



Administration of LGBTQ+-Affirming Prevention Organizations

Adapted from "A Provider's Introduction to Substance Abuse for YMSM and LGBT Individuals"

Second Edition

Learning Objectives

By the end of this webinar, participants will be able to:

- Identify the need for LGBTQ+-affirmative policies and procedures in an organization's structure.
- Understand the need for alliance-building and strategies for doing so effectively.
- Consider perspectives shared by young LGBTQ+-identified adults about their positive and challenging interactions with prevention organizations.



Opening Polls

- How long have you been working in prevention?
- How inclusive and welcoming is your prevention program or coalition of LGBTQ+ individuals?





Creating a LGBTQ+ -Affirming Prevention Organization



Why LGBTQ+-Affirming Organizations?

- Welcoming and respectful environments are essential
- Reducing stigma and discrimination decreases risk of HIV infection, depression, suicidal behavior, smoking, and substance use disorders
 - Heightened risk comes from stigma and discrimination faced due to sexual orientation and/or gender identity, not from anything inherent about having an LGBTQ+ identity.
- Participating in prevention programs can mitigate some risk factors and bolster protective factors

(Grant, et al., 2011; Pascoe & Richman, 2009; Graham, 2011; Legal, 2010; Moe, 2015)



Aligning Prevention Values

- Social Justice and Equity: Creating an inclusive environment helps alleviate health disparities and inequities faced by LGBTQ+ individuals
- **Program Sustainability and Capacity Building:** LGBTQ+-affirming organizations are the preferred providers of choice for LGBTQ+ participants and staff.
- **Ethics:** Our non-discrimination ethics principle charges us with the responsibility of providing prevention services free of prejudice and bias, as well as confronting discrimination when we see it occurring in our work.

(Davis, et al., 2010; Erdley, et al., 2014)



Equity as Policy

- Create LGBTQ+-specific administrative policies and procedures to ensure cultural sensitivity and inclusiveness.
 - These are critical to prevent discrimination and harassment, and how grievances and complaints are handled.
- Build the delivery of fair and equitable prevention services to everyone into the fabric of an organization, not an add-on.

(Wilkerson, et al., 2011; Meservie, 2013; Legal, 2013, SAMHSA, 2001)



Inclusion Throughout Programming

Initial Contact Website/Onsite Visit Registration

Program Participation

Celebration

Continued Involvement (Coalition/Board/ Alumni)



Statements of Support

Add affirming statements to the mission, vision, and organizational values and/or goals:

- Example: "At every level of our programming, we are affirming and supportive of the LGBTQ+ members of our community."

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)



Training Throughout the Organization

- Regularly train all organization affiliates on anti-discriminatory policies and operational procedure updates
- This includes, but is not limited to:
 - Employees (e.g., front desk, administrative staff, maintenance, board members, etc.)
 - Volunteers and interns

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)





Community Engagement



Involving the Population

- Adopt an inclusive and participatory approach to programming and interventions focused on positive outcomes for LGBTQ+ individuals
- "Nothing about us, without us."
- This approach to community engagement is informed by the principles of community-based participatory research.

(Minkler & Wallerstein, 2011; Israel, et al., 2013)





Strategies 1-3

- Recognize community as a unit of identity
- Build on strengths and resources within the community
- Facilitate a collaborative and equitable partnership in all phases of community engagement

(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)



Strategies 4-6

- Foster co-learning and capacity building with LGBTQ+ community
- Focus on local relevance of prevention programs and initiatives to LGBTQ+ communities
- Ensure commitment to sustainable engagement
 - Inclusivity in programming should not be negatively impacted by changes in leadership and/or program personnel
 - Outcomes for LGBTQ+ program participants should be monitored and evaluated for short- and long-term effectiveness and positive change



(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)

Outreach and Promotional Materials

- Involve and engage LGBTQ+ staff and participants in the development of all LGBTQ+-related materials.
- Ensure that LGBTQ+ people of color, varying body types, and ages are represented.
- Use language that specifically identifies LGBTQ+ individuals as people your programming is attempting to reach.
- Include testimonials written by LGBTQ+ alumni, coalition members, etc.

(SAMHSA, 2001; Morales, 2009; Drumheller & McQuay; 2010; Ciszek, 2014)



Community Relationships

- Include LGBTQ+ speakers/panelists in sharing the work of your organization
- Make an effort to get to know the LGBTQ+-specific organizations in your community (e.g., PFLAG, Outright, planners of local Pride celebrations)
- Celebrate outcome evaluation highlights of LGBTQ+ program participants

(Wilson & Yoshikawa, 2007; McKay, 2011; SAMHSA, 2001)



Community Engagement Opportunities

- Support LGBTQ+-related events in the community through staff/volunteer support, advertising and distribution of announcements, and by co-sponsoring their events
- Provide an information booth at LGBTQ+-related events
- Provide evidence-based substance misuse prevention programming that has demonstrated effectiveness for LGBTQ+ participants
 - Or work with an evaluator/university/etc. to evaluate a program for its effectiveness with this population

(Graham, 2011; Joint Commission, 2011)



Resources for Evidence-Based Interventions

- U.S. Department of Education Toolkit: Creating Inclusive and Nondiscriminatory School Environments for LGBTQI+ Students
- Georgetown University's National Center for Cultural Competency: Practice Brief #1
- Proud & Empowered: 10-session school-based curriculum for LGBTQ+ high school students
 - Reduction of mental health symptoms
 - Increase in coping skills and strategies





Administrative Role in Creating Safe and Affirming Organizations



Administrative Responsibilities

Administrators have a responsibility to:

- Create an institution that is safe and affirming for all LGBTQ+ participants and staff/volunteers
- Have LGBTQ+-affirmative policies and procedures
- Ensure that all staff and volunteers are aware of the agency's policies, and are committed to the ethical responsibility of eliminating discrimination, both overt and covert

(Wilkerson, 2011; Atkins, 2014; Klotzbaugh, 2013)

Hiring

- Job listings should explicitly state that LGBTQ+ individuals are encouraged to apply
- Prospective employees should be made aware that the organization is LGBTQ+-affirming
 - Include "sexual orientation" and "gender identity" in non-discriminatory employment policy
- Assess prospective employee's understanding of this commitment to inclusivity before making hiring decisions

(Schmidt, et al., 2012; Atkins, 2014; Wilkerson, 2011; Vohra, et al., 2015)





- Recruit out LGBTQ+ members to serve on the board of directors and in other leadership positions
- Employ LGBTQ+ individuals as staff and consultants
- Recruit and retain LGBTQ+ volunteers

(Thompson, 2015; Schmidt, et al., 2012)



Inventory of Policies and Procedures

- Create or confirm the existence of agency policies regarding freedom from discrimination and harassment based on sexual orientation, gender, and cultural background.
- Review all operational and programming procedures to ensure that heterosexual bias has been eradicated and inclusive terms are available as options.

(Atkins, 2014; Schmidt, et al., 2012; Vohra, et al., 2015)



Safe Reporting Policies

- Establish policies that describe an organization's response if a participant/staff member or volunteer is being abusive or discriminated against, or if allegations of abuse or discrimination are brought to the attention of the agency.
- Enact policies addressing how participants/staff should be supported if they report discrimination.

(Klotzbaugh, 2013; Wilkerson, 2011; Schmidt, et al., 2012)



Tracking Participant Gender

Consider your organization's program registration or enrollment processes. Under gender, are there only two options (male or female) to identify one's gender?

 Example: You can include F-to-M, M-to-F, Intersex, Gender non-Conforming, or "please write your gender in the space provided_____."

(National LGBT Health Education Center, 2015; Thompson, 2015; Legal, 2013)

Tracking Partner/Spouse Gender

If relevant, ask the gender of one's spouse or partner, rather than make assumptions:

- Example: "Married: _____ (write identified gender)" "Partner: _____ (write identified gender)"

(National LGBT Health Education Center, 2015; Thompson, 2015; Legal, 2013)



Respecting Gender Identity

- Encourage all staff to include pronouns in their online footprint, if they are comfortable
 - email signature, Zoom display name, etc.
- Include ways for staff, volunteers, other coalition members, and participants to identify and share their pronouns

- Name tags, verbal introductions, etc.





Recommendations



Assessing Our Progress

 What process and outcome measures are in place to ensure personnel and programs are responsive to the needs and challenges of LGBTQ+ participants?

- If none at this time, what are the next steps to developing them?

 Are there assessments or tools being used to evaluate staff and volunteers? In what way is cultural sensitivity towards LGBTQ+ participants and community members being measured?



Summary Reminders

- Some accrediting bodies and training agencies offers frameworks to help organizations develop these standards for quality improvement.
- Once the agency has made a decision to move forward with strengthening LGBTQ+ representation and programming, a workgroup can be formed, inclusive of the focus population.
- This is an excellent opportunity to learn, grow, and refine your organization as a valued resource in the community.



Resources

- National LGBTQ+IA+ Health Education Center
 <u>https://www.LGBTQ+iahealtheducation.org/</u>
- Center of Excellence on LGBTQ++ Behavioral Health Equity <u>https://lgbtqequity.org/</u>
- PTTC Network's Prevention Resources for the LGBTQ++ Community <u>https://pttcnetwork.org/centers/mountain-plains-pttc/news/pride-month-2023-lgbtq-prevention-resources</u>
- "Assessing Our Organizations" activity for board, staff, and/or volunteers <u>https://www.d5coalition.org/wp-</u> content/uploads/2013/07/AssessingOurOrganizationsBTW.pdf



Polls from "Assessing Our Organizations"

- Program
 - Power
 - Policy
- People
- Culture



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References, Page 1

- Alexandra Beauregard, T., Ozbilgin, M., & Bell, M. P. (2009). Revisiting the social construction of family in the context of work. *Journal of Managerial Psychology*, *24*(1), 46-65.
- Atkins, P. D. (2014). *Gays and lesbians in public mental health: Assessing gay-affirmative practice* (Doctoral dissertation, CAPELLA UNIVERSITY).
- Badgett, M. V., Durso, L. E., Mallory, C., & Kastanis, A. (2013). The business impact of LGBTsupportive workplace policies.
- Bainbridge, D., Brazil, K., Krueger, P., Ploeg, J., Taniguchi, A., & Darnay, J. (2011). Evaluating Program Integration and the Rise in Collaboration: Case study of a palliative care network. *Journal of palliative care*, *27*(4), 270
- Barron, L., & Hebl, M. (2010). Extending lesbian, gay, bisexual, and transgendered supportive organizational policies: Communities matter too. *Industrial and Organizational Psychology*, 3(1), 79.
- Blair, J. D., Buesseler, J. A. (1998). Competitive Forces in the Medical Group Industry: A Stakeholder Perspective. Health Care Management Review 23(2):7-27.
- Boroughs, M. S., Bedoya, C. A., O'Cleirigh, C., & Safren, S. A. (2015). Toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice*, 22(2), 151-171.
- Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K., & Makadon, H. (2014). Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PloS one*, *9*(9), e107104.
- Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html (retrieved March 8, 2016).
- Cianciotto, J., & Cahill, S. (2003). *Education policy: Issues affecting lesbian, gay, bisexual, and transgender youth*. New York: The National Gay and Lesbian Task Force Policy Institute.

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• Ciszek, E. (2014). Identity, Culture, and Articulation: A Critical-Cultural Analysis of Strategic LGBT Advocacy Outreach.

- Davis, T. S., Saltzburg, S., & Locke, C. R. (2010). Assessing community needs of sexual minority youths: Modeling concept mapping for service planning. *Journal of Gay & Lesbian Social Services*, 22(3), 226-249.
- Drumheller, K., & McQuay, B. (2010). Living in the buckle: Promoting LGBT outreach services in conservative urban/rural centers. *Communication Studies*, *61*(1), 70-86.
- Erdley, S. D., Anklam, D. D., & Reardon, C. C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. Journal of gerontological social work, 57(2-4), 362-385.
- Ferguson-Colvin, K., & Maccio, E. M. (2012). Toolkit for practitioners/researchers working with lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) runaway and homeless youth (RHY).
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of gerontological social work*, *57*(2-4), 80-107
- Frieden, T. R. (2014). Six components necessary for effective public health program implementation. *American journal of public health*, 104(1), 17-22
- Gendron, T., Maddux, S., Krinsky, L., White, J., Lockeman, K., Metcalfe, Y., & Aggarwal, S. (2013). Cultural competence training for healthcare professionals working with LGBT older adults. *Educational Gerontology*, *39*(6), 454-463
- Ginter, P.M., Duncan, W. J., Swayne, L. E. (2013). Strategic Management of Health Care Organizations - 7th Edition. San Francisco, CA: Jossey-Bass
- Goetsch, D. L., & Davis, S. B. (2014). *Quality management for organizational excellence*. pearson.

References, Page 2

- Graham, R. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality.
- Griffith, J. R., White, K. R. (2006). The Well-Managed Healthcare Organization Sixth Edition. Chicago, IL: Health Administration Press
- Horowitz, J. L., Camp, T. L., Stahl, C. S. (2000). Reducing Planning Risks through an Environmental Assessment. In Marian C. Jennings (Ed.) Health Care Strategy for Uncertain Times. San Francisco, CA: Jossey-Bass. Pp. 39-78.
- Israel, B. A., Schulz, A. J., Eugenia, E., & Parker, E. A. (2013). Methods in community-based participatory research for health. 2ND Ed. Pp. 5-11
- Joint Commission (2011). The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide . Oak Brook, IL, Oct. 2011
- Klotzbaugh, R. J. (2013). *Magnet hospitals: Investigating administrative opportunities to provide and improve lesbian, gay, bisexual, and transgender healthcare*. STATE UNIVERSITY OF NEW YORK AT BINGHAMTON.
- Kotler, P., Shalowitz, J., Stevens, R. J. (2008). Strategic Marketing for Health Care Organizations: Building a Customer-Driven Health System. San Francisco, CA: Jossey-Bass
- Lamoureux, A., & Joseph, A. J. (2014). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. *Social Work in Mental Health*, *12*(3), 212-230.
- Legal, L. (2010). When health care isn't caring: Lambda Legal's survey of discrimination against LGBT geople and people with HIV. *New York: Lambda Legal.*

- Legal, L. (2013). Creating Equal Access to Quality Health Care For Transgender Patients: Transgender Affirming Hospital Policies 2013
- Leyva, V. L., Breshears, E. M., & Ringstad, R. (2014). Assessing the efficacy of LGBT cultural competency training for aging services providers in California's Central Valley. *Journal of gerontological social work*, *57*(2-4), 335-348
- Lim, F. A., Brown Jr, D. V., & Kim, S. M. J. (2014). CE: Addressing Health Care Disparities in the Lesbian, Gay, Bisexual, and Transgender Population: A Review of Best Practices. *AJN The American Journal of Nursing*, *114*(6), 24-34.
- Mankins, M. C., Steele, R. (2005). Turning Great Strategy into Great Performance. Harvard Business Review. July-August, pp. 65-72.
- McKay, B. (2011). Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Medical reference services quarterly*, *30*(4), 393-401.
- Meservie, M. M. (2013). Toward the delivery of culturally competent care to patients who are lesbian, gay, bisexual, transgender (LGBT) and men who have sex with men (MSM): An online investigation with healthcare providers (Doctoral dissertation, TEACHERS COLLEGE, COLUMBIA UNIVERSITY).
- Minkler, M., & Wallerstein, N. (Eds.). (2011). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons.
- Moe, J. L., & Sparkman, N. M. (2015). Assessing Service Providers at LGBTQ+-Affirming Community Agencies on Their Perceptions of Training Needs and Barriers to Service. *Journal of Gay & Lesbian Social Services*, *27*(3), 350-370.
- Morales, E. S. (2009). Contextual community prevention theory: Building interventions with community agency collaboration. *American Psychologist*, *64*(8), 805.
- Nadeem, E., Olin, S. S., Hill, L. C., Hoagwood, K. E., & Horwitz, S. M. (2013). Understanding the components of quality improvement collaboratives: a systematic literature review. *Milbank Quarterly*, 91(2), 354-394.



References, Page 3

- National Collaborating Centre for Methods and Tools (2010). *Program planning, implementation and evaluation tools*. Hamilton, ON: McMaster University. (Updated 29 April, 2011) Retrieved from http://www.nccmt.ca/resources/search/71.
- National LGBT Health Education Center (2015). Ten Things: Creating Inclusive Health Care Environments for LGBT People. Retrieved from http://www.lgbthealtheducation.org/wp-content/uploads/Ten-Things-Brief-Final-WEB.pdf
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, *135*(4), 531
- Preskill, H., & Mack, K. (2013). Building a strategic learning and evaluation system for your organization.
- Rhodes, S. D., Duck, S., Alonzo, J., Daniel-Ulloa, J., & Aronson, R. E. (2013). Using community-based participatory research to prevent HIV disparities: assumptions and opportunities identified by the Latino partnership. *Journal of acquired immune deficiency syndromes (1999), 63*(0 1), S32.
- Rosenbaum, S. (2013). *Principles to consider for the implementation of a community health needs assessment process*. George Washington University, School of Public Health and Health Services, Department of Health Policy.
- SAMHSA. (2001). A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals. US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Schell, S. F., Luke, D. A., Schooley, M. W., Elliott, M. B., Herbers, S. H., Mueller, N. B., & Bunger, A. C. (2013). Public health program capacity for sustainability: a new framework. *Implement Sci, 8*(1), 15.
- Schmidt, S. W., Githens, R. P., Rocco, T. S., & Kormanik, M. B. (2012). Lesbians, Gays, Bisexuals, and Transgendered People and Human Resource Development An Examination of the Literature in Adult Education and Human Resource Development. *Human Resource Development Review*, 11(3), 326-

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- Sherriff, N. S., Hamilton, W. E., Wigmore, S., & Giambrone, B. L. (2011). "What do you say to them?" investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ+) young people. *Journal of community psychology*, *39*(8), 939-955.
- Thompson, E. S. (2015). Compromising equality: an analysis of the religious exemption in the Employment Non-Discrimination Act and its impact on LGBT workers. *BCJL & Soc. Just.*, *35*, 285
- USAID. (2014). LGBT Vision for Action: Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual, and Transgender Individuals
- Vohra, N., Chari, V., Mathur, P., Sudarshan, P., Verma, N., Mathur, N., ... & Dasmahapatra, V. (2015). Inclusive Workplaces: Lessons from Theory and Practice. *Vikalpa*, *40*(3), 351-354.
- Waters, E., Hall, B. J., Armstrong, R., Doyle, J., Pettman, T. L., & de Silva-Sanigorski, A. (2011). Essential components of public health evidence reviews: capturing intervention complexity, implementation, economics and equity. *Journal of public health*, *33*(3), 462-465.
- Wilkerson, J. M., Rybicki, S., Barber, C. A., & Smolenski, D. J. (2011). Creating a culturally competent clinical environment for LGBT patients. *Journal of Gay & Lesbian Social Services*, *23*(3), 376-394.
- Wilson, P. A., & Yoshikawa, H. (2007). *Improving access to health care among African-American, Asian and Pacific Islander, and Latino lesbian, gay, and bisexual populations* (pp. 607-637). Springer US.
- Wiseman, S., Chinman, M., Ebener, P., Hunter, S., Imm, P., & Wandersman, A. (2007). Getting To Outcomes™: 10 Steps for Achieving Results-Based Accountability.