

# Conference Workbook March 11, 2020

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The LGBTQ Health Coalition of the
Columbia Willamette

# Thank You to Our Coalition and Planning Members

Basic Rights Education Fund (BREF)

Cascade AIDS Project

Eastern Oregon Center for Independent Living (EOCIL)

**GLSEN Oregon** 

Health Share of Oregon

Kaiser Permanente

Legacy Health

Multnomah County Health Department

**OHSU Partnership Project** 

Oregon AIDS Education and Training Center (OR AETC)

**Portland State University** 

Prism Health

Quest Center for Integrative Health

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# Intersectional Identity

Clinical Affinity Groups

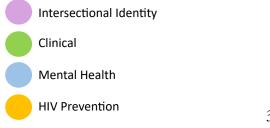
Mental Health Youth

HIV Prevention Transgender and Non-Binary Individuals

Structural Stigma

Time/Track Color	Event	Location
8:00 AM	Registration Opens	Mt Hood Foyer
8:30 AM - 8:35 AM	Land Acknowledgment	Mt Hood
8:35 AM - 8:45 AM	Introduction: Understanding Stigma and Discrimination in LGBTQ2S+ Health Julia Lager-Mesulam, LCSW and Erin Waters	Mt Hood
8:45 AM - 9:45 AM		
	Opening Plenary Bamby Salcedo, Nationally and Internationaly Recognized Activist, Advocate, Community Organizer, and Social Justice Professional	Mt Hood
9:45 AM - 10:00 AM	Break	
10:00 AM - 11:00 AM	Concurrent Sessions	
	Future State: Strategies for Improved Health and Wellness for Oregon's Gender Diverse Youth Corey Gallet de St Aurin, MBA BSW; Jess Guerriero, MSW, MA; Amy Penkin, LCSW; Kara Connelly, MD; Robin Baker, Ph.D.	Mt Hood
	Clinical Topic: Resurgence of Old Foes, STI Screening and Treatment Oregon Ross Avila, MD	Cascade B, C
	Prevention and Harm Reduction in Rural Communities Rebecca Noad	St Helens A, B
	Lens that Frame Our World Kathy Sewell	St Helens D
	Affinity Space: Trans & Gender Diverse People Working in Healthcare Hayes Young	Mt Adams
11:00 AM - 11:15 AM	Break	

Time/Track Color	Event	Location
11:15 AM - 12:15 PM	Concurrent Sessions	
	BIPOC & Trans: An Intersectional Approach to Understanding Erin Waters and Iden Campbell	Mt Hood
	Clinical Topic: Medication for Opioid Use Disorder Ross Avila, MD	Cascade B, C
	Native Youth Suicide Prevention Presentation Native Youth Suicide Prevention/Paige Smith NPAIHB	St Helens A, B
	Seahorses and Unicorns: queer fertility and family- building Trystan Reese	St Helens C
	Creating Power for LGBTQ+ Older Adults Through Coalition Building Oregon Statewide LGBTQ+ Aging Coalition Liz James, Kathleen Sullivan, Kirt Toombs, Scott Moore	St Helens D
	Listening Session – HIV Prevention Needs of Transgender Individuals Josh Ferrer, Oregon Health Authority	Mt Adams
12:15 PM - 12: 45 PM	Break/Participants Gather Lunch	Mt Hood Foyer
12:45 PM - 1:45 PM	Lunch Plenary	
	<b>U = U</b> Murray Penner, Executive Director, North America, Prevention Access Campaign- U=U Introduction by Tyler TerMeer	Mt Hood



Structural Stigma

Affinity Groups

Youth

Transgender and Non-Binary Individuals

Time/Track Color	Event	Location
1:45 PM - 2:00 PM	Break	
2:00 PM - 3:00 PM	Concurrent Sessions	
	PrEP and PEP in Practice John Nusser, MD	Mt Hood
	Clinical Topic: Comprehensive Gender Affirming Hormone Therapy Part 1* (This is a single, 2 hour session running from 2:00 PM - 4:15 PM) Christina Milano, MD	Cascade B, C
	One Team, One Mission: Reducing Barriers for Youth and Families through Interdisciplinary Care* Jess Guerierro, MSW, MA; Kara Connelly, MD	St Helens A, B
	Queer, Trans and Disability Affirming Behavioral Health Treatment Joseph Bonnell; Allen Hines	St Helens C
	Queer in the Country: Supporting Inclusive Practices in Rural Settings Todd Dierker	St Helens D
	Affinity Space: BIPOC Working in Healthcare Erin Waters	Mt Adams
3:00 PM - 3:15 PM	Break	
3:15 PM - 4:15 PM	Concurrent Sessions	
	Beyond the letter: Medical Pearls for MH Professional Providing Gender Affirming Care* Amy Penkin, LCSW; Jess Guerriero, MSW, MA	Mt Hood
	Clinical Topic: Gender Affirming Care Part 2* (this is a single, 2 hour session running from 2:00 PM - 4:15 PM) Christina Milano, MD	Cascade B, C

<sup>\*</sup>Intermediate to advanced content

Time/Track Color	Event	Location
3:15 PM - 4:15 PM	Concurrent Sessions (Continued)	
	Treating the Whole of the Person: Addressing trauma in LGBTQ+ Patients Utilizing an Integrative Model of Care Cindy Marino, PsyD; Hillary Reno; Alex Lopez; Maleka Taylor, CADC	St Helens A, B
	Autistic Transgender Perspectives on Healthcare Morrigan Hunter, MSW Candidate	St Helens C
	Addressing Stigma in Primary Care and Mental Health: Removing Barriers to Accessing Care for LGBTQ Patients and Beyond Mandy McKimmy, FNP-C, DNP, AAHIVS & A. Michael Duncan, PsyD	St Helens D
	Creating Affirming Clinic Environments for Indigenous Two Spirit and LGBTQ Patients Morgan Thomas NPAIHB	Mt Adams
4:15 PM - 4:30 PM	Break	
4:30 PM - 5:00 PM	Vitor Bastos: I Was Born White Vitor Bastos	Mt Hood
5:00 PM - 6:45 PM	Networking and Social Hour	Mt Hood Foyer



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Speakers:		
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Consent / Idea /	<u> </u>	
Concept / Idea / Take-away	Application to My Job	Resources or Support Needed

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### **Ideas to Action!**

#### What Did You Find Useful?

Now that you have identified some key concepts and ideas from some of the presentations, think about how can transform thought into action! Use the chart below to extract important ideas from your notes. Jot down some notes about their relevance to your work, and how you can apply them in your practice or at your organization.

Concepts/Takeaways	
Concepts/ rakeaways	
Relevance to Me	
Applications	

### **Potential Changes**

#### What Can We Do?

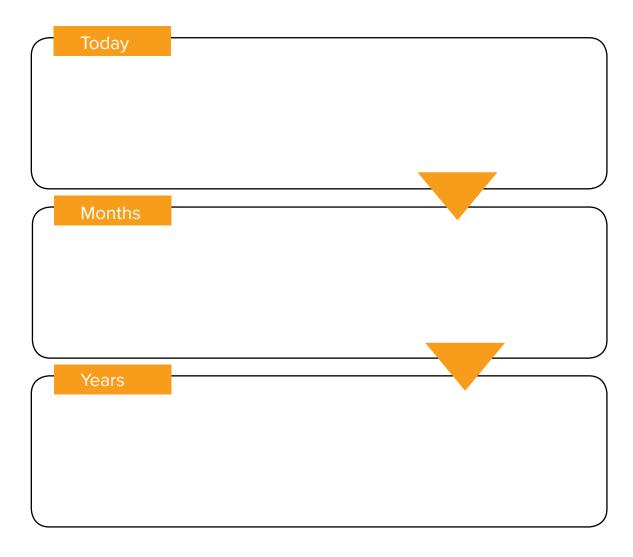
Consider some of the relevant concepts and applications you have identified. What potential changes can you make at your organization? Use the chart below to list your potential changes and rate their importance, feasibility, and impacts. How will these changes help your organization support the LGBTQ+ community it serves?

Action Step	Potential Organizational Change	IMPORTANCE 1= Low 3 = Med 5 = High	FEASIBILITY 1= Low 3 = Med 5 = High	IMPACTS? Testing Prevention Treatment
1				
2				
3				
4				
5				

### **Timeline of Change**

#### When Can We Do This?

Of course, all changes take time! Some changes, such as using de-stigmatizing language or putting up inclusive space posters, can be done today. Other changes, like implementing new policies or clinical procedures, can take months or years. Use the chart below to organize your potential changes according to implementation time.



#### **Registration Begins**

8:00 AM | Mt. Hood Foyer

Introduction: Understanding Stigma and Discrimination in LGBTQ2S+ Health

8:35 AM - 8:45 AM | Mount Hood

Introduction: Julia Lager-Mesulam, LCSW & Erin Waters

#### **Opening Plenary**

8:45 AM – 9:45 AM | *Mount Hood* Bamby Salcedo



The Opening Plenary will be delivered by Bamby Salcedo. Bamby is the founder of the Los Angeles-based TransLatin@ Coalition, which is an organization that advocates for the needs of Trans Latin@s who are immigrants and reside in the US. www.bambysalcedo.com

### **Break** 9:45 AM - 10:00 AM

#### **CONCURRENT SESSIONS**

10:00 AM - 11:00 AM

### Future State: Strategies for Improved Health and Wellness for Oregon's Gender Diverse Youth

Corey Gallet de St Aurin, MBA BSW; Jess Guerriero, MSW, MA; Amy Penkin, LCSW; Kara Connelly, MD; Robin Baker, Ph.D.

Mount Hood

In 2019, OHSU Transgender Health Program and the Doernbecher Gender Clinic received an Oregon Health Authority grant to conduct a needs assessment of gender diverse youth in Oregon. Findings indicate that stigma and discrimination impact gender diverse youth in virtually all areas of life. Non-urban communities have unmet healthcare and social support needs. After a brief review of findings, the team will lead an interactive workshop to brainstorm an action plan for positive change in multiple domains: provider support, provider

access, parental support, community support, education, and mental health. Participants will identify potential barriers to proposed solutions. All will be welcome to participate in future action planning.

#### **CONCURRENT SESSIONS (Continued)**

10:00 AM - 11:00 AM

#### Clinical Topic: Resurgence of Old Foes, STI Screening and Treatment Oregon

Ross Avila, MD Cascade B, C

#### **Prevention and Harm Reduction in Rural Communities**

Rebecca Noad

St. Helens A, B

In addition to the opioid crisis, rural Americans, including LGBTQ2s+ individuals, lack access to basic healthcare services. Lower rates of health insurance, a lack of basic and specialized providers, and a lack of transportation are barriers to healthcare in rural America. In addition, many providers in rural areas are religiously affiliated and might discriminate against LGBTQ2S+ individuals. Thus, given the lack of providers and the religious affiliation of many, LGBTQ2S+, already vulnerable and possibly struggling with addiction, will have little recourse. This makes harm reduction and prevention in rural areas especially important. This presentation will provide an overview of harm reduction principles, identify the social and structural barriers to harm reduction in rural environments, and provide attendees with tools and techniques to address barriers to harm reduction in rural communities.

#### Lens that Frame Our World

Kathy Sewell St. Helens D

This interactive workshop provides a clear understanding of what diversity is and what it isn't, raises awareness, understanding and sensitivity to diversity that goes well beyond the assumed categories and also provides behavioral tools to assist in the workplace.

#### Affinity Space: Trans & Gender Diverse People Working in Healthcare

Hayes Young

Mt. Adams

This is a facilitated networking and support space. As an affinity space, this will be a closed gathering for trans and gender diverse people working in and volunteering in healthcare.

#### Break

11:00 AM - 11:15 AM

#### **CONCURRENT SESSIONS**

11:15 AM - 12:15 PM

#### **BIPOC & Trans: An Intersectional Approach to Understanding**

Erin Waters and Iden Campbell

Mt. Hood

This presentation will help attendees understand how the intersection of race and other demographic factors create increasingly difficult barriers for the transgender, non-binary, & gender non-confirming community. With a focus on Black history, healthcare, and culture, participants will leave with a better understand of how compounding identities are impacted most intensely and best practices for culturally-respectful engagement.

#### **Clinical Topic: Medication for Opioid Use Disorder**

Ross Avila, MD Cascade B, C

#### Native Youth Suicide Prevention Presentation

Paige Smith St. Helens A, B

#### Seahorses and Unicorns: queer fertility and family-building

Trystan Reese

St. Helens C

The latest data tells us that more LGBTQ2S+ people plan to become parents than ever before-- are you ready to support them on their journeys? From the impact of hormones on trans fertility to inclusive language on your website, join nationally-renown trans family-building expert Trystan Reese in this session intended for providers of any type who may work with LGBTQ2S+ folks on their parenting journeys.

#### **Creating Power for LGBTQ+ Older Adults Through Coalition Building**

Oregon Statewide LGBTQ+ Aging Coalition Liz James, Kathleen Sullivan, Kirt Toombs, Scott Moore

St. Helens D

The LGBTQ+ Coalition is comprised of providers, adults age 50+ and others who have joined together to research the needs and better understand the barriers to service that

LGBTQ+ older adults face in Oregon. We believe that LGBTQ+ older adults can help map a future Oregon that is safe, inclusive and supportive of their needs and the needs of other communities. Our mission is to highlight the resiliency and strength of older adults and recognize areas within the service realm where training, sensitization and information will provide better care and services for the LGBTQ+ community.

#### **CONCURRENT SESSIONS (Continued)**

11:15 AM - 12:15 PM

#### **Listening Session – HIV Prevention Needs of Transgender Individuals**

Josh Ferrer

Mt. Adams

This listening session provides a platform for transgender community members to have an influence and role in shaping future health campaigns in Oregon. Community members can take this opportunity to share their wisdom on what care access and HIV prevention efforts should look like to have a meaningful impact.

#### **Break & Lunch**

12:15 PM - 12:45 PM | *Mt. Hood Foyer* 

#### **Lunch Plenary**

12:45 PM - 1:45 PM | Mt. Hood

Introduction: Tyler TerMeer

Lunch Plenary: Murray Penner, Executive Director, North America, Prevention Access Campaign-

U=U



The Meaningful Care Conference lunch plenary will be delivered by Murray Penner, Executive Director North America of the Prevention Access Campaign. Mr. Penner will speak on the U=U campaign and movement.

### **Break** 1:45 PM - 2:00 PM

#### **CONCURRENT SESSIONS**

2:00 PM - 3:00 PM

#### PrEP and PEP in Practice

John Nusser, MD Mt. Hood

#### Clinical Topic: Comprehensive Gender Affirming Hormone Therapy Part 1

Christina Milano, MD Cascade B, C

Please note: this is a single, 2-hour session running from 2:00 PM - 4:15 PM. This presentation will cover a comprehensive review of gender-affirming hormone therapy, including initiation, surveillance and management. We will also touch briefly on best practices in primary care, and general principles in surgical referral and follow up.

### One Team, One Mission: Reducing Barriers for Youth and Families through Interdisciplinary Care

Jess Guerierro, MSW, MA; Kara Connelly, MD St. Helens A, B

In fall 2019, DGC launched an interdisciplinary clinic, including physicians, social workers, psychologists, nurses, and trainees. The presentation will include:

- Discussion of the clinic's development, including systemic considerations, and offer a model for engaging youth/families in care through a lens inclusive of patient/family participation.
- Identification of successes, lessons learned, and future improvement.
- Review of cases to illustrate pathways through care and the ways we approach decisionmaking with families.
- Explanation of each person's role prior to initial clinic visit, during visit, and between appointments.
- Suggestions for programs/providers who don't have a full staff, but wish to offer a similar approach.

#### **CONCURRENT SESSIONS (Continued)**

2:00 PM - 3:00 PM

#### Queer, Trans and Disability Affirming Behavioral Health Treatment

Joseph Bonnell; Allen Hines

St. Helens C

This presentation outlines the structure of the intersections of disabilities and LGBTQ2S+ identities in behavioral health services. We briefly review the history of the field, then delve into barriers to accessing care and what practitioners can do to address these barriers. Attendees will be encouraged to share barriers they have encountered in their practice. Finally, we explore popular treatment models and ways practitioners can adjust them to better serve the needs of LGBTQ2S+ people with disabilities.

#### **Queer in the Country: Supporting Inclusive Practices in Rural Settings**

Todd Dierker

St. Helens D

This interactive presentation will engage participants in a variety of activities and discussions around reducing LGBTQ2S+ stigma and discrimination in rural healthcare settings. We will cover the value of social determinants of health, the role of front desk staff and the importance of collecting patient data in an inclusive manner. The goal will be to empower participants to reduce stigma and discrimination within their organizations. Resources provided will support the application of these inclusive practices.

#### **Affinity Space: BIPOC Working in Healthcare**

Erin Waters

Mt. Adams

This is a facilitated networking and support space focusing on Black, Indigenous, and People of Color (BIPOC) working in healthcare. As an affinity space, this will be a closed gathering for trans and gender diverse people working in and volunteering in healthcare.

#### **Break**

3:00 PM - 3:15 PM

#### **CONCURRENT SESSIONS**

3:15 PM - 4:15 PM

Beyond the letter: Medical Pearls for MH Professional Providing Gender Affirming Care

Amy Penkin, LCSW; Jess Guerriero, MSW, MA

Mt. Hood

The 2015 US Trans Survey found that 23% of trans people have prolonged healthcare due to fear of mistreatment. This presentation will focus on how to best support trans individuals in accessing healthcare needs. From general medical care to specialty to transition-related care, care providers are in positions to provide advocacy and support for trans individuals. Through this presentation, we will highlight a multidisciplinary approach to providing care. Care providers will gain an understanding of how to identify risks, utilize harm reduction approaches, and work towards minimizing barriers to access. Mental health, medical and surgical considerations for working with youth and adults will be addressed, including care planning, surgery assessments, and referral letter writing.

#### **Clinical Topic: Gender Affirming Care Part 2**

Christina Milano, MD

Cascade B, C

Please note: this is a single, 2-hour session running from 2:00 PM - 4:15 PM. This presentation will cover a comprehensive review of gender-affirming hormone therapy, including initiation, surveillance and management. We will also touch briefly on best practices in primary care, and general principles in surgical referral and follow up.

## Treating the Whole of the Person: Addressing trauma in LGBTQ+ Patients Utilizing an Integrative Model of Care

Cindy Marino, PsyD; Hillary Reno; Alex Lopez; Maleka Taylor, CADC *St. Helens A, B* 

The panel presentation will provide participants with an overview of Quest Center's unique approach to trauma recovery. As a leading provider of community-based full spectrum wellness services, Quest Center has a long history of treating trauma experienced by LGBTQ+ individuals living in the Portland metropolitan area. The presentation will review Quest's trauma-informed policies and practices that supports healing for our clients and staff, our model of care in trauma recovery, and the importance of building community that supports resiliency and deep healing. Panelists will discuss Quest's broad programming offerings to the LGBTQ+ community.

#### **CONCURRENT SESSIONS (Continued)**

3:15 PM - 4:15 PM

#### **Autistic Transgender Perspectives on Healthcare**

Morrigan Hunter, MSW Candidate
St. Helens C

A 2016 study found that about 1 in 3 AFAB, and 1 in 5 AMAB autistic individuals identify as gender diverse. Anecdotally, many in the autistic community have written and remarked on the large overlap between autistic and trans identities. While research has shown that autistic people in general are more likely to have unmet healthcare needs, trans autistic individuals may experience additional barriers such as difficulties accessing a diagnosis of autism or gender affirming healthcare. These barriers may be further compounded by race and class. This panel discussion addresses the stigma and discrimination faced by autistic trans individuals as well as strategies for how healthcare professionals can better meet their healthcare needs.

### Addressing Stigma in Primary Care and Mental Health: Removing Barriers to Accessing Care for LGBTQ Patients and Beyond

Mandy McKimmy, FNP-C, DNP, AAHIVS & A. Michael Duncan, PsyD St. Helens D

This session will provide a review of recent literature related to stigma and LGBTQ+ populations in health care with a focus on primary care and mental health. A brief review of health care disparities and social determinants of health will be discussed. In panel format, case based discussions will address stigma and patient perceptions in primary care and mental health from the perspective of a primary care health center with embedded mental health. Recommendations for best practice will conclude the session.

#### Creating Affirming Clinic Environments for Indigenous Two Spirit and LGBTQ Patients Morgan Thomas

Mt. Adams

This session shares new resources designed by the Northwest Portland Area Indian Health Board for our Two Spirit & LGBTQ relatives, their allies and their healthcare providers. Using these resources—including a short documentary, provider instructional video, pamphlets, rack cards, and the Celebrating our Magic Toolkit—as a foundation, the session will then guide participating clinicians through a self-assessment of their practice and clinic environment and provide concrete steps they can take to affirm and improve health equity for Two Spirit & LGBTQ patients.

#### Break

4:15 PM - 4:30 PM

Vitor Bastos: I Was Born White 4:30 PM - 5:00 PM | *Mt. Hood* Vitor Bastos



Vitor is a wanderlust designer that found home in Portland. It was when he got the news of an all time low eNPS (employee Net Promoter Score) at the company he was working for, that Vitor shaped his vision on Design Strategy, investing in empowering employee's uniqueness and, by example, opening about his HIV status to the world. www.vitorwork.com

Networking & Tabling Social 5:00 PM - 6:30 PM | Mt. Hood Foyer

### Please Join Us!

#### **NETWORKING & TABLING SOCIAL**

5:00 PM - 6:30 PM | Mount Hood Foyer

We welcome all registrants to a networking social to engage with other service providers at the conference. Grab a bite, share your ideas, learn from others, and connect with new resources. We look forward to seeing you there!

### **Community Links**

#### 211

#### 211info.org

Search hundreds of community resources pertaining to health, housing, and basic-needs assistance. Search online or dial 211 toll free, text zip code to 898211, or email help@211info.org.

#### **GayPDX**

#### www.gaypdx.com

Portland's directory to LGBTQ+ friendly resources, services, and businesses from accounting to yoga instruction.

#### Prism Health

#### www.prismhealth.org

Prism Health offers a safe, affirming, and non-judgmental space where all members of the lesbian, gay, bisexual, transgender, and queer community can obtain the compassionate and culturally effective health care they need and deserve.

#### **Proud Queer Portland Magazine**

#### www.proudqueer.com/portland

Local queer news

#### **Q** Center

#### www.pdxqcenter.org

Q Center provides a safe space to support and celebrate LGBTQ diversity, visibility and community building.

#### **Q Center LGBTQ+ Resource Database**

#### www.pdxqcenter.org/findresources

Over 390 resource listings available! For additional assistance, speak with an Information & Referral volunteer weekday afternoons from 2-5pm by calling 503-234-7837.

#### **Street Roots Resource Guide**

#### www.streetroots.org/about/work/resourceguide

The Street Roots Rose City Resource is a 4 x 4, 104-page list of services for people experiencing homelessness and poverty in Multnomah and Washington counties.

### **Educational & Clinical Resources**

OREGON AIDS EDUCATION & TRAINING CENTER

www.oraetc.org

info@oraetc.org | 971-200-5266

NATIONAL HIV CURRICULUM www.aidsetc.org/nhc

NATIONAL STD CURRICULUM

www.std.uw.edu

HEPATITIS C ONLINE www.hepatitisc.uw.edu

CLINICAL CONSULTATION CENTER www.nccc.ucsf.edu

RURAL HIV/AIDS PREVENTION AND TREATMENT TOOLKIT

www.ruralhealthinfo.org/community-health/hiv-aids

**HIV ECHO** 

www.mwaetc.org/training/mwaetc-hivecho

CDC HIV/AIDS RESOURCE LIBRARY www.cdc.gov/hiv/library/index.html

INDIAN HEALTH SERVICES HIV/AIDS ONLINE TRAINING

www.ihs.gov/hivaids/training/

OREGON HIV PREVENTION ESSENTIALS www.healthoregon.org/hivprevention

NATIONAL LGBT HEALTH EDUCATION CENTER

www.lgbthealtheducation.org

FENWAY HEALTH www.fenwayhealth.org

AIDS Info www.aidsinfo.nih.gov



**Agender** – A term to describe folks who do not identify with a gendered experience.

**AIDS** – Acquired Immune Deficiency Syndrome. A disease of the immune system due to infection with human immunodeficiency virus (HIV). Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection.

**Ally** – A person who supports and advocates for marginalized identities to which they do not necessarily belong. An Ally interrupts disrespectful or problematic remarks and actions of others, and is willing to explore forms of bias and privilege within themself. Ally is not a static identity but something a person is always working on becoming.

**Asexual** – A person who is not interested in or does not desire sexual activity. Although some asexual people may not engage in sexual relationships with other people, they may desire loving, affectionate, romantic connections with others.

**Assigned sex**- Sex recorded at birth by a birth attendant based, usually, on the appearance of external genitalia. Often shortened to FAAB (female assigned at birth) or MAAB (male assigned at birth).

**Bisexual** – A person attracted to some male-identified and some female-identified people.

**Cisgender** – A person whose gender identity aligns with the sex they were assigned at birth (often shortened to 'cis' as an umbrella term; Latin for 'on the same side.')

**Closeted** – Hiding one's sexual orientation and/or gender identity.

**Coming out** – becoming aware of one's own sexual orientation and/or gender identity or revealing one's sexual orientation and/or gender identity to others. Coming out is generally a life-long process.

**Crossdress** – When a person periodically dresses in the clothing typically associated with another gender, but may not identify with a different gender than they were assigned at birth. They may dress up for a variety of reasons including self-expression, personal enjoyment, and/or sexual gratification. Many people who crossdress identify as heterosexual, but someone who crossdresses can be of any gender identity or sexual orientation.

**Drag Queen/King** - People who dress as members of another gender periodically for the purpose of entertainment, making a political statement, and/or other forms of self-expression. They do not necessarily identify as another sex or gender, although they may refer to themselves as someone of another gender while in drag.

**Equity** – The unequal distribution of time, resources, or focus, with the explicit intention of creating equal outcomes; an inclusive practice, process, or system. Equity is not a synonym with equality.

FTM/F2M – Female to male; trans people assigned female at birth who identify as male.

**Gay** – A male-identified person who is attracted to some other male-identified people. Also can be used by a person of any gender who is attracted to some people of their same gender. Even more broadly, gay can be used as an umbrella term for the entire LGBTQ+ community (i.e. "gay pride parade"), however, can be understood as exclusionary of those who are not male-identified when used in this way due to its other, more specific use.

**Gender** – Various traits, characteristics, and roles that a culture associates with or assigns to physical sex.

**Gender Binary System** – A culturally defined code of acceptable and expected identities and behaviors, which teaches that there are men and women, who are masculine and feminine, and are heterosexual. The code presumes and naturalizes the idea that there are no people who fall outside of this system. Most discussions on gender assume a binary gender system.

**Gender Dysphoria** - significant emotional distress and impairment, caused by a lack of congruence between gender identity and biological sex assigned at birth. Experiences vary based on the individual, i.e. this discomfort can be focused on the physical body or experience in social interactions and the way one is being perceived. Gender Expression (Gender Cues) – The way a person expresses their gender identity on the outside through behavior and appearance, usually informed by one's culturally specific understanding of gender, location, and/or time. Gender expression can be read and perceived by others. Includes but is not limited to: clothing style, posture, vocal tone, physical build, hairstyle, facial structure, and demeanor.

**Gender Identity** – How an individual experiences and conceptualizes their gender, regardless of one's assigned sex. This is what a person feels or knows about their gender on the inside.

**Gender Nonconforming (GNC)** – refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth.

**Genderqueer** – People who do not necessarily identify as either man or woman, but rather something outside of the binary gender system.

**Heterosexual Privilege** – The rights and privileges that heterosexuals enjoy as a result of heterosexism, which LGBTQ+ people do not have. This includes institutional benefits like federal or state protected rights, marriage, sharing insurance policies, adoption, income tax breaks and access to spouse in cases of hospitalization, as well as cultural benefits like seeing heterosexual couples on TV, allowing heterosexual couples to be openly affectionate, etc.

**Heterosexual** – A person who is attracted to people of the other binary gender. The term and concept were defined after and in opposition to homosexuality.

**HIV** – The human immunodeficiency virus (HIV) destroys the CD4 T lymphocytes (CD4 cells) of the human immune system, leaving the body vulnerable to life-threatening infections and cancers.

**Homophobia** – The irrational fear of and/or discomfort with people who are attracted to others of the same gender or who are perceived as being attracted to others of the same gender, and/or the fear of one's own attraction to others of the same gender. Includes prejudice, discrimination, harassment, and violence.

**Intersectionality** – A term that refers to the simultaneity that exists in people's lived experiences; the study of interconnected social identities and related systems of oppression. Coined by legal scholar Kimberlé Williams Crenshaw in 1989.

**Intersex** – Referring to those born in between; term for a range of conditions for a person born with reproductive, anatomical, or endocrine combinations that do not fit in the current binary system of sex assignment.

Latinx – A gender neutral term used as a gender-neutral or non-binary alternative to Latino or Latina.

**Lesbian** – A female-identified person who is attracted to some other female-identified people.

**LGBTQIA2S+** – One form of the acronym commonly used to refer to lesbian, gay, bisexual, trans, queer and questioning, intersex, asexual, and two-spirit communities en masse. It has a plus sign at the end to indicate the infinite ways people self identify.

**Microagression** – A subtle but offensive comment or action directed at a member of a non-dominant group that is often unintentional or unconscious but which reinforces a stereotype or causes harm.

**MTF/M2F** – Male to female; trans people assigned male at birth who identify as female.

**Nonbinary** – Refers to individuals who identify as neither man or woman, both man and woman, or a combination of man or woman. It is an identity term which some use exclusively, while others may use it interchangeably with terms like genderqueer, gender creative, gender noncomforming, gender diverse, or gender expansive.

**Pansexual** – A person who is attracted to some individuals of any gender identity.

**Passing** – the ability of a person to be regarded as a member of social groups, such as a different race, ethnicity, social class, gender, age and/or disability status, generally with the purpose of social acceptance or to cope with difference anxiety. Can be a problematic term as it insinuates that a marginalized person is trying to "trick" some one else.

**Perception / Perceived Gender Expression** – The way others read or perceive your gender based on your behaviors and appearances that have gendered meaning. Perception is a way of looking, understanding, or interpreting someone or something; how the body's nervous system makes meaning through sensory experiences.

**PEP** – Post-Exposure Prophylaxis involves taking antiretroviral (ARV) medicines very soon after a possible exposure to HIV to prevent becoming infected with HIV. PEP should be started as soon as possible to be effective and always within 72 hours (3 days) after a possible exposure to HIV.

**PrEP** – Pre-exposure prophylaxis (PrEP) can help prevent HIV infection in people who don't have HIV but who are at high risk of becoming infected with HIV. PrEP involves taking a specific HIV medicine every day. PrEP is most effective when taken consistently each day.

**Queer** – Having a sexual orientation, sex, gender identity, and/or gender expression that differs from cultural norms. The term was traditionally derogatory but has been reclaimed by some (as a personal identity or an umbrella term) because of its broad definition and fluid and political quality.

**School-to-prison pipeline** – A term that refers to the disciplinary policies and practices that push youth out of schools and into the juvenile justice system; disproportionately impacts differently-abled, queer & trans, and youth of color.

**Sex** – Categorization of bodies by genitalia and other physical features. Sex is most often assigned as either male or female at birth. Some may be assigned Intersex or In Between outside of these two categories.

**Sexual Orientation** – Who a person is romantically, emotionally, intellectually, spiritually and/or physically attracted to.

**SOGI** – Sexual orientation and gender (SO/GI) identity abbreviation usually used to refer to data collection in the electronic health record to help assess access, satisfaction with, quality of care, inform delivery of appropriate health services, and to begin to address health disparities.

**STD/STI** – Sexually transmitted infections (also known as STIs, or STDs for 'sexually transmitted diseases') are infections that are commonly/have a high probability of being spread from person to person through sexual contact. Examples include gonorrhea, chlamydia, syphilis and HIV.

**Transgender** – An umbrella term for individuals whose gender identity and/or gender expression does not align with the gender they were assigned at birth. Often shortened to 'trans'; Latin for 'across.'

**Transsexual** – This is an older term rooted in the medical community. It is a term a person may use if their gender identity and/or lived sex does not align with their sex assigned at birth and who may desire physical transition, which may include, but is not limited to, hormones and/or gender affirmation surgeries.

**Trauma-Informed Care (TIC)** – A strengths-based method of working with individuals and communities that is responsive to the impacts of trauma. This framework emphasizes physical, psychological, and emotional safety for providers and survivors.

**Two-spirit** – This term was coined in the early '90s by several Native American and Canadian First Nations communities to describe and honor individuals who manifest a dynamic balance of both masculine and feminine energies and/or those who cross social gender roles, expression, or orientation.

**Dyke, fag, homo, queer, hermaphrodite, transvestite, tranny, he-she, she-male, it** – These words have historically been used as derogatory terms for LGBTQQ people. Some people within LGBTQQ communities have reclaimed these words. Although some LGBTQQ people use these words positively, they are not considered positive words by all LGBTQQ people, and use of them by non-LGBTQQ people is almost always inappropriate.

#### Adapted From:

Bridge 13 Community Education

A Program of the Sexual & Gender Minority Youth Resource Center | www.smyrc.org

Notes

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#### **COMMUNITY TABLES**

211 Info | 211info.org

African American AIDS Awareness Action Alliance (A6)

Basic Rights Oregon | Basicrights.org

Bradley Angle | Bradleyangle.org

Cascade AIDS Project | capnw.org

Eastern Oregon Center for Independent Living (EOCIL) | eocil.org

End HIV Oregon | endhivoregon.org

GLSEN Oregon | glsen.org

Gender Pathways Clinic at Kaiser genderpathways.org

Legacy Health | legacyhealth.org

LGBTQ Health and Aging Coalition/SAGE Metro friendlyhouseinc.org/programs/ safety-net-services/sage/

Multnomah County Health Department multco.us/health

New Avenues | newavenues.org

Northwest Portland Area Indian Health Board npaihb.org

OHSU Partnership Project ohsu.edu/partnership-project

Oregon AIDS Education and Training Center (OR AETC) | oraetc.org

Oregon Cancer Action Center fightcancer.org/states/oregon

Oregon Dept of Human Services Office of Aging and Disabilities oregon.gove/DHS/APD/Pages.default.aspx

Portland State University | pdx.edu

Prism Health | prismhealth.org

Project ECHO ohsu.edu/telemedicine/oregon-echo-network

Sex Positive Portland | sexpositiveportland.org

TransActive Gender Project graduate.lclark.edu/programs/continuing\_education/transactive/

Transition Projects | Tprojects.org

THRIVE | npaihb.org/thrive/

Quest Center for Integrative Health quest-center.org

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### **EXHIBITORS**

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