it's important to respect this person's lack of pronouns.
- Using no pronouns is a simple adjustment that can have a great impact on a person's sense of validity within their gender.

Use Their name!

- The first thing is to get used to starting sentences with the person's name
- It may feel like you're saying the person's name a lot.
  - You probably are. That's ok.
  - We use pronouns so frequently that we often don't realize our usage until we stop using them altogether.
  - Come up with a few other descriptors for the person. These can describe the relationship between you and the person who uses no pronouns, (ex. *friend*, *colleague*), about the person professionally, (ex. *manager*, *athlete*), or personally, (ex. *nurturer*, *host*)
- The key to respecting people who don't use pronouns is to practice and slow down!
  - Becky loves when you talk about Becky's kids, Wynn and Calla.
  - Weird for you? Affirming for me. Not hard.

Discussion & Questions

Challenges to you!

- How can you be more trans affirming in your role?
- How can you move your team in a direction that embraces trans health justice?
- Will you commit to practicing with your peers?
- Will you commit to respectfully correcting you peers?
  - Even if the person is not there?
  - Even if it's in writing?
- Will you commit to practicing on your own?

Thoughts on being more inclusive

Instead of…		Use…
Addict	>	Person with substance use disorder
What are your preferred pronouns?	>	What are your pronouns?
Abuse	>	Use
Clean	>	New
Dirty	>	Used
Crazy	>	Person with a psychiatric disability
Homeless	>	A person experiencing homelessness
Ladies and Gentlemen	>	Folks, colleagues, friends, everyone (I use Team and Y'all!)

Please read and bookmark this:

Using Inclusive Language: Guidelines and Examples