

## **District of Columbia LGBT Health Symposium**

*Saturday, October 21, 2017*

*Chevy Chase Community Center*

About 25 people were in attendance, including the panelists named in the report.

### **Key Take-Away Points**

- DOH and the Mayor's Office of LGBT Affairs agreed to our suggestion that a community advisory board should guide the development and rollout of future reports. Ivan Torres asked that I email him to get the ball rolling on assembling that group.
- Dr. Nesbitt committed to continuing asking SOGI questions in future surveys. This was not consistently done in 2014, 2015 or 2016, hence the current report being on data from 2011-2013.
- There will be another meeting in the Spring of 2018 to discuss the large dataset and ways to supplement that data. They will also present their strategy for the next report based on input received at this gathering.

### **Agenda**

#### *Opening Remarks*

Ms. Sheila Alexander-Reid, Director, Mayor's Officer of LGBT Affairs

- This is an opportunity give feedback and recommendations, which they will synthesize and use to make the next report.

Dr. LaQuandra Nesbitt, Director, DC DOH

- Expressed commitment to improve data collection and follow up on recommendations stated in the current report, which she sees as a baseline for future reports.
- Acknowledged limitations of the current report, including poor representation of transgender people, and need to improve youth data by including those who are not in school, especially homeless youth.
- Excited to work with local health organizations and medical providers to understand how they document SOGI data in the health records, and how to do so more broadly while tackling stigma and discrimination to ensure that people are comfortable sharing that information. She seeks recommendations for initiatives and programs to facilitate the collection.

#### *Session A – Addressing Social Determinants of Health/How to improve the health of the LGBTQ population*

Dr. C. Anneta Arno, Director, DOH Office of Health Equity (Moderator)

Dr. Nathaniel Lanford Currie, Clinician, Educator, Director of Youth, Housing and Clinical Services, SMYAL

- LGBT should not be grouped together in this report as transgender people for instance have very unique needs. We need to move away from the LGBTQ labels as more and more youth identify differently and instead focus on the health and social needs of the individual communities, looking at race and ethnicities and acknowledging intersectionality.

Ms. Ruby Corado, Founder of Casa Ruby

- Talked about her decades of advocacy for transgender people in DC and expressed concerns about the growing income gap in DC despite all the legal protections for LGBT people. She said there was a need for a better partnership between the medical establishment in DC and people on the ground, adding that “no one takes you seriously if you don’t have a PhD or MPH after your name.” She said that without that partnership transgender people will remain mistrustful of the medical establishment and never let them into their community.

Comments from audience:

- Break down data by age, because older LGBTQ people have specific needs and are especially vulnerable as they become less independent. Go where elders gather to get them to complete surveys.
- Establish a community advisory board with local partners to assist DC DOH and the Mayor’s Office of LGBT Affairs with the next report.
- Leverage local resources (briefs/surveys/talent) to compliment data from the Youth Risk Behavioral Survey and the Behavioral Risk Factor Surveillance Survey.
- Track providers completing LGBT cultural competency training and make that list easily available online.
- Invest in the implementation of the LGBT cultural competency bill passed last year and come up with ways to enforce it and ensure that the trainings are not outdated.

*Session B – Improving Data Collection and Sharing Mechanisms of Health Care Providers/Access to Health Care*

Dr. Roxanne Cox-Iyamu, Medical Director, AIDS Healthcare Foundation

Mr. Vincent Keane, President and CEO, Unity Health Care

- They asked of the chronic illnesses addressed in the current report were comprehensive enough. The consensus was the list of illnesses the report highlighted was comprehensive enough, but would be more meaningful with better methodology – more transgender respondents, and better breakdown of the communities in the analyses.
- Need to add a question that gives insight on the community’s resilience and individual’s support system.
- People said they wanted to know what was being done about the disparities identified in the report.
- Dr. Nesbitt said they need to do a better job teaching people how to use their health insurance.

- Dr. Nesbitt asked: if asking SOGI questions in all medical settings was required, would patients see it as an opening for discrimination and stigma
  - Consensus was that you cannot improve what you do not measure, therefore people need to be given the option of offering that information, and front desk/intake staff should be prioritized in cultural competency training.
- Need to standardize various screenings, especially for cancers.
- Mr. Keane of Unity Health Care said the biggest cultural competency-related complaints he gets are about front desk staff. When he was invited to this panel (10 days ago), he sent an email to all his medical providers asking if Unity is doing anything around LGBT cultural competency, and nobody responded. One of his providers called and said that Unity assisted correctional facilities with sensitivity trainings.
- Mr. Keane said that Whitman-Walker was a leader in LGBT cultural competency.

*Remarks by Mayor Muriel Bowser*

- She was pleased that the DC DOH and the Office of LGBT had gathered us to discuss LGBT Health, and how important it was that our definition of health included housing, safety in the home, on the streets, and in our transit system. She was touched by the fear older LGBTQ people have of having to go back in the closet later in life, and said that it suggests that we still have a lot of work to do in training service providers. She said she was proud that DC now had a non-binary option for driver licenses, and that it was an important affirming gesture.

*Closing Session – Where do we go from here?*

Mr. Michael Kharfen, DOH Sr. Deputy Director, HAHSTA

Mr. Garrick Holland, Program Associate, Us Helping US

Dr. Imani Woody, Principal, Founder & CEO of Mary's House of Older Adults

Mr. Peter Rosenstein, Principal PDR & Associates

- Many in the community are willing and able to assist the DOH with future reports.
- Need to switch to cultural humility to encourage continued education and comfort in learning from mistakes.
- Need more outreach in wards 7 and 8 to address health issues and barriers affecting minorities in those regions.

*Dr. Nesbitt and Ms. Sheila Reid*

- Excited to tap into the talent in the District as they prepare to work on the next report.
- Data is currently being collected until December 31<sup>st</sup> for the next report.
- There will be another meeting in the Spring of 2018 to discuss the large dataset and ways to supplement that data. They will also present their strategy for the next report based on input received at this gathering.