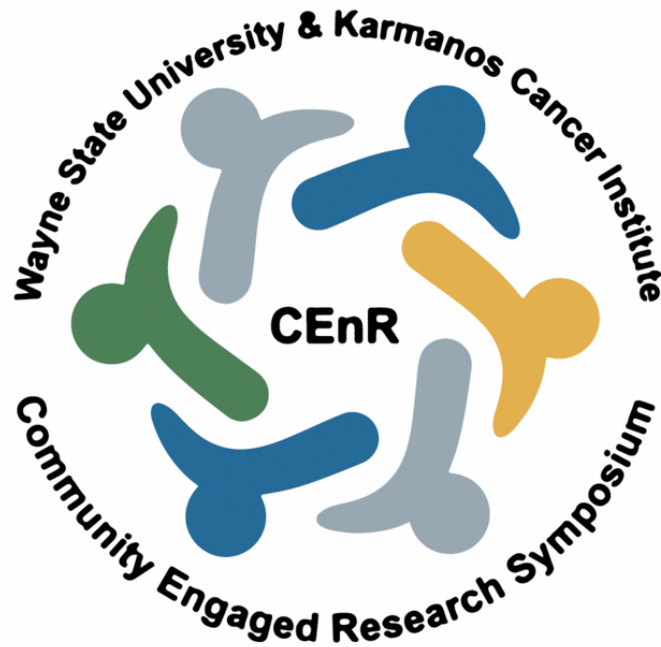


Program One: LGBTQ Health Equity Report



2022 Community-Engaged Research Symposium Series

September 21, 2022
11:00am - 4:00pm

Executive Summary

The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Health Equity Symposium was held on September 21, 2022. A total of 103 university/academic faculty & staff, community organization leaders & representatives, community members, healthcare providers, and students attended. Presentations were given on social determinants of health, policy, access & equity, and major health needs. Attendees of the symposium engaged heavily in dialogue with a goal of collaboratively producing action items to address health equity needs in this population.

The following themes evolved from the action items produced at the symposium:

- **Provider Training**
 - Widespread, comprehensive training needed
 - Training needed for entire practice, not just direct care providers
 - Make community aware of pathways to report, remediate
 - Disseminate evidence-based training
 - Inclusive language
 - Recurring education needed
- **Community Forums/Town Halls/Relationship Building**
 - Create space for a community forum for discussion between LGBTQ community members, providers, policy leaders
 - Create meaningful connections between people as a means of change
 - Increase interdisciplinary partnering
 - Include people with disabilities and those who are neurodiverse
 - Coalitions around specific populations
- **Policy**
 - Use collective impact to bring people together and work towards positive policy change
 - Advocate for policies that decriminalize treatment
 - Elect politicians who are allies
 - Academia disseminating research and data to politicians
- **Representation**
 - Representing all intersectionalities
- **Visibility Efforts**
 - Increase visibility of community and advocacy efforts
- **Standard of Care**
 - Provide and disseminate evaluations to patients
 - Modify existing standards or practice to meet the needs of the LGBTQ community
- **General Education**
 - More education on all levels
 - Develop an annual and ongoing training module for general population
- **Inclusive Data in Healthcare**
 - Inclusive, standardized language on forms
- **Research**
 - Collect better data
- **Speaker Bureau**
 - Create a resource of trained, educated speakers
- **Resource Guide**
 - Database or app of safe providers/organizations/services
- **Social Media**
 - Use social media for advocacy
- **Criminal Legal System**
 - What are the needs of previously and currently incarcerated LGBTQ folks?
- **Funding**
 - Advocate for greater funding from government and foundations
- **Health Insurance**
 - Should know which physicians provide transgender care

Members of the LGBTQ Health Equity Symposium planning committee and attendees who expressed interest in working towards solving some of these action items will meet regularly as a Research Network. CHECK-UP will provide pilot funding and support needed for research projects addressing some of these action items.

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Registration & Attendees

Total Registered: 140
Total Attendees: 103
Participation rate: 73.5%
Planning Committee & Staff Attendees: 26
Registration was open for a total of 30 days.

Attendee Background

Demographic information was only available for 74 of the 103 attendees. A majority of attendees resided in Michigan but some attendees were from out of state, including Virginia and Pennsylvania. Here are some of the Michigan cities that were represented by attendees:

- Detroit
- Warren
- Flint
- Ann Arbor
- Dearborn
- Dearborn
- Canton
- East Lansing
- Farmington Hills
- Rochester Hills
- Clawson
- Howell
- Wolverine Lake
- Roseville

Attendees came from both academic and community backgrounds:

Job/Work Role	Total Attendees
University/academic faculty	12
University/academic staff	8
Community member/resident	2
Health care provider	5
Student	16
Community organization leader or representative	18
Other	13

Registration & Attendees

Attendees were affiliated with a variety of organizations:

Affiliation	Total Attendees
Wayne State University	31
Karmanos Cancer Institute	3
Research and Advocacy Consortium	1
Community organization	10
Other	30

Those affiliated with WSU/KCI came from:

- School of Medicine
- Psychology
- Wayne Mobile Health Unit
- College of Liberal Arts & Sciences
- College of Nursing
- Oncology

Those affiliated with community organizations or "other" represented:

- Madonna University
- University of Michigan
- Washtenaw County Office of Public Defender
- St. Patrick's Senior Center
- Beaumont Health
- Detroit Health Department
- Gilda's Club Metro Detroit
- Southeastern Michigan HIV/AIDS Council
- Alzheimer's Association
- Michigan Department of Health & Human Services
- Affirmations Detroit
- Wayne Health
- Transcend the Binary
- Michigan Public Health Institute

Registration & Attendees

Attendees research interests:

Research Interests	Total Attendees
Social Determinants of Health	51
Health Disparities	42
LGBTQ Health	42
Public Health	41
Black Health	40
HIV and AIDS	36
Community Engagement	35
Women's Health	34
Behavioral Health	24
Basic Social Needs	22
Chronic Disease	22
Middle Eastern, Refugee, & Immigrant Health	17
Environmental Health	15
Refugee Health	14
Immigrant Health	13
Physical Activity & Nutrition	13
Cancer	12
Basic Science	10
Children's Health	10
Rural Health	8
Other	3

Other research interests include:

- Aging
- Queer, Trans, and Disability Studies
- Substance Use Disorder

Symposium Overview

Over the past few years, WSU has held a Community-Engaged Research (CEnR) Symposium and moving forward, the symposium will be planned and organized by the Center for Health Equity and Community Knowledge in Urban Populations (CHECK-UP). In 2018, 2019, and 2020, the CEnR Symposium convened hundreds of community members, community-based organizations, as well as WSU faculty, staff, and students to highlight existing community-academic research partnerships, develop new partnerships, and provide opportunities to discuss the benefits and challenges of CEnR and strategies for conducting this work.

For 2022, the CEnR Symposium was conceptualized as a series of three separate programs with the overarching goal of network building. The programs are formatted to achieve this by bringing together academic and community experts to share space, engage in dialogue, and set an agenda and next steps that will ultimately drive efforts toward LGBTQ health equity, Black health and racial equity, and MENA, Refugee, and Immigrant health equity.

The CHECK-UP Steering Committee convened for their monthly meeting in May 2022. At this meeting, Steering Committee members and contacts from Hayley Thompson's (CHECK-UP Director) network who are interested in health equity work in these three populations, were introduced and began initial planning. Planning committees were formed through personal networks and ensuring population representation with academic researchers and community leaders.

The LGBTQ Health Equity Planning Committee was chaired by Rick S. Zimmerman (WSU College of Nursing) and Keith Hughes (City of Detroit Health Department). Planning committee members included Heather Walter-McCabe (WSU Law School & School of Social Work), A. Nzere Kwabena (LGBT Detroit), Megan Landry (American Cancer Society), Evan Killingsworth (LGBT Detroit), Patrick Yankee (Corktown Health), Lon'Dyn Hudson (Detroit Community Health Connection), Patricia Wren (WSU College of Liberal Arts and Sciences), Lloyd Allen (WSU School of Social Work), and Sarah Kiperman (WSU College of Education).

The LGBTQ Health Equity Planning Committee began meeting in early June and continued to meet bi-weekly up to the date of the symposium. The planning committee decided to address four overarching topics at the symposium: social determinants of health, policy, access & equity, and major health needs. In order to educate attendees on these overarching topics, the planning committee decided to invite an academic speaker, who would give a brief five minute presentation on the current research and data of that topic, followed by a ten minute presentation from a community representative to gain insight to on the ground experiences in the community.

It was important to the planning committee to include engaging conversations with symposium attendees. The committee decided that breakout rooms would allow the space for this conversation. In order to effectively use the breakout room space, it was decided to staff each room with a paid

Symposium Overview

facilitator and volunteer notetaker. The facilitators guided conversations with a focus of setting action items that a workgroup could work towards after the symposium. Notetakers were vital in capturing the main themes of breakout room discussion and any action items that arose.

The planning committee decided that these breakout room discussions would be best shared out with the larger group. An agenda setting time was set to end the symposium. During this time, breakout room facilitators and notetakers shared what their breakout rooms had discussed and decided were the top one to two action items from all of their discussions throughout the day. After the agenda setting portion, the symposium concluded.

The symposium attendees were invited to share their contact information with CHECK-UP to continue receiving communications about next steps with the LGBTQ Health Equity Research Network.

The symposium was marketed using a "Save the Date" flier with all three symposia information included and a LGBTQ Health Equity Symposium specific flier. These fliers were marketed via Academica, the Office of the Vice President for Research, and through professional networks of the planning committee, CHECK-UP team and Steering Committee, and all Karmanos Office of Cancer Health Equity and Community Engagement channels.

**Wayne State University & Karmanos Cancer Institute
Fourth Annual Community-Engaged Research (CEnR) Symposium:
“Strengthening Community-Academic Research Relationships”
Program 1: LGBTQ Health Equity**

WEDNESDAY, SEPTEMBER 21

***underlined sections are linked to YouTube recordings**

- 11:00 AM** **Radical Welcome**
Hayley S. Thompson, PhD
- Showing Up**
Carrie Leach, PhD
- Symposium Overview**
LGBTQ Health Equity Symposium Planning Committee Chairs: Keith Hughes & Rick S. Zimmerman
- 11:10 AM** **Introductions & Icebreakers**
Keith Hughes & Rick S. Zimmerman
- 12:00 PM** **Social Determinants of Health**
- Data and Research: **Lloyd Allen**, PhD, MSW, WSU School of Social Work
Community Experience: **Keith Hughes**, City of Detroit Health Department
- 12:15 PM** Action-focused Breakout Rooms
- 12:45 PM** **Policy**
- Data and Research: **Heather Walter-McCabe**, JD, MSW, WSU Law School & School of Social Work
Community Experience: **Jerron Totten**, LGBT Detroit
- 1:00 PM** Action-focused Breakout Rooms

Agenda

1:30 PM **Access & Equity**

Data and Research: **Sarah Kiperman**, PhD, MEd, WSU College of Education
Community Experience: **Lon'Dyn Hudson**, Detroit Community Health Connections

1:45 PM Action-focused Breakout Rooms

2:15 PM **Major Health Needs**

Data and Research: **Rick S. Zimmerman**, PhD, MS, WSU College of Nursing
Community Experience: **Benji Raap**, Michigan Department of Health and Human Services

2:30 PM Action-focused Breakout Rooms

3:00 PM **Agenda Setting**

3:55 PM **Evaluation & Wrap-up**

Breakout 1: Social Determinants of Health

Need for Provider Education

"Need for training that is not one off and being able to empower leadership that take that to heart and make sure we approach things in an intersectional way"

"We need educational pieces for providers to make sure they understand the needs of the community. "

"Continuing education needed, incentivize, bring community members into the training spaces, easy as possible for folks to engage in this training"

"Are service providers culturally aware?"

Data Representation

"Data presented was focused on “gay” & “women, bisexual” were lumped together"

"People on the ground do not always have the tools and information they need to serve or collect data"

"Hard to know what populations we are missing on the ground since we do not ask/collect the data"

"Underreporting - lack of representation in research"

"Lack of consistency in documentation"

Community Visibility

"Lesbian woman with HIV may feel invisible since services are targeted towards men. Other gender minority folks that are child-bearing also feel invisible."

"Working in the community WITH the community, they want to see someone who looks like them so they can engage. "

"Reaching sub-communities within LGBT Community"

"We hear more about trans women vs. trans men - need to be more focused for services"

LGBTQ Identity Across the Lifespan

"It's critically important to understand the effect of social determinants of health from a childhood development perspective. "

"There are many cultural stressors that need to be addressed, especially for younger people within the LGBTQ+ community. These include coming out and navigating responses; building resiliency to prevent/intervene for negative situations, cultural situations within families."

Breakout Session Notes: Main Themes

Terminology

"The movement is dynamic - a number of people identify the movement different ways & use different terms"

"Call people in and not out for not knowing or using outdated terms"

"Lumping together identities as one"

Access Needs

"There are challenges that are associated with being insecure in housing or transportation, especially if you're in a city that requires both of these."

"Related to HIV, if you don't have stable housing, you're not going to think about taking your meds."

Identity & Intersectionality

"Identity can become a social determinant of health because it contributes how you see the world and what is available to you, as well as how you are seen and treated."

"There are layers of minoritized identities and we need to be aware of the intersectionality of these layers."

Policy

"Legislative advocacy that brings people into a number of spaces - changing hearts and minds is our business and we need to take the time to educate them on why we should be treated fairly"

"Talking with legislators in understanding gender identity, hormone therapy, etc. is needed"

Police & the Criminal Justice System

"Historically, there has been a concern with how the police department addresses LGBTQ people"

"LGBTQ folks engaging with the criminal justice system face a double stigma and often times financial barriers."

Breakout 2: Policy

Stigma

"We need to destigmatize treatment."

"Policy drives stigma."

"Laws criminalizing hormone therapy for gender-affirming care. It can be scary and the general pop. has so little knowledge, so they play on the stigmas."

"Laws happening in Texas are also stigmatizing in MI."

"A lot of children are listening to these conversations and internalizing them. Are we thinking about the weight of our words?"

"How does the message of these book bans affect those in the LGBTQ community?"

Accessible Policy

"It is important to make sure policy is accessible. "

"There are policies that stand in the way of us doing our jobs and these need to be changed."

Discrimination in Policy

"In addition to health, 32 states do not protect individuals in housing, employment, etc."

"Implications of Dobbs and impact it may have on personal liberties in the future"

"Individuals in nursing homes/elderly when involved with same sex contact is deemed abusive."

Uninformed Policy Makers

"It is dangerous when politicians are making stances where they don't have the skill set and expertise to make these decisions."

"How do we organize and agitate to change their minds at the higher levels – we need to have cross-sectional conversations to create those spaces and effectively engage."

Breakout 2: Policy

HIV Policy

"HIV criminalization has not improved health outcomes in anyway - it does not do what the intention of it is to do"

"Network detection and response - using data to interrupt transmission of HIV in the community and the criminalization aspect is a massive barrier and there is a need to go further."

"What are some ethical and moral considerations for people working with patients in regards to criminalization of HIV?"

Research Relationships

"Researchers are supposed to be neutral observers – but they are more, they interact and do that participatory engagement"

"LGBTQ people do not know researchers - to build a create space to know that people are capturing this is very important"

"Research should be guided by what the community wants to know about and not what researchers want to investigate"

Educational Policy

"At a policy level, in Michigan, there is discussion about educators including parents in child care. Instead, we need educators who will advocate for youth protection."

" There are laws right now in schools that teachers can share a student's disclosure with the parents. People don't understand the physical and mental abuse they can face in their families."

Policy for Providers

"Policies impacting healthcare providers and social service providers need to be implicated to mandate cultural awareness/competence training - similar to implicit bias training"

"Training should emphasize intersectionality, comprehensive training on a range of diverse groups"

"Important to educate community around HIPAA, non-discrimination policies"

Breakout 3: Access & Equity

Quality of Service

"There needs to be some type of accountability to provide quality services and if not that some type of recourse needs to be in place if there is a problem."

"How do we make sure that resources are tangible - sure there is a welcome sticker but your actions don't speak the same"

"We don't monitor all staff, often just the provider"

"What do people look for as they look for providers/do their research?"

"How can we deal with capacity issues when someone is wonderful about providing appropriate care?"

"There is a need for a whole office approach to equitable and affirming care (i.e., including the reception area)."

"In other settings, completing training on cultural competency is voluntary (and often not enough)."

"Ensure there are standards of practice - do we have to create one/FAQs for providers"

Role of Health Insurance

"Health insurance companies should know their provider to ensure that they are providing quality service. "

"Sometimes providers are just assigned without patient input. Is there a reference page of providers that the insurance providers provide to their clients"

"Need to take the care off the black market for trans gender care as they go through transition."

"Patients feel stuck in their network, and don't know about their rights."

"Provide a way for patients to easily research those providers and practices"

"Costs of care – financial burden"

Breakout 3: Access & Equity

Provider Training

"Providers don't get the training they need to work with the LGBTQ community."

"There is a lot of overlap in resources and treatment- what is the best place to engage individuals and how does health care provider work through their biases"

"How can providers learn about what they should be doing?"

"It is not the responsibility of the receiver to explain the microaggression"

"Resources are not always updated. Not just health care, it is also the schools and employers. Having this for not only clinics, but also schools and other businesses."

"Cultural humility needs to be highlighted with detailers, not just the clinical content."

"Include community as part of the team to address these issues"

"How can providers deal with their own bias/discomfort in treating transgender, LGBT folks?"

Patient-Centered Care

"Connection with other people & validating is how we make change and shift things"

"Marrying humility & intent & self awareness in the workforce"

"Idea and connection of intimacy that we form with other people (the intentional listening, intentional asking, etc)"

"Defensiveness - how do we change the perception that standing up for yourself/community is a defensive posture"

"Could be the best medical care, but the health relationship. That mistrust can be damaging and affect their health. Say hi and ask how they are, that can go a long way."

"Power dynamics between provider and patient, the patient is the expert in the room"

"Ultimately, treat every person as an individual human being"

Breakout 3: Access & Equity

Stigma

"A positive appointment with a surgeon changed because the front desk worker accused patient of seeking drugs"

"It's hard to seek healthcare but adding in those barriers makes it even more challenging"

"There are overlapping stigmas. For instance, if a person has a hidden disability and has a minoritized gender identity, they will likely face multiple barriers to care."

"Transphobia even within the LGBTQ community"

Data Collection

"Collection of forms and the kinds of questions that are asked what is your naming conventions who is the significant person in your life – everyone to feel welcome"

"Sometimes the paperwork is inclusive, but the provider still asks questions as if the patient is straight. That disconnect can be jarring."

"Personal information was not stored in the EMR, so they had to share it again. Frustrating that it is not shared throughout."

Intersectional Identities

"There are overlapping stigmas. For instance, if a person has a hidden disability and has a minoritized gender identity, they will likely face multiple barriers to care."

"Minority stress theory – cultural considerations that need to be considered among LGBTQ populations"

Breakout 4: Major Health Needs

Provider Training

"Teach effective ways to communicate the challenges through scenarios"

"There needs to be outreach and education for providers to work with their competencies to meet the needs of people they are serving."

"We need to recognize our own biases in our work and lives."

"Training should include information on the origins of medical distrust and elucidating how we got here (with minoritized individuals not trusting the medical institution)."

Patient-Centered Care

"Seeing patients as humans and not just data points"

"A resource that is needed may involve training or other help in finding providers who are competent and empowering so patients can receive the service they deserve without wasting their time and resources with providers who are incompetent."

Mistrust

"Not getting screened as a result of medical mistrust"

We could have a cycle of addressing medical mistrust. This could include several layers:
Self: Recognizing bias, integrating identities
Providers: Acquiring the necessary skills to competently work with diverse sexual and gender identities, training on confidentiality, and accessibility of treatment
Community members: recognizing intersectionality and integrating identities"

Lifestyle

"How can lifestyle be linked to health outcomes"

"LGBT community have higher rates of smoking, drinking, factors that can lead to other diseases."

Breakout Session Notes: Action Items

Provider Training

"Healthcare provider training in LGBTQ+ care is imperative – needs to be mandated, widespread, comprehensive – involving the entire practice, not just those providing direct care. Language used needs to be specific."

"Can we better evaluate, monitor, track culturally competent care? How do we ensure accountability?"

"Ensure that community is aware of pathways for report, remediation with organizations with low quality care – has implications for funding around inclusive care"

"Provider training, clinicians and staff, around cultural sensitivity/humility training."

"Share evidence-based training and training best-practices."

"Work to recognize bias"

"Training for competency and accessibility"

"Developing effective education tools"

"Not everyone is trained the same way"

"Proved go-to education packet that trains people on what cultural competence is"

"Build trust factor with healthcare providers and their patients to provide a better experience from check-in to check-out."

"Knowing how to make things more inclusive as it pertains to language (wife vs. spouse)."

"Healthcare provider training in LGBTQ+ care is imperative – needs to be mandated, widespread, comprehensive – involving the entire practice, not just those providing direct care"

"Recurring Education"

"Creating toolkits for understanding"

"Implement live training that outline interactions between healthcare providers and the patient so this can serve as a learning tool and perhaps ignite investigation and research."

"Testimonies tied to medical training; medical school/residency. "

"Integrate meaningful information and examples into training; make it more relevant and relatable for people rather than just lectures."

"Provide resources and educate on elderly care as it pertains to same sex partnering."

"Annual National Advocacy Day. A day where there is a morning training and then talk and practice in the afternoon."

"Training on confidentiality and affirming care."

"Increase training of service providers in cultural humility/competency related to LGBTQ community."

"Make small changes; adopt language and promote education"

"Training sessions specific to these communities"

"Getting existing tools in people's hands"

"Teach people how to be direct - change bystanders"

"We need to address education about and funding restrictions for Prep. Perhaps we could create materials to show providers how to meet and talk with patients."

"Education on all levels, including colleges and legislators."

"Develop or promote an annual training or module. Reference materials to general population (cooks, home health aids, drivers, senior health providers)"

Breakout Session Notes: Action Items

Community Forums/Town Halls/Relationship Building

- "Community Forums - LGBTQ+ community members, providers, policy leaders"
- "Creating tool kits around outcomes of the forum so they are informed by the right people"
- "Use forums as an opportunity for community to share with each other information about community affirming/supportive providers"
- "Police officers/clergy to create safe space and to understand the law"
- "How to get people involved: finding examples, national movement, districts"
- "Connecting with community amidst post COVID is vital; drives attendance and determines priorities."
- "Town hall meetings for advocacy"
- "Town Hall to speak openly about their biases and entertain their questions."
- "Town Hall with a panel of Physicians and executives to have the LGBTQ community to ask them questions."
- "Need a safe place to share how both sides feel and sharing concerns"
- "Connection with other people & validating is how we make change and shift things"
- "You don't know what you don't ask about or pay attention to - there is limited knowledge about people who are outside of your reality - being reminded that the thing you do everyday is the most important thing but if you are not meeting people where they are and looking at individuals in the eye and not listening that you can't be effective at all"
- "Interdisciplinary partnering"
- "Participating in events that are outside of a work-group environment - authentically showing up, being present, and creating those spaces and collaborations could be important but/and takes time"
- "Including people with disabilities and people who are neurodiverse and are part of the LGBTQ community in these conversations"
- "Taskforce to increase visibility of advocacy efforts – to include individuals from community to advance advocacy work, more education around health disparities"
- "Coalition around specific populations"
- "Activities to raise awareness around policy issues and fundraising (e.g., walks, meals, etc.)"
- "Forming a coalition around housing as prevention – HIV, substance use"
- "Need for data to support the demand for greater funding and services – do we have adequate data – can we collect data and advocate in a collaborative way"

Breakout Session Notes: Action Items

Policy

"Create a group to use a collective impact model to draw people together to find their connection to the health of this community and work towards positive policy change using a Health in All Policies."

"Policy - We need to elect politicians who recognize that this is a problem"

"Advocate for policies that decriminalize treatment."

"Academia can go before the committee and provide expert comments. Building a reserve to talk about these issues. Need skill to provide testimony, so a possible training. Find people willing to speak and build their talking points. Often, those real stories are what can influence policies."

"Activities to raise awareness around policy issues and fundraising (e.g., walks, meals, etc.)"

Standard of Care

"Offices need to have surveys/forms where patients can talk about how different needs were or were not met. To speak up after appointments instead of being in an uncomfortable situation."

"Follow up when there is a referral, possibly with a community resource. Healthcare providers don't really understand the resources available in the community."

"Disseminate evaluations to patients as it specifically relates to their clinic visit/procedures/hospital visits."

"Develop whole office approach to equity and inclusivity."

"Review existing Standards of Practice and modify them to meet the needs of LGBTQ+ communities."

General Education

"Education on all levels, including k-12, colleges, and legislators."

"Reach the whole population so everyone knows it, not just the most affected populations. So, it will become common knowledge. This will go a long way to decrease stigma."

"Develop or promote an annual and ongoing training or module. Reference materials to general population (cooks, home health aids, drivers, senior health providers)"

"Storytelling. Take research and be creative with it to engage and promote change, by using art."

"Training for community members to be better allies"

"Ensure that community is aware of pathways for report, remediation with organizations with low quality care – has implications for funding around inclusive care"

"Need to instill advocacy for older adults to reduce bias and stigma"

Breakout Session Notes: Action Items

Inclusive Data Collection in Healthcare

"Making small concrete steps; changing language on forms (ie. use partner instead, practice using more pronouns); normalize practices."

"Advocate for a standardization of forms that are sensitive to the LGBT community as well as the insurance companies."

"Collection of forms and the kinds of questions that are asked what is your naming conventions who is the significant person in your life – everyone to feel welcomed"

"Create/institute a standard process (of how we care for people) that says hateful language is not permitted, enforce non-discrimination actions. "

Speaker Bureau

"Speaker bureaus to share information that we have asked about - trained individual that can speak about the information"

"Introduce speakers and have access to the symposium speakers to engage them and why they need to have training for LGBTQ+ health"

"Academia can go before the committee and provide expert comments. Building a reserve to talk about these issues."

"Need skill to provide testimony, so a possible training. Find people willing to speak and build their talking points. Often, those real stories are what can influence policies."

Research

"Addressing social determinants of health in LGBT populations – Quantitative/Qualitative survey for background needs of the community – working group – community survey"

"Storytelling. Take research and be creative with it to engage and promote change."

"Need for data to support the demand for greater funding and services – do we have adequate data – can we collect data and advocate in a collaborative way"

"Maybe a survey about how the LGBTQ feel about their care"

"To determine the highest priority need of each of the separate communities."

Visibility of Efforts

"Taskforce to increase visibility of advocacy efforts – to include individuals from community to advance advocacy work, more education around health disparities"

"Visibility project"

"Share with and inform providers who the LGBTQ community is – the visibility of it all, being more than just a number"

Breakout Session Notes: Action Items

Resource Guide

"Create a database or an app where patients are safe to get care. Where they can be ranked. (like Angie's list)"

"Creation of LGBTQ+ resource guide – a way to engage organizations - provides info to community about culturally competent organizations, services"

Data Collection

"Working group to create guides policies on documentation/data collection efforts for practice and for research with community input on terms"

"Consistency in documentation so we can look across different areas"

Representation

"Representation in different communities - especially in specific ethnic minority groups"

Social Media

"Find a way to “move together stronger” to share advocacy work that we are all doing > how can incorporate the social media platform?"

"Social media campaign to take advantage of mentorship, education, and creativity within the community"

Criminal Legal System

"Previously and currently incarcerated LGBTQ folks and helping with their needs and improving their health outcomes."

"Police officers/clergy to create safe space and to understand the law"

Funding

"Advocacy for greater funding from the government and foundations to support/explore/investigate issues"

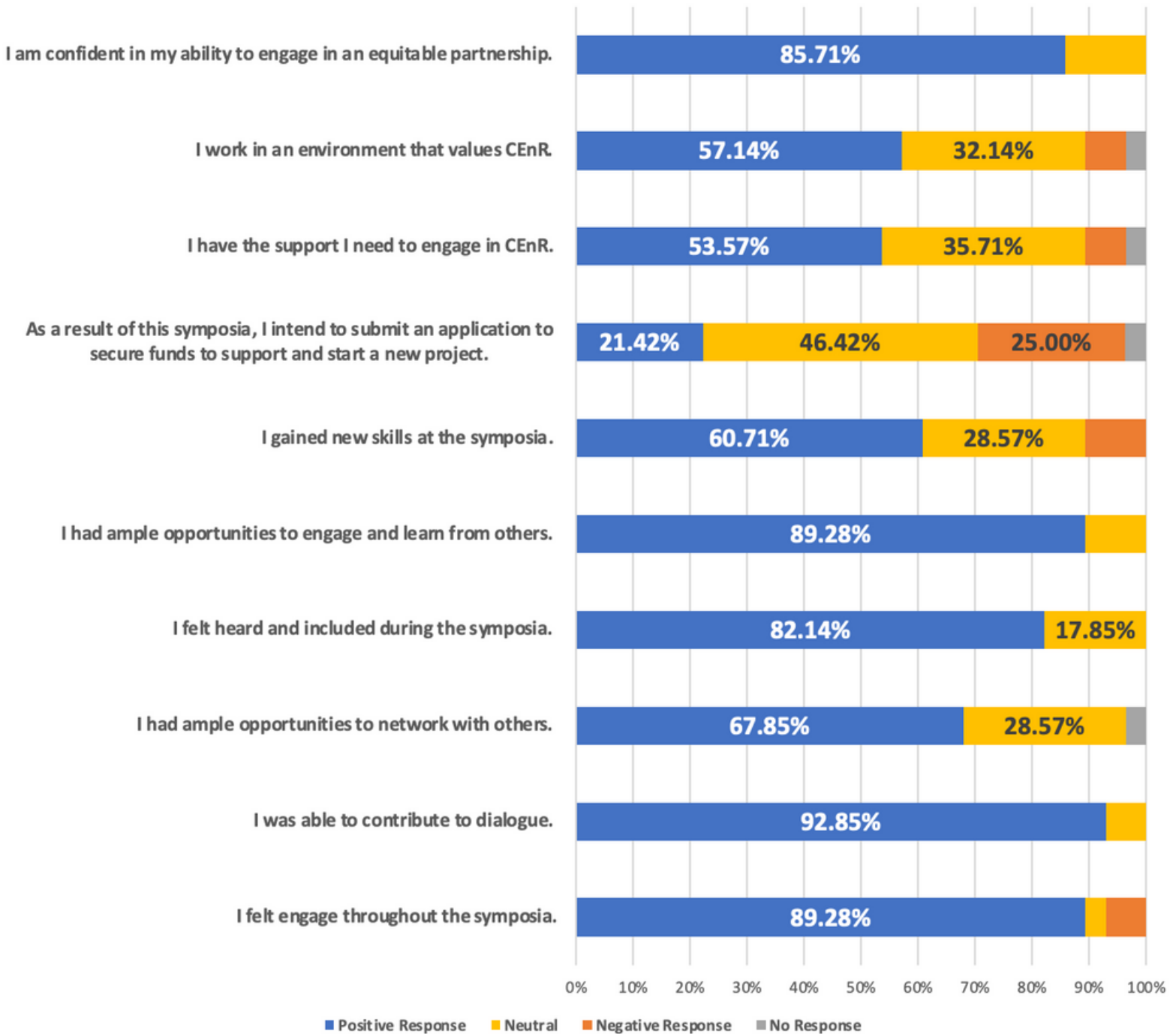
Health Insurance

"Insurance providers should know which physicians provide transgender care"

Evaluation

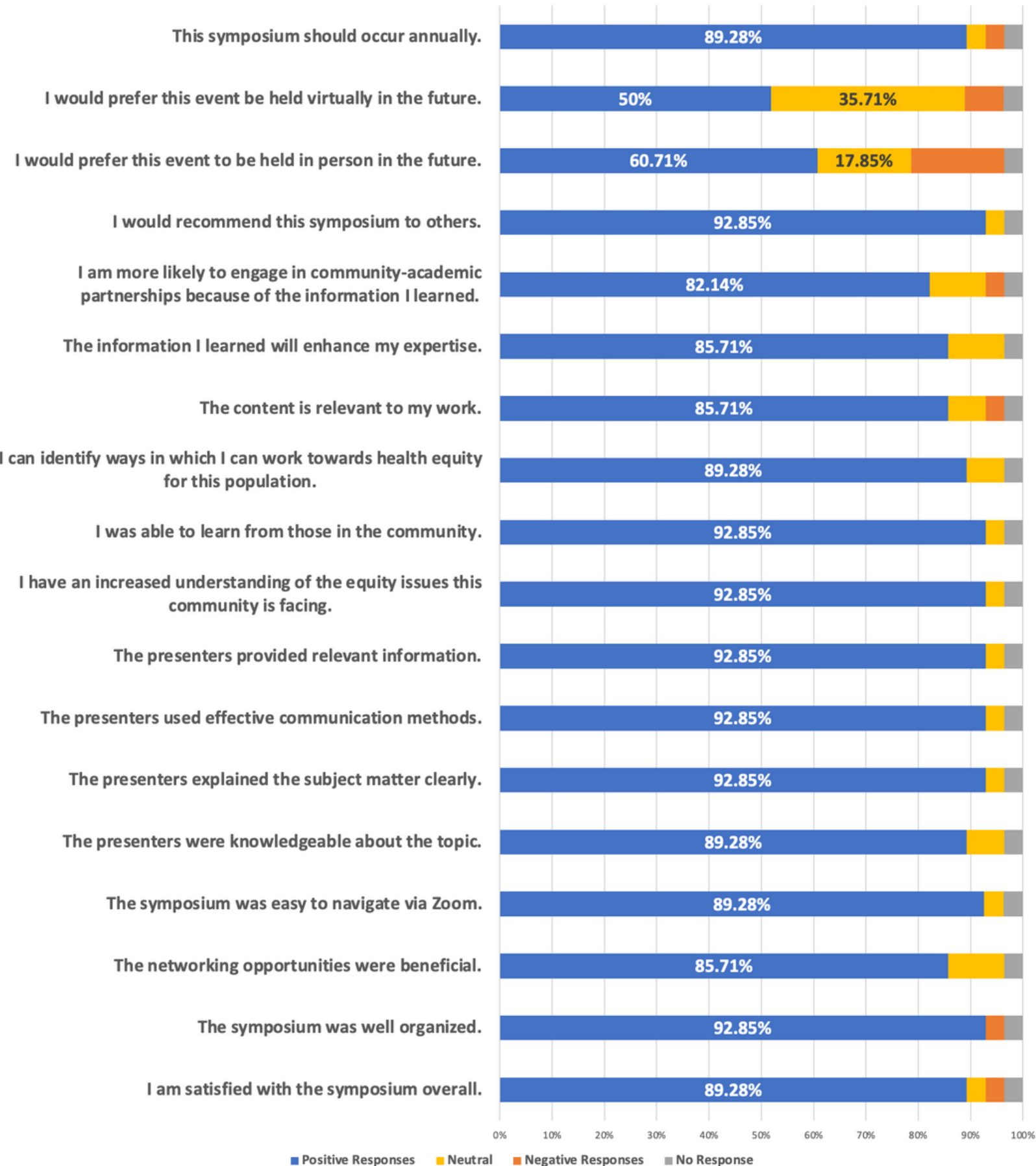
The evaluation link was given to attendees as the symposium was wrapping up and sent out multiple times after. A total of 28 people completed the evaluation.

How much would you agree or disagree with the following statements?

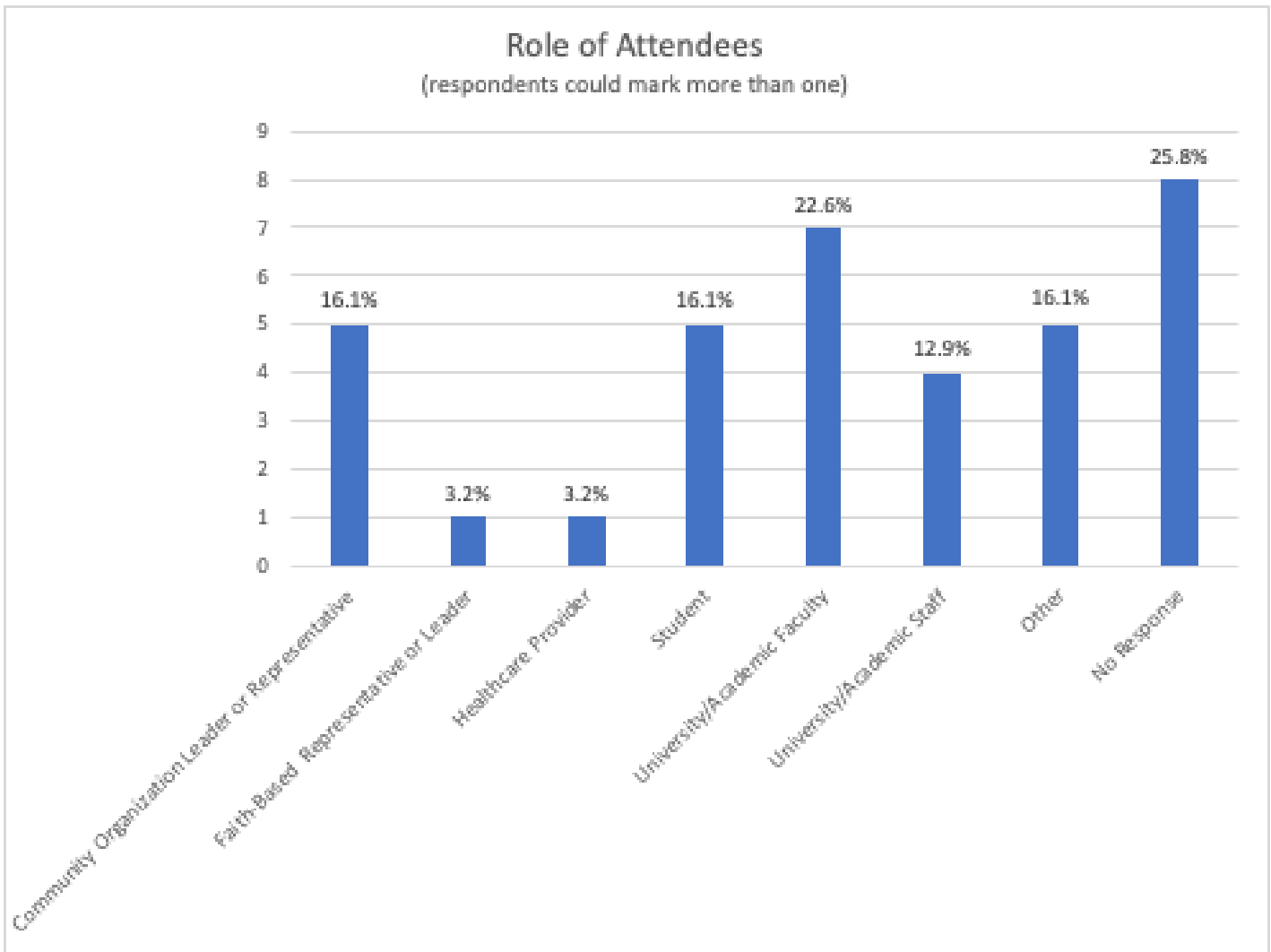


Evaluation

Based on my experience attending the CEnR symposia...



What best describes your role?



Community Organization Leader or Representative

- LGBT Detroit
- Community Health Manager, Beaumont Taylor Teen Health Center
- Gift of Life Michigan-MOTTEP
- Alzheimer's Association

Student

- Doctor of Nursing Practice at Grand Valley State University
- Master's student at Wayne State University
- Nursing Student
- Counseling Psychology PhD student at Wayne State University

Other

- State Health Department staff
- Local public health/government
- Michigan Department of Health and Human Services

Evaluation

How will you use the information you used at the symposium?

"I think I will be more aware, more intentional, and listen and engage more actively. I hope to be better connected to the university and community partner organizations"

**"Looking forward to starting new projects and agenda setting with new community partners!"
"Create some new educational tools for our health system"**

"Our continued work to increase cancer screening within the LGBTQIA+ population and work with some of the presenters."

"I will use what I learned about the community to engage with community partners and potentially identify partnerships."

"The recommendations reinforce many of my program's focuses, so continue to push forward on those and hopefully build more services over time."

"I hope to incorporate what I learned throughout the symposium into my education and to find resources for my future students and patients. I also will be able to utilize the information I learned in this symposium to further and better the research that I am involved in."

"I learned that there is still a lot of work that needs to be done to make things equitable but also more work needs to be done to share the work that we are doing. This way people know more about the services that are available to them. That could possible help end stigma around what the services are and what they do. Maybe then people would stop assuming."

"I will apply it to my future career as a nurse"

"For resources as well as utilizing the speakers for my professional development events."

"Possible subject for a future symposium"

"I will be sure to connect with LGBT organizations throughout the Metro Detroit area to help facilitate recruitment for my own research. I hope to build lasting relationships with these organizations for future research as well."

"I will complete LGBTQ ally/sensitivity training and also bring this much needed resource to my coworkers to create a safe, respectful, affirming space for our LGBTQ clients."

How can we improve this symposium in the future?

Add breaks into the agenda:

"Please provide at least two breaks."

"For this kind of session (held over 5-hours) some scheduled breaks might help. It was difficult to hop in and out of breakout discussions already underway"

"Break and lunch"

"Breaks - having a 5 hour symposium that consumes the entire lunch hour without even a bathroom break is not conducive to good health or good concentration for the participants."

"Time for a break would have been good."

Set a break for people to eat or use the restroom. It started at 11 and ended around 3:30 without a break, we have to practice self-care."

"Biggest challenge was not having enough breaks throughout the event, I think building in some bathroom breaks would improve the comfort and engagement."

Hold in-person:

"This symposium would be greatly beneficial in-person. I understand how the virtual format allowed for a wider reach of participants, but I think it would be more engaging in-person."

"I think it was good, I really enjoyed the meeting of everyone virtually. The only thing I missed was the personal interactions between breakouts."

" I think if there was possibility for in-person interaction it would be great, but definitely limits number who can participate and think you managed the virtual space very effectively."

How can we improve this symposium in the future?

Breakout rooms:

"Breakout rooms were unorganized at points"

"Provide additional structure to conversations"

"Speaking points with a drawing board to visualize the conversation as well as contact hand outs"

Additional comments

"Hold symposium bi- annually"

"More notice of the event would be helpful"

"I think it could be valuable to have a space for students to network."

Evaluation

Based on your experience at the symposia, what actionable steps will you (and/or your organization) start working toward or contribute to?

"MDHHS is already doing a lot of this work within HIV. We support agencies to get the work done, and offer trainings to MDHHS staff and external partners."

"Getting involved with my District to assist with providing resources for marginalized communities."

"I plan to participate in the entire series."

"Contacting the LGBT organizations to establish relationships. I am hoping this will help with my own research."

"Identify and develop a meaningful relationship with trans affirming health professionals to refer clients."

"Work more to engage community members as equal partners."

What specific challenges need to be addressed to foster and improve community involvement with research at Wayne State University?

"A streamlined way to communicate with all researchers."

"Increase in health equity initiatives"

"WSU should continue to build trust with different parts of the community, and ensure people doing the work remain trustworthy"

"I think that it is very important to include more training on minority populations in educational settings rather than including them as "niche topics."

"A ton around cultural integrity, advocacy and more mandated trainings for healthcare professionals surrounding patient centered language."

"I think it would be greatly beneficial to start a center for LGBTQ+ health, or a core of faculty who conduct LGBTQ+ research. I didn't realize how many faculty conduct LGBTQ+ research at Wayne!"

"The understanding that working with community partners is very different than working with academic partners."

Topics of Interest for Future Events

